Child and Family Services Reviews

Statewide Assessment

Connecticut

July 31, 2024

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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to review state child welfare systems' performance related to child protective services, foster care, adoption, family preservation and independent living as well as their conformity to required child and family outcomes. Public reporting burden for this collection of information is estimated to average 120 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (45 CFR 1355.33(b)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970 –0214 and the expiration date is 1/31/2025. If you have any comments on this collection of information, please contact the Children's Bureau at Danielle.McConaga@acf.hhs.gov

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OMB Control Number: 0970-0214
Expiration Date: 1/31/2025

Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process [1] is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

1) Ensure conformity with federal child welfare requirements
2) Determine what is happening to children and families receiving child welfare services
3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors

[1] Procedures for the review. 45 CFR § 1355.33.

- Analyzing and explaining its performance in meeting the national standards for the CFSR statewide data indicators
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration
- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a diverse and representative statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families (TANF).

The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from

them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy[2]

- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Section I: General Information

Name of State Child Welfare Agency: Connecticut Department of Children and Families

State Child Welfare Contact Person(s) for the Statewide Assessment:

Name: Fred North

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[2] As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

List of Statewide Assessment Participants

The following individuals participated in at least one component of this statewide assessment process. The Department would like to extend our deepest gratitude for all of our partners, especially those with lived experience, and staff that helped inform the process and results. We hope that your efforts will result in meaningful improvements across the child welfare system and are committed to continuing engaging with these and other groups as well during the Program Improvement Planning (PIP) process. The PIP development process will be held during the spring/summer of 2025 following the conclusion of the official CFSR Case Review Period (ending 3/31/25).

Please note that individuals with lived experience have an asterisk (*) after their name. If you are reading this and note that we have missed adding your name to this list, please forgive the omission and know that your participation was just as valued as those for whom we were able to account below.

Name	Affiliation	Role in Statewide
Aarons, Ingrid	DCF: Program Supervisor (Administrative Case Review)	Statewide Racial Justice Workgroup (SRJW) member
Agyei, Samuel	DCF: Region 6 Ongoing Social Worker	Staff Focus Group Participant
Alaimo, Jaime	DCF: Region 4 Intake Social Work Supervisor	Staff Focus Group Participant
Algae, Crystal	DCF: Region 1 Regional Resource Group	Staff Focus Group Participant
Alvarez, Sergio	DCF: Prog. Dir. Systems Division	Permanency Workshop and Region 5 Staff Focus Group Participant
Anderson, Corey	DCF: Prog. Sup. Foster Care	Well-being Workshop Participant
April, Nira		Statewide Racial Justice Workgroup (SRJW) member
Arabasz, Jenette	DCF: Region 3 Regional Resource Group	Staff Focus Group Participant
Arsenault, Cindy	DCF: Region 5 Foster Care Social Worker	Staff Focus Group Participant
Arsenault, Joseph	DCF: RRG Clinician	Safety Workshop Participant
Balisciano, Laura	DCF: Region 2 Ongoing Social Work Supervisor	Staff Focus Group Participant
Balzer, William	DCF: Region 3 Foster Care Social Work Supervisor	Staff Focus Group Participant
Bartone, Trisha	DCF: Region 1 Foster Care Social Work Supervisor	Staff Focus Group Participant
Bastien, Tania	DCF: Social Work Supervisor (Norwalk)	Statewide Racial Justice Workgroup (SRJW) member
Bell, Susan	TA: Capacity Building Center for States	Technical Assistance, Report Reviewer and Staff Focus Groups Note-taker
Bentley, Jaquanda	DCF: Region 6 Intake Social Work Supervisor	Staff Focus Group Participant

Name	Affiliation	Role in Statewide
Bishop, Lynn	Provider: NAFI	Safety Workshop Participant
Blackwell, Jeanette	DCF: Assistant Chief of Child Welfare	Permanency Workshop Participant
Blinderman, Lori	DCF: Regional Resource Group Clinician	Well-being Workshop Participant
Blue, Malcolm	DCF: Program Director Systems Division	Safety Workshop and Region 2 Staff Focus Group Participant
Bradley*, Rose	N/A	Kinship Parent Focus Group Member
Brady, Susan	Tribe: CPS Case Worker, Mashantucket Pequot Tribal Nation	Mashantucket Pequot Tribal Nation Meeting Participant
Burek, Thomas	DCF: Intake Social Worker (Willimantic)	Staff Focus Group Participant
Burnett*, Celeste	N/A	Kinship Parent Focus Group Member
Burns*, Elizabeth	N/A	Foster/Adoptive Parent Focus Group Member
Cabon-Hernandez*, Janier	N/A	Foster/Adoptive Parent Focus Group Member
Calloway*, Tarsha	N/A	Parent Focus Group Member
Cannata, Elizabeth	Provider: Wheeler Clinic	Statewide Racial Justice Workgroup (SRJW) member
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Cerrutti, Karin	DCF: Social Work Supervisor (Torrington)	Statewide Racial Justice Workgroup (SRJW) member
Chapman-Smith, Yolanda	DCF: Office Director (Norwalk)	Statewide Racial Justice Workgroup (SRJW) member
Chappel*, Dina	N/A	Foster/Adoptive Parent Focus Group Member
Chase*, Janelle	N/A	Youth Focus Group Member
Clark*, Sharon	N/A	Parent Focus Group Member
Cobb, Lisette	DCF: Multicultural Affairs Manager	Statewide Racial Justice Workgroup (SRJW) member
Conran, Marcia	DCF: Region 4 Foster Care Social Work Supervisor	Staff Focus Group Participant
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Cribs, Crystal	DCF: Region 2 Ongoing Social Worker	Staff Focus Group Participant
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Name	Affiliation	Role in Statewide
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Demeo*, Jessica	N/A	Parent Focus Group Member
Demeo, Alice	DCF: Beh. Health Prog. Lead	Well-being Workshop Participant
Derouin, Erik	DCF: Region 5 Regional Resource Group	Staff Focus Group Participant
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Donald, Brenda	TA: Casey Family Programs	Well-being Workshop Participant
Duggan*, Caelan	N/A	Youth Focus Group Member
Dunbar, Michelle	DCF: Social Work Supervisor (Middletown)	Statewide Racial Justice Workgroup (SRJW) member
Dwyer, Katherine	DCF: Assistant Legal Director	State Recognized Tribe Meeting, Mohegan Tribe Meeting, and Mashantucket Pequot Tribal Nation Meeting Facilitator
Edmond, Chynna	DCF: Region 5 Intake Social Worker	Staff Focus Group Participant
Edwards. Michelle	DCF: Region 6 Foster Care Social Work Supervisor	Staff Focus Group Participant
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Fernandez*, Raylla	N/A	Youth Focus Group Member

Name	Affiliation	Role in Statewide
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Fratta, Michele	DCF: Region 2 Intake Social Worker (Milford)	Staff Focus Group Participant
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Gadsden Jr., Anthony	DCF: Region 1 Intake Social Worker (Norwalk)	Staff Focus Group Participant
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Gertner, Lesley	DCF: Ongoing Prog. Supervisor	Safety Workshop Participant
Gibson, Sarah	DCF: Systems Division PD	Contributing Author
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Name	Affiliation	Role in Statewide
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Jefferson, Tina	DCF: Chief of Child Welfare	Statewide Racial Justice Workgroup (SRJW) co-Lead and Contributing Author
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Johnson, Latosha	DCF: Director in Transitional Supports and Success	Statewide Racial Justice Workgroup (SRJW) member
Johnson, Minerva	DCF: Region 3 Systems Program Director	Staff Focus Group Participant
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Jowdy*, Christine	N/A	Parent Focus Group Member
Karecki, Carmen	DCF: Region 4 Ongoing Social Work Supervisor (Manchester)	Staff Focus Group Participant
Kjos*, Heather	N/A	Foster/Adoptive Parent Focus Group Member
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Lacey, Chris	Provider: Waterford Country School	Permanency Workshop Participant
LaChack, John	DCF: Prog. Sup. Foster Care	Permanency Workshop Participant
Lanoie*, Stephanie	N/A	Parent Focus Group Member
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Liriano, Natalia	DCF: Director of Foster Care	Permanency Workshop Participant and Contributing Author
Lisitano, Kimberly	DCF: Region 6 Regional Resource Group Clinician	Staff Focus Group Participant
Lowery, Latoya	DCF: Region 1 Ongoing Social Work Supervisor	Staff Focus Group Participant
Lucibello, Matthew	DCF: Social Worker (Milford)	Statewide Racial Justice Workgroup (SRJW) member
Macon, Janet	DCF: Region 1 Ongoing Social Worker (Norwalk)	Staff Focus Group Participant

Name	Affiliation	Role in Statewide
Maffuid, Jim	Prvdr; Children's Ctr. of Hamden	Well-being Workshop Participant
Mallick, Sudiksha	DCF: Student Intern (Data Reporting and Evaluation)	Statewide Racial Justice Workgroup (SRJW) member
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Marciano, Christine	DCF: Region 5 Intake Social Worker (Waterbury)	Staff Focus Group Participant
Martin*, Corinna	N/A	Kinship Parent Focus Group Member
Massores, Michele	JUD: Program Manager	Judicial Branch Partner and Data Manager
Mayo*, Quiana	N/A	Parent Focus Group Member
Mazzotta, Treena	DCF: Chief of Strategic Planning	Statewide Racial Justice Workgroup (SRJW) Facilitator and Contributing Author
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McIntosh, Deanna	DCF: Region 2 Foster Care Social Work Supervisor	Staff Focus Group Participant
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Meisner, Kevin	Tribe: Deputy Attorney General, Mohegan Tribe	Mohegan Tribe Meeting Participant
Mello*, Keyghan	N/A	Youth Focus Group Member
Milardo, Jodi	Tribe: Child Protective Services Director, Mashantucket Pequot Tribal Nation	Mashantucket Pequot Tribal Nation Meeting Participant
Milardo, Melissa	DCF: RRG Clinician	Permanency Workshop Participant
Milenkovic*, Mariah	N/A	Parent Focus Group Member
Mojica, Kiara	DCF: Intake Program Supervisor (Hartford)	Safety Workshop Participant
Mones, Grace	DCF: Region 2 Ongoing Social Worker (Milford)	Staff Focus Group Participant
Mongrain, David	DCF: Region 6 Intake Social Work Supervisor (Meriden)	Staff Focus Group Participant
Mongrain, Erika	DCF: Program Director Foster Care Division	Well-being Workshop Participant
Moore*, Kino	N/A	Parent Focus Group Member
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Muley, Nedra	DCF: Program Supervisor (Waterbury)	Statewide Racial Justice Workgroup (SRJW) member
Munoz, Genevieve	DCF: Region 2 Regional Resource Group Clinician	Staff Focus Group Participant

Name	Affiliation	Role in Statewide
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Nesdale, Holly	DCF: Region 2 Foster Care Social Worker	Staff Focus Group Participant
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O'Hanlan*, Allan	N/A	Youth Focus Group Member
Oquendo, Maria	DCF: Region 3 Foster Care Social Work Supervisor	Staff Focus Group Participant
Orlando, Katherine	DCF: Region 3 Intake Social Work Supervisor (Willimantic)	Staff Focus Group Participant
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Patterson*, Emuna Bell	N/A	Parent Focus Group Member
Perez*, Marie	N/A	Foster/Adoptive Parent Focus Group Member
Perry, Chanae	DCF: Program Supervisor (Careline)	Statewide Racial Justice Workgroup (SRJW) member
Pfeifer, Cindy	DCF: Prog. Supervisor Ongoing	Well-being Workshop Participant
Phelan, Laura	DCF: Region 4 Foster Care Social Work Supervisor	Staff Focus Group Participant
Piccolo*, Jessica	N/A	Parent Focus Group Member
Pinto, Kyle	TA: Capacity Building Center for States	Technical Assistance, and Mohegan Tribe Meeting and Mashantucket Pequot Tribal Nation Meeting Participant
Piper, Shoran Waupatukuay	Tribe: Clan Mother, Golden Hill Paugussett Tribe	State Recognized Tribe Meeting Participant
Piper-Mitchell, Michelle	DCF: Systems Division	Well-being Workshop and Region 1 Staff Focus Group Participant
Priestman*, Stephanie	N/A	Parent Focus Group Member
Pues*, Michele	N/A	Foster/Adoptive Parent Focus Group Member

Name	Affiliation	Role in Statewide
Punzalan, Shaun	DCF: Program Supervisor (Norwich)	Mohegan Tribe Meeting Participant
Rams, Monica	DCF: Director of Multicultural Affairs and Diversity and Equity	Statewide Racial Justice Workgroup (SRJW) co-Lead and Contributing Author
Requena, Waleska	DCF: Region 6 Foster Care Social Work Supervisor	Staff Focus Group Participant
Rivera, Alicia	DCF: Region 3 Ongoing Social Work Supervisor (Willimantic)	Staff Focus Group Participant
Rivera, Leida	DCF: Region 5 Intake Social Worker (Waterbury)	Staff Focus Group Participant
Rodriguez, Ana N.	DCF: Region 3 Foster Care Social Worker	Staff Focus Group Participant
Rodriguez, Steven	Provider: Urban Community Alliance	Statewide Racial Justice Workgroup (SRJW) member
Romer, Alexa	DCF: Program Supervisor (Academy for Workforce Development)	Statewide Racial Justice Workgroup (SRJW) member
Rookasin*, Catherine	N/A	Parent Focus Group Member
Rosado*, Luz	N/A	Kinship Parent Focus Group Member
Rotovnik, Frank	DCF: Region 5 Foster Care Social Work Supervisor	Staff Focus Group Participant
Rucker, Tera	DCF: Social Work Supervisor Admin. Case Review	Permanency Workshop Participant
Russo, Vincent	DCF: Chief of Government Relations and Policy	Statewide Racial Justice Workgroup (SRJW) and State Recognized Tribe Meeting member
Salkey, Giovannii	JUD: CIP Manager and Chief Clerk for Juvenile Matters	Judicial Branch Partner, Mohegan Tribe Meeting Participant
Santiago*, Kathryn	N/A	Parent Focus Group Member
Saranchak, Ken	DCF: Region 3 Ongoing Social Worker (Middletown)	Staff Focus Group Participant
Savoia, Donna	DCF: Region 5 Intake Social Work Supervisor (Torrington)	Staff Focus Group Participant
Schofield*, Judy	N/A	Parent Focus Group Member
Schultz*, Sherri	N/A	Parent Focus Group Member
Scott*, Michelle	N/A	Foster/Adoptive Parent Focus Group Member
Scott*, Sierra	N/A	Parent Focus Group Member
Sheridan, Victoria	DCF: Region 5 Ongoing Social Worker (Danbury)	Staff Focus Group Participant
Sidoti, Kathleen	DCF: Region 5 Foster Care Social Work Supervisor	Staff Focus Group Participant

Name	Affiliation	Role in Statewide
Silas, Cathy	DCF: Staff Attorney	Safety Workshop Participant
Silva, David	DCF: Office Director (Norwich)	Mohegan Tribe Meeting and Mashantucket Pequot Tribal Nation Meeting Participant
Smith, Stefany	DCF: Ongoing Prog. Supervisor	Permanency Workshop Participant
Smith, Steve	DCF: Prog. Sup. Trans. Supports	Permanency Workshop Participant
Smith, Tiffany	DCF: Region 1 Foster Care Social Work Supervisor	Staff Focus Group Participant
Stewart*, Shontell	N/A	Parent Focus Group Member
Tait, Kim	DCF: Program Supervisor Foster Care	Permanency Workshop Participant
Tatsapaugh, Tracy	DCF: Ongoing Program Supervisor	Permanency Workshop Participant
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Taylor, Nicole	DCF: Chief of Health and Wellness	Statewide Racial Justice Workgroup (SRJW) member
Taylor, Winston	DCF: Social Work Supervisor (Norwich)	Statewide Racial Justice Workgroup (SRJW) member
Testa, Melissa	DCF: Children Services Consultant, Data Reporting and Evaluation	Logistics, Report Development and Review
Thames, Dyshawn	DCF: Program Supervisor Quality Improvement	Contributing Author
Therriault, Ryan	DCF: Region 5 Ongoing Social Worker	Staff Focus Group Participant
Thibault, Kelly	DCF: Social Worker (New Haven)	Statewide Racial Justice Workgroup (SRJW) member
Thompson, Pat	DCF: Staff Attorney	Well-being Workshop Participant
Thorne, Zachary	DCF: Program Supervisor Quality Improvement	Contributing Author
Tierinni, Paola	DCF: Region 4 Ongoing Social Worker (Manchester)	Staff Focus Group Participant
Tigeleiro, Antonio	DCF: Region 3 Foster Care Social Work Supervisor	Staff Focus Group Participant
Tippett, Brian	DCF: Region 1 Intake Social Work Supervisor (Norwalk)	Staff Focus Group Participant
Torres, Carmen G.	DCF: Region 1 Ongoing Social Work Supervisor (Bridgeport)	Staff Focus Group Participant
Tracy*, Jacqueline	N/A	Foster/Adoptive Parent Focus Group Member
Trentacosta, Brian	DCF: Region 5 Ongoing Social Work Supervisor (Danbury)	Staff Focus Group Participant
Ubaldo, Magdalena	DCF: Region 1 Foster Care Social Worker	Staff Focus Group Participant

Name	Affiliation	Role in Statewide
Valentin, Edward	DCF: Careline Program Supervisor	Safety Workshop Participant
Vasquez, Ellise	DCF: Region 5 Ongoing Social Work Supervisor	Staff Focus Group Participant
Velez, Maritza	DCF: Assistant Chief of Child Welfare	Safety Workshop Participant
Verrastro, Kathryn	DCF: Region 6 Intake Social Worker	Staff Focus Group Participant
Warner, Lynette	DCF: Data Reporting and Evaluation	Staff Focus Group Facilitator and Contributing Author
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Waterman*, David	N/A	Foster/Adoptive Parent Focus Group Member
Watson, Kim	DCF: Multicultural Affairs Children Services Consultant	Statewide Racial Justice Workgroup (SRJW) member
Waylen, Cathy	DCF: Office Director (Milford)	Statewide Racial Justice Workgroup (SRJW) member
Weber, Denita	DCF: Region 4 Foster Care Social Worker	Staff Focus Group Participant
Weinberg, Eleanor	DCF: Program Supervisor Quality Improvement	Safety Workshop Participant and Contributing Author
Wesaw, Melissa	Tribe: Tribal Representative, Schaghticoke Tribal Nation	State Recognized Tribe Meeting Participant
White, Brenin	DCF: Region 1 Intake Social Worker (Norwalk)	Staff Focus Group Participant
Wieworka, Rosemary	DCF: Special Qualitative Review	Safety Workshop Participant and Contributing Author
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Williams, David	DCF: Program Supervisor Quality Improvement	Contributing Author
Williams, Mark	DCF: Region 5 Ongoing Social Work Supervisor (Waterbury)	Staff Focus Group Participant
Wnuk, Joseph R.	DCF: Region 4 Intake Social Worker (Hartford)	Staff Focus Group Participant
Wright, Shawn	DCF: Assistant Chief of Child Welfare	Well-being Workshop Participant
Zabel*, Wayne	N/A	Foster/Adoptive Parent Focus Group Member
Zane, Troy	DCF: Region 2 Intake Social Work Supervisor (Milford)	Staff Focus Group Participant

Description of Stakeholder Involvement in Statewide Assessment Process

Efforts to engage stakeholders for the CFSR Statewide Self-Assessment were combined with our engagement activities related to development of the 2020 - 2024 Final Annual Progress and Services Report, and the 2025 - 2029 Child and Family Services Plan (CFSP). Please refer to the "Our Approach to Engagement and Collaboration" section (CFSP pages 19 - 22) for complete details on all activities conducted, and partners that contributed, for this Assessment.

Section II: State Context Affecting Overall Performance

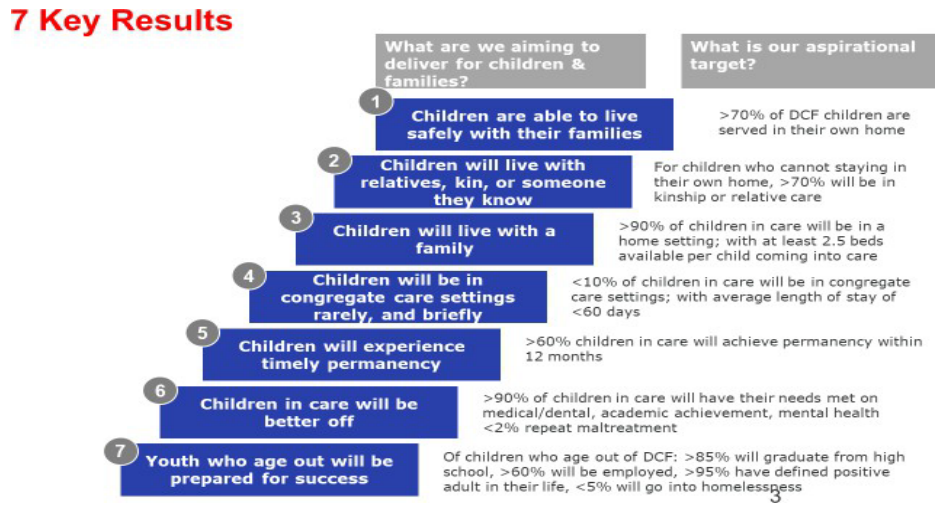
Part 1: Vision and Tenets

The Department of Children and Families is responsible for the legislative mandates of prevention, child protective services, children's behavioral health, and education. With an annual operating budget of approximately $800 million, the Department provides contracted as well as direct services through a central office, fourteen (14) area offices, two (2) Psychiatric Residential Treatment facilities and one Psychiatric Hospital for children. The Department also operates a Wilderness School that provides experiential educational opportunities; and is responsible for operating Unified School District 2, which is a legislatively created local education agency for foster children with no other educational nexus or who are residents in one of the Department's facilities; and is responsible for the oversight of Juvenile Justice youth that are incarcerated or residing in other congregate care settings.

The Department's mission is: "*Partnering with communities and empowering families to raise resilient children who thrive*." Building upon our Child and Family Services Plan (CFSP) and consistent with the Family First Prevention Services Act (FFPSA), the Department sought with the 2020 - 2024 CFSP to sharpen the safety lens through primary prevention across the child welfare system through five strategic goals:

- Keep children and youth safe, with focus on the most vulnerable populations.
- Engage the workforce through an organizational culture of mutual support.
- Connect systems and processes to achieve timely permanency.
- Contribute to child and family wellbeing by enhancing assessments and interventions.
- Eliminate disparate outcomes across all racial and ethnic groups served by the Department.

The mission and vision were grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. This philosophy and approach are reflected in the following graphic that depicts the Department's aspirational goals for the 2020 - 2024 CFSP:



The Department aligned all efforts to these core set of 7 Key Performance Indicators shown above to ensure that the best outcomes are reached for all children. These key indicators drove the Department's strategic goals for how to best meet the needs and serve CT's children and families.

The Department took steps to ensure a successful approval of the State of Connecticut's Family First Prevention Plan occurred by the Federal deadline (granted in January 2022). The FFPSA and its' family centered policies have begun to pave the way to allow more children to remain safely in their own homes, families, and communities. When and if a child is to enter the Department's care, the Department will work towards

achieving timely permanency while children are preferably placed with kin, ensure their medical, dental, academic achievement and mental health needs are met, while at the same time ensuring older youth are prepared to successfully transition out of the Department's care and assist in identifying a positive adult that could continue to provide support.



Connecticut's vision for the next five years is outlined in our recently submitted 2025 - 2029 Child and Family Services Plan. In addition to the areas outlined above that are continued in the plan, we have added a new area of focus for Prevention. The plan is focused on system improvements through our enduring commitment to the Safety, Permanency and Well-being of Connecticut's children and families, improving outcomes through a greater emphasis on Prevention, continued efforts to address Racial Justice and equity challenges within the child welfare system, and enhancing engagement and support for the DCF Workforce (2025-2029 CFSP, pages14 - 15).

Part 2: Cross-System Challenges

At any point in time during Calendar Year (CY) 2023, DCF served approximately 19,100 children and 8,600 families across its programs and service array. During CY23 DCF Careline received 111,448 calls, of which 69,562 were reports of child abuse or neglect. Of those reports received, 32,452 (46.7%) were accepted and assigned to either an investigation or family assessment response track. There were over 1,700 investigations and 2,500 family assessments underway across our Differential Response System (DRS) on any given day. The Careline also received almost 13,000 additional calls from internal staff strictly related to Supervisory issues/questions that are not included in the total calls figure provided above, as well as processing thousands of requests for Child Abuse/Neglect Registry Background Checks by employers required to screen employees/candidates in job classes that provide care/services to children.

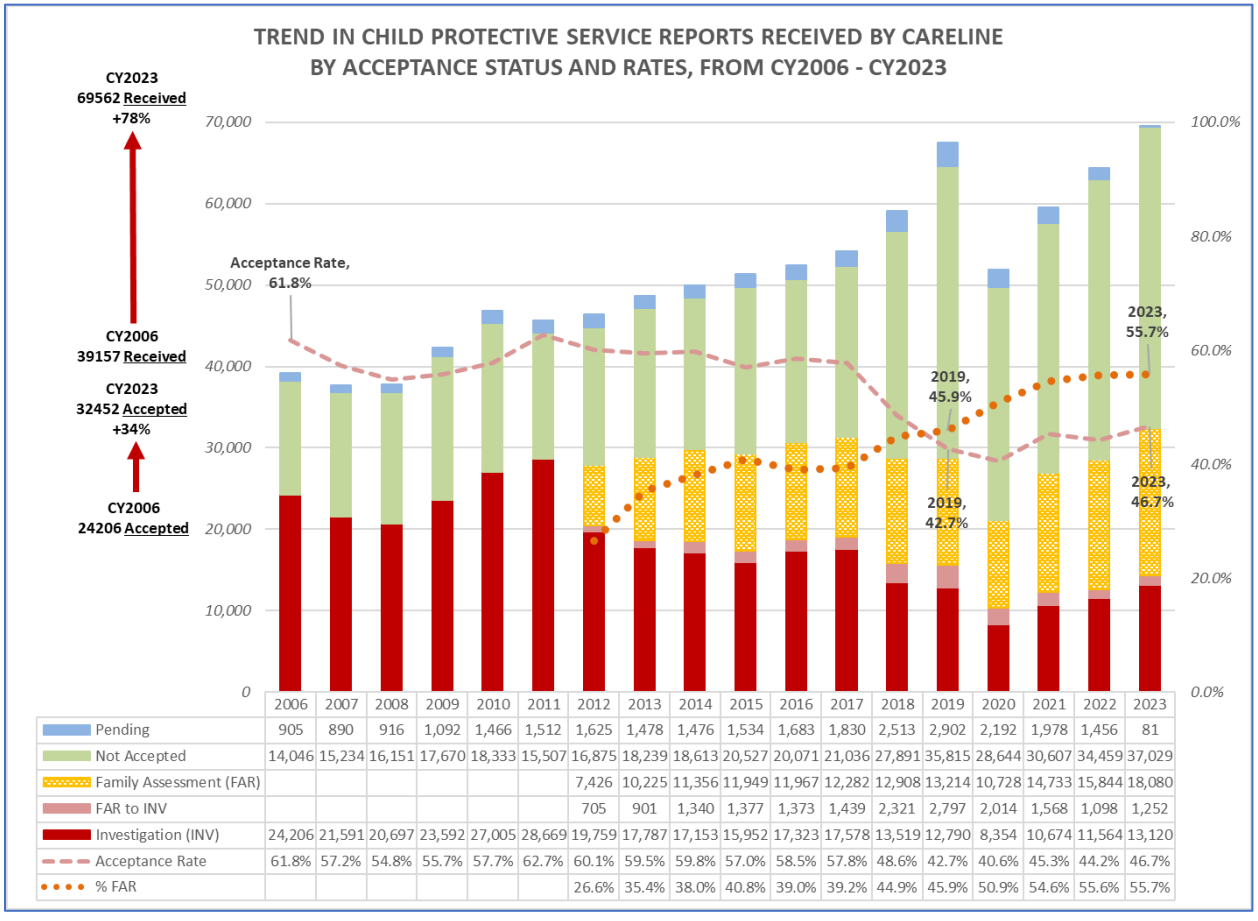
Many of the abuse/neglect reports accepted by the Department include presenting problems such as complex mental health issues, substance use and/or abuse, intimate partner/domestic violence (IPV/DV) and housing insecurity. During CY 2023, 41% of accepted reports include indication of mental health issues, 22% present with substance use indication, 11% with intimate partner violence, and 9% with housing/homelessness issues.

The volume of child abuse/neglect reporting in Connecticut (CT), as well as across the nation, continues to evolve. DCF experienced the second highest call volume reported during CY 2019, in part due to high profile criminal prosecution of failure to report abuse/neglect by school personnel. The pandemic brought with it a considerable and swift decline in the volume of abuse/neglect reports made to our Careline, largely due to the reduced contact of children with school personnel who had historically been our biggest single group of mandated reporters. As pandemic restrictions eased, abuse/neglect reporting volume has continued to increase year over year. In 2023, CT DCF again saw a significant increase in referrals of abuse and neglect, with over 5100 more submitted than the prior year and even higher than CY 2019. The agency attributes some of the increase in volume of reports to continued normalization of COVID-19 pandemic response efforts, as well as to the expansion of our online mandated reporter portal in June 2022 to all types of mandated reporters for non-emergent reports of abuse/neglect. This portal was initially only for use by school personnel, then Judicial

Family Relations were added later in 2019, as well as the CAPTA/CARA Notification portal for birthing hospital staff that same year. Careline staff review each form submitted online, follow-up with the reporter for more information as needed, and otherwise use the same process for determining acceptance as reports made by calling Careline. Completion of the online submission is an acceptable substitute to filing the traditional paper form DCF-136, so is therefore a more efficient method of providing the information to DCF for a large proportion of reports received by the agency. DCF received 13,338 submissions during CY 2023, with an average of 1100, and ranging between 500 and 1400, reports through the portal per month.

At the same time, the proportion of accepted reports that received a Family Assessment Response (FAR) rather than traditional Child Protective Services (CPS) Investigation increased to almost 56% in CY 2023. Also, our substantiation rate has seen variation between 27.4% in CY 2014 and 28% in CY 2023, but the Department has somewhat reduced our rate of cases transferred for post-investigation services to 15.5% in CY 2014 and to 9.7% in CY 2023. We believe that the continued increase in reports handled through FAR, as well as handling of many unsubstantiated investigations through our contracted Integrated Family Care and Support (IFCS) program, are the main factors contributing to the decrease in our transfer rate.

The following chart reflects the calls received by Careline dating back to 2006 and includes acceptance rate and DRS track designation through CY 2022. The acceptance rate was fairly steady from 2011 through 2017 with only minor fluctuations.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Pending	905	890	916	1,092	1,466	1,512	1,625	1,478	1,476	1,534	1,683	1,830	2,513	2,902	2,192	1,978	1,456	81
Not Accepted	14,046	15,234	16,151	17,670	18,333	15,507	16,875	18,239	18,613	20,527	20,071	21,036	27,891	35,815	28,644	30,607	34,459	37,029
Family Assessment (FAR)							7,426	10,225	11,356	11,949	11,967	12,282	12,908	13,214	10,728	14,733	15,844	18,080
FAR to INV							705	901	1,340	1,377	1,373	1,439	2,321	2,797	2,014	1,568	1,098	1,252
Investigation (INV)	24,206	21,591	20,697	23,592	27,005	28,669	19,759	17,787	17,153	15,952	17,323	17,578	13,519	12,790	8,354	10,674	11,564	13,120
Acceptance Rate	61.8%	57.2%	54.8%	55.7%	57.7%	62.7%	60.1%	59.5%	59.8%	57.0%	58.5%	57.8%	48.6%	42.7%	40.6%	45.3%	44.2%	46.7%
% FAR							26.6%	35.4%	38.0%	40.8%	39.0%	39.2%	44.9%	45.9%	50.9%	54.6%	55.6%	55.7%

Despite a significant increase in call volume, the acceptance rate declined in 2018 - 19, and the percentage of reports designated as FAR increased for the same time period. Call volume dropped precipitously in CY 2020 due to the COVID lockdown and closing, and later reduced in-person contact, of schools and courts that comprise some of the most common mandated reporters of child abuse and neglect in Connecticut. The acceptance rate continued to decline as well, dropping by over 2 percentage points from 42.7% in CY 2019 to

40.6% in CY 2020. However, the acceptance rate increased in CY 2021 for the first time in four years, likely due to an increase in the volume of QA reviews of non-accepted reports that began that year. These reviews generated corrections in how certain elements of the SDM Screening instrument were being applied to acceptance decisions, resulting in a somewhat higher rate of accepting reports. The rate settled back down slightly in CY 2022 to 44.2% but increased again in CY 2023 to 46.7%.

While Connecticut DCF has been impacted by the higher volume of calls and a higher volume of accepted reports, the agency has also been impacted by staffing deficits. DCF has continued to work to stabilize the staffing for Child Protective Services (CPS) social work personnel, but the staffing fluctuations and difficulty with retention of staff have impacted caseloads. Connecticut is not alone in facing these difficulties, as staff retention challenges are a national trend in the child welfare arena. A recent report from the US General Accounting Office from March 2023 stated that "turnover of child welfare staff—which affects both recruitment and retention efforts—has been estimated at between 30 percent and 40 percent annually nationwide, with the average tenure for child welfare workers being less than 2 years." (US GA 2023) [OBJ]. Since June 2018, the number of direct service social work staff at DCF has decreased by 19% as identified by CT Department of Administrative Services (DAS) Human Resources data.

At the same time, we face such staffing challenges, there is recognition that many of the children and families being served by DCF presently have a higher acuity of need than in past years. In April 2020, Integrated Family Care and Support (IFCS) community services became available statewide for all unsubstantiated cases. Cases that DCF would previously serve directly were then instead diverted to the IFCS providers. The result of this is that the remaining cases that are transferred for ongoing services are almost exclusively cases that have a substantiation for abuse and/or neglect and have a more severe and complicated sets of needs that must be addressed to ensure positive child outcomes. Thus, while the agency is transferring fewer cases overall and fewer families receive ongoing child protective services, those that do present with greater needs, require more sophisticated interventions, and result in individual caseloads that are comprised almost entirely of high need/risk families that increases the risk of worker burn-out and additional turnover.

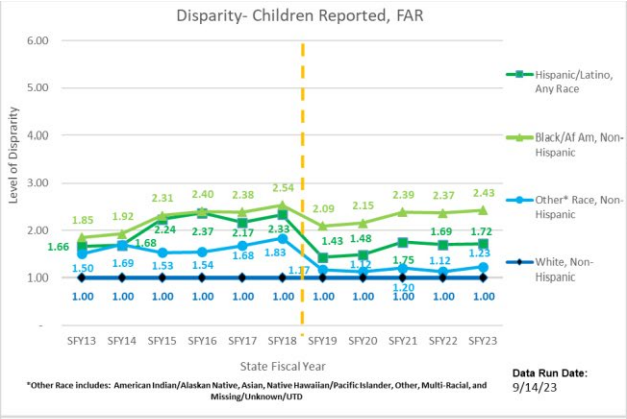
It is also important to note that children of color continue to be disproportionately over-represented in accepted abuse/neglect reports. In State Fiscal Year (SFY) 2023, African American children were 3.1 times as likely as White children to be alleged victims in a report accepted for an Investigation response, and 2.4 times as likely for a FAR response. For the same period, Hispanic children were 2.0 times as likely for Investigation responses, and 1.7 times as likely for a FAR response. These rates are now based on 2020 US Census data.

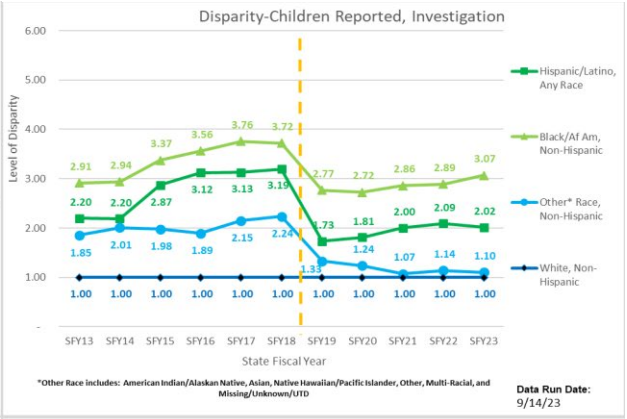
		Disparity Index		
STATEWIDE	Race/Ethnicity			
CW Pathway Steps	Hispanic/Latino, Any Race	Black/Af Am, Non-Hispanic	Other* Race, Non-Hispanic	White, Non-Hispanic
Total Child Population (2020 US Census)				
Children Reported, FAR (SFY23)	1.7	2.4	1.2	1.0
Children Reported, Investigation (SFY23)	2.0	3.1	1.1	1.0
Children Substantiated as Victims (SFY23)	1.9	2.8	1.0	1.0
Children in Cases Opened for Services (SFY23)	2.0	3.0	1.0	1.0
Children Entering DCF Care (SFY23)	2.0	3.2	1.1	1.0
Children In DCF Care (SFY23)	2.1	3.2	1.2	1.0
Children in Congregate Care (SFY23)	1.9	2.9	0.9	1.0

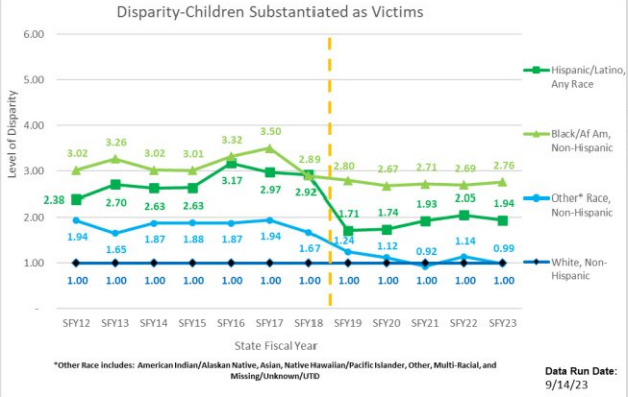
Trend data from SFY 2013 - SFY 2023 indicates that there has been uneven improvement in disparity rates. While some progress has been observed (i.e., Substantiations and Entries), when it has occurred, it has been more often for Hispanic children, and less so for African American/Black children.

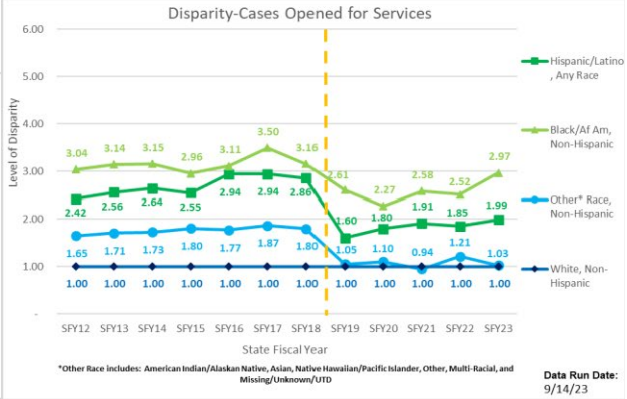
Over the years, the most progress has been seen for the Multiracial/Other children, who were the most similar or below White children for all the measures. In SFY 2023, there is an increase in disparity rates for African American/Black children for all measures except Congregate Care. The rates this year for Hispanic children decreased slightly for Investigations and Substantiations but increased in all others. DCF is committed to continued vigilance and efforts necessary to reduce disparities for all children of color and their families.

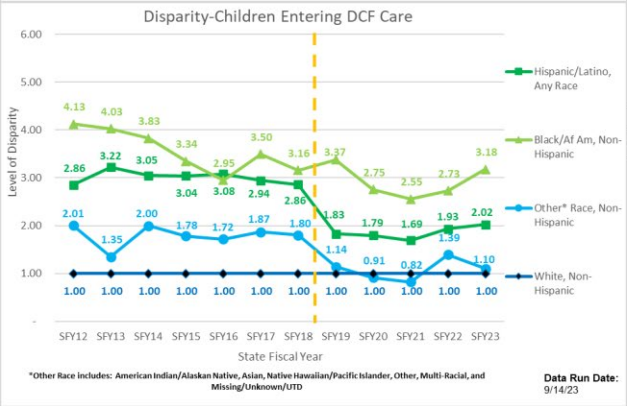
Relatedly, the impacts of COVID-19, especially with its disproportionate and disparate health and economic impacts on families of color, including families who are undocumented, will require further analysis within a racial justice lens. Please note that the following charts contain a dotted vertical line between the years (2018 - 2019) for which 2010 Census data was used as the base, and when 2020 Census figures were used. The trends for each of these two timeframes should be considered independent of each other.

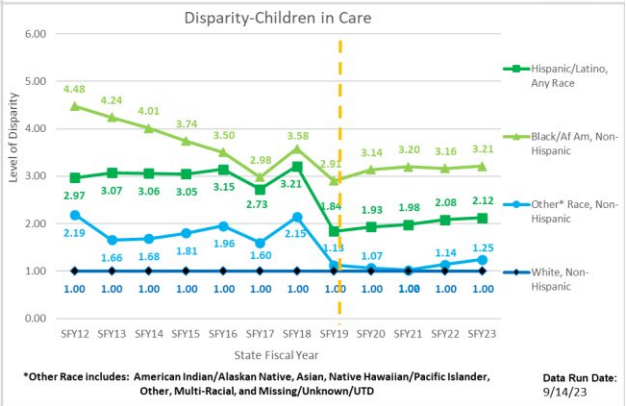


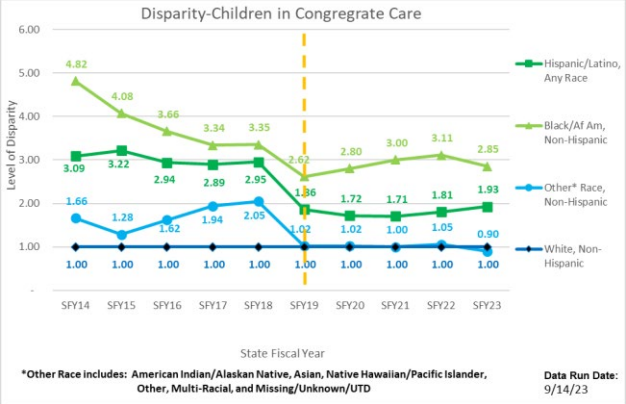




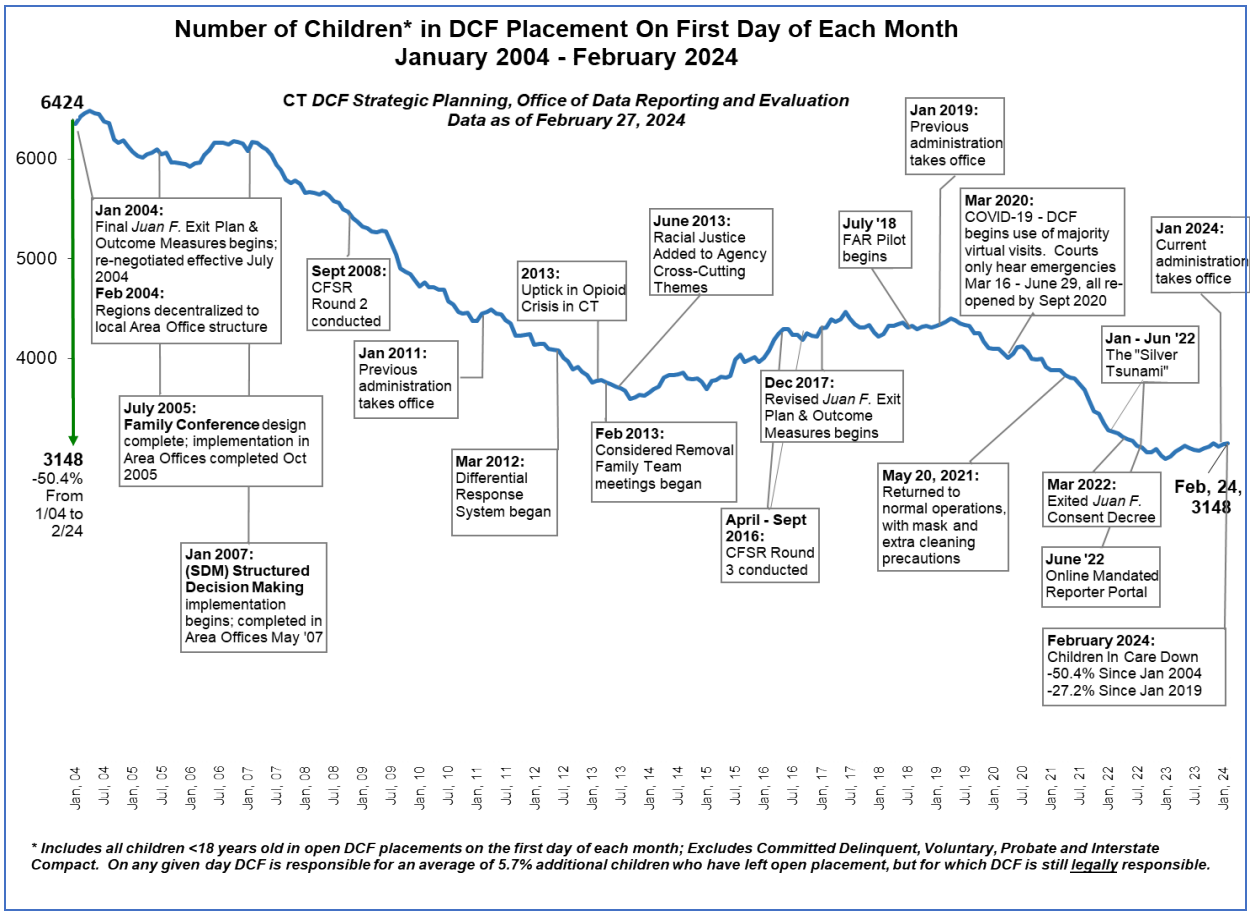








The next chart shows the trend in the number of children in DCF care on the first day of each month and is annotated with various sentinel events and practice/policy changes that may have had an impact on this population. Following a long period of decreasing volume of children in care, our numbers were generally increasing from late 2013 until early 2018 when this leveled out, but then began and continued decline from mid-2019 to early 2023. We attribute the beginning of the decline to updated SDM Safety and Risk Assessment tools, but then of course the COVID-19 pandemic response had a major impact on both entries and exits that has continued the decline. This figure has started to increase again across 2023, that we attribute to continued increases in abuse/neglect reporting, as well as changes in agency policy that limited alternate caregiver arrangements to five days with no exceptions. The prior policy did allow for such exceptions, and unfortunately the agency found that such exceptions were being used more frequently than was appropriate given the requirements of our current ABCD safety practice model.



As can be seen in the annotations, the department continues to make advances in case practice, continuing quality improvement efforts, increasing effective cross-system collaborations and enhancing the depth and breadth of our service array to better serve the CT population. Much of those efforts resulted in a successful exit from the Juan F. Consent Decree in March 2022. Further information can be found in this report that helps illustrate these efforts.

The CFSR Round 4 Data Profile (February 2023) provided data on all seven national indicators. Risk-standardized results for Maltreatment in Care and Reentry to Foster Care in CT are statistically better than national performance. Results for Recurrence of Maltreatment, Placement Stability, Permanency in 12 Months for those in-care 12 – 23 and >=24 Months, all show that CT is within the margin of error for achieving the national standard for the latest reporting periods available and is equivalent to national performance. Unfortunately, performance on the Permanency in 12 Months from Entry measure did not meet the standard and remains our most significant challenge with a widening gap of about 13% between current and expected performance.

The automated Results-Oriented Management (ROM) system is what Connecticut utilizes to manage important aspects of child welfare practice and monitor the effects of systems/practice changes on agency performance over time. This system contains reports for these indicators built to federal specifications, but they are based on SACWIS (LINK) data that are updated on a daily basis, instead of on static annual submissions to AFCARS and NCANDS. The results for the measures based on these reports are as follows:

FEDERAL MEASURE	CY11	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21	CY22	CY23	TREND
Recurrence of Maltreatment (<=9.7%)	**9.7**	**9.1**	**9.2**	10.1	**8.7**	10.2	10.5	9.9	**9.0**	**8.2**	**8.0**	**7.6**	**7.3**	
Maltreatment in Foster Care (<=9.07 victims/100k days)	**5.0**	**5.3**	**5.5**	**6.6**	**6.4**	**6.5**	**6.9**	**5.6**	**5.7**	**3.3**	**5.9**	**6.2**	**6.2**	
Placement Stability (<=4.48 moves/1k days)	**3.3**	**3.0**	**2.8**	**2.6**	**3.1**	**3.6**	**3.9**	**4.1**	**4.0**	**3.3**	**3.3**	**4.0**	**4.5**	
Permanency in 12 Months (>=35.2%)	39.5	37.7	34.2	30.9	26.7	25.5	24.1	27.7	28.4	24.7	23.0	24.7	24.1	
Permanency in 12 Months for Children In Care 12-23 Months (>=-43.8%)	43.2	43.1	44.0	39.3	45.2	42.9	48.2	47.2	48.1	32.0	45.7	47.3	50.8	
Permanency in 12 Months for Children In Care >=24 Months (>=37.3%)	22.4	23.7	27.0	25.8	31.7	28.8	32.0	35.1	40.4	28.6	45.4	42.9	44.9	
Re-Entry to Foster Care (<=5.6%)	13.1	12.0	15.2	15.6	15.1	15.0	14.4	17.8	15.8	13.2	11.3	12.8	11.0	

The ROM reports show that CT has consistently met the national standard on Recurrence of Maltreatment, Maltreatment in Foster Care and Placement Stability for at least the last five years. Declines observed in Permanency in 12 Months for Children In Care for both 12 - 23 and >=24 Months during the COVID-19 response period reversed in CY 2021 through 2023 to points exceeding the standard. However, the achievement of Permanency in 12 Months from Entry has varied from year to year around 24% and is still not meeting the standard. It is also important to note that performance on the related Re-Entry to Foster Care measures improved in CY 2023 compared to 2022 to its' best level yet at 11%, but we have not yet met the standard for this measure. We have also noted the difference between our ROM report on this measure, and the related Federal measure reported in the National Data Indicators and believe that differences in how the ROM system constructs legal episodes makes it the more accurate report for this purpose. Work is ongoing to improve the data quality of our AFCARS datasets, including hiring two full-time data stewards, and will include additional steps that bring both systems into closer alignment.

Part 3: Current Initiatives

The Department identified Seven Key Results on which we would focus improvement efforts as part of the 2020 – 2024 CFSP. The ChildStat framework was developed in 2020 and implemented in 2021 as a system to achieve positive outcomes for children. As part of ChildStat's framework, Continuous Quality Improvement (CQI) teams were created throughout the area offices. The primary focuses of the teams are to review office specific data, assess performance and implement strategies to improve permanency outcomes for children in foster care. ChildStat evolved into a diverse statewide CQI structure that includes staff from Systems, Foster Care, Clinical, Child Welfare, management, Legal and frontline staff to address barriers to desired outcomes, including timely permanency. These teams conduct qualitative case reviews, dissect quantitative data, and hold structured discussions to brainstorm ideas that result in tailored strategies to address the specific performance of area offices. These strategies are often piloted at office, regional and super regional levels and then scaled up to statewide use, if effective.

ChildStat

The ChildStat process was fully implemented in 2021 to provide a focused review of data regarding specific key outcome measures (the 7 key results) with each area office and the Executive Team. In preparation for the ChildStat presentation, practice data is shared and mined by office CQI teams and QI staff and strategies have been developed to address practice areas needing improvement. The data and resulting CQI plans are presented to the agency administration for review and discussion during the presentation. The strategies/ CQI plans are assessed using the PDSA model (Plan-Do-Study-Act) to assess the efficacy of the strategy. For example, an office has implemented a strategy to focus on improving engagement with Fathers to address kin placement numbers- the data will be reviewed, and the AO staff will discuss whether the strategy appears to be effective thus far, or needs to be tweaked/ revised/ etc. These conversations include both quantitative and qualitative discussions. Strategies for improvement are based on a review of the data, including qualitative case reviews.

This process allows for a real-time management accountability and quality improvement process using a combination of data analysis and strategy discussion to improve practice. During ChildStat reviews attended by agency leaders, area office staff, support divisions and external partners, data is shared, performance is measured, and practice is compared across geographic areas. These discussions are intended to effectuate both a shared sense of accountability and lead to problem solving the most important issues affecting child and family outcomes.

ChildStat meetings have also assisted in the supportive functions (Services/ Systems, HR, Fiscal, Clinical) are able to hear about offices' performance and the challenges they are faced with, which are often supported with data. Making these connections has been significant as leadership looks to implement improvement strategies. For future ChildStat presentations, these supportive divisions will present data relative to their work as well.

There is a sustained focus on Racial Justice and Racial Disproportionality and Disparity data for each of the performance measures, and race and ethnicity data are presented and discussed. The area offices and each division are tasked with developing racial justice change initiatives. They also review their specific data to determine efficacy of the strategies embedded in the change initiatives to address racial disparity.

In addition to ChildStat, the Division of Quality Improvement submits a quarterly performance report which is distributed throughout the agency. The area office Continuous Quality Improvement teams utilize the quarterly report to track and monitor progress of strategies to improve practice and performance.

Racial Justice

DCF has maintained unequivocal commitment to being an anti-racist child welfare system whose beliefs, values, policies, and practices that seek to eliminate racial and ethnic disparities. The Department continues to elevate the focus on racial equity and provide support for children and families of color, who have been

historically and systemically disadvantaged, underserved, or marginalized. Prioritizing and advancing racial equity at all levels is a fundamental principle supporting the work of the Department and its community partners. We continue to examine and redesign the Department as an authentically anti-racist and trauma-informed agency to ensure that families of all racial, ethnic, and cultural backgrounds can recover from the crisis that brought them to our attention.

DCF has acknowledged that children and families of color (Black, Latino) are disproportionately overrepresented system-wide and experience disparate outcomes at all levels in comparison to white children and families. DCF also understands that disparities are not solely a result of race or ethnicity; therefore, differences across groups can be explained by bias, systemic inequity, and structural racism (i.e., the design and operations of policies, practices, and programs. Our progress in fair assessment and equitable responsiveness is evident across the Department's structures, policies, practices, norms, and values. Furthermore, a strong collaboration with our community partners is needed to address how programs and policies may perpetuate systemic barriers and pursue comprehensive approaches to advance equity and support for those who have been underserved, marginalized, or adversely affected by social determinants of health.

As the agency continues to move the needle forward towards its strategic goal of Racial Justice (eliminate racial and ethnic disparate outcomes within our Department), over the last 5 years DCF has recognized that intentional action is needed to identify disparities in areas of decision-making (e.g., service delivery and outcomes) and therefore has asked that each division lead take on a change initiative to address areas of need. Many of the change initiatives have become a part of day-to-day practices as they have improved overall service delivery to families and children. The Statewide Racial Justice Workgroup and the Racial Justice Institute is an example of where we foster the inclusion of those with lived experiences and engage in partnership with community providers so that they too pay deliberate attention to staffing and models that represent those who are being served; address the function that policies, practices, and programs may play in contributing to those disparities by having the racial justice policy and practice subcommittee review any new or updated policy with an equitable lens; and implement system-wide action plans to ensure equal opportunity and advance racial equity and justice.

Becoming an anti-racist organization is a key driver of our identity. As an anti-racist organization, DCF decisively identifies, discusses, and challenges issues of race, culture, and biases and the impact(s) they have on our agency, our families, our community, and our workforce. Awareness and understanding of race, ethnicity, cultural perspectives, linguistic needs, religious beliefs, sexual orientation, gender identity, immigration status, lived experiences, and social indicators of equity such as poverty are honored throughout all comprehensive assessments, decision-making, and best-matched service delivery, using concrete tools, clinical practice, and intentional supervision. Meaningful engagement using an equitable, trauma-informed approach helps identify and address any inequities found within the agency and in the provision of services for families reflective of diverse cultural backgrounds and/or who have been systemically underserved, marginalized, and adversely impacted by persistent social injustices. The Department's commitment to eliminate racial disparities has not wavered and further assessment and strategies will be implemented to ensure that racial equity is embedded in all aspects of our work.

In our attempt to intentionally integrate racial equity and anti-racist approaches into all areas of our work, DCF has created opportunities and spaces to convene in which multidisciplinary perspectives are invited to critically examine current practices and policies. This is most visible at the bi-monthly Statewide Racial Justice Workgroup meetings at which members represent each Area Office across the state, each of DCF's Central Office divisions, our operated facilities, contracted service providers, system partners, university partners, and most critically parents and partners from across Connecticut communities. This representation is a model for how far-reaching DCF's racial justice work has become across the state - demonstrating that the child welfare system is much more than the single agency alone. The goals for cross-system alignment, collaboration and collective action are considered at all levels and are incorporated into the agendas of every meeting.

The Department's racial justice journey has a deep history, including the evolvement and growth of its Statewide Racial Justice Workgroup. Our Statewide Racial Justice Workgroup, along with its four subcommittees (Workforce, Data, Service Systems, and Policy and Practice), continues to be integral to informing and shaping the broader child welfare system and the statewide racial justice agenda, and serves in a vital advisory role to state leaders. The SRJWG meets on a bi-monthly basis with an average of 60 invested individuals present in attendance. The SRJWG Tri-chair Leads facilitate the meetings in which the participants are diversely representative of each of the Department's Area Offices, Central Office divisions, our operated facilities, community stakeholders, system partners, and the families we serve. This cross-system alignment creates opportunities for participants at all levels to connect, share progress, identify challenges and barriers, and prioritize activities, practices, and next action-oriented steps to continue to advance our anti-racist work in meaningful and sustainable ways.

July 2023 marked the 10th year anniversary of this statewide group. While its membership has changed throughout the years, the work of the SRJWG continues to be charged with cultivating and sustaining an environment in which internal racial justice leads and DCF partners discuss the impacts of racism, power and privilege on agency policies and practices at the individual, institutional and systemic levels. This workgroup has afforded DCF, its community providers, and family partners the opportunity to 'turn the mirror inward' on our own worldviews and how such cultural perspectives and lived experiences shape our daily decision making and biases, both implicitly and structurally. DCF continues to invite a variety of stakeholders and partners, including representatives of other systems, contracted providers and most importantly community partners and family advocates to examine the impact of social inequities, biases, and racism (internal, interpersonal, institutional, and structural) on families and communities and throughout our helping systems.

The Department continues to build our Child Welfare System through strong state agency relationships, often formalized with memorandums of understanding/agreements, and developing strong collaborations with our provider network, ensuring the services provided are community based, racially and linguistically sensitive, as well as enhancing community awareness and understanding, and increasing access to services. In order to further enact the state's vision, the Department will continue to rely on collective thinking and collaboration with child welfare contributing agencies, providers, community partners and the families we serve as we reimagine the system. CT DCF views Family First as an opportunity to further our system transformation and realign our objectives more broadly with prevention and ultimately prevent foster care entries. Since approval of our Prevention Plan in early 2022, CT continues to collaborate with internal and external stakeholders around implementation and this work has also assisted in increasing community and agency awareness, understanding and identification of key connections across agencies. We continue to leverage these partnerships as we promote a broad, integrative, universal concept of a Child Well-Being System.

As outlined in our CFSP, CT's key strategies and interventions have been developed to support positive, improved outcomes for children and families in the areas of safety, permanency, and well-being. These strategies and interventions have been implemented, assessed, and were refined throughout the course of the PIP implementation and although the Department has successfully completed its PIP implementation and achieved the established performance goals, the work relative to strategies and interventions continues. In several areas, strategies and activities that were implemented in transformation zones or single offices for the PIP are now being scaled up based on positive results.

Following our PIP implementation, CT has sustained court and agency collaboration on improvement as we continue to build this partnership. Quarterly meetings with leadership at the agency level, including the DCF Commissioner, along with several judges, CIP staff, leadership from the Office of the Chief Public Defenders office and DCF Legal representation, continue to occur. This group continues to review permanency data, disaggregated by race and ethnicity, to identify key improvement areas and strategies.

Racial Justice remains a key agency strategic goal and our Statewide Racial Justice Workgroup (SWRJWG) and its committee members are integral to informing and shaping the Child Welfare System, the statewide racial justice agenda and serve as a vital role to agency leaders. CT routinely uses data to assess performance and outcomes and is deliberate in disaggregating all reports by race and ethnicity in our analyses and expects this

from providers and partners as well. CT has continued to work in partnership with our Court Improvement Program staff to provide support in disaggregating and court data by race and ethnicity to allow for analyses of key decision points. The effort to reduce and eliminate disproportionality and disparity in the Child Welfare System requires collaboration with and from various agencies and multiple stakeholders.

CT completed an agency CQI self-assessment with the support of the Capacity Building Center for States in preparation for further building out the agency's CQI framework. Recognizing internal capacity and resource limitations, CT began working with Chapin Hall who is leading the CQI framework development with the agency and connecting this work to the Prevention Plan implementation. This technical assistance will benefit the agency as we look to expand the breadth and scope of CQI activities across the agency, ensuring that CQI is embedded in all divisions and is sustainable. The agency continues to prioritize CQI through both qualitative and quantitative measures.

Part 4: Goals and Objectives

Over the first two years year of our 2020 - 2024 CFSP, we utilized our PIP as the foundation of measurement of progress as it relates to safety, permanency, and wellbeing outcomes for the child welfare agency. Our Strategic Goals and objectives have largely remained unchanged since the development of our CFSP and although CT has achieved its PIP goals and successfully implemented all the strategies and key activities, we continue to scale up several strategies and continue implementing those that have resulted in positive outcomes. CT DCF intends on maintaining our foundational mandate to keep children safely in families, but strives to further evolve our mission, vision, and strategies to become an agency that empowers families to thrive by walking in partnership alongside them. Expanding access to prevention services and fostering community and coalition building will allow us to reimagine our system with the collective thinking and contributions of families, sister agencies, providers, and community partners.

Through the APSR process, we will collectively report on additional actions that solidify the direction. The beginning step towards a child welfare system is relationship building and trust building across state agencies. Interagency collaboration, partnership and communication has been a key priority for CT, and we have seen increased interagency initiatives as a result. This foundation will continue to be the bedrock to move our system forward. Below are our goals and objectives that will move us forward.

Strategic Goals:

1. Keep children and youth safe with a focus on the most vulnerable populations.

Objectives:

a. Assess our current MOU/As to determine effective partnerships and improved outcomes for children and families.
b. Assess across state agencies, Task Forces and Committees that may be a support to this work.
c. The first population to focus on will be families with children ages 0 – 5.
d. Assess DCF service array and increase timely access to services.
e. Focus on transitioning youth with disabilities to agencies with longer term support. Uncover the areas of mutual support for youth and families verse the myth of "double dipping."
f. Train and implement our newly developed safety framework to improve the quality of our assessments and enhance safety planning practices.
g. Enhance safety planning policy and QA activities to ensure policy fidelity and appropriate oversight.
h. Implement CT's Prevention Plan

2. Engage our workforce through an organizational culture of mutual support.

Objectives:

a. Continue to support and message Connecticut's Safe and Sound Framework - Culture of Safety provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. The Safe and Sound framework introduces anti- racist ideology into CT's DCF values. As a result of the Black Lives Matter movement, it has

required the racial justice work to evolve and an increased demand for system reform with a focus on justice beyond equity.

b. Work with our sister state agencies to introduce safety culture and touch points across agencies.

3. Connect systems and processes to achieve timely permanency.

Objectives:

a. Establish a Kinship Navigation Model to support caregivers.
b. Establishing a workgroup of leaders from state agencies to:
c. Identify touch points of partnership and collaboration.
d. Identify prevention activities, services, and innovations.
e. Build bridges across state agencies.
f. Develop a strategic plan that moves us to a more effectively integrated Child Welfare System
g. Enhance partnership with the courts and judicial branch.
h. Explore ongoing data sharing across state agency datasets to identify factors related to successful timely permanency, as well as those that prevent this outcome.
i. Implement Quality Parenting Initiative to foster relationships and build collaboration between caregivers and birth parents to minimize disruptions and promote timely permanency.

4. Contribute to child and family wellbeing by enhancing assessment and interventions.

Objectives:

a. Meet with our Citizen Review Panels (CRP) to frame out the FFPSA and moving to a more effectively integrated child Welfare system. Determine their interest and role(s) they would desire to play.
b. Emphasize Fatherhood services, resources, and support PIP.
c. Collaborate with communities and state agencies to build strong Fatherhood engagement leadership teams.
d. Build out system to support staff in service matching and need identification.
e. Build out infrastructure to ensure service delivery is consistent with department expectations – Families are better off after receiving the service that matches the needs identified as a result of the Social Worker assessment.
f. Conduct research to explore tools used in other jurisdictions to assess parent/child needs and help children in care achieve timely permanency.
g. Redesign of the Therapeutic Foster Care program to ensure the behavioral health needs of children placed in OOH care are addressed.
h. Restructuring and redesign of the Voluntary Services Program to better meet the emotional and behavioral health needs of children.

5. Eliminate disparate outcomes across all racial and ethnic groups served by the Department.

Objective:

Reduce the inequities/disparities seen not only in the 7 key results that are outlined at the onset of the document but specifically reduce disparities in the DCF decision point pathways data. The Department moving forward will be anchored in 4 guiding principles and foundations for our Racial Justice work:

1) Safe and Sound: Culture of Safety
2) Differentiating between equality, equity, and justice
3) Moving from a racial justice lens to anti-racist action
4) Striving for institutional transformation on how we work with children, families, the communities we serve and one another. Data will drive measurable strategies linked to the 7 key aspirational results.

Progress Made to Improve Outcomes:

CT has continued to measure progress against the Federal National Data Indicators and has continued to implement ongoing CQI reviews using the OSRI, inclusive of case related interviews. This supports ongoing alignment and consistent focus and approach to our workforce and direction for our stakeholders. Linking the various strategic plans, goals and objectives, activities and actions provides an opportunity for the CFSP

to be the umbrella which brings focus and direction to our work. As we implement our Prevention Plan, ongoing CQI and measurement will be critical and will certainly have a nexus to our CFSP and APSR going forward.

As previously stated, CT has continued implementing case reviews following successful exit of the PIP in the same way, inclusive of case-related interviews and OMS data entry. This has allowed us to maintain ongoing review of key outcomes through the federal lens, in addition to our administrative data and focused practice reviews. Continued use of OMS further allows our staff to review and share key data reports as part of our ongoing CQI activities. As data is collected in OMS, findings help to inform a need to dive more deeply into specific items. OMS data is used along with ROM data, LINK reports and the CFSR statewide data indicators which helps the state get underneath the numbers to identify those areas where we are most challenged in our performance in order to better inform strategies for improvement.

Consistent with last year's APSR report, CT continues to struggle with timely permanency as reflected in Item 6. This data is also consistent with what we know through our internal ROM reports and administrative data, as well as what our CFSR Statewide Data Indicators reflect. Permanency in 12 months continues to be the greatest challenge where CT has not made progress and continues to perform statistically worse than the national performance. However, CT has made progress with permanency in 12 months (12-23 months) and permanency in 12 months (24+ months), performing statistically no different or better than the national performance. In our efforts to further understand permanency delays and timeliness challenges, beyond what we know has been impacted by the pandemic, the agency continues to partner with our courts, judges, advocates, and CIP leadership to better understand our data and root cause of the delays. The agency's data scientist reviewed administrative data and has prepared a report that was reviewed with agency leadership to help identify strategies for improvement. The agency has paused the transformation zone work after improvements based on the data seemed to have plateaued. Using the permanency reports and analysis as foundational to our discussion, the agency will continue partnering with our key stakeholders to further identify strategies for improvement related to permanency and we are actively engaged in statewide discussions as permanency in twelve months is a challenge for each of the fourteen agency area offices.

Please see the 2025 - 2029 CFSP (pages 25 - 50) for more details on goals set for the next five-year period.

Section III: Assessment of Child and Family Outcomes

A. Safety: Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

Safety Outcome 1: Children Are, First and Foremost, Protected from Abuse and Neglect

Assessment:
The Department believes that while Item 1 is an **Area Needing Improvement,** strong performance on the two National Data Indicators for this outcome support that Connecticut is **In Substantial Conformity** with Safety Outcome 1.

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

- CFSR Round 3 Result: n=41, 59% Strength, 41% ANI
- CT CQI Result (Feb - July '24 Reviews): n=37, 70.3% Strength, 29.7% ANI
- CFSR National Data Indicator Results: Recurrence of Maltreatment - the national performance for this measure is <=9.7%, and CT RSP for FFY 2022 is 10.2%, now statistically no different than national performance but continuing to improve over the three years displayed. Observed performance for ages 4 - 11 months old did not meet the standard, but all other age and race/ethnicity groups were successful in the latest year.

			19AB,FY19	20AB,FY20	21AB,FY21	FY19-20	FY20-21	FY21-22
Recurrence of maltreatment	9.7% ▼	RSP				11.4%	10.5%	10.2%
		RSP interval				10.6%-12.2%[3]	9.6%-11.4%[2]	9.3%-11.1%[2]
		Data used				FY19-20	FY20-21	FY21-22

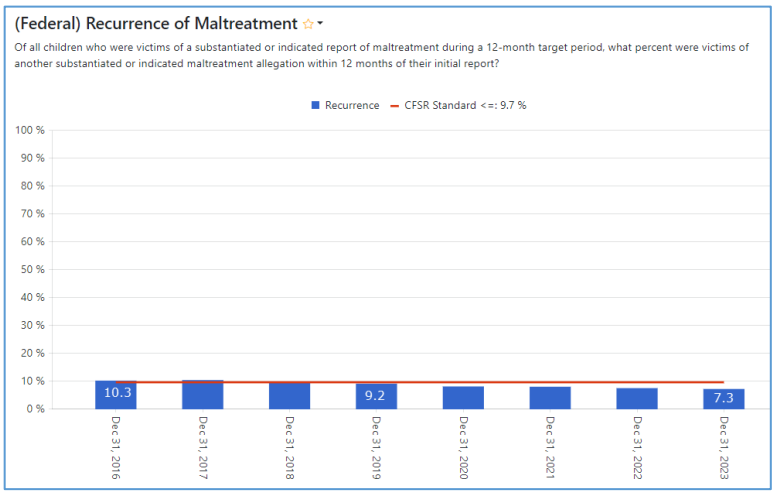
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance on safety indicators
Recurrence of maltreatment

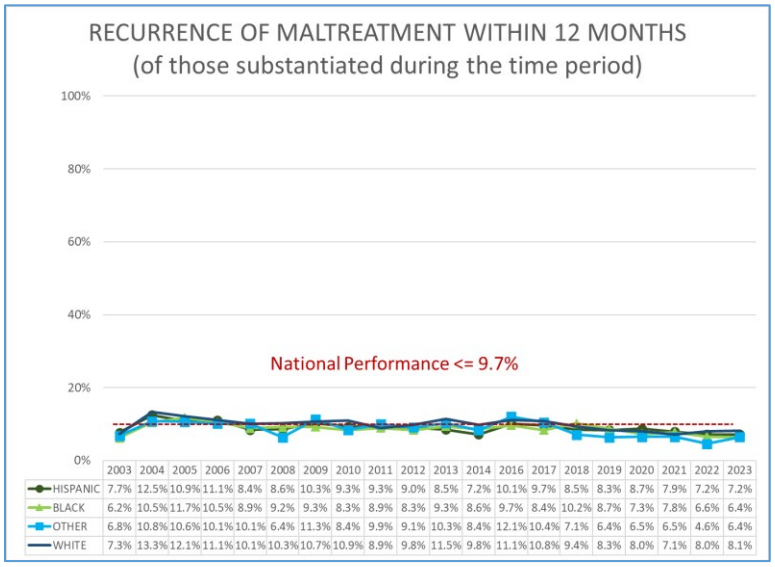
	Denominator (initial victims)			Numerator (recurring victims)			Percentage			Percent of total (initial victims)	Percent of total (recurring victims)
	FY19-20	FY20-21	FY21-22	FY19-20	FY20-21	FY21-22	FY19-20	FY20-21	FY21-22	FY21-22	FY21-22
Age at initial victimization											
Total	**7,919**	**6,093**	**5,486**	**678**	**479**	**418**	**8.6%**	**7.9%**	**7.6%**	**100.0%**	**100.0%**
0 - 3 mos	686	631	586	54	48	45	7.9%	7.6%	7.7%	10.7%	10.8%
4 - 11 mos	371	299	312	50	32	40	13.5%	10.7%	12.8%	5.7%	9.6%
< 1 yr subtotal	**1,057**	**930**	**898**	**104**	**80**	**85**	**9.8%**	**8.6%**	**9.5%**	**16.4%**	**20.3%**
1 - 5 yrs	2,308	1,765	1,425	212	146	118	9.2%	8.3%	8.3%	26.0%	28.2%
6 - 10 yrs	2,154	1,540	1,397	192	121	120	8.9%	7.9%	8.6%	25.5%	28.7%
11 - 16 yrs	2,186	1,688	1,627	160	130	89	7.3%	7.7%	5.5%	29.7%	21.3%
17 yrs	214	170	139	10	2	6	4.7%	1.2%	4.3%	2.5%	1.4%
Race/ethnicity											
American Indian/Alaska Native	10	8	4	0	0	0	0.0%	0.0%	0.0%	0.1%	0.0%
Asian	51	30	30	0	1	2	0.0%	3.3%	6.7%	0.5%	0.5%
Black or African American	1,789	1,301	1,118	170	96	78	9.5%	7.4%	7.0%	20.4%	18.7%
Hispanic (of any race)	2,511	2,069	1,989	206	180	155	8.2%	8.7%	7.8%	36.3%	37.1%
Native Hawaiian/Other Pacific Islande	10	5	1	1	0	0	10.0%	0.0%	0.0%	0.0%	0.0%
White	2,742	2,159	1,905	244	165	153	8.9%	7.6%	8.0%	34.7%	36.6%
Two or More	439	341	267	41	31	19	9.3%	9.1%	7.1%	4.9%	4.5%
Missing Race/Ethnicity Data	367	180	172	16	6	11	4.4%	3.3%	6.4%	3.1%	2.6%
Locality											
Fairfield County	1,828	1,464	1,345	162	115	102	8.9%	7.9%	7.6%	24.5%	24.4%
Hartford County	1,445	1,111	951	101	70	54	7.0%	6.3%	5.7%	17.3%	12.9%
Litchfield County	247	148	146	30	9	6	12.1%	6.1%	4.1%	2.7%	1.4%
Middlesex County	277	207	199	30	18	18	10.8%	8.7%	9.0%	3.6%	4.3%
New Haven County	2,414	1,783	1,493	207	182	117	8.6%	10.2%	7.8%	27.2%	28.0%
New London County	659	452	512	68	34	51	10.3%	7.5%	10.0%	9.3%	12.2%
Tolland County	572	531	532	38	28	46	6.6%	5.3%	8.6%	9.7%	11.0%
Windham County	477	397	308	42	23	24	8.8%	5.8%	7.8%	5.6%	5.7%

Note 1: Ages, races/ethnicities, and localities with no initial victims in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.



- Federal Recurrence of Maltreatment CY16 - CY23: Statewide performance has been slowly but steadily improving across the entire timeframe displayed and has been as good or better than National Performance since CY19.



- Race/Ethnicity Group Comparison: all groups have been doing better than National Performance since CY19. Groups are slightly more similar in CY23 compared to CY19, with Black and Other groups performing the best compared to both other groups.

- CFSR National Data Indicator Results: Maltreatment in Care - the national performance for this measure is <=9.07, and CT RSP for FFY 2022 is 6.19, statistically better than national performance but worse than the RSP for the previous year. Observed performance for children ages 6 - 10 and 11 - 16, and for Hispanics, had the highest rates in the latest year. Please note that the incidence of maltreatment in care is relatively rare, so the numbers of children in various age and race/ethnicity groups can be very small, making the rates volatile from year to year.

