

Public Act 18-111:

**Report on the Department of Children and Families'
Racial Justice Data, Activities and Strategies**



February 15, 2019

DCF COMMISSIONER DORANTES' MESSAGE

*Over the course of my career with DCF, I have promoted workforce development, change management and continuous quality improvement in the child welfare arena. The book of business that I am exceedingly proud to share is the co-chairmanship of the **DCF Statewide Racial Justice Workgroup**. This workgroup is charged with cultivating and sustaining an environment in which employees and DCF partners feel safe to discuss the impacts of racism, power and privilege on agency practice and their personal lives that influence outcomes for the children and families we collectively serve.*

This workgroup consists of appointed participants of varying roles from the Department's area offices, central office divisions, facilities and external partners. The workgroup includes subcommittees on policy & practice, contracts & procurement, workforce development and community partnerships.

*The work of this collective body has been highlighted in two national webinars and most recently we crafted a bill that was codified into CT statute last year. **PA 18-111** requires the Department to report on racial & ethnic outcome disparities and to develop strategies, informed by data on referrals, substantiations, removal, placements and retention. The Department shall identify specific areas within child welfare practice and work to eliminate racial and ethnic disparities.*

The DCF racial justice journey has a deep history. Leading this workgroup has afforded DCF the opportunity to 'turn the mirror inward' on our own worldviews and how such personal experiences shape our daily decision making deliberately and at times, unconsciously. DCF has invited external stakeholders in two racial justice summits to examine their own understanding of the impact of internal, interpersonal, institutional and structural racism throughout our helping systems.

The information on the pages to follow is the inaugural submission by the Department to explicitly put into context, the extent of our racial justice work; an analysis of key indicators to serve as baseline measurements to inform the recommendations made in this report. The indicators guide the framework to establish operational strategies and performance expectations in child welfare racial equity.

I am poised to continue this work in earnest in this larger capacity.

Sincerely,

*Vannessa L Dorantes, LMSW
CT DCF Commissioner Designate*

"... I do my best because I am counting on you counting on me." Maya Angelou

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1. DCF OVERVIEW

The Department of Children and Families (DCF/Department) is the Child Protective Services (CPS) agency in the state of Connecticut. Pursuant to legislative mandate, in addition to CPS, the Department is responsible for prevention, education under USD II, and children's behavioral health services.

DCF's mission is: "working together with families and communities for children who are healthy, safe, smart and strong". This mission is supported by the following seven cross-cutting themes and nine overarching strategies:

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.

Overarching Strategies:

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. Ensure appropriate use of Congregate Care;
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; and
9. Improve revenue maximization and develop reinvestment priorities and methods

This mission is grounded in a core set of beliefs that drive the Department's vision for how to serve Connecticut's (CT) children and families. In particular, DCF believes that children do best when living safely at home with their family of origin. When living at home with a parent is not reasonably safe, the best alternative is to live with kin who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home, while concurrently working towards timely permanency.

Further, the Department strives to ensure that services are individualized and based on a comprehensive assessment of children and families' strengths and needs. DCF recognizes that these assessments must occur in partnership with providers, the family, youth and children, in an age and developmentally appropriate manner, shaped by clients' racial, cultural, and linguistic self-identification and needs.

Last, being a learning, accountable and transparent organization and addressing racial inequities in all areas of the agency's practice are inextricably linked. The intersectionality of these concepts is central to the Department's past present and future work. As this report will present, the Department has

developed a rich array of data to inform strategies to eliminate disproportionality and disparate outcomes across key decision points. The Department disseminates and uses its data, routinely disaggregated by race, ethnicity and other demographics, to identify areas of strength and opportunities for improvement. Interrogating its data from a racial justice lens better ensures that the Department provides quality, equitable, and outcome driven care for the children and families in Connecticut whom it serves.

2. INTRODUCTION

The Annie E. Casey's Kids Count Data Book continues to rank Connecticut, overall, in the top ten among states for key indicators. While on the surface this would suggest that families and children in the State are doing well in areas of health; economics; education; family and community; and well-being, it belies the story for many persons of color.

For example, the 2018 Connecticut KIDS COUNTS data book notes that while the overall percent of Connecticut children living below the federal poverty line was 14.1 for the period of 2012-2016, it was twice that for African American children (i.e., 28.3). The rate for Hispanic children was 31.3. The poverty rate for white children, on the other hand, was 5.5.¹ It is further noted that there is a considerable wealth gap between White and Black households. Pointedly, the report states that “[i]n 2013, at \$134,000, the national median net worth for White families was twelve times that of Black families at \$11,000.”²

These data further contextualize the demand and urgency to actively embrace a racial justice lens, especially when we consider that when we control for factors such as income and education, the disparity and poorer outcomes for children and families of color still persists.³ The 2017 document, “Race Equity In The Five Connecticut: A Kids Count Special Report,” encapsulates that point:

The intersection of place and race/ethnicity, unfortunately, reveals persistent patterns of inequity, and the indicators from many of our “Five Connecticut” appear more sensitive to race/ethnicity than location. Across the numerous Educational, Economic, Health, and Family and Community indicators, Hispanic and Black children and families very frequently had the most negative outcomes across all groups in a given [Public Use Microdata Areas] (PUMA), regardless of whether they combined for 5% or 50% of the population, and whether their PUMA’s median income was half of Connecticut’s median, or double⁴.

Similar disproportionality and disparity is observed for children of color and families touched by child welfare systems. A 2016 Issues Brief⁵ published by the Federal Children’s Bureau notes that nationally, children of color enter foster care at disproportionately high rates. In particular, across the nation, African-American children are represented in foster care 1.8 times their rate in the general population. For Native American children, their Racial Disparity Index has increased from 1.5 in 2000 to 2.7 in 2014. CT too, is not been inured from similar profiles of disproportionality in child welfare, and other public systems.

¹ Kayla Goldfarb, “Taking Stock: Considering the Future of Child Well-Being and Family Opportunity in Connecticut – 2018 Connecticut KIDS COUNT Data Book.” (CAHS 2018) 25.

² *Ibid* (CAHS 2018) 43.

³ *Extensive Data Shows Punishing Reach of Racism for Black Boys* (New York Times, March 19, 2018)

⁴ Emmanuel Adero and Sheryl Horowitz, “Race Equity In The Five Connecticut: A Kids Count Special Report” (CAHS 2017)

⁵ https://www.childwelfare.gov/pubpdfs/racial_disproportionality.pdf

The Department believes that responding to racial inequity is multipronged and requires vision, focus, commitment, tenacity and certainly partnership. DCF knows that its efforts to reduce and eventually eliminate disproportionality and disparity in the child welfare system requires collaboration with and from various human services agencies and multiple stakeholders.

As later sections of this report will show, the Department has been engaging in myriad cross system and community outreach efforts to invite others into its racial justice endeavors. While some aspects of disproportionality and disparity within CT’s child welfare system are impacted by factors external to the Department, DCF has made an intentional decision to focus on two internal contributing areas: 1) bias and 2) agency practices at critical decision points. As the Federal Issues Brief further noted:

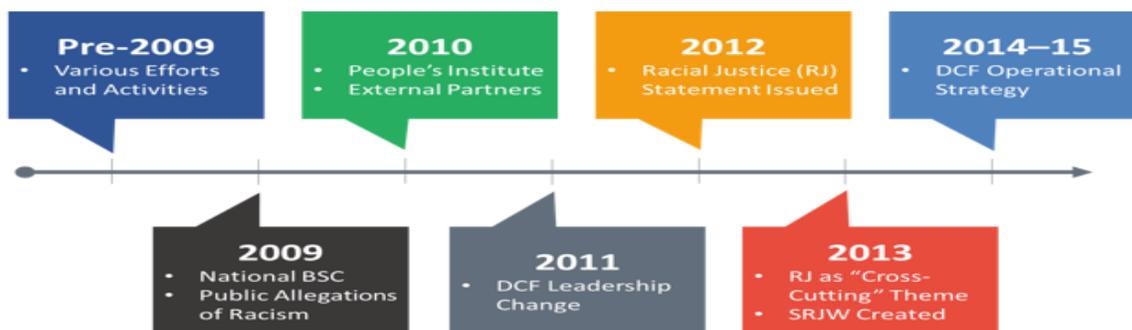
It is also possible that child welfare professionals or others involved with the case or family may knowingly or unknowingly let **personal biases** (emphasis added) affect their decision-making. ...[R]ace, risk, and income all influence case decision, but even though African American families tended to be assessed with lower risk scores than White families, they were more likely than White families to have substantiated cases, have their children removed, or be provided family-based safety services.

This report serves as a summary of relevant DCF and other racial justice data and research. It also details past, current, and proposed efforts and strategies to advance the Department’s commitment to eliminate racial and ethnic inequities in all areas of DCF’s practice, and ensure positive, sustainable outcomes for children and families served by CT’s child welfare system.

3. SLOW AND STEADY WINS THE RACE- Evolution of DCF’s Response to Address Disproportionality and Disparities

The Department’s efforts to recognize and address the overrepresentation and disparate outcomes of children and families of color is best described as “slow and steady.” Over the years, multiple efforts have occurred to ameliorate issues that may contribute to racial inequities and produce overrepresentation of children and families of color in the state’s child welfare system. The below graphic illustrates (figure 1) those efforts:

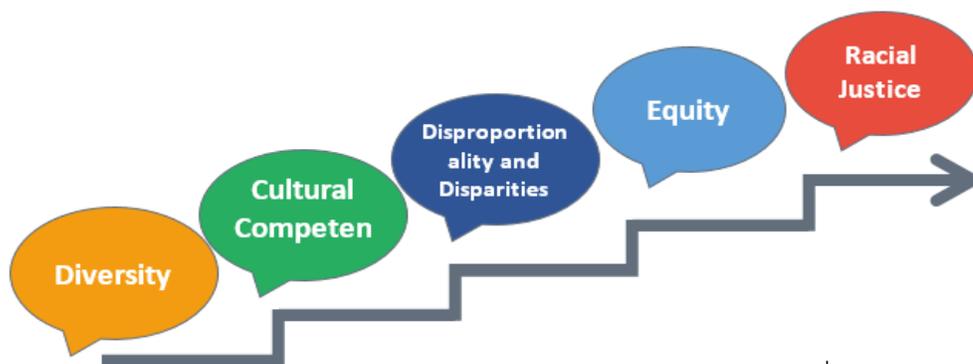
Figure 1. – DCF Racial Justice Timeline



Similarly, the Department’s language has evolved and paralleled its racial justice progress. As the Department has grown towards becoming a racial justice child welfare agency, the need to adapt language to capture the journey has likewise changed. (See Figure 2). Terms like “cultural and linguistic competency” have been foundational to moving us to the more direct verbiage of racial justice and racial equity. Further, we can openly acknowledge “how dominant culture, power and privilege perpetuate

racism in our systems, programs and interactions . . .” We chronicled this language evolution in a national webinar in which the racial justice work of the Department was highlighted.

Figure 2. – DCF Language Evolution



While the Department had engaged in a variety of incremental activities to better ensure equitable treatment and outcomes for all children and families that it services, it was only under the leadership of the last DCF administration that this became an amplified mandated and took on a new sense of urgency and intentionality.

