

**State of Connecticut**



**Child and Family Services Plan - Final Report  
2014**

**Submitted to:  
Administration for Children and Families  
of the  
U. S. Department of Health and Human Services**

**By:  
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Commissioner**

**June 30, 2014**

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## A. INTRODUCTION

The Department of Children and Families is responsible for the legislative mandates of prevention, child protective services, children's mental health, substance abuse, and juvenile justice. With an annual operating budget of approximately \$810 million, the Department provides contracted as well as direct services through a central office, fourteen (14) area offices, and two (2) facilities. The Department also operates a Wilderness School that provides experiential educational opportunities as well as Unified School District II, which is a legislatively created local education agency for children with no other educational nexus or who are residents in one of the Department's facilities.

### Mission

The Department's mission is to advance the health, safety and learning of the children we serve both in and out of school, identify and support their special talents, and provide opportunities for them to give back to their communities and to leave the Department with an enduring connection to a family. In this work, families and communities are valued as full partners. This approach signifies that safety of children is necessary, but is no longer sufficient.

## B. Connecticut CFSP Goals and Objectives, 2010-2014

In 2009, the Department underwent a strategic planning process that resulted in the development of system-wide goals for the five-year period and measures of progress to track the implementation of the strategic plan. These included:

1. Increase prevention so that families have less need for DCF services.
2. Children will remain safely at home.
3. Children who must be in care achieve more timely permanency.
4. Improve child well-being for children in care.
5. Ensure that youth who transition from DCF care are better prepared for adulthood.

The Department's Office for Research and Evaluation (ORE) worked with DCF's various divisions to define and operationalize the indicators that were established.

## **Strategic Plan and use of Results Based Accountability**

In 2011, the Department reviewed the goals and indicators of the existing strategic plan and decided to revise the plan to reflect the change in focus of the agency, utilizing a Results Based Accountability (RBA) framework.

In 2012, the Department developed its strategic plan to be aligned with the CTKids Report Card, as required by Public Act 11-109, and developed the plan focusing on nine strategies.

Result Statement: All Connecticut children grow up in stable environments, safe, healthy, and ready for success.

## Population-Level Headline Indicators of Child and Family Well-being

### SAFE

- Child Fatalities
- Substantiated Reports of Abuse and Neglect
- Emergency Room Visits for Injuries
- Referrals to Juvenile Court for Delinquency
- High School Students missing school because they felt unsafe at school, or traveling to or from school

### HEALTHY

- Low Birth Weight
- Childhood Obesity
- Children with Health Insurance
- Children with Thoughts of Suicide

### STABLE

- Chronic Absenteeism
- Parents Without Full-time Jobs
- Families Spending more than 30% of Income on Housing
- Families Without Enough Money for Food

### FUTURE SUCCESS

- Kindergarteners Needing Substantial Support
- Third Graders at or Above Grade Level in Reading
- On-Time High School Graduation Rate
- Children Living in Households Below the Federal Poverty Line

DCF's Contribution to the Results Statement: Working together with families and communities for children who are healthy, safe, smart and strong.

Since 2011, the Department of Children and Families has undergone a substantial transformation aimed at improving outcomes for the children and families we serve. This transformation is driven by seven cross-cutting themes:

1. implementing strength-based family policy, practice and programs;
2. applying the neuroscience of early childhood and adolescent development;
3. expanding trauma-informed practice and culture;
4. addressing racial inequities in all areas of our practice;
5. building new community and agency partnerships;
6. improving leadership, management, supervision and accountability; and
7. becoming a learning organization.

In addition to these seven cross-cutting themes, nine strategies were developed for our work.

1. Increase investment in prevention and health promotion
2. Apply strength-based, family-centered policy, practice and supports agency-wide
3. Develop or expand regional networks of in-home and community services
4. Congregate rightsizing and redesign
5. Address the needs of specific populations
6. Support collaborative partnerships with communities and other state agencies
7. Support the public and private sector workforce
8. Increase the capacity of DCF to manage ongoing operations *and* change
9. Improve revenue maximization and develop reinvestment priorities and methods

In January 2011, nearly 30 percent of children in care lived in a group setting and 21 percent lived with kin. As of March 2014, that has been reversed -- with 21.2 percent living in group care and nearly 33 percent living with kin. During February 2014, 38.9 percent of the children entering care during the month were placed with kin, which exceeds even the percentage placed in traditional foster homes.

Importantly, kinship care has supplanted congregate or group care as the second most common type of placement for children in care. This shift has become so pronounced that in February 2014, more children who entered care during that month were placed with kin than any other type of placement, including non-relative foster homes.

During fiscal year 2014, Commissioner Katz has continued progress on the DCF strategic plan, including issuing the following set of performance expectations to prioritize and manage performance for the second half of fiscal year 2014 and the first half of fiscal year 2015. Each DCF operational team, including regional management teams, was required to identify its role and contribution to the performance expectations, and craft a set of operational strategies to achieve the performance expectations. Performance data is reviewed by senior leadership on a monthly basis, and with the expanded management team on a quarterly basis. The focus is on the quantity and quality of the work performed to achieve the performance expectations, and whether that work is leading to children and families being better off. When necessary, strategies are modified to improve performance.

### **2014 PERFORMANCE EXPECTATIONS**

1. Achieving and sustaining the 22 Outcome Measures (Numerical and Qualitatively)
2. Achieving and Sustaining Outcome #3 and 15 by June 30, 2014 as measured by ACR Share point data and Court Monitor Reviews
  - #3: Treatment Plans: At least 90% of cases shall have treatment plans that are clinically appropriate, individualized, developed with family and community members and approved within 60 days of opening in treatment, or a child's placement out of home. Except Probate, Interstate and Subsidy-only cases
  - #15: Needs Met: At least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent treatment plan. Except Probate, Interstate and Subsidy-only cases
3. Kinship care rates at 30% overall and 40% initial entry.
4. Congregate care rate at 10% or below (Residential treatment, group homes, STAR and SAFE HOMES, Solnit Centers and CJTS); targeted foster care recruitment
5. Permanency teaming for older youth to reduce APPLA goals by 50%
6. Reduction of # of kids in care by 25%
7. Reduce racial and ethnic disparities of children in care of DCF
8. Established comprehensive and integrated regional networks of care that adequately address the behavioral health needs of children
9. Improve the quality and satisfaction rate of foster home placements
10. Sound fiscal management

**C. 1. PROGRAM SERVICE DESCRIPTIONS**

**FFY 2014 Spending Plans**

**STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM  
FFY 2014 (Title IV-B (subpart 1))**

Services/Activities	Total Funding	Family Support	Prot Svcs	Family Pres	Reun Svcs	Adopt	Group/Ins Care	Indep Living	Admin Costs
Children Services Positions - Solnit North	\$839,077						\$839,077		
Office Assistant Positions	\$139,538		\$34,886	\$34,884	\$34,884	\$34,884			
JRA Consulting - Racism	\$90,000	\$22,500	\$22,500	\$22,500	\$22,500				
CCMC	\$220,500		\$110,250	\$110,250					
Central Office Staff	\$127,604								\$127,607
Personnel- Manager	\$184,344	\$46,086	\$46,086	\$46,086	\$46,086				
The Connection	\$200,000			\$100,000	\$100,000				
Triple P America	\$102,410	\$34,136	\$34,138	\$34,136					
Parents with Cognitive Limitations	\$5,000	\$2,500	\$2,500						
UCONN MOA	\$13,100		\$13,100						
Travel/Conferences	\$10,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000			
KJMB Solutions	\$115,000		\$39,000	\$38,000	\$38,000				
Total:	\$2,046,573	\$107,222	\$304,460	\$387,856	\$243,470	\$36,884	\$839,077	\$0	\$127,607

The figures provided reflect anticipated expenditures. The services/activities that are described in this section are funded at levels that exceed the award amount. These programs are being supported through multiple year awards, including FFY 2013 and FFY 2014.

Individuals occupying the positions supported by grant funding were selected through an interview process. The providers for Triple P were selected through a procurement process. JRA Consulting, the Connection, CCMC, and UCONN were selected based on their level of expertise.

**DESCRIPTION - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM**

**Staff Positions:** The Albert J. Solnit Psychiatric Center North Campus is a facility run by the Connecticut Department of Children and Families. It provides brief treatment, residential care and educational instruction for abused and neglected children between the ages of 10 and 18 from all across the state. It offers complete multidisciplinary medical and mental health assessments for those children under its care. Individual services are designed to meet the children's unique needs and to facilitate and support community placements when clinically indicated. The grant helps support multiple positions including Children's Services Assistants, Lead Children Services Workers and a secretarial position for a facility administrator.

Area Office – Office Assistant Positions: In an effort to enhance our service delivery to families and achieve more timely permanency for children, three part time Office Assistants were hired to provide support to the staff in the Meriden and Norwalk Area Offices to help coordinate our case planning efforts by scheduling and facilitating the coordination of family conferences, conducting relative searches for children in care in order to identify and locate potential relative resources, and assure grandparent and relative notification as required.

JRA Consulting: After an extensive review of DCF racial disproportionality and disparate outcomes data on children of color in care, in February 2012 Commissioner Katz committed the Department to becoming racial justice agency. A decision was made to contract *JRA Consulting, Ltd* to guide the agency with this initiative. It was decided that this would be done by examining and addressing issues of racial injustice and disproportionality in the areas of racial, health, and educational disparities. It was also decided that to address this concern, the agency would need to develop a comprehensive approach to this work. The goal is to ensure that all of our agency policies and practices are reviewed with a racial/cultural justice lens, such that we can revise them as needed and the inequities in services and outcomes that currently exist begin to disappear. We want to do this in a way that is open and transparent not only within the agency, but across the community as well. Funding has also been utilized to pay a graduate student intern to assist our ORE staff to update the disproportionality and disparate outcomes data. This intern was hired through the UCONN School of Public Administration.

Connecticut Children's Medical Center (CCMC): Funding supports additional staffing for child sexual abuse, physical abuse and psychosocial evaluations of children for whom abuse or neglect is suspected. CCMC provides the following array of services: DCF case consultations, training, medical evaluations, psychosocial assessments, family and professional interviews, and ongoing participation in Multidisciplinary Team meetings. The contract is supported by both state and federal funding. The federal funding is used to increase capacity for case consultations when child abuse/neglect is suspected.

Personnel - Administrative Positions: The grant supports a full time administrative position within the Division of Grant and Contracts Management, an Accountant who provides fiscal management and oversight of the child welfare grants, and a full-time Program Manager who provides managerial oversight of multiple federal child welfare related grants and oversees the development and implementation of key child welfare initiatives.

The Connection: The Supportive Housing for Families program provides permanent housing and intensive case management services to DCF families. The program began over 14 years ago, to help families recovering from substance abuse. In 2001, DCF received Federal Unification Program Vouchers and was able to expand eligibility to accept non-substance abusing clients into the program. The program was renamed Supportive Housing for Families (SHF).

DCF contracts with the Connections, Inc. to provide intensive case management services to assist families to develop and utilize a network of services in the following areas: economic

(financial support, employment assistance), social (housing, transportation, family support, parenting education, child care) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). The Connections, Inc. has nine sub-contracted agencies to provide these services statewide. Permanent housing is established through DCF's partnership with the Department of Social Services (DSS). The DSS provides a Housing Choice Voucher (formally "Section 8" - federal program) or Rental Assistance Program (RAP-state program) Certificate. DCF's Supportive Housing for Families Model has been recognized as a promising model of housing assistance and family support by the Child Welfare League of America, The National Alliance to End Homelessness and the National Center for Social Research. This additional federal funding is used to develop a specialized unit to assess and serve the waitlisted reunification families who have children less than five years of age in order to expedite permanency.

Triple P America: Federal funds were allocated to the Positive Parenting Program (Triple P) were used to offer two week-long Level 4 Standard and Standard Teen Triple P trainings in FFY 2013-2014. A total of 33 new Triple P staff members were trained and accredited. This allocation supports ongoing training opportunities for provider staff to ensure no interruption in the provision of services. Triple P, is an evidenced-based model that provides in-home parent education curriculum along with support and guidance so that parents will become resourceful problem solvers and be able to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths.

Parents with Cognitive Limitations: Federal funding was used to help support a two day international conference held in Mystic, CT on parents with cognitive limitations developed by The Association for Successful Parenting and the Department. Highlights included the following:

- attendance of 200 participants each day;
- a panel of State Leader presenters that included the Commissioners of Department of Developmental Services and the Department of Children and Families and the Chief Justice of the CT Supreme Court;
- presenters who came as far away as Iceland;
- a family panel consisting of parents and their teens/young adult children to present and respond to questions;
- a very strong presence of families among the attendees.

Five additional training opportunities will be held that will be open to providers and DCF staff. By the end of September, over 150 additional people will have been trained.

UCONN MOA: See description for JRA Consulting.

Travel/Conferences: Federal funding was used to support travel and registration fees for staff to attend various conferences, including but not limited to Differential Response, Infant-Mental Health, and Human Trafficking.

**KJMB Solutions:** KJMB Solutions is a technology consulting firm specializing in web application development, database development, networking consultation, quality assurance services, and secure web application hosting. In June 2011, the Corporation for Standards and Outcomes disbanded and the staff involved in developing CT's data collection and reporting system established their own company called KJMB Solutions. Programs and Services Data Collection and Reporting System (PSDCRS), is a web-based application that allows the Department, through its contracted community-based services providers, to gather and evaluate client and program level outcomes. This contract is being supported by both state and federal funding.

**TITLE-IV-B, SUBPART II - PROMOTING SAFE AND STABLE FAMILIES - FFY 2014**

Service Description	Total Funding	Family Preservation	Family Support	Family Reunification	Adoption	Planning
Reconnecting Families Program	\$1,263,866	421,288	421,288	421,290		
Community Collaboratives	\$284,700				\$284,700	
Foster Care Consumer Advocate	\$50,000	25,000	25,000			
UCONN - Adoption enhancements	\$300,000		50,000		250,000	
Easter Seals Support Group	\$20,000		10,000		10,000	
Homebuilders Pilot	\$31,199	10,400	10,399	10,400		
Adopt a SW program	\$95,275	31,758	31,759	31,758		
Total	\$2,045,040	\$488,446	\$548,446	\$463,448	\$544,700	\$0

The figures provided in the table above reflect anticipated expenditures. The programs are funded at levels that exceed the award amount. These programs are being supported through multiple year awards, including FFY 2014 and FFY 2015. The Community Collaboratives, the Foster Care Consumer Advocate through FAVOR, The University of Connecticut's Adoption Assistance Program, Adopt a Social Work Program and Easter Seals Adoption Support Group were selected by the Department based on the nature and scope of the work and their ability to provide the service as described below. The providers for Reconnecting Families and Homebuilders were selected through a procurement process.

**DESCRIPTIONS - TITLE-IV-B, SUBPART II - PROMOTING SAFE AND STABLE FAMILIES**

**Reconnecting Families Program:** This program is primarily home-based, designed to engage, support and intervene with family members through a short-term, intensive service model in order to promote and effect successful reunification and reduce the risk for further abuse and neglect.

Since April 2008, the 10 contractors selected through a competitive procurement continue to provide this service statewide. This program is being supported by both state and federal funds. This past year, the Department decreased the funding level for the program statewide in order to reduce the federal allocation. Additionally, the service is being

redesigned and a new service type is being created, adding therapeutic visitation. An RFP is scheduled for release in June 2014.

Community Collaboratives: The Department has been supporting Community Collaboratives that are designed to recruit, strengthen and support neighborhood-based culturally competent foster/adoptive resources for children. Collaboratives have been established to serve all the Area Offices and are responsible for engaging new partners to broaden community ownership for planning and implementing activities that recruit and support foster and adoptive families. Funds are distributed through a fiduciary (Advanced Behavioral Health) and used to support meeting costs, planning efforts and activities implemented by the collaborative for the purpose of recruiting and retaining foster and adoptive families. These activities may include, but are not limited to: special family events, appreciation dinners, media/advertising, promotional items, brochure development and printing, program supplies and training.

Each Collaborative has an executive board that provides support and direction to the collaborative. A staff person from the Department's Area Office foster care unit leads the Community Collaboratives and meets with the coordinators bi-weekly and approves all financial reimbursements. The coordinator from each collaborative maintains contact with families from the date of inquiry up to licensing or withdrawal and gathers information about their decision to withdraw.

Foster Care Advocacy: The DCF Office for Child and Youth in Placement has contracted with FAVOR, Inc., a statewide family advocacy organization, to support foster families' caring of children with complex behavioral health needs and to assist them in navigating the service system. The goal of this program is to increase placement stability and improve foster family retention. In partnership with FAVOR's family advocates, this initiative directly supports therapeutic and DCF foster parents and provides family advocacy support to post-adoptive families.

The services that are available through this program are as follows:

- Empowerment of foster families through education and support to enable them to assume a lead role in the planning and delivery of the foster children's behavioral health treatment;
- Support to foster families, including attendance at Child Specific Teams, Administrative Case Reviews, Pupil Planning Teams, Treatment Planning Conferences and Court hearings, etc;
- Information sharing with foster families that will help in identifying and accessing available services;
- Connection to services, initiating referrals, as appropriate;
- Ensuring foster parent's receipt of the skills and encouragement required to ensure they or their children with Serious Emotional Disturbances (SED) have a primary role in local and statewide activities and initiatives concerning the children's behavioral health system; and
- Ensuring foster families' participation in case planning for their child(ren).

While the goals for each family are individualized, the standard objectives that guide the course of the work with the foster families are as follows:

- Team building;
- Incorporation of natural supports;
- Enhancing shared communication and open dialogue;
- Improving connectedness to community; and
- Expanding knowledge and skills related to caring for children with behavioral and mental health needs.

The Department intends to pursue procurement for family advocacy services. This component will be included in the RFP.

Adoption Enhancements: The Department of Children and Families contracts with the University of Connecticut Health Center to provide post-adoption services to families who have adopted children from DCF's custody. It also provides service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. AAP also manages the post finalization services from a program that DCF offers for children following adoption finalization. Within the context of PPSP each child adopted from DCF's foster care system is eligible for an additional 100 hours of support services from 21 Connecticut Child Placing Agencies. This program is funded by both state and federal funds.

Easter Seals Adoption Support Group: This support group was established by several adoptive parents in Waterbury, CT who had adopted medically complex children through DCF wanting to create a network of support for families providing care to this population. Funding supports associated meeting costs.

Homebuilders Pilot: This past year, the Department allocated federal and state funding to implement a pilot Homebuilders Program in Region 5. The federal funding is being used to support staffing and access to wrap funding to help meet/support the basic needs of families that are being served by the program.

Adopt a Social Work Program: This statewide program assists children and families (birth, foster and adoptive) that are DCF involved through voluntary services, support, and donation of goods as well as to help families' secure needed resources.

**CHAFEE FOSTER CARE INDEPENDENCE PROGRAM - FFY 2014**

Service Description	Funding
Personnel Expenses	\$ 75,918
One on One Mentoring	\$317,326
Community Based Life Skills	\$398,430
Work to Learn	\$752,496
Wilderness School	\$ 79,000
Aptitude/personality/interest assessment and career matching	\$12,750
Health & Wellness Initiative	\$50,000
Youth Advisory Board Stipends	\$60,000
Summer Youth Employment Program	\$256,000
Rite of Passage	\$40,000
DCF Youth Music and Arts Academy	\$15,000
Total	\$1,921,920

The figures provided in the table above reflect anticipated expenditures. Personnel positions were supported through grant funding were identified through an interview process. The providers who deliver Community Based Life Skills were selected through a procurement process. Our Piece of the Pie's Work to Learn program was individually selected based on its experience and model type. The remaining contractors for the Work to Learn Program were selected through a procurement process. Many of the providers delivering One on One Mentoring have done so for over 11 years through a sole source contract. The most recent Contractors were selected through a procurement process. The Joe Namath Football Camp was identified based on the nature and experience providing this specialized service to youth.

**SERVICE DESCRIPTIONS - CHAFEE FOSTER CARE INDEPENDENCE PROGRAM**

Personnel Expenses: The grant supports two Pupil Services Positions established to assist youth in their transition from high school to vocational programming or college. Other responsibilities include the administration of the state's Education and Training Vouchers program (ETV). The specialists routinely meet with youth, social workers, program staff, Job Corps staff and educational personnel to review, coordinate and develop an appropriate educational plan for our youth.

One on One Mentoring: DCF continues to provide mentoring services to youth statewide, ages 14 -21, who are committed to the Department and residing in foster care. DCF funds 11 community based providers to deliver mentoring services to 321 adolescents in out of home care. These providers are under contract with the Department to recruit, train and provide support for prospective mentors and mentor/mentee matches.

Community-Based Life Skills: The Department currently contracts with 15 community service providers to provide community life skills to DCF committed youth placed in community settings. Since 2008, this 12 month program model utilizes Ansell-Casey Life Skills. It provides youth age 15 and older who are residing in foster care with the life skills necessary to successfully transition to adulthood. Currently, the Department is researching other life skills models that it might utilize.

Work to Learn: The Department continues to support Connecticut's Work to Learn model for the five (5) work to learn sites in the state. The Jim Casey Youth Opportunities Initiative work to learn model was designed to ensure that youth aging out of foster care have increased opportunities for a successful transition to adulthood in the following areas: youth leadership, youth engagement, employment, housing and improved physical and mental health functioning. The grant funds two of the four sites.

- *Our Piece of the Pie* (OPP): A comprehensive work/learn model located in Hartford that helps youth access and attain a combination of educational, employment and personal development opportunities that promote success. OPP is in the process of opening a second Work/Learn site in Norwich. This site began accepting referrals in June, 2012 and accommodates up to 35 youth.
- *FSW, Inc.* (Formerly Family Services of Woodfield): This Bridgeport program partners youth with technical experts and role models in a youth-centered small business. They develop transferable skills, identify goals and reinforce the personal skills needed for successful employment.
- *Marrakech Inc*: Located in New Haven and Waterbury, these sites offer a comprehensive work/learn model that helps youth access and attain a combination of educational, employment and personal development opportunities that promote success.

Wilderness School: The grant helps support the operating costs of the Wilderness School. The Wilderness School is a prevention, intervention, and transition program for adolescents from Connecticut. The Wilderness School offers high impact wilderness programs intended to foster positive youth development. Designed as a journey experience, the program is based upon the philosophies of experiential learning and is considered therapeutic for the participant. Studies have documented the Wilderness School's impact upon the self esteem, personal responsibility, and interpersonal skill enhancement of adolescents attending the program.

Aptitude/personality/interest assessment and Career Matching is a new service designed to assess a youth's academic strengths and challenges while considering their personality style and passion for a specific career choice. These assessments are assisting youth in choosing trades and college majors where they are most likely to find success.

Health and Wellness Initiative: This program spans our congregate care network offering programs that enhance physical fitness through sports camps, gym memberships, dance with the Connecticut Ballet, Fitness Camps with the Center of the Tribe Fit Choice and the

Heavy Hitters Boxing exercises. In addition to the above noted movement approaches the health and wellness focus has provided nutritional training and awareness for congregate care staff and youth. This work has resulted in guidelines and continuing instruction to ensure internalization of the new framework.

Youth Advisory Boards: In order to encourage and facilitate youth participation in Youth Advisory Boards, stipends are distributed to youth who serve on the YABs. Each region/Area Office has established a YAB.

Summer Youth Employment Program: The Department established a Memorandum of Agreement (MOA) with the Connecticut Department of Labor and in partnership with the five regional Workforce Investment Boards to enhance access to summer youth employment opportunities for youth involved with the Department. This Memorandum facilitates the transfer of funds to programs operated by the contractors of each of the five Workforce Investment Boards. These Boards sub-contract with local businesses and government agencies to provide 6-week on the job employment training programs that include academic instruction, career awareness and work readiness training, career competency training, worksite selection and development, oversight of program activities to ensure developmental focus and other services to help prepare youth for a career. A portion of the funding is set aside to ensure that youth who want to continue past the 6-week period have the opportunity to do so. Funding is available during the entire fiscal year for this purpose.

The Rite of Passage Program: This initiative is designed to educate young women about the essential elements of growing into strong, confident, competent women. Twenty-four youth participated in this educational journey, where they met each Saturday with a community of women who brought them forward in their understanding of self, their relationship to others and their status in the world. They participated in a series of classes, events and a final cross-over ceremony.

DCF Youth Music and Arts Academy: This program motivates youth to develop their innate ability to excel in the arts. There is a curriculum regarding the music industry that is presented to each cohort as well as a lab experience where youth develop and hone their individual and group talents.

**FFY 2015 SPENDING PLANS**

**STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM - PROJECTED PLAN - FFY 2015 (Title IV-B (subpart 1))**

The Department intends to continue funding the programs/personnel described below for FFY 2015.

Services/Activities	Total Funding
Children Services Positions - Solnit North	\$1,000,684
Office Assistant Positions	\$147,910
JRA Consulting - Racism	\$90,000
CCMC	\$220,500
Central Office Staff	\$135,260
Personnel- Manager	\$195,405
The Connection	\$200,000
Triple P America	\$105,000
UCONN MOA	\$13,100
Travel/Conferences	\$10,000
Domestic Violence Services	\$110,000
KJMB Solutions	\$115,000
Total:	\$2,342,859

**TITLE IV-B, SUBPART II - PROMOTING SAFE AND STABLE FAMILIES - PROJECTED PLAN - FFY 2015**

The Department intends to continue funding the programs/personnel described below for FFY 2015.

Service Description	Total Funding
Reunification Services	\$1,114,306
Community Collaboratives	\$284,700
Foster Care Consumer Advocate	\$50,000
UCONN -Adoption enhancements	\$300,000
Easter Seals Support Group	\$20,000
Homebuilders Pilot	\$57,297
UCONN PIC Expansion	\$129,410
Adopt a SW program	\$95,275
Total	\$2,050,988

**CHAFEE FOSTER CARE INDEPENDENCE - PROJECTED PLAN 2015**

The Department intends to continue funding the programs/personnel described below for FFY 2015.

Service Description	Total Funding
Personnel Expenses	\$80,472
One on One Mentoring	\$322,013
Community Based Life Skills	\$398,430
Work to Learn	\$752,496
Wilderness School	\$79,000
Joe Namath Football Camp	\$7,500
Youth Advisory Board Stipends	\$60,000
Summer Youth Employment Program	\$200,000
Total	\$1,899,911

## State Accomplishments and Progress:

In 2012, The Department of Children and Families (DCF) established the Change Management Committee, charged with coordinating statewide change initiatives to ensure effective and consistent implementation in all regions, facilities and the central office. Embedded in this design are multiple communities of practice composed of representatives who come together either based on their function within the organization or their role relative to a specific initiative. There are currently nine (9) communities of practice (COP), two of which have established subcommittees. The 9 overarching committees include:

- Area Directors: charged with leading area office, special investigations unit, and Careline statewide change initiatives to ensure effective and consistent case practice.
- Systems and Clinical Program Directors: charged with assisting in shaping and implementing major system-wide policy and practice initiatives while also providing a mutual learning environment among colleagues to support effective and consistent practice.
- Intake Program Managers with a subcommittee specific to the agency's Family Assessment Response. The Managers group is charged with planning statewide change initiatives to ensure effective and consistent intake practice in all regions.
- Adolescent Program Managers, with a Parole subcommittee charged with providing guidance, input, feedback, recommendations and expertise to senior leadership by ensuring ongoing planning and development of comprehensive, individualized, and coordinated programs to meet the needs of youth in every facet of out of home care.
- Foster Care: charged with recommending system improvements and coordinating the implementation of statewide change initiatives relative to the placement of children and youth in foster care.
- Early Childhood: charged with coordinating statewide change initiatives to ensure that policy development and statewide practice changes are implemented relative to the topic of early childhood.
- Nursing: charged with being a leader in providing compassionate and respectful care to CT children and their families directed by the most current nursing research and the standards of nursing best practice.
- Fatherhood: charged with the development and implementation of strategies for promoting the inclusion of fathers and their extended kinship networks in the child welfare process.
- Quality Improvement/Quality Assurance (QI/QA): charged with reviewing and implementing projects to ensure standardized quality practice in all regions, facilities, and the central office as part of the DCF quality improvement plan.

Charters developed by each COP are reviewed on an annual basis to reflect progress towards outlined goals and the development of new areas of focus. While reviewing and revising the current charters the Early Childhood, Fatherhood and QI/QA COP's are applying

a Results Based Accountability Framework. The other COP's will engage in the same process in 2014. The Nursing COP experienced a change recognizing that the previous group was not inclusive of all DCF regional nurses, in contrast to other similar COP's. As such, the group was re-formed to assure DCF regional and central office nurses were actively involved in this critical agency forum.

In 2013, the Department continued to advance the implementation of key practice changes that were guided and informed by the Change Management process including:

- The development of a trauma informed workforce
- Implementation of a new supervisory model
- Child and Family Permanency Teaming
- A number of new and revised policy's and practice guides that reflect practice changes
- Developing recommendations to enhance practice in key areas, such as fatherhood engagement. The fatherhood COP has analyzed practice and has been developing strategies to support an increase in outreach and engagement efforts.
- Members of the Nursing COP have developed presentations/trainings to further promote positive medical and dental outcomes for children and youth in care and working collaboratively with other key COP's to disseminate information.

The Change Management Committee together with the Communities of Practice have been instrumental in offering critical feedback and recommendations relative to practice and system changes, informing the timing and staging of implementation and supporting sustainability of key initiatives and system reform efforts.

The Department continues to operate under the policy directives the Commissioner set forth in 2011, which continue to produce positive outcomes for children and families. These practice reforms are as follows:

- Staff to make announced visits with parents and families whenever possible;
- Relative foster care will be the presumed placement for children rather than the exception;
- Placing children out of state requires Commissioner approval; and
- Reducing the use of congregate care settings for children.

#### Announced Visitation

The announced visitation expectation continues to be implemented statewide. By demonstrating this respect and courtesy to families, staff have reported their interactions with families are more positive, families appear more engaged in the process, visits are more productive, and staff feel they can plan their visits/contacts with family members more effectively.

#### Reducing Out of State Placements

The Department continues to make significant progress to keep children in-state when residential treatment is clinically necessary. From May 2012 to May 2013, there was a 69% reduction of children placed out-of-state. From May 2013 to April 2014, the Department

further reduced the number of children in out-of-state placements by 25%. Currently, only 26 children are placed in out of state residential facilities, 92% are placed within New England.

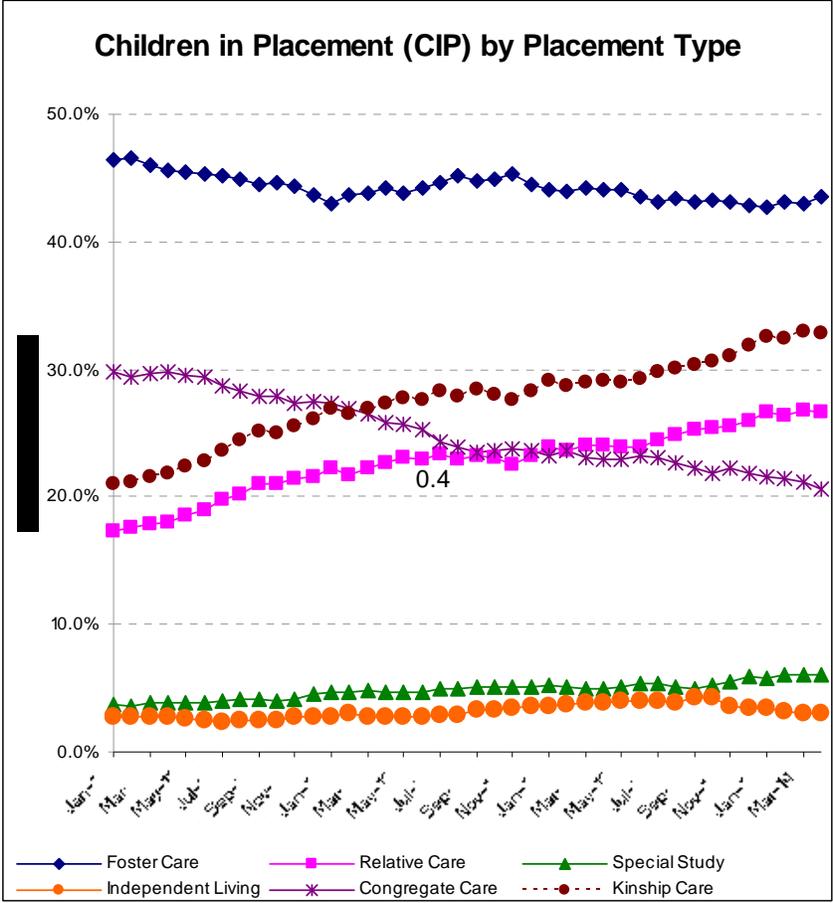
#### Congregate Care Rightsizing

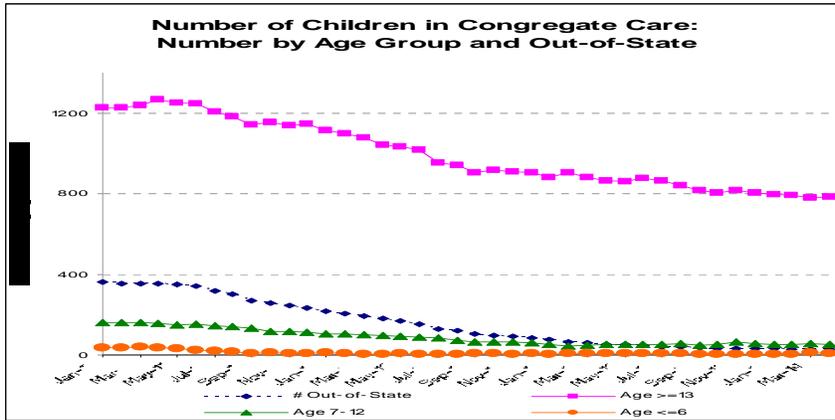
Reducing the number of children placed in congregate care setting continues to be a focus of the Department this past year. The Department saw many gains subsequent to the published Congregate Care Rightsizing and Redesign Report in 2011. The report outlined Connecticut's plan to reduce the number of children placed in congregate care settings.

The Department made practice and policy changes that promoted placement of children in family settings (including relative, kin or foster family care), commissioner approval to place children in congregate care settings for children age 6 or under, a more thorough and formal assessment of family dynamics and functioning for families involved in the voluntary services program, and the implementation of the Child and Family Teaming process. Child and Family Team Meetings continue to be held, engaging youth, their families, kin, providers and other supports with the goal to determine readiness, needs and strengths to prevent children entering placement and to facilitate transition to less restrictive levels of care.

From January 2011 to December 2013:

- The Department has experienced a 17% reduction in children in placement
- The percentage of children in Congregate Care has reduced by 27%.
- The percentage of children 12 and under in placement has reduced by 65%.
- The percentage of children 6 and under in placement has reduced by 84%.
- The percentage of children entering placement into Kinship care has increased by 98%.





**Relative/Kinship Care and the Child Welfare Group Strategy Work**

History of progress and accomplishments since 2010:

In 2010, there was a change in structure and oversight of foster care with management shifting primarily to the DCF regions. In that same year, DCF staff completed a literature review of current Safety and Risk Assessment Tools used on foster parents and relative caregivers at critical points in time including but not limited to: point of licensure, investigations, support visits and placement of a child. The Department worked closely with the Children's Research Center to develop Structured Decision Making Assessment Tools. Implementation of these tools however, was deferred due to staffing concerns and the number of competing initiatives the Department was pursuing at the same time. The Department will assess the feasibility of implementation in the future.

The Department consulted with Annie E. Casey Foundation's Child Welfare Strategy Group (CWSG) to conduct a data driven assessment of our work to generate ideas about how we can make additional sustained improvements in achieving permanency and improving well-being for children and youth in our system. The areas of assessment included a review of strategies for foster/adoptive/kinship parent recruitment and support, treatment foster care, congregate care, and overall practice. Assessing the safety and risk of our foster families and relative caretakers was included in this process. CWSG conducted individual and group interviews/observations with a wide spectrum of stakeholders including DCF staff, resource families, birth families, youth, and community partners.

Without question, placement of children with relatives has been a priority for DCF since 2010; and placement in non-relative care has been considered an exception. To this end, in early 2011, DCF streamlined procedures to assess and approve relatives for placement. These efforts included the following:

- Staff were designated in each region to conduct emergency assessments of relative homes;
- The waiver process was modified for relatives. This allowed for a more thorough assessment of strengths;

- Reduced the number of DCF staff required approve requests for waivers;
- A comprehensive database was created to track the number of placement requests for relative care and the potential barriers for licensure;
- Monthly data provided to the DCF regions documented requests and the percentage of children within each region placed with relatives.

The second phase of CWSG scope of work in 2011 included the following areas:

- Recruitment and Support of Relatives and Other Resource Families - streamlined the structure for recruitment, development and support of resource families;
- Communications Capacity Building - increased DCF's capacity to effectively communicate to the public and key stakeholders;
- Congregate Care Rightsizing - enhanced the family engagement element of the Strengthening Families Practice Model by implementing facilitated family meetings at all major decision points, involve families of children in congregate care in placement selection, treatment, and discharge planning;
- Financing - conducted a fiscal analysis and provide recommendations regarding how to strengthen the array of services.

In January 2011, DCF requested Casey Family Programs facilitate a Peer Technical Assistance session to develop strategies designed to increase the use of kin at time of placement. Teams from Pennsylvania's Department of Human Services and Tennessee's Department of Children's Services came to Connecticut to share their experiences with the use of kin and kin engagement. The Department gathered protocols and manuals from other jurisdictions that demonstrated success utilizing relative resources for children requiring out of home placement. As a result of these facilitated discussions, the Department identified concrete strategies on how to more effectively utilize kin, including streamlining procedures for approving relatives for placement.

In addition to the Peer Technical Assistance, the CWSG conducted Business Process Mapping in the Bridgeport DCF Area Office to identify practice limitations and/or barriers with the initial placement of children into relative care. This analysis identified several barriers and inconsistencies in our practice in the following areas: identification/exploration of relatives, licensing process, use of waivers, communication, and lack of support. Case reviews were conducted to identify systemic issues that could be modified to increase use of relative placements. Also in 2011, the Department established a partnership with the CT Chapter of the NAACP to conduct relative care forums and to promote the need for relative resources.

In 2013 and early 2014, the Department merged oversight of group care, adoption, permanency, and foster care into a new division of placement. Since that structural change, the Department has continued to develop a culture of best practice around case planning and family engagement and permanency. The DCF Commissioner has set clear expectations that youth belong with families.

Results of these coordinated efforts and expectations are clear. From January, 2011 to February, 2014 our Department has seen a decrease in children in placement by 16.8% (from 4784 to 3982). Also since 2011, we have seen an increase in relative/kin placement from 19% to 32.8% (February, 2014). We have reduced out-of-state congregate care placement from 364 to 26 youth. The percent of our youth in congregate care has also been reduced from approximately 30% to 21.5% (as of February, 2014).

In 2013, Regions establish "firewalls" (i.e., specific staff who approve all non-relative and kin placements prior to a youth coming into state custody). This individual's responsibility was to ensure that prior to a child going into non-relative or kinship care, all possible relative and kinship care supports and placement options were pursued. This "firewall" staff is a manager within each Region outside of the decision making chain of command for that specific case. As of May, 2014, the Commissioner has directed that for any DCF Area Offices whose congregate care placement rate is greater than 15%, any non-family based placements must be approved by her.

As a result of all of these efforts, during the calendar year 2012, the Department increased the percentage of children in relative and kinship care from 26.9% to 29.1%. That is an increase of over 9%. During this period of time, the Department saw a significant reduction in the total number of children being placed into out of home care from 4,501 to 4,038. Despite an increase in the percentage of children placed with relatives and kin, the total number of actual children being placed into relative and kinship care decreased from 1,192 as of January, 2012 to 1,175 as of January, 2013. Relative and kinship placements have increased by over 40% between January, 2011 and June, 2013. As of May 1, 2014, 33.3% of children in placement are with relatives/kin. The Department has also been monitoring the rate of initial placements with relatives. In January, 2011, initial placement with relatives was 17.4%. That increased to 29.0% in May 2014. We also saw an increase in the total number of licensed relative and kinship homes from January, 2011 to June, 2013 from 669 to 703.

#### Differential Response System

On March 3, 2012, the Department launched its Differential Response System (DRS)/Family Assessment Response (FAR). Both the Department's Strengthening Families Practice Model and Differential Response System are based upon renewed efforts to positively engage and empower families using a team approach that emphasizes listening, discovering strengths and viewing family members as key to any solution.

Representatives from the Careline and Area Office staff continue to meet monthly to address policy/practice issues relative to our intake practice.

Prior to implementation of our FAR, Change Management approved a plan to develop a case review tool. A workgroup was established consisting of regional Quality Assurance (QA) staff, Careline staff, and staff from the Office for Research and Evaluation (ORE).

The case review focuses on several key areas of our FAR practice as follows:

1. Rule Outs -were they appropriately applied at the Careline?
2. Track Changes completed at the Area Office Level
3. Safety Assessment - how are the conditionally safe cases handled- did the case remain a FAR or did it switch track?
4. Timeliness of response - Did we meet the response time? What was the timeframe from initial phone call to face-to-face contact?
5. Case Contacts/collaterals - Are we seeing/interviewing household members, making collateral contacts and initiating contact with the non-custodial parent?
6. Family supports - were supports identified and was the family willing to utilize the supports available?
7. Child and Family Team Meetings - were they offered?
8. Service Plans; and
9. An assessment of concerted efforts in the following areas:
  - addressing safety/risk concerns;
  - family engagement;
  - identifying family strengths and needs; and
  - providing appropriate services to address family needs.

#### **QA Case Review**

The Department implemented a QA Case Review to help evaluate our FAR practice. The findings of the case reviews were intended to help inform policy and practice changes to enhance service delivery.

In addition, the review was to help determine the following:

- consistency in case practice;
- fidelity to model;
- identify areas requiring further clarification;
- identify regional training needs;
- identify regions needing additional support;

In January 2014, the FAR Quality Assurance Report was completed and disseminated to staff. The findings prompted some fairly significant practice/policy changes designed to enhance the quality of FAR assessments, including policy clarification regarding commencement, documentation, required case contacts, collateral contacts, supervision, and frequency of contact with the family during the assessment process, as well as establishing timeframes for completion of work. FAR Policy and Practice Guides were modified as a result of this review.

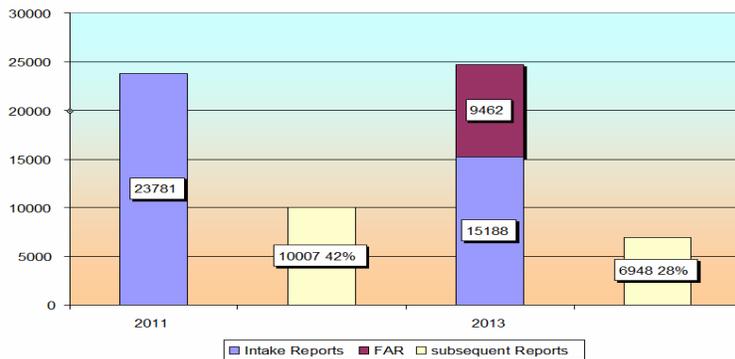
Throughout this past year, the Department has had ongoing discussions about staff being able to change tracks back and forth between FAR and Investigations. Unfortunately, given the plan to implement a new LINK system, there is a moratorium with respect to making significant changes to our current SACWIS. In response, the Department will be reducing our existing Rule-Out Criteria from 15 to 5. The Rules-Out now are as follows:

1. A new CPS report on an active, ongoing services case (excluding Voluntary Services) or a report on an active investigation;
2. Congregate care, foster care (excludes allegations involving biological/adoptive children of the foster parent), persons entrusted;
3. Current report with allegations of Sexual Abuse against a parent, guardian or person given access;
4. Prior child fatality due to abuse and neglect; or
5. Previous adjudication of Abuse/Neglect in SCJM

For the remaining 72 hour reports, the track will be determined based on an assessment of the family following face-to-face contact, not on the presenting allegations at time of the call to the Careline. This approach ensures informed decisions regarding track determination based on a more thorough assessment of safety, risk, and needs of the family, provides greater flexibility to the regions, and gives families access to more services in the community. A Quality Assurance Plan will be developed to monitor track changes made at the Area Office level. These changes were implemented on June 1, 2014.

Since implementation, CT has been averaging 37-40% of calls being diverted to our Family FAR track. As of 6/4/14, the Department has completed 22,067 FAR cases. Since 2013, only 4% of the cases designated as FAR by the Careline changed track prior to commencement. Between 5-7% of FAR cases were transferred to investigations due to safety concerns following face to face contact with the family. Since implementation, only 2% of families who received a Family Assessment Response were transferred to ongoing services.

The chart below represents the impact of our Differential Response System on subsequent reports:



In 2011, the Department received 23,781 referrals; 42% of families received a subsequent report. During our first calendar year of implementation (2013), the Department received 15,188 reports designated as an investigation and 9,462 FAR cases, totaling 24,650 reports. Twenty-eight percent of these families received a subsequent report. The impact of DRS

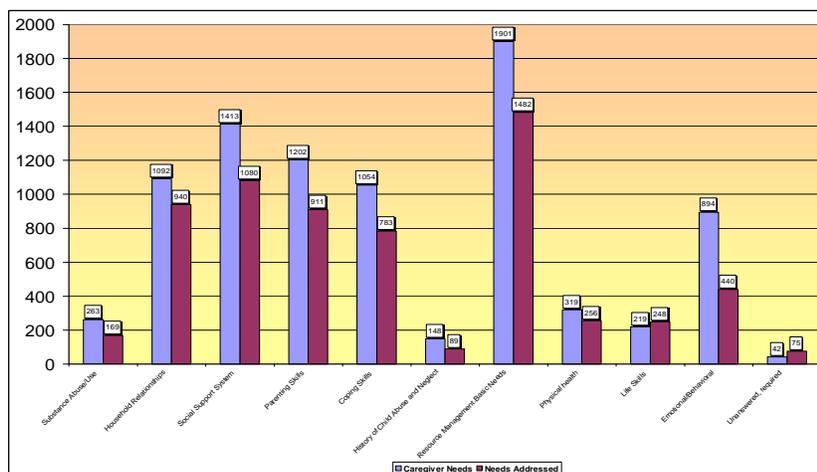
relative to subsequent reports looks very promising. The Department will continue efforts to develop and refine reports that will evaluate our Differential Response System and its impact on families. The Department intends to enhance existing reports that will evaluate repeat maltreatment and subsequent reports by Area Office/region and include timeframes to assess impact of our Family Assessment Response practice over time. Additionally, the Department will modify the existing QA tool and conduct case reviews to ensure the recent modifications to policy and practice are being implemented as well as gain a better understanding of the track changes that are occurring at the Area Office level. Additionally, the Department intends to develop a report that tracks the families who have experienced multiple accepted reports following their initial FAR experience to help identify family characteristics that may be prevalent and to better understand our own practice and approach with these frequently encountered families. This will continue to be an area of focus for the Department.