		19AB,FY19	20AB,FY20	21AB,FY21	FY19-20	FY20-21	FY21-22
Maltreatment in care (victimizations/100,000 days in care) 9.07 ▼	RSP	7.47	3.28	6.19			
	RSP interval	6.01-9.29[2]	2.35-4.59[1]	4.78-8.03[1]			
	Data used	19A-19B, FY19-20	20A-20B, FY20-21	21A-21B, FY21-22			

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

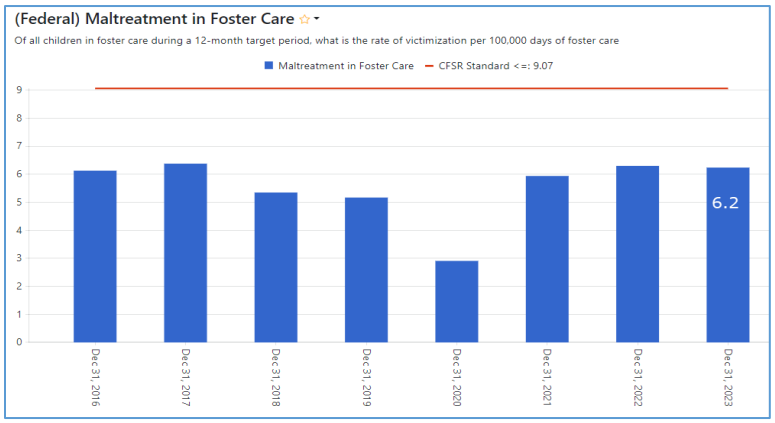
Observed performance on safety indicators
Maltreatment in care

	Denominator (days in care)			Numerator (victimizations)			Victimization/100,000 days			Percent of total (days in care)	Percent of total (victimizations)
	19AB,FY19	20AB,FY20	21AB,FY21	19AB,FY19	20AB,FY20	21AB,FY21	19AB,FY19	20AB,FY20	21AB,FY21	21AB,FY21	21AB,FY21
Age at entry or on 1st day											
Total	**1,414,170**	**1,342,315**	**1,202,223**	**78**	**30**	**54**	**5.52**	**2.23**	**4.49**	**100.0%**	**100.0%**
0 - 3 mos	86,421	83,077	63,904	6	1	1	6.94	1.20	1.56	5.3%	1.9%
4 - 11 mos	85,585	89,872	85,532	2	2	0	2.34	2.23	0.00	7.1%	0.0%
< 1 yr subtotal	**172,006**	**172,949**	**149,436**	**8**	**3**	**1**	**4.65**	**1.73**	**0.67**	**12.4%**	**1.9%**
1 - 5 yrs	478,853	448,532	421,114	17	7	19	3.55	1.56	4.51	35.0%	35.2%
6 - 10 yrs	307,750	288,502	254,601	27	12	14	8.77	4.16	5.50	21.2%	25.9%
11 - 16 yrs	404,713	379,419	335,764	25	8	18	6.18	2.11	5.36	27.9%	33.3%
17 yrs	50,848	52,913	41,308	1	0	2	1.97	0.00	4.84	3.4%	3.7%
Race/ethnicity											
American Indian/Alaska Native	1,771	1,104	1,049	0	0	0	0.00	0.00	0.00	0.1%	0.0%
Asian	2,384	2,891	2,963	0	0	0	0.00	0.00	0.00	0.2%	0.0%
Black or African American	325,041	318,901	284,033	18	4	10	5.54	1.25	3.52	23.6%	18.5%
Hispanic (of any race)	503,907	472,616	416,532	30	12	24	5.95	2.54	5.76	34.6%	44.4%
Native Hawaiian/Other Pacific Islande	449	394	194	0	0	0	0.00	0.00	0.00	0.0%	0.0%
White	455,142	431,379	390,914	19	11	14	4.17	2.55	3.58	32.5%	25.9%
Two or More	104,784	102,743	99,158	11	3	6	10.50	2.92	6.05	8.2%	11.1%
Unknown/Unable to Determine	20,692	12,287	7,380	0	0	0	0.00	0.00	0.00	0.6%	0.0%
Locality											
Fairfield County	222,054	225,667	198,207	24	9	12	10.81	3.99	6.05	16.5%	22.2%
Hartford County	302,285	300,123	254,303	15	5	14	4.96	1.67	5.51	21.2%	25.9%
Litchfield County	44,410	44,058	42,773	1	3	5	2.25	6.81	11.69	3.6%	9.3%
Middlesex County	53,854	34,391	34,767	3	0	0	5.57	0.00	0.00	2.9%	0.0%
New Haven County	437,340	405,232	372,082	25	11	19	5.72	2.71	5.11	30.9%	35.2%
New London County	152,234	134,201	119,966	5	0	0	3.28	0.00	0.00	10.0%	0.0%
Tolland County	110,776	96,677	88,505	4	0	3	3.61	0.00	3.39	7.4%	5.6%
Windham County	91,217	101,966	91,620	1	2	1	1.10	1.96	1.09	7.6%	1.9%

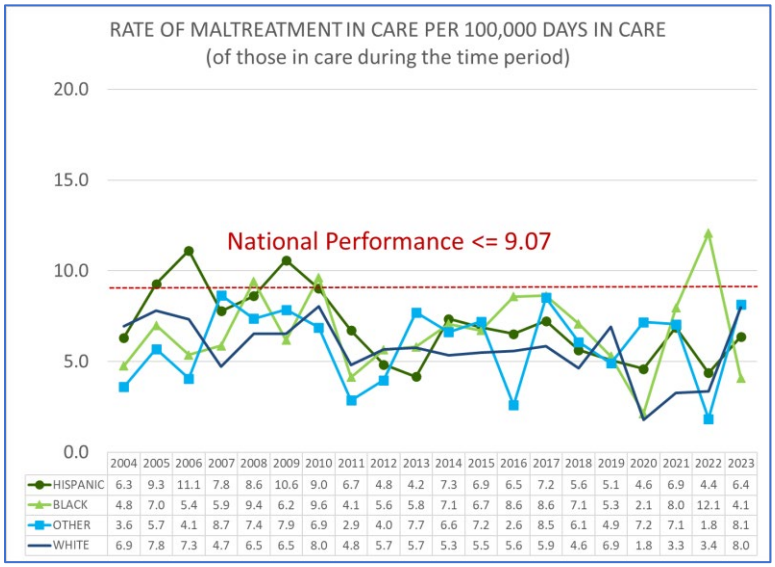
Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.



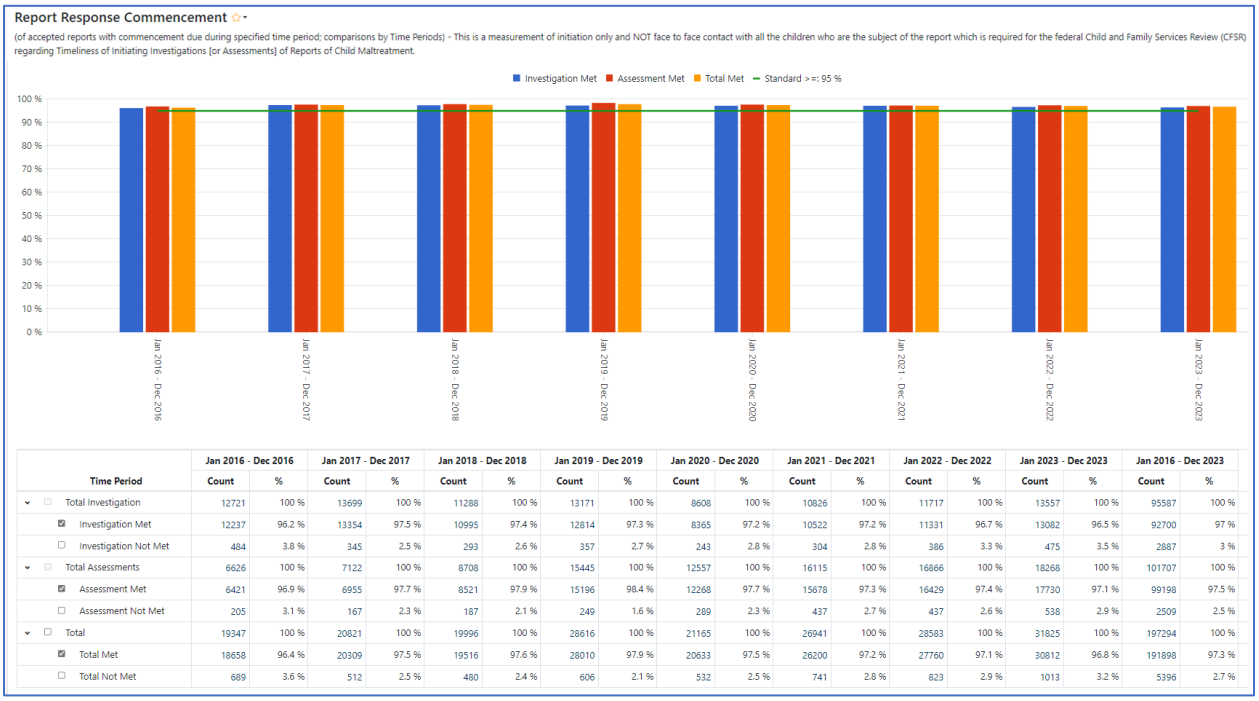
- Federal Maltreatment in Foster Care – CY16 – CY23: The above chart shows that CY23 performance declined slightly in CY23 compared to the previous four years but continues to meet the standard at 6.2.



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
HISPANIC	6.3	9.3	11.1	7.8	8.6	10.6	9.0	6.7	4.8	4.2	7.3	6.9	6.5	7.2	5.6	5.1	4.6	6.9	4.4	6.4
BLACK	4.8	7.0	5.4	5.9	9.4	6.2	9.6	4.1	5.6	5.8	7.1	6.7	8.6	8.6	7.1	5.3	2.1	8.0	12.1	4.1
OTHER	3.6	5.7	4.1	8.7	7.4	7.9	6.9	2.9	4.0	7.7	6.6	7.2	2.6	8.5	6.1	4.9	7.2	7.1	1.8	8.1
WHITE	6.9	7.8	7.3	4.7	6.5	6.5	8.0	4.8	5.7	5.7	5.3	5.5	5.6	5.9	4.6	6.9	1.8	3.3	3.4	8.0

- Race/Ethnicity Comparisons: All groups remain within expectation though White, Black, and Other all increased in CY23 compared to CY22. The Other group did not meet National performance in CY22 but was the best performing group in CY23. Groups are more similar in CY23 at about 4 points apart, compared to 6 points apart in CY22.

- ROM Report Response Commencement – CY 2016 – CY 2023: The following chart shows that our standard has been met, with an improvement of 0.4 percentage points since CY16. Please note that this measure only assesses compliance with the initiation of the response, but not also the requirement for face-to-face contact with all alleged victims within the required response time.



Time Period	Jan 2016 - Dec 2016		Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019		Jan 2020 - Dec 2020		Jan 2021 - Dec 2021		Jan 2022 - Dec 2022		Jan 2023 - Dec 2023		Jan 2016 - Dec 2023	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total Investigation	12721	100 %	13699	100 %	11288	100 %	13171	100 %	8608	100 %	10826	100 %	11717	100 %	13557	100 %	95587	100 %
Investigation Met	12237	96.2 %	13354	97.5 %	10995	97.4 %	12814	97.3 %	8365	97.2 %	10522	97.2 %	11331	96.7 %	13082	96.5 %	92700	97 %
Investigation Not Met	484	3.8 %	345	2.5 %	293	2.6 %	357	2.7 %	243	2.8 %	304	2.8 %	386	3.3 %	475	3.5 %	2887	3 %
Total Assessments	6626	100 %	7122	100 %	8708	100 %	15445	100 %	12557	100 %	16115	100 %	16866	100 %	18268	100 %	101707	100 %
Assessment Met	6421	96.9 %	6955	97.7 %	8521	97.9 %	15196	98.4 %	12268	97.7 %	15678	97.3 %	16429	97.4 %	17730	97.1 %	99198	97.5 %
Assessment Not Met	205	3.1 %	167	2.3 %	187	2.1 %	249	1.6 %	289	2.3 %	437	2.7 %	437	2.6 %	538	2.9 %	2509	2.5 %
Total	19347	100 %	20821	100 %	19996	100 %	28616	100 %	21165	100 %	26941	100 %	28583	100 %	31825	100 %	197294	100 %
Total Met	18658	96.4 %	20309	97.5 %	19516	97.6 %	28010	97.9 %	20633	97.5 %	26200	97.2 %	27760	97.1 %	30812	96.8 %	191898	97.3 %
Total Not Met	689	3.6 %	512	2.5 %	480	2.4 %	606	2.1 %	532	2.5 %	741	2.8 %	823	2.9 %	1013	3.2 %	5396	2.7 %

- DRS Case Reviews: Face to face with child victim within required response time (CY 2023, 65%)

Assessment:

Based on CFSR CQI performance, the Department considers this item to be an **Area Needing Improvement.**

It is noted that the ROM data only assesses compliance with the initiation of the response to the accepted report, but not the face-to-face contact with all subject children within the required response time. The

Department continues to focus on timely face-to-face contact with the subject children in accepted child abuse and neglect reports. In March 2023, Connecticut DCF formed the new Case Practice Review (CPR) unit within the Bureau of Strategic Planning. This centralized unit is responsible for ongoing case practice reviews including the completion of monthly Differential Response System (DRS) qualitative case reviews of both the Investigation and the Family Assessment cases. The DRS reviews include assessment of whether the agency met the standard for face-to-face contact with all identified subject children (child victims) within the designated response time. The result of these reviews demonstrates that the timely fact to face contact with the alleged victims continues to be an area needing improvement. The overall rate for successful contact within the designated response time per these qualitative reviews is 65% for CY23.

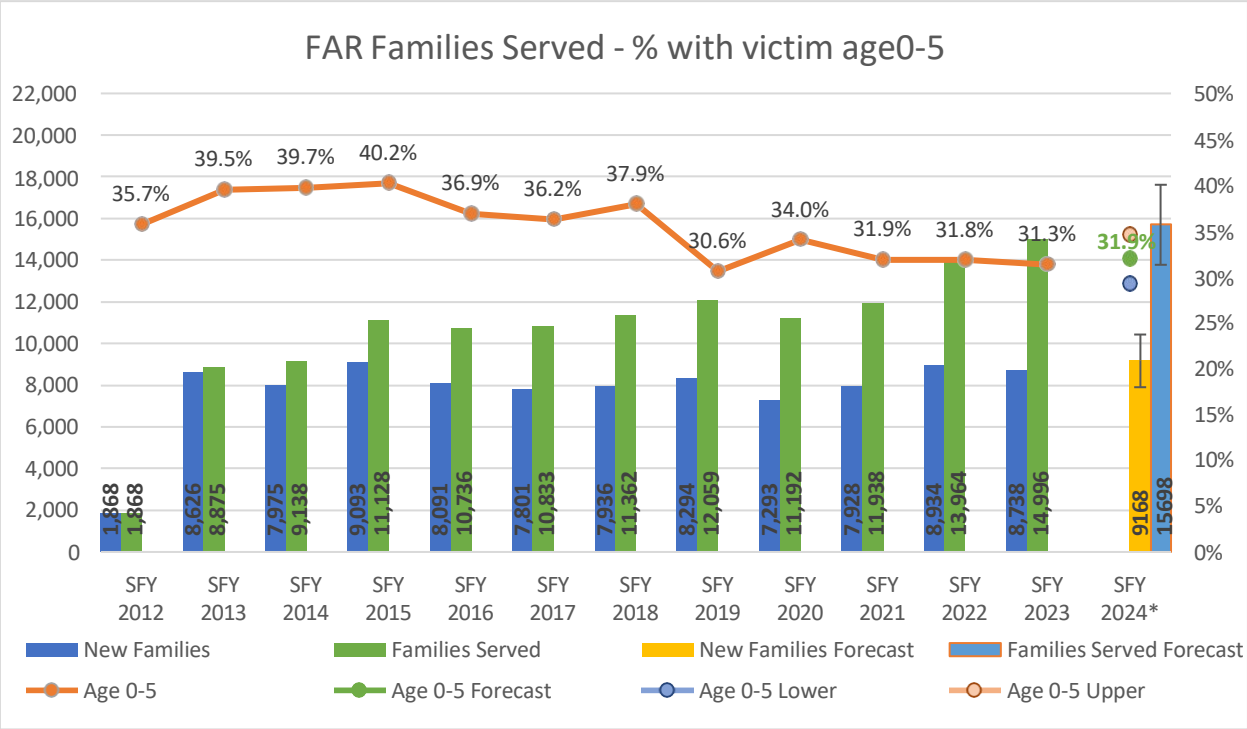
There has been sustained attention to this safety item including the implementation of a statewide strategy to ensure timely contact within the response time. This strategy was implemented following assessment and analysis of the data for this measure and discussion with Intake staff across the state regarding the story behind the data for this area of practice. It was learned that very often staff were completing an initial unannounced contact with the family upon receipt of a report, and the family was not available; subsequent attempts to make contact within the appropriate response time were not always made consistently. A strategy was devised to have the Intake social worker contact their supervisor upon completion of the initial home visit, during which the contact with the child victims would be reviewed and a plan for continued visit attempts would be determined if needed to ensure successful contact with all child victims.

In addition, to further address this area of need during the second half of CY23 the Careline expanded its partnership and collaboration with the area offices regarding reports that were received on holiday weekends to assure subject children were seen within the designated response time. Additional after-hours (on-call) staff have been secured during holiday weekends to allow multiple attempts to make face to face contact with the subject child. Since August of 2023, the Careline has successfully initiated reports of child maltreatment by making face-to-face contact with 75% of identified victims on cases received after hours where the response time will expire or is nearing expiration prior the next business day.

These efforts have proven successful with slight increases in the percentage of face-to-face contacts with child victims within the required response time, for Q4-23. Continued attention will be paid to this strategy and the data.

Family Assessment Response (FAR):
On March 5, 2012, the Department of Children and Families launched its Differential Response System (DRS). UCONN School of Social Work continues to function as our Performance Improvement Center, analyzing our Family Assessment Response data and that of our contracted service, Community Support for Families Program. As noted, the MOA with UCONN was modified to include investigations data which allows us the opportunity to evaluate our overall intake practice (including both tracks: Investigations and our Family Assessment Response (FAR)).

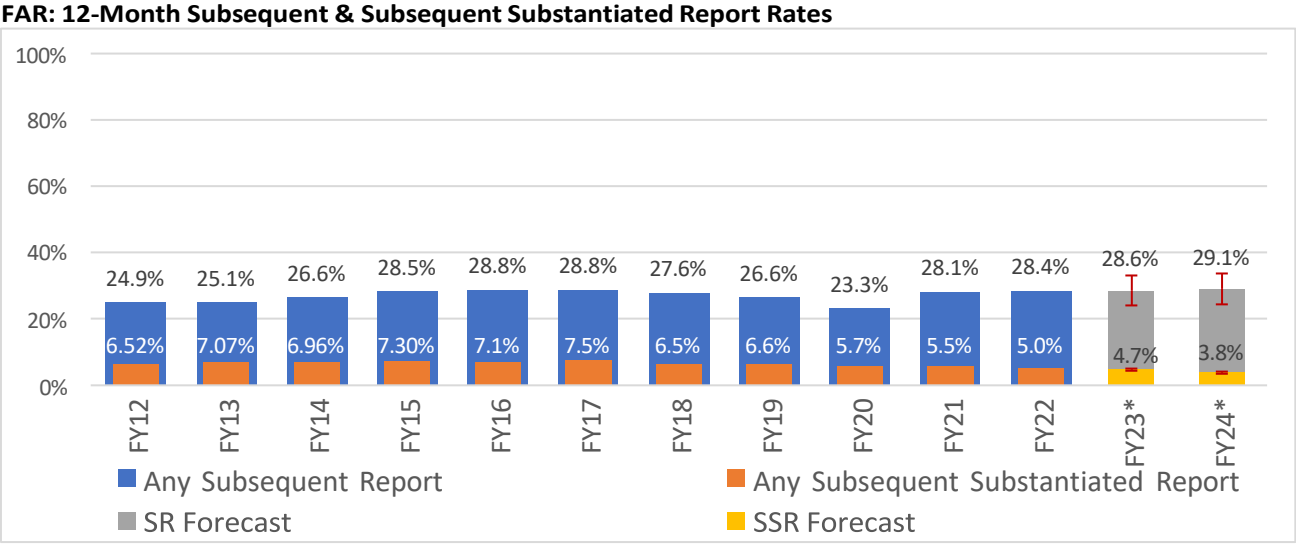
In SFY 2023, there were a total of 28,368 accepted reports of child abuse and neglect, an increase from last year (26,235). Of the total number of accepted reports, 57.3% (n=16,222) were assigned to the FAR track, a slight decrease from the prior year (53.8%). The chart below represents unduplicated families who received a new FAR each year as well as the total number of families served within the fiscal year since implementation (3/5/12). In FY23, 14,996 families had an accepted FAR report including 21,701children.



Although the Rule Out criteria changed in June 2014, reports designated as an investigation response continued to be the highest response type for accepted reports until 2019. Since FY20, more reports have been assigned to FAR than investigation. In FY23, 57.2% of reports were assigned to a FAR response.

This past year 30.2% of reports were accepted concerning children aged 0-5. Most reports come from mandated reporters (86.6%) with school personnel (32.5%) and police (23.3%) being the most common. As one would expect from a DRS population, 91.7% of the reports involve various forms of neglect, with only 14.7% involving abuse allegations. SDM Risk Assessments concerning report responses in FY23 showed 39.3% of the reports scoring low and 47.8% scoring moderate risk. Families with a FAR were not likely to have had prior accepted CPS reports (17.2%) or prior substantiated reports (1.4%).

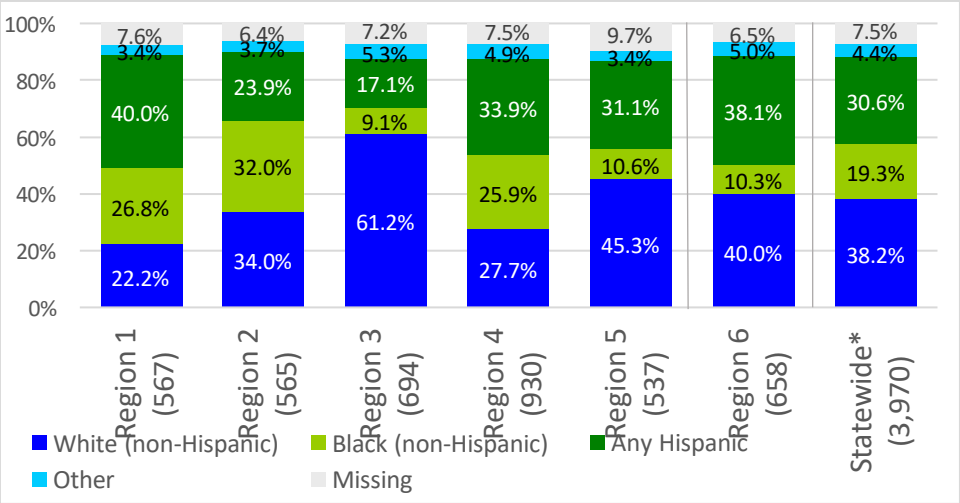
FAR: 12-Month Subsequent & Subsequent Substantiated Report Rates



To allow for the 12m follow-up period, subsequent report/substantiation rates are reported through the prior fiscal year. For FY22, 28.4% of FAR families had a subsequent report (SR) within a 12-month period following

FAR disposition. This rate has been relatively stable over time with a high of 28.8% in FY16 and FY17 to a low of 23.3% in FY20. There was a 1% decrease in the SR rate from FY 18 to FY 19. The SR rate declined another 3.3% in FY20 when the coronavirus pandemic shutdowns started but increased in FY21 and FY22. The SR report status varies slightly by region with a range of 25.0% - 31.0%.

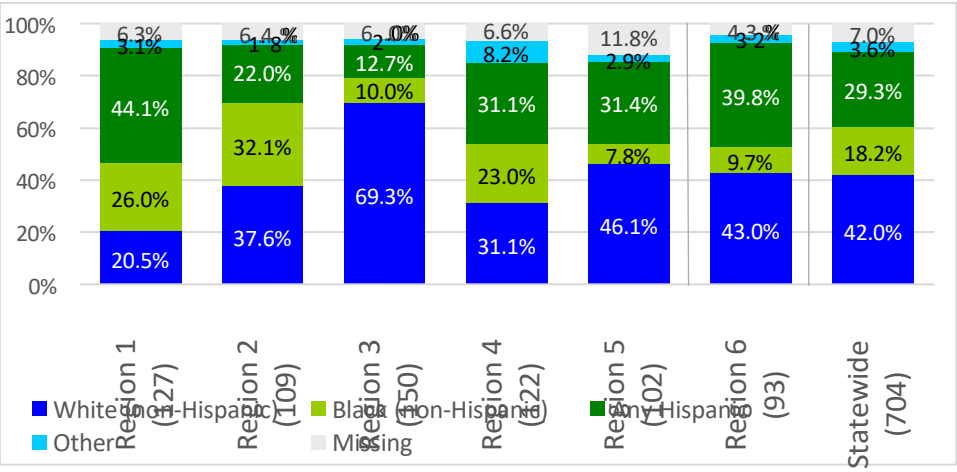
FAR 12-Month Subsequent Report (SR) Rate by Region and Race/Ethnicity



Of the FAR families that had a Subsequent Report, 38.2% were White, 19.3% were Black, 30.6% were Hispanic, and 4.4% were another race. This varied regionally as expected since the population differs across the six regions.

Statewide in FY22, 5.0% of FAR families had a Subsequent Substantiated Report (SSR) within a 12-month period following case disposition. This is the lowest SSR rate reported since FAR started. Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. Of FAR families with prior CPS history, in FY22, 44.9% had a subsequent report compared with (25.4%) of families with no prior CPS history. As expected, in FY22, fewer families with low risk assessment scores had subsequent reports (18.1%) than those families with moderate (31.4%) or high (46.7%) risk scores. As expected, families with low risk assessment scores had a lower SSR rate (2.3%) than those families with a moderate (5.4%) or high-risk score (8.6%).

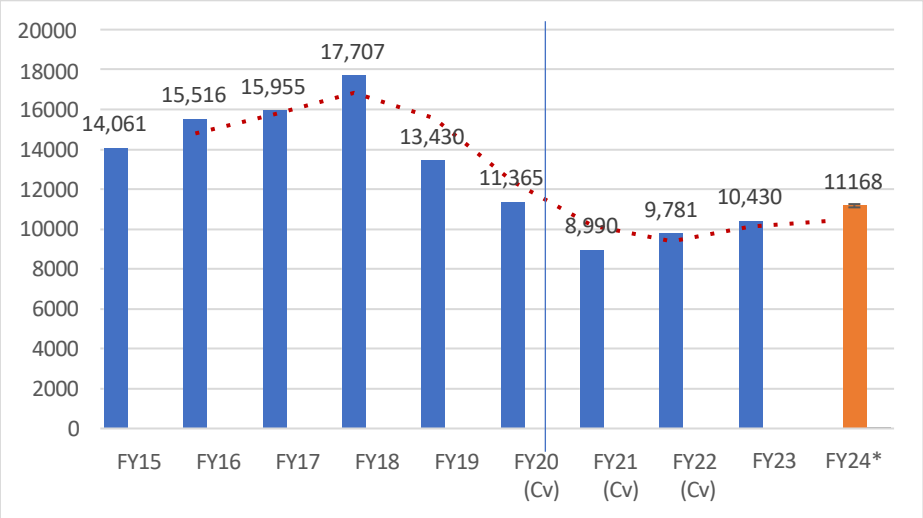
FAR 12-Month Substantiated Subsequent Report (SSR) Rate by Race/Ethnicity



Of the FAR families that had a SSR, 42.0% were White, 18.2% were Black, 29.3% were Hispanic, and 3.6% were another race. Through Survival Analysis[3], factors associated with substantiated subsequent reports (SSR) within 12 months included more prior abuse or neglect reports, household previously received CPS, prior injury to child resulted in CAN report, PC has their own CAN history. FAR Data continues to be routinely shared with central and regional office staff to help identify trends and inform practice and policy changes.

Investigations Response

The chart below represents the number of families with an approved report in the investigations track each fiscal year[4] since FY15 of our Differential Response System. A total of 10,430 families and 15,221 children had an approved report in FY23. There has been a steady decrease in the number of Investigation families served between FY18 and FY21[5], the past two fiscal years have seen increases. This year, 39.7% of the investigations involved children 0-5.



Blue line: IFCS Started (included) and Covid started 3/2020). Dotted orange = trend line

The response time for Investigations cases has fluctuated to some extent over time. The proportion of same day responses increased for the second year in FY23. White families had the smallest proportion (15.7%) of same day response times, compared with Hispanic families at 19.7% or Black families (21.0%) for the same day response time.

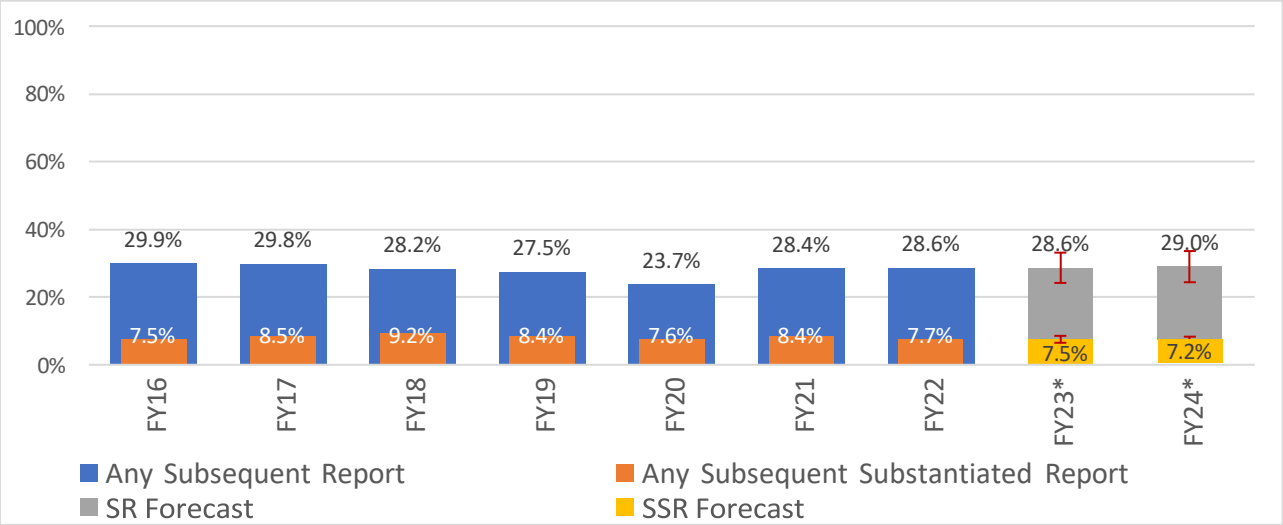
The family composition of most investigated families in FY23, was two parent households at 37.1%, followed by single parent households (34.9%). One quarter of investigations families (26%) had at least one prior CPS Report and 3.4% had at least one prior substantiated report. Reports from mandated reporters (89.2%) were similar to FY22 90.1% but still up from FY21 (77%), with school personnel (25.9%) and police (23.3%) the most prevalent reporters.

[3]FY22 data was used for all SR/SSR analyses to allow enough time to capture a 12-month follow-up time period.

[4] Individual families may be counted in multiple fiscal years.

[5] Likely exacerbated by the coronavirus pandemic that began in the US in March 2020.

Investigations: 12-Month Subsequent (SR) & Subsequent Substantiated Report (SSR) Rates by Fiscal Year



Statewide, in FY22, 28.6% of families had a subsequent report (SR). The SR rate has been trending down with a high of 41.4% in FY12[6] to the FY20 low but increased for FY21. The FY21 SR report status varies slightly by region with a range of 31.8% - 23.8%.

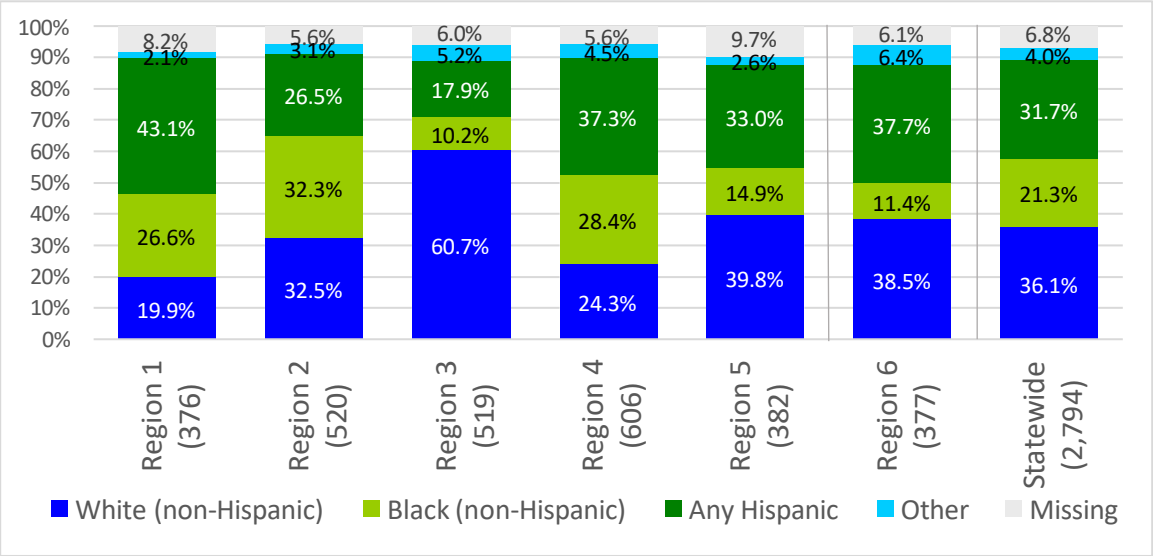
Statewide in FY22, 92.7% of families did not have a Subsequent Substantiated Report (SSR). The FY22 SSR report status varies slightly by region with a range of 91.0% - 94.6% with no SSR. Families with prior CPS History had an SSR rate of 11.8% compared with 5.7% of families with no prior CPS history.

As expected, families with low risk assessment scores had a lower SSR rate (2.5%) than those families with a moderate or high-risk score (6.5% and 12.5% respectively).
Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports (SR). For families with prior CPS history, 41.6% had a subsequent report compared with 24.3% of families with no prior CPS history. As expected, fewer families with low risk assessment scores had subsequent reports (15.2%) than families who had moderate or high-risk scores (29.4% and 39.1% respectively).

Investigations: 12-Month Subsequent Report Rate by Race/Ethnicity

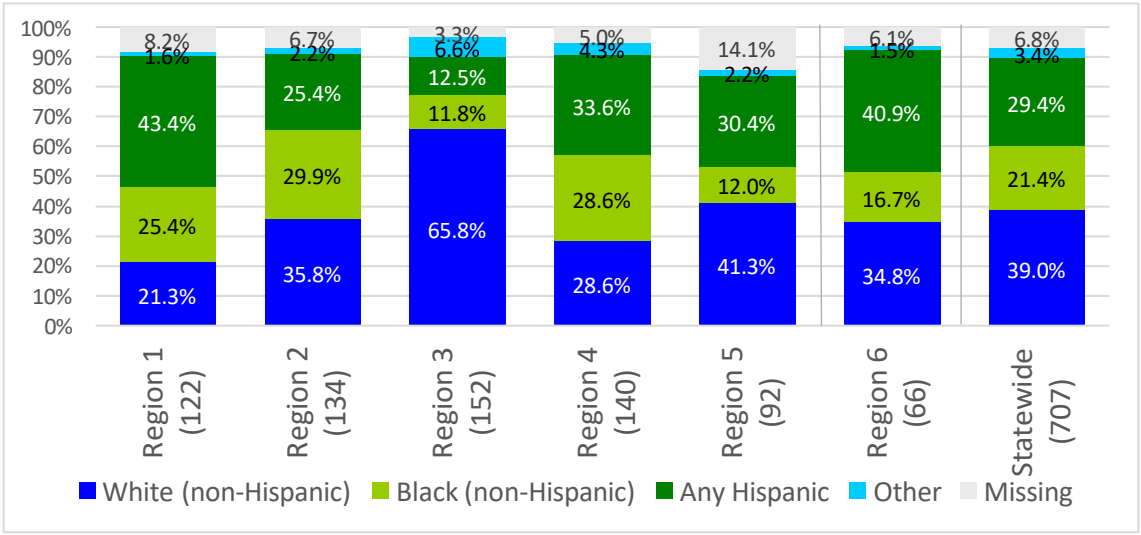
Of the families that had any SR within 12 months post index approval (n=2794), 36.1% were White, 21.3% were Black, 31.7% were Hispanic, and 4.0% were categorized as 'other'. This varied regionally as expected since the population differs across the six regions.

[6] Partial year, not shown.



Investigations: 12-Month Substantiated Subsequent Report Rate by Region and Race/Ethnicity

Of the families that had any SSR within 12 months post index approval (n=707), 39.0% were White, 21.4% were Black, 29.4% were Hispanic, and 3.4% were another race.



Racial Disparity

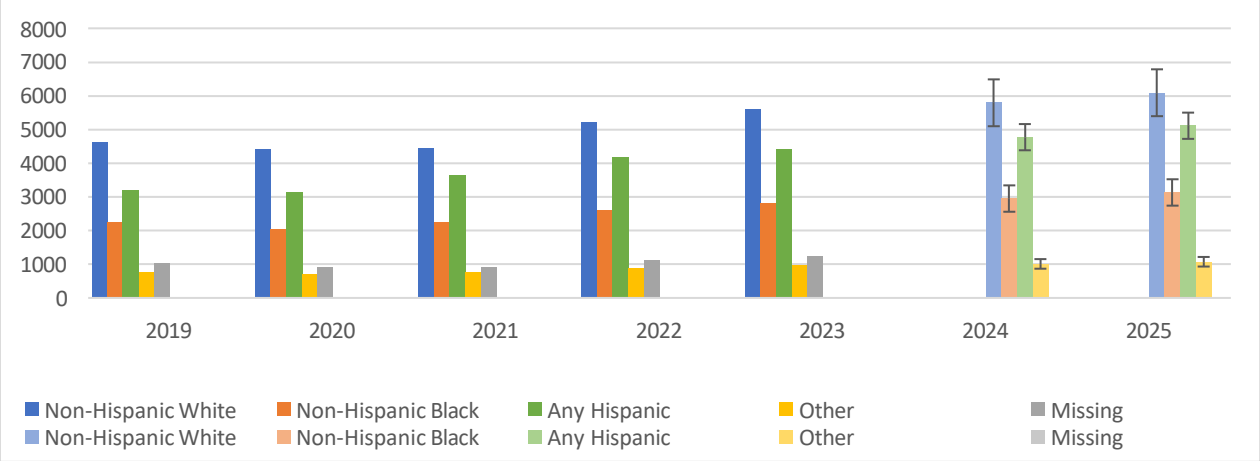
In FY22 racial disparities occurred in referrals to Investigations and FAR. Hispanic families were referred to the FAR track at a rate that is 2.77 times greater than the rate of all the other families. Similarly, Black families were referred to the FAR track at a rate that is 2.35 times greater than all other families. Families with the race category 'Other' were referred to the FAR track at a rate that is 1.16 times greater than all other families. However, White families were referred to the FAR track at a rate that is only 0.30 times the rate of all other families.

Hispanic and Black families were referred to Investigations at a rate that is more than 2.9 and 2.8 times greater (respectively) than all other families. White families were referred to Investigations at a rate that is only 0.27 times the rate of all other families.

Further disparities were identified in substantiated report status for Black and Hispanic families. Black and Hispanic families had substantiated reports at a rate that is 2.93 and 2.45 times greater than that of all other families in FY22, respectively. Families with the race category 'Other' had substantiated reports at a rate 0.73 times that of all other families. White families had substantiated reports at a rate only 0.31 times that of all other families.

Starting in May 2022, UCONN's Performance Improvement Center and members of the Strategic Planning Division began meeting regularly to develop and finalize a research agenda relative to our intake process and the Community Support for Families program. Rather than just reporting out data, the focus is evaluating our data to help inform practice through the creation of infographics and documents highlighting key takeaways from the analysis. The intent is to actively use the data to improve our practice and outcomes for families. Including this agenda is the establishment of a Research to Practice Committee to help inform the analysis as well recommendations around practice improvements. This committee includes representatives from UCONN, Area Office staff, strategic planning, and the Academy. This group has been meeting monthly.

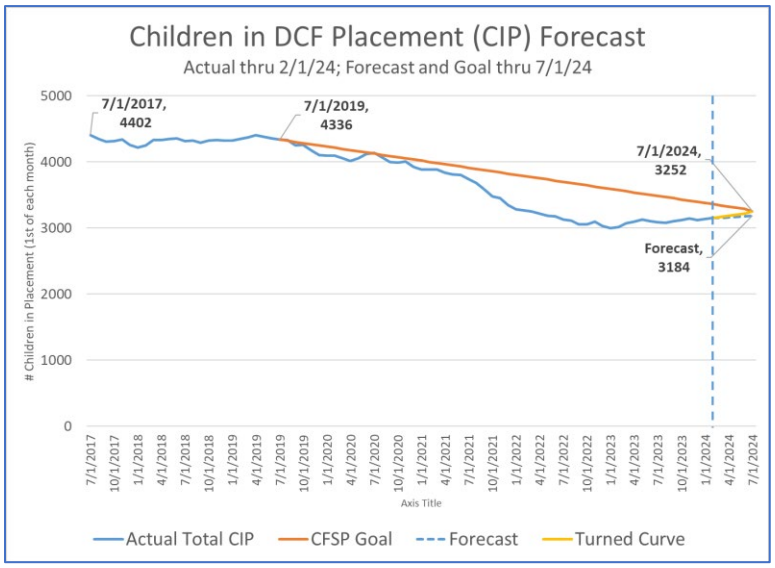
Additional projection charts:
FAR Race



Safety Outcome 2: Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

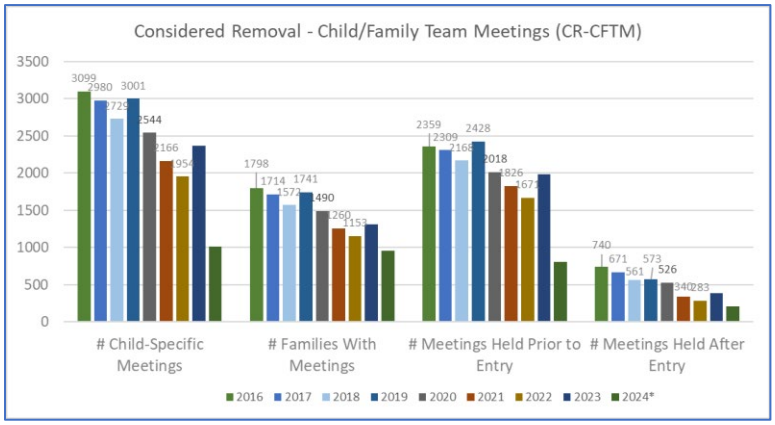
Assessment:
The Department believes that Connecticut is **Not in Substantial Conformity** with this outcome as both Items 2 and 3 are Areas Needing Improvement.

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

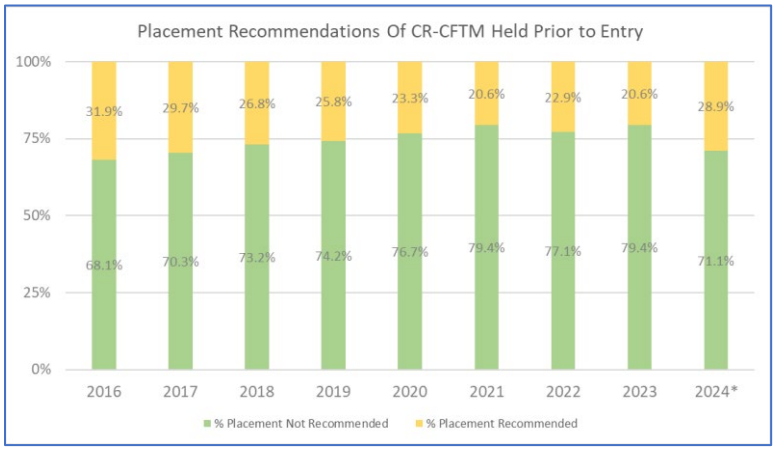


- CFSP Objective: # of children in foster care will be reduced by 25% through continued implementation of CR-CFTM meetings: The following chart shows a 27.4% decrease in the total number of children in DCF placement since the beginning of our CFSP on 7/1/19 as of 2/1/24, so as of this writing we have achieved our goal. Some of the reduction can be attributed to COVID-19 pandemic response effects from which we have been rebounding across CY 2023, but we still believe that we will meet the expected goal by 7/1/24.

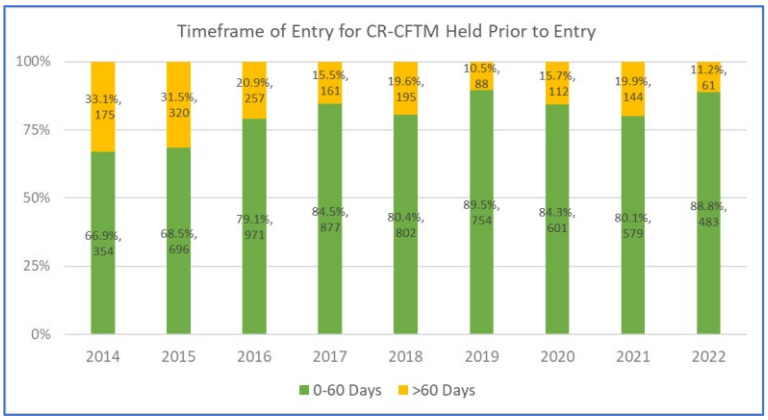
- CFSR Round 3 Result: n=21, 57% Strength, 43% ANI
- CT CQI Result (Feb-July'24 n=96): n=48, 41.7% Strength, 58.3% ANI



- CR-CFTM Data – SFY 2014 – 1Q24 (*2024 data is partial as of 3/1/24)
- # Child Specific Team Meetings: 21.3% increase in volume for SFY 2023 compared to SFY 2022
- #/% Meetings Held Prior: Volume increased in SFY 2023, but proportion decreased a little from 85.5% in SFY 2022 to 83.7% in SFY 2023



- #/% Children diverted from entering care: 2.3 percentage point increase in SFY 2023 in proportion of meetings held with no recommendation for placement into foster care compared to SFY 2022



- #/% Children who Entered Care following CR-CFTM within 60 days: The proportion of all children that entered care following a CR-CFTM that did so within 60 days increased from 80.1% in SFY 2021 to 88.8% in SFY 2022.

Assessment:
Based on CFSR CQI and Case Practice Review data, the Department considers this item to be **Area Needing Improvement**. However, while the volume of children entering care has steadily been increasing since Covid-19 restrictions eased, those numbers remain far below those observed in the two years prior to the pandemic. The total volume of children in DCF care has also remained below the goal level targeted in our 2020 - 2024 CFSP.

The Case Practice Review Unit continues to complete ongoing monthly qualitative case reviews of both DRS and In-Home cases, which include a review of the electronic LINK record. These DRS and IH reviews include a section to evaluate the safety and risk assessment and planning. The data from these qualitative case reviews indicate that the agency does a thorough job of risk and safety assessment. In CY23, there were 891 DRS case reviews completed by the CPR unit and the Risk Assessment rating for timeliness and accuracy of the risk and safety assessment was 89% strength overall and 11% of cases noted as an area needing improvement. The SDM Risk Assessment tool is used to identify potential risk factors that influence future risk of harm, an important factor to ensuring children are maintained in their own homes. Additionally, the initial review of In-Home cases completed in CY23 indicated that the SDM risk assessments accurately captured the risk factors documented in LINK for IH cases 80% of the time. The In-Home case reviews further reflected strong practice in the initial safety assessment and planning to mitigate the identified safety factor(s) and ensure the safety of the children in the home at 93%. It was observed that the assessment of safety factors and safety planning, including implementation of a formal Safety Plan when needed, was completed appropriately to address, and mitigate the safety concerns when initially identified. The reviews reflect solid case practice to assess and address the safety concerns to ensure the safety of the children in the home.

The opportunity for performance improvement regarding safety assessment and safety planning is primarily related to the subsequent oversight of the safety plan, some of which may be due to a lack of sufficient documentation of the subsequent oversight and attention to the safety planning. However, recent results from CQI reviews completed using the Child and Family Service Review (CFSR) process also support the issue of ongoing safety assessment and oversight of safety plans once they have been put into place.

Prevention Services Pilot

The Prevention Services Pilot is a partnership between DCF and the Waterbury School District in Connecticut with the goal of improving outcomes for children and families needing supports and services without the need to involve DCF Child Protective Services in instances where there are no abuse or neglect concerns. A review of agency data revealed that while school reports account for about 40% of the referrals to the agency's abuse and neglect Careline, less than 5% of all school reports filed result in a substantiation. The Prevention Services Pilot launched in August 2021 with the outputting of three DCF social workers, called Family Support Liaisons (FSLs), at three pilot elementary schools determined to have the highest need for support in Waterbury. The FSLs offer daily support to address a variety of family/child issues that may lead to DCF involvement if not addressed.

Since the launch of the pilot, and throughout the recovery from COVID, there have remained recurring chronic needs for families that historically, have resulted in a call to DCF's Careline: chronic absenteeism and attendance issues, behavioral and mental health needs for children and parents/caregivers, basic needs like housing supports and medical services, and transportation challenges. Based on the data manually collected in each pilot site, these needs persist. In addition, there has been an increase in mental health and behavior challenges in young children beginning in kindergarten to sixth grade, resulting in the need to ensure caregivers and school staff are aware and have access to supports and resources that can stabilize the behaviors in the home and at school. In addition, there continues to be a need to educate school staff on when to call the Careline compared to when a family simply needs support, and to also check their biases when considering calling the DCF Careline.

This pilot has enabled DCF to assess this type of an approach for upstream intervention that can ensure that families can be safely supported with services in their communities without child welfare involvement when the safety of a child(ren) is not a concern. Examples of the FSLs responsibilities include:

- engagement of school staff and families, ensuring visibility and accessibility to staff, children, and caregivers.
- communication of prevention and safety related information to the school community
- consultation and guidance to staff regarding mandated reporting requirements and decision-making regarding service-related supports and calls to the Careline
- raising awareness and information sharing on resource and services for children and families
- establishing connections to local community service providers, connecting families with outside support and services, and assisting with service referrals
- training and professional development for school staff on the service array system, DCF framework, and assisting with communication between DCF and the schools.

Following an assessment of the Prevention Services Pilot from the 2021/22 and 2022/23 academic years, preliminary data shows a decrease of calls to the DCF Careline, including a decrease of non-accepted calls. The non-accept calls are those that do not meet the statutory criteria of abuse/neglect, but a child or caregiver may need support. It is believed that the pilot school staff are making the right calls to the DCF Careline and utilizing local resources and supports to address needs that could lead to DCF involvement. An end of school year survey for both academic school years demonstrated both school staff and caregivers were overwhelmingly satisfied with the pilot and the support it offers. The Family Support Liaisons continue to offer the school staff and caregivers support, guidance, consultation, and access to services.

The pilot is currently in its third year. DCF will assess whether to expand this approach where these support roles can benefit additional communities throughout Connecticut.

Voluntary Services

Voluntary Care Management is a DCF funded program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. The program is designed for children and youth who have behavioral health needs and who need services that they do not otherwise have access to. The participation of parents in both treatment planning and treatment is both welcome and expected. Also, if a child is placed outside the home to address the child's behavioral health needs, the treatment plan will outline a comprehensive plan for return home.

Carelon, the agency coordinating this service, may provide on a voluntary basis (at the request of the family), casework, community referrals and treatment services for children who are not system involved with the Department. These are youth who do not require protective services intervention but may benefit from the community based behavioral health system. Families can initiate an application by calling DCF's Careline. Referrals received by Careline will be forwarded to Carelon along with the Office of the Health Care Advocate

to ensure all insurances have been optimized. Eligible families for this program are identified through a referral process with the Careline staff. Families are identified as having a child or youth:

- Under the age of 18 with a diagnosed emotional, behavioral or substance use problem.
- With a developmental disorder, in addition to a primary diagnosis of an emotional, behavioral or substance use problem.

The Voluntary Care Management Program emphasizes a community-based approach and attempts to coordinate service delivery across multiple agencies. Parents and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth. The Voluntary Care Management Program promotes positive development and reduces reliance on restrictive forms of treatment and out-of-home placement.

For the federal fiscal year beginning 10/1/23 through 9/30/24, 360 referrals, totaling 1691 individual referrals since the inception on May 1, 2020. The staffing model has been modified since the roll-out of the Preventative Care Management Entity to include 2 intake coordinators and 7 Voluntary Clinical Care Managers. The program continues to be supported by the Supervisor. The team consults with the medical director to create the least restrictive plan of care.

CT's Teaming Model

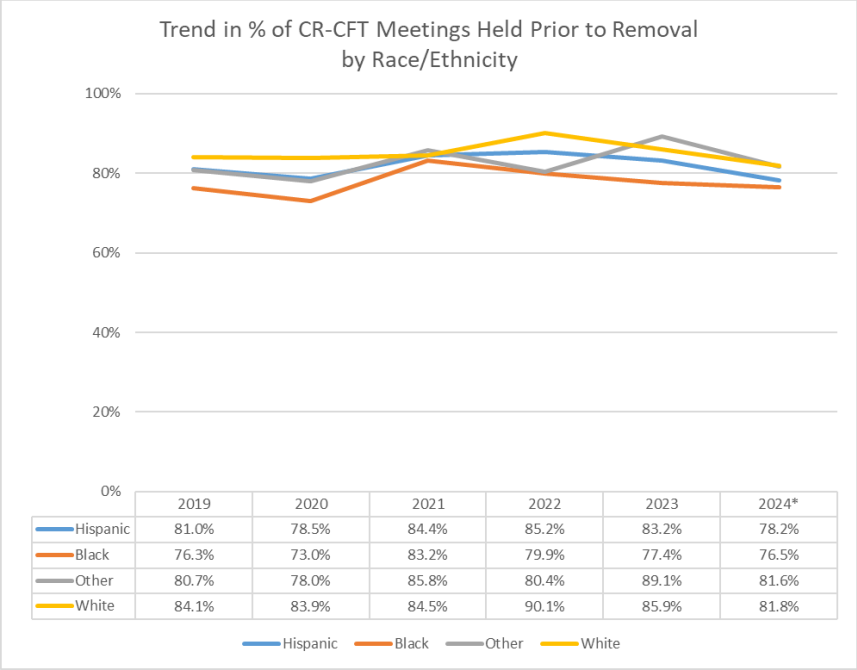
The Department continues to build a teaming continuum that ensures that child and family voices are heard throughout every stage of the child welfare process. The implementation of a Child and Family Teaming Continuum has been a core part of the Department's move to a more family-centered, strength-based practice. The Department believes this collaborative approach fully engages families in developing and identifying solutions that will lead to better outcomes for children and families.

On February 11, 2013, as a key component of the continuum, the Department implemented Considered Removal – Child and Family Team Meeting (CR-CFTM) statewide. CR-CFTMs are held when a child is being considered for removal as a result of a safety factor being identified. Their purpose is to engage the family and their support in safety planning efforts and placement decisions. The meeting results in a "live decision" around child removal and is run by an independent facilitator. Central Office and CR facilitators meet quarterly to review CR-CFTM practice and provide regional updates.

Since 2013, there have been a total of 26,352 child-specific meetings held, involving 15,643 families. Overall, 77.2% of meetings (20,470) occurred prior to the child's removal and only 24.6% of the meetings recommended the child's removal (see chart at beginning of this Item for details). During the first half of this FY, 1160 child specific meetings were held, with 86% of meetings occurring prior to the child's removal, the highest since implementation. Following the submission of the CFSP, the Department has averaged 85.2% of the meetings being held occur prior to a child's removal from the home.

The second chart shown at the beginning of this Item represents Considered Removal (CR) Meetings held prior to removal and the recommended outcome of the meeting. The data demonstrates the Department's ability to engage in safety planning efforts with families. Of the meetings that were held prior to removal during the first three quarters of this FY, there were 907 (71%) children not recommended for removal, an 8.4% percentage point decrease from FY 2023 (79.4%).

This following chart represents the Considered Removal Meetings that were held prior to a child's removal by Race/Ethnicity since 2019.

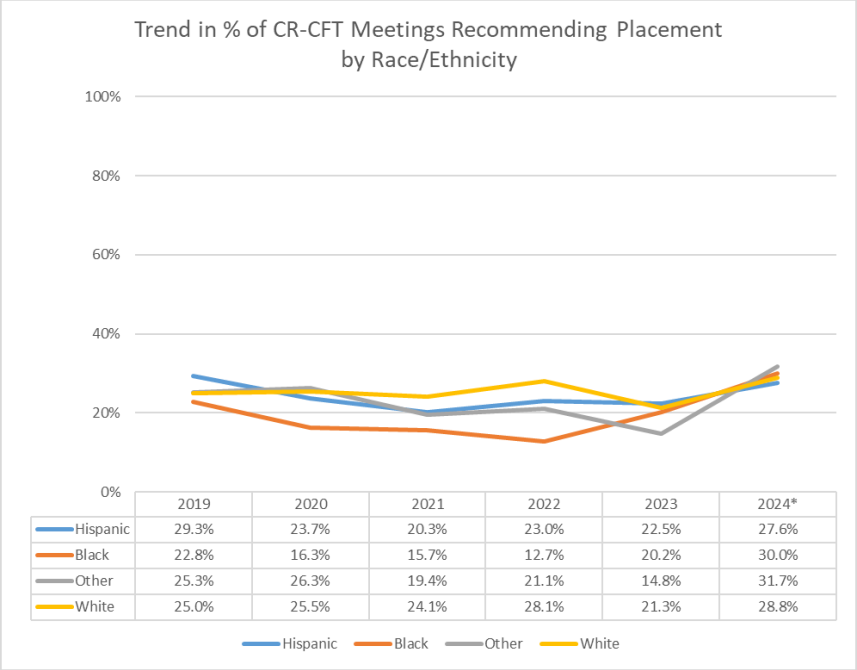


	2019	2020	2021	2022	2023	2024*
Hispanic	81.0%	78.5%	84.4%	85.2%	83.2%	78.2%
Black	76.3%	73.0%	83.2%	79.9%	77.4%	76.5%
Other	80.7%	78.0%	85.8%	80.4%	89.1%	81.6%
White	84.1%	83.9%	84.5%	90.1%	85.9%	81.8%

**Represents partial SFY 2024 data from 7/1/23 through 3/31/24*

We have been consistent in offering meetings prior to a child's removal across all racial groups. White children have typically been slightly higher in the percentage of meetings occurring prior to removal than other racial groups up until this year. So far this year, Other (predominately Multi-Race) children had essentially the same rate of meetings held prior to removal as White; then followed by Hispanic and then Black.

This below chart reflects the Considered Removal Meetings held prior to removal where the decision of the meeting is recommending placement of the child by Race/Ethnicity from 2019.



	2019	2020	2021	2022	2023	2024*
Hispanic	29.3%	23.7%	20.3%	23.0%	22.5%	27.6%
Black	22.8%	16.3%	15.7%	12.7%	20.2%	30.0%
Other	25.3%	26.3%	19.4%	21.1%	14.8%	31.7%
White	25.0%	25.5%	24.1%	28.1%	21.3%	28.8%

**Represents partial SFY 2024 data from 7/1/23 through 3/31/24*

Overall, there appears to be some differences in decisions across racial groups from year to year for children who were the subject of a CR meeting, but so far this year that difference across groups is the smallest observed since 2019 with a 4.1 percentage point difference between the lowest and highest group. Black children have typically had the lowest percentage of removal recommended when compared to all racial groups. However, this increased by 10 percentage points during the first three quarters of this FY. During that same time, Other (predominantly Multi-Race) children have had the highest percentage of recommended removal.

The last chart shown at the beginning of this Item represents CR meetings held prior to removal since 2019. It depicts the recommended placement for children who are recommended for removal. Kinship care continues to be the primary placement recommended for children who are the subject of a CR meeting. This trend has been consistent since implementation. During the first half of this FY, 81.9% of children were recommended for placement in kinship care, a significant increase from the prior year.

The chart below reflects the CR meetings held prior to the child's removal and compares the recommendation of the meeting (removal) and whether the child entered care. The CR meetings have been successful in diverting children from entering DCF care. During the first three quarters of FY 2024, 93.3% of the children with a recommendation for removal entered care, a slight decrease from the prior year (93.9%). This has been a consistent practice since implementation. Overall, the "live decision" made at the meeting appears consistent with what happens after the meeting.

Table: Comparison of CR Meeting Recommendation and Actual Outcome

CR Meeting Recommendation	Outcome	2019	2020	2021	2022	2023	2024*
Of All Meetings Prior to Entry	Placement Diverted	63.5%	62.9%	59.5%	65.6%	57.4%	57.5%
Of All Meetings Prior to Entry	Entered Care	36.5%	37.1%	40.5%	35.4%	42.6%	42.5%
Placement Not Recommended	Placement Diverted	81.1%	79.5%	72.9%	75.6%	71.3%	78.3%
Placement Not Recommended	Entered Care	19.0%	20.5%	27.1%	24.4%	28.7%	21.7%
Placement Recommended	Placement Diverted	13.1%	7.9%	8.0%	6.8%	4.1%	6.7%
Placement Recommended	Entered Care	86.8%	92.1%	92.0%	93.2%	93.9%	93.3%

**Represents partial SFY 2024 data from 7/1/23 through 3/31/24*

The chart below reflects the entry timeframe for children who were the subject of a CR meeting. During the first three quarters of FY 2024, 91.7% of children entered care within 60 days of the CR meeting; 21.9% of children entered care on the same day of the CR meeting; and 63.2% of children entered care between 1 and 30 days of the meeting.

Table: Timeframe for Entry into Care from CR Meeting

s	2019	2020	2021	2022	2023	2024*
0-60 Days	754	601	579	483	611	466
>60 Days	88	112	144	61	195	42
Total #	842	713	723	544	806	508
0-60 Days	89.5%	84.3%	80.1%	88.8%	75.8%	91.7%
>60 Days	10.5%	15.7%	19.9%	11.2%	24.2%	8.3%
Total %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

**Represents partial SFY 2024 data from 7/1/23 through 3/31/24*

The Department continues to meet with the CR Facilitators on a quarterly basis. The focus of the meetings this year shifted to consistently offering in-person meetings, utilizing Zoom (rather than teleconference) when conducting virtual meetings, discussing the use of the ABCD Paradigm, creating a statewide log, engaging Fathers, and holding trainings for facilitators and back-ups who had not received the formal 3-day training.
For 2023, the focus of these meetings included the following:

- Finalizing a statewide log and obtaining approval
- Incorporating changes in Alternative Caregiver Arrangement policy into CR practice
- Update the CR-CFTM Policy and Practice Guides as needed.
- Assess the impact of the implementation of the ABCD Paradigm on the CR decision making.
- Analyze Data at AO and Statewide level to assess for changes in outcomes.

Alternate Caregiver Arrangements

Effective September 1, 2023, the department discontinued the use of Family Arrangements and moved to Alternative Caregiver Arrangements (ACA). The Family Arrangements practice began in 2013, for the purpose of stabilizing families assessed to have safety factors present and be less traumatic for children who needed to move. Since that time the policy and practice have gone through multiple iterations designed to ensure child safety and increase monitoring and supervisory oversight.

Over the last several years, there has been a growing national concern over child welfare agencies' use of informal arrangements to divert children from entering care. Advocates and critics have referred to this concerning practice as "shadow" or "hidden foster care." Based on this growing national concern and the findings from our internal case reviews, a multi-disciplinary implementation team was established to further develop our practice which resulted in the Alternative Caregiver Arrangement approach to families instead of the Family Arrangements approach. Alternative Caregiver Arrangements calls for a shorter time period for a child to stay in an informal arrangement prior to involving juvenile court. It also strengthens the expectation for multi-disciplinary teaming with clinical, medical, and legal as needed. We are maintaining regular oversight over the CR-CFTM practice as a result of this policy change.

Permanency Teaming continues to be an area of focus for the Department, particularly as one of the key strategies in meeting our performance measures as we enter Round 4 of the CFSR. Documentation of our permanency teaming practice continues to present challenges given our current lack of narrative categories in LINK. As a result, the process of quantitative review continues to present challenges. However, many CR Facilitators have been, or will be, working with Area Office staff to arrange a permanency teaming following CRs and work with staff on facilitating the meetings.

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

- CFSR Round 3 Result: n=82, 51% Strength, 49% ANI
- CT CQI Result (Feb-July'24 n=96): n=93, 45.2% Strength, 54.8% ANI
- ACRI Case practice elements – Strength % - CY 2015 – 1Q 2023 annual aggregation; all comparisons made between CY 2015 and CY 2022
- Risk & Safety – Child in Placement: 5 percentage point increase since CY 2015
- Risk & Safety – Child in Home: 7 percentage point increase since CY 2015

Sl.No	Measure	Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%
10	Risk & Safety - Child in Placement	92%	90%	92%	93%	94%	95%	96%	97%	97%
11	Risk & Safety - Children in Home	69%	64%	67%	70%	66%	68%	80%	78%	76%

- Timely Accurate SDM – Parents: 4 percentage point increase since CY 2015
- Timely Accurate SDM – Child: 19 percentage point decrease since CY 2015

Sl.No	Measure	Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%
22	Timely Accurate SDM - Parents	77%	77%	75%	76%	78%	79%	79%	83%	81%
23	Timely Accurate SDM - Child	84%	78%	74%	77%	76%	72%	79%	79%	65%

- DRS Case Review Results:
    - CY23 89% Timely/Accurate SDM Risk Assessment (Structured Decision-Making SDM tool)
    - CY23 79% Timely/Accurate SDM Safety Assessment
    - CY23 69% Appropriate Safety Plan, monitored and updated.
    - CY23 72% Ongoing and accurate informal assessments

Assessment:
Based on CFSR CQI and Case Practice Review data, the Department considers this item to be **Area Needing Improvement**.

Structured Decision-Making Assessments

The National Council on Crime and Delinquency (NCCD) via the Children's Research Center's (CRC) contract with the Department ended in September 2020. The Department continues to utilize the revised SDM Safety and Risk Assessment Tools. Specific SDM questions have been embedded in our case review tools to assess our SDM practice. Findings indicate reductions in timely completion and accuracy of both Safety (79%) and Risk (89%) instruments in CY2023. These results show a continued decline for both compared to the previous year, with prior years not having shown much change. New ROM reports concerning SDM instrument content are in development now, and SDM will continue to be an area of focus in supervision and CQI efforts. The Academy continues to offer SDM refresher courses to the regions as requested. As we have shifted our focus to the implementation of our Child Safety Practice Model, which is inclusive of our SDM Safety Assessment, we will continue to assess and monitor our utilization and application of SDM. DCF continues to discuss and review data from the DRS and In-Home reviews as well as the CT CQI CFSR case reviews during local (area office, regional, and divisional) CQI team meetings.

Child Safety Practice Model

In October 2020, the Department established a contract with Taylor Consultants to develop CT's ABCD Child Safety Practice Model, with a specific emphasis on approach, interactions, and decision-making in the midst of the COVID-19 pandemic. The model aligns with our core values around engagement of families, building upon the family's protective factors and capacities, and keeping children safely at home whenever possible. The model is specific to CT and builds upon our existing policies and practice guides with key features intended to refine and strengthen our safety assessment and safety planning practices. Additionally, the model is designed to promote greater consistency in language and understanding of safety both internally and externally.

The model focuses on the ABCD paradigm, which will become our way of thinking about child safety and a strategy of collecting critical information to help inform our safety decisions in real time. The model focuses attention on the following areas that we believe are critical to assessing child safety:

- A= Adult parental protective capacities
- B= Behaviors that are harmful
- C= Child Vulnerability
- D= Dangerous Conditions

Although the model builds off our strong safety practices, including the continued use of our SDM Safety Assessment and Considered Removal Child and Family Team Meetings, new features were developed

designed to enhance skill building and development, facilitate information sharing, and promote critical thinking. Practice Profiles, a tool developed by the National Implementation Network (NIRN) identifies specific skill sets along a continuum from beginning level to advanced that will help operationalize the model and serve as a foundation for training and supervision.

Three Practice Profiles were created as follows:

1. Safety Assessment and Safety Planning for DCF Frontline Staff
2. Safety Assessment and Safety Planning for DCF Supervisors
3. Safety Assessment and Safety Planning for Community-based Partners

In addition, Discussion Guides in specialized areas were created to promote deeper communication and discussions between DCF and our community partners. Five Discussion Guides will be created in the following key areas:

- 0-5 Population
- Intimate Partner Violence (IPV)
- Mental Health
- Substance Use
- Developmental Disabilities

In 2021, all the documents were finalized and approved by the statewide Implementation Team. Throughout 2021 and 2022, all DCF staff received training on the ABCD Child Safety Practice Model, discussion guides and practice profiles. The Department aligned the model with our racial justice/equity work as we know it is essential to ensure this collective work is explicitly and intentionally integrated at all levels. Beginning in May 2022 several meetings were held to engage in a co-design process to help staff implement the principles of the model in ways that demonstrate our anti-racist values while always holding child safety paramount.

In addition, the Commissioner hosted an agency wide Fall Leadership Forum in November 2022 titled Leading Safety in Real Time, where agency leaders across disciplines had an opportunity to discuss and apply the ABCD Child Safety Practice Model to their work. Policy and Safety Planning Practice Guidance were developed and facilitated dialogs occurred in each area office by the end of 2022. Throughout 2023, the Academy for Workforce Development offered booster trainings on the ABCD Child Safety Practice Model through a micro-learning series called "Let's talk Tuesdays." The booster training was virtual and offered an opportunity for small group discussion to highlight promising practices by staff representing various departments and divisions. The Community Provider Academy has offered external training of the ABCD Child Safety Practice Model to all provider agencies across CT. As we move toward sustaining and enhancing our ABCD Child Safety Practice Model, further development of a CQI structure will continue to be an area of focus.

B. Permanency Outcomes 1 and 2

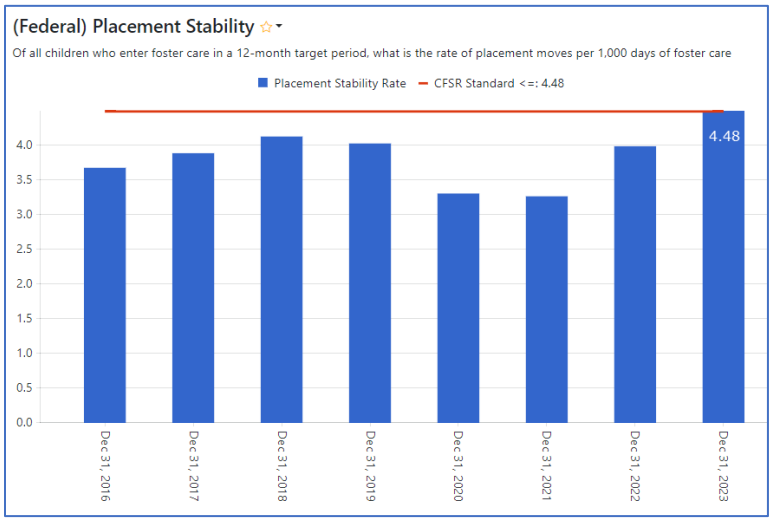
Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

Assessment:

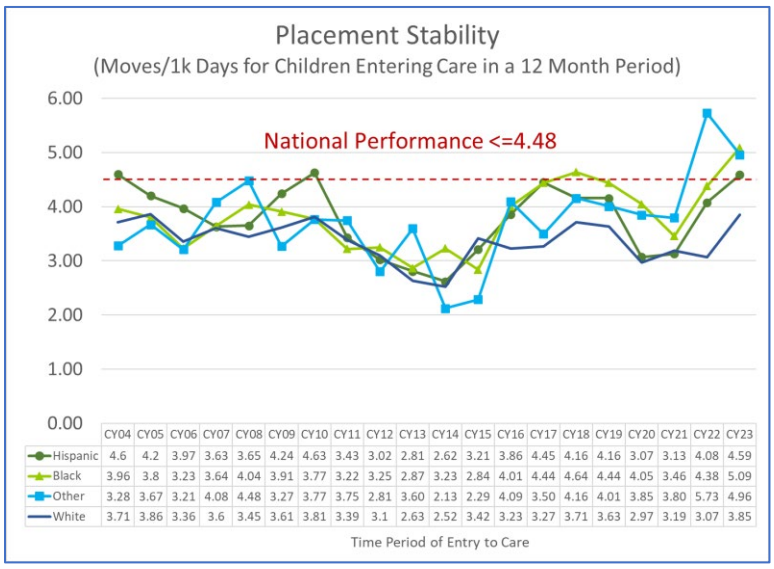
The Department believes that Connecticut is **Not in Substantial Conformity** with this outcome as Items 4 - 6 are Areas Needing Improvement, and state performance on National Data Indicator for Permanency in 12 Months is worse than national performance. However, state performance on Permanency in 12 Months for Children with >=24 Month lengths of stay is better than national performance. Further, results for Permanency in 12 Months for Children in 12 - 23 Month lengths of stay, Re-entry to Foster Care in 12 Months and Placement Stability are all no different than national performance.

Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

- CFSR Round 3 Result: n=42, 86% Strength, 14% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=51, 76.5% Strength, 23.5% ANI



- ROM Federal Placement Stability - CY16 – CY23: Standard continues to be met but declined since last year with CY2023 performance right at the standard line at 4.48 moves/1k days.



	CY04	CY05	CY06	CY07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21	CY22	CY23
Hispanic	4.6	4.2	3.97	3.63	3.65	4.24	4.63	3.43	3.02	2.81	2.62	3.21	3.86	4.45	4.16	4.16	3.07	3.13	4.08	4.59
Black	3.96	3.8	3.23	3.64	4.04	3.91	3.77	3.22	3.25	2.87	3.23	2.84	4.01	4.44	4.64	4.44	4.05	3.46	4.38	5.09
Other	3.28	3.67	3.21	4.08	4.48	3.27	3.77	3.75	2.81	3.60	2.13	2.29	4.09	3.50	4.16	4.01	3.85	3.80	5.73	4.96
White	3.71	3.86	3.36	3.6	3.45	3.61	3.81	3.39	3.1	2.63	2.52	3.42	3.23	3.27	3.71	3.63	2.97	3.19	3.07	3.85

- Race/Ethnicity Group Comparison: Trend shows increases for all groups over the last two years. All groups except White no longer meet National Performance as of CY23. Performance had been improving for many years but began trending higher in CY15, with a three-year period of improvement starting just before Covid in CY19. Also, group performance had been less than 1 point apart in CY19 but is over 1.2 points apart in CY23, so they are less similar now.

- CFSR National Data Indicator Results: Placement Stability - the national performance for this measure is <=4.48, and CT RSP for FFY 2022 is 4.33, now statistically no better than national performance. Observed performance for ages >= 11 years old did not meet the standard, but all younger age groups were successful. White and Hispanic children met the standard for this measure in FFY 2022, but American Indian/Alaska Native, Black, and Multiracial children did not.