A sentinel memo from than Commissioner Katz released in July 2013 announced that the Department was to become a racial justice child welfare agency. The memo identified a variety of steps that the Department was to undertake over the coming months to move the work further. During this same year, the Department added *Addressing Racial Inequities in All Areas of our Practice* as one of its Cross-Cutting Themes and established a performance expectation that require the achievement of racial justice across the entire DCF System.

A keystone of the Department’s racial justice work has been the establishment of the Statewide Racial Justice Workgroup (SWRJWG). This body has been instrumental in leading, guiding, and supporting the Department’s racial justice charge across the agency. The SWRJWG has also been recognized nationally, having been selected to present at two webinars about the Department’s racial justice work.

In 2016, the SWRJWG held its first racial justice summit. The focus of that convening pertained in major part to educational inequities. The Department was fortunate to have renowned Yale professor, Dr. Walter Gilliam, share his [groundbreaking research](#) about the impact of implicit bias on high preschool expulsion rates for black children.

This past October 2018, the SWRJWG convened a second racial justice summit in partnership with the University of Saint Joseph, and the Statewide Advisory Council (SAC). The theme for the summit was *Erasing Disparities & Breaking Barriers*. The objective of the summit was to create a deeper understanding of racial justice as a journey in partnership with a diversity of stakeholders, including providers, youth, family organizations, judicial and other state agencies. It was intended to spur conversation and inspire individual and collective commitments to actively join in the work to eliminate racial inequity for children and families in the state.

Key features of the summit were a video from the DCF Region 6 staff and an attending presentation from their Regional Administrator and a provider partners discussing their racial justice journey; a youth panel

explicating means in which the voice of young persons can be fully at the table; and a powerful presentation from Dr. Kenneth Hardy. The materials and videos from this summit are posted on the [DCF website](#).

The SWRJWG continues to develop and implement specific strategies to decrease disparities and improve equitable outcomes. The SWRJWG is structured around four subcommittees that focus on the following core areas:

- Policy and Practice
- Workforce Development
- Contracts and Procurement
- Community

Under the SWRJWG auspices, the Department has been offering various forms of racial justice Technical Assistance (TA) to the Regions, Solnit North and South, and Central Office. The four TA offerings are as follows:



In addition to the SWRJWG, the Department has implemented many other strategies to impact disproportionality and disparity in its system. Of especial note, as part of the Department's vetting and approval process, all new and revised DCF policy is reviewed for racial justice and cultural and linguistic competency implications and responsiveness. Also, the recent work to update our Structure Decision Making (SDM) underwent a rigorous risk validation review.

SDM consist of actuarial tools used to support effective assessment of safety and risk of reports to the DCF Careline and for other decisions across the Department's interaction with families. The DCF Office of Research and Evaluation (ORE) worked with the model developers and the DCF SDM steering committee to better ensure that the factors, domains, and weighting used for Connecticut's tools were not biased, and did not disadvantage Black and Hispanic families.

The Department also began implementing Eckerd Rapid Safety Feedback (ERSF) to assist with identifying and altering the trajectory of cases that have an elevated risk for a poor outcome. The Department developed a values statement regarding its use of ERSF and any subsequent machine learning and

predictive analytics tool. The core tenets of the Department's values around such interventions include the recognition that structural inequities and historical practices may have created disproportional, and over-representative data. Therefore, part of DCF's charge is to ensure that the application of predictive analytics and other artificial intelligence will neither contribute to nor result in profiling or disparate impact.

In addition to the SWRJWG, a DCF Central Office (CO) Diversity Action/Racial Justice Team continues to offer purposeful learning venues to discuss complex contemporary issues impacting persons of color and other diverse groups. Topics such as implicit and explicit bias, White privilege, White fragility, profiling, institutional racism, systemic bias, racial justice, and power have been discussed through gatherings hosted by the CO Diversity Action/Racial Justice Team. The Team's monthly meetings allow for healthy and productive dialogue about race, ethnicity, culture, and language. Events convened by the CO Diversity Action/Racial Justice Team included numerous panels and presentations by distinguished scholars and recognized experts on racial profiling, religious persecution and the impact of immigration policies on youth we serve.

This work has been augmented by myriad activities in the DCF Regional Offices. All the Regions and facilities have Wellness, Diversity Action and/or Racial Justice Teams. The Regions and the Solnits have also received technical assistance from national experts Joyce James and Jen Agosti to help them refine and implement strategies to advance their racial justice agenda and culture. Some examples of the efforts from the Regions and Solnits are as follows:

- Introduction of the safety culture tenets through the Racial Justice lens
- Convening a planning retreat designed to build a coalition to impact Racial Justice across multiple system
- Technical assistance to focus on disparate permanency outcomes for youth of color
- Overview of DCF Quality Assurance through a Racial Justice lens
- Technical assistance on key DCF Racial Justice data
- Joint DCF foster care and DCF Central office two-day training forum and data sharing
- Cultural observances
- Educational Learning Forums
- Outcomes Focused Strategizing on Key Practice Areas through a Racial Justice Lens
- Case Consultation from an equity lens

Next, in September 2017, the Department's Quality + Planning Division and Legal Division were asked to present at a national conference to discuss the intersectionality of our racial justice lens with our immigration policy and practices. The Department shared the agency's strong [immigration](#) and racial justice practices, and the [family preparedness resources](#) for "assist[ing] families who have concerns about immigration enforcement, particularly in regards to the possibility of the deportation or detainment of guardians and the impact that it could have on their children."

4. PARTNERSHIPS + SERVICE SYSTEM ENHANCEMENTS

In furtherance of Connecticut behavioral health legislation (PA 13-178 and 15-27) and the CONNECT System of Care grant, DCF has been working with behavioral health providers to complete their own organizational Health Equity Plans focused on the implementation of the National Culturally and Linguistically Appropriate Standards (CLAS) and Progress in Achieving Racial Justice.

Forty (40) agencies from across the state have received technical assistance and support from CLAS consultants, training, and a monthly peer learning opportunities to develop their own internal Health Equity Plans. Each participating agency has accomplished several actionable goals to draft and advance their policies promoting equality, diversity and inclusion.

The current CLAS Cohort III peer learning meetings began in September 2017 and continued through June 2018. There will be a standing invitation to participate in on-going quarterly Learning Collaborative meetings with the other cohort agencies based on direct feedback from organizations requesting additional technical assistance to support implementation and integration.

Additionally, the Contracts Subcommittee under the Statewide Racial Justice Workgroup has developed standard contract procurement language and scoring. This framework provides a critical front-end filter to better support effective care for children and families across the diversity spectrum. Further, the Department has established a Tier Classification System for evaluating and monitoring contracted service providers. The Contract Management Unit embarked on a comprehensive process, in partnership with other Department units, to develop a contracted program classification tool. This process and tool are designed to not only enhance the Department's ability to evaluate contracted programs but create opportunities for ongoing Quality Improvement at a program and system level. The overarching goal of the Tier Classification System is to ensure the quality and accountability of contracted direct services programs. The Tier Classification System accomplishes this through the inclusion of a domain and questions that assess elements of cultural competence.

Last, the Department utilizes Results Based Accountability (RBA) as a framework to assess and monitor the quality and effectiveness of its contracted services. RBA utilizes three core questions: "How Much," "How Well," and "Is Anyone Better Off?" Congruent with the Department's racial justice lens, we require the disaggregation of our RBA data by race and ethnicity to specifically address our fourth, homegrown question: "Who is Better Off?" This allows us to observe whether there is equity in both utilization and outcomes.

5. DCF PATHWAY DATA

The Department also has a robust data environment, accessible by all staff, to support evaluation of its practices and outcomes through a racial justice lens. For example, the Department has a "racial justice data suite" in its Results Oriented Management (ROM) system. This data system allows the Department to view key indicators by race and ethnicity. These data can be further filtered by geography, demographics, and other elements to support more granular analysis. As list of the ROM racial justice data reports is below:

- Decision Point Analysis
- Outcomes Summary by Race
- Disproportionality: Accepted Referrals
- Disproportionality: Child Victim
- Disproportionality: Entered Foster Care
- Disproportionality: In Foster Care
- Disproportionality: Exit Foster Care
- Disparity: Accepted Referrals
- Disparity: Child Victim
- Disparity: Entered Foster Care
- Disparity: In Foster Care
- Disparity: Exit Foster Care

The Department has also developed other dashboard reports that allow users to review data disaggregated by race and ethnicity. Further, the “detail data” for most reports generated by the Department contain key demographics, including race and ethnicity, as standing variables. Thus, the raw datasets support users’ ability to run and cross-tabulate data by race and ethnicity.

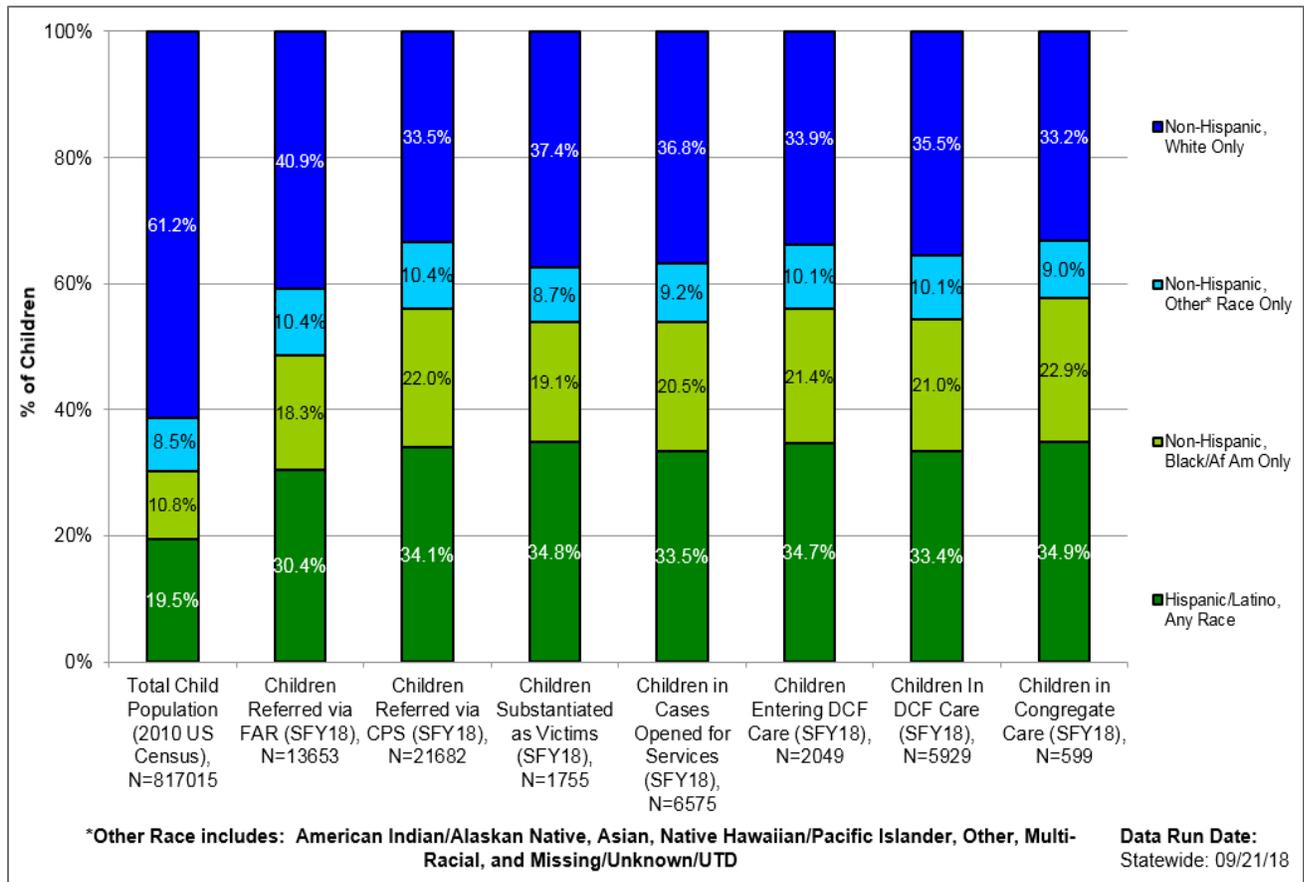
DCF’s data development agenda has been iterative. Over the years, the Department has increased the number of automated and canned reports, and machine-readable data that is available to staff and other stakeholders. Congruent with this accessibility, has been the inclusion of variables that allow for disaggregation by race and ethnicity. Some of these data have been made available to the public on the Department’s [Data Connect site](#) and through the [CT Open Data Portal](#).