In April 2012, funding was allocated by the legislature to provide continued support to families within their own community. Community Partner Agencies were selected through a statewide procurement process in all six DCF regions to further support families and connect them to an array of community supports and resources designed to promote the safety and well-being of children and their families. The program was designed to engage families who received a Family Assessment Response and connect them to concrete, traditional and non-traditional resources and services in their community. This inclusive approach and partnership, places the family in the lead role of its own service delivery. The primary role of the Contractor is to assist the family in developing solutions, identify community resources and supports based on need and help promote permanent connections for the family with an array of supports and resources within their community, utilizing a Wraparound Family Team model approach. Contracted agencies have access to regional wrap funding to help families meet their basic, concrete needs. In July 2012, additional funding was appropriated by the legislature to increase statewide capacity of the program. In two of the six regions, one additional provider was added to provide Community Support for Families (CSF) services to families within the region.

The University of Connecticut's (UConn) School of Social Work continues to function as the Performance Improvement Center (PIC) for the Community Support for Families Program. Much of their focus this year has been on improving the quality of data entered by CSF staff into PSDCRS. Both PSDCRS and LINK data extracts continue to be sent to UConn on a quarterly basis. The Department is in the process of expanding the current Memorandum of Agreement to have the PIC evaluate all our FAR data. Over the last several months, the Department has been refining the Performance Measures for the program within the RBA framework. These performance measures are designed to measure level of engagement, community connections, family satisfaction, and overall improvement in the problems the family sought help for. Once the methodology that will be used to measure all performance measures has been finalized, they will be presented to senior leadership for approval. UConn, Senior Leadership, and staff from our Office for Research and Evaluation will be meeting to develop a conceptual framework to advance the evaluative and analytical process of the PIC.

According to PSDCRS data as of 5/30/14, 2,641 families and 5,174 children have been served by the program since implementation. 87.4% of the families referred by DCF agreed to engage in services. On average, DCF staff have referred 16% of the families receiving a FAR to the program since its inception. Approximately 6% of families referred have experienced a subsequent report to DCF. It is unclear however, whether these families who experienced a subsequent report actually participated in the service. The Department will be adding additional data elements in PSDCRS to enhance UCONN's analysis/evaluation of the program. The Department will continue to work with DCF staff to increase referrals to the program. Our recent policy revisions will broaden the population of families who could potentially receive a FAR, and it is likely referrals to the program will increase as a result.

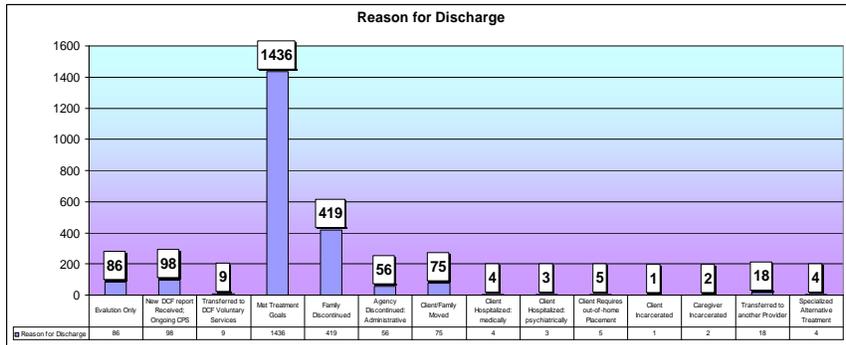
The following chart represents the needs of families involved with the program that were identified and addressed upon conclusion of the program. The blue line represents the needs identified at intake (n=2,743) and the magenta color next to it represents the family's needs that were addressed upon discharge (n=2,216).



Social Supports and Resource Management domains continue to be the highest needs reported by families involved with the program. The results illustrate that the program is making considerable efforts to address the presenting needs of families during their intervention (maximum length of service is 6 months). This will continue to be an area of focus for the Department, CSF providers and UCONN this upcoming year to identify strategies to increase effectiveness of the program in meeting the identified needs of families.

One of the approaches to measuring whether families are better off as a result of this program, UCONN is looking at the number and percentage of families who met their

treatment goals upon discharge. Met treatment goals is defined as the family met the majority of goals identified in their Plan of Care or they met their priority goals and chose to end services. 1,438 of the discharged families (or 65%) met treatment goals. The second highest discharge reason was that the family elected to discontinue services (419 or 19%).

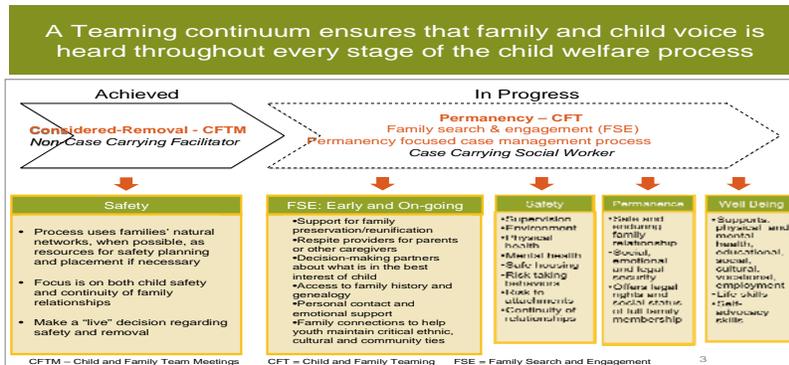


A DCF Central Office Program Development and Oversight Coordinator facilitates monthly meetings with CSF Directors/Managers, UCONN staff and DCF Regional Liaisons to provide technical assistance and support to both DCF and CSF staff, coordinate training activities, address implementation issues, and coordinate quality improvement and evaluation activities relative to the program.

The focus this past year continues to be on fostering and building relationships between DCF and provider staff, increasing awareness and understanding of the program both internally and externally, refining procedures to enhance services, reviewing and evaluating data to address data entry issues, refining data definitions and performance measures, and identifying additional program data elements to be collected in PSDCRS. To date, four semi-annual meetings have occurred to discuss regional implementation issues, share data, identify strengths and challenges by region and develop potential strategies to address challenges identified.

**CT's Teaming Model**

The Department continues to build a teaming continuum that ensures that child and family voice is heard throughout every stage of the child welfare process.



The implementation of Child and Family Team Meetings has been a core part of the Department's move to a more family-centered, strength based practice, exemplified most clearly in the DCF Strengthening Families Practice Model. Teaming is the Department's family engagement strategy to ensure case plans are strength based and responsive to each family's unique needs and values. The Department believes this collaborative approach that fully engages families in developing and identifying solutions will lead to better outcomes for children and families.

Our teaming work has been divided into three distinct phases as follows:

**Phase 1**

The implementation of **Team Decision Making-Step Down** meetings (TDM) for youth in congregate care settings. TDM meetings were the vehicle used in the Department's Congregate Care Rightsizing effort with significant success (see Congregate Care Rightsizing section). TDMs continue to be utilized for youth in congregate care settings to ensure early discharge planning and appropriate lengths of stay.

**Phase 2**

Last year, DCF worked closely with Annie E Casey Foundation Child Welfare Strategy Group to develop and implement a Considered Removal Child and Family Teaming model (CR-CFTM). This approach attempts to preserve the family unit, minimize disruption and trauma associated with the removal, placement and separation of the child from his/her family. The consistent and effective use of the Considered Removal process promotes family engagement, can restore safety, social and emotional well-being, and secure family permanence for the child.

The key practice elements of the CR-CFTM are as follows:

- Meetings are held prior to removal of a child (based on the identification of an SDM Safety Factor) from the home unless the family situation requires an emergency removal to ensure child safety;

- If child has been removed as a result of an emergency placement, a meeting will occur within two (2) business days, prior to the filing of a Motion for Order of Temporary Custody. By policy, every child who enters DCF care will have a Considered Removal Child and Family Team Meeting.
- A trained facilitator (non-caseload carrying) leads the team meeting;
- The focus of the meeting is on child safety and making a “live” decision regarding a child’s removal from the home. Given the limited time and often emergent circumstances of the meeting, in-depth case planning is not the focus or goal of the meeting;
- The voice of the youth or child is represented at the table; and
- Parents, family members, professionals and interested community members are involved in safety planning and removal-related decision making.

On February 11, 2013, the Department implemented CR-CFTM statewide. Monthly consultation days with the CR-CFTM Facilitators and Casey were held for one year post implementation for coaching, training, and case consultation. All Area Offices are staffed with trained facilitators and back up Facilitators. In October 2013, Annie E Casey conducted a Train-the-Trainer session using Training Academy staff and a number of CR-CFTM facilitators as trainers to ensure sustainability and identify additional back up facilitators in the regions to help support the work.

In April 2013, the CR-CFTM Facilitators began entering data into LINK. The following data represents CR-CFTM data through April 2014.

<b>Considered Removal Meetings (CR-CFTM)</b>		
	<b>April - December 2013</b>	<b>January - April 2014</b>
<b>Number of Child Specific Meetings</b>	1550	835
<b>Number of Families</b>	1028	535
<b>Number of Meetings Not Held</b>	222 (14%)	89 (11%)
<b>Number of Mothers in Attendance</b>	770	399
<b>Number of Fathers in Attendance</b>	483 (31%)	269 (32%)
<b>Number of Children in Attendance</b>	241 (16%)	107 (13%)
<b>Number with Domestic Violence Concerns</b>	169	116
<b>Number of Separate Meetings</b>	53	31
<b>CR-CFTM Held Prior to Removal</b>	940 (61%)	566 (68%)
<b>CR-CFTM Held After Removal</b>	610	269
<b>Location of Meetings</b>		
Community	60	37
Home	31	6
Office	1452	796
Blank	7	2

<b>Child Demographic Information - Gender and Age</b>		
	<b>April - December 2013</b>	<b>January - April 2014</b>
<b>Gender</b>		
Male	755	380
Female	794	454
Unknown	1	0
Blank	0	1
<b>Age Range</b>		
0-5 years	783	410
6-12 years	364	224
13-18 years	403	201

Statewide Race/Ethnicity Information (all CR-CFTMs)		
	April - December 2013	January - April 2014
<b>Race</b>		
White	947	504
Black/African American	382	190
Blank	124	79
Multiracial	61	29
Declined/Not Disclosed	24	32
American Indian/Alaskan Native	8	0
Asian	5	1
Native Hawaiian	0	1
<b>Ethnicity</b>		
Caucasian	579	289
African	300	155
Blank	246	143
Hispanic/Latino	234	124
Unknown	107	60
Puerto Rican	39	34
Mexican	13	5
All Other (less than 10)*	33	35
* Includes American Indian, Cape Verdian, Dominican Republic, Filipino, Haitian, Jamaican, Laotian, Other: Spanish/Asian, West Indies, Japanese		

CR-CFTM Held Prior to Removal - Placement Recommendations		
	April - December 2013	January - April 2014
Number Held Prior to Removal	940	566
<b>Placement Recommended</b>		
Yes	176 (19%)	142 (25%)
No	764 (81%)	424 (75%)
<b>Placement Not Recommended</b>		
Number of Children Maintained in Home	358	203
<b>Back Up or Safety Plans</b>		
Family Arrangement	302	164
Foster Family Relative	58	28
Kinship	8	3
Facility	4	3
Foster Family Non-Relative	24	19
Group Home/Residential	2	3
Hospital	7	1

CR-CFTM Held Prior to Removal- Placement Type		
	April - December 2013	January - April 2014
Number Held Prior to Removal	940	566
<b>Placement Recommended</b>		
Yes	176 (19%)	142 (25%)
<b>Placement Type</b>		
Family Arrangement	6	2
Foster Family Non-Relative	64	49
Kinship	23	9
Facility	7	2
Foster Family Relative	71	78
Group Home	2	1
Hospital	3	1

CR-CFTM Held After Removal by Placement Type		
	April - December 2013	January - April 2014
CR-CFTM Held After Removal	610	269
<b>Placement Type</b>		
Family Arrangement	29	10
Foster Family Relative	197	83
Kinship	37	9
Facility	17	10
Foster Family Non-Relative	247	129
Group Home	25	7
Hospital	8	3
Residential/Specialized Residential Facility	5	3
Blank	45	15

Based on some preliminary analysis, the children whose meetings occurred prior to their removal seem to be faring much better. Approximately 47% of children were able to be maintained in the home with safety plans in effect. The recommended placement for 36% of children who were the subject of a CR-CFTM were with licensed foster parents (non-relative placements). For meetings that occurred following the child's removal, there were a greater percentage of children with a recommended placement in facilities/group home settings. The Department will also be reviewing the cases in which children were removed and no CR-CFTMs were held.

This data represents a point in time and doesn't speak to what happens to these children following the CR-CFTM. The Department intends to develop a QA Case Review tool to focus on some key areas of our practice, including but not limited to the following:

- If removal was recommended, did it occur?

- If no removal was recommended, did a removal occur?
- Did the placement that was recommended during the CR-CFTM actually happen?
- Were service recommendations pursued?
- Did the Department support kin/relative placements?

In order to evaluate outcomes, the case reviews would include multiple time frames to determine whether the child's circumstances changed over time. In addition, the Department intends to create definitions to increase consistency in LINK data entry among facilitators. The Department will be resuming consultation meetings with CR-CFTM Facilitators to be facilitated by the central office leads.

The Department is currently in phase 3 of our teaming continuum.

### **Phase 3**

Permanency teaming is a collaborative approach to permanency planning for children/youth in foster care or at risk of entering the foster care system. The desired outcomes of permanency teaming are as follows:

- identification of a legal parent;
- achievement of legal permanence for the child/youth; and
- establishment of a natural network of supportive relationships.

This teaming approach will be used for every child/youth served in-home as well as those children/youth entering foster care or congregate care settings, regardless of their permanency goals.

Permanency teaming is consistent with the practice of engaging families and community members in safety planning and placement-related decision-making, and includes an active family search and engagement practice component. This teaming process includes a blend of small group conversations/meetings as well as large group meetings throughout the life of a case.

CT's definition of Permanency is as follows:

An enduring family relationship that:

- Is safe and lifelong;
- Offers the legal rights and social status of full family membership;
- Provides for physical, emotional, social, cognitive and spiritual well being; and
- Assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language

Permanency Teaming is the primary means by which caseworkers engage a child/youth's natural network (birth parents, extended family, other important adults) and conducts ongoing case management activities.

The purpose of teaming is to ensure decisions are made on behalf of child/youth with their active participation (or their voice) and to support the continuity of safe family relationships and connections with other caring adults.

The model is utilized within the broader context of child-centered, family-focused permanency practice. Listed below are the basic elements of our permanency teaming approach:

- involves a team and a social worker facilitator;
- is customized to fit the child/youth's needs;
- uses Family Search and Engagement to reconstruct a child's/youth's relationships over time and in locating family members and others who will participate in Permanency Child and Family Teaming;
- uses outreach to maximize participation of youth and family members;
- shares responsibility for planning and decision making among team members;
- addresses safety, permanency and well-being;
- identifies a permanent legal parent for each child/youth to provide day-to-day parenting that is safe and emotionally secure;
- reflects a sense of "urgency" (child's sense of time) in accordance with ASFA timelines and agency case practice standards;
- utilizes a concurrent planning framework;
- includes a blend of individual, joint and large team meetings;
- prioritizes relationship-building between and among team members, especially the youth, family members; and caregivers and other adults significant to the youth
- continues as long as a child/youth is receiving DCF services and has not achieved legal permanence

This approach is consistent with the essential elements of a trauma-informed system as it attempts to minimize disruptions to safe, healthy relationships as well as separations from attachment figures, thereby supporting children exposed to trauma and reducing potential secondary trauma.

Permanency Teaming is an intentional casework process that maintains important relationships and ensures ongoing progress towards permanence. By proactively engaging a child and family's team on a regular basis, crisis situations are more likely to be avoided and timely permanency is more likely to be achieved. Regular meetings designed to support the child's team promotes relationship building and helps ensure that a strong support network is in place even after DCF is no longer involved. Permanency teaming encompasses a mix of individual, joint, and large team meetings. Individual and joint meetings are used to explore issues and concerns, to clarify assumptions, and to strengthen mutual trust. Large team meetings strategically bring all members of the permanency team together to plan collaboratively, coordinate supports and services, and share decision-making.

Implementation of Permanency Child and Family Teaming is currently underway. A

statewide Steering Committee consisting of regional and central office representatives have been meeting monthly since July 2013. The Steering Committee developed four subcommittees focused on key implementation areas as follows: Data, Communications, Training, and Policy.

The following represents a brief summary of activities of each subcommittee this past year:

#### Communications:

- Target key audiences for strategic communications including: consumers, youth, community providers, foster parents, education and judicial partners
- Established definition of permanency
- Created messaging tools, FAQ's, and Power Points to increase consistency in messaging and support leaders in communicating model to staff
- Steering Committee Members and Learning Lab participants can be used to support the work and build expertise as regional experts, consultants to Area Office staff
- Encourage providers to be part of the process – through participation in training and employing various strategies of this process in this work
- Graphic to be created that will help present process in a visual way, including timeframe for implementation
- Confidentiality memo disseminated to staff to clarify practice/policy re: outreach and sharing information
- Monthly calls to provide a forum and opportunities to share experiences, respond to questions, enhance understanding and build enthusiasm for the model

#### Training

- Identified 2 cohorts of regional staff to participate in training to provide feedback and recommendations for subsequent trainings and begin to employ strategies on cases. (Learning Lab)
- Decision to reduce training to two days
- Provided orientation to Office Directors and Program Managers around model with a plan to have them participate in the full 2 day training
- Casey to provide post training support and coaching to supervisors
- Casey conducted TOT with Training Academy staff, Steering Committee members to build capacity
- Regional training sessions will include community providers to increase understanding and awareness of the model and enlist their help/assistance with the work
- Identified cohort for first round of training: APPLA SWS and APPLA SW. Training began in March 2014
- Casey provided consultation and technical assistance to Learning Lab participants and will begin consultation with APPLA and Learning Lab Supervisors the end of June 2014
- Central office staff participated in extreme recruitment, family search and engagement training as well as training on the permanency teaming model to provide support to regional staff and help perform case mining and family search and engagement activities

Data:

- Reviewed current LINK data (Children in placement, APPLA youth etc)
- Began to identify data elements to be collected in new LINK system
- Need to develop mechanism to track fidelity to model and case review process to be used to capture implementation measures (develop consistent approach to be used statewide)
- Expand information captured in LINK re: relative search
- Developed short/long term outcomes and measures to determine if practice is effective

Policy:

- Review and amended 20 policies to reflect permanency teaming
- Draft policy and practice guide developed. Continued work needed before presentation to administration
- Identified multiple meetings that can be eliminated/collapsed into this practice

Following the initial training sessions, the Department decided to postpone additional training sessions until September to allow the Training Academy to focus their efforts on providing pre-service training to new employees recently hired. Staff who have been trained are expected to implement the strategies learned through training. Casey will continue to provide coaching and support to supervisory staff who have been trained on the model. Permanency teaming will continue to be a major focus of the agency this upcoming year.

**Permanency Roundtables**

In July 2013, the Department of Children and Families (DCF) utilized the Permanency Roundtable (PRT) methodology developed by Casey Family Programs as an opportunity to put further emphasis on permanency outcomes primarily for older youth in care. One hundred and thirty six youth were reviewed through the PRT experience, supported by Central and Regional office staff, private providers and multiple consultants from across the country. Eighty-four percent (84%) of the youth had a permanency goal of Another Planned Permanency Living Arrangement (APPLA) while the remaining 16% had goals of either reunification or adoption. Those youth who were the focus of this effort were on average 15.8 years old.

Permanency Roundtables (PRT) is an event driven process involving professionals and including the youth's Social Worker (SW) and Social Work Supervisor (SWS) along with a host of other professional stakeholders who review cases through a structured and facilitated process.

The goals of the PRT's are:

- to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth;
- staff development;
- identification and alleviation of systems barriers

Following this effort an early analysis of what worked well, what needed improvement, what systems barriers were identified and what recommendations were made to mitigate those barriers was developed. A series of recommendations were developed and include:

- The use of APPLA as a permanency plan and a need for additional attention on concurrent planning. In response the Department has developed a working definition of permanence and guidance and protocol around the use of APPLA with an accompanying goal of reducing the use of APPLA by 50%.
- Transitions for youth from DCF to the Department of Developmental Services (DDS) or the Department of Mental Health and Addiction Services (DMHAS) were described primarily as challenging and concerning, specifically noting whether or not such transitions were planful and included the right set of services to meet the needs of young people. Additionally, it was noted that there is a disincentive to achieving permanency for those youth who transition to DDS. As the system exists today, if a youth is adopted prior to the transition, the array of services and supports available through DDS shrinks significantly if that youth achieves legal permanency vs. a youth who transitions with DCF as the statutory parent. In response DCF is exploring the scope of this issue and engaging the DDS around potential solutions to alleviate this barrier.
- A number of cases revealed a historical lack of outreach to father's and paternal relatives. This is a trend experienced nationally and one that is beginning to gain attention. DCF has invested in a robust database that will assist in the location of relatives and is also accompanied by important practice changes to further support comprehensive outreach, including issuing practice expectations related to fatherhood engagement, the development of a Fatherhood committee charged with developing practice recommendations to promote and measure fatherhood engagement and the use of Considered Removals to examine important supports to minimize the need for out of home placements when kin may be available. In addition DCF is implementing a child and family permanency teaming process which will further these efforts.
- Subsidized Guardianship currently provides a permanent plan for children in the care and custody of the Department of Children and Families (DCF) who are placed by DCF with licensed relative caregivers and who cannot return home due either to the death of a parent or the inability to provide a home within the foreseeable future. There were many examples where the achievement of permanency was limited due to the eligibility requirement of the caregiver being related, excluding those individuals who are part of the youth's natural network but do not meet the threshold of "relative". DCF is revisiting the statutory language requesting a change eliminating the expectation that the caregiver be related to broaden the pool of potential resources, honor the fictive relationships that exist among people and increase positive permanency outcomes for youth. A transfer of guardianship would afford a youth full family membership without legally severing their ties to birth parents.
- Repeatedly staff have expressed interest in serving as ongoing connections for youth, a sentiment echoed by young people. The requests ranged from youth previously on their caseload but still active with DCF as well as cases that have since closed with. The ability for a social worker to remain connected to a youth who was previously on their caseload can serve to broaden the youth's network of support and fosters long term

relationship building vs. the temporary and intermittent relationships that systems often unintentionally promote. The social worker possesses much of the youth's history and develops trusting and positive relationships that can continue to serve as a support to the youth beyond their involvement with DCF. DCF has drafted policy language to develop a review and approval protocol to consider these types of situations.

- There was expressed interest in revisiting contract language broadly to eliminate inherent barriers to permanence through the agency's contracted providers. One particular contract of interest is the Permanency Placement Services Program (PPSP), historically used to support the attainment of adoption and to a lesser extent reunification. In order to assure the contract reflects the continuum of permanency options the contract revisions are nearly finalized outlining that these essential supports be available to families moving towards a transfer of guardianship as well. Another contract to be revised is the therapeutic foster care (TFC), serving approximately 1100 distinct children/youth annually. The recommendation is to revise contract language to more explicitly outline expectations around permanency outcomes for youth in care and the key role providers can play in achieving those goals. This will assist in shifting practice from therapeutic foster care as a temporary and treatment oriented model to one that fosters and promotes permanency outcomes.

#### **History of the Domestic Violence Initiative (1995-2013)**

After the 1995 murder of Baby Emily, the Department took an important practice step forward and mandated universal screening for domestic violence in all investigations and began domestic violence training for all new workers. In 2003, the Department augmented this training with a small amount of consulting services that were distributed across the state. These consulting services included case consultation, research on the Department's response to domestic violence perpetrators and assistance in the development of a new domestic violence investigation protocol.

In 2006, after a case review resulting from the death of another child, the Department funded the Domestic Violence Consultation Initiative, a private-public partnership, which expanded and integrated domestic violence consultants into all area offices. The goal of the Initiative has been supporting the Department's mission to promote the safety, permanency and well-being of children by improving case practice, elevating staff competencies and addressing practice, policy and resource challenges. The Initiative was designed to ensure the best possible response to domestic violence based on the strategies of a) partnerships with domestic violence survivors, b) meeting the needs of children and c) interventions with perpetrators. A Statewide Service Administrator provided leadership and coordination to the Initiative, including policy and practice consultation and recommendations to senior leadership.

The primary model utilized by CT from 2006 - 2013 was the *Safe and Together* model, developed by David Mandel & Associates (DMA). The Domestic Violence initiative was designed to improve competencies and collaboration in cases involving children and domestic violence by providing case consultation and training to community partners and DCF around the *Safe and Together* model.

The Consultation Initiative played a substantial role in the continued development and formation of a domestic violence informed child protective service workforce. Some of the noted contributions included:

- Domestic Violence consultation regarding implementation of the Practice Model and Differential Response
- Active participation in the CONCEPT trauma grant initiative
- Continued efforts to respond to the intersection of substance abuse, domestic violence and child maltreatment
- Elevated focus on mentoring, coaching and training skills for the domestic violence consultants
- Group supervision sessions for the child welfare supervisors and managers
- Collaboration with Legal Division regarding legal strategies in domestic violence cases
- Advancements in initial and ongoing training for all the Domestic Violence Consultants
- Integration between the Consultation Initiative staff and the area office workforce.
- Support for the Integrated Family Violence Services program in the community.

In late fall 2012, the Department created the Office of Substance Abuse and Domestic Violence within the Division of Clinical and Community Consultation. The Department sought and secured a former community program director/leader to forge the developing vision for the provision of domestic violence services for the State of Connecticut. Concurrently, the Department convened a workgroup to redesign the Domestic Violence (DV) services in the Department. The workgroup solicited stakeholder feedback through written and phone surveys with providers and a Request for Information (RFI) process that was completed in April 2013. In June 2013, the Department also created a DV lead position and secured an experienced Program Manager from within the Department to hold the position. Effective June 30, 2013, the Department transitioned from external to internal DV Consultation positions. This enabled the Department to expand the funds to pay for direct client services. The results of these changes will be the continued movement toward having our own internal child welfare staff with domestic violence capacity and expertise; and training, consultation, and evaluation of service delivery of best current treatment options for the families we serve.

The Greenbook Initiative (from the National Council of Juvenile & Family Court Judges/US Department of Justice/US Dept. of Health & Human Services) provides the guiding framework to develop interventions and measure progress to improve responses to families experiencing domestic violence and child maltreatment. DCF intends to use the Greenbook approach in the development of policy and practice guidelines and in the establishment of core principles. The primary focus of this approach assures the safety, well-being and stability for all victims of family violence, and the need to hold offenders accountable for abusive behavior and change.

DCF will utilize this approach to achieve a coordinated response to family safety: children will be protected from experiencing the serious effects of DV, non-offending caregivers will get the help they need and offenders will receive intervention to stop/reduce abusive

behavior. The Department has strengthened our approach and response to domestic violence by participating in numerous committees, teamings and trainings. Some of these activities includes participation in Connecticut Coalition Against Domestic Violence (CCADV) committees (Fatality Review Committee, Critical Incident Review Committee, Criminal Justice Policy Advisory Commission Batterer Intervention Subcommittee), Connecticut Healthcare Abuse Resource Team (CHART), Superior Court Domestic violence Dockets, Assessment Conferences, Considered Removal Child and Family Teaming meetings, Family Conferencing Meetings, Permanency Teamings, Multidisciplinary Team meetings, Threat Assessment teams, Integrated Family Violence Services Conference meetings, Community Domestic Violence Task Force meetings, Community Advisory Counsels, Girls Provider Network, Service Area Management teams (SAMS) and Fatherhood Initiative.

The Domestic Violence Consultants also spend the majority of their time providing case consultations, domestic violence trainings and information sessions, and making home visits with child protective service staff. Since September 2013, the DV Consultants have provided 1082 unduplicated consultations through March 2014. Given this high number of consults and positive feedback from the child protective service staff, the Department was able to secure 5 additional DV Consultants. Additionally, the Department DV team also worked collaboratively with the Department's Academy for Workforce Knowledge and Development to create and facilitate pre-service domestic violence training for all newly hired social work staff.

The 2013 data that we have secured from the Department's LINK system is as follows:-

- Total # of Reports accepted for investigation 28,684
- # of reports w/ an allegation of DV 5,652
- % of reports w/ allegations of DV 19.7%
- Substantiation rates
  - All reports 25.9%
  - DV reports\* 44.0%

\* When there is an allegation of domestic violence in the report, 44% of the cases are substantiated. When there is no allegation of domestic violence noted in the report, 25.9% of cases are substantiated.

The Department is currently in the process of re-designing the Integrated Family Violence Services (IFVS) in order to expand services statewide and to better meet the needs of families and the regional offices. Both federal and state funding will be used to support this new model.

The data from the current IFVS providers shows the following number of unduplicated children and the number of families served:

Program	1st Q	1st Q	2nd Q	2nd Q	3rd Q	3rd Q	4th Q	4th Q	Total	Total
FY13	Families	children								
	92	148	53	88	55	95	59	101	259	454

Program	1st Q	1st Q	2nd Q	2nd Q	3rd Q	3rd Q	4th Q	4th Q	Total	Total
FY14	Families	children								
	96	203	95	201						

Currently, the Department is in the process of securing an evaluation project on Domestic Violence and will be developing a learning collaboration for providers statewide.

**Fatherhood Matters: Building a Community of Practice**

As part of the Department’s ongoing efforts to support and promote healthy, thriving children and families, it is important to consider the role and unique needs of all fathers across the Department's mandates. Field research indicates that father presence contributes positively to the physical health, cognitive development, safety, well-being, and educational achievement of children from infancy to adulthood. Unfortunately, although fatherhood engagement is a critical component of family centered practice, it has often been overlooked in child welfare jurisdictions nation wide.

In 2009, the DCF began efforts to plan, develop and implement strategies for supporting the Department’s work with fathers and their families and established the Fatherhood Matters Initiative. The overarching goal of the Fatherhood Matters initiative is to increase the involvement of fathers and their extended kinship networks in Connecticut's child welfare system. At present, all (6) regions and one DCF facility (CJTS) have designated liaisons to support their efforts at the local level and are involved in some phase of ongoing planning, with the ultimate goal of creating an infrastructure for meaningful fatherhood engagement consistent with the Practice Model.

A key aspect of the Department’s work has been the ongoing involvement of fathers in various aspects of the agency’s fatherhood initiative including participation in planning and development activities, training panels and video’s, and fatherhood listening forums. The Department has consistently increased the number of fathers involved in the initiative over the last four years and has reached the milestone of involving over 100 fathers in the planning process.

At the systems level, ongoing collaboration with internal and external partners such as; Casey Family Programs, the Department of Social Services, the Department of Corrections, the DCF Workforce Development Academy, the Massachusetts Department of Children and Families, the Rhode Island Department of Children Youth and Families, and national experts in the field of fatherhood engagement have been central to guiding the Department's fatherhood work.

The Department successfully established its Fatherhood Engagement Community of Practice in 2012. The Community of Practice is comprised of DCF regional staff, a

community provider and a consumer, from each of the six regions. The committee is charged with: coordinating statewide efforts to become a more inclusive child welfare system, implementation of strategies for promoting the inclusion of fathers and their kinship networks in the child welfare process, coordinating forums for training, and developing partnerships with key stakeholders, cross pollinating successes, challenges and lessons learned, and formulating family centered recommendations to ensure policy development and statewide practice changes. Recommendations generated from the committee are funneled through to the DCF Change Management Committee for final approval. The Fatherhood Engagement COP will transition out to the regional offices in September 2014, where the fatherhood engagement initiative will continue to utilize data to develop strategies that will ultimately inform practice and improve outcomes for children and families at the local level.

The Fatherhood Engagement COP has recommended the Department institute a "Fatherhood Firewall" into the intake process to ensure consistency in identifying and contacting all fathers early in the case planning process. Building in a Fatherhood Firewall to include a Supervisory Conference narrative and action plan developed during the intake process will:

- Increase the Department's efforts to identify fathers of all children in the family and their kinship networks.
- Ensure the accuracy of addresses, phone contacts and DOB's being entered in Link.
- Identify effective methods of engaging fathers in case planning and timely service provisions.
- Identify barriers and establish strategies for engaging fathers who are employed full-time, are non-residential and who are resistant to working with state agencies.

The Fatherhood Firewall is expected to be implemented statewide by June 1, 2014.

In 2012, the Department partnered with the Madonna Place to address a longstanding service gap in two regional offices, piloting fatherhood support groups (24/7 Dad) and offering case management services to 30 fathers. Statewide ACRI data shows father involvement steady at 31% while in this region father participation held steady at 36%. In 2014, the (24/7 Dad) support groups was expanded to four other regional offices, providing additional support groups to fathers in other parts of the state.

From 2010 through 2014, the Department's success in the Fatherhood Matters initiative has been attributed to regional leadership designating staff to drive the fatherhood work locally via quarterly statewide meetings to share successes, challenges and lessons learned across offices. At present, 11 out of 14 DCF offices statewide are engaged in strategic efforts to improve services to fathers and families via the Fatherhood Matters process. The Fatherhood Engagement Leadership Teams (FELT) has been established in all six DCF regions. The (FELT) mission is to strengthen community partnerships, build on successes and lessons learned, and translate promising approaches from the field to the development and implementation of strategies for supporting practice.

One of the events that came out of the Region 5 (FELT) was the "Dads Matter Too" 5K Road Race. This was a collaborative effort between the Department of Children and Families, Department of Social Services, and the City of Waterbury, who co-sponsored the inaugural event. The event focused on raising the awareness on the importance of fathers in the lives of their children and in our society. The day featured food, beverages, family friendly activities, face painting, games, vendors, resource booths for fathers and families, giveaways and live entertainment.

Recently, the state facility (CJTS) that houses our Juvenile Justice population, implemented two programs to support young adolescent/adult fathers. The first is the "DoctorDad" program. The program provides a series of workshops for new and expectant dads as it helps to increase father's health literacy by providing these young men with the knowledge and skills they need to successfully care for their young children right from the start. There have been (18) young fathers that have successfully completed the program. The other program is the "Baby Elmo" program. In preparation for implementing Baby Elmo – CJTS made modifications to a visitation room to insure it was family friendly, installed changing stations in bathrooms, and revised their visitation policy to allow for food, so father's can feed their children. The program is designed to be delivered over the course of 5 weeks and includes a group component, skill building, practicing and coaching. Staff involved in supporting this include; rehab staff, Boys Club staff and clinicians who coordinate visits. Children to be involved in this first cohort are between newborn and four years old. Currently there are 10 potential participants at CJTS.

Data from the Administrative Case Review Instrument (ACRI) will be used to guide the Department's monitoring activities related to efforts and effectiveness Department to engage fathers and paternal kinship resources. Some preliminary data related in the Administrative Case Review (ACR) Participation Report revealed an interesting observation, although there were larger numbers of maternal relatives identified (#1172 / 46%) there was a larger percentage of paternal relatives (#599 / 56%) who participated in ACR's. Statewide father participation sits at 31%, with some regions a bit lower and others a bit higher. The ACRI - Case Practice data indicates steady improvement across all measures as it relates to fatherhood engagement. While progress has been made in this area, the Office for Administrative Case Reviews has identified increased father, mother and youth participation as a key performance indicator upon which they will be focusing over the coming months.

Measure	Statewide - Case Practice						
	Jul - Sep, 2012	Oct - Dec, 2012	Jan - Mar, 2013	Apr - Jun, 2013	Jul - Sep, 2013	Oct - Dec, 2013	Jan - Mar, 2014
	Strength	Strength	Strength	Strength	Strength	Strength	Strength
	%	%	%	%	%	%	%
Frequency of visits - Father	60%	62%	64%	79%	72%	68%	67%
Frequency of visits - Mother	71%	76%	78%	86%	82%	79%	76%
Quality of visits - Father	61%	65%	67%	80%	75%	71%	73%
Quality of visits - Mother	74%	78%	79%	87%	83%	81%	82%
Collateral Contact - Fathers	65%	74%	70%	82%	73%	76%	77%
Collateral Contact - Mothers	76%	76%	78%	86%	82%	84%	79%
Needs Assessed - Fathers	62%	72%	73%	79%	80%	80%	77%
Needs Assessed - Mothers	76%	82%	84%	88%	88%	88%	87%
Maternal relatives	87%	91%	94%	96%	97%	95%	96%
Paternal relatives	81%	86%	91%	94%	95%	92%	95%

The Department successfully piloted the Incarcerated Fathers - ACR Interface Program in two of its larger regional offices. The goal of the interface is to establish a liaison with the Department of Corrections (DOC) to identify fathers known to the Department and assist in making contact with fathers to engage in the case planning process. The DOC liaison also assists with ensuring the father's availability to participate in the scheduled ACR. This pilot program has demonstrated positive results in fathers' accessibility in the case planning process and is being recommended as a statewide initiative.

In March of 2014, the Department continued its endorsement of the New England Fathering Conference and partnered with the Department of Social Services (DSS) to send 3 community teen fathers and approximately 14 members from regional office staff and leadership to the conference to further enhance statewide transfer of learning and sharing of information to further support the goals of the fatherhood initiative.

### **Multidisciplinary Teams**

The Governor's Task Force on Justice for Abused Children, first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention and prosecution of child sexual abuse and serious 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.

The State of Connecticut has 17 Multidisciplinary Teams (MDT's) under contract with the Department of Children and Families. Each contract has its own fiduciary that manages the funds. Each team has a MDT Coordinator that coordinates the efforts of the team and ensures timely follow-up and documentation of all MDT referred cases. Each team is as unique as the community it services while following the standards of the National Children's Alliance.

A functioning and effective MDT approach is the foundation of a Child Advocacy Center (CAC). An MDT is a group of professionals who represent various disciplines and work collaboratively from the point of report to assure the most effective coordinated response possible for every child. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. This interagency collaboration is based on a system response and not just on the facility. Collaborative response begins with case initiation and is promoted through understanding and exploring case issues. Insight from each MDT representative provides the environment for a coordinated, comprehensive, compassionate professional response. Quality assurance is a necessary component of this joint response to review the effectiveness of the collaborative efforts.

Six disciplines; law enforcement, child protective services, prosecution, medical, mental health, victim advocacy, together with CAC staff, comprise the core MDT. Some CACs, including those in small, rural communities, may employ one person to fill multiple roles. For example, the CAC Director may also serve as the Victim Advocate or a CPS worker may function as an interviewer and a case worker. Community resources may limit personnel and require some to wear multiple hats. What is important is that each of the above-mentioned functions be performed by a member of the MDT while maintaining clear boundaries for each function. MDT's may also expand to include other professionals, such as guardians ad litem, adult and juvenile probation, dependency (civil) attorneys, out-of-home care licensing personnel, federal investigators, school personnel, domestic violence providers and others, as needed and appropriate for that community.

Generally, a coordinated, MDT approach facilitates efficient gathering and sharing of information, broadens the knowledge base with which decisions are made by including information from many sources, and improves communication among agencies. From each agency's perspective, there are also benefits to working on an MDT. More thorough and shared information, improved and timely evidence gathering, and the involvement of the prosecutor from the beginning stages of the case may contribute to a more successful outcome. An MDT response also fosters needed education, support and treatment for children and families that may enhance their willingness to participate and their ability to be effective witnesses. MDT interventions, particularly when provided in a neutral, child-focused CAC setting, are associated with less anxiety, fewer interviews, increased support, and more appropriate and timely referrals for needed services.

In addition, non-offending parents are empowered to protect and support their children throughout the investigation and prosecution and beyond. Law enforcement personnel find that a suspect may be more likely to cooperate when confronted with the strength of the evidence generated by a coordinated MDT approach. Law enforcement personnel also appreciate that support and advocacy functions are attended to, leaving them more time to focus on other aspects of the investigation. They work more effectively with CPS on child protection issues and benefit from other MDT members' training and expertise in communicating with children and understanding family dynamics. As a result of effective

information sharing, CPS workers are often in a better position to make recommendations regarding placement, visitation and can assist the MDT by monitoring the child's safety and parental support, and evaluating non-offending parents. Medical providers benefit from the MDT's complete history taking and, in turn, are available to consult about the advisability of a specialized medical evaluation and the interpretation of medical findings and reports. Mental health professionals can provide the MDT with valuable information regarding the child's emotional state and treatment needs and ability to participate in the criminal justice process. A mental health professional on the MDT helps ensure that assessment and treatment and related services are more routinely offered and made available to children and families. Victim advocacy personnel are available to provide needed crisis intervention, support, information and case updates, and advocacy in a timely fashion. This helps the MDT anticipate and respond to the needs of children and their families more effectively, lessens the stress of the court process, and increases access to resources needed by the family which may include access to victims of crime funding.

Beginning with the development of the first MDT Team, the Department has had oversight of the funding and the various contracts as the teams evolved. In the true spirit of a team approach the local area offices participate on the various teams serving their areas. The funds and various contracts have been managed at the Central Office level including the Commissioner's designee to the Governor's Task Force (GTF). This designee also serves on the various sub-committees with other members from the Departments including Executive Committee, Finding Words Connecticut, Multidisciplinary Team Evaluation Committee, Training Committee, Minimal Facts Workgroup and the NCA Track Data Committee.

As the teams have evolved over the years so has the Department (DCF). With a greater emphasis on families and communities regions have been charged with coordinating services within their geographical areas of focus. To align with the direction of the Department the regions will assume responsibilities of the local MDT teams within their local offices. The Commissioner's designee will continue to co-lead GTF and actively participate on the various committees as well as continue to oversee the CJA grant with input from the GTF ensuring the MDT's interests and needs are met on the state and federal level.

The following activities occurred over the last 12- months:

- Finding Words training was offered in October 2013 and April 2014; both trainings reached its full capacity of 37 participants.
- Finding Word Faculty actively participated on the update to the interview protocol; four faculty attended the two day update training in Arkansas in March 2014 and Connecticut's forensic interviewers were trained in May 2014.
- Forensic Interview Mentoring program was piloted to support new forensic interviewers; during the summer of 2014 the results will be reviewed and a manual will be developed.
- Connecticut continues to belong to the ChildFirst Alliance attending the When Words Matters conference in June 2014.

- The Connecticut Forensic Interviewers, who serve the 17 MDT's in CT continue to participate in the State-wide peer review.
- The Governor's Task Force (GTF) in collaboration with the MDT Evaluation Committee continues to evaluate each MDT team on a 3-year rotation; 8 teams evaluated and/or in process of evaluation over the last year. The information generated from these evaluations has assisted the GTF in identifying team challenges and develop supportive efforts toward improvement.
- The GTF's Training Committee was given additional funds this past year due to some surplus dollars. The committee advertised the availability of these training funds, reviewed applications and approved the dispersal of training funds to individuals from various disciplines, including but not limited to law enforcement, child protection and MDT coordinators. The following trainings were supported during the past year:
  - National Sexual Violence Resource Center's Conference
  - Queen's DA's Conference – Abusive Head Injury
  - Sexual Deviance Conference
  - NCA Conference
  - New Mexico Conference on Abusive Head Injury Mock Court
  - Finding Words
  - Child Death Investigations
  - Advanced Interview Training
  - 30th National Symposium on Child Abuse
  - National Conference on Child Abuse and Neglect
  - Multidisciplinary Team Investigations of Child Abuse
  - Child Proof
  - Investigation and Prosecution of Child Fatalities and Physical Abuse
- Minimal Facts Workgroup/Stewardship Committee identified the need to train additional trainers on the First Responder curriculum with a focus of increasing law enforcement trainers. In February 2014 a train the trainer course was conducted for the First Responder curriculum with 27 participants, 24 of them were members of law enforcement.
- The Connecticut State Police have vetted First Responders Minimal Facts PowerPoint presentation in its entirety and have created an on line version; purposes of ensuring that every sworn member of Connecticut State Police should be trained by the end of 2014.
- The DCF training academy has incorporated the First Responders training into the intake training as well as into the training for new social work trainees.
- The GTF website overseen by DCF is in its final stages of development; will be reviewed at the June GTF meeting with a goal of going live July 2014.
- Forensic Interview and Forensic Medical Workgroup continued to look for solutions to the gaps found from the 2011/2013 survey and discussed the following during meetings:
  - Supported the amendment of State Statute 19a-112a. Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations so

that physicians who conduct medical exams for MDTs are paid through the Office of Victim Services. Supported the addendum to the CT State Statute 19a-112a- Public Act 12-1 Sec 141 (e) (October 2012) that expanded the Office of Victim Services financial responsibility to include reimbursement for providers or examiners conducting forensic interviews for sexually abused children to all MDT/CACs in the State.

- The Committee requested and was approved for funds to create a State wide forensic medical examination brochure. The medical exam brochure has been completed and will be distributed by July 2014. Each multi-disciplinary team will receive 100-200 brochures and ability to access the template to have continued ability for printing. The Committee is reviewing the costs to translate the brochure into other languages, primarily Spanish.
  - Collected data regarding equal access to forensic medical examinations across the State (September 2013). Received reports from MDT/CAC coordinators regarding 2013 forensic interview/medical referrals/medical attendance. The State still struggles with areas that do not have consistency amongst their medical provider staff and areas that struggle with more than desirable commutes for families to access the medical provider's facility.
  - Explored the forensic medical exams, including availability, timeliness, funding, and barriers to utilization, including the possible development of a brochure for non-offending parents. Further exploration will be done regarding nation- wide programs where there has been successful implementation of SANE nurse programs or mobile medical providers.
  - Further explored use of hospital emergency Departments for these services and possible strategies for improved coordination with MDTs and other community-based services.
  - Experienced Forensic Interviewers in the State have created a Peer Mentoring Program thus enabling a more consistent and standardized training/internship to forensic interviewer trainees (new hires) and current interviewers who would benefit from one-to-one guidance.
  - The Finding Words staff and senior Forensic Interviewers have established an alliance with Gunderson National Child Protection Training Center and have adopted the interview protocols established by *ChildFirst*. The Governor's Task Force Interview Staff will be conducting Peer Review trainings and MDT member trainings over the next 12 months regarding the established and accepted changes to the interview protocols.
- NCAtrak: Current Data System for Multidisciplinary Teams needs updating to meet the needs of the State. DCF/GTF has convened a work group that includes our MDT contracted agencies and various teams within the Department. This workgroup has been meetings to discuss our mutually evolving data needs and identify the mechanisms and system that will best support timely access to critical program data and oversight information. The National Children's Alliance (NCA), NCAtrak's creator and "keeper" of the database, has been made aware of our need for the system to evolve to assist us in tracking these additional data points in an efficient way at a statewide level. The plan is for NCA to assist in the creation of a tool that will collate

data from each of the state's 17 Teams until such time that the system can automatically generate those statistics from a central point. The workgroup has worked with NCA to develop a scope of service for use in Connecticut as well as chapters across the nation. The following is the proposed Scope of Service:

1. Rationale

As the Chapter organizations have grown and strengthened, their need to access summary data on center performance both individually and aggregately for their constituency has increased. In an effort to meet the data demands for the Chapters, we are proposing that a new login type be created for NCAtrak that focuses on the data needs of the Chapter – a Chapter Account.