	National Performance		19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B
Placement stability (moves/1,000 days in care)	4.48 ▼	RSP				3.99	3.47	3.76	4.33	4.16	4.70
		RSP interval				3.71-4.29[1]	3.22-3.74[1]	3.49-4.06[1]	4.05-4.63[2]	3.9-4.43[1]	4.43-4.99[2]
		Data used				20B-21A	21A-21B	21B-22A	22A-22B	22B-23A	23A-23B

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance on permanency indicators
Placement stability

	Denominator (days in care)			Numerator (moves)			Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	23A23B	23A23B
Age entry											
Total	**193,629**	**198,735**	**225,216**	**658**	**856**	**1,086**	**3.40**	**4.31**	**4.82**	**100.0%**	**100.0%**
0 – 3 mos	40,933	41,013	38,432	63	79	71	1.54	1.93	1.85	17.1%	6.5%
4 – 11 mos	17,183	14,156	12,953	55	44	45	3.20	3.11	3.47	5.8%	4.1%
< 1 yr subtotal	**58,116**	**55,169**	**51,385**	**118**	**123**	**116**	**2.03**	**2.23**	**2.26**	**22.8%**	**10.7%**
1 - 5 yrs	48,184	56,051	59,451	152	203	230	3.15	3.62	3.87	26.4%	21.2%
6 – 10 yrs	35,059	32,959	46,217	129	127	206	3.68	3.85	4.46	20.5%	19.0%
11 – 16 yrs	47,352	49,397	63,720	233	366	501	4.92	7.41	7.86	28.3%	46.1%
17 yrs	4,918	5,159	4,443	26	37	33	5.29	7.17	7.43	2.0%	3.0%
Race/ethnicity											
American Indian/Alaska Native	0	997	444	0	16	5		16.05	11.26	0.2%	0.5%
Asian	543	148	251	1	0	1	1.84	0.00	3.98	0.1%	0.1%
Black or African American	38,976	39,759	53,995	133	227	275	3.41	5.71	5.09	24.0%	25.3%
Hispanic (of any race)	68,570	69,670	67,351	248	296	344	3.62	4.25	5.06	30.2%	31.7%
White	68,025	65,739	83,152	214	217	340	3.15	3.30	4.09	36.9%	31.3%
Two or More	16,132	20,452	15,725	58	99	96	3.60	4.84	6.10	7.0%	8.8%
Unknown/Unable to Determine	1,383	1,970	3,698	4	1	25	2.89	0.51	6.76	1.6%	2.3%
Locality											
Fairfield County	27,909	23,708	0	87	68	0	3.12	2.87		0.0%	0.0%
Hartford County	41,010	42,979	0	124	173	0	3.02	4.03		0.0%	0.0%
Litchfield County	8,546	7,418	0	40	35	0	4.68	4.72		0.0%	0.0%
Middlesex County	6,186	10,322	0	19	43	0	3.07	4.17		0.0%	0.0%
New Haven County	61,961	53,821	0	212	218	0	3.42	4.05		0.0%	0.0%
New London County	17,493	28,585	0	61	161	0	3.49	5.63		0.0%	0.0%
Tolland County	16,167	21,795	0	59	117	0	3.65	5.37		0.0%	0.0%
Windham County	14,357	10,107	0	56	41	0	3.90	4.06		0.0%	0.0%
Capitol Planning Region	0	0	66,968	0	0	267			3.99	29.7%	24.6%
Greater Bridgeport Planning Region	0	0	15,847	0	0	83			5.24	7.0%	7.6%
Lower Connecticut River Valley Planr	0	0	6,433	0	0	74			11.50	2.9%	6.8%
Naugatuck Valley Planning Region	0	0	27,741	0	0	140			5.05	12.3%	12.9%
Northwest Hills Planning Region	0	0	3,816	0	0	21			5.50	1.7%	1.9%
South Central Connecticut Planning I	0	0	38,110	0	0	208			5.46	16.9%	19.2%
Southeastern Connecticut Planning I	0	0	39,354	0	0	155			3.94	17.5%	14.3%
Western Connecticut Planning Regio	0	0	26,756	0	0	138			5.16	11.9%	12.7%
County of report missing	0	0	191	0	0	0			0.00	0.1%	0.0%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.

Assessment:

Based on state performance on the National Data Indicator for Placement Stability and internal ROM reporting, this item is considered a **Strength**. However, CFSR CQI results continue to show less than the expected 95% performance.

This item was rated at 86% strength during CFSR Round 3. As evidenced by the Federal Placement Stability Report, the Department continued to improve their performance in placement stability through CY 2021 and achieved the lowest amount of placement moves per 1000 days in CY 2021. From 2016 to 2021, the Department outperformed the placement stability standard of the CFSR. However, there was a sharp decrease in placement stability during CY 2022 and CY 2023. At the end of CY 2023, the Department was no different than national performance on this measure. CT CQI results from CY 2022 reflect a decrease in strength percentage that is consistent with the observed increase in placement moves within the Federal Stability Placement Report. This recent trend has been an area of focus and is connected to the lack of available and willing foster homes that are needed to support children in foster care. The lack of appropriate homes, as well as the complex and challenging mental health needs of youth are two of several factors influencing increased placement moves of youth. However, the Department has made significant gains to license kin as foster placements so that children entering foster care are residing with someone that they know and are provided with a stable placement. The Department has improved its initial kinship placement percentage from 41.9 percent in CY 2019 to 48.2 percent in CY 2023. The highest percentage of initial kinship placement occurred in CY 2021 at 53 percent. Please refer to Item 10 for more information concerning kinship placement.

When assessing performance by race and ethnic groups, there was a concerning trend in CY 2022 and CY 2023. The data demonstrated poor performance in placement stability for Black, Hispanic, and Other minority groups that exceed the federal standard while White children in placement met the federal standard. CQI teams and Racial Justice workgroups in area offices actively review Racial Justice information including multiple annual and ongoing automated reports. The Racial Justice CQI groups are primarily composed of Office Directors and Managers who evaluate their office's performance in key areas of disproportionality including removals,

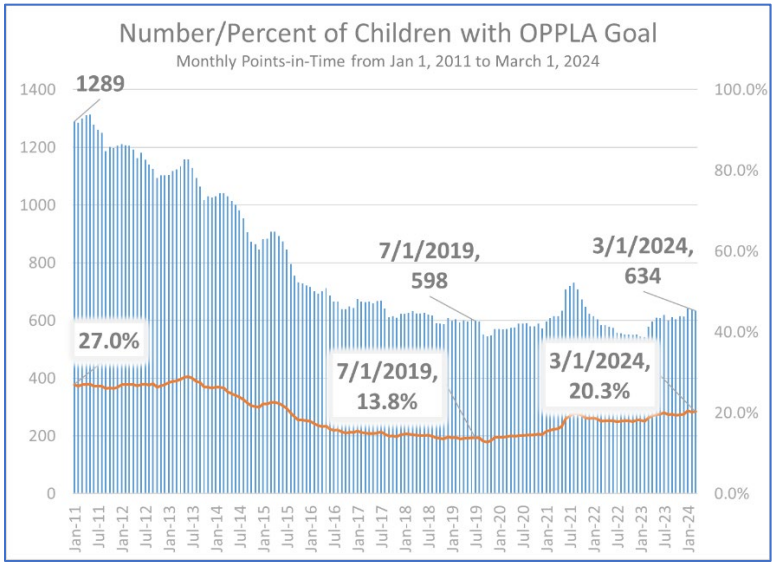
kinship placement, permanency achievement and congregate care. Several of these offices have developed comprehensive review processes for black and brown children entering foster care. The process includes team meetings that address placements, permanency plans, services, and result in action steps.

Qualitative reviews by CQI teams have found that, during and following the pandemic, there has been a high frequency of adolescent youth struggling with mental health, juvenile justice, and behavioral issues. The Department often has difficulty finding stable homes for these youth. Foster homes can be reluctant to accept older youth and frequently will only do so for a limited duration. Often, if there is a behavior that is concerning to the family, the family will immediately request that the youth be moved to another home. The data in the CFSR National Indicator Results - Placement Stability Data, supports the qualitative assessments by the CQI Teams and displays that the Department has met the national standards from youth 10 and under, while children 11 and over have exceeded the federal standards.

Additional efforts to support placement stability and permanency achievement have been the implementation of the Quality Parenting Initiative (QPI). QPI connects biological family and foster parents to partner in their support of children placed in foster care. QPI was introduced statewide in 2020; structured training, data tracking, documentation and CQI work has been done to integrate the initiative into practice.

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

- CFSR Round 3 Result: n=41, 78% Strength, 22% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=51, 74.5% Strength, 25.5% ANI
- CFSP Objective: Permanency Teaming will be implemented to improve the likelihood of permanency for all children and to reduce the use of OPPLA by 50%
- Trend in #/% of Children with OPPLA Goal: Volume and proportion up slightly compared to last year, ending with 20.3% of the total population in May 2024. Compared to 7/1/2019, the volume is somewhat higher at 634 compared to 598, but that represents a much greater proportion of the entire population of children in placement at 20.3% compared to 13.8% on 7/1/2019

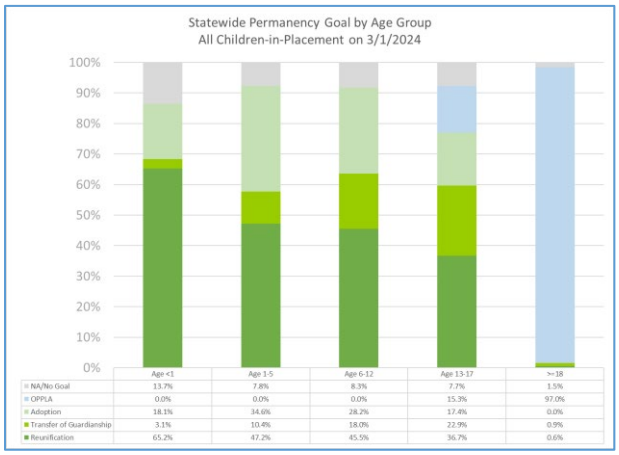


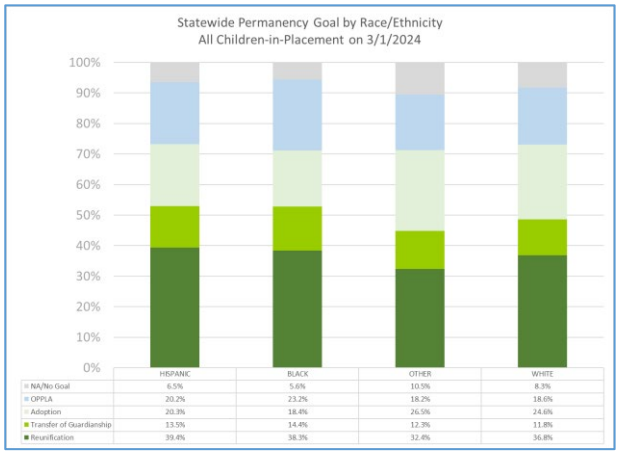
- ACRI Case Practice element – Strength % - CY 2018 – 1Q 2023 annual aggregation; all comparisons made between CY 2015 and CY 2022 (unless otherwise noted)

- Planning for Permanency (case plan contains appropriate permanency and concurrent goals): 3 percentage point increase since 2018 (this measure was not available until mid-2017, so we start this trend in 2018)

Sl.No	Measure	Statewide					
		2018	2019	2020	2021	2022	2023
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
54	Planning for Permanency	93%	94%	95%	95%	96%	96%

- **Other Related Data**





- Judicial data re: approval of OPPLA Plans

APPLA/OPPLA Permanency Plans

Based on our court order form for Permanency Plans, section D denotes "Another planned permanent living arrangement…" and lists independent living, long term foster care and other as types.

D. ☐ Another planned permanent living arrangement for a child sixteen years of age or older. DCF has documented a compelling reason why including the goals in (A) through (C) above would not be in the best interests of the child or youth.

☐ Placement of the youth in an independent living program, or

☐ Placement of the youth in long term foster care with an identified foster parent

(Name) _____, or

☐ Other _____

Explanation: The chart displays the total number of permanency plans approved and also displays the number of those approved that had APPLA/OPPLA goals that were approved by the court during calendar year. Based on a code that is entered, the type of permanency plan goal can be determined.

Table: Cohort: Permanency Plans that were approved during FY23

APPLA/OPPLA Plans for FY23	
Total Number Of Permanency Plans Approved	2871
Number of APPLA/OPPLA Plans Approved	591

Table continued

APPLA/OPPLA Plans for FY23	
Number of ILP Approved	212
Number of Long-Term Foster Care Approved	31
Number of Other Approved	22

Assessment:
Based on CFSR CQI results, as well as continued high rates of the use of APPLA goals that did not meet our CFSP goal, performance on this item is considered an **Area Needing Improvement**.

DCF has several policies and practices that are designed to ensure timely permanency planning for children in foster care. Removal team meetings occur at the time an SDM safety factor is identified, and removal is being considered. When the decision of the meeting is to remove, the permanency plan (most frequently identified as reunification) is discussed with the team. The expectations to achieve that plan, including service provisions, are identified and actions steps are taken for both the Department and the family. Additional permanency teaming is to occur every 90 days for children in care.

The Administrative Case Review (ACR) process requires the permanency plan goal to be documented in the case plan. At the time of the first case plan, reunification is most frequently identified as the preferred permanency plan, but often a concurrent plan is listed when prospects for reunification are concerned. Since 2018, there has been an increase in rating Planning for Permanency as a strength by our ACR reviewers, reaching a CY 2023 peak of 96 percent.

Other Permanent Planned Living Arrangement (OPPLA) is not a preferred plan. This plan is typically only identified after efforts to achieve preferred permanency plans are not successful. As mentioned within Item #4, older youth experiencing mental health, behavioral and juvenile justice struggles are difficult to match with permanent homes that are willing to adopt or accept guardianship. As a result, many youths' permanency plans are changed to OPPLA as a final option and remain in the Department's custody until reaching the age of majority. The data below indicates the percentage of the total children in custody with an OPPLA goal has risen from 13.8% on 7/1/18 to 20.3% on 3/1/24. However, this percentage increase is reflective of strength in the rapid decline of children in foster care. From CY 2019 to CY 2022, children achieving permanency/discharging greatly outpaced entries. There has been a 27% decrease in the total CIP population between CY 2019 and CY 2023. The OPPLA children who were not able to achieve permanency, in a smaller total CIP population, therefore made up a larger percentage of the remaining CIP population.

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?

- CFSR Round 3 Result: n=42, 31% Strength, 69% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=51, 37.3% Strength, 62.7% ANI
- CFSR National Data Indicator Results: *Permanency in 12 Months from Entry* - The national performance for achievement of permanency in 12 months from entry is >=35.2%, and the data for FFY 21B-22A shows most recent CT RSP at 23.2% overall. This is better than the previous two periods, but still far below expected performance. Observed performance for children of all ages and race/ethnicity groups did not meet the standard. Children ages 1 - 5 and 11 - 16, and all children of color, seem to do the best on this measure.

	National Performance		19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B
Permanency in 12 months (entries)	35.2% ▲	RSP	21.9%	22.0%	23.2%	22.7%	21.8%	23.2%			
		RSP interval	20.1%-23.8%[3]	20.1%-24.1%[3]	20.9%-25.7%[3]	20.2%-25.3%[3]	19.4%-24.5%[3]	20.7%-25.9%[3]			
		Data used	19A-21A	19B-21B	20A-22A	20B-22B	21A-23A	21B-23B			

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

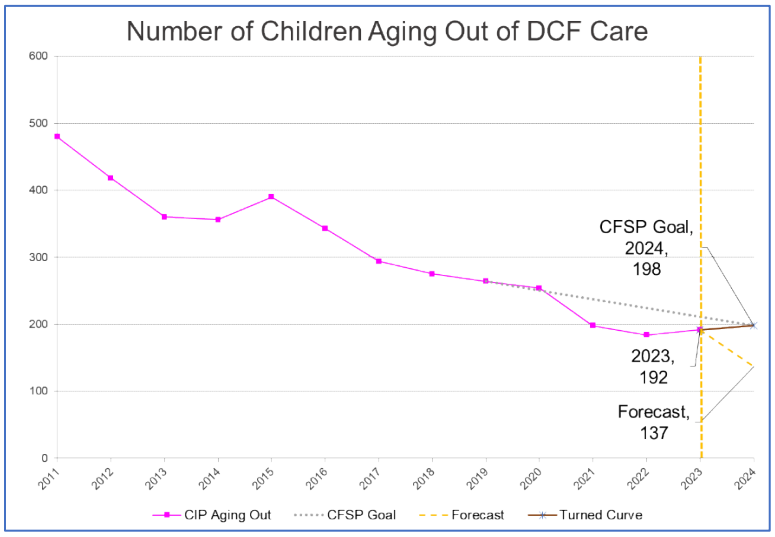
Observed performance on permanency indicators
Permanency in 12 months (entries)

	Denominator (entries)			Numerator (exits)			Percentage			Percent of total (entries)	Percent of total (exits)
	19B20A	20B21A	21B22A	19B20A	20B21A	21B22A	19B20A	20B21A	21B22A	21B22A	21B22A
Age at entry											
Total	**1,657**	**1,120**	**1,060**	**344**	**229**	**225**	**20.8%**	**20.4%**	**21.2%**	**100.0%**	**100.0%**
0 - 3 mos	308	273	218	51	62	42	16.6%	22.7%	19.3%	20.6%	18.7%
4 - 11 mos	109	82	81	22	9	14	20.2%	11.0%	17.3%	7.6%	6.2%
< 1 yr subtotal	**417**	**355**	**299**	**73**	**71**	**56**	**17.5%**	**20.0%**	**18.7%**	**28.2%**	**24.9%**
1 - 5 yrs	509	289	281	118	70	72	23.2%	24.2%	25.6%	26.5%	32.0%
6 - 10 yrs	313	195	182	80	40	33	25.6%	20.5%	18.1%	17.2%	14.7%
11 - 16 yrs	360	245	261	67	46	63	18.6%	18.8%	24.1%	24.6%	28.0%
17 yrs	58	36	37	6	2	1	10.3%	5.6%	2.7%	3.5%	0.4%
Race/ethnicity											
American Indian/Alaska Native	0	1	4	0	0	0		0.0%	0.0%	0.4%	0.0%
Asian	3	3	1	0	1	0	0.0%	33.3%	0.0%	0.1%	0.0%
Black or African American	372	229	198	69	36	45	18.5%	15.7%	22.7%	18.7%	20.0%
Hispanic (of any race)	571	397	343	118	79	84	20.7%	19.9%	24.5%	32.4%	37.3%
Native Hawaiian/Other Pacific Islande	3	0	0	3	0	0	100.0%			0.0%	0.0%
White	569	398	397	112	95	72	19.7%	23.9%	18.1%	37.5%	32.0%
Two or More	120	88	101	29	17	21	24.2%	19.3%	20.8%	9.5%	9.3%
Unknown/Unable to Determine	19	4	16	13	1	3	68.4%	25.0%	18.8%	1.5%	1.3%
Locality											
Fairfield County	324	185	28	80	46	19	24.7%	24.9%	67.9%	2.6%	8.4%
Hartford County	365	238	52	74	48	33	20.3%	20.2%	63.5%	4.9%	14.7%
Litchfield County	43	34	14	5	2	12	11.6%	5.9%	85.7%	1.3%	5.3%
Middlesex County	38	39	12	7	11	5	18.4%	28.2%	41.7%	1.1%	2.2%
New Haven County	459	342	73	100	55	53	21.8%	16.1%	72.6%	6.9%	23.6%
New London County	149	106	22	20	19	20	13.4%	17.9%	90.9%	2.1%	8.9%
Tolland County	140	87	25	31	18	20	22.1%	20.7%	80.0%	2.4%	8.9%
Windham County	139	89	28	27	30	20	19.4%	33.7%	71.4%	2.6%	8.9%
Capitol Planning Region	0	0	250	0	0	8			3.2%	23.6%	3.6%
Greater Bridgeport Planning Region	0	0	43	0	0	3			7.0%	4.1%	1.3%
Lower Connecticut River Valley Planr	0	0	29	0	0	1			3.4%	2.7%	0.4%
Naugatuck Valley Planning Region	0	0	87	0	0	2			2.3%	8.2%	0.9%
Northwest Hills Planning Region	0	0	35	0	0	3			8.6%	3.3%	1.3%
South Central Connecticut Planning I	0	0	132	0	0	1			0.8%	12.5%	0.4%
Southeastern Connecticut Planning I	0	0	175	0	0	17			9.7%	16.5%	7.6%
Western Connecticut Planning Regio	0	0	52	0	0	8			15.4%	4.9%	3.6%
County of report missing	0	0	3	0	0	0			0.0%	0.3%	0.0%

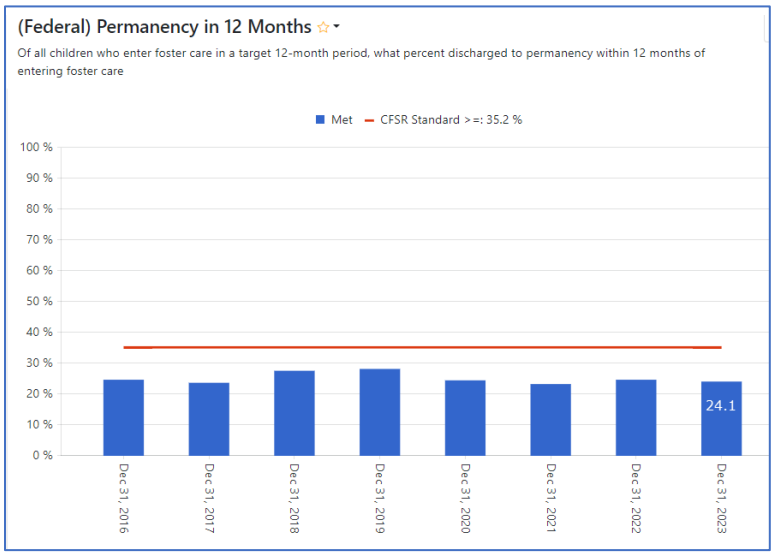
Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

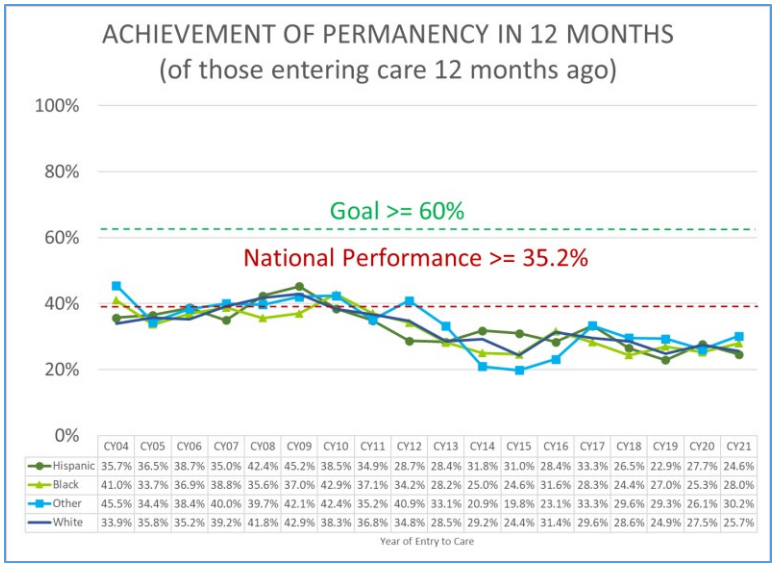
Note 3: Children with episodes less than eight days are excluded.



- CFSP Objective: Number of youths aging out of care without legal or relational permanency will be reduced by 25%. We surpassed our goal as of 2021, and though there was an increase in 2023 compared to last year we are forecasted to continue to decrease over time or at worst remain below the goal.



- ROM Federal Permanency in 12 Months: While the agency did experience some improvement related to this measure from CY 2018 to CY 2019, performance decreased from 28.4% in CY 2019 to 24.7% in CY 2020 and further to 24.1% in CY 2023. These results largely mirror those from the national data indicator described above.



	CY04	CY05	CY06	CY07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21
Hispanic	35.7%	36.5%	38.7%	35.0%	42.4%	45.2%	38.5%	34.9%	28.7%	28.4%	31.8%	31.0%	28.4%	33.3%	26.5%	22.9%	27.7%	24.6%
Black	41.0%	33.7%	36.9%	38.8%	35.6%	37.0%	42.9%	37.1%	34.2%	28.2%	25.0%	24.6%	31.6%	28.3%	24.4%	27.0%	25.3%	28.0%
Other	45.5%	34.4%	38.4%	40.0%	39.7%	42.1%	42.4%	35.2%	40.9%	33.1%	20.9%	19.8%	23.1%	33.3%	29.6%	29.3%	26.1%	30.2%
White	33.9%	35.8%	35.2%	39.2%	41.8%	42.9%	38.3%	36.8%	34.8%	28.5%	29.2%	24.4%	31.4%	29.6%	28.6%	24.9%	27.5%	25.7%

- Race/Ethnicity Comparisons: None of the groups are meeting expectation compared to National Performance, and the trend is generally declining for all groups since CY16. There was improvement for Black and Other groups in CY23 compared to CY22. Groups are more similar in CY23 at <6 points apart compared to <9 points apart in CY16.

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP 12 - 23 Months* - the national standard for this measure is >=43.8%, and CT RSP for FFY 2023 is as good as national performance at 44.8%. Observed performance for children < age 11 all met the standard. Observed performance for Black (42.9%) and Hispanics (40.3%) did not quite meet the standard and are less all other groups that did meet it.

	National Performance		19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B
Permanency in 12 months (12-23 mos)	43.8% ▲	RSP				32.5%	37.1%	42.8%	43.0%	44.7%	44.8%
		RSP interval				29.9%-35.2%[3]	34.5%-39.8%[3]	39.9%-45.8%[2]	39.6%-46.4%[2]	41.2%-48.3%[2]	41.1%-48.6%[2]
		Data used				20B-21A	21A-21B	21B-22A	22A-22B	22B-23A	23A-23B

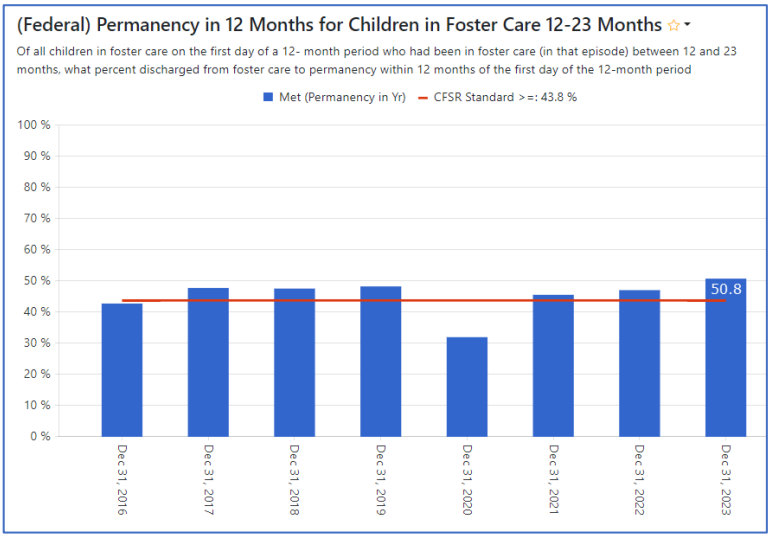
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance on permanency indicators
Permanency in 12 months (12-23 months)

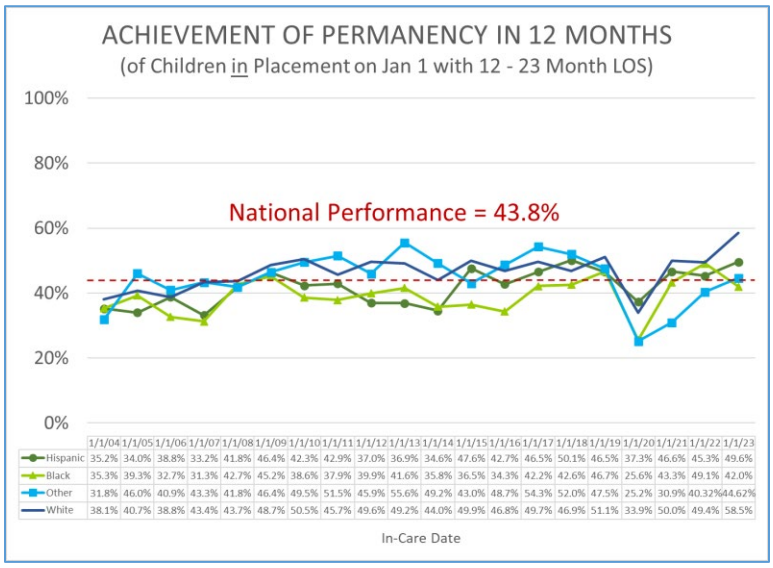
	Denominator (in care)			Numerator (exits)			Percentage			Percent of total (in care)	Percent of total (exits)
	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	23A23B	23A23B
Age on 1st day											
Total	**1,182**	**710**	**605**	**446**	**317**	**276**	**37.7%**	**44.6%**	**45.6%**	**100.0%**	**100.0%**
1 - 5 yrs	599	405	314	250	198	170	41.7%	48.9%	54.1%	51.9%	61.6%
6 - 10 yrs	265	122	119	107	61	60	40.4%	50.0%	50.4%	19.7%	21.7%
11 - 16 yrs	267	161	136	82	55	42	30.7%	34.2%	30.9%	22.5%	15.2%
17 yrs	51	22	36	7	3	4	13.7%	13.6%	11.1%	6.0%	1.4%
Race/ethnicity											
American Indian/Alaska Native	0	1	0	0	1	0		100.0%		0.0%	0.0%
Asian	3	2	0	2	0	0	66.7%	0.0%		0.0%	0.0%
Black or African American	286	175	116	103	75	55	36.0%	42.9%	47.4%	19.2%	19.9%
Hispanic (of any race)	408	242	196	163	97	79	40.0%	40.1%	40.3%	32.4%	28.6%
White	392	235	226	156	118	110	39.8%	50.2%	48.7%	37.4%	39.9%
Two or More	90	53	56	22	26	29	24.4%	49.1%	51.8%	9.3%	10.5%
Unknown/Unable to Determine	3	2	11	0	0	3	0.0%	0.0%	27.3%	1.8%	1.1%
Locality											
Fairfield County	195	132	0	64	59	0	32.8%	44.7%		0.0%	0.0%
Hartford County	248	153	0	110	82	0	44.4%	53.6%		0.0%	0.0%
Litchfield County	34	22	0	12	13	0	35.3%	59.1%		0.0%	0.0%
Middlesex County	29	23	0	17	12	0	58.6%	52.2%		0.0%	0.0%
New Haven County	353	193	0	122	72	0	34.6%	37.3%		0.0%	0.0%
New London County	143	67	0	58	25	0	40.6%	37.3%		0.0%	0.0%
Tolland County	79	58	0	23	20	0	29.1%	34.5%		0.0%	0.0%
Windham County	101	62	0	40	34	0	39.6%	54.8%		0.0%	0.0%
Capitol Planning Region	0	0	172	0	0	64			37.2%	28.4%	23.2%
Greater Bridgeport Planning Region	0	0	26	0	0	12			46.2%	4.3%	4.3%
Lower Connecticut River Valley Planni	0	0	21	0	0	9			42.9%	3.5%	3.3%
Naugatuck Valley Planning Region	0	0	84	0	0	42			50.0%	13.9%	15.2%
Northwest Hills Planning Region	0	0	38	0	0	17			44.7%	6.3%	6.2%
South Central Connecticut Planning Re	0	0	106	0	0	52			49.1%	17.5%	18.8%
Southeastern Connecticut Planning Re	0	0	109	0	0	59			54.1%	18.0%	21.4%
Western Connecticut Planning Region	0	0	47	0	0	21			44.7%	7.8%	7.6%
County of report missing	0	0	2	0	0	0			0.0%	0.3%	0.0%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.



- ROM Federal Permanency in 12 Months for CIP 12-23 Months: Performance improved from 31.9% in CY 2020 to 50.8% in CY 2023, which again meets the standard and shows that poor performance in CY 2020 can largely be attributed to pandemic response delays.



	1/1/04	1/1/05	1/1/06	1/1/07	1/1/08	1/1/09	1/1/10	1/1/11	1/1/12	1/1/13	1/1/14	1/1/15	1/1/16	1/1/17	1/1/18	1/1/19	1/1/20	1/1/21	1/1/22	1/1/23
Hispanic	35.2%	34.0%	38.8%	33.2%	41.8%	46.4%	42.3%	42.9%	37.0%	36.9%	34.6%	47.6%	42.7%	46.5%	50.1%	46.5%	37.3%	46.6%	45.3%	49.6%
Black	35.3%	39.3%	32.7%	31.3%	42.7%	45.2%	38.6%	37.9%	39.9%	41.6%	35.8%	36.5%	34.3%	42.2%	42.6%	46.7%	25.6%	43.3%	49.1%	42.0%
Other	31.8%	46.0%	40.9%	43.3%	41.8%	46.4%	49.5%	51.5%	45.9%	55.6%	49.2%	43.0%	48.7%	54.3%	52.0%	47.5%	25.2%	30.9%	40.32%	44.62%
White	38.1%	40.7%	38.8%	43.4%	43.7%	48.7%	50.5%	45.7%	49.6%	49.2%	44.0%	49.9%	46.8%	49.7%	46.9%	51.1%	33.9%	50.0%	49.4%	58.5%

- Race/Ethnicity Comparisons: With the exception of CY20 (due to Covid response impact), performance for most groups has been improving gradually since CY16. All groups except Black improved in CY23 compared to CY22 and are again exceeding National Performance.

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP >=24 Months* - the national standard for this measure is >=37.3%, and CT RSP for FFY 2023 is better than national performance at 41.8%. Observed performance for children ages <=10 met the standard with a wide margin, but for 11 - 16-year-olds we are well under the standard at 32.3%, and far under it for 17-year-old youth (11.9%). Observed performance for Black/African Americans (44.7%) and Hispanics (45.6%) both meet the standard and are better than that for White (44.3%) children.

	National Performance		19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B
		RSP				26.6%	39.0%	38.8%	39.0%	37.9%	41.8%
Permanency in 12 months (24+ mos)	37.3% ▲	RSP interval				24.1%-29.2%[3]	36.6%-41.5%[2]	36.5%-41.1%[2]	36.7%-41.4%[2]	35.5%-40.4%[2]	39.0%-44.5%[1]
		Data used				20B-21A	21A-21B	21B-22A	22A-22B	22B-23A	23A-23B

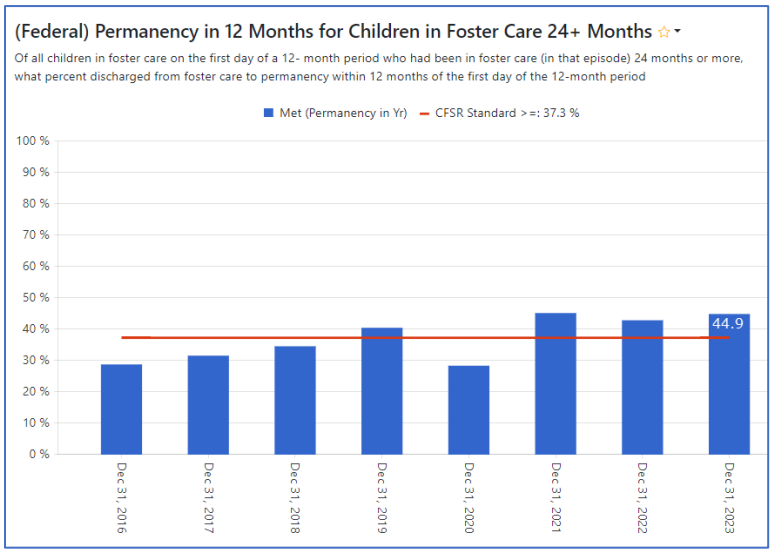
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance on permanency indicators
Permanency in 12 months (24+ months)

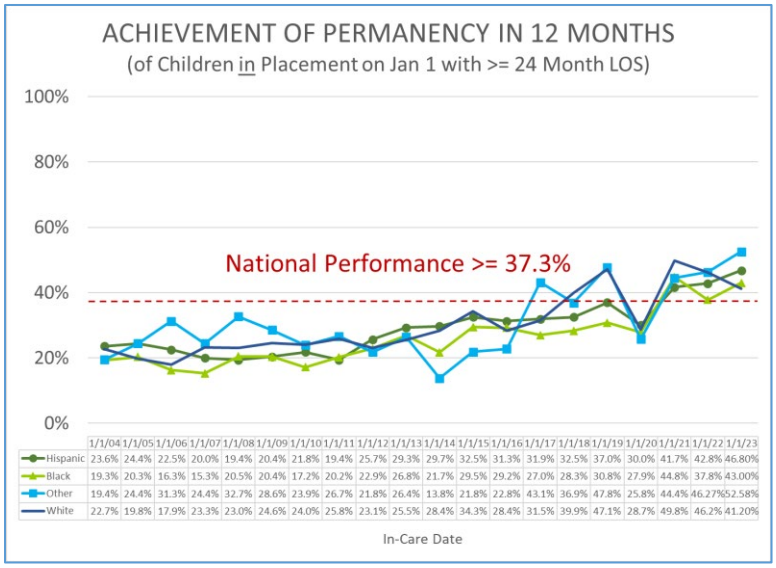
	Denominator (in care)			Numerator (exits)			Percentage			Percent of total (in care)	Percent of total (exits)
	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	23A23B	23A23B
Age on 1st day											
Total	**1,223**	**1,265**	**911**	**508**	**539**	**411**	**41.5%**	**42.6%**	**45.1%**	**100.0%**	**100.0%**
1 - 5 yrs	351	414	302	196	246	195	55.8%	59.4%	64.6%	33.2%	47.4%
6 - 10 yrs	317	313	188	171	163	97	53.9%	52.1%	51.6%	20.6%	23.6%
11 - 16 yrs	438	421	337	132	121	109	30.1%	28.7%	32.3%	37.0%	26.5%
17 yrs	117	117	84	9	9	10	7.7%	7.7%	11.9%	9.2%	2.4%
Race/ethnicity											
American Indian/Alaska Native	2	1	0	1	0	0	50.0%	0.0%		0.0%	0.0%
Asian	4	1	2	3	0	0	75.0%	0.0%	0.0%	0.2%	0.0%
Black or African American	298	311	235	108	127	105	36.2%	40.8%	44.7%	25.8%	25.5%
Hispanic (of any race)	438	445	274	189	180	125	43.2%	40.4%	45.6%	30.1%	30.4%
Native Hawaiian/Other Pacific Islande	1	0	0	1	0	0	100.0%			0.0%	0.0%
White	362	377	300	160	175	133	44.2%	46.4%	44.3%	32.9%	32.4%
Two or More	104	123	90	37	55	44	35.6%	44.7%	48.9%	9.9%	10.7%
Unknown/Unable to Determine	14	7	10	9	2	4	64.3%	28.6%	40.0%	1.1%	1.0%
Locality											
Fairfield County	187	206	0	78	92	0	41.7%	44.7%		0.0%	0.0%
Hartford County	270	256	0	121	110	0	44.8%	43.0%		0.0%	0.0%
Litchfield County	48	46	0	20	21	0	41.7%	45.7%		0.0%	0.0%
Middlesex County	41	32	0	17	11	0	41.5%	34.4%		0.0%	0.0%
New Haven County	414	436	0	158	167	0	38.2%	38.3%		0.0%	0.0%
New London County	109	132	0	47	70	0	43.1%	53.0%		0.0%	0.0%
Tolland County	80	77	0	37	31	0	46.3%	40.3%		0.0%	0.0%
Windham County	74	80	0	30	37	0	40.5%	46.3%		0.0%	0.0%
Capitol Planning Region	0	0	253	0	0	111			43.9%	27.8%	27.0%
Greater Bridgeport Planning Region	0	0	75	0	0	26			34.7%	8.2%	6.3%
Lower Connecticut River Valley Planni	0	0	22	0	0	7			31.8%	2.4%	1.7%
Naugatuck Valley Planning Region	0	0	140	0	0	72			51.4%	15.4%	17.5%
Northwest Hills Planning Region	0	0	28	0	0	9			32.1%	3.1%	2.2%
South Central Connecticut Planning Re	0	0	154	0	0	63			40.9%	16.9%	15.3%
Southeastern Connecticut Planning Re	0	0	164	0	0	86			52.4%	18.0%	20.9%
Western Connecticut Planning Region	0	0	75	0	0	37			49.3%	8.2%	9.0%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.



- ROM Federal Permanency in 12 Months for CIP >=24 Months: Performance improved from 28.6% in CY 2020 to 44.9% in CY 2023, which again meets the standard and shows that poor performance in CY 2020 can largely be attributed to pandemic response delays.



- Race/Ethnicity Comparisons: Performance for all groups has been generally improving since the 1/1/12 cohort, with the exception of the 1/1/20 cohort due to the impact of the Covid response. All groups have performed better than National Performance since CY21, and all groups except White improved in CY23 compared to CY22.

- Judicial Data concerning Time to Permanent Placement for SFY23

Time to Permanent Placement

Explanation: Time to permanent placement is the number of days from the date of removal to the date the child court case being closed by reunification, transfer of guardianship or adoption. Both the median and the average number of days to permanent placement have been calculated.

Table: Cohort: Children who exited care by adoption, transfer of guardianship or reunification during FY23

Type	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	488	22	62	129	1155	1076	5%	13%	26%
Transfer of Guardianship	102	38	60	71	629	520	37%	59%	70%
Reunification	391	223	278	306	455	281	57%	71%	78%

Time to Filing Termination of Parental Rights Petition Judicial Data
Explanation: Where reunification has not been achieved, Average (median) time from filing of the original petition to filing of the petition to terminate parental rights. This is a Court Performance measure that is calculated for our State Court Improvement Grant.

Table: Cohort: All TPR petitions filed during FY23

# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
429	201	316	20	16	47%	74%

Time to Termination of Parental Rights Judicial Data
Explanation: The number of days from filing of the neglect/uncared for/abuse petition to the time the termination of parental rights is granted. Both the median and the average have been calculated. This is a Court Performance measure that is calculated for our State Court Improvement Grant.

Table: Cohort: All TPR petitions disposed during FY23

# Disposed	Average	Median	Within 12 months	Within 24 months	Within 36 Months
451	933	845	35	189	306

- Permanency Analyses

Assessment:
Based on CFSR CQI results, as well as low performance on National Data Indicator for Permanency in 12 Months from Entry and Judicial data concerning Time to Permanent Placement and Time to Filing TPR, performance on this item is considered an **Area Needing Improvement**. However, state performance on Permanency in 12 Months for Children with >=24 Month lengths of stay is better than national performance. Further, results for Permanency in 12 Months for Children in 12 - 23 Month lengths of stay and Re-entry to Foster Care in 12 Months are both no different than national performance.

A multiple logistic regression study was completed in August 2022 on the cohorts of children that entered DCF care between CY 2010 and 2019 to help the Department understand factors related to achieving permanency within the first, second or third year of care. Of the factors examined, older age at removal and more in-home episodes were significantly associated with a lower likelihood of achieving permanency within all three timeframes. The child's initial placement setting was not associated with achieving permanency within 12 months. However, for those that achieved permanency in the second and third year, children whose first placement type was relative/kinship care were more likely to achieve permanency than their peers whose initial placement was core foster home. This finding provides additional evidence to support the Department's policy/practice of promoting kinship care with a goal of Transfer of Guardianship or Adoption but does not appear to help achieve Reunification within the first 12 months from entry. Several other factors were unexpectedly also not found to have statistically significant effects at the statewide level for this timeframe, including race/ethnicity, intimate partner violence, parental alcohol/drug use and parent incarceration.

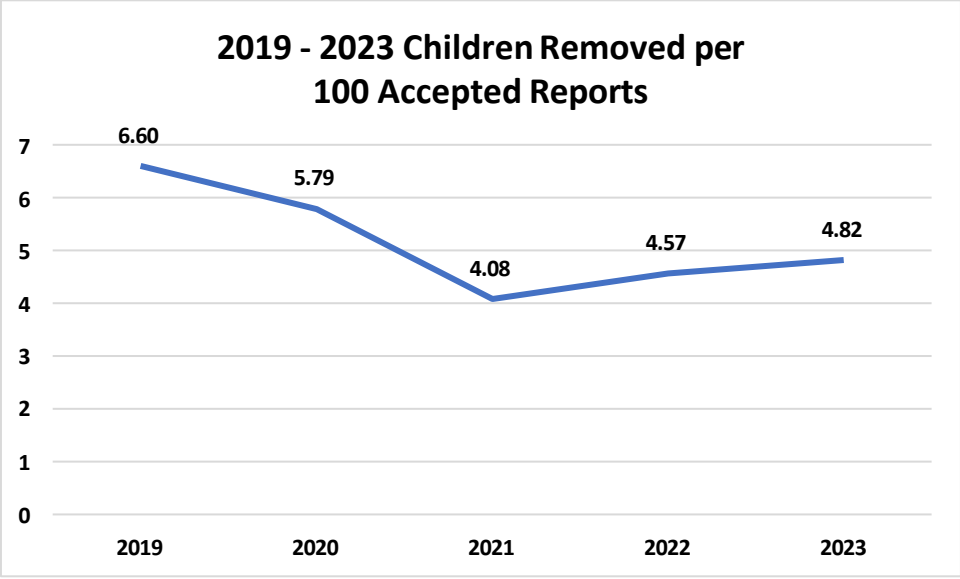
There were several other factors that played important roles in achieving permanency within the first 12 months. When the family had problems with housing, and controlling for other factors, the odds of achieving permanency in the first 12 months were 36% lower than children whose family did not have such an issue. Also, the average caseload of the worker that handled all/most of the episode during that timeframe played an important but complicated role. Compared to children whose worker had an average caseload of 13 or less, the odds of achieving permanency in 12-month were 26%, 35%, and 25% lower among children whose worker had an average caseload of 14/15, 16/17, and 18+, respectively. Other factors also statistically significant in decreasing the odds of achieving permanency in 12 months included: having had an open case for 181 days or more prior to entry (30%), having prior episodes of CPS In-home service (28%), and having prior episodes in

Foster Care (21%). Factors found to increase the odds included: having >=3 children in the home (21%), age 6 - 11 at entry (19%), having had an open case for <=180 days (16%).

Parental mental health problems were significantly associated with a 10% lower likelihood of achieving permanency within 12 months; yet they were associated with a higher likelihood of achieving permanency within 12-23 months (12%) and 24-35 months (30%). This inconsistency may be related to the time point when parents successfully get the needed service/treatment and are able to sustain recovery efforts. The explanation may also apply to the results of housing. Housing was one of the most important factors associated with achieving permanency within 12 months, while it was no longer associated with achieving permanency within 12-23 months and 24-35 months.

Regarding racial/ethnic disparities in permanency, we only found disparity for achievement of permanency within 12 - 23 months. The odds of achieving permanency in that timeframe among Black children who stayed in care at least one year were 20% lower than the odds of White children, after controlling for potential confounders. Despite having consistent disparities in observed performance across racial/ethnic groups, when controlling for confounding factors those differences were otherwise not statistically significant for the other length of stay groups at the statewide level. At the DCF Office level, differences by race/ethnicity were significant for some offices in either the first (New Britain, Waterbury), second (Hartford, Norwich, Willimantic and/or third (Bridgeport, New Britain, New Haven, Norwich) phases analyzed. For example, in Waterbury, the odds of achieving permanency in 12 months for Black children were 39% lower, and for Hispanic children were 32% lower than the odds for White children.

CQI and Racial Justice workgroups have conducted qualitative reviews of children entering care since the implementation of ChildStat in 2021. These workgroups have found critical themes that connect various aspects of the Department's performance to one another. Over the last several years the Department has placed additional emphasis on SDM, diversion services, permanent teaming meetings and addressing the needs of children and families in their homes whenever possible. The declining total CIP numbers over the last 5 years demonstrate success in maintaining children safely in their homes. The below removals per 100 accepted reports data illustrates that the Department has drastically reduced the frequency of removals per year, even when adjusted for accepted report volume. Although there was an increase in the rate of removal from 2022 to 2023, the rate was far lower than in 2019; in 2023 there were 754 more accepted reports than 2019 yet the Department removed 520 fewer children.



The qualitive reviews of CQI and Racial Justice workgroups have focused on children entering custody, disparity data, removal reasons and progress towards resolution of safety factors. In addition to the themes

outlined in the above logistic regression study, workgroups found that many of the children entering care came from families with overlapping safety and risk factors including intimate partner violence, substance misuse, mental health, and child injuries. Further, there was a frequent occurrence of children who were previously removed, or their siblings were previously removed.

A group of cases were also reviewed by CQI teams to assess for factors impacting permanency achieved within 12 months. A plethora of factors were identified, including:

- Appropriate identification of priority needs for family including parents and children.
- Timely referral to services that address priority needs.
- Availability of services to address priority needs.
- Engagement by family in referred services.
- Demonstrated behavioral progress by family.
- Timely filing of revocation and transfer of guardianship
- Timely scheduled hearings and orders by Juvenile Court
- The type of permanency plan pursued.
- Court Orders for psychological and interactional evaluations
- Availability of permanent homes for children who are not able to reunify.

There were many examples of conditions of the family that impacted timely permanency. Often families previously received DCF In-Home services, but the parents were not able to make behavioral changes to improve safety. Parents were again offered services, post removal, to address the safety issues but were not willing to engage in the services, would engage in the service but not demonstrate significant behavioral changes, or progression was slow and issues such as relapse would occur.

There were key areas of opportunity for the Department. CQI teams developed strategies to establish timeframes for referral to services after a safety factor is identified, to reduce delays in connecting families to services. Area office leadership has used customized length of stay reports to track and make directives that reduce delays in achievement of permanency within 12 months. Permanency team meetings occur in many area offices with the goal of accelerating permanency.

- CFSR National Data Indicator Results: Re-entry to Foster Care in 12 Months - the national standard for this measure is <=5.6%, and CT performance for FFY 2022 is equivalent to national risk-standardized performance (RSP) at 4.7%. This continues an increasing trend over the past three periods observed. Based on observed performance, DCF did not meet standard for Children <1 year old during FFY19 - 21. We had met the measure for children ages 1 - 5 in FFY19 and 21 but missed doing so in FFY20 by 0.2%. The measure was met for children in all age groups except for age 4 - 11 months old. Performance for all race/ethnicity groups met national performance except for Black/African Americans.

	National Performance		19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B
		RSP		5.5%	5.8%	4.1%	3.7%	4.1%	4.7%		
Reentry to foster care	5.6% ▼	RSP interval		4.3%-7.0%[2]	4.5%-7.5%[2]	3.0%-5.6%[2]	2.8%-5.1%[1]	3.0%-5.5%[1]	3.5%-6.3%[2]		
		Data used		19B-21A	20A-21B	20B-22A	21A-22B	21B-23A	22A-23B		

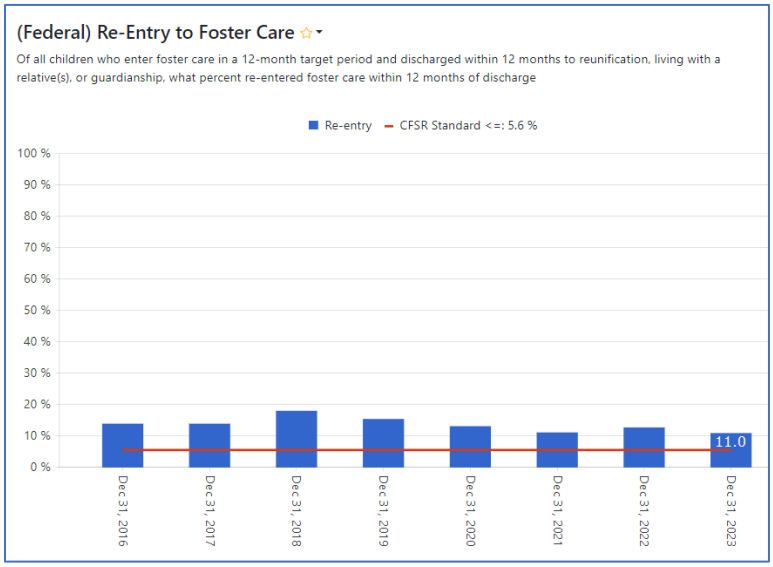
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Observed performance on permanency indicators
Reentry to foster care in 12 months

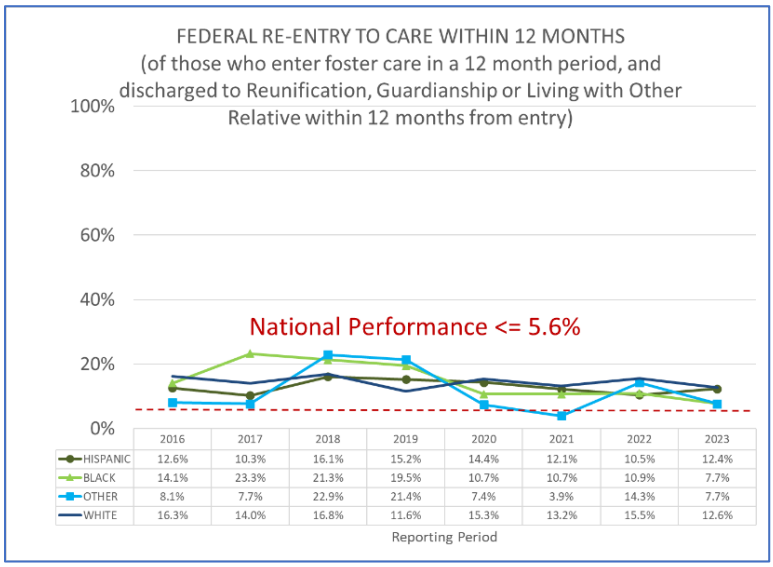
	Denominator (exits)			Numerator (reentries)			Percentage			Percent of total (exits)	Percent of total (reentries)
	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	22A22B	22A22B
Age at exit											
Total	**875**	**963**	**775**	**47**	**30**	**32**	**5.4%**	**3.1%**	**4.1%**	**100.0%**	**100.0%**
0 - 3 mos	20	16	12	3	1	0	15.0%	6.3%	0.0%	1.5%	0.0%
4 - 11 mos	28	27	26	3	4	2	10.7%	14.8%	7.7%	3.4%	6.3%
< 1 yr subtotal	**48**	**43**	**38**	**6**	**5**	**2**	**12.5%**	**11.6%**	**5.3%**	**4.9%**	**6.3%**
1 - 5 yrs	343	378	298	20	17	12	5.8%	4.5%	4.0%	38.5%	37.5%
6 - 10 yrs	227	250	203	12	2	9	5.3%	0.8%	4.4%	26.2%	28.1%
11 - 16 yrs	225	259	206	8	5	9	3.6%	1.9%	4.4%	26.6%	28.1%
17 yrs	32	33	30	1	1	0	3.1%	3.0%	0.0%	3.9%	0.0%
Race/ethnicity											
American Indian/Alaska Native	1	0	0	0	0	0	0.0%			0.0%	0.0%
Asian	0	5	4	0	0	0		0.0%	0.0%	0.5%	0.0%
Black or African American	211	208	187	10	1	11	4.7%	0.5%	5.9%	24.1%	34.4%
Hispanic (of any race)	320	371	272	15	10	6	4.7%	2.7%	2.2%	35.1%	18.8%
Native Hawaiian/Other Pacific Islander	3	1	0	0	0	0	0.0%	0.0%		0.0%	0.0%
White	278	306	240	22	17	13	7.9%	5.6%	5.4%	31.0%	40.6%
Two or More	50	66	67	0	2	2	0.0%	3.0%	3.0%	8.6%	6.3%
Unknown/Unable to Determine	12	6	5	0	0	0	0.0%	0.0%	0.0%	0.6%	0.0%
Locality											
Fairfield County	172	209	153	12	1	6	7.0%	0.5%	3.9%	19.7%	18.8%
Hartford County	217	220	164	10	12	2	4.6%	5.5%	1.2%	21.2%	6.3%
Litchfield County	29	20	30	1	3	2	3.4%	15.0%	6.7%	3.9%	6.3%
Middlesex County	18	28	16	0	1	0	0.0%	3.6%	0.0%	2.1%	0.0%
New Haven County	228	286	219	11	9	12	4.8%	3.1%	5.5%	28.3%	37.5%
New London County	81	66	67	6	3	3	7.4%	4.5%	4.5%	8.6%	9.4%
Tolland County	72	61	55	3	1	3	4.2%	1.6%	5.5%	7.1%	9.4%
Windham County	58	73	71	4	0	4	6.9%	0.0%	5.6%	9.2%	12.5%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

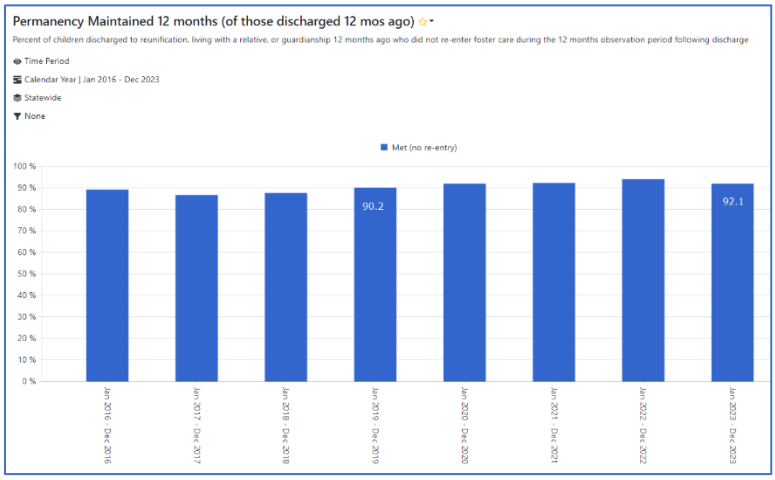


- Federal Re-entry to Foster Care: CY 2016 - CY 2023. While state performance on this measure has consistently exceeded the standard, there has been some improvement from CY 2020 during which 13.2% of children experienced re-entry, to CY 2023 which was down to 11%. Please note that these figures are higher than that seen in the National Data Indicator results but have unfortunately been shown to be more accurate because the ROM reporting system addresses data quality issues in a more robust fashion than our AFCARS processing routines.

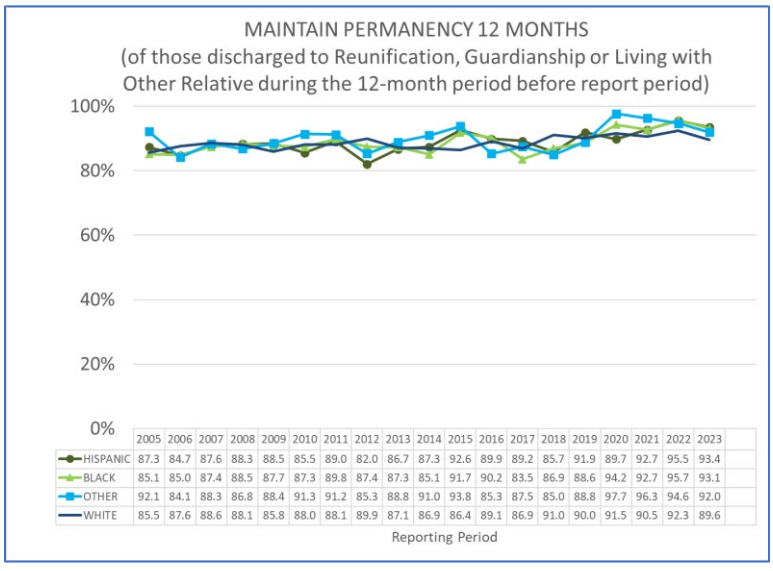


	2016	2017	2018	2019	2020	2021	2022	2023
HISPANIC	12.6%	10.3%	16.1%	15.2%	14.4%	12.1%	10.5%	12.4%
BLACK	14.1%	23.3%	21.3%	19.5%	10.7%	10.7%	10.9%	7.7%
OTHER	8.1%	7.7%	22.9%	21.4%	7.4%	3.9%	14.3%	7.7%
WHITE	16.3%	14.0%	16.8%	11.6%	15.3%	13.2%	15.5%	12.6%

- Race/Ethnicity Group Comparison: All groups are not meeting National Performance, but most showed improvement in CY23. All groups are more similar in CY23 (<5 points apart) than in CY16 (6 points apart).



- ROM Permanency Maintained 12 Months (of those discharged 12 months ago to Reunification, Living with Relative or Guardianship) - CY16 - CY23: This measure is a broader view than the more narrowly defined federal measure, and is positively oriented. Performance for CY23 is 1.9 points better than CY19 at 92.1% with permanency maintained at least 12 months following discharge (or 7.9% that Re-entered within 12 months).



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
HISPANIC	87.3	84.7	87.6	88.3	88.5	85.5	89.0	82.0	86.7	87.3	92.6	89.9	89.2	85.7	91.9	89.7	92.7	95.5	93.4
BLACK	85.1	85.0	87.4	88.5	87.7	87.3	89.8	87.4	87.3	85.1	91.7	90.2	83.5	86.9	88.6	94.2	92.7	95.7	93.1
OTHER	92.1	84.1	88.3	86.8	88.4	91.3	91.2	85.3	88.8	91.0	93.8	85.3	87.5	85.0	88.8	97.7	96.3	94.6	92.0
WHITE	85.5	87.6	88.6	88.1	85.8	88.0	88.1	89.9	87.1	86.9	86.4	89.1	86.9	91.0	90.0	91.5	90.5	92.3	89.6

- Race/Ethnicity Comparison: For the same broader measure, performance has generally improved since CY17, though all groups declined in CY23 compared to CY22. Groups are more similar in CY23 at <4 percentage points apart compared to CY16 at 5.1 points apart. All groups of color have performed better on this measure than White for the past three years.

Many of the same programs and practices utilized to prevent entry apply equally to prevent children from re-entering DCF care, so please refer to Safety Outcome 1 for more details on those. The Department does contract for a program called "Reunification and Therapeutic Family Time" that is specifically focused on assessing a child/family's readiness for reunification and providing services to support families through the Reunification process. The assessment uses both formal and informal methods that provide DCF feedback and recommendations regarding the family's readiness for reunification. The reunification services component delivers a staged reunification model to support families throughout the reunification process, adopts the Wraparound model design to engage the family and build their networks of support, and offers a step-down component available post-reunification. The program also uses Therapeutic Family Time (a form of supervised visitation) based on the Visit Coaching Model and using the Keys to Interactive Parenting Scale (KIPS) to assess parent-child interaction during play in the context of their child's needs. This model is aimed at preserving and restoring parent/child attachment, facilitating permanency planning, and emphasizing continuity of relationships.

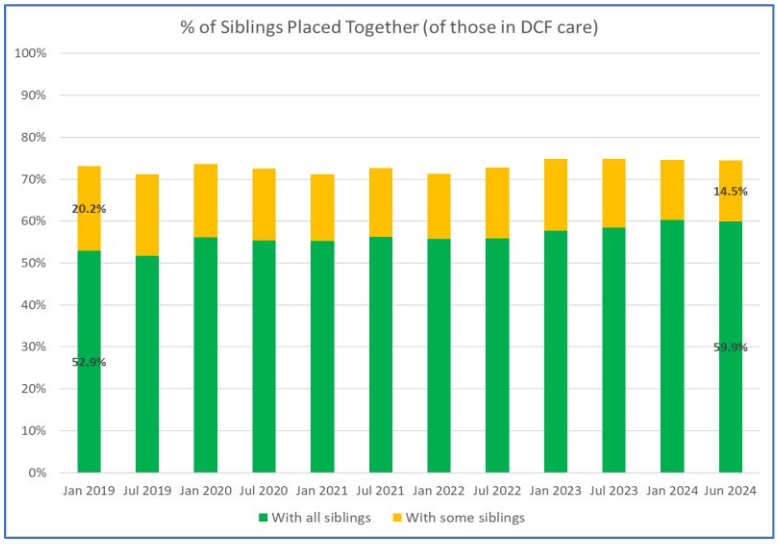
Area Office staff are also exploring methods for improving the stability of reunification. One office instituted a process of having a "Success Meeting" to bring all the family members, providers, and natural supports together to review what led to the successful reunification and also what should continue in order to prevent re-entry into care. It is expected that other such innovations will be developed and tested for efficacy in order to improve performance on this measure.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children

Assessment:
The Department believes that Connecticut is **Not in Substantial Conformity** with this outcome as all Items are Areas Needing Improvement.

Item 7: Did the agency make concerted efforts to ensure that siblings on foster care are placed together unless separation was necessary to meet the needs of one of the siblings.

- CFSR Round 3 Result: n=21, 76% Strength, 24% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=31, 74.2% Strength, 25.8% ANI
- ROM Placement with Siblings measure, 1/1/19 - 6/1/24



Assessment:
Based on CFSR CQI and consistent ROM reporting results, this item is considered an **Area Needing Improvement.**

Placement with siblings and the use of relatives and kin for out-of-home placement have been successful for Connecticut. From 2011 to early 2024 Connecticut has seen a 105% increase in kinship placement. The increased placement of children in relative/kinship care promotes the placement of siblings being placed together in foster care. In June 2024, the DCF ROM report shows that 76% of the time the DCF met this measure utilizing the definition of the number of children placed with at least one other sibling or all other siblings. DCF has also been conducting case level reviews in preparation for the CFSR. Although the sample size for this item is low, some of the available data from the reviews shows there is room for better achievement of siblings being placed together. Feedback from the staff focus group also affirms that there is continued need for recruitment of foster homes that are capable and willing to accept placement of sibling groups.

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her Mother, Father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

- CFSR Round 3 Result: n=28, 75% Strength, 25% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=34, 41.2% Strength, 58.8% ANI
- 2023 Child Visitation Study Results

Assessment:
Based on CFSR CQI and Child Visitation study results, this item is considered an **Area Needing Improvement**.

On October 1, 2014, Section 17a-10a of Public Act 12-671 of the Connecticut General Statutes was amended and affirms the need for child and parent visitation. The Act established a requirement that all children in the care and custody of the Commissioner of the Department of Children and Families (DCF) under an Order of Temporary Custody or Commitment, and who have been separated from their parents or siblings as a result of intervention by the Commissioner, and who are placed within fifty miles of one another in Connecticut, be afforded visitation with their siblings and parents. The law states that visitation with siblings for children placed in the care and custody of the commissioner of DCF should occur no less than once per week, unless it is not in the best interest of the child. The required standard for parental visitation is "as frequently as reasonably possible" based upon consideration of the best interests of the separated child and "shall be sufficient in number and duration to ensure continuation of the relationship," unless otherwise ordered by the court.

Most recently, DCF conducted a study of 178 target children in the care and custody of the Commissioner of DCF for at least one week during SFY23 (7/1/22 - 6/30/23). Each child's visitation with their siblings (including adult siblings) was evaluated. Compliance with the statute was operationalized at the target child and sibling level, resulting in a measurement for 261 sibling pairs. The sample had a confidence interval of 95%, with a 6.8% margin of error.

There was a total number of 310 sibling pairs in the sample. Please note that there were twenty-five pairs (8.1%) with an expectation of "None" due to parent/child refusal and twenty-four pairs (7.7%) in which the expectation was not able to be determined. After excluding those cases there was a total of 261 pairs that were used in the measurement to determine if the visitation frequency met the established visitation expectation. The cells highlighted in yellow indicate the number and percentage of sibling pairs whose visitation frequency met the visitation expectation. A total of 172 sibling pairs (65.9%) of the 261 pairs met the visitation expectation.

	Visitation occurred weekly (or more than 1X/week)		Visitation occurred at least monthly but less than weekly		Visitation occurred less than monthly		No visitation due to child/parent(s) refusal to visit		UTD		Total	Total
Expectation	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Weekly (or more than 1X/week)	129	49.4%	33	12.6%	26	10.0%	8	3.1%	5	1.9%	201	77.0%
At least monthly but less than weekly		0.0%	35	13.4%	9	3.4%		0.0%	2	0.8%	46	17.6%
Less than monthly		0.0%		0.0%	8	3.1%		0.0%	6	2.3%	14	5.4%
Grand Total	**129**	**49.4%**	**68**	**26.1%**	**43**	**16.5%**	**8**	**3.1%**	**13**	**5.0%**	**261**	**100.0%**

The most common barrier to successful visitation throughout the years has been the siblings refusing to visit one another. In many cases siblings may not have positive relationships therefore refuse to visit. Additional barriers include parents/guardians refusing to allow visitation or canceling/not attending visits. Many sibling visits occur during supervised visitation with parents, and if those visits are canceled, the siblings do not visit. It should be noted that some visits occur in more natural ways such as being facilitated by relatives or foster parents.

There continue to be identified barriers to meeting the visitation expectations, though improvements in performance have been observed across the last two years. During SFY 2023, 64.7% of the sibling pairs' visitation frequency met the visitation expectation. Additional training and guidance regarding documentation would assist in presenting an accurate representation of the work that is being done. It is imperative for the Department to continue to ensure that children in care maintain a relationship with their siblings which is essential to their development and wellbeing. Thus, we continue to evaluate the visitation of children in care and examine strategies to increase visitation.

Visitation among siblings, parents and children in placement is currently facilitated by multiple providers in addition to DCF. In January 2015, to promote permanency, preserve connections and promote quality visitation between a child in foster care and his/her Mother, Father and siblings, the Department began using the Reunification and Therapeutic Family Time Services (RTFT). The RTFT program is a strengths-based program that supports and reconnects families who have been separated as a result of trauma, child abuse or neglect. The program offers reunification services delivered by a team of clinicians and counselors and includes family reunification readiness assessments, child and family preparation for reunification, parent coaching and case management services.

An integral aspect of this program, Therapeutic Family Time Services, provides opportunities for parents and children to spend time together in natural settings where they can engage in meaningful interactions using the visit coaching model developed by nationally recognized child welfare and juvenile justice consultant, Marty Beyer, Ph.D. The model provides pre-visit parent coaching and post-visit assessment to help parents successfully reconnect with their children by identifying family needs and building parenting skills.

In March 2022, the Department launched Quality Parenting Centers (QPC). The QPC is a supervised visitation center for families with children ages birth–12. The QPC is designed to serve children who have been placed in out-of-home care by DCF due to protective service concerns by providing them a safe space to visit with their parents. The QPC provides private visit rooms in unique spaces, for children and their families to promote family interaction and normalcy. The QPC utilizes the Visit Coaching Model which provides the family with a Family Time Specialist who is actively involved in supporting the parent to demonstrate their best parenting skills, utilizing a strength-based approach. The QPC is open 7 days per week and on all holidays, with flexible

times to accommodate families and their needs. In consultation with DCF, congregate care facilities routinely arrange and often supervise visitations between their residents and family members.

Additionally, DCF foster parents, therapeutic foster parents and child placing agencies have a role in facilitating visitation. Credentialed providers of visitation services also play a role in this activity. Visitation facilitated directly by DCF Social Workers and Social Worker Case Aides, and assuming adequate information can be obtained from such providers and entered in the DCF case management system, help to ensure continuity of family relationships.

Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

- CFSR Round 3 Result: n=42, 50% Strength, 50% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=51, 62.8% Strength, 37.2% ANI
- Administrative Care Review Instrument (ACRI)- Case Practice Elements
  - Maternal Relatives: 5 percentage point improvement since CY 2015; 2 points since CY2021
  - Paternal Relatives: 7 percentage point improvement since CY 2015; 1 point since CY2021

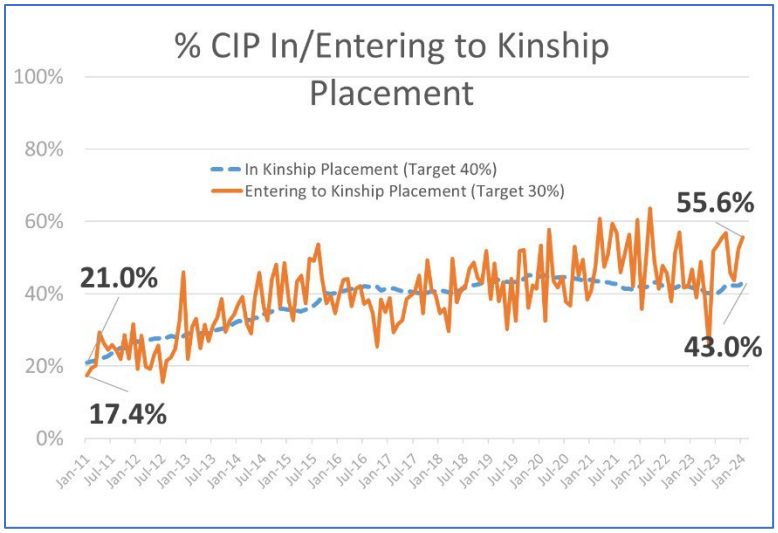
Sl.No	Measure	Statewide								
		2021			2022			2023		
		Total	Strength		Total	Strength		Total	Strength	
		#	#	%	#	#	%	#	#	%
34	Maternal relatives	3892	3744	96%	3326	3223	97%	2764	2696	98%
35	Paternal relatives	3190	3023	95%	2720	2600	96%	2224	2143	96%

Assessment:
Based on CFSR CQI results, this item is considered an **Area Needing Improvement**.

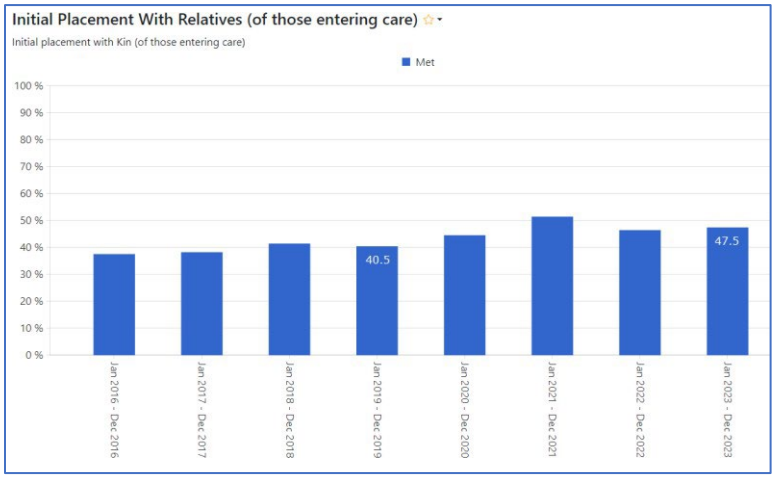
CT CQI reviews using the CFSR OSRI held since December 2023 show fewer promising results than those seen in the ACRI data. While a small sample (N=51) the data indicates that only about 63% of the cases were rated as a strength for this item. These results are somewhat better than prior results using the Round 3 instrument seen in the 2024 data shown above. Please note that there are significant differences in methodology between the ACRI and CFSR CQI review processes. The CFSR reviews for Round 4 used a period under review (PUR) of up to 12 months, while the ACRI review ranges anywhere between 60 days for initial reviews and six months for ongoing reviews. Further, the CFSR uses both hard copy and electronic records along with interviews of multiple case participants, while the ACRI typically only uses electronic records and a single group meeting. These differences largely explain the higher degree of performance seen from ACRI results compared to the CFSR results.

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

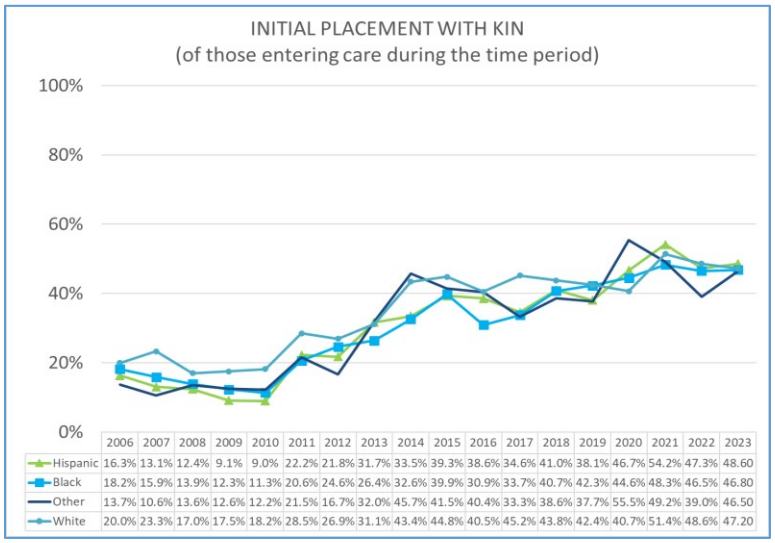
- CFSR Round 3 Result: n=42, 62% Strength, 38% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=51, 68.6% Strength, 31.4% ANI



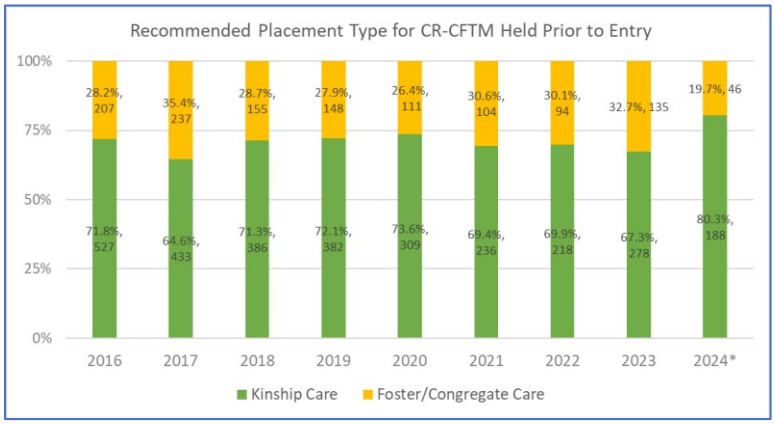
- CFSP Objective: 40% of all initial placements and 30% of overall placements will be with relatives and kin: During the month of February 2024, 55.6% of initial placements were with kin, and on February 1, 2024, 43% of children were in kinship placements, exceeding both our goals. While monthly initial kinship placement rates are volatile there had been a clearly increasing trend in this rate since late 2016 that leveled off between 2022 - 2023 but generally increased again starting in late 2023.