A foundational tool created and used by the Department, is its “Disproportionality Pathway Data.” This document graphically presents the distribution, by race/ethnicity, of children served across the CT child protection system. The Department has produced this data representation since 2013. These pathway data are also produced for every Region and Area office.

These data reveal considerable overrepresentation of African American and Hispanic children in all areas along the pathway decision points. Also, African American and Hispanic children are more likely to be substantiated against for maltreatment, removed from their homes, and remain in care longer than White children. A review of DCF High Risk Newborn data further indicates that the Department is more likely to flip from its Family Assessment Response (FAR) track to its CPS track when encountering Black families. The “flip rate” was 62.5% for Hispanic families, 63.5% for White families and 70.8% for Black families.

Figure 3 shows the percentage of each racial group that comprises the CT DCF child population at each stage of involvement, in comparison to the general CT child population. Each bar depicts the stage or level of child welfare agency involvement. Further, each segment represents the total unique child population observed for that specific stage.

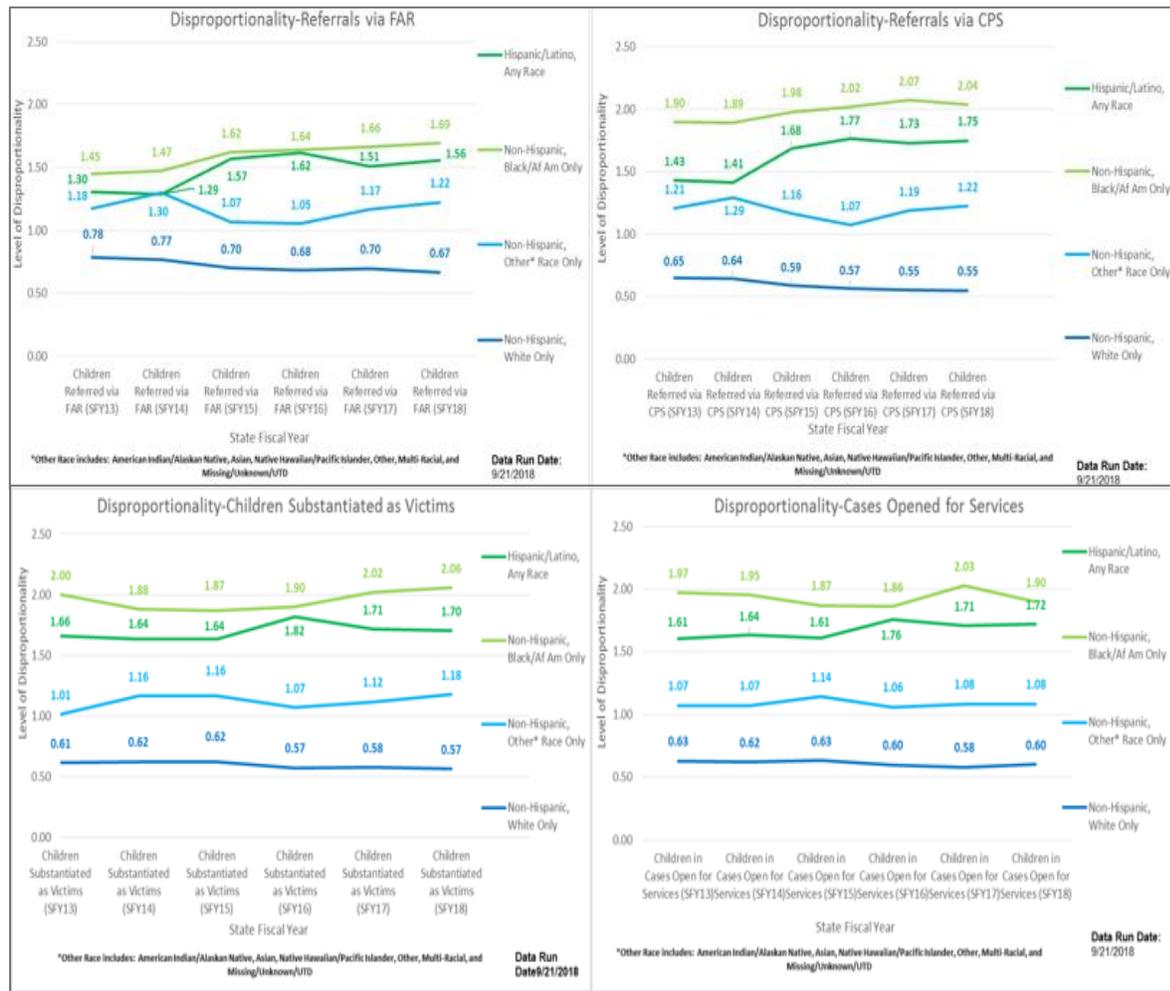
Figure. 3 – Statewide Racial/Ethnic Disproportionality Across the CT Child Protection System: SFY18



Disproportionality occurs when racial/ethnic groups in the child welfare agency child population are under or over-represented compared to the general child population. The Disproportionality Index is calculated for racial/ethnic groups by dividing the percent of children in the child welfare agency child population who are members of a racial/ethnic group by the percent of children in the general population who are also members of the same racial/ethnic group. Thus, the degree of divergence between the general and child welfare agency child populations represents the extent to which each racial/ethnic group is disproportionately represented at each stage or level of involvement in the agency.

Next, the Disproportionality Index is calculated for each racial/ethnic group by dividing the percent of children in the child welfare agency child population who are members of a racial/ethnic group by the percent of children in the general population who are also members of the same racial/ethnic group. If the quotient is greater than 1, then children of that racial/ethnic group are over-represented. If less than 1, then they are under-represented. Figure 4 shows the Disproportionality Index trends over the last five years (State Fiscal Year (SFY) 2013- 2018).

Figure. 4 Disproportionality Index Trends: SFY 2013 – 2018



Comparing State Fiscal Year (SFY) 2018 pathway data to SFY 2013, it appears that while a couple of decision points have demonstrated some progressive, continued positive movement for African American children (e.g., children entering care and youth in congregate), others have not, especially for Hispanic children. Further, SFY 2017 versus 2018 data reveals an uptick in disproportionality for children of color across some of the pathway decision points.

In addition, there appears to be a consistent increase of Hispanic children who are referred to and/or are becoming involved with DCF, and overrepresented over the past six years. There are a variety of possible factors that could be contributing to this occurrence. These include, but are not necessarily limited to, the increase in the Hispanic/Latino population demographics in Connecticut, which is not reflected in the 2010 Total Child Population Census for the State, the substantial migration of unaccompanied and other children and persons from Hispano/Latino countries of origin to Connecticut, and the increase of children and families migrating from Puerto Rico after Hurricane Maria. If the U.S. Census Bureau 2013-2015 American Community Survey⁶ is accurate, the number of Latino origin children and families migrating to

⁶ <https://www.census.gov/programs-surveys/acs/data/pums.html>

Connecticut has grown significantly. Likewise, if the proposed UConn Data Center 2020 Population Pyramids projections⁷ for Connecticut are accurate, this growth should be expected and planned for.

Next, the Department calculates the Disparity Index (see below) for each race across the pathway. These data indicate that most aspects of the pathway require continued attention to eliminate the observed disproportionality and disparity. At the conclusion of this report, the Department has identified strategies that it thinks will move the needle on one or more of the specific pathway decision points.

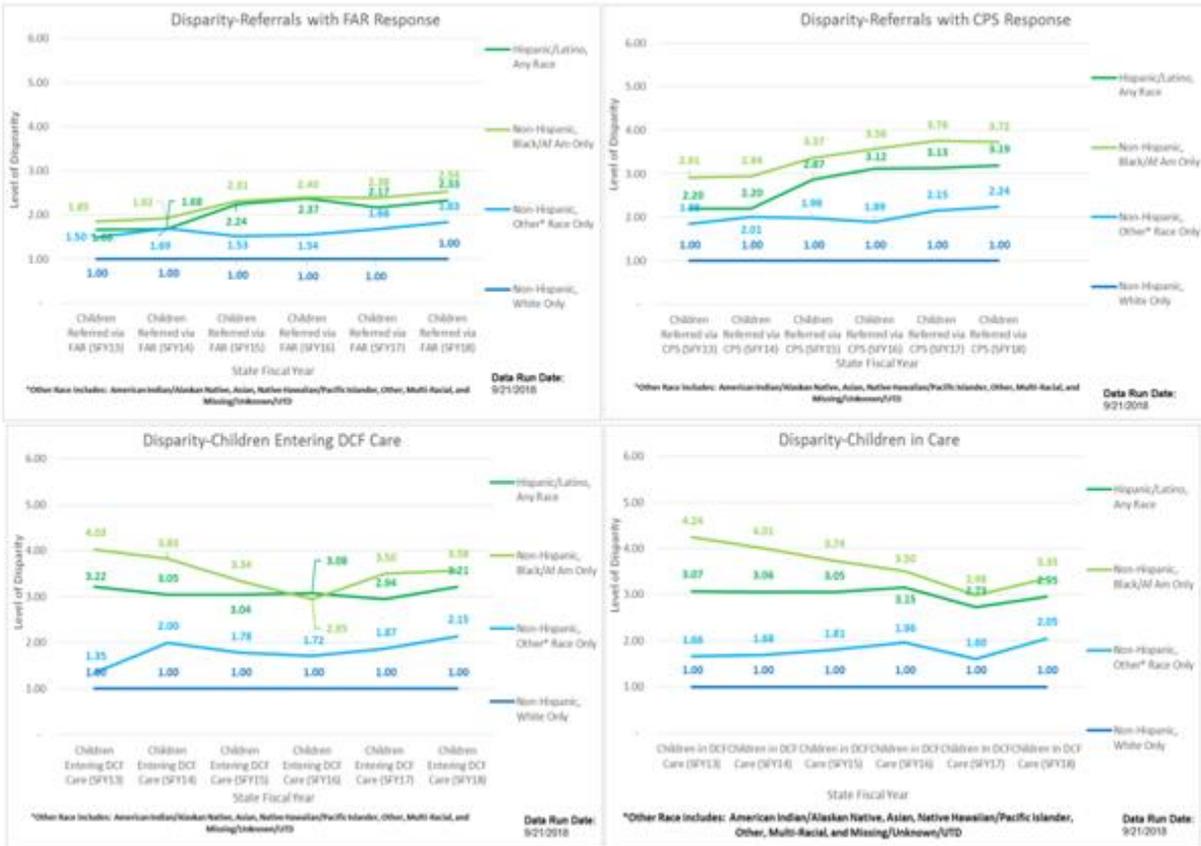
In contrast to the Disproportionality Index, the Disparity Index compares disproportionality between one racial/ethnic group and a reference racial/ethnic group. The Disparity Index is calculated by dividing a racial/ethnic group's Disproportionality Index by the reference racial/ethnic group's (usually White) Disproportionality Index. The results indicate, for example, at what rate Black/African American children are reported to DCF in comparison to White children, i.e., "Black/African children are reported to DCF at a rate that is (e.g., 3.71) times greater than White children." Figure 5 shows the Disparity Index trend over the last six years (SFY13 to SFY18) for each bar in the pathway.