2. Account Creation

The account creation process in NCAtrak would need to be modified to allow the system administrator to specify whether an organization being added to the system is a CAC or a Chapter. Chapter accounts would not have to submit semiannual statistics. Further the Chapter account type would need to be displayed in the NCAtrak Interest Level drop down lists.

3. User Accounts

The Chapters shall be able to create user accounts to allow their employees to access the data.

4. Roles

The Chapters shall be able to assign users to one of two roles – Security Officer and Chapter User. The Security Officer role shall have access to all features of the Chapter Level Access including account creation and password modification for User Accounts associated with the Chapter. The Chapter user role shall only be able to run the reporting features listed below and not be able to access user account information.

5. Data Access List

As always, NCA maintains that all data stored in its system belongs to the CACs that entered the data. As such, NCA does not have the ability to grant access to Center data to a Chapter. As such, the Chapters will need to enter into a data access agreement with the individual centers. Once a chapter provides evidence of such an agreement in the form of a PDF, then NCA can add the center in question to the Chapter's access list and attach the PDF to the record for the Center to have supporting documentation of the access privilege. Each time a new CAC agrees to the cooperative endeavor with the Chapter, NCA Administration would need to update the access list. This Data Access List would be similar to what is used in the Safe Horizons\* implementation.

6. Statistics Reporting

Part of the User Interface for the Chapter would include the functionality seen in the Statistics Search option available to the NCAtrak Administrator. The only fields that

would be available to the Chapter are Period, Year, and CAC. The only CACs available in the CAC drop down would be CACs on the Data Access List discussed above. Output from these inquiries would be the table based output that is currently available to the NCAtrak Administrator.

7. Running Pre-Approved Reports

Part of the User Interface for the Chapter would include a Custom Reports section that is configured similarly to the reporting area designed for Safe Horizons\*. The Chapter would have a list of reports it could run and view ONLY. These reports would be downloaded from the NCAtrak Report Templates or NCAtrak Query Templates areas.

The document with additional details was submitted in June 2014 to the NCA developers to ascertain dollar amount for the project as well as time frame of implementation. Concurrently, DCF, GTF and MDT leadership are also considering the feasibility and efficacy of transferring the MDTs to the Department of Children and Families database (PSDCRS). The hope is that the collaboration with NCA will bring clarity regarding the current system's capability so that by the end of 2015 the needs of the individual MDT/CACs as well as statewide data collection needs will all be met.

- Connecticut Children's Alliance, Inc. with the Child Advocacy Center and Multidisciplinary Team Coordinators held several events:
  - Child Abuse Prevention Month  
CCA held an educational and "thank you" event for state legislators in the form of an Ice Cream Social held at the Capital Building in April, 2014. Two local state representatives and one state senator co-sponsored the event, which included brief comments about the issue of child sexual abuse as well as recognition of the support MDTs received from the legislature.
  - National Children's Alliance's Leadership Conference  
CCA facilitated the attendance of 6 MDT/CAC coordinators and MDT members to the National Children's Alliance's annual Leadership Conference held in Washington, DC in June, 2014, one of the premiere conferences in the nation for MDT/CAC leaders. All coordinators made a point to visit their representative and/or their senator to provide education about the multidisciplinary response to child abuse in Connecticut. GTF Executive Committee Co-Chair Tammy Sneed at the request of CCA also attended.

Trainings and other Awareness Events:

The 17 MDTs hosted or sponsored numerous trainings relating to response and intervention in child abuse cases. Hundreds of professionals across the state received training in various topics. Titles of presentations include: Profiling and Interviewing the Sexual Abuse Perpetrator, Technology-Facilitated Crimes against Children, Enhancing Skills in Child Abuse Investigations, Minimal Facts for First Responders and Discoverers, Vicarious Trauma,

Culture and Child Abuse, Domestic Minor Sex Trafficking and more. Numerous CACs held local events during Child Abuse Prevention Month to raise awareness of both the problem of child abuse and the MDT/CAC response in our communities.

MDT Teams across the state made tremendous strides:

Bridgeport: Introduced a research-based model of short-term, trauma-focused mental health intervention for MDT clients; commenced a therapeutic educational group for teens suspected of being victims of domestic minor sex trafficking; and increased the Family Advocate position to 1.0 FTE.

Central, East Central, Hartford/MDT-14, North Central and Tolland MDTs: Five MDTs have joined forces to form a collaborative to create a regional, accredited Child Advocacy Center. The model would be the first of its kind in the nation. The application was submitted to the National Children's Alliance and a site visit date is pending.

Danbury: Danbury MDT Coordinator is providing statewide training on the MDT/CAC model, sexual abuse, and appropriate response to disclosures of sexual abuse by clinicians. Additionally, the CAC achieved reaccreditation by the National Children's Alliance. The reaccreditation process is rigorous and includes a day-long site visit and assurance that the MDT/CAC is meeting 10 standards deemed necessary to be considered as operating with best practices.

Middlesex: Applied for and granted Affiliate membership status with National Children's Alliance.

New Haven/Milford: Received a grant to create a website for the newly accredited South Central Child Advocacy Center; added new staff including an additional full-time medical provider and a bilingual mental health clinician.

Torrington and Waterbury: Both MDT/CACs achieved reaccreditation by the National Children's Alliance. The reaccreditation process is rigorous and includes a day-long site visit and assurance that the MDT/CAC is meeting 10 standards deemed necessary to be considered as operating with best practices.

Windham: Consolidated its child abuse services with other child-focused programs in the umbrella agency in order to provide enhanced and improved services to the children and families; community-based mental health provider/MDT partner received Trauma Focused Cognitive Behavioral Therapy training and is accepting MDT/CAC clients directly from the Team.

Northeast Regional Children's Advocacy Center

The Office of Juvenile Justice and Delinquency Prevention established the Regional Children's Advocacy Centers (RCACs) in 1995 to provide technical assistance and training resources for communities establishing or strengthening CACs. The Northeast Regional CAC geographic coverage area encompasses the nine northeast states, from Maine to

Pennsylvania, which includes Connecticut. The four RCACs work collaboratively through an MOU with the National Children's Alliance (NCA, the national accreditation and membership organization of CACs and MDTs) to further the development of CACs and MDTs across the country.

GTF and the MDT's across the state are focusing on the critical issue of Domestic Minor Sex Trafficking (DMST) and the Commercial Sexual Exploitation of Children (CSEC). In December of 2013 a two hour training occurred for the GTF as well as members from the various MDT teams across the state. Each MDT Coordinator was charged with coordinating a 2-hour training for their team over the next year; these trainings have begun. In addition to the rollout of the training the Co-Chair of the Executive Committee, Tammy Sneed has been visiting each team in an effort to meet the various team members, understand the local challenges and discuss the Human Trafficking initiative ensuring commitment across the state. The teams across the state have been extremely supportive of this effort, coordinating their trainings and accepting cases of possible victims. As of July 2014 each team will report monthly on the number of associated cases and outcomes to the GTF. The coordinator for the GTF is now a member of the Department of Children and Families (DCF) Human Anti-Trafficking Response Team (HART) and DCF local HART liaison's are accessing the resources of their local MDT teams. In an effort to encourage support of the these critical issues nationwide Tammy Sneed presented at the 19<sup>th</sup> National Conference on Child Abuse and Neglect; Domestic Child Sex Trafficking: Collaborative Efforts to Assist Courts and Child Welfare. The state of Connecticut recently passed legislation that will require MDT's to review human trafficking cases - PUBLIC ACT 14-186 - H.B. No. 5040. This serves to strengthen the investigation and prosecution of these cases.

#### **A Developmental Approach to Child Welfare**

Through 2013 and into 2014, early childhood continued to be a major focus of the Department and the activities that have occurred this year to improve service delivery for this population reflects this commitment. The continued collaboration with Headstart and the establishment of an Early Childhood Community of Practice has resulted in an increased awareness of and understanding of the needs of young children. The Department modified intake protocols to ensure staff are thoroughly assessing for developmental needs and documenting them in a standard format.

The Department's Early Childhood Community of Practice, co-chaired by the Assistant Director of the Academy of Family, Workforce Development and Knowledge and the Systems Development Director in Region 6 (New Britain and Meriden), has met for over a year and continues to examine the Department's efforts to enhance the quality of early childhood services and programming for children under the age of five years who are involved with the child welfare system. Members of the COP represent all area offices, several divisions within Central Office, including the Careline and Child Welfare.

The COP is using a Results Based Accountability framework to revamp its Charter. An overarching goal of healthy brain development and emotional attachment for young children in DCF care has been set.

The target population has been defined as children aged zero to five years involved with the Department. Children ages 5 to eight years is another group that the COP thought were important to consider in the development and implementation of policy, practices and processes that promote healthy brain development and emotional attachment of young children achieving safety, permanence and wellbeing. These policies, practices and processes should promote children in this age range having healthy attachments, meeting developmental milestones, and being cared for in safe, stable and nurturing environments.

To gauge the success of these goals, the following measurements are being considered:

- Decrease in number of children in care
- Decrease in repeat maltreatment/re-referrals
- Increase in permanency
- Decrease in placement disruptions
- Increase in number of children engaged (attending) in quality early education
- Increase in identification of needs
- Increase in the delivery of early and timely interventions
- Increase in number of children on track developmentally
- Increase in knowledge and skills among workforce (public/private) the importance of early childhood issues
- Increase in knowledge and among birth and foster (kin and non-relative) parents on the importance of early childhood issues
- Increase knowledge of resources for children ages zero to five and their families among the workforce (public/private)
- Increase knowledge of resources for children ages zero to five and their families among birth and foster (kin and non-relative) parents

This year, the Memorandum of Understanding between the Department of Children and Families, the Department of Developmental Disabilities and the new Office of Early Childhood which formalized the DCF process for referring to Birth to 3 programs under CAPTA Part C was completed and fully executed. In addition it outlines the responsibilities of each agency in ensuring developmental screening using the Ages and Stages Questionnaire (ASQ) and the ASQ Social Emotional Screen for 0-3 year olds who are part of a substantiated child abuse/neglect case pursuant to CT Implementer Legislation effective 10/1/13. The COP is discussing ways to promote awareness of this important development.

The Department became an organizational member of the Connecticut Association for Infant Mental Health in an effort to promote staff development for the DCF Workforce. This has permitted several members of the ECCOP to register for CT-AIMH events at a reduced fee.

Future topics include:

- the development of an early childhood data system following an RBA framework;
- development of an early childhood certification training program;
- development of training for DCF staff and foster families on neuroscience of early childhood development;
- showcase the DCF/Head Start Collaborative;
- the newly created Office of Early Childhood;

- the development of an Early Childhood Framework for the Department; and
- showcase regional efforts at COP meetings as a way to share and learn from each other

The Early Childhood Division has been focused on a number of key initiatives to support workforce knowledge, development and practice. DCF has partnered with the CT Association for Infant Mental Health to offer a 7 session Infant Mental Health Training Series in each Region of CT. To date, this series has been completed in Regions 4 (Hartford/Manchester), 6 (New Britain, Meriden) and 5 (Waterbury, Danbury and Torrington). Region 1 follows in September, and Regions 2 and 3 will occur in the winter of 2015. This training series is offered as a cross sector experience that includes child welfare staff at all levels and functions along with key early childhood community providers, Early Head Start, Head Start and others touching the lives of very young children and their families.

**Infant Mental health Workshop Series: *Working in Collaboration to Support Families with Challenges***

A series of 8 full day workshops were planned and completed that focus on working in collaboration to support families with challenges. The training provided to DCF/EHS staff will seek to integrate information about the relationships between infants/toddlers and their caregivers in a practical way. Identified staff has been encouraged to commit to all 8 workshops in order to influence their practices. To that end the workshops are related with a strong emphasis for presenters to speak directly to the practices that are necessary in Child Welfare and Early head Start. These workshops also relate to the Competencies in Infant Mental Health that can lead to Endorsement. Workshops are promoted to both DCF and Head Start staff. A pre and post test has been developed for each presentation in order to evaluate the content learning. A follow-up question will be asked of participants at the end of the project to assess how the information has influenced practice. Significant collaborative effort was made to design this workshop series to enhance practice with this most vulnerable population.

The course outline is as follows:

- Session 1: Understand Infant/Toddlers and Their Families and the Challenges of Unresolved Loss and Trauma.
- Session 2: Reflective Practice: How Infant Mental Health Principles Can Be Integrated in the Workforce Setting.
- Session 3: Cultural Sensitivity in Relationship-Focused Settings.
- Session 4: Facilitating Learning Through Case Studies, Modeling Reflective practice.
- Session 5: What makes a Visitation Successful for a Parent and Their Infant/Toddler: The Best Shot at Success?
- Session 6: Integrating a Trauma Lens into Practice.
- Session 7: (Ages and Stages-3 and Ages and Stages: Social-Emotional Development: Ways to Involve Families in Looking at Their Children's Development.

In addition, an internal/external workgroup has been meeting monthly to design a 3 -4 day Early Childhood Training curriculum for staff. The course is being designed to enhance the knowledge and practice of staff in working with infants, toddlers and their families.

**Grant Work:**

Connecticut Collaborative on Effective Practices for Trauma (CONCEPT)  
Trauma Grant

**I. Overview**

In October 2011 the Administration for Children and Families (ACF) awarded a 5-year, \$ 3.2 million grant to improve trauma-focused services for children in the child welfare system. Titled the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT), this initiative is a collaborative effort between DCF, the Child Health and Development Institute of Connecticut (CHDI), the National Center for Children Exposed to Violence at the Yale Child Study Center, The Consultation Center at Yale, and community providers. CONCEPT also works closely with national experts from the National Child Traumatic Stress Network (NCTSN) to support the initiative.

CONCEPT's long-term goal is to minimize the effects of trauma exposure and to improve overall health and well-being for trauma-exposed children in Connecticut's child welfare system. CONCEPT utilizes Children's Bureau funding to further this goal through four primary mechanisms:

- 1) Workforce Development to create a more trauma-informed child welfare workforce;
- 2) Institutionalization of universal trauma screening and referrals for trauma-focused assessment and treatment, and increased collaboration with community providers within the child welfare service system;
- 3) Implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) using a learning collaborative methodology at 13 community provider agencies and their respective DCF child welfare partners;
- 4) Implementation of the Child and Family Traumatic Stress Intervention (CFTSI) using a learning collaborative methodology at 12 community provider agencies and their respective DCF child welfare teams; and
- 5) Reduction of secondary traumatic stress among child welfare staff.

The target population for these activities is children age 5-17 in the child welfare system who have suffered from exposure to trauma. CONCEPT will leverage federal funding with existing collaborations and services to build upon DCF's initial efforts to embed trauma-informed care. These efforts have included trauma training using the original NCTSN Child Welfare Trauma Training Toolkit (CWTTT) on a voluntary basis, initial successful implementation of TF-CBT, and identification of trauma-informed care as one of the Department's seven guiding principles and an essential component of the Strengthening Families Practice Model. The initiative will fill important gaps in Connecticut's child welfare service system, including advancing knowledge about childhood trauma and secondary

traumatic stress among DCF staff, embedding consistent procedures for identification and referral of trauma-exposed children within DCF, implementing a secondary prevention model for children immediately following a traumatic event, and assuring statewide availability of trauma-focused evidence-based treatments.

Based on input from frontline child welfare workers, the universe of children to be screened for trauma has been modified from all children in the child welfare system to those receiving ongoing services. The roll-out of statewide trauma screening will be aligned with the re-design of DCF's State Automated Child Welfare Information System (SACWIS) database, which is estimated to be completed by 2016. During the interim period DCF staff continues to refine the draft Connecticut Trauma Screen and will work towards integrating trauma screening within the Department's broader child welfare assessment protocol. CONCEPT's activities will ensure that at the close of the grant period, trauma screening of children receiving ongoing services in the child welfare system will begin, those screening positive will receive further trauma-specific assessments, and all children requiring intervention will have access to a range of evidence-based, trauma focused treatments in their community. We anticipate that, during the life of the grant, approximately 1600 DCF staff and community providers will be trained, trauma screening will be initiated within DCF with approximately 3,500 children, and over 3,500 children suffering from traumatic stress symptoms will receive treatment with the TF-CBT or CFTSI models. Further, because grant funds will be used for systems development and capacity building, we anticipate that all of the proposed services will be sustainable with minimal additional funding following the award.

## **II. Planning Phase - Year 1 (10/01/11 - 9/30/12)**

The first year of the grant focused on in-depth assessments and planning activities to inform the development of a strategic plan for the adoption, installation, implementation and institutionalization of CONCEPT activities during the 4-year Implementation Phase.

- A governance structure was developed that included a CONCEPT Core Team, Steering Committee and Work Groups.
  - **CONCEPT Core Team:** The team is comprised of members of the grant's partner agencies (Department of Children and Families (DCF), Child Health and Development Institute (CHDI), The Consultation Center at Yale University (TCC), a parent partner, Central Office and Regional Office Administrative/Program Staffs, CO-Principal Investigators of the grant and Project Coordinator. The Core Team meets regularly and oversees the planning, implementation and evaluation of CONCEPT activities.
  - **Steering Committee:** Originally, a Steering Committee was convened and included Core Team members; DCF Central Office staff including representatives of policy, training, and domestic violence; DCF Regional Administrators representing all 6 of the state's DCF regions; Superintendents of facilities; and family representatives. The Steering Committee contributed to the grant process by providing feedback, to the Core Team, on steps taken and future planning. The committee was terminated in Year 2, due to attendance and

other difficulties and replaced by adding additional key representative to the Core Team.

- **Work Groups:** Four work groups were convened to facilitate the work during the planning year. Each work group was co-chaired by a Core Team member and included provider agencies, family partners, third party payers, and DCF staff with various job functions.
  - **Screening/Workforce Development Work Group**
    - Identify trauma training curriculum and develop a training plan
    - Develop trauma screening, identification, and referral tools
    - Establish DCF system protocol for trauma screening
    - Modify DCF data systems to capture trauma screening data
    - Establish quality assurance procedures
  - **Learning Collaboratives Work Group**
    - Develop training plans and materials for both Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Child and Family Traumatic Stress (CFTSI) Learning Collaboratives
    - Select TF-CBT and CFTSI provider agencies
    - Clarify CFTSI reimbursement options
    - Adapt trauma models to fit needs of congregate care facilities
  - **Policy/Procedures Work Group**
    - Critique DCF policies/procedures relating to trauma-informed care
    - Identify policy changes needed to support implementation and sustainability of trauma-informed care
  - **Data/Evaluation Work Group**
    - Identify data requirements to institute trauma screening in DCF and data tracking/feedback for TF-CBT and CFTSI Learning Collaboratives
    - Develop data systems for TF-CBT and CFTSI LCs
    - Develop quality assurance procedures for CONCEPT initiative
    - Assess system readiness and capacity during planning year
    - Evaluate implementation, costs, and outcomes of grant activities

Key activities completed included: identifying a theory of change for both system and treatment levels; clearly defining the target population; clearly defining the interventions; examining the existing service array and gaps; assessing system readiness and capacity; developing an evaluation plan; and developing the work plan and timelines.

### **III. Implementation Phase - Years 2 through 3 (10/01/12 - 9/30/14)**

The CONCEPT Core Team continued to meet twice monthly to oversee CONCEPT activities and to communicate with DCF leadership to support implementation. Significant accomplishments include the following.

### **Trauma Screening and Workforce Development**

- The DCF Training Academy delivered 2-day trauma training using the revised NCTSN Child Welfare Trauma Training Toolkit (CWTTT) to DCF Program Managers, Area Office Directors, and Supervisors and 1,236 frontline child welfare workers.
- Community providers local to the DCF staff receiving training were invited to attend the NCTSN Child Welfare Trauma Trainings in order to enhance cross-training opportunities between child welfare and behavioral health, to increase awareness of each system's role and processes, and to increase collaboration across these systems for serving children exposed to trauma. A total of 77 providers representing 9 agencies participated.
- DCF adopted the revised NCTSN CWTTT as a mandatory training requirement for new hires.
- A small portion of CONCEPT funds were made available to Area Office, Central Office and Facilities' Health and Wellness Teams for additional training and resources related to childhood trauma and secondary traumatic stress. (This plan was approved by ACF).
  - Approximately 1,319 DCF staff participated in CONCEPT-funded wellness activities.
  - Funds were used for a variety of activities including sponsoring wellness luncheons to educate staff about self-care/wellness, improving connections to the Employee Assistance Program, sponsoring expert speakers about wellness/managing workplace stress, and creating physical spaces promoting wellness/relaxation for staff to decompress and talk with peer support members following especially traumatic or tragic events on their caseloads.
- The DCF Commissioner's Office approved a draft Connecticut Trauma Screen for use by DCF staff who participates in the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaboratives.
- DCF participants of the current (2013-14) and previous (2012-13) CONCEPT TF-CBT Learning Collaboratives continue to use the CT Trauma Screen and provide copies of the hand-written screens to CHDI for future data analysis. Between October 1, 2013 and February 2014, 30 participants of the current Learning Collaborative screened 73 children/youth and made 45 referrals for clinical assessments. During the same time period, 35 clinicians/supervisors of the Learning Collaborative began TF-CBT with 70 children/youth.
- Five clinical staff at DCF's psychiatric hospital, Solnit South campus piloted the trauma screening tool to determine feasibility and usefulness in this setting. Staff found the tool useful for eliciting information about trauma history and traumatic stress symptoms that might otherwise not be obtained.

- The CONCEPT Core Team is developing recommendations for continued identification of trauma exposure experienced by DCF-involved children. This includes the development of strategies to assure that a trauma lens informs the various stages and phases of child welfare work.
- Trauma Champions continue to promote trauma-informed care and activities at each work site. These ambassadors meet quarterly to share their experiences and to learn new material related to childhood trauma. Cross-site materials will be shared through use of a SharePoint site.
- Approximately 275 individuals (90 DCF, 180 behavioral health providers, and several family partners) attended and presented at the Connecticut Annual TF-CBT Conference in May 2013, convened by the CONCEPT Coordinating Center at CHDI. (This year's conference will occur in June 2014, with Dr. Judith Cohen as keynote speaker).
  - Workshops conducted at the conference included topics such as: Activities to be used to implement components of the TF-CBT model; Self-care strategies for TF-CBT clinicians; Overview of the DCF trauma training; and a Family Partner presentation on their perspectives on systems' response to children and families experiencing trauma.
  - Ben Saunders provided the keynote address, speaking about collaboration across systems for improved youth/family outcomes.
  - Evaluations completed by participants indicated increased awareness of the impact of trauma on children, increased knowledge of specific techniques for use in TF-CBT, and increased understanding of the role of DCF in achieving positive outcomes in trauma treatment for children and families.
- The Information Systems (IT) Joint Application Design (JAD) team finalized the Business Requirements for trauma screening within SACWIS in September 2013 at which time development work was scheduled to begin. However, shortly after the Business Requirements were finalized, the Commissioner's office determined that the entire SACWIS (built on legacy computer systems) required re-design in order to comply with federal regulations and to address ongoing challenges with systems development. Thus, as of September 2013, the JAD team was put on hold while updates to the SACWIS system are being made.

**Policy/Procedures Work Group**

- The work group completed policy and practice guide reviews of 13 major child welfare/juvenile justice practice areas, providing feedback on how to make them more trauma-informed. These included: Careline (CAN Intake); Family Assessment Response; Adolescent Services; Administrative Case Review; Foster Care Services; Health Care of Children in DCF Care; Parole Services; Human Trafficking; Runaway Children/Youth; Transgender Children/Youth in DCF care, Multidisciplinary Evaluations (MDEs) for Foster Children; Substance Abuse; Considered Removal - Child and Family Teaming; and Safe Sleep Practices.

- Feedback from business owners of policies/practice guides has been positive, with adoption of the majority of recommendations.
- The work group continues to meet monthly and to work via email in between meetings to review policies and practice guides.

#### **Dissemination of Trauma-Focused Treatments**

- The final Learning Session of the 2012-13 TF-CBT Learning Collaborative was held in June. The collaborative was comprised of 6 outpatient clinics (90 clinical/senior leader staff), 6 family partners, and 8 DCF area offices (40 social workers/supervisors/senior leaders).
  - DCF staff completed 85 trauma screens;
  - 71% (60) children/youth were referred for trauma assessments;
  - For 77% of referred cases, DCF staff received trauma-focused feedback to facilitate case planning to assure that behavioral health needs were addressed;
  - All participating DCF Area Offices reported increased collaboration with their behavioral health partners, at the case-specific and system levels;
- The RFQ for the 2013-14 TF-CBT Learning Collaborative was released in June. Six outpatient clinics along with staff from their local DCF Area Offices were selected for participation in the Learning Collaborative in July. Six DCF Area Offices are represented on the Learning Collaborative teams.
- The 2013-14 TF-CBT Learning Collaborative training plan was completed and all participating Learning Collaborative teams completed pre-work which included completion of site visits, participation in Site Coordinator/Family Partner training, and completion of Collaborative Goals Framework team readiness self-assessments.
- Learning Sessions 1, 2 and 3 of the 2013-14 TF-CBT Learning Collaborative are completed. Clinicians learned the process of assessing for TF-CBT, while DCF participants learned to screen youth/caregivers for trauma exposure and traumatic stress symptoms. 45 staff from TF-CBT provider agencies and 41 DCF staff participated in each session. Participants worked on further building collaboration between TF-CBT provider agencies and DCF, met in teams to identify ways to further disseminate TF-CBT and continue trauma screening in DCF, and attended breakout sessions to expand their knowledge of TF-CBT and issues related to childhood trauma.

#### **TF-CBT Learning Collaboratives (LC) Evaluation Activities**

Findings from the analysis of pre-post survey data for the 2012-13 TF-CBT LC include the following:

- Analyses of pre-post changes in participant ratings reflect significant improvements in reports of exposure to trauma-related training and education opportunities, trauma-related practice and policy at the individual and agency levels, and enhanced collaboration across child welfare and behavioral health settings.
- Behavioral health provider staff reported higher ratings of agency and individual trauma-related practice, over time, though both DCF and provider staff showed significant improvements.
- Similarly, behavioral health provider staff and DCF staff both reported significant increases in familiarity with TF-CBT practice during the course of LC involvement, though provider staff was consistently more familiar with these practices at both baseline and follow-up.
- Finally, BH and DCF staff each reported significant improvements in collaboration with the other organization in both quantitative and qualitative results; no changes were observed in either group's ratings of collaboration with family advocacy groups.
- Pre-test data collection was completed for LC Cohort #2 on 10/11/13. A total of 82 LC participants across 7 sites completed the survey including: 39 community mental health providers, 40 child welfare staff, and 3 family partner representatives. As before, the survey included background characteristics of LC participants, participant perspectives on exposure to trauma-related training and education, organizational trauma-related policies and practices, and individual-level trauma practices using the Trauma-Informed System Change Instrument (TISCI; Richardson et al., 2012). Respondents also provided information about the nature of the working relationships and collaboration between behavioral health and child welfare settings using a number of validated collaboration tools. Finally, respondents completed the Evidence-Based Practice Attitude Scale (EBPAS; Aarons, 2004) to learn more about LC participation effects on views toward implementation of evidence based practices such as TF-CBT. Baseline data collection is closed, but post-test data collection is planned for June 2014 to coincide with the end of the LC; focus groups will also be conducted at that time.
- LC sites continue entering provider- and client-level metric and outcome data into a web-based spreadsheet to document process and outcome-related data. This information is summarized by CHDI and provided to each site in monthly reports for quality assurance purposes. Metric data includes monthly surveys of provider staff and of DCF LC participants documenting implementation activities related to TF-CBT assessment, referral, and treatment. Client-level measures include parent and child (over 8 years) report of the Trauma History Screen (THS); the Child PTSD Symptom Scale (CPSS); and Short Moods and Feelings Questionnaire (SMFQ). Parent, child, and therapist versions of the Ohio Scales Problem Behavior and Functioning Scales (Ohio Scales) are also collected, as well as parent report of the Center for Epidemiological Studies Depression Scale (CES-D) and the Client Satisfaction Questionnaire (CSQ).
- Client-level measurement data is now being entered for 6 LC Cohort#1 providers and 7 LC Cohort #2 providers. This data is being shared with CONCEPT evaluators to document

outcomes associated with receipt of TF-CBT services. As of March 30, 2014 a total of 516 clients have been entered into the TF-CBT client database across the two LC cohorts. A total of 159 (30.8%) individuals have completed at least one follow-up assessment (completed quarterly for those receiving TF-CBT). A total of 30.1% of children had an indication of child welfare involvement at baseline assessment, the most common including CPS in-home placement (16.9%) and CPS out-of-home (13.2%).

#### **Evaluation of Workforce Development Efforts**

The CONCEPT evaluators developed and implemented (in consultation with representatives of the DCF Training Academy) a web-based survey to collect pre-test, post-test, and 3-month follow-up data from DCF staff who completed the 2-day NCTSN Child Welfare Trauma Training Toolkit (CWTTT). This data collection was initiated in March 2013 and is ongoing among the participating DCF Program Managers, Supervisors, and Area Office Directors. A total of 528 Managers/ Supervisors/ Directors enrolled in the training. All were invited to complete the online Pre-Training Trauma Toolkit Survey. Pre-test data was collected for 452 participants (86% completion rate). Post-test surveys were sent electronically to training attendees within one week of completion. Fourteen additional post-test surveys were completed during this timeframe, with a final completion rate of 76%. Additionally, follow-up surveys were sent 3-months after the trainings with 226 new surveys completed, thus the final completion rate increased from 40% to 76%.

Pre-test data collection began in August 2013 and is ongoing for the second wave of training targeting DCF frontline child welfare workers. The survey implementation and data collection process follows the same procedure, outlined above. A total of 1,304 frontline child welfare workers who were enrolled in training were invited to complete the online Pre-Training Trauma Toolkit Survey. Of the 1,304 invited, 221 additional surveys have been completed for a total of 1,035 pre-test surveys completed (79%). Trainings began in September 2013 and are now completed as of March 28, 2014. To date, 1,163 child welfare workers have completed both days of training (this includes 913 additions this reporting period). All those who completed both days of training were also sent post-tests. Data has been collected for 39% of eligible post-tests and is on-going (n=457; this includes 410 new post-tests this reporting period). The 3-month follow-up survey began dissemination in January 2014 and is also ongoing. There are currently 239 of the 1,163 folks that will receive follow-up surveys completed (21%).

- Workforce development training experiences are being reported back to the Performance Measurement Online Tool (PM-OTOOL) including attendance, gains in knowledge, and integration into work responsibilities. The evaluation design permits rigorous assessment and tracking of these items for reporting to PM-OTOOL.
- As part of the Toolkit evaluation, the evaluation team is gathering ratings of action plans developed resulting from the training, including qualitative ratings of implementation barriers and facilitators. The evaluation team provided preliminary data and analysis around the Trauma Tool Kit Action Plan activities, including participating on the January 2014 DCF staff internal PIC call focused on providing an overview of the efforts underway to build a trauma informed system. Information

provided to staff by the evaluation team included a preliminary overview of the pre/post survey and the three month follow up that was completed by staff relative to the Trauma Training. Discussion centered on staff efforts to realize the action plans developed as part of the training, including the top three elements identified as a focus for the staff to address in the Action Plans, what helped staff put these top Action Plan elements into place and what were some of the common challenges.

#### **Trauma System Readiness and Capacity Assessment (Year 3)**

The evaluators will continue to survey DCF managers and supervisors to address the current status of trauma-related training, knowledge and practice, as part of the work force development initiative. The CONCEPT evaluation team is collecting post-test and follow-up data. This data continues to be analyzed and reported back to DCF and various CONCEPT stakeholders to evaluate effects on participating staff and to guide further efforts at workforce training.

- The Year 3 Trauma System Readiness and Capacity Assessment will be implemented DCF system-wide in May 2014.

#### **CONCEPT Cost Study**

- The CONCEPT evaluators continued to work with CORE team, CHDI, and the 7 TF-CBT Cohort 2 Learning Collaborative site coordinators to gather 7 months of non-billable costs related to the implementation of TF-CBT through a prospective data collection tool. Activities included final dissemination of a password protected Excel spreadsheet with enhanced instructions.
- The CONCEPT evaluators collected and analyzed 7 months of monthly data (August 2013 through March 2014) received from the 7 LC Cohort #2 sites. Prospective data is also being gathered from 4 of the LC Cohort #1 sites.
- The CONCEPT evaluators provided consultation and technical assistance to 7 LC sites to monitor data quality.

#### **Trauma Screen Development (Evaluation Activities)**

Paper-form copies of the Pilot DCF Trauma Screen are being collected from DCF participants in LC Cohort #2. These are being entered into an electronic database by CHDI and shared with the CONCEPT Evaluation Team. To date, a total of 44 Caregiver screens and 47 Child screens have been completed and entered into an electronic database.

- DCF requested assistance in the development of a briefer trauma screen guided by assessment data collected, to date, through TF-CBT Learning Collaboratives. To assist with this request, the evaluation team has undertaken analysis of data collected on the CPSS ratings of PTSD symptoms from TF-CBT providers in LC Cohort #1. Preliminary analyses have been conducted using caregiver ratings on the CPSS to identify alternate 9-, 6-, and 3-item brief screens based on item-level correlations with overall CPSS severity ratings. Follow-up analyses assessed inter-item reliability (Chronbach's alpha)

and used ROC analyses to assess Area Under the Curve (an indicator of accuracy of prediction), as well as sensitivity/specificity of various cut points. Further analyses replicated these short form options with child data. Future analyses are planned to assess creation of scales based primarily on child ratings and then applied to caregiver data to determine which brief screen options are preferred. These collective analyses will be used to guide a finalized trauma screen by DCF.

#### **Effective Communication: Improving Educational Outcomes for Children in Foster Care**

This project was designed to improve the educational outcomes for children in care by improving the communication between the local school system and the local DCF Area Office. The cohort was identified as children attending Waterbury Public Schools whose parent or guardian lived in Waterbury and whose case was assigned to the Waterbury DCF office. Waterbury Public Schools and the local DCF Office developed a joint assessment strategy to identify the educational and social emotional needs of the child upon placement, to assure the child receives all the necessary support in school and the community. A joint training program for educators, child welfare staff and foster parents was created to enhance understanding of the impact of placement on a child, the behavioral problems that might ensue, and possible intervention strategies. A one year extension of the grant was approved. The project ended on February 28, 2014. The final report is due the end of May 2014.

The following activities occurred this past year:

1. Team determined that it would be better to hire 2 retired administrators; one is a school psychologist and the other a school social worker, to be the liaisons for the children in the project rather than use the parent liaisons as originally planned.
  - a. The liaisons identified the students who at risk of failing and worked with DCF social workers to ensure that these students were enrolled in summer school and received the additional support needed to be successful.
2. As part of expanding and embedding the project process, the liaisons worked with all children in foster care who are living in Waterbury and eligible to attend Waterbury Public Schools, rather than simply those students in the original cohort
3. During the week of September 9-13, 2013; Dee Bell trained a team from Waterbury Public Schools and the Waterbury DCF Office in the use of BARJ.
4. The evaluator presented a draft of the evaluation which revealed a lack of awareness of the project within some constituency groups.
  - a. The data upon which this evaluation was based was gathered prior to the hiring of the individuals mentioned in the first item.
  - b. Additional surveys were completed subsequent to the hiring of the liaisons and the results will be reported in the final grant report.

5. The project was expanded to include those children entering the jurisdiction of the Waterbury DCF office who are also enrolled in Waterbury Public Schools.
6. The DCF education consultant and education specialist are now included in the email that is sent when a child is placed in care, whether it is foster care, relative care or congregate care (community based group home children would attend Waterbury Public Schools). This allows them to know as quickly as possible when school aged children enter care.
7. It was determined that the students who are in foster care, with Waterbury public Schools as a nexus and attending Waterbury schools, should have laptops and be trained in their use as tool for education. The laptops were purchased prior to the close of the grant and the training will be provided by Waterbury Public Schools at no cost to the grant.

The grant's goal was to increase the stability of a child's placement by improving educational outcomes for children committed to DCF through improved communication between the local DCF office and the local board of education. This goal addresses prevention by increasing the understanding of school personal of what constitutes trauma and how children's behavior in school can be indicative of the impact of trauma. This increased understanding will hopefully lead to a more measured and therapeutic, rather than disciplinary, response to students when they misbehave in school; i.e. a referral to community services rather than DCF. This project's goal also addresses improving child well being for children in care because less disruption in school, including reduced suspensions and expulsions, increases the stability that the child experiences in foster care.

#### **Supportive Housing: Overview of ISHF Five Year Federal Grant**

The Intensive Supportive Housing for Families Program (ISHF) is a 5-year initiative to develop, implement, and study the effectiveness of a supportive housing program for families who come to the attention of the child welfare system due to *severe housing issues and high service needs*.

By employing an integrated, collaborative, cross-system intervention model, the project aims to:

- reduce child welfare system contacts, maltreatment, child removal, and foster care placement
- increase family housing stability
- increase parental employment

This new initiative is designed to provide an enhanced version of the already well established SHF program in order to better meet the mental health and trauma needs of the parents and children served by the program. DCF continues to collaborate with state partners, community agencies, and service providers to implement the new program. However, DCF's two primary partners are The Connection Inc. (TCI), who will provide primary services, and The University of Connecticut (UConn) researchers, who will evaluate the program.

In year one (Oct.1, 2012-Sept. 30, 2013), the ISHF grant team developed the program's implementation plan. This included the following activities, events, and trainings:

1. Implementation of Triage Procedures
  - a. Completion of Referral Form/Intake process
  - b. Selection of Vocational Screeners/Assessment
  - c. Training of DCF workers on Screening Criteria for ISHF
2. Development of Supportive Housing Service Array
  - a. Review of Evidence Based Outcomes of all providers
  - b. Establishing Memorandums of Understanding (MOU)'s with local clinical service providers.
  - c. Contact three lead connections from Region 3 DCF Advisory Board to create sub-committee around Streamlining collaboration  
Creation of a Vocational Curriculum
  - d. Dissemination of Information through local networking in Region III
3. Creation of Customized Case Management
  - a. Hiring of 3 full-time ISHF Case managers and 1 full-time Vocational Specialist,
  - b. Completion of trainings for ISHF Staff
  - c. Completion of ISHF Program Manual
4. Evaluation (Local and Cross-Site)
  - a. Determine data collection plan
  - b. Complete UCONN and DCF Internal Review Board Applications
  - c. Final program study consent form
5. Sustainability
  - a. Conduct regular management meetings
  - b. Establishing ISHF Program Advisory Board

The ISHF grant is now in year two of the project and has continued work in all above areas including the following:

1. Review triage process to ensure quality
2. Review target population demographics to ensure we continue to serve the highest need clients.
3. Creation of Vocational and Resource Manuals
4. Create MOU's for Vocational providers like Bureau of Rehabilitation Services (BRS) and Dept. of Labor (DOL).
5. Development of Motivational Interviewing supervision track
6. Revision of client satisfaction survey
7. Collaboration with the Three Branch Institute

One of ISHF Project's primary focuses over the next year will be the development of the Project Advisory Board. The advisory board will be a subcommittee of the Three Branch Institute. This collaboration seeks to strengthen and deepen our connections to create a better system for families and children. Systems that are transparent, reduce redundancy, share and use data appropriately, bring missing stakeholders to the table, offer training, and leverage resources for families.

Through the collaborative efforts at both the systems and operational levels, this program initiative will support the integration and smooth operation of services that have typically been siloed in the past. The Advisory Board will focus more narrowly on how it can change systems in order to target the families most in need of supports, deliver family-centered, coordinated services and evidence-based programs, and monitor and evaluate the short and long-term effectiveness of the approach.

#### DCF Continuum of Care Partnership

In September of 2011, the Commissioner established the Continuum of Care Partnership, a 24-member group of Departmental leaders and those from the private sector service, advocacy and philanthropic communities. The purpose and charge of the partnership is to advance the mission, policy goals and cross-cutting themes of the Department through a public-private partnership that includes representation from core internal and external stakeholders.

The Partnership works as an advisory body to the Commissioner of the Department of Children and Families. The Partnership is tasked with:

- Identifying the implications for the private sector related to current policy initiatives of the Department;
- Identifying additional areas of service needed for the Department to achieve its goals for children and families;
- Identifying joint training opportunities across the private sector and the DCF Academy for Family and Workforce Knowledge and Development; and

The Partnership does its work through committees with membership open to individuals and organizations beyond the named membership. The committees were tasked by the Commissioner to present a set of recommendations related to the three key tasks, from the perspective of each committee:

- Data Development
- Regional service needs
- Fiscal Reinvestment strategies.

Participation was expanded and in excess of 100 individuals across the committees and the Partnership. This body was sunset a year ago in favor of using the SAC, RACs and other bodies to support more localized partnerships

### **Case Planning and Case Planning Improvements**

As part of the *Juan F.* Stipulated Agreement, the Department conducted a review and assessment of our case planning policies, practices and procedures. This effort resulted in a redesign of both the child and family case plans in an effort to make them more family-centered, streamlined and to accurately reflect family circumstances. In addition, a two-day training curriculum was developed by the Academy for Families and Workforce Knowledge and Development which included the following content areas:

- a review of the changes to the case plan documents;
- the modifications in the LINK application;
- reinforcing the importance of family engagement in case planning activities;
- the relationship and use of Structured Decision Making to inform case planning and key child welfare decisions;
- the findings of our federal Child and Family Service Reviews, and
- the Fostering Connections legislation that impacted case practice relative to children and youth in foster care.

In addition, policies were updated to reflect changes in practice, the integration of SDM, and the importance of family engagement in case planning. The Academy for Families and Workforce Knowledge and Development, Quality Assurance and Quality Improvement staff in the Area Offices continue to provide support and technical assistance to Area Office staff to improve the quality and timely completion of case plans.

Next, in August 2012, the Department released a new, automated Administrative Case Review Instrument (ACRi) and accompanying reports. The ACRi serves as the linkage between individual case assessment and the accumulation of aggregate data to inform statewide case practice and initiatives around Engagement, Well Being, Permanency, and Safety. Furthermore, the ACRi incorporates the 22 items from the CFSR Onsite Tool. Indicators for federal regulations in the areas of case planning and case review are included to monitor and to continually improve case practice.

Further updates to DCF policy related to case planning has occurred over the past year. In March 2014, the Department issued new policy pertaining to the Administrative Case Review (ACR). The policy included, but was not limited to, the following areas:

- Contents of Family Plans
- Contents of Children In Placement Plans
- Timeframes for Case Plans
- Case Plan Monitoring -Contact Standards
- The ACR Meeting

In addition, a Case Planning Practice Guide was promulgated in November of 2013 to accompany the aforementioned policy updates. Related, during Calendar Year 2014, the Department also implemented Enhanced Case Planning training for our social work staff. This training was provided across the DCF area offices, in partnership with the DCF Workforce Academy and the ACR leadership team, to increase the competencies of staff as it pertains to case plan development and documentation.

Also, in response to staff complaints about repetition that occurred when they prepared and filed treatment plans, as well as permanency plans, the Department was able to identify a means to streamline the expectation. In agreement with the Judicial Branch and the Chief Administrative Judge, it was decided that the Child in Placement Case (treatment) Plan would replace the quarterly report and annual Permanency Plan Study that had been required in Juvenile Court on children for whom the Department is the statutory parent.

This agreement and process change occurred to ensure the following case practice benefits:

- Social Worker will not have to create a separate permanency document, which removes duplicate entry for similar supporting information.
- The case plan along with appropriate cover page will be available for review once the legal action is recorded in LINK.
- The submitted document will reflect the most recent case information since it represents the current Child in Placement Case Plan.
- Any required case plan modifications may be made prior to submitting the case plan for review.

Last, as a result of the Department's participation in the 2008 Federal Child and Family Service Review (CFSR), it was determined that there were inconsistencies in our case practice. It was concluded that some of those inconsistencies were due to inadequate documentation. Similarly, other agency reviews, such as the Program Improvement Plan (PIP), Connecticut Comprehensive Outcomes Review (CCOR), Court Monitor reviews, and the thousands of Administrative Case Reviews (ACR) that are conducted annually, have demonstrated that even in instances where good work is happening, our documentation does not always adequately capture it.

In an effort to provide guidance and clarity regarding DCF's documentation expectations, a statewide documentation workgroup was convened. The workgroup consisted of regional workers and supervisors, staff from the Academy, and ACR reviewers and managers. After several months of meetings, the group established Documentation Standards, developed a Documentation Practice Guide and an accompanying Case Practice Documentation video.

In an October 18, 2013 memo, the Commissioner directed that all social work staff review of all those newly created documentation resources. In particular, it was instructed that managers had to ensure that their supervisors view the video in a unit meeting with their workers and case aides as a means to support group discussion and ensure clarity on the documentation expectations. Managers were also to ensure that Regional Resource Group and legal staff became fully acquainted with those materials and the attending expectations. Similarly, Central Office and DCF Facility staff who document case record information in LINK were expected to review these materials and adhere to the documentation standards.

### **Child and Family Services Review (CFSR)**

In September 2008, Connecticut had its second Child and Family Services Review (CFSR). The CFSR findings indicated the need for the department to better engage families in treatment planning; to improve efforts to engage and involve fathers in case planning; to enhance service delivery to children and families; to expedite permanency for children in care through reunification or the development of an alternate permanency goal; and to improve outcomes for children's well-being.

In response to the CFSR, the department developed a Program Improvement Plan (PIP) to address areas of concern identified in the federal review. The primary strategies in the PIP included the development and implementation of a Practice Model, the implementation of a supervision model, promoting the continuity of children's family relationships while they are in foster care, expanding the array of available foster care placements and making improvements to the court process. The PIP strategies are reflective of both the findings of the CFSR and the goals of the Department's CFSP.

In September 2010, Connecticut began the implementation of the PIP reviews in accordance with the quarterly PIP reporting strategy. As per the agreement between DCF and the Children's Bureau, 79 randomly-selected cases from DCF Regions 1 and 3 were reviewed using a scaled back version of the CFSR tool that focused on eight of the 23 CFSR items. The number of cases reviewed from each office was based on the percentage of the total caseload each office represents. Cases were reviewed by individual reviewers from the DCF central office and regional management teams. Quality assurance of the review instruments was conducted by Quality Improvement staff from Central Office, now housed under the Office for Research and Evaluation.

The Department successfully completed its PIP in September 2013. ACF noted that Connecticut had "completed all required PIP action steps and has achieved all of its PIP goals. It was further stated that the achievement of all data and program goal negotiated between the CT and ACF were also met during the year following the completion of PIP action steps.

### **Connecticut Comprehensive Outcome Review (CCOR)**

Connecticut used the CCOR process as a key component of its qualitative case review system. The CCOR is modeled on the federal CFSR and includes the development of a data profile for each office that is reviewed, a self-assessment completed by the office under review and an on-site review including five stakeholder focus groups consisting of social workers, supervisors, foster parents, adolescents and service providers, and 12 randomly-selected cases, 6 In Home Cases and 6 Foster Care cases. From July 2010 to August 2012, CCORs were completed in our Middletown, Waterbury, and Manchester and New Britain Area offices. The results of the the Middletown and Waterbury reviews are published in final reports that are shared with the leadership of each Area Office and made public on the Department's website. Planning is underway to enhance the CCOR and to begin the next round of reviews.