- ROM Initial Placement with Kin CY16 – CY 2023: annual results show a 7% increase from CY 2020 to CY 2023, though CY 2021 showed the highest proportion since CY 2016.



- Race/Ethnicity Comparisons: Performance generally trending higher for all groups since CY10 though the rate of increase has slowed since CY19. All groups are more similar in CY23 at <2 points apart, compared to <10 points apart in CY16.



- CR-CFTM Data: the % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation SFY 2016 – 2023: Slightly fewer recommendations made for Kinship placements in SFY 2023 (37.3%) compared to SFY 2022 (69.9%)

Assessment:
Based on CFSR CQI results and related ROM/LINK reporting, this item is considered an **Area Needing Improvement**.

The Department has continued to improve our rates of initial and in-care use of Kinship foster homes during the course of the 2020 - 2024 CFSP. While we did not achieve our aspirational target of 70% of children in care placed in Kinship homes, we did increase the initial use by 7.5 percentage points from 2019 to 2023 and maintained the proportion of children in Kinship care at about 43% across the five-year period. We also continued to maintain minimal usage of Congregate care, exceeding our CFSP goal by 3.7 percentage points at 6.3% of children in care as of February 1, 2024, in congregate settings. Success in these areas is largely attributed to processes described elsewhere in this document, including the use of Considered Removal Family Team meetings (see more details above in Item 3), the availability of our Caregiver Support Team (CST) program until our Kinship Navigation program ConnectiKin (CKIN) was initiated, and continued enhancements to our Behavioral Health service array to better meet the needs of children in their homes/community rather than in congregate settings. Please see Systemic Factor 5 regarding Service Array for more details on these services.

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her Mother and Father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

- CFSR Round 3 Result: n=24, 67% Strength, 33% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=29, 55.2% Strength, 44.8% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2018 - CY 2023
  - Continuity of Relationship – Child w/Parents: 1 percentage point improvement since CY 2019
  - Continuity of Relationship – Child w/Mothers: 2 percentage point improvement since CY 2019
  - Continuity of Relationship – Child w/Fathers: consistent performance compared to CY 2019

		Statewide								
		2021			2022			2023		
		Total	Strength		Total	Strength		Total	Strength	
Sl.No	Measure	#	#	%	#	#	%	#	#	%
12	Continuity of Relationship - Child w/ Parents	10855	10295	95%	8940	8529	95%	7504	7100	95%
13	Continuity of Relationship - Child w/ Fathers	5128	4738	92%	4243	3979	94%	3550	3307	93%
14	Continuity of Relationship - Child w/ Mothers	5722	5552	97%	4694	4548	97%	3950	3790	96%

Assessment:

Based on CFSR CQI results and Case Practice Reviews, this item is considered an **Area Needing Improvement**.

The preservation of children's connections is an area reviewed through the CT Case Practice reviews, CT ACRI process and CT CFSR/CQI unit reviews. Over the last 10 years the ACR reviews show that this is an area of strength, however, in the last 2 years the Case Practice and CFSR/CQI reviews have shown that this is an area needing improvement. Upon further evaluation of this performance the most common reason for an "ANI" result has been related to Father engagement. The agency recognizes that this is an area needing improvement and in spring of 2019 Connecticut launched the Quality Parenting Initiative. The Quality Parenting Initiative is an approach to strengthening foster care, by refocusing on excellent parenting for all children in the child welfare system. When parents can't care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the child needs, while working effectively with the system to achieve the best possible permanency option for that child. In CT we have 6 regional steering committees representing each region in the state. Members of our area office Fatherhood Engagement Leadership Teams (FELT) also participate on the QPI steering team and initiative to provide insight and collective collaboration for improvement in engaging our Fathers and paternal kin.

The Department has recognized that involving and engaging our non-custodial parents, specifically Fathers, in case planning, visitation, and continuity of relationships is paramount to achieving timely permanency. To that end, in 2023 the Department made it a priority to engage Fathers in all areas of child welfare and created a position to oversee this important work. The Director of Fatherhood Services was instituted in January 2023. Currently, the Fatherhood Services Director developed a workgroup to develop the Department's Fatherhood Practice Guide, which is now in draft status awaiting final approval for dissemination.

C. Well-Being Outcomes 1, 2 and 3

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs.

Assessment:
The Department believes that Connecticut is **Not in Substantial Conformity** with this outcome as all Items are Areas Needing Improvement.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

- CFSR Round 3 Results for 12 (Overall): n=82, 27% Strength, 73% ANI
  - 12A: n=82, 59% Strength, 41% ANI
  - 12B: n=73, 27% Strength, 73% ANI
  - 12C: n=41, 61% Strength, 39% ANI
- CT CQI Result (Feb-Jul'24 n=96):
  - 12 (Overall): n=93, 30.1% Strength, 69.9% ANI
  - 12A: n=93, 72% Strength, 28% ANI
  - 12B: n=85, 29.4% Strength, 70.6% ANI
  - 12C: n=50, 70% Strength, 30% ANI
- ACRI Results CY21 - CY23 (compare to assessment component of 12B only)

- Parent Needs (Overall) - 4 point improvement to 81% in CY23
- Needs Assessed - Fathers - 4 point improvement to 81% in CY23
- Needs Assessed - Mothers - 2 point improvement to 87% in CY23

Sl.No	Measure	Statewide								
		2021			2022			2023		
		Total	Strength		Total	Strength		Total	Strength	
		#	#	%	#	#	%	#	#	%
19	Parent Needs	3078	2387	78%	2456	2047	83%	2159	1738	81%
20	Needs Assessed - Fathers	2838	2173	77%	2259	1880	83%	1905	1535	81%
21	Needs Assessed - Mothers	3000	2546	85%	2346	2074	88%	2091	1826	87%

Assessment:
Based on CFSR CQI results and ACRI Reviews, this item is considered an **Area Needing Improvement**.

Connecticut DCF aims to meet the needs of children, families, and foster care providers in a timely manner to reduce trauma, promote well-being and secure permanency. This section of the CFSR continues to be highlighted as an area needing improvement. There has been progress in the overall rating, increasing from a 27% strength rating to 30.5%. This section is divided into three parts, measuring the needs assessment and service provision for the child/ren, parents and foster care provider. CT DCF has shown improvement in all three subcategories, child/ren (12A) increased from 59% strength rating to 62.7%, parents (12B) increased from 27% strength rating to 34.5% and foster providers (12C) increased from 61% strength rating to 84.9%. CT DCF recognizes that to better meet the needs of parents improvement is needed with respect to working with both custodial and non-custodial parents, though it is more often the case that non-custodial parents require additional assessment and attention beyond what has been observed practice on review. CT DCF seeks to improve in this area through working in partnership with the Systems Division. The Systems division includes clinical and consultation staff that help identify appropriate services and navigate waitlist and other barriers to timely service intervention. CT DCF has also appointed a Director of Fatherhood services to better engage and meet the needs of Fathers (see above for further details), and now has a contracted Fatherhood Engagement service (see service descriptions below for details) to assist with this specific population. The CT DCF Foster Care Division has recently implemented ConnectiKIN (CKin), a Kinship Navigation program providing educational and case management support for relative/kin providers that continue to comprise the largest portion of our placement providers.

Please refer to Systemic Factor 5: Service Array and Resource Development for more details on how our service array meets the needs of the children and families that we serve. Of particular note is our continued work with the Enhanced Service Coordination (ESC) system that expedites eligible referrals to a set of high-priority services that assist with achieving permanency outcomes.

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

- CFSR Round 3 *Result:* n=55, 41% Strength, 59% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=90, 33.3% Strength, 66.7% ANI
- ACRI Results CY21 - CY23 - 3 point improvement to 89%

Sl.No	Measure	Statewide								
		2021			2022			2023		
		Total	Strength		Total	Strength		Total	Strength	
		#	#	%	#	#	%	#	#	%
49	Engagement	10947	9399	86%	9178	8214	89%	7723	6835	89%

Assessment:
Based on CFSR CQI results and ACRI Reviews, this item is considered an **Area Needing Improvement**.

Connecticut DCF aims to have children and families as full participants in the case planning process on an ongoing basis. This area is an opportunity for improvement for CT DCF as the strength rating has decreased by 7 percentage points from 41% to 33.3%. This item measures developmentally appropriate of engagement of the child/ren and engagement of bio/adoptive Mother and bio/adoptive Father. The item is rated as a strength if all applicable case participants are engaged. Similar to Item 12B, the most common issue for concern on this measure is a lack of engagement of non-custodial parents who are mostly Fathers. The case plan is completed in partnership with the family, comprehensive and addresses the needs of all case participants. CT DCF has implemented a CQI strategy of reviewing the case plan at each home visit, charting progress, and updating the plan as goals are met or challenges arise. There is an opportunity to improve supervisory oversight of the case plan process to assure the needs of all case participants are addressed, including timely service referrals and implementation of services and documentation of updates to the case plan including service delivery updates. Please note that performance on the ACRI review that has only a six-month PUR is much better at 89% compliance for CY23. Please refer to Systemic Factor 2 concerning the Case Review System for more details. The CT DCF Systems Division and the Fatherhood Director are pivotal regarding this outcome measure to help navigate barriers to services (i.e. waitlist, managed care, etc.) and improve engagement with, and the needs assessment for Fathers.

Fatherhood

Since 2019, DCF has utilized a centralized structure, Fatherhood Engagement Leadership Team (FELT), to guide its approach to strengthening practice in all facets of our work with Fathers. The structure is anchored by local FELTs in each office, comprised of DCF staff members, community providers and Fathers, meeting monthly to identify barriers to Father engagement and develop mitigating strategies. They are organized under the Statewide Fatherhood Engagement Leadership Team (SFELT), where representatives from each Office FELT meet bi-monthly with representatives from other divisions within DCF as well as Solnit's. The goal is to improve the outcomes for children and families involved with DCF by engaging Fathers as equal caretakers in case planning and service delivery. To achieve this, the FELTs are oriented to address workforce attitudes and beliefs regarding Fathers served by DCF, identify agency practices which present barriers to Father engagement and employ strategies to mitigate, create community partnerships to support DCF's efforts around Fatherhood and elevate culture of Father importance. All efforts and activities are guided by and in alignment with DCF's 7 Key Strategies and the department's Racial Justice mission to become an anti-racism agency.

In the spring of 2021 DCF embarked on a partnership with My People, a Hartford agency with expertise in Fatherhood engagement, to advance the FELT structure, modeled after the Fathers and Continuous Learning in Child Welfare Breakthrough Series Collaborative (BSC). Guided by the Collaborative Change Framework (CCF) the FELTs have begun functioning in the Plan Do Study Act (PDSA) process, initiating small tests of change to effectuate improved engagement. Each FELT completed the BSC's Fatherhood Self-Assessment tool based on the 5 domains of the Framework. Following those results, they have begun developing initiatives designed to address barriers to Father engagement. These initiatives, or " PDSAs" in BSC language, have focused on various aspects of case practice, including utilization of search tools to locate out of reach Fathers, case consultation triggers where Father was not full involved, and supervision prompts to ensure Fathers were receiving appropriate attention and assessment by assigned Social Workers. All PDSAs are developed with metrics to assess effectiveness of the initiative. Those found to be effective will be scaled up. It should be noted that the 2nd domain of the Framework concerns racial equity for men of color in the child welfare system and has been a major focal point for initiative development. Each SFELT meeting also involves a topical presentation and discussion. These have included Leonard Burton Advancing Equity in Fatherhood Programs and Abdul Rahmann I. Muhammad's Moving from Engagement to Inclusion and Equity. In 2022, Mr. Muhammad provided 24 hours of consultation and 13 hours of training to DCF office FELTs, workgroups and leadership on strategies and training topics including: Turning 50 Barriers to Fatherhood Engagement into 50 Opportunities for Fatherhood Engagement, 21 Levels of Fatherhood Engagement and 10 Steps to Working with Fathers Beyond Engagement.

Related but adjacent to the FELT work, DCF offices continue to elevate Father importance in other ways including the hosting of a Father forum, provider open house where a Father with lived experience addressed the audience, outreach to incarcerated Fathers for input and perspective. The Hartford Office, using private dollars commissioned a mural for the building depicting Fathers. In 2023, the focus was the creation of operational strategies for each office to ensure continued focus on advancing Fatherhood practice. This was supported by a consultation made available to each Office Director. To codify best practice a steering team was formed to create a Fatherhood Practice Guide in 2023. DCF also completed the Fathers and Continuous Learning in Child Welfare evaluation, highlighting the agency's application of the Collaborative Change Framework to improve Father engagement. In 2024, the Director of Fatherhood Services lead ongoing initiatives to promote Father inclusion, engagement, and support within DCF and the community. Focus areas included hosting statewide meetings, completing the Fatherhood Practice Guide, managing contracts, and developing a Fatherhood Conference focusing on mental health impact. Efforts are being made to gather additional data on the Father-child relationship, track incarcerated Fathers, and develop training for Department of Corrections staff. Collaboration with community partners like CT Kind and the Wilderness School aims to enhance Father-child bonding and support. Plans are in development for a Statewide Fatherhood Advisory Board, consisting of Fathers with lived experience and community stakeholders.

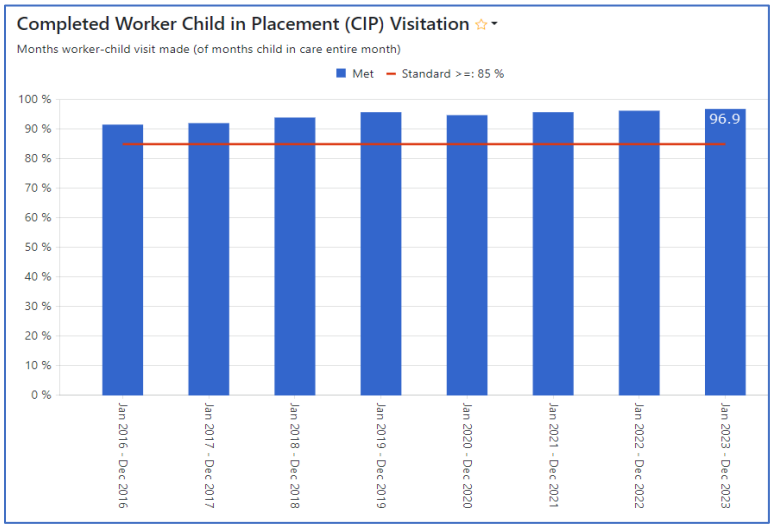
Overall, the last five years have seen significant progress in recognizing and addressing the importance of Father engagement within the child welfare system at DCF. Through collaborative efforts, ongoing evaluation, and a commitment to equity and inclusion, DCF continues to strive towards creating a supportive environment where all Fathers feel valued and empowered to actively participate in the well-being of their children.

2024 Key Findings and Impact:

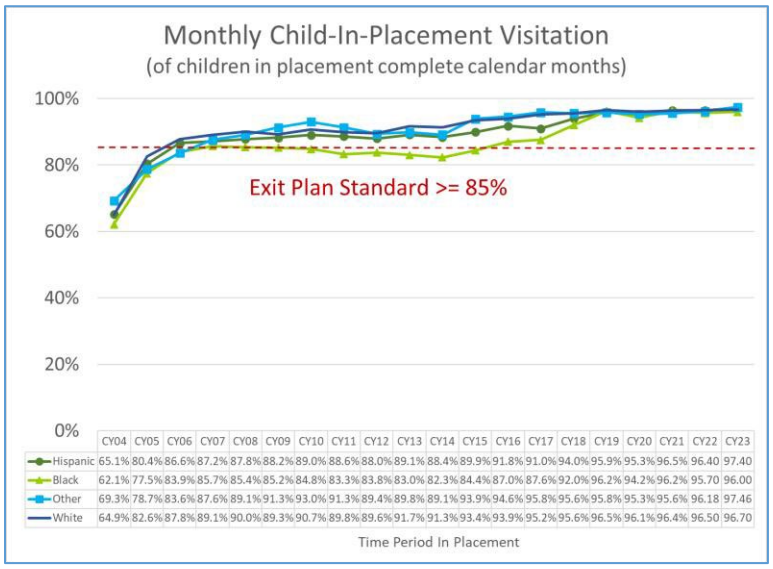
- The Regional FELT Teams have been instrumental in educating staff about Fatherhood engagement and inclusion.
- The statewide FELT reinforces this work, promoting uniformity in Father engagement strategies across different regions.
- Efforts to address systemic barriers and promote cultural sensitivity have led to enhanced Father engagement and improved outcomes for Fathers and their families.

Item 14/15: Were the frequency and quality of visits between caseworkers and child (ren - #14), and Mothers/Fathers (#15), sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

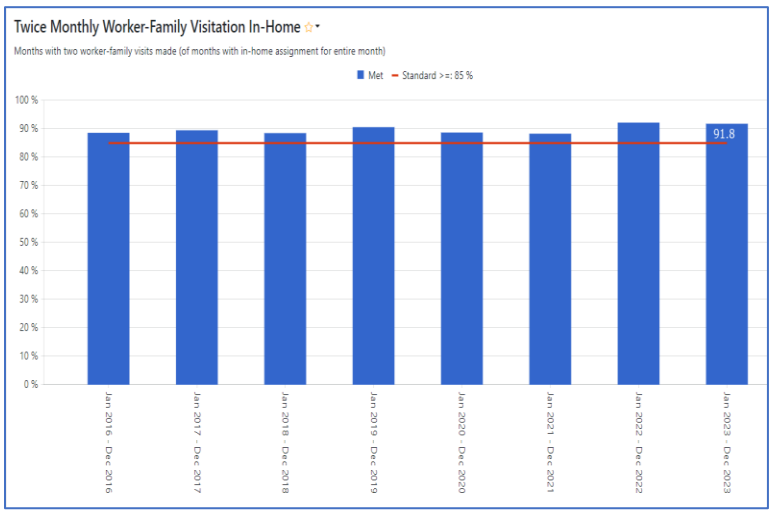
- CFSR Round 3 Result Item 14: n=82, 55% Strength, 45% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=93, 67.7% Strength, 33.3% ANI
- CFSR Round 3 Result Item 15: n=72, 33% Strength, 67% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=85, 30.6% Strength, 69.4% ANI



- ROM CIP Visitation - CY 2016 – CY 2023: 2.1% increase in CY 2023 (96.9%) year from CY 2020 (94.8%)



- Race/Ethnicity Comparisons: Performance for all groups have exceeded the former Exit Plan standard since CY16 and are more similar now at <1 point apart in CY23 than being <7 points apart in CY16.



- ROM EP# 17 - CY 2016 – CY 2023: 3.1% improvement in CY 2023 (91.8%) from CY 2020 (88.7%)

- ACRI Case Practice Elements; annual aggregation from CY 2021 - CY 2023

- Visitation with Child and Parents: 1 percentage point improvement since CY 2021 to 70%
- Frequency of Visits – Parents: 3 point decline since CY 2021 to 67%
- Frequency of Visits – Father: 2 point decline since CY 2021 to 62%
- Frequency of Visits – Mother: 5 point decline since CY 2021 to 71%
- Quality of Visits – Parents: 1 point decline since CY 2021 to 73%
- Quality of Visits – Father: same since CY 2021 at 68%
- Quality of Visits – Mother: 2 point decline since CY 2021 to 77%
- Frequency of Visits – Child: 1 point decline since CY 2021 to 88%
- Quality of Visits – Child: same since CY 2021 at 91%

Sl.No	Measure	Statewide								
		2021			2022			2023		
		Total	Strength		Total	Strength		Total	Strength	
		#	#	%	#	#	%	#	#	%
1	Visitation with Child and Parents	8404	5788	69%	7017	5050	72%	5968	4168	70%
2	Frequency of visits - Parents	10685	7507	70%	8471	5932	70%	7116	4756	67%
3	Frequency of visits - Father	4822	3071	64%	3826	2471	65%	3184	1967	62%
4	Frequency of visits - Mother	5862	4435	76%	4643	3459	74%	3929	2789	71%
5	Quality of visits - Parents	10621	7830	74%	8397	6362	76%	7057	5179	73%
6	Quality of visits - Father	4777	3241	68%	3775	2688	71%	3151	2157	68%
7	Quality of visits - Mother	5843	4588	79%	4620	3672	79%	3903	3022	77%
8	Frequency of visits - Child	9239	8192	89%	7574	6825	90%	6528	5762	88%
9	Quality of visits - Child	9239	8367	91%	7574	6997	92%	6528	5908	91%

Assessment:
Based on CFSR CQI results and ACRI Reviews, these two items are both considered **Areas Needing Improvement**.

Connecticut DCF has shown growth regarding Item 14 when comparing CFSR data to the most recent CT CQI results. The CT CQI data reflects a 67.7% strength rating, an improvement from the CFSR strength rating of 55%. CT DCF continuously monitors performance within this domain through the ACRI Case Elements Report. The performance using this measure relating to the frequency and quality of visitation with children unfortunately shows slight declines across elements of both measures. Related ROM reporting for both Monthly Child-In-Placement and Twice-Monthly Family Visitation shows strong and improving performance over the past several years. In cases where it may be a challenge to engage the child(ren), review data shows that it is important to explore ways of overcoming such challenges with the child's kin and/or support network and then apply suggestions from them to ongoing visitation attempts.

Connecticut DCF has shown a slight decline regarding Item 15 when comparing CFSR Round 3 data to the CT CQI results. The CT CQI data reflects a 30.6% strength rating, a 2-percentage point decline from the CFSR strength rating of 33%. CT DCF has room for growth in this measure and continuously monitors performance within this domain through the ACRI Case Elements Report. Pertaining to Mothers, there was a 2% decrease in the quality of visits, and a 5% decrease in the frequency of visits. The data relating to Fathers shows a no change in quality of visits but a 2% decrease in the frequency of visits since calendar year 2019. There is a wide distinction between the ROM CIP Visitation data and CFSR/CQI data. The ROM data continuously reflects performance around 95%. This measure captures frequency of visits and is met by having a face-to-face with the child-in-placement. The CFSR and CT CQI measure frequency and quality of contact with the child and all caregivers. The CT DCF aims to improve in this area through consistent in-person visitation with custodial and non-custodial caregivers, comprehensive needs assessments, timely service referrals/implementation, progress reviews and supervisory support to improve engagement and document case plan/service updates. CT DCF will continue to leverage partnerships with the Systems Division, Fatherhood Director, and Statewide Fatherhood Workgroup to develop and implement practice improvement strategies.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs

Assessment:
The Department believes that Connecticut is **Not in Substantial Conformity** with this outcome as Item 16 is an Area Needing Improvement.

Item 16: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

- CFSR Round 3 Result: n=53, 85% Strength, 15% ANI
- CT CQI Result (Feb-Jul'24 n=96): n=60, 68.3% Strength, 31.7% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2021 - CY 2023
  - Educational/development needs – Child: 1 point improvement since CY 2021 at 95%
  - Educ/development needs assessed – Child: 1 point improvement since CY 2021 at 96%
  - Educ/development needs addressed – Child: same as CY 2021at 95%

Sl.No	Measure	Statewide								
		2021			2022			2023		
		Total	Strength		Total	Strength		Total	Strength	
		#	#	%	#	#	%	#	#	%
26	Educational/development needs - Child	8404	7939	94%	7017	6761	96%	5968	5680	95%
32	Education/development needs assessed - Child	8404	8014	95%	7017	6813	97%	5968	5758	96%
33	Education/development needs addressed - Child	6874	6525	95%	5858	5664	97%	4735	4517	95%

Assessment:
Based on CFSR CQI results, this item is an **Area Needing Improvement**.

Connecticut DCF historically has strong performance around making concerted efforts to meet the educational needs of children. Our ACR results show consistent scores at/above 95% on this measure but is a shorter period under review and only conducted for children in placement. By report during internal meetings, at times it is challenging to support children with high end needs. DCF can take a more prominent role to ensure the educational needs of children in our care are met without needing to negotiate the complexities of partnering with parents to advocate for educational services with the educational system. For these matters, DCF has internal educational consultants available in every Region to assist with accurate assessment of needs and advocacy with local educational agencies to ensure those needs are met in a timely fashion. Continued work to replicate strong practice observed in many offices statewide is needed to demonstrate further improvement on this measure.

Well-Being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

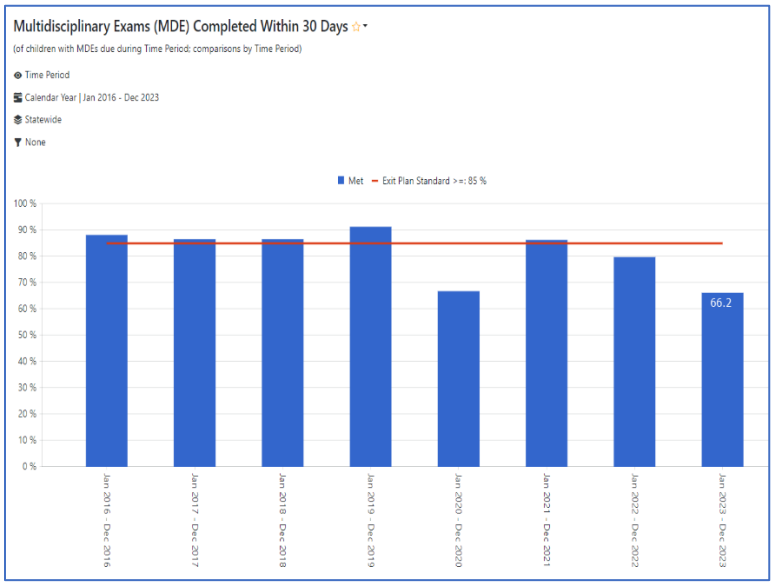
Assessment:
The Department believes that Connecticut is **Not in Substantial Conformity** with this outcome both Items are an Areas Needing Improvement.

Item 17/18: Did the agency address the physical/dental health needs (#17), and mental/behavioral health needs (#18) of children?

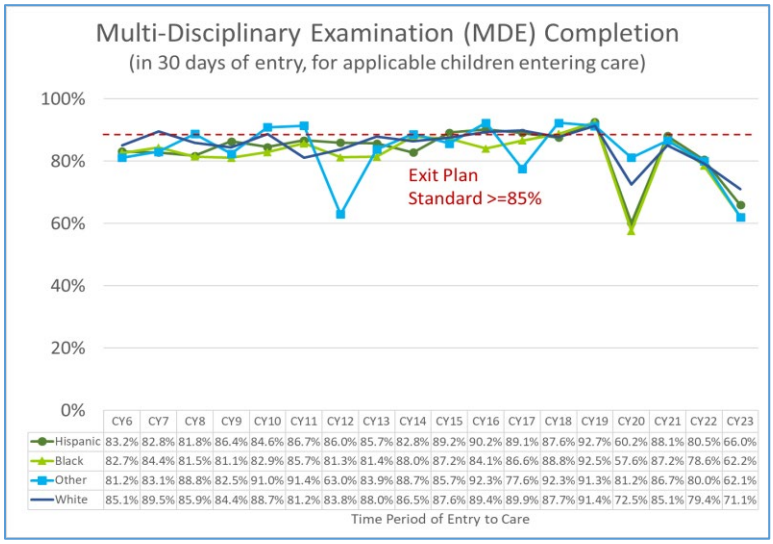
- CFSR Round 3 Result Item 17: n=58, 62% Strength, 38% ANI
  - CT CQI Result (Feb-Jul'24 n=96): n=63, 66.7% Strength, 33.3% ANI
- CFSR Round 3 Result Item 18: n=49, 45% Strength, 55% ANI
  - CT CQI Result (Feb-Jul'24 n=96): n=63, 41.3% Strength, 58.7% ANI
- ACRI Results, CY 2021 - CY 2023

- SA/Social Support/MH Needs - 2 percentage point decline since CY 2021 to 87%
- Physical Health Care needs assessed - no change since CY 2021 at 95%
- Physical Health Care needs addressed - 1 percentage point decline since CY 2021 to 93%
- Dental Health Care needs assessed - 1 percentage point decline since CY 2021 to 90%
- Dental Health Care needs addressed - 1 percentage point decline since CY 2021 to 87%
- Vision Needs - 2 percentage point decline since CY 2021 to 91%

Sl.No	Measure	Statewide								
		2021			2022			2023		
		Total	Strength		Total	Strength		Total	Strength	
		#	#	%	#	#	%	#	#	%
25	SA/Social Support/MH - Child	6746	6018	89%	5422	4838	89%	4529	3929	87%
27	Physical health care needs assessed - Child	8404	8022	95%	7017	6777	97%	5968	5691	95%
28	Physical health care needs addressed - Child	7703	7204	94%	6674	6312	95%	5563	5161	93%
29	Dental health care needs assessed - Child	7667	6972	91%	6462	5954	92%	5464	4933	90%
30	Dental health care needs addressed - Child	6881	6062	88%	6075	5484	90%	5075	4432	87%
31	Vision needs - Child	7102	6602	93%	6016	5660	94%	4806	4390	91%



- ROM Multidisciplinary Exams (MDE) Completed Within 30 Days CY 2015 – CY 2023: Decline again in CY 2023 (66.2%) compared to CY 2020 (66.8%). Poor performance in CY 2020 was due to COVID-19 restrictions on in-person contact during much of CY 2020 and continuing into CY 2021. The requirement for MDE completion within 30 days was waived by Executive Order 7M effective 3/25/20, which did not expire until 4/19/21. Providers continued to struggle with maintaining adequate staffing during CY23, which contributed to a decline in performance on this indicator.



- Race/Ethnicity Comparisons: Hispanic and Other groups often show the highest rates of timely completion, but in CY23 the White group is highest. All groups are unfortunately performing below expectations and are only about 1 point more similar than they were in CY16.

Assessment:

Based on our CFSR CQI results, both of these items are **Areas Needing Improvement**.

CFSR CQI review results show a slight improvement for Item 17 from 62% to almost 67%, but results for Item 18 show a slight decline from 45% to 41.3% Strength. The ACR ratings are substantially higher than the CFSR and CQI Review ratings. It is postulated that the ACR reviews focus on the efforts to assess children's needs and under-represent the tracking of the interventions to address the needs. Additionally, the shorter PUR for the ACR reviews does not lend itself to capturing the problems associated with tracking and completing tasks between review periods.

Our ratings around meeting physical and mental health needs of children remain areas of opportunity. Due to the increased use of Family Assessment Response (FAR) and the related Community Supports for Families (CSF) program, referral of unsubstantiated families that continue to have needs to the Intensive Family Care and Support (IFCS) program, continued use of Structured Decision-Making (SDM) tools, and enhanced safety practices (Protective Factors, ABCD Safety Paradigm, and ACA), the children we are now servicing are the most complex the Department has ever seen. Less complex cases handled through our Differential Response System are most often diverted to community-based services including CSF and IFCS without further direct DCF intervention. Couple this with internal staffing issues, waitlists with providers and their staffing issues, and the unmet need for more Spanish speaking providers, social worker follow up to ensure timely routine/preventative health/dental care, as well as ongoing assessment of these needs are the most prevalent underlying issues found in the reviews. Additionally, Departmental collaboration with providers is noted as an important piece of the follow up. This conclusion is supported in a recent summary report of our initial in-home reviews, a review process we began in 2023.

The Department has a Regional Resource Group (RRG), including Intimate Partner Violence specialists, Nurses, and Behavioral Health clinicians, on staff in each area office supporting social work staff in assessing and addressing the most challenging of children's needs. RRG staff assist social work teams to identify high end needs more often and elevate an appropriate response more quickly for follow-up.

Results from the 2023 case practice reviews concerning CPS In-Home cases show that supervisory oversight is an area needing improvement, and this is a topic in many office CQI Teams across the state. Also, in 2024 there is currently an In-Home Safety Audit underway, that is being completed by the supervisors on all of their in-home cases. Supervisor oversight and tracking tasks is a component of the review and following the review, system wide intervention including supervisory oversight will be considered. Addressing children's needs should benefit. Finally, human resources have changed their hiring practices to keep pace with the worker turnover issue.

This fiscal year DCF has implemented a revised statewide standardization process for MDE completion that includes clearer expectations for sending referrals, specifies appropriate follow-up measures, and timelines for taking those steps as well. Performance shown here may also be subject to data quality issues that are being explored and remediated at this time through data quality corrections and new training on documentation procedures. DCF changed the internal process to record these assessments from a centralized process where one person in each area office recorded the assessments completed by community providers in the electronic system, to a decentralized process where assigned social workers would enter the assessments. This change occurred due to staffing constraints inside DCF. MDE assessment follow up tasks are tracked in narratives from the MDE initial assessments. Tracking the work on these tasks is in case narratives and is impacted by data quality issues and staffing issues.

Please also see *7. Targeted Plans Update, Health Care Oversight and Coordination Plan* for additional information.

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

Description of Systemic Factor Item: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Background: In Round 3, it was found that Connecticut sufficiently demonstrated that the state was able to identify routinely all the required elements for all children in foster care. However, stakeholders reported that no effective data quality process had been established, and that workload affects rapid and consistent data entry. Therefore, Connecticut was not in substantial conformity with the systemic factor of Statewide Information System as the sole item in this systemic factor, Item 19, was rated as an Area Needing Improvement.

Assessment:
For Round 4, the state believes that we are in **Substantial Conformity** with this systemic factor, as performance on Item 19 should be considered a **Strength**.

Since Round 3, there has been significant progress in addressing data quality and processes have been put into place to make continuous improvements in this area. A major factor in this is the implementation of a Comprehensive Child Welfare Information System (CCWIS) to be called Connecticut-Kid's Information Network Database (CT-KIND). After a thorough review process and consultation with ACF and other states, the decision was made to move forward in using the state of Maine's solution Katahdin as a base for the development of CT-KIND to promote efficiency, accuracy, timeliness, and completeness of all data. The new system will be on the Salesforce platform which is smart and intuitive unlike our current system LINK.

DCF is in the process of replacing Connecticut's child welfare case management system, LINK, as this system was implemented in 1996 and has antiquated technology. LINK was deemed non-SACWIS compliant by the Administration for Children and Families (ACF) in 2014 and DCF began developing a plan for the replacement of LINK to comply with state and federal regulations and mandates around child welfare systems, promote efficiency for DCF staff to effectively work with the families served in CT, and to receive the maximum reimbursement from ACF. In 2016, ACF revised system requirements and implemented regulations for the Comprehensive Child Welfare Information System (CCWIS). DCF's planning for a new CCWIS, named CT- KIND, included: bringing on business and technical staff for the project, securing funding through IT Bond Investment Funds and issuing a Request for Proposal (RFP) to establish a vendor pool. The Scaled Agile Framework for enterprises (SAFe) agile methodology was selected and staff were trained to be able to run agile teams. In 2018, the project was officially launched. Along with the DCF staff noted above, community partners and agencies will be included in the design and development of CT-KIND to collaborate on the shared client population and incorporate the data exchanges/interfaces needed to comply with CCWIS and Family First regulations and guidelines. The CT-KIND Project has been underway, and several components of the system have been implemented, however, there have been significant challenges with staffing, vendors, and changes in technology, as well as difficulties and delays due to the pandemic. In the interim, several components of CT-KIND were implemented between 2018 and 2023 including the CARA/CAPTA Newborn Portal, the Non-Emergent Mandated Reporter Portal, the Careline Background Check Unit Portal, SDM Tool Updates, the Universal Referral Form (URF), Careline Five9 Call Center, Community Relations Youth Chat and AFCAR 2.0 Upgrades have been completed by the internal project team and business owners, as well as further enhancements, software and hardware upgrades to improve reporting and functionality. During this transition, the staff have been able to work seamlessly between LINK and CT-KIND. The CAPTA/CARA Portal updates included improvements to user function driven by communication and testing with healthcare providers, improvements to the flow of reports to increase equity for families affected by substance use, and

tooltips throughout the portal that provide information to users on frequently asked or newly updated questions.

The CT-KIND Team has made significant changes to the project and pivoted in 2022 following a reassessment of the project and review of new CCWIS solutions that have been developed. A Project Management Organization (PMO) was brought on for guidance and support to complement the work being done by the project team and the former Quality Assurance and Progress Reporting vendor. The project team is halfway through completing the current statement of work (SOW), with the initial implementation of the system targeted for go-live in August 2025. The team has realigned the features and user stories to incorporate changes resulting from CT's Family First Prevention Plan and the Safety Practice Model. Along with this, the Strategic Planning Bureau is in the process of implementing a Data Stewardship structure to continually assess and address any data quality issues, as well as to ensure compliance with data quality requirements and best practices.

Our goals are to have data on each child that is readily available, complete, accurate, and current.

Goal: Complete data

Our AFCARS data quality continues to meet standards. Additional enhancements are being done to enhance federal reporting features in CT-KIND inclusive of an established Data Governance Committee and new policy, dashboards for social workers, supervisors, managers, and Data Stewards for continuous oversight for data quality to identify and correct missing, inaccurate, incomplete, or conflicting data.

2024 AFCARS Data Quality Checks (most recent):

All checks continue to meet standard since FFY 2016A.

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	18A	18B	19A	19B	20A	20B	21A	21B	22A	22B
AFCARS IDs don't match from one period to next	> 40%	•	•	•	18.5%	19.1%	18.1%	19.8%	20.4%	13.0%	18.1%	21.9%	20.5%	
Date of birth after date of entry	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	•	•	•	6.1%	4.7%	2.5%	2.0%	2.2%	1.7%	1.4%	1.5%	1.8%	
Enters and exits care the same day	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	•	•	•	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		•		0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			•	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	•	•	•	85.6%	86.2%	86.3%	85.7%	85.9%	85.8%	85.4%	84.8%	85.0%	85.1%

As shown in the tables below, which were pulled from our statewide LINK system, we can report age, sex, race, ethnicity, gender identification and language for all children in placement. Please note that the low rates of unknown values for Region and Placement Type (all <2%), and that there are no missing values for race/ethnicity, age or sex assigned at birth. The assignment and placement unknowns are typically due to very brief interruptions in assignment and/or placement during episodes, and/or data that has not yet been entered as of the date the data was pulled.

Table: Children in DCF Placement on 1/1 from 1/1/2022 - 1/1/2024 by Specified Characteristics:

Regional Assignment

	Date In Care		
DCF Region	**1/1/2022**	**1/1/2023**	**1/1/2024**
#CIP			
Region 1	287	265	308
Region 2	426	395	447
Region 3	588	551	523
Region 4	501	470	520
Region 5	616	532	461
Region 6	382	377	381
Unknown	30	28	8
%CIP			
Region 1	10.1%	10.1%	11.6%
Region 2	15.1%	15.1%	16.9%
Region 3	20.8%	21.0%	19.8%
Region 4	17.7%	18.0%	19.6%
Region 5	21.8%	20.3%	17.4%
Region 6	13.5%	14.4%	14.4%
Unknown	1.1%	1.1%	0.3%
Total #CIP	**2830**	**2618**	**2648**
Total %CIP	**100.0%**	**100.0%**	**100.0%**

Table: By Placement Type

	Date In Care		
Placement Type	**1/1/2022**	**1/1/2023**	**1/1/2024**
#CIP			
Foster Care	1402	1280	1246
Kinship Care	1195	1143	1224
Shelter	25	34	33
Group Home	54	44	28
Residential	60	47	47
Hospital	19	21	21
Independent Living	7	3	3
Trial Home Visit	19	19	9
Unknown	49	27	37
%CIP			
Foster Care	49.5%	48.9%	47.1%
Kinship Care	42.2%	43.7%	46.2%
Shelter	0.9%	1.3%	1.2%
Group Home	1.9%	1.7%	1.1%
Residential	2.1%	1.8%	1.8%
Hospital	0.7%	0.8%	0.8%
Independent Living	0.2%	0.1%	0.1%
Trial Home Visit	0.7%	0.7%	0.3%
Unknown	1.7%	1.0%	1.4%
Total #CIP	**2830**	**2618**	**2648**
Total %CIP	**100.0%**	**100.0%**	**100.0%**

Table: By Age on Observation Date

	Date In Care		
Age on 1/1	**1/1/2022**	**1/1/2023**	**1/1/2024**
#CIP			
Ages 0 - 2	781	714	690
Ages 3 - 5	491	449	428
Ages 6 - 12	784	706	741
Ages 13 - 17	745	732	780
Ages 18 - 22	25	13	9
Ages >=23	4	4	
%CIP			
Ages 0 - 2	27.6%	27.3%	26.1%
Ages 3 - 5	17.3%	17.2%	16.2%
Ages 6 - 12	27.7%	27.0%	28.0%
Ages 13 - 17	26.3%	28.0%	29.5%
Ages 18 - 22	0.9%	0.5%	0.3%
Ages >=23	0.1%	0.2%	0.0%
Total #CIP	**2830**	**2618**	**2648**
Total %CIP	**100.0%**	**100.0%**	**100.0%**

Table: By Self-Identified Race/Ethnicity

	Date In Care		
Race/Ethnicity	**1/1/2022**	**1/1/2023**	**1/1/2024**
#CIP			
Hispanic	**986**	**911**	**892**
Black/AA	**631**	**586**	**651**
Other	**299**	**273**	**278**
AIAN	3	4	5
Asian	3	4	3
Mult-Race	276	240	229
Other	17	25	41
White	**914**	**848**	**827**
%CIP			
Hispanic	**34.8%**	**34.8%**	**33.7%**
Black/AA	**22.3%**	**22.4%**	**24.6%**
Other	**10.6%**	**10.4%**	**10.5%**
AIAN	0.1%	0.2%	0.2%
Asian	0.1%	0.2%	0.1%
Mult-Race	9.8%	9.2%	8.6%
Other	0.6%	1.0%	1.5%
White	**32.3%**	**32.4%**	**31.2%**
Total #CIP	**2830**	**2618**	**2648**
Total %CIP	**100.0%**	**100.0%**	**100.0%**

Table: By Sex Assigned at Birth

Race/Ethnicity	Date In Care 1/1/2022	1/1/2023	1/1/2024
#CIP			
Female	1412	1309	1324
Male	1418	1309	1324
%CIP			
Female	49.9%	50.0%	50.0%
Male	50.1%	50.0%	50.0%
Total #CIP	**2830**	**2618**	**2648**
Total %CIP	**100.0%**	**100.0%**	**100.0%**

Also using our LINK system, we can report on goals, legal status, and placement type. These reporting features will be enhanced in CT-KIND, will be readily accessible, will enable ad hoc reports as needed, and will be in one place as opposed to separate reporting databases currently being used due to the deficiencies in LINK. Please note that the rate of missing permanency goals is less than 1% for children that have been in care over two months (so should have had a plan developed and reviewed before the 60-day due date from entry to care). Similarly, our rate of children in placement without a legal status is 0.2% (only 7 children) so that error rate is also extremely small.

Placement/Permanency Monitoring Report:
Children in placement on 3/12/24 by Length of Stay (LOS) and Current Case Plan Goal

CURRENT PERMANENCY GOAL	LOS (MONTHS) <2	>=2	Grand Total
#CIP			
Reunification	37	1151	1188
Transfer of Guardianship	3	400	403
Adoption	2	694	696
Another Planned Permanent Living Arrangement	2	619	621
(blank)	149	25	174
%CIP			
Reunification	19.2%	39.8%	38.5%
Transfer of Guardianship	1.6%	13.8%	13.1%
Adoption	1.0%	24.0%	22.6%
Another Planned Permanent Living Arrangement	1.0%	21.4%	20.1%
(blank)	77.2%	0.9%	5.6%
Total #CIP	193	2889	3082
Total %CIP	100.0%	100.0%	100.0%

Placement/Permanency Report:
Children in placement on 3/12/24 by Legal Status and Age Group

CURRENT LEGAL STATUS	AGE GROUP <1	1 - 5	6 - 12	13-17	>=18	Grand Total
#CIP						
96 Hour Hold	3	2	1	2		8
Order Of Temporary Custody	89	122	98	77		386
Commitment Abuse/Neglect/Uncared For	124	607	511	528		1770
Statutory Parent	11	132	123	114		380
DCF Custody Voluntary Services		1				1
Not Committed		4	1	2	530	537
%CIP						
96 Hour Hold	1.3%	0.2%	0.1%	0.3%	0.0%	0.3%
Order Of Temporary Custody	39.2%	14.1%	13.4%	10.7%	0.0%	12.5%
Commitment Abuse/Neglect/Uncared For	54.6%	69.9%	69.6%	73.0%	0.0%	57.4%
Statutory Parent	4.8%	15.2%	16.8%	15.8%	0.0%	12.3%
DCF Custody Voluntary Services	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Not Committed	0.0%	0.5%	0.1%	0.3%	100.0%	17.4%
Total #CIP	227	868	734	723	530	3082
Total %CIP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The agency also monitors the initial placement type of children entering foster care episodes, with a goal of increasing the proportion of initial placements that are with kinship placements.

Children Entering Placement During Each Month by Initial Placement Type
[CIP Dashboard: # and % of Children Entering Placement During Time Period]

Observation Date	Entries During	Kinship Care: Relative Care	Kinship Care: Special Study	Foster Care	Congregate Care	Independent Living
01/01/2022	321	42.1 %	9.3 %	37.4 %	10.3 %	0.93%
04/01/2022	341	38.7 %	7.0 %	45.5 %	7.9 %	0.88%
07/01/2022	355	36.6 %	8.2 %	40.0 %	13.5 %	1.69%
10/01/2022	340	34.7 %	13.2 %	42.1 %	10.0 %	0.0%
01/01/2023	402	39.3 %	5.5 %	43.5 %	7.2 %	4.48%
04/01/2023	361	32.1 %	6.4 %	51.2 %	9.4 %	0.83%
07/01/2023	434	48.4 %	6.9 %	37.3 %	4.4 %	3.0%
10/01/2023	406	39.2 %	8.4 %	39.7 %	10.3 %	2.46%
01/01/2024	394	42.1 %	7.1 %	37.1 %	11.9 %	1.78%
04/01/2024	391	44.8 %	12.8 %	34.8 %	6.6 %	1.02%
07/01/2024	52	17.3 %	3.8 %	69.2 %	9.6 %	0.0%
% Change from 1/1/2022 to Latest	**-83.8%**	**-93.3%**	**-93.3%**	**-70.0%**	**-84.8%**	**-100.0%**

Goals: Accurate and timely data

Connecticut instituted new policy 5-4 in December 2023 that includes the establishment of a Data Governance Committee. This committee is tasked with ensuring that all DCF data is defined accurately, secured and protected, reliable, governed to ensure quality and shared/used appropriately. The committee has prioritized the development of specific performance indicators, and related automated reporting metrics, that specifically address the timeliness and accuracy of data entry. Measures that were approved for endorsement by the Executive Team include:

1. Proportion of Child Records with Missing/Unknown Values for: Date of Birth, Race, Ethnicity, Gender, Mother, Father
2. Proportion of Child-related Records entered within 5 days of Start/Occurrence Date for: Placements, Face-to-Face Visit Narratives, Court/Legal Narratives, RRG Consult Narratives
3. Proportion of Child Placement Episodes that do not have a Removal Flag set
4. Proportion of Child Placement Episodes with no open placement but also no Discharge Flag/Reason

Connecticut is also in the process of developing CT-KIND and replacing the legacy system LINK. CT-KIND will support efficient and stronger data capture to support better decision making, monitoring and self-evaluation. CT-KIND will be designed to meet the federal and state requirements. CT-KIND will include functionality to:

- regularly monitor data quality;
- alert staff to collect, enter, update, and/or correct data;
- alert staff to collect, enter, update, and/or correct data;
- generate reports of unresolved, missing, or incomplete data quality problems, and;
- meet the CCWIS requirements for data quality.

The CT-KIND solution is rooted in improved data quality practices and provides innovative tools such as dashboards for continued oversight. CT-KIND aligns data quality efforts and data/exchanges interfaces to increase collaboration with other state agencies and systems in support of those who provide services for youth and adults.

Through field validations, the systems will conditionally set fields to required, locked, pre-populated data as needed or even display alerts in real time to improve the overall data quality. Configured field validations and workflows enable the system to prepopulate field values based on actions performed within the system. This helps reduce duplicate and redundant data entry.

Along with this, the Strategic Planning Bureau is in the process of implementing a Data Stewardship structure to continually assess and address any data quality issues, as well as to ensure compliance with data quality requirements and best practices. This will be aligned with data cleanup efforts underway as well as automated cleanup features being implemented in CT-KIND.

What does the evidence show with respect to how end users experience the statewide information system?

The current system LINK is over twenty-five years old and is not efficient. Staff are spending a lot of time completing data entry which takes time away from meeting with families. There are several databases used by staff making it cumbersome to look for information, in particular, reports and forms which are outside of LINK. Staff have to duplicate entries in certain areas due to the lack of prepopulating functionality. Additional areas the staff struggle with are the federal reporting elements as they are not mandatory fields in LINK and can be easily missed.

Other issues users are experiencing are the many manual processes due to the deficiencies of LINK. There is no ability to communicate internally or externally through the system and the majority of the current data exchanges/interfaces are outside of LINK. Staff are still using fax machines and regular mail for some of these manual activities, which new technology can alleviate. They are using other databases to enter information such as SharePoint which is not integrated with LINK and cannot store pictures or videos in LINK.

CT-KIND will be a smart and intuitive system slotted for the initial release and replacement of LINK in August of 2025. Additional enhancement work will follow. The automated features in CT-KIND such as mandatory fields and checklists, will assist staff in completing workflows and prepopulating will assist with redundant entries for staff. Additional processes are also being put into place to easily correct data without going to IT staff through the designation of Administrative Users.

CT-KIND will have everything in one place without staff having to go in and out of different systems, and to have easy access to all case information as well as other databases that will be integrated. The goal is to make the users' jobs more efficient through improved automation for staff to reduce data entries and allow them to spend more time doing quality assessments to ultimately lead to better outcomes for the children and families served by DCF and community partners.

DCF is developing the CT-KIND system with user experience at its core. The CT-KIND platform is person- centric which is a significant change from LINK which is case-centric. We are prioritizing giving each stakeholder maximum flexibility in their own workflows through time saving automated features and intuitive editing abilities.

Conclusion:

We have ample data that demonstrates we are tracking required information, making it readily available statewide, and that our data is complete by AFCARS standards. We are developing CT-KIND with advanced data quality features that will allow us to minimize errors and correct many of them, and with two FTE positions dedicated to data stewardship that will perform this work.

The current flaw in our system is we do not have a well-defined process to audit the data that is entered to see if it's correct and was entered within established timing standards. CT-KIND will assist with this in consolidating reports, providing audit functionality and automated checklists.

B. Case Review System

Background: In Round 3 of the CFSR, Connecticut was found to be Not in Substantial Conformity, though two of the five items included were rated as a Strength.

Assessment:
For Round 4, the state believes that we are in **Not In Substantial Conformity** with this systemic factor, though two of the five items included (Items 20 and 21) are rated as Strength.

Item 20: Written Case Plan

Description of Systemic Factor Item: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Background: In Round 3 of the CFSR, item 20 was rated an ANI based upon information and data reflected in the Statewide Assessment as well as information gleaned through stakeholder interviews specifically related to engagement of children and families in case planning. The CFSR also identified that Connecticut's case review system performs well in the area of ensuring case plans for children in placement are timely. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter while the child remains in care. The Round 3 statewide assessment demonstrated that case plans for the most part were developed on time. However, consistently engaging children and family in case planning was found to be challenging for the agency. In CFSR Round 3, this item was a strength in only 41% of cases. Stakeholders reported that even when parents are engaged, their input is not consistently included in case plans.

As part of the agency's PIP, DCF implemented strategies to positively impact family engagement in case planning. There were several targeted interventions specific to Father engagement. The activities included the Fatherhood Engagement Specialists working with Area Office staff as well as the agency's participation in the Fatherhood Breakthrough Series. The agency has continued developing the local and Statewide FELT teams, modeled after the Breakthrough Series Collaboratives. These strategies and activities are a continuation of strategies that were part of the PIP.

Assessment:
Based on the information below the Department believes that in Round 4 Connecticut should be rated as a **Strength** on this item.

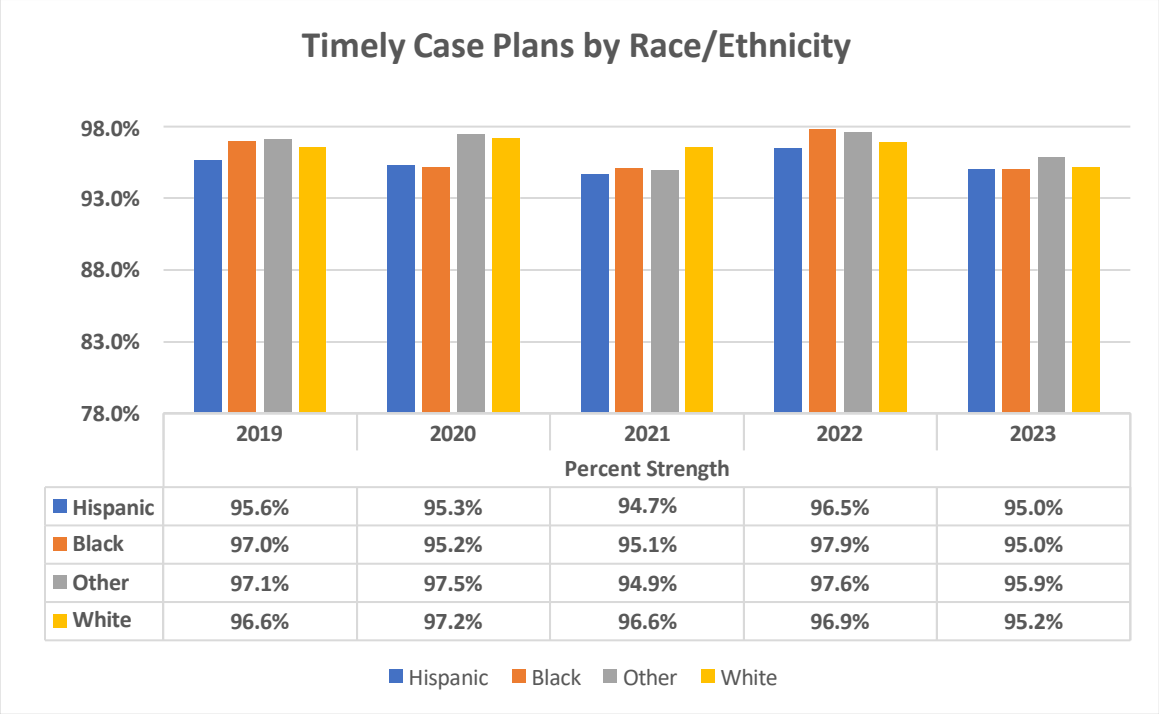
1. Timeliness of case plans**:** Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter.
   - CFSR Round 3 Result: ANI
   - ACRI Case Practice Element; annual aggregation from CY 2019 to CY 2023
     - Timely Case Plan - 1 percentage point decrease since CY 2019

	2019		2020		2021		2022		2023	
	Strength		Strength		Strength		Strength		Strength	
	#	%	#	%	#	%	#	%	#	%
Timely Case Plan	13240	96%	7765	96%	10947	95%	9178	97%	7723	95%

Data for CY 2023 reflects that 95% or more of the case plans were completed on time. The agency continues to consistently perform well on timely case plans for children and youth in placement. To ensure case plans are timely and each child in care has a plan, the agency currently utilizes one main report to provide quantifiable data. The report comes from the agency's Administrative Case Review (ACR) reports. In

particular, it utilizes the Case Practice report, which is one of eighteen reports in ACR. These reports are also accessible via the LINK data reports. This report has 54 items that measure overall case practice. Timely Case Plans is one of the items.

The agency has demonstrated a strong performance in timely case plans over the last five years. This ACR report is regularly utilized by managers as case plans have remained a focus. Missing case plans are identified, and reminders sent up the chain of command whenever necessary. The agency has sustained a strength rating between 95% to 98%.



Percent Strength	2019	2020	2021	2022	2023
Hispanic	95.6%	95.3%	94.7%	96.5%	95.0%
Black	97.0%	95.2%	95.1%	97.9%	95.0%
Other	97.1%	97.5%	94.9%	97.6%	95.9%
White	96.6%	97.2%	96.6%	96.9%	95.2%

The agency's strong performance in timely case plans remains consistent when race and ethnicity are taken into account. Hispanics, black, white, and "other" fell within 3% points of each over the last five years. CY 2023 in particular saw all four groups within 1% of each other. The case plan reminders and the ACR report shared with regions have clearly had a positive impact and will remain in place to sustain high performance in this area.

The agency has historically experienced some challenges with the consistent engagement of children and family in case planning and this was reflected in the round 3 CFSR final report data where only 41% of the cases were found to have strengths in this area.

2. Family Engagement in Case Planning

The data for this indicator also comes from the Administrative Case Review Instrument (ACRI). Engagement is defined in the ACRI Guide as the following:

Engagement of Child/Family (Family and CIP ACRI): (Strength or ANI)

- Is there evidence in the case record or via discussions at the ACR meeting that the case plan was discussed with the parents/guardian/caretakers/child/youth (as appropriate)?
- During the period under review, did the Department make concerted efforts to involve the parents and child/youth (if developmentally appropriate) in the case planning process on an ongoing basis?

Reviewers rate the families as a strength for engagement if any of the above criteria is met. Parents are rated as a whole, whether custodial or not. However, the Mother and Father are distinguished in the rating via a text box. At this time, the ACRI Engagement data cannot be separated by Mother and Father. That type of comparison would be beneficial and should be the focus of qualitative reviews in the future. The department, in particular the Office of Administrative Case Review, is designing a new review tool that would allow for pulling data based on gender and parental role.

Identifying whether case planning meets standards is completed is part of administrative case reviews as well as regional office reviews. The data generated through the administrative case reviews are available to all agency staff through the LINK reports. The regional office reviews use a statewide tool and use this data to better understand the levels of engagement in case planning. These reviews began in January 2017 and continue as part of the agency's ongoing CQI process.

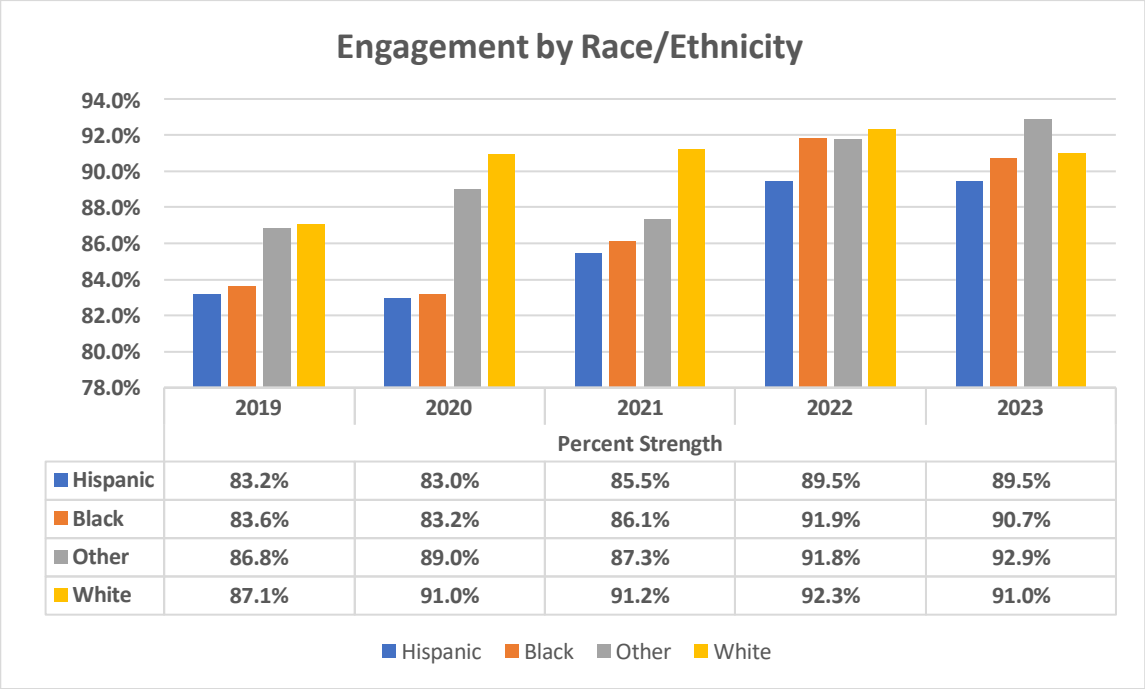
As part of the agency's Round 3 PIP there were strategies implemented to positively impact family engagement in case planning. There were a number of targeted interventions specific to Father engagement. The activities included the Fatherhood Engagement Specialists working with Area Office staff as well as the agency's participation in the Fatherhood Breakthrough Series. The agency has continued developing the local and Statewide FELT teams, modeled after the Breakthrough Series Collaborative, based on lessons learned and have kicked off the newly structured FELT teams. These strategies and activities are a continuation of strategies that were part of the PIP.

There is currently a positive trend for Engagement in case planning at the statewide level.

- ACRI Case Practice Element; annual aggregation between CY 2019 and CY 2023
- Family Engagement in Case Planning - 6 percentage point improvement since CY 2019 at a statewide level ; this measure takes into account engagement of the parents and youth as appropriate. The age and developmental level of the youth is the deciding factor.

-	2019		2020		2021		2022		2023	
	Strength		Strength		Strength		Strength		Strength	
	#	%	#	%	#	%	#	%	#	%
Engagement	10975	83%	6514	84%	9399	86%	8214	89%	6835	89%

When race and ethnicity are compared, there is also a positive trendline for all groups overall. All four groups (Hispanic, Black, White, and Other) fell between an 83 and 87% strength rating in CY2019. As of CY2023, all four groups are within 2% points of each other with an increase in performance between 4 to 6% points. Hispanic and Black families have demonstrated the most dramatic improvement.



	2019	2020	2021	2022	2023
	Percent Strength				
Hispanic	83.2%	83.0%	85.5%	89.5%	89.5%
Black	83.6%	83.2%	86.1%	91.9%	90.7%
Other	86.8%	89.0%	87.3%	91.8%	92.9%
White	87.1%	91.0%	91.2%	92.3%	91.0%

The agency has made case planning and engaging families a priority. Through a racial justice lens, strategies centered around engagement of families of color appear to have had a positive impact. In ACR, via its new tool being piloted, the following question is asked to reviewers:

When there is indication that racial justice and equity were not considered and had a negative impact on case planning and engagement, there is a protocol in place to report out to the chain of command on the case. The agency has historically struggled with engaging families in general and families of color in particular. The racial justice work in this area is championed by ACR and incorporated into quality assurance.

3. What does the evidence show with respect to families' experience with the case planning process?

The Lived Experience focus groups with parents yielded the following information with regards to engagement in case planning.

"In what ways were you involved in case planning? How often did your DCF Worker talk with you about reunification (case plan goal), court hearings and what to expect, progress on case plan, barriers to reunification (what the agency is looking for to change or safety-related justification for delaying reunification), update on your child- including medical appointments & school, your overall experience, and needs?"

Responses from parents with lived expertise highlight a multitude of challenges in the case planning process. Depending on the worker, a family believes they are included in the planning or simply instructed what to do as goals and objectives were developed without them. This may lead to the family feeling they had inadequate involvement in a process that was not transparent.

At times, families articulated feeling "rushed" during interactions with the staff believing the worker simply had an end goal in mind and then needed to move onto the next matter. Experience of staff matters as less seasoned workers was described as having a more difficult time articulating the case planning process and may be unable to explain the context or "big picture" reasons why decisions are made.

When goals are developed, they need to be clearly articulated, written in behavioral specific terms, obtainable and include a holistic view of the family. Additionally, the goals should move beyond just from what was

reported to the Department especially as it pertains to Intimate Partner Violence (IPV) or a family with a child experiencing behavioral health needs given the complexity of those dynamics within the family system. More discussions on the impact IPV have on children may increase parents' awareness of the harmful effects and agreement to utilize services.

In the planning process, if a parent has an Attorney, they should be invited to participate, and best practice indicates giving families as far advanced notice as possible about the scheduling of a meeting, so they have adequate time to prepare and gather their own formal and informal supports who may attend with them.

Concerns about worker bias were discussed, in particular to IPV, and the belief a worker may "side" with the alleged perpetrator who is exaggerating claims against their partner while DCF was being weaponed in Family Court. Criticisms of workers' understanding of the complex dynamics of coercive control, in the absence of physical violence, were expressed and additional training in this area may be warranted.

Moreover, parents expressed frustration with insufficient communication and support regarding reunification efforts, citing challenges in accessing services and maintaining contact with DCF workers, especially amid the COVID-19 pandemic. More training may assist staff to help a family understand the difference between "progress" and "compliance" with their case goals and supports.

Although the agency successfully completed its PIP implementation, achieved the identified measurement goals, and has demonstrated growth in this area, there is still work to be done. The strategies will continue to be implemented and those that demonstrate a positive impact on performance will be scaled up to other offices across the state. It is expected that through the continued implementation of the PIP strategies and activities, improvement in case planning will continue to be demonstrated and evidenced through the agency data as well as through the data collected as part of the ongoing CQI reviews, using the Federal OSRI.

Item 21: Periodic Reviews

Description of Systemic Factor Item: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Background: In Round 3, Connecticut received an overall rating of Strength for Item 21 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed through stakeholder interviews showed that periodic administrative reviews occurred on time in most cases. The state had an effective process for manually identifying cases that were not automatically scheduled for review to ensure periodic reviews are held on time.

Assessment:
Based on the information below the Department believes that in Round 4 Connecticut should be rated as a **Strength** on this item.

- ACR – ACR Meeting held on or before proposed date - Although there is a 3 percentage point decrease since CY2019, Connecticut performs well in this area.
- Counts represent the total # of ACR held (both child and parents) leading to the Strength and ANI%- At this time, we do not have a report that captures the number of children due for a review and the number of those children that had a timely review.

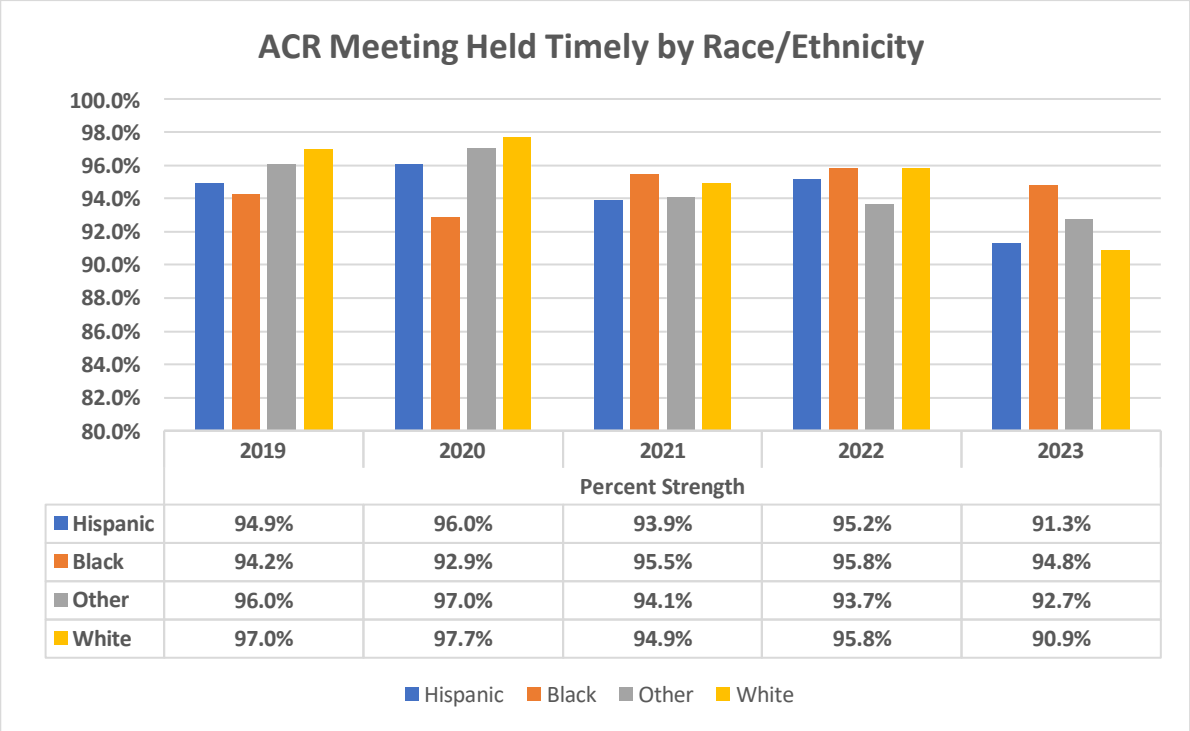
Measure	2019		2020		2021		2022		2023	
	Strength		Strength		Strength		Strength		Strength	
	#	%	#	%	#	%	#	%	#	%
ACR Meeting held on or before proposed date	10964	94%	6386	95%	9336	94%	7872	95%	6394	91%
ACR Meeting **NOT** held on or before proposed date	658	6%	320	5%	610	6%	447	5%	610	9%

The agency continues to have consistent positive performance in the area of periodic administrative reviews based on agency data for reviews held within 180 days, despite a 3% decrease in performance. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter approximately 95% of the time. The agency's LINK system triggers the case plan review scheduling process upon a child's entry into care and every 180 days thereafter, or until the child exits care.

A potential explanation for the 3% drop in performance for this item is the method in which all case participants received their notifications. The ACR Office Assistants who schedule these reviews rely on the "Due" and "Anticipated" reports on access database (LINK Scheduler) which provide them with sixty (60) days' notice of case plan reviews to be scheduled. This historically has allowed the agency to invite and notify participants in a timely fashion to reduce the number of meetings that would have to be rescheduled. In prior years, the ACR Office Assistants mailed letters to all case participants being invited to the meetings. In CY 2023, case participants were invited via email and/or phone text. The emails and phone texts also contained the Zoom link as the department transitioned to a virtual meeting platform for ACR. There remains an in- person option, but case participants have overwhelmingly opted for the virtual meeting. Caregivers, including parents, were given ample notice and attended most meetings but there is a percentage of parents and/or caregivers that may not have access to phones, virtual platforms, or computers. Mailing letters once again to parents and caregivers in addition to phone and text invites with Zoom links should address this issue. Attorneys and service providers assigned to the case were also not receiving timely notification on a consistent basis as their emails were not always updated in our LINK system. Meetings were rescheduled when proper notification was not made. This remains a work in progress.

A review of 50 cases from the 610 cases leading to an ANI in 2023 was completed. 100% of those meetings not held on or before the proposed date was due to rescheduling. The reschedules dates were always held within the same month or within two weeks from the original date. .

When the data is broken out by race and ethnicity, there was a decrease in performance across most groups in the last five years except for black families. Hispanics and "Other" demonstrated a 3and 4% drop respectively, while White families displayed a more significant 7% drop in that same time period. Aside from 2020, Black families maintained a 94 to 95% strength rating.



	2019	2020	2021	2022	2023
	Percent Strength				
Hispanic	94.9%	96.0%	93.9%	95.2%	91.3%
Black	94.2%	92.9%	95.5%	95.8%	94.8%
Other	96.0%	97.0%	94.1%	93.7%	92.7%
White	97.0%	97.7%	94.9%	95.8%	90.9%

Timely notification is at its core another form of engagement. At this time, there is no ongoing data collection that captures the family's experience with the periodic review process. During the Statewide Racial Justice Workgroup focus group it was mentioned that ACR staff routinely reached out to adolescents in care to help prepare them for the meeting. It was suggested during the same group that ACR could help ensure that a supportive person be present for the youth if needed/desired so they were more comfortable during the meetings. The Office of Administrative Review is in the process of developing surveys to be disseminated via email/text after an ACR. As noted above, the department is devoted to improving parent engagement and that would provide real-time data as to the efficacy of the periodic review process. Coupled with an improved email and text system for ACR meetings, it is expected that there will be an improvement in engagement with families. Parents and provider's emails continue to be entered into our system and when there is a lack of email, CPS staff forward the invitation via text to the parents. A new hard copy letter notification was also created to mail to parents.

Item 22: Permanency Hearings

Description of Systemic Factor Item: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Background: In Round 3, Connecticut received an overall rating of Strength for Item 22 based on information from the statewide assessment. Information in the statewide assessment showed that initial and ongoing permanency hearings address the required content and were held on time.

Assessment:
Based on the information below the Department believes that in Round 4 Connecticut should be rated as an **Area Needing Improvement** on this item.

We use several sources of information to assess the timeliness and quality of our permanency hearings through the ACR and Judicial Data.

ACR

- The ACR defines "time to hearing" for a new case as date of permanency hearing from the youth's initial removal date. The ACR defines "time to hearing" for an ongoing case as the date of subsequent permanency hearing from the last permanency hearing. In each instance, our goal is to ensure the time to hearing is less than or equal to 12 months.

Our ACR process sampled new and ongoing cases in CY2023 and found high rates of timeliness, as shown below:

1. Based on a review of 3020 cases, ACRs for the period CY2023 found that 96.9% of children had a hearing within 12 months of entering out of home care.
2. Based on a review of 5,963 cases, ACRs for the period CY2023 found that 94% of children in out-of-home care had annual hearings within 12 months of the previous hearing.
3. It should be noted that there is a discrepancy between ACR and Judicial data. As noted below.

Hearing within 12 months of removal	Yes	No
2019	96.9%	3.1%
2020	92.3%	7.7%
2021	93.1%	6.9%
2022	95.9%	4.1%
2023	**96.9%**	**3.1%**

Subsequent hearing within 12 months	Yes	No
2019	93.4%	6.6%
2020	86.7%	13.3%
2021	92.3%	7.7%
2022	94.3%	5.7%
2023	**94%**	**6%**

Judicial data

While DCF does not currently track notices to foster parents for court hearings, the court has developed a data entry program (CPMOH) that captures information during the court hearing. As part of the program, court staff note who is present during the hearing. It is expected this will continue to assist in identifying hearings where foster parents have participated. This work continues to be underway with the courts but there is not yet a reporting capacity for foster parent notifications. The agency Court Improvement Project (CIP) liaison has reported that work on these reports has begun and is actually in the implementation phase via a pilot. Progress had been delayed as a result of the pandemic which required pivoting of CIP resources to address the needs for telework and virtual hearings. There is a commitment to moving forward with these reports and the agency continues to receive updates.

A second source of data on permanency hearings also comes from the courts. Under the CIP, average length of time in days from when the child has their first permanency hearing to the second/third etc. until final permanency is achieved is tracked. For children who exited care in FY23, 89% of permanency plan dispositions were held within 365 days of the prior permanency plan disposition, as shown below.

Time to Subsequent Permanency Hearing - Judicial Data

Explanation: Average (median) length of time in days from when the child has their first permanency hearing to the second/third etc. until final permanency is achieved. This is a Court Performance measure that is calculated for our State Court Improvement Grant.

Cohort: For the children who exited care in FY23, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

Year	# PP	# Within 365 Days	Average	Median	% Within 365 days
2019	1974	1789	311	315	91%
2020	1909	1705	290	315	89%
2021	867	729	370	321	84%

Year	# PP	# Within 365 Days	Average	Median	%Within 365 days
2022	1863	1567	313	315	84%
2023	**1803**	**1597**	**314**	**315**	**89%**

When comparing these multiple sources of data, it is important to note that three out of the past five years any discrepancy has been within five percentage points. There is an acceptable level of consistency between our data with regards to permanency plans filed subsequently, within 12 months, from the initial plan. However, there is a significant discrepancy for the years 2021 and 2022. The difference in data for those two years was 8% and 10%. Whether the covid induced backlog of hearings impacted the data has yet to be fully determined, but the discrepancy is noted. CPMOH data will be more closely monitored with regards to this measure, as well as other Court Improvement Plan activity, to ensure the highest level of consistency across systems.
Stakeholders were questioned via a focus group about their experience with the court process in general. Their responses, noted below, demonstrate a negative experience overall with the court system. Although they felt strongly supported by their legal representation, their input about the negative court experience will need to be addressed in collaboration with our judicial partners. Families with lived experience will need to take part in that collaboration.

"Tell us about your experience with court hearings (e.g. told of all hearings, given opportunity to attend and to be heard, barriers to attend)?"