These data reveal that African American and Hispanic children typically have many times greater rates of referral to the Department, substantiation for maltreatment, entrance into DCF care, and being in congregate care than White children. Like the Disproportionality Index, while progress has occurred with respect to some points of disparity since SFY 2013, widening rates are on the rise from SFY 2017 to 2018.

Figure. 5 Disparity Index Trends: SFY 2013 – 2018



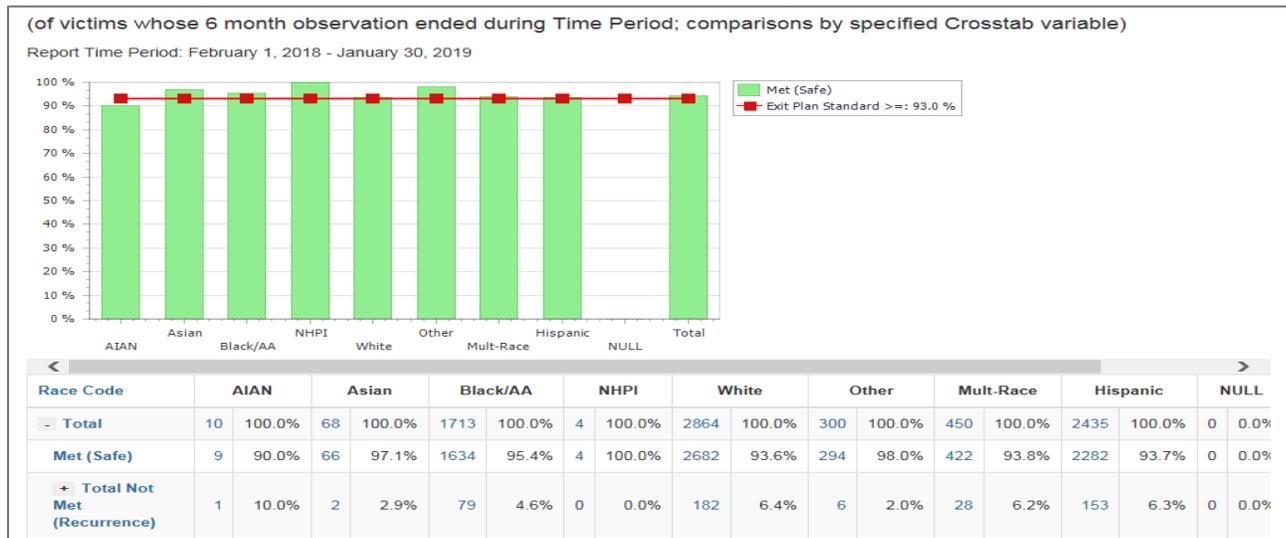
⁷ https://ctsdc.uconn.edu/2015_2040_projections/



Collectively, the Disproportionality and Disparity Index Trend data demonstrate that the Department must engage in further exploration of the specific sectors of the pathway to identify opportunities to reverse emerging trends of increased overrepresentation and disparity. Moreover, these trends when coupled with other contextualizing data, offer insights into some factors that may impact the experiences and outcomes for families and children of color.

For example, while children and families of color are referred to DCF and substantiated for abuse and neglect at rates disproportionate to their representation in the general Connecticut population, other data indicate that maltreatment recurrence within 6 months for African American and Latino children is lower than that for White children (i.e., 95.5% and 93.7% versus 93.6%, respectively) (Figure. 6).

Figure. 6 -Child Safety Maintained 6 Months (February 1, 2018 – January 30, 2018)



This is also the same with respect to data detailing the percent of victims of another substantiated or indicated maltreatment allegation within 12 months of their initial report⁸. Thus, the fact that African American and Hispanic families have lower levels of maltreatment recurrence at the 6-and 12-month periods, it does suggest the need for further investigation as to the reasons and factors that disproportionately bring families of color to the attention of DCF and often result in disparate impact.

These additional data points are also important to thinking about the etiology of the disproportionality and disparity within CT’s child welfare system, and the possible subjective contributors (e.g., biased risk assessment, over-pathology, differential attribution, etc.) that may impact decision-making and interventions pertaining to families and children of color. Related, these data also remind that “under-representation” is also pernicious and can jeopardize White children’s safety and well-being. Thus, the ongoing racial justice work must also ensure that any child, whether Black, Hispanic or White; regardless of zip code, or household income, are appropriately referred to the Department when abuse or neglect is suspected, and decisions are based on objective, unbiased information.

6. PLACEMENT + PERMANENCY

A core tenet of DCF is to support children’s receipt of timely permanency. Central to this, is the establishment of a permanency goal(s) for each child placed in DCF care. Ideally, the Department is able to safely and quickly reunify children with their parents. If that is not readily possible, a transfer of guardianship (TOG), preferably with a relative, may be considered. Adoption may also be the permanency goal should reunification and TOG not be viable. Least preferable, and having strict federal parameters around its use, is Other Planned Permanent Living Arrangement (OPPLA) (formerly termed APPLA (Another Planned Permanent Living Arrangement)). OPPLA, as the Child Welfare Information Gateway defines, is “the child welfare agency maintain[ing] care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood.”⁹

⁸ For Calendar Year 2018, ROM data indicates African American, Hispanic and White children as safe at 12 months, respectively, as follows: 90.4%, 89.7% and 89.0%.

⁹ <https://www.childwelfare.gov/topics/outofhome/foster-care/oppla-appla/>

Of the preferred permanency goal of Reunification, January 2019, data indicate that its designation distributed across races was 23.01% for African American children, 36.17% for Hispanic children and 32.13% for White children. The breakdown for Adoption for the same period is 18.48% for African American children, 31.35% for Hispanic children and 38.16% for White children. As these data reveal, while Hispanic children make up a larger percentage of the population with Reunification as a goal, African American children appear to be less likely to receive Reunification or Adoption as their primary permanency goal. African American children appear more likely to be assigned TOG as a goal.

Further, January 30, 2018, data indicate that African American and Hispanic youth make up nearly 62% of all the current OPPLA designations in Connecticut. This is especially troubling in comparison to the 2018 pathways data that show that they are less than 55% of the population of children/youth in DCF care. This suggests considerably overrepresentation of African American and Hispanic youth with an OPPLA goal. Relatedly, data comparing placement types by race reveal that African Americans make up the highest percentage of youth in an independent living setting.

Next, placement type data shows that African American children represent only 22% of the children placed with kin, versus 32% and nearly 37%, respectively, for Hispanic and White children. This is troubling given the cultural and historical importance of extended family and kin, especially for the African American community. Further, this is a vital lost opportunity given there are known benefits of placement with relatives/kin within child welfare research¹⁰, including better placement stability.

A review of DCF Considered Removal-Child and Family Team Meeting (CR-CFTM) data indicates that overall, 85% of the CR-CFTMs result in removal diversion or placement with a relative. CR-CFTM are used by the Department to avert removal, and support initial placement with relatives if removal cannot be avoided. Deeper analysis of these data does not suggest that there is a statistically significant difference between occurrences of these meetings before placement by race. As there is a lack of difference with respect to the timing of these meetings, which could potentially impact a child being placed with a relative, additional data and other lines of inquiry will need to be explored to better understand what factors may be contributing to differences in kinship placement by race.

DCF data also indicates that African American children, as a percentage of their placement population, have longer stays in placement. For example, time in placement for both Hispanic and White children is perfectly shaped as an inverted triangle with decreasing percentages of children in placement as the length of time increases. For African American children, however, this is not the case. A greater percentage of African American children are in care 36 months (16.23%) or more versus 24-35+ months (14.09%). For Hispanic and White children, the data for placement at 36 months is 11.01% and 12.59% respectively, and 12.85% and 15.07%, at the 24-35+ months mark. When these data are coupled with the fact that African American children are placed with kin at a lower percentage than other populations, the starkness of this information comes into relief. This becomes more amplified when considering that African American and Hispanic children appear to have more placement moves than their White peers. Fourth Quarter data for CY 2018, concerning placement moves per 1000 days in foster care, indicates that

¹⁰ David M Rubin, Kevin J. Downes, Amanda L.R. O'Reilly, Robin Mekonnen, Xiaqun Luan and Ruseel Locallo, *The Impact of Kinship Care on Behavioral Well-Being for Children in Out-Of-Home Care*, Archives of Pediatric & Adolescent Medicine (2008)

while African American children were 24% of the entry cohort for that period, they accounted for 27% of the moves. Similarly, while Hispanic children were 32% of the cohort, they accounted for 34% of the moves. White children were 33% of the cohort, but represented only 29% of the moves.