The ORE reconceived of the 2012 CCOR reviews to support greater DCF Area Office (AO) lead participation. In particular, the Department wanted the CCOR to better inform an AO focused CQI approach. All of the CCOR youth, provider, foster parent and DCF staff interviews/focus groups were co-facilitated by a member of ORE and either the AO Systems Development Program Director or the Quality Assurance Manager. In addition, the AO self assessment supported through an Excel based template that would allow the AO to readily pull the required data for the CCOR, but also to track it ongoing.

The Department recognized that a new CFSR process would be promulgated by ACF. In anticipation of those changes and guided by the August 2012 ACF Information Memoranda, the Department began to review its existing quality assurance activities and the structure of the current CCOR to conceptualize a more normative and routine review process that would more broadly serve as the Department's CQI approach. Based on that goal, the Department has been working to reposition its existing Administrative Case Review process to serve as the foundation of the Department's CQI frame.

As Round Three of the CFSR has been announced, the Department is currently working with ACF to assess the strength of the aforementioned strategy so that CT might engage in an internal, self driven CFSR process rather than use the traditional onsite review. The Department will be seeking to use an enhanced ACR process to not only satisfy the CFSR requirements, but to eventually replace the existing monitoring necessitated by the current Consent Decree, and to generally support the Department's interest in establishing a robust, statewide CQI approach.

#### Community-Based Services Outcome Workgroup

The Department continues to recognize the need to ensure the services offered to families through our community-based programs are consistent with the DCF Strengthening Families Practice Model framework and responsive to the individual and developmental needs of children and families they serve. In March 2011, the **Community-Based Services Outcome Committee (CBSO)** was established to enhance, standardize and monitor client-based outcomes for all DCF funded community-based services. The intent of the CBSO is to improve system efficiency, accountability, and outcomes for children and families. The CBSO continues to provide direction and leadership in reaching these goals.

Membership of this committee includes representatives from the regions, central office staff, including the contracts division, and the Executive Leadership. Last year, the committee identified several child welfare services that require a redesign which include: Family Enrichment Services, Intensive Family Preservation Services, Visitation, and Family Reunification Services. Two committees were established in March 2012 to redesign Family Enrichment Services (FES) and to redesign and combine Intensive Family Preservation (IFP) and Family Reunification Services (FRS), moving all to evidence-based models. The committees included DCF regional representatives, provider representatives, and parents. The FES committee selected the Positive Parenting Program (Triple P) as its evidence-based model. Training and certification in Triple P of the current providers occurred in spring 2013 with the full transition scheduled for July 1, 2013. Embedded in the use of the Triple P

model are established outcomes that can be monitored through prescribed processes. This will allow an enhanced ability by the Department to ensure that there is fidelity to this widely used model and, concurrently and more importantly, that parent-related outcomes are achieved that will reduce maltreatment.

In December 2011, the CBSO convened a workgroup charged with developing a plan for a consolidation of in-home services, data and outcome review of current contracted services, and to begin discussions around the implementation of evidence based practices. As a result, the workgroup recommended Intensive Family Preservation and Family Reunification Services (Reconnecting Families Program) be merged and a Provider/DCF Workgroup be established. The workgroup later disbanded when it became apparent the Department would need to pursue a procurement. A decision was made to implement Homebuilder's and a Request for Proposals was released in July 2013. During contract negotiations, the Department decided not to implement the model and decided to convene another workgroup to redesign both IFP and Reconnecting Families Program contracts.

A decision was subsequently made at CBSO this past spring to pursue procurement for a new service type that combined reunification services and therapeutic visitation. The Department expects to issue a "Permanency Services" Request For Proposals within the next couple of weeks to solicit applicants to provide the new blended service.

This past year, the CBSO has focused on developing the Department's infrastructure to support effective service oversight and performance management. For example, Service Development Workplan guidance was developed. This tool was created to better ensure that service redesigns, substantive program changes and procurements are conceptualized and rationalized in a consistent and data driven way. In addition, the CBSO created a tool to support the development of outcome measures. In partnership with the Department's Director of Performance Measurement and the Chief of Quality and Planning, a guide was created to aid staff with the development of outcome measures within a Results Based Accountability framework.

In addition, the CBSO developed guidance to articulate the core expectations for and key responsibilities of DCF staff with responsibility for contract oversight and management. In this guidance, the CBSO also re-designated these staff from being called Program Leads to Program Development and Oversight Coordinators (PDOC). This re-naming occurred to settle a long standing issue whereby the Program Lead moniker seemed to suggest to some a certain employment level (e.g., manager), and also that the "lead" role wasn't necessarily collaborative. The PDOC guidance emphasized the importance of, need for, and expectation for multiple pronged partnerships (e.g., regions, central office units, providers, families, etc.) The focus on the roles and expectations of the PDOCs has occurred to support the Department's quality assurance and improvement efforts. Consonant with the Department's cross cutting theme to improve leadership, management, supervision and accountability, the CBSO has been leading efforts to provide greater uniformity and standardization to the PDOC role and their oversight of the Department's service array.

This past spring, the Executive Team held a meeting with all the DCF PDOC and the Regional Systems Development Program Directors. The purpose of this meeting was to orient these individuals to the DCF 2014 Performance Expectations and to discuss the role of the PDOCs in achieving those outcomes. In addition, this meeting was used to explicate the role of the PDOC, emphasize key agency data points, and review the various guides that had been created.

On June 23, 2014, the Department's Executive will convene all its PDOCs. The focus of that meeting will be the provision of culturally and linguistically competent services. The CBSO has been discussing and identifying ways in which the Department can address issues of disproportionality and abate outcome disparities. This upcoming meeting with the PDOCs will orient them to the Department's expectations and share with them some changes that will be occurring with respect to our procurement application to better evaluate for and award proposals that can serve the diversity of children and families that the Department serves.

Next, a workgroup lead by the Academy Director was convened to develop training for the PDOCs. The group identified eight core training areas. They are as follows:

1. Defining the role of the PDOC
2. Principles of Contracting
3. Fiscal Principles
4. Getting to Outcomes/Analyzing, Interpreting and Using Data
5. Contract Monitoring
6. Grantsmanship
7. Proposal Writing
8. Evidence Based Practices

The Department plans to begin some of the PDOC training early fall of CY 2014.

Finally, the Department has also sought to support the effectiveness of its service system by convening meetings with its provider community. In addition to regular meetings with the provider trade associations, the Department held a statewide meeting of all its providers in January 2014. The purpose of this meeting was to share the Department's key performance expectations, orient them to some forecasting trends, and to discuss how we can partner to further develop and provide the quality services that our mutual clients require. The next all provider meeting, which will include an invitation to their boards of directors, will be convened in July 2014.

#### *Data Collection, Monitoring, and Outcomes*

Concurrent to the above-described redesign and re-procurement processes, the committee has focused on data collection efforts and strategies to support the measurement of outcomes. A number of the established evidence-based models (EBM) have systems in place to ensure quality data, performance improvement, model compliance, and outcome achievement, often through outside fidelity, data and quality management contracts. At present, two Performance improvement Centers (PICs) exists (i.e., one for Emergency

Mobile Psychiatric Services and another for DRS/FAR. Another to support the oversight of Therapeutic Group Home settings is in negotiations. The CBSO is providing leadership and guidance with respect to how the Department can ensure the receipt, engagement and use of quality performance data outside the purchase of EBPS and the development of PICs. As noted above, the CBSO developed a guidance to aid PDOCs with the creation of substantive and meaningful outcome measures. The development of solid outcomes and establishing expectations and mechanisms for monitoring them is viewed by the Department to be foundational. PDOCs are supported in the creation of such measures by our Director of Performance Measurements and staff from the DCF Office of Research and Evaluation (ORE).

ORE continues to support the monitoring of contract outcomes through a variety of means, primarily using the Programs and Services Data Collection and Reporting System (PSDCRS). Both providers and DCF PDOCs, based on their system authorization level, continue to have access to client level community-based services data. Area Office staff have access to aggregate level reporting with PSDCRS, rather than client level as PSDCRS was needed intended to support a case management function. PSDCRS collects client demographic, service receipt, activities, and outcome data.

PSDCRS collects client demographic, service, activity and outcome data. Currently there are 40 different community-based service types that are collected in PSDCRS. These added service types include several substance abuse programs, early childhood, and congregate care settings (i.e., residential and therapeutic group homes.) The system also contains two "templates" (i.e., child welfare and behavioral health) to more expeditiously allow for additional services to be collected within PSDCRS. It is the Department's plan to establish data collection and reporting for all its community-based services under PSDCRS.

In addition, ORE has been making updates to PSDCRS reporting and data extract to enable better monitoring by both providers and PDOCs. In particular, a landing page dashboard has been created. This dashboard contains a few key data points (e.g., episodes served, distinct clients served, wait days, etc.). The dashboard is filterable to allow for more customized views of the data. PSDCRS is also being updated to allow for PDOCs and providers to create their own reports under the RBA frame. In addition, the current canned reports in PSDCRS have been organized under the RBA concepts of "Who has Been Served," "How Well Have We Done," and "Is Anyone Better Off."

Last, various trainings on PSDCRS have been and continue to be provided to DCF staff and providers to ensure the entry and analysis of quality data. Several training sessions for provider staff for a newly implemented program occurred during spring 2014. Additional PSDCRS training is planned for the PDOCS, especially focusing on creating custom analysis using data extracts and the Excel pivot table function. A PDOC PSDCRS guide is in development and should be available to DCF staff by early fall.

#### *Progress on Outcome Development and Enhancement*

The Commissioner of the Department has delegated the responsibility for the design, in partnership with the CBSO, and implementation of contracted services to the

Administrators of Clinical and Community Consultation and Support *and* Age-Appropriate Child and Adolescent Services, as well as to the Regional Office Administrators and their staff. These are the senior managers who oversee the seven primary service areas for which the Department contracts. The PDOCs within these areas assess children's service needs, identify or develop appropriate services to respond to those needs, and assist the contract division in developing the scopes of service that specify the expected services and its outcomes.

From 2010 to 2011, the number of service types with no outcomes was reduced by more than 50% and the number of process-only outcomes was reduced by almost 80%, leaving 77% of the service types now having appropriate outcomes included within their contract. From 2011 to 2012, the percentage of service types with client-based outcomes moved from 77% to 97.5%; only two service types lack these outcomes. One has been re-procured and the other is a small LINK funded service, specific to one area office.

While this is a significant step forward, the CBSO and Leadership Team recognizes continued work is needed in this area. Specifically, the outcomes need to: support Results Based Accountability; require data that are collectable; inform questions that are salient to the Department's mission, values, and goals; be of reasonable breadth and, whenever possible, non-duplicative; and be utilized to inform change. As noted above, the CBSO has been developing tools to and providing leadership with respect to ensuring that all the Department's contracted services have performance measures and that there are mechanism in place that ensure that all programs are managed by those outcomes. For example, the new PDOC guidance that outlines their role and responsibilities articulates a standard that DCF staff with contract oversight duties must meet regularly with their providers and review of data is expected to be a standing agenda item.

In addition, as contracts are re-negotiated, renewed or amended for other reasons, the RBA framework informs the development and/or revision of outcomes and indicators. This task is shared among contract, program and regional staff in partnership with the specific providers. Similarly, as legislative mandates arise, the Department will continue to work to ensure that any specific indicators are incorporated into any impacted services' contracts and that PSDCRS is updated to allow for any needed reporting.

As noted previously, contracts are negotiated for three years and performance information is reviewed prior to renewal, including input from the Area Office staff as well as the managers in the responsible service areas. Data collection and reporting for both process and client outcomes continue to improve with the increased use of the PSDCRS and additional service types being implemented. Also, those services that have external quality assurance systems (Performance Improvement Centers) have additional monitors that assist the Department in assessing program performance. The Department recognizes that a number of service types still need more attention to ensure that performance measures are meaningful and is working assertively toward this goal.

ORE continued to improve the means for translating the information the Department receives from providers into meaningful feedback that can be used to monitor and improve

service quality. During fall 2013, a new dashboard page containing summary information including graphs of certain data elements was implemented in PSDCRS. The home page dashboard was upgraded to allow for user-specific customization. Further, work continued on RBA report card functionality and the reports page was reorganized to match the RBA dashboard.

**Population at Greatest Risk of Maltreatment:**

Analysis of the Department's SACWIS data indicates that children ages 0 -3 are at the greatest risk for maltreatment. Data for the period of State Fiscal Year 2007 - State Fiscal Year 2011, show that the abuse and neglect substantiation rates, per thousand, for children ages 0 -3, averaged 18.79. The average rate for ages 4-17 was considerably lower at 10.58. During SFY 2012, the substantiation rate for children 0-3 was 17.5. For the same period, the rate for children ages 4-17 was 9.43. The SFY 2012 data further indicate that African American and Hispanic children, ages 0 -3, have an increased rate of neglect: with substantiation rates of 37.5 and 34.4, respectively. Analysis of SFY 2013 and 2014 (as of 6/15/14) data show continued declines in the rates of substantiated maltreatment for all groups, but children ages 0 - 3 continue to be at the highest risk. During SFY 2013 their substantiation rate was 14.8, with a decline to 12.6 in SFY 2014; rates for children ages 4 - 17 were 8.4 in SFY 2013 and 7.5 in SFY 2014. Rates for African American (27.4 in SFY 2013 and 23.6 in SFY 2014) and Hispanic (20.4 in SFY 2013 and 16.9 in SFY 2014) children age 0 - 3 remain high during these years, though they also showed improvement.

To address these concerns, the Department expanded the Child First contracts to ensure every office has access to services for this population. In 2013, in addition to the 6 existing sites for Child First (Bridgeport, Hartford, New London County, New Haven, Norwalk and Waterbury), three additional locations were added (Middlesex County, Stamford, and Northeast CT). Research demonstrates that risks to the development of young children as well as the risks for child abuse and neglect include maternal depression, substance abuse, domestic violence, and homelessness. The Child First model directly addresses these risks through (1) comprehensive assessment and treatment planning for the parent/child relationship and supports to the whole family, and (2) a home-based, parent-child intervention which builds the nurturing relationship, protects the developing brain, and optimizes child social-emotional development, learning, and health. The primary method of treatment is the use of Trauma Informed Child-Parent Psychotherapy, as developed by Dr. Alicia Lieberman, in order to strengthen the attachment between the parent and child in order to decrease risk and increase the capacity of parents to nurture and support their children's development. Therefore, the child's developing brain is protected from the devastating effects of trauma. The model includes broad collaboration among early childhood and adult providers, parents, and other stakeholders, which promotes an integrated system of community-based services and supports.

In addition to this service, Child FIRST providers have been trained to enter data into the PSDCRS so that child and family outcomes can be measured. Presently, 51% of children served within the Child First program are presently involved with the Department. Of those children, there was a decrease of DCF involvement by 33% over a three year period (by parent report).

Additionally, the DCF/Headstart Partnership has increased collaboration and has helped to ensure children are connected to quality early care, education, programming, and support.

The High Risk Infants Program is a service for pregnant, incarcerated mothers who are at the Janet E. York Correctional Institution (YCI) in Niantic, CT. This service provides assessment, prenatal education, birth planning, case management, medical care, and referrals for pregnant women who will deliver babies while incarcerated, those who will deliver a baby shortly after being released from YCI, and services for post-partum mothers who remain incarcerated following the birth of their children.

The case manager for the program is affiliated with Lawrence and Memorial Hospital in New London, CT, where all incarcerated mothers will deliver their babies. This service offers a complete individual baseline assessment of each referred pregnant inmate a care plan for the safe placement of her newborn infant if the mother remains incarcerated through her delivery. The service also provides a child protective services background check of all potential alternative caretakers identified by the pregnant incarcerated mother. In addition, the case manager provides referrals for follow-up health care, including services such as WIC, Healthy Start, Birth to Three, and Help Me Grow to mothers or extended family who will be caring for the infant. Also offered is a weekly support group for post partum inmates.

Quarterly advisory board meetings are held between L&M Hospital, DCF, YCI, and the Child Advocate's office to discuss the inmate mother's and infant's needs and program improvement. The purpose of this Board is to coordinate services and develop solutions for this target population across the child welfare, hospital and correctional systems.

The purpose of this service is to decrease involvement with Child Protection and place infants with family. In 2012, there were 22 infants born to incarcerated mothers at YCI, and 13 infants were placed in DCF foster care upon birth (59%). However, in 2013, there was a remarkable improvement in these numbers as 21 infants were born to incarcerated mothers at YCI, and only 8 were placed in DCF foster care (38%).

## **2. COLLABORATION**

The Department continues to recognize the value and importance of collaboration and consultation with the community to improve outcomes for children, youth and families. Therefore, the Department has established and participates in a variety of opportunities to partner with key stakeholders.

For example, the Department receives community input from a number of statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 17-member council appointed by the Governor to advise the Commissioner on all matters pertaining to services for children and families. The SAC has representation from a variety of constituent groups including family, youth, providers and medical. In addition, each of six Regional Advisory Councils (RAC) has a delegate appointed to the SAC.

The SAC continues to have responsibility for conducting formal reviews of the Department's policy revisions and participate in their development. In addition to this function, the SAC receives updates from the Commissioner and her team. As requested, topic presentations are also arranged (e.g., Education, legislative update, DCF funded Substance Abuse Services, DCF funded Behavioral Health and DCF's Domestic Violence initiatives) The SAC also serves as one of DCF's Citizen Review Panels to review, inform and make recommendations about DCF policies, procedures, and practices.

As a means to support the functioning of the SAC and aid the RACs with enhancing their advisory role, a day long retreat was held in June 2013. This meeting was facilitated by a consultant from Casey Services. The goals for that day were as follows:

- To gain an understanding of the concept of Collective Impact
- To define a shared vision for the SAC
- To begin the conversation of a shared vision for each RAC
- To design a structure and charter for the SAC
- To further discuss the structure and charter of each RAC
- To discuss ways to maximize the work of and relationship between the RACs and the SAC

In each of DCF's six catchments RACs exist to advise in the establishment and maintenance of a comprehensive system of services for children, youth and Families within the Region. Pursuant to Connecticut General Statutes 17a-30 the mission of the Council is:

- To advise the Commissioner of the Department of Children and Families on the development and delivery of services in the Region; and
- To facilitate the coordination of services for children, youth and their families in the Region

Next, the Department also receives significant input from a statewide Children's Behavioral Health Advisory Council (CBHAC), local Area Advisory Councils (AAC) affiliated with each of our area offices, advisory councils at each of our facilities and several other advisory councils created to provide input regarding implementation of specific initiatives.

Also, many of our contracted Providers collaborate with additional organizations and businesses to expand opportunities for our youth. The following represents a brief list of DCF's partnerships:

- Department of Social Services - Fatherhood Initiative
- Department of Labor - School to Work; the Governor's Coalition for Students with Disabilities, Office of Workforce Competitiveness and Workforce Investment Board.
- Department of Mental Health and Addiction Services (DMHAS) - Supportive Ed Taskforce

- Department of Developmental Services (DDS) and DMHAS - to provide for continuity of services for youth transitioning to adult services
- Department of Education- Developing Tomorrow's Professionals
- Connecticut Post Secondary Education committee- with Casey Family Services, Our Piece of the Pie, Central Connecticut State University, Connecticut Community Colleges, Connecticut School Counselors Association, Connecticut State University System, St. Joseph's College, Fairfield University, Housatonic Community College, Southern Connecticut State University, Mitchell College, Connecticut Conference of Independent Colleges, AmeriCorps VISTA, Sacred Heart University
- Judicial Services, Court Support Services Division - Employability Programming for at Risk Young Adults and Multidimensional Treatment Foster Care
- Education Practice Improvement Committee - includes collaborations with various DCF divisions as well as Connecticut State Department of Education, Connecticut Association of Public Schools Superintendents, Connecticut Association of Special Education Programs and Connecticut Association on Foster Care and Adoptive Families
- Workforce Investment Boards - Employability Programming for at Risk Young Adults
- Office of Workforce Competitiveness - Employability Programming for at Risk Young Adults
- Governor's Prevention Partnership - Mentoring for Youth
- Department of Corrections - Improving Service Delivery to Inmates ages 16-18
- Region One Job Corps - Maximizing Outcomes for Connecticut Foster/Former Foster Youth attending Job Corps
- Department of Education/Department of Public Health - Personal Responsibility Education Program (PREP) Evidence-based model designed to inform/educate youth around risk behaviors and individual judgment with the intention of reducing the occurrence of sexually transmitted diseases and teen pregnancy
- Governor's Task Force on Justice for Abused Children

#### DCF Interface with DMHAS and DDS

DCF collaborates closely with both the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS). DCF, in conjunction with DMHAS and DDS, has developed a significant number of protocols and processes to support transition planning and collaboration. These apply to youth aging out of foster care as well as those involved in other parts of the DCF system (Voluntary Services, Juvenile Justice, In-home services, etc.).

DMHAS offers a specialized Young Adult Services program (YAS) for 18-25 year olds aging out of the DCF system who have significant psychiatric disabilities and who will need services and supports when they leave the children's system. DMHAS also has an array of adult mental health services but most of the youth leaving DCF care go directly to the specialized YAS program. Since State Fiscal Year (SFY) 2009, DCF has referred an average of 327 youth to DMHAS each year. These referrals are made at age 16 unless the youth enters

care later; DMHAS cannot start services until age 18 so DCF transitions an average of 140 youth to DMHAS each year between the ages of 18 and 21.

DDS works with individuals who have developmental disabilities and are likely to need supports and services throughout their lifetime. DDS has an array of services and has been able to target resources, which are not available to the general public, specifically to youth aging out of DCF. As of the end of April 2014, DCF has identified 220 children/adolescents who have been referred to and made eligible for DDS and who will eventually transition to adult services, typically at age 21. DCF and DDS maintain a “shared client list” which is updated regularly to assure that DCF involved youth are identified, referred and transitioned. DCF has been tracking transitions to DDS since SFY 2011, and an average of 63 youth per year have transitioned to DDS.

The specific protocols and activities that support both DMHAS and DDS screening, referral, and transition include:

1. Agency specific Memorandum of Agreements which formally define coordination and collaboration;
2. Statewide screening process utilizing standardized criteria to identify youth starting at age 15 who need referral to DMHAS or DDS (DCF has screened 3,896 youth between SFY 2009 and SFY 2013);
3. Centralized process to track and monitor referral timeliness and completion and provide regular feedback to Regional and Central Office administrators and staff;
4. Centralized referral processing for DMHAS and centralized monitoring of referrals sent to DDS;
5. Identification of a liaison to DMHAS and DDS in each DCF Region and a Interagency Client Planning and Treatment Unit in DCF Central Office which specifically manages DMHAS and DDS related activities and supports local collaboration.
6. Formal mechanisms which focus on the coordination of referral, eligibility and transition:
  - o At the local level, DCF Area Offices have monthly, bimonthly or quarterly meetings with DMHAS and DDS staff:
    - DMHAS Young Adult Services staff plus representatives from their local YAS Programs meet with DCF Area Office staff to discuss individuals who have been referred to DMHAS and are in need of or already in the process of transitioning; they address any issues that impact transition and identify problems or resource needs that impede smooth and timely transitions.
    - DDS Regional Office staff meet with DCF local Area Office and Central Office staff to review and track youth transitioning from DCF to DDS utilizing a

- DDS/DCF shared client list; the purpose of the meeting is to identify who is transitioning, what is the transition plan and the timing, who is involved and if there are barriers that need to be addressed.
- Both DMHAS and DDS hold monthly meetings with the Albert J. Solnit Children's Center to assure coordination when youth are in DCF operated inpatient or psychiatric residential treatment facilities.
  - Case-specific transition planning is done between the Social Worker at the DCF Area Office and the DMHAS or DDS Case Manager.
- At the administrative level, bi-monthly meetings are convened to assure that systems issues and barriers that cannot be resolved at the local level have a forum in which to be discussed and addressed:
    - One meeting is held between DCF and DMHAS Central Office administrators.
    - A separate meeting is held between DCF and DDS Central Office administrators.
    - There is a combined inter-Departmental meeting with DCF, DMHAS, DDS, along with the Office of Policy and Management (the Governor's budget office), Court Support Services Division (Juvenile and Adult Probation) and the Department of Social Services.
7. Informal mechanisms are also available to assure case-specific issues are addressed when they arise including:
- If individual clinical, resource or system issues are identified as impeding a transition, an individual case conference may be convened. This brings a larger group of stakeholders together to discuss a particular situation and come up with solutions.
  - The DCF Central Office has an Interagency Client Planning and Treatment Unit has staff available to provide training, technical assistance and consultation on client specific, administrative and/or systems issues related to screening, referral, eligibility, transition and interagency coordination. This consultation is available to both staff in the DCF system and to DMHAS and DDS. General in-service training on DCF/DMHAS/DDS interface is also available for other agencies and community groups.
8. Provision of data and reports regarding DDS and DMHAS processes is another element which supports collaboration and helps to ensure better compliance with MOA requirements and DCF Outcome Measures. This includes but is not limited to:
- Number of individuals screened;
  - Timeliness of referrals;
  - Number of referrals;
  - Number of youth transitioned;

- In the past year (2013-2014), DCF has added the tracking of completion of SSI applications (which is required for transition to both DMHAS and DDS) and
  - In FY 2014, DCF has started to track completion of Transition Action Plans which are a DMHAS document used to guide the transition process.
9. Participation in a number of interagency committees/workgroups by the DCF Interagency Client Planning and Treatment staff including:
- Statewide TBI Advisory Committee;
  - DDS Autism Spectrum Division Advisory Council;
  - DDS Children's Services Committee; and
  - The Connecticut Family Support Council.
10. The capacity to develop child-specific agreements with DMHAS and DDS to access services, which are not available within DCF, earlier than usual to move a young adult to a more permanent community setting, prevent multiple moves, and even to avoid a youth prematurely signing out of care.
11. Special transition initiatives between DCF and DDS for transfer of:
- a) DCF Voluntary cases to the DDS Voluntary Program;
  - b) Children on the autism spectrum to the DDS Autism Division Medicaid Waiver program; and
  - c) Early age outs to DDS prior to age 21 in certain circumstances.

**Special Collaboration Project – Life Skills preparation**

DCF and DMHAS have been working together for a number of years to identify a way to better prepare youth for adult roles and responsibilities. DMHAS provided feedback that many of the youth, particularly those coming from congregate care settings, had few, if any practical skills to prepare them for community living.

DCF and DMHAS began a pilot project in one Area Office (New Britain) around both better transition planning and improving life skills. The collaboration brought together DCF, DMHAS, community provider staff as well as youth who had already transitioned to DMHAS and could provide feedback on what did/did not work. To look at the area of life skills, DMHAS also included Occupational Therapists with special training in assessing and teaching skills to young adults with psychiatric disabilities. A specific Life Skills Inventory was developed and piloted and is now being considered for expansion statewide for DMHAS and non-DMHAS youth.

**Juvenile Court Collaboration**

The following provides a brief summary of the Department's collaboration with Juvenile Court and others:

A Department and Judicial Branch program **to reduce paperwork** and duplicative processes was begun in 2012. The Department now uses the existing case plan in lieu of a separately-drafted report regarding children's post-TPR status in some courts and over age 18 permanency plans in all courts. The Department is also working with Judicial on an e-filing system so that petitions and other documents can be filed electronically.

The Department worked with Judicial and the Public Defenders Office to have **lunchtime brown bag meetings** at several courthouses to present new initiatives. Topics vary each year. This past year, Considered Removal and Child and Family Teaming were the topics.

The Department and **Probate Court Administration** collaborate regularly to provide training to Probate Judges and Probate Court Offices in the Department Partner's in Change initiative. The Department also has an assigned legal liaison to ensure efficient processing of Probate Court cases and to address systemic issues. In 2012, the Department and Probate Court Administration created a process to provide families engaged in the probate court process with services from the Department's Community Partner Agency. Families identified with significant needs and potential risks of harm to a child are eligible for services.

**Zero to Three** is a collaboration between the Zero to Three National Center for Infants and Toddlers, DCF, the Judicial Branch and community providers. The program is currently active in the New Haven DCF office and the New Haven juvenile court. The program seeks to improve permanency outcomes for very young children removed from their homes due to abuse and neglect by providing intense services at the outset of court involvement.

The **Concurrent Permanency Planning Training Initiative** undertaken in 2010-2011 was designed to improve the understanding and implementation of concurrent permanency planning. The Judicial Branch led the effort that included DCF, the Office of the Attorney General and the Commission on Child Protection to educate participants in the child protection system on the importance of concurrent permanency planning.

The Governor's Task Force on Justice for Abused Children is the oversight task force for the Connecticut Department of Children and Families (DCF). The Judicial Branch is represented on the Task Force to support the goals of the Children's Justice Act concerning the prevention, identification, prosecution, and treatment of child abuse and neglect in Connecticut.

The RSVP team is a multidisciplinary body that develops and provide oversight for the recovery specialist voluntary program for substance abuse treatment and recovery model for parents affected by substance abuse who have had their children removed by juvenile court due to abuse or neglect. That RSVP program is operational in seven of the twelve juvenile courts in Connecticut.

The Substance-Abuse Family Evaluation, Recovery and Support Project (SAFERS) was formed upon notification that DCF was the recipient of a 2013 federal grant to implement comprehensive support services for families affected by substance abuse and/or HIV-AIDS program authorized by the Abandoned Infants Assistant Act of 1988. The project involves

the expansion of an existing recovery support model for substance abusing caregivers who are at risk for removal of their children and subsequent termination of parental rights.

The Connecticut State Court Improvement Program (CT SCIP) Task Force is a multidisciplinary committee established as a requirement of the State Court Improvement Program in Connecticut. The Task Force is chaired by the Chief Administrative Judge for Juvenile Matters and comprised of child welfare stakeholders. It convenes to plan in advised the development and implementation of the Court Improvement Program Strategic Plan that focuses on improving interagency collaborations and enhancing data collection and reporting of outcome measures related to child welfare and well-being between the courts and DCF.

The CT SCIP Training Workgroup is comprised of key child welfare system stakeholders focused on advising the State of Connecticut regarding training needs of child welfare stakeholder groups, including court staff, attorneys and child welfare professional, on best practices emerging for professionals working in child welfare.

The Education Stability Workgroup has been convened to develop recommendations regarding how child welfare and the court system, including judges, attorneys, and other advocates, can better support the educational needs of children in foster care, particularly around school stability and continuity related to the implementation of the Fostering Connections Act. The workgroup convenes to identify and implement best practices under the direction of the CT SCIP Task Force.

DCF and the Judicial Branch staff an interagency data team comprised of court, administrative, child welfare and information technology staff who oversees the data development and analysis of continuous quality improvement initiatives in child welfare. This collaboration focuses on developing and implementing joint initiatives related to interagency information and data sharing, electronic filing of child welfare petitions (E-filing) and the Child Protection Memorandum of Hearing Projects, with pilots expected to be underway in August 2014.

#### Crossover Youth Project

The Crossover Youth Project is a project initiated as a result of key stakeholders attendance at Georgetown University's Center of Juvenile Justice Reform "Juvenile Justice and Child Welfare Multisystem Integration Certificate Program" in 2011. The systems partners include the Judicial Branch and DCF who funded an initial data analysis of Connecticut's COY population in partnership with the University of Connecticut's Center for Applied Research to identify Connecticut's crossover youth population. The initial report of the data analysis was received in October 2013. Agency stakeholders continue to meet to plan next steps including phases for future research. The data will be further examined for implications by agency case management such as factors that will influence and may be mitigated by specialized oversight informed by national best practice and trauma-informed approaches that best address the needs of youth who have had dual involvement in both the child welfare and juvenile justice systems.

### **Quality Assurance System**

The Department's Quality Assurance System as described in the CFSP has undergone some changes as a result of the re-organization of the Department in the spring of 2011. As part of the reorganization, the former Bureau of Continuous Quality Improvement was also reorganized. For example, the Program Review and Evaluation Unit (PREU), which had responsibility for Out Of State (OOS) Congregate Care review activities and Risk Management was merged with the Office of Research and Evaluation (ORE) at the of CY 2013. This consolidation occurred in recognition of the interrelated aspects of the work done by ORE and that of PREU. In addition, due to the Department's focus on reducing Congregate Care placements, the number of children in out of state congregate care placements declined from 362 as of January 2011 to 26 as of June 2014. This is a 93% reduction. In alignment with the Department's CQI vision, the staff responsible for OOS congregate care reviews were pivoted towards evaluative functions. They have also developed strategic partnerships with the DCF Office of Children and Youth in Placement providing evaluative consultation and support.

The Department's Institutional Review Board (IRB) work has also been enhanced during CY 2013 and CY 2014 to better support the Department's goal to be a learning organization. For example, the IRB has updated its website to articulate the Department's interest to create ongoing opportunities to engage in partnerships of mutual benefit with potential researcher. The website notes that as an outgrowth of DCF's commitment to and investment in scholarly research the Department may be able to make significant contributions that support proposed research and build DCF staff capacity through involvement in activities such as formulating the research hypotheses and research design; and/or designing and conducting major data analyses and interpreting the findings.

The expectation is that DCF staff would be afforded opportunities for co-authorship by helping to draft or revise an article for critically important content; contributing to writing a major section of the manuscript; and providing final approval of the version to be published. Department staff that makes minor contributions should be acknowledged in the paper.

The Department is also developing a research agenda. ORE has systemically outreached to the various Divisions and Regions across DCF to solicit ideas for a comprehensive research agenda. It is expected that this research agenda will be finalized by the end of summer 2014. ORE is considering how it can broadly share that agenda with interested researchers who may wish to partner with the Department to research some of the topic areas that have been identified for evaluation.

Next, other divisions were added to The Quality Improvement Division, including the Office of the Ombudsman and the Office of Administrative Case Review (OACR). The reorganized quality improvement system is overseen by the Chief of Quality and Planning, who reports directly to the Commissioner.

As noted in the CFSR section of this document, the Department has been realigning the ACR process so that it can serve as the foundation for the Department's overall CQI framework. To this end, the Department is adding eight new ACR Social Work Supervisor positions to

support reviews of all DCF In-Home cares. In addition, the Department is transforming the leadership structure for the OACR. Presently, there are four Program Managers (PM) in the OACR. They are assigned across the 6 area offices. Approximately two years ago, there had been a total of 6 OACR PMs. Due to Department operational needs, those positions were transferred to support other functions within the Department. The OACR was able to regain these two additional PM positions. Rather than reassign them to cover ACR activities in the regions, the Department is created two new OACR position: Practice PM and a CQI PM. These positions will join the currently existing regional OACR PMs, which are being re-termed OACR Operations PMs. The function of these three PM roles is as follows:

**Practice Program Manager:**

The Practice PM will be dedicated to oversight and leadership pertaining to effective ACR practice and staff development/training. This position will ensure that any new DCF policy and legislation, as relevant, is incorporated into the ACR process and practice. This PM will be responsible for developing and/or providing the training for OACR Social Work Supervisors, OACR Quality Improvement Social Work Supervisors and OACR Management staff, and internal Child and Family Service Review (CFSR) participants; and assessing resulting proficiency/competency enhancement. The Practice PM will work closely with the Operations PMs and CQI PM to identify and support the ongoing provision of timely training to OACR staff. This position will also, as needed or requested, assist the Regions with the provision of ACR and case planning related training activities to their staff. In addition, this individual will be expected to create, update, disseminate and archive OACR skill development and training materials. Finally, the Practice PM will be expected to maintain and update ACR policies and practice guidance(s) as may be needed

**CQI Program Manager:**

This position will have lead responsibility for developing, implementing and monitoring the internal CQI process for the OACR and connecting it to evaluating the effectiveness of the Department's broader system and mandates. This position will be a key part of the team to support the Department's implementation of and compliance with the Federal Child and Family Service Reviews (CFSR). In addition, the CQI/Data PM will be instrumental to ensuring the quality and integrity (e.g., inter-rater reliability) of the Department's ACR process. This position will ensure timely, ongoing analysis, interpretation, dissemination, and archiving of ACR related data at various levels (e.g., worker, ACR Reviewer, unit, AO, Region, Statewide). The CQI PM will need to create various reports, including ACR Results Based Accountability (RBA) report cards. In addition, the CQI PM will routinely work with the DCF Office of Research and Evaluation (ORE) to support the development of ACR dashboards and other ACR reporting tools. Last, this person will be expected to work collaboratively with each Region's QA Manager, the Court Monitor's Office and the ORE.

**Operations Program Manager:**

The Operations PMs are Area Office based/posted positions that have responsibility for the daily, local level leadership, oversight, guidance, development and supervision of the ACR Process and ACR Social Work Supervisors. This individual will be expected to have or obtain expert level knowledge of the ACR process and offer sound guidance and consultation to their staff and the Area Offices regarding ACR and OACR related activities. The Operations

PM will ensure the smooth functioning of the ACR process at the "onsite" level. This will include management of coverage gaps, vetting of modified work schedule requests; soliciting, identifying and addressing any staff performance concerns, supporting the professional growth of their staff, and generally managing issues that do or may impact the effectiveness and quality of the ACR process within the Area Offices. This position will work closely with the Practice PM, CQI PM, the Court Monitor's Office and the Regions' leadership teams.

As a means to aid the transformation and quality oversight of the ACR process itself, the current OACR leadership has been working to craft a comprehensive ACR CQI Plan and a Training Plan. The ACR CQI Plan lays out the core infrastructure development and strategic activities in which the OACR must engage over the course of the next year. Some of the key initiative identified in the CQI Plan include:

- Annual, formal ACR Inter-Rater Reliability Study
- Routine and standardized managerial level ACR quality reviews
- ACR facilitation and family engagement assessments
- Time study to support appropriate resource allocation
- Ensuring youth and birth family participation in ACRs
- Increasing stakeholder participation in ACRs
- Uniform procedure to address late ACRI submissions
- Integration of the Juvenile Justice ACR with the OACR
- Pivot three OACR SWS positions to exclusive CQI related functions
- OACR Managers' facilitation of some ACR meetings during the year to ensure freshness of skillset

Related, in August 2013, the Department initiated work to complete a preliminary assessment of the level of inter-rater reliability in the ACR process. This work involved OACR as the "business owner" and ORE as "business consultant/support." Central to the assessment of inter-rater reliability was the documentation in the Administrative Case Review Instrument (ACRI) by ACR supervisors. As noted, the Department views the ACR process as the cornerstone of a robust continuous quality improvement process; therefore, we recognize the ACR process must have a high level of inter rater reliability. Thus we know the evaluative outcomes should be consistent regardless of which the ACR supervisor conducts the ACR and completes the ACRI.

Next, the Department's quality improvement system provides data regarding case practice and congregate care settings to other parts of the Department. These data include:

- Results-Oriented Management (ROM) and LINK reports regarding outcomes for children in DCF care;
- Population projection forecasts
- Children in Placement, APPLA, and disproportionality pathway reports
- Quarterly reports on the 22 Juan F. Exit Plan Outcome measures;
- Connecticut Comprehensive Outcomes Review (CCOR) reports with information on strengths and areas needing improvement in case practice in DCF area offices;

- Analytic reports produced by the Office for Research and Evaluation (ORE), such as GIS maps with information about client/service needs and quarterly reports on the indicators of the DCF Strategic Plan; and,
- PNMI compliance reports produced by the Program Review and Evaluation Unit (PREU).

In 2012 and 2013 ORE engaged in two qualitative reviews of children exiting from congregate care settings. These reports focused on children exiting from out of state placements, children exiting from Safe Home and STAR/shelter facilities, and children exiting from congregate care settings who were ages 0 -12. These reports were done in partnership with the Area Offices Quality Assurance Managers and the Court Monitor's office. The focus of these reports was to assess the impact of the Department's priority to reduce reliance on congregate care. Both reports, as well as supplemental data related to reentry and repeat maltreatment, did not indicate that such goal was negatively impacting discharged children as a whole. The reports gave insight to some of the key ingredients that supported success transition into community and family-based care. This included solid planning and strong collaboration and partnership with providers and DCF regional clinical staff.

Also, as part of the Department's learning culture, the ORE is currently undertaking a study to look at DCF practice in cases involving fatalities of children ages 0-3. The purpose of this project is to examine child fatalities with prior or current DCF involvement to better understand the factors that correlate to such fatalities, which are these children, and what these children look like specifically in CT DCF as opposed to the broader child protective services population. The project also seeks to explore what, if anything could be learned about our case practice. Additionally, the project hopes to examine service delivery and service array toward understanding prevention, intervention (treatment) and postvention (i.e., response/practice after fatality).

Further, the project seeks to compare child fatalities age zero to three with children in placement within this same age range, as well as to children of the same age range who are in the home to better understand needs, and apply potentially contributing factors to inform practice and intervention with in-home families and the birth families to whom children in placement will achieve permanency. These comparisons would allow greater exploration of the type and amount of services needed, and inform our case practice and decision making. This project is expected to be completed by the end of summer 2014. In addition, beyond the centralized quality improvement system, every region has staff dedicated to quality assurance and quality improvement functions. Each DCF region has a manager who reports to the Regional Director who oversees quality improvement efforts. The Administrative Case Review Division also has regional managers and will be adding two PM who will be involved that process. The result is a regional structure for quality assurance and quality improvement at every level.

Last, the Department has articulated ten (10 )Performance Expectations for 2014. Each region and all the Department's Divisions have developed operational strategies to set forth their action steps to achieve each of the performance expectations. Updates on regions'

progress with respect to achieving these expectations occurs on a monthly basis at a Senior Administrator's Meeting. A quarterly review that includes both the DCF Regional and Divisional updates on the Operational Strategies is also occurring.

### 3. PROGRAM SUPPORT

The DCF Academy provides competency-based, culturally-responsive training in accordance with national standards for practice in public and child welfare. The Academy encourages staff to pursue professional education and to utilize learning opportunities to improve their work with children and families. An array of professional development programs are offered on a regular basis. The Academy offers pre-service preparation and in-service training to experienced employees and community service providers to ensure those who work with children and families possess the necessary critical information, knowledge and skills to serve them with the highest level of professionalism.

#### **Pre-Service Training:**

All new social workers hired to conduct child welfare related case activities are required to complete a series of mandatory training modules over the course of 10 months. The pre-service program is designed to prepare each staff member for effective protective service/child welfare practice. There are several components to the pre-service program: Classroom training at the Academy, supervised casework experience in a training unit in the Area Office, and area-based activities aimed at enhancing the transfer of learning process. This fiscal year, the hiring for new social workers increased, therefore the Academy was able to establish training calendars for four new pre-service groups. Each new hire attends 27 classes and receives 37 total days of training.

Training content is updated on a regular basis to reflect changes in policy and practice and reflective of current agency initiatives. For this period under review, the following themes and or courses have been embedded into the pre-service series to ensure continuity of practice amongst the newer staff. Below is the list of courses offered in the pre-service training many of which include the following themes: family engagement, trauma, permanency teaming and meeting the needs of the youth remaining in home.

Module 1 Day 1	Legal II Day 1
Module 1 Day 2	Legal II Day 2
Module 1 Day 3	Legal III
Cultural Diversity	Legal IV
Car Seat Safety A	Sexual Abuse Day1
Car Seat Safety B	Sexual Abuse Day 2
Car Seat Safety C	Behavioral Health Day 1
LINK CPS Day 1	Behavioral Health Day 2
LINK CPS Day 2	Placement Perm. Day 1
Worker Safety	Placement Perm. Day 2
Trauma Day 1	Placement Perm. Day 3

Trauma Day 2	Education
PIC Day 1	Final Test
PIC Day 2	
SDM	
Substance Abuse Day 1	
Substance Abuse Day 2	
Engaging Fam. Day 1	
Engaging Fam. Day 2	
Case Plan Day 1	
Case Plan Day 2	
Domestic Viol Day 1	
Domestic Viol Day 2	
In-Home Day 1	
In-Home Day 2	
Legal I	

**In-Service Training**

Per policy staff are required to attend (5) days of in-service training on an annual basis. The Academy is committed to developing course options that allow for the professional growth and development of staff. Over the past year in-service classes were offered on a limited basis due to the mandated trainings staff needed to attend. During this past year the Academy was able to honor specific requests from various workgroups for trainings to be held either in the area office or at the Academy. The following courses were amongst those requested: Time Management, Outlook, Genograms, Structured Decision Making and Ansell Casey Life Skills,

In addition to providing trainings to specific workgroups, the Academy also trained community providers on the following topics:

Training Title	Agency	Number of Participants
Engaging Fathers	Court Support Services Division	36
Trauma Toolkit	Hartford Public Schools	65
Partners in Change	New Haven Public Schools	52
Trauma Toolkit Train the Trainer	Court Support Services Division	8
Youth Mental Health First Aid	Village for Children and Families	20
Youth Mental Health First Aid	Community Residents incorporated	25
Trauma Toolkit	DCF Foster Parents in the Hartford/Manchester area	50

**HUMAN TRAFFICKING:**

The agency remains committed to combating this issue within Connecticut. During the development phase of this course a one day training program was implemented. Based on further research on the topic it morphed into a two day training program. To date, the Academy continues to offer the two -day Human Trafficking Training to staff within the agency. Within the past two years, a decision was made to include the first day of Human Trafficking as a mandatory course for newly assigned staff within the Intake units across the state. From April 2013 to present 122 people have taken day 1 and 49 people have taken day 2.

Communities at large have shown great interest in this topic and are vested in learning more about this issue and how to prevent young girls and boys from becoming victims. To that end, the Academy in conjunction with the agency's Director of Multi Cultural Affairs has developed a two hour presentation that can be delivered to the community upon request. 16 social work staff in the area offices has been certified as trainers of this two hour presentation.

**Man Up:**

During 2013 the Academy continued to offer a 10-week long youth series developed to challenge young men in ending the demand that perpetuates the sexual exploitation of women and children by defining and reshaping what manhood means to them. In doing so, young men are asked to examine how they interact and impact the world around them. Young men will be challenged to see the greatness they have within themselves and to avoid being stereotyped by social media and popular culture, which can limit the opportunities they see for themselves. Two cohorts were offered during this period. As the program transformed, a few details were solidified: the age of the young men who participate and the level of maturity needed to handle the content. Due to staffing changes within Academy, the program has been placed on hold in order explore the possibility of identifying additional staff to conduct the sessions.

**Certification Courses:**

The Academy continues to offer certification programs by functional assignment to ensure that staff are properly orientated to their assigned positions within the agency and are practicing with similar goals and values. Due to the statewide agency mandate to train staff on the Trauma Toolkit, the majority of the certification trainings offered by the Academy were placed on hold; with the exception of the Investigations trainings currently renamed the Differential Response Training. Since the development and implementation of the CT Differential Response System, emphasis has been placed on the importance and value of assisting staff in their developmental understanding of the system and the nuances associated with the two tracks. Those individuals newly assigned to Intake are required to take this 9 day training series. Topics include the following:

- Best Practice FAR
- Best Practice Investigation
- Group Care Investigations / Worker Safety
- Substance Abuse / Motivational Interviewing

- Sexual Abuse: Minimal Facts for 1<sup>st</sup> Responders
- Legal Issues
- Introduction to Health & Wellness
- Human Trafficking
- Genogram

To date 334 social workers have been trained in this series.