- There is a prevailing sense of frustration and disillusionment with the court process, with parents feeling unheard, judged unfairly based on past circumstances, and progress being disregarded despite providing evidence and testimony.
- It is important to differentiate the comments made regarding the Superior Court for Juvenile Matters and those pertaining to the Family Court.
- Regarding the Juvenile Court, concerns were raised about the lack of impartiality and advocacy within the courtroom, as well as bias of court personnel towards DCF caseworkers' perspectives even when other professionals presented a differing assessment and recommendation.
- Parents did feel their Attorneys were strong advocates yet the standard to "prove" to the court that rehabilitation occurred was viewed as too high and unreasonable. Also, too much information about a family's history was included in the court filings which continued to put forth a negative bias towards the family.
- The Family Court is of much concern to parents especially those survivors of IPV and others involved in high conflict custody matters. They feel further victimized by the system, expressed court personnel do not understand child development or attachment issues especially when visitation is ordered with the perpetrator, or one parent is prevented from visiting at all. Furthermore, some cases were decided by the Court with their concerns being dismissed in favor of the abuser's claims including the individual who harmed them, receiving full custody.

Item 23: Termination of Parental Rights

Description of Systemic Factor Item: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

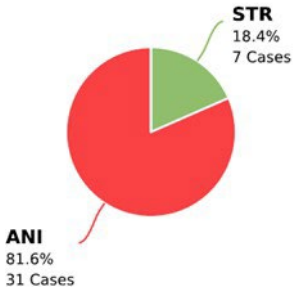
Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 23 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment showed that TPR petitions were filed infrequently, and only a small portion of those cases where TPR was not filed had documented a compelling reason. Stakeholders reported that timely TPR filings were inconsistent statewide. Some but not all regions created a process to make timely decisions.

Assessment:

Based on the information below the Department believes that Connecticut should be rated as an **Area Needing Improvement** on this item.

We use multiple sources of data to assess filing of TPR, including LINK Reports, ACRI, Case reviews (CFSR/CQI), judicial data and stakeholder interviews (see above for parent's response to court hearings during stakeholder interviews).

Recent CQI data, as of June 2023, reveals that Achievement of Adoption remains a struggle for the agency. The filing of petitions in a timely manner remains a factor.



Rating	% of Cases	# of Cases
STR	18.4%	7
ANI	81.6%	31
NA		0
Totals	100%	38

Figures may not total to 100% due to rounding. NAs have been excluded from total calculations.

In reviewing a point in time sample on 6/5/23 of the LINK Reports data of 476 youth in care longer than 12 months but less than 24 months, the following was assessed.

Note: Data in the table below represents 476 youth in care longer than 12 months but less than 24 months.

Regions	NO TPR Filed >=12<24 Mos	TPR Filed >=12<24 Mos	Total Youth
Region 1	**83%**	**17%**	**63**
Region 2	**94%**	**6%**	**69**
Region 3	**80%**	**20%**	**84**
Region 4	**85%**	**15%**	**95**
Region 5	**89%**	**11%**	**92**
Region 6	**86%**	**14%**	**73**
Grand Total	**86%**	**14%**	**476**

The majority of cases still do not have timely TPRs filed. In total, 410 out of the 476 had no TPR filed. Although Regions 4 and 5 have a larger share of cases where no TPR was filed, the issue spreads across the state.

The following data represents the children in the above cohort. It is aggregated with their respective permanency goals and the reason why a TPR was not filed timely. It is broken down as such:

- No documented reason why TPR was not filed
- A documented exception to filing
- A compelling reason that TPR would not be in the child's best interest

*For each, there is also a percentage underneath of how many children did or did not ultimately have a TPR filed.

Compelling Reason Documented	Adoption	Reunification	TOG	Grand Total
No Documented Reason	**32%**	**41%**	**26%**	**100%**
*NO TPR Filed	24%	46%	30%	100%
*YES, TPR Filed	91%	7%	2%	100%
Child is Placed with a Relative	**22%**	**11%**	**67%**	**100%**
*NO TPR Filed	24%	12%	65%	100%
*YES, TPR Filed	0%	0%	100%	100%
Compelling Reason	**9%**	**46%**	**46%**	**100%**
*NO TPR Filed	3%	48%	48%	100%
*YES, TPR Filed	100%	0%	0%	100%
Petitions in Process	**73%**	**13%**	**13%**	**100%**
*NO TPR Filed	73%	18%	9%	100%
*YES, TPR Filed	74%	11%	16%	100%
Services Needed Not Provided	**14%**	**71%**	**14%**	**100%**
*NO TPR Filed	14%	71%	14%	100%
Grand Total	**33%**	**39%**	**28%**	**100%**

When comparing "Was TPR Filed" and aggregating by race and ethnicity, the data demonstrates disproportionality of Black/African American families. The state average for TPRs not filed timely was 65%. Black/African American families have 70% of their cases not filed. This disproportionately negatively impacts timely permanency for black children. It should also be noted that Hispanics, as a cohort, have the largest number of cases where TPR was not filed when compared to other Race/Ethnicities.

Was TPR Filed?

Race/Ethnicity	NO	YES	Grand Total
#CIP			
Hispanic	**384**	**205**	**589**
Not Hispanic	**698**	**361**	**1059**
Black/African American	**296**	**127**	**423**
Other	**100**	**66**	**166**
White	**302**	**168**	**470**
%CIP			
Hispanic	**65.2%**	**34.8%**	**100.0%**
Not Hispanic	**65.9%**	**34.1%**	**100.0%**
Black/African American	**70.0%**	**30.0%**	**100.0%**
Other	**60.2%**	**39.8%**	**100.0%**
White	**64.3%**	**35.7%**	**100.0%**
Total #CIP	**1082**	**566**	**1648**
Total %CIP	**65.7%**	**34.3%**	**100.0%**

Permanency will continue to be a focus of the agency and in particular ACR. More emphasis will be placed on discussing barriers to timely permanency during the ACR meetings. ACR meetings are being renamed Permanency Review Meetings. The focus being a robust discussion with families, social work staff and providers on what tasks need to be completed and what support the parents may need to help achieve permanency.

Judicial data

Time to Filing Termination of Parental Rights Petition

Explanation: Where reunification has not been achieved, Average (median) time from filing of the original petition to filing of the petition to terminate parental rights. This is a Court Performance measure that is calculated for our State Court Improvement Grant.

Cohort: All TPR petitions filed during the FY

Year	# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
2019	667	323	518	18	15	48%	78%
2020	557	279	442	18	14	50%	79%
2021	522	171	374	20	19	33%	72%
2022	559	243	379	19	16	43%	68%
2023	**429**	**201**	**316**	**20**	**16**	**47%**	**74%**

Time to Filing of Parental Rights Petition from Removal Date

Explanation: Average and median time **in months** from removal date to filing of the petition to terminate parental rights. This is based on the removal date of the child (date of 96-hour hold, OTC, or Commitment order) to the date the termination of parental rights petition was filed.

Cohort: All TPR petitions filed during the FY

Year	# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
2019	667	372	551	17	14	56%	83%
2020	557	347	496	16	13	62%	89%
2021	522	199	412	19	18	38%	79%
2022	559	281	412	19	16	50%	74%
2023	**429**	**230**	**344**	**18**	**14**	**54%**	**80%**

Time to Termination of Parental Rights

Explanation: The number of days from filing of the neglect/uncared for/abused petition to the time the termination of parental rights is granted. Both the median and the average have been calculated. This is a Court Performance measure that is calculated for our State Court Improvement Grant.

Cohort: All TPR petitions disposed during the FY

Year	# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
2019	549	738	700	40	282	483
2020	413	751	692	37	224	350
2021	411	879	842	26	146	320
2022	550	931	914	40	181	381
2023	**451**	**933**	**845**	**35**	**189**	**306**

Staff retention and the pandemic had an impact on caseloads across the children welfare system. This impact can be seen in our permanency practice. Strategies developed for the previous PIP will need to be revisited

and expanded beyond the identified transformation zone (Waterbury). Utilizing the existing reports in our state system, we are able to identify children in care and distinguish them by how long they have been in care. Our existing reports are able to highlight children getting close to reunification deadlines as well as children entering 15 out of the last 22 months in care. Discussing Timely TPR performance with our Quality Improvement Leadership Team (QuILT) and developing interventions to improve our case practice will be part of our strategy, along with our continued collaboration with the Court Improvement Team. A new tool for the periodic reviews/ACR meetings is also being developed with a heavier focus on permanency. Assessing what has been done to overcome barriers for achieving permanency, including timely filing, is part of the tool.

Foster parents were also asked the following about their experiences with the court hearing process during stakeholder interviews:

"Tell us about your experience with court hearings (e.g. received notice of all hearings, given opportunity to attend and to be heard, barriers to attend)?"

Their feedback included:

Responses from licensed core foster and adoptive parents highlight several common themes regarding court hearings and interactions with case workers. Many licensed parents expressed frustration with inadequate communication and support from DCF, including lack of notice or opportunity to attend court hearings, limited involvement in case planning discussions, and insufficient follow-up on services for the children in their care.

Foster and adoptive parents feel they are the "experts" in how a child thinks, acts, learns and what is in their best interests and want to be an active part of the process to freely exchange information. One point of emphasis is that some caregivers were concerned the more they expressed disagreement with permanency planning, the more they were left out.

Caregivers are notified of Administrative Case Reviews but not consistently about court hearings. When they attempt to express their views with the court, different responses are received depending on which court they attend and the presiding Judge.

Court delays are a source of frustration as caregivers believe they directly impact permanency.

The experience with court ordered Attorneys for the children also varied. Many caregivers experienced the Attorney for younger children only visiting close to the next court hearing and not being actively involved throughout the process. With the older children, the Attorneys were more involved.

Questions were raised regarding kin and whether it truly is in a child's best interests to move from their home after being placed for an extended period to go live with a relative whom they have never met. They also questioned why particular relatives waited so long to come forward.

Furthermore, families felt that the CPS team and Foster Care Division (FCD) staff were not consistent in their views about the case, information that could be shared and direction of permanency planning.

Item 24: Notice of Hearings and Reviews to Caregivers

Description of Systemic Factor Item: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care:

(1) are receiving notification of any review or hearing held with respect to the child and
(2) are informed they have a right to be heard in any review or hearing held with respect to the child?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 24 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment showed that the current process for providing notice of court hearings and administrative hearings was not consistently effective in providing timely notice. Stakeholders confirmed that caregivers were not routinely receiving timely notification. Stakeholders also reported that their participation in court was dependent on the judge, which at times resulted in a denied opportunity to be heard.

Assessment:
Based on the information below the Department believes that Round 4 Connecticut should be rated as an **Area Needing Improvement** on this item. Although the notification system for reviews works well, the system is remains inconsistent with regards to notifications of court hearings.

We determine the adequacy of notice of reviews to caregivers through our ACR process. Currently the reports are not aggregated by race or region but that is something we may explore for the future.

- **ACR Data- Notice of Hearing and Reviews to Caregivers**

Foster Parent + Guardian Notification of ACR in >=5 Days			
Year	**Timely**	**Not Timely**	**Grand Total**
2019	98.5%	1.5%	100%
2020	90.4%	9.6%	100%
2021	93.8%	6.2%	100%
2022	99.8%	0.2%	100%
2023	**96.4%**	**3.6%**	**100%**

Foster Parent + Guardian Notification of ACR in >=21 Days			
Year	**Timely**	**Not Timely**	**Grand Total**
2019	70.9%	29.1%	100%
2020	73.2%	26.8%	100%
2021	70.7%	29.3%	100%
2022	66.3%	33.7%	100%
2023	**73.1%**	**26.9%**	**100%**

The federal expectation is that caregivers receive at least 5 days' notice of ACR meetings. Although there was a 3% drop, the agency continues to perform strongly in this area with 96.4% of notices going out in a timely manner. In addition, the state expectation is that caregivers are notified of the ACR no later than 21 days prior to the meeting. ACRI data for CY 2023 reflects that this occurred 73.1% of the time, which represents a 7% decrease in performance from 2022 (66.3%). Management continues to share data and have ongoing discussion with support staff related to timely letters generated, while also recognizing the impact office assistant staffing shortages may have had.

Participants in the Caregiver focus group feedback was asked the following:

"Tell us about your experience with court hearings (e.g. received notice of all hearings, given opportunity to attend and to be heard, barriers to attend)?"

Their feedback included:

Caregivers are notified of Administrative Case Reviews but not consistently about court hearings.

The email and text system for ACR notification is now working to full capacity. Parents and provider's emails continue to be entered into our system and when there is a lack of email, CPS staff forward the invitation via text to the parents. A new hard copy letter notification was also created to mail to parents. The letter has the

ACR meeting call in number for parents with no access to Zoom nor an ability to come in person to the meeting. ACR Office Assistants were also provided with an updated email address list for all attorneys to address the timely notification issue.

At this time, there is no data that captures the parent's experience with the periodic review process. The Office of Administrative Review is developing surveys to be disseminated via email/text after an ACR. The department is devoted to improving parent engagement and that would provide real-time data as to the efficacy of the periodic review process.

Overall assessment of systemic factor:
In conclusion, the Department believes that we have a Case Review System that is not in Substantial Conformity with federal expectations.

C. Quality Assurance System

Background: In Round 3, **Connecticut** was in Substantial Conformity with this systemic factor.

Assessment:
Based on the information below the Department believes that Connecticut should be rated as in **Substantial Conformity** on this Systemic Factor as the sole Item included is considered a Strength.

Item 25: Quality Assurance System

Description of Factor: How well is the quality assurance system functioning statewide to ensure that it: (1) is operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), 3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Background:
Connecticut DCF promotes a culture of continuous learning and quality improvement with the end goal of improving outcomes for the children and families we serve. The DCF vision to foster community-based programs and services that can empower families to raise resilient children can only be achieved by continuously understanding and improving the quality, safety, and efficiency of the work being done. This is accomplished through a statewide Continuous Quality Improvement (CQI) system that utilizes data and evidence to understand strengths and areas needing improvement, determines improvement strategies, and implements changes that are found to be successful.

In CFSR Round 3, Connecticut received an overall rating of Strength for Item 25 and was found to be in substantial conformity with this systemic factor. Information in the statewide assessment and collected during stakeholder interviews demonstrated that the state has a robust, multifaceted, and integrated quality assurance (QA) system. Since then, Connecticut has worked to maintain and improve the quality assurance and continuous quality improvement system that effectively drives program improvements.

In early 2021, the DCF Bureau of Strategic Planning partnered with the Capacity Building Center for States to conduct a CQI self-assessment to highlight areas of proficiency while also helping to identify and prioritize areas for additional improvement. Connecticut DCF embarked upon this self-assessment work to understand the agency's current CQI capacities and to help inform CQI planning moving forward. This was a comprehensive process inclusive of the self-assessment of our CQI work and engagement with our internal staff and external partners for feedback and validation of results. This work culminated in the production of a

CQI Plan and document to inform steps and work going forward to further strengthen the CQI framework at DCF.

The objectives of the agency self-assessment were to evaluate the agency's CQI systems across the following seven domains:

- Leadership Support and Modeling
- Staff and Stakeholder Engagement
- Communication
- Foundational Administrative Structure to Oversee and Implement CQI
- Quality Data Collection, Infrastructure, Extraction, Analysis and Dissemination
- Case Record Review Process
- Application of CQI Findings

The self-assessment reflected that DCF has significant strengths in the area of continuous quality improvement and has well-established processes in place that have allowed the agency to integrate CQI into all aspects of the work. It was noted that the areas of Leadership Support; Quality Data Collection; and the Case Record Review Process were areas of particular strength. Prior to and during this self-assessment process, there was internal restructuring work done to establish an agency wide CQI framework under the leadership of a statewide CQI Director to set the vision and priorities across the agency that is consistent with that of agency Executive Leadership. It was noted that the area of Foundational Administrative Structure to Oversee and Implement CQI was the domain in the self-assessment that presented as a priority need for us. Additionally, it was noted that the domains of Staff and Stakeholder Engagement and Communication could be strengthened, particularly regarding engagement and communication with stakeholders on CQI work, and that the Application of CQI Findings domain could also be strengthened. Much work has been done since the commencement of this self-assessment process.

Subsequent to this work with the Capacity Building Center for States, DCF recognized internal capacity and resource limitations and began working with Chapin Hall, an independent policy center at the University of Chicago. Chapin Hall helped to design and develop an updated CQI framework with the agency including connecting this work to the Prevention Plan implementation. This framework served to build upon the existing performance management system and create a holistic CQI Practice Model.

In March 2022, DCF successfully exited the federal Juan F. Consent Decree which had been in place since 1989. This was a significant achievement for the Department as it represented the achievement and certification of each of the Outcome Measures regarding case practice with children and families. A requirement of the exit from the federal Consent Decree was the assurance that a Continuous Quality Improvement framework was in place. It was essential that DCF demonstrate the ability to self-monitor and assess performance across the agency. This was accomplished through the use of CQI processes and procedures already established.

The Department has continued to invest in a robust Quality Management and CQI environment. DCF has made critical and sustained investments in ongoing Continuous Quality Improvement, including the maintenance and allocation of necessary staff and the implementation of new CQI structures and processes. Connecticut DCF continues to partner with Chapin Hall to fully implement the written CQI plan. This work will benefit the agency as we look to expand the breadth and scope of CQI activities across the agency, ensuring that CQI is embedded in all divisions and remains sustainable.

Methodology

Item 25 is evaluated using measurements from existing data sources, data reports completed by the Strategic Planning division and other agency divisions, DCF written policy, CQI processes including ChildStat, and stakeholder input and feedback. Additionally, CQI/QA activities including case reviews, and management information and data reports (including reports from our ROM and LINK reporting systems) are also used as part of this evaluation.

Assessment:
Based on the information below the Department believes that Connecticut should be rated as a **Strength** on this item.

1. The quality assurance system is operating in the jurisdictions where the services included in the CFSP are provided:

The Department engages in various activities to ensure the effective functioning of its quality assurance system statewide and across the fourteen area offices and various divisions. The Bureau of Strategic Planning, which includes Quality and Performance Improvement; Administrative Case Review; Special Qualitative Review; CT-KIND (CCWIS); and Data, Reporting and Evaluation, leads the CQI activities specific to case practice service delivery and is also leading CQI activities related to the implementation of CT's Prevention Plan.

The Bureau has continued the practice of employing QI Program Supervisors (QIPSs) and staff in each region, as well as the Careline and Foster Care Divisions, to collaborate with the regional and division staff on CQI activities. There are six Quality Improvement Program Supervisors. Three QIPSs are assigned to the area offices within a super-region structure; each super-region is comprised of two regions including two to three offices per region, so each QIPS is responsible for the offices within the super-region. There is one QIPS assigned to both the Foster Care Division and Careline Division, and one QIPS is assigned to the Clinical and Community Consultation Support Division. Additionally, there is one QI Supervisor and one QI Service Consultant for the area offices.

The QIPS staff are responsible for coordination of CQI activities within their divisions or regions including oversight and facilitation of the area office, regional, and division CQI teams and refinement of strategies to improve work performance and case practice based upon data for the office or division. The QI Program Supervisors collaborate extensively with the regions/ divisions on QI work including attendance at management and leadership meetings, provision of data and data analysis and communication with staff regarding the data, determination of areas needing improvement using office or division- specific data, and completion of qualitative reviews as needed. There is ongoing QI collaboration with staff on the ChildStat process, one of the CQI activities to assess and improve the performance on the key operational measures (which will be further discussed below). The QI staff collaborate with the CPS staff, the Academy for Workforce Development staff, other Strategic Planning staff, and many other divisions regarding CQI activities for the offices and divisions.

There is an additional QIPS who manages and oversees the Case Practice Unit which was established in March 2023. This unit was established to provide one centralized unit within the Strategic Planning division to provide quality practice reviews, both ongoing and ad hoc. This unit is managed by a QI Program Supervisor and is staffed by five Quality Improvement Social Workers; all five QI SW staff were previously working in regional QI positions and are experienced with CQI reviews. The establishment of this unit allowed for consistency in staff completing quality practice reviews as well as consistent managerial oversight of these processes. This Unit is responsible for ongoing case practice reviews as well as ongoing data analysis pertaining to these case reviews. The ongoing quality case practice reviews include the Differential Response System (DRS) reviews and In-Home Case reviews which include assessment of the agency safety planning practice, and other reviews of the child welfare practice as needed to provide data and information regarding the quality of our case practice and adherence to policy and practice guidance. The data from these reviews is analyzed by Strategic Planning staff and is regularly shared with agency staff (including the Executive Team, Child Welfare Bureau staff, area office CQI teams, and other staff) to inform ongoing learning and to inform the formulation of quality improvement strategies to improve case practice and performance as part of the CQI cycle.

While much of the case reviews and data collection and reporting are completed through the Strategic Planning division and QI staff, data is shared routinely with area office staff as well as with agency leadership. Please see the section entitled "The quality assurance system provides relevant reports" for a description of the data reports provided (starting on page 132). All fourteen area offices have active QI Teams that are

facilitated and organized in partnership between QI and Child Welfare staff. The team is led by the QIPS and in most offices the QIPS co-leads the group with the Office Director. The local CQI team consists of staff at all levels and in each division, including support staff, Clinical, Systems, Foster Care, and Child Welfare staff. The CQI teams focus on areas of opportunities to improve case practice and achieve better outcomes for the children and families we serve, with a focus on data specific to the office. The Careline and Foster Care divisions also each have a CQI team, and division- specific data and strategy implementation is shared and worked on during the CQI meetings.

The QIPS staff produce a quarterly QI statewide report which is shared across the agency to ensure clear and continuous information and feedback regarding the practice as part of a true CQI cycle. This report is discussed at regional and division management team meetings as well as the local CQI meetings via the assigned QI Program Supervisor and QI staff. The quarterly QI report provides consistent data and graphs, along with contextual data and information, regarding multiple areas of practice. Data regarding the Careline work, Differential Response System (DRS) casework, Ongoing Services work, Caseloads and Staffing, Children in Placement (CIP), and other data points are included in the QI Quarterly report.

The Data Reporting and Evaluation (DRE) unit has staff responsible for duties in three primary areas: Reporting, Research and Evaluation, and Strategic Planning. The Reporting staff are responsible for oversight of development and maintenance of multiple DCF Reporting applications (i.e. Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) review reports, CT Open Data Portal, Results-Oriented Management (ROM), and Provider Information Exchange (PIE)). The Program Supervisor for Reporting provides subject-matter expertise and business analysis to generate detailed reporting requirements for our Comprehensive Child Welfare Information System (CCWIS) project, and ensuring we meet all federal requirements for data submissions including the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). This manager will also have two Database User Liaison staff to be hired early in SFY25 that will serve as full-time data stewards assisting with data quality improvement efforts to help meet state/federal data quality requirements. Research and Evaluation staff conduct program evaluation and statistical analysis activities for DCF direct and/or contracted services, support research/evaluation activities being conducted by external parties, and partner with internal management to maintain/disseminate the agency's Research Agenda. Strategic Planning staff are responsible for coordinating activities related to development of the Child and Family Services Plan (CFSP), Annual Progress of Services Report (APSR), and CFSR work. They also track and follow up on Critical Incidents involving allegations of abuse/neglect, ensuring that relevant managers have been notified, and participating in follow-up review activities as needed. Strategic Planning staff are responsible for coordinating activities related to development of the Child and Family Services Plan (CFSP), Annual Progress of Services Report (APSR), and CFSR work. They also track and follow up on Critical Incidents involving allegations of abuse/neglect, ensuring that relevant managers have been notified, and participating in follow-up review activities as needed. One staff member also handles administrative components of the ongoing CFSR process, including development of policy/procedures, assisting with development of the measurement plan, reporting out on review results, and working with the AWD to create, update as needed, and assist with provision of training curriculum to new CFSR reviewers and QA staff.

In addition, there are five Quality Assurance Program Supervisors within the Administrative Case Review (ACR) unit and twenty-nine ACR Supervisors. Each office has at least one ACR Supervisor assigned to complete the case reviews as part of the ongoing case review process including feedback provided to the assigned staff. This quality assurance work is further described in the Systemic Factor 2 section on the Case Review System.

To further our CQI development, the Bureau of Strategic Planning continues to partner with the Academy for Workforce Development on trainings focused on understanding and using data for decision-making for Social Workers, and separately, for Social Work Supervisors and Program Supervisors. A series of training courses have been conducted over the last several years to assist staff at all levels with using data and reports in their day-to-day practice. An example of this is the Leadership Data Institute for Program Supervisors and Directors to help these leaders develop or enhance skills for locating, extracting, and analyzing data. Strategic Planning also updated existing data training courses with more current content to ensure that all practice requirements evaluated in the CFSR process have been incorporated into existing pre/in-service training where relevant.

Bureau staff also collaborated with Academy staff to create ongoing training for new CFSR Reviewers, as well as for CFSR Quality Assurance team members. This CFSR training is being used as we outreach to various external stakeholder groups soliciting participation in our CFSR review process as review team members.

Other positions in the area offices also complement the work of the Strategic Planning and QI staff by focusing on the service array and the provision of clinical services. Each Region has a Systems Program Director (PD) and a Clinical PD. The Systems PD is responsible for management and oversight of the regional service system, including helping to direct and coordinate allocation of resources to maintain service delivery system programs. Each Region also has an Enhanced Service Coordinator (ESC SW) who reports directly to the Systems PD. The ESC is the gatekeeper for primary contracted services. The ESC is available to all staff and consults with social workers to identify the most appropriate service intervention to meet a family's need. The Clinical PD is responsible for directing the clinical support and services for the region, manages clinical systems and programs in the region, and oversees the Regional Resource Group (RRG). The Clinical and Systems Directors also serve as members of the Regional Executive Leadership team consisting of the Assistant Chief, Systems Program Director, Office Directors, Quality Assurance Program Supervisor and Quality Improvement Program Supervisor.

Program Leads are assigned to all DCF POS contracted services. These individuals' partner with contracted providers, Regional and Area Office Staff, Systems Program Directors (SPDs), and Central Office Divisions to ensure the provision of effective quality services. Most contracted services that deliver episodic treatment and supportive services to children and families are required to enter services data into our Provider Information Exchange (PIE) system, which our Program Leads use for contract monitoring and evaluation. Further, some of our services benefit from contracted evaluation and/or Performance Improvement Center (PIC) evaluation and technical assistance that helps ensure and improve service delivery.

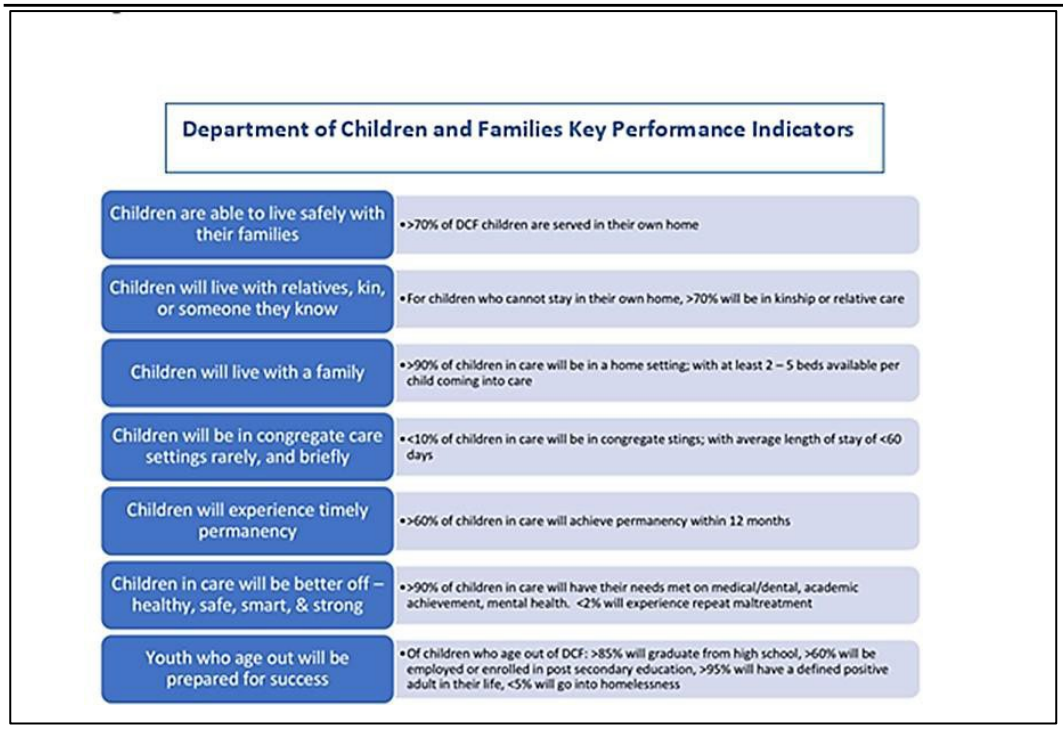
As the above indicates, the Connecticut DCF has invested in resources to support implementation and oversight of its quality assurance system across the agency.

2. The quality assurance system has standards to evaluate the quality of services

Connecticut DCF has standards and quality assurance processes to evaluate the quality of services provided to the children and families we serve. In addition to the comprehensive online DCF policy manual and practice guides which comply with federal policy requirements, DCF also maintains requirements for all contracted service providers.

DCF continues to self-monitor the adherence to federal and state requirements through ongoing quality assurance reviews and review of CFSR data indicators and our own aspirational targets.

In 2019, the following seven overarching aspirational goals and key performance indicators were established to reflect the goals for service to children and families as seen in the figure below.



These goals were established prior to the end of the federal Court Monitor oversight and continue to be utilized as our overarching key performance indicators since our exit in 2022 from federal oversight. It is noted that prevention work will be included as another key result with continued work happening related to the Family First Prevention Plan. Specific attention is also paid to the National Statewide Data Indicators required as part of the CFSR process. DCF has just completed work on the 2025-2029 DCF Child and Family Services Plan (CFSP), and the goals and outcome targets have been revised and updated. The overarching goals for the agency included in the CFSP incorporate the following areas: Safety, Permanency, Well-Being, Prevention, Racial Justice, and Workforce Development.

In addition, Connecticut DCF utilizes the Strategic Planning division staff to provide ongoing data and reporting regarding our headline indicators. DCF uses ROM and LINK reporting systems and is in the process of developing and producing a Scorecard report with technical assistance from the Casey Foundation. This scorecard will supplement the Connecticut DCF internal reporting systems and will be accessible to and utilized by the public.

The case reviews that are completed by the Case Practice Review unit staff utilize a standardized tool that incorporates policy and practice guide expectations, and the reviews are completed for a specific period under review (PUR). These reviews complement the CFSR reviews that are done and provide a larger representative sample of random cases that are reviewed for each office each month. The reviews are further described below in the section on relevant reports provided.

3. The quality assurance system identifies strengths and needs of the service delivery system

A cornerstone of our continuous quality improvement work statewide is the ChildStat process which was launched in early 2021. Connecticut DCF implemented an adaptation of the New York City ChildStat model as a performance management process. This process allows for a real-time management accountability and quality improvement process using a combination of data analysis and strategy discussion to improve practice. During ChildStat reviews attended by agency leaders, data is shared, performance is measured, and practice is compared across geographic areas with a focus on themes and trends reflected in the data. These discussions effectuate both a shared sense of accountability and lead to problem solving the most important issues affecting child and family outcomes.

ChildStat provides a routine synthesis and analysis of data regarding the performance of each Area Office and other divisions on specific key outcome measures. Each office and/or division presents on the same performance measures which align with our operational Key Results, which are also consistent with the Federal Performance Measures.

The model involves three ongoing phases: extensive preparation, the ChildStat meeting, and follow-up. During preparation, quantitative and qualitative practice data is reviewed by the local CQI teams and QI staff, and strategies are developed or reviewed and refined to address areas needing improvement. The local CQI teams meet regularly to accomplish this work. During the local regional and division ChildStat meetings, the data is dissected, and root cause analysis is performed to understand the story behind the data and devise strategies that will work for the specific office or division. This analysis allows staff to participate in "getting underneath" the data to ensure that the strategies and practice improvement work that are devised will work to address the real cause of the performance problem and will result in practice improvement. It is clear that a critical piece of the ChildStat process is the preparation for the actual presentations in which the local CQI teams review and discuss the quantitative and qualitative practice data, and strategies are developed or refined to address areas needing improvement.

The data and identified CQI strategies are then presented to the DCF Executive Team at ChildStat meetings held every six months. The data and strategies are discussed through a Racial Justice lens, and strategies are either affirmed or amended. For example, one office implemented a new method of improved engagement with Fathers to increase the use of paternal kinship placements. Area Office and other division staff that present the data and strategies, as well as other divisions and supportive functions (i.e. Systems, Human Resources, Fiscal, Clinical) as needed. This intra-agency collaboration is significant to assist with the implementation and review of improvement strategies. These changes are then implemented during the follow-up phase using the PDSA model (Plan-Do-Study-Act) to assess and improve efficacy of the intervention. Updates on implemented strategies occur during subsequent ChildStat meetings.

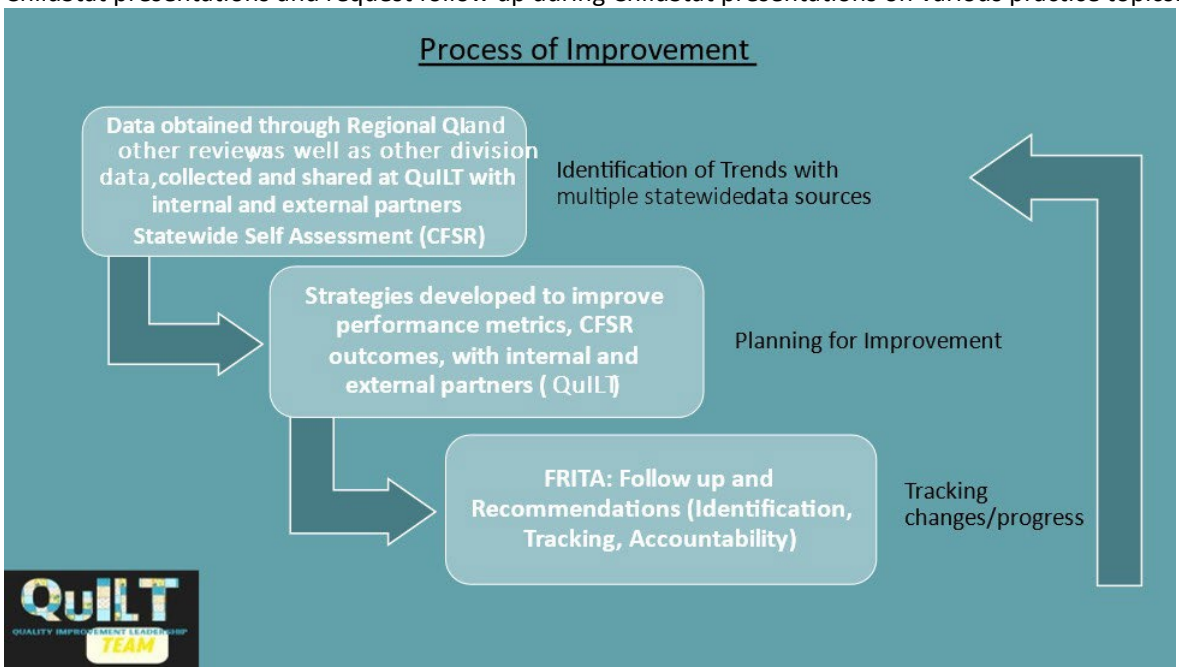
ChildStat has pushed agency staff and leadership to take a critical look at performance and conduct further reviews to understand the story behind the data, and improvement strategies are tracked to assess efficacy and practice improvement. If the strategies do not appear to be working, then the strategies are revised; this is part of the PDSA cycle that is utilized by DCF. While this has been challenging at times, this process has further developed our collective understanding of the data and has assisted in making connections across the larger system to identify other areas that impact performance and outcomes, including service availability, quality of service, service match and staffing. The ChildStat meetings continue and in true CQI form this process is iterative, and adjustments continue to be made based on lessons learned along the way. Currently the ChildStat process is being re-examined with plans to modify the format to ensure that the meetings are examining the data in a transparent way with a heightened focus on whether the strategy is "moving the needle" and positively impacting the practice. The continued work to refine the ChildStat process includes the addition of the FRITA process: Findings and Recommendations - Identification, Tracking and Accountability. The FRITA method allows for specific tracking of the data and strategies with tracking and analysis to assess if the strategy is producing the desired results in our practice with children and families.

Additionally in 2023, DCF established the Quality Improvement Leadership Team meeting (QuILT) that meets monthly. The QuILT serves as an integral piece of our CQI framework and integrates and acts as a steering committee to bring together the various aspects of our work and practice including the ChildStat work, the local CQI Teams, the SQR work, the Senior Administrators Meeting (SAM), and the Systems and services work. QuILT makes explicit the connection between ChildStat, CFSR, and the CQI teams in each region and division.

The QuILT is a statewide interdisciplinary group comprised of senior level administrators. This body helps to vet qualitative projects in the Department and support uniformity with respect to our key performance indicators, performance expectations and qualitative review processes. The focus is on improving systems, practices, and outcomes through the review of data and implementation of statewide improvement strategies as needed. It helps to ensure the rigorous application of the CQI lens to all of our work and helps to ensure continued strategic application of a data driven, results-based approach to the practice to achieve positive outcomes for children and families. The QuILT meeting and process provides:

- A consistent cadence of data reporting and analysis regarding the seven Key Results, Federal Data Indicators, QI reviews and more
- Support to the Child Stat Process/Local CQI Teams
- Assistance with ensuring regular communication regarding performance metrics across the agency.
- Review of CFSR processes including planning, implementation, and reporting
- A centralized team to review all report recommendations and ensure appropriate follow-up.

There is bi-directional feedback between the QuILT team and the ChildStat process and agency teams. The QuILT acts on topics raised at ChildStat presentations, and also acts to determine the agenda for future ChildStat presentations and request follow up during ChildStat presentations on various practice topics.



Another critical piece of the CQI work that is essential to identify strengths and needs of the agency and service delivery system is accomplished through the Statewide Racial Justice Workgroup. This Racial Justice work allows for racial disproportionality and disparity (RDD) work to be examined through regular review of the data, examination of trends, and development and refinement of strategies to reduce disparity undertaken by all divisions in the agency.

DCF has both statewide and local Racial Justice workgroups that have been in place for many years to review disproportionality and disparity data at multiple decision points across child welfare involvement. The local Racial Justice teams utilize that data and analyses to drive development of change initiatives specific to their area and specialization that reduce this phenomenon. The area offices and divisions are tasked with reviewing their specific data and determining strategies to address racial disparity. This continued sustained focus on Racial Justice and RDD data related to each of the performance measures has proved successful in reducing racial disparity in some areas of practice.

Chapin Hall Technical Assistance (TA)

Chapin Hall at the University of Chicago is providing the Department with Technical Assistance regarding the implementation of a continuous quality improvement (CQI) plan. Previously, DCF received TA from the Capacity Building Center for States by way of coaching and consultation which included assistance with the completion of a CQI self-assessment tool. This assistance was very helpful, and it was determined that additional TA was needed to assist our Bureau with the development and completion of the state-wide CQI plan, inclusive of the infrastructure and implementation process, utilizing the results from the CQI self-assessment.

Chapin Hall assisted with completion of an updated CQI plan to assist with ensuring an embedded CQI infrastructure and ensuring the continued application of CQI methods to daily practice across the agency. The completed CQI plan supports workforce development, racial justice, and actions that improve the safety, permanency, and well-being outcomes for children and families through a culture of continuous quality improvement. Additionally, the CQI plan helps to solidify the Bureau infrastructure grounded in a CQI framework inclusive of clear roles and expectations, feedback loops, stakeholder involvement, and mechanisms/plans to monitor and evaluate the operation and efficacy of the Bureau. Chapin is now assisting with the implementation of the CQI plan and framework. This implementation will build upon the strong CQI framework that already existed to ensure consistent CQI methods are employed agency-wide and will also contribute to DCF's larger vision of empowering families to raise resilient children by fostering community-based programs and services.

As Connecticut continues the implementation phase of its Family First work, the Department will continue to contract with Chapin Hall and Don Winstead Consulting to ensure there is a CQI infrastructure in place for monitoring the EBPs named in Connecticut's Statewide Prevention Plan as well as the prevention practice components governing access the EBPs. For Connecticut's community pathway populations, in partnership with Chapin Hall and the PCME, our work will focus on the co-design a CQI process to ensure a family- centered practice in alignment with Connecticut's commitment to racial justice and trauma-informed care. Some specific practice elements to evaluate and build a supportive infrastructure will be:

1. Referrals and services access points
2. Family experience
3. Alignment of family needs and available services/resources/supports
4. FF required processes
    a. Candidacy determination
    b. CSPP development and completion
    c. EBP and service identification
    d. EBP and service referral and handoff
    e. Family well-being outcomes

In early 2021, the Foster Care Division also contracted with Chapin Hall to develop the Connecticut Kinship Navigation model that is a key function of the Caregiver Practice Model; Provide expert capacity building support for initial installation of the Kinship Navigation model; and Create the evaluation design for the Connecticut Kinship Navigation model to support meeting federal evidentiary requirements for the title IV-E Kinship Navigation Program under the Family First Prevention Services Act. Chapin Hall provides implementation expertise to a peer state in their design and implementation of a kinship and adoption navigator program and leverages the experience and lessons learned there for Connecticut. This project also dovetails with Chapin Hall's related projects with DCF to support Connecticut's Family First Prevention Plan development and working with the Bureau of Strategic Planning on Continuous Quality Improvement alignment and enhancement. Project teams will be integrated to support full alignment and continuity of activities. This work with Chapin continues as they assist Connecticut DCF with evaluation of the C-KIN model.

4. The quality assurance system provides relevant reports

Data is used to inform decision making in all aspects of DCF work. The Bureau of Strategic Planning has continued to collaborate with the Child Welfare Division and other agency divisions to ensure that ongoing quality assurance reviews and reports are completed to review the quality of our work and practice. The Bureau also ensures that this data is shared routinely with agency staff to guide quality improvement efforts and strategies to improve the practice.

QA and QI work has continued to analyze and assess the practice and provide that data and feedback to staff to inform quality improvement efforts. The Bureau of Strategic Planning conducts multiple ongoing reviews including both ongoing reviews and ad-hoc reviews as needed to respond to any questions or concerns pertaining to the practice with children and families. Reports are then provided regarding these reviews to

provide both data and contextual information regarding the findings. These Quality Assurance reviews include the following:

Administrative Case Reviews: Ongoing periodic reviews are completed to assess the case plan and case goal for every child in DCF care. A case plan is written for each child in DCF care including a summary of their medical, behavioral, and mental health status and needs, as well as a description of their current placement, educational status, case goal, and other information. This case plan is written and reviewed via the Administrative Case Review (ACR) process within 60 days of the child's entry into DCF care, and the case plan is updated and reviewed every 6 months thereafter while the child remains in DCF care until he/ or she achieves permanency and exit from DCF care. These reviews are conducted in a meeting with invited family members, caretakers, and involved service providers, and the results of the meeting and the case review are documented in the ACRi tool. This standardized ACRi tool captures federal (CFSR) items pertaining to safety, permanency, and well-being. The ACR process also includes reviews of family cases associated with children in care (within certain parameters) and these case reviews assess safety and risk factors for those family cases. The ACR data is aggregated and available in the ACR Case Practice Data Report.

Differential Response System (DRS) Reviews: Ongoing monthly reviews are completed utilizing a standardized tool to examine the DRS practice (both Intake and FAR cases) in each area office, as well as the Special Investigations and Education Professional Investigations Units. This tool assesses multiple areas of DRS practice including risk and safety assessment and safety planning, contact with children and adult household members, supervision and oversight of the cases, and timely service referral and provision to the family. 80 cases are reviewed per month by Strategic Planning staff and the results of these reviews are shared with the CPS staff and Leadership and are discussed at area office and regional CQI team meetings. The DRS practice data is aggregated and shared monthly by QI staff.

Careline Practice Reviews: Ongoing periodic reviews are completed to ensure that the DCF Careline is appropriately screening reports that meet the threshold of suspected abuse or neglect. Strategic Planning staff initially utilized a standardized tool to review a sample of Non-Accept (NA) reports to assure the designation was made though the appropriate application of Careline SDM tools and critical thinking. The review results for 2021 and 2022 were aggregated and the review results were shared via a report with DCF CPS staff and CPS Leadership, as well as with Careline staff and Leadership to ensure strategic follow up and practice improvement. In 2021 and 2022, a total of 4460 non-accepted/screened out reports were reviewed through this QA process. Following the continued positive results pertaining to the practice of non-accepted reports, the reviews were expanded for the Careline practice to provide a more comprehensive review. The Case Practice Review unit completes monthly reviews to include the screening decision, response time/type, abuse/neglect type and appropriate identification of subject children.

Child and Family Services Reviews (CFSR)/ Program Improvement Plan (PIP) reviews: Ongoing monthly reviews are completed utilizing the federal On-Site Review Instrument (OSRI) which provides a comprehensive examination of case practice through these reviews completed by Strategic Planning staff. Connecticut DCF successfully completed and exited the Round 3 Program Improvement Plan (PIP) in 2021, and DCF elected to continue the CQI review process, utilizing the CFSR On-Site Review Instrument (OSRI) to examine our work to ensure safety, permanency, and well-being for both children in placement and family cases served by DCF. These comprehensive review results are then shared with CPS staff and Leadership, including review of the individual case results with the assigned CPS team.

Critical Incident Summary Reviews: Reviews are completed by Strategic Planning staff utilizing a standardized summary format for specific cases. The criterion for the review includes all cases in which a Critical Incident is received on a family that has active involvement with the Department or recent involvement, defined as involvement within the most recent 12 months; in these cases, a Quality Improvement or Quality Assurance Program Supervisor conducts a review to complete a brief case summary including an assessment of case practice strengths and practice concerns. These Critical Incident Summary Reviews are separate from the Special Qualitative Review (SQR) assessments completed by Academy for Workforce Development staff, that are completed for fatality and "near miss" cases. The review results are

then shared with the entire CPS chain of command team and CPS Leadership, and themes and trends regarding the practice strengths and areas of improvement are also shared with staff.

Sibling Visitation Reviews: Annual reviews are completed utilizing a standardized tool to examine the DCF practice regarding ensuring regular sibling visitation for all children in DCF care, as required per state statute. The review assesses the visitation for a sample of children in DCF care and each child's visitation with their siblings (including adult siblings) is evaluated and compliance with the statute is operationalized at the target child and sibling level, resulting in measurement for sibling pairs. The review results are shared with the Connecticut legislature as well as with DCF staff and Leadership.

In-Home Case Reviews: Ongoing monthly reviews are completed utilizing a standardized tool to examine the practice on in-home cases. In early 2023 the in-home tool was extensively revised to provide a complete examination of all aspects of practice to include Risk Assessment; Safety Assessment including safety planning practice and utilization of the Child Safety Practice Model; Quantity and Quality of Visitation; Supervision and Oversight of the case; and Service Provision for families. The new tool includes a significantly larger scope of review and an elevated standard for all areas of in-home case practice. The data and results are shared with DCF staff regularly.

There are additional ad-hoc reviews that have been completed over the past five years, including the following: a review of children with a "short stay" in DCF care to assess the practice regarding removal of children and permanency for those children; a review of youth and young adults receiving Services Post-Majority (SPM) DCF services to assess the practice with this population; a review of legal planning and permanency for children and youth in two Juvenile Court jurisdictions to assess factors associated with timely permanency and legal disposition; and other reviews. These case reviews and resulting data and reports are shared to ensure that there is knowledge and understanding of the impacts to the practice, and to ensure that strategies are implemented if needed to improve the practice.

In addition, there are multiple reports and data that are provided to the agency on a consistent schedule to assist with data-informed decision making. The QI statewide Quarterly report is one piece of our consistent communication regarding QI data and practice for the area offices and divisions, as noted previously in this document. The QI staff issue email communications with current data on a regular cadence as determined by a schedule for reporting; this responsibility is shared amongst the QI staff and ensures that data and reports are consistently and widely shared. Discussions of the quarterly statewide

QI reports and communications occur on a regular basis among the Area Office and division staff, and staff understand the connection between their work and the performance indicators (such as In-home visitation).

Also, there is work occurring in some regions with "real time reviews" by QI staff which provides an opportunity for correction of the work while the work is ongoing with the child and family. The real-time reviews have been beneficial in identifying gaps in service or areas needing improvement. For example, recent real time reviews of DRS cases have provided data and information related to Item 1 (face to face contact with the child victim and subject of the report during the designated response time). These reviews provide an opportunity for self-correction and increase staff knowledge regarding their practice.

5. The quality assurance system evaluates implemented program improvement measures

Connecticut DCF utilizes the Plan-Do-Study-Act (PDSA) cycle as the model for implementing and monitoring program improvement strategies, processes, and measures. An example of the PDSA work in practice pertains to the response to child fatalities and near-fatalities resulting from exposure to fentanyl and other safety factors. DCF embraced a Continuous Quality Improvement PDSA cycle to examine the case practice, determine any case practice concerns, and implement Quality Improvement strategies to address the identified case practice issues. In Q1-22, a qualitative review was completed regarding a sample of cases from each area office with a Safety Plan in place, to provide a snapshot view of the quality of the Department's safety planning practice with families, as well as the documentation of the safety planning process due to

some concerns identified through Critical Incidents and other cases. The review indicated opportunities for improvement in the safety planning practice.

Following the review, a planning team inclusive of Child Welfare, Legal, Strategic Planning, and other divisions was formed to develop the Safety Practice Guidance as a supplement to the overall Child Safety Practice Model. This guidance was provided in August of 2022, and in November 2022 a Safety Summit was held with all DCF leaders to reinforce and discuss the Child Safety Practice Model. Since the promulgation and implementation of the Safety Practice Guidance, there has been training and dialogue to review aspects of the Child Safety Practice Model; this included facilitated discussions in each area office co- facilitated by the Office Directors and Staff Attorneys, as well as virtual statewide meetings facilitated by the Academy for Workforce Development.

Additionally, in October 2022 a protocol was implemented specific to cases with parents impacted by fentanyl use. This protocol ensures clear guidance and oversight for cases with fentanyl concerns, to include specific assessment for any case in which active fentanyl use is alleged, suspected, or confirmed by the parent's admission, as a Safety Plan is being developed. This assessment includes both a Regional Resource Group (RRG) substance use consult, as well as a meeting with the Principal Attorney, CPS team (SW, SWS, PS) and RRG to discuss the case and safety concerns and develop multidisciplinary strategies regarding the best way to assess use and ensure child safety. Both the RRG consultation and the subsequent team meeting are required to occur within one business day. This protocol and practice continue currently to ensure the safety of children residing in families affected by fentanyl use.

In December 2022, a subsequent comprehensive review was conducted regarding cases with implemented Safety Plans and/ or Family Arrangements. This review provided an updated assessment of the practice related to the utilization and implementation of safety plans and family arrangements for children and provided an opportunity to offer quality feedback to DCF child welfare leadership to inform ongoing CQI efforts relative to safety planning with families. This work represents continuous quality improvement (CQI) work in action, through the identification of opportunities for improvement, the steps taken to address and improve the practice, and follow up reviews to assess the efficacy of the steps and strategies as well as the practice. The safety planning and safety practice reviews have now been incorporated into the ongoing In Home and DRS reviews.

Another smaller example of the ongoing PDSA work is related to the utilization of trial home visits (THVs) for children, in which children are returned home while still committed to DCF. The QIPS team pulled data and completed a brief qualitative review to assess the practice regarding trial home visits. It was learned through this review that some THVs were lasting months and that in fact the state policy needed to be updated. It was also learned that data entry errors were contributing to some of the children erroneously identified as being on THV status for a long period of time. An updated policy memo was promulgated in December 2023 to provide clear practice expectations regarding the use of THVs, and training and electronic communication was provided to all child welfare staff to ensure adherence to the policy and correct entry in the LINK system. Subsequent data reviews and reports have reflected that the THV policy is being adhered to and children are not remaining on THV status past 90 days.

DCF has continued to maintain a partnership with UCONN and convenes a monthly Research to Practice meeting inclusive of CQI staff, Child Welfare leadership, and staff from the field. This has proven invaluable in helping staff understand the data related to intake and outcomes and has also better informed our research partners in the work as well as how to best communicate findings in the field. UCONN has developed infographics to convey findings and has joined several of our agency affinity groups to present. Feedback has been overwhelmingly positive from the field on this approach to sharing data, findings and helping to inform improvement efforts.

It is noted that Connecticut DCF has continued to work on improving our partnership with stakeholders relative to our CQI work. DCF has multiple practice groups and venues that serve to ensure meaningful engagement of families with lived experience as well as community providers and others to interact and have a voice regarding the CQI work. Some of these groups include the statewide and local Fatherhood

Engagement Leadership Team (FELT); the Caregiver Advisory Council (CAC); the Regional Advisory Council (RAC) and the Statewide Advisory Council (SAC); and the Court Improvement Team. Many of these groups were engaged in the CQI self-assessment process to help assess the DCF continuous quality improvement system.

Evaluation and Research Activities

Research and evaluation are deeply integrated with the Department's mission. Our research and evaluation-related activities include:

1. Collaborating with outside investigators to evaluate our programs and services and conduct research on child welfare questions important to the Department.
2. Incorporating research-based findings into DCF practice.
3. Encouraging a research- and evaluation-based mindset among our staff, particularly supporting them in the use of data to understand and evaluate their work. Our staff is supported by the DCF Strategic Planning Bureau, which provides services related to defining questions and measures of interest, obtaining data, and analyzing the results.
4. Continuing to develop data sources and infrastructure to support research, evaluation, and further dissemination of evidence into our practice.

All research, evaluation and data-sharing projects must be approved by an external IRB. Projects are then reviewed by our Committee for the Protection of Human Subjects for potential risks to children, families, and our staff, and assessed for the demand on our workforce and other resources.

Important recent research and evaluation activities include:

Research-to-Practice Committee: DCF maintains a partnership with the UConn School of Social Work (SSW) and convenes a monthly Research to Practice meeting with participation by CQI staff, Child Welfare leadership and staff from the field. This has proven invaluable in helping staff understand the results of our work and has also better informed our research partners on how to interpret the data as well as how to best communicate findings to the field. Feedback has been overwhelmingly positive from the field.

Developing standardized interagency data-sharing protocols: The Department is developing standardized processes for sharing administrative data with other state agencies to understand the child welfare impact of state-administered programs and services. We recently joined the state P20WIN data-sharing process that facilitates research and evaluation on educational data.

Infrastructure supporting evaluation of contracted services: Most DCF-contracted entities that deliver treatment and supportive services are required to enter data into our Provider Information Exchange (PIE) system, which our Program Leads use for contract monitoring and evaluation. The remaining services are being incorporated into PIE this year. Some of these services benefit from contracted evaluation services.
Additional work has been focused on issues related to our 2024 strategic goals, as described below.

Goal: Keep children and youth safe with a focus on the most vulnerable populations.

CAPTA Evaluation: The UConn SSW is concluding its evaluation of the CAPTA Notification Portal and Plan of Safe Care process. Several publications and presentations have resulted from this work already.

Goal: Contribute to child and family wellbeing by enhancing assessment and interventions

Connecticut Kinship Navigation Model (CKIN): CT DCF collaborated with the University of Chicago's Chapin Hall to design, implement, and evaluate our CT Kinship Navigator Program. The Department launched the program in the fall of 2023 and is in the beginning stages of evaluation.

Multi-systemic Therapy – Intimate Partner Violence (MST-IPV)**:** MST-IPV is an intensive, in-home clinical treatment program for families with active involvement in DCF due to the impact of intimate partner violence on the family, as described in the publication below. MST-IPV families and matched comparison families are now being evaluated on re-abuse, out-of-home placement, and new incidents of IPV.

- Development of a family-based treatment for co-occurring intimate partner violence and child maltreatment: the MST-IPV model. CC Swenson, CM Schaeffer. BJPsych Bulletin (2024). doi:10.1192/bjb.2023.103

Engaging Fathers and Paternal Relatives in Child Welfare: Breakthrough Series Collaborative (BSC): In 2019, CT participated in the Breakthrough Series Collaborative to develop specific strategies in engaging Fathers in child welfare. The following peer-reviewed articles describe this project and its evaluation:

- A Breakthrough Series on Engaging Fathers and Paternal Relatives in Child Welfare: A System Response to COVID-19 and Racial Unrest**.** J Agosti, JL Bellamy, L Burton, et al. Journal of the Society for Social Work and Research. Volume 12, Number 3, Fall 2021. https://doi.org/10.1086/715214
- Evaluation of a Statewide Implementation of Fathers for Change: a Fathering Intervention for Families Impacted by Partner Violence. C Stover, R Beebe, M Clough, et al. Journal of Family Violence, Volume 37, 2022. https://doi.org/10.1007/s10896-020-00199-5
- Reducing Family Violence Through Child Welfare Intervention: A Propensity Score-Matched Study of Fathers for Change. R Beebe, MC Fish, et al. Journal of Interpersonal Violence. Volume 38, Issue 21-22. First published online July 20, 2023. https://doi.org/10.1177/08862605231186121

Educational outcomes for post-secondary education youth: Funding is being utilized to partner with two University of Connecticut faculty with expertise in transition age youth to provide evaluative data on educational outcomes for post-secondary education youth.

Other research: A selection of recent peer-reviewed publications describing other work in support of this goal includes:

- The efficacy of a voluntary, community-based program in preventing recurrence of child maltreatment: Community Support for Families. M Feely, P Carlson, B Kurz, J Pierce. Journal of Public Child Welfare Volume 17, 2023 - Issue 4 https://doi.org/10.1080/15548732.2022.2101173
- Effects of child trauma screening on trauma-informed multidisciplinary evaluation and service planning in the child welfare system. CM Connell, AS Swanson, M Genovese, JM Lang. Journal of Traumatic Stress, Volume 37, Issue 2, April 2024. https://doi.org/10.1002/jts.23001
- Needs of caregivers of youth enrolled in a statewide system of care: A latent class analysis. A Schreier, MR Stenersen. Children and Youth Services Review. Volume 147, April 2023. https://doi.org/10.1016/j.childyouth.2023.106838

Goal: Eliminate disparate outcomes across all racial and ethnic groups served by the Department

Leading Difficult Conversations about Social Justice: In 2022, the Academy for Workforce Development partnered with researchers from the University of Connecticut School of Social Work to develop and administer a comprehensive training needs and preferences survey of this workforce. A consistent training need request was made for the Academy to offer training to assist supervisory staff in leading and facilitating difficult conversations in social justice. In 2023, the Academy began offering "Leading Difficult Conversations About Social Justice" training for supervisory staff.

Data development: The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department continues to have strong data suites that are accessible by all staff, to support the evaluation of practice and outcomes through a racial justice lens. This includes ensuring that there are reports, dashboards, data tools, and filters that allow the Department to disaggregate its data by race and ethnicity.

Education**:** The Director of our Training Academy, Tracy Davis, co-authored Re-Envisioning the Social Work Profession, Education, and Practice / Educating Bilingual Social Workers for the Child Welfare Workforce: A Distributive Justice Approach. LW Rozas, M Marrero-Johnson, T Davis. Advances in Social Work, Vol. 22 No. 2 (2022). https://doi.org/10.18060/24973

Conclusions and Recommendations

Connecticut assesses this item as a Strength, and therefore the systemic factor as in Substantial Conformity with federal requirements. The Connecticut DCF quality assurance system provides a framework to utilize evidence to understand strengths and areas needing improvement, determine improvement strategies, and implement changes that are found to be successful. Our CQI system continues to improve, and this improvement has been enhanced through the partnerships and assistance of the Capacity Building Center for

States and Chapin Hall. Connecticut will continue to work to ensure that the agency demonstrates a well-functioning continuous quality improvement system that drives program improvements.

D. Staff and Provider Training

Background: In Round 3, Connecticut was in Not in Substantial Conformity with this systemic factor, though one of the items included was rated as a Strength.

Assessment:
Based on the information below the Department believes that Connecticut is in **Substantial Conformity** on this Systemic Factor as all of the three items included are considered Strengths.

The Academy for Workforce Development remains steadfast in its commitment to provide essential training and workforce development opportunities to the DCF staff for the purposes of strengthening their skill and knowledge base. This commitment becomes evident through pre-service training, which is marked by a one hundred percent completion rate for those that remain employed by the agency. The robust in-service training catalog offers courses reflecting the interest and needs of the staff. We provide leadership programs, and workforce development programs, which support staff in their professional development. In addition, the Academy offers a variety of educational programs to staff, college, and university students to strengthen their commitment to the field of social work, while also creating a pipeline for employment to the agency

As we reflect upon the past five years inclusive of this period under review, the Academy has advanced in playing a role in strengthening the skill and knowledge base of the workforce. This is evidenced by the continuation of strong training development, and professional development opportunities. The Academy maintains a strong partnership with area office leadership and staff, central office, and the facilities to ascertain their training needs. They are regularly invited to the table to collaborate and assist with the development of training curricula. Staff within the area office were issued a Training Needs Assessment which surveyed their training needs and interests. Central office staff participated in focus groups to gather the same information. Based on the results, the Academy was able to develop training courses that not only assisted caseload carrying staff, but also those serving in clinical and specialty positions.

The division has established and maintained strong professional partnerships with various community providers that creates an opportunity to engage and collaborate with them on training development for the purposes of providing courses outside of the expertise of the Academy staff. In return, through the formulation of the Academy for Community Partners, we can reciprocate the favor and provide courses to their staff. Since the inception of the Academy for Community Partners approximately two years ago, that sector on a yearly basis, trains on average about 800 people a year spanning 41 different provider organizations.

The Academy continues to engage and collaborate with people with lived experience. They have been instrumental in assisting the Academy in bolstering training materials, by infusing their personal experiences. They are a mainstay within the simulation training provided in both pre-service and in-service training. They provide the staff with feedback necessary for staff growth and development.

To assess the impact training has on staff learning and development, The Academy received technical assistance from the Capacity for Building States. Identified academy staff worked closely with the Center for several months to develop a model for conducting focus groups which included examining, which trainings upon completion would benefit from such an activity. Strengthening the use of pre and posttest in certain program areas of training was also examined. The center was also instrumental in helping the division think about transfer of learning activities. During this period under review, the Academy has been able to incorporate all three of the recommended enhancements for the purpose of assessing the impact training has had on the workforce.

The staff within the Academy have also spent a considerable amount of time researching in detail the capabilities of the Learned Management System used to track training. With the assistance of a dedicated IT person, the division has been able to explore and create a report that captures the completion rate of the mandatory 30-hour training requirement of the workforce. This is monitored regularly with notification sent to leadership within the agency for follow-up.

Creation of a pipeline to employment for interns continues to be an area of focus for the Academy. During the past five years, the Academy has worked to strengthen the relationship between DCF and Connecticut's college and university system. The Academy in partnership with the University of Connecticut School of Social Work and Central Connecticut State University recognize the value, importance and need of the Hispanic community to have social workers who speak Spanish. It provides a cultural nuance that ultimately increases engagement, collaboration, and compliance. Efforts have been made to establish two programs that seek to recruit Spanish speaking interns. Interns receive a nominal stipend and are guaranteed full- time employment upon successful completion of the internship. As a result of the program, the Spanish speaking interns have reported a better awareness and understanding of DCF, more insight into the needs of the Hispanic population in their catchment area, and they have moved forward to employment. As the Academy moves forward with the universities, additional planning will occur to deepen the recruitment to the program.

Item 26: Initial Staff Training

Description of Item: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that: 1) Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and 2) The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties? "Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Background: In CFSR Round 3, Connecticut received an overall rating of Strength for Item 26 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews showed that initial training prepared new staff with the basic knowledge and skills required for their positions.

Assessment:
Based on the information below, the Department believes that Connecticut should be rated a **Strength** on this item.

1. **What are the state's requirements for initial training, i.e., number of hours, brief description of course content and learning objectives, and who is required to attend?**

The Academy for Workforce Development Pre-Service Training Program

The Academy continues to offer an extensive pre-service training program for new social workers who are hired to conduct child welfare work in the regional area offices. The program is designed to prepare each social worker for effective child welfare/protective services practice, and is based on seven core competencies:

Professional development as a child welfare social worker
Accurate assessment of safety and risk
Engagement of individuals and families
Assessment of individuals and families
Interventions and services with individuals and families
Legal
Documentation

The pre-service training program currently involves 24 unique courses over 36 days of training offered during a period of five to six months, with a significant number of courses "front loaded" into the social workers' first seven to eight weeks of employment; and the remaining coursework scheduled intermittently to allow for gradual case assignment and workload increase. The courses are largely facilitated by the Academy's Child Welfare Trainers, supervisory-level employees with recent field experience; as well as numerous "adjunct" facilitators, including but not limited to agency attorneys, quality assurance staff, medical and educational consultants. All but two courses are held in-person in order to maximize the learning experience for participants.

In addition to the 24 synchronous facilitator-led courses, social workers participate in numerous structured shadowing activities in their local offices; asynchronous self-guided trainings; and a home visit simulation practice conducted with parent advocacy partners. Two unique experiential activities, 1) touring the State of Connecticut correctional facilities and 2) navigating public transportation (*CT Transit*) are also required to enhance their ability to be empathetic to those we serve. Offerings of these experiences were disrupted during the pandemic. The prison tours were reinstated in October 2023. It is projected that the public transportation exercise will begin again during the summer 2024. The pre-service training program integrates these various approaches to ensure all participants' varied learning styles are met.

Additional measures to support participants in their initial learning and onboarding have continued through "Learning Lofts". These are scheduled mid-way through the program for participants to discuss areas of practice they were struggling with; network with each other and share experiences; and clarify aspects of previous formal training classes. Check-in meetings with the supervisors and program supervisors of the respective group members also occur at least once during the training period. This provides more frequent and group specific communication between the Academy and area office training leadership. These sessions anecdotally led to improved identification of learning needs and training themes and subsequent support to staff in addressing these needs. Both efforts are led by the assigned training coach.

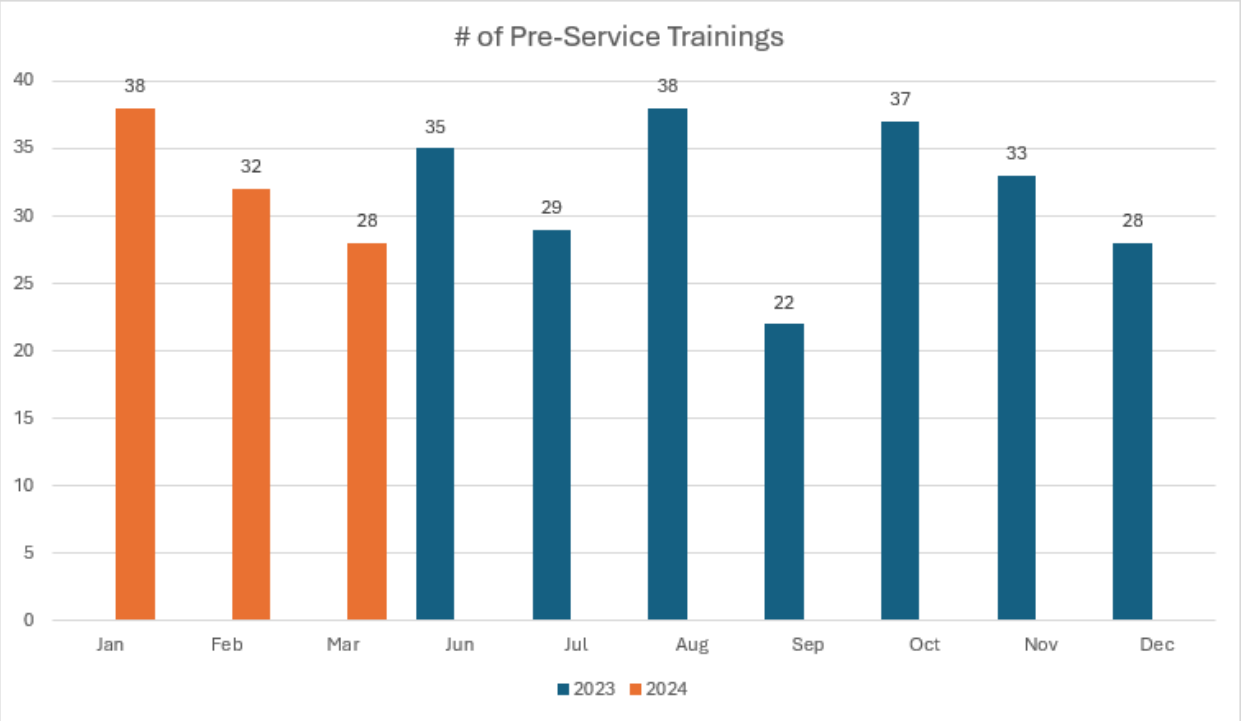
Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" examination; and each group of program participants are assigned a Child Welfare Trainer Coach (formerly liaison) to offer 1:1 and group support/guidance. Formal feedback is provided to the participants' supervisors via "*Observation Forms*" at two distinct times during the program; and a modest graduation ceremony is facilitated by the Coach to mark the participants' accomplishment of completion. Feedback and requests from training supervisors were received for additional support in strengthening their work with trainees and to improve retention. As a result of this feedback and to encourage partnership, communication, and learning, bi-monthly meetings now occur between the Academy staff, and supervisors/managers from the 14 area offices. Session topic ideas were gathered from training supervisors and managers at regular statewide meetings between the Academy and Area Office staff. An additional effort was made to support training supervisors and managers through quarterly group coaching sessions. These began in October 2023. Topics so far have included shadowing staff in the community and modeling work-life balance. Participants said they found the following to be the most helpful from these sessions:

- "Being able to hear the way others are managing their work & also brainstorming ways to make DCF a safe and sound culture for further employees to come :)"
- "provided insight for myself when working with and supporting my team, leading with example."
- "Remember to continue to help trainees grow professionally and in confidence and not take over shadowing with staff."

We also engaged group coaching participants in a two-month Transfer of Learning survey, about two months after the October session. This is an additional evaluation tool to determine the impact of training efforts. All who responded to the survey indicated they did shadow their staff in the community following the coaching session and found it to be beneficial. One person commented with the following: "Yes, I found it beneficial as it provides an opportunity for the SWS to see firsthand how the SW/SWT interacts with families and areas they have strengths in as well as areas needing improvement." The Academy continues to use this evaluation tool to determine if training content was utilized in practice and was beneficial to the participant.

2. **What is the state's process for ensuring that the state's requirements for initial training are met?**

During the current reporting period, a new training group began each month. The same trend is projected through the remainder of this reporting period. There were 187 employees enrolled in pre-service training between 07/01/23 and 03/31/24, with an additional 6 groups of varying size anticipated to begin between April and September 2024. Between 07/01/23 and 03/31/24, 102 social workers completed the pre-service training program. Eight more groups (up to approximately 100 more employees) are expected to complete the program by 09/30/24. Below is a summary of the number of classes held per month. The program is impacted by hiring practices and trends, which are governed largely by statewide caseload sizes and fiscal considerations. The Academy closely monitors attendance and trainees are unable to take the final test until all classes are completed. 100% of trainees who complete the pre-service program meet the training requirements around course completion. Classes for April-September 2024 are still being scheduled for incoming pre-service groups. Completion has been manually tracked in recent years, but beginning in March 2024, it is being tracked in the Saba electronic learning management system. It should be noted that almost all participants complete the training within the expected 5 - 6 month period, the only exceptions being due to missed class(es) that must be made up prior to taking the final test. Otherwise the only reason a trainee would not complete the course would be if they left the agency prior to completing it.



Eight groups graduated from the pre-service training program during the current review period and their progress/scores in their testing are reflected in the table below. On average, participants during this current period improved their scores between "pre-" and "post-" test by 15.23%. To ensure the test questions align with current course content and case practice, some of the questions were updated in March 2024. The updated test will be administered beginning with J-2024's pretest and D-2024's posttest in April 2024. Individual test scores that fall below a 70 are considered indicative of additional training needs. In those instances, Academy staff will initiate communication with the participant's supervisor to discuss individualized training needs and develop a plan to meet those needs.

Group	Pre-Test Average	Post-Test Average
F-2023	68.76	75.14
G-2023	66.39	81.15

Group	Pre-Test Average	Post-Test Average
H-2023	66.95	77.23
I-2023	68.49	77.89
J-2023	66.66	75.35
A-2024	65.22	78.09
B-2024	69.40	81.52
C-2024	69.04	76.92
D-2024	61.89	In Progress
E-2024	67.35	In Progress
F-2024	69.40	In Progress
G-2024	65.89	In Progress
H-2024	62.55	In Progress
I-2024	In Progress	In Progress

3. **What is the state requirement regarding whether staff must complete training before being assigned cases?**

Courses are "front loaded" in the pre-service training program so the most foundational classes are completed prior to case assignment. The remaining coursework is scheduled intermittently to allow for gradual case assignment and workload increase. The agency has case assignment guidelines, and the first cases are to be assigned around weeks five - six of training. Adherence to this guideline is managed by each area office and may vary based on individual office needs. This is not tracked by the Academy but is assessed by Area Office supervisors and managers locally. Below is the assignment guideline chart developed by agency leadership:

Caseload Assignment	Timeframe
25% Caseload Assignment	After completion of the first 6 weeks of onboarding training
50% Caseload Assignment	After completion of 10 weeks
75% Caseload Assignment	After completion of 14 weeks

4. **To what extent were staff who completed initial training prepared to deliver services?**

The effectiveness of pre-service training is assessed in multiple ways. Training Experience Evaluations are administered at the conclusion of each course. Responses provide feedback about participant satisfaction and what they found most helpful. Available data from the evaluations during the current period was overwhelmingly positive. Particularly, participants remarked that the trainers' subject matter knowledge; the engagement of the groups; and the use of various teaching strategies was most helpful. A sampling of comments regarding the most helpful aspects of the trainings include:

- "New ideas to process and interesting material."
- "The activities and videos helped me have a better understanding of the contents in real life."
- "What permanency really is and getting examples of it."
- "How to address certain situations and a better understanding of what the agency does."
- "de-escalating situations and importance of Fatherhood"

Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" test. The pre-test is a multiple-choice test comprised of 73 questions and is administered on the first day of pre- service training. Participants retake the same multiple-choice test as part of a more comprehensive post-test at the end of the training program. The average pre-test score from the most recent 12 groups is 67%. The average post-test score on the multiple-choice component from eight of the most recently completed groups is 78%, representing a 16% improvement in scores. We recently updated the test questions to align with current course content. The new test will be used with all groups beginning in May 2024. In addition to the

multiple-choice section of the final test, participants also utilize a case scenario and watch excerpts from simulated home visit videos to complete a Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA) and write home visit narratives. They are also required to respond to three open-ended essay questions. The questions focus on these key areas of practice: ABCD Child Safety Practice Model, Fatherhood Engagement, and Racial Justice. These test elements are designed to capture how participants have integrated their classroom learning into their case practice. There is evidence in the qualitative data that most participants are demonstrating an integration of their learning into practice.

Below is an example of one response answering the question, "*Describe how you apply the following concept you learned in the classroom to your case practice. Provide specific examples: ABCD Safety Practice Model*."

"I use the ABCD paradigm when assessing safety during every visit. I ensure to assess the parent's protective capacities. I explore ways in which they have kept their children safe, their understanding of their child's vulnerability, and their understanding of their protective role. I also explore behaviors that impact child safety and how the parent either controls or manages behaviors or lack thereof. We also look at child vulnerability and if identified safety factors can be mitigated due to age, development, or if the child is more vulnerable due to age, development/ cognitive ability, or medical condition. We also assess the dangerous conditions. Is the home safe for the child, are there weapons or other dangerous items easily accessible, is the parent able to keep their child from dangerous individuals. When assessing safety, it is important to use the safety paradigm to ensure that safety factors are not already being mitigated by protective capacity, child vulnerability, or parental behaviors."

The Academy plans to strengthen the collection and analysis of this data in the coming year by collecting scoring data from the trainers. Responses are currently rated with the use of a rubric and scoring criteria, but not collected and compiled for analysis. We will begin collecting the scores in a standard format to see more globally how many trainees are meeting the expectations of these test elements.

Formal feedback is provided to the participants' supervisors via "Observation Forms" at two distinct times during the program, two months after training begins and after the final test. These brief assessments provide information to supervisors about the social worker's attendance, participation and professionalism in the classroom, test results and completion of in class assignments.