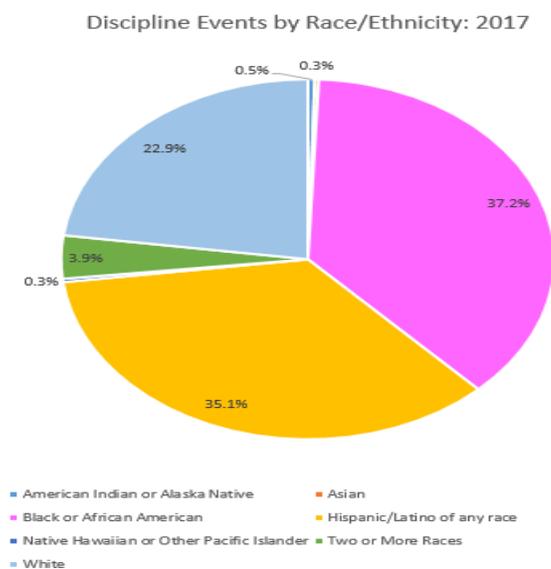
7. SCHOOL DISCIPLINE + ARREST DATA

Next, the 2017 Connecticut Kids Count report on Racial Equity concluded that:

“Racial variations within the “Five Connecticut’s” are especially striking: Black students are suspended and expelled at rates far in excess of the other racial and ethnic groups, especially White and Asian students. The proportion of Black students in a given student body is seemingly irrelevant: Black students comprise roughly one third of the student body in the Urban Core, and less than two percent of the Suburban or Rural student bodies. Yet, they are suspended at almost four times the rate of White students in the former setting, and at three times the rate of White students in the latter two. Given the relative similarity in Black and White median household incomes in these three “Connecticut’s,” the observed differences are unlikely to reflect differences in families’ relative socio-economic status alone. While overall rates seem to vary by place, the often-extreme racial variations persist across Public Use Microdata Samples across the state.

The 2018 Kids Count Data book further states that “In the 2016-2017 school year, Black students in Connecticut were suspended at nearly four times the rate of White students and Latinx students were two and a half times more likely to be suspended than white students.¹¹” Department data also corroborates that children of color in DCF care are overrepresented in the school discipline ranks. (Figure 7)

Figure. 7 – School Discipline of DCF Children in Care by Race and Ethnicity



¹¹ Cristher Estrada-Perez, Varun Khattar, Emilia Skene, and Ellen Tuzzolo, “Taking Stock: Considering the Future of Child Well-Being and Family Opportunity in Connecticut – 2018 Connecticut KIDS COUNT Data Book.”(CAHS 2018) 49.

When these data are further analyzed, it suggests that African American and Hispanic children are overrepresented in “subjective” reasons for discipline. While there are a variety of concrete, objective reasons for discipline (e.g., fighting, skipping class, theft/stealing), the majority of the incidents resulting in discipline, especially for children of color, are much more nebulous and soft in meaning. These include:

- Insubordination/ Disrespect
- Disorderly Conduct
- Seriously Disorderly Conduct
- Inappropriate Behavior
- Disruptive Behavior
- Verbal Altercation

When looking at these particularly subjective incident types, not surprisingly, African American children account for the majority of these events (42%). Hispanic children account for 29% of these incidents, while White children represent 22%.

Arrest data for the period of October 2017 - June 2018, also reveal that both DCF African-American and Hispanic children are substantially more likely be arrested than White children. Similar to school discipline data, African American youth are the majority of the subjective “Other Disorderly Behavior” arrest reason. When these data are further disaggregated by race and gender, African American girls face similar overrepresentation as their African American male peers. For example, the combined total of girls of all races, excluding African American, who are arrested for “Other Disorderly Behavior,” is 13%. African American girls arrested for the same offense is twice as much (26%). African American boys are arrested for this offense more than twice as much than for White children (14%) and more than three times as much than for Hispanic boys (9%).

Related, youth of color, mostly girls, are 54% of those referred to DCF due to concerns of child sex trafficking. When multi-racial youth are added, that jumps to 63%. These arrest and child sex trafficking data are a critical reminder of the intersectionality of race and gender that must be equally addressed to advance a racial justice agenda.

8. SERVICE ARRAY ANALYSIS

The Contracts and Procurement Subcommittee of the SWRJWG was created to ensure that the services contacted by the Department are culturally and linguistically competent. Since 2016, all Requests for Proposals include the following requirement:

“The services delivered must be responsive to diverse cultural health beliefs and practices, experiences of racism, preferred languages, health literacy, and other communication needs.”

The Department maintains a data collection and reporting system to support the monitoring and oversight of its contracted services. This system, the Provider Information Exchange (PIE), which has more than 60 programs, contains multiple data elements that allow the Department to track and monitor utilization,

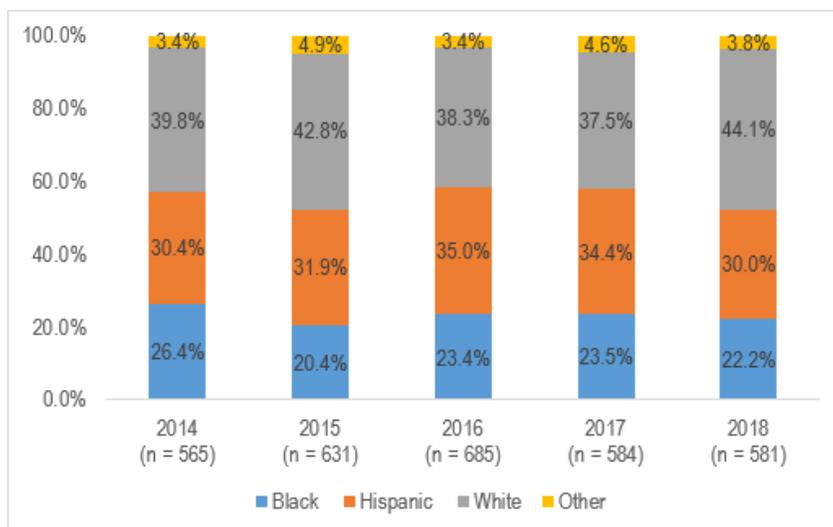
outcomes and the quality of services delivered. These data are reportable by key client demographics, including age, gender and race and ethnicity. This allows the Department to report on many of its contracted services within the Results Based Accountability (RBA) framework of “How Much,” “How Well” and “Is Anyone Better Off.” In furtherance of DCF’s racial justice mantle, the Department has added a fourth construct: “Who’s Better Off?” This charges the Department with reviewing its RBA data by race and ethnicity to better support equitable outcomes.

In congruence with PA 18-111, the Department focused on four programs within PIE that help to increase family reunification, as a means to examine equity of utilizations and outcomes. The four programs were Intensive Family Preservation (IFP), Parenting Support Services (PSS), Reunification and Therapeutic Family Time (RTFT) for caregivers, and RTFT for children. Data included in the analysis were those with service episodes start date between 07/01/2013 and 06/30/2018.

The Intensive Family Preservation (IFP) program is an intensive in-home program designed to prevent the placement of children who have been exposed to child abuse and/or neglect. The program provides home-based case management, crisis-intervention, parenting education, advocacy, coordination with community service providers, assistance with concrete needs, and linkages to community resources. The target population for this service includes DCF active investigation or in-home cases. This service is delivered when there is an emerging removal concern for children from birth through 17 years of age and/or families with chronic issues, including but not limited to: mental health, parental substance use, and intimate partner violence.

During the period of State Fiscal Year (SFY) 2014-2018, 704 African American, 988 Hispanic, 1232 White and 122 caregivers in the “Other” race/ethnicity group received IFP service. In addition, 83 (2.6%) with unknown race/ethnicity received IFP service. Although some variations across the five State Fiscal Years were observed for each racial/ethnic group, overall there were no significant linear trends for these percentages (Figure 8). For example, of all caregivers who received IFP in each state fiscal year of 2014-2018, the percentages of Black caregivers were 26% in 2014, 20% in 2015, 23% in 2016, 24% in 2017, and 22% in 2018 (p-value for the linear trend = 0.37).

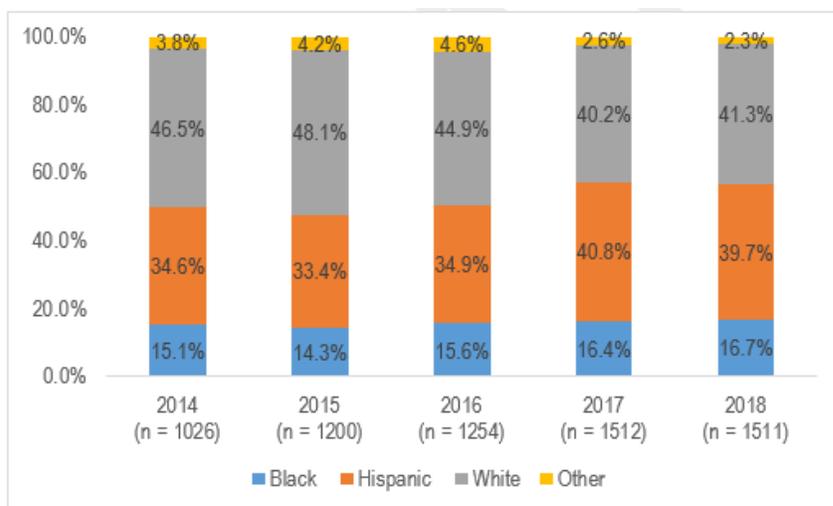
Figure 8 - Racial/ethnic composition of caregivers receiving IFP service by state fiscal year



Parenting Support Services (PSS) is a service for families with children 0-17 years-of-age to support and enhance positive family functioning. The target population for this service is parents, foster parents, adoptive parents, and grandparents. Although the service priority is given to referrals from DCF, community referrals are accepted as needed to maintain maximum caseload.

During the period from state fiscal year 2014-2018, 1023 Blacks, 2411 Hispanics, 2849 Whites and 220 caregivers in the “Other” race/ethnicity group received PSS service. In addition, 317 (4.6%) with unknown race/ethnicity received PSS service. A significant increasing trend of percentage of Hispanic caregivers (of all caregivers receiving PSS; 35% in 2014, 33% in 2015, 35% in 2016, 41% in 2017, and 40% in 2018; $p < 0.0001$) was observed, and a decreasing trend (47% in 2014, 48% in 2015, 45% in 2016, 40% in 2017, and 41% in 2018; $p < 0.0001$) was observed for White caregivers (Figure 9). The percentage of Black caregivers receiving PSS was relative stable across the five (5) state fiscal years.

Figure. 9 - Racial/ethnic composition of caregivers receiving PSS service by state fiscal year

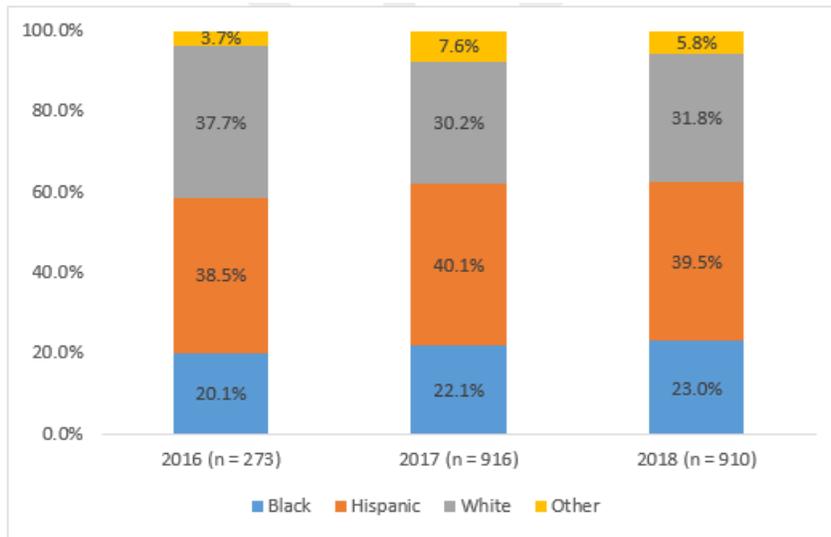


The contractors of Reunification and Therapeutic Family Time (RTFT) provide three service types that may be used in combination with one another or individually as requested by the department based on the needs of the family. The three service types are: 1) Reunification Readiness Assessment (RRA), 2) Reunification Services (RS), and 3) Therapeutic Family Time (TFT). These three service types are designed for families with children (from birth to age 17) who were removed from their home due to protective service concerns. Families referred by DCF Area Offices constitute the target population. Referrals are generated for families who are willing to receive these services and can be initiated immediately following a child’s removal from home or at any time during their placement. For all services except TFT, the permanency goal for the child must be reunification. The contractor may be asked to provide TFT services for children whose permanency goal is other than reunification.