**Trauma Toolkit:**

DCF is nearing the third year of the Trauma Grant awarded by the Administration for Children and Families. Over the course of the past two years, the Academy has worked diligently to train agency staff at all levels on the Child Welfare Trauma Training Toolkit curriculum. The curriculum was developed by the National Child Traumatic Stress Network (NCTSN) and was embraced wholeheartedly by the agency due to the richness of content. The training is two days and covers the below topic areas:

- Impact of Trauma on the Brain
- How Trauma Affects Children
- The Relationship between Trauma and Developmental Stages
- The Influence of Culture on Trauma
- Maximizing Physical and Psychological Safety
- Identifying Trauma Related Needs of Children and Families
- Enhancing Child Resilience and Well-Being
- Enhancing the Resilience and Well-Being of Staff

In preparation for the training roll out, representatives from NCTSN worked closely with the DCF training staff in order to orient them to the curriculum. Once grounded in the material the two day training was modified to include Connecticut specific data, resources, language and activities. The agency has successfully trained 1,717 staff in the Trauma Toolkit Training over the course of the past two years. During this timeframe, various community providers were invited to participate in the training along with staff; this pairing allowed for diverse conversation and sharing of resources. Feedback from the training has been overwhelmingly positive. Staff has commented on their ability to effectively assess their cases in a more thorough lens utilizing many of the concepts from the training. Staff has found the attention and information provided around secondary traumatic stress to be enlightening and useful. They have found value in the notion of wellness for themselves and have implemented various strategies within their offices to assist one another.

The Trauma Grant afforded the Department the ability to contract with Yale University to provide an evaluation component associated with the training. This survey of DCF caseworkers and front-line staff is being used to evaluate effects of a statewide trauma-informed training program being delivered by the DCF Academy for Workforce Knowledge and Development, supported by CONCEPT. This survey will be administered three times – once before the training has occurred, once upon completion of training, and once three months after training.

In addition to the survey, Managers and Supervisors were asked to complete an action plan prioritizing the five essential elements listed below as identified by NCTSN.

1. Maximize physical and psychological safety for children and families
2. Identify trauma-related needs of children and families
3. Enhance child well-being and resilience
4. Enhance family well-being and resilience
5. Enhance the well-being and resilience of those working in the system

The Action plan yielded the following results: DCF program managers and supervisors demonstrated statistically significant improvements in their reports of exposure to trauma-related training and education, general and specific trauma-related knowledge, and perspectives on trauma-informed practices including assessment and referrals following completion of the Child Welfare Trauma Toolkit. Secondly, a majority of DCF program managers and supervisors indicated that they would implement action plans to (1) Enhance the well-being and resilience of those working in the system (70%), or (2) Identify trauma-related needs of children and families (66%). Fewer supervisors identified other essential elements as key parts of their individual action plans.

Although the implementation of this training series has come to an end, the Academy continues to provide the material upon request. In addition the two day training has been embedded into the pre-service training series to ensure that newly hired staff is receiving the same content.

**Permanency Teaming:**

The agency has decided to embrace a Permanency Teaming Model to be used throughout the Department for all cases in an effort to establish life long permanency and connections for the children and youth involved in our system. This model of teaming has been adapted from Casey Family Programs to fit the needs of our Department. Over the past several months, the Academy has played an integral role in helping to shape and define what practice will entail and what the training model should include. In March 2014, the Academy offered the first round of trainings to all of the managers, supervisors and workers who had children on their caseload with an APPLA designation. To date, 243 supervisors,

and social workers have been trained. The second round of training will begin in September of this year.

**Supervisory Training:**

The DCF Academy for Workforce Development offers training to current and newly-promoted supervisors within the Connecticut Department of Children and Families (DCF). For the past three years, the Academy has contracted with The Yale School of Medicine to assist with the development of policy and training in an effort to create a consistent and holistic approach to supervision. Historically, the focus of supervision largely has been on case consultation and case management and was only monitored for caseload-carrying social work staff. Significant time and effort is placed on managing crises and meeting deadlines. The two-day training referred to as the "Yale Program on Supervision" was developed by faculty from the Yale School of Medicine and tailored to DCF. The supervisory program is intended to shift practice toward a focus on professional development and support, along with the current focus on administrative tasks and case consultation. In addition, policy development is underway to ensure that all staff in the Department receives supervision on a regular basis regardless of their position.

The Yale Program on Supervision includes group supervision as a mechanism to create a learning environment within work groups. This also promotes shared decision making with line staff and supervisors. This particular approach has been well received by staff and is consistent with the agency's Practice Model which includes the goal of becoming a learning organization. The implementation of the Differential Response System has resulted in a dramatic change in the types of families many social workers now serve. Families with low-risk factors are now being served by community providers. In turn, the families now served by the Department present with higher risk and safety factors. Staff report feeling an enormous amount of support from group supervision in that it is extremely helpful when trying to sift through very complex issues facing our families.

Technical assistance and coaching is being offered to staff in the area offices to support the implementation of group supervision. Academy staff are in the process of being certified to train in the group supervision model in an effort to support the initiative upon expiration of the contract with Yale.

To date, over 300 staff have been trained in the supervision model. Participants included staff from the regional offices, central office and the facilities at all levels. In addition, managers received the full two-day training program along with two additional days of coaching and training to reinforce the practice shift and better prepare them to be leaders in this work.

While the feedback from the training conducted by Yale was largely very positive, staff reported some confusion around policy implementation and messaging. As a result, the directors of the Academy, Human Resources and Change Management developed and conducted a three-hour "Supervisory Model Roundtable Discussion" with the supervisors and managers in all the offices to discuss progress and barriers to implementation of the model. These discussions also were very well received. Feedback from the discussions was

used to modify training as deemed necessary and to solidify the policy. The expected start date for full implementation of the policy is scheduled for August 1, 2014.

**Management Training:**

In April 2014, the Academy launched its first formal training for managers. This Connecticut specific Leadership Academy for Middle Managers (LAMM) is modeled after the National Child Welfare Workforce Institute leadership program sponsored by the Children's Bureau. A competitive application process was used to select 18 managers to participate in a series of facilitated dialogues and structured learning experiences. LAMM created an unprecedented opportunity for these leaders to learn, self reflect and share their experiences as an affinity group.

The six LAMM sessions are structured around the five competencies a manager needs to be a successful leader: Leading Change; Leading for Results; Leader as a Coach; Leading People; and Leading in Context. The facilitators included national experts, local experts and members of the DCF Senior Team. The process began with assessing participant's leadership style and strengths, and then incorporating performance management, results-based accountability and organizational development tools to support the learning process.

LAMM is designed to enhance the ability of middle managers to apply leadership skills to the implementation of sustainable systems change aimed at improving the lives of children and families. Each manager was required to identify a "change initiative" to be utilized throughout the learning experience. This change initiative was expected to be one that the manager is passionate about and that can result in a change in practice within their span of control. Each manager was then assigned to a "Super Coach." The Super Coaches were senior level administrators or consultants with expertise in the area of their assigned LAMM participants change initiative. Coaches provided guidance, assistance and resources to maximize the potential for successful implementation. To date, the LAMM participants have thoroughly enjoyed their experience and have expressed interest in continuing the learning experience beyond the program.

**Coaching:**

The research is clear that training in and of itself does not change practice. In fact, as little as 10 percent of information learned in class is retained. There only is a slight increase in classes that are skill based. Proper transfer of knowledge activities, like coaching, increases knowledge retention to almost 80 percent. With this, the Academy has placed a special emphasis on coaching and other transfer of knowledge strategies to maximize and build on the classroom learning.

In 2012-2013, Supervisors, Program Managers and Senior Level staff were offered two forms of coaching: supervisory coaching and management coaching.

**Supervisory Coaching:**

From February 2012 to May 2013, more than 100 supervisors from six area offices participated in a series of both individual and group supervision sessions. The coaching was facilitated by four different independent consultants with relevant child welfare experience. Content of the sessions were centered around implementation of the Practice Model and

were designed to support leadership development of supervisors. The Department strategically selected external consultants as coaches with the hope and expectation that staff would feel more comfortable disclosing their challenges on the job. Building trust proved to be a very difficult task even with external consultant, but eventually most groups came around and were able to openly discuss issues they were facing with their coaches. In general, the feedback from staff was very positive. Initially, participation in the coaching was mandatory and this resulted in varying reactions from staff. Some staff articulated their appreciation for the mandate, recognizing that they otherwise might not have participated and would have missed the opportunity for growth. Other staff vocalized their anger about being mandated and complained about too many other competing work demands. The mandate to participate was lifted six months after implementation. Despite this, most participants chose to remain involved. The removal of the staff who adamantly opposed participation resulted in a positive change in climate for remaining and new members of the group.

### **MANAGEMENT COACHING**

#### **DISC Assessment:**

An assessment tool known as the DISC was offered to Program Managers and Senior Leaders within a peer-to-peer learning environment. The purpose of the DISC was twofold: (a) to help Program Managers consider their role as leaders in the organization, beyond that of supervisors, and (b) to assist Program Managers to better understand their personal style, that style's interaction with the style of others in the workplace, and the effect of personal styles on the functioning of workers and teams that they supervise. Dr. David Powell, former member of the Yale School of Medicine and an expert on the use of the DISC and on coaching, led these sessions. A total of five sessions were offered at locations selected by DCF. Program Managers from the regions and from Central Office were invited to attend. The sessions were approximately 2.5 hours in length. The agenda at each meeting included DISC administration, scoring, interpretation, and discussion in the large group and in small group breakouts about the findings.

#### **Individualized Coaching:**

One individual meeting with a coach was offered on a voluntarily basis to Program Managers. The purpose of these sessions was to provide a private setting in which Program Managers could explore any issue related to their work. Comments about the content covered during these sessions are captured in the summary section below. The coaching was provided by faculty from the Yale Program on Supervision. The coaching was organized over four days at four separate locations in the regional and central office. Regional and Central Office Program Managers were eligible to participate and a total of seven slots were made available on each day for a total of 28 individual coaching sessions. After the in-person session, each participating Program Manager was eligible for two additional follow-up coaching conversations conducted by phone with the same coach they met with initially. These calls were approximately 30 minutes in length. All slots were filled on a first come, first served basis.

**Summary:**

The DISC sessions with Dr. Powell were relatively well subscribed. Dr. Powell administered the DISC at multiple levels of the DCF organization and the feedback from staff participating in the sessions has been very positive.

The individual coaching sessions filled within several days of being posted, indicating a strong degree of interest in this opportunity. All but two of the registered participants showed for the sessions and each seemed to welcome the opportunity for the discussion. The range of topics raised varied greatly. The topics included, but were not limited to the following: difficulty managing a staff member (supervisor) who for worked for them; difficulty working with a boss (office director); concerns about a mismatch between professional interests and current role within DCF; feeling overwhelmed by the volume of work and stressed by the press of new initiatives; balancing work and family life; questions about personal competence as a manager; the sense of burnout associated with long-term employment in the same role; and “managing from the middle” and translating agency goals into practical guidance for staff. The discussions were animated and the coaches routinely experienced a sense of connection with Program Managers and engagement in productive discussion and problem solving.

While the individual, in person coaching meetings seemed very productive, voluntary telephone follow-up was offered to all participants three to four weeks after their initial meeting, with only about a third of participants opting to participate. Lack of participation was largely due to competing work demands. For those who did participate, the calls were productive and several requested a second call to follow-up with the issue(s) being discussed.

In summary, despite its short term intervention, the coaching for managers was well received. Competing work demands continue to be a challenge often forcing managers to choose between professional development opportunities and the work. There are ongoing efforts to create a culture shift toward normalizing management development opportunities.

**The Provider Academy**

The Provider Academy began delivering courses to providers in June 2010, and in 2011, Commissioner Katz combined DCF’s Training Academy, the Provider Academy, and additional consulting and technical assistance functions into the Academy for Workforce Knowledge and Development. Leadership and vision for the new Academy was expanded from one to two top-level DCF managers.

Since the development of the expanded Academy, the Provider Academy has continued to offer trainings to provider and community partners, often times in conjunction with colleagues from the traditional Academy.

## Courses Offered

This section includes the following information for each course listed. Below is a brief description of the training activity; the training location, the length of the training, a brief description and the instructor(s) name, sorted by training dates.

### JUNE 2013

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6/3 9 AM - 4 PM Basic Medication Administration

#### Basic Certification Course

**This is a 4-day training: June 3, 5 7 and 13, 2013**

The Basic course is designed to initially prepare non-medically licensed staff with the skills to safely administer medications to children in DCF licensed or operated child caring facilities. The Basic certification requires 1) satisfactory attendance for classroom instruction, 2) skills verification, 3) passing a written exam and 4) successfully completing an internship at the employing facility.

The Basic certification course is conducted by a DCF nurse instructor or by a facility employed or contracted licensed medical personnel endorsed as an instructor by DCF.

Eligibility:

The goal of the training is to teach safe medication administration principles and practices. Facility directors and participants must understand that the course is fast-paced and technical.

1. Participants must be employed by a DCF licensed or operated child caring facility or extended day treatment center.
2. Participants must be recommended by their facility director or designee as indicated by a completed, signed course registration form.
3. Participants must have a high school diploma or equivalent; in the absence of a diploma or equivalent, the director of the employing facility must approve the person's eligibility. A copy of this approval must be placed in the employees file and available upon request.
4. Participants must be capable of reading and understanding complex information and be able to perform basic math calculations.

#### Basic Certification Course Components:

1. Class time – Classes are scheduled to take place over several days and will consist of approximately 24 hours of class time. Participants may not miss more than four hours of class time to remain eligible to take the written exam.
2. Skills Verification - Specific skills necessary for safe medication administration will be taught during class. Participants must be able to demonstrate those skills correctly before sitting for the written exam.
3. Written Exam – multiple choice, true/false, matching and fill in the blank questions.
  1. A score of 85% or better is required to pass the written exam.
  2. Participants who fail the exam on their first attempt may retake the exam one time.

Those who fail a second time must retake the entire Basic course before testing for a third time.

Those who fail three exams consecutively are not eligible to pursue DCF medication administration certification for 5 years from the date of last failed exam.

**Location:** C.O.T.A., 505 Hudson Street, 6th floor, Hartford, CT 06106

**9 AM - 4 PM**

**Contact:** Jane MacFarlane

**Email:** [Jane.macfarlane@ct.gov](mailto:Jane.macfarlane@ct.gov)

**Phone:** 860-550-05088

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6/6 10 AM - 11:30 AM GAIN-Q3 Coaching Series: Managing Workload and Workflow with the GAIN-Q3

**\*\*\* THIS IS A WEBINAR \*\*\***

#### TRAINER:

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TIME:** 10:00 a.m. - 11:30 a.m.

**TARGET AUDIENCE:** Staff who routinely administer the GAIN-Q3.

**BRIEF DESCRIPTION:** This coaching session will focus on managing workflow and workload issues related to administering the GAIN-Q3 assessment including:

- Improving administration time,

- Integrating information into a comprehensive psychosocial report,
- Improving time management associated with administering multiple required tools,
- Linking GAIN-Q3 information with evidence based practice,
- Integrating the GAIN-Q3 into supervision,
- Identifying the best use of human resources for administration of the tool and editing clinical reports- Who? When? How?
- Clinical reports: how to use them and how to share them

**GOALS OF TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered when implementing the tool. Staff who attend this session will be able to:

- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe strategies for integrating GAIN-Q3 information into reports
- describe strategies for incorporating GAIN-Q3 into an existing assessment framework
- describe how GAIN-Q3 information supports evidence-based practice
- describe options for implementing the GAIN-Q3 and using and sharing GAIN-Q3 information within a variety of organizational structures
- describe how to use and share the GAIN-Q3 clinical reports

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**Location:** WEBINAR

**10 AM - 11:30 AM**

**Contact:** Melissa Sienna

**Email:** [Melissa.sienna@ct.gov](mailto:Melissa.sienna@ct.gov)

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6/11 12:30 PM - 2 PM [Q3 Coaching Series: Conquering Assessment Challenges & Getting the Most out of the Tool](#)

**\*\*\* THIS IS A WEBINAR \*\*\***

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TIME:** 12:30 - 2:00 p.m.

**TARGET AUDIENCE:** Staff who routinely administers the GAIN-Q3.

**TRAINING CAPACITY:** 20 Participants

**BRIEF DESCRIPTION:** This coaching session will focus on managing and conquering common challenges that arise while administering the GAIN-Q3 assessment including:

- working with cognitively impaired clients,
- building and maintaining rapport,
- asking potentially intrusive questions,
- improving administration time,
- discussing the cultural sensitivity of assessment,
- conducting assessments during crisis,
- encouraging adolescents to provide honest answers,
- resolving inconsistencies,
- conducting follow-ups,
- identifying tools that make the job easier: laptops, software, hardware and
- incorporating additional sources of information (e.g. parental assessment) into the assessment

**GOALS OF THE TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered while administering the tool. Staff who attend this session will be able to:

- describe and implement new strategies to manage a variety of challenges that arise during an assessment,
- describe strategies that will improve their ability to establish and maintain rapport with clients
- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe and demonstrate techniques to resolve inconsistencies in reporting
- describe the technical equipment (hardware, software) that facilitate the GAIN-Q3 assessment
- describe and demonstrate how to integrate multiple sources of information

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**Location:** WEBINAR

**12:30 PM - 2 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.sienna@ct.gov](mailto:Melissa.sienna@ct.gov)

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6/17 9:30 AM - 1:30 PM GAIN - Q3 Skills Sessions

**TRAINER:** Melissa Sienna

**TIME:** 9:30 - 1:30 p.m.

**TARGET AUDIENCE:** Staff who are new to GAIN administration. This session is intended for clinicians, therapist assistants and staff who will conduct the GAIN-Q3 with clients.

**GOALS OF TRAINING:** Building upon the online GAIN-Q3 training modules, the skills sessions will focus on applying that knowledge to a GAIN interview. The skills session will use round-robin and paired practice to reinforce the GAIN rules of administration. Time will be allowed for questions throughout the session.

Pre-requisites:

- Completion of the GAIN-Q3 online training modules.
- Proof of a score of 80 or better on the quiz.
- Send quiz results directly to Melissa Sienna: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov) at least 3 days prior to training.

**Location:** C.O.T.A. - 505 Hudson Street, Hartford, CT 06106

**9:30 AM - 1:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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6/19 9 AM - 12 PM When Pink and Blue is not Enough—meeting the needs of Gender non-conforming and transgender children

**TRAINER:** Robin McHaelen, MSW, Executive Director, True Colors, Inc.

**TIME:** 9:00-12:00 noon-

**LENGTH OF TRAINING:** 1/2 Day

**CEU's:** 3.0

**AUDIENCE:** Everyone who works with children and adolescents in Connecticut

**COURSE DISCRPTION:** **Effective October 1, 2011**, Connecticut employers with three or more employees are prohibited from discriminating against an employee or applicant based on gender identity or expression. Connecticut lawmakers defined "Gender identity or expression" as "a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth."

Although DCF policy has required non-discrimination on the basis of gender identity and expression since 2004 ([policy 30-9](#)), there are few opportunities for DCF workers and Congregate Care Providers to build their understanding and skills in this area of culturally competent programming. This interactive 3 hour workshop incorporates a combination of lecture, activities and discussion and will include the following:

- Pre and post survey
- An overview of the gender continuum from early childhood through adolescence and young adulthood
- Definitions (gender, gender identity, gender expression, orientation, etc.)
- Exploration of the issues for transgender children and youth in out-of-home care
- Development of culturally competent strategies to address this population's unique needs

**Location:** C.O.T.A. - 505 Hudson Street, (Room 4), Hartford, CT 06106

**9 AM - 12 PM**

**Contact:** Robin McHaelen

**Email:** [director@ourtruecolors.org](mailto:director@ourtruecolors.org)

**Phone:** 860-232-0050 312

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6/19 1 PM - 4 PM No Place like Home: Permanency Planning for Lesbian, Gay, Bisexual and Transgender Youth (LGBT)

**TRAINER:** Robin McHaelen, MSW, Executive Director, True Colors, Inc.

**TIME:** 1:00 p.m. until 4:00 p.m.

**AUDIENCE:** DCF and Community Provider Workers who work with all adolescents and teenagers.

**COURSE DESCRIPTION:** LGBT youth are coming out earlier – the average age is now 13 – and in greater numbers. As a result of the stresses that sometimes arise in a family when a child comes out, of number of LGBT youth end up in various forms of out of home care, including detention, foster homes, group homes, shelters, residential treatment, etc. Numerous studies indicate that these children have greater difficulty in care – more frequent placements, more disruptions, etc. For most of these youth, permanency planning translates into independent living. But, is that really the best or the only option? This workshop will explore barriers to permanency planning for sexual and gender minority youth and identify strategies that participants can use to help these youth find their way home.

**Location:** C.O.T.A., 505 Hudson Street, (room 4) Hartford, CT 06106

**1 PM - 4 PM**

**Contact:** Robin McHaelen

**Email:** [director@ourtruecolors.org](mailto:director@ourtruecolors.org)

**Phone:** 860-232-0050 X 312

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**6/20**                    9 AM - 12 PM                    No Place like Home: Permanency Planning for Lesbian, Gay, Bisexual and Transgender Youth (LGBT)

**TRAINER:** Robin McHaelen, MSW, Executive Director, True Colors, Inc.

**TIME:** 1:00 p.m. until 4:00 p.m.

**AUDIENCE:** DCF and Community Provider Workers who work with all adolescents and teenagers.

**COURSE DESCRIPTION:** LGBT youth are coming out earlier – the average age is now 13 – and in greater numbers. As a result of the stresses that sometimes arise in a family when a child comes out, of number of LGBT youth end up in various forms of out of home care, including detention, foster homes, group homes, shelters, residential treatment, etc.

Numerous studies indicate that these children have greater difficulty in care – more frequent placements, more disruptions, etc. For most of these youth, permanency planning translates into independent living. But, is that really the best or the only option? This workshop will explore barriers to permanency planning for sexual and gender minority youth and identify strategies that participants can use to help these youth find their way home.

**Location:** C.O.T.A., 505 Hudson Street, (room 4) Hartford, CT 06106

**1 PM - 4 PM**

**Contact:** Robin McHaelen

**Email:** [director@ourtruecolors.org](mailto:director@ourtruecolors.org)

**Phone:** 860-232-0050 X 312

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**6/20**                    10 AM - 11:30 AM                    Q3 Coaching Series: Using the GAIN-Q3 During Supervision: Initial Treatment Planning & Referral

**\*\*\* THIS IS A WEBINAR \*\*\***

**TRAINER:**

Barbara Estrada, M.S.

GAIN Senior Clinical and Evaluation Consultant

Chestnut Health Systems

**TIME:** 10:00 a.m. - 11:30 a.m.

**TARGET AUDIENCE:** Supervisors who oversee staff administering the GAIN-Q3.

**TRAINING CAPACITY:** 20 Participants

**BRIEF DESCRIPTION:** This coaching session is specifically designed to support Supervisors integrating the GAIN-Q3 into supervision with their staff. This session will include:

- How to use the GAIN-Q3 reports to organize and deliver supervision,
- Using the GAIN-Q3 reports to identify client strengths and areas of need,
- How the GAIN-Q3 supports evidence-based practice,
- How clinical reports should be used and shared internally and with others,
- Using the GAIN information to support referrals, initial treatment planning and discharge planning, and
- How the GAIN can inform workforce development, program development and quality improvement protocols.

**GOALS OF TRAINING:** The purpose of this training is to answer questions, and to provide coaching and technical assistance to Supervisors within agencies using the GAIN-Q3. Supervisors who attend this session will be able to:

- describe how the GAIN reports can be used to organize and guide supervision
- describe how the GAIN reports can be used to inform treatment and discharge planning
- describe how the GAIN supports evidence-based practice
- describe how the GAIN-Q3 can be used to inform workforce development, program planning and quality improvement

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for

Supervisors who have some experience with the GAIN-Q3.

**Location:** Webinar  
**10 AM - 11:30 AM**  
**Contact:** Melissa Sienna  
**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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6/20 1 PM - 4 PM [When Pink and Blue is not Enough—meeting the needs of Gender non-conforming and transgender children](#)

**TRAINER:** Robin McHaelen, MSW, Executive Director, True Colors, Inc.

**TIME:** 1:00 p.m. until 4:00 p.m.

**LENGTH OF TRAINING:** 1/2 Day

**CEU's:** 3.0

**AUDIENCE:** Everyone who works with children and adolescents in Connecticut

**COURSE DESCRIPTION:** Effective October 1, 2011, Connecticut employers with three or more employees are prohibited from discriminating against an employee or applicant based on gender identity or expression. Connecticut lawmakers defined "Gender identity or expression" as "a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth."

Although DCF policy has required non-discrimination on the basis of gender identity and expression since 2004 ([policy 30-9](#)), there are few opportunities for DCF workers and Congregate Care Providers to build their understanding and skills in this area of culturally competent programming. This interactive 3 hour workshop incorporates a combination of lecture, activities and discussion and will include the following:

- Pre and post survey
- An overview of the gender continuum from early childhood through adolescence and young adulthood
- Definitions (gender, gender identity, gender expression, orientation, etc.)
- Exploration of the issues for transgender children and youth in out-of-home care
- Development of culturally competent strategies to address this population's unique needs

**Location:** So.T.A., One Long Wharf, New Haven, CT 06511

**1 PM - 4 PM**

**Contact:** Robin McHaelen  
**Email:** [director@ourtruecolors.org](mailto:director@ourtruecolors.org)  
**Phone:** 860-232-0050 312

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6/21 8:30 AM - 4 PM [Identifying and Working with Parents who Have Cognitive Limitations](#)

**TRAINERS:** CT Parents with Cognitive Limitations Workgroup

**LENGTH OF TRAINING:** 8 hours

**TIME:** 8:30 a.m. Registration; Training begins at 9:00 a.m. and ends at 4:00 p.m.

**LOCATION:** Naugatuck Community College, Ekstrom Hall, Room E315

**AUDIENCE:** Anyone who works with parents

**COURSE DESCRIPTION:** Discussion will include:

- Implications of limitations in functioning
- Behavior and assessment
- Impact on children
- Ways to help families

**FEE:** All sessions are free

**Location:** Naugatuck Community College, 750 Chase Parkway, Waterbury, CT 06708

**8:30 AM - 4 PM**

**Contact:** Wendy Kwalwasser  
**Email:** [wendy.kwalwasser@ct.gov](mailto:wendy.kwalwasser@ct.gov)  
**Phone:** 860-550-6475

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6/24 a& 26 9 AM - 3 PM [Understanding Girls, A Trauma Informed Perspective: Changing the way we think and talk about girls](#)

**THIS IS A 2-DAY TRAINING!!**

**TRAINER(s):** Jacqueline Guajardo/ Consulting Psychologist at DCF, Melissa Pelletier/ Clinical Director at Journey House and Tammy Sneed/ Director of Girls' Services at DCF

**LENGTH OF TRAINING:** 8 Hours (2 - 4-1/2 hour blocks)  
**TIME:** 9:00 am to 3:00pm (1 hour lunch and 2 15-minute breaks)  
**AUDIENCE:** PASS Programs  
**COURSE DESCRIPTION:** Comprehensive training on working with adolescent girls including the dynamics of relational aggression, sexuality and the impact of trauma.  
**Location:** LISA Inc., Butler Resource Center, 1615 Wolcott Road in Wolcott, CT  
**9 AM - 3 PM**  
**Contact:** Tammy Sneed  
**Email:** [tammy.sneed@ct.gov](mailto:tammy.sneed@ct.gov)  
**Phone:** 860-462-4314

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6/26 9 AM - 12 PM Supporting Academic Achievement: Bullying, Harassment and Safety

**TRAINER:** Jo Ann Freiberg, Ph.D.  
Consultant at the CT State Department of Education, manages the arena of school climate improvement and bullying. Her doctoral work at The Ohio State University was in professional and classroom based ethics. Her professional career as a classroom teacher, teacher educator and national consultant has been devoted to empowering the adults who teach and work with children to exemplify ethical and respectful behavior in order to create safe and positive learning environments.

**DATES:** June 26, 2013

**TIME:** 9-12pm

**AUDIENCE:** SW staff & Educational Personnel

**COURSE DESCRIPTION:** This presentation and discussion will provide a critical overview, including the relevant research, relating to creating and maintaining respectful environments for students in all settings.

- During this session, the following elements will be covered:
  - The nature and landscape of bullying, harassment and school safety
- Latest CT Bullying Legislation and the managing the “spirit” (intent) of the law
- What has been learned from the bullying complaints coming to CSDE
- School climate and culture (framing the territory to provide guidance and common language)
- School Connectedness and the value of focusing on quality relationships
- Working successfully with schools to advocate for children and their families
- Workplace bullying (physical and emotional)

**Location:** So.T.A., One Long Wharf, New Haven

**9 AM - 12 PM**

**Contact:** Cheryl R. Wright  
**Email:** [Cheryl.Wright@ct.gov](mailto:Cheryl.Wright@ct.gov)  
**Phone:** (860-550-6693)

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6/26 10 AM - 11:30 AM Q3 Coaching Series: Using the GAIN-Q3 During Supervision: Initial Treatment Planning & Referral

\*\*\* THIS IS A WEBINAR \*\*\*

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TIME:** 10:00 a.m. - 11:30 a.m.

**TARGET AUDIENCE:** Staff who administer the GAIN-Q3.

**TRAINING CAPACITY:** 20 Participants

**BRIEF DESCRIPTION:** This coaching session is specifically designed to support staff with GAIN-Q3.. This session will include:

- How to use the GAIN-Q3 reports to organize and deliver supervision,
- Using the GAIN-Q3 reports to identify client strengths and areas of need,
- How the GAIN-Q3 supports evidence-based practice,
- How clinical reports should be used and shared internally and with others,
- Using the GAIN information to support referrals, initial treatment planning and discharge planning, and
- How the GAIN can inform workforce development, program development and quality improvement protocols.

**GOALS OF TRAINING:** The purpose of this training is to answer questions, and to provide coaching and technical assistance to Supervisors within agencies using the GAIN-Q3. Supervisors who attend this session will be able to:

- describe how the GAIN reports can be used to organize and guide supervision
- describe how the GAIN reports can be used to inform treatment and discharge planning

- describe how the GAIN supports evidence-based practice
- describe how the GAIN-Q3 can be used to inform workforce development, program planning and quality improvement

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for Supervisors who have some experience with the GAIN-Q3.

**LOCATION:** Webinar

**10 AM - 11:30 AM**

**Contact:** Melissa Sienna

**Email:** [Melissa.sienna@ct.gov](mailto:Melissa.sienna@ct.gov)

**6/27** 9 AM - 12 PM Connecticut's Drug Threat, and Drug Endangered Children - Part 1

**TRAINER:** MaryKay O'Sullivan

**TIME:** 9:00 until 12:00 noon

**CEUs:** Available upon request

**DESCRIPTION:** There are a wide range of new street drugs being made available to children and adolescents that are more potent and more dangerous than at any time in history. In addition, prescription medications have become the fastest growing classification of drugs being sold illicitly and children and adolescents are one of the largest groups of consumers of these medications.

In this training we will

- explore the variety of prescription medications that are abused and how they are being used,
- identify the new street drugs and their effects upon the user,
- discuss how these new trends effect the behavior, health, and development of child and adolescent users.

**Location:** DCF C.O.T.A. - 505 Hudson Street, Hartford, CT 06106

**9 AM - 12 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

**Phone:** 860-723-7249

**6/27** 9 AM - 4 PM Infant Mental Health and Effects of Trauma On Young Children and Families

**TRAINERS:** Training provided by Yale Child Study Center:

Nancy Close, PhD., Associate Professor

Lauren Dennehy, LCSW, Clinical Instructor, and

Christiana Mills, LCSW, Assistant Clinical Professor of Social Work

**TIME:** 9:00 a.m. – 4:00 p.m. (Lunch provided)

**CEUs:** Available upon request

**AUDIENCE:** DCF workers, CASA's, public health, early childhood education/day care providers, mental health providers, foster parents and others who have contact with infants and toddlers.

**DESCRIPTION:** Topics on social-emotional development, attachment, bonding, and effects of maltreatment, trauma, foster care, substance abuse and domestic violence. Also, an introduction to Child-Parent Psychotherapy and relationship-based assessment.

**Location:** Milford DCF Office (38 Wellington Rd., Milford, CT 06461)

**9 AM - 4 PM**

**Contact:** Ebony Miller (ZTT Community Coordinator)

**Email:** [emiller@zerotothree.org](mailto:emiller@zerotothree.org)

**Phone:** 203-500-5945

**6/27, 28 & 7/1** 9 AM - 4 PM Human Sexuality - Training of the Trainer

\*\*\* This is a 3 day Training\*\*\*

**TRAINER:** Erin Livensparger

**TIME:** 9:00 - 4:00

**LENGTH OF TRAINING:** 1 day (x 3)

**AUDIENCE:** Anyone who works with children and youth

**DESCRIPTION:** This training is designed to increase participants' knowledge surrounding the components of human sexuality. Participants will be asked to explore their beliefs and values around human sexuality and how those beliefs impact their work. Participants will learn the variety of influences that shape sexual identity, as well as ways to increase their comfort discussing issues related to human sexuality with their clients.

Included in the training are the following topics:

- Contraception and protection methods, including effectiveness, proper use, and the pros and cons of each method
- Sexually transmitted infections, including transmission, treatment and prevention
- New strategies and activities for relaying information about both abstinence and contraceptive/protection methods and STI's.

The training curriculum was designed by Erin Livensparger, Regional Director, Education & Training and Planned Parenthood of Southern New England, 2011

**Location:** Planned Parenthood of Southern New England, New Haven Administrative Offices, 345 Whitney Ave. New Haven, CT 06511

**9 AM - 4 PM**

**Contact:** Lisa Driscoll, MSW

**Email:** [lisa.driscoll@ct.gov](mailto:lisa.driscoll@ct.gov)

**Phone:** 860-550-6331

**6/27**                      1 PM - 4 PM                      Connecticut's Drug Threat, and Drug Endangered Children - Part 2

**TRAINER:** Wayne Kowal, Training Program Coordinator for the Department of Emergency Services and Public Protection, Connecticut State Police, Statewide Narcotics Task Force.

**TIME:** 1:00 - 4:00 p.m.

**CEU's:** Available upon request

**DESCRIPTION:** This half-day course is offered as a lecture and question-and-answer session wherein participants will learn about the current drug threats in Connecticut, the effects of the presence of these substances in homes where children reside, how to identify risks presented to children in such situations, and the work being done by the Connecticut Drug Endangered Children's Alliance to bring professionals together to improve outcomes for families and children.

At the conclusion of training, participants will be able to:

Identify the current drug trends in Connecticut, including explaining why some drugs are more or less prevalent in CT than other areas:

- Recognize signs of abuse of drugs that do not present on traditional screens.
- Identify signs of manufacturing - personal use and for profit.
- Identify signs of safety concerns for anyone entering the home.
- Identify signs of abuse, neglect or risk to children in environments where illicit substances are used, manufactured, or distributed and be able to utilize a risk assessment checklist for children in such environments
- Develop a working knowledge of the partners and state agencies involved in the Connecticut Drug Endangered Children's Alliance and their respective roles in improving the outcomes for families and children.

**Location:** DCF C.,O.T.A. - 505 Hudson Street, Hartford, CT 06106

**1 PM - 4 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

**Phone:** 860-723-7249

**6/28**                      8 AM - 5 PM                      Medication Administration Recertification

**Recertification Review and Exam**

**ELIGIBILITY:**

Recertification for medication administration is required every two years. Medication certified staff currently employed at a DCF licensed or operated child caring facility and whose certification is in good standing may recertify. The recertification exam must be completed before the certificate's expiration date. Staff may recertify any time before the expiration date.

Staff whose DCF Medication Certification is under suspension may not recertify until the suspension is lifted. If the certificate expires while under suspension, the employee is no longer medication certified and must retake and pass the Basic Medication Administration class. The staff will be required to successfully complete all the steps for Basic certification.

Staff who allows their certifications to expire may not administer medications until they have become certified again. Exceptions are not made.

**Recertification Course Components:**

- Self Study – Participants are expected to prepare themselves for the Recertification exam. Materials are available on the DCF Medication Administration webpage. Endorsed instructors and supervising nurses are encouraged to offer comprehensive reviews for their staff needing recertification.
- Optional Review Class – A brief review of essential learner objectives is offered every month by the DCF Medication Administration training program. Consult the schedule posted on the program's webpage for dates and locations.

**Mandatory Written Exam –**

- A passing score of 85% or better is required to be recertified in medication administration.
- The exam is based on learner objectives and consists of multiple choices, true/false, matching and fill-in-the-blank questions.

**Issuance of a Certificate** - A new certificate effective for two years will be issued to those who pass the Recertification exam. The original certificate is to be given to the staff person after copies are made for facility records. Anyone who fails the DCF Recertification exam is no longer DCF medication certified immediately upon failure and notification of the failure is made to the participant's employing facility. He or she may not administer medications.

**Location:** Woodland Street Training Ctr., 61 Woodland Street, Hartford, CT 06105

**8 AM - 5 PM**

**Contact:** Jane MacFarlane  
**Email:** [jane.macfarlane@ct.gov](mailto:jane.macfarlane@ct.gov)  
**Phone:** 860-550-5088

**6/28**                      1 PM - 4 PM                      Supporting Academic Achievement: Bullying, Harassment and Safety

**TRAINER:** Jo Ann Freiberg, Ph.D.

Consultant at the CT State Department of Education, manages the arena of school climate improvement and bullying. Her doctoral work at The Ohio State University was in professional and classroom based ethics. Her professional career as a classroom teacher, teacher educator and national consultant has been devoted to empowering the adults who teach and work with children to exemplify ethical and respectful behavior in order to create safe and positive learning environments.

**TIME:** 1-4 p.m.

**AUDIENCE:** SW staff & Educational Personnel

**COURSE DESCRIPTION:** This presentation and discussion will provide a critical overview, including the relevant research, relating to creating and maintaining respectful environments for students in all settings.

- During this session, the following elements will be covered:
  - The nature and landscape of bullying, harassment and school safety
  - Latest CT Bullying Legislation and the managing the "spirit" (intent) of the law
  - What has been learned from the bullying complaints coming to CSDE
  - School climate and culture (framing the territory to provide guidance and common language)
  - School Connectedness and the value of focusing on quality relationships
  - Working successfully with schools to advocate for children and their families
  - Workplace bullying (physical and emotional)

**Location:** So.T.A. One Long Wharf, (ROOM 1), New Haven 06511

**1 PM - 4 PM**

**Contact:** Cheryl R. Wright  
**Email:** [Cheryl.Wright@ct.gov](mailto:Cheryl.Wright@ct.gov)  
**Phone:** 860-550-6693

**JULY**

**7/8**                      9 AM - 4 PM                      Casey Life Skills Training (1 day)

**TRAINER:** Maureen Auger  
**TIME:** 9:00 a.m. until 4:00 p.m.  
**LENGTH OF TRAINING:** 1 day  
**CEC's/CME's:** 6.0

**COURSE DESCRIPTION:** This one day training for professional staff that work for agencies that are required contractually, under credentialing or voluntarily to have trained life skills educators. This training is for staff who have at least a BA/BS in the field. This course will detail the importance of Basic Life Skills in the lives of our youth in order to become productive adults in society. The Casey Life Skills Assessment and its skill areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, and Looking Forward) as well as Permanency Connections will be reviewed. Participants will look at how levels of learning and learning styles should be considered when developing Learning Plans as well as planning for the Life Skills Instruction for youth.

**Location:** C.O.T.A. (Central Office Training Academy),505 Hudson Street, Hartford, CT 06106

**9 AM - 4 PM**

**Contact:** Maureen Auger  
**Email:** [Maureen.Auger@ct.gov](mailto:Maureen.Auger@ct.gov)

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7/9 9:30 AM - 1:30 PM GAIN - Q3 Skills Sessions

**TRAINER:** Melissa Sienna

**TIME:** 9:30 - 1:30 p.m.

**TARGET AUDIENCE:** Staff who are new to GAIN administration. This session is intended for clinicians, therapist assistants and staff who will conduct the GAIN-Q3 with clients.

**GOALS OF TRAINING:** Building upon the online GAIN-Q3 training modules, the skills sessions will focus on applying that knowledge to a GAIN interview. The skills session will use round-robin and paired practice to reinforce the GAIN rules of administration. Time will be allowed for questions throughout the session.

Pre-requisites:

- Completion of the GAIN-Q3 online training modules.
- Proof of a score of 80 or better on the quiz.
- Send quiz results directly to Melissa Sienna: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov) at least 3 days prior to training.

**Location:** COTA - 505 Hudson Street, Hartford, CT 06106

**9:30 AM - 1:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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7/15 & 17 9 AM - 2:30 PM Understanding Girls, A Trauma Informed Perspective: Changing the way we think and talk about girls.

**THIS IS A 2-DAY TRAINING!!**

**TRAINER(s):** Jacqueline Guajardo/ Consulting Psychologist at DCF, Melissa Pelletier/ Clinical Director at Journey House and Tammy Sneed/ Director of Girls' Services at DCF

**LENGTH OF TRAINING:** 8 Hours (2 - 4 hour blocks)

**TIME:** 9:00 am to 2:30pm (1 hour lunch and 2 15-minute breaks)

**AUDIENCE:** **Congregate Care Providers**

**COURSE DESCRIPTION:** Comprehensive training on working with adolescent girls including the dynamics of relational aggression, sexuality and the impact of trauma.

**Location:** Department of Transportation Headquarters, CONFERENCE ROOM B, 2800 Berlin Turnpike, Newington, CT 06111

**9 AM - 2:30 PM**

**Contact:** Tammy Sneed

**Email:** [tammy.sneed@ct.gov](mailto:tammy.sneed@ct.gov)

**Phone:** 860-462-431

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7/18 9 AM - 12 PM Connecticut's Drug Threat, and Drug Endangered Children - Part 1

**TRAINER:** MaryKay O'Sullivan

**TIME:** 9:00 until 12:00 noon

**CEUs:** Available upon request

**DESCRIPTION:** There are a wide range of new street drugs being made available to children and adolescents that are more potent and more dangerous than at any time in history. In addition, prescription medications have become the fastest growing classification of drugs being sold illicitly and children and adolescents are one of the largest groups of consumers of these medications.

In this training we will

- explore the variety of prescription medications that are abused and how they are being used,
- identify the new street drugs and their effects upon the user,
- discuss how these new trends effect the behavior, health, and development of child and adolescent users.

**Location:** DCF C.O.T.A. - 505 Hudson Street, Hartford, CT 06106

**9 AM - 12 PM**

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7/18 1 PM - 4 PM Connecticut's Drug Threat, and Drug Endangered Children - Part 2

**TRAINER:** Wayne Kowal, Training Program Coordinator for the Department of Emergency Services and Public Protection, Connecticut State Police, Statewide Narcotics Task Force.

**TIME:** 1:00 - 4:00 p.m.

**CEU's:** Available upon request

**DESCRIPTION:** This half-day course is offered as a lecture and question-and-answer session wherein participants will learn about the current drug threats in Connecticut, the effects of the presence of these substances in homes where children reside, how to identify risks presented to children in such situations, and the work being done by the Connecticut Drug Endangered

Children's Alliance to bring professionals together to improve outcomes for families and children.

At the conclusion of training, participants will be able to:

Identify the current drug trends in Connecticut, including explaining why some drugs are more or less prevalent in CT than other areas:

- Recognize signs of abuse of drugs that do not present on traditional screens.
- Identify signs of manufacturing - personal use and for profit.
- Identify signs of safety concerns for anyone entering the home.
- Identify signs of abuse, neglect or risk to children in environments where illicit substances are used, manufactured, or distributed and be able to utilize a risk assessment checklist for children in such environments
- Develop a working knowledge of the partners and state agencies involved in the Connecticut Drug Endangered Children's Alliance and their respective roles in improving the outcomes for families and children.

**Location:** DCF C., O.T.A. - 505 Hudson Street, Hartford, CT 06106

**1 PM - 4 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

**Phone:** 860-723-7249

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**7/23**                      9 AM - 4 PM                      "The Early Years: Infant Toddler Development and Barriers to Optimum Development"

**PRESENTERS:**

Evelyn Rodriguez, M. Ed., Ali Lacey, MA, and

Marci Arroyo, MS. Early Childhood Consultation Partnership

**TIME:** 9:00 a.m. - 4:00 p.m.

**AUDIENCE:** All Social Work Staff

**DESCRIPTIONS:** Typical growth and development, ages birth through five years, will be explored as well as information on factors that can impact this development. The training will consider what can cause the derailment of a child's development. This will include discussions of possible effects of such things as abuse, neglect, shaken baby, trauma, displacement, grief and environmental issues. This training is meant to help you understand why the early years are critically important and how early care giving and experience provide the foundation for healthy development. Factors that can help support and maintain the child will also be explored.