Formal and informal focus groups and surveys have been used to gather additional feedback about the effectiveness of training and transfer of learning in their assigned offices. Survey and focus group participants indicated that the training content was good overall and met their learning needs. Participants reported having a more positive experience in the area office, including the application of classroom learning, when they felt supported by their supervisor - not all reported positive supervisory experiences. Feedback and communication with training supervisors and program supervisors of workers also informs the assessment of training effectiveness. This is accomplished through bi-monthly meetings between the Academy staff and supervisors/managers from the 14 area offices.

Focus groups held with DCF staff as part of the self-assessment process largely supported the usefulness of pre-service training as thorough and relevant. However, some staff felt that the material was often repetitive to content covered in university coursework, and that more localized experiential training would be helpful. There was an appreciation for offerings such as the public transportation experience, but also a desire for more training concerning services available in local areas. They also suggested having more hands-on practical training on issues such as navigating our case management system, use of available computer software to improve efficiency and time management, and practice writing mock neglect petitions and/or motions for Orders of Temporary Custody. One staff also mentioned that the Academy suggests that trainees should not be assigned complex cases, but in practice this does occur.

The Academy is in the process of building a transfer of learning guide in collaboration with the area office partners. Trainers provide an overview of each pre-service course (1-2 presented at each meeting), and the supervisors/managers engage in brainstorming about realistic transfer of learning activities that can be conducted in the area office to complement the classroom learning. Participants are engaged in the process

and should be more likely to implement these learning activities. The Academy will continue to gather feedback from trainees and leadership to evaluate the effectiveness of training.

Test Item	Indicators	Excellent *Meets or exceeds the expectations of beginning Social Worker/Trainee*	Good - Developing *Meets most expectations of beginning Social Worker/Trainee*	Satisfactory *Meets minimal expectations for beginning Social Worker/Trainee*	Did Not Meet Expectation *Below minimal expectations for beginning Social Worker/Trainee*
Transfer of Learning Response: ABCD Safety Practice Model	SW/T demonstrated comprehension of the identified practice area. The example(s) of how the concept was utilized in case practice was relevant and provided evidence that transfer of classroom learning to practice occurred.	**4 Points** Provides complete and thoughtful response and fully demonstrates comprehension of the concept. Provides specific and relevant examples of use in case practice. Demonstrates critical thinking skills.	**3 Points** Response is thoughtful, but lacking some detail and clarity in either explanation of the concept or how it was used in practice.	**2 Points** Provided partial response; or response was lacking detail or critical thinking skills.	**1 Point** Did not provide a response to this question; or response lacked any critical thought.
Transfer of Learning Response: Fatherhood Engagement	SW/T demonstrated comprehension of the identified practice area. The example(s) of how the concept was utilized in case practice was relevant and provided evidence that transfer of classroom learning to practice occurred.	**4 Points** Provides complete and thoughtful response and fully demonstrates comprehension of the concept. Provides specific and relevant examples of use in case practice. Demonstrates critical thinking skills.	**3 Points** Response is thoughtful, but lacking some detail and clarity in either explanation of the concept or how it was used in practice.	**2 Points** Provided partial response; or response was lacking detail or critical thinking skills.	**1 Point** Did not provide a response to this question; or response lacked any critical thought.
Transfer of Learning Response: Racial Justice	SW/T demonstrated comprehension of the identified practice area. The example(s) of how the concept was utilized in case practice was relevant and provided evidence that transfer of classroom learning to practice occurred.	**4 Points** Provides complete and thoughtful response and fully demonstrates comprehension of the concept. Provides specific and relevant examples of use in case practice. Demonstrates critical thinking skills.	**3 Points** Response is thoughtful, but lacking some detail and clarity in either explanation of the concept or how it was used in practice.	**2 Points** Provided partial response; or response was lacking detail or critical thinking skills.	**1 Point** Did not provide a response to this question; or response lacked any critical thought.

Regional Resource Group Orientation Series

In the current period, enhanced efforts were made to provide newly hired members of the agency's Regional Resource Group (RRG) with a required formalized orientation/on-boarding training program to the Department. The RRG Orientation Series is composed of facilitator lead and self-guided courses that are intended to align with RRG employees' specific duties and responsibilities. During the current period, four newly hired RRG employees participated in the Orientation Series. Completion of required courses are tracked in our learning management system.

The classes include the following:

- Mandated Reporter Training
- Supporting the LGBTQ+ Population Self-Guided Training
- DCF 101
- Child Protection and Testifying 101
- LINK for Non-Caseload Carrying Staff
- Child Safety Practice Model (CSPM) & Structured Decision Making (SDM) Day 1 & 2
- Advancing Anti-Racism within Child Welfare Practice Day 1 & 2
- Legal 1
- Permanency Series: Day 1, 2, & 3
- Intimate Partner Violence Day 1 & 2
- Substance Use Day 1 & 2
- Child Trafficking Day 1 & 2
- What You Need to Know About Serving Children with Developmental Disabilities

New Legal Employee Orientation Series

In the current period, a required orientation training series was maintained for new legal employees, including attorneys and paralegals. Similar to the RRG Orientation Series this series is composed of facilitator lead and self-guided courses that are intended to align with legal employees' specific duties and responsibilities. During the current period, twelve newly hired legal employees participated in the Orientation Series. The list of courses in this training series is listed below.

- Mandated Reporter Training
- Supporting the LGBTQ+ Population Self-Guided Training
- DCF 101
- LINK for Non-Caseload Carrying Staff
- Advancing Anti-Racism within Child Welfare Practice Day 1 & 2
- Structured Decision Making (SDM)/Child Safety Practice Model (CSPM) Day 1 & 2
- Legal 1, 2, & 3
- Permanency: Day 1, 2, & 3
- Intimate Partner Violence (IPV) Day 1 & 2
- Education
- Introduction to Substance Use Disorders Day 1 & 2
- Sexual Abuse Day 1 & 2
- Child Trafficking Day 1 & 2
- What You Need to Know About Serving Children with Developmental Disabilities
- Immigration Practice at DCF

Item 27: Ongoing Staff Training

Description of Item:
How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that 1) Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and 2) The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP. "Staff" for this item also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 27 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews showed that although Connecticut has a catalog of ongoing in-service training and standards for the amount of ongoing training required the state recognizes there are gaps. The state is unable to produce useful reports to track staff compliance with training requirements and does not have an effective way of evaluating the effectiveness of the ongoing training.

Assessment:
Based on the information below, the Department believes this item should be rated a **Strength**.

1. What is the established curriculum, if any, for ongoing training? What are the timeframes?

IN-SERVICE TRAINING FOR STAFF

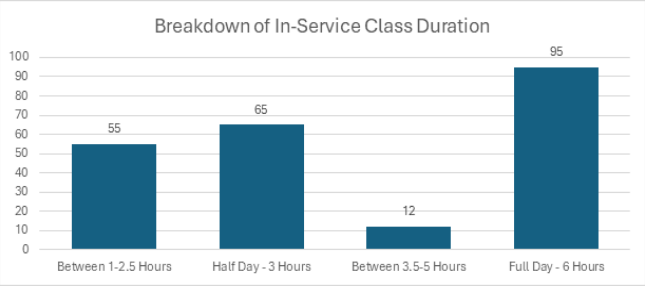
The Academy continues to provide relevant and timely learning opportunities to enhance child welfare practice. All in-person and virtual in-service training classes are posted in a quarterly online catalog, and staff can "self-register" with supervisory approval. Per agency policy, staff are required to take 30 hours of in-service training per year. Many in-service classes are open to non-DCF staff, inclusive of non-profit community providers, parent advocacy groups, other state agency employees, and others. These cross-training

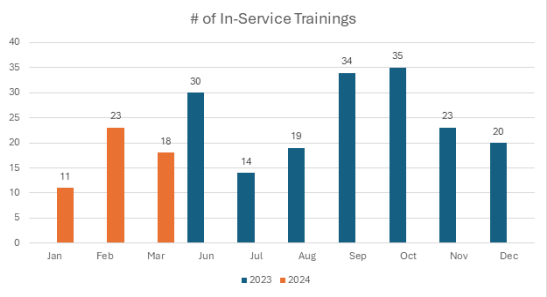
opportunities strengthen the child welfare practice in Connecticut by bringing together representatives from numerous disciplines; and allow for richer conversation in the classroom from varying perspectives. Contracted provider staff are not required to take specific courses, though at times their DCF Program Lead (responsible for contract management) and/or a DCF Systems Program Director (responsible for addressing systems issues within a regional area) may suggest certain courses to orient them to DCF practice/issues and/or content relevant to their service type. The Academy has significantly increased the numbers and types of training offered to experienced staff.

The Academy, through the use of the Learning Management System (LMS), has created a database which tracks the training hours for the workforce. Staff have been oriented to the database and have been provided with video tutorials that assist them in navigating how to access the reports, and how to enter training into the system, including approved training offered outside the Academy. This data is run quarterly, Staff and their supervisor/managers can access their individual training reports at any given time. Staff who are responsible for creating yearly performance appraisals are encouraged to review their staff training compliance and reference their status in the appraisal. State labor representatives have directed the Department that appraisals should not have any language referencing training needs unless the employee is demonstrating particularly excellent, or very poor, performance.

During this 2023-2024 fiscal year, the Academy offered 227 unique in-service training sessions. Below find a chart summarizing the number of in-service classes held per month for this State FY to date.

THE TOTAL OF IN-SERVICE TRAININGS PER MONTH:





2. Is the staff completing the established curriculum?

Since the beginning of this calendar year, the Academy has been tracking completion of the 30-hour requirement in a new database. The Department expects to provide our first complete report on this metric for our next Annual Progress and Services Report. Aggregate information about staff status towards achieving this goal are also sent out to senior leaders on a quarterly basis. Those who complete performance appraisals can speak to compliance within the document and devise a plan to rectify the situation if needed. Focus groups held with DCF staff as part of the self-assessment process indicated that completion of ongoing training is easier for staff in some roles (i.e. Regional Resource Group) because their schedules are more flexible than line staff. Line staff stated it's very difficult to attend training as they feel they do not have enough time with full caseloads, and that there remain discrepancies between practices taught in training compared to how they are operationalized in the field. Staff felt that more skill-based training would be helpful (i.e. mock interviews with difficult clients where strong engagement skills are needed), as well as continuing to increase the offering of CEU credits to maintain licensure status.

To assist staff with completing the required hours, the Academy issues a quarterly training catalog to the entire agency. This catalog provides a robust offering of in-service courses for staff to take either in-person, or asynchronously full day and half day courses. When significant practice/systems change occur, mandatory trainings are rolled out statewide and required of all or targeted groups of impacted staff. Examples of this include the ABCD Child Safety Practice Model that was required for all child welfare staff, or the AFCARS 2020 data entry system when it was released. Training courses are conducted by Academy trainers, managers, and adjunct trainers from within the agency or in the community.

Additional training needs are often discussed at various statewide leadership meetings, and requests for additional training are funneled through Academy coaches assigned to each office. Area offices, central office, and the facilities, have the ability to offer in-house training to their staff. Since this period under review, they have been equipped with a training request form. This should be completed in order to ensure that the requested training is documented in the SABA system in order to capture accurate the training timeframe, training hour totals and staff attendance.

Initial Training for New Supervisors

1. **What is the established curriculum, if any, for new supervisors? What are the timeframes?**

Leadership Programs

Leadership Academy for Middle Managers (LAMM)

The Connecticut version of the Leadership Academy for Middle Managers (LAMM) focuses on the same tenets as the National LAMM with a few nuances. All the modules are co-led by a member of the current Executive team and our Senior leadership. This approach brings about a uniqueness to the program that allows participants to connect directly to the information provided to them. Each participant is matched with a Super Coach. Their work together centers around the development and implementation of the participants' change initiative. To highlight their learning, and to capitalize on their shift from a manager to a leader, the participants have an opportunity to present their change initiative to the Executive team, Senior leaders, and their Super Coach. During the presentations, the LAMM participants receive feedback on their change initiative with commitments and plans from the Executive team to stand up the projects. The curriculum is taught through six total sessions. See below for session titles.

Course Title	# Sessions
LAMM: Leading Change	2
LAMM: Leading in Context	1
LAMM: Leading for Results	2
LAMM: Leading People	1

In March 2024, the Academy launched the 8th cohort. The program returned to an in-person format. Seven (9) managers (see below grid for the breakdown of position title, race/ethnicity, and gender) from across the agency are currently participating. Most of the participants in the current cohort are from Central Office. In years past the area office representation was more prevalent.

Position	Race	Gender
Program Supervisor	White	M
Program Supervisor	Other	M
Supervising Clinician	Hispanic	F
Fiscal Admin Manager	Black	M
Supervising Clinician	White	M
Program Supervisor	Hispanic	M
Program Supervisor	Hispanic	M
Program Director	Hispanic	F
Program Supervisor	White	F

Leadership Academy for Supervisors (LAS)

The Leadership Academy for Supervisors (LAS) is a leadership training for experienced child welfare supervisors. The curriculum is based on the National Child Welfare Workforce Institute (NCWWI) Leadership Academy. The LAS provides 36 hours of self-directed online learning and five full day facilitator lead "Learning Networks" to discuss the material, apply it to their function, and network with other supervisors. Participants are also required to plan and implement a change project within the agency. Additionally, participants are paired with a Coach, who are middle managers within the agency who have graduated from the Leadership

Academy for Middle Managers (LAMM). They provide monthly coaching sessions and ongoing support in the development and implementation of the change project.

The 2023 LAS cohort began on 09/14/23 and concluded on 02/29/24. There were 14 participants at the start of the program. One had to leave the program in the early stages due to medical issues. The remaining 13 graduated from LAS. Participants were supervisory staff from across the agency, representing local Area Offices, Central Office, and the Albert J. Solnit Children's Centers North and South. The change projects varied, but many focused-on staff retention, racial justice, and permanency outcomes. Participants cited new friendships/support systems and leadership skill development as the strongest benefits of the program.

Female	**9**
Black/African American	3
Hispanic/Latino	1
White	5
Male	**4**
Black/African American	3
White	1
Grand Total	**13**

Leading from a Supervisory Perspective (LSP)

The Academy continued to offer Leading from a Supervisory Perspective for newly promoted supervisors. This mandatory training series is offered quarterly. Since August 2023, 32 people participated in the series. It is a five full day-session series that occurs over the course of two - three months. The curriculum includes the following topics:

- Making the Transition to Supervisor
- The Human Relationships of Supervision
- The Process of Supervision
- Supervision through Leveraging Technology
- HR: From Writing an Evaluation to Writing a Work Plan and Everything in Between

The series continues to assist newly promoted supervisors in becoming more self-aware and self-reflective professionally. Many of the discussions allow participants to examine how and why they respond to situations or make decisions. The course utilizes several different inventories that focus on conflict, empathy, learning styles and power. Participants have found the inventories to be applicable to several aspects of their work; and allow them to see themselves from a different vantage point.

During this reporting period a coaching element was fully integrated into the series. Participants in the summer 2023 cohort were offered coaching on a voluntary basis. Coaching became a requirement starting in October 2023. At the end of the series participants receive up to three coaching sessions with one of the LSP Child Welfare Trainers/Coaches. The focus of this coaching experience is directly connected to the concepts of the training series to enhance participants' capacity as an effective supervisor. Participants are asked to identify an area of supervisory practice they wish to foster using a standardized list of training competencies. Coaching sessions provide an opportunity for self-reflection, exploration of possible actions, and the development of a plan to move forward. The third session focuses on debriefing how the plan worked and identify next steps to continue the growth process. The list of training competencies is shown below:

Quality of Service / Case Supervision Tasks
Review and discuss each case with the assigned worker at the time that a family is first involved with the Department, or a case is transferred
SWS ensures the quality of service provided, related to safety and safety planning using the ABCD Paradigm
Approve and review use of SDM, or ensuring the safety and risk assessment concepts are being applied in non-SDM cases

Facilitate comprehensive family assessments through the purposeful discussion of race and the use of genograms, ecomaps, and other tools
Explore and address Implicit Bias in Safety Assessment and Safety Planning, and supports Racial Equity
Seek appropriate consultation on cases
Review progress made in preparation for the development or updates of case plans
Review and approve case plans including appropriateness of permanency goals and/or service goals and reviewing previous ACR
Administrative Supervision Tasks
Documentation of supervision
Ensure work is timely and in compliance with agency standards
Utilizing policy, practice guides, case examples, tools (i.e. SDM), data reports, to clarify expectations and to provide concrete guidance or directives.
Ensure appropriate management of resources for their unit
Review data at the worker and unit level and use it to manage the workflow of the unit
Attend the performance management issues (evaluation of frontline staff, address disciplinary issues, etc.)
Professional Development Supervision Tasks
Assess each supervisee's ability and needs
Ensure staff development plan is in place for each supervisee (content, skills)
Use the concepts in the ABCD Child Safety Practice Model to get focused on the meaning of the work
Model the principles and strategies in the ABCD Child Safety Practice Model in Supervision
Embrace teachable moments, when redirection is needed and can be a learning opportunity for similar situations in the future
Use effective questions to promote thinking by supervisees
Supportive "Work Life" Supervision Tasks
Be available and accessible to supervisees
Build Supportive professional relationships with supervisees
Interact with supervisees and all other colleague in ways that are consistent with the principles and strategies of our ABCD Child Safety Practice Model
Detect and respond to staff feelings regarding safety assessments and safety plans, secondary trauma, disappointing outcomes, and job satisfaction.
Build and maintain morale in the unit to enhance supervisees' job satisfaction

2. Is the staff completing the established curriculum?

Enrollment in the series is monitored by the Academy by using bi-weekly human resources reports to identify newly promoted supervisors. They are then notified of and enrolled in the next offering of the training series. Upon promotion participants are expected to enroll and complete the training on average within six months. The series is offered on a quarterly basis so it is quite feasible to meet that timeframe. The courses are typically completed within two to three months. Attendance is tracked in LMS and participants are manually enrolled in the next offering of missed classes until they complete all the training sessions. From 2020 to present, 87% of the newly hired supervisors were enrolled in and completed the mandatory supervisory training.

3. Does the training address the needed skills and knowledge?

The effectiveness of training is assessed in multiple ways. Training evaluations are distributed electronically by utilizing scanning the Secure Quick Response (SQR) codes from a mobile device or adding the evaluation link into the chat box. The purpose of evaluating electronically is to assist the Academy for Workforce Development in measuring and collecting data and understanding the skill acquisition and training needs of our participants in a concise format. Responses provide feedback about participant satisfaction, if training objectives were met, if content was relevant to their role, and what they found most helpful. The comments describe the training as "amazing" and "great". Below are additional comments about what was most helpful to participants:

- "I continue to learn so much from these trainings! From the supervision agenda and policies and engaging with my unit this training continues to encompass all of this."
- "Critical thinking and team building"

- "How to advance my supervision through technology."

To further assess the impact training has on staff learning and development, the Academy received technical assistance from the Capacity for Building States. Identified academy staff worked closely with the Center for several months to develop a model for conducting focus groups which included examining, which trainings upon completion would benefit from such an activity. The focus groups center around soliciting feedback from staff on a specific training topic to determine if the content gave them the skills, knowledge and competencies needed to fulfill tasks specific to their roles. Training participants feedback was sought on six main areas:

- key skills and behaviors learned.
- comfort with skills and behaviors.
- application of skills and behaviors
- factors that support use of skills and behaviors
- factors that impede use of skills and behaviors
- impacts on children and families

During this reporting period, a coaching element was fully integrated into the series. Participants in the summer 2023 cohort were offered coaching on a voluntary basis. Coaching became a requirement starting in October 2023. At the end of the series participants receive up to three coaching sessions with one of the LSP Child Welfare Trainers/Coaches. The focus of this coaching experience is directly connected to the concepts of the training series to enhance participants' capacity as an effective supervisor. This is a unique supplement to the classroom experience, meant to reinforce the transfer of learning.

During this period under review, it was decided that focus groups would occur for all statewide roll-out training that have implications on practice and policy changes. Training series, which are classes offered to a particular sector of staff i.e. supervisory staff, Intake/DRS staff, Adolescent staff. To date, focus groups have been held on the Substance Use Practice Guidance, Alternative Caregiver Arrangements, and Leading from a Supervisory Perspective course.

Focus groups were also held with recent participants in April 2024. The feedback was positive as it related to the training experience and knowledge acquired to be successful in their role. Some respondents did note that practice varies in their area offices and at times they found it difficult to integrate their learning into practice due to these limitations. Focus group results will be used to collaborate with area offices to strategize and implement supervisory procedures aligned with policy and best-case practices.

Additionally, the use of a pre/post quiz for training series began in the fall 2023/winter 2024. The quizzes are 5-10 question multiple choice forms. A pre-quiz is completed at the start of the series. Participants will take the same quiz on the last day of the series. The goal is to see improvement in the average score at the end of the series to demonstrate knowledge acquisition.
The use of the Two-Month transfer of learning survey will also commence during this reporting period. Participants will receive a one question survey about two months after they complete the training series to gather information about how participants are using what they learned in practice. The survey asks, "Please provide an example of how you are using the knowledge gained from the training in your day-to-day work." This has been piloted in other series with limited results as the response rate is low. However, any feedback that is provided will be reviewed and carefully considered to enhance the training experience in the future. Participants in the winter 2024 series will receive the survey in June 2024.

During the 2023-2024 fiscal year, there is currently only one Academy for Workforce Development Youth Training Consultant. The AWD Youth Training Consultant reviewed the Academy's pre-service and in-service training to ensure staff are receiving the tools and information needed to meet the youth LBGTQIA+ population. The AWD Training Consultant also led his voice to the Child Welfare Day 1 and Day 2 curriculum and to the TAY Series. Finally, the AWD Youth Training Consultant appeared in our Realistic Job Description Video for possible new DCF Hires and our Leadership Forum.

UPCOMING 2025-2029 Future Trainings

For the upcoming 2024-2025 training year, the Academy will be expanding the training catalog by including training offerings for non-frontline DCF social workers. In addition, the Academy is exploring the usage of virtual reality/ virtual simulations to assist intake staff in assessing safety and risk. Currently, the Academy is in the beginning stages of creating a training course on Interviewing Training Children and the Fatherhood Series/ Fatherhood Micro Learning Labs. Finally, the Academy will be looking to readminister the DCF Child Welfare Workforce Training Needs and Preferences Statewide Survey. The last time this survey was sent out was in 2022.

L.E.A.D Mentoring Program

The mentoring program provides an opportunity to assist P-2 staff in their professional development. Applicants who are accepted into the one-year voluntary program are paired with a mentor, a DCF staff person in a Program Supervisor position and above. Throughout the program, mentor and mentee participate in numerous activities that are designed to expose the mentee to new information, systems, or perspective which will enhance their career in child protection. Mentees meet at least monthly with their mentor. They also have opportunities to shadow senior leaders, participate in mock interviews and learn about the legislative process and other areas of agency focus. Mentees are strongly encouraged to design and implement a project throughout the program, with the support and guidance of their mentor.

The participant goals of the Mentoring Program include:

- To increase organizational commitment
- To build leadership capacity
- To increase retention via advocating, building, supporting, and impacting areas of job satisfaction
- To navigate and negotiate within DCF and the community.

Mentees must meet the following qualifications:

- Be classified as a Social Work Case Aide, Social Worker Trainee/Social Worker, Social Work Supervisor, or Children Services Consultant
- Demonstrate an active commitment to career/personal development.
- Be motivated to learn and be open to ideas, change and feedback.
- Have identified short and long-term career goals.
- Completed an initial working test period and be in, at least, the second year of service.

Mentors must be a manager with the Department and have:

- Solid, successful experience with Department
- Genuine interest in the program
- Demonstrated ability to develop employees.
- The willingness to commit time to the program.
- Eagerness to share career experience.
- Coaching, feedback and listening skills.

The 2023-2024 mentoring program cohort began on September 13, 2023, with 18 mentees and 18 mentors. Of the mentees, two are supervisors and the rest are social workers. The demographic make-up is below:

Female	**14**
Black/African American	5
Hispanic/Latino	2
White	7
Male	**4**
Hispanic/Latino	1
White	3
Grand Total	**18**

The theme for this year's cohort is "*Planting the Seeds for Growth".* This theme was selected as we look to develop the future leaders of the agency. One mentee left DCF, transferring to a different state agency while in the program. The cohort will end in June 2024.

Several mentees in the current cohort have chosen to work on a project. Selected projects will be presented at the closing ceremony to an audience including the Executive Team and other senior leaders. Some of the topics include:

- Employee Wellness & Retention
- Autism Awareness Training
- Field notebooks for staff
- Informational brochure for mandated reporters

In March 2024, the program held the first ever Mentoring Program Reunion. Over 300 employees who participated in the program as a mentee and/or mentor and were still employed with the agency were invited to the event to celebrate the power of mentorship and consider the future of leadership in our agency. The theme for this event was "Reuniting the Past, Shaping the Future". This three-hour event featured remarks from the executive team, a keynote speaker, and engaging activities aimed at bringing about reflection and planning for the future. In small groups strategies were developed for continuing and strengthening the legacy of this program. It was a joyous event that received rave reviews from participants. About 100 people attended.

Coaching

Academy trainers participated in the Academy Coaching Onboarding Series in the fall 2023. The three-part series was designed to familiarize staff with the concepts of Developmental Coaching and prepare them to incorporate coaching into their daily functions. Topics covered in the series' three sessions include defining and developing the coaching mindset, utilizing open ended questions to evoke discovery and insight, recognizing opportunities to move individuals from exploration to action, and utilizing the skill of dancing in the moment. Each session included a coaching demonstration and/or practice. The series was taught by the Academy's senior child welfare trainer and training program coordinator.

Each trainer supports at least one region of the state in addition to pre-service training groups. They were historically referred to as the area office and/or pre-service group liaison. With the integration of coaching into our practice, we shifted the language away from liaison and are now referring to the trainers as area office and/or pre-service group coaches. Trainers are often called upon by the area offices to support individualized one-to-one training requests. Coaching can be an effective tool in these situations to support staff development and learning. The plan for each request is customized to the needs of the referred staff and their supervisor.

Coaching has formally been added to the Leading from a Supervisory Perspective (LSP) training series for new supervisors and is discussed in detail in the LSP section of this report. Coaching is available on a voluntary basis for the Transitional Aged Youth training series and the Supervising Trainees in-service course. It has also been offered to area office program supervisors relative to their implementation of updated substance use practice guidance.

Educational Programs

The Department is committed to assisting staff with efforts to pursue their education. The Academy for Workforce Development has established joint efforts with several universities and colleges to develop internship and other educational opportunities for all students pursuing educational degrees in the field of social work and other related fields of study. The internship process is coordinated by the Academy and is available for students, both inside and outside the agency.

The following programs are available for existing employees to assist in balancing workload responsibilities and schoolwork:

Employed Social Work Placement (ESWP) (Formerly MSW Field Program)

The ESWP Program grew out of a need for additional staff development opportunities for those DCF employees seeking an MSW degree. The intent of the program is to foster support of our social workers by allowing them to meet their university requirements for 20 hours of field instruction within their regular 40-hour work week. Employees must have at least two years of employment with the agency to apply.

A major component of the program is that it allows the social workers to use their place of employment as their placement, while maintaining their current caseload within their current unit. A practicum instructor outside of the student's chain of command is utilized to ensure a separation of work and learning responsibilities. This supports the agency standard of limiting shifting caseloads. It also benefits the families and children served as they can maintain continuity of social workers. Finally, it benefits the social worker as they are given the opportunity to keep the caseload, they are familiar with yet provides opportunities to learn to service their clients more effectively with predictably better outcomes.

Participants are provided with an external practicum instructor to help students apply classroom learning to practice. Through the internship placements, students are provided with weekly supervision. In addition to reading assignments for their respective academic programs, the interns are provided with theoretical articles and treatment interventions to support their work with families. Examples of this include attachment, psychodynamic theory, trauma theories, family systems, CBT interventions. The interns provide regular process recordings to evaluate their work in the field and classroom assignments as they relate to their practicum experiences at DCF. They are required to integrate psychological and social theories in their case formulations to enhance their approach to daily case management tasks and how they engage with families. The interns pay closer attention to countertransference and transference in their relational work.

There were two participants accepted in the MSW Field Program for the 2023-2024 academic year (one Hispanic male, one White female).

Graduate Education Support (GES)

The Graduate Education Support (GES) Program is an educational program to assist DCF employees with two or more years of employment in obtaining either an undergraduate or graduate degree in the field of Social Work/Child Welfare. This program offers employees the opportunity to work a 32-hour work week and 8 hours of paid educational leave to devote to their internship. The internship placement can be either external to the Department or at a DCF location other than the current worksite. GES recipients are obligated to complete two months of employment of service for every month of participation in the GES program, equivalent to eighteen months. The 2023-2024 cohort was comprised of four employees (two Black males, one Black female, and one American Indian male). They all reported having positive and valuable experiences in their respective internships.

DCF Employee/UCONN MSW Cohort Program

This educational pathway originated in 2019. The pathway provides the DCF staff accepted to UCONN School of Social Work the opportunity to complete their degree in this work-friendly cohort model. Participants are guaranteed registration online, weekend, and evening course offerings so there is no conflict with the workday. They also complete practicum education requirements following the employee internship program models described above. The first year of practicum follows the GES model. The second year follows the ESWP model. Students complete their degree in five semesters.

There are 3 active cohorts during this reporting period. Cohort 2022 (the third in the program) is in their final semester and are expected to graduate in May 2024. There were five members at the start, but one withdrew due to personal matters. The third cohort now consists of four employees (all female, one Hispanic, one Indian, two White).

The fourth cohort has one remaining member, a Black male. They began classes in January 2023. He is completing his external placement this spring and will complete his employed placement during the 2024-2025 academic year and is expected to graduate in May 2025. This cohort originally had four participants. Two of the Hispanic females took leaves of absences from the program due to individual needs and will join the 2024 cohort in the fall. The third Hispanic female withdrew from the program due to financial barriers.

The fifth cohort (2024) consists of one new member (a White female), who began classes in January 2024. She will be joined by the two Hispanic females from the 2023 cohort in the fall. All three are expected to graduate in May 2026.

Students acknowledge the challenges related to balancing work, school, and personal responsibilities. They wish they had more time to devote to any one obligation. Despite this, they are committed to meeting their academic and professional goals. They are finding ways to make connections between classroom learning and the work with families.

The Academy is currently strategizing with UCONN and other stakeholders to increase enrollment and student success in this program. Financial barriers have been cited by many as a challenge and for some the reason for not continuing. Communication with the unions has been initiated, as they are responsible for the funding of the tuition reimbursement program.

Non-Employee Student Internships

Internship programs are one of the most effective recruitment strategies used by many professions. These programs are mutually beneficial to both the students and the agency, as the on-the-job experience is a perfect opportunity to determine suitability for the job. Special emphasis has been placed on marketing the internship program as a recruitment tool for child protective service workers.

Unpaid Regular Internship Program

The Department of Children and Families offers unpaid internship opportunities for students pursuing a degree in social work or a related field, and for which the internship is an academic requirement. In the current reporting period, the internship program provided placements to 24 unpaid interns across fourteen area offices and central office. Interns are assigned a supervisor to provide weekly supervision. Supervisors are expected to provide students with activities that meet the students' learning objectives as outlined in a learning contract and/or class syllabus. At times, schools may require the field instructor to be certified via the Seminar in Field Instruction (SIFI) course. The field instruction seminar is an opportunity to enhance the instructor's professional development and is designed to provide field instructors with the knowledge and skills to facilitate a quality educational field experience for students.

UCONN/DCF MSW Stipend Program

In true Partnership, the DCF and UConn School of Social Work (SSW), provides shared stipend opportunities ($2000 from DCF and $2000 from UConn) for up to 5 non-DCF UCONN MSW students, entering their final year, to complete an internship at DCF. Upon successful completion of the program, interns are required to apply for a position at DCF and agree to work for at least two years. This opportunity supports the students through group supervision, participation in seminars for students and field instructors, and enhanced child welfare curricula to improve the quality of public child welfare practices and outcomes. The 2022-2023 cohort had four participants, all of whom were hired in the summer of 2023. There are currently two students participating in the 2023-2024 cohort, with an anticipated graduation date in May 2024. These students are White females. Three students were accepted for the 2024-2025 cohort and will begin in the fall 2024 semester.

DCF Child Welfare Stipend Program

The Department of Children and Families also offers up to 10 paid internship opportunities for external students pursuing a BSW or MSW degree from local colleges and universities. In this competitive program, students in their final year of a BSW or MSW program are selected to participate in an internship in an area office where they receive orientation, training, supervision, and real-time experience handling child welfare activities. Students also participate in group seminars. During this reporting period, interns focused on the following topics/trends: Shifting child welfare practices, applying a clinical lens to child protection and anti-racism. The stipend students are provided with a $4000 stipend to offset the cost of their education. Upon graduation and receiving a recommendation from their agency supervisor, students must repeat a background check. If successfully completed, students are prioritized in the hiring process. If no positions are available within three months after their graduation date, students are released from any obligation to wait for employment or repay the stipend. The Academy continues to work collaboratively with the Human

Resource Business partners to identify and prioritize the stipend students when employment opportunities at the level of social worker and social worker trainee are available. Like the UCONN DCF Partnership, the goal is to increase the number of BSW/MSW students who apply to the Department and increase the number of qualified applicants being considered for employment. There are nine stipend interns for the 2023-2024 academic year, (one Hispanic male and eight females, three Black, five White). Two of these students are deferring employment to attend an MSW program. The others are expected to begin employment with DCF over the summer.

UCONN/DCF BSW Child Welfare and Protection Track

The Academy in partnership with UCONN School of Social Work continued to offer this program which is designed to prepare those students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Hispanic/Latino families served by DCF. This partnership serves as a pipeline for students who have an interest in working for DCF in the future. Students complete their senior internship at DCF which satisfies their internship requirements. Students who successfully complete all requirements of the program receive a stipend at the end of their senior year. Those in the first cohort were given priority hiring status. Starting with 2022 cohort, students are required to apply for a position at DCF and agree to work for at least two years, like the other stipend programs. The second cohort began with three students. Both graduates from the 2022 cohort began working for the Department in the summer of 2023, and are thriving in their roles. Cohort 2023 is comprised of two Latina females. They both report having rich internship experience and are preparing for graduation. One student will defer employment for a year to complete an Advanced Standing MSW program. The other student is expected to begin employment with DCF this summer. There were no applicants for the 2024 cohort. DCF and UCONN are developing strategies to increase interest and enrollment in this program.

In January 2024 the Intercultural Development Inventory was administered to the students from the three stipend internship programs noted above. The Intercultural Development Inventory®, or IDI®, is a theory-based, reliable, comprehensive, and cross-culturally validated assessment instrument that assesses intercultural competence along a developmental continuum. This tool is available in multiple languages and provides group and individualized results regarding capacity to connect and bridge cultures. The IDI provides individualized Intercultural Development Plans (IDP) to support growth along the intercultural competence continuum. All Stipend Interns were required to participate to raise their self-awareness and how intercultural development impacts their work with children, youth, and families. Academy managers completed the IDI Qualified Administrator (QA) Training and became certified administrators of the tool. Each student completed the tool and participated in an individualized debrief session with one of the Academy QA's. Students found the experience valuable in their growth and development. Some were surprised to learn how their developmental orientation differed from their perceived orientation and carefully considered ways to develop further through an IDP. Students will participate in a Learning Exchange in April 2024 as an opportunity for further reflection and practice considerations as they enter the workforce. The Academy anticipates continuing the use of the IDI with future stipend students. We will strengthen the implementation through earlier completion of the tool and participation in a Learning Exchange in the fall and spring semesters. There is consideration for having students complete the tool again after one year of employment with the agency to determine if there was measurable development. Plans for this have not been finalized.

CCSU/DCF BSW Child Welfare Experiential Learning Program

The BSW Child Welfare Experiential Program is a partnership between the Central Connecticut State University (CCSU) Social Work Program and the Department of Children and Families (DCF). It is designed to prepare BSW Spanish speaking students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Latino families served by DCF. This partnership serves as a pipeline for students who have an interest in working for DCF in the future. Participants complete a 70- hour volunteer placement at DCF in the second semester of their junior year. During this placement they will participate in 70 hours of shadowing in an area office. Participants earn a $250 (cost split by DCF and CCSU) stipend for successful completion of this. Participants then enroll in senior year practicum and complete an internship at DCF for their senior year. They may apply for the child welfare stipend program noted above and/or a regular internship. This program will accommodate up to six students per year. The program launched in January 2023 with one male Hispanic student, who is now a child welfare stipend intern. In January 2024, a

second student, a Hispanic female, began the program. She reported that she learned a lot so far and is excited to complete her senior internship at DCF. She was recently accepted for the Child Welfare Stipend Internship for her senior year, beginning in August 2024.

Item 28: Foster and Adoptive Parent Training (Including Staff of State Licensed or Approved Facilities)

Description of Systemic Factor Item: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Prospective foster parents, adoptive parents, and staff receive training pursuant to the established education requirement and timeframes for the provision of initial training; and
- Current foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews described comprehensive initial training for non-relative foster and adoptive parents. The completion of the training is a condition of licensure. The training was reported to be helpful in preparing foster and adoptive parents. However, the statewide assessment and stakeholders both reported that kinship foster parents receive significantly less training than nonrelative foster parents. Although the state tracks training for licensed providers, the data show that training is not completed consistently, and the agency does not enforce consequences for non-completion.

The Round 3 PIP set several goals to enhance foster care post-licensing training:

- Better assess and align training to foster youth and foster families' needs;
- Improve the methods by which foster parents are notified of post-licensing training opportunities;
- Better track training compliance, and
- Implement pre- and post-testing for foster parent training.

Assessment:
Based on the information below, the Department believes this item should be rated a **Strength**.

Initial Training Requirements for Foster and Pre-Adoptive Parents

Prospective foster and pre-adoptive caregivers are required to complete pre-licensing training as a condition of licensing to be entrusted with a child in care. The training model utilized for this purpose is the "Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting" (TIPS- MAPP). This model is widely considered to be informed by evidence but is not itself listed on either the California or Title IV-E Prevention Services Evidence-Based Clearinghouses as such. TIPS-MAPP is used by both the Department and private Child Placing Agencies (CPAs). This ensures consistency in that all prospective parents receive the same training and carry the same expectations. It consists of seven modules related to child development, trauma, separation, grief and loss, partnerships in parenting, and permanency. The prospective caregivers must also complete car seat safety training and Infant/Child CPR training and certification, and online mandated reporter, Reasonable Prudent Parenting, Foster Health, Medication management, and Connecticut Children's Bill of Rights training.

The Department finalized updates to the Kinship Pre-licensing curriculum prior to 2023. However, the pilot was delayed and rescheduled for the summer of 2023 with full implementation in the fall. This curriculum is a shorter version of the TIPS-MAPP training but has additional information relevant to kinship care.

In CY23, 175 prospective foster and pre-adoptive caregivers were eligible for pre-licensing training. Connecticut does not have an initial timeframe to complete the required training. A child cannot be entrusted to prospective foster or pre-adoptive caregiver without a caregiver license. 135 of the 175 prospective caregivers who started pre-licensing training in CY23 completed training within 5 weeks. The initial training has provided the basic knowledge to carry out their duties in caring for children.

Responses from licensed adoptive and foster parents during a recent Focus Group show their pre-placement training experiences with DCF included a standardized curriculum, basic ethnic and racial justice training, and specialized programs through the Connecticut Alliance of Foster and Adoptive Families (CAFAF) and private providers. Many found the training to be general, pointing to a need for more skill-specific learning and better preparation for maneuvering within the DCF system itself. A "How to Navigate DCF" training was suggested. The most valued aspects of training were engaging with experienced foster parents and receiving education on diverse topics such as gender affirming care and trauma.

However, licensed parents consistently recommended enhancements to training content to include more practical guidance for dealing with the unique challenges of foster and adoptive care, as well as more opportunities for learning directly from those with lived experience in the system. (CAFAF foster parent mentor program). Support groups were also identified as being of particular assistance.

Ongoing Training Requirements for current foster and adoptive caregivers

Current foster and pre-adoptive caregivers must complete a set of required post licensing training within each 2-year licensing period. The training requirement includes CPR certification, two trauma related training courses, two crisis intervention related trainings, race & culture and seven elective training courses. The training can include, but is not limited to, classes, conferences, symposiums, literature review, on-line courses, or other types of training.

As mentioned in a previous section, the existing data is incomplete and unreliable. 480 foster and pre-adoptive caregivers were due for license renewal CY23. The database indicates 4% met the requirement and 2% partially met the requirement. Anecdotally, the support provided by each caregiver's assigned social worker along with cross divisional team and the ongoing children needs assessment are factors that contribute to the caregiver's ability to carry out their duties.

Post Licensing Training for Foster and Pre-Adoptive Parents

The Department offers several platforms to meet the post licensing requirement: courses managed through the contracted provider, Connecticut Alliance for Foster and Adoptive Families (CAFAF), the web-based portal through Foster Parent College, Functional Family Therapy Foster Care (FFT FC), and the Office of Academy for Community Partners. Tracking compliance for post-licensing training, however, continues to be a technological challenge. With the assignment of Foster Care Quality Improvement Program Supervisor, the division uncovered concerns with data accuracy and various staff interpretation of the post licensing policy requirement. In addition, IT was updating the SharePoint application to 365 which created a momentary barrier. At the end of 2023, IT created a temporary data solution which is under implementation and will be active until the SACWIS is up and running. In addition, the policy is under revision to be submitted in early summer of 2024 for approval and distribution. The division is proposing the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents as the statewide curriculum for pre and post licensing training.

The Department continued its partnership with CAFAF to develop additional elective post licensing training modules for foster families and offered 60 courses including topics such as *Circle of Security Parenting with*

Foster Parents; *What is QPI? Dealing with Stress in Uncertain Times; Trafficking; Parent Partnering; and Adapting to Changes and Transition in the Foster Home*. CAFAF typically trains over 1000 individuals across more than 200 courses offered by the agency. CAFAF provides CAFAF liaisons in each DCF Office that works with the local Foster Care divisions. They help maintain the placement, provide services to the foster family and child(ren) and to collaborate with DCF on achieving permanency. Buddies provide weekly telephone support from veteran foster parents, including relative foster parents, for the first 6 months that children are welcomed into each foster home. Additionally, CAFAF has streamlined its exit survey given to families (core, relative and fictive kin) when they voluntarily end their licensure. The results continue to capture elements related to permanency, training, and support needs.

For families licensed by private agencies (e.g., Therapeutic Foster care), their training is tracked by their parent agencies who report compliance to the DCF Program Lead responsible for contract management of this service type. The Department engages in periodic random reviews during quality assurance site visits to assess each provider's system and make recommendations for improvements,

Functional Family Therapy Foster Care (FFT FC) contracts were awarded to nine Child Placing Agencies on 8/15/2022. The implementation of FFT FC began on 9/1/2022 with a three-year implementation plan. FFT FC tracks data on six key performance indicators, the first of which is "Learning and Training." Each dyad, or FFT FC team, receives weekly clinical consultation in accordance with implementing an Evidenced Based Practice. Each of the FFT FC programs has at least two site visits with FFT FC clinical consultants. Site visits are opportunities for therapists and clinical supervisors to receive direct consultation with consenting families and youth.

The Clinical Supervisor role provides clinical and administrative oversight of the program in addition to carrying a caseload. As with many Evidence Based Practices the Clinical Supervisor is required to achieve certification as a therapist before being certified as a Clinical Supervisor. The FFT FC Clinical Director is responsible for the overall clinical and administrative leadership of services delivered to referred children and families.

Implementing Evidence Based Practice in therapeutic foster care has required a completely new skill set moving from a "placement system" to a "treatment system". Much of the workforce is new to the field and FFT FC Clinical Consultants teach basic therapy skills in addition to Evidence Based Treatment. The Department continues to work closely with FFT Partners and Child Placing Agencies to ensure implementation science is being followed. As part of implementation there is a robust CQI process where data is being used to analyze practice and target improvements to ensure model adherence. Program Fidelity Reports are established on a quarterly basis and reviews are held with each agency statewide. Overall, youth and foster parents report good satisfaction with clinical interventions where available.

The Department has been contracting with the Foster Parent College to offer online courses for many years. In 2022, there 1,150 caregivers enrolled from CT, of which 981 (85%) completed their course. Foster Parent College issued course surveys where 801 responded. The top five courses were related to behavioral health, mental health, relationships, trauma and parenting and development.

Staff of DCF Licensed or Approved Facilities

The Licensing Unit of the Department of Children and Families is responsible for the licensing of privately-operated child caring (congregate care) facilities, child placing agencies, extended day treatment facilities, and outpatient psychiatric clinics for children. The Licensing Unit shall also be responsible for monitoring these facilities and agencies for compliance with state law and the Regulations of Connecticut State Agencies, and for taking adverse licensing actions if warranted. This unit does not provide trainings to programs and facilities. They are expected to have and maintain the required training in order to maintain an active license which will be documented within their personnel files. Licensing Unit staff conduct site visits on a regular basis and check files to ensure requirements have been met.

- Medication Administration: For child caring facilities, the facility or agency must have sufficient Medication Administration-certified staff in order to ensure that all medication administration times are covered. If the facility does not have a medication administration-certified staff member on site, then the facility must have a plan to ensure that a medication administration-certified staff member is on-call and can arrive at the facility or agency to administer medications as needed.
- Physical Restraint and CPR Training for Child Caring Facilities and Extended Day Treatment programs: The facility or agency must ensure that each shift has at least two staff on duty who are trained in the proper use of physical restraint and at least one staff member who is trained in CPR.
- Mandated Reported Training: required for all staff provided by the ACP, see below for more info.

Personnel Files: For initial licensure, the personnel files of all facility staff listed shall be reviewed. At the time of re-licensure, the personnel files of all staff who have been hired within the previous two years shall be reviewed. The personnel files shall contain: the results of child protective services and State Police background checks; reports of physical exams, TB tests and any other required medical documentation; documentation of completion of all required training, including physical restraint training; required sign-offs for receipt of mandated reporter, confidentiality and patient's rights statutes; a copy of any license or certification required for the position; and any other documentation required by the Regulations of Connecticut State Agencies or the facility or agency's policies.

Additional DCF Trainings for Licensed Facility Staff

The trainings listed below are provided to licensed facility staff but are provided outside of the Academy for Community Providers. The following trainings are not mandatory but are provided to assist programs in complying with Federal, State and DCF requirements. The DCF divisions who work in these specific fields of expertise both provide the trainings as well as track attendance.

Private Non-Medical Institution (PNMI) - DCF Licensed PNMI eligible programs are defined by the Center for Medicare and Medicaid Services (CMS). Once a program is eligible, ongoing trainings are provided to all levels of their programs staffing to ensure the programs are aware and maintain the federal requirement standards. Below is a description of the two training courses which have been offered monthly or on an as needed basis.

- **PNMI 101 Training** is designed for clinical administrative, managerial, and supervisory staff. The objective is to provide an in-depth understanding of the PNMI Standards to support providers achieving successful outcomes for Qualitative Service Review (QSR) and Random Moment Time Study participation. Participants will also learn strategies to orient new hires and implement quality assurance processes to maximize QSR outcomes.
- **Progress Notes Training** is designed for residential milieu staff and milieu supervisors who within their role document and/or supervise service delivery related to treatment plan requirements for each youth in residence. It's also useful for clinicians, managers, and administrators. The objective is to provide an in-depth understanding of the documentation requirements. Participants are expected to leave with the knowledge and skills to support milieu progress note documentation fulfilling the requirements of QSR Standards.

Quality Review Trainings: Quality Reviews (QR) are conducted in congregate care settings to assess whether the program is meeting State and Federal requirements. Areas assessed included quality in the areas of youth engagement, family engagement as appropriate, timely treatment planning, treatment services provided appropriately as prescribed, provision of life skills assessment and education, after care planning and services, and contract expectations evaluation. In person and virtual trainings were offered to programs to understand the requirements, the review process, and outcomes of the reviews. Ongoing training is provided on an as needed basis due to staffing turnover.

Congregate Care Meetings: Bi-monthly congregate care meetings were held with both the congregate care lead and foster care leads to facilitate discussions and training on relevant topics, new initiatives, and discuss any new or ongoing concerns.

Licensed Facilities Program Lead Trainings

Additional training is provided through the recommendation and coordination of the agency's Program Lead. These are optional and supplemental trainings which have included the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training and Human Trafficking Trainings. These are coordinated and tracked by the DCF PDOC.

Life Skills Trainings: The Learning Inventory of Skill Training (LIST) was the agency tool used to assess and teach life skills from 2019-2023. This assessment is administered to all youth before they participate in Independent Living Skills training and post-training to help prepare youth for success. The use of the LIST assessment was discontinued in 2023. Certification was required to implement the LIST training within congregate care facilities. These was a train the trainer model so that programs were able to train their own staff after the initial training. A new model is being developed and once it is ready to be implemented, trainings will be provided to programs.

Program Specific Trainings - The Transitional Supports and Successes Division partners with Congregate Care Providers to provide trainings within the facilities either at their request or at the Department's recommendations regarding specific topics or new initiatives.

Academy for Community Partners

The Academy for Community Partners (ACP) is a component of the Academy for Workforce Development. The purpose of the ACP is to provide individualized training that reflects or informs the providers about DCF's initiatives as well as to provide requested training to enhance the skill and knowledge of providers. This component continues to strive to offer contracted and credentialed providers an opportunity to participate in the exact, if not similar training provided to the DCF workforce. This ensures that the providers are knowledgeable in many of the topics that the agency workforce are provided. They gain a sense of partnership and ownership through the training and come to understand and value the importance of joining with DCF in the assessment of risk and safety for our children and families.

The ACP is currently staffed with one Program Supervisor and one Community Trainer. The Program Supervisor and Community Trainer serves as a liaison to the community provider network for the purposes of addressing their training needs. The Program Supervisor and Community Trainer work within the community as needed to provide training. The curriculum is created and housed by the Academy for Community Partners. This supports quality assurance in that the ACP has continuity of training and information sharing within the provider network. It allows for the ACP to provide expedited training, as well as training resources and materials to the provider network.

During this period under review, the ACP has multiple avenues to identify training needs. The agency develops training curriculum such as the ABCD Child Safety Practice Model to train the provider network in our language, regarding how to properly assess safety and risk, via a racial just lens to better partner around child safety and service delivery. There is also an internal connection within the Systems and Contracts Departments to respond to individualized requests for training needs that may be related to new service delivery or identified trends in provider training needs.

There is also an internal connection within the Systems and Contracts Departments to respond to individualized requests for training needs that may be related to new service delivery or identified trends in provider training needs. The ACP also provided onboarding fundamental training for our CT Kinship Navigator network and our Racial Justice Institute.

Lastly, the ACP developed a Training Needs Survey for our community providers and received an overwhelming response that indicated that every training offered by ACP was pertinent and relevant to the services which are provided to our families. Further responses also included that the subject matter was up to date and necessary for success in their role.

To evaluate and improve training implementation, the ACP conducted a series of ABCD Child Safety Practice Model Focus Groups in March 2024, with randomly selected training participants. The 90-minute virtual focus groups were used to examine the applied behaviors and skills learned during the training to current practice. Provider feedback was sought on six main areas:

- key skills and behaviors learned.
- comfort with skills and behaviors.
- application of skills and behaviors
- factors that support use of skills and behaviors
- factors that impede use of skills and behaviors
- impacts on children and families.

The overall feedback from Providers was that skills and behaviors learned from the training were implemented during daily work activity and supported by their agency. Providers reported that Safety and Risk were more easily defined because of the training. Providers also suggested the ACP provide Refresher training, which is offered quarterly.

Please see this section of the 2020-2024 CFSP Final Report for course details on Mandated Reporter trainings offered by the Academy for Community Partners.

Training - Community Online	# Sessions	Min Date	Max Date
Connecticut Mandated Reporter Training ASL Version	157	6/1/2023	3/28/2024
Connecticut Mandated Reporter Training Community Providers	23,040	6/1/2023	3/28/2024
Connecticut Mandated Reporter Training School Employees	62,530	6/1/2023	3/28/2024
Connecticut Mandated Reporter Training Spanish Version	574	6/2/2023	3/27/2024
Identification and Prevention of Adult Sexual Misconduct	27,442	7/3/2023	3/28/2024
Introduction to Child Trafficking in Connecticut for Schools	791	2/16/2024	3/27/2024
Total	**114,534**		

Mandated Reporter Trainings In-Person and Virtual

Type of MRT:	# Sessions	# Participants	Median Class Size
In Person Synchronous Virtual Trainings	8	405	**50**
In Person On-Site Trainings	**118**	4,120	**35**

From June 1, 2023, to 4/1/24 the ACP has provided the following trainings (please see this section of the 2020-2024 CFSP Final Report for course descriptions):

Participants	854
	Providers Trained
Providers	41

Training	Participants Trained
ABCD Child Safety Practice Model	192
Anti-Racism	74
CPR	10
Child Development/Infant Care	40
Child and Family Teaming	39

Training	Participants Trained
DCF 101	42
DCF Worker Safety	47
Implicit Bias	147
Kinship	47
Mandated Report Train the Trainer (MRTOT)	81
Mandated Reporter Recertification	9
Poverty Is Not Neglect	24
QPI 101	23
QPR	7
Trauma/De-Escalation	80
Total	**854**

Prospective trainings for the upcoming period under review include the following:
As the Academy of Community Providers seeks to provide further training from 2025-2029 considering responses received from our Training Needs Survey. We would look to explore and plan the following trainings.

- Supervisory Leadership Series for Community Providers
- Simulation Training for Community Providers
- Legal 101 for Community Providers

The Academy employed multiple evaluation tools to assess the effectiveness of the LSP training series during this reporting period. The training experience evaluation shows that participants agree and strongly agree that the content was relevant to their job and training objectives were met. The comments describe the training as "amazing" and "great". Below are additional comments about what was most helpful to participants:

- "I continue to learn so much from these trainings! From the supervision agenda and policies and engaging with my unit this training continues to encompass all of this."
- "Critical thinking and team building"
- "How to advance my supervision through technology."

The use of a pre/post quiz for the series began with the winter 2024 LSP cohort. The quiz is a 5-question multiple choice form. They completed a pre-quiz at the start of the series and the average score was 72.9%. Participants will take the same quiz on the last day of the series on 04/25/24. The goal is to see improvement in the average score at the end of the series.

The use of the Two-Month transfer of learning survey will also commence during this reporting period. Participants will receive a one question survey about two months after they complete the training series to gather information about how participants are using what they learned in practice. The survey asks, "Please provide an example of how you are using the knowledge gained from the training in your day-to-day work." This has been piloted in other series with limited results as the response rate is low. However, any feedback that is provided will be reviewed and carefully considered to enhance the training experience in the future. Participants in the winter 2024 series will receive the survey in June 2024.

The final evaluation tool to be used for this series is focus groups. Those who participated in the series in the last year were invited to attend a virtual focus group to provide feedback about their experience and learning. This is scheduled to occur in April 2024. The results are pending.

IV-E Reimbursement

In seeking IV-E reimbursement, the Department will ensure the allocation of such training measures according to The Department's Title IV-E Cost Allocation Plan (CAP). The Cost Allocation Process for In- Service, Pre-Service, and New Trainee Groups consists of the following:

- Total Department expenditures are assigned to Cost Pools that combine similar expenditure types. This procedure also includes the allocation of expenditures into multiple pools when they do not belong in any single pool. When an allocation needs to be made within a single department to multiple cost pools funded through the same federal award, the allocation is typically made based on staff counts or salary amounts determined based on the judgments of the responsible supervisor. If salary allocations need to be made across more than one federal award or between a federal and non-federal cost pool, appropriate personnel activity reports are used to make that allocation. If an allocation is made based on the salary of staff, an additional allocation is made for fringe benefits and other expenses. The allocation of fringe benefits and other expenses are calculated by applying the same percentage allocation used for salaries, (i.e., there is not an attempt to identify the actual fringe or other expense costs associated with the salaries).
- Claiming for the Academy and its services contract for third-party training contracts include as training costs the salary allocations from other functional units when individuals (DCF training adjuncts) from those units perform training activities related to their functional responsibilities. When this occurs, signed time records are maintained to support these allocations.
- The Academy courses and hours of instruction are accumulated. This step summarizes hours of instruction that qualify for 75%, 50% and 0% reimbursement. On average, the total cost of training at the DCF Academy is over $7 million per federal fiscal year. Approximately 89% of the Academy pre-service courses are reimbursable at 75% while approximately 11% are reimbursable at 50%. Approximately 61% of The Academy's in-service courses are reimbursable at 75% while approximately 35% are reimbursable at 50%, and 4% not reimbursable.
- The Department will claim for reimbursement, at 75%, expenditures related to salaries, fringe benefits, travel, per diem, tuition, books, registration fees and the development of training as those expenses are related to any training, or the cost of training, that increases the ability of the Department to provide support and assistance to foster and adopted children and children living with relative guardian's either incurred directly by the State or by contract.
- Federally reimbursable expenditures are calculated based on allowable costs (from cost pools and The Academy curriculum), allowable children (from eligibility schedules) and allowable activities (from RMTS).

Conclusion

In conclusion, the Department considers our Staff and Provider Training factor to be in substantial conformity with federal requirements. A wide variety of courses are required, and others offered, to ensure that internal staff and providers are both initially trained and provided with ongoing opportunities to enhance their knowledge and skills.

E. Service Array and Resource Development

Service Array and Resource Development: The Children's Bureau assesses this systemic factor using state performance on Items 29 and 30.

- Item 29: Array of Services
- Item 30: Individualizing Services

Substantial conformity requires that at least one of the two items for this systemic factor be rated as a Strength. The Children's Bureau requires that stakeholder interviews be conducted for Systemic Factor Item 29: Array of Services, and Item 30: Individualizing Services.

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factors of Service Array and Resource Development. Both items in this systemic factor were rated as an Area Needing Improvement. Stakeholders reported significant gaps in the service array for the northeast and northwest regions of the state, as well as significant waitlists for mental health and substance abuse

services. Stakeholders also reported a lack of linguistic and culturally sensitive services and turnover in therapeutic service providers interferes with effective individualization of services.

Assessment:
The Department believes that Connecticut is in **Substantial Conformity** with this factor, as at least one item, specifically Item 30, is considered a Strength.

Since Round 3, the Department continues to contract with a wide array of community providers to deliver services across the State that are available to families living in every town and jurisdiction. Many providers, especially those in the northeast and northwest regions of the state, are struggling to hire and retain staff in all positions. It is particularly difficult to recruit and retain staff with professional licenses and degrees. Since the COVID pandemic this has become an even greater challenge and mirrors national similar concerns.

Families are referred to contracted services, but do not ultimately receive the service immediately or even at all due to a variety of factors. They are engaged as soon as a slot becomes available. The timeframe for this can vary widely. It might be a week or two or three or more months. Sometimes it is because the need and the slot capacity are not aligned. In many instances it is because of staff vacancies which lead to reduced slot capacity. This is particularly the case with clinical services that are struggling to hire clinical staff. These wait times are frequently among the longest. The Gatekeepers of many of the clinical services that the Department contracts for will not forward a referral if an opening will not be available within 30 days. This is because most of these families have been assessed to have more acute needs and alternative services are identified and secured immediately.

The Department, again through the Service Outcome Advisory Committee (SOAC), is analyzing more efficient and accurate systems to capture and track waitlists. This includes possible data builds with our existing data portal, Provider Information Exchange, and considering different processes for consistent documentation by Gatekeepers.

The Department is acutely aware that accessibility of services is a challenge for many families. The transportation needs of families are resolved in a number of ways, including incorporating into contracts that providers need to transport clients as well as provide bus or train passes as needed. The Department utilizes Social Workers, Social Worker Case Aides, and foster parents to ensure that families and children are able to get to service providers. The Department created a Central Transportation Unit (CTU) to help mitigate challenges associated with transporting children and parents (if there is capacity). The Department also has a mechanism to approve and utilize wraparound funding to pay general livery credentialed providers to transport parents and children over the age of five.

The demands for the development of culturally and linguistically competent services is a major challenge facing human services and behavioral health providers today. The shifts in racial, ethnic, linguistic, religious, special needs, disability, and gender orientation diversity have required that the Department of Children and Families discover approaches and skills that will enable us to effectively work with people from diverse backgrounds. The Office of Multicultural Affairs was created for the purpose of developing, implementing, and sustaining diversity initiatives and policies designed to support the diverse needs of staff and clients regardless of their race, color, national origin, gender, disability, inherent sexuality, gender identity or expression, age, social economic status, religion, or language.

All of the Department's POS contracts include language requiring that contractors hire staff who are able to communicate with clients who are non-English speakers and to ensure access to other resources, i.e., language line, to meet this mandate. Despite innovative efforts to hire and retain multilingual staff (e.g., hiring bonuses and higher salaries) these positions remain perhaps the hardest to fill. DCF utilizes Connecticut's Department of Administrative Services contracts with Interpreter and Translation Companies to provide services in a family's chosen language including oral and written translation services as well as Deaf and Hard of Hearing Interpreters. These services are readily available to staff at all times.

Following the Department's mandatory training of all staff in Implicit Bias as part of its global effort to become an anti-racist agency, this same training has been offered to community providers. It is provided through the Department's Academy for Community Partners. This is one of the many ways the Department evidences its commitment to partnering with community providers to ensure they are delivering culturally sensitive services. Another strategy is to offer robust training and support to our contracted providers and community partners on the National Culturally and Linguistically Appropriate Services (CLAS) standards. Providers develop strategic plans to help them identify, implement, and maintain elements that support their efforts to become culturally and linguistically competent. Structured CLAS Learning Communities exist to provide networking and support to those who have active CLAS plans.

The Department contracted in 2023 with a minority owned and operated grassroots organization, Urban Community Alliance, from one of our urban communities, New Haven, to develop and oversee a Racial Justice Institute (RJI). The RJI will lead the advancement of DCF's racial justice mandate by creating opportunities for training and support to community providers to sustain equity in the delivery of services to children and families throughout the state.

The Department routinely assesses the service array to identify needs and gaps through analysis of utilization and waitlists and articulated needs through various consumer groups (Statewide Advisory Council (SAC), Regional Advisory Council (RAC), Citizen Review Panel (CRP), Youth Advisory Board (YAB), Systems of Care (SOC), and the Children's Behavioral Health Advisory Council (CBHAC)). The Department's Contracts and Fiscal Division responds through submission of budget options, re-procurements, and new procurements in efforts to right size the available continuum of services to meet emerging needs and trends.

The Department has access to service-related data, including utilization and outcomes, via the Provider Information Exchange (PIE) platform. This data is entered by the providers and overseen and analyzed primarily by the Program Leads assigned to each contracted service type. It is this data that informs the Department about how well each service is functioning in terms of access, use, delivery and outcomes. Currently, the consistency, accuracy, completeness and reliability of this data varies from service type to service type. Factors contributing to this include lack of training and established expectations for Program Leads as well as limited monitoring of data entry, accuracy and completeness by the Providers.

As noted prior, the SOAC components are designed to address existing gaps in our data story specific to services. I.e., clearly developed and communicated performance outcome measures (POMs) for every contracted service type, Program Leads trained and given expectations for data oversight, analysis and reporting. An aspect of the guidance for Program Leads will be how to ensure that providers are entering accurate and comprehensive data in a timely way. This will be improved in part by delivering training and technical support to the providers. A standing cadence for production of data reports by the Program Leads will also be established.

Through the planned work of SOAC, the Department will be developing and implementing a bi-annual process to evaluate the service array to identify how well it is functioning and to identify gaps or trends that need to be addressed. Moving forward into 2024, a process has been established whereby newly executed contracts for services will include a component for evaluation. The Department will be well-positioned to share accurate utilization and outcome data moving forward into future reporting cycles. This will include data about referrals, time to service, when services are unavailable and why (access, capacity), completion of service and success of service.

Overall Assessment of Systemic Factor:

Throughout this report, the Department describes the various services and supports that are available in response to the assessment of the child and family's strengths and needs, and those that enable children to remain safely with their parents. The Department continues to build our Child Welfare System through strong state agency relationships, often formalized with memorandums of understanding/ agreements, and developing strong collaborations with our provider network, ensuring the services provided are community

based, racially and linguistically sensitive, as well as enhancing community awareness and understanding, and increasing access to services. The Department strives to enhance the service array, service delivery and engage in resource development in several ways, including but not limited to:

- Engaging internal and external partners in a data-driven service array assessment. This is a key element of the Service Outcome Advisory Committee (SOAC) that is underway.
- Convening focus groups to inform efforts to improve the service array and service delivery. This was most evident in our efforts to develop a State Families First Prevention Services Act plan and during the development of our current ABCD Child Safety Practice Model Paradigm.
- Developing working protocols with internal and external partners to increase the accessibility and effectiveness of service delivery. This is the primary focus of the Enhanced Service Coordination approach. The Department is committed to this model and hopes to expand more broadly in the coming years.
- The Department has longstanding committed and collaborative relationships with youth and family members with lived experience. These are formalized in ongoing work with our Youth Advisory Boards (YABs), Regional Advisory Councils (RACs) Citizen Review Panels (CRP), Systems of Care (SOC), and the Statewide Advisory Council (SAC). The Department routinely seeks feedback from these groups around policy, practice and protocols related to the service array and service delivery.
- Working collaboratively with service providers in the use of a public data-sharing platform to explore community variables that will assist in the creation and refinement of services in areas of need - In the Winter of 2024, the Department established a process for sharing data ongoingly with the RACs. In addition to presenting specific data points to the group on a quarterly basis for discussion and feedback, the RACs are being trained in how to access the public facing data that is available to them on the Department's internet website.
- Academy for Community Providers (ACP) is a component of the Academy for Workforce Development. The purpose of the ACP is to provide individualized training that reflects or informs the providers about DCF's initiatives as well as to provide requested training to enhance the skill and knowledge of providers. This component continues to strive to offer contracted and credentialed providers an opportunity to participate in the exact, if not similar training provided to the DCF workforce. This ensures that the providers are knowledgeable in many of the topics that the agency workforce are provided. (See *Systemic Factor 4 Item 28* for additional information)

Item 29: Array of Services

Description of Systemic Factor Item: How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable;
- Services that help children in foster and adoptive placements achieve permanency.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Although information in the statewide assessment and collected during stakeholder interviews in general described a rich array of services, stakeholders reported significant gaps in the service array for the Northeast and Northwest sections of the state. Stakeholders also reported significant waitlists across the state for services, particularly mental health, and substance abuse services.

Since then, CT DCF views Family First as an opportunity to further our system transformation and realign our objectives more broadly with prevention and ultimately prevent foster care entries. Since approval of our Prevention Plan in early 2022, CT continues to collaborate with internal and external stakeholders around implementation and this work has also assisted in increasing community and agency awareness,

understanding and identification of key connections across agencies. We continue to leverage these partnerships as we promote a broad, integrative, universal concept of a Child Well-Being System.

Assessment:
Based on the information below, the Department believes that this item is an **Area Needing Improvement.**

Goal: Contribute to child and family wellbeing by enhancing assessment and interventions

Objectives:
a. Meet with our Citizen Review Panels (CRP) to frame out the FFPSA and moving to a more effectively integrated child Welfare system. Determine their interest and role(s) they would desire to play.
b. Emphasize Fatherhood services, resources, and support PIP.
c. Collaborate with communities and state agencies to build strong Fatherhood engagement leadership teams.
d. Build out system to support staff in service matching and need identification.
e. Build out infrastructure to ensure service delivery is consistent with department expectations – Families are better off after receiving the service that matches the needs identified as a result of the Social Worker assessment.
f. Conduct research to explore tools used in other jurisdictions to assess parent/child needs and help children in care achieve timely permanency.
g. Redesign of the Therapeutic Foster Care program to ensure the behavioral health needs of children placed in OOH care are addressed.
h. Restructuring and redesign of the Voluntary Services Program to better meet the emotional and behavioral health needs of children.

The Connecticut Department of Children and Families has statutory responsibility for prevention, child welfare, children's behavioral health and education. As such, the state's service array includes a full array of programs including child abuse and neglect prevention and diversion treatment services, foster care, family preservation services, reunification support services, mental health and substance use services, independent living, services to support other permanent living arrangements and a continuum of congregate care settings. The service coordination process also involves considerable input from stakeholders at all levels. The Department hosts routinely scheduled statewide service provider meetings to gather input from contracted and credentialed providers. The Department meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array. These meetings continued throughout the COVID pandemic, migrated to virtual platforms.

The Department conducted a series of focus groups with persons with lived experience as part of the preparation for this assessment. During those groups a question was asked soliciting feedback on the services that were "needed for you/your child" and how you felt about the services you were receiving. Were there challenges getting the services your family needed (referral needed, waiting list for service, cost of service or payment approval process, no provider in area, transport, etc.)? What services helped you the most?" A common theme from the Parents group was the struggle to navigate a large and overwhelming system to find necessary resources - especially early intervention services. Many families faced barriers such as long waiting lists, and a scarcity of providers depending on where they lived. Staff also identified a lack of bilingual staff, that can contribute to such waitlist times.

Parents highlighted significant challenges in accessing and receiving adequate services through DCF and other systems, with particular emphasis on victim services and tailored mental and behavioral health support.

Parents expressed the desire to have their family looked at holistically and not solely based on the allegations provided. The emphasis was on the establishment of a "supportive process versus the checklist approach." Staff focus group feedback identified a lack of services for specific needs, such as cognitively limited families, in-home services for younger children, youth that have been trafficked, and for undocumented families. The

feedback suggests a need for a more individualized, supportive approach from DCF, rather than a one-size-fits-all method, to ensure families receive the specific services they promptly require. With a family having complex needs, their desire is to be provided behavioral health services first, and then be referred to parenting support. Where IPV is present, it was expressed that more services may be needed to assist DCF staff in understanding the complex dynamics and patterns of coercive control that do not entail actual physical violence. Furthermore, parents emphasized the importance of listening to current therapy providers to avoid unnecessary and costly additional evaluations which did not add value and only served to prolong decisions being made.

Responses from licensed core foster and adoptive parents to the same question reveal several common challenges, some of which were expressed already by birth families. Upon placement, foster parents expressed the desire to have services in place and referrals made so proactively, support is provided to the child(ren) in their care. If not, and once the child's behaviors begin to escalate, it becomes very difficult to manage the child's behaviors while support is being established. This may result in the child requiring a higher level of care.

There's a shared sentiment that DCF's approach to offering services often feels like a checklist rather than a supportive process tailored to the individual needs of families. Caregivers also noted the importance of receiving services that address trauma for both children in their care and their parents. Services within the community for Post Traumatic Stress Disorder (PTSD) and attachment issues would be of great help to licensed parents. The in-home behavioral health services are most effective, yet long wait lists are experienced for that service type. The most helpful support mentioned was the Care for Kids program, yet the overall feedback points to a significant gap in accessible, effective services provided by or through DCF, underlining the necessity for a more holistic and responsive approach to meet the diverse needs of foster and adoptive families.

Kinship foster parents highlighted a gap in support services for kinship parents after the initial year, pointing to a need for more sustained and seamless assistance. This is also true when guardianship is transferred and DCF closes the case as families questioned from where support was then going to be received. Kinship caregivers also noted the difficulty in navigating the Child Welfare system and finding resources on their own, suggesting a need for more guided and continuous support from DCF and related organizations.

Youths articulated their perceptions of services provided during and after placement into foster care. Many youths expressed a need for specialized or trauma-informed therapy services, highlighting a gap in available mental health support and non-traditional modalities to receive help. Additionally, there were barriers to accessing necessary services, including lack of awareness among social workers about available resources. Some youths felt that they could have benefited from programs they were not informed about, such as financial assistance opportunities within the community. The effectiveness of services also appeared to vary by provider and region of the state.

Being "thrown into counseling" was a sentiment, and youths expressed that culture needs to be considered when accessing services to ensure proper fit and engagement between the youth and provider. The sustainability of relationships between the youths and their formal support network was of concern given worker turnover.

Overall, the youth responses underscore the importance of tailored and accessible services, as well as improved communication and awareness among case workers to ensure youths receive the support they need during and after their time in foster care.

Credentialed Services:

The Department has selected a group of services that are most frequently purchased through wrap-around funds for which providers must be credentialed. Wrap funding is flexible funding to be used to maintain a child in their home, with a relative, or assist with maintaining a child with their foster family for the purposes of Family Preservation, Family Support, Reunification, Adoption, and Independent Living. Services are provided to children and youth 0-18 years of age, or through age 21 if Services Post Majority, and are available statewide.

The credentialing process is handled through a DCF contracted agent who assures that all providers have passed criminal background checks and Child Protective Services checks, as well as ensuring that they meet the training and experience qualifications for each service type. Current credentialed services include:

After School Services: Clinical Support for Children
After School Services: Clinical Support for Youth
After School Services: Traditional
After School Services: Youth
Animal Assisted Intervention
Assessment
Assessment: Perpetrator of Domestic Violence
CHAP Case Management (open to current CHAP providers only)
Community-based Life Skills
Supervised Visitation
Support Staff
Temporary Care Services
Therapeutic Support Staff
Transportation: General Livery
Transportation: School

In SFY's 2022-2023, spear-headed by the Division of Contracts Management through the DCF Credentialing Committee, the Department finalized the revision of all of its Provider Agreements to strengthen the requirements of credentialed service providers, clarify billing and payment expectations, ensure adherence to state policy and to evaluate each of the 15 credentialed service types for revision and enhancement.

The Contract Management Unit Website (SharePoint):

The Contract Management Unit developed and launched a website for Department staff featuring a thorough description of the areas of work that the Contract Management Unit manages: Purchase of Service Contracts, Personal Service Agreements, the Contract Management Library, Credentialed Services, Procurements and Requests for Proposals, Amendments, and Budgets. The website also contains a wealth of information in links, documents, forms, and lists for all of the above services to assist Department staff with the necessary tools to navigate their work as it relates to contracts. The Contract Management Unit is currently in the process of reconfiguring this website.

The Department contracts with a vast array of providers to deliver services to families and children that meet their individualized needs. For a description of services, please see the Service Continuum. These services include, but not limited to:

Services that assess the strengths and needs	***Services that address the needs of families***	***Services that enable children to remain safely with their parents***	***Services that help achieve permanency***
Integrated Family Care & Support (IFCS)	Integrated Family Care and Support (IFCS)	Intensive Family Preservation (IFP)	Reunification and Therapeutic Family Time (RTFT)
Multi-disciplinary Exam (MDE)	Community Support for Families (CSF)	Family-based Recovery (FBR)	Functional Family Therapy - Foster Care (FFT-FC)
Community Support for Families (CSF)	Family-based Recover (FBR)	Child First	Permanency Placement Services Program (PPSP)
Preventative Care Management Entity (PCME)	Multidimensional Family Therapy (MDFT)	Justice Resource Institute (JRI) Intensive Diversion Program (JRI-IDP)	Wendy's Wonderful Kids
Structured Decision Making (SDM)	Multi-systemic therapy (MST)	Intimate Partner Violence - Family Assessment	Parenting Support Services (PSS)

Services that assess the strengths and needs	*Services that address the needs of families*	*Services that enable children to remain safely with their parents*	*Services that help achieve permanency*
-	-	Intervention Response (IPV FAIR)	-
Care Coordination	SAFE-Family Recovery (SAFE-FR)	Outpatient Psychiatric Clinics for Children (OPCC)	Fatherhood Engagement Services (FES)
-	Supportive Housing	SAFE-Family Recovery (SAFE-FR)	Child First
-	Preventive Care Management Entity (PCME)	Multidimensional Family Therapy (MDFT)	SAFE-Family Recovery (SAFE-FR)
-	Child First	Multi-systemic Therapy (MST)	Substance Screening, Treatment and Recovery for Youth (SSTRY)
-	Parenting Support Services (PSS)	Parenting Support Services (PSS)	Multi-Systemic Therapy (MST)
-	Quality Parenting Centers (QPC)	Substance Screening Treatment and Recovery for Youth (SSTRY)	Functional Family Therapy (FFT)
-	-	Urgent Crisis Centers	
-	-	Emergency Mobile Psychiatric Services	

Please also see the Final Update / Report on for a complete listing of Service Descriptions and CAPTA reporting sections required within 2020 - 2024 APSR Final Report for further details.

Item 30: Individualizing Services

Description of Systemic Factor Item: How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency? Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and obtained in interviews with stakeholders described that although there are some processes for using wraparound funds and customizing services, the restrictions on how the funds may be used and limitations on providers are barriers to effectively individualizing services. Stakeholders also reported a lack of linguistic and culturally sensitive services and that significant turnover in therapeutic service providers interferes with the effective individualization of services.