RTFT was recently launched and thus no data was available for state fiscal years 2014 and 2015. During the period from state fiscal year 2016-2018, 466 Blacks, 831 Hispanics, 669 Whites and 133 children in the “Other” race/ethnicity group received RTFT service. In addition, 69 children (3.2%) with unknown race/ethnicity received RTFT service. Of these children, 337 received both RRA and TFT, 915 received both RS and TFT, and 916 received TFT only.

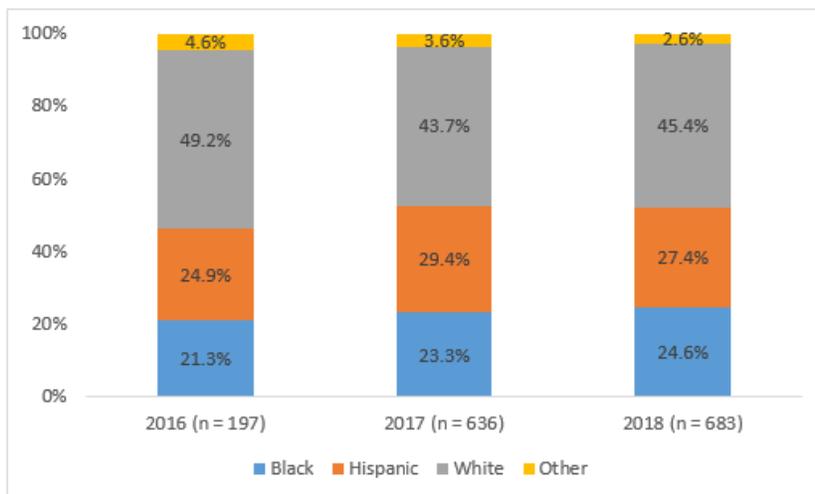
When further examining the three-years trend of each service type by race/ethnicity, the Department found unreliable estimates for some types of service at some years for some racial/ethnic groups. For example, in state fiscal year of 2016, only 10 Blacks, 6 Hispanics, 10 Whites and 1 in “Other” racial/ethnic group received the service of RRA and TFT. DCF, therefore, examined the trend by race/ethnicity for the combined data, rather than for each of the service type. Although some variations across the three fiscal years were observed for different racial/ethnic groups, overall there were no significant linear trends for these percentages (Figure 10). For example, of all children receiving RTFT in each fiscal year, the percentages of Black children were 20% in 2016, 22% in 2017 and 23% in 2018 ($p = 0.34$).

Figure. 10 - Racial/ethnic composition of **children** receiving RTFT service by state fiscal year



The trends of RTFT service received by parents/caregivers were similar to those received by children (Figure 11). During the period from state fiscal year 2016-2018, 358 Blacks, 423 Hispanics, 685 Whites and 50 children in the “Other” race/ethnicity group received RTFT service. In addition, 33 caregivers (2.2%) with unknown race/ethnicity received RTFT service. No significant linear trends were observed.

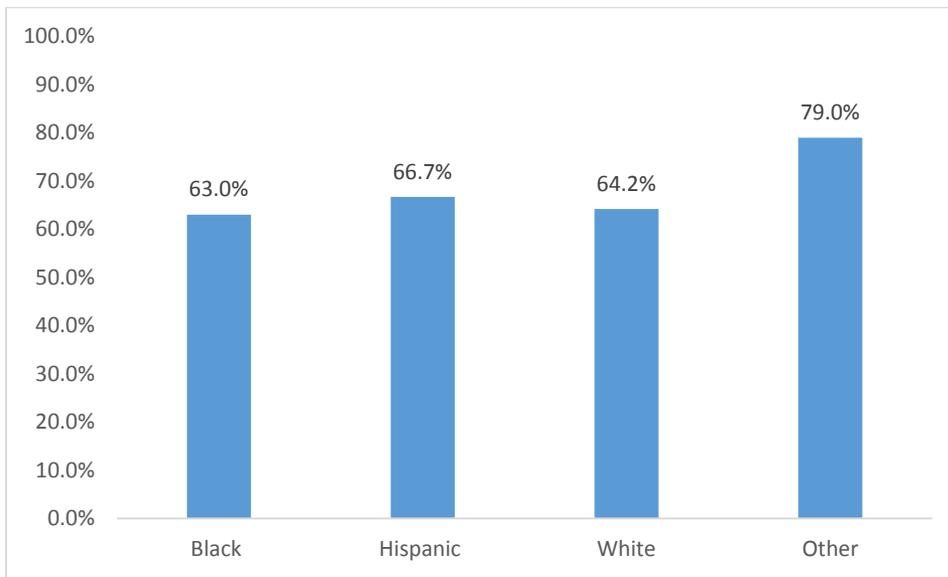
Figure. 11 - Racial/ethnic composition of **caregivers** receiving RTFT service by state fiscal year



As noted earlier, the Department used data from PIE, its contracted services data and reporting system, to monitor efficacy. Through the RBA framework, DCF assesses outcomes disaggregated by race. Using the aforementioned contracted services, the Department analyzed whether there were any statistically significant differences in outcomes (i.e., met treatment the treatment goal) by race and ethnicity.

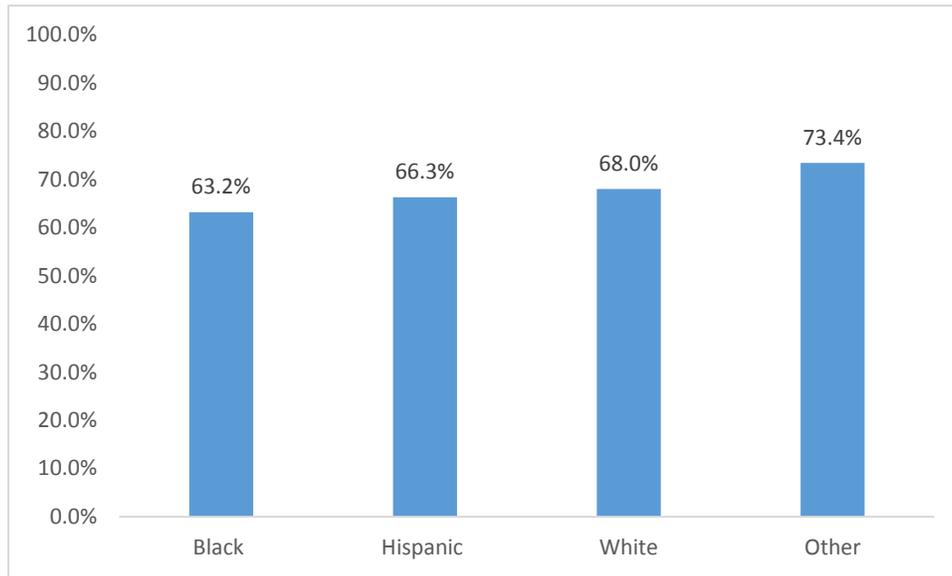
The Department examined the percentage of service that met the treatment goal across different racial/ethnic groups (Figure 12). The percentages were 63.0%, 66.7%, 64.2% and 79.0% for caregivers who were African American, Hispanic, White, and Other race/ethnicity, respectively. Caregivers in other race/ethnicity group had a statistically significantly higher percentage of achieving the treatment goal than white caregivers, while no statistically significant difference was detected for African American and Hispanic caregivers (when compared to white caregivers).

Figure. 12 -Percentage of having met treatment goal for IFP by race/ethnicity, SFY 2014-2018



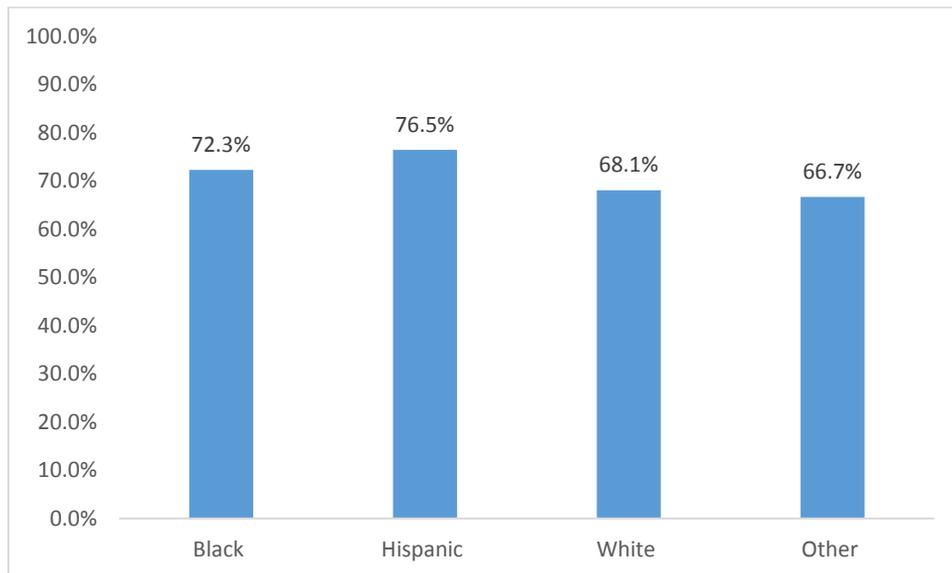
Next the percentages of PSS that met the treatment goal were 63.2%, 66.3%, 68.0% and 73.4% for caregivers who were African American, Hispanic, White, and Other race/ethnicity, respectively (Figure 12). African American caregivers had a statistically significantly lower percentage of achieving the treatment goal than white caregivers, while no statistically significant difference was detected for Hispanic and other caregivers (when compared to white caregivers).