The following are objectives of the training:

- Be able to identify developmental milestones from birth through three years
- Will understand the connection between responsive care, stimulation, and interaction on development
- Will understand the developmental issues that can arise from abuse, neglect, trauma, grief, loss and environmental risks.
- Will recognize how and infant or toddler might respond through behavior
- Will understand the needs of infants and toddlers
- Will consider the need for care and support for caregivers

**Location:** C.O.T.A., 505 Hudson Street, Hartford, CT 06106

**9 AM - 4 PM**

**Contact:** Cheryl Wright

**Email:** [Cheryl.Wright@ct.gov](mailto:Cheryl.Wright@ct.gov)

**AUGUST**

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**8/14**                      9 AM - 4 PM                      Casey Life Skills Training (1 day)

**TRAINER:** Maureen Auger

**TIME:** 9:00 a.m. until 4:00 p.m.

**LENGTH OF TRAINING:** 1 day

**COURSE DESCRIPTION:** This one day training for professional staff that work for agencies that are required contractually, under credentialing or voluntarily to have trained life skills educators. This training is for staff who have at least a BA/BS in the field. This course will detail the importance of Basic Life Skills in the lives of our youth in order to become productive adults in society. The Casey Life Skills Assessment and its skill areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, and Looking Forward) as well as Permanency Connections will be reviewed. Participants will look at how levels of learning and learning styles should be considered when

developing Learning Plans as well as planning for the Life Skills Instruction for youth.  
**Location:** C.O.T.A. (Central Office Training Academy),505 Hudson Street, Hartford, CT 06106  
**9 AM - 4 PM**  
**Contact:** Maureen Auger  
**Email:** [Maureen.Auger@ct.gov](mailto:Maureen.Auger@ct.gov)

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**8/14** 9:45 AM - 12 PM When Pink and Blue is not Enough--meeting the needs of Gender non-conforming and transgender children

**TRAINER:** Robin McHaelen, MSW, Executive Director, True Colors, Inc.  
**TIME:** 9:45-12:00 noon  
**LENGTH OF TRAINING:** 1/2 Day  
**AUDIENCE:** DARE staff, [DARE Family Services](#)  
**COURSE DISCRPTION:** **Effective October 1, 2011**, Connecticut employers with three or more employees are prohibited from discriminating against an employee or applicant based on gender identity or expression. Connecticut lawmakers defined "Gender identity or expression" as "a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth."  
Although DCF policy has required non-discrimination on the basis of gender identity and expression since 2004 ([policy 30-9](#)), there are few opportunities for DCF workers and Congregate Care Providers to build their understanding and skills in this area of culturally competent programming. This interactive 3 hour workshop incorporates a combination of lecture, activities and discussion and will include the following:

- Pre- and post-survey
- An overview of the gender continuum from early childhood through adolescence and young adulthood
- Definitions (gender, gender identity, gender expression, orientation, etc.)
- Exploration of the issues for transgender children and youth in out-of-home care
- Development of culturally competent strategies to address this population's unique needs

**Location:** DARE Family Services, 1184 Burnside Avenue, East Hartford  
**9:45 AM - 12 PM**  
**Contact:** Jeremy Smith  
**Email:** [jsmith@darefamily.org](mailto:jsmith@darefamily.org)

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**8/20** 9 AM - 4 PM "Domestic Violence: Overview of the Safe & Together Model"

**TIME:** 9:00 a.m. - 4:00 p.m.  
**PRESENTER:** Kristen Selleck, MSW  
**AUDIENCE:** Target Audience: DCF social workers, supervisors, managers, ARG staff, FAR staff, and any community partners  
**COURSE DESCRIPTION:** Domestic violence case practice can be challenging. The Safe and Together model is a field tested national model designed to support child welfare workers and their community partners in domestic violence practice. This training will provide participants with an overview of the Safe and Together model principles and components. In addition, participants will discuss interviewing, assessment, safety planning and case planning skills specific to domestic violence cases. Participants will have an opportunity to discuss ways to partner with domestic violence survivors and intervene with perpetrators to reduce harm to children. Finally, participants will discuss how the Safe and Together model can impact case decision making.  
The following are objectives of the training:

- Explain the Safe & Together Model and its components
- Describe interviewing techniques
- Learn appropriate safety planning approaches
- Explore ways to engage & partner with domestic violence survivors

**Location:** C,O.T.A. (Central Office Training Academy ), 505 Hudson Street, Hartford, CT 06106  
**9 AM - 4 PM**  
**Contact:** Cheryl Wright  
**Email:** [CHERYL.WRIGHT@ct.gov](mailto:CHERYL.WRIGHT@ct.gov)

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**8/21** 9 AM - 4 PM Casey Life Skills Training (1 day)

**TRAINER:** Maureen Auger  
**TIME:** 9:00 a.m. until 4:00 p.m.  
**LENGTH OF TRAINING:** 1 day

CEU's: 6.0

**COURSE DESCRIPTION:** This one day training for professional staff that work for agencies that are required contractually, under credentialing or voluntarily to have trained life skills educators. This training is for staff who have at least a BA/BS in the field. This course will detail the importance of Basic Life Skills in the lives of our youth in order to become productive adults in society. The Casey Life Skills Assessment and its skill areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, and Looking Forward) as well as Permanency Connections will be reviewed. Participants will look at how levels of learning and learning styles should be considered when developing Learning Plans as well as planning for the Life Skills Instruction for youth.

**Location:** C.O.T.A. (Central Office Training Academy), 505 Hudson Street, Hartford, CT 06106

**9 AM - 4 PM**

**Contact:** Maureen Auger

**Email:** [Maureen.Auger@ct.gov](mailto:Maureen.Auger@ct.gov)

## SEPTEMBER

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**9/11** 5:30 PM - 8:30 PM [HUMAN TRAFFICKING in the U.S.](#)

HUMAN TRAFFICKING in the U.S.

**FACILITATED BY:** Dr. Jeffrey Barrows, OB/GYN from Abolition International

**Flyer**

**GUEST SPEAKER:** DCF Commissioner Joette Katz

**PERSONAL STORY:** A Human Trafficking Survivor

**COST:** Registration is FREE, but registration is required.

**Location:** St. Francis Hospital, 260 Ashley Street, Hartford, CT 06105

**5:30 PM - 8:30 PM**

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**9/12** 3 PM - 4 PM [Polyvictimization and Sexual Exploitation of Young Girls and Women](#)

WEBINAR

**LIVE: Thursday, September 12, 2013**

3:00 pm Eastern / 12:00 am Pacific

Speaker: Lisa Goldblatt-Grace, MA, LICSW — Trauma Center at JRI, My Life My Choice Program

**To View the Slides & Listen Online:** You must be enrolled in the **Polyvictimization**, on the NCTSN Learning Center, in order to access this webinar and accompanying materials. **Use the following course link to enroll now and to join the webinar on September 12:** <http://learn.nctsn.org/course/view.php?id=106>

**To Listen by Phone:** Call 1-866-295-5950 and enter guest code 5318986#. To submit a question during the webinar, email [question@nctsn.org](mailto:question@nctsn.org). A copy of the slides may be downloaded and printed from the NCTSN Learning Center on the day of the webinar.

**Questions:** For technical problems including questions about the Learning Center please email [help@nctsn.org](mailto:help@nctsn.org).

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**9/14** 11 AM - 3 PM [11th Annual Grandparents Day Family Fair](#)

It's that time of the year when the Department of Health & Human Services celebrates Hartford's grandparents who are raising their grandchildren with its 11th Annual Grandparents Day Family Fair.

Attached you will find a flyer ([English flyer here](#) and [Español Pamfleto here](#)) for the **11th Annual Grandparents Day Family Fair** to be held on **Saturday, September 14th from 11-3** at Bushnell Park by the Pump House Gallery (skating area).

**DATE:** Saturday, September 14<sup>th</sup> 2013

**TIME:** 11:00 A.M. to 3:00 P.M.

**DESCRIPTION:** The City of Hartford's Department of Health and Human Services is organizing its **11<sup>th</sup> Annual Grandparents Day Family Fair**.

This event is dedicated to the thousands of kinship families in our great city and across Connecticut Grandparents Day Family Fair is filled with activities, games, arts & crafts, inflatable bouncers, information and much more! This family event offers the opportunity to learn about programs and services within the community that can assist families with intervention services, support services, health screenings, youth programming, parenting support and education to name a few through interactive games and activities.

We hope that you will consider joining us and sharing information and or provide health screenings at this event.

If you are a vendor and would like a "booth" at this event, please complete the **VENDOR REGISTRATION FORM** and return it to Milagros Acosta ([ACOSM001@hartford.gov](mailto:ACOSM001@hartford.gov)) by **Friday, August 23, 2013**.

We look forward to seeing you at this event.

**Location:** Bushnell Park by the Pump House Gallery.

**11 AM - 3 PM**

**Contact:** Milagros Acosta

**Email:** [ACOSM001@hartford.gov](mailto:ACOSM001@hartford.gov)

**Phone:** 860-757-4763

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**9/17** 9:30 AM - 1:30 PM [GAIN - Q3 Skills Sessions](#)

**TRAINER:** Melissa Sienna

**TIME:** 9:30 - 1:30 p.m.

**TARGET AUDIENCE:** Staff who are new to GAIN administration. This session is intended for clinicians, therapist assistants and staff who will conduct the GAIN-Q3 with clients.

**GOALS OF TRAINING:** Building upon the online GAIN-Q3 training modules, the skills sessions will focus on applying that knowledge to a GAIN interview. The skills session will use round-robin and paired practice to reinforce the GAIN rules of administration. Time will be allowed for questions throughout the session.

Pre-requisites:

- Completion of the GAIN-Q3 online training modules.
- Proof of a score of 80 or better on the quiz.
- Send quiz results directly to Melissa Sienna: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov) at least 3 days prior to training.

**9:30 AM - 1:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

**Phone:** 860.560.5087

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**9/19** 9 AM - 12 PM [Connecticut's Drug Threat, and Drug Endangered Children - Part 1](#)

**TRAINER:** MaryKay O'Sullivan

**TIME:** 9:00 until 12:00 noon

**CEUs:** Available upon request

**DESCRIPTION:** There are a wide range of new street drugs being made available to children and adolescents that are more potent and more dangerous than at any time in history. In addition, prescription medications have become the fastest growing classification of drugs being sold illicitly and children and adolescents are one of the largest groups of consumers of these medications.

In this training we will

- explore the variety of prescription medications that are abused and how they are being used,
- identify the new street drugs and their effects upon the user,
- discuss how these new trends effect the behavior, health, and development of child and adolescent users.

**Location:** So.T.A., DCF Southern Training Academy, One Long Wharf, New Haven, CT 06511

**9 AM - 12 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

**Phone:** 860-723-7249

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**9/19, 20 and 23** 9 AM - 4 PM [Human Sexuality & Adolescent Development - Training of Trainers](#)

**\*\* This is a Three Day Training \*\***

[Human Sexuality and Adolescent Development Flyer](#)

**TRAINER:** Erin Livensparger

**TIME:** 9:00 - 4:00

**LENGTH OF TRAINING:** 1 day (x 3)

**CEU's:** 12.5 (for all three days)

**AUDIENCE:** Anyone who works with children and youth

**DESCRIPTION:** This training is designed to increase participants' knowledge surrounding the components of human sexuality. Participants will be asked to explore their beliefs and values around human sexuality and how those beliefs impact their work. Participants will learn the variety of influences that shape sexual identity, as well as ways to increase their comfort discussing issues related to human sexuality with their clients.

Included in the training are the following topics:

- Contraception and protection methods, including effectiveness, proper use, and the pros and cons of each method

- Sexually transmitted infections, including transmission, treatment and prevention
- New strategies and activities for relaying information about both abstinence and contraceptive/protection methods and STI's.
- Discussion of the prevalence of sexual activity among adolescents
- The risks factors associated with teen pregnancy and parenting for the adolescent and the child
- Teach back opportunity in a safe learning environment to build skills as a sexual health trainer/facilitator

The training curriculum was designed by Erin Livensparger, Regional Director, Education & Training and Planned Parenthood of Southern New England, 2011

**Location:** Planned Parenthood of Southern New England, New Haven Administrative Offices, 345 Whitney Ave. New Haven, CT 06511

**9 AM - 4 PM**

**Contact:** Lisa Driscoll, MSW

**Email:** [lisa.driscoll@ct.gov](mailto:lisa.driscoll@ct.gov)

**Phone:** 860-550-6331

9/19/13      1 PM - 4 PM      [Connecticut's Drug Threat, and Drug Endangered Children - Part 2](#)

**TRAINER:** Wayne Kowal, Training Program Coordinator for the Department of Emergency Services and Public Protection, Connecticut State Police, Statewide Narcotics Task Force.

**TIME:** 1:00 - 4:00 p.m.

**CEU's:** Available upon request

**DESCRIPTION:** This half-day course is offered as a lecture and question-and-answer session wherein participants will learn about the current drug threats in Connecticut, the effects of the presence of these substances in homes where children reside, how to identify risks presented to children in such situations, and the work being done by the Connecticut Drug Endangered Children's Alliance to bring professionals together to improve outcomes for families and children.

At the conclusion of training, participants will be able to:

Identify the current drug trends in Connecticut, including explaining why some drugs are more or less prevalent in CT than other areas:

- Recognize signs of abuse of drugs that do not present on traditional screens.
- Identify signs of manufacturing - personal use and for profit.
- Identify signs of safety concerns for anyone entering the home.
- Identify signs of abuse, neglect or risk to children in environments where illicit substances are used, manufactured, or distributed and be able to utilize a risk assessment checklist for children in such environments
- Develop a working knowledge of the partners and state agencies involved in the Connecticut Drug Endangered Children's Alliance and their respective roles in improving the outcomes for families and children.

**Location:** So.T.A., DCF Southern Training Academy, Oner Long Wharf, New Haven, CT 06511

**1 PM - 4 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

**Phone:** 860-723-7249

9/25      9 AM - 4 PM      [Children on the Move: Supporting Children with Transitions](#)

**TRAINERS:** Mary Tabb, M.A., Karie DeCicco, MS, & Andrea Cooper, MPH Early Childhood Consultation Partnership

**TIME:** 9:00a.m. - 4:00 p.m

**TARGET AUDIENCE:** Social Work Staff

**COURSE DESCRIPTION:** For some children, moving from one activity and/or environment to another result in confusion, frustration and challenging behaviors. During transitions, children may experience an array of feelings such as anxiety, sadness, anger, and uncertainty. It is important that children are supported during times of transition to help maintain their social and emotional well-being. Research suggests that transitions take a lot of time but that adults tend not to provide the time children need for transitions. Many times children are expected to wait for extended periods before moving on to another activity or are not given enough time to move between activities. This training will aid participants in identifying and preparing for common transitions experienced by children and families. In addition, participants will learn effective strategies to help children make smooth, independent transitions.

Course Description:

At the close of this training you will be able to:

- Define the term transition.
- Gain an in depth understanding of why transitions can be difficult and why they are so important.
- Identify common transitions experienced by children and families.

- Identify ways adults can help children manage transitions smoothly.
- Learn activities to help children

**Location:** DCF Central Office Training Academy (C.O.T.A.), 505 Hudson Street, Hartford, CT 06106

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**9/27**                    8:30 AM - 4 PM                    Identifying and Working with Parents who Have Cognitive Limitations

**TRAINERS:** CT Parents with Cognitive Limitations Workgroup

**LENGTH OF TRAINING:** 8 hours

**TIME:** 8:30 a.m. Registration; Training begins at 9:00 a.m. and ends at 4:00 p.m.

**LOCATION:** Naugatuck Community College, Ekstrom Hall, Room E315

**AUDIENCE:** Anyone who works with parents

**COURSE DESCRIPTION:** Discussion will include:

- Implications of limitations in functioning
- Behavior and assessment
- Impact on children
- Ways to help families

**FEE:** All sessions are free

**LUNCH:** one-hour lunch is "on your own."

Sponsored by: The Connecticut Parents with Cognitive Limitations Workgroup and the Connecticut Department of Children and Families. Partial funding made possible by: The Connecticut Council on Developmental Disabilities

**Location:** Naugatuck Community College, 750 Chase Parkway, Waterbury, CT 06708

**8:30 AM - 4 PM**

**Contact:** Wendy Kwalwasser

**Email:** [wendy.kwalwasser@ct.gov](mailto:wendy.kwalwasser@ct.gov)

**Phone:** 860-550-6475

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**9/27 & 9/30**                    9 AM - 3 PM                    Understanding Girls, A Trauma Informed Perspective: Changing the way we think and talk about girls.

**\*\*\* THIS IS A 2-DAY TRAINING!! \*\*\***

**TRAINER(s):**

Jacqueline Guajardo, Consulting Psychologist at DCF,  
Melissa Pelletier, Clinical Director at Journey House, and  
Tammy Sneed, Director of Girls' Services at DCF

**LENGTH OF TRAINING:** 8 Hours (2 - 4 hour blocks)

**TIME:** 9:00 am to 3:00 pm (1 hour lunch and 2 15-minute breaks)

**AUDIENCE:** congregate care providers...will allow RTC and GH's.

**COURSE DESCRIPTION:** Comprehensive training on working with adolescent girls including the dynamics of relational aggression, sexuality and the impact of trauma.

Central Office Training Academy (C.O.T.A.)

**Location:** C.O.T.A., 505 Hudson Street, Hartford, CT 06106

**9 AM - 3 PM**

**Contact:** Tammy Sneed

**Email:** [tammy.sneed@ct.gov](mailto:tammy.sneed@ct.gov)

**Phone:** 860-462-431

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**9/30**                    9 AM - 12:30 PM                    RBA Practitioner Network - "RBA 101"

**TRAINER:** The Charter Oak Group

**DATE:** Monday September 30, 2013

**LENGTH OF TRAINING:** 3.5 hours

**TIME:** 9:00am - 12:30pm

**AUDIENCE:** Anyone who wishes to gain an understanding of the RBA thinking process, basic elements, and language and to learn how and where RBA is being used in Connecticut

**COURSE DESCRIPTION:** RBA 101 is designed for community groups, state and municipal agencies, and nonprofit organizations. The presenters are from the Charter Oak Group, which has been providing RBA support to the Connecticut legislature, state agencies, municipalities, and community groups for seven years.

This workshop is one of a series of regional trainings that will be offered this year around the state. It is free and open to the public.

**Parking and entrance are in the rear of the building.**

**Location:** Birdseye Municipal Complex, Rooms 110/111, 468 Birdseye Street, Stratford, CT. 06615

**9 AM - 12:30 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

**OCTOBER 2013**

**10/1** 1 PM - 2:30 PM GAIN-Q3 Coaching Series:

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TARGET AUDIENCE:** Staff who routinely administers the GAIN-Q3.

**BRIEF DESCRIPTION:** his coaching session will focus on managing and conquering common challenges that arise while administering the GAIN-Q3 assessment including:

- working with cognitively impaired clients,
- building and maintaining rapport,
- asking potentially intrusive questions,
- improving administration time,
- discussing the cultural sensitivity of assessment,
- conducting assessments during crisis,
- encouraging adolescents to provide honest answers,
- resolving inconsistencies,
- conducting follow-ups,
- identifying tools that make the job easier: laptops, software, hardware and
- incorporating additional sources of information (e.g. parental assessment) into the assessment

**GOALS OF TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered while administering the tool. Staff who attend this session will be able to:

- describe and implement new strategies to manage a variety of challenges that arise during an assessment,
- describe strategies that will improve their ability to establish and maintain rapport with clients
- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe and demonstrate techniques to resolve inconsistencies in reporting
- describe the technical equipment (hardware, software) that facilitate the GAIN-Q3 assessment
- describe and demonstrate how to integrate multiple sources of information

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**LOCATION:** Webinar

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.sienna@ct.gov](mailto:Melissa.sienna@ct.gov)

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**10/9** 9:45 AM - 12 PM Bridges, Barriers and Boundaries: Ensuring Culturally Competent Care

**TRAINER:** Robin McHaelen, MSW, Executive Director, True Colors, Inc.

**TIME:** 9:45-12:00 noon

**LENGTH OF TRAINING:** 1/2 Day

**AUDIENCE:** DARE staff, DARE Family Services

**COURSE DESCRIPTION:** Lesbian, gay, bisexual and transgender adolescents (LGBT) are the only sub-set of the adolescent population which is routinely stigmatized and deprived of support in every major area of life. That these young people suffer the ill effects of societal stigma, isolation, and bias is evidenced by their substantially higher rates of substance abuse, depression and other mental health disorders; suicidality; homelessness; family violence; truancy; sexual acting out and other at-risk behaviors.

In addition, LGBTI youth and young adults are coming out earlier and earlier – a reality that has significant ramifications for services providers, especially educators, those providing out-of-home care, family members, community agencies and others. Often, youth-serving professionals – however open and accepting they might be – feel little prepared to deal with the issues associated with sexual and gender minority status in our culture – or in their classrooms. This lively, interactive discussion will offer participants the opportunity to explore the issues; differentiate between personal values and cultural myths or stereotypes

which, if unexplored, can significantly impact one's ability to work effectively with sexual minority populations; assess their own and their office, agency or school's readiness to effectively serve this population, and develop strategies for providing affirming, culturally competent programs and services to LGBT youth and families.

**Goals:** Using interactive, small group exercises, experiential techniques and a respectful approach to differences of belief and background, this workshop will enable participants to:

- Clarify and assess cultural views and values regarding this population of young adults and develop strategies that balance personal beliefs with professional responsibilities
- Identify issues of risk, challenge and strengths specific to LGBT populations
- Explore obstacles to the creation of agency environments which protect and affirm client and staff
- Develop an action plan for immediate, short term and long term activities to ensure a safe, affirming and equitable environment for all members of the agency community

**Agenda:**

- Introductions and Ground Rules
- Opening Exercise: Impact of Silence
- Values Clarification and Agency Readiness Exercise
- Q+A; Next Steps and Close

**Location:** DARE Family Services, 1184 Burnside Avenue, East Hartford, CT 06108

**9:45 AM - 12 PM**

**Contact:** Jeremy Smith

**Email:** [jsmith@darefamily.org](mailto:jsmith@darefamily.org)

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**10/9**                      2 PM - 3:30 PM                      Parents with Intellectual Disabilities and Cognitive Limitations:

**Toward Effective Child Welfare Practice**

**\*\*\*\* THIS IS A WEBINAR \*\*\*\***

**TIME:** 2:00 p.m.

**WEBINAR DESCRIPTION:** Parents with intellectual disabilities and other cognitive limitations present significant challenges for child welfare professionals. In fact, best estimates are that in 40-60% of these situations, children are removed and/or parental rights terminated. Questions abound as to appropriate assessments, services, supports and protection of legal rights. This webinar provides a research-based orientation and practical strategies to simultaneously balance and protect children's rights to safety and nurture and the rights of parents with intellectual disabilities.

Join us for this webinar where we hope to:

- Highlight the scope of intellectual disabilities and cognitive limitations among parents served by child welfare
- Describe and clarify the impacts of intellectual disabilities on parents and on their children's development
- Provide opportunity to examine research-based information regarding strengths, limitations and myths about parents with intellectual disabilities
- Identify behavioral indicators of intellectual limitations or learning disabilities
- Highlight the methods of comprehensive, competence-based parenting assessments
- Promote reasonable efforts and reasonable accommodations for parents with intellectual disabilities and their children

The webinar is sponsored by the National Resource Center for In-Home Services, a service of the Children's Bureau and member of the Training and Technical Assistance Network

After registering you will receive a confirmation email containing information about joining the Webinar.

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**10/15, 22**                      9 AM - 3 PM                      Train the Trainer Series for Understanding Girls:

**A Trauma-Informed Perspective. Changing the Way We Think and Talk about Girls**

**\*\*\* NOTE: THIS IS A 2-DAY TRAINING \*\*\***

**TRAINER(s):** Jacqueline N. Guajardo, MA, PhD, Dept. of Children & Families; Tammy Sneed, Dir. of Girls Services, Dept. of Children and Families; Melissa C. Pellitier, LCSW, Clinical Director, Journey House.

**LENGTH OF TRAINING:** 2-days

**TIME:** 9:00 AM to 3:00 PM

**CECs/CEMs/CEUs** N/A

**AUDIENCE:** Approved Trainer Applicants Only.

**COURSE DESCRIPTION:** This training is for people who have applied to become trainers of the "Understanding Girls..." educational curriculum. Day one will provide a basic overview of relevant research used to create the curriculum to ensure that prospective trainers have a mastery of basic concepts and teaching points to be covered in the curriculum's five component modules. Day two is a teach back, during which prospective trainers will present a series of slides to fellow prospective trainers.

**LOCATIONS:** NOTE - Same location, but different rooms each day.

Day 1, October 15, 2013 will be held in Room **213** of Page Hall of the Connecticut Valley Hospital.

Day 2, October 22, 2013 will be held in Room 212 of Page Hall of Connecticut Valley Hospital.

**Location:** Page Hall, Connecticut Valley Hospital,, 1000 Silver Street in Middletown CT, 06457.

**9 AM - 3 PM**

**Contact:** Jacqueline Guajardo

**Email:** [Jacqueline.Guajardo@ct.gov](mailto:Jacqueline.Guajardo@ct.gov)

**Phone:** 860-550-6462

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**10/16** 10:30 AM - 12 PM GAIN-Q3 Coaching Series: Managing Workload and Workflow with the GAIN-Q3

**\*\*\* THIS IS A WEBINAR \*\*\***

**TRAINER:**

Barbara Estrada, M.S.

GAIN Senior Clinical and Evaluation Consultant

Chestnut Health Systems

**TARGET AUDIENCE:** Staff who routinely administer the GAIN-Q3.

**BRIEF DESCRIPTION:** This coaching session will focus on managing workflow and workload issues related to administering the GAIN-Q3 assessment including:

- Improving administration time,
- Integrating information into a comprehensive psychosocial report,
- Improving time management associated with administering multiple required tools,
- Linking GAIN-Q3 information with evidence based practice,
- Integrating the GAIN-Q3 into supervision,
- Identifying the best use of human resources for administration of the tool and editing clinical reports- Who? When? How?
- Clinical reports: how to use them and how to share them

**GOALS OF TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered when implementing the tool. Staff who attend this session will be able to:

- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe strategies for integrating GAIN-Q3 information into reports
- describe strategies for incorporating GAIN-Q3 into an existing assessment framework
- describe how GAIN-Q3 information supports evidence-based practice
- describe options for implementing the GAIN-Q3 and using and sharing GAIN-Q3 information within a variety of organizational structures
- describe how to use and share the GAIN-Q3 clinical reports

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**Location:** THIS IS A WEBINAR

**10:30 AM - 12 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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**10/24** 1 PM - 2:30 PM Q3 Coaching Series: Using the GAIN-Q3 During Supervision: Initial Treatment Planning & Referral

*Clinical Staff Session*

**\*\*\* THIS IS A WEBINAR \*\*\***

**TRAINER:**

Barbara Estrada, M.S.

GAIN Senior Clinical and Evaluation Consultant

Chestnut Health Systems

**TARGET AUDIENCE:** Supervisors who oversee staff administering the GAIN-Q3.

**TRAINING CAPACITY:** 20 Participants

**BRIEF DESCRIPTION:** This coaching session is specifically designed to support Supervisors integrating the GAIN-Q3 into supervision with their staff. This session will include:

- How to use the GAIN-Q3 reports to organize and deliver supervision,
- Using the GAIN-Q3 reports to identify client strengths and areas of need,
- How the GAIN-Q3 supports evidence-based practice,
- How clinical reports should be used and shared internally and with others,

- Using the GAIN information to support referrals, initial treatment planning and discharge planning, and
- How the GAIN can inform workforce development, program development and quality improvement protocols.

**GOALS OF TRAINING:** The purpose of this training is to answer questions, and to provide coaching and technical assistance to Supervisors within agencies using the GAIN-Q3. Supervisors who attend this session will be able to:

- describe how the GAIN reports can be used to organize and guide supervision
- describe how the GAIN reports can be used to inform treatment and discharge planning
- describe how the GAIN supports evidence-based practice
- describe how the GAIN-Q3 can be used to inform workforce development, program planning and quality improvement

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for Supervisors who have some experience with the GAIN-Q3.

**Location:** THIS IS A WEBINAR

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

### NOVEMBER 2013

**11/7** 9 AM - 4 PM Child Abuse and Animal Cruelty - One Day Conference

**TIME:** 9:00 UNTIL 4:00

This is a one day conference that will be offered on both November 7th and November 8th in order to accommodate all the individuals interested in attending.

Lunch is on your own, but the LOB has a nice cafeteria.

**CEU:** 6 credits are available, but you must request these upon sign-in.

**CONFERENCE DESCRIPTION:** Session description (MORNING)

**TITLE:** Species-Spanning Links: Practice, Policy and Research Implications at the Intersections of Child Maltreatment, Domestic Violence and Animal Abuse

**ABSTRACT:** Cruelty to animals is a crime that frequently is an indicator and predictor of interpersonal and community violence. It is often found in the criminal histories of juvenile offenders. Because pets are so prevalent in Connecticut households, especially those with children, they are often direct targets or collateral damage in other forms of family violence including child abuse, elder abuse, and especially domestic violence where an alarming number of threats to animals prevents women from leaving abusive relationships. We call these violent intersections "The Link."

Connecticut has the nation's most progressive law requiring inter-agency cross-reporting of child and animal abuse. This approach encourages early and more effective reporting, assessment, intervention, treatment and prevention strategies to resolve family violence through a multidisciplinary, species-spanning lens.

This workshop will review Connecticut's new law and how animal cruelty, abuse and neglect are linked with child maltreatment, domestic violence and elder abuse. It will describe the evolution and implementation of cross-disciplinary recognition and reporting systems and train attendees to respond appropriately to all forms of family violence.

**NOTE:** The Afternoon session will include break-out sessions for Mandated Reporter training for Animal Control Officers, and an in-depth Q and A session with Mr. Arkow for DCF staff and providers.

Session description (AFTERNOON)

**TITLE:** Kids and Critters: Addressing Animal Cruelty as an Adverse Childhood Experience

**ABSTRACT:** The traumas and adverse childhood experiences caused by the presence of dangerous pets and acts of animal cruelty witnessed and perpetrated by children have typically been overlooked by the child abuse and social work fields.

However, recognizing animal abuse as an indicator that something is wrong in a household may be the first step in stopping cycles of violence. Fostering species-spanning partnerships with animal care and control organizations can foster a positive, community-based culture that facilitates families' abilities to raise children in loving homes.

This workshop will present empirical cross-disciplinary research, emerging policy, and proactive practices that describe animal cruelty and dangerous animals as risk factors, toxic stressors and adverse childhood experiences impacting healthy child development, particularly when co-occurring with domestic violence. Utilizing Connecticut's new cross-reporting mandate, this training will enable child protection professionals to recognize warning signs and make meaningful connections with community animal care and control resources.

Participants will discuss practical solutions to legal mandates, administrative and regulatory policies, and confidentiality constraints. They will discuss interventions where animals serve as protective factors for at-risk youth. They will be introduced to community resources that can provide pet support services and resolve animal-related issues for the families under their care.

Participants will discuss the details of implementing a statewide cross-reporting system as mandated by Connecticut law.

**Location:** Legislative Office building (LOB), 300 Capitol Avenue, Hartford, CT 06106

**9 AM - 4 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [Anne.Mcintyre-Lahner@ct.gov](mailto:Anne.Mcintyre-Lahner@ct.gov)

**11/7** 9 AM - 4 PM "The Effects of Parental Incarceration on Young Children from Infancy to Age Five"

**TIME:** 9:00 a.m. - 4:00 p.m

**TRAINER:** Heidi Levitz, M.S., Sara Schmidt, LCSW, Tanya Smith

**COURSE DESCRIPTION:** Have you ever considered what the short and long term impact of visitation to a correctional facility can have on young children? Is it difficult to choose your words when trying to explain the visit and in answering a young child's questions about why their parent may be in prison? Would you like to have strategies that can reduce the potential traumatic impact such a visit can have on a young child?

This training will explore the effects and long- term impact of parental incarceration in young children. Discussions will include supporting children before, during and after visits. Using a variety of media, attendees will gain insight and be given strategies to use for effective planning around visitation. This topic is relevant for Social Workers, Foster Care families, Childcare providers and Parents/ guardians.

At the close of this training you will be able to:

- Identify the correlation between challenging behaviors and the visitation process.
- Describe the short and long term impact that parental separation may have on young children.
- Describe how the use of developmentally appropriate child specific strategies can reduce children's stress and anxiety.

The training will be held on November 7, 2013 from 9:00 a.m. - 4:00 p.m. at the DCF Academy located in Hartford. If you are interested in attending please click the link below to access the registration form and fax to the Academy.

**Location:** C.O.T.A., (Central Office Training Academy), 505 Hudson Street, Hartford, CT 06106

**9 AM - 4 PM**

**Contact:** Cheryl Wright

**Email:** [cheryl.wright@ct.gov](mailto:cheryl.wright@ct.gov)

#### DECEMBER 2013

**12/5** 9:30 AM - 1:30 PM GAIN-Q3 Skills Sessions

**TRAINER:** Melissa Sienna

**TIME:** 9:30 - 1:30 p.m.

**TARGET AUDIENCE:** Staff who are new to GAIN administration. This session is intended for clinicians, therapist assistants and staff who will conduct the GAIN-Q3 with clients.

**GOALS OF TRAINING:** Building upon the online GAIN-Q3 training modules, the skills sessions will focus on applying that knowledge to a GAIN interview. The skills session will use round-robin and paired practice to reinforce the GAIN rules of administration. Time will be allowed for questions throughout the session.

Pre-requisites:

- Completion of the GAIN-Q3 online training modules.
- Proof of a score of 80 or better on the quiz.
- Send quiz results directly to Melissa Sienna: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov) at least 3 days prior to training.

**Location:** Central Office Training Academy (COTA) - 505 Hudson Street, Hartford, CT 06106

**9:30 AM - 1:30 PM**

**Contact:** Melissa Sienna

**Email:** [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov)

**Phone:** 860.560.5087

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**12/9, 10** 9 AM - 4 PM Understanding Girls: A Trauma-Informed Perspective. Changing the Way we Think and Talk about Girls.

**\*\*\*\* NOTE: THIS IS A 2-DAY TRAINING \*\*\*\***

**TRAINERS:** Jacqueline N. Guajardo, MA, PhD & Melissa C. Pelletier, LCSW

**TIME:** 9:00 a.m. until 4:00 p.m.

This is a "Closed Training." You must be an employee of CHR - Woodbridge House to register.

**DESCRIPTION:** Comprehensive training on working with adolescent girls including the dynamics of relational aggression, sexuality and the impact of trauma.

**Location:** 153 Hazard Avenue, Enfield, CT - First Floor Conference Room.

**9 AM - 4 PM**

**Contact:** Jacqueline N. Guajardo

**Email:** [jacqueline.guajardo@ct.gov](mailto:jacqueline.guajardo@ct.gov)

**Phone:** 860-550-6462

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**12/16, 17 & 18** 9 AM - 4 PM Human Sexuality & Adolescent Development - Training of Trainers

**\*\*\* This is a Three Day Training \* \* \***

**Human Sexuality and Adolescent Development Flyer**

**TRAINER:** Erin Livensparger

**TIME:** 9:00 - 4:00

**LENGTH OF TRAINING:** 1 day (x 3)

**CEU's:** 12.5 (for all three days)

**AUDIENCE:** Anyone who works with children and youth

**DESCRIPTION:** This training is designed to increase participants' knowledge surrounding the components of human sexuality. Participants will be asked to explore their beliefs and values around human sexuality and how those beliefs impact their work. Participants will learn the variety of influences that shape sexual identity, as well as ways to increase their comfort discussing issues related to human sexuality with their clients.

Included in the training are the following topics:

- Contraception and protection methods, including effectiveness, proper use, and the pros and cons of each method
- Sexually transmitted infections, including transmission, treatment and prevention
- New strategies and activities for relaying information about both abstinence and contraceptive/protection methods and STI's.
- Discussion of the prevalence of sexual activity among adolescents
- The risks factors associated with teen pregnancy and parenting for the adolescent and the child
- Teach back opportunity in a safe learning environment to build skills as a sexual health trainer/facilitator

The training curriculum was designed by Erin Livensparger, Regional Director, Education & Training and Planned Parenthood of Southern New England. 203-865-5158

**Location:** Planned Parenthood of Southern New England, New Haven Administrative Offices, 345 Whitney Ave. New Haven, CT 06511

**9 AM - 4 PM**

**Contact:** Lisa Driscoll, MSW

**Email:** [lisa.driscoll@ct.gov](mailto:lisa.driscoll@ct.gov)

**Phone:** 860-550-6331

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1 PM - 5 PM

RBA Practitioner Network - "RBA 101"

**RAINER:** The Charter Oak Group

**DATE:** Monday, December 16, 2013

**LENGTH OF TRAINING:** 1/2 Day, 4 hours

**TIME:** 1:00 p.m. - 5:00 p.m.

**RBA Glossary of Terms used in CT**

**AUDIENCE:** Anyone who wishes to gain an understanding of the RBA thinking process, basic elements, and language and to learn how and where RBA is being used in Connecticut

**COURSE DESCRIPTION:** RBA 101 is designed for community groups, state and municipal agencies, and nonprofit organizations.

The presenters are from the Charter Oak Group, which has been providing RBA support to the Connecticut legislature, state agencies, municipalities, and community groups for seven years.

This workshop is one of a series of regional trainings that will be offered this year around the state. It is free and open to the public.

**Online Registration Process**

**Parking and entrance are in the rear of the building.**

**Location:** Connecticut Valley Hospital, Solarium, Page Hall, 3rd floor, 1000 Silver St, Middletown, CT 06457

This event is 13 miles from you (06106).

**1 PM - 5 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

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**12/18**

9 AM - 4 PM

Casey Life Skills Training (1 day)

**TRAINER:** Maureen Auger

**DATE:** Wednesday, December 18, 2013

**TIME:** 9:00 a.m. until 4:00 p.m.

**LENGTH OF TRAINING:** 1 day

**COURSE DESCRIPTION:** This one day training for professional staff that work for agencies that are required contractually, under credentialing or voluntarily to have trained life skills educators. This training is for staff who have at least a BA/BS in the field. This

course will detail the importance of Basic Life Skills in the lives of our youth in order to become productive adults in society. The Casey Life Skills Assessment and its skill areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, and Looking Forward) as well as Permanency Connections will be reviewed. Participants will look at how levels of learning and learning styles should be considered when developing Learning Plans as well as planning for the Life Skills Instruction for youth. **Location:** C.O.T.A. (Central Office Training Academy), 505 Hudson Street, Hartford, CT 06106  
This event is 0 miles from you (06106). **9 AM - 4 PM**

**Contact:** Maureen Auger  
**Email:** [Maureen.Auger@ct.gov](mailto:Maureen.Auger@ct.gov)

**12/18** 10:30 AM - 12 PM [GAIN Q3 Coaching Series](#)

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**DATES:** Wednesday, December 18, 2013

**TARGET AUDIENCE:** Staff who routinely administers the GAIN-Q3.

**BRIEF DESCRIPTION:** his coaching session will focus on managing and conquering common challenges that arise while administering the GAIN-Q3 assessment including:

- working with cognitively impaired clients,
- building and maintaining rapport,
- asking potentially intrusive questions,
- improving administration time,
- discussing the cultural sensitivity of assessment,
- conducting assessments during crisis,
- encouraging adolescents to provide honest answers,
- resolving inconsistencies,
- conducting follow-ups,
- identifying tools that make the job easier: laptops, software, hardware and
- incorporating additional sources of information (e.g. parental assessment) into the assessment

**GOALS OF TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered while administering the tool. Staff who attend this session will be able to:

- describe and implement new strategies to manage a variety of challenges that arise during an assessment,
- describe strategies that will improve their ability to establish and maintain rapport with clients
- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe and demonstrate techniques to resolve inconsistencies in reporting
- describe the technical equipment (hardware, software) that facilitate the GAIN-Q3 assessment
- describe and demonstrate how to integrate multiple sources of information

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**LOCATION:** Webinar

This session will be held via webinar. You will need access to a phone and computer with an internet connection to attend this session. Log-in information will be included via email after you register and are confirmed as a participant in the session.

**Location:** This is a Webinar

**10:30 AM - 12 PM**

**Contact:** Melissa Sienna  
**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

**JANUARY 2014**

**1/10** 9 AM - 4 PM [Casey Life Skills Training \(1 day\)](#)

**TRAINER:** Maureen Auger  
**TIME:** 9:00 a.m. until 4:00 p.m.  
**LENGTH OF TRAINING:** 1 day

**COURSE DESCRIPTION:** This one day training for professional staff that work for agencies that are required contractually, under credentialing or voluntarily to have trained life skills educators. This training is for staff who have at least a BA/BS in the field.

This course will detail the importance of Basic Life Skills in the lives of our youth in order to become productive adults in society. The Casey Life Skills Assessment and its skill areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, and Looking Forward) as well as Permanency Connections will be reviewed. Participants will look at how levels of learning and learning styles should be considered when developing Learning Plans as well as planning for the Life Skills Instruction for youth.

**Location:** C.O.T.A. (Central Office Training Academy),505 Hudson Street, Hartford, CT 06106

**9 AM - 4 PM**

**Contact:** Maureen Auger

**Email:** [Maureen.Auger@ct.gov](mailto:Maureen.Auger@ct.gov)

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1/15 1 PM - 2:30 PM GAIN-Q3 Coaching Series: Managing Workload and Workflow with the GAIN-Q3

\*\*\* THIS IS A WEBINAR \*\*\*

**TRAINER:**

Barbara Estrada, M.S.

GAIN Senior Clinical and Evaluation Consultant

Chestnut Health Systems

**DATE:** This webinar has been rescheduled for January 15, 2014

**TARGET AUDIENCE:** Staff who routinely administer the GAIN-Q3.

**BRIEF DESCRIPTION:** This coaching session will focus on managing workflow and workload issues related to administering the GAIN-Q3 assessment including:

- Improving administration time,
- Integrating information into a comprehensive psychosocial report,
- Improving time management associated with administering multiple required tools,
- Linking GAIN-Q3 information with evidence based practice,
- Integrating the GAIN-Q3 into supervision,
- Identifying the best use of human resources for administration of the tool and editing clinical reports- Who? When? How?
- **Clinical reports: how to use them and how to share them**

**GOALS OF TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered when implementing the tool. Staff who attend this session will be able to:

- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe strategies for integrating GAIN-Q3 information into reports
- describe strategies for incorporating GAIN-Q3 into an existing assessment framework
- describe how GAIN-Q3 information supports evidence-based practice
- describe options for implementing the GAIN-Q3 and using and sharing GAIN-Q3 information within a variety of organizational structures
- describe how to use and share the GAIN-Q3 clinical reports

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**LOCATION:** Webinar

This session will be held via webinar. You will need access to a phone and computer with an internet connection to attend this session. Log-in information will be included via email after you register and are confirmed as a participant in the session.

**NOTE:** You may want to test your computer access to the webinar in advance of the session. Instructions for setting up and testing your system will be included in the setup email.

**Location:** THIS IS A WEBINAR

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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1/16 1 PM - 2:30 PM GAIN-Q3 Coaching Series: Using the GAIN-Q3 During Supervision: Initial Treatment Planning & Referral

**SUPERVISOR SESSION**

\*\*\* THIS IS A WEBINAR \*\*\*

**TRAINER:**

Barbara Estrada, M.S.

GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**DATE:** January 16, 2014

**TIME:** 1:00 p.m. - 2:30 p.m.

**TARGET AUDIENCE:** Supervisors who oversee staff administering the GAIN-Q3.

**TRAINING CAPACITY:** 20 Participants

**BRIEF DESCRIPTION:** This coaching session is specifically designed to support Supervisors integrating the GAIN-Q3 into supervision with their staff. This session will include:

- How to use the GAIN-Q3 reports to organize and deliver supervision,
- Using the GAIN-Q3 reports to identify client strengths and areas of need,
- How the GAIN-Q3 supports evidence-based practice,
- How clinical reports should be used and shared internally and with others,
- Using the GAIN information to support referrals, initial treatment planning and discharge planning, and
- How the GAIN can inform workforce development, program development and quality improvement protocols.

**GOALS OF TRAINING:** The purpose of this training is to answer questions, and to provide coaching and technical assistance to Supervisors within agencies using the GAIN-Q3. Supervisors who attend this session will be able to:

- describe how the GAIN reports can be used to organize and guide supervision
- describe how the GAIN reports can be used to inform treatment and discharge planning
- describe how the GAIN supports evidence-based practice
- describe how the GAIN-Q3 can be used to inform workforce development, program planning and quality improvement

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for Supervisors who have some experience with the GAIN-Q3.

**Location:** THIS IS A WEBINAR

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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**1/23** 9:30 AM - 1:30 PM [GAIN-Q3 Skills Sessions](#)

**TRAINER:** Melissa Sienna

**TIME:** 9:30 - 1:30 p.m.

**TARGET AUDIENCE:** Staff who are new to GAIN administration.

**GOALS OF TRAINING:** Building upon the online GAIN-Q3 training modules, the skills sessions will focus on applying that knowledge to a GAIN interview. The skills session will use round-robin and paired practice to reinforce the GAIN rules of administration. Time will be allowed for questions throughout the session.

Pre-requisites:

- Completion of the GAIN-Q3 online training modules.
- Proof of a score of 80 or better on the quiz.
- Send quiz results directly to Melissa Sienna: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov) at least 3 days prior to training.

**Location:** Central Office Training Academy (COTA) - 505 Hudson Street, Hartford, CT 06106

This event is 0 miles from you (06106).

**9:30 AM - 1:30 PM**

**Contact:** Melissa Sienna

**Email:** [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov)

**Phone:** 860.560.5087

## FEBRUARY 2014

**2/26 (2 Sessions - a.m. and p.m.)** 10 AM - 12 PM [Minimal Facts Training: Less Is More](#)

**Who Should Attend:** This training is geared toward providers who work directly with children and would come upon any disclosure direct or indirect of sexual abuse, i.e. mental health professionals, school personnel etc.

The Minimal Facts Less is More curriculum targets mandated reporters who do not work in the investigation of child sexual abuse and serious physical abuse, including DCF staff who do not work in Investigations, teachers and other school personnel, day care providers, etc.

Co-Trainers:

Karen Lee Diaz, MSW  
Child Welfare Trainer  
Sergeant Anthony Anderle

West Hartford Police Department  
**Location:** DCF Academy, Central Office, 505 Hudson Street, Hartford, CT  
**10 AM - 12 PM**  
**Contact:** Karen Diaz  
**Email:** [Karen.Diaz@ct.gov](mailto:Karen.Diaz@ct.gov)  
**Phone:** 860-550-6429

**MARCH 2014**

**3/18** 1 PM - 2:30 PM [Attachment and Biobehavioral Catch-up](#)

**\*\*\*\* THIS IS A WEBINAR \*\*\*\***

**PRESENTER:** Mary Dozier, Ph.D.

**TIME:** 1:00 - 2:30pm

**LOCATION:** DCF CO Training Academy, Room 4

**DESCRIPTION:** Attachment and Biobehavioral Catch-up is a home-based 10-session intervention for high-risk parents and their infants or toddlers. The intervention is designed to enhance parental nurturance, parent-child synchrony and delight, and to decrease frightening behavior. This webinar will present the rationale for each of the intervention components followed by implementation strategies. Finally, evidence will be presented regarding the effectiveness of the intervention in enhancing child attachment, security, normalizing cortisol production, and improving executive functioning.

**Presenter Bio:**

Mary Dozier, Ph.D., is a Professor and Amy E. du Pont Chair of Child Development at the University of Delaware. She is the Principal Investigator of the School's Infant Caregiver Project. Her interests in understanding connections between experience, brain development, and behavior have led to the ABC intervention techniques, a practical application of findings from years of research. Dr. Dozier graduated from Duke University with a B.A. in psychology and a Ph.D. in clinical psychology. Since coming to Delaware, Dr. Dozier has studied the development of young neglected children and young foster children and developed training programs for their caregivers. Her work has been supported by the National Institute of Mental Health (NIMH) continuously since 1989 through efficacy trials, career development awards, and large research grants. She is the recipient of the Bowlby-Ainsworth Award for Translational Research on Adoption and the NIMH Innovation Nomination.

**Location:** Central Office Training Academy, C.O.T.A., 505 Hudson Street, Hartford, CT 06106

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [melissa.Sienna@ct.gov](mailto:melissa.Sienna@ct.gov)

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**3/26, 27 & 28** 9 AM - 4 PM [Adolescent Development/Human Sexuality Training of the Trainer](#)

**\*\*\* NOTE: THIS IS A 3-DAY TRAINING \*\*\***

**TRAINER:** Erin Livensparger

**TIME:** 9:00 AM - 4:00 PM

**LENGTH OF TRAINING:** 3 days

**AUDIENCE:** DCF Workforce Academy trainers, ARG nurses, FASU staff, SWEPT, TLAP, maternity home staff, CAFAP staff

**DESCRIPTION:** Participants will be trained to teach the Adolescent Development/Human Sexuality component for the DCF Workforce Academy and also to train their colleagues. This training is designed to increase participants' knowledge surrounding the components of human sexuality. Participants will be asked to explore their beliefs and values around human sexuality and how those beliefs impact their work. Participants will learn the variety of influences that shape sexual identity, as well as ways to increase their comfort discussing issues related to human sexuality with their clients.

Included in the training are the following topics:

- New strategies and activities for relaying information about both abstinence and contraceptive/protection methods and STI's.
- Discussion of the prevalence of sexual activity among adolescents
- The risks factors associated with teen pregnancy and parenting for the adolescent and the child
- Contraception and protection methods, including effectiveness, proper use, and the pros and cons of each method
- Sexually transmitted infections, including transmission, treatment and prevention
- Teach back opportunity in a safe learning environment to build skills as a sexual health trainer/facilitator

The training curriculum was designed by Erin Livensparger, Regional Director, Education & Training and Planned Parenthood of Southern New England, 2011.

**LOCATION:** Planned Parenthood of Southern New England, New Haven Administrative Offices, 345 Whitney Ave. New Haven, CT 06511

**Location:** 345 Whitney Ave. New Haven, CT 065111

**AM - 4 PM**

**Contact:** Lisa Driscoll  
**Email:** [lisa.driscoll@ct.gov](mailto:lisa.driscoll@ct.gov)

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**3/26** 9:30 AM - 1:30 PM GAIN Q3 Skills Sessions

**TRAINER:** Melissa Sienna

**TIME:** 9:30 a.m. until 1:30 p.m.

**TARGET AUDIENCE:** Staff who are new to GAIN administration. This session is intended for clinicians, therapist assistants and staff who will conduct the GAIN-Q3 with clients.

**GOALS OF TRAINING:** Building upon the online GAIN-Q3 training modules, the skills sessions will focus on applying that knowledge to a GAIN interview. The skills session will use round-robin and paired practice to reinforce the GAIN rules of administration. Time will be allowed for questions throughout the session.

Pre-requisites:

- Completion of the GAIN-Q3 online training modules.
- Proof of a score of 80 or better on the quiz.
- Send quiz results directly to Melissa Sienna: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov) at least 3 days prior to training.

**Location:** Central Office Training Academy (COTA) - 505 Hudson Street, Hartford, CT 06106

**9:30 AM - 1:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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**3/27** 9 AM - 12:30 PM RBA Practitioner Network - "RBA 101"

**TRAINER:** The Charter Oak Group

**LENGTH OF TRAINING:** 1/2 Day, 3.5 hours

**TIME:** 9:00am - 12:30pm

**AUDIENCE:** Anyone who wishes to gain an understanding of the RBA thinking process, basic elements, and language and to learn how and where RBA is being used in Connecticut

**COURSE DESCRIPTION:** RBA 101 is designed for community groups, state and municipal agencies, and nonprofit organizations. The presenters are from the Charter Oak Group, which has been providing RBA support to the Connecticut legislature, state agencies, municipalities, and community groups for nine years.

This workshop is one of a series of regional trainings that will be offered this year around the state. It is free and open to the public.

**Location:** Colchester Town Hall, 127 Norwich Avenue, Colchester, CT

**9 AM - 12:30 PM**

**Contact:** Anne McIntyre-Lahner

**Email:** [anne.mcintyre-lahner@ct.gov](mailto:anne.mcintyre-lahner@ct.gov)

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**3/31** 8:30 AM - 4 PM Identifying and Working with Parents who Have Cognitive Limitations

**TRAINERS:** CT Parents with Cognitive Limitations Workgroup

**LENGTH OF TRAINING:** 8 hours

**TIME:** 8:30 a.m. Registration; Training begins at 9:00 a.m. and ends at 4:00 p.m.

**AUDIENCE:** Anyone, including supervisors, who works with parents

**COURSE DESCRIPTION:** Discussion will include:

- Executive Functioning
- Implications of limitations in functioning
- Behavior and assessment
- Impact on children
- Effective strategies

**FEE:** All sessions are free

**LUNCH:** one-hour lunch is "on your own."

**Location:** Solnit Center, South Campus - Silvermine/Pueblo Building, Middletown, CT

**8:30 AM - 4 PM**

**Contact:** Wendy Kwalwasser

**Email:** [wendy.kwalwasser@ct.gov](mailto:wendy.kwalwasser@ct.gov)

**Phone:** 860-550-6475

**APRIL 2014**

4/3 1 PM - 2:30 PM Empowering Children in Families Impacted by Substance Use, Mental Illness, and HIV/AIDS

\*\*\*\* THIS IS A WEBINAR \*\*\*\*

**Presenter:** Carla Elia, Ph.D.

**Time:** 1-2:30pm

**DESCRIPTION:** The session will focus on teaching clinical skills derived from an evidence-based intervention targeting the needs of school-age children of parents living with HIV/AIDS, mental illness, and substance abuse. The webinar will highlight the core elements of the intervention (e.g., cognitive behavioral skills), and explain how to assist clients in integrating these skills into everyday life, thus creating positive behavior change. In addition, the session will discuss how to provide children with a set of skills to cope with the various challenges of living in a family affected by these complex issues.

**PRESENTER BIO:** Carla Elia, Ph.D., is a licensed psychologist with a clinical and consulting practice in Los Angeles. In her practice, she treats adolescents and adults with mood disorders, substance use, and HIV. Her consulting practice involves developing and facilitating trainings for various organizations and health Departments on evidence-based interventions (EBIs) for individuals and families infected and/or affected with HIV. Previously, Dr. Elia was the clinical supervisor and training and adaptation coordinator at the UCLA Center for Community Health. She developed and facilitated trainings on interventions designed for youth with HIV with representatives from the CDC, Prevention Training Centers and local CBOs from across the country. She has been a facilitator on several manualized cognitive behavioral HIV interventions. She was also a consultant for the CDC and a clinical supervisor for staff at a community mental health clinic.

**Location:** DCF Central Office, Training Academy

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

**Phone:** 860.560.5087

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4/22 3 PM - 4:30 PM ADOLESCENT GIRLS' BEHAVIOR - WEBINAR SERIES

\*\*\*\* THIS IS A WEBINAR \*\*\*\*

SAMHSA presents a FREE webinar series addressing adolescent girls' behavioral health.

This six-part\* webinar series, Girls Matter, provides research, best practice and critical thinking on the topics that professionals working with girls and young women must know. Each session addresses a key area of what matters to adolescent girls today—including challenges, opportunities, and strategies for supporting girls. SAMHSA has created this webinar series to:

- Increase the behavioral health workforce's understanding of the needs and concerns of adolescent girls (primarily ages 12-18)
- Bring visibility and attention to the specific behavioral health concerns of adolescent girls

\* - Enrollees can self-select which/how many webinars they wish to enroll in.

To learn more or register visit: <http://womenandchildren.treatment.org/HERR%20page.asp>

OR

if you wish to participate in a "viewing Party" at DCF (505 Hudson Street, Hartford, CT 06106) - please register at the link below.

**Location:** WEBINAR

**3 PM - 4:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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4/28 8:30 AM - 4 PM Identifying and Working with Parents who Have Cognitive Limitations

**TRAINERS:** [CT Parents with Cognitive Limitations Workgroup](#)

**AUDIENCE:** Anyone, including supervisors, who works with parents

**COURSE DESCRIPTION:** Discussion will include:

- Executive Functioning
- Implications of limitations in functioning
- Behavior and assessment
- Impact on children
- Effective strategies

**FEE:** All sessions are free

**LUNCH:** one-hour lunch is "on your own."

**Location:** Solnit Center, South Campus - Silvermine/Pueblo Building, Middletown, CT

**8:30 AM - 4 PM**

**Contact:** Wendy Kwalwasser

**Email:** [wendy.kwalwasser@ct.gov](mailto:wendy.kwalwasser@ct.gov)

**Phone:** (860) 550-6475

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**4/29**                      11 AM - 12:30 PM                      [Q3 Coaching Series: Conquering Assessment Challenges & Getting the Most out of the Tool](#)

**\*\*\* THIS IS A WEBINAR \*\*\***

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TIME:** 11:00 AM - 12:30 p.m.

**TARGET AUDIENCE:** Staff who routinely administers the GAIN-Q3.

**TRAINING CAPACITY:** 20 Participants

**BRIEF DESCRIPTION:** This coaching session will focus on managing and conquering common challenges that arise while administering the GAIN-Q3 assessment including:

- working with cognitively impaired clients,
- building and maintaining rapport,
- asking potentially intrusive questions,
- improving administration time,
- discussing the cultural sensitivity of assessment,
- conducting assessments during crisis,
- encouraging adolescents to provide honest answers,
- resolving inconsistencies,
- conducting follow-ups,
- identifying tools that make the job easier: laptops, software, hardware and
- incorporating additional sources of information (e.g. parental assessment) into the assessment

**GOALS OF THE TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered while administering the tool. Staff who attend this session will be able to:

- describe and implement new strategies to manage a variety of challenges that arise during an assessment,
- describe strategies that will improve their ability to establish and maintain rapport with clients
- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe and demonstrate techniques to resolve inconsistencies in reporting
- describe the technical equipment (hardware, software) that facilitate the GAIN-Q3 assessment
- describe and demonstrate how to integrate multiple sources of information

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**Location:** THIS IS A WEBINAR

**11 AM - 12:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.sienna@ct.gov](mailto:Melissa.sienna@ct.gov)

**MAY 2014**

5/1 1 PM - 2:30 PM Managing Workload and Workflow with the GAIN-Q3

\*\*\* THIS IS A WEBINAR \*\*\*

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TIME:** 1:00 PM - 2:30 PM

**TARGET AUDIENCE:** Staff who routinely administer the GAIN-Q3.

**BRIEF DESCRIPTION:** This coaching session will focus on managing workflow and workload issues related to administering the GAIN-Q3 assessment including:

- Improving administration time,
- Integrating information into a comprehensive psychosocial report,
- Improving time management associated with administering multiple required tools,
- Linking GAIN-Q3 information with evidence based practice,
- Integrating the GAIN-Q3 into supervision,
- Identifying the best use of human resources for administration of the tool and editing clinical reports- Who? When? How?
- Clinical reports: how to use them and how to share them

**GOALS OF TRAINING:** The purpose of this training is to provide coaching and technical assistance to staff who already use the GAIN-Q3, to answer questions, and to brainstorm and provide solutions to common challenges encountered when implementing the tool. Staff who attend this session will be able to:

- describe strategies to improve the time it takes to administer a GAIN-Q3 assessment
- describe strategies for integrating GAIN-Q3 information into reports
- describe strategies for incorporating GAIN-Q3 into an existing assessment framework
- describe how GAIN-Q3 information supports evidence-based practice
- describe options for implementing the GAIN-Q3 and using and sharing GAIN-Q3 information within a variety of organizational structures
- describe how to use and share the GAIN-Q3 clinical reports

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for staff who have some experience using the GAIN-Q3.

**Location:** THIS IS A WEBINAR

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

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5/9 1 PM - 2:30 PM GAINQ3 Coaching Series: Using the GAIN-Q3 During Supervision: Initial Treatment Planning & Referral

\*\*\* THIS IS A WEBINAR \*\*\*

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TIME:** 1:00 -2:30 p.m.

**TARGET AUDIENCE:** Program Directors and agency staff who conduct quality improvement, manage electronic health records and/or conduct program monitoring.

**TRAINING CAPACITY:** 20 Participants

**BRIEF DESCRIPTION:** This coaching session is specifically designed to assist agency staff with using the GAIN-Q3 information to inform program planning and monitoring, integrating GAIN information with Electronic Health Records, and linking assessment data to clinical decisions. This session will specifically address:

- How to use the GAIN-Q3 site profiles reports to inform program planning and monitoring,
- Issues to be aware of when integrating the GAIN-Q3 data system (GAIN ABS) with electronic health records,
- Strategies to ensure that assessment information informs clinical decisions

**GOALS OF TRAINING:** The purpose of this training is to answer questions, and to provide coaching and technical assistance to agency staff using the GAIN-Q3. Agency staff who attend this session will be able to:

- Read and understand the GAIN-Q3 Site Profiles Reports

- Identify resources available to integrate the GAIN ABS system and their electronic health records system, and
- Describe strategies, practices and policies that support the linkage between assessment and clinical decision-making.

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for agency staff who have some experience with the GAIN-Q3.

**LOCATION:** Webinar

This session will be held via webinar. You will need access to a phone and computer with an internet connection to attend this session. Log-in information will be included via email after you register and are confirmed as a participant in the session.

**NOTE:** You may want to test your computer access to the webinar in advance of the session. Instructions for setting up and testing your system will be included in the setup email

**Location:** THIS IS A WEBINAR

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

5/12 1 PM - 2:30 PM [GAIN Q3 Coaching Series: Getting the Most out of the Data & Integrating with E-records](#)

**\*\*\*\* THIS IS A WEBINAR \*\*\*\***

**TRAINER:**

Barbara Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems

**TIME:** 1:00 -2:30 p.m.

**TARGET AUDIENCE:** Program Directors and agency staff who conduct quality improvement, manage electronic health records and/or conduct program monitoring.

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- Describe strategies, practices and policies that support the linkage between assessment and clinical decision-making.

**PRE-REQUISITES:** There are no specific pre-requisites to attend this coaching call, but this session may be most useful for agency staff who have some experience with the GAIN-Q3.

**Location:** THIS IS A WEBINAR

**1 PM - 2:30 PM**

**Contact:** Melissa Sienna

**Email:** [Melissa.Sienna@ct.gov](mailto:Melissa.Sienna@ct.gov)

5/20 8:30 AM - 12 PM [GAIN-Q3 & EBP Implementation Workshop for Direct Care Staff](#)  
(2 sessions) 1 PM - 4:30 PM

**PRESENTER:** Barbara D. Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems, Lighthouse Institute

[Save-The-Date FLYER](#)

**WORKSHOP GOALS:**

**Where we are today:** Update on progress since the 2012 adolescent substance abuse symposium, and identify next steps.

**What we know:** Analysis of CT DCF GAIN-Q3 data, inventory of tools in use, and discussion about impacts on workflow.

**Where we're going:** Explore strategies to improve usage of assessment tools and the information they provide.

**WHO SHOULD ATTEND:** Direct-care clinical staff

**Location:** C.O.T.A. (Central Office Training Academy) 505 Hudson Street, Hartford, CT 06106

**8:30 AM - 12 PM**

**Contact:** Melissa Sienna

Email: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov)  
Phone: 860.560.5087

5/21 1 PM - 4:30 PM GAIN-Q3 & EBP Implementation Workshop for Direct Care Staff

**PRESENTER:** Barbara D. Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems, Lighthouse Institute  
Save-The-Date FLYER  
**WORKSHOP GOALS:**

**Where we are today:** Update on progress since the 2012 adolescent substance abuse symposium, and identify next steps.

**What we know:** Analysis of CT DCF GAIN-Q3 data, inventory of tools in use, and discussion about impacts on workflow.

**Where we're going:** Explore strategies to improve usage of assessment tools and the information they provide.

**WHO SHOULD ATTEND:** Program Supervisors, Administrators and EBP Model QA staff

**Location:** C.O.T.A. (Central Office Training Academy) 505 Hudson Street, Hartford, CT 06106

**9 AM - 4:30 PM**

**Contact:** Melissa Sienna  
Email: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov)  
Phone: 860.560.5087

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5/21 9 AM - 4:30 PM GAIN-Q3 & EBP Implementation Workshop for Program Supervisors, Administrators and Model QA Staff

**PRESENTER:** Barbara D. Estrada, M.S.  
GAIN Senior Clinical and Evaluation Consultant  
Chestnut Health Systems, Lighthouse Institute  
Save-The-Date FLYER  
**WORKSHOP GOALS:**

**Where we are today:** Update on progress since the 2012 adolescent substance abuse symposium, and identify next steps.

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**9 AM - 4:30 PM**

**Contact:** Melissa Sienna  
Email: [melissa.sienna@ct.gov](mailto:melissa.sienna@ct.gov)  
Phone: 860.560.5087

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5/23 8:30 AM - 4 PM Identifying and Working with Parents who Have Cognitive Limitations

**TRAINERS:** CT Parents with Cognitive Limitations Workgroup

**LENGTH OF TRAINING:** 8 hours

**TIME:** 8:30 a.m. Registration; Training begins at 9:00 a.m. and ends at 4:00 p.m.

**AUDIENCE:** Anyone, including supervisors, who works with parents

**COURSE DESCRIPTION:** Discussion will include:

- Executive Functioning
- Implications of limitations in functioning
- Behavior and assessment
- Impact on children
- Effective strategies

**FEE:** All sessions are free

**LUNCH:** one-hour lunch is "on your own."

**Location:** Solnit Center, South Campus - Silvermine, 1225 River Road, Middletown, CT 06457

**8:30 AM - 4 PM**

**Contact:** Wendy Kwalwasser  
Email: [wendy.kwalwasser@ct.gov](mailto:wendy.kwalwasser@ct.gov)  
Phone: 860-550-6475

**Cost Allocation process:**

The Cost Allocation Process for In-Service, Pre-Service, and New Trainee Groups consists of the following:

Total Department expenditures are assigned into Cost Pools that combine similar expenditure types. This procedure also includes the allocation of expenditures into multiple pools when they don't belong in any single pool. 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 fringe benefit and other expense allocations are typically calculated by applying the same percentage allocation that was used for salaries. (i.e. there is not an attempt to identify the actual fringe or other expense costs associated with the salaries.)

DCF Academy for Family and Workforce Knowledge and Development courses and hours of instruction are accumulated. Federally reimbursable expenditures (75%, 50% (administrative) and 0%) are consistent with federal guidelines and calculated based on allowable costs derived from the training curriculum.

**TECHNICAL ASSISTANCE AND OTHER PROGRAM SUPPORT**Child Welfare Strategy Group (CWSG)

A detailed timeline of the collaboration with CWSG from 2010-present is listed below:

January 2010: CWSG entered into an agreement with the State of Connecticut to conduct an assessment of child welfare services, including a review of Recruitment, Development and Support (RDS) of foster, adoptive and kinship families at the local and Central Office levels.

January 2010 - July 2010: CWSG's assessment includes 1) group and individual interviews with Area Office and Regional Office staff and managers, Central Office staff, and foster, adoptive and kinship parents as well as youth and birth parents; 2) a review of CAFAP's intake process, and 3) a review of data and policy on foster parent home development.

August 2010 - December 2010: Strategy Development Phase (during this time the DCF Administration changed).

January - March 2011: CWSG conducted a Utilization Review to assess the number, type and status of all foster homes, identifying underutilized or unused homes and reasons homes are not being used. CWSG's Utilization Review reveals that while Connecticut possesses 2,777 licensed foster adoptive and kinship homes, less than 50% were available for placement; very few would accept adolescent placements. One significant reason for the lack of homes for teens was believed to be the overuse of general recruitment activities and little or no use of targeted recruitment strategies. General recruitment was passive and used broad or unspecific messaging (often including use of booths, tables, and newspaper

ads). By comparison, targeted recruitment is assertive, data-driven and focuses on a specific group of potential applicants who are more likely to foster an identified type of children or youth.

May 2011: CWSG presented recommendations to new DCF leadership team. CWSG recommends that improving two RDS data points are critical to the goal of reducing congregate care and insuring an adequate supply of foster homes, particularly for teens: increasing the number of foster homes that will accept teens, and increasing the retention and support of foster, adoptive and kinship homes. Planning began for a foster parent support campaign.

January - September 2012: A "Support is Everyone's Job" campaign is implemented to encourage all staff to support and appreciate caregivers with a goal of improving retention. Several thousand DCF staff were trained. CWSG also conducted an analysis of DCF's placement process to better understand challenges to placing children in foster families and identify exemplary practices.

December 2012: CWSG began a targeted recruitment project (TRP) to build capacity to recruit and retain foster and adoptive parents who can meet the needs of individual children who need families.

April - March 2013: CWSG conducted a pipeline analysis to identify recruitment bottlenecks experiences by potential foster families. Analysis included interviews, observation of orientation sessions, observation of KID-HERO incoming call response, etc. CWSG also supported the launch of the Quality Parenting Initiative (QPI), an effort to improve support for foster parents and enhance their parenting abilities, in one DCF region.

March - September 2013: CWSG worked with Training Academy to integrate Support is Everyone's Job tenets into all training to sustain culture change. In addition, CWSG completed work with DCF staff and CAFAP to create a "role card" for foster parents to encourage them to work collaboratively with social workers. CWSG presented final recommendations and results.

October 2013 - present: CWSG has continued to support DCF's implementation of family team meetings including Considered Removal Child and Family Team Meetings and Permanency Teaming. CWSG continues to support QPI implementation in one DCF region.

Within the past several months, DCF has acted on CWSG recommendations by offering training in targeted and child specific recruitment and by deploying resources to the regions to assist in case mining, and family engagement.

Recently, the Department established a partnership with the Connecticut Chapter of the NAACP to conduct relative care forums and to promote the need for relative resources.

NRC Recruitment/Retention (Technical Assistance)

In April 2010, Connecticut received technical assistance from the National Resource Center for Youth Development to conduct a Train-the-Trainer session on Ansell-Casey Life Skills for DCF Training Academy and Foster Care staff and providers representing the Independent Living Continuum as well as Therapeutic Foster Care Providers. Additionally, in July 2010, the Department received technical assistance from the National Resource Center for Recruitment and Retention of Foster and adoptive parents at AdoptUsKids to develop strategies for targeted recruitment of foster care and adoptive families. In 2015, Department will revisit this Technical Assistance regarding recruitment and retention activities.

Annie E. Casey Foundation/Child Welfare Strategy Group continues to provide Technical Assistance for statewide implementation of Child and Family Teaming, including considered removal (pre-removal meetings), and permanency teaming. A full-time state coordinator led the development and implementation of Considered Removal Teaming. Casey met with CR-CFTM Facilitators on a monthly basis to provide support, technical assistance and develop a peer learning opportunity for the first year of implementation.. In order to build internal capacity, Casey provided a TOT session for additional CR-CFTM facilitators which will be delivered by the Training Academy and current CR-CFTM facilitators. The focus this year has been on the development and implementation of Permanency Teaming.

During fiscal year 2014, the Department continued its work to upgrade its Results Oriented Management (ROM) system. The Office for Research and Evaluation (ORE) provided training to DCF leadership, quality assurance, Information System, and Academy staff on the new version. ORE also provided training to the DCF Court Monitor's Office staff. ORE is current working with IS staff to help test the system to ensure that all upgrades are working as expected. Implementation has been planned for fiscal year 2015. ROM continues to supports DCF staff's access to a variety of performance measure reports and, the new version will include a greater breadth of reports. The Department also remains committed to adding the public facing version of ROM. ORE has solicited the assistance of IS, which will collaborate with the Department of Administrative Services, Bureau of Enterprise Systems & Technology (BEST) for installation during fiscal year 2015. IS awaits BEST which recently implemented new technology and is still in the process of training and getting familiar with the secure device and the configuration. The public portal will allow interested persons external to the Department to have access to select aggregate reports. Enhancements to ROM will continue to occur following implementation to support staff's access to more sophisticated reporting.

The Department continued to add services into its Program and Services Data Collection and Reporting System (PSDCRS) for community-based programs and also added two congregate care programs during fiscal year 2014. Currently, there are 40 service types collected in PSDCRS. The Department created PSDCRS "templates" to expedite the process of adding services into the system. Previously, custom development work within PSDCRS limited the number of services that could be added into the system during the year. The templates contain standard, minimum data elements that can be applied to most of the community-based services for which the Department contracts. The Department, however,

will continue to prioritize other high cost, high volume services for customized development within PSDCRS. In addition, development of dashboards to aid with broader stakeholder access to outcome data continued in SFY 2014.

Pursuant to Executive Order 39, the Department will be joining other CT Executive Branch agencies in providing dataset to the newly developed CT Open Data Portal. This past February, Governor Malloy signed Executive Order 39 requiring all Executive Branch state agencies to submit non-identifiable dataset to support the public's open and transparent access to State data.

The Department has identified a number of data sets in which it expects to post shortly. DCF considered some of the common data requests it received and has prioritized the corresponding datasets for more immediate posting. In particular, the core categories of data in which the Department is prioritizing are as follows:

- Careline Calls, Reporter Types, and Response Times
- Abuse and Neglect by Race/Ethnicity, Gender, Age Cohort, Town and Type
- Abuse and Neglect Rates per Thousand
- Differential Response Case Count
- Children in Placement Aggregations
- Juvenile Justice Aggregations
- Reunifications by Race/Ethnicity, Gender and Age Cohort
- Transfers of Guardianship by Race/Ethnicity, Gender and Age Cohort
- Adoptions by Race/Ethnicity, Gender and Age Cohort
- Repeat Maltreatment by Race/Ethnicity, Gender and Age Cohort
- Re-Entry by Race/Ethnicity, Gender and Age Cohort

Next, the Department will continue to implement initiatives to evaluate the DCF service system and to ensure quality provision of care will be implemented during the upcoming fiscal year. For example, the Department has engaged the University of Connecticut to facilitate a needs assessment. In 2012, UCONN worked with the Department to review the Department's continuum of care and create a "Haves Assessment." This has supported the identification of infrastructure gaps and internal system improvements necessary to allow for ongoing review of the Department's service network.

UCONN will next work with the Department's Clinical Consultation and Community Supports Division to identify the necessary service array to support effective community-based behavioral health services for the children and families who the Department serves. The focus of this assessment will be on the Child Guidance Clinic, IOP and Extended Day Treatment type services that the Department funds. It is expected that this review will include the collection of primary data through surveying and interviews of key stakeholders (e.g., youth, families, DCF staff and providers). It is expected that this part of the work will offer greater insight into the service system gaps, needs, and service satisfaction and efficacy related to these foundational behavioral health services.

The Department has continued its work on the 5 year federal trauma grant, the Connecticut Collaboration on Effective Practices for Trauma (CONCEPT). The focus of this grant is to

enhance DCF's capacity to identify and respond to children who have experienced trauma and to enhance access to evidence-based and best practice interventions in the community. A comprehensive evaluation under CONCEPT is in process to assess child and system outcomes.

The Department also continues to collect data around our FAR and completed a case review process to evaluate our FAR practice which resulted in policy and practice changes. It is anticipated these reviews will continue to occur to evaluate our FAR practice on an ongoing basis. The Community Support for Families Program continues to enter data in PSDCRS which is being evaluated by the University of Connecticut's School of Social Work who functions as a Performance Improvement Center for the program.

#### Technical Assistance to be requested/ provided

The Department continues to receive technical assistance and support from Casey Family Programs to address a number of key practice areas, including but not limited to:

- Effective use of kin;
- Improving Permanency and Well-Being improvement;
- Fatherhood Matters;
- Sustaining Improved Safety Outcomes;
- Capacity Building;
- Early Intervention in Child Development;
- Leadership Development; and
- Strengthening Families Practice Model and Differential Response;

The Department looks forward to its continued partnership with Casey Family Programs this upcoming year.

The National Resource Center on Legal and Judicial Issues is provided ongoing technical assistance to the Department and the Judicial Branch in the area of concurrent planning.

#### **4. CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES**

There have been no new changes relative to Federal recognition of Native American tribes over the last five years. The State currently has two federally recognized tribes: the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). Consultation between the State and the two tribes has remained consistent with minimal change over the period.

Activity with the tribes is most often fostered after an accepted or non-accepted child maltreatment report to the State's CARELINE.

The CARELINE screens for MPTN involvement according to case addresses that exist on their reservation. The reservation is relatively small, the roads are few and easily indexed. If the case address is noted as a reservation MPTN address, the report is non-accepted and the CARELINE takes the lead in notifying the tribe of the report. The tribe then chooses to investigate according to their own policies and procedures, with their own established CPS/HS resources. The State is not involved in these circumstances. There are other

circumstances where the tribal member has an address off-reservation, in these cases the State does intervene and provides immediate notice to the Tribe of the report.

Contrary to the MPTN, the Mohegan Tribe does not have any members living on a formal reservation/tribal land. As such, all reports taken and accepted by the CARELINE are investigated by the State and the MT provided notice. All CT tribe (non-reservation) reports are most often serviced by the Norwich Area Office in DCF 's Region 3. Every accepted report of child abuse and neglect serviced through each Area Office of DCF is screened upon initial face to face contact for race and ethnicity demographics. Within this inquiry, each family member is specifically screened for Indian heritage consistent with ICWA. Tribal affiliation is also screened and noted at this time. Results are stored in the State SACWIS system (LINK).

In 2012, the State initiated a two-track system for the handling of child maltreatment reports. Formally known as DRS (Differential Response System), complaints of abuse and neglect may be assigned a Family Assessment Response (FAR) or a traditional investigation. Reports with ICWA considerations may be assigned to either track, dependent on severity and policy considerations.

Most ICWA activity has centered on the State's resident tribes. On occasion there is activity regarding tribes in the neighboring states of Rhode Island, Massachusetts, and New York. Also notable is the practice of both casinos to exercise Native American hiring preference in their gaming and hospitality enterprise; this has resulted in many (and all required) ICWA notices to be filed with Tribes across the nation and BIA.

There is a longstanding Memorandum of Understanding between the State and the MT. Efforts to effect a similar agreement with the MPTN has not come to fruition.

Monthly meetings were often held between the MT and the State. As of late, these meetings have been more sporadic due to less volume. The content of the meetings is oriented to the Memorandum of Understanding. This includes case specific discussion of State interventions with MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in a confidential meeting at tribal offices. Usual members include: MT Human Services staff: Irene Miller, Director of Family Services , Susie Jacobs, Case Manager; Judy Applegate, APRN, Elizabeth McAddie, Child therapist, Kevin Meisner, MT attorney, and others specific to the Case. For the State, the liaison is Kathy Melchior, Social Work Supervisor, along with staff assigned to the cases subject to discussion. A staff member from the nearby Willimantic Area Office, Ashton Hurd, also attends on occasion.

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 for child maltreatment reports, and Child and Family Team Meetings for Considered Removals.

Regarding the MPTN, while no formal arrangement is in place for regular meetings, there is a well noted single point of contact, Director of Child Protection. The State continues to have a positive working relationship with the Director. An example of this cordial relationship was a case coordinated with the New London County Multidisciplinary Team (chaired by DCF representative Program Manager; the State assisted the MPTN in the investigation of two separate reports of child sexual abuse, using MDT/State resources at the local Child Advocacy Center. There is open communication between the State and the MPTN regarding access for non-MPTN affiliated Indian Nation members to access MPTN services; this is accomplished logistically by telephone referral between the State and Director.

As noted above, the State screens for ICWA compliance with demographic inventories/interviews at the point of all DRS activity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation or FAR) and revised by ongoing State social workers in the formulation and revision of case plans; internal multidisciplinary assessments for permanency (MAPS) where State legal and Social work staff discuss cases where legal intervention has transpired; as well as canvassing of all parties once court involved.

Consistent with ICWA, all tribes are notified of State legal activity in writing, by USPS certified mail. For the States' two local tribes, as a courtesy, telephone notice precedes written notification.

Common practice for State proceedings finds representatives of the two local tribes present, at least for initial proceedings. Neither tribe has a developed system of resources (foster/host homes/group care) that allows for a divergent path from State care, should removal from home become necessary. In 2013, the State adopted Child and Family Team meetings for Considered Removals; in advance of a possible entry into State care, these meetings allow for families to address safety concerns and a remediation plan with their own resource system present at the discussion table. For tribal families, there is explicit instruction offered by the State that the family is welcome to invite tribal resources to the forum. To date there have been no meetings that resulted in the State needing to remove tribal children.

Jurisdiction with the proceedings occurs with exclusivity to the State court system. The MT does not seek to transfer cases to their own court network and prefer to partner with the State in the Superior Court for Juvenile Matters. Conversely, the MPTN often exercises the option of jurisdiction moving to their court network.

There have been no ICWA compliance issues identified with the MPTN or MTN over the last five years. The last large scale training Statewide relative to ICWA was a day long event sponsored on site by the MPTN. Some DCF area offices (e.g. Bridgeport) have undertaken recent training efforts on ICWA. Newly hired Social Workers are trained on ICWA during pre-service training. There are present considerations to a Statewide refresher training for the next fiscal year.

There has not been in the last year, or during the last five years, any negotiations with the two tribes in state 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).

A copy of the State's most recent Annual Report will be provided to the tribes by USPS post submission.

#### **5. Foster and Adoptive Parent Recruitment**

##### History of achievements and progress from 2011-present:

The following is a list of general recruitment activities throughout the state:

- Town sporting events: soccer, baseball, football/cheerleading;
- Church religious education programs;
- Preschool programs;
- PTA (Parent Teacher Association) meetings;
- Town recreation center activities;
- Hair dressers/barbers – back to school haircuts;
- Clear Channel Radio Interviews;
- WIHS Radio Interviews;
- WATR Radio Interviews;
- Statewide Parent Teacher Association Council guest speaker;
- Responsible for the oversight of five (5) Community Collaboratives in Connecticut;
- Open Houses;
- Big E – Connecticut Day (September of each calendar year), front foyer exhibit space;
- Heart Gallery Display (photos and brief biographies of youth);
- Bells of Hope: Faith based organizations throughout Connecticut ring their bells or provide a prayer service in support of our children;
- Social Media posts about foster care and adoption needs, highlights, etc: Facebook, Twitter, CT Parent web site;
- 211 Information Line; staff phone operators have information about foster care and adoption needs in CT to share with callers who are interested in learning how to become a foster/adoptive parent or a resource for a child.

In 2009, a recruitment and retention plan was developed to increase the number of African American and Hispanic foster and adoptive parents. In addition, recruitment and retention plans specific to the communities of and populations served by the Department's local area offices set forth specific goals and targets for the recruitment of culturally, racially and linguistically diverse homes. In 2010, DCF increased the number of Spanish language Parent Resources for Information, Development, and Education (PRIDE) training opportunities over the last year as a means to better support timely licensure of Hispanic, non-English speaking families. Bilingual DCF Social Work staff are also available to assess potential and adoptive families and conduct home studies in Spanish.

In 2009 and 2010, in conjunction with AdoptUsKids, DCF conducted a "market segmentation" plan. This plan was supplemented and expanded by the DCF Office of Research and Evaluation (ORE), which helped further refine the data and added a geo-mapping component to create a more comprehensive picture of foster care needs in Connecticut. The data divides the Connecticut population into clusters and then determines which clusters best represent the profile of our current successful foster families in Connecticut. Based upon this data, four segments were identified as providing the greatest foster care recruitment opportunities. This data, while helpful in focusing our work, did not provide the next necessary next step which was to develop a communications plan that would allow us to reach out to perspective foster families with a targeted message on the need for foster families and the benefits of being a foster family.

During calendar year 2012, the Department successfully licensed 780 new foster and adoptive homes. The breakdown of those new licenses is as follows:

- Foster homes - 145
- Adoptive homes - 105
- Special Study homes - 92
- Independent homes - 47
- Relative homes - 391

During calendar year 2013, the Department successfully licensed 619 new foster and adoptive homes. The breakdown of those new licenses is as follows:

- Foster homes - 138
- Adoptive homes - 72
- Special Study homes - 79
- Independent homes - 43
- Relative homes - 287
- 

In 2013, DCF worked diligently with CWSG to increase the number of relative and kinship care placements. Our Department will continue to move towards placing children with relative/kin throughout 2014.

In 2013, Lexis/Nexis software was purchased which is an advanced search engine that links public records to identify connections between individuals to assist in locating relative and kin resources for youth in care. The goals of utilizing this software are to increase the number of children placed with relatives or kin when persons related to a child are known. When utilized, this software has; proven to identify additional resources for children leading to a greater degree of placement stability and permanency. In 2014, this software is used by DCF Regional and Central Office staff to help connect youth with families.

Also beginning in 2013, the CWSG and DCF implemented a training entitled "Placement: Why not with Kin? It is the Work?" This training addressed all aspects of placement of children with relatives and kin promoting the positive outcomes they experience, the

proper ways to search for relatives and kin, what regulations can be waived, and how to pursue necessary waivers. The training also places a heavy emphasis on understanding the dynamics that occur during a relative or kinship placement and the provision of supportive services that should be offered upon placement of a child and on an ongoing basis.

The Department recognized that the dynamics in kinship placements are often much different than in traditional foster homes. To this end, the Department sought the consultation and expertise of Dr. Joseph Crumbley, a national expert in relative and kinship care as well as transracial adoptions. Dr. Crumbley conducted training for all staff in the DCF Regional Offices and for foster care providers regarding the dynamics of relative and kinship care placements.

Also beginning in 2013, DCF has worked with the Child Welfare Strategy Group (CWSG) to develop targeted recruitment activities to bring in new foster and adoptive homes. A second Utilization Review was conducted to show the number, type, and reasons why homes are underutilized and not receiving placements up to their fully licensed bed capacity.

- The purpose of the utilization review was as follows:
- Identify foster homes that are not being used to their fullest capacity;
- Identify the types of children most in need of family-based placement;
- Develop a snapshot of DCF placement resources;
- Identify the types of foster homes that are lacking for specific age groups of children and how to specifically recruit for these populations;
- Identify potential targets for recruitment planning;
- Provide a baseline for the foundation for the development and management of foster care resources.

The final product of this analysis showed that the Department must conduct targeted recruitment and retention activities designed for the most critical populations of youth in care which are:

- Adolescents
- Sibling groups
- Medically complex children
- Babies for foster care straight from the hospital

The CWSG reviewed the recruitment and retention plans for DCF Regional Offices, Central Office, Community Collaboratives and Connecticut Association of Foster and Adoptive Parents and provided recommendations for improvement. As a result, a three day "targeted recruitment" training was held in the Spring, 2013 with staff from the DCF Regional Offices.

Also in spring 2013, a campaign entitled, "Support is Everyone's Job" occurred. This campaign was designed by foster parents, internal members of the Department, and external community providers in conjunction with the Child Welfare Strategy Group. A two hour session was conducted by CWSG staff that included a panel of foster parents and was

given to over 2,300 Department staff having contact with or planning for foster and adoptive parents. Each participant received a role card specific their job description regarding the "top 10" things they can do to support relative, kinship, foster and adoptive families. This campaign drew attention to what every member of the Department can do at each level to provide ongoing support to foster and adoptive parents.

Throughout 2013 and 2014, DCF has continued outreach to organizations that represent the broader socio-economic diversity that exists in communities of color and specifically the African American and Latino populations. The intent of the outreach was to discuss the philosophies, barriers, and strategies to increase placement of children with relatives as well as with people of their own race and ethnicity from their own community. Recruitment for children of color has been conducted through collaboration with the Delta Sigma Theta Sorority, the State of Black CT Alliance (SBCTA), Puertorriqueñísima Radio and Post Latino Inc.

Within the past few months of 2014, the Department started Caregiver Support Teams in all six regions. This was the result of an RFP process. These teams provide support to family caregivers. Also within the past few months, the Department has finalized guidelines that allow undocumented persons to provide kinship care to our youth. Our hope is that this will provide more family based opportunities for the youth we serve. Our Department has also developed a proactive system for youth/families under transfer of guardianship to check in (via phone or face to face) on youth who have recently turned 16; the hope is that our Department staff can make sure youth needs are being met and to help prevent placement disruption at a later age.

Our challenges include the concentration of high need/high risk cases, a need for more in-home services and supports, foster family recruitment for teens, sibling groups, and children with complex needs, permanency for older youth, and services to support transitions to adulthood.

#### **Adoption Resource Exchange/Kinship placements**

##### History of progress and accomplishments from 2010-present:

The Department's Adoption Resource Exchange (ARE) works with the DCF Regional staff to ensure permanency for every child in care. In 2012, there were 157 pre adoptive families available to children under age of 5 as potential adoptive resources. There are currently over 100 pre adoptive families available to these children as potential resources. When a child in this age range has multiple challenges; not limited to medical, developmental or emotional, the DCF ARE has been successful in recruiting adoptive families for these children. It should be noted that the Department has been emphasizing relative placements, as feasible, for all children who may come into DCF care. These efforts are expected to aid in facilitating more children's exit to permanency.

Children in this age range are tracked by the DCF area office staff (Social Work Supervisors and Managers), Office of Research and Evaluation, and ARE staff through LINK and ROM reports to ensure timely permanency via the Department's subsidized adoption and relative

guardianship programs, relative guardianship via the Connecticut Superior Court for Juvenile Matters and reunification with birth family.

SFY 2012 and SFY 2103 data from our SACWIS system indicated the following demographic characteristics of children under the age of five who had any placement with the Department during said period:

- a. 2020 unique children ages 0 - 4 (inclusive) spent any amount of time in placement during SFY12
  - i. Gender:
    - 1054 were Male
    - 966 Female
  - ii. Race/Ethnicity:
    - 630 Hispanic, Any Race
    - 486 Non-Hispanic, Black
    - 187 Non-Hispanic, Other
    - 717 Non-Hispanic, White
  
- b. 1883 unique children ages 0 - 4 (inclusive) spent any amount of time in placement during SFY13
  - i. Gender:
    - 989 Male
    - 894 Female
  - ii. Race/Ethnicity:
    - 605 Hispanic, Any Race
    - 417 Non-Hispanic, Black
    - 175 Non-Hispanic, Other
    - 686 Non-Hispanic, White

Of the above population, during SFY 2012, 43.22% of the placements were with a relative/kin. For the period of July1, 2012 - June 24, 2013, that has increased to 46.04%.

Should targeted services be required, the DCF Adoption Resource Exchange actively recruits for an adoptive family by using the following programs and resources: Photo listing on AdoptUsKids website, A Family for Every Child website, Wednesday's Child (television) and on the DCF website where photos and videos of the child are posted and made available to the public. Targeted and child specific recruitment activities are used by accessing various community based organizations and parent groups. Should a child have specific medical, educational, developmental, social, behavioral and/or emotional needs, the identified pre adoptive family receives information specific to that child prior to placement. They also receive information regarding agencies currently working with the child specific to those needs, and the full support of the Department for accessing these services pre and post finalization of the adoption.

Specific to foster parent-to-child ratio: The standard in DCF policy for the number of children in foster care is no more than 6 children in any foster or adoptive family, and no more than 2 over the age of 2. Waivers to exceed the number of placements in foster care can only be approved by a DCF manager. Permanent over capacity waivers (for adoption placements only) are approved by the Commissioner.

***DCF Adoption Resource Exchange child specific recruitment activities:***

In 2013, the Adoption Resource Specialists from the ARE provided child specific recruitment for 37 children and youth in need of adoptive families.

- 23 were youth ages 12-17
- 14 were under the age of 12
- 20 are African American or Latino children/youth
- 17 are Caucasian children/youth
- 5 have significant medical needs
- 17 have significant developmental disabilities
- There were 2 sibling groups of 3 or more children
- There were 2 sibling groups of two children

Recruitment from a child's perspective has continued to be enhanced throughout the year. Targeting the search within the child's natural network, focusing on those adults most likely to have touched a child's life and researching various prior kinship relationships continues to occur. The assigned Adoption Resource Specialists reviews the child's DCF case record also known as "case mining;" identifying adults who are and were linked to the child youth in the case history. The consultants also interviews and assesses various adults who are currently connected to the child such as the child's caregiver, the DCF Social Worker or case aide, clinicians, teachers, etc. to establish or exhaust all potential avenues for a resource. Consultants will work directly with the child/youth for their input throughout the process. Once a family comes forward, the ARS takes a lead role in reviewing the child's history, discuss parameters for the type of family required and subsequently supporting the family through the licensing process to assist in eliminating barriers.

Child specific and targeted recruitment include public photo displays, child specific presentations, articles and newsletters, community bulletin boards, children's museums, magazine and newspaper articles and ads and events sponsored by True Colors. Child specific recruitment for minority children assigned to the ARE has occurred through collaboration with Puertorriquenisima Radio and the Latino Way.

***Medically Complex Child Specific Recruitment:***

Throughout 2013, the ARE dedicated one staff member to the research and recruitment of families who will adopt children with complex medical needs. This consultant provided specific recruitment services to children who have complex medical needs and worked cooperatively with DCF and community medical staff to understand the complexities of the children's issues to adequately recruit adoptive families for them. The consultant engaged in detailed conversations with prospective families and assisted in trouble-shooting when

logistical barriers to licensure arose (home modification issues, extra training requirements etc). This consultant worked hand in hand with the agency's nurse who conducted the medically complex certification sessions to present information regarding the children in need of adoptive families. The ARE has maintained successful collaborations with various hospitals across the state to include the University of CT Health Care Center, Hospital for Central CT, St. Francis Hospital, St. Vincent's Hospital and Danbury Hospital in order to promote and facilitate medically complex awareness and recruitment. Activities specific to children with complex medical needs in DCF care included attending the Healthy Family Fun fests, the Brain Injury Alliance Walk for Thought and Bike A Thon, attending the Ryan Woods Foundation Autism Parent Support Group, promoting adoption at the "Over the Hill Gang" car shows, The Jim Calhoun Foundation annual event, Danbury Westerner's Club event, CT Special Olympics, True Colors events, Resource Fair at the Intensive Education Academy, and The Public Health Nursing conference.

***Technology Based Recruitment Activities in the Adoption Resource Exchange:***

In 2013, the ARE broadened the scope of technology based recruitment to include postings on the agency's Facebook page, Tweeter account and the most predominantly used, Heart Gallery web site. Additionally, outreach and partnerships with statewide foster care community collaborative allows the photos and demographic write-ups of waiting children to be showcased on a variety of internet sources. E-mail "blasts" are sent out to the statewide PTA association and various professional company newsletters and quarterly reports. The Department has continued the contract with the nationally recognized AdoptUsKids, where DCF features waiting children on their national website. DCF Adoption Resource Specialists use this web site, as well as "A Family for Every Child" website located in Oregon to highlight the children for whom we are currently most in need of families.

***Minority Family Recruitment:***

DCF has continued to develop its Minority Family Recruitment initiative. The Department is targeting professional organizations that have large minority memberships (e.g., sororities, fraternities, Urban League, NAACP, Jack and Jill, Connecticut Hispanic Bar Association, Black Social Workers Association, etc.). The goals for this endeavor continue to be:

- Increase the numbers of licensed African-American and Latino Foster/Adoptive parents in the state of Connecticut.
- Achieve permanency and finalization of adoptions for older African-American and Latino children in the agency's care.
- Increase knowledge of and favorable opinion about DCF foster care and adoption in African-American and Latino communities.
- Obtain research, including engage in surveying and focus groups, on adoption attitudes, practices, trends and beliefs in the African-American and Latino communities.