Assessment:
Based on the information below (and above in the Systemic Factor 5 Background section), the Department believes this item to be a **Strength**.

Service Outcome Advisory Committee (SOAC): The Department of Children and Families is committed to ensuring the best possible outcomes for families and children from the programs they contract with and fund. To maintain the highest quality contracted programs available to meet the needs of the children and

families in Connecticut, the Department created The Service Outcome Advisory Committee (SOAC). SOAC is comprised of the following four (4) distinct initiatives that are currently underway to revisit, improve, standardize, and sustain existing practices:

- Performance Outcome Measures**:** The Department is reviewing and standardizing performance expectations across its contracted programs. For each contracted service type, performance outcome measures (POMs) are being developed and inserted into existing contracts via amendments. POMS are the foundation to establishing standards by which provider delivers services to families and children.

- Program Performance Improvement Process: The Department is in the final stages of revising, standardizing, and implementing its program performance improvement process to enhance its ability to support actions toward the improvement of client outcomes, strengthen internal and external partnerships, and help identify opportunities for improvement at a program and system level. There are two levels of intervention:

    - A ***Service Development Plan (SDP)*** is a collaboratively developed document submitted by a DCF provider to address unmet elements of performance jointly identified by the provider and DCF staff and/or an evidence-based quality assurance representative.
    - A ***Corrective Action Plan (CAP)*** is a formal document that may be required to be submitted by a DCF provider if the goals of the SDP have not been effectively implemented or achieved. At the sole discretion of DCF, a CAP will be required without an SDP first being submitted if the issues identified represent a significant impact on the health and safety of children or are egregious, widespread, or pervasive performance issues. The CAP is required to identify specific actions that will be taken by the program to bring itself into compliance, along with timeframes for completion and a plan to sustain improved performance. Failure to successfully resolve a CAP may lead to adverse actions, including but not limited to suspension of referrals, or contract action up to and including termination of the contract.

- Service Array Evaluation and Report: The Department is establishing a process, template and cadence to evaluate its array of contracted services on a multitude of elements. Elements will include but are not limited to meeting established performance outcome measures such as timeliness of service delivery, successful completion of treatment, length of service, and utilization. This evaluation will enhance the Department's ability to support decision-making toward the improvement of client outcomes, strengthen internal and external partnerships, inform budgets and contracting, and identify opportunities for improvement at a program and system level.

- Program Lead Guide**:** Within the Department, Program Leads are charged with supporting and coordinating the development and oversight of DCF contracted programs. Members of SOAC in collaboration with Program Lead staff are working to update the Program Lead Guide to outline the roles and expectations of the Program Lead. Each Program Lead is assigned to specific service types. To accomplish these duties, the Program Leads are expected to serve and act in the following capacities:
    - Subject Matter Expert
    - Scope of Service/Contract Expert
    - Quality Assurance and Improvement Monitor and Coordinator

Every service the Department contracts with has a component that requires they engage in ongoing assessments of the strengths and needs of the families and children they are serving. This starts at intake and continues throughout their involvement. These assessments are documented in treatment plans that establish goals based on those assessed strengths and needs.

This expectation was further reinforced when the Department rolled out the ABCD Child Safety Practice Model in 2022 and 2023. The Department partnered with providers to develop the model and accompanying tools

(Practice Profiles) and subsequently offered training ongoingly through the Academy for Community Partners. The Department intentionally engaged in training and discussions with providers to create common definitions, language, and expectations around assessments of safety and risk.

Contract Management Unit: The Contract Management Unit in the Department's Fiscal Services Division provides an array of support services to aid the Department's Program Leads who are responsible for the oversight of the program components of the 99 Purchase of Service (POS) contracts, encompassing 330 community programs the Department funds. Purchase of Service contracts deliver direct social services through private agencies to children and/or their families that are served by the Department. Additionally, the Contract Management Unit, in partnership with program staff, supports a variety of other Department units and is responsible for additional activities as described below.

- **Enhanced Service Coordination (ESC):** The Systems Division was established in July 2019 through the agency reorganization under Commissioner Dorantes and has remained focused on enhancing our service system to better meet the needs of children and families. Members of the Division are assigned in each of DCF Regions with a focus on promoting strong engagement and collaboration within DCF, and with our community partners to ensure we are matching families with the right service to meet their identified needs. The Systems Division began this work with the expansion of "Enhanced Service Coordination (ESC)", as a needs-based consultation model resulting in more informed service referrals that better match the identified needs of the family. The ESC model was expanded statewide in January 2020 following successful pilots in regions 5 and 6 revealed the benefits of ESC. The 2020 expansion was supported with technical assistance from the Government Performance Lab (GPL) at the Kennedy School of Government to streamline the referral process for four of the Department's parenting support services: Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First.

  Since the wind-down of technical assistance from the GPL in 2021, the Systems Division has supported enhanced service coordination as a best practice to manage referrals for services with a needs-focused lens. The Division has worked in collaboration with other Divisions to incorporate some of the principles of the ESC model into the gatekeeping of other services and provided a blueprint to expand the ESC model to other service types. Pending staffing resources and a technical solution to replace the manual ESC logs in each Region, this approach will help DCF to track timeliness of service provision, assess alignment of service matches and address service barriers in real-time in partnership with our provider partners.

- **Universal Referral Form (URF)**: The Division also played an integral role in supporting the statewide launch of an automated Universal Referral Form (URF) to initiate the service provision with the providers. The URF is an important tool to support the expansion of ESC to additional services. Through ESC, manual data collection populates data dashboards that include service performance metrics on timeliness of service provision, service match, utilization data and support real-time, data-driven conversations and troubleshoot issues arising in service provision. Additional development is needed to add additional services to the automated URF and support the data collection and reporting under the ESC model of managing referrals. Due to COVID-related issues and competing IT-development priorities, the full-scale up of the URF to include additional services has slowed, but additional services have been added including Integrated Family Care and Support (IFCS) and Fatherhood Engagement Services (FES). The Division continues to work with the CT-KIND team to support the automation and reporting functions that will benefit other service types and inform performance management of contracted services under SOAC, which ultimately, will include monitoring service trends by race and ethnicity.

USE Plans: The Department makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service is individualized. The Department uses a flexible funding approach to support children and youth to remain in stable family placements. These "wraparound funds" may be spent for both in-home and out-of-home youth on a range of services and concrete supports. In August 2023, in an effort to streamline and expedite structures to secure children and youth services the Department

brought together a multi-disciplinary group of staff to revise approval amounts, timeframes for USE plan approval reviews, and USE plan committee membership.

Effective 8/1/23:

The Area Office (AO) USE plan committee can now approve up to $25,000 per USE plan.

For amounts between $25,000+- $35,000, the AO USE plan committee will have a 30-day provisional approval. The Central Office (CO) USE plan committee must provide approval beyond the 30-days.

For amounts over $35,000, approval must be made by the CO USE plan committee.

All USE plans are to be reviewed yearly. The AO or CO Use plan committee can determine if it needs to be reviewed more frequently.

Attention must be made that Therapeutic Support Services (TSS) is not used as a catch-all service. The AO committee must ensure that efforts to secure the most appropriate service occur prior to consideration of TSS service.

Top ten services purchased via wraparound funds

July 1, 2021-June 30, 2022		**July 1, 2022-June 30, 2023**		**July 1, 2023 - May 1, 2024**	
Miscellaneous-Adoption	$1,221,254.26	Miscellaneous-Adoption	$1,257,573.14	Miscellaneous-Adoption	$931,910.04
Supervised Visits - Foster Care	$714,979.91	Supervised Visits - Foster Care	$797,823.31	Supervised Visits - Foster Care	$782,268.43
Camp-Foster Care	$447,507.64	Camp-Foster Care	$419,156.61	Camp-Foster Care	$632,884.78
Miscellaneous-Foster Care-CPS	$343,122.00	Miscellaneous-Foster Care-CPS	$391,747.69	Other Services USE	$402,237.02
Other Services USE	$272,473.11	Other Services USE	$200,035.18	Extended Cred USE	$306,235.10
Transportation Other-Foster care CPS	$180,615.30	Therapeutic Support Staff - Foster	$187,078.25	Therapeutic Support Staff - Foster	$249,309.46
Extended Credentialed Services-USE	$172,555.43	Extended Credentialed Services-USE	$180,115.00	Miscellaneous-Foster Care-CPS	$235,763.84
Other Family Supports	$165,480.08	Transportation Other-Foster care CPS	$152,349.95	Transportation Other-Foster care CPS	$230,663.74
Daycare-In Home	$97,832.55	Respite Care-Foster Care CPS	$86,244.05	Respite Care-Foster Care CPS	$117,771.95
Transportation Other-In Home	$96,326.88	Extended Contract Services-USE	$62,115.74	Intensive Ind Support for USE	$69,782.71
Total	**$3,712,147.16**	**Grand Total**	**$3,734,238.92**	**Grand Total**	**$3,958,827.07**

USE expenditures by service description.

(July 1, 2023 - April 30, 2024)

Extended Credentialed Services-USE	$306,235.10
Intensive Individual Support for USE	$69,782.71
Extended Contract Services-USE	$5,105.00
Difficulty of Care Payment for USE Class	$13,725.00
Other Services USE	$402,237.02
Total	**$797,084.83**

F. Agency Responsiveness to the Community

Description: The Children's Bureau assesses this systemic factor using state performance on Items 31 and 32.

- Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR
- Item 32: Coordination of CFSP Services With Other Federal Programs

Substantial conformity requires that at least one of the two items for this systemic factor be rated as a Strength.

Background: In Round 3, Connecticut was in substantial conformity with this systemic factor, as item 32 was rated as a Strength. Information in the statewide assessment showed that the state effectively coordinates CFSP services with other federally funded/assisted programs serving the same population. For item 31, information in the statewide assessment and from stakeholders showed that although Connecticut collaborates with a wide range of community partners, Tribal stakeholders reported that the state does not consult or engage with Tribal representatives in the creation or implementation of the CFSP or APSR.

Assessment:
The Department believes that Connecticut is in **Substantial Conformity** with this factor, as both items, are considered a Strength.

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Description of Systemic Factor Item: How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews. Although Connecticut collaborates with a wide range of community partners, Tribal stakeholders reported that the state does not consult or engage with Tribal representatives in the creation or implementation of the CFSP or APSR.

Assessment:
Based on the information below, the Department believes this item to be a **Strength**.

The Department conducted engagement in listening sessions and/or focus groups, and ongoing consultation, of the following groups in the CFSP and APSR:

Individuals with lived experience in the child welfare system;

Parents with DCF involvement

Youth in DCF care

Kinship caregivers

Licensed foster parents

The Connecticut State Advisory Council and Regional Advisory Council Leads;

The Governor's Task Force on Justice for Abused Children;

Juvenile Court Judges and members of the Juvenile Court/Court Improvement Program, along with the Office of the Attorney General's Child Welfare Division;

Federally recognized tribes (Mohegan and Mashantucket-Pequot) and state-recognized tribes via the ICWA Organization;

The Connecticut Children and Families Statewide Racial Justice Working Group;

Organizations supporting adoptive parents and caregivers, such as The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and FAVOR, Inc.

Each of the following agencies were also provided a draft of the CFSP for 2024 - 2029 and provided the Department a "Statement of Commitment" to their ongoing work towards achieving the goals outlined in the Child and Family Services Plan. Representatives from the stakeholder groups continued collaborating with the Department during their attendance on various subcommittees regarding the development of the Family First Preventions Services Act plan.

State Department of Education
Department of Developmental Services
Department of Mental Health and Addictions Services
Office of Early Childhood
Department of Emergency Services and Public Protection
Department of Housing
Department of Labor
Department of Public Health
Department of Rehabilitation Services
Department of Social Services
Department of Veteran's Affairs

Ongoing Consultation:

The Department engages stakeholders in ongoing consultation through operating a number of engagement councils, committees, and advisory boards, as well as through participation as members in various collaborative initiatives, taskforces, and advisory boards. These efforts are detailed in the section below.

State Advisory Council (SAC)

The Department receives community input from several statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 19-member statutorily (CGS 17a-4(a)) required body appointed by the Governor, with representation from all six DCF Regional Advisory Councils, to advise the Commissioner on all matters pertaining to services for children and families. The membership includes people representing a variety of sectors and professions, including:

- Two child care professionals
- One child psychiatrist licensed to practice medicine in CT
- One attorney with expertise in child/youth legal issues
- Two persons age 18 - 25 served by DCF
- Seven who shall be representative of young persons, parents and others interested in the delivery of services to children and youths, including child protection, behavioral health, juvenile justice and prevention services; at least four of whom shall be parents, foster parents or family members of children who have/are received/ing behavioral health, child welfare or juvenile services
- Six persons representing the Regional Advisory Councils established pursuant to CGS 17a-30

The primary duties of the Council are to review policies; recommend programs, legislation or other matters that will improve services for children, youth, and families; review and advise the Commissioner on the proposed agency budget; perform public outreach to educate the community regarding policies, duties and programs of the Department and issue any reports it deems necessary to the Governor and the Commissioner.

The SAC meets 12 times during the year. A designee from the Commissioner's Office, the Bureau Chief for External Affairs, attends every SAC meeting. The Commissioner attends the annual retreat and at least 3 meetings a year. A DCF update is provided at each meeting, focusing on key areas such as current activities within the Department, legislative proposals, structural and organizational changes of key Agency personnel, CFSR/PIP development, Family First Prevention Services Act planning and caseload sizes and other data measures upon request. During this time, the Commissioner or representative also answers questions from the council members and receives input for future meeting agenda items.

DCF has engaged FAVOR Inc., a statewide family advocacy organization for children's behavioral health, but also agreed to serve as fiduciary for the SAC/RACs and Citizen Review Panels. Please see entries for FAVOR in the service descriptions below, and in the attached Statewide Citizen Review Panel (CRP) June 2024 Report, for further information.

The Caregiver Advisory Council

The Council was established in winter of 2022 as a recommendation from the Quality Parenting Initiative Champions and steering committees, and has continued to meet on a regular basis since that time. The Council consists of caregivers who are licensed, retired, post permanency (adoption or guardianship), adults formerly in care, QPI champions and the Department Foster Care Division. The Council is co-chaired by two caregivers (kinship/adoption and foster care/adoption). In CY23, the council informed its permanency policy, developed guides for caregivers on QPI, Legal and other caregiver topics. In the summer of 2023, they presented before the DCF Commissioner Leadership Forum. The presentation focused on the Department's practice of visiting, scheduling and moving children. They are the department's accountability partner and partner with its members to improve the system. The ongoing focus is ensuring all transitions are child centered and not adult centered. To that end, they co-created the QPI Superior Court for Juvenile Matters presentation, have recommended updates to the statutory Foster Parent Bill of Rights (pending).

Juvenile Court

DCF, the Judicial Branch, the Office of the Attorney General (OAG), and the private bar continue to build upon their partnerships in order to achieve safe, timely permanency for children in care.

DCF/AAG Collaboration

DCF's in-house Legal Division continues to partner with the Office of Attorney General's (OAG) Child Protection Section to fortify the collaboration between the two agencies. Throughout 2023, the OAG and Department have partnered to navigate legal challenges, which benefits the children and families we serve. In keeping with those efforts, in-house area office attorneys meet with their local Assistant Attorneys General (AAGs) biweekly and the managers for the in-house DCF Legal Division and leadership team at the OAG Child Protection Section meet on a weekly basis. Ongoing collaborative efforts have included the following:

- Consultations: In particularly complex cases, DCF includes AAGs in legal consultations before petitions are even filed. This has been especially helpful in cases involving interstate jurisdictional issues or unique legal issues.
- Training: The OAG and DCF Legal Division have partnered on training for legal and child welfare staff on numerous topics, such as preparing to testify in court and pre-service training for new staff on the administrative hearing process. The OAG has also included Department attorneys in monthly "lunch and learn" presentations at which a member of the OAG presents a child welfare matter relevant to both in-house and trial practitioners. Leadership in both agencies are committed to ensuring that practice remains consistent statewide by routine and frequent communication and presenting uniform training for staff throughout the state.
- Administrative/Court Appeals: Decisions on Superior Court for Juvenile Matters may be appealed to the Appellate Court and the CT Supreme Court. Also, final Decisions from Administrative Hearings may be appealed to Superior Court, the Appellate Court, and the CT Supreme Court. AAGs represent the Department, in consultation with CO legal staff, throughout these appeal processes including negotiating at prehearing conferences, drafting legal briefs, and presenting oral arguments before the Court. Legal Managers collaborate with AAGs on Juvenile Court appeals by reviewing legal briefs and participating in practice arguments (moots).

DCF/Judicial Collaboration

On a regular basis, the DCF Commissioner meets with the Chief Administrative Judge for Juvenile Matters along with the DCF General Counsel and Agency Legal Director to discuss and address systems issues to promote timely permanency for children. In addition, the DCF Assistant Legal Director meets with the Chief Clerk for Juvenile Matters to streamline processes, such as e-filing and development of new forms, that impact the timely filing and processing of petitions and motions. These meetings facilitate collaboration with the Judicial Branch to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases.

There is also a DCF/Judicial Collaborative workgroup that meets quarterly to address Racial Justice and other related issues within the juvenile court. The group includes DCF Commissioner's Office and child welfare staff, the Superior Court for Juvenile Matters (SCJM) Chief Administrative Judge, a presiding SCJM judge, Chief Clerk (also CIP Coordinator), the Director of Delinquency Defense and Child Protection with the Chief Public Defender's Office, representatives from the Attorney General's Office and the Center for Children's Advocacy. This group has developed a disproportionality pathway for children involved with the SCJM and collaborated to develop strategies to reduce/eliminate this issue across the system. Along with this statewide workgroup, there are regular Racial and Ethnic Disproportionality (RED) meetings to address these issues at the local level, which also include schools, juvenile probation, law enforcement and community providers.

DCF/Judicial/OAG/Office of the Chief Public Defender collaboration

There is a standing monthly court partners meeting, which includes DCF, the Office of the Chief Public Defender (OCPD), the Chief Administrative Judge for Juvenile Matters and the Office of the Attorney General to address any court related issues or concerns and to discuss updates and new initiatives that impact our juvenile court work, including any issues related to the private lawyers who represent parents and children in child abuse and neglect cases pursuant to contracts with OCPD. Each of the twelve courts throughout the state also hold "Brown Bag Lunches" to bring together the local Judges, DCF, AAGs, OCPD and parents/children's counsel to learn about and discuss new initiatives and processes that may impact the individual court and/or statewide issues.

Consultation and Coordination between DCF and Tribes

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The State has maintained open communication with the tribes over the years since their original federal recognition and launch of casino enterprises in the 1990's. Formal activity with the tribes is most often initiated after an accepted child maltreatment report to the Department of Children and Families central reporting CARELINE. The volume of reports on tribal families and children accounts remains small in comparison to the volume of reports received on non-tribal children, most often being just a handful of cases per year. *Please see APSR Item 31 for additional information.*

The MPTN has a formal reservation that includes some tribal housing. Screening is done at Careline, and is secondarily reviewed on the local level, for a home address that may be on the MPTN reservation, which is limited to a selected number of streets. Cases that have such addresses are deferred to MPTN tribal authorities for jurisdiction. On other occasions, the State may identify, after commencing activity, that the family lives on the MPTN reservation, and a transfer of the case is made between the State and Tribal authorities. When there is activity regarding a MPTN family with an off-reservation address, the State maintains jurisdiction, providing notice to Tribal child protection, up to including occasions when the matter may be litigated in state juvenile courts, if the Tribe declines jurisdiction, or an objection to Tribal jurisdiction is raised.

The Mohegan Tribe also has some residential homes on reservation/tribal land. But unlike MPTN, MT does not have its own child protection services to conduct investigations. All reports taken and accepted by the CARELINE for a home address on that land are investigated (either a traditional Investigation or Family Assessment Response) by the State. The Department provides notice to MT before visiting the homes on this property. Virtually all CT MT and MPTN (non-reservation) reports are serviced by the Norwich Area Office in DCF's Region 3. Upon initial face to face contact, every accepted report of child abuse and neglect is screened for race and ethnicity demographics, capturing any tribal affiliation information not initially indexed

by CARELINE. Tribal affiliation is also screened and noted at this time. Results are stored in the State SACWIS system (LINK).

Native American status is captured in the Connecticut SACWIS under "Person Management". Case Plans also serve as an additional forum for addressing tribal status and Native American racial identity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation/ FAR/ongoing services) and revised by ongoing State social workers in the formulation and revision of case plans; Multi-Disciplinary Conferences to address service needs; Permanency Team Meetings (convened with in-home and out of home cases to identify natural supports and helping community), as well as canvassing of all parties if court involved.

There is a Memorandum of Understanding (MOU) between the State and the MT that has been in effect since 2006. Contact with the Mohegan Tribe is governed by the MOU. The Department and MT are in the process of updating the MOU and completion is expected by the summer of 2024. Contact with the tribe includes confidential meetings of case specific discussion of State interventions of MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in meetings at tribal offices. The meetings are also used as an opportunity to advise the Tribe of new State initiatives; recent past and present discussions have included Structured Decision Making, Differential Response System and Child and Family Team Meetings for Considered Removals and Permanency Team Meetings. The contact liaison in the local DCF office is a Social Work Supervisor who is available to attend meetings with Tribal representatives, to provide a familiar point of contact with the Agency, and to facilitate open communication with the Mohegan Tribe.

In 2021, the Department initiated separate quarterly meetings with the MT and MPTN. As noted above, since most of the cases involving members of these tribes are serviced in the Norwich area office, attendees include the Norwich Office Director and members of the SW team, a representative from the Judicial Branch, and members of the Department's Legal Division, and the Department's Director of Multicultural Affairs. These meetings serve as opportunities to discuss any issues and continue to strengthen collaboration in addressing child welfare matters that implicate the tribes.

Common Juvenile Court practice finds representatives of the MPTN and MT present, at least for initial proceedings. Neither tribe has a fully developed complement of placement resources (foster/host homes/group care) that allows for a divergent path from State care, should removal from home become necessary (the MPTN initially had some foster care/group care resources but changing economic times shuttered these services many years ago). When Indian children do require placement into care, commensurate with behavioral health level of care needs, the first option, is to identify family or fictive kin options in lieu of entry into traditional foster care. Placement with Native American kin is a primary objective and is pursued whenever possible.

When there are circumstances requiring CPS litigation, The MT does not seek to transfer cases to its own court system and prefers to partner with the State in the Superior Court for Juvenile Matters. The Tribe often provides support and services to its members, and Agency staff partners with the Tribe to meet the needs of Tribal families. Conversely, the MPTN may exercise the option of jurisdiction moving to its Tribal Court or keep the matter in the State court system.

Most Indian Child Welfare Act (ICWA) activity in Connecticut has centered on the State's federally recognized resident tribes. On occasion there is activity regarding tribes in the neighboring states of Rhode Island (Narragansett), Massachusetts (Wampanoag), Maine (Passamaquoddy) and New York. However, in 2023, the state legislature passed a law (Public Act 23-113) adopting the provisions of ICWA in state law and expanding the ICWA protections to the three Connecticut-recognized tribes: the Schagticokes, Eastern Pequot, and Golden Hill Paugussett. The Department initiated quarterly meetings with these tribes in March 2024, with the intention of mirroring the existing collaboration with the state's federally recognized tribes. The Department has also updated its ICWA policy to reflect this change in state law. Consistent with ICWA, all tribes are notified of State legal activity in writing, by USPS certified mail for every step of the litigation process.

There have been no known ICWA compliance issues identified over the last several years. Newly hired Social Workers are trained regarding the requirements of ICWA during pre-service training. Additionally, when local training/conference opportunities arise, invitations are often issued to the tribes. There have not been any recent negotiations with the MT or MPTN specifically as it relates to determining eligibility, benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Program (CFCIP).

The Department routinely has engaged in outreach to both tribes requesting their participation in the various activities pertaining to CFSR results and the Department has recently initiated engagement with the state-recognized tribes. The Department also provided survey questions to MT and MPTN representatives in March/April with questions related to service array, agency responsiveness, and opportunities for further engagement. The responses were generally positive, and the representatives expressed that the quarterly meetings were useful as a means of ensuring ongoing collaboration. MPTN expressed interest in collaborating on training for DCF staff and the Mohegan tribe expressed interest in collaboration with the Foster Care Division to provide training onsite for prospective tribal foster parents.

Family First Prevention Services Act

Connecticut's Family First Prevention Services Plan had a soft launch for the Community Pathways Candidacy population in October 2023. The Prevention Care Management Entity (PCME) is Carelon Behavioral Health, which is contracted to work with families, local providers, and the Department of Children and Family to coordinate, manage, and oversee all services for community pathways families. These families will be referred via other community organizations, service providers, and self-referral. The PCME will assess their strengths and needs and refer them to services. To date, Carelon Behavioral Health reports receiving 768 referrals,

- 559 Known-to-DCF referrals to the Integrated Family Care and Support (IFCS) Program
- 198 Behavioral Health (formerly Voluntary Care Management)
- 11 Community Organizations, Services Providers and Self-Referrals

Continued installation of Connecticut's Family First Prevention Services will focus on assisting the PCME with the development of strategies to engage parents, youth, and others with lived experience to join our efforts to ensure that service delivery is trauma-informed, equal, and fair to everyone regardless of ethnicity or race.

For additional information, please see the APSR, Section C. Requirements, Final Update on Service Description, Family First Prevention Services Act Transition Grants.

Child Abuse Prevention Treatment Act (CAPTA) Partnership

As noted in the prior year's report, CT's CAPTA initiative is embedded in a larger state effort to increase identification of substance exposed infants (SEI), disseminate information about SEI prevention and best intervention practices, and make recommendations for a continuum of SEI care through the Governor's Alcohol and Drug Policy Council (ADPC), Prevention Subcommittee, and a SEI statewide strategic plan. In 2016, Connecticut established the Substance Exposed Infant/Fetal Alcohol Syndrome Disorder (SEI/FASD) initiative with a full-time SEI Coordinator; a position that continues to be jointly funded with the state monies from DCF and Department of Mental Health and Addiction Services (DMHAS, the state's Adult Substance Abuse Authority). The SEI Coordinator continues to be responsible for the regular convening of several working groups that inform the state's SEI Strategic Plan development, marketing, early screening/intervention, and implementation. DCF and DMHAS continue to partner in funding a family care plan coordinator position. We have been investing in and enhancing a stronger understanding statewide of the CAPTA notification portal as well as the implementation and use of family care plans for families. The FCP Coordinator has strengthened the network of providers and use of the newborn notification portal as well as increasing families using the FCP prior to birth and at time of birth. To date, every birthing hospital in the state has received the CAPTA/ Family Care Plan training, enhancing healthcare provider understanding of CAPTA/CARA legislation, CAPTA notification requirements, and FCP completion. The FCP Coordinator will also be providing training to the DCF Training Academy to inform DCF and community provider staff on supporting families through the FCP process. In 2022-2023 the two-state agencies, in collaboration with other state entities, hospitals and community partners engaged in Policy Academy which then qualified us for In-depth Technical Assistance through National Center of Substance Abuse and Child Welfare. This assistance has helped DCF in enhancing

our Newborn Portal, providing equity around the use of FCP as well as ensuring equity around who receives a CAPTA notification and lastly prove an equitable lens as we update our strategic plan for the next 5 years. DCF/DMHAS partnership has continued to grow as we continue to partner and collaborate on more projects and initiatives together, including maternal mortality review committee, perinatal quality collaborative, Woman Opioid Work group, NASCENT advisory committee, Child Fatality Review Panel, Access Mental Health for Mothers, REACH, PROUD program, Overdose Fatality Review Panel, Intimate Partner Fatality Review Panel, Drug Endangered Children Alliance, Naloxone Policy's, and the Be In the Know Cannabis Education Campaign. They also support DCF's Regional Partnership grant CT Strengthening Families together that offers services to pregnant and parenting parents that have substance use concerns. This FFY23-24 the State has focused on supporting our hospitals as well as other clinics that have an intersecting relationship with individuals that could or would be pregnant. Each hospital has been assisting in sharing their protocols as a way to help other hospitals make adjustments to their policies and practices. In addition, CT in partnership has supported 5 other surround states with TA regarding CT process surrounding CAPTA and our newborn portal and the data that gets captured and how it is used.

DCF/CT Data Collaborative Partnership

DCF has developed a partnership with CT Data Collaborative, in assisting the department in bringing CAPTA data forward for the public to view in full transparency. This allows for further technical assistance to be offered by our Family care plan coordinator to all birthing hospitals or other entities needing support in understanding the CAPTA requirements. This work continues and has been supported by CT Hospital Association, and DMHAS. These two partners have aided DCF in the development of the dashboard to ensure we are consistent in use of language and that we remain true to the data that meets the need of the state as well as Federal reporting requirements.

DCF/ CCADV Partnership

Another partnership the department has been able to establish is with CT Coalition Against Domestic Violence lifting and educating community on the effects of Intimate Partner Violence on children and the lasting traumatic affects it has on the individual and the family. This partnership has supported DCF in looking at stigma, language, understanding the intersection of IPV and Substance use and how to support survivors with keeping their children safe. CCADV has 18 member organizations around the state of Connecticut who offer recipients of IPV support, advocacy and services including but not limited to confidential shelter placement for safety. Each year approximately 38,000 recipients of IPV receive aid from one of the 18 member organizations, 32,000 recipients of IPV receive court-based advocacy, 42,000 recipients of IPV called CCADV requesting services and information and almost 32,000 recipients of IPV received one on one counseling or participated in an IPV support group. This number also reflects these individuals receiving safety planning services and assistance obtaining basic needs. With the challenges and complexities of IPV, collaboration with CCADV and other community providers affords us the opportunity of working together to meet the individualized needs of each recipient of IPV.

We are a member of CCADV's Fatality Review Task Force, which is a collaboration of private, public, and non-profit organizations who come together monthly to review IPV fatalities that have occurred in the state of Connecticut. This task force was started by CCADV in 2000 and was designed to strengthen a coordinated response to recipients of IPV. We also sit on CCADV's Preventing Maternal Mortality Advisory Board and attend regularly scheduled meetings. This Advisory board brings together health and community providers and also extends the work CCADV is doing for IPV certification training to staff working in healthcare settings that emphasize the importance of consistent IPV screening and education. "Nearly one third of individuals who experienced a pregnancy associated death in Connecticut between 2015 and 2021 had experienced IPV at some point in their lifetime (33 of 102 individuals or 32%), so being part of a collaborative effort to provide healthcare professionals, community providers and community members with education and information on IPV and the supports and resources available to them is essential in being able to address this major public health problem.

DCF SW's and DCF IPV Specialists routinely collaborate with CCADV Advocates and CCADV local IPV agency center staff members to meet the needs of recipients of IPV who have DCF involvement and are also

receiving support services from CCADV. DCF staff members and CCADV staff will secure releases from the client so that they can work together to meet the needs of the recipient of IPV. These collaborative meetings have allowed both DCF and CCADV to work together on securing things such as counseling services, DSS benefits, daycare and housing for recipients of IPV; while always prioritizing IPV safety planning.

Children's Behavioral Health Implementation Advisory Board

Following the tragic events that occurred in Newtown Connecticut in December 2012, the Connecticut General Assembly passed Public Act 13-178 which specifically directed DCF to produce a children's behavioral health/mental health plan for the state of Connecticut. The public act pushed Connecticut to focus fully on child mental health and well-being. Public Act 13-178 is intended to address issues of screening, identification, and access to supports and services related to children's mental health issues. The public act required the behavioral health/mental health plan be comprehensive and integrated and meet the behavioral and mental health needs of all children in the state, and to prevent or reduce the long-term negative impact for children experiencing mental, emotional, and behavioral health issues. DCF has been implementing the children's behavioral health plan, in partnership with eleven other state partner agencies, numerous private agencies and the children and families of Connecticut. The DCF Commissioner renewed and invited the Tri-chairs, (Carl Schiessl, Ann Smith, and Elisabeth Cannata) of the Children's Implementation Advisory Board to serve another 3 years.

Since May of 2021 and the children's behavioral health summit entitled: ***"Advancing the Children's Behavioral Health System"***, Connecticut has implemented several activities to improve the children's behavioral health system. These activities were a result of both long-term planning since the Newtown tragedy and the tremendous increase in the demand for children's mental health services because of the pandemic. These activities included:

- Added capacity at the statewide ***Crisis Call Center*** to handle increased call volume and have implemented 988 crises call center;
- Enhanced ***Mobile Crisis Services*** to be available for face-to-face assessment 24 hours a day, 7 days per week.
- Developed and implemented twelve statewide ***Intensive Crisis Care Managers*** along with two ***Outreach and Peer Support Crisis Specialists***, who are assigned to work with children and their families who are stuck in hospital emergency departments.
- Developed and procured four, 23-hour ***Urgent Crisis Centers*** as an alternative to the use of emergency departments for children' mental health crisis assessment; with an accompanying plan for two ***Sub-Acute Crisis Stabilization Centers,*** with twelve to sixteen beds and short term (14 day) stay.
- Developed and implemented five ***Regional Suicide Advisory Boards*** to support suicide prevention and postvention at the local level and to support the statewide Connecticut Suicide Advisory Board.
- Developed and implemented an ***Urban Trauma Network*** of eight provider agencies who will receive specialized training and consultation in order to provide enhanced mental health treatment to children and youth of color (and their families) who have been exposed to racial and urban trauma.
- Developed and implemented a mental health promotion project using the ***Gizmo's Pawesome Guide to Mental Health*** for children in elementary schools who completed ***Bounce Back,*** which is a school-based, evidence-based group treatment for children who have been exposed to trauma.

Help Me Grow Advisory Committee

Connecticut's Help Me Grow (HMG) system, which has been in existence statewide for 22 years, ensures that families with young children at risk for negative outcomes have access to information, support and resources. Our statewide program serves children and their families starting from pregnancy. We connect Connecticut children and their families to community services and resources related to child health, behavior, development, and learning. We serve pregnant women, parents, caregivers, social service agencies, child health providers, as well as early care and education providers.

When all of the organizations working on behalf of young children work together, we can:

- better prevent or reduce the impact that stress or adversity may have on children and families *and*

- increase protective factors that can maximize the well-being of children and families

In the past few years we have seen unprecedented needs from families, with over 40,000 calls into 211 Child Developmental Infoline, referrals for Early Intervention have increased 150% and referrals for behavioral support. Our systems in Connecticut definitely have been tested due to the increase in need. Our implementation of the core components of the HMG Model have supported this increase of need:

Our system has four components:

1. **A Centralized Access Point:** Our 211 Child Development Infoline is the centralized access point for Help Me Grow resources and supports, as well as Birth to Three evaluations. This access point assists families and professionals in connecting children to the grid of community resources that help them thrive.
2. **Family & Community Outreach:** builds parent and provider understanding of healthy child development, supportive services available to families in the community, and how both are important to improving children's outcomes. Our CT power grid for engagement includes Sparkler, a mobile friendly app for parents and caregivers to complete Developmental Screening (Ages and Stages Questionnaire), Our CT Learn the Signs Act Early Ambassador works in communities to improve early identification of developmental delays and disabilities, including autism. We also partner with the CT Parent Advocacy Center, The Village for Children and Families, Department of Social Services, Department of Children and Families, WIC, Department of Public Health and Department of Mental Health and Addiction Services to ensure families are linked to these important partners to meet children and family's needs.
3. **Child Health Care Provider Outreach:** Supports early detection and intervention efforts and connects medical providers to the grid of community resources to best support families. When potential concerns are spotted early on, they can be easier to address. Our partnership with CT AAP Champion and Pediatricians is strengthening our Help Me Grow initiatives.
4. **Data Collection & Analysis Supports:** To make sure the resource grid is working effectively, data collection and analysis of that data helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement. In 2023, The CT Office of Early Childhood developed a full-time position for Help Me Grow to focus on collecting data and support system development in Connecticut.

From 2013 to 2015, CT had a federal Early Childhood Comprehensive System (ECCS) grant from the Health Resources and Services Administration (HRSA). The ECCS Advisory Committee provided guidance and support for grant activities. Unfortunately, CT was not selected for the next round of ECCS funding. Despite the loss of federal funding, CT was committed to continue (and expand) the work that began with the 2013/15 ECCS grant. One of the first actions taken was establishing the Help Me Grow (HMG) Advisory Committee and expanding its members. The goal of the HMG Advisory Committee is to build, in partnership with families and entities that have a similar focus, a coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports.

Our current membership has over 50 members that represent Early Childhood focus programs across the state. The HMG Advisory Committee serves as a conduit for bringing state level work to these specific geographic initiatives as well as providing opportunities to share, learn and potentially replicate best practices in other locations throughout the state. The HMG Advisory Committee also has representatives from the National Help Me Grow Center which complements state participants and helps to ensure that CT is aware of and invited to join National Center's efforts, which include webinars, special projects, and an annual forum. The HMG Advisory Committee has consistently demonstrated its unique role in being positioned to build, in partnership with families, an equitable and coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports.

DCF regularly attends the HMG Advisory Committee meetings held on a monthly basis and provides updates regarding policies, initiatives, and contracted services available for children under the age of five and their caregivers. DCF is also supporting OEC in the implementation of HMG Regional Network Provider Meetings by disseminating information to the early childhood contracted service providers within the respective regions. The HMG Regional Network Provider meetings will be scheduled quarterly, with an established goal

of opportunities for connection and collaboration within the early childhood systems in each region.

Over the past seven years the HMG Advisory Committee continued its role as the mandated stakeholders' group for a federal grant from the Association of University Centers on Disabilities (AUCD) and the Centers for Disease Control and Prevention that was awarded to UCONN's Center for Excellence in Developmental Disabilities (UCEDD). This grant currently supports COVID-19 recovery and is designed to strengthen resilience skills, positive behaviors and resources for children, families, and communities. The grant required that a needs assessment be done to identify current (during COVID-19) barriers and opportunities to the four key steps of early identification: 1) parent engaged developmental monitoring; 2) developmental and autism screening; 3) referral, and 4) receipt of early intervention services for children birth to 5, across early childhood systems. Based on the results of the needs assessment and under the guidance and support of the HMG Advisory Committee, the following areas were identified and are being addressed:

- Focus on the 0-3 population via Early Head Start, infant toddler programs, family childcare, etc.;
- Provide education regarding the importance of screening and social emotional support;
- Support the Office of Early Childhood's (OEC) Sparkler app, that families can use as a developmental screening tool, a source for activities to support child development, and making connections with professionals. Note: Information on and support for Sparkler is being done throughout the Department of Children and Families' (DCF) system;
- Work with the Department of Mental Health and Addiction Services (DMHAS) in outreaching to the Department's Specialty Programs for Women & Children;
- Targeted outreach efforts to include community health centers, pediatric practices, and COVID testing sites.
- Ensure consistent messaging in English and Spanish;
- Provide materials to hospital newborn units that include the brochure to sign up for the Ages and Stages Questionnaire (ASQ-3).

Partnership with CT Children's Education Practices program provides pediatricians with timely, evidence-based clinical information and office tools, and helps them connect to community and state resources so they are able to implement practice changes.

The UConn UCEDD received funding in October of 2021 from the federal OSEP (Office of Special Education Programs) grant award, known as CT Family Support, Tracking and Referral System (STARS). The purpose of this grant is to develop, demonstrate, evaluate, and replicate a model interagency system to identify, screen, refer, and track infants and toddlers at risk for developmental delays or a disability. Grant activity included developing a pilot CT Family STARS system which will be implemented in Hartford, starting in Fall of 2022 along with expanding to two replication sites which includes Northwest Region of CT and Waterbury. The model elements of CT Family STARS complement the work being done under the UCEDD grant and aligns with HMG Advisory Committee's role and focus. The model elements are:

- An integrated data system for tracking and screening children from birth or system entry
- Promotion and use of the ASQ and Sparkler
- Parent to parent outreach for family participation for identifying, screening, referral, and evaluation for services.

Work was also done to strengthen the Advisory Committee's relationship with the National Help Me Grow Center. With guidance from the Advisory Committee's representative from the National Center, a meeting was dedicated to reviewing the history of HMG both in CT and nationally and the four components of the HMG system. The Advisory Committee is working to ensure that the CT's HMG system is fully captured within the core components, reflected on the national level, and shared with HMG affiliates. The alignment with the National Help Me Grow Center was reinforced by CT's participation in a new HMG workgroup, the Coordinated and Integrated Data Systems for Early Identification (CIDSEI). The CIDSEI project is seeking ways to improve the collection, management, interpretation, and dissemination of data related to the four steps of early identification of young children with developmental delays or disabilities. In 2021, Connecticut was a part of the development of the National Help Me Grow "Family Engaged Developmental Monitoring" Project

(FEDM). Family Engaged Developmental Monitoring is an intentional partnership of families and providers working to highlight a child's developmental progress and identify opportunities for support and education for positive outcomes. Three essential attributes of FEDM include: Families are regarded as the expert on their child's development, information is gathered to inform a holistic approach to the child's development and developmental progress and needs are discussed over time. The FEDM Project quickly discovered; a lack of shared understanding of developmental monitoring, there were no universal strategies to employ its associated activities, and no standard metric for measuring those activities or their impact. Additionally, information in the research literature on developmental monitoring was lacking when compared to screening. One reason for this discrepancy may be that screening, referral, and linkage activities are better defined than the activities associated with developmental monitoring.

To address these gaps, the road map was released in January of 2023. HMG National developed a new Roadmap for Advancing Family-Engaged Developmental Monitoring (The Roadmap). This Roadmap establishes; what family-engaged developmental monitoring is, what family-engaged developmental monitoring looks like in practice and why family-engaged developmental monitoring is important for child and family outcomes. The CT Help Me Grow is currently using the Roadmap to improve and increase Family Engaged Monitoring with Early Childhood providers.

Parents with Differing Cognitive Abilities (PWDCA, formally Parents with Cognitive Limitations):
The PWDCA was formed in 2002 to support parents with cognitive limitations and their families. Members include all a diverse group of private providers, as well as the major human services state agencies:

Department of Children and Families (functions as the lead)
Departments of Corrections;
Department Social Services;
Department of Developmental Services;
Department of Public Health; and
Office of Early Childhood

Although the number of families headed by a parent with cognitive limitations is uncertain and identification is challenging, it is estimated that at least one third of the families in the current child welfare system are families headed by a parent with cognitive limitations. This population needs to be recognized as distinctive and in need of specific services tailored to its needs.

The Department of Children and Families contributed $4,000 to support the “Identifying and Working with Parents with Differing Cognitive Abilities” trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting”. The training was developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and is delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department’s Academy for Workforce Development, CEUs are available to social workers. To date, the Workgroup has trained over 4,000 service providers through the work of an interdisciplinary, interagency rotating training team. In addition to offering a conference for administrators and supervisors, as well as an international conference, the Workgroup also created an Interview Assessment Guide to assist workers in identifying parents with cognitive limitations. Additionally, the Workgroup drafted recommendations regarding the use of plain language when communicating with parents and developed a training on plain language.

The PWDCA Workgroup has maintained a solid interest from community providers, state agencies, and stakeholders through participation in virtual quarterly Workgroup meetings. However, in 2022 there were several changes in key members. While these changes have impacted the momentum of the work, the PWDCA, which has always maintained the value of the collaboration of partner agencies, providers, and parents, the Workgroup aimed to re-structure and re-invigorate the mission of the work. In addition to reinforcing the key goals, founding members wanted to ensure there would be a way to continue popular PWDCA training for community providers and stakeholders. The PWDCA Chair was able to secure a

commitment from the DCF Workforce Development Division to dedicate at least one staff person to become a PWDCA trainer. The original PWDCA Training Team met throughout the previous fiscal year to edit and complete all training materials and handouts for both in-person and virtual Training environments. There continues to work to solidify ongoing members and identify a DCF lead to chair the workgroup. Once finalized, training will be scheduled in order to provide this well received and frequently requested training to providers and key stakeholders in the community. It is hopeful that the quarterly meetings will resume along with in-person annual meeting once the PWDCA has been re-established within the appropriate DCF division.

Governor's Task Force on Justice for Abused Children (GTFJAC) – Children's Justice Act (CJA):

Consistent with the FFPSA, Connecticut has moved from a solely focused child welfare agency to a Child Welfare System Response. It continues to use the Child and Family Services Plan (CFSP) to map out our plan. Within the last ten years, the Child and Family Service Plan has been shared annually with the Governor's Task Force on Justice for Abused Children (GTFJAC). The GTFJAC was first established in 1988 when officials identified the need for greater coordination of agencies involved in the investigation, intervention, and prosecution of child sexual abuse and severe physical abuse cases. The development of multidisciplinary teams (MDTs) that provide critical coordination at the beginning stages of an investigation has provided a means of maximizing community resources that strengthen and improve interagency responses and interventions. The guiding principles and values that were established initially continue to guide the direction and focus of the Task Force.

With its diverse membership, the Governor's Task Force on Justice for Abused Children (GTFJAC) is uniquely positioned to contribute and partner with the child welfare system, with several key stakeholders engaged around the task force table. There are several linkages between the work that the GTFJAC is currently involved in and that align with child welfare work.

Three key areas of focus:

1. **Safety**

Multidisciplinary Teams (MDTs) enhance the capacity of children and families to achieve positive outcomes through support, services, and resources. This will aid in decreasing the recurrence of maltreatment. Connecticut professionals with expertise in various disciplines can team complex cases. This support is offered to any child, youth, or family in the state. Currently, reports of child trafficking are automatically sent to the appropriate MDTs for review.

Below is MDT data for the teams that are funded through CAPTA:

Multidisciplinary Teams	Actuals - 10/01/21 to 9/30/22 Individuals and/or Families Served	Actuals - 10/01/22 to 9/30/23 Individuals and/or Families Served	Projected - 10/1/23 to 9/30/24 Individuals and/or Families Served
Charlotte Hungerford Hospital – Torrington	115	115	115
Clifford Beers Clinic – New Haven County	219	109	100
Community Health Center, Inc. – Stamford	86	79	94
Klingberg Family Services – New Britain	169	188	190
Middletown Police Benevolent Association: Middlesex County	59	48	60
Sexual Assault Crisis Center of Eastern CT: Norwich/New London	138	167	140
Sexual Assault Crisis Center of Eastern CT – Windham	87	60	75
Waterbury Youth Services System– Waterbury	157	170	164

The GTFJAC also evaluates the 17 MDTs in the state of Connecticut. In 2002, per Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols and monitor and evaluate multidisciplinary teams' performance. The MDT Evaluation Committee is a permanent GTFJAC committee. It is charged with reviewing the protocols of all multidisciplinary teams, monitoring and evaluating teams, and making recommendations for modifications to the system of multidisciplinary teams. These evaluations have identified gaps in the system, universal trends, and areas of strength. The evaluations can indicate additional training needs for professionals, identify potential policy updates across systems, and highlight best practices to ensure improved child safety and a uniform approach across the state. Evaluations paused in March 2020 due to the Covid-19 pandemic. The committee spent the break updating the evaluation process. The evaluations resumed in March 2021, and the committee evaluated five teams in 2023. Moving forward it is expected that 4 to 6 teams will be evaluated annually, each team every 3 years.

In addition, GTFJAC leads the effort to train the state in the Minimal Facts training initiative. This training clarifies how to respond to victims of child maltreatment. The training emphasizes securing the minimal facts needed to report allegations to Careline or law enforcement to reduce the number of times victims have to repeat their abuse while ensuring timely responses to ensure child safety.
There are two training versions on Minimal Facts: 1) First Responders for investigators such as law enforcement and child welfare investigators and 2) Discovers for other mandated reporters. These trainings were developed by GTFJAC and are provided to law enforcement officers, social workers, health care providers, educators, daycare providers, foster parents, and others who are obligated to make a mandated report. The goal of the training is to ensure individuals know what to do when a child discloses abuse and how to respond and support the child.

GTFJAC has provided trainers to conduct training for community members, organizations, schools, and state agencies. To increase the amount of training, in fall 2023 and spring 2024, the Training Committee of the GTFJAC hosted two Train the Trainers. As part of the Children's Welfare system, we also offer this training to all the partner state agencies. Over the past year, this training was available virtually and in person to increase the number of trained participants throughout the state. Over the next couple of years these two trainings will be created in an eLearning module to increase the number of professionals trained in these important curricula including schools. Data is collected to monitor the number of training courses in Connecticut and the specific professions accessing the training.

2. Permanency

In addition to Multidisciplinary Teams, Connecticut has ten Child Advocacy Centers (CAC). Each MDT is part of a CAC, some CACs have multiple MDTs. Children's Advocacy Centers coordinate the investigation, treatment, and prosecution of child abuse cases by utilizing multidisciplinary teams of professionals involved in child protective and victim advocacy services, law enforcement and prosecution, and physical and mental health. CAC/ MDT support child victims and their non-offending caregivers (advocacy, services, treatment) and provide assistance to preserve/maintain permanency for children within their homes. These services also aid in decreasing the recurrence of maltreatment, and advocates provide education, support, information, and referrals to assist families through the life of each case.

Every Child Advocacy Center (CAC) in Connecticut is required to be accredited through the National Children's Alliance (NCA). As of 2023 all ten of the CACs in the state are fully accredited. Over the next five years several teams will go through their reaccreditation process with the expectation they will maintain their status.

The department is pursuing a new funding flow for the CACs and MDTs. Instead of funding the 17 MDTs, the funding would go to the 10 CACs. The CACs would ensure the existing MDT structures continue with greater oversight from the CACs that are the bodies that are actually accredited.

3. Family Well-Being

Children Advocacy Centers (CAC) provide advocates to children and families who are available throughout the process. The CAC provides direct mental health services and referrals to programs, support, and services as indicated. Services often remain in place after a case is closed. Understanding recovery is a process that does not end when the legalities of the case are resolved.

CACs foster collaboration among the partner agencies and recognize the unique needs of child victims. One key partnership occurs when CACs work closely with the Office of Victims of Crime Act (VOCA) Case Management Program. This program provides holistic, supportive services for victims of crime to encourage safety and resiliency. CAC advocates connect families with VOCA Case Managers who support the personal growth and emotional healing of victims through:

- Assistance with Victims Compensation Process
- Advocacy and Emotional Support
- Connection to resources like counseling, housing assistance, childcare, transportation, etc.
- Crisis Intervention and Safety Planning

The CACs conduct caregiver surveys that assess the families' treatment and services. The data collected is valuable and enables the state to create changes in the system based on user feedback. These Outcome Measurement Surveys can be updated to research a specific service and help inform the direction of the child welfare system. Over the last few years these surveys have been adjusted based on feedback from the caregivers, it has been translated into Spanish, and all necessary accommodations are provided. Over the next couple of years additional translations will be created to ensure diversity, equity, and inclusion for all families.

Connecticut's Court Appointed Special Advocates (CASA) executive director sits on the GTFJAC. CASA volunteers are assigned to the court process. They can improve participation in the Administrative Case Review (ACR) for the child and ensure that children have jointly developed case plans. These activities include engagement, case planning, and advocacy to ensure a coordinated approach beneficial to the child and non-offending caregivers.

GTFJAC has a Training Committee that has developed and supported in-person and virtual Statewide Training for Professionals over the past five years. The Training Committee looks to meet the training needs of the multiple disciplines involved in GTFJAC, CACs, and the MDT teams to improve the skills needed to serve Connecticut's families. Trainings have been provided to judges, public defenders, assistant attorney generals, state and local law enforcement, state and nonprofit child welfare professionals, professionals in the educational system, religious organizations, and other entities entrusted with Connecticut's children's well-being.

The Training Committee continues to support the statewide "Response to Recovery" conference held in May each year. The annual, 2-day conference offers a diverse selection of session topics. It is an opportunity for law enforcement, child protective services staff, lawyers, social workers, therapists, teachers, forensic interviewers, medical professionals, and child advocacy center staff to strengthen their response to child abuse and exploitation cases across Connecticut.

During this reporting period, the task force dedicates time to each agenda for presentations to increase member knowledge in various areas. The addition of these presentations has increased member engagement in the work of the task force. The task force has received presentations regarding:

- The Evaluation of Children for Suspected Sexual Abuse
- Treatment Resources for Youth with Problem Sexual Behavior
- Child Fatalities in Connecticut
- CASA in Connecticut
- Child and Family Service Plan
- Connecticut Statewide MDT Data
- Child Abuse Response in Poland
- Updated Connecticut Standards, Team Protocols, and Evaluation Tools

- Minimal Facts Discoverers and First Responders
- Finding Words Connecticut ~ a ChildFirst State
- Children's Justice Act Priorities
- Three-Year Assessment Process
- Freedom of Information Act
- Parent Representative Perspective
- Connecticut Coalition Against Domestic Violence-CCADV
- Medical Exams for Child Sexual Abuse Cases
- The Medical Exception in Court
- Female Genital Mutilation/Cutting
- The Connecticut Alliance to End Sexual Violence
- Three-Year Assessment Recommendations
- Project Rescue, the Connecticut Institute for Refugees, and Immigrants
- End Child Marriage
- NCA Standards
- Family First Prevention Act
- The infant mortality project
- Connecticut's CFSP

These training opportunities have allowed GTFJAC members to gain knowledge in critical areas, discuss gaps in service areas, discuss potential task force activities, and contemplate opportunities for interagency collaborations.

In 2019, the training committee focused on developing additional statewide training to respond to the Outcome Measurement Survey (OMS) multidisciplinary team members' data from Connecticut's teams, which was provided to task force members. Five Areas of Interest Identified in the MDT survey:
1) Responding to sexually reactive children
2) Understanding the role of each discipline on the MDT
3) Understanding federal law enforcement's response to child trafficking
4) Joint investigation process through disposition
5) Assessing for poly-victimization cases

The Chapter Director of the Connecticut Children's Alliance (CCA) continues to provide the GTFJAC data collected from the statewide Outcome Measurement System (OMS); surveys are distributed to caregivers, multidisciplinary team members, and other key stakeholders. At the end of 2021, CCA members began using the new Youth survey. From 2021 into 2022, CCA partnered with NCA to pilot a new youth survey. The youth survey was designed to give youth (when appropriate) a chance to share their thoughts and feelings about the CAC response. After a successful year piloting the youth survey, all the CCA members fully implemented these surveys in 2023.

The Governor's Task Force was scheduled to co-sponsor the 5th Annual Response to Recovery Conference. Before the COVID-related suspension of in-person meetings, the conference was slated for May 2020. In response to this, the Response to Recovery conference was converted to a virtual format. The Connecticut Children's Alliance and the GTFJAC developed and solicited virtual training presenters through an RFP. The following topics were offered through the virtual Response To Recovery during this reporting period:

- May 19, 2020, Investigations of Polyvictimization Cases
- May 21, 2020, Enhancing Student Safety During a Pandemic
- May 26, 2020, Unto the Third Generation: A Call to End Child Abuse
- May 28, 2020, Identifying and Balancing Compassion Satisfaction and Vicarious Trauma
- June 2, 2020, Best Practices in MDT Responses to Cases of Juveniles Who Offend
- June 4, 2020, Brick by Brick: How to Build a Cyberstalking Case
- June 16, 2020, Understanding Implicit Bias
- June 18, 2020, Intro to Aces and Trauma-Informed Care

- June 25, 2020, Less is More-Minimal Facts for Discoverers
- June 30, 2020, Ten Things Every Youth-Serving Org. Needs to Know
- July 2, 2020, Understanding the Impact of Trauma on Boys
- July 9, 2020, Less is More-Minimal Facts for Discoverers
- July 16, 2020, Creating Trauma-Informed Spaces
- August 4, 2020, A Guide to Welcoming Students Back to Class: Mitigating the Impact of COVID-19
- August 6, 2020, Child Abuse Prevention in Youth-Serving Organizations
- August 11, 2020, Understanding the Impact of Trauma on Children
- August 20, 2020, Language Development: Keys to School Success
- September 8, 2020, Child Neglect: When Indifference is Child Abuse
- September 29, 2020, Supporting the Non-Offending Caregiver
- October 6, 2020, Attachment and Bonding: Fostering Safe and Healthy Relationships
- October 13, 2020, Adverse Childhood Experiences: Identify, Intervene and Interrupt
- October 19, 2020, Internet Safety Training for Parents
- October 20, 2020, Internet Safety Training for Students
- October 22, 2020, Minimal Facts for First Responders
- December 1, 2020, Checking Your O2 Level: Managing Secondary Traumatic Stress
- December 8, 2020, The Role of Cultural Humility, and Implicit Bias
- January 5, 2021, Sex Trafficking of Boys & Male Bodied Youth
- January 7, 2021, Introduction to Labor Trafficking in Connecticut
- January 19, 2021, Federal Response to Human Trafficking
- February 16, 2021, Racial Trauma: The Road To Healing
- February 18, 2021, Female genital mutilation or cutting (FGM/C) in the United States
- February 25, 2021, Race and Human Trafficking
- March 19, 2021, The CT State Legislature: Process and Public Influence (during a Pandemic)
- March 25, 2021, Building Empathy: The power of connected children in a disconnected age.
- March 30, 2021, Creating Trauma-Informed Spaces
- April 1, 2021, The CT State Legislature: Process and Public Influence (during a Pandemic)
- April 8, 2021, Intro to ACES and Trauma-informed Care
- April 14, 2021, Vicarious Trauma and Self Care Strategies
- April 22, 2021, Identifying and Balancing Compassion Satisfaction, compassion fatigue, and vicarious trauma
- April 29, 2021, Teachable Safety Skills: Replacing Myths with Facts
- May 27, 2021, Implicit Bias
- June 1, 2021, Minimal Facts: First Responders (Law Enforcement and DCF Only)
- June 3, 2021, Minimal Facts: Discoverers
- June 17, 2021, Teachable Safety Skills: Replacing Myths with Facts
- Sex! The Good, the Bad, the Difference...and its Impact on Addressing Sexual Abuse
- QPR Gatekeeper Training for Suicide Prevention
- Why Parents Don't Believe

In June 2021, the Connecticut Children's Alliance hired a Training Coordinator who assumed responsibility for managing the virtual series and continues to offer statewide training virtually.

During the reporting period, the Northeast Regional Children's Advocacy Center (NRCAC) has been an active member of the Governor's Task Force on Justice for Abused Children. It has provided technical assistance, training, consultation, and support to the GTF, the CT state chapter (Connecticut Children's Alliance) of the National Children's Alliance, and the MDT teams of Connecticut. The NRCAC came to Connecticut and conducted a Team Academy, one of NRCAC's signature offerings. The team academy was conducted for Connecticut's teams, comprising 6-7 MDT members representing each discipline. This two-day training covered various topics to improve team functioning, increase understanding of the MDT model, and skill building for MDT members. Another one of the NRCAC signature training programs, Team Facilitator 2.0, a 6-month training program for MDT coordinators, occurred in August 2020 and November 2020. In addition, the

NRCAC conducted a 1.5-day Introduction to Team Facilitation training designed for new team coordinators in September 2020. NRCAC also offered two webinars to share information about *"Engaging Indigenous Families"* and *"Supporting Healing of Child Trauma Outside of Therapy"* presented by the National Native Child Trauma Center in March and April 2022.

Racial Equity and Implicit Bias

The GTFJAC conducted a statewide assessment of Connecticut's systems and finalized a three-year assessment in May 2021. Key GTFJAC stakeholders participated in the assessment process. Several participants raised systemic racism, racial inequity, and implicit bias during the last three-year assessment process. Language and cultural barriers impact the experience of some victims, their families, and the character and quality of the interactions families have with professionals doing this work. GTFJAC engaged a Diversity Equity and Inclusion partner to assess various aspects of the GTFJAC and provide a roadmap for overcoming equity challenges. Through group facilitation, transformative conversations, consulting, deep listening, training, and meaningful coaching, the consultant looked to empower task force members with greater understanding, empathy, and a renewed commitment to inclusive and equitable practices. GTFJAC is not a stand-alone organization but a cornucopia of individuals and organizations who respond to child maltreatment. GTFJAC participated in multiple Racial Equity, Diversity, and Inclusion (REDI) trainings over the last year, hoping that lessons learned would ripple outward, positively impacting the families and communities served. The next three-year assessment will be submitted in May of 2024. Continued focus on Race Equity and Implicit Bias from the recommendations of the consultant will remain a top priority for the next three years.

As part of the recommendation, the Task Force and CCA will continue to support the MDT/CACs in the state. Through the work of existing and new committees and engaging key stakeholders, the task force will develop strategies to address systems that contribute to the lack of culturally competent services in Connecticut. The consultant provided a workshop at the annual Response to Recovery conference in May 2023. The workshop entitled *How to Have Conversations about Race* provided an in-depth focus on major cross-cultural communication theories, ways that cultural values, power, privilege, and differences affect the way we communicate, tools for questioning assumptions, and ways to improve cross-cultural communications. As part of the MDT Evaluation process, the consultant completed a draft to establish Racial Equity, Diversity, and Inclusion (REDI) Standards specific to Connecticut's Child Advocacy Centers and Multidisciplinary Teams. This draft was tailored to the unique characteristics of Connecticut communities and aims to integrate REDI principles in all aspects of the work of the MDTs and CACs. The draft REDi Connecticut Standards align with the updated Diversity, Equity, and Access of Services Standard requirements in the 2023 national Standards developed by the National Children's Alliance.

Human Trafficking

The Governor's Task Force on Justice for Abused Children (GTFJAC) continues to prioritize child trafficking as an area of importance. All MDTs in the state are trained on child trafficking including the DCF Policy and Practice Guide that went into effect in August 2021. All child trafficking cases are now automatically referred to the MDTs to ensure timely review. The MDT ensures all children that are screened as high-risk or above receive services appropriate for their situation. During 2023 the MDTs reviewed 98 out of 303 possible child trafficking cases. The goal is for the MDT to review all possible cases of child trafficking, several barriers have proven to be difficult:

- Cases already open in child welfare for unrelated issues not being sent to MDT when trafficking concerns arise.
- Cases from the community not calling in the report to the DCF Careline
- Child trafficking cases not being coded correctly in NCA Trac data system for CACs (likely have reviewed a lot more than documented)

Child Trafficking Cases Reviewed Annually by MDTs:

Year	MDT Reviewed	Total Child Trafficking Referrals
2019	82	Data collection challenges, accurate data not available
2020	76	149
2021	86	241
2022	101	310

2020	76	149
2021	86	241
2022	101	310
2023	98	303

Plans to address discrepancies in child trafficking cases being reviewed by MDTs:

- Continued training for child welfare professionals with focused attention on process to ensure cases are referred to the MDTs.
- Continued educational opportunities in the communities with signage listing the hotline number in multiple languages.
- NCA Trac training for CACs/ MDTs on how to properly document child trafficking cases.

The above summary illustrates the importance of the GTFJAC's role as part of the child welfare system. The GTFJAC as a stakeholder, was engaged as part of the CFSP development, and review the APSR annually. The GTF is committed to continuing its role in the development of the CFSPs and the annual APSR reviews.

Urban Trauma Network and Racial Justice

The Department has partnered with The Urban Trauma Provider Network (UTPN), a program specifically developed to provide educational and training support to providers regarding the deleterious effects of racial trauma on youth of color across Connecticut's urban areas. In partnership with DCF the Urban Trauma (UT) organization is leading a transformative movement to educate and provide a community-based approach to understanding the effects of racism, discrimination, and inequalities for urban youth throughout Connecticut.

The Department has contracted with eight nonprofit community provider organizations to become a part of the Urban Trauma Provider Network (UTPN). These providers each received seed funding to hire an additional clinician and they have begun receiving training, support, technical assistance and fidelity monitoring from the Urban Trauma-Performance Improvement Center or UT-PIC. The UT-PIC will help ensure that the clinical services are delivered consistent with the UTPN model of care, which is built on Dr. Maysa Akbar's Urban Trauma Framework as well as on Dr. Steven Kniffley's' Racial Trauma Treatment intervention.

There are three service components: (1) general outpatient mental health treatment for children and their families (2) specific outpatient treatment to a select target population of Black, Indigenous, Latinx, Asian, and or multi-racial and other minority children and their families and (3) community-based organizational activities to support the treatment and recovery of children who have been exposed to urban and racial trauma. The organizations provide basic outpatient mental health services to children and their families. Minimally, the available services include individual therapy, family therapy, group therapy, multi-family groups and/or other mental health modalities.

Through Connecticut's CONNECT (The Connecticut Network of Care Transformation) grant, the state supported 6-month individual training, support, and coaching to assist and support community-based entities in the development of their own Health Equity Plan to reduce and eliminate disparities as they relate to ACEs and trauma. Connecticut developed a curriculum called Difficult Conversations: Introduction to the National CLAS Standards for use by contracted provider agencies to promote culturally appropriate language services. Finally, Connecticut is contracting with a community provider to implement a Racial Justice Provider Academy that will work with all contracted behavioral health providers to enhance their progress toward racial justice within their organizations and in their work with families and communities.

Urgent Crisis Centers and Subacute Crisis Stabilization Centers

Recent years have seen a significant increase in young people with behavioral health conditions presenting to hospital emergency departments (ED) for evaluation and treatment. These numbers were exacerbated during the COVID-19 pandemic and have not receded to pre-pandemic levels, frequently overwhelming the capacity of EDs. Connecticut is making an investment in building out its crisis response system by implementing two new service types: Urgent Crisis Centers and Subacute Crisis Stabilization Centers. Three community-based

Urban Crisis Centers opened during Summer 2023; another program is being developed as part of a hospital Emergency Department. One Subacute Crisis Stabilization program opened in January 2024, with another program in development and slated to open during 2024.

Urgent Crisis Centers provide on-site assessment and stabilization services with linkage to ongoing appropriate supports and services. The UCC serves as an alternative to the Emergency Department for youth who otherwise might have been referred to an ED but do not require that level of care. These are non- residential programs. The UCC will: triage youth based on risk and needs; provide de-escalation and crisis stabilization services; offer a thorough assessment to determine appropriate level of care; develop a crisis safety plan collaboratively with the family; and based on assessment results, coordinate care for youth/young adults and their families to receive the appropriate level of care and type of services to meet their needs.

The Subacute Crisis Stabilization programs will provide a resource for youth who need to be out of their home to stabilize safely but who do not require hospitalization. The Sub-Acute will provide a safe facility for youth experiencing a sub-acute behavioral health crisis (mental health and/or substance use crisis), with length of stay expected to be no longer than 14 days. The Subacute program will: engage the youth in de-escalation and stabilization techniques; provide a full diagnostic evaluation and assessment; provide medication administration and management as needed; provide individual and group treatment to prepare the youth/young adult to return to home, school and the community; work collaboratively with the family, school and other professional and informal supports to support the youth/young adult's discharge; and based on assessment results, coordinate care for youth and families to receive the appropriate level of care at discharge.

Mobile Crisis Expansion and 988

Connecticut has expanded its crisis response system to include 24/7 availability of in-person mobile clinical response to youth and families in crisis. Through the statewide centralized call center, accessed via 211 or 988, families can be connected in real time to a clinician and if needed they can respond to the youth's home, school, or other community location within 45 minutes.

Connecticut has enhanced its support of regional suicide advisory boards, and through them provides training and consultation to provider organizations and community members regarding suicide prevention, screening, and intervention. The statewide implementation of 988 will increase awareness and access to crisis services. And Connecticut developed and implemented an extensive awareness and outreach campaign - the 1Work, 1 Voice, 1 Life - Be the One to Start the Conversation Suicide Prevention Health Promotion Awareness campaign - through the statewide Suicide Advisory Board.

CT Association for Infant Mental Health

The Connecticut Association for Infant Mental Health (CT-AIMH) is a professional statewide non-profit organization that offers education and expertise in infant and early childhood mental health. CT-AIMH is part of the Alliance for the Advancement of Infant Mental Health, an international organization that includes 35 other states, and 2 other countries, that partners with associations of infant mental health so that associations can support, grow, diversify, and advocate for their local infant & early childhood mental health-informed workforce.

The Connecticut Association for Infant Mental Health (CT-AIMH) provides an intensive Infant Mental Health (IMH) 8-topic training series, which is offered on an annual basis. This training is designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. An average of 80-100 DCF staff and community partners attended the virtual training series in 2023 (March-June).

The training's focus is on working with young children and their families who are dealing with unresolved loss and trauma and how that impacts relationships, particularly their relationships with their infants and toddlers. Topics include:

- Understanding and Observing Infant-Toddler Development; Using Screening Tools to Make Appropriate Referrals, & Collaborating with Early Child Programs to Best Support Very Young Children and Their Families
- Attachment, and Unresolved Trauma and Loss
- Integrating a Trauma Lens into Infant Mental Health Practice 1
- Integrating a Trauma Lens into Infant Mental Health Practice 2
- Family Time: Promoting Parent-Child Relationships in the Context of Child Welfare Visitation
- Culturally Responsive Practice and Racial Equity in Infant and Early Childhood Mental Health
- Observing Parents/Caregivers-Child Relationships
- Reflective Practice, How Infant Mental Health Principles Can be Integrated in the Workplace

The Academy of Workforce Development has offered NASW Continuing Education Credits to DCF staff and community partners. CT AIMH has also implemented two, half-day supplemental trainings for those who have completed the 8-topic Infant Mental Health training series. These trainings cover topics that align with infant mental health competence guidelines.

Beginning in 2023, additional opportunities were provided for five DCF staff to attend CT AIMH's biannual conferences, held in May and November of each calendar year. The spring conference offered in May 2023 covered the topic of "*From Survival to Security: Addressing the Impact of the Pandemic on Pregnant, Birthing, and Postpartum Families in Connecticut".* The fall conference offered in November 2023 covered the topic of "*Diversity-Informed Tenet #4-Recognize and Respect Non-dominant Bodies of Knowledge for Work with Infants, Children and Families*".
In addition, monthly Reflective Supervision/Consultation (RS/C) group session participation was offered (for 12 months) by CT-AIMH, and the opportunity to apply for CT-AIMH's Infant or Early Childhood Mental Health Endorsement was reviewed.

All experiences are offered to DCF staff and community providers to help create a competent multi-disciplined Infant and Early Childhood Mental Health workforce.

CT's Early Childhood Consultation Partnership (ECCP®)

CT's Early Childhood Consultation Partnership (ECCP®), through Advanced Behavioral Health, Inc., funded by DCF, and the Office of Early Childhood, is a nationally recognized, evidence-based infant and early childhood mental health consultation program. It is a service offering mental health consultation by offering support and education to promote enduring and optimal outcomes for young children. The consultation program aims to build the capacity of families, caregivers, and systems in order to meet the social-emotional and behavioral health needs of infants, toddlers, and preschoolers, and children ages 0-5 (up to age 6 for DCF children in Foster Care) with challenging behaviors and/or social and emotional needs. ECCP has been accepted into the California Evidence-Based Registry as a Promising Practice in 2022. ECCP currently operates with twenty-four ECCP Consultants who are funded by both the Connecticut Department of Children and Families and the Connecticut Office of Early Childhood.

ECCP has three primary levels of intervention, the Core Classroom service, the Family Childcare Provider service, and the Child Specific service.

- The **Core Classroom** service provides classroom-specific consultation, focusing on social emotional support, improving teacher-child and teacher-teacher interactions, classroom behavior management, and overall program quality, including teacher and director supports. This service runs for approximately three months, with up to three hours of on-site consultation per week. All services are provided by masters' level mental health Consultants supported by ECCP. Each intervention is manualized and menu-driven, based on the individualized needs of teachers and classrooms.
- The **Family Childcare Provider** service was introduced in SFY 22. This service focuses on the Family Childcare Provider and their staff to support social emotional climate, improving provider-child

interactions, behavior management, and overall program quality, including provider support. This service runs for approximately two months, with up to three hours of on-site consultation per week.

- The **Child Specific** service focuses on improving teacher classroom behavioral and social-emotional strategies, parent partnerships, and community service referrals for follow-up clinical or behavioral needs. This service runs for up to six weeks long, with up to two hours of on-site consultation per week, followed by one month and six-month follow-up contacts.

In SFY 2019, 438 Child Specific Services and 232 Core Classrooms Services were provided in 282 unduplicated centers. In SFY 2020, 366 Child Specific Services and 206 Core Classrooms Services were provided in 280 unduplicated centers. On March 26, 2020, ECCP paused all in-person services in response to the covid pandemic. As it became clearer that the pandemic's impact was widespread and would last more than a few weeks, ECCP began implementing a virtual teleconsultation model of services. On March 10, 2021, ECCP began the return to in person services, with a blend of both virtual and in person options for services. SFY 22 was the begin of in-person services, with the option for some visits to be provided virtually, as programs were still limiting who could be present in their programs. In SFY 2021, 171 Child Specific Services teleconsultations and 80 Core Classroom teleconsultations were provided. In SFY 2022, 352 Child Specific Services, 215 Core Classrooms, and 3 Family Childcare Program Services were provided in 291 unduplicated centers.

In SFY 2023, ECCP resumed full in-person operations. In SFY 2023, 333 Child Specific Services, 210 Core Classrooms, and 15 Family Childcare Program Services were provided in 283 unduplicated centers. In SFY 2024, as of April 2024, 199 Child Specific Services, 139 Core Classrooms, and 3 Family Childcare Program Services were provided in 181 unduplicated centers. ECCP expects to provide an additional 130 child specific and 80 core classroom services through September 30, 2024.

In addition, ECCP provides training to communities throughout Connecticut on social and emotional topics related to children birth to five. In SFY 2020, ECCP provided 51 community-based trainings in which 1498 people in total attended. In SFY 2021, ECCP provided 88 community-based trainings in which 1390 people attended. In SFY 2022, ECCP provided 36 community-based training in which 427 people attended. In SFY 2023, ECCP provided 36 community-based trainings were held in which 639 people attended. In SFY 2024, as of April 2024, ECCP provided 18 community-based trainings in which 502 people in total have attended.

ECCP is a highly utilized service throughout the state which has shown improvements for young children struggling in their early childcare centers. Over the last five fiscal years, 77% of Preschool classrooms receiving the Preschool Core Classroom intervention reported improvements in at least one domain (Emotional Support & Classroom Organization). Additionally, 87% of the Preschool classrooms reported improvements in two or more dimensions of ECCP intervention (Positive Climate; Negative Climate; Teacher Sensitivity; Regard for Student Perspective; Behavioral Management; Productivity and Instructional Learning Formats). Over the last five fiscal years, 84% of Toddler classrooms receiving the Toddler Core Classroom intervention reported improvements in at least one domain (Emotional and Behavioral Support and Engaged Support for Learning). Additionally, 88% of the Toddler classrooms reported improvements in two or more dimensions of ECCP intervention (Positive Climate; Negative Climate; Teacher Sensitivity; Regard for Child Perspectives; Behavior Guidance; Facilitation of Learning and Development; Quality of Feedback and Language Modeling). Over the last five fiscal years, 98% of children who completed Child-Specific Services through ECCP were not suspended or expelled from their daycare/educational setting at the one-month follow up. Additionally, based on assessment tool ratings administered pre-service and post-service, 69% of caregivers and 52% of teachers reported child improvement in scores rating internalizing and externalizing behaviors.

Integrated Family Care Support Program (IFCS)

The Integrated Family Care and Support Program (IFCS) was established in early 2020 to empower and strengthen families as well as remove the stigma of DCF involvement for families accessing DCF funded services to address their needs. The development of the program was a result of a budget option submitted

under DCF's prior administration following a review of data, specifically looking at the high rate of unsubstantiated case transfers to ongoing services. The program was developed in the belief that families would be better served in their own community, without DCF involvement, and aligns well with the FFPSA and our prevention mandate.

Collaboration: The IFCS program is an example of how meaningful collaboration among a diverse set of individuals and perspectives can result in robust plans, goals, and activities that lead to positive outcomes for individuals, families, and the state. In partnership with Carelon Behavioral Health (formerly Beacon Health Options), DCF established IFCS to engage families while connecting them to concrete, traditional and non-traditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach. The length of service provided is 6-9 months based on the family's level of need and willingness to engage in services, with an option to extend the length of service if needed. Families who meet the eligibility criteria can be referred to the program.

To ensure substantial, ongoing, and meaningful consultation and collaboration with families, children, youth, and other system partners, the state DCF and Carelon Behavioral Health have implemented state and partner level collaborations; family, provider, and natural support family team meetings; and community partner meetings.

The Central Office Program Leads continue to meet with Carelon Behavioral Health staff on a weekly basis to review Family First Prevention Plan strategy, implementation, and evaluation issues as well as action items. In addition, the team meets monthly to review IFCS specific referrals, address programmatic issues, and review data. Local DCF/IFCS staff meet regularly to foster relationships between DCF/IFCS staff, address case specific concerns, promote communication, and ensure the needs of families are being addressed. IFCS leadership meets regularly with partner agencies in the community to address family and system needs as well as system capacity issues and solutions. Lastly, IFCS care coordination and peer staff meet regularly with families and their providers and natural supports to collaborate with the family to achieve their goals.

State and provider feedback on the program's processes and collaboration efforts is received through the meetings held. Family feedback is received through the family satisfaction survey completed at the end of service delivery. All feedback received is used to improve program processes and workflows.

Number of Families Served and Related Outcomes: The IFCS implementation was phased in during early 2020. The first full state fiscal year for reporting under IFCS was SFY'2021 (July 1, 2020-June 30, 2021). Outcome measures for the first three years of the program (7/1/20-6/30/23) focused on engagement, family satisfaction, reduction in child maltreatment and several performance indicators.

On July 1, 2023, Carelon Behavioral Health started a new contract to launch the state's Family First Prevention Services Act plan. The first year of this contract has been focused on determining critical outcome and performance measures, activities, and structure. As these parameters are not yet finalized, we can only report on verified data gathered through June 30, 2023.
Carelon Behavioral Health received a total of 3,497 referrals for the IFCS program from 7/1/20-6/30/23. During this same time period, families working with Carelon Behavioral Health achieved the following outcomes:

Engagement - Initial Plans of Care (POC)
From July 1, 2020, to June 30, 2023, the rate for on-time completion of the initial plan of care was 83.1% (1,830). The plan of care is completely family driven and directs the interventions, referrals, and services the family receives. IFCS staff work with families to develop a plan of care following a comprehensive assessment of the family's strengths, resources, supports and needs as identified by the family and their support network. Once families create a plan of care with IFCS, they are considered engaged in the program. Families are included in this measure if they were scheduled to have a plan of care developed during the reporting period. Families who were discharged before a care plan was due are not included. Care plans are defined as "on time" if they are completed within 45 business days of the transition meeting and "late" if they are not completed within this timeframe.

Family Satisfaction

From July 1, 2020, to June 30, 2023, IFCS received 656 surveys from families and 93.6% (614) indicated they were satisfied with IFCS services. Carelon Behavioral Health gathers family feedback on engagement, service satisfaction, and perceived benefits of the program through a family satisfaction survey administered by the Administrative Liaisons. Administrative Liaisons reach out to those families within 30 days of closing to assist with its completion. Only families who developed a plan of care are included in this measure.

Repeat Maltreatment - Subsequent Substantiated Reports

There were 1,348 families who were engaged, discharged, and reached the entire 6-month post-discharge period by June 30, 2023. Of these families, 95.5% (1,288) did not have a new substantiated report within 6-months post-discharge from the program. In collaboration with the University of Connecticut, Carelon Behavioral Health monitored the rates of families who have children who remain safely in their homes 6-months post discharge, as evidenced by no new substantiated reports.

From July 1, 2023, through March 31, 2023, Carelon Behavioral Health, as the Prevention Care Management Entity (PCME), received 826 referrals through the known to DCF pathway for IFCS services. Reporting on progress, key outcomes, and other performance measures will occur semiannually once all measures and reporting requirements are finalized. In addition to performance and outcome measures, reports will include an analysis of the outcomes by race and ethnicity.

IFCS Projected Activities through June 30, 2024: In state fiscal year 2024, IFCS became one of three populations that is part of the Preventive Care Management Entity contract. This is part of the Family First Prevention Services plan implementation for the state of CT. In IFCS, our day-to-day operations and program activities will not shift dramatically. IFCS will continue programmatic activities including collaborating with DCF, connecting with families on a regular, consistent basis, helping them connect to needed community- based supports and services, and promoting family strength and well-being.

We anticipate that all data tables will be finalized and tested by the end of June 2024. We anticipate that our progress, key indicators, and outcome measures will reflect the scope, breadth, and depth of services expected through CT's Family First Preventive Service Plan Act.

Animal Assisted Interventions/Cross Reporting

Cross Reporting is a law in CT that requires DCF staff and Animal Control Officers (ACO) to work together to "cross report" animal cruelty and child abuse and neglect. The law is called: PUBLIC ACT 14-70 - AN ACT CONCERNING CROSS REPORTING OF CHILD ABUSE AND ANIMAL CRUELTY. This law has been in place since 2011 and was expanded in 2014. 13 states including Connecticut, State Legislatures have passed Cross Reporting bills which mandate the "cross-reporting" however, CT is only one of 3 states that mandates both ACO and child protection to report animal cruelty. The law was enacted because of mounting evidence from researchers who say there's a strong LINK between animal abuse and child abuse, intimate partner violence, and elder abuse. The FBI has been using animal cruelty as a red flag for human violence for many years. In CT, almost 1/3 of all households have a dog or a cat and family violence doesn't stop at the human species line. Animal abuse is a potential indicator and predictor of interpersonal violence. Animal cruelty is described by professionals in this field as "the tip of the iceberg" – meaning, the way animals are regarded in a family is a window into interpersonal relationships and family dynamics. The Department attends monthly meetings with the Department of Agriculture to ensure ongoing collaboration and discuss cases, trends, and program enhancements.

Item 32: Coordination of CFSP Services with Other Federal Programs

Description of Systemic Factor Item: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Background: Connecticut received an overall rating of Strength for Item 32 based on information from the statewide assessment. Information in the statewide assessment showed that the state effectively coordinates CFSP services with other federally funded or assisted programs that serve the same population.

Assessment:
Based on the information below, the Department believes this item to be a **Strength**.

The agency has taken measures in addressing the coordination of services and/or benefits of other federal or federally assisted programs serving the same population. A main component of this is the development of the CT-KIND (Kid's Information Network Database) system which will include data exchanges/interfaces and automated processes to better serve the families and children in Connecticut with state and federal programs. The new system will promote collaboration, consistency and accuracy amongst community partners serving the same families inclusive of features for reporting metrics and receiving feedback from providers as well as families served.

DCF currently has data exchanges/interfaces with other federally assisted programs/agencies to better coordinate services for shared clients. The primary ones are the Department of Social Services (DSS) for medical coverage and entitlements and child support enforcement (this exchange is in progress), the Social Security Administration (SSA) for entitlements and identifying information for children in care, and the State Department of Education (SDE) for the monitoring of the educational needs of children being served by DCF. There are several Memorandum of Understandings (MOUs)/Memorandum of Agreements (MOAs) in place with other agencies, however, they are in the process of being reviewed and updated per the new requirements for CT-KIND. There are plans to enhance these data exchanges/interfaces with the development of CT-KIND.

DCF has partnered/contracted with Carelon as the Prevention Care Management Entity (PCME). Enhancement work is underway for the Provider Information Exchange (PIE) database which will be used to capture provider information for federal Family First Prevention Services per CT's Family First Services Prevention Plan. PIE will be integrated with CT-KIND to promote accurate and timely information on shared families. This will also serve as the repository for reporting and claiming for these services. There is also portal functionality that will be developed in order for providers to send information directly into the family's record so DCF staff will have this information as soon as it is available.

The CT Behavioral Health Partnership (CT BHP)

The Departments of Children and Families (DCF), Social Services (DSS) and Mental Health and Addiction Services (DMHAS) comprise the CT Behavioral Health Partnership (CT BHP). They jointly manage the contract with Carelon Behavioral Health Connecticut (formerly Beacon Health Options) which serves as the Administrative Services Organization (ASO). This Administrative Services Organization manages behavioral health needs for about one million HUSKY Health members. The goal is multifaceted. The partnership focuses on utilization management, assessing inadequacies in the network, assuring quality service delivery, ensuring the right care at the right time, and preventing unnecessary institutional treatment as well as, improving the overall behavioral health delivery system.

DSS, DCF and DMHAS remain the parties to the contract for the Connecticut Behavioral Health Partnership. However, there is collaboration with many other sister state agencies with an interest in identifying and addressing behavioral health system gaps. Those agencies are the Department of Developmental Services, the State Department of Education, the Department of Correction, Judicial (Court Support Services Division), and the Offices of the Healthcare Advocate and the Child Advocate.

For the past year, CT BHP have implemented a SUD (Substance Use Disorder) 1115 waiver as a part of the ongoing efforts to fight the opioid crisis. Section 1115 of the Social Security Act gives the Secretary of Health and Human services authority to allow states to pursue innovative and flexible program designs to improve existing programs, implement new programs, improve service delivery and quality of care, and evaluate state specific policy initiatives. CT BHP have implemented a SUD 1115 waiver as a part of the ongoing efforts to fight the opioid crisis. This waiver allowed coverage of residential and inpatient substance use disorders that had been excluded due to federal policies. It removed Medicaid payment barriers in order to improve access. Involved in this waiver initiative are the Departments of Social Services, Children and Families, Mental Health and Addiction Services, Correction, Judicial Services, and Court Support Services Division. Connecticut received CMS Centers for Medicare and Medicaid Services (CMS) approval of the waiver on April 14, 2022, with a Demonstration approval period through March 2027.

The Consumer and Family Advisory Council (CFAC) was started in 2006 under the CT Behavioral Health Partnership because there was the recognition of the importance of and the need for the consumer voice in the behavioral health system. This committee consists of HUSKY Health members with lived experience around behavioral health, or substance use and/or involvement with the child welfare or juvenile justice systems. This group focuses on advocacy through their involvement on sub-committees related to behavioral health and care coordination. The CFAC group also increased their ability to advocate by learning from behavioral health system providers and experts. Each year this group plans and implements an annual conference, iCAN, which focuses on relevant themes in behavioral health. Last year the theme of the conference was, "Opening Pathways to Mental Health and Addiction Recovery – Committing to Individuals and Families as True Partners". There were 135 attendees that included community providers, parents, consumers, and others with lived experience.

Transitioning to Adult Services (Mental Health/Addiction and/or Developmental Services)

The Department of Children and Families (DCF) has continued to maintain a collaborative partnership with our sister agencies, the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Services (DMHAS). This collaborative partnership affords all youth exiting DCF care a multi-system approach to supporting their success. DCF works at appropriately identifying youth who may be eligible for ongoing services based on level of need, then works together with DDS and DMHAS around eligibility and transition. Those youth who are identified as having a diagnosis of Autism Spectrum Disorder (ASD), or an Intellectual Developmental Disability (IDD) are referred upon being screened as having one or both these diagnoses. For youth who are deemed in need of mental health support, those with serious mental illness are referred upon turning age 16 to DMHAS's Young Adult Services (YAS) division for eligibility. Once eligibility has been determined, there is ongoing case discussion in preparation for the transition of the case, typically around the youth's 21st birthday. As part of this joint work, DCF meets regularly with DDS and DMHAS where we provide factual, clear, and concise information while coordinating the process between the state agencies. Purposeful joint planning is done so that the state agencies can come together to best support youth and families. This coordination is critical to the success of transitioning youth as they age out of their DCF placement and into the adult, long-term care support system. By collaborating with other state agencies, DCF can coordinate and wrap families with services and connect them to resources that can support their ongoing success. Connecticut continues to think holistically in terms of youth and families, and as agencies work together, youth/families can build resiliency.

Medicaid for Former Foster Youth

DCF has partnered with DSS to support former foster youth from CT that have moved to other states and have remained eligible for CT Husky coverage prior to the effective date of the SUPPORT Act. DCF has consulted with Medicaid managers at CT DSS to ensure that eligibility criteria meets all SUPPORT Act requirements as delineated in IM 23-04. DCF and DSS staff have also collaborated to produce a media announcement concerning the changes (see below for more details). DCF Health Advocate staff provide information on eligibility criteria to DCF social work staff, who pass that information along to foster youth as they approach, and after achieving, their age of majority. This includes information on continued eligibility if/when they move

out of the state of CT. Health Advocates encourage social workers to always consult with them when a young adult moves out of state so that they can help review health insurance options the youth have when moving. To improve availability to this population, the Health Advocates have launched an informational presentation to social workers across the state that reviews Medicaid coverage for Services-Post Majority youth and Medicaid eligibility up through age 26. Such information is also posted on our external website in the "For Teens" area concerning health insurance and provides contact information for the Health Advocates. Staff from the Health Advocates unit also recently met with CT Association of Adoptive and Foster Families Foster Parent buddies and included this information in the training content presented. Finally, DCF and DSS staff have collaborated with Access Health CT (our state's official health insurance marketplace) and marketing consultants at Cashman & Katz to produce a one-page flyer concerning the changes that will be distributed to foster youth and foster parents through multiple information channels.

DCF- HeadStart Partnership

For over 20 years the CT Head Start State Collaborative Office (HSSCO) has staffed, funded, and co-convened this valuable collaboration to work in partnership to support families. Each of the 14 DCF area offices have local collaboratives that work together, and the DCF and Head Start staff from these 14 local collaboratives from across the state come together on a quarterly basis. During these statewide quarterly meetings, DCF and Head Start staff meet with their key partners inclusive of the Early Childhood Consultation Program, Supportive Housing for Families, Birth to Three, Child First, and a statewide representative of the CANS (Coordinated Access Network). During these quarterly meetings, teams come together to receive training, strengthen their understanding of the various programs, and foster working relationships to better support families. During the meetings, training topics have included the ABCD Paradigm and Child Safety Practice Model, Housing Resources, and other program-specific discussions. In addition to focused training topics, the Collaborative meetings have allowed for break-out groups where each local area teams come together to discuss program practices, how best to support, and ways to move the work forward by sharing resources and information about supports available in local communities.

The partnership between Head Start and DCF within this collaborative has also benefited in establishing practices to enhance partnership to support families. Each of the 14 DCF area offices has at least one identified staff member to serve as liaison for their office, many of whom are co-located at local Head Start programs. Additionally, there has been coordination and streamlining of the referral process to increase the number of DCF children in quality early care and education and strengthening of referrals and family engagement with early intervention services. DCF staff liaisons also coordinate regular monthly rounds for active caseloads, as well as making efforts to ensure inclusion of Head Start Family Service Workers within the case planning process and Administrative Case Reviews.

Housing

Along with Connecticut's two leading Housing advocacy groups, The Partnership for Strong Communities, and the CT Coalition to End Homelessness, DCF remains committed to addressing homelessness for families within our state with particular emphasis on (a) ending and preventing family homelessness, (b) promoting child and family well-being and (c) ensuring that CT's Supportive Housing for Families Program is recognized as a strategy to contribute to ending family homelessness. DCF continues to participate and engage with numerous state and community-based groups that focus on these areas. Additionally, DCF has been a long-standing member for over 18 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These bi-monthly housing partnership meetings continue to occur virtually.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider Connection Inc., has joined over a dozen housing authorities in applying for Family Unification Program Vouchers (FUP). Memorandum of Understanding agreements solidifying this partnership of service, communication, and voucher subsidies have been established to serve the housing needs of DCF's most vulnerable families. During this upcoming year, the Department will await the opportunities from the

federal Housing and Urban Development (HUD) for upcoming FUP and Foster Youth to Independence vouchers to apply for DCF families and youth. DCF will also continue to focus on transitioning youth for success and incorporating specific strategies to reduce the number of youths aging out of foster care to homelessness.

The Supportive Housing for Families is progressively moving forward with a few initiatives over the next five years. Kinship Housing Assistance Program would be an expansion of the Supportive Housing for Families program. This Pilot Program will offer temporary, short-term housing assistance to alleviate the housing challenges on families who are considering taking a relative child into their home. In many instances, the barrier to accepting a relative is the lack of appropriate housing. This program would assist a family to locate housing, provide a security deposit and a temporary housing subsidy. In addition to housing support, families would receive case management, vocational and parenting support services as needed. For families whose income may only be social security or disability, a housing voucher would be necessary.

Another SHF initiative is continued partnership with the RTFT (Reunification and Therapeutic Family Time) program. Families in RTFT receive services from community providers who work with families to prepare them for reunification and to build supports to sustain the family once reunified. If housing is a barrier to reunification, DCF would make a referral highlighting the need for admission. SHF and the RTFT team would collaborate to prioritize families who are close to being reunified with their children. SHF services would include case management, vocational and parenting support. By coordinating required services, the time to reunify children is shortened, thus allowing children to more quickly return to their families.

Also, in alignment with the Family First Prevention Services Act of 2017 (FFPSA) the goal of the Supportive Housing for Families program is to achieve an evidence-based rating through the Title IV-E Prevention Services Clearinghouse which was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). By becoming an evidence-based model, SHF would showcase the efficacy of the work done over the past two decades in preventing removal of children whose family is involved with the CT Department of Children and Families when housing is a barrier. Using more than 25 years of research, most recently, through ACF Federal Demonstration Grant, over a two-year period of follow-up, 91% of children in the SHF program remained with their families (i.e. not placed in foster care). Achieving a rating of promising practice through the Clearinghouse would solidify SHF's delivery of high-quality best practice standards of care.

Process for Partnering with Programs

A main component of this is the integration of the Provider Information Exchange (PIE) database with the CT-KIND system to coordinate services per CT's Family First Prevention Plan and to share accurate reporting metrics. This allows community partners/providers the ability to enter data regarding Family First Services in conjunction with Carelon, the Prevention Care Management Entity (PCME). Automated features for enhanced reporting and claiming are also a part of this integration, which will assist in better oversight and coordination of services. This will also provide oversight for the federal funding associated with Family First.

As a part of the development of CT-KIND, there are Organizational Change Management (OCM) processes in place to communicate DCF's progress in developing CT-KIND, answer any questions and solicit feedback. Regular surveys, focus groups and messaging (newsletters, videos, etc.) are ongoing to promote continuous improvements. The OCM team works in concert with the Bureau of External Affairs to inform community partners and constituents, inclusive of the advisory councils, media, and legislature. Additionally, there are business liaisons from the project team assigned to each Area Office, Central Office Divisions and Solnit Facilities to keep the end-users up to date and solicit feedback.

Coordination of Services with Federal/Federally Assisted Programs

DCF coordinates for services, benefits and federally assisted programs for the children and families served. There are several avenues in which this coordination is validated such as regular provider meetings, statewide and regional provider teams, internal meetings and through consultation with the RRG. There is also a Youth Advisory Board (YAB) for youth in DCF care to make suggestions and provide input for service improvements. An Adolescent Youth Chat feature was implemented two years ago in order for youth to access immediate assistance from DCF in the event they have an urgent matter and cannot reach their assigned Social Worker (the chat is monitored by the Office of Community Relations during regular business hours, and by the Careline staff after hours, weekends and holidays).

CT-KIND will automate many of the manual processes currently in place, including auditing capabilities and real-time reporting, so coordination of these services will be more accurate and timelier. There will also be a Provider Portal specific to services being requested or delivered to have immediate feedback on the child and/or family's progress. The data exchanges/interfaces with agencies such as DSS will continue to assist in determining the entitlements and benefits for the children in DCF care and are currently being enhanced so the information provided meet's the reporting and fiscal requirements.

Additionally, the placement and provider features are being updated in CT-KIND per Title IV-E requirements to automate and streamline the processes included in claiming, payments, and reimbursement. A Foster Care Portal is also being implemented to automate processes from inquiries through relicensing to make foster and adoptive care licensing more accessible and to eliminate manual processes associated with this work.

Every effort is made by DCF to ensure services are coordinated for the shared client population. However, there have been challenges with this and a main factor is the antiquated case management system LINK. LINK was implemented in 1996 and the technology is antiquated. As a result, there are databases/repositories used external to LINK such as SharePoint and the Provider Information Exchange (PIE), and there are data exchanges/interfaces captured outside of LINK via excel spreadsheet or another document type.

A Universal Referral Form (URF) was implemented in 2019 in conjunction with an Enhanced Service Coordination structure. There are gatekeepers assigned per DCF Region to review the URF and needs of the family for services. This is sometimes done in consultation with DCF's Regional Resource Group (RRG) to ensure the appropriate services are put in place. The URF allows for more critical thinking with contracted and credentialed providers. CT-KIND will further automate the URF and will add all contracted services for the initial roll-out. Enhancement work will include looking at other service types for sue with the URF to streamline the referral process for front-line staff.

Office of Early Childhood Prevention Services Continuum

As previously stated, the Department is committed to engaging community partners and stakeholders in operating and improving a quality child welfare system. The following are updates from a number of these ongoing partnerships.

The Office of Early Childhood has continued to promote healthy child development. Utilizing social media channels, the OEC is connecting with families where they are seeking communication. Key messages have focused on driving awareness for programs that assist families and providers, such as, but not limited to, Home Visiting, Birth To Three, Care4Kids, ASQ Home Screening and WIDA Online Learning Modules. Simple messaging promoting safe sleep practices, as well as a campaign promoting positive parenting and Child Abuse Prevention awareness, also supported Connecticut’s families. To see all messaging, please view OEC’s Facebook page here.

Strengthening families through primary prevention of child maltreatment involves a broad array of support services across community partners, nonprofits, state agencies, and federally funded programs. Improving coordination across stakeholders serving vulnerable families is critical to strengthening CT’s prevention efforts.

As a first step in this work, the CFSP working group, which includes representatives from all state human service agencies, will continue to identify prevention activities, services, and innovations across stakeholders.

Current primary prevention efforts identified in the state include:

- Care4Kids, Connecticut's Child Care Subsidy Program
- Evidence-based, home visiting services for vulnerable families. Each year, over 2,000 children and families receive weekly home visits designed to improve child health, prevent child abuse and neglect, encourage positive parenting and attachment, and promote child development and school readiness. (i.e., OEC Home Visiting Programs which include the following evidence-based home visiting models: Parents as Teachers, Healthy Families of America, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby, Family Bridge, Child First.)
- CT's Birth to Three system includes statewide early intervention services and support for infants and toddlers with disabilities and their families. The program currently serves about 10,000 children annually.
- School Readiness
- Early Head Start/Head Start programs in the state.
- Even Start family literacy program
- 2-1-1 Program: provides connections to local services, including: housing, food, utility assistance, healthcare, mental health services, employment, crisis interventions, clothing, substance use/abuse and addiction services, legal assistance, home visiting programs, and early care and education programs.
- Pyramid Framework- OEC is partnering with communities around the Pyramid framework for ECE providers and public schools, to support children's social and emotional health.
- The Early Childhood Consultation Partnership (ECCP) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children.
- Women, Infants, and Children (WIC) Program
- SNAP E&T
- Two-generational initiatives that support early care and education, health, and workforce readiness and self-sufficiency across two generations in the same household.

Ongoing pilot projects include:

- Family Homeless Diversion Initiative- Partnership between OEC and DOH. Rewards community providers for their work to prevent emergency shelter stays for families with young children, and thereby reduce childhood trauma.
- Connecting parents in specific educational training programs with the childcare they need to reduce barriers to program participation, and ultimately, increase employment.
- Home Visiting outcomes rate card
- Pilot project between OEC Home Visiting and Department of Labor- The Hartford area Jobs First Employment Services (JFES/American Job Center) orientations include a presentation from an OEC Home Visiting program. This is followed by an opportunity for eligible participants to voluntarily enroll in a home visiting program.

As the state transitions to a focus on prevention, the following chart represents OEC's service array, reflective of primary prevention efforts, early intervention and diversion programs that align with Family First legislation. OEC and DCF will continue to work together to coordinate and share information related to these prevention activities during the CFSP State planning team quarterly meetings.

Prevention (Primary prevention, early intervention, diversion)
Home Visiting Services (Including Pre-natal Services and Supports)
DCF/Head Start/Birth to Three Partnership
CT's Birth to Three System
Care4Kids, CT's Child Care Subsidy Program

Prevention (Primary prevention, early intervention, diversion)
School Readiness
2-1-1 Infoline
Even Start
Head Start/Early Head Start
Two-generational initiatives (i.e., Family Homeless Diversion Initiative)
SNAP E&T
Women, Infants, and Children (WIC) Program
Early Childhood Consultation Partnership (ECCP)
Trainings: Pyramid framework, Infant mental health, dual language learners
Family Resource Centers
Prevent Child Abuse CT

Conclusion

DCF employs an extensive variety of methodologies to ensure adequate coordination of our services with other federal or federally assisted programs available in the state, and we believe we are in Substantial Conformity with the requirements of this Systemic Factor. Methods include formal partnerships between state agencies that are the primary grantee or liaison to federal grants and relevant providers (i.e. the CT Behavioral Health Partnership and the Medicaid Partnership), shared messaging across public service awareness campaigns (i.e. Office of Early Childhood re: Safe Sleep), uniform data collection and reporting of episodic service data through the Provider Information Exchange (i.e. supports TANF claiming and MHBG reporting), and councils/committees in which consumers provide the voice of lived experience (i.e. Consumer and Family Advocacy Council). A challenge has been coordination of data between state agencies to support these efforts, that will be addressed by tighter integration of PIE with our upcoming CCWIS system, as well as additional data integrations from relevant state/federal agencies as required under CCWIS regulations.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Description: The Children's Bureau assesses this systemic factor using state performance on four items:

- Item 33: Standards Applied Equally
- Item 34: Requirements for Criminal Background Checks
- Item 35: Diligent Recruitment of Foster and Adoptive Homes
- Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Substantial conformity requires that at least three of the four items for this systemic factor be rated as a Strength.

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention, though Item 33: Standards Applied Equally was rated as a Strength.

Assessment:

Based on the information below, the Department believes that Connecticut is **Not in Substantial Conformity** as only two of the four items, specifically Items 33 and 34, are considered a Strength.

Recognizing the need to refine a continuous quality improvement plan for the division, the Foster Care Division's (FCD) Central Office and Regional operations received a part-time Quality Improvement Program Supervisor (QIPS). The QIPS was assigned to the division in September 2022 and dedicated the fall to meeting with the staff, review existing data management tools and conduct an overall needs assessment. The QIPS provided technical assistance and support for the division's first formal ChildStat presentation. In 2023, the QIPS has begun coordination and implementation of focus Foster Care Division Continuous Quality Improvement (FCD- CQI) teams. The FCD-CQI provide quarterly updates to the Caregiver Advisory Council for their feedback and

input. Moving forward, the division is working to contract with Chapin Hall for technical assistance on developing a formal strategic and CQI plan for foster care.

Item 33: Standards Applied Equally

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Background: In Round 3, Connecticut received an overall rating of Strength for Item 33, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment described a standard biannual licensing process that is applied equally statewide. Stakeholders confirmed this information and also confirmed that waivers were standardized with no significant differences in regions requesting waivers.

Assessment:
Based on the information below, Connecticut believes this item to be a **Strength**.

The DCF Foster Care Division (FCD) continues to build and refine systems for quality assurance to ensure compliance with the state licensing standards. This includes development of checklists and protocols, as well as review by staff (e.g., social worker and supervisor). Random audits of all providers by supervisors and managers also occur. Further, an electronic system was created that complements our State SACWIS system (eDocs). It requires the scanning and uploading of certain required background check documents and the entering of dates of completion for other required elements. In addition to being reviewed by FCD staff, these required elements are also reviewed by the department's Revenue Enhancement Division.

Connecticut follows both federal and state standards for the licensing of all caregivers, this includes our child placing agencies. In 2018 as part of the Family First Workgroup, the committee conducted a crosswalk of the National Model Foster Family Home Licensing Standards with the Department existing standards. The review found that the department aligned with the national standards in physical & mental health standards, home study, home health & safety, sleeping arrangements, transportation, and foster parent assurance. The areas misaligned are the minimum age for licensing in Connecticut is 21, literacy is not required, home capacity in 5 children instead of 8, First Aid is not required, post licensing training is not required for kinship caregivers, child specific training is required for children with medical needs, and background checks are required for all household members 16 years or older and Connecticut has no time limits for assaults or felons. The Department has moved to raise the age to 18 for households and is exploring changes to the criminal history standards. Raising the age is currently awaiting legislative approval. Modifying the changes to criminal history standards will be addressed in the next legislative session with the revision to the existing regulation and the adoption of new kinship licensing standards. Both require legislative action.

Connecticut state statute 17a-145 and the accompanying regulations 17a-145-130 set the standards for licensing an individual. The Department defines foster care as a person or persons who is licensed or certified by the Department or approved by a child placing agency for the care of children. The types are foster care (aka Core), pre-adoption, kinship, fictive Kin, independent (aka Interstate Compact) and therapeutic foster care. Child-placing agencies (CPA) that are licensed by the Department are able to approve therapeutic foster families. An individual requires a license, which includes a criminal and child protective services check, fingerprints, home inspection, interviews, pre-licensing training and home study, in order to have a child entrusted to their care. Kinship and fictive kin caregivers do not require pre-licensing training or approved full home study to care for a child. They are required to complete all licensing requirements within 150 days of placements.

Monitoring Licenses and Re-licensing

The CT DCF Reporting portal provides several reports to monitor licensing of kinship and fictive kin caregiver who were approved for and received a placement and monitor the renewal of all licensed caregivers. The "Kinship/Fictive Kin License in Progress / Overdue" report tracks each child placed with kinship/fictive kin caregiver and provides 150-days to license countdown. The Providers with licensing expiring within 90 days" report provides a 90-days countdown to renew a license. The Foster Care Division (FCD) staff at all levels have access to these and other reports. The FCD Social Worker are encouraged to use the reports as ticklers. The supervisors use the reports to ensure adherence with the standards and specified timeframes and leadership use the report for quality assurance and improvement.

Maintaining and Updating the Licensing Standards

Since 2021, the Theory of Change that is included in the Departments Caregiver Practice Model (CPM), has been a foundation toward short- and long-term interventions to improve the foster care system. FCD reviewed the 2021 placement request data and found more than 30% of requests for changes were disruptions at the request of the caregiver. It appears the needs of the child and their ability meet the need stemmed from a lack of training and support. FCD concluded that there is a need to recruit skilled, diverse, and qualified families and acknowledge the challenges to maintain a stable pool of licensed caregivers.

The CPM organizational and systemic proposed changes are:

- Consistent and improved messaging and recruitment of caregivers leading to a surplus of caregivers available.
- High quality training curriculum that ensures standardized training across workforce - building on core values about family engagement and empowerment
- All CT DCF workers and stakeholders working with families have easy access to relevant and helpful information to support families.
- The workforce consistently uses language that empowers families and shows understanding and empathy.
- Consistent practice to establish ongoing supportive relationships between licensed caregivers and parents of origin.
- Standardized processes and policies that ensure consistent practice statewide.

In late 2022, FCD centralized its core and pre-adoptive recruitment, training, and licensing functions. It contracted with a media and marketing firm to rebrand and create a unified foster care message. It saw the hiring of a part-time Quality Improvement Program Supervisor. As of this report, newly established continuous quality improvement workgroups are reviewing data to inform interventions and suggest data management tools for improvement and monitor practice. It is exploring contracting a consultant to develop and implement a five-year strategic and quality improvement plan and CPM, the seven key results and existing data as a foundation for the blueprint. In addition, the Department is updating its foster care policy and practice guides, submitting legislative proposals to update foster care regulations and develop kinship licensing standards for the fall 2024.

While the Department has not yet initiated a specific audit of its licensing practice due to technical and resource challenges, it relies on the policy and procedures embedded in practice ensuring licensing standard are met. Allegations of abuse or neglect are investigated by the Special Investigations Unit. In CY2022 there were 192 completed SIU investigations, of which only 18 (9%) were substantiated. While there were 354 completed investigations in CY 2023, only 26 (7.3%) of those were substantiated.

Reports of regulatory violations not related to abuse or neglect are managed by FCD. When necessary, the caregivers receive a corrective action plan called the Assessment for Regulatory Compliance. The Department provides written notification of the allegation or the concern within a specified time frame. The caregiver is notified of their right to request an Administrative Hearing and given up to 20 business days to respond and present a plan to mediate. Supervisors through regular supervision and record review monitor to ensure compliance with the standards.

Waiver Process

The Department aspires to reach the goal of 70% of children who must enter care will be placed with kinship or fictive kin caregivers. From 2018-2023, on average 46% of children ages 0-17 entering care for the first time are placed with kins or a fictive kin caregiver. A contributing factor is removing criminal and child protective services history barriers through a barrier review of child protective services history and central registry placement and wavier process. The Department has two types of waivers based on approving authority. Waivers related to the home, capacity, and sleeping arrangements and financial and health standards are approved at the program supervisor level. Waiver related to criminal background clearances which require Commissioner, or their designee, approval. No child in care shall be placed with a family who is not approved or licensed.

Waivers requiring commissioner level approval applies to any household member over the age of 16. Regulations section 17a-145-152 states the granting of a license or approval shall be denied if any member of the household of a foster family or prospective adoptive family:

1. Has been convicted of injury or risk of injury to minor or other similar offenses against a minor.
2. has been convicted of impairing the morals of a minor or other similar offenses against a minor.
3. has been convicted of violent crime against a person or other similar offenses.
4. has been convicted of the possession, use, or sale of controlled substances within the past five (5) years.
5. has been convicted of illegal use of a firearm or other similar offenses.
6. has ever had an allegation of child abuse or neglect substantiated; or
7. has had a minor removed from their care because of child abuse or neglect.

The mechanism to submit the waiver request is the DCF-009 Foster Care Licensing Placement Waiver Request Form through the Microsoft SharePoint Placement Waiver page. The content focuses on the details of the history, the candidate explanation (their story) and current life circumstance. It outlines the needs of the child in relation to the history and the present-day safety and ability to meet the needs and parent the child. It includes information from consultation with the Regional Resource Group which includes clinicians, substance use specialists, nursing, intimate partner violence specialists and educational consultants. It could include the results of the barrier review conducted by the Legal Division.

Elimination of Barriers to Licensure

In 2020, the Department revised policy 25-5-1 to support the elimination of barriers to licensure and placement whenever safe and appropriate to do so. The policy established a procedure to request a mandatory emergency internal review whenever a person's child protection history and or criminal history has been identified as a barrier to imminent placement. Electronic requests are submitted to a designated e-mail box which is monitored by the Legal Division. The internal review is completed within the same day or within one business day. The results of the internal child protective service and central registry history review are either upheld or reversed.

FCD Assessment and Recommendation

FCD is responsible for applying licensing standards, conducting an assessment, and making a recommendation to deny or approve for pre-licensing. This applies to all home assessments of candidates for licensing. The Child Protective Services Division (CPS) is a contributor and partner in decision-making to rule in and get to yes or rule out a kinship or fictive kin candidate. The approval, depending on the urgency, can be issued with verbal approval by the Director of Foster Care (under emergency or after hours). Verbal approval requires the submission of the written document within 48hours (business days). Written approval requires FCD and CPS chain of command review and signature from Program Supervisor to Office Director and FCD Program Director, followed by FCD Director and finally Deputy Commissioner or Commissioner for final approval.

Electronic Tracking and Reporting:

The FCD's Microsoft Team page is used to track and store waivers (Foster Care - Placement Waivers - All Issues (sharepoint.com)). FCD completes the required fields on the placement waiver site and uploads the waivers. It

then assigns the waiver to required approving individuals. Each approving individual downloads the document, reviews, and electronically signs the document. The individual uploads their version on the document and assigns it to the next person for approval.

Since 2021, the Department processed approximately 1200 requests for waivers of which 96% were approved. 74% were Program Supervisor level waivers and 26% were Commissioner level waivers. Of the Program Supervisor level waivers, 59% were related to the bedroom composition and 14% were related to overcapacity. Of the Commissioner level waivers, 56% were related to criminal history, 27 were related to child protective services history, and 13% related to fingerprint exception.

Waiver (Program Supervisor level)	2021	2022	2023	2021	2022	2023
Bedroom	161	175	206	55.7%	63.4%	59.0%
Overcapacity	52	31	48	18.0%	11.2%	13.8%
Physical Home Requirements	25	24	35	8.7%	8.7%	10.0%
Health	33	20	28	11.4%	7.2%	8.0%
Financial	7	19	18	2.4%	6.9%	5.2%
Food & Water	8	5	8	2.8%	1.8%	2.3%
Animal	1	0	4	0.3%	0.0%	1.1%
Blank	2	2	2	0.7%	0.7%	0.6%
Grand Total	**289**	**276**	**349**	**100.0%**	**100.0%**	**100.0%**

Waiver (Commissioner level)	2021	2022	2023	2021	2022	2023
Criminal	71	62	48	68.3%	50.8%	49.0%
CPS History	24	32	32	23.1%	26.2%	32.7%
Fingerprint Exception	5	25	13	4.8%	20.5%	13.3%
More than 1 License	2	1	4	1.9%	0.8%	4.1%
Immunization	1	2	0	1.0%	1.6%	0.0%
R-TFC Criminal or CPS Hx	0	0	1	0.0%	0.0%	1.0%
Private Adoption/CPO	1	0	0	1.0%	0.0%	0.0%
Grand Total	**104**	**122**	**98**	**100.0%**	**100.0%**	**100.0%**

Kinship Recruitment, Licensing and Support

ROM report of the discharges between 2019 through 2023 indicate that 3,063 children were placed with and achieved permanency with a kinship or fictive kinship caregivers. 47% through guardianship, 27% through adoption and 26% through reunification. The average number of placement moves is 2.2 and 33% achieved permanency between 12 to 23 months in care. During that same period, the Department issued 2,342 kinship and fictive kinship licenses.

Kinship Permanency	2019	2020	2021	2022	2023	Total	%
less 12 months	170	103	99	92	114	578	19%
12 - 23+ months	255	194	175	172	220	1016	33%
24 - 35+ months	187	137	206	140	112	782	26%
36 months or more	127	76	201	167	115	686	22%
Grand Total	739	510	681	571	561	3062	

Kinship Permanency	2019	2020	2021	2022	2023	Total	%
Guardianship	332	222	349	284	252	1439	47%
Adoption	193	111	182	175	167	828	27%
Reunification	214	177	150	112	142	795	26%
Grand Total	739	510	681	571	561	3062	



Connecticut is a kinship first state and strives to place children with kin or fictive kin caregiver. The Department utilizes its Child in Placement Dashboard DCF Report Portal to track the number and the placement type of children entering and currently in care. FCD has dedicated social work staff for same day, if needed, assessment of kinship and fictive kinship caregivers for placement; staff to conduct background checks and assist with family search and engagement. It coordinates effort across division to assess and address the needs of the child and the caregivers.

The assessment of needs and identification of services and support is an ongoing effort and process requiring engagement of family, the child (ren), collateral contacts, and providers. The Department utilizes clinical,

academic, medical, and legal consultation, as needed, to inform its assessment and service provision. There is an ongoing conversation and partnership amongst the FCD, the licensed caregivers, and CPS, and others to ensure the needs of children are identified and met as well as the caregiver. Through ongoing contact, Foster Care Support Workers provide support and is a liaison between the assigned CPS worker and the caregiver. When the caregiver self identifies or the Department identifies a training or coaching need, FCD can make a referral to CKIN, work with the Connecticut Alliance of Foster and Adoptive Families (1 liaison in every office), the Department's Academy for Workforce Development, Foster Care Support Groups and community-based organizations and providers to address the need. As mentioned in the APSR, August 2023 saw the launch of the newly designed kinship navigation model, ConnectiKin or CKIN which provides kinship and fictive kin caregivers with option of support outside of the Department which is family led and voluntary. By the end of 2024, the Department aspires to revise its policy, practice and regulation for kinship and is currently exploring NTDC for kinship training.

Item 34: Requirements for Criminal Background Checks

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 34, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment described the extensive process that Connecticut has for checking criminal backgrounds and prior involvement with the child welfare system for prospective foster and adoptive parents that exceeds what is federally required. However, stakeholders noted that the process can take several months and that efforts have been made only recently to improve timeliness. Stakeholders also suggested that the process for creating and monitoring safety plans for children in the home when a background check reveals a concern is inconsistent. Each region manages the process locally, and the Central Office is involved only in those circumstances that require a waiver from the Commissioner.

Assessment:
Based on the information below, Connecticut believes this item to be a **Strength**.

The department is authorized to conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) through the State Police Record Check (SPRC) and the FBI National Crime Information Center (NCIC). The department is obligated to ensure the information is secure and protects the individual's privacy; it's accessed by authorized users and the access complies with the approved purposes; and it has policy and procedures adhering to the regulations.
References:

- Title 28, C.F.R., Parts 20 & 25, Section 50, and Chapter IX.
- FBI CJI Security Policy 2020 CJIS Security Policy version 5-9
- Connecticut General Statute – Criminal History Checks and Fingerprinting
- CGS_17a-114 - Licensure
- CGS_17a-101g - Investigations and Safety Assessments
- CGS_17a-115a - Emergency Placements
- CGS_17a-6a - Employment & Contract

Feedback from the foster/kinship parent focus group revealed mixed experience with the licensing and approval process, including sometimes lengthy waits for background checks. In 2021, the department underwent an FBI Criminal Justice Information Services (CJIS) Security and Policy audit. It assessed the departments compliance with federal policy and procedures regarding 1) securing records, 2) accessing the CJI system, 3) utilizing and

tracking appropriately, 4) training and sustain the workforce skills and knowledge, and 5) ensuring the departments CJI policy and procedures were aligned to federal standard. Agency compliance is critical to maintain NCIC access which alleviates the cost for caregivers, streamlines the process and reduces the barriers for kinship licensing. Since the audit, the Department updated policy, engaged in training related to security, fingerprinting and background checks. It streamlined the request for criminal background clearances by created a universal request form and guide: DCF 004-Universal Background Request Form and instructions: Microsoft Word - Universal Background Check Instructions (corrected 8-2021), The Department does not allow the placement of any child with individuals that have not complied with the required background checks.

FCD social workers and supervisors utilize form DCF 043 Verification of Requirements for Licensing to assure compliance with required criminal and child protectives services background clearances. All required background clearance documents are uploaded into the secured electronic record called eDOCS. In addition, policy requires FCD social worker to conduct a quarterly review of the license along with the home visit to as part of licensing maintenance which include the addition of new household member or children reaching the age of 16. In addition, the Revenue Enhancement Division, as part of their verification for IV-E reimbursement, also review the secured electronic record to assure the foster care, pre-adoptive, kinship, fictive kin, CPA, and Interstate remain in compliance with the required criminal background clearances.

Addressing Safety
The FCD is committed to providing quality care for children who are temporarily separated from their parents or guardians. The Caregiver Practice Model (CPM) serves as the framework for systemic and organizational transformation and guide's practice. A problem area is the department's engagement, inclusion, and partnership with licensed caregivers. One of the interventions includes the review and refinement of FCD contact standards which provides guidance on natural opportunities for inclusion, to ensure caregivers receive accurate, timely and relevant information. It further expects caregivers to contribute and offer recommendations on behalf of the child and family. Licensed caregivers should experience no barriers for engagement, feel motivated and part of the broader team working towards stable and less traumatic transitions for children in care. The guide is in three sections that include documentation standards in the electronic record and offers links to data management tools to measure and suggested frequency based on critical case junctions, i.e., entering care, change in care, allegations of abuse or neglect, regulatory violations, permanency etc. The guide supports and dovetails with the CPS assigned social worker assessment and case planning.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 35, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that recruitment and retention activities are dependent on staff time, caseloads, and placement activities. They reported that while the state data show net gains and losses of foster homes, the state does not assess how recruitment efforts are working and adjust efforts accordingly. Stakeholders also report that there are not enough Spanish-speaking foster homes for the number of children entering care.

Assessment:
Based on the information below, Connecticut believes this item to be an **Area Needing Improvement.**

The Foster Care Diligent Recruitment plan embraces the vision and strategies of the Department and will focus on partnering with communities and families in the Department's efforts to recruit and retain a diverse

population of families that reflect the ethnic and racial diversity of children entering and currently in DCF care. Foster care is a critical function of the department, with a primary focus in ensuring children entering care are safe while in care, their well-being needs are met, and that licensed caregivers are engaged in co-parenting leading to timely permanency of children entrusted to their care. To accomplish this, the Department must recruit, train, license, and support family resources to care for the regional and statewide demand of placement requests.

In 2019, the Department was undergoing an organizational change with the foster care structure. However, various leadership changes and the impact of the pandemic created a necessary shift in priorities. In 2021, the department partnered with University of Chicago Chapin Hall to develop the Caregiver Practice Model (CPM) to guide and focus the work on caregivers. The CPM offers the pathway to change to address recruitment needs, outcomes, and compliance with the CSFR standards regarding diligent recruitment.

Since 2019, the data reflects that 46% of recruitment is word of mouth and 44% is through internet search. Understanding that 46% of recruitment is based on existing caregivers' promotion and satisfaction, the Department is taking intentional steps to retain and engage them to improve the systemic factors. Our Quality Parenting Initiative (QPI) is a key strategy to achieve this outcome. Regional QPI Steering Committees are addressing regional nuances. We are building the pool of QPI champions. Caregivers are active participants, not in name only, active participants in policy and practice recommendations, they are members of model development workgroups and other committees that inform the work. A Caregiver Advisory Council was established which is led by and its members are individuals with lived experience. Quarterly town halls are scheduled across the state offering caregiver an opportunity to voice concerns and offer solutions. The QPI work of building relationships and strengthening relationships amongst all members of the child's team continues. We are working with our contract divisions to quantify and identify the gaps in services to ensure that when and if a child is placed the needed services are following the child. In Connecticut, retention, relationships, services, and support are critical to the diligent recruitment of caregivers.

One of the challenges of recruitment is the lack of reliable data. The technical solution is in the works with the CCWIS system anticipated in August 2025. Until then, FCD relies on Link reports, Microsoft SharePoint shared lists and spreadsheets to track and monitor progress. There continues to be a huge learning curve with staff skill set managing these various data platforms and resources are limited. The data is not 100% reliable but it offers a picture of the needs related to recruitment. Available data has been shared with media and marketing firms and used for conversations with prospective caregivers and community providers. It is also shared with Regional Quality Improvement Teams and future consultant assisting in the development of the 5-year foster care blueprint.

Another challenge FCD is facing, is the children entering care today have complex needs; not just one need, but a myriad of needs that require interagency involvement. For example, children with a combination of two or more of the following are entering care, children on the autism spectrum, development needs, medical needs, and behavioral needs. Their parents are struggling with addiction or mental health and / or parents with limited support. Community support is faced with staffing and resources creating the domino effect of limited availability to "right now" access to services and support. Connecticut is a kinship first state and if were not for that approach the current emergency placement crisis would be dire. The pool of individuals willing to say "yes" to foster is changing. We are striving to embed a shared parenting approach to foster care and one of our licensed caregivers said it best, "I don't adopt children, I foster children and adopt families." After kinship, the Department is prioritizing foster care before pre-adoptive licensing. We provide finders fees. With pre-adoptive families, we are encouraging open adoption and contracted CAFAF to make available a pool of attorneys for consultation.

The Department utilizes various strategies to recruit foster and adoptive families, including but not limited to:

Awareness activities

- Various local and statewide private and public community events
- Internal education and information sharing

Media

- Print
- Social- Facebook, Twitter, and Webpage
- Radio
- News outlets
- DCF Television Show - "Doors to Hope and Healing"
- Store Front at CT Post Mall

Information Sessions (groups and private sessions)

Initiatives(various)

- Caregiver Practice Model
- Quality Parenting Initiative
- Faith Based Initiative

Partnerships

- Connecticut Alliance for Foster and Adoptive Families
- Annie C Courtney Foundation

Media Campaign- Cashman and Katz

Support/Retention Activities:

- Ongoing
  - Support Groups
  - Post Licensing Course Offerings
  - Partnership with Community Collaboratives
- Monthly contact
- Ice breakers.
- Appreciation Events
- Statewide and Local organized events
- Adoption Awareness Month
- Foster Care Awareness Month
- Spotlight- special interest stories
- Strategies/ Initiative
- Quality Parenting Initiative

Caregiver Practice Model

In early 2021, the Foster Care Division contracted Chapin Hall of the University of Chicago to develop the Caregiver Practice Model (CPM). CPM offers the pathway to organizational and systemic changes to address recruitment needs, outcomes, and compliance with the CFSR standards regarding diligent recruitment. The implementation of CPM guided the following elements:

- **Organizational Staffing changes to support consistent practice**
  In 2022, the Department established a centralized unit for recruitment and pre-licensing for core and pre-adoptive caregivers. In 2023, it has received 1001 inquiries from potential foster and pre-adoptive caregivers. 58% have either been denied or withdrawn. 6% received a license and 36% are still along the path towards licensing. Centralization has offered the benefit of streamlining process, ensuring consistency of practice, and leveraging community supports, caregivers and contracted providers to recruit and license. While the inquiry numbers are steady, attracting caregivers willing to parent a child with multiple needs is difficult. The complexity of the child's needs often includes two or more of the following: autism, development needs, medical need, and behavioral needs. Feedback from the staff focus group indicate a concern that centralization has not been effective given continued need for additional homes, particularly homes that are willing/able to accept sibling groups, but efforts continue to improve recruitment.

- **Community Network Efforts**
  The Department has continued with the established partnerships with the faith community, Tribal Nation, Medically Complex division, Youth Advisory Board, Grassroot community organization, Contracted providers, and Caregiver Advisory Council.

- **Communication and Marketing Efforts**:
  To create a consistent and improve messaging and recruitment, the Department re-envisioned its brand, messaging, and material. It contracted a media and marketing firm to
    - Clarify the FCD goals and objectives,
    - Identify the target population,
    - Communicate the need,
    - Identify outreach opportunities.

  In 2023, the Department launched its new brand and logo, CTFosters Mobilizing Love, Unifying Families. The new identity is simplified to CT Fosters which clarifies our core focus which is fostering. It suggests a shared mission and collective effort in Connecticut. We work together to take care of our own. The effort includes monthly social media posts, and launched a video campaign, Right Their World. The marketing team created a virtual informational session, developed brochures and is currently working on a new media campaign, creating a quarterly newsletter, and assisting with identifying potential recruitment venues.

- **Pre and Post Training Curriculum Assessment:**
  The post pandemic era created a need to reassess the existing pre-licensing curriculum, both virtual and in-person offerings to ensure it aligns with the latest research and meets the changing needs of children entering care. In 2023, a QI assessment of the curriculum in partnership with CAFAF, the Caregiver Advisory Council, community partners and the CQI teams occurred. The Youth Law Center reviewed of the Department staff training through a QPI lens and for potential opportunity to make courses available as part of post-licensing curriculum. This assessment resulted in the exploration of NTDC as a curriculum for foster care.

Consistent practice to establish ongoing supportive relationships between licensed caregivers and parents of origin.

- FCD is in the process of redefining support and actively being a part of the permanency goals, bridging gaps between parent and caregivers, shifting from transactional approach to relational, revisiting transition practice and assessing caregivers for retirement.
- Local QPI Regional Steering committees have had starts and stops and in different stages of implementation. Comfort calls and icebreakers are becoming embedded in practice. With QIPS support, FCD is developing data management tool to track and gauge effectiveness.
- The Caregiver Advisory Council (The Council) was established in late fall 2022. The Council is active, led and staffed by caregivers and adults formerly in care. They have no issues challenging institutional think and language. They made recommendations for policy changes and are poised to be a part of the FC CQI process.

Retention Events

FCD continues the ongoing sponsorship of annual signature events to create awareness and acknowledge licensed caregivers. Such as National Foster Care, Adoption, Kinship and Reunification months activities. In 2022, FCD, in partnership with the Fatherhood Engagement Leadership Team, sponsored an event spotlighting foster Father, Fathers and sons.

At the end of 2023, we incorporated quarterly town hall meetings in each region. The town hall is an open forum for licensed caregivers to raise concerns, obtain information and offer feedback with the objective of improving the relationship and ultimately the quality of care for children. In attendance are the Area Office CPS Leadership and FCD. They are scheduled quarterly in each region, some virtual and others in person. Themes from the recent town halls include the Inconsistency between area office and case decision, attorney representation, issues with payments and childcare, lack of collaboration, responsiveness, lack of meaningful partnership, issues with board and care reimbursement rate.

At the end of the year, with a focus on transition, a Quality Parenting Outreach (QPO) was issued to caregivers about transitions. 147 out of 1200 caregivers responded. 44% of responders had a child entrusted less than 6 months; 39% entrusted 6 months to 2 years; 44% children reunified; 22% transitioned to Kin.

The findings:

- 37% were notified of a change within 7-30 days.
- 24% were notified within 7 days.
- 20% were notified the same day (less than 6 months in care)

The Action for 2024 is to survey the staff about their transition practice, present QPI to the Juvenile Court judges and public defenders and other legal partners to create awareness and perhaps change the courts approach to transition.

Kinship Care

When all efforts to mitigate the children entering care have been exhausted, the department focuses on finding family (relatives and kinship). Efforts continue to review practice and policy, strengthen workforce skill, and refine caregiver training curriculum. Plummer and Associates conducted an initial review of all our permanency policies to ensure alignment and reflect national standards. Several policies will be developed to enhance our permanency practice, including the development of kinship policy. The policy is currently under review. The training curriculum is under revision with assistance from University of Chicago, Academy for Workforce Development, and kinship caregivers. Best practice standards are under review and changes implemented for the kinship licensing team who conduct emergency home assessments; for accessing criminal background checks and for placement waiver requests. Along with its overall kinship practice, the department has finalized its Kinship Navigation Model, CKIN. It is preparing in 2024 to develop and implement new federal Kin-Specific Foster Home Approval Standards.

The Department adopted a coordinated approach and expectations to focus on identification, engagement and licensing of relatives and kin for children who require an out of home placement. As of June 1, 2024, 45% of children in placement are with relatives or fictive kin. The Department has also been monitoring the rate of initial placements with relatives and fictive kin – in 2011 24.3% of children entering care had an initial placement with a relative or fictive kin. In Calendar Year 2023, on average 47% of children entering care had an initial placement with a relative or fictive kin. Between January 2011 to April 2019, the Department also saw an increase in the total number of licensed relative and fictive kin homes from, from 669 to 997. In CY23, the number of kin caregivers licensed reduced to 287 statewide. Approximately 132 began the process but were withdrawn or denied. Consistently, the main reason for closure of a relative or fictive kin home is due to permanency achievement where the child is reunified, adopted or guardianship is transferred. The staff focus group also provided feedback that it is not possible to license undocumented family members, and there are often delay in payment for relatives who take in children on an emergency basis, and both are barriers to increasing our rate of kinship placement and maintaining placement stability as well.

Connecticut Kinship Navigation Model (CKIN)

In 2022, the Department continued the design and development of its Kinship Navigation Model with the technical support of the University of Chicago, Chapin Hall team and co-created with caregivers. Since the last report, the Department launched the model, ConnectiKin or CKIN in August 2023. The mission of CKIN is partnering with kinship caregivers to provide connections, support, and resources needed to raise resilient children who thrive. The core components of the model include a universal standard needs assessment which relies on the kinship caregiver's self-reported needs, grounded in the principle of a child and family centered practice, and conducted in a semi-structured conversational style. It includes two levels of services. Information-level which provides an individualized list of services and support in an information package and follow-up. The Partnering-level of service includes individualized care coordination supported by a customized care coordination plan, resulting in warm transfers to resources such as economic and concrete supports, peer support groups, information on benefits, and legal information. Another core component of the model is that kinship navigators will have lived experience. This means that the navigators partnering with the kinship families to support their needs, will have experience with being in a kinship family themselves. The model views families as the expert and participation is voluntary. Since August 2023, the Department has referred 254 kinship caregivers to CKIN. 5% completed the program successfully. The model continues to refine its implementation toward evaluation in the winter of 2024.

Faith-Based Partners

This year, the department re-engaged the faith community to collaborate on a Faith Based Recruitment and Retention program. The program is building a network of faith-based organizations (FBO's) committed to the recruitment, retention, support of caregivers and community-based partners that focus on supporting children who are separated from their parents due to safety concerns. In 2022, the two anchor churches onboarded 15 local churches. In 2023, the program has had a few implementation challenges, for example staffing fluctuations. In the reporting year, the program recruited 32 families who expressed interested in fostering and 24 began the journey by attending a pre-licensing training hosted in one of the anchor churches. The program has created awareness through DCF 101 training in which 22 pastors attended.

Quality Parenting Initiative (QPI)

The Youth Law Center (YLC) developed the Quality Parenting Initiative (QPI) in 2008 as a unique model for strengthening foster care and improving permanency and wellbeing for children placed in out-of-home care by refocusing policy and practice to focus on the quality of relationships. QPI has become a national movement transforming the foster care system one judication at a time. Connecticut joined the movement in 2021. A core principle of QPI is children entering care thrive and grow by having consistent and meaningful relationship with caregivers. Relationships that are built, consistent and sustained with their parents, caregivers, and community but also amongst their parents, caregivers, and community. In addition, children thrive and grow when the child welfare system, its policy, practice, and services promote excellent parenting and lasting relationships for children and when power is shared by involving those most affected by policies and practices to work within the system to transform the system. It supports the skill development of not only caregivers, but also staff and community by insuring they are understanding and informed on the latest research related to child and brain development, trauma, and mental well-being.

Implementation and integration of QPI into the fabric of the agency is ongoing and the penetration rate is slow and steady. Each region has a local QPI Steering Committee consisting of CPS, caregivers, and community providers. Statewide the QPI steering committee implemented warm calls, comfort call and icebreakers which are designed to provide comfort not only to the child but also to their parent and begin the process towards building the co-parenting relationship. The Caregiver Advisory Council is active, led and staffed by caregivers and adults formerly in care. They have no issues challenging institutional norms and language, have made recommendations on policy, are poised to be a part of the FCD CQI process and meet with area office leadership. In 2023, of the placement documented, 68% received a warm call and 40% received a comfort call and 12% participated in an icebreaker.

	2022	2023	2024
Warm Call	96%	68%	60%
Comfort Call		40%	44%
Ice Breaker		12%	11%

Permanency Resource Exchange Specialist (PRES)

The department's PRES continues focusing on identifying permanency resources for "long stayers." They assist with facilitating permanency round tables, are the identified reviewer for RPR's and review cases history aka "case mining" to identify resources. In 2021, the role was modified to contribute to the achieving of timely permanency and ensuring 70% of children entering care are placed with Kin. They will make efforts to locate and secure resources both relative and adoptive. They will provide family search and engagement, be active participants with permanency teaming markers, provide consultation and support related to permanency and perform other duties to further the departments' goals. They report locally to the Regional Placement Search Foster Care Supervisor who provides daily regional assignments. They provide quarterly reports to their respective area office team meetings (leadership, management etc.) to include:

- **While You Are Waiting Events- ongoing** training opportunities for pre-adoptive families with topics understanding legal risk issues in adoption, open adoption, managing behaviors which result from the effects loss and trauma experienced by children placed via the state's foster care system, adopting adolescents, and other related parenting topics related to adoption.

- **Permanency Round Tables**
- **Family Search- case mining**

The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and DCF partner to recruit and support foster and adoptive families. CAFAF operates the statewide foster care inquiry phone number - 888-KID-HERO, in addition to tracking the inquiries and source of inquiry/interest. According to CAFAF, 1001 inquiries were logged from January to December 2023, an increase from CY 2022 of 21%.

	2018	2019		2020		2021		2022		2023	
Interest	Inquiries	Inquiries	% Change	Inquiries	% Change	Inquiries	% Change	Inquiries	% Change	Inquiries	% Change
Adoption	159	165	4%	144	-13%	162	13%	152	-6%	81	-88%
Foster Care	1085	789	-38%	424	-46%	429	1%	373	-13%	451	17%
Combination	452	419	-8%	366	-13%	458	25%	337	-26%	401	16%
Respite	42	37	-14%	9	-76%	21	133%	16	-24%	44	64%
Unsure	131	87	-51%	23	-74%	31	35%	19	-39%	24	21%
Total	1869	1497	-25%	966	-35%	1101	14%	897	-19%	**1001**	**21%**

According to the data, the average inquiry per region is 166, with Region 2 receiving the majority of the inquiries.

	2018	2019		2020		2021		2022		2023	
Region	Inquiries	Inquiries	% Change	Inquiries	%Change	Inquiries	% Change	Inquiries	% Change	Inquiries	% Change
1	288	212	-36%	144	-32%	95	-34%	132	39%	162	19%
2	250	209	-20%	140	-33%	64	-54%	111	73%	225	51%
3	277	201	-38%	167	-17%	88	-47%	127	44%	149	15%
4	473	386	-23%	206	-47%	115	-44%	159	38%	195	18%
5	323	298	-8%	165	-45%	82	-50%	138	68%	154	10%
6	258	193	-34%	144	-25%	63	-56%	90	43%	115	22%
Total	1869	1499	-25%	966	-36%	507	-48%	757	49%	**1000**	**49%**

Based on the inquiry data, 45% of prospective licensing candidates identify word of mouth and 44% identify the web-based information as the information source. A change from 2022 to 2023 found an increase in the recruitment sources from faith-based organizations, campaigns and print media.

Source of Inquiry	**2018**		**2019**		**2020**		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Internet	1157	69%	826	60%	586	62%	886	80%	517	68%	**444**	44%
Print Media	23	1%	25	2%	6	1%	6	1%	6	1%	**12**	1%
Media	23	1%	22	2%	11	1%	1	0%	4	1%	**5**	0%
Word of Mouth	457	27%	449	33%	328	35%	151	14%	215	28%	**446**	45%
Campaigns	22	1%	59	4%	16	2%	59	5%	6	1%	**37**	4%
FBO		0%							4	1%	**56**	6%
Walk In		0%							4			
Tribe											1	
Total	**1682**	100 %	**1381**	100 %	**947**	100 %	**1103**	100 %	**756**	100 %	**1001**	100 %

Licenses Issued

Recruitment and License have not completely recovered from the impact of the pandemic. In 2022, FCD centralized its recruitment and licensing activities. Overall, in CY23, the number of licenses decreased by 18%. While the number of foster care licenses rose by 19%, pre-adoptive licenses decreased by 51% and kinship licenses decreased by 15%.

Licensed	2019	%	2020	%	2021	%	2022	%	2023	%
Foster Care	194	15%	87	14%	102	15%	47	10%	56	14%
Adoptive	103	8%	69	11%	92	8%	72	15%	35	9%
Independent	44	3%	29	5%	21	3%	25	5%	18	5%
Kin/Fictive Kin	975	74%	427	70%	314	74%	339	70%	287	72%
Grand Total	1316	100%	612	100%	529	100%	483	100%	396	100%

Licenses Closed

In 2023, 689 families closed their licenses. Permanency achieved represented 59% of the reason for closing. There were no significant changes.

License Closed-Type	2019	%	2020	%	2021	%	2022	%	2023	%
Foster Care	145	18%	106	22%	121	22%	102	16%	**198**	29%
Adoptive	69	8%	54	11%	46	9%	57	9%	**67**	10%
Independent	27	3%	230	47%	15	3%	21	3%	**30**	4%
Kin/Fictive Kin	574	70%	103	21%	358	66%	458	72%	**394**	57%
Grand Total	815	100%	493	100%	540	100%	638	100%	**689**	100%

License Closed-Reason	2019	%	2020	%	2021	%	2022	%	2023	%
Permanency Achieved	541	66%	280	57%	361	67%	385	60%	**406**	59%
Retired	133	16%	109	22%	99	18%	169	26%	**201**	29%
Relocation/ Agency Transfer*	44	5%	24	5%	12	2%	14	2%	**14**	2%
Unfavorable**	97	12%	80	16%	68	13%	70	11%	**68**	10%
Grand Total	815	100%	493	100%	540	100%	638	100%	**689**	100%

*Relocation/Agency Transfer refers to those situations where a family moves and cannot continue to foster, and/or wants to continue but is changing from association with one child-placing agency to another.

**Unfavorable refers to situations where a license needs to be terminated due to substantiated abuse/neglect allegations, criminal involvement, failure to address housing requirements or other regulatory concerns.

Characteristics of children in need of foster care and adoptive homes

With a marketing and media plan under development and the plan to build on the Caregiver Practice Model and establish a 5-year blueprint for foster care that includes a strategic plan but also a CQI plan, the division sought assistance of the Annie E Casey Recruitment Worksheet. The Annie E Casey Recruitment Worksheet suggested the Department needs approximately 568 licensed households. Of the 568, the worksheet indicates over 200 Latino household and 66 household for large sibling groups are needed. In addition, we reviewed the demographic information for our licensed caregivers compared to the children in care. The data is not completely reliable based on data errors. The analysis found the following.

Caregiver Demographic:

The Department has 2175 pre-adoptive, core, kinship, Independent, and FFT licensed or approved caregivers. Core caregivers represent 29% of the population and are the basis for this report. 27% of the core households are from region 5. However, the towns producing the most licensed caregivers are Waterbury Bridgeport and New Haven. Core caregivers in the state are predominantly White, are part of a two-caregiver household and their average age is 50.

The demographic makeup of the licensed caregiver is 68% reside in a two-caregiver household and 32% are the only caregiver in the home. Those licensed are as young as 25 years old to 85 years old and the average age of 50 years old. Household with two caregivers the average age is 49 years old (between 25-85). Household with one caregiver the average age is 53 years olds (between 28-83)

Regional Nuances.

Region 1, of the children in care under the age of 18, the majority are 40% Latino. 63% of the Core household have two licensed caregivers. Core caregivers' average age is between 45-54. 37% of the Core caregivers identify as White.

Region 2, of the children in care under the age of 18, the majority are 37% Black. 52% of the Core license households have one licensed caregiver. Core caregivers' average age is between 45-54. 42% of the Core caregivers identify as White.

Region 3, of the children in care under the age of 18, the majority are 45% White. 77% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44 and 31% are between 45-54. 74% of the Core caregivers identify as White.

Region 4, of the children in care under the age of 18, the majority are 36% Black and 35% are Latino. 60% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44. 52% of the Core caregivers identify as White.

Region 5, of the children in care under the age of 18, the majority are 41% Latino. 72% of the Core license households have two licensed caregivers. Core caregivers' average age is between 45-54. 61% of the Core caregivers identify as White.

Region 6, of the children in care under the age of 18, the majority are 38% Latino. 76% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44 and 45-54. 62% of the Core caregivers identify as White.

The Multiethnic Placement Act (MEPA) requires states to recruit and license caregivers who reflect the racial and ethnic diversity of the children who are in the care of the Department. Meeting the MEPA standard has been elusive. Today, children in care who are under 18 years of age are 34% Latino, 31% White, 24% Black, 9% Mixed race and .3% Asian and American Indian or Alaskan Native. However, core licensed caregivers are 57% White, 19% Black, 15% Latino, 8% Mixed race and 1% Asian. In addition to the MEPA standard, it is estimated the Department needs more than 550 core licensed household that include 200 Latino households and 66 households available for large sibling groups. The point in time data was shared with marketing and media agency to develop strategies and with Chapin Hall as part of the 5 years blueprint development for foster care with the goal of addressing the gap. Thus far, the centralization of recruitment and licensing effort and hiring a marketing and promotional firm are strategies launched to address the gap but have not produced the number of caregivers needed.

Permanency - Adoption Registry

Feedback from the regions indicate that there continues to be a need for pre-adoptive families for children under the ages of 5 years, all races; sibling groups of 2 or more, specifically families who can accommodate opposite gender matches; and children over the age of 10; all races.

Matching for Adoption

In CY23, there were 257 requests, a 13% decrease from 2022. Of the 257 requests, 54% were 6 years old or younger, 30% were between the ages of 7 to 12 and 5% were 13 years or older. 42% identifying as White, 33% as multi racial, 18% as Black and 6% as Latino/a. 60% did not belong to a sibling group and 32% were a sibling group of two. Of the 257 requests, 46% were matched.

Registered Families	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Pre-Adoptive Placement	58	52%	23	12%	140	45%	207	48%	139	46%
Waiting for Match	36	32%	54	28%	125	40%	98	23%	70	23%
Matched	13	12%	59	30%	7	2%	49	11%	36	12%
Hold (other)	5	4%	59	30%	38	12%	80	18%	54	18%
Total	112	100%	195	100%	310	100%	434	100%	299	100%

Matching Requests	2018	2019	2020	2021	2022	2023
Region 1	36	14	8	22	19	27
Region 2	97	79	53	47	62	67
Region 3	172	169	84	63	87	67
Region 4	46	52	26	26	30	27
Region 5	89	107	51	33	44	28
Region 6	100	79	26	23	52	41
Total	540	503	248	214	294	257

Matching Requests: Race	2018	2019	2020	2021	2022	2023
Black/African-AM	86	87	45	37	65	47
White	235	186	109	74	108	109
Hispanic	81	85	25	28	29	16
Multi-Race	138	145	100	75	150	85
Total	540	503	279	214	294	257

Matching Requests: Age	2018	2019	2020	2021	2022	2023
0<6	348	293	152	125	160	138
7<12	155	161	102	59	96	78
13<17	37	49	25	30	38	41
Total	540	503	279	214	294	257

Matching Requests: Siblings	2018	2019	2020	2021	2022	2023
Single	254	261	140	142	164	155
Group of 2	214	188	112	56	96	82
Group of 3	48	54	27	12	30	12
Group of 4	24			1	4	8
Total	540	503	279	214	294	257

Adoption Registry:
The number of registered families on the adoption registry reduced by 31% from last year. Last year saw 434 families compared to 299 in 2023. The staff focus group suggested that hiring additional staff would help with a backlog of pending licenses, of which pre-adoptive families are certainly a portion. 46% welcomed a child into their family a child as a pre-adoptive placement. 23% are waiting for a match. 12% are on hold because a child has been identified by a permanency planning team and 18% for "other" reasons (i.e. family issues, new jobs).

Registered Families	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Pre-Adoptive Placement	58	52%	23	12%	140	45%	207	48%	139	46%
Waiting for Match	36	32%	54	28%	125	40%	98	23%	70	23%
Matched	13	12%	59	30%	7	2%	49	11%	36	12%
Hold (other)	5	4%	59	30%	38	12%	80	18%	54	18%
Total	112	100%	195	100%	310	100%	434	100%	299	100%

AdoptUSKids
The Department has a contract with the nationally recognized AdoptUsKids, where DCF features waiting children on the AdoptUsKids web site. DCF Permanency Exchange Specialists use this web site, the Department's website, and A Family for Every Child's website/Heart Gallery, and other web-based sites highlighting the children for whom they provide specific recruitment.

Photo-listing
The Department utilizes web-based sites for the purpose of securing permanent adoptive resources. DCF features waiting children on the AdoptUSKids web site. The children are also photo listed on the DCF intranet and internet. The framed still photographs and stories are displayed throughout CT in public venues such as department stores, shopping malls, libraries, post offices, theaters, and hospitals. The photographs are also downloaded via an app called Live Portrait, where the children's videos come to life through the photograph. DCF Permanency Exchange Specialists are the contact person for children for whom they provide specific recruitment on this web site and on the Department's website. The statewide foster care and adoption recruiter is responsible for ensuring that the photographs are displayed and updated within the community.

Wendy's Wonderful Kids
A private foster care agency (Klingberg Family Center) was awarded the Wendy's Wonderful Kids (WWK) grant sponsored by the Dave Thomas Foundation in 2006. Via a child specific referral with DCF, they provide services to achieve permanency for children in state foster care programs nationwide. The WWK recruiter has a caseload of 15-20 children and youth in need of legal permanency. They work with the PRE-Supervisor for referrals to their program. This resource was expanded in 2014 and 2016 and there are now five (5) full time Recruiters in CT doing this work. Three (3) of the recruiting positions are funded by the Dave Thomas foundation, and two (2) are funded by DCF. The program operates at a consistent capacity of at least 65 active cases statewide. In 2022, the decrease of referrals from the previous year was 59%. In 2021, the program experienced a 43% decrease. Of the new referrals, one third were accepted in 2023. The program ended the year with 72 open cases. There are currently 72 children/youth being served by the Wendy's Wonderful Kids program. 20 new children were referred for services in 2023. Of these, 17 were accepted for services, 5 were closed and none are on the waitlist.

Wendy's Wonderful Kids (WWK)	2019	2020	2021	2022	2023
# New Referrals	59	24	23	18	20
Accepted	47	19	10	18	17
Closed	10	5	11	0	5
Waitlist	1	9	0	18	0
Total in Program	**117**	**57**	**44**	**85**	72

Permanency Placement Support Program (PPSP)
The Permanency Planning Services Program (PPSP) provides core contracts with 16 clinical agencies in Connecticut. In addition to providing specialized recruitment services, an array of other permanency services includes the following: pre-placement planning for the child or sibling group, assessment and a written home study for a potential adoptive family, transition and placement planning, post placement supervision, post finalization services, assessment services in reunifying a child with family, and assessment services after a child has returned to their identified family. All of these assist the Area Office staff in realizing the child's permanency plan. Services are accessed using a service agreement with the private child placing agency. In 2014, support was expanded to cover transfer of guardianship families. As a result of inconsistency in service delivery and varied utilization of PPSP services throughout the state, the Department has completed the assessment of the program and is moving forward with establishing this as a credentialed service.

Heart Gallery

From 2005 to present, over 492 children have been featured in the Heart Gallery. Currently there are 22 children featured in the Heart Gallery. Since the last report, 10 children were matched from the Heart Gallery. Less than a quarter have a permanent resource identified due to HG exposure.

Heart Gallery	2019	2020	2021	2022	2023
Active and waiting	20	20	17	24	22
New entries	14	14	8		9
Matched with a family	15	6	7		10
Removed for other reason	4	6	4		5

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Background:

In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 36, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment and confirmed in stakeholder interviews showed that Connecticut effectively uses both in-state and out-of-state cross-jurisdictional resources to facilitate timely adoptive or permanent placements for children. However, the state acknowledged in the statewide assessment that the agency is unable to complete the Interstate Compact on the Placement of Children (ICPC) home studies in 60 days.

Assessment:

Based on the information below, Connecticut believes this item to be an **Area Needing Improvement.**

Since then, CT continues to use the National Adoption Registry and Heart Gallery (a DCF website showing photo listings of CT children awaiting adoption) as primary resources to enlist adoption resources. Each child registered is assigned to a Permanency Resource Exchange (PRE) Children Services Consultant or partner agency recruiter to promote and answer inquiries related to the children. CT accepts out-of-state families who are approved for adoption to be considered for CT children listed on the Heart Gallery. CT has had several children adopted by families that first saw the children on the Heart Gallery, including a sibling group adopted by a family that resides in Maryland. Three children in 2023 were adopted by out-of-state families, while nine children were adopted in 2021.

The process begins with referral from a DCF regional office, followed by assignment to a PRE consultant, photo listing the child and their write-up on the Heart Gallery, promotion during special recruitment events (i.e. National Adoption month), and at pre-licensing training classes. The PRE consultant follows up on any inquiries or leads for possible family resources. There are currently 23 children registered and posted on the Heart Gallery. CT will also photo list, with permission, children who are not yet but anticipated to become legally freed for adoption.

CT follows the Interstate Compact guidelines (AAICPC Articles and Regulations) associated with requests for home studies of CT families who wish to serve as a placement/permanency resource for children currently residing in other states and uses the National Electronic Interstate Compact Enterprise (NEICE) to securely exchange all data and documents required as part of this process. CT families are assigned to regional foster care licensing teams who complete the assessment and licensing for these child-specific "independent" licenses in LINK. Once the licensing process is complete, the interstate compact staff inform the sending state of the status of the approval/denial of the request. If the out-of-state child has significant

therapeutic/behavioral health needs, the home study is assigned to a private child-placing agency (CPA). Either DCF or the CPA will provide monthly contact with the child once placed through home visits, and provide quarterly reports to our ICPC office, who then shares the reports with the sending state's ICPC office. Most states require the child to be legally free before requesting an adoption home study. The Interstate Compact guidelines do not typically permit two types of requests to be processed concurrently (i.e. foster home and adoption studies), but exceptions can be made on a case-by-case basis.

During the calendar year 2022 there were 242 requests from other states, of which 120 (50%) were completed within 60 days. Licensing and ICPC workers maintain manual tracking systems to help ensure adherence to timelines. Our LINK system does not provide a countdown report or alerts to track/improve home study processing times, but our new CCWIS system CT-KIND is being designed to include these features. While the tracking for children placed on the Heart Gallery and others referred to the PRE are tracked on an MS Excel log, both our LINK and ROM reporting systems maintain multiple reports concerning post-TPR children that monitor their progress towards achieving timely permanency.

The Department has attempted to obtain data from the NEICE system to allow for determination of compliance with requirements for timely home study and placement approval for incoming requests for foster care placement but has not yet been able to obtain the requisite data. Efforts continue to be made towards this end as the system does collect the data elements necessary to aggregate the data but does not currently contain a report that provides this information.

Appendix A: CFSR State Data Profile

The state data profile and other appendices can be requested from the state or the Children's Bureau.