Figure. 13 -Percentage of having met treatment goal for PSS by race/ethnicity, SFY 2014-2018



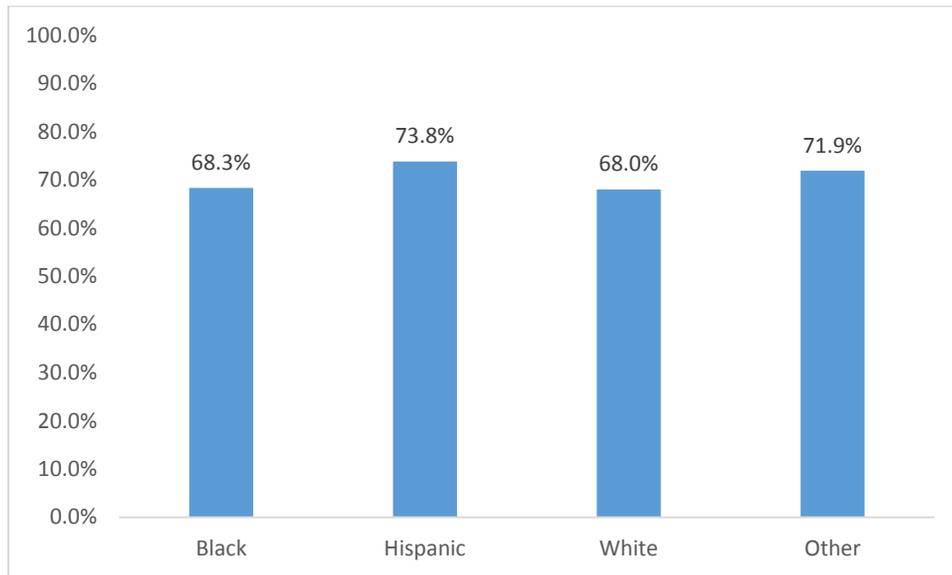
The percentages receiving RTFT who met the treatment goal were 72.3%, 76.5%, 68.1% and 66.7% for children who were African American, Hispanic, White, and Other race/ethnicity, respectively (Figure 14). Hispanic children had a statistically significantly higher percentage of achieving the treatment goal than White children, while no statistically significant difference was detected for African American and other children (when compared to White children).

Figure. 14- Percentage of having met treatment goal for children receiving RTFT service by race/ethnicity



The percentages of RTFT that met the treatment goal for caregivers were 68.3%, 73.8%, 68.0% and 71.9% for children who were African American, Hispanic, White, and Other race/ethnicity, respectively (Figure 11). There was no statistically significant difference in the percentage of having met the treatment goal across different racial/ethnic groups.

Figure. 15- Percentage of having met treatment goal for caregivers receiving RTFT service by race/ethnicity



9. STRUCTURED DECISION MAKING ANALYSIS + NEEDS

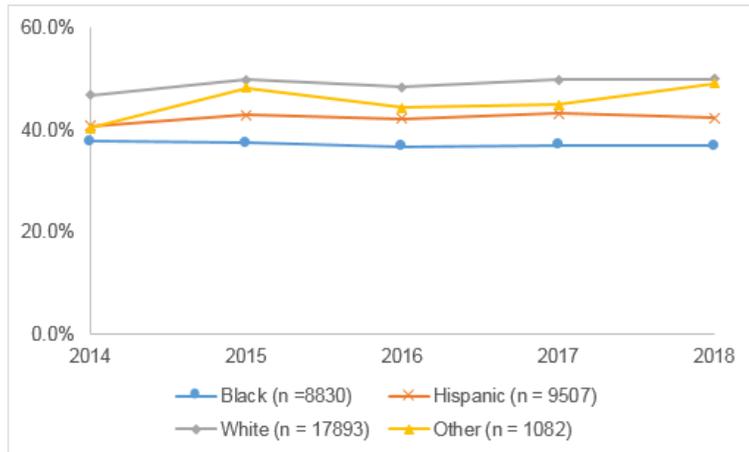
The Department reviewed data from one of its Structured Decision Making (SDM) tools, the Family Strengths and Needs Assessment (FSNA). This was undertaken as informal and formal assessments of children and families' needs is critical to ensuring that they receive the services and supports best matched to support their goals within the Department. Therefore, it is important to ensure that such assessments are free from any biases that may thwart equitably appropriate and effective care.

This analysis included initial FSNA that assessed 38,032 caregivers during the state fiscal years of 2014-2018, including 8,830 Blacks, 9,507 Hispanics, 17,893 Whites, 1,082 caregivers in "Other" race/ethnicity group, and 720 (1.9%) with undocumented race/ethnicity information. The top three caregiver needs identified by FSNA initial assessments during the state fiscal year 2014-2018 were parenting skills (45.6%), coping skills (44.0%), and substance abuse (36.1%).

A caregiver is considered as having parenting skills need if he/she has unrealistic expectations, demonstrates poor knowledge of age-appropriate disciplinary methods, lacks knowledge of child development that interferes with effective parenting, demonstrates destructive/abusive parenting patterns and/or gross negligence in supervision, and/or protection that results in significant physical/emotional harm to the child.

There was no difference in the assessment of need of parenting skills among Blacks, Hispanics and Whites as indicated by the three overlapping lines in Figure 16. Parents in the "Other" racial/ethnic group had higher percentage of parenting skills need in 2015 and 2016, however, lower need in 2018, compared to Blacks, Hispanics, and Whites.

Figure. 16 - Trends of parenting skills need by race/ethnicity



Both simple and multiple logistic regression model showed a slight increasing trend of parenting skills need (Table 1). Younger age and being female were associated with more need of parenting skills. Black, Hispanic and “Other” race/ethnicity caregivers had a similar rate of parenting skills need, compared to White caregivers. Holding the demographic characteristics of age, gender, and race/ethnicity constant, with every year increase, the odds of having parenting skills need increased by 2%. This increase is statistically significant as indicated by $p < 0.05$.

Table 1. Simple and multiple logistic regression modeling parenting skills need

Variable	Simple Regression		Multiple Regression	
	OR (95% CI)	P	OR (95% CI)	P
Assessment fiscal year	1.02 (1.00-1.03)	0.04	1.02 (1.01-1.04)	0.01
Age at assessment	0.99 (0.988)	<.0001	0.99 (0.989-0.993)	<.0001
Being female	1.15 (1.10-1.20)	<.0001	1.13 (1.08-1.18)	<.0001
Race/ethnicity				
Black	1.01 (0.96-1.06)	0.76	1.00 (0.95-1.06)	0.94
Hispanic	1.00 (0.95-1.05)	1.00	0.97 (0.92-1.02)	0.20
White	Reference		Reference	
Other	1.05 (0.93-1.19)	0.43	1.03 (0.91-1.17)	0.64

Note. OR, odds ratio. CI, confidence interval.

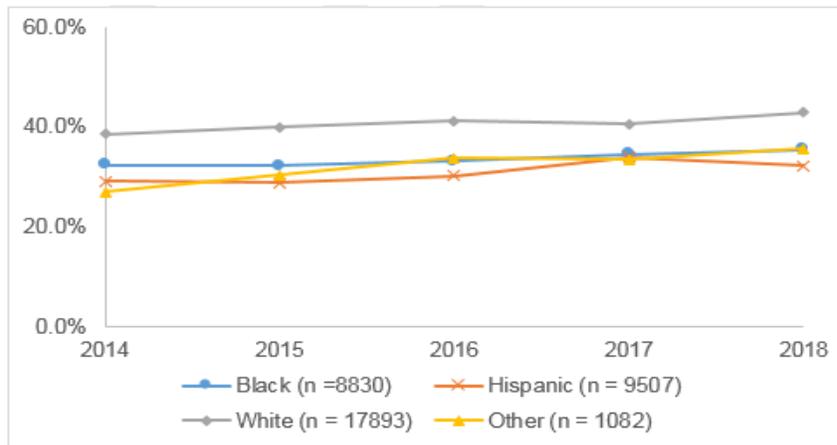
These data are important to thinking about areas for further analysis and factors that may potentially be impacting permanency goal decision-making and timely permanency. As earlier data showed, Reunification tends to be a lesser assigned permanency goal for African American children and that they stay in care longer than their Hispanic and White peers. The FSNA analysis showing similar rates of parenting skill needs across races does suggest that additional review should occur to isolate the contributors that result in disparate reunification and time in care rates for African American children.

Next, the Department analyzed caregiver coping skills using the FSNA tool. A caregiver is considered as having coping skills need if he/she displays periodic or chronic, severe mental health issues/problems

including but not limited to, depression, anxiety, low self-esteem, or loss of touch with reality. These impairments negatively impact the caregiver’s ability to perform parental functioning, employment, education, or provision of food and shelter.

Although overall the coping skills need remained relatively stable for Blacks, Hispanics, and Whites, White parents had the highest identified coping skills need, followed by “Other” and Hispanics (Figure 17). Black parents had the lowest coping skills need.

Figure. 17- Trends of coping skills need for caregivers by race/ethnicity



The simple logistic regression showed no statistically significant time trend for the need of coping skills ($p = 0.18$), while the multiple logistic regression showed a statistically significant time trend ($p < 0.001$, Table 2). The difference between the simple and multiple logistic regressions showing no statistically and statistically significant time trend, respectively, is caused by different demographic composition during different fiscal year. For example, in most recent state fiscal years, the gender composition is different with less percentage of females. This analysis confirmed that White caregivers had a higher coping skills need than caregivers from the other three racial/ethnic groups.

Table 2. Simple and multiple logistic regression modeling coping skills need of caregivers

Variable	Simple Regression		Multiple Regression	
	OR (95% CI)	P	OR (95% CI)	P
Assessment fiscal year	1.01 (1.00-1.03)	0.18	1.03 (1.01-1.05)	<.001
Age at assessment	0.97 (0.968)	<.0001	0.97 (0.968)	<.0001
Being female	2.37 (2.27-2.47)	<.0001	2.26 (2.16-2.36)	<.0001
Race/ethnicity				
Black	0.61 (0.58-0.65)	<.0001	0.60 (0.57-0.63)	<.0001
Hispanic	0.77 (0.73-0.80)	<.0001	0.68 (0.65-0.72)	<.0001
White	Reference		Reference	
Other	0.87 (0.77-0.98)	0.03	0.79 (0.69-0.89)	<.001

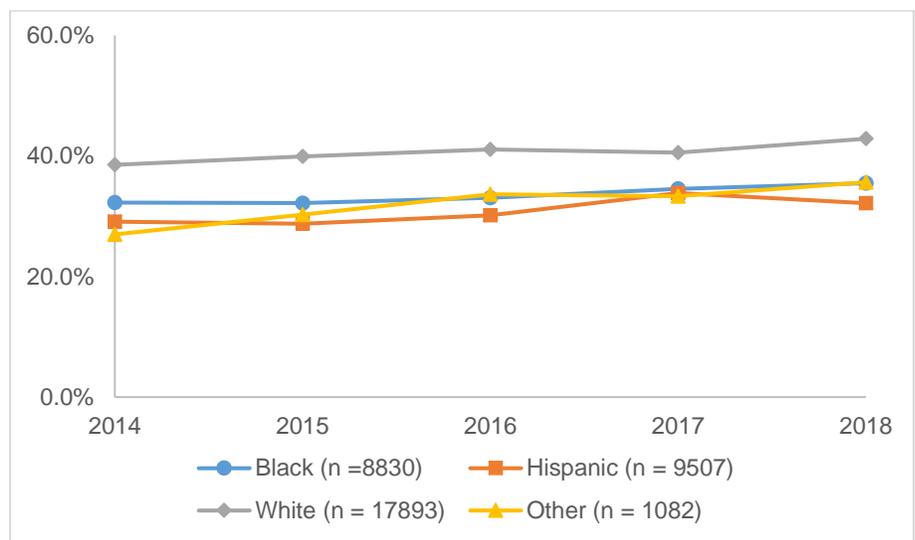
Note. OR, odds ratio. CI, confidence interval.

Implications from a racial justice lens will need further exploration such as the resiliency of Black caregivers and how it may be leveraged to have a positive influence on safety, permanency, and well-being outcomes. Further, as discussed earlier in this report, the intersectionality of race and gender, especially with regard to how potential stereotyping about attributions of women’s “strength” or “fragility, depending on their race, may impact initial assessment of caregivers in this domain area. This is an important correlate as potential implicit bias could be at play and can have a cascading effect on the provision of formal and informal support and services, and the outcomes that follow therefrom.

Next data on substance use need was analyzed. Substances include alcohol, illegal drugs, inhalants, and prescription/over-the-counter drugs. Service need for substance abuse/use refers to the situation in which (1) caregiver continues to use alcohol or drug despite negative consequences in areas such as family, social, health, legal, or financial, (2) caregiver needs help to achieve and/or maintain abstinence from alcohol or drugs, or (3) caregiver uses illegal drugs.

Overall, a slightly increasing trend of substance abuse/use need was observed across all four racial/ethnic groups (Figure 18). White parents had a higher need for substance abuse/use service than the other three racial/ethnic groups. In addition, data looking at removals due to substance use have generally remained flat for the past 5 years for African Americans.¹² Substance use removals, however, for Hispanic and White families have increased substantially over that same period of time. (Table 3)

Figure. 18 -Trends of substance abuse/use service need for caregivers by race/ethnicity



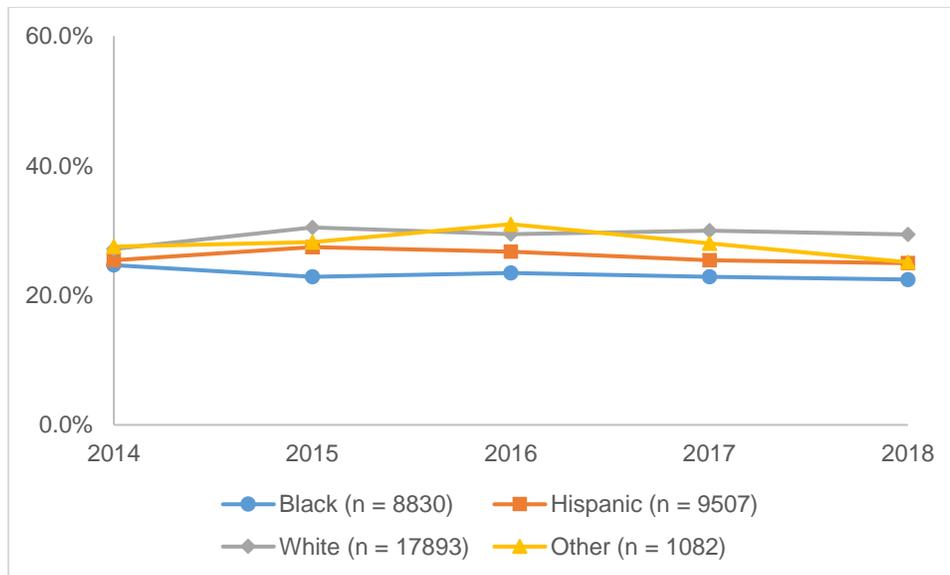
¹² There appears to be a spike in removal reasons due to substance use for African Americans the last quarter of CY 18. The Department will be examining that precipitous increase.

Table 3: Trend in Entries by Parental Alcohol/Drug Use as Reason for Removal by Race/Ethnicity

	2012	2013	2014	2015	2016	2017	2018*
Proportion of Entry Cohort							
Hispanic, Any Race	27.5%	30.5%	28.1%	27.7%	29.1%	9.3%	10.5%
Non-Hispanic, Black	27.3%	25.2%	24.3%	21.0%	22.3%	22.3%	24.8%
Non-Hispanic, Other	7.6%	8.6%	10.0%	10.5%	9.6%	29.0%	31.1%
Non-Hispanic, White	37.6%	35.7%	37.7%	40.7%	39.0%	39.4%	33.6%
% of Entries by Race where Removal Reasons Includes Parental Alcohol or Drug							
Hispanic, Any Race	22.2%	29.2%	25.2%	34.9%	36.2%	34.5%	32.3%
Non-Hispanic, Black	26.9%	22.9%	20.3%	24.8%	26.3%	26.4%	27.5%
Non-Hispanic, Other	34.5%	38.9%	43.8%	45.5%	42.6%	43.6%	42.4%
Non-Hispanic, White	39.0%	43.8%	41.6%	44.8%	51.6%	52.9%	47.2%
Total #	1864	2044	1949	1983	2320	2107	807
Total % of Race with Parental Alcohol or Drug	30.7%	33.6%	32.0%	37.9%	40.6%	40.8%	37.2%

The top combined need for caregivers was parenting and coping skills. Caregivers in the four racial/ethnic groups had a similar rate of the top combined need in 2014 (Figure 19). Since 2015, the combination need in the three racial/ethnic groups (i.e., Black, Hispanic and White) remained quite stable as indicated by three parallel lines during the period 2015-2018.

Figure. 19- Trends of top combination of need for caregiver (parenting and coping skills) by race/ethnicity



Subsequent statistical modeling found no statistically significant trends for the combination needs among caregivers (Table 4). Black and Hispanic caregivers had a lower combination need than White caregivers. Refer to the odds ratio (OR) in Table 4, for the two race/ethnicity variables, Black and Hispanic, from the multiple logistic regression column (i.e., 0.72 and 0.79, respectively). To recap, multiple regression allowed us to further examine whether change of demographic characteristics contributed to the observed trends. Thus, holding the demographic characteristics of age and gender constant, the odds of

having the need of both parenting and coping skills among Black caregivers were 28% lower than those among white caregivers. Similarly, holding the demographic characteristics of age and gender constant, the odds of having the need of both parenting and coping skills among Hispanic caregivers were 21% lower than those among White caregivers.

Table 1. Simple and multiple logistic regression modeling the top combination needs among caregivers

Variable	Simple Regression		Multiple Regression	
	OR (95% CI)	P	OR (95% CI)	P
Assessment fiscal year	1.00 (0.98-1.01)	0.61	1.01 (0.99-1.02)	0.40
Age at assessment	0.98 (0.98-0.98)	<.0001	0.98 (0.98-0.98)	<.0001
Being female	1.79 (1.71-1.88)	<.0001	1.71 (1.63-1.79)	<.0001
Race/ethnicity				
Black	0.73 (0.69-0.77)	<.0001	0.72 (0.68-0.77)	<.0001
Hispanic	0.84 (0.80-0.89)	<.0001	0.79 (0.74-0.83)	<.0001
White	Reference		Reference	
Other	0.93 (0.82-1.07)	0.33	0.87 (0.76-1.00)	0.06

Note. OR, odds ratio. CI, confidence interval.

These results deepen the need to examine the disproportionality and disparity contributors that are impacting points across the CPS pathway. The select FSNA data on various parental needs, coupled with the fact that the services outcomes analysis indicates that there is generally no statistical differences in meeting treatment goals by race and ethnicity do not seem to align with demonstrated decisions and outcomes across and within the CPS pathway (e.g., flipping of FAR track, permanency goals, and time in care for African Americans).

In sum, the above data and findings, coupled with other studies on discrimination, bias, and disparate treatment and impact tell a compelling story of pervasive and cross-system inequality and overrepresentation of children and families of color in Connecticut. Further, the impact of implicit bias, sometimes amplified by other factors such as surveillance bias due to children, youth and families of color often being overrepresented in public and other service systems, will need to be unpacked and fully addressed. DCF knows that the child welfare system is not inured from these issues, and must engage in deliberate and aggressive actions, in collaboration with many partners and stakeholders, to eliminate such inequity.

10. CY 2019 STRATEGIES TO ELIMINATE DISPROPORTIONALITY AND DISPARITY

As a means to support elimination of disproportionality and disparity within Connecticut’s child protection system, the Department has identified the following short, medium term, and ongoing strategies:

- a. **Consolidate DCF’s Racial Justice Data Environment:** The Department has myriad racial justice data. These data reside in various data systems, reports and dashboards across the agency. Bundling the racial justice data into a single portal should better enable DCF staffs’ ready access to actionable information. This should in turn ease and enhance overall monitoring and oversight of the Department’s outcomes through a racial justice lens.

- b. **Comprehensive Evaluation of FAR Fidelity:** The Department launched its Differential Response System (DRS) in 2012. The Family Assessment Response (FAR) track was thought to be a mechanism that might aid with reducing disproportionality and disparity for children and families of color in the traditional CPS track. This has not born out. Therefore, the Department will be building on the evaluations and analyses by the University of Connecticut School of Social Work, which serves as DCF’s contracted Performance Improvement Center (PIC), to assess for fidelity and ensure equity in its application.

- c. **Comprehensive Evaluation of Considered Removal-Child and Family Team Meetings (CR-CFTM):** Data shows that when removal is necessary, placement with relatives is the best option. This includes the fact that stability of placement is demonstrated. While there does not appear to be significant difference in the timing of the occurrence of the CR-CFTM by race, further review must occur to assess the overall fidelity of the model and the equity in removal and placement decisions. An adjunct of this evaluation will also be a review of the use of Family Arrangements to determine whether there is equity in its application across races and ethnicity.

- d. **Data Equity + Ethics:** Racial justice requires a horizontal and vertical perspective. Not only must the Department ensure that its direct service practices are conducted in a racially just way, its administrative functions too must similarly align. A critical administrative facet is the collection, use and appropriate sharing of accurate and quality data. Thus, the Department will seek to ensure the ongoing collection and use of sound data, especially with respect to key demographics. Further, the Department will assess its use of algorithms, machine learning, other Artificial Intelligence (AI), and external data sharing requests from a racial justice lens. The Department is making this commitment so that is does not expressly or tacitly contribute to disproportionality and disparity.

- e. **Service System Pathways:** The Department will seek to develop a suite of reports that disaggregate access, utilization and key service delivery outcomes by race and ethnicity. This would be constructed like the CPS disproportionality and disparity pathway.

- f. **Impact Survey:** DCF has invested substantial resources in educating and preparing the workforce for thinking and practicing through a racial justice lens. While anecdotally, the Department believes that the attitudes, beliefs, values and behaviors of its staff have been positively impacted by DCF’s racial justice journey, there has not been a formal surveying of the impact of all the training and technical assistance. The Department proposes survey its workforce on the perceived impact of DCF’s racial justice activities and solicits areas of identified need and remaining challenge.

The Department will work with its Statewide Racial Justice Workgroup, the Central and Area Office Diversity Action Teams and key stakeholder groups, including the Statewide Advisory Council (SAC), to implement and monitor the above strategies. Further, these strategies will be evaluated and refined as may be needed in the context of its Juan F. Strategic Plan to support integration and nexus with those proposed outcomes.