The Department has begun outreach to organizations that represent the broader socio-economic diversity that exists in communities of color and specifically the African American and Latino populations. The intent of the outreach was to establish 5 community forums

around the State. These forums were intended to have community leaders, activists, politicians, and family members come and have a discussion with the Commissioner and other members of the Department about the philosophies, barriers, and strategies to increase placement of children with relatives as well as with people of their own race and ethnicity from their own community. One forum occurred during the year and the Department has charged The Continuum of Care Partnership Foster Care Working Group to address this issue and assist in implementing these forums.

From 2011 through 2014, DCF will seek to increase its pool of culturally and racially diverse foster and adoptive homes. The Department will continue to monitor the demographics of children requiring out of home care and the demographics of Connecticut's pool of foster homes. During this time, new initiatives, strategies, programming and other practice responses, as needed, will also be tailored and/or modified to support the recruitment and retention of homes that reflect the diversity of the children to be served.

***Foster/adoptive provider training:***

Prospective foster and adoptive families receive 35 hours of pre-licensing training using the PRIDE curriculum. PRIDE is intended to teach skills in five essential competency categories for foster parents and adoptive parents:

- protecting and nurturing children;
- meeting children's developmental needs, and addressing developmental delays;
- supporting relationships between children and their families;
- connecting children to safe, nurturing relationships intended to last a lifetime; and
- working as a member of a professional team.

These trainings are held on a regular, ongoing basis, across the State, occurring in a variety of community settings. The trainings are often held in the evening or on the weekend. Department staff, private therapeutic foster care (TFC) providers, and the Connecticut Association of Foster and Adoptive Parent (CAFAP) convene the PRIDE trainings. Child care is typically provided to aid families' attendance. In 2014, some regions began piloting additional pre-licensing training curriculum to supplement PRIDE.

Licensed and adoptive foster parents are also offered at least 9 hours of post-licensing training. The Department's contract with CAFAP funds an annual 2-day conference, symposiums, and extends funding for families to attend other trainings that they specifically need and/or identify to support the care of a child in their home. In addition, the Department has purchased modules of the Foster Parent College (FPC), which are web-based, multimedia training courses for foster and adoptive parents. FPC is available for Connecticut foster and adoptive parents to allow them to take advantage of "anytime" training, particular to their busy schedules and time constraints.

Additional achievements/progress in foster and adoptive parent recruitment and training in 2014 has included:

- Expanded our partnership with the Dave Thomas Foundation, Wendy's Wonderful Kids. Three more recruiters will be added to the state at no cost to DCF (Connecticut has had one recruiter through this Foundation since 2006). This will allow for more focused and child specific recruitment for our most challenging youth.
- Central Office, DCF Regional staff, partnering state agencies, and private providers have participated in a state sponsored "Lean" process focusing on foster care licensing process. This week long event resulted in concrete suggestions that will reduce the number of steps required for families to become licensed (i.e., eliminating redundant steps) and reducing the time it takes for families to become licensed.
- Partnered with the Connecticut Association of Foster and Adoptive Parents (CAFAP) to implement a centralized training weblsit for families.
- Central office staff had duties re-structured and they were deployed half time to the regions to absorb permanency related work. These staff will help in family search/engagement, case mining, and family outreach. These Central Office staff, along with private foster care providers and DCF Regional staff, were given training in Extreme Recruitment from national experts.
- Our contracts with private providers who offer post adoption support to families was adjusted so that the services can are given to transfer of guardianship families. Families who have guardianship of youth will have the same supports in place as families who have adopted.
- Developed a site audit process for therapeutic foster care agencies and the audits will ensure that recruitment and retention plans are in place.
- Central Office staff partnered with CAFAP and DCF Regional staff to expand a foster parent/youth satisfaction survey.
- DCF Regional offices received consultation from the CWSG on their local recruitment and retention plans and goals.
- The Department shifted the oversight of the community collaboratives to the regions. This allows for recruitment to be coordinated at a local level and tailored to local needs.
- The Department consolidated our lengthy hardcopy version of our foster parent manual into a streamlined collection of weblinks for families. We also translated this into Spanish.
- The Department re-opened the slots for Multidimensional Treatment Foster Care in one DCF region with one private provider. This is a foster care program designed to

serve youth in the juvenile justice system. Families will be recruited for specific youth in our care.

- The Department has adjusted written contracts for congregate care providers; these contracts now include clear expectations for family engagement. The hope is that this will increase permanency for youth who reside in group care.

### **Adoption Recruitment/Retention/Support Activities**

History of progress since 2010:

#### ***The Heart Gallery:***

Since 2003, the Heart Gallery continues to bring awareness to the Connecticut public about children in state care that need a permanent family or life long family connection. In November 2005, it was expanded to be on display continuously throughout the year in a minimum of two (2) locations. The Heart Gallery has been featured in venues such as the State Capital, children's museums, theaters, art galleries, community centers, libraries, malls, churches, hospitals, and commercial spaces throughout Connecticut.

Since 2005, 320 children have been featured in the Heart Gallery, 116 children have been adopted, 17 are currently placed with pre adoptive families and 7 have a pre adoptive family identified for them.

#### ***GOOGLE and technology based recruitment:***

DCF continues to recruit on the web via the purchase of a Google ad. Key words entered into a Google Search including "adoption" and other related phrases connecting a viewer directly to the Department's website. This recruitment strategy brings a monthly average of 15 families calling the CT Foster and Adoptive Parent Kid Hero line who express an interest in becoming licensed for adoption.

The Department has a contract with the nationally recognized AdoptUsKids, where DCF features waiting children on the AdoptUsKids web site. DCF Adoption Resource 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.

DCF continues to recruit on the web via "Google" ads. Key words entered into a "Google" search including "adoption, adopting in CT" and other related phrases connect a viewer directly to the Department's website [CTfosteradopt.com](http://CTfosteradopt.com). This recruitment effort results in the following results:

- 56,210 individuals visited the [CTFosterAdopt site](http://CTFosterAdopt site) between July 1, 2012 and June 11, 2013. (up 9.4% over 2011's 52,652 total visitors)
- They made 81,410 individual visits to the site (up 9.6 % over 2011 total of 78,006)
- They viewed 379,615 pages up (up 12.8% over 2011's total of 296,822)
- Average of 4.66 pages per visit (up 8.2 over 2011's total of 3.81 page views per visit)

- Average duration of time spent on the site was 3 minutes and 27 seconds. (up 13.5% over 2011's total of 2:43)

As a result of the "Google" ads, in 2012-2013 a monthly average of nineteen families called the CT Association of Foster and Adoptive Parent's Kid Hero line, inquiring about the process to adopt a child.

In 2012, the Department began posting professionally produced videos on the Department's web site of many of the children featured in the DCF Heart Gallery. Feedback from potential families cited the child's video as a reason they inquired further. Due to the success and positive feedback, additional videos of families who've adopted children/youth from the DCF Heart Gallery were produced and are posted on the DCF website as well. The Department has plans to increase the use of social media and technology for recruitment throughout 2014.

Listed below are the annual statistics for this site for the year beginning on January 1, 2013 and ending on December 31, 2013.

- Our [www.CTFosterAdopt.com](http://www.CTFosterAdopt.com) website had 65,498 unique visitors in 2013 (a 9.1% increase in traffic over 2012's 59,630)
- 93,638 visits (a 9.1 % increase over 2012's 85,593)
- A total of 410,130 page views (a 13.8% increase over 2012's 296,822)
- 67.40% (63,078) are "new Visitors"
- 32.60 (30,585) are "returning Visitors"
- Average time spent on the website is 3 minutes, 16 seconds (a 1 minute and 47 second decrease over 2012's 4 minutes, 64 seconds)
- Bounce rate was 41.01% (a decrease of 16.4% over 2012's 67.32%)

The visitors viewed an average of 4.38 different pages per visit. As a result of the "Google" ads, in 2013 a monthly average of nineteen families called the CT Association of Foster and Adoptive Parent's Kid Hero line, inquiring about the process to adopt a child.

***Photo-listing:***

The Department utilizes web based sites for the purposes of securing permanent adoptive resources. DCF features waiting children on the AdoptusKids web site. DCF Adoption Resource Specialists are the contact person for children for whom they provide specific recruitment on this web site and on the Department's website.

***Yes to Kids:***

The Department has a contract with a provider to recruit adoptive families for special needs children. This contract called "Yes to Kids" (Y2K). In FY 2009-2010 seven (7) families have been licensed under these two contracts. Eight (8) placements have been made into Y2K homes in 2012. Four special needs children were placed into Y2K recruited pre adoptive families in 2013.

***Wednesday's Child:***

The Department continues to recruit adoptive families for waiting children by featuring a child, sibling group, or a successful adoptive family on a "Wednesday's Child" television segment. WTNH, Channel 8 in New Haven CT continues to provide this service, funded by New Haven based, Casey Family Services and the Connecticut Association of Foster and Adoptive Parents. WTNH airs the Wednesday's Child segments during their noon and evening news programs each Wednesday. The program is managed by the DCF Adoption Resource Exchange. Since its inception in 2004, 135 children have been featured and 45 children have been adopted and six (6) are currently placed in pre adoptive families. In addition to children being featured, an additional 46 segments have aired including 31 segments of testimony from successful adoptive families. Other segments included highlights from November's National Adoption Day celebrations and other adoption related stories.

A private foster care agency (Klingberg Family Center) was awarded the Wendy's Wonderful Kids (WWK) contract sponsored by the Dave Thomas Foundation in 2006. Via a service agreement with DCF they provide services to achieve permanency for children in state foster care programs nationwide. The WWK social worker has a caseload of 15-20 children and youth in need of permanency. They work with the ARE Supervisor for referrals for their program. This resource will be expanded in 2014.

***Child-Specific Adoption Recruitment:***

As a part of a child's individual recruitment plan, emphasis is placed on recruitment from a child's perspective; looking first at the child's natural network of important people in his/her life, whether those people are family, kin, or viewed as important as seen from the child's perspective. Further emphasis on the need to focus on recruitment within the child's family or origin, kin and community will continue through 2014. A child's case record is thoroughly reviewed as a part of this process. Additional efforts are made targeting areas which are most likely to touch a child's life, finding connections from within a child's community or based on a child's request or interest. Outreach includes: photo displays, child specific presentations or articles and newsletters highlighting specific children include: collaboration with four (4) cable access shows, five (5) children's museums, six (6) newsletter/ magazine or newspaper submissions, various town Parks and Recreation Departments, True Colors initiative and community bulletin boards. Recruitment for children of color has been conducted through collaboration with the Delta Sigma Theta Sorority, Meriden Black Expo, the First Cathedral of Bloomfield, the State of Black CT Alliance (SBCTA), Puertorriqueñísima Radio and the Faith, Family and School Conference.

The DCF adoption recruitment specialist reviews the child's DCF case record aka "case mining" identifying adults who are and were linked to the child youth in the case history. The ARS works various adults who are currently connected to the child i.e.: the child's caregiver, DCF Social Worker, clinicians, teachers, etc. Consultants work directly with the child/youth when at all possible for their input throughout the process. Once a family comes forward, the specialist takes a lead role in working and supporting the family until they are able to join a PRIDE training.

Child specific recruitment activities in 2012-2013 include some of the following; photo displays, child specific presentations, articles and newsletters, collaboration with four cable access shows, community bulletin boards, children's museums, magazine and newspaper articles and ads, events sponsored by True Colors. Child specific recruitment for minority children assigned to the ARE has occurred through collaboration with Puerторriquisima Radio and the Latino Way. In 2014, these staff were trained in Extreme Recruitment techniques and assist regions in child specific recruitment two days a week.

***Medically Complex Specialized Recruitment:***

The Department's Adoption Resource Exchange dedicates one staff member for the retention and recruitment of families who will adopt children with significant medical and developmental needs. This staff member works cooperatively with DCF and community medical staff to understand the complexities of the children's issues as well as to adequately recruit adoptive homes for them. This Adoption Resource specialist has developed partnerships with various hospitals across the state. Recruitment booths are staffed on hospital grounds and other events are attended such as; a Community Organization Fair, two Healthy Family Fun fests, and a Public Health Nursing conference. Recruitment also occurred through the Anthem Blue Cross agency, Break-Through Fitness, National Alliance for Mental Health, E-Synapse-CT Physical Therapy Association, CT Disability Advocacy Collaborative, The Brain Injury Association and The Autism Society. Collaboration also occurred with the NAACP health and wellness fair, presentations at an Asperger support group and the Special Olympics. 2013 and 2014 recruitment activities specific to children with complex medical needs in DCF care include; Healthy Family Fun fests, Brain Injury Alliance Walk for Thought and Bike A Thon, Ryan Woods Foundation Autism Parent Support Group, Over the Hill Gang car shows, The Jim Calhoun Foundation annual event, Danbury Westerner's Club event, CT Special Olympics, True Colors events, Resource Fair at the Intensive Education Academy, and The Public Health Nursing conference. In 2012-2013 successful outreach was made to the "Make A Wish Foundation" for a child in need of an adoptive family who is diagnosed with cancer. Successful community partnerships in the past year include: The Southington Board of Education and schools, Barnes and Noble, the Button Farm, Oak Hill School, CT Family Support Network and PFLAG - Parents and Friends of Lesbians and Gays.

***While You Wait Events:***

Since 2005, DCF's Adoption Resource Exchange staff, continue to manage ongoing training opportunities for pre adoptive families called "While You Wait". Topics include: 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. Fifteen to twenty sessions are planned for each year. These are held across the state on a monthly basis in collaboration with DCF area office foster care and adoption and CT Association of Foster and Adoption Parents staff. The events/activities listed above are supported through state funding.

***The Adoption Assistance Program (AAP):***

The Department of Children and Families contracts with the University of Connecticut Health Center to provide post-adoption services to families that have adopted children from DCF's custody. They also provide service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption. This service is free of charge to families. The AAP has developed four community case managers based in 4 major geographies in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. AAP also manages the post finalization services from a program that DCF offers for children after adoption finalization. Within the context of PPSP each child adopted from DCF's foster care system is eligible for an additional 100 hours of support services from 21 CT child placing agencies.

The following families/children were served by AAP for in 2013:

- 536 Intake Calls
- 289 Consults Only
- 247 Cases Opened
- 51 Cases Referred to Case Manager
- 27 Cases Referred to PPSP

Community Outreach, Competency Building, Training and Educational Support in 2013:

- Program presentations held with staff from 11, child guidance clinics, 6 schools, 2 DCF Area Offices and 4 Probate Courts.
- Program presentations at 11 DCF While You Wait groups and Pride Classes, 2 parent support groups
- AAP participated in 2 community resource fairs.
- Provided and co sponsored 13 competency building trainings/workshops
- Thirty-nine (39) families received direct educational support. Seventy-one (71) PPT were attended by AAP Staff and thirty-seven (37) PPT and 504 meetings were attended by PPSP staff.
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In 2007 the Adoption Assistance program, in concert with state adoption stakeholders, developed the "Adoption Community Network". The network's design was a collaboration of: adoption agencies, both private and public, adoptive parents and related adoption professionals. As a result of this work, the first ever website was created to manage the work of the Network. It is a source of information, training opportunities, support services and has links to state and national information regarding adoption. As of April, 2014, there are 368 adoptive parents and professionals that have requested inclusion on the community network email distribution list. The network hosts quarterly meetings that bring adoptive parents and professional together to talk about current issues and trends in adoption and share information about resources.

***Permanency Planning Services Program (PPSP):***

The Permanency Planning Services Program (PPSP) provides core contracts with twenty one child-placing agencies in Connecticut and six agencies out of state. In addition to providing specialized recruitment services, an array of other permanency services include the following: services to legally free a child or sibling group, 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 returning a child to their biological family, and assessment services after a child has returned home. All of these assist the Area Office staff in actualizing the child's permanency plan. Services are accessed by the use of a service agreement with the private child placing agency. In 2014, supports were expanded to cover transfer of guardianship families.

***Out-of-State Permanency Placement Services Program (PPSP):***

DCF Central Office staff provide ongoing assistance to DCF Area Office staff in identifying out-of-state private agency resources and negotiates contracts with out of state agencies upon Area Office request. The availability to quickly access supportive services for families, particularly across state lines, enhances the Department's ability to facilitate adoptive and relative placements for children.

***DCF Adoption Resource Exchange child specific recruitment activities:***

In FY 2012, the DCF Adoption Resource Exchange (ARE) Adoption Resource Specialists (ARS) provided child specific recruitment for 56 children and youth in need of adoptive families.

- 77% were youth ages 12-17
- 23% were under the age of 12
- 50% are African American or Latino children/youth
- 50% are Caucasian children/youth
- 19.6 % had significant complex medical needs
- 28.6% had significant developmental disabilities
- There were 2 sibling groups of 3 or more children (3.6%)
- There were 4 sibling groups of two children (7.1%)

In 2013, the Adoption Resource Specialists from the Adoption Resource Exchange provided child specific recruitment for 37 children and youth in need of adoptive families.

- 23 were youth ages 12-17
- 14 were under the age of 12
- 20 are African American or Latino children/youth
- 17 are Caucasian children/youth
- 5 have significant medical needs
- 17 have significant developmental disabilities
- There were 2 sibling groups of 3 or more children
- There were 2 sibling groups of two children

## **6. Adoption Incentive Payments**

### Progress from 2010-present:

The State of Connecticut received an adoption incentive payment in the amount of \$511,354.00 for two consecutive years in 2009. With the use of the Adoption Incentive Funds, DCF contracted a professional marketing firm to help promote and maintain a positive light on this important work. . With the use of the adoption incentive funds, DCF increased services that bring pre adoptive parents from consideration to action.

During 2011-13, the Adoption Resource Exchange staff, continued to manage and fund ongoing evening training opportunities for pre-adoptive families called "While You Are Waiting" events. The purpose of these events is to provide training; specific to the needs of families and children being matched through the child welfare system. Topics include: understanding legal risk issues in adoption, open adoption joys and challenges, managing behaviors which are a direct result from the effects loss and trauma, breaking through the myths of adopting adolescents, and other topics related to child welfare adoption. 23 sessions occurred across the state in 2013.

Throughout 2013 the Adoption Resource Exchange continued to utilize funding to purchase professionally produced videos on the Department's web site of many of the children featured in the DCF Heart Gallery. The videos show children in "real time" activities and families are able to obtain a deeper level of understanding for some of the challenges with which a child may present in their home. The service has also been utilized to highlight "success stories" of families representing the agency's highest service needs; families willing to adopt older youth, children with medically complex needs and sibling groups. Two adoptive families have been secured specifically through this venture.

2013 National Adoption Month awareness activities included two educational evenings for post-adopt families; specifically helping families to find hope and practical tips for dealing with the everyday challenges of raising healthy "tweens" & teens with the competing attention of technology and video games. National Adoption Day was celebrated in Connecticut on November 23, 2013 in 11 Juvenile Courts across the state. 42 adoptions were finalized that date and staff from the Adoption Resources Exchange coordinated the day and facilitated a celebration for each family in the Courts.

The Department completed 483 adoptions in 2013. 32% of these adoptions were completed within 24 months of the child's first entry into care. To date in 2014, 119 adoptions have been finalized with 38% occurring within the first 24 months of care.

Funds continue to be utilized to promote the Heart Gallery across the State which highlights the children freed for adoption but whom the agency has not yet secured a permanent family.

***Out-of-State Permanency Placement Services Program (PPSP):***

As indicated earlier, the Department also contracts with six out-of-state private child-placing agencies, and provides ongoing assistance to Area Office staff in identifying out-of-state private agency resources and negotiates contracts with out of state agencies upon Area Office request. The availability to quickly access supportive services for families, particularly across state lines, enhances the Department's ability to facilitate adoptive and relative placements for children.

***The Adoption Home Study Licensing Project:***

Since 2006 funding has been appropriated to provide timely licensure of prospective adoptive families for children who've not had a permanent family identified for them. Assessment and approval of the identified pre adoptive families is provided by Connecticut PPSP providers located throughout the state and managed by the DCF Adoption Resource Exchange. The Department completed 690 adoptions in 2009. Because of these efforts, the Department received over \$500,000.00 in Adoption Incentive Grant money from the Federal Government for the second year in a row.

The Department completed 541 adoptions in 2010. A number of activities and events occurred in 2010 while utilizing the Adoption Incentive Grant money. Some of those activities were as follows:

- Promoting November as National Adoption Month while hosting significant statewide events to bring awareness of the need for adoptive homes. The activities included purchasing radio advertisements, the Bells of Hope Project, and countless open houses across the State.
- Promoting Connecticut Adoption Day that occurred on November 19th during which 6 Probate Courts opened their doors to adoption proceedings for members of the media to highlight the adoption process.
- Sponsoring post adoption trainings and seminars pertaining to the topics of attachment, trauma, parenting, disruptions, self care and other issues featuring expert guest speakers in each of the 5 Areas around the State.
- Hosting adoption nights around the State whereby current foster and adoptive parents bring a family they believe would be an excellent resource for the Department to hear guest speakers, including youth placed in care, talk about their experiences and the need for additional homes.
- Purchasing Department logos, banners, and giveaways to promote foster care and adoption at statewide events.
- Promoting the Heart Gallery across the State which highlights the 19 children freed for adoption but whom the Agency has not found a permanent home.

The Department completed 503 adoptions in 2011. The following activities in 2011 and 2012 were funded with \$300,000.00 in Adoption Incentive Grant money from the Federal Government:

- Promoting November as National Adoption Month while hosting significant statewide events to bring awareness of the need for adoptive homes. The

activities included purchasing radio advertisements, the Bells of Hope Project, and open houses across the State.

- Promoting Connecticut Adoption Day that occurred on November 26th during which 6 Probate Courts opened their doors to adoption proceedings for members of the media to highlight the adoption process.
- Sponsoring post adoption trainings and seminars pertaining to the topics of attachment, trauma, parenting, disruptions, self care and other issues featuring expert guest speakers in each of the 5 Areas around the State.
- Hosting adoption nights around the state.
- Purchasing Department logos, banners, and giveaways to promote foster care and adoption at statewide events.
- Promoting the Heart Gallery across the State which highlights the 20+ children freed for adoption but whom the Agency has not found a permanent home.
- Contracted with the author of PRIDE, to conduct 3 day training on the updated PRIDE curriculum and 2 day training on home study assessments.
- Contracted with a national expert on the dynamics of relative foster care placements and what is necessary to insure a long term, stable home for children.
- Collaborated with Center for Children's Advocacy to re-produce the "I Will Speak Up for Myself: Legal Rights in Foster Care" book and accompanying video to be given/shown to all 12-17 year old youth in care.
- Provided funding for the 2012 "Adolescent Permanency Conference". Similar to last year's event, adolescents Statewide would come together to hear motivational speakers, attend workshops and network together regarding the themes of adoption and permanency while in DCF care.
- Provided funding to the Connecticut Association of Foster and Adoptive Parents (CAFAP) to cover the increase in open adoption agreements not currently covered by their contract, which need to be mediated between adoptive parents, relatives and birth families.
- Purchased population projects data to project foster care needs around the state and assist with Geographic Information Systems (GIS).
- Provided funding to Post Latino Inc. to develop and run radio and television advertising in the Latino community.
- Purchased Environmental Systems Research Institute Inc. consultation to further enhance the Geographic Information Systems (GIS) development.

## **7. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES**

CT has no Child Welfare Demonstration Activities.

## **8. CHILD ABUSE PREVENTION AND TREATMENT ACT**

There have been no changes in state law or regulations relating to the prevention of child abuse and neglect that would affect the state's eligibility for the CAPTA state grant.

**CAPTA Spending Plan FY 2014**

Services/Activities	Total Funding	Fam Sup	Prot Svcs	Fam Pres	Reun Svcs	FP Recruit/Trng	AP Recruit/Trng
Multidisciplinary Teams	\$175,000		\$175,000				
Integrated Family Violence Services	\$50,262	\$12,565	\$12,565	\$12,565	\$12,565		
FAVOR	\$36,828	\$7,365	\$7,368	\$7,365	\$7,365	\$7,365	
Total:	\$262,090	\$19,930	\$194,933	\$19,930	\$19,930	\$7,365	\$0

The figures provided in the table above reflect anticipated expenditures. The above-named programs are funded at levels that exceed the award amount. These programs are being supported through multiple year awards, including FFY 2014 and FFY 2015. The Multidisciplinary Teams and Integrated Family Violence Services were selected through a procurement process. FAVOR was approached by the Department to facilitate two of the state's Citizen Review Panels based on their expertise and scope of work.

**DESCRIPTION - CHILD ABUSE PREVENTION AND TREATMENT ACT:**

Multidisciplinary Teams (MDT): The Governor’s Task Force on Justice for Abused Children, first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention and prosecution of child sexual abuse and serious physical abuse cases. The development of multidisciplinary teams that coordinate the early stages of an investigation has provided a means of maximizing community resources that strengthen and improve interagency response and interventions.

The purpose of Multidisciplinary Teams is to improve the investigation and prosecution of serious physical and sexual abuse cases while minimizing secondary trauma to the child. Connecticut has continued to recognize the inherent value of this collaborative effort. These teams have had a positive impact on the quality of work provided to child victims throughout the member disciplines. Connecticut utilizes state funding and the Basic Child Abuse Grant to support our Multidisciplinary Teams.

The development of teams has strengthened the joint DCF/law enforcement response and has promoted the use of trained forensic interviewers. The creation of additional teams has allowed prosecutors to have access to at least one multidisciplinary team in every judicial district in CT.

The following teams are funded under the CAPTA grant:

- Child Guidance Center of Southern Connecticut – Stamford
- Middletown Police Benevolent Association – Middlesex County
- Lawrence and Memorial Hospital – New London County
- Day Kimball Hospital – Windham County and portions of Tolland County
- Community Mental Health Affiliates – New Britain

- Charlotte Hungerford Hospital – Torrington
- Wellpath Behavioral Health for Children and Families – Waterbury
- Clifford Beers Clinic – New Haven County

Statewide, a Program Quality Coordinator provides managerial and administrative oversight of MDT contracts and addresses issues or concerns related to service provision. The Department of Children and Families designee to the Governor’s Task Force on Justice for Abused Children currently functions in this capacity.

Integrated Family Violence Program: Integrated Family Violence Service is an in-home service for families where domestic violence has been identified. It is designed to provide a coordinated intervention to the entire family including the batterer, the survivor and children emphasizing cross-system coordination. Core services include safety planning for the survivor and the child, batterer interventions, trauma focused work with children, and dyad-based interventions focused on repairing and healing relationships.

There are currently six providers delivering the service to seven Area Offices. These programs have been supported by both federal and state funding. DCF intends to redesign the service to better meet the needs of families and the regional offices. It is anticipated an RFP will be released this upcoming year.

Citizen Review Panel Support: There are a number of parent advocacy groups in the state that are designed to review Department practices specifically in the areas of behavioral health. FAVOR is a statewide Family Advocacy Organization for Children’s Mental Health. Their mission is to enhance mental health services for children with serious emotional disorders by increasing the availability, accessibility, cultural competence and quality of mental health services for children through family advocacy. This organization agreed to broaden their focus and responsibilities and function as two of Connecticut’s three Citizen Review Panels. In order to support and encourage parental participation, the Department has agreed to allocate funding for members to receive stipends for transportation and daycare costs, as well as to assist FAVOR for associated meeting costs. The Executive Director of FAVOR continues to facilitate and coordinate meetings and oversee the work produced by the panels.

The State Advisory Council (SAC) now receives funding from the Department to support its CRP work. The previous Commissioner supported this recommendation and agreed to equally split the federal allocation amongst the three CRPs. FAVOR functions as the fiduciary for the SAC.

**CAPTA Spending Plan FY 2015**

Services/Activities	Total Funding
Multidisciplinary Teams	\$175,000
Integrated Family Violence Services	\$50,262
FAVOR	\$36,828
Total:	\$262,090

No Annual Reports from CT's CRPs have been received.

**9. STATISTICAL AND SUPPORTING INFORMATION**

A. CAPTA

Information on Child Protective Service Workforce

**Staff recruited and selected**

Direct service staff consists primarily of Social Workers. Social Workers are recruited through a competitive process at the level of Social Worker or Social Worker Trainee. The competitive testing process for Social Worker is conducted by the State of Connecticut Department of Administrative Services (DAS). This Agency is responsible for overseeing statewide testing processes. When there are anticipated needs for Social Workers within the State, including within the Department of Children and Families, DAS will post a notice of examination on their public website to solicit interested candidates. Notices are also sent to all State of Connecticut agencies, State of Connecticut Labor Department unemployment and job service offices and other organizations that may have access to job seekers with the types of skills needed. DAS reviews all initial applications for examination to determine if the applicant is qualified. All qualified applicants are admitted to a test that is administered and monitored by DAS. Names of applicants who pass the test are entered onto a list for eligibility for hire. Hire at the level of Social Worker Trainee does not require testing and applicants are evaluated for eligibility directed by DCF Human Resources staff. When DCF has approval to fill vacancies in the job classification of Social Worker or Social Worker Trainee, the Agency posts notice of recruitment on its website, the State website as well as providing notice to targeted recruitment sources as appropriate. Interested candidates are directed to submit application materials to DCF Human Resource Management Unit (HRM). A review of all applications is done centrally by HRM and applications are prioritized by education and experience. Applicants who possess a degree in Social Work at the Bachelors or Masters level and have at least one year of Child Welfare experience are the first priority; those with the degree but no experience are the second priority; those with a related degree and at least one year of Child Welfare experience are the third priority and those who otherwise qualify through the possession of a related degree without Child Welfare experience are the fourth priority. HRM will then arrange for

interviews of candidates in the first and second priority group as well as any qualified applicant who meets established hiring goals or who indicates bilingual skills. Former or current DCF staff as well as former or current DCF Interns are offered opportunity to interview regardless of specific educational degree, although most who qualify do possess either a BSW or MSW. Interviews are conducted by a panel that is diverse as to gender, ethnicity and race for all selected candidates and includes a Human Resources representative. Candidates are evaluated based on their interview, reference checks, background checks, including criminal history and any prior involvement with investigations into child abuse or neglect. Selected candidates will have presented in a professional and satisfactory manner in the interview, displayed knowledge and/or interest in the work performed by Social Work staff in DCF, have a satisfactory prior work history, will have passed the criminal and prior involvement in investigations regarding child abuse/neglect background checks satisfactorily. At higher levels, such as Social Worker Supervisor and Program Manager-Social Work (Children's Protective Services), an evaluation of the applicant's supervisory and/or managerial skills is important and in cases of internal promotion, prior job performance is a critical factor.

#### **Degrees and certifications required**

The entry level position for agency Social Workers is Social Worker Trainee. The minimum qualifications for entry to that examination is possession of a four year degree in Social Work or a closely related field. The Agency has determined that those candidates on the examination list who possess either a BSW or an MSW will be given priority consideration for hire.

From Social Worker Trainee, staff move into the Social Worker job classification. The majority of employees attain this level through completion of the Trainee class, however, outside hires at this level will require the educational requirements indicated above for the Social Worker Trainee plus two years of experience in the self directed use of case management techniques and counseling or sustain or restore client functioning.

The Social Worker Supervisor requires possession of a Master's degree in social work or a closely related field and two (2) years of experience in the self directed use of case management techniques and counseling to sustain or restore client functioning OR a Bachelor's degree in social work or a closely related field and three (3) years of experience in the self directed use of case management techniques and counseling to sustain or restore client functioning.

Program Manager requires eight (8) years of professional experience in the field of child welfare, children's protective services, foster services or adoption, one year of which must have been at the level of a Children's Services Consultant; College training up to 4 years for a bachelor's degree in social work or a closely related field may be substituted for the general experience require of 8 years. A master's degree in social work or a closely related field may be substituted for an additional year.

In all job classifications, a closely related field is considered a degree in one of the following areas: child welfare, applied sociology, social and/or human services, clinical psychology,

child development, criminal justice, counseling, human development and family relations, human service, marriage and family therapy.

**Demographic information -degrees of staff, years of experience, salaries, race/ethnicity and position type**

Demographic information has not changed significantly over the course of the year and has remained at approximately 1500 social work staff during this period. The figures reported last year regarding educational background has increased slightly due to the Agency's concentration on hire of new staff that has been specifically prepared for the field of social work through possession of a BSW or MSW. It is anticipated that those figures will increase with the current hiring process. The Agency has received an additional 32 durational social worker positions and 49 permanent social work positions that are being filled primarily with candidates who meet those educational requirements.

The Agency does not currently have sufficient data to fully identify how many years of casework experience or related experience working with children and families the social work staff may have. It can identify how many years an individual employee has been employed in this capacity with DCF; however, experience outside of the agency is not readily identified.

Information on race is maintained by the agency on a self-reported basis.

**Training of Workforce**

See Program Support section for further information

**Post Masters Certificate Program**

The goal of the Certificate Program is to train child welfare professionals, community mental health, adoption services providers and private practitioners to establish a cadre of adoption competent professionals in the community who can then offer post adoption services with clinical expertise to children and families, particularly those who have adopted through the Department of Children & Families.

The Certificate Program is a collaboration between the UCONN School of Social Work (UCONN), Southern CT State University (Southern), CT Department of Children & Families, Casey Family Services and the Adoption Assistance Program at the UCONN Health Center. Ten class sessions are held monthly from October- June and alternate between the two universities.

**MSW Field Program**

The program began in 2004 in answer to a need for additional staff development opportunities for those DCF employees seeking an MSW degree. The program is a replacement for the SWIP (Social Work Internship Program) which is now defunct. First and Second year, as well as Advanced Standing students have benefited from the program though priority goes to students seeking their second year field placement. 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 forty hour work

week. In essence, no additional field instruction hours are required outside of the regular work week.

A major component of the program is that it allows for the social workers to use their place of employment as their field instruction, while maintaining their current caseload, within their current unit. A field instructor outside of the student's chain of command is utilized to ensure a separation of work and learning responsibilities. This is beneficial to the agency as it is in keeping with the agency standard of limiting shifting caseloads, it benefits the families and children served as they are able to maintain continuity of social workers and benefits the social worker as he/she is given the opportunity to keep the caseload they are familiar with yet learn to service their clients more effectively with predictably better outcomes. Flexibility is also available on a very limited basis to reassign cases or employees to other units to give employees a different learning experience on an as needed basis and with the consent of the University involved, student's chain of command, MSW field instructor and DCF Academy.

Additionally, the program prepares students to look for opportunities to provide service "above and beyond the norm", identify gaps in service delivery and provide solutions, and gain better understanding of the DCF as a whole. All of this is accomplished by adhering to a strength based perspective in keeping with the agency's mission. To date the program has been met with great success and has been heralded by social work supervisors, participating universities and students as a whole as they appreciate the new perspectives on cases and learning opportunities for students.

#### **DCF Stipend Program**

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 fit for the job. Special emphasis has been placed on marketing the internship program as a recruitment tool for child protective service workers. In the fall of 2010, the Academy launched its first student stipend program for external students interested in employment at the Department. In this competitive program, students in their final year of a BSW or MSW program are selected to participate in an internship process in a regional office where they receive orientation, training and real time experience handling child welfare related activities. Students receive a \$3,000 stipend to offset the cost of their education and are required to meet agency practice standards. Upon graduation and receiving a recommendation from their field supervisor, students must repeat a background check and an interview process. If successfully completed, students are prioritized in the hiring process. If no positions are available three months after their graduation date, students are released from any obligation to wait for employment or repay the stipend. The Department's Division of Human Resources has begun to prioritize hiring to this intern cohort.

The Department of Children and Families in partnership with the UCONN School of Social Work was recently awarded a University Partnership Grant from the Children's Bureau. The goal of the grant is to increase child welfare practice effectiveness through diverse partnerships that focus on workforce systems development, organizational interventions,

and change leadership using data driven capacity building, education, and professional development. There are 3 major components to the grant: Traineeships, Leadership Training and the Organizational Intervention Initiative.

#### **Traineeships**

Much like the stipend program already in existing at DCF, the grant funded Traineeship Program will support up to 7 UCONN School of Social Work students per year for 5 years. Students interested in the program can apply in their final year of their program and if accepted will receive full tuition and specialized training in the field of child welfare. Current DCF employees are eligible for the program and are strongly encouraged to apply. The 7 students for 2014-2015 academic year have been selected and are scheduled to kick off the program this September.

#### **Leadership Training**

An optional project associated with the grant involves an opportunity to receive technical assistance with the implementation statewide leadership training at both the supervisor and manager level. The Leadership Academy for Supervisors (LAS) is an online, blended learning program for experienced child welfare supervisors. The core curriculum consists of six modules each followed by face to face or webinar activities where participants can network with facilitators and other learners to discuss and reinforce what has been covered in the online modules.

The Leadership Academy for Middle Managers (LAMM) is also a granted funded program developed by Portland State University. Based on the National Child Welfare Workforce Initiative, LAMM is a culturally responsive learning program for managers. Its goal is to enhance the ability of middle managers to apply leadership skill to practice that leads to sustainable child and family outcomes. Both training programs are designed to increase the leadership competencies and implement a common leadership framework across the system. While the Academy has been actively working the development of its own version of this training, the technical assistance will be a welcome support if the Department is selected to participate. It is anticipated that this decision will be made by July of 2014.

#### **Organizational Intervention Initiative**

The Organizational Intervention promotes effective organizational change by using three major strategies; (1) solution-focused, Design Team as the 'engine for innovation,' (2) consistent leadership engagement, and (3) development of successful structures for organization-wide communication, dissemination, adoption and implementation. The Department has made a decision to apply for technical assistance to utilize this approach in an effort to develop a comprehensive and informed approach to performance management. The selection process for this application will be made by July of 2014.

Workforce Demographics  
See Charts Below

JobCodeDescr	F							F Total
	ASIAN	BLACK	HISPA	NATIV	PACIF	UNSPEC	WHITE	
C & F Administrator			1				2	3
Chil&FamAreaDir2RC		1					3	4
Chld&FamProgDir		6	2				14	22
Chld&FamProgMgr		17	11		1		40	69
SocialWorkCaseAide		19	24	1			23	67
SocialWorkSupervisor	4	68	42				134	248
SW-Socl&Human Svcs	12	289	182	3		1	451	938
SWTrne- Socl&Human Svcs		4	2				7	13
<b>Grand Total</b>	<b>16</b>	<b>404</b>	<b>264</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>674</b>	<b>1364</b>
	M							Grand Total
JobCodeDescr	ASIAN	BLACK	HISPA	NATIV	PACIF	WHITE	M Total	F/M
C & F Administrator		1				4	5	8
Chil&FamAreaDir2RC		1				2	3	7
Chld&FamProgDir			4			5	9	31
Chld&FamProgMgr	1	2	4	1		15	23	92
SocialWorkCaseAide		14	12			8	34	101
SocialWorkSupervisor	1	23	13			46	83	331
SW-Socl&Human Svcs	8	94	39		1	149	291	1229
SWTrne- Socl&Human Svcs		2	3				5	18
<b>Grand Total</b>	<b>10</b>	<b>137</b>	<b>75</b>	<b>1</b>	<b>1</b>	<b>229</b>	<b>453</b>	<b>1817</b>

### Caseload Requirements

LINK utilizes assignments to determine how many points, if any, each Worker assigned to a case receives depending on their role. The following is a summary of the LINK caseload reporting process:

If an open **Lead Wkr** assignment outlined in **fig. 1.1** exists for a case participant who is in an open, approved placement, then that worker will receive **ONE** point. We have added an assignment combination of **CPS In-Home, N/A, and Primary** that is to be used to designate **In-Home** cases. This assignment combination will carry **ONE** case point and no additional placement points. Supervisors do not carry a caseload.

Fig 1.1 - Assignment Category Table

Assignment Type	Assignment Responsibility	Assignment Role	Case Points	Placement Points	Maximum Points	Percentage Utilization
Adolescent Services	N/A	Primary	1	0	20	5.0%
Adolescent Services	N/A	Lead Wkr	1	0	20	5.0%
CPS In-Home	N/A	Primary	1	0	15	6.7%
CPS OOH	N/A	Primary	1	1	20	5.0%
CPS OOH	N/A	Lead Wkr	1	0	20	5.0%
ICO	N/A	Primary	1	0	49	2.0%
ICO	N/A	Lead Wkr	1	0	49	2.0%
Family Assessment Response	Area Office	Primary	1	0	17	5.9%
Family Assessment Response	Area Office	N/A	1	0	17	5.9%
Investigation	Area Office	Primary	1	0	17	5.9%
Investigation	Area Office	N/A	1	0	17	5.9%
Permanency Services	N/A	Primary	0	1	20	5.0%
Permanency Services	N/A	Lead	1	0	20	5.0%
Probate	N/A	Primary	1	0	35	2.9%
Probate	N/A	Lead	1	0	35	2.9%
Voluntary	N/A	Primary	1	0	49	2.0%
Voluntary	N/A	Lead	0	1	20	5.0%
FWSN	N/A	Primary	1	0	49	2.0%
FWSN OOH	N/A	Lead	0	1	20	5.0%
<i>Last amended March, 2012</i>						

### **Juvenile Justice Transfers**

According to the Department's SACWIS system, 18 youth were transferred into the custody of the state juvenile justice system during state fiscal year 2013/2014.

### **B. Child Maltreatment Deaths**

The Connecticut State Department of Children and Families (DCF/Department) is providing comprehensive case analysis and systemic consultation in the aftermath of a child fatality or critical incident. The Fatality Review process is a function of the DCF Academy for Workforce Knowledge and Development, under the auspices of the Department's Director of Quality Assurance. The framework for the Fatality Review is based on the understanding that a critical incident can happen anywhere, at any time; and can happen to the most experienced and sensitive of professional teams. The case review, teaching and training focus is designed to generate practical feedback and information for professional learning, organizational development and staff support. The humanistic approach acknowledges the personal and professional trauma associated with a critical incident, and offers a consistent methodology that emphasizes respectful and relevant fact-finding and identification of key dimensions in case practice determined to be excellent, acceptable or in need of improvement.

The Department's senior leadership has determined that child fatalities and critical incidents on open cases and/or those closed within the previous year will be examined by the interdisciplinary Special Review Team. At the Commissioner's discretion, and in consultation with the Statewide Child Fatality Review Panel (CFRP), any fatality or critical incident can be examined by the Review team. The DCF Special Review team collaborates on a regular basis with the Statewide Child Fatality Review Panel (CFRP) that is Co-Chaired by the Chief Medical Examiner and Office of the Child Advocate. The Commissioner has designated the Director of the DCF Legal Services to serve on the Panel. The Panel examines the death of all children and youth under the age of eighteen, including those that are not involved with child welfare services. The Panel submits data to NCANDS, as does the DCF Careline.

Special Review Reports are anchored in the Department's family-centered and community-based *Mission, Guiding Principles and Practices*. Reports highlight related literature and research across discipline, and link the facts of the case with key findings and recommendations that consider the following core areas:

1. The current goals and status of the Department's Strategic Plan and organizational structure;
2. Case practice with regard to comprehensive family assessment, multidisciplinary treatment planning, and interventions that foster `client *safety, permanency and well-being*;
3. Nature and quality of supervision and training connected to the case;
4. Relevant policies and procedures; and,
5. Larger systems coordination, communication and inclusion.

Several Reports and case reviews have led to significant changes in policies and practices within and outside the child welfare system during the past decade. Although each circumstance is unique, a number of common themes have emerged and have subsequently influenced the ways in which similarly situated cases are conceived and managed. Key changes in policies and practices have included, and are not limited to:

1. Safe-Sleep, Bed-sharing and Co-sleeping education and awareness;
2. Education of Emergency Room personnel on identification of child abuse and neglect;
3. Suicide prevention, early intervention, treatment and post intervention;
4. Impact of bullying and cyber-bullying on clients lives and relationships;
5. Interplay of domestic violence, mental health and substance abuse;
6. Transactions between Probate and Superior Court systems;
7. Community transitions to and from congregate care, inpatient and group care settings;
8. Transformation to the Differential Response System;
9. Juvenile justice and the dynamic intersection of community involvement, education, public safety and rehabilitation; and,
10. The profound impact of trauma on clients, communities and professionals.

During the next year, the Department will expand the Special Review process to include Regional multidisciplinary participation, to include members of the DCF Regional CQI teams, community providers and greater dissemination of information to the public. Lessons learned from comprehensive Special Reviews during the past decade have been placed side-by-side with the experiences of our colleagues across the country and throughout the world. These common experiences and repetitive factors can serve as a backdrop for expansion, one that provides a structured and strategic approach to reducing and minimizing untimely deaths of children, youth and young adults by:

- 1) Eradicating poverty;
- 2) Aligning families, communities, healthcare providers and schools through prevention and early intervention;
- 3) Ensuring that the "helping system" is well-coordinated and in constant communication; and,
- 4) Carefully considering protective service decision-making via multidisciplinary collaboration and integrated DRS procedures.

C. Annual Reporting of State Education and Training Vouchers Awarded

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Final Number: 2012-2013 School Year</b> (July 1, 2012 to June 30, 2013)	171	129
<b>2013-2014 School Year*</b> (July 1, 2013 to June 30, 2014)	273 (203 computers distributed + 52 students summer intersession + 4 Students of adoption/guardian + 8 over budget +6 Loan reimbursement 273 recipients)	204  ( 203 computers + 1 new ETV recipient <hr/> 204 new ETV recipients)

Comments:

During the year July 2013- June 2014, the Department is covering tuition expenses for youth in foster care who are taking summer courses. It is anticipated that foster care students will take advantage of this opportunity. These courses are toward the completion of a degree, or certificate program. July 2012 to June 2013, the Department covered the cost of summer courses for 52 students. During July 2012- June 2013, the Department provided this type of summer course funding to 20 students.

Due to the Post Secondary Education policy change in 2010, the Department offered funding toward loan reimbursement and funding for foster care students who fell over the budget. 13 foster care students fell under this category from June 2012- July 2013.

The Department continues to make available vouchers for education and training program and expenses to youth who have aged out of the foster care system or who after attaining the age of 16 have left the foster care system due to being legally adopted or who are in kinship subsidized transfer of guardianship care. From July 2012- June 2013, the Department awarded 5 Education and Training vouchers with one being a new recipient. From June 2013 to July 2014 the Department awarded 4 Education and Training vouchers, with one being a new recipient.

The Department continues to purchase computers for students in the foster care systems that are in a Post Secondary Education program. July 2012 - June 2013, the Department distributed 124 computers to new recipients. This year July 2013 - June 2014 the Department has distributed 165 computers to new foster care students enrolled in a Post Secondary Education program. 38 computers were distributed for student use in

preparation of completing a post secondary education program. The total of computers distributed from June 2013- July 2014 is: 203

The total Education and Training Vouchers awarded through the Department of Children and Families during July 2012 through June 2013 is 171 with 166 being new recipients. The Department has awarded a total of 273 with 204 being new recipients from July 2013- June 2014.

**D. Inter-Country Adoptions:**

No child entered state custody in 2013 who had been previously adopted from another country.

**E. Monthly Caseworker Visit Data**

The state will submit their 2014 data by 12/15/14 as required.