STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

FINAL REPORT:
ANNUAL PROGRESS AND SERVICES REPORT
FOR THE PERIOD 2020 - 2024

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

By:
Department of Children and Families

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Commissioner

June 30, 2024

CT Department of Children and Families Report Website:
https://portal.ct.gov/DCF/Data-Connect/Federal-Reports

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Part 1

Section A: The Children's Bureau's Priorities for Creating an Equitable Child Welfare System

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

The Department is currently organized into the following departments in a manner that leadership believes will most effectively and efficiently allow us to achieve our goals:

- Administration
    - Academy for Workforce Development
    - Diversity and Equity
    - Implementation Division
    - Labor Relations
    - Multicultural Affairs and Racial Justice
    - Organizational Development
    - Continuous Quality Improvement
    - Information Systems (DAS)
- Behavioral Health and Wellbeing
    - Behavioral Health Administration
    - Clinical and Community Consultation Support
    - Health Management and Oversight
    - Albert J. Solnit Children's Centers (North and South)
    - Transitional Supports for Success
    - Wilderness School
- Child Protection and Permanency
    - Child Welfare - 3 regions (14 area offices), Foster Care Division, Careline Division
    - Educational Services
    - Juvenile Justice Educational Services
    - Safety Practice and Performance
- External Affairs
    - Communications
    - Community Outreach
    - Community Relations
    - Family First Implementation
- Fiscal
    - Contracts Management
    - Family and Community Services
    - Fiscal Services
    - Plant Facilities and Engineering Services
    - Safety Management
- General Counsel
- Government Relations and Policy
- Human Relations (centralized in Department of Administrative Services)

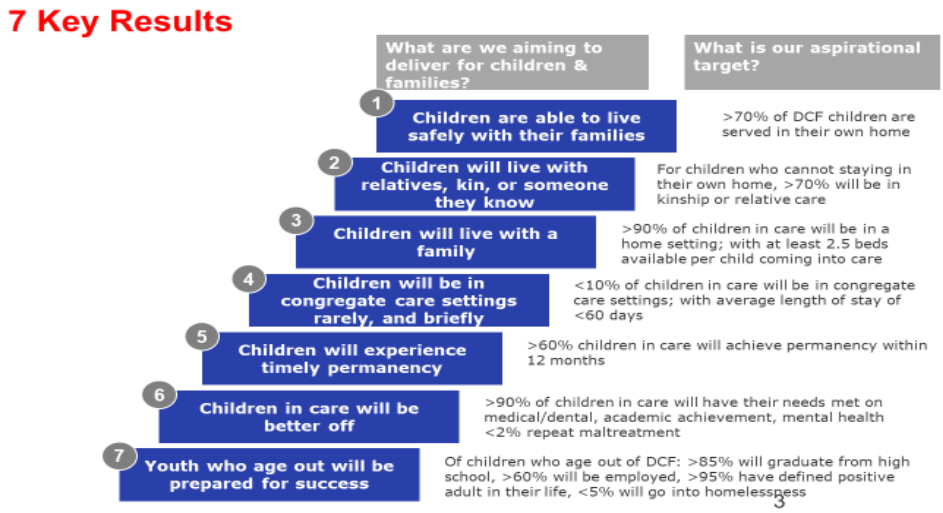
Please see Chapter 1 of the 2025 - 2029 Child and Family Services Plan for the most recent CT DCF Organizational Chart.

Section B: Overview of the CFSP/ APSR and CFSR

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

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

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



The Department is aligning all efforts to these core set of 7 Key Performance Indicators shown above to ensure that the best outcomes are reached for all children. These key indicators drive the Department's strategic goals for how to best meet the needs and serve CT's children and families. The Department 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 relatives, kin, or someone that they know 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 or a setting that is able to meet their needs, while concurrently working towards a timely permanency outcome. Foster care should only be used as a short-term intervention. While in foster care, regular and ongoing contact with parents and siblings is maintained. Congregate care, such as group homes and residential treatment centers, should not be used for most children. If absolutely required, children who need to be in congregate care settings will have a brief stay. Congregate care settings are designed to address specific treatment needs rather than serve as long term placement options. For older youth, treatment in congregate care is expected to be used in a targeted manner with extensive family involvement built into the treatment process. Further, the Department has implemented the Qualified Residential Treatment Program (QRTP) process required under the Family First Prevention Services Act (FFPSA). All youth are to transition from the Department's care with legal and/or relational permanency.

The Department took steps to ensure a successful approval of the State of Connecticut's Family First Prevention Plan occurred by the Federal deadline (granted in January 2022). The FFPSA and its' family centered policies have begun to

pave the way to allow more children to remain safely in their own homes, families, and communities. When and if a child is to enter the Department's care, the Department will work towards achieving timely permanency while children are preferably placed with kin, ensure their medical, dental, academic achievement and mental health needs are met, while at the same time ensuring older youth are prepared to successfully transition out of the Department's care and assist in identifying a positive adult that could continue to provide support.

PART 2: Section C. 2020-2024 Final Report Requirements

1. Collaboration

Please see information under Assessment of Performance Systemic Factor 6 for additional information.

2. Update on Assessment of Performance, the Plan for Enacting the State's Vision and Progress to Improve Outcomes

2a. Assessment of Performance

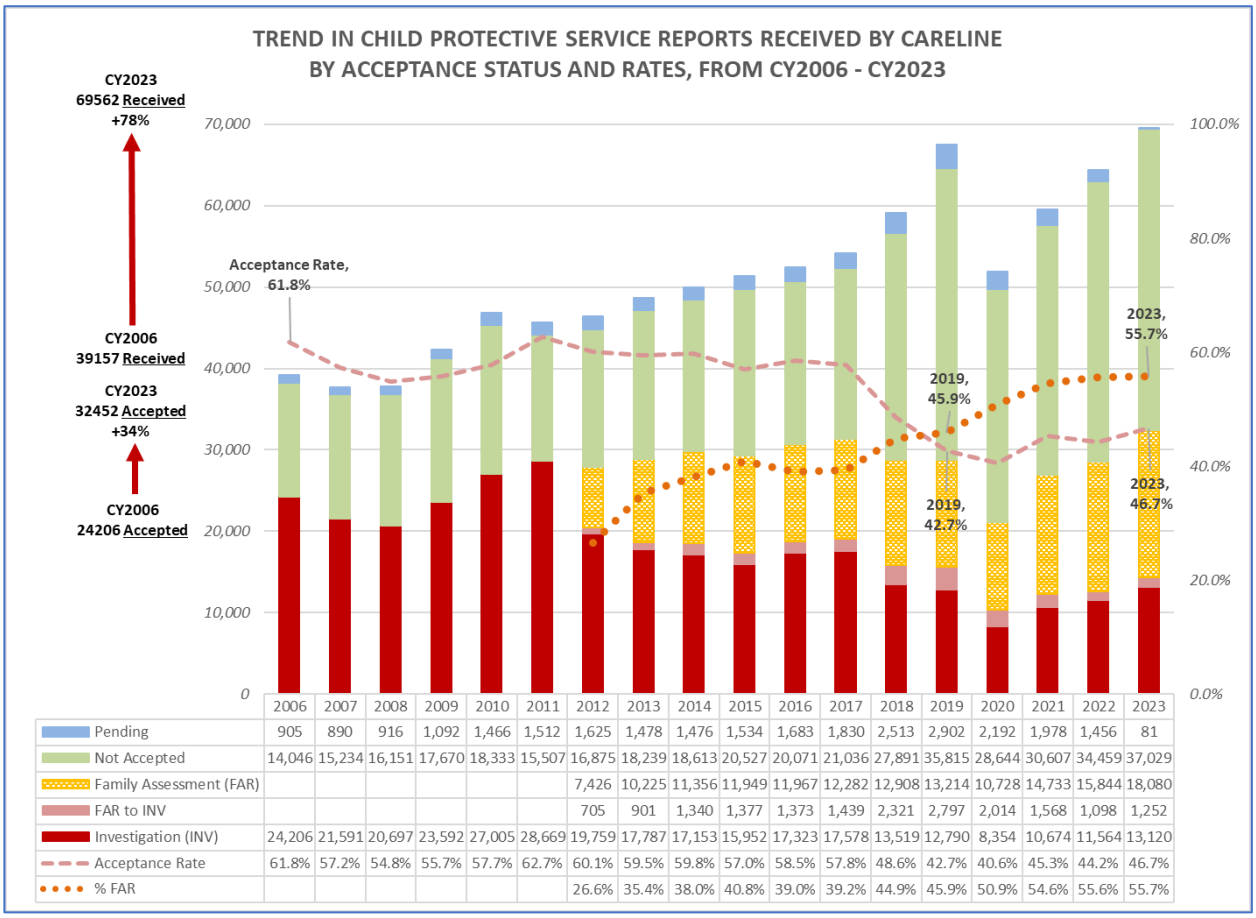
During Calendar Year (CY) 2023, DCF served approximately 19,100 children and 8,600 families across its programs and service array. During CY23 DCF Careline received 111,448 calls, of which 69,562 were reports of child abuse or neglect. Of those reports received, 32,452 (46.7%) were accepted and assigned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

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

The volume of child abuse/neglect reporting in Connecticut (CT), as well as across the nation, continues to evolve. DCF experienced the second highest call volume reported during CY 2019, in part due to high profile criminal prosecution of failure to report abuse/neglect by school personnel. The pandemic brought with it a considerable and swift decline in the volume of abuse/neglect reports made to our Careline, largely due to the reduced contact of children with school personnel who had historically been our biggest single group of mandated reporters. As pandemic restrictions eased, abuse/neglect reporting volume has continued to increase year over year. In 2023, CT DCF again saw a significant increase in referrals of abuse and neglect, with over 5100 more submitted than the prior year and even higher than CY 2019. The agency attributes some of the increase in volume of reports to continued normalization of COVID-19 pandemic response efforts, as well as to the expansion of our online mandated reporter portal in June 2022 to all types of mandated reporters for non-emergent reports of abuse/neglect. This portal was initially only for use by school personnel, then Judicial Family Relations were added later in 2019, as well as the CAPTA/CARA Notification portal for birthing hospital staff that same year. Careline staff review each form submitted online, follow-up with the reporter for more information as needed, and otherwise use the same process for determining acceptance as reports made by calling Careline. Completion of the online submission is an acceptable substitute to filing the traditional paper form DCF-136, so is therefore a more efficient method of providing the information to DCF for a large proportion of reports received by the agency. DCF received 13,338 submissions during CY 2023, with an average of 1100, and ranging between 500 and 1400, reports through the portal per month.

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

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



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

Despite a significant increase in call volume, the acceptance rate declined in 2018 - 19, and the percentage of reports designated as FAR increased for the same time period. Call volume dropped precipitously in CY 2020 due to the COVID lockdown and closing, and later reduced in-person contact, of schools and courts that comprise some of the most common mandated reporters of child abuse and neglect in Connecticut. The acceptance rate continued to decline as well, dropping by over 2 percentage points from 42.7% in CY 2019 to 40.6% in CY 2020. However, the acceptance rate increased in CY 2021 for the first time in four years, likely due to an increase in the volume of QA reviews of non-accepted reports that began that year. These reviews generated corrections in how certain elements of the SDM Screening instrument were being applied to acceptance decisions, resulting in a somewhat higher rate of accepting reports. The rate settled back down slightly in CY 2022 to 44.2% but increased again in CY 2023 to 46.7%.

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

At the same time, we face such staffing challenges, there is recognition that many of the children and families being served by DCF presently have a higher acuity of need than in past years. In April 2020, Integrated Family Care and

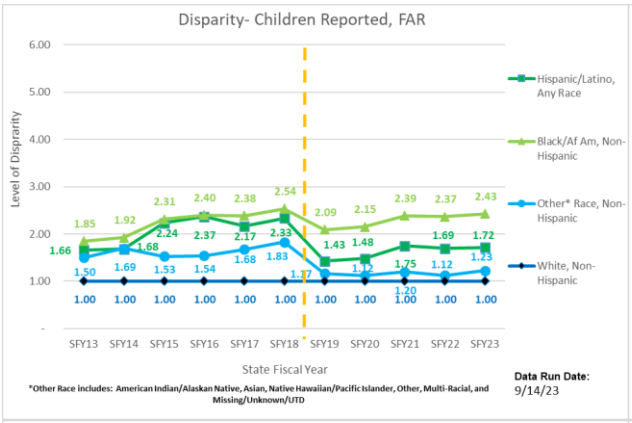
Support (IFCS) community services became available statewide for all unsubstantiated cases. Cases that DCF would previously serve directly were then instead diverted to the IFCS providers. The result of this is that the remaining cases that are transferred for ongoing services are almost exclusively cases that have a substantiation for abuse and/or neglect and have a more severe and complicated sets of needs that must be addressed to ensure positive child outcomes. Thus, while the agency is transferring fewer cases overall and fewer families receive ongoing child protective services, those that do present with greater needs, require more sophisticated interventions, and result in individual caseloads that are comprised almost entirely of high need/risk families that increases the risk of worker burn-out and additional turnover.

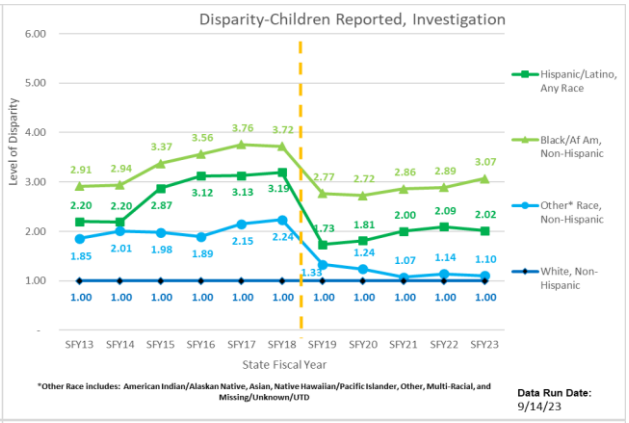
It is also important to note that children of color continue to be disproportionately over-represented in accepted abuse/neglect reports. In State Fiscal Year (SFY) 2023, African American children were 3.1 times as likely as White children to be alleged victims in a report accepted for an Investigation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

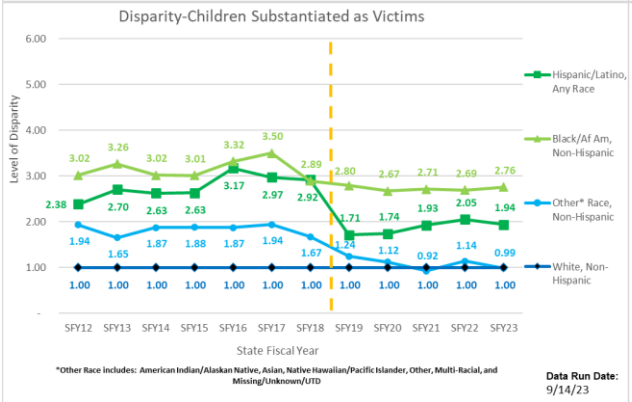
	Disparity Index			
STATEWIDE	Race/Ethnicity			
CW Pathway Steps	Hispanic/Latino, Any Race	Black/Af Am, Non-Hispanic	Other* Race, Non-Hispanic	White, Non-Hispanic
Total Child Population (2020 US Census)				
Children Reported, FAR (SFY23)	1.7	2.4	1.2	1.0
Children Reported, Investigation (SFY23)	2.0	3.1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

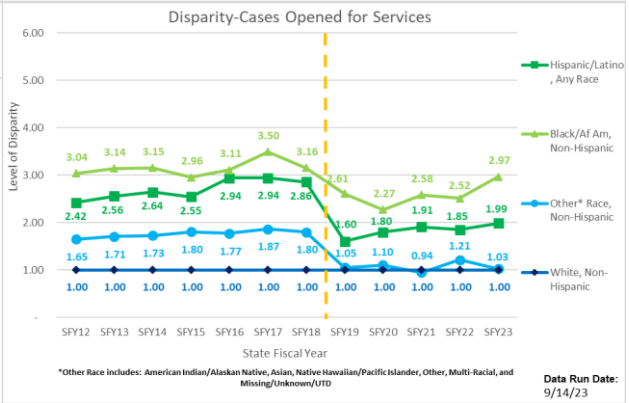
Trend data from SFY 2013 - SFY 2023 indicates that there has been uneven improvement in disparity rates. While some progress has been observed (i.e., Substantiations and Entries), when it has occurred, it has been more often for Hispanic children, and less so for African American/Black children.

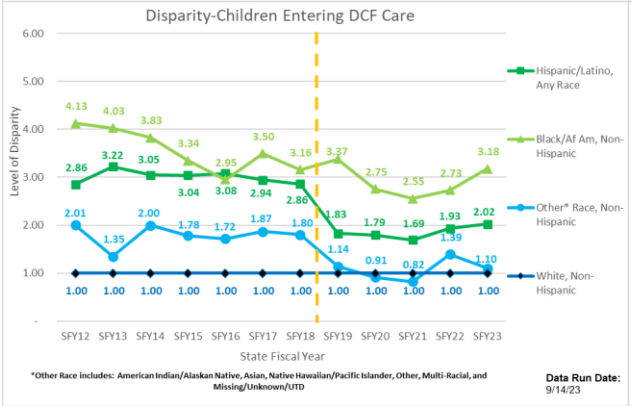
Over the years, the most progress has been seen for the Multiracial/Other children, who were the most similar or below White children for all the measures. In SFY 2023, there is an increase in disparity rates for African American/Black children for all measures except Congregate Care. The rates this year for Hispanic children decreased slightly for Investigations and Substantiations but increased in all others. DCF is committed to continued vigilance and efforts necessary to reduce disparities for all children of color and their families. Relatedly, the impacts of COVID-19, especially with its disproportionate and disparate health and economic impacts on families of color, including families who are undocumented, will require further analysis within a racial justice lens. Please note that the following charts contain a dotted vertical line between the years (2018 - 2019) for which 2010 Census data was used as the base, and when 2020 Census figures were used. The trends for each of these two timeframes should be considered independent of each other.

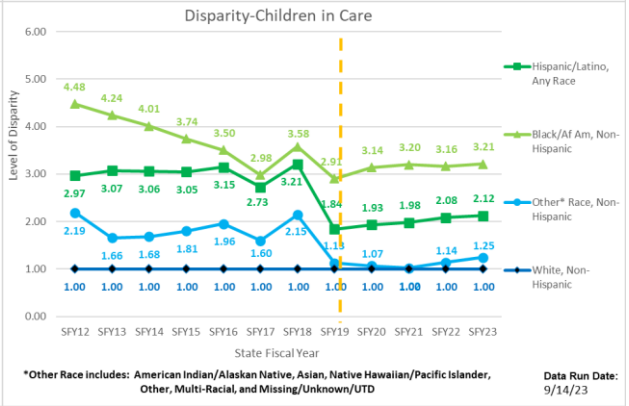


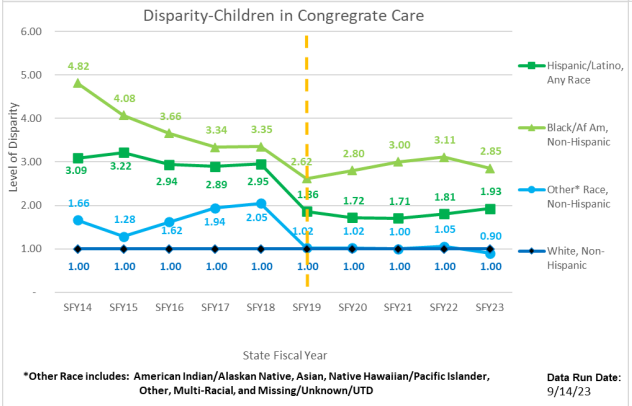






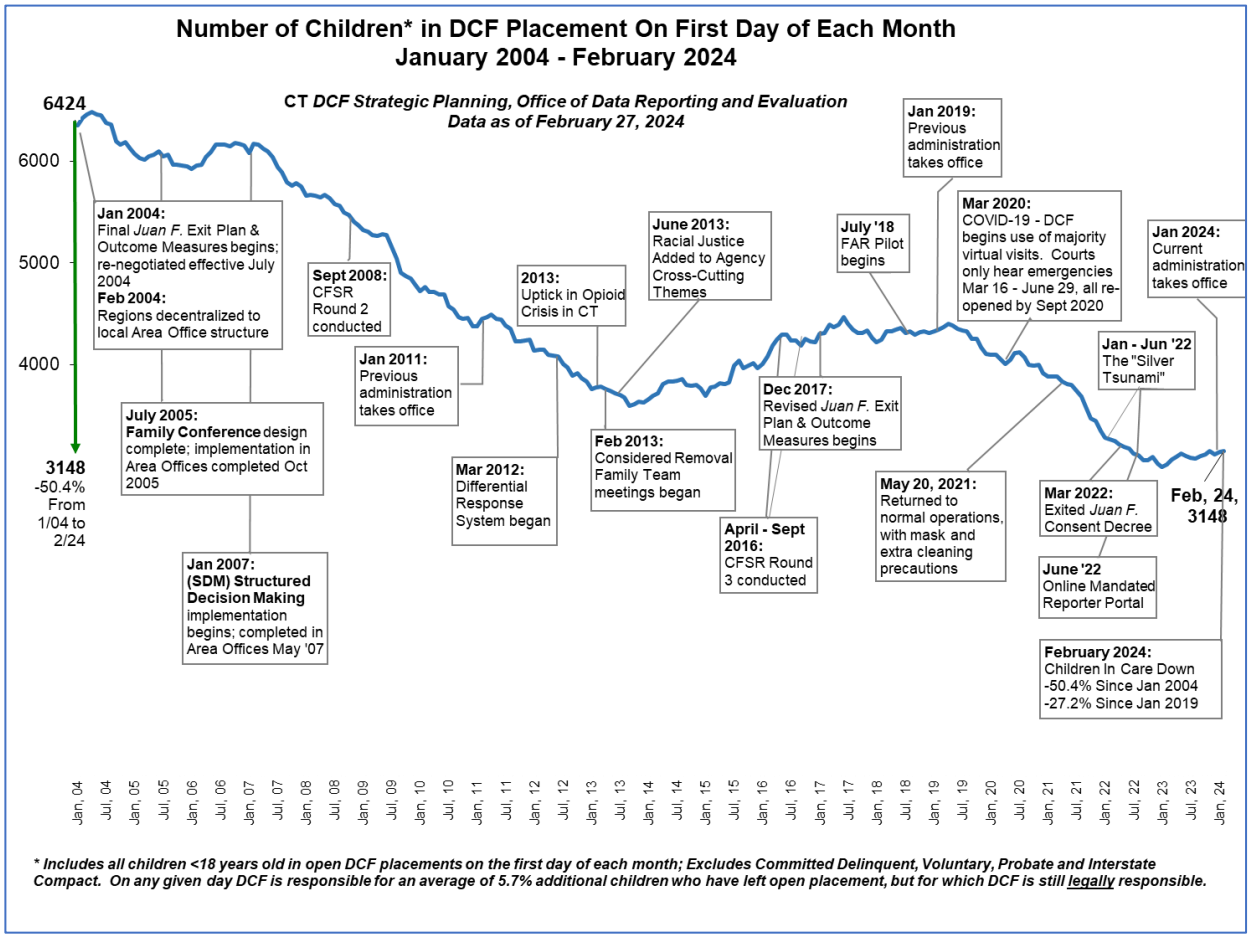






The next chart shows the trend in the number of children in DCF care on the first day of each month and is annotated with various sentinel events and practice/policy changes that may have had an impact on this population. Following a

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



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

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

The automated Results-Oriented Management (ROM) system is what Connecticut utilizes to manage important aspects of child welfare practice and monitor the effects of systems/practice changes on agency performance over time. This

system contains reports for these indicators built to federal specifications, but they are based on SACWIS (LINK) data that are updated on a daily basis, instead of on static annual submissions to AFCARS and NCANDS. The results for the measures based on these reports are as follows:

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

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

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

ChildStat

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

include both quantitative and qualitative discussions. Strategies for improvement are based on a review of the data, including qualitative case reviews.

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

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

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

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

Racial Justice

DCF has maintained unequivocal commitment to being an anti-racist child welfare system whose beliefs, values, policies, and practices that seek to eliminate racial and ethnic disparities. The Department continues to elevate the focus on racial equity and provide support for children and families of color, who have been historically and systemically disadvantaged, underserved, or marginalized. Prioritizing and advancing racial equity at all levels is a fundamental principle supporting the work of the Department and its community partners. We continue to examine and redesign the Department as an authentically anti-racist and trauma-informed agency to ensure that families of all racial, ethnic, and cultural backgrounds can recover from the crisis that brought them to our attention.

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

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

review any new or updated policy with an equitable lens; and implement system-wide action plans to ensure equal opportunity and advance racial equity and justice.

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

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

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

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

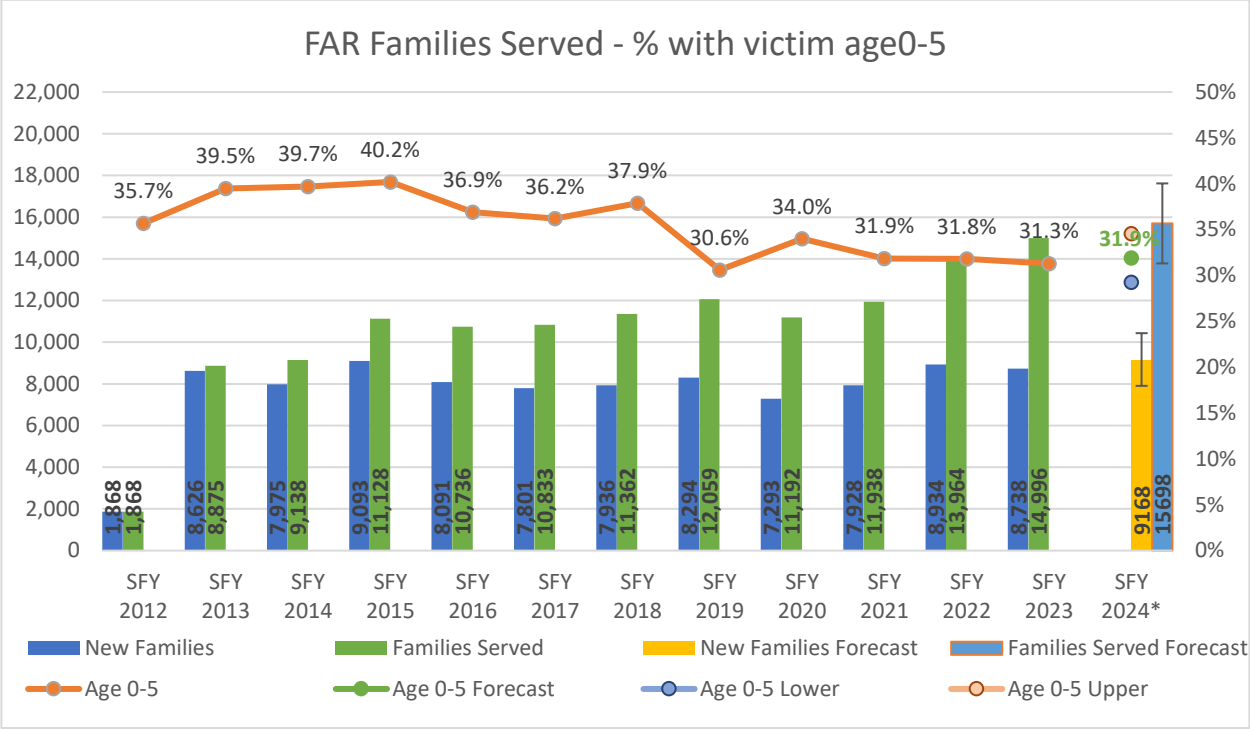
Outcomes

The sections below set forth the Department’s practice enhancements and performance on Safety, Permanency and Well-Being Items. Please note that CT DCF successfully exited our CFSR Program Improvement Plan (PIP) in March 2021, so line items previously labeled as "PIP Status" are now renamed to "CT CQI Review Results". These results come from continued reviews utilizing the CFSR Round 3 OSRI and are entered into the Children's Bureau's Online Monitoring System (OMS) as a CT Continuous Quality Improvement (CQI) review:

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

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

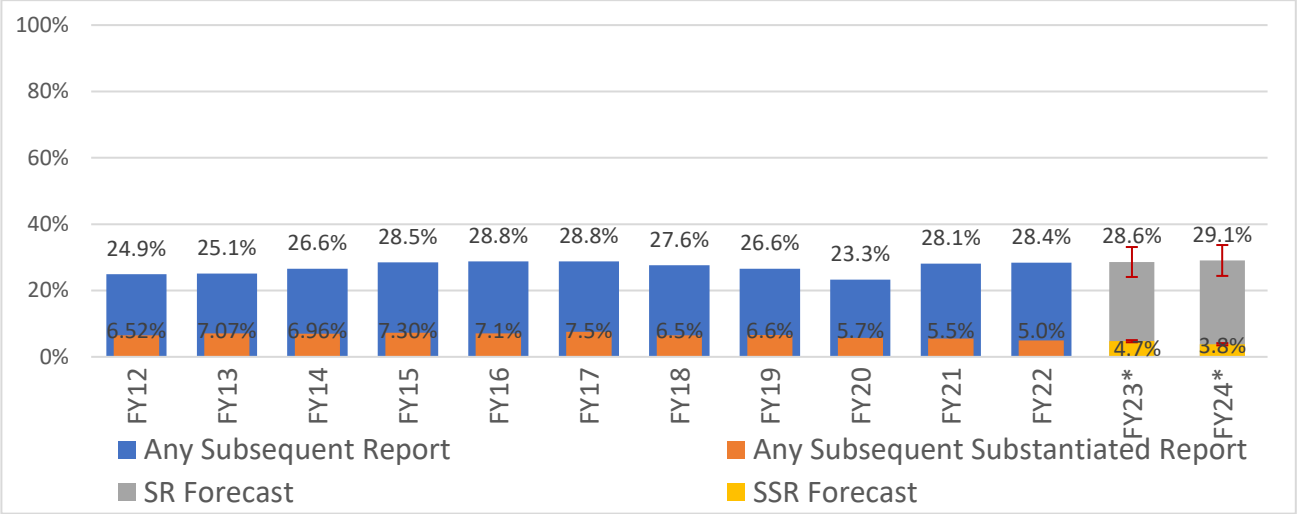
Family Assessment Response (FAR): In SFY 2023, there were a total of 28,368 accepted reports of child abuse and neglect, an increase from last year (26,235). Of the total number of accepted reports, 57.3% (n=16,222) were assigned to the FAR track, a slight decrease from the prior year (53.8%). The chart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



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

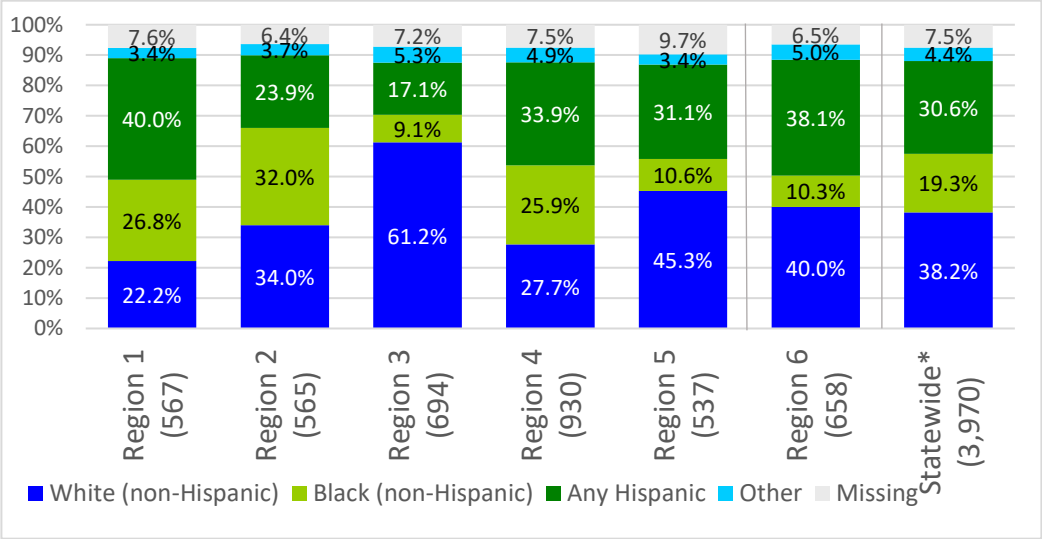
This past year 30.2% of reports were accepted concerning children aged 0-5. Most reports come from mandated reporters (86.6%) with school personnel (32.5%) and police (23.3%) being the most common. As one would expect from a DRS population, 91.7% of the reports involve various forms of neglect, with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

FAR: 12-Month Subsequent & Subsequent Substantiated Report Rates



To allow for the 12m follow-up period, subsequent report/substantiation rates are reported through the prior fiscal year. For FY22, 28.4% of FAR families had a subsequent report (SR) within a 12-month period following FAR disposition. This rate has been relatively stable over time with a high of 28.8% in FY16 and FY17 to a low of 23.3% in FY20. There was a 1% decrease in the SR rate from FY 18 to FY 19. The SR rate declined another 3.3% in FY20 when the coronavirus pandemic shutdowns started but increased in FY21 and FY22. The SR report status varies slightly by region with a range of 25.0% - 31.0%.

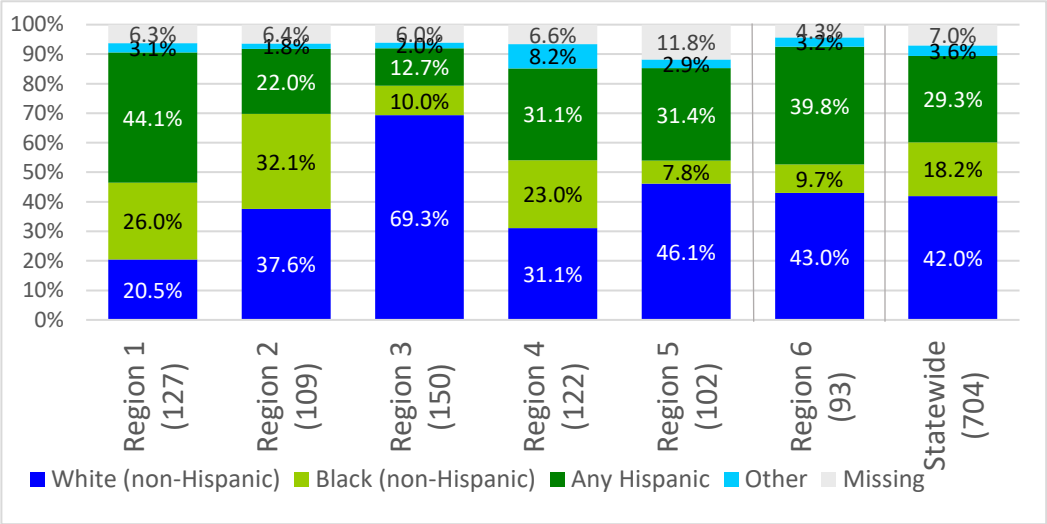
FAR 12-Month Subsequent Report (SR) Rate by Region and Race/Ethnicity



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

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

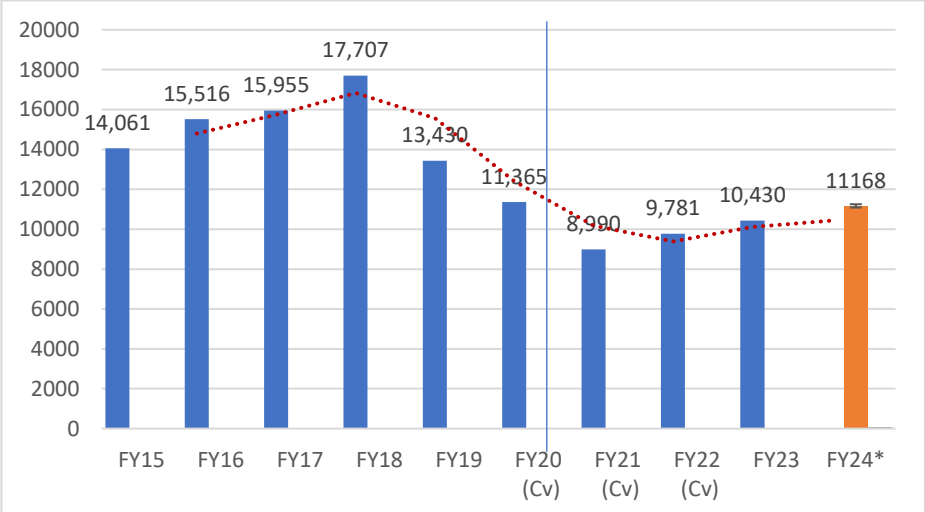
FAR 12-Month Substantiated Subsequent Report (SSR) Rate by Race/Ethnicity



Of the FAR families that had a SSR, 42.0% were White, 18.2% were Black, 29.3% were Hispanic, and 3.6% were another race. Through Survival Analysis[1], factors associated with substantiated subsequent reports (SSR) within 12 months included more prior abuse or neglect reports, household previously received CPS, prior injury to child resulted in CAN report, PC has their own CAN history. FAR Data continues to be routinely shared with central and regional office staff to help identify trends and inform practice and policy changes.

Investigations Response

The chart below represents the number of families with an approved report in the investigations track each fiscal year[2] since FY15 of our Differential Response System. A total of 10,430 families and 15,221 children had an approved report in FY23. There has been a steady decrease in the number of Investigation families served between FY18 and FY21[3], the past two fiscal years have seen increases. This year, 39.7% of the investigations involved children 0-5.



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

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

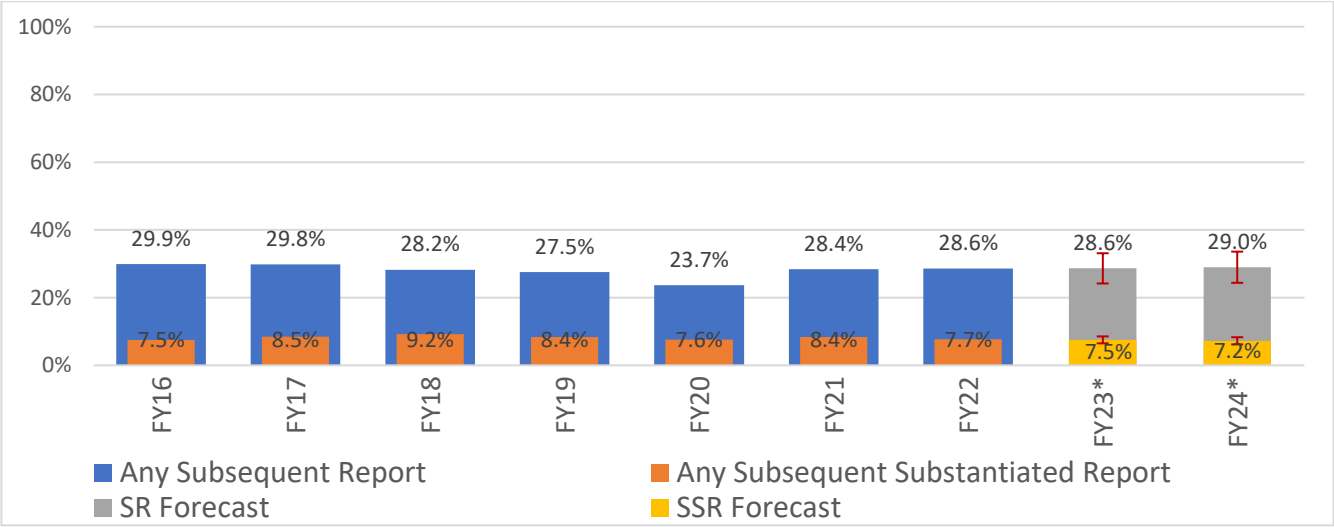
[3] Likely exacerbated by the coronavirus pandemic that began in the US in March 2020.

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

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

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

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



Statewide, in FY22, 28.6% of families had a subsequent report (SR). The SR rate has been trending down with a high of 41.4% in FY12[4] to the FY20 low but increased for FY21. The FY21 SR report status varies slightly by region with a range of 31.8% - 23.8%.

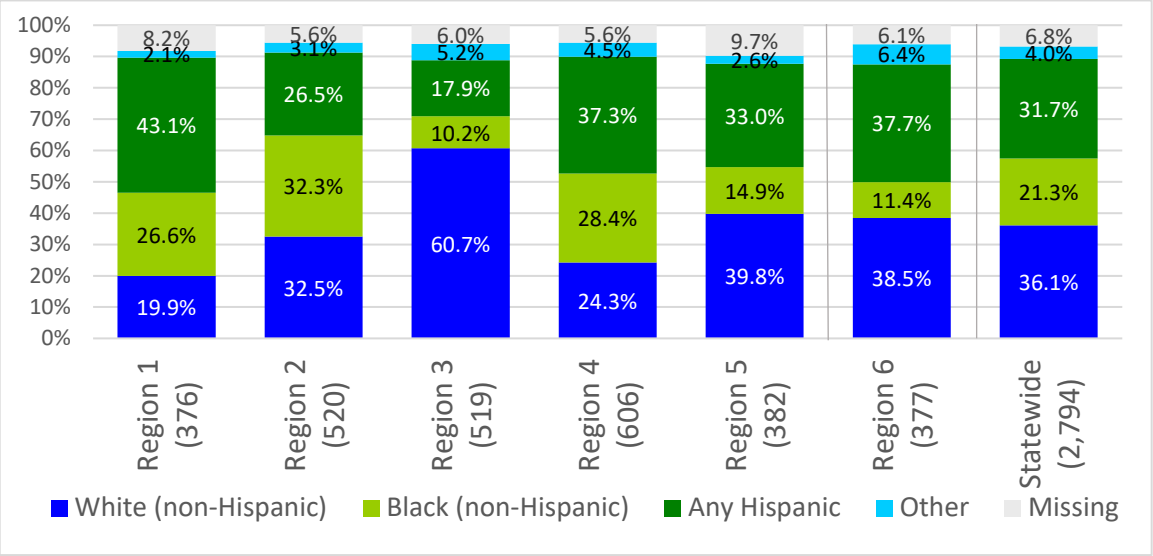
Statewide in FY22, 92.7% of families did not have a Subsequent Substantiated Report (SSR). The FY22 SSR report status varies slightly by region with a range of 91.0% - 94.6% with no SSR. Families with prior CPS History had an SSR rate of 11.8% compared with 5.7% of families with no prior CPS history.

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

[4] Partial year, not shown.

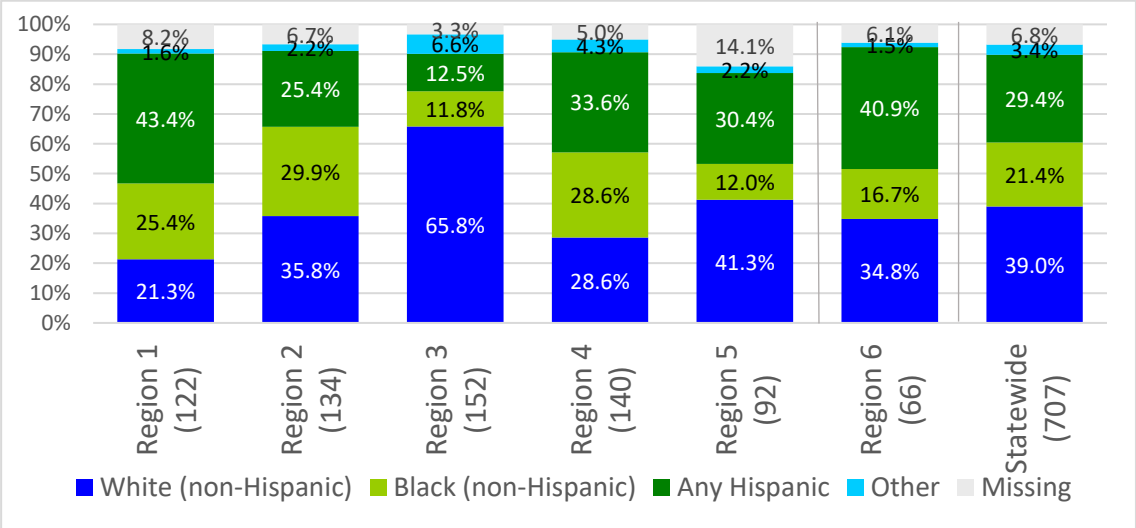
Investigations: 12-Month Subsequent Report Rate by Race/Ethnicity

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



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

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



Racial Disparity

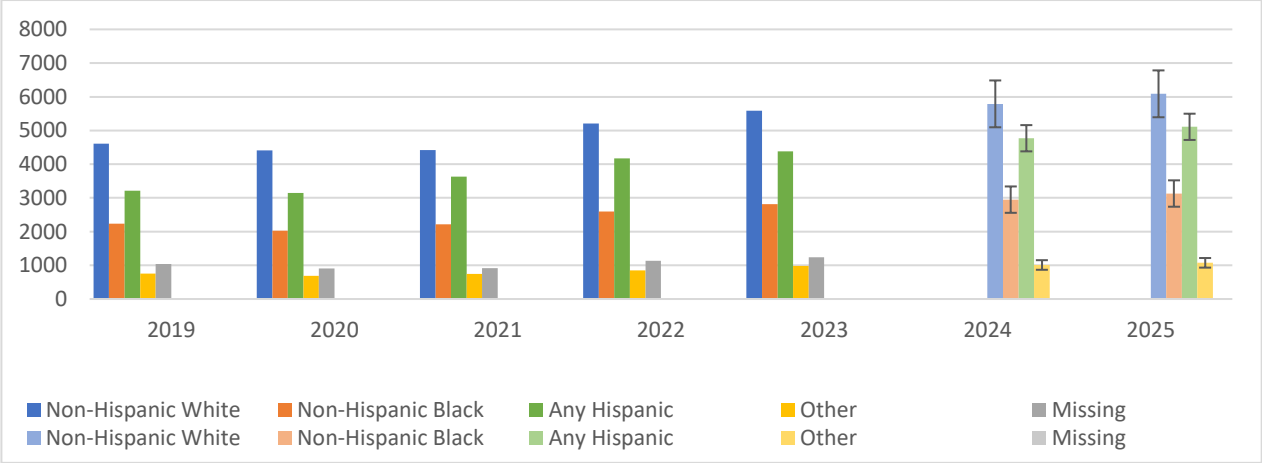
In FY22 racial disparities occurred in referrals to Investigations and FAR. Hispanic families were referred to the FAR track at a rate that is 2.77 times greater than the rate of all the other families. Similarly, Black families were referred to the FAR track at a rate that is 2.35 times greater than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

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

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

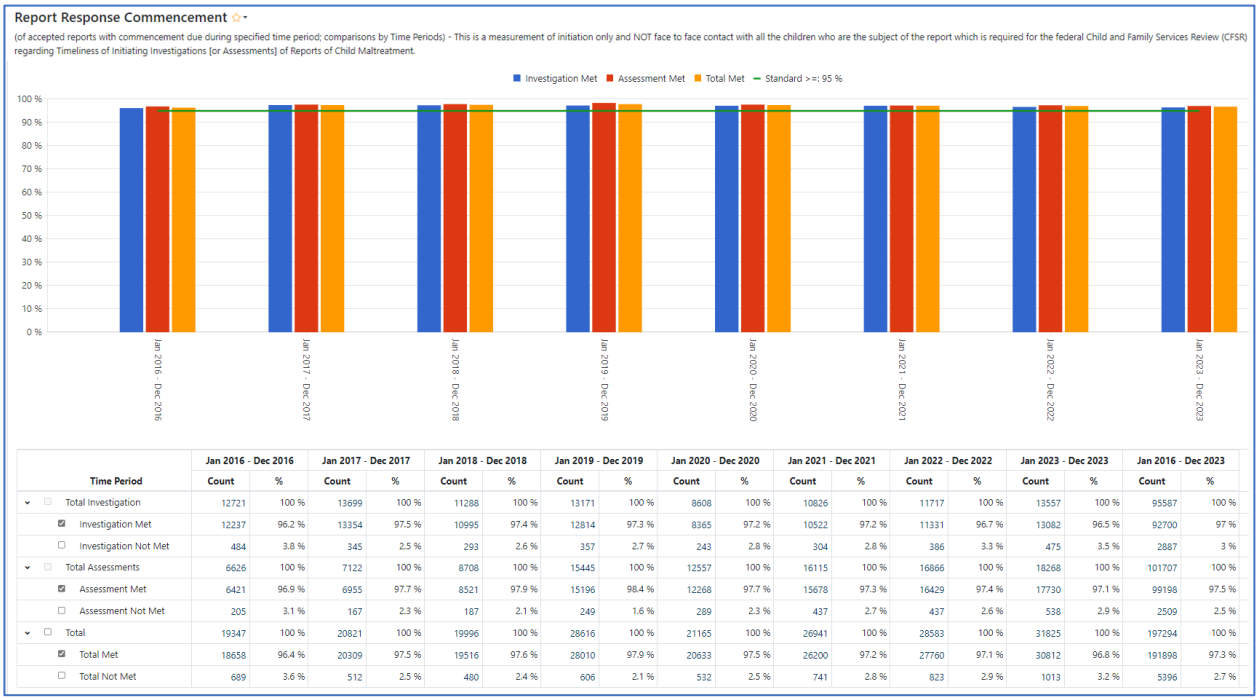
Starting in May 2022, UCONN's Performance Improvement Center and members of the Strategic Planning Division began meeting regularly to develop and finalize a research agenda relative to our intake process and the Community Support for Families program. Rather than just reporting out data, the focus is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

Additional projection charts:
FAR Race



Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes? CFSR Round 3 Result: n=41, 59% Strength, 41% ANI

- CT CQI Result (CY22 Reviews): n=45, 62.2% Strength, 37.8% ANI
- ROM Report Response Commencement – CY 2016 – CY 2023: The following chart shows that our standard has been met, with an improvement of 0.4 percentage points since CY16. Please note that this measure only assesses compliance with the initiation of the response, but not also the requirement for face-to-face contact with all alleged victims within the required response time.



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

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

It is noted that the ROM data only assesses compliance with the initiation of the response to the accepted report, but not the face-to-face contact with all subject children within the required response time. The Department continues to focus on timely face-to-face contact with the subject children in accepted child abuse and neglect reports. In March 2023, Connecticut DCF formed the new Case Practice Review (CPR) unit within the Bureau of Strategic Planning. This centralized unit is responsible for ongoing case practice reviews including the completion of monthly Differential Response System (DRS) qualitative case reviews of both the Investigation and the Family Assessment cases. The DRS reviews include assessment of whether the agency met the standard for face-to-face contact with all identified subject children (child victims) within the designated response time. The result of these reviews demonstrates that the timely fact to face contact with the alleged victims continues to be an area needing improvement. The overall rate for successful contact within the designated response time per these qualitative reviews is 65% for CY23.

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

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

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

We consider this item to be an Area Needing Improvement.

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

Ensuring that children remain safely in their homes whenever possible is a priority practice area for DCF. The following describes a number of specific practices that contribute to our ability to achieve this outcome.

Child Safety Practice Model

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

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

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

Although the model builds off our strong safety practices, including the continued use of our SDM Safety Assessment and Considered Removal Child and Family Team Meetings, new features were developed designed to enhance skill building and development, facilitate information sharing, and promote critical thinking. Practice Profiles, a tool developed by the National Implementation Network (NIRN) identifies specific skill sets along a continuum from beginning level to advanced that will help operationalize the model and serve as a foundation for training and supervision.

Three Practice Profiles were created as follows:

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

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

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

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

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

Prevention Services Pilot

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

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

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

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

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

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

Voluntary Services

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

Carelon, the agency coordinating this service, may provide on a voluntary basis (at the request of the family), casework, community referrals and treatment services for children who are not system involved with the Department. These are youth who do not require protective services intervention but may benefit from the community based behavioral health system. Families can initiate an application by calling DCF's Careline. Referrals received by Careline will be forwarded to Carelon along with the Office of the Health Care Advocate to ensure all insurances have been optimized. Eligible families for this program are identified through a referral process with the Careline staff. Families are identified as having a child or youth:

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

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

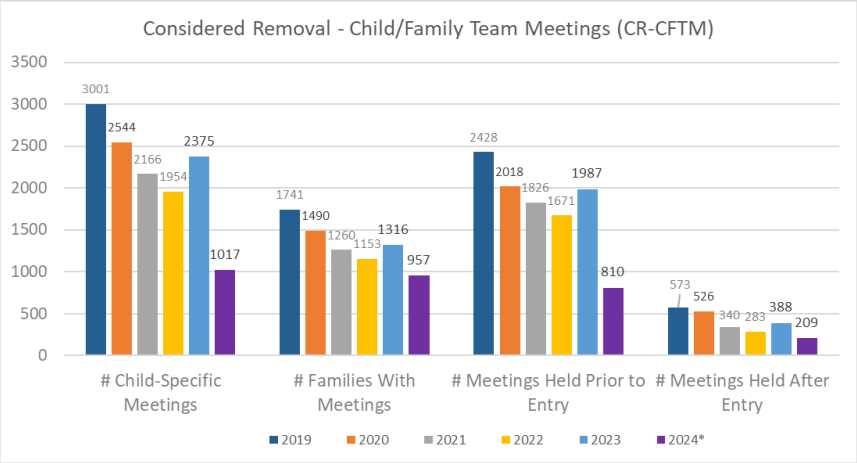
For the federal fiscal year beginning 10/1/23 through 9/30/24, 360 referrals, totaling 1691 individual referrals since the inception on May 1, 2020. The staffing model has been modified since the roll-out of the Preventative Care Management Entity to include 2 intake coordinators and 7 Voluntary Clinical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

CT's Teaming Model

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

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

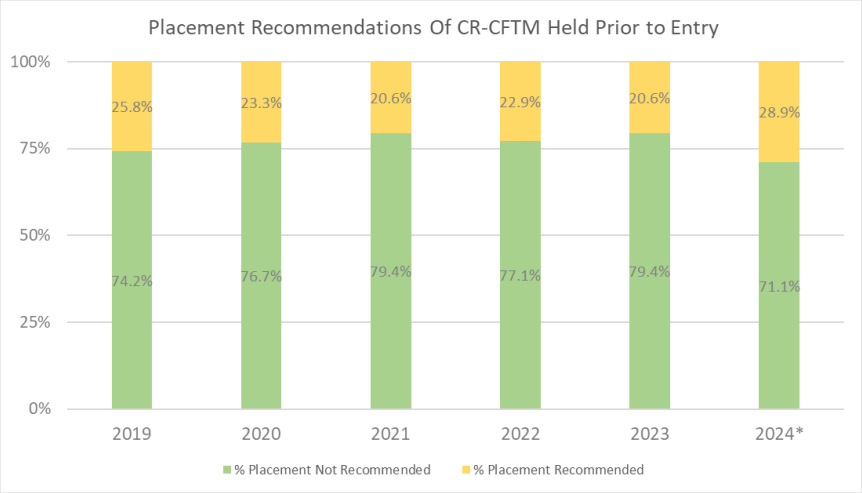
Since 2013, there have been a total of 26,352 child-specific meetings held, involving 15,643 families. Overall, 77.2% of meetings (20,470) occurred prior to the child's removal and only 24.6% of the meetings recommended the child's removal.



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

During the first half of this FY, 1160 child specific meetings were held, with 86% of meetings occurring prior to the child's removal, the highest since implementation. Following the submission of the CFSP, the Department has averaged 85.2% of the meetings being held occur prior to a child's removal from the home.

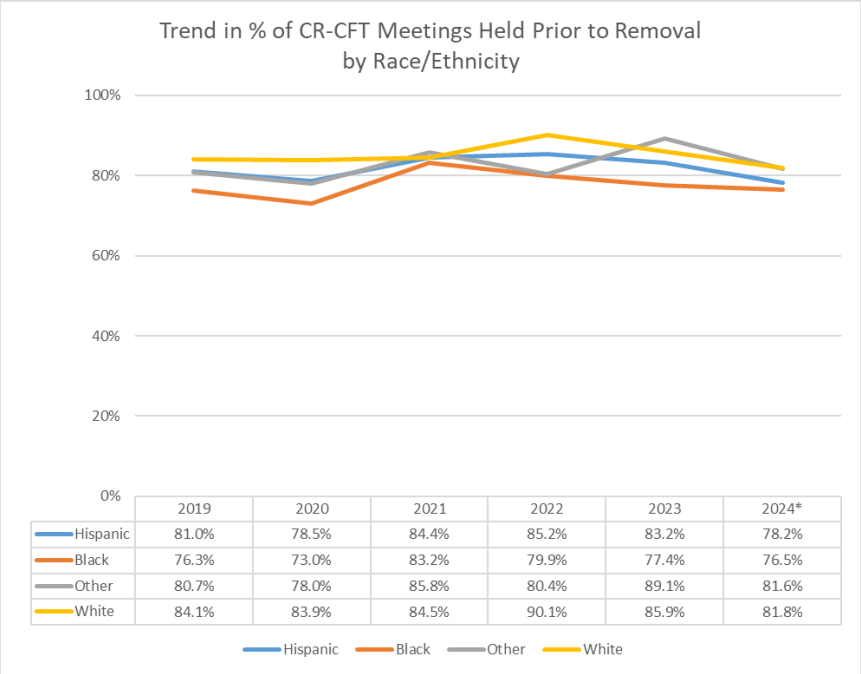
The chart below represents Considered Removal (CR) Meetings held prior to removal and the recommended outcome of the meeting.



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

The data demonstrates the Department's ability to engage in safety planning efforts with families. Of the meetings that were held prior to removal during the first three quarters of this FY, there were 907 (71%) children not recommended for removal, an 8.4% percentage point decrease from FY 2023 (79.4%).

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

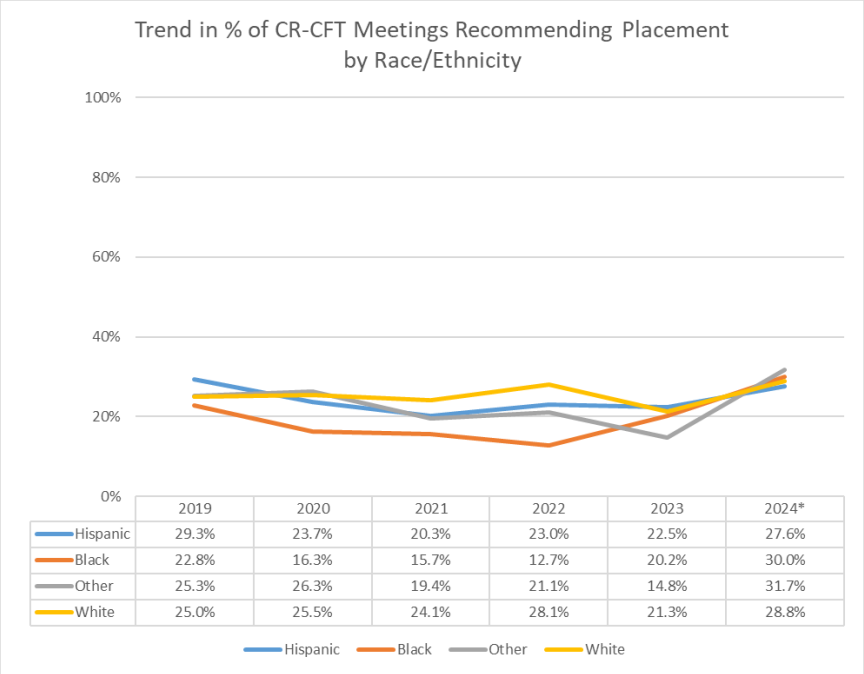


	2019	2020	2021	2022	2023	2024*
Hispanic	81.0%	78.5%	84.4%	85.2%	83.2%	78.2%
Black	76.3%	73.0%	83.2%	79.9%	77.4%	76.5%
Other	80.7%	78.0%	85.8%	80.4%	89.1%	81.6%
White	84.1%	83.9%	84.5%	90.1%	85.9%	81.8%

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

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

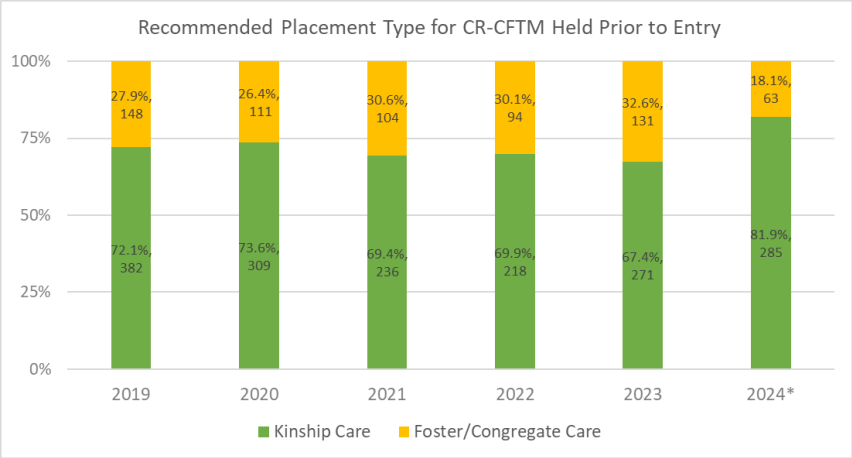
This below chart reflects the Considered Removal Meetings held prior to removal where the decision of the meeting is recommending placement of the child by Race/Ethnicity from 2019.



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

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

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



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

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

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

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

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

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

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

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

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

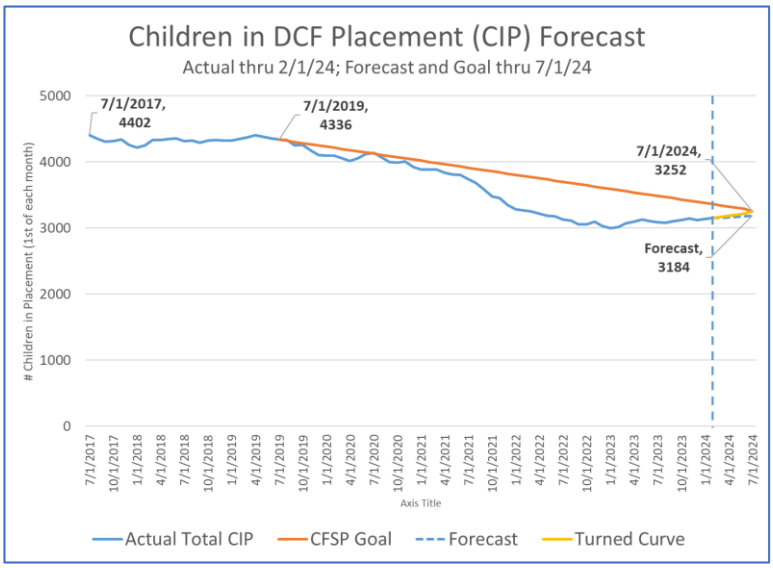
- Finalizing a statewide log and obtaining approval
- Incorporating changes in Alternative Caregiver Arrangement policy into CR practice
- Update the CR-CFTM Policy and Practice Guides as needed.
- Assess the impact of the implementation of the ABCD Paradigm on the CR decision making.
- Analyze Data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

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

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

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

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



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

- CFSR Round 3 Result: n=21, 57% Strength, 43% ANI
- CT CQI Result (CY22 Reviews): n=38, 44.7% Strength, 55.3% ANI

- CFSR National Data Indicator Results: Recurrence of Maltreatment - the national performance for this measure is <=9.7%, and CT RSP for FFY 2022 is 10.2%, now statistically no better than national performance but continuing to improve over the three years displayed. Observed performance for ages 4 - 11 months old did not meet the standard, but all other age and race/ethnicity groups were successful in the latest year.

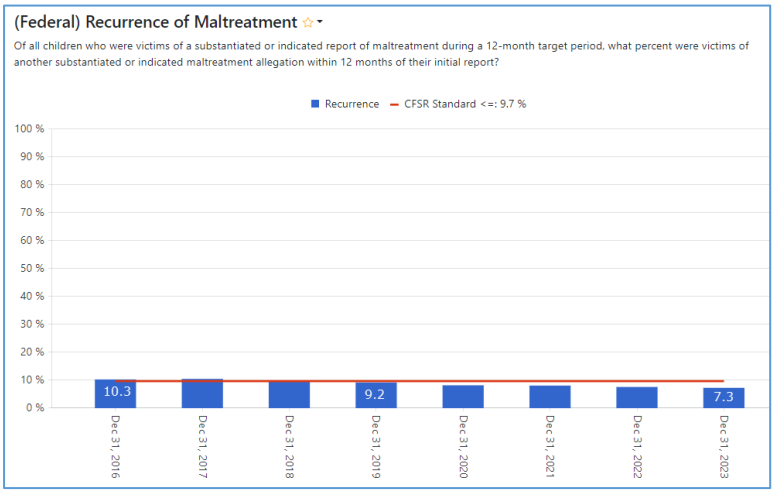
			19AB,FY19	20AB,FY20	21AB,FY21	FY19-20	FY20-21	FY21-22
Recurrence of maltreatment	9.7% ▼	RSP				11.4%	10.5%	10.2%
		RSP interval				10.6%-12.2%[3]	9.6%-11.4%[2]	9.3%-11.1%[2]
		Data used				FY19-20	FY20-21	FY21-22

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

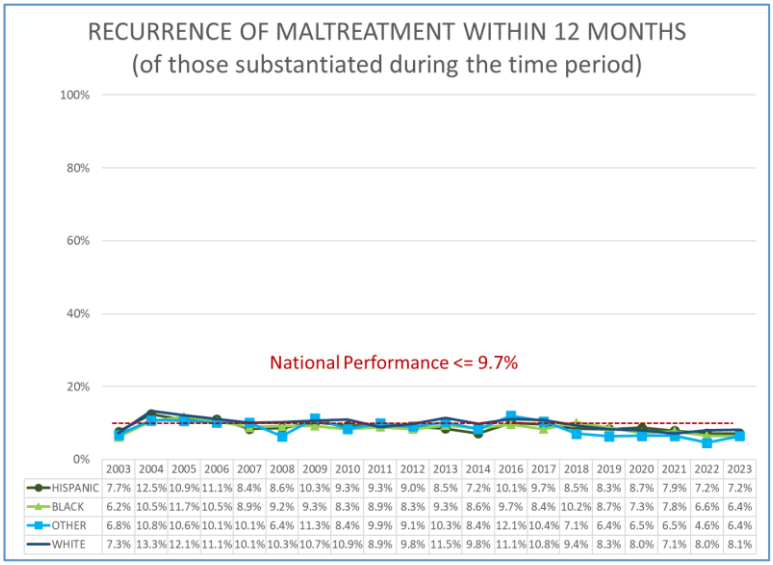
Observed performance on safety indicators Recurrence of maltreatment											
	Denominator (initial victims)			Numerator (recurring victims)			Percentage			Percent of total (initial victims)	Percent of total (recurring victims)
	FY19-20	FY20-21	FY21-22	FY19-20	FY20-21	FY21-22	FY19-20	FY20-21	FY21-22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

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

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



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



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2016	2017	2018	2019	2020	2021	2022	2023
HISPANIC	7.7%	12.5%	10.9%	11.1%	8.4%	8.6%	10.3%	9.3%	9.3%	9.0%	8.5%	7.2%	10.1%	9.7%	8.5%	8.3%	8.7%	7.9%	7.2%	7.2%
BLACK	6.2%	10.5%	11.7%	10.5%	8.9%	9.2%	9.3%	8.3%	8.9%	8.3%	9.3%	8.6%	9.7%	8.4%	10.2%	8.7%	7.3%	7.8%	6.6%	6.4%
OTHER	6.8%	10.8%	10.6%	10.1%	10.1%	6.4%	11.3%	8.4%	9.9%	9.1%	10.3%	8.4%	12.1%	10.4%	7.1%	6.4%	6.5%	6.5%	4.6%	6.4%
WHITE	7.3%	13.3%	12.1%	11.1%	10.1%	10.3%	10.7%	10.9%	8.9%	9.8%	11.5%	9.8%	11.1%	10.8%	9.4%	8.3%	8.0%	7.1%	8.0%	8.1%

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

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

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

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

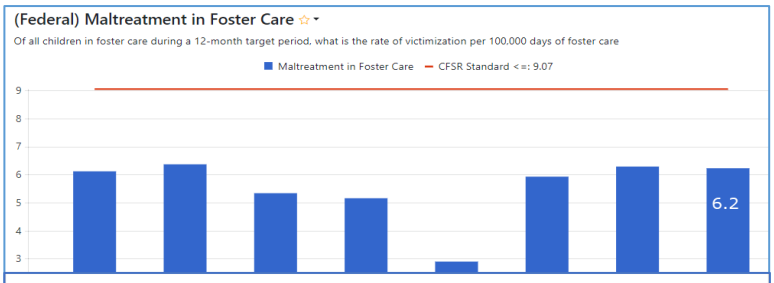
Observed performance on safety indicators
Maltreatment in care

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

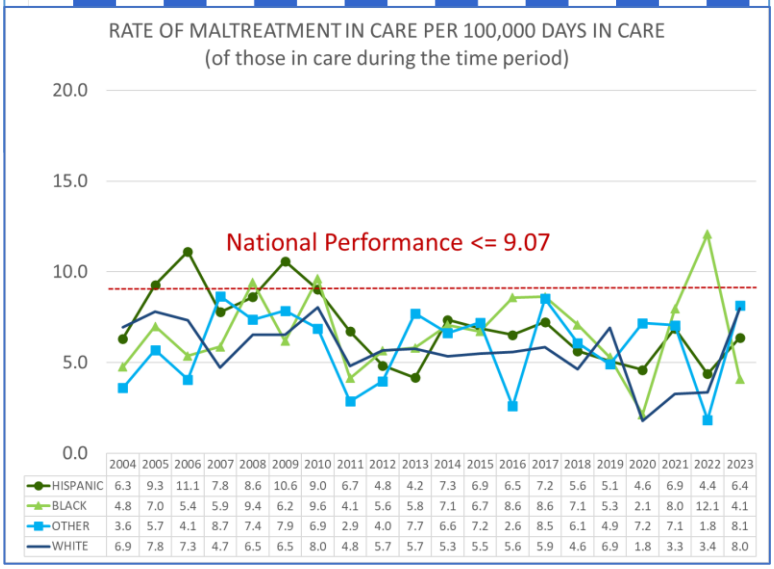
Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

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

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

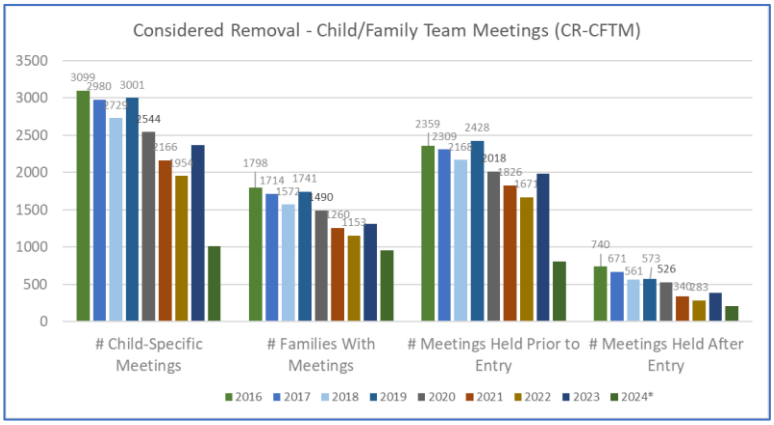


- Federal Maltreatment in Foster Care – CY16 – CY23: The above chart shows that CY23 performance declined slightly in CY23 compared to the previous four years but continues to meet the standard at 6.2.

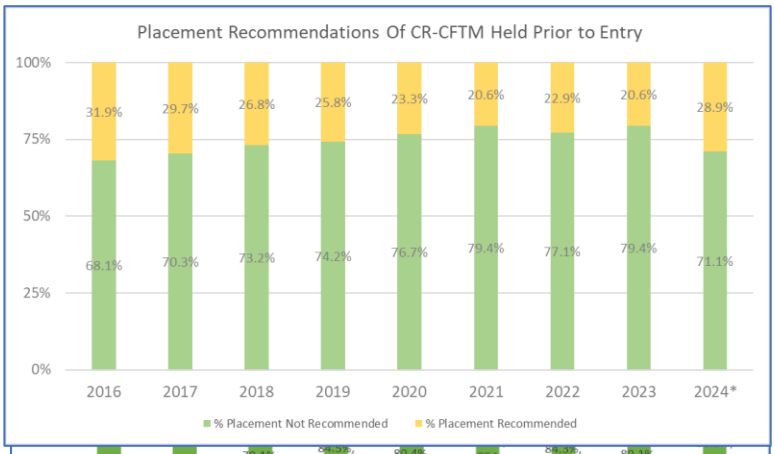


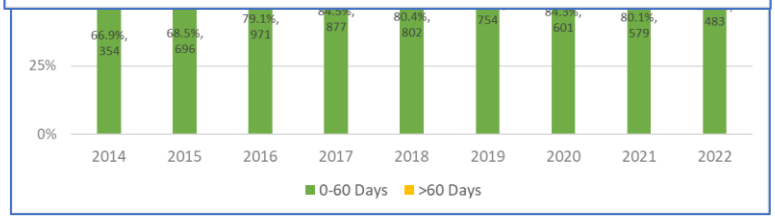
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
HISPANIC	6.3	9.3	11.1	7.8	8.6	10.6	9.0	6.7	4.8	4.2	7.3	6.9	6.5	7.2	5.6	5.1	4.6	6.9	4.4	6.4
BLACK	4.8	7.0	5.4	5.9	9.4	6.2	9.6	4.1	5.6	5.8	7.1	6.7	8.6	8.6	7.1	5.3	2.1	8.0	12.1	4.1
OTHER	3.6	5.7	4.1	8.7	7.4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

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



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





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

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

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

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

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

- CFSR Round 3 Result: n=82, 51% Strength, 49% ANI
- CT CQI Result (CY22 Reviews): n=64, 40.6% Strength, 59.4% ANI
- ACRI Case practice elements – Strength % - CY 2015 – 1Q 2023 annual aggregation; all comparisons made between CY 2015 and CY 2022
- Risk & Safety – Child in Placement: 5 percentage point increase since CY 2015
- Risk & Safety – Child in Home: 7 percentage point increase since CY 2015

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

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

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

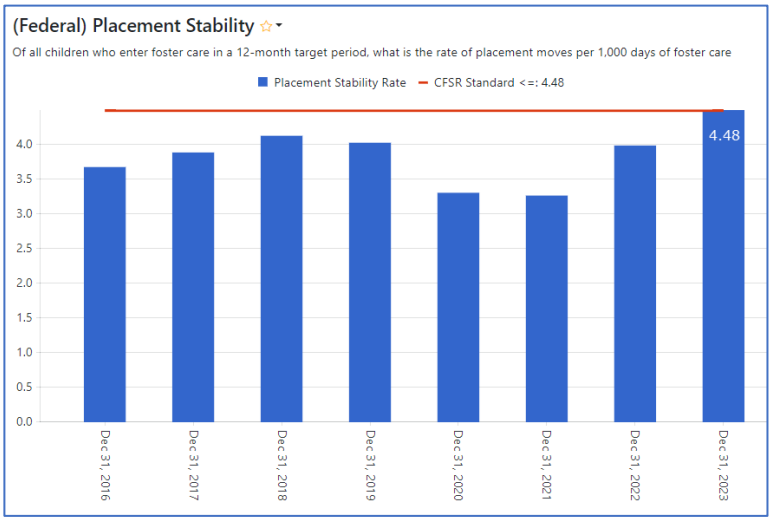
- DRS Case Review Results:
    - CY23 89% Timely/Accurate SDM Risk Assessment (Structured Decision-Making SDM tool)
    - CY23 79% Timely/Accurate SDM Safety Assessment
    - CY23 69% Appropriate Safety Plan, monitored and updated.
    - CY23 72% Ongoing and accurate informal assessments

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

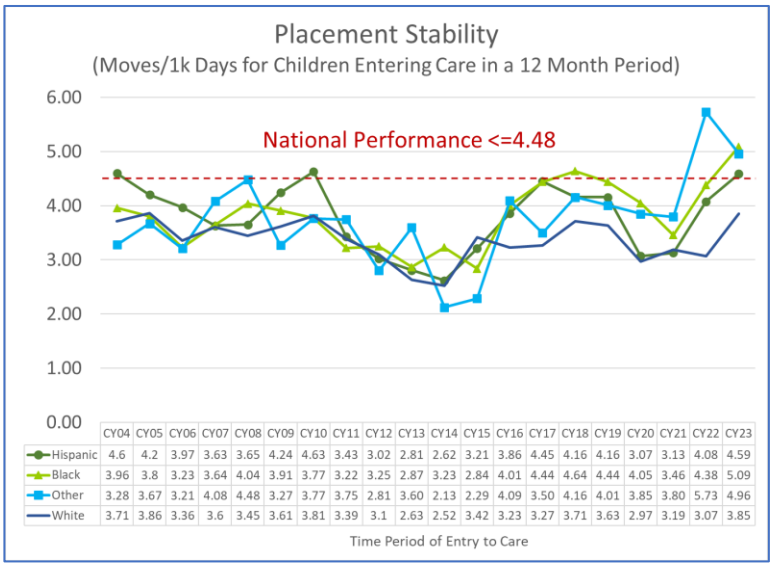
Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

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

- CFSR Round 3 Result: n=42, 86% Strength, 14% ANI



- CT CQI Result (CY22 Reviews): n=33, 72.7% Strength, 27.3% ANI ROM Federal Placement Stability - CY16 – CY23: Standard continues to be met but declined since last year with CY2023 performance right at the standard line at 4.48 moves/1k days.



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

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

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

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

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

Observed performance on permanency indicators
Placement stability

	Denominator (days in care)			Numerator (moves)			Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	23A23B	23A23B
Age entry											
Total	**193,629**	**198,735**	**225,216**	**658**	**856**	**1,086**	**3.40**	**4.31**	**4.82**	**100.0%**	**100.0%**
0 - 3 mos	40,933	41,013	38,432	63	79	71	1.54	1.93	1.85	17.1%	6.5%
4 - 11 mos	17,183	14,156	12,953	55	44	45	3.20	3.11	3.47	5.8%	4.1%
< 1 yr subtotal	**58,116**	**55,169**	**51,385**	**118**	**123**	**116**	**2.03**	**2.23**	**2.26**	**22.8%**	**10.7%**
1 - 5 yrs	48,184	56,051	59,451	152	203	230	3.15	3.62	3.87	26.4%	21.2%
6 - 10 yrs	35,059	32,959	46,217	129	127	206	3.68	3.85	4.46	20.5%	19.0%
11 - 16 yrs	47,352	49,397	63,720	233	366	501	4.92	7.41	7.86	28.3%	46.1%
17 yrs	4,918	5,159	4,443	26	37	33	5.29	7.17	7.43	2.0%	3.0%
Race/ethnicity											
American Indian/Alaska Native	0	397	444	0	16	5		16.05	11.26	0.2%	0.5%
Asian	543	148	251	1	0	1	1.84	0.00	3.98	0.1%	0.1%
Black or African American	38,976	39,759	53,995	133	227	275	3.41	5.71	5.09	24.0%	25.3%
Hispanic (of any race)	68,570	69,670	67,951	248	296	344	3.62	4.25	5.06	30.2%	31.7%
White	68,025	65,739	83,152	214	217	340	3.15	3.30	4.09	36.9%	31.3%
Two or More	16,132	20,452	15,725	58	99	96	3.60	4.84	6.10	7.0%	8.8%
Unknown/Unable to Determine	1,383	1,970	3,698	4	1	25	2.89	0.51	6.76	1.6%	2.3%
Locality											
Fairfield County	27,909	23,708	0	87	68	0	3.12	2.87		0.0%	0.0%
Hartford County	41,010	42,979	0	124	173	0	3.02	4.03		0.0%	0.0%
Litchfield County	8,546	7,418	0	40	35	0	4.68	4.72		0.0%	0.0%
Middlesex County	6,186	10,322	0	19	43	0	3.07	4.17		0.0%	0.0%
New Haven County	61,961	53,821	0	212	218	0	3.42	4.05		0.0%	0.0%
New London County	17,493	28,585	0	61	161	0	3.49	5.63		0.0%	0.0%
Tolland County	16,167	21,795	0	59	117	0	3.65	5.37		0.0%	0.0%
Windham County	14,357	10,107	0	56	41	0	3.90	4.06		0.0%	0.0%
Capitol Planning Region	0	0	66,968	0	0	267			3.99	29.7%	24.6%
Greater Bridgeport Planning Region	0	0	15,847	0	0	83			5.24	7.0%	7.6%
Lower Connecticut River Valley Planr	0	0	6,433	0	0	74			11.50	2.9%	6.8%
Naugatuck Valley Planning Region	0	0	27,741	0	0	140			5.05	12.3%	12.9%
Northwest Hills Planning Region	0	0	3,816	0	0	21			5.50	1.7%	1.9%
South Central Connecticut Planning I	0	0	38,110	0	0	208			5.46	16.9%	19.2%
Southeastern Connecticut Planning I	0	0	39,354	0	0	155			3.94	17.5%	14.3%
Western Connecticut Planning Regio	0	0	26,756	0	0	138			5.16	11.9%	12.7%
County of report missing	0	0	191	0	0	0			0.00	0.1%	0.0%

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

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

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

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

When assessing performance by race and ethnic groups, there was a concerning trend in CY 2022 and CY 2023. The data demonstrated poor performance in placement stability for Black, Hispanic, and Other minority groups that exceed the federal standard while White children in placement met the federal standard. CQI teams and Racial Justice workgroups in area offices actively review Racial Justice information including multiple annual and ongoing automated reports. The Racial Justice CQI groups are primarily composed of Office Directors and Managers who evaluate their office's performance in key areas of disproportionality including removals, kinship placement, permanency achievement and congregate care. Several of these offices have developed comprehensive review processes for black and brown children entering foster care. The process includes team meetings that address placements, permanency plans, services, and result in action steps.

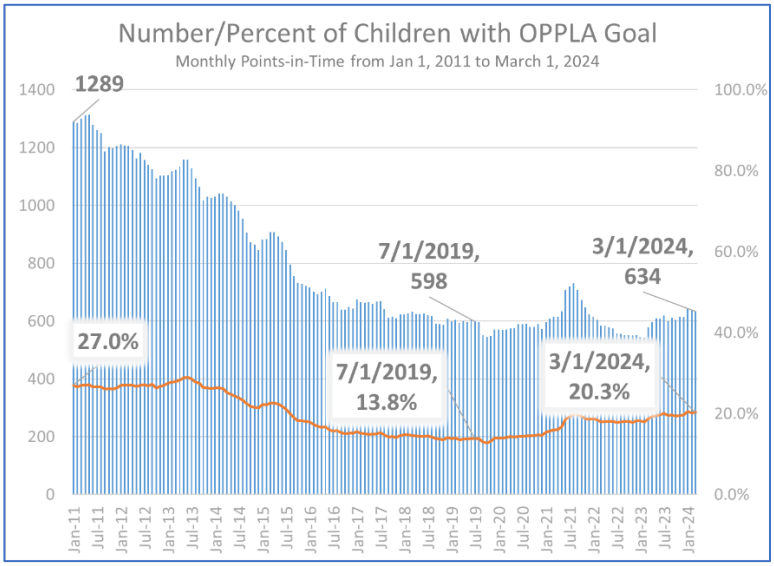
Qualitative reviews by CQI teams have found that, during and following the pandemic, there has been a high frequency of adolescent youth struggling with mental health, juvenile justice, and behavioral issues. The Department often has difficulty finding stable homes for these youth. Foster homes can be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

The Department, as part of the Seven Key Results, has sought to increase kinship placement for children entering care to improve placement stability and support permanency planning. The Department has improved its initial kinship placement percentage from 41.9 percent in CY 2019 to 48.2 percent in CY 2023. The highest percentage of initial kinship placement occurred in CY 2021 at 53 percent. Please refer to Item 10 for more information concerning kinship placement.

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

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

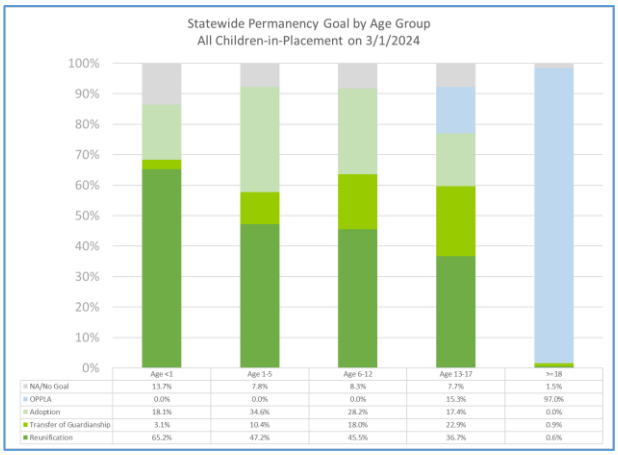
- CFSR Round 3 Result: n=41, 78% Strength, 22% ANI
- CT CQI Result (CY22 Reviews): n=33, 72.7% Strength, 27.3% ANI
- CFSP Objective: Permanency Teaming will be implemented to improve the likelihood of permanency for all children and to reduce the use of OPPLA by 50%
- Trend in #/% of Children with OPPLA Goal: Volume and proportion up slightly compared to last year, ending with 20.3% of the total population in May 2024. Compared to 7/1/2019, the volume is somewhat higher at 634 compared to 598, but that represents a much greater proportion of the entire population of children in placement at 20.3% compared to 13.8% on 7/1/2019

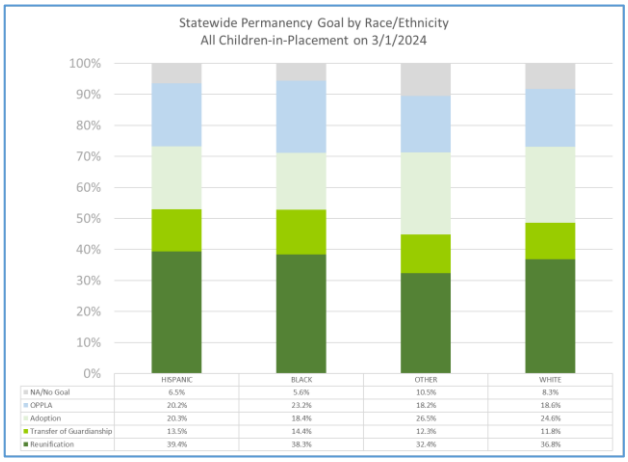


- ACRI Case Practice element – Strength % - CY 2018 – 1Q 2023 annual aggregation; all comparisons made between CY 2015 and CY 2022 (unless otherwise noted)
- Planning for Permanency (case plan contains appropriate permanency and concurrent goals): 3 percentage point increase since 2018 (this measure was not available until mid-2017, so we start this trend in 2018)

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

- **Other Related Data**





- Judicial data re: approval of OPPLA Plans

APPLA/OPPLA Permanency Plans

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

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

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

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

(Name) _____, or

☐ Other _____

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

Cohort: Permanency Plans that were approved during FY23

APPLA/OPPLA Plans for FY23	
Total Number Of Permanency Plans Approved	2871
Number of APPLA/OPPLA Plans Approved	591
Number of ILP Approved	212
Number of Long-Term Foster Care Approved	31
Number of Other Approved	22

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

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

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

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

- CFSR Round 3 Result: n=42, 31% Strength, 69% ANI
- CT CQI Result (CY22 Reviews): n=33, 27.3% Strength, 72.7% ANI

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

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

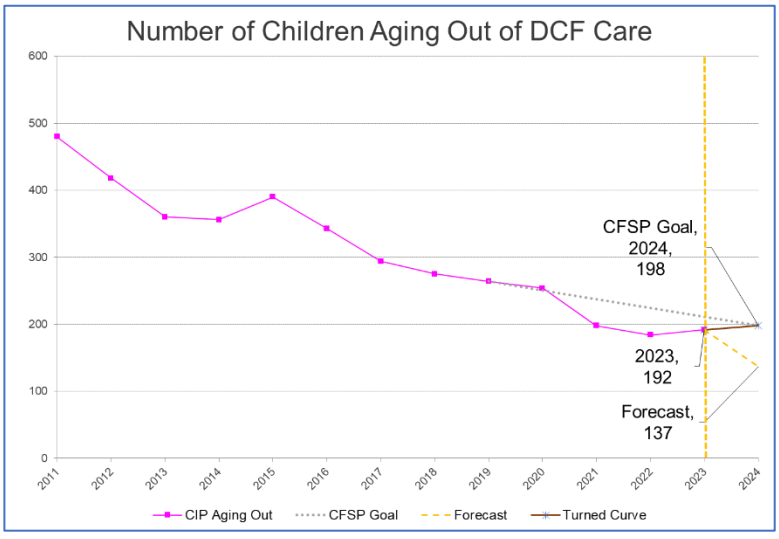
Observed performance on permanency indicators Permanency in 12 months (entries)											
	Denominator (entries)			Numerator (exits)			Percentage			Percent of total (entries)	Percent of total (exits)
	19B20A	20B21A	21B22A	19B20A	20B21A	21B22A	19B20A	20B21A	21B22A	21B22A	21B22A
Age at entry									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

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

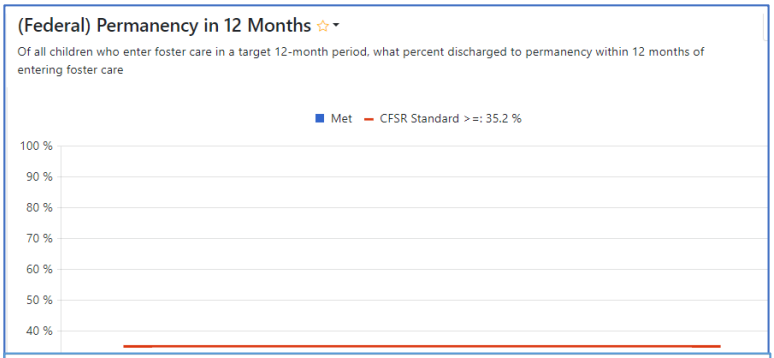
Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

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

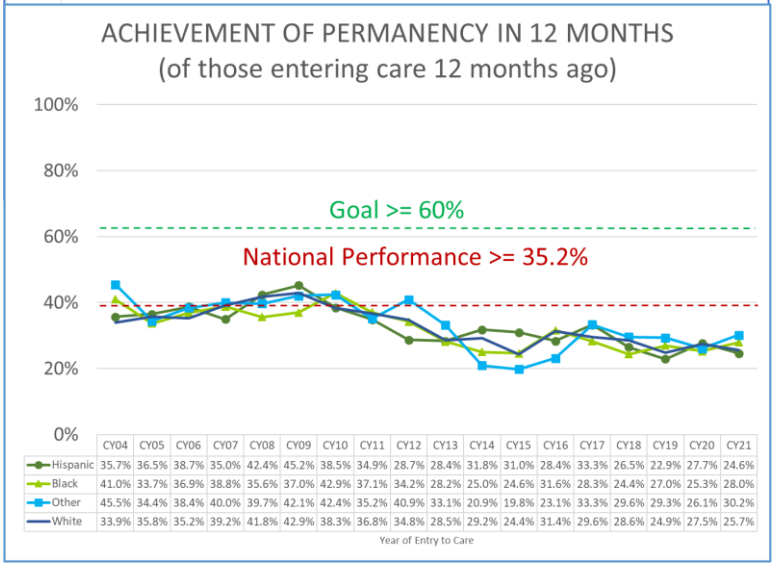
- CFSR National Data Indicator Results: *Permanency in 12 Months from Entry* - The national performance for achievement of permanency in 12 months from entry is >=35.2%, and the data for FFY 21B-22A shows most recent CT RSP at 23.2% overall. This is better than the previous two periods, but still far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



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



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



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

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

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

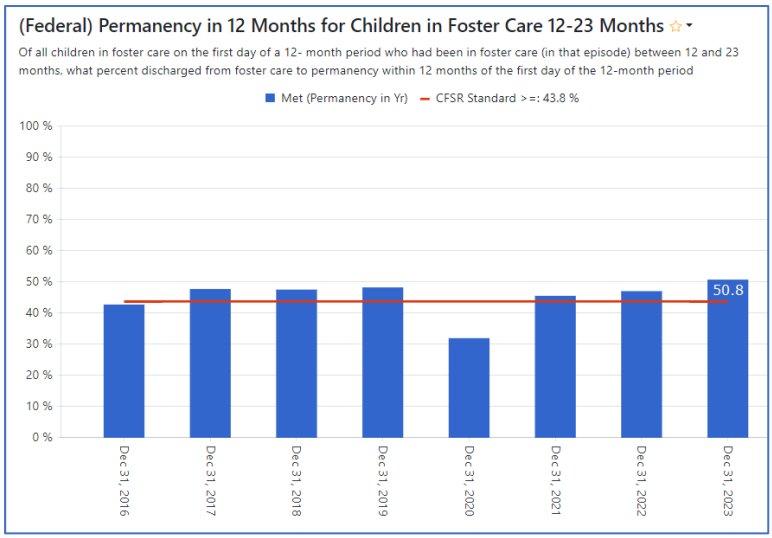
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information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

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

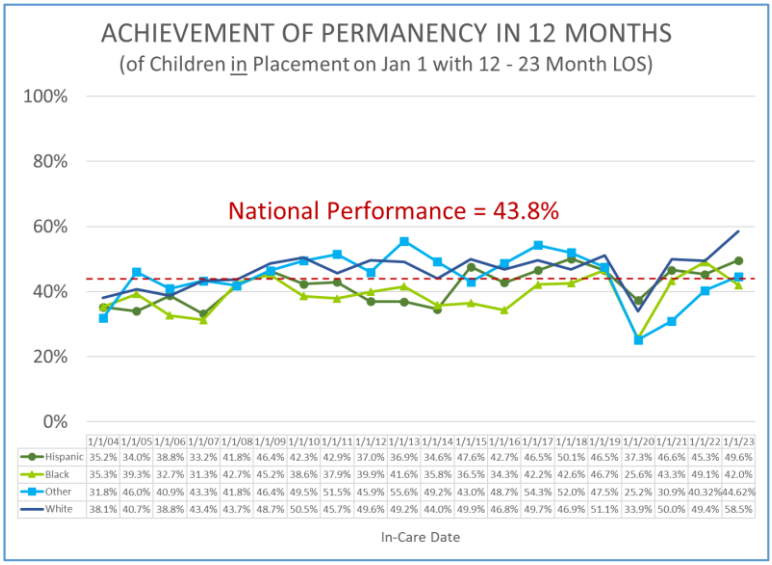
Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

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

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



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



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

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

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

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

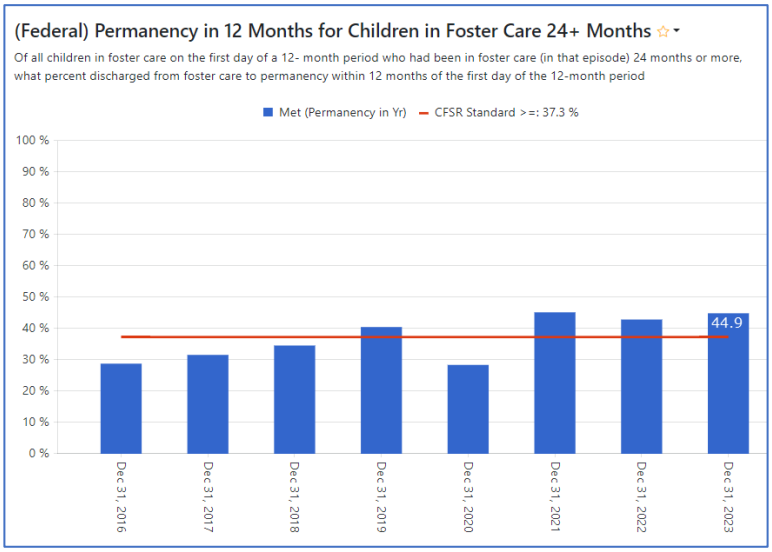
Observed performance on permanency indicators
Permanency in 12 months (24+ months)

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

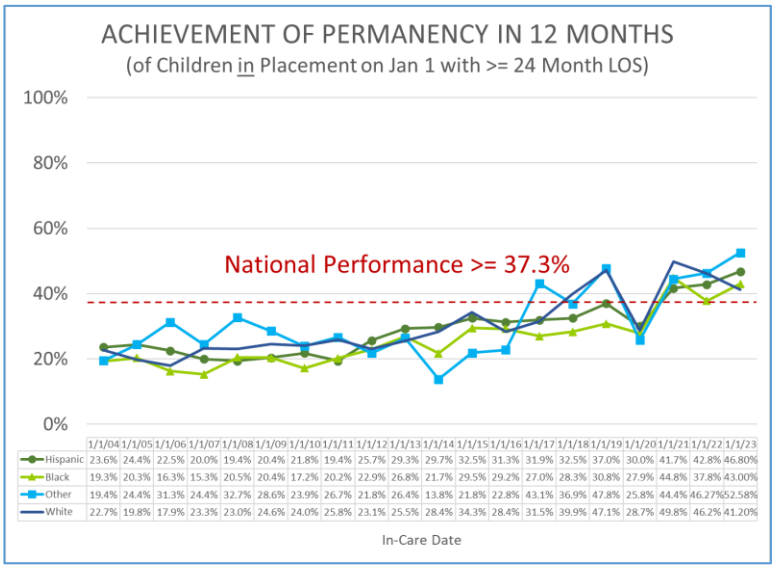
Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

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

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



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



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

- Judicial Data concerning Time to Permanent Placement for SFY23

Time to Permanent Placement

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

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

FY23									
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months

Adoption	488	22	62	129	1155	1076	5%	13%	26%
Transfer of Guardianship	102	38	60	71	629	520	37%	59%	70%
Reunification	391	223	278	306	455	281	57%	71%	78%

Time to Filing Termination of Parental Rights Petition Judicial Data

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

Cohort: All TPR petitions filed during FY23

FY23						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
429	201	316	20	16	47%	74%

Time to Termination of Parental Rights Judicial Data

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

Cohort: All TPR petitions disposed during FY23

FY23					
# Dispo	Average	Median	Within 12 months	Within 24 months	Within 36 Months
451	933	845	35	189	306

- Permanency Analyses

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

There were several other factors that played important roles in achieving permanency within the first 12 months. When the family had problems with housing, and controlling for other factors, the odds of achieving permanency in the first 12 months were 36% lower than children whose family did not have such an issue. Also, the average caseload of the worker that handled all/most of the episode during that timeframe played an important but complicated role. Compared to children whose worker had an average caseload of 13 or less, the odds of achieving permanency in 12-month were 26%, 35%, and 25% lower among children whose worker had an average caseload of 14/15, 16/17, and 18+, respectively. Other factors also statistically significant in decreasing the odds of achieving permanency in 12 months included: having had an open case for 181 days or more prior to entry (30%), having prior episodes of CPS In-home service (28%), and having prior episodes in Foster Care (21%). Factors found to increase the odds included: having >=3 children in the home (21%), age 6 - 11 at entry (19%), having had an open case for <=180 days (16%).

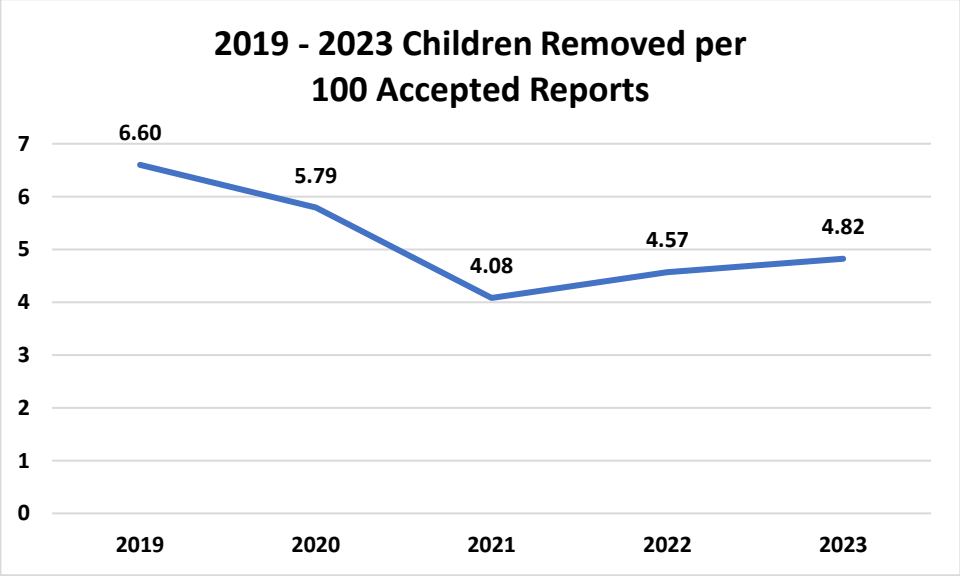
Parental mental health problems were significantly associated with a 10% lower likelihood of achieving permanency within 12 months; yet they were associated with a higher likelihood of achieving permanency within 12-23 months (12%)

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

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

The data displays that the Department has outperformed CFSR standards for achieving permanency of children in care 12 to 23 months and 24+ months. The Department has not met the CFSR Standard for achievement of permanency of children in care for less than 12 months. In FY 2023, reunification accounted for 79% of permanency achieved within 12 months, yet only 57% of reunifications achieved in FY 2023 occurred within 12 months. The data suggests that the Department has done well with achieving permanency overall but has struggled to achieve reunification within 12 months.

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



The qualitive reviews of CQI and Racial Justice workgroups have focused on children entering custody, disparity data, removal reasons and progress towards resolution of safety factors. In addition to the themes outlined in the above logistic regression study, workgroups found that many of the children entering care came from families with overlapping

safety and risk factors including intimate partner violence, substance misuse, mental health, and child injuries. Further, there was a frequent occurrence of children who were previously removed, or their siblings were previously removed.

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

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

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

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

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

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

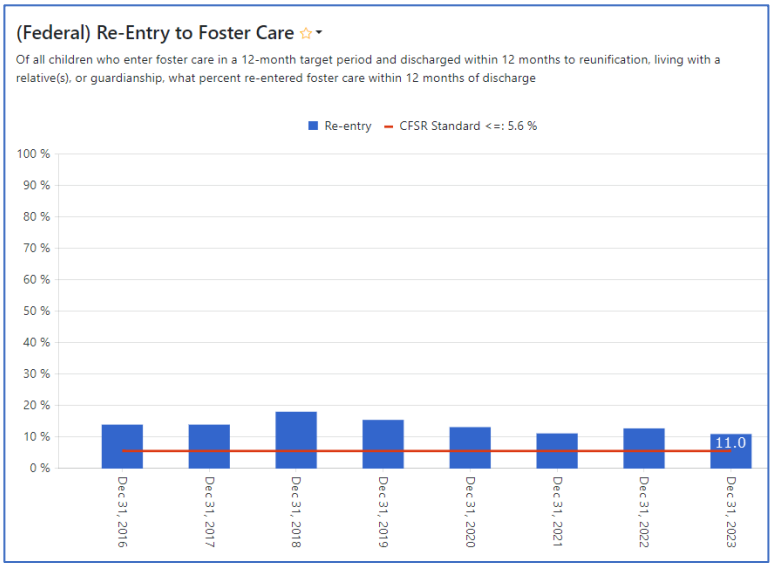
Observed performance on permanency indicators
Reentry to foster care in 12 months

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

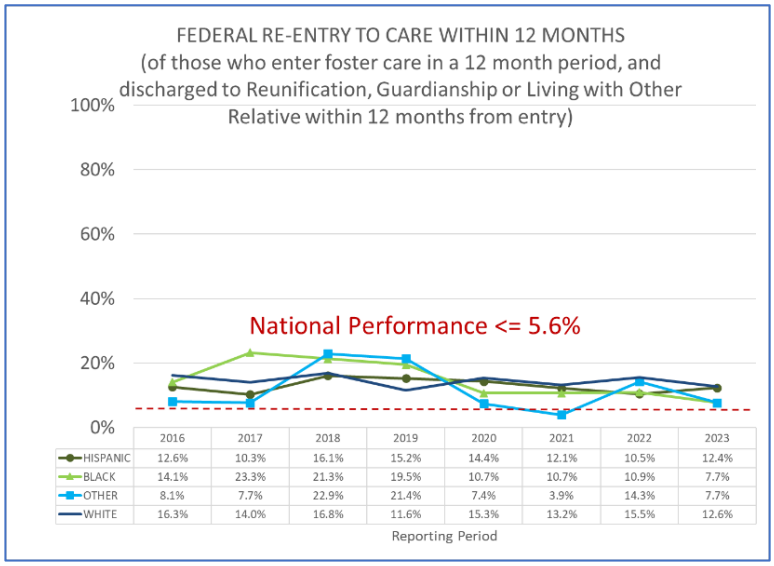
Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

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

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

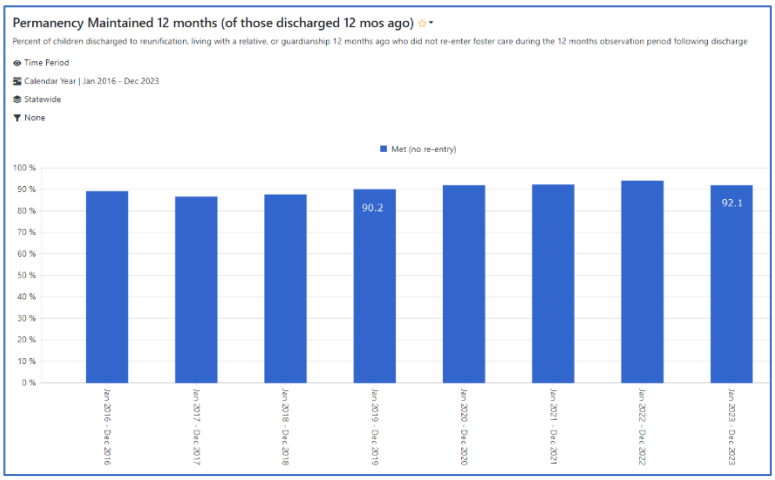


- Federal Re-entry to Foster Care: CY 2016 - CY 2023. While state performance on this measure has consistently exceeded the standard, there has been some improvement from CY 2020 during which 13.2% of children experienced re-entry, to CY 2023 which was down to 11%. Please note that these figures are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

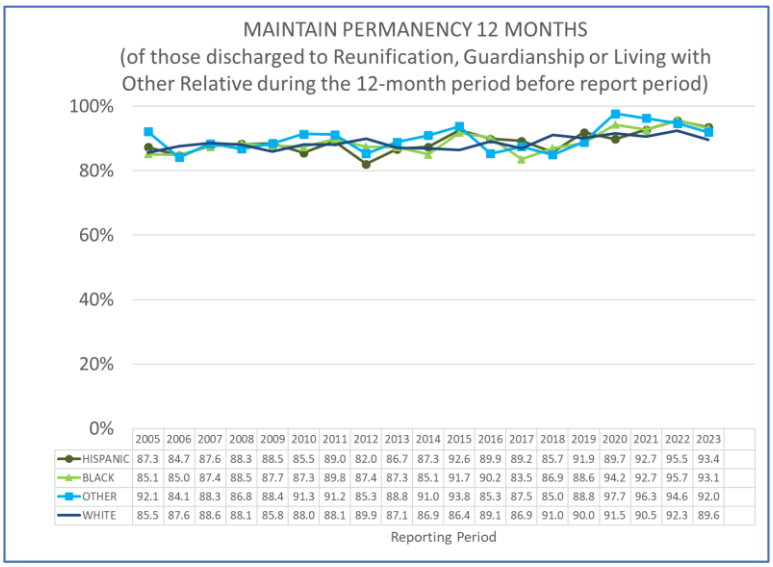


	2016	2017	2018	2019	2020	2021	2022	2023
HISPANIC	12.6%	10.3%	16.1%	15.2%	14.4%	12.1%	10.5%	12.4%
BLACK	14.1%	23.3%	21.3%	19.5%	10.7%	10.7%	10.9%	7.7%
OTHER	8.1%	7.7%	22.9%	21.4%	7.4%	3.9%	14.3%	7.7%
WHITE	16.3%	14.0%	16.8%	11.6%	15.3%	13.2%	15.5%	12.6%

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



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



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

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

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

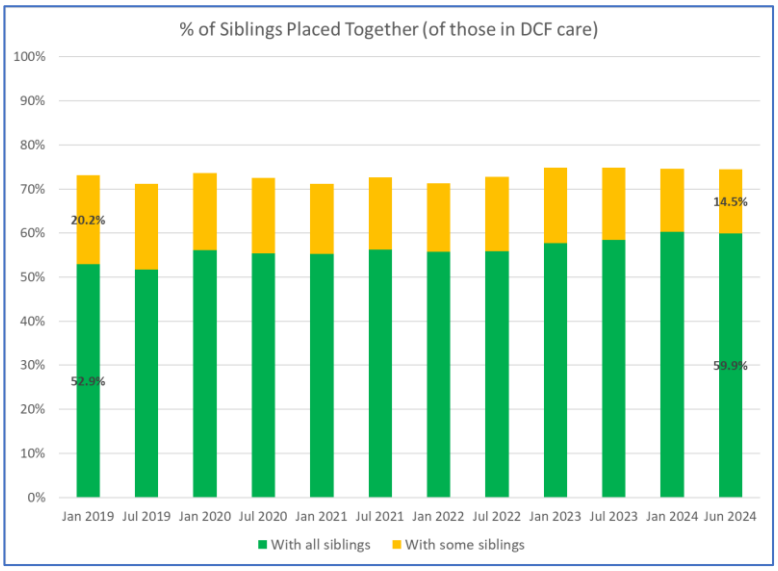
Area Office staff are also exploring methods for improving the stability of reunification. One office instituted a process of having a "Success Meeting" to bring all the family members, providers, and natural supports together to review what led to the successful reunification and also what should continue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

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

These items have been addressed in our ChildStat process. For children who cannot stay in their own home, the CFSP key result is that 70% of children in or entering care will reside in kinship/relative care. Other contextual data used to further assess performance included the trend in the proportion of Considered Removal Family Team meetings held prior to the child's removal from home, the percentage of siblings placed together (of those in foster care), and the total volume of children entering DCF care.

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

- CFSR Round 3 Result: n=21, 76% Strength, 24% ANI
- CT CQI Result (CY22 Reviews): n=20, 65% Strength, 35% ANI
- ROM Placement with Siblings measure, 1/1/19 - 6/1/24



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

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

- CFSR Round 3 Result: n=28, 75% Strength, 25% ANI
- CT CQI Result (CY22 Reviews): n=27, 55.6% Strength, 44.4% ANI
- 2023 Child Visitation Study Results

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

Most recently, DCF conducted a study of 178 target children in the care and custody of the Commissioner of DCF for at least one week during SFY23 (7/1/22 - 6/30/23). Each child's visitation with their siblings (including adult siblings) was

evaluated. Compliance with the statute was operationalized at the target child and sibling level, resulting in a measurement for 261 sibling pairs. The sample had a confidence interval of 95%, with a 6.8% margin of error.

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

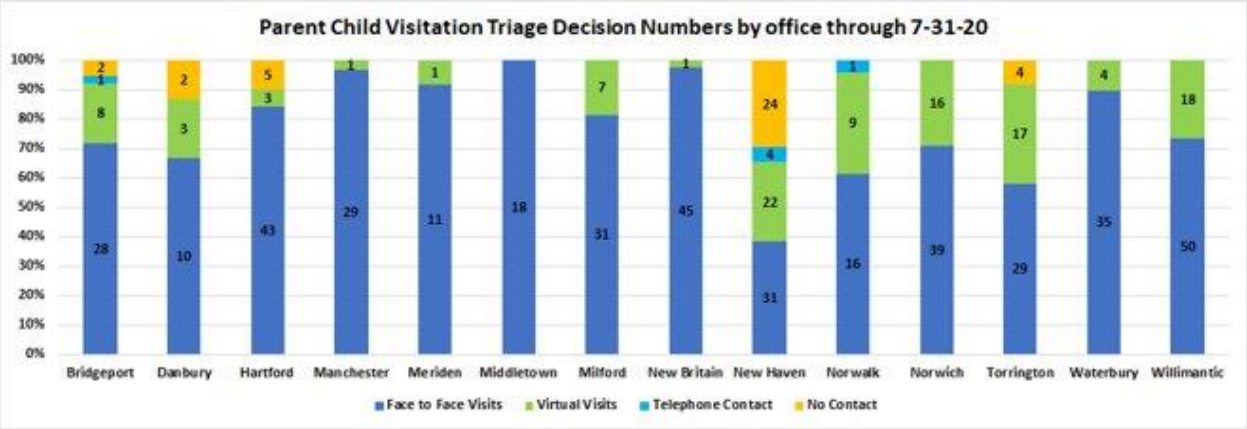
	Visitation occurred weekly (or more than 1X/week)		Visitation occurred at least monthly but less than weekly		Visitation occurred less than monthly		No visitation due to child/parent(s) refusal to visit		UTD		Total	Total
Expectation	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**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

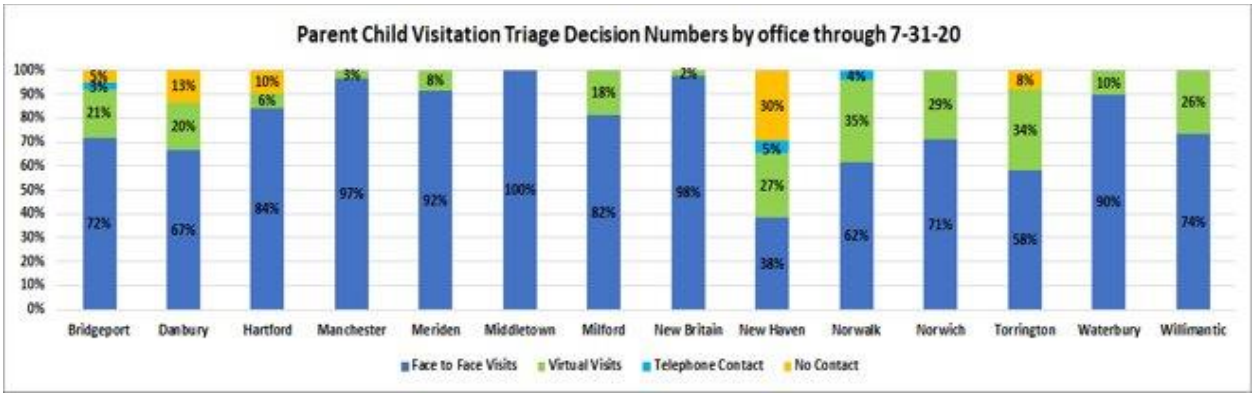
The most common barrier to successful visitation throughout the years has been the siblings refusing to visit one another. In many cases siblings may not have positive relationships therefore refuse to visit. Additional barriers include parents/guardians refusing to allow visitation or canceling/not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

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

During the pandemic, like many child welfare agencies around the nation, the Department contemplated how to safely ensure familial connections for kids in care. The Department embarked on a mission to ensure that sibling connection and parent child connection remained a priority. In May 2020, the Department issued guidance in resuming in-person visitation. Four cohorts of children were identified to be triaged for in-person parent-child visitation. Included in the triage discussion was the outcome of a medical consultation. All parties approached the triage with the intent to overcome barriers whenever possible and to create a safe space for a parent-child visit to occur. The Department also provided medical guidance on safe behaviors before, during and after the visit. Additionally, a Parent-Child Visitation Triage log was created to capture multiple elements of the triage process. The triage log was completed by the Program Supervisor and the outcome of the discussion was also documented in the electronic record.

Below are the results of the 568 parent child triages completed May- July 2020. Although there is a range between offices the data indicates most triages have resulted in face-to-face visitation. Situations in which parents are not available for an in-person visitation are identified as "no contact".





Based on the success of the triage cohort, on Sept 1, 2020, all children in care became eligible for in person visitation using the triage process.

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

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

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

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

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

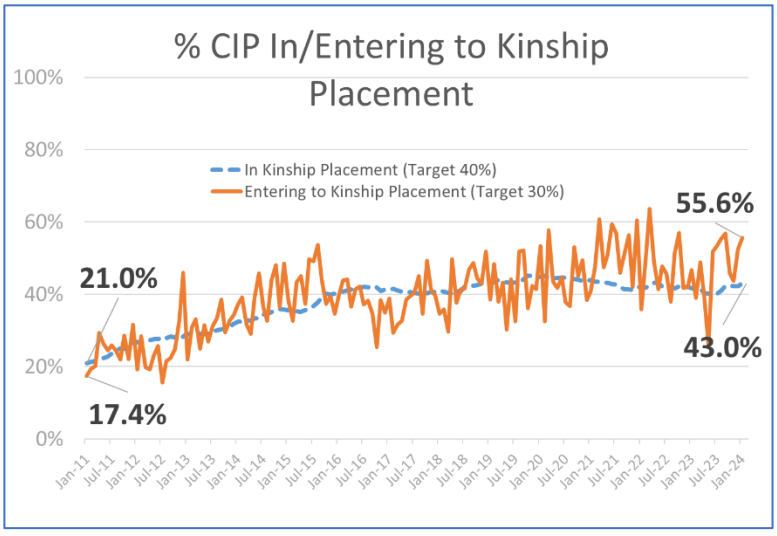
- CFSR Round 3 Result: n=42, 50% Strength, 50% ANI
- CT CQI Result (CY22 Reviews): n=33, 48.5% Strength, 51.5% ANI
- Administrative Care Review Instrument (ACRI)- Case Practice Elements
  - Maternal Relatives: 5 percentage point improvement since CY 2015; 3 points since CY2019
  - Paternal Relatives: 7 percentage point improvement since CY 2015; 2 points since CY2019

Sl.No	Measure	Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%
34	Maternal relatives	93%	93%	93%	94%	95%	96%	96%	97%	98%
35	Paternal relatives	90%	91%	89%	91%	92%	95%	95%	96%	97%

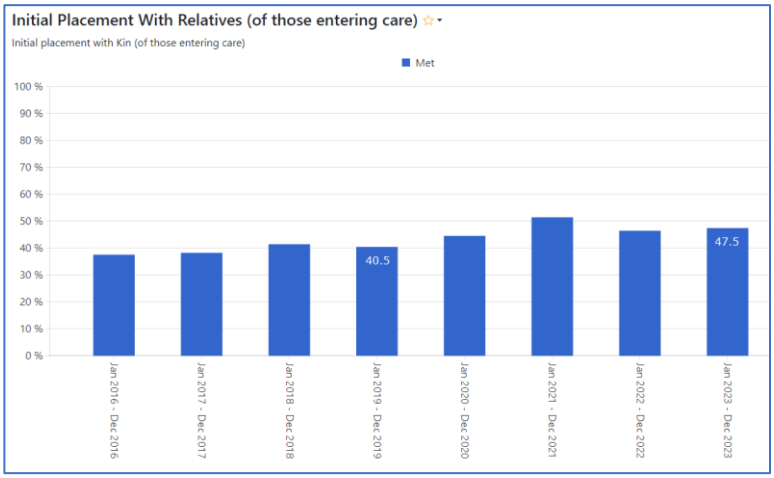
CT CQI reviews using the CFSR OSRI held since December 2023 show fewer promising results than those seen in the ACRI data. While a small sample (N=42) the data indicates that only about 50% of the cases were rated as a strength for this item. These results are consistent with prior results using the Round 3 instrument seen in the CY22 data shown above. Please note that there are significant differences in methodology between the ACRI and CFSR CQI review processes. The CFSR reviews for Round 3 used a period under review (PUR) of up to 18 months, while the ACRI review ranges anywhere between 60 days for initial reviews and six months for ongoing reviews. Further, the CFSR uses both hard copy and electronic records along with interviews of multiple case participants, while the ACRI typically only uses electronic records and a single group meeting. These differences largely explain the higher degree of performance seen from ACRI results compared to the CFSR results.

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

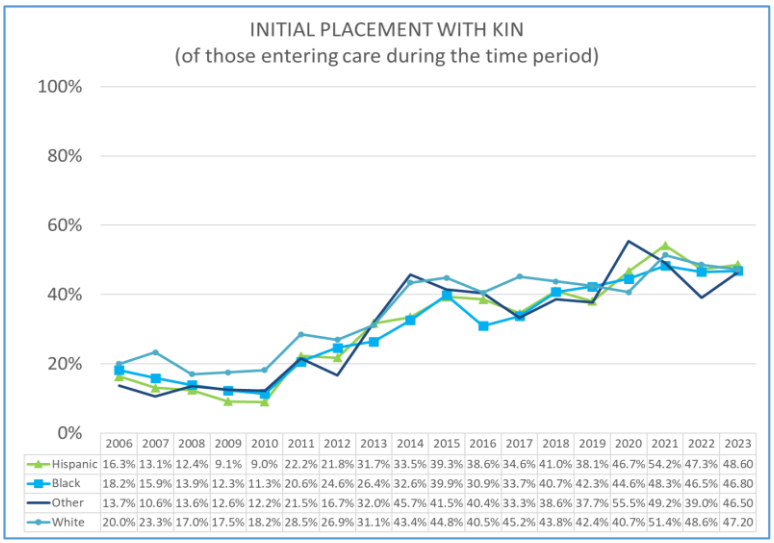
- CFSR Round 3 Result: n=42, 62% Strength, 38% ANI
- CT CQI Result (CY22 Reviews): n=33, 90.9% Strength, 9.1% ANI



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

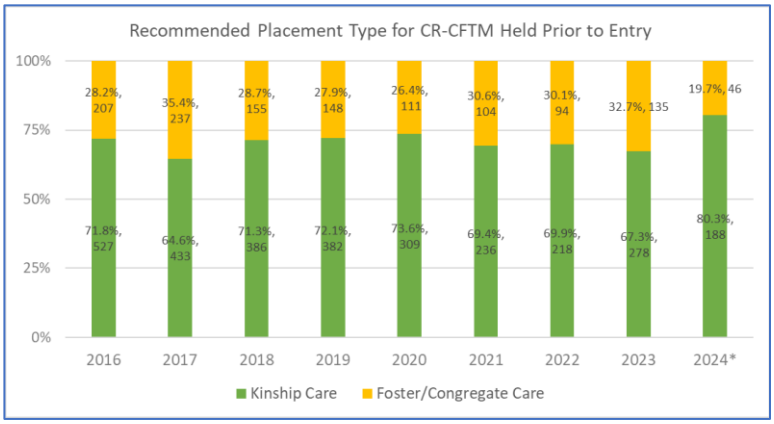


- ROM Initial Placement with Kin CY16 – CY 2023: annual results show a 7% increase from CY 2020 to CY 2023, though CY 2021 showed the highest proportion since CY 2016.

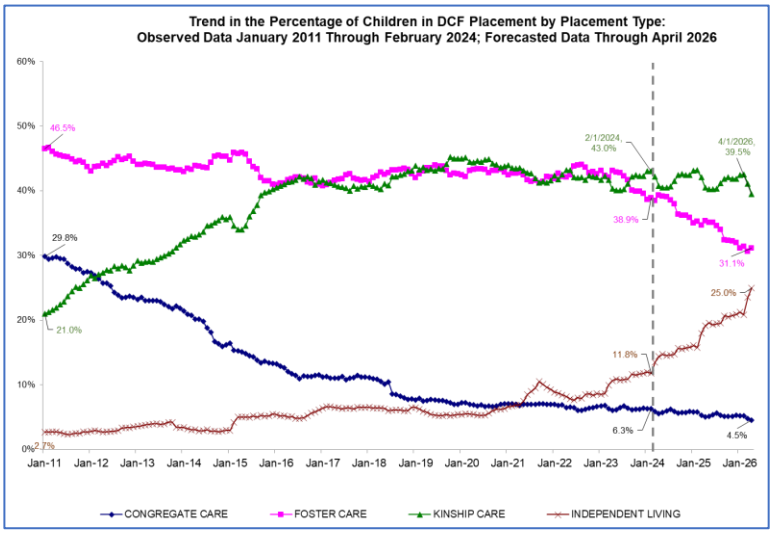


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Hispanic	16.3%	13.1%	12.4%	9.1%	9.0%	22.2%	21.8%	31.7%	33.5%	39.3%	38.6%	34.6%	41.0%	38.1%	46.7%	54.2%	47.3%	48.60
Black	18.2%	15.9%	13.9%	12.3%	11.3%	20.6%	24.6%	26.4%	32.6%	39.9%	30.9%	33.7%	40.7%	42.3%	44.6%	48.3%	46.5%	46.80
Other	13.7%	10.6%	13.6%	12.6%	12.2%	21.5%	16.7%	32.0%	45.7%	41.5%	40.4%	33.3%	38.6%	37.7%	55.5%	49.2%	39.0%	46.50
White	20.0%	23.3%	17.0%	17.5%	18.2%	28.5%	26.9%	31.1%	43.4%	44.8%	40.5%	45.2%	43.8%	42.4%	40.7%	51.4%	48.6%	47.20

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

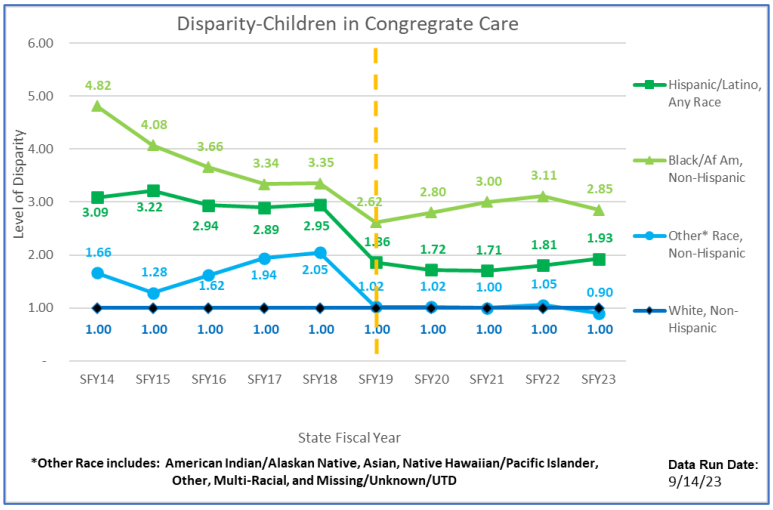


- CR-CFTM Data: the % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation SFY 2016 – 2023: Slightly fewer recommendations made for Kinship placements in SFY 2023 (37.3%) compared to SFY 2022 (69.9%)

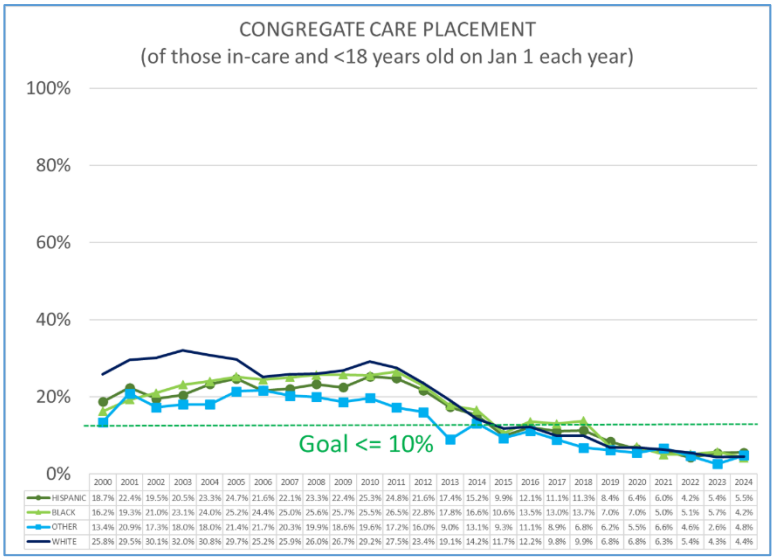


- CFSP Objective: Number of children in Congregate Care settings will be no more than 10% of total CIP: As of February 1, 2024, only 6.3% of children in placement were in Congregate Care, exceeding our goal by 3.7%.

- CIP Placement Type Projections: Forecast shows we will continue to reduce the usage of Congregate Care, but our use of Kinship and Foster placements slightly decline as we serve an increasing proportion of older youth in Independent Living (see projection portion of chart)



- SFY Comparison in CIP in Congregate Care Disparity Rates: Shows decline in disparity for Black and Other race children but continued increase for Hispanics. It is important to note that there is a minimal disparity gap between Other and White children in Congregate Care, and for the first time Others are under-represented compared to Whites.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
HISPANIC	18.7%	22.4%	19.5%	20.5%	23.3%	24.7%	21.6%	22.1%	23.3%	22.4%	25.3%	24.8%	21.6%	17.4%	15.2%	9.9%	12.1%	11.1%	11.3%	8.4%	6.4%	6.0%	4.2%	5.4%	5.5%
BLACK	16.2%	19.3%	21.0%	23.1%	24.0%	25.2%	24.4%	25.0%	25.6%	25.7%	25.5%	26.5%	22.8%	17.8%	16.6%	10.6%	13.5%	13.0%	13.7%	7.0%	7.0%	5.0%	5.1%	5.7%	4.2%
OTHER	13.4%	20.9%	17.3%	18.0%	18.0%	21.4%	21.7%	20.3%	19.9%	18.6%	19.6%	17.2%	16.0%	9.0%	13.1%	9.3%	11.1%	8.9%	6.8%	6.2%	5.5%	6.6%	4.6%	2.6%	4.8%
WHITE	25.8%	29.5%	30.1%	32.0%	30.8%	29.7%	25.2%	25.9%	26.0%	26.7%	29.2%	27.5%	23.4%	19.1%	14.2%	11.7%	12.2%	9.8%	9.9%	6.8%	6.8%	6.3%	5.4%	4.3%	4.4%

- Race/Ethnicity Comparisons: All groups well below the goal of <=10% in congregate care and consistently very similar at <2 points apart since CY19. However, all groups except for Black increased their percentage as of 1/1/24 so the trend bears watching in future years.

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

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

- CFSR Round 3 Result: n=24, 67% Strength, 33% ANI
- CT CQI Result (CY22 Reviews): n=24, 41.2% Strength, 58.3% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2018 - CY 2023
  - Continuity of Relationship – Child w/Parents: 1 percentage point improvement since CY 2019
  - Continuity of Relationship – Child w/Mothers: 2 percentage point improvement since CY 2019
  - Continuity of Relationship – Child w/Fathers: consistent performance compared to CY 2019

Sl.No	Measure	Statewide					
		2018	2019	2020	2021	2022	2023
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
12	Continuity of Relationship - Child w / Parents	92%	94%	94%	95%	95%	95%
13	Continuity of Relationship - Child w / Fathers	89%	91%	91%	92%	94%	93%
14	Continuity of Relationship - Child w / Mothers	95%	96%	95%	97%	97%	96%

The preservation of children's connections is an area reviewed through the CT Case Practice reviews, CT ACR process and CT CFSR/CQI unit reviews. Over the last 10 years the ACR reviews show that this is an area of strength, however, in the last 2 years the Case Practice and CFSR/CQI reviews have shown that this is an area needing improvement. Upon further evaluation of this performance the most common reason for an "ANI" result has been related to father engagement. The agency recognizes that this is an area needing improvement and in spring of 2019 Connecticut launched the Quality Parenting Initiative. The Quality Parenting Initiative is an approach to strengthening foster care, by refocusing on excellent parenting for all children in the child welfare system. When parents can't care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the child needs, while working effectively with the system to achieve the best possible permanency option for that child. In CT we have 6 regional

steering committees representing each region in the state. Members of our area office Fatherhood Engagement Leadership Teams (FELT) also participate on the QPI steering team and initiative to provide insight and collective collaboration for improvement in engaging our fathers and paternal kin.

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

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

Service Outcome Advisory Committee (SOAC)

Considerable effort has been made over the course of the 2020 - 2024 CFSP period to improve the Department's processes and capacity to develop, monitor and improve our service array. These efforts improve our ability to both assess and address children and family's needs through a comprehensive and capable service array. Please see Systemic Factor 5 on Service Array for more details.

Fatherhood

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

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

Related but adjacent to the FELT work, DCF offices continue to elevate father importance in other ways including the hosting of a father forum, provider open house where a father with lived experience addressed the audience, outreach to incarcerated fathers for input and perspective. The Hartford Office, using private dollars commissioned a mural for

the building depicting fathers. In 2023, the focus was the creation of operational strategies for each office to ensure continued focus on advancing fatherhood practice. This was supported by a consultation made available to each Office Director. To codify best practice a steering team was formed to create a Fatherhood Practice Guide in 2023. DCF also completed the Fathers and Continuous Learning in Child Welfare evaluation, highlighting the agency's application of the Collaborative Change Framework to improve father engagement. In 2024, the Director of Fatherhood Services lead ongoing initiatives to promote father inclusion, engagement, and support within DCF and the community. Focus areas included hosting statewide meetings, completing the Fatherhood Practice Guide, managing contracts, and developing a Fatherhood Conference focusing on mental health impact. Efforts are being made to gather additional data on the father-child relationship, track incarcerated fathers, and develop training for Department of Corrections staff. Collaboration with community partners like CT Kind and the Wilderness School aims to enhance father-child bonding and support. Plans are in development for a Statewide Fatherhood Advisory Board, consisting of fathers with lived experience and community stakeholders.

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

2024 Key Findings and Impact:

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

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

- CFSR Round 3 *Results for 12 (Overall): n=82, 27% Strength, 73% ANI*
    - *12A: n=82, 59% Strength, 41% ANI*
    - *12B: n=73, 27% Strength, 73% ANI*
    - *12C: n=41, 61% Strength, 39% ANI*
- *CT CQI Result (CY22 Reviews):*
    - *12 (Overall): n=59, 30.5% Strength, 69.5% ANI*
    - *12A: n=59, 62.7% Strength, 37.3% ANI*
    - *12B: n=58, 34.5% Strength, 65.5% ANI*
    - *12C: n=33, 84.9% Strength, 15.1% ANI*

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

implemented ConnectiKIN (CKin), a Kinship Navigation program providing educational and case management support for relative/kin providers that continue to comprise the largest portion of our placement providers.

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

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

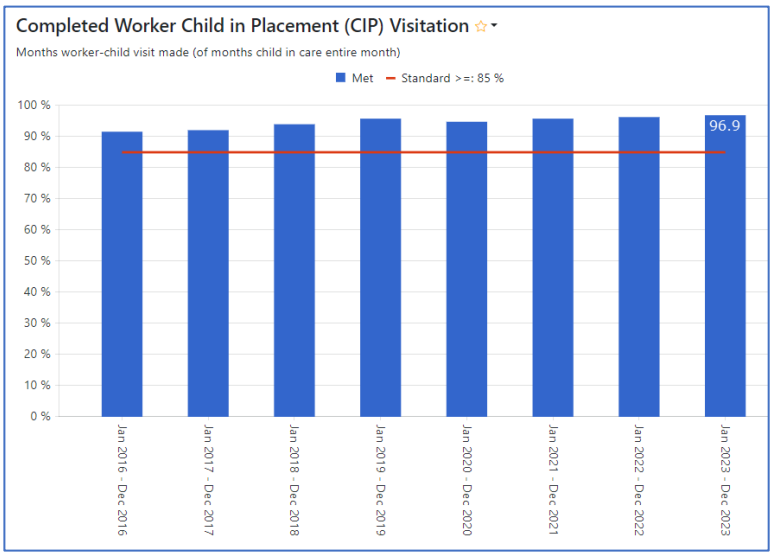
- CFSR Round 3 *Result: n=55, 41% Strength, 59% ANI*
- *CT CQI Result (CY22 Reviews): n=59, 33.9% Strength, 66.1% ANI*

Connecticut DCF aims to have children and families as full participants in the case planning process on an ongoing basis. This area is an opportunity for improvement for CT DCF as the strength rating has decreased by 7 percentage points from 41% to 33.9%. This item measures developmentally appropriate of engagement of the child/ren and engagement of bio/adoptive mother and bio/adoptive father. The item is rated as a strength if all applicable case participants are engaged. Similar to Item 12B, the most common issue for concern on this measure is a lack of engagement of non-custodial parents who are mostly fathers. The case plan is completed in partnership with the family, comprehensive and addresses the needs of all case participants. CT DCF has implemented a CQI strategy of reviewing the case plan at each home visit, charting progress, and updating the plan as goals are met or challenges arise. There is an opportunity to improve supervisory oversight of the case plan process to assure the needs of all case participants are addressed, including timely service referrals and implementation of services and documentation of updates to the case plan including service delivery updates. The CT DCF Systems Division and the Fatherhood Director are pivotal regarding this outcome measure to help navigate barriers to services (i.e. waitlist, managed care, etc.) and improve engagement with, and the needs assessment for fathers. As previously mentioned, we also now have a Fatherhood Engagement contracted service to assist with improving engagement of this population.

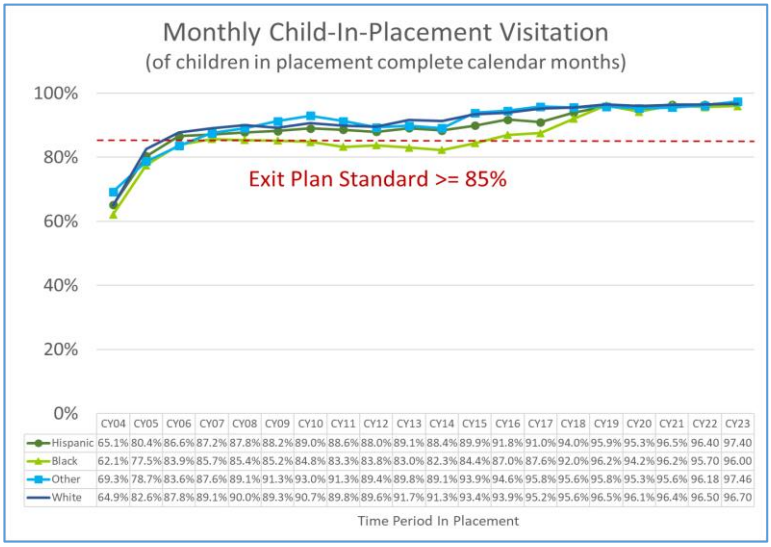
Please refer to Systemic Factor 2 concerning the Case Review System for more details.

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

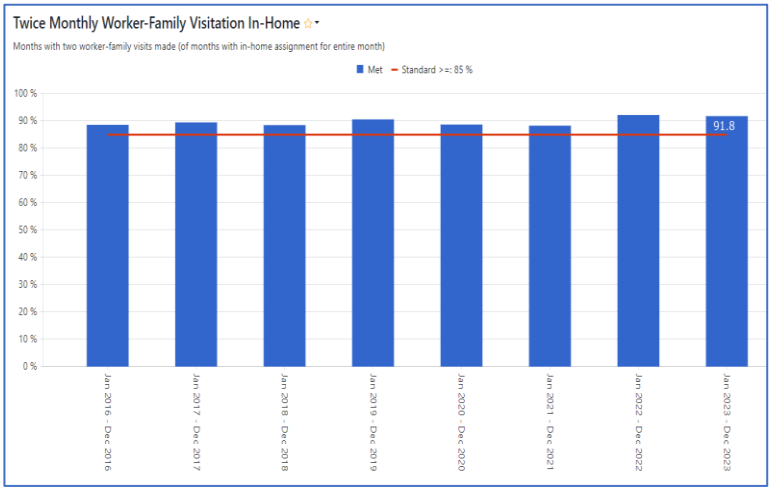
- CFSR Round 3 *Result Item 14: n=82, 55% Strength, 45% ANI*
- *CT CQI Result (CY22 Reviews): n=64, 70.3% Strength, 29.7% ANI*
- CFSR Round 3 *Result Item 15: n=72, 33% Strength, 67% ANI*
- *CT CQI Result (CY22 Reviews): n=63, 38.1% Strength, 61.9% ANI*
- CT CQI Result (CY22 Reviews): n=63, 38.1% Strength, 61.9% ANI



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



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



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

- ACRI Case Practice Elements; annual aggregation from CY 2018 - CY 2022 and 1Q 2023
  - Visitation with Child and Parents: 6 percentage point improvement since CY 2019
  - Frequency of Visits – Parents: 1 percentage point improvement since CY 2019
  - Frequency of Visits – Father: 3 percentage point improvement since CY 2019
  - Frequency of Visits – Mother: 2 percentage point decline since CY 2019
  - Quality of Visits – Parents: 3 percentage point improvement since CY 2019
  - Quality of Visits – Father: 6 percentage point improvement since CY 2019
  - Quality of Visits – Mother: 2 percentage point improvement since CY 2019
  - Frequency of Visits – Child: 4 percentage point improvement since CY 2019
  - Quality of Visits – Child: 4 percentage point improvement since CY 2019

Sl.No	Measure	Statewide					
		2018	2019	2020	2021	2022	2023
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
1	Visitation with Child and Parents	63%	64%	68%	69%	72%	70%
2	Frequency of visits - Parents	65%	66%	69%	70%	70%	67%
3	Frequency of visits - Father	57%	59%	61%	64%	65%	62%
4	Frequency of visits - Mother	72%	73%	76%	76%	74%	71%
5	Quality of visits - Parents	69%	70%	72%	74%	76%	73%
6	Quality of visits - Father	62%	64%	65%	68%	71%	68%
7	Quality of visits - Mother	75%	76%	78%	79%	79%	77%
8	Frequency of visits - Child	84%	85%	87%	89%	90%	88%
9	Quality of visits - Child	86%	87%	90%	91%	92%	90%

Connecticut DCF has shown growth regarding Item 14 when comparing CFSR data to the most recent CT CQI results. The CT CQI data reflects a 70.3% strength rating, an improvement from the CFSR strength rating of 55%. CT DCF continuously monitors performance within this domain through the ACRI Case Elements Report. The performance using this measure relating to the frequency and quality of visitation with children is also encouraging with 4% increases in performance with respect to both measures. The primary concern with this measure continues to be quality, rather than frequency, of visitation. In cases where it may be a challenge to engage the child(ren), review data shows that it is important to explore ways of overcoming such challenges with the child's kin and/or support network and then apply suggestions from them to ongoing visitation attempts.

Connecticut DCF has shown growth regarding Item 15 when comparing CFSR data to the CT CQI results. The CT CQI data reflects a 38.1% strength rating, a 5-percentage point improvement from the CFSR strength rating of 33%. CT DCF has room for growth in this measure and continuously monitors performance within this domain through the ACRI Case Elements Report. Pertaining to mothers, there was a 2% improvement in the quality of visits but a 2% decrease in the frequency of visits. The data relating to fathers is encouraging, there was a 6% increase in quality of visits and 3% increase in the frequency of visits since calendar year 2019. There is a wide distinction between the ROM CIP Visitation data and CFSR/CQI data. The ROM data continuously reflects performance around 95%. This measure captures frequency of visits and is met by having a face-to-face with the child-in-placement. The CFSR and CT CQI measure frequency and quality of contact with the child and all caregivers. The CT DCF aims to improve in this area through consistent in-person visitation with custodial and non-custodial caregivers, comprehensive needs assessments, timely service referrals/implementation, progress reviews and supervisory support to improve engagement and document case plan/service updates. CT DCF will continue to leverage partnerships with the Systems Division, Fatherhood Director, and Statewide Fatherhood Workgroup to develop and implement practice improvement strategies.

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

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

- CFSR Round 3 Result: n=53, 85% Strength, 15% ANI
- CT CQI Result (CY22 Reviews): n=43, 81.4% Strength, 18.6% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2018 - CY 2022 and 1Q 2023
  - Educational/development needs – Child: 1 percentage point improvement since CY 2019
  - Educ/development needs assessed – Child: 1 percentage point improvement since CY 2019
  - Educ/development needs addressed – Child: 1 percentage point improvement since CY 2019

Sl.No	Measure	Statewide					
		2018	2019	2020	2021	2022	2023
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
26	Educational/development needs - Child	94%	94%	94%	94%	96%	95%
32	Education/development needs assessed - Child	95%	95%	95%	95%	97%	96%
33	Education/development needs addressed - Child	95%	94%	95%	95%	97%	95%

Connecticut DCF historically has strong performance around making concerted efforts to meet the educational needs of children. Our CFSR, ACR results, and CQI Review results are all above 80%. By report during internal meetings, at times it is challenging to support children with high end needs. For these matters, DCF has internal educational consultants available in every Region to assist with accurate assessment of needs and advocacy with local educational agencies to ensure those needs are met in a timely fashion. Continued work to replicate strong practice observed in many offices statewide is needed to demonstrate further improvement on this measure.

Please note that the high ratings from ACR in the above table are likely attributed to the cohorts being reviewed. These reviews are for strictly regarding children in placement, so DCF can take a more prominent role to ensure the educational needs are met without needing to negotiate the complexities of partnering with parents to advocate for educational services with the educational system. Additionally, the reviews cover a shorter period under review compared to the CFSR and CQI reviews.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

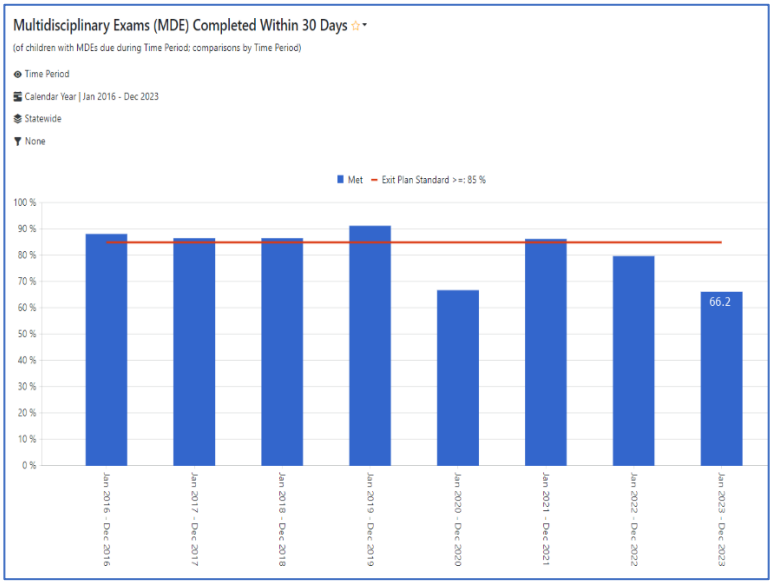
Item 17/18: Did the agency address the physical/dental health needs (#17), and mental/behavioral health needs (#18) of children?

- CFSR Round 3 Result Item 17: n=58, 62% Strength, 38% ANI
  - CT CQI Result (CY22 Reviews): n=44, 63.6% Strength, 36.4% ANI
- CFSR Round 3 Result Item 18: n=49, 45% Strength, 55% ANI
  - CT CQI Result (CY22 Reviews): n=40, 55% Strength, 45% ANI

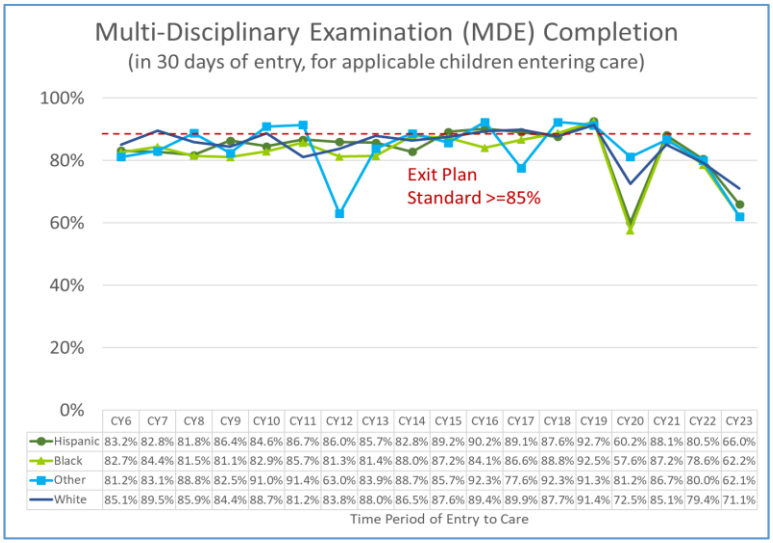
Our ratings around meeting physical and mental health needs of children are areas of opportunity. Due to the increased use of Family Assessment Response (FAR) and the related Community Supports for Families (CSF) program, referral of unsubstantiated families that continue to have needs to the Intensive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

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

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



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



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

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

- ACRI Case Practice Elements; annual aggregation from CY 2018 - CY 2023
  - Physical Healthcare needs – Child: 3 percentage point decrease since CY 2019
  - SA/Social Support/MH needs – Child: 1 percentage point decrease since CY 2019
  - Physical Healthcare needs assessed – Child: 1 percentage point decrease since CY 2019
  - Physical Healthcare needs addressed – Child: 1 percentage point decrease since CY 2019
  - Dental Healthcare needs assessed – Child: 2 percentage point decrease since CY 2019
  - Dental Healthcare needs addressed – Child: 3 percentage point decrease since CY 2019
  - Vision needs addressed – Child: 3 percentage point decrease since CY 2019

Sl.No	Measure	Statewide					
		2018	2019	2020	2021	2022	2023
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
24	Physical health care - Child	83%	84%	84%	84%	85%	81%
25	SA/Social Support/MH - Child	88%	88%	89%	89%	89%	87%
27	Physical health care needs assessed - Child	96%	96%	95%	95%	97%	95%
28	Physical health care needs addressed - Child	93%	94%	94%	94%	95%	93%
29	Dental health care needs assessed - Child	92%	92%	90%	91%	92%	90%
30	Dental health care needs addressed - Child	90%	90%	89%	88%	90%	87%
31	Vision needs - Child	93%	94%	93%	93%	94%	91%

The ACR ratings are substantially higher than the CFSR and CQI Review ratings. It is postulated that the ACR reviews focus on the efforts to assess children's needs and under-represent the tracking of the interventions to address the needs. Additionally, the shorter PUR for the ACR reviews does not lend itself to capturing the problems associated with tracking and completing tasks between review periods.

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

Systemic Factors

Systemic Factor 1: Statewide Information System

In Round 3, Connecticut was not in substantial conformity with the systemic factor of Statewide Information System. The one item in this systemic factor, Item 19, was rated as an Area Needing Improvement. For Round 4, the state believes that we are in **Substantial Conformity** with this systemic factor, as performance on Item 19 should be considered a **Strength**.

Item 19: Statewide Information System

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

Background: In Round 3, it was found that Connecticut sufficiently demonstrated that the state was able to identify routinely all the required elements for all children in foster care. However, stakeholders reported that no effective data quality process had been established, and that workload affects rapid and consistent data entry.

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

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

The CT-KIND Team has made significant changes to the project and pivoted in 2022 following a reassessment of the project and review of new CCWIS solutions that have been developed. A Project Management Organization (PMO) was brought on for guidance and support to complement the work being done by the project team and the former Quality Assurance and Progress Reporting vendor. The project team is currently finalizing a statement of work (SOW) with a new vendor who will bring an end-to-end that will be configured to meet the business needs of DCF. The team will also realign the features and user stories to incorporate changes resulting from CT's Family First Prevention Plan and the Safety Practice Model. Along with this, the Strategic Planning Bureau is in the process of implementing a Data Stewardship structure to continually assess and address any data quality issues, as well as to ensure compliance with data quality requirements and best practices.

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

Available data
As shown in the tables below, which were pulled from our statewide LINK system, we can report age, sex, race, ethnicity, gender identification and language for all children in placement. Please note that the rate of unknown race/ethnicity is less than 2%, and there are no missing values for date of birth or gender:

Placement/Permanency Monitoring Report:
Children in Placement on 3/12/24
by Age, Race/Ethnicity and Sex Assigned at Birth

#CIP	AGE GROUP					
RACE/ETHNICITY AND SEX ASSIGNED AT BIRTH	<1	1 - 5	6 - 12	13-17	>=18	Grand Total
Hispanic (Any Race)	**55**	**297**	**259**	**262**	**181**	**1054**
Female	23	136	128	144	104	535
Male	32	161	131	118	77	519
White (Non-Hispanic)	**93**	**254**	**236**	**209**	**148**	**940**
Female	44	133	108	111	67	463
Male	49	121	128	98	81	477
Black/African American (Non-Hispanic)	**50**	**215**	**166**	**179**	**153**	**763**
Female	26	102	86	88	78	380
Male	24	113	80	91	75	383
Multi-Race (Non-Hispanic)	**22**	**87**	**62**	**64**	**38**	**273**
Female	11	45	28	33	19	136
Male	11	42	34	31	19	137
Unknown (Non-Hispanic)	**7**	**13**	**8**	**7**	**2**	**37**
Female	5	8	4	5	2	24
Male	2	5	4	2		13
Asian (Non-Hispanic)			**1**	**2**	**6**	**9**
Female				1	5	6
Male			1	1	1	3
American Indian Or Alaskan Native (Non-Hispanic)		**2**	**2**		**2**	**6**
Female		1	1			2
Male		1	1		2	4
Grand Total	**227**	**868**	**734**	**723**	**530**	**3082**

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

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

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

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

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

Children in placement on the 1st of each month by Placement Type

Observation Date	Volumes		% of Total Children-in-Placement (CIP)					
	Total Caseload Points	Total CIP	Family Foster Care				Independent Living	Congregate Care
			Foster Care	Relative Care	Special Study	Kinship Care*		
05/01/22	11,480	3,186	42%	36%	7%	43%	8%	7%
06/01/22	11,354	3,177	44%	35%	7%	42%	8%	6%
07/01/22	10,663	3,126	44%	35%	7%	42%	8%	6%
08/01/22	10,001	3,107	44%	35%	7%	42%	8%	6%
09/01/22	9,772	3,055	44%	34%	7%	42%	9%	6%
10/01/22	10,465	3,054	43%	35%	7%	42%	9%	6%
11/01/22	11,077	3,094	43%	35%	8%	42%	8%	6%
12/01/22	11,183	3,027	43%	35%	8%	42%	9%	7%
01/01/23	11,017	2,993	43%	34%	7%	42%	9%	7%
02/01/23	11,371	3,015	42%	35%	7%	42%	9%	7%
03/01/23	11,957	3,074	42%	34%	7%	42%	10%	6%
04/01/23	11,965	3,097	43%	33%	7%	40%	11%	6%

* Kinship care = Relative care plus Special Study

Characteristics of Children in Congregate Care

Observation Date	Volumes		# in Congregate Care Subgroups				
	Total Caseload Points	Total CIP	# Out-of-State	Age >=13	Age 7-12	Age <=6	Age 12 and under
05/01/22	11,480	3,186	6	186	19	4	23
06/01/22	11,354	3,177	6	184	16	5	21
07/01/22	10,663	3,126	5	171	15	3	18
08/01/22	10,001	3,107	5	173	10	4	14
09/01/22	9,772	3,055	5	175	11	3	14
10/01/22	10,465	3,054	5	180	11	3	14
11/01/22	11,077	3,094	5	184	11	4	15
12/01/22	11,183	3,027	5	187	11	3	14
01/01/23	11,017	2,993	5	187	11	3	14
02/01/23	11,371	3,015	5	188	12	5	17
03/01/23	11,957	3,074	5	180	10	4	14
04/01/23	11,965	3,097	5	177	10	3	13

Children Entering Placement During each Month by Initial Placement Type

Observation Period	Volumes		# and % of Children Entering Placement During Month						
	Total Caseload Points	Total CIP	Total Entries	Kinship Care	Kinship Care		Foster Care	Congregate Care	Independent Living
					Relative Care	Special Study			
May 2022	11,480	3,186	123	41%	34%	7%	49%	9%	1%
June 2022	11,354	3,177	92	48%	38%	10%	47%	4%	1%
July 2022	10,663	3,126	114	46%	32%	14%	35%	18%	2%
Aug 2022	10,001	3,107	129	38%	33%	5%	48%	12%	2%
Sept 2022	9,772	3,055	113	51%	45%	6%	35%	11%	3%
Oct 2022	10,465	3,054	137	57%	36%	21%	34%	9%	0%
Nov 2022	11,077	3,094	96	42%	33%	8%	50%	8%	0%

Observation Period	Volumes		# and % of Children Entering Placement During Month						
	Total Caseload Points	Total CIP	Total Entries	Kinship Care	Kinship Care		Foster Care	Congregate Care	Independent Living
					Relative Care	Special Study			
Dec 2022	11,183	3,027	107	42%	35%	7%	46%	12%	0%
Jan 2023	11,017	2,993	124	47%	43%	4%	47%	6%	0%
Feb 2023	11,371	3,015	146	39%	33%	6%	44%	10%	8%
Mar 2023	11,957	3,074	134	49%	43%	6%	40%	5%	7%
Apr 2023	11,965	3,097	130	40%	33%	7%	52%	7%	1%

Goal: Complete data

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

2024 AFCARS Data Quality Checks (most recent):

All checks continue to meet standard since FFY 2016A.

AFCARS Data Quality Checks

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

Goals: Accurate and timely data

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

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

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

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

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

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

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

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

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

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

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

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

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

Systemic Factor 2: Case Review System

Situation: The Children's Bureau assesses this systemic factor using state performance on Items 20, 21, 22, 23, and 24. Finding this system to be a strength requires that four of the five items in this system be rated as strengths.

20: Written Case Plan
21: Periodic Reviews
22: Permanency Hearings
23: Termination of Parental Rights
24: Notice of Hearings and Reviews to Caregivers

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factor of Case Review System. Two of the 5 items in this systemic factor were rated as a Strength.

Item 20: Written Case Plan

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

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

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

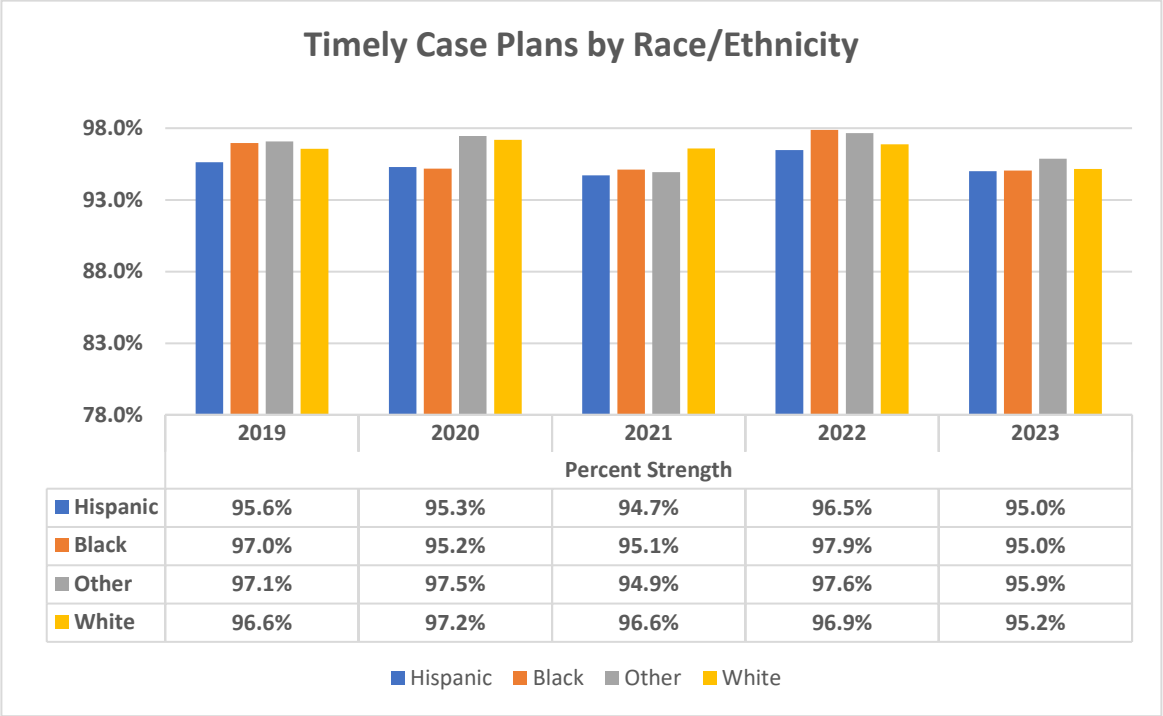
Assessment:

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

Measure (%Strength)	2019	2020	2021	2022	2023
Timely Case Plan	96%	96%	95%	97%	95%

Data for CY 2023 reflects that 95% or more of the case plans were completed on time. The agency continues to consistently perform well on timely case plans for children and youth in placement. To ensure case plans are timely and each child in care has a plan, the agency currently utilizes one main report to provide quantifiable data. The report comes from the agency's Administrative Case Review (ACR) reports. In particular, it uses the Case Practice report, which is one of eighteen reports in ACR. These reports are also accessible via the LINK data reports. This report has 54 items that measure overall case practice. Timely Case Plans is one of the items.

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



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

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

2. Family Engagement in Case Planning

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

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

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

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

Identifying whether case planning meets standards is completed is part of administrative case reviews as well as regional office reviews. The data generated through the administrative case reviews are available to all agency staff through the LINK reports. The regional office reviews use a statewide tool and use this data to better understand the

levels of engagement in case planning. These reviews began in January 2017 and continue as part of the agency's ongoing CQI process.

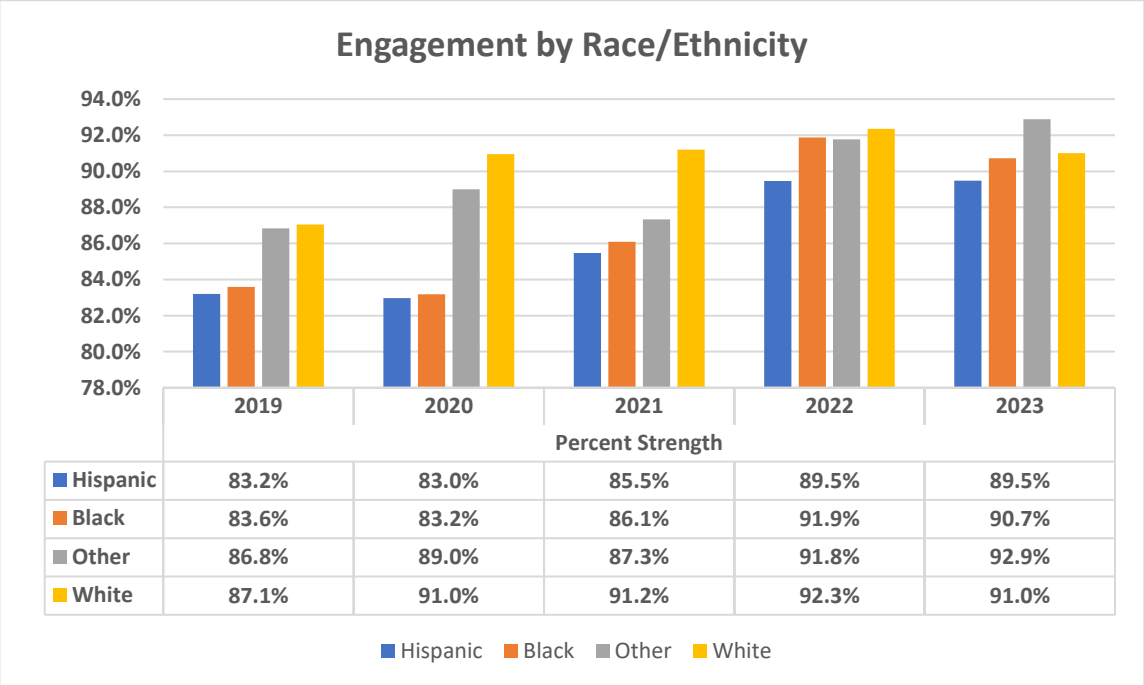
As part of the agency's Round 3 PIP there were strategies implemented to positively impact family engagement in case planning. There were a number of targeted interventions specific to father engagement. The activities included the Fatherhood Engagement Specialists working with Area Office staff as well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

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

- ACRI Case Practice Element; annual aggregation between CY 2019 and CY 2023
- Family Engagement in Case Planning - 6 percentage point improvement since CY 2019 at a statewide level

Measure Statewide (%Strength)	2019	2020	2021	2022	2023
Engagement	**83%**	**84%**	**86%**	**89%**	**89%**

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



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

- Is there indication that racial justice and equity were considered in the assessments of the family?

When there is indication that racial justice and equity were not considered and had a negative impact on case planning and engagement, there is a protocol in place to report out to the chain of command on the case. The agency has

historically struggled with engaging families in general and families of color in particular. The racial justice work in this area is championed by ACR and incorporated into quality assurance.

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

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

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

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

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

When goals are developed, they need to be clearly articulated, written in behavioral specific terms, obtainable and include a holistic view of the family. Additionally, the goals should move beyond just from what was reported to the Department especially as it pertains to Intimate Partner Violence (IPV) or a family with a child experiencing behavioral health needs given the complexity of those dynamics within the family system. More discussions on the impact IPV have on children may increase parents' awareness of the harmful effects and agreement to utilize services.

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

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

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

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

Item 21: Periodic Reviews

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

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

Assessment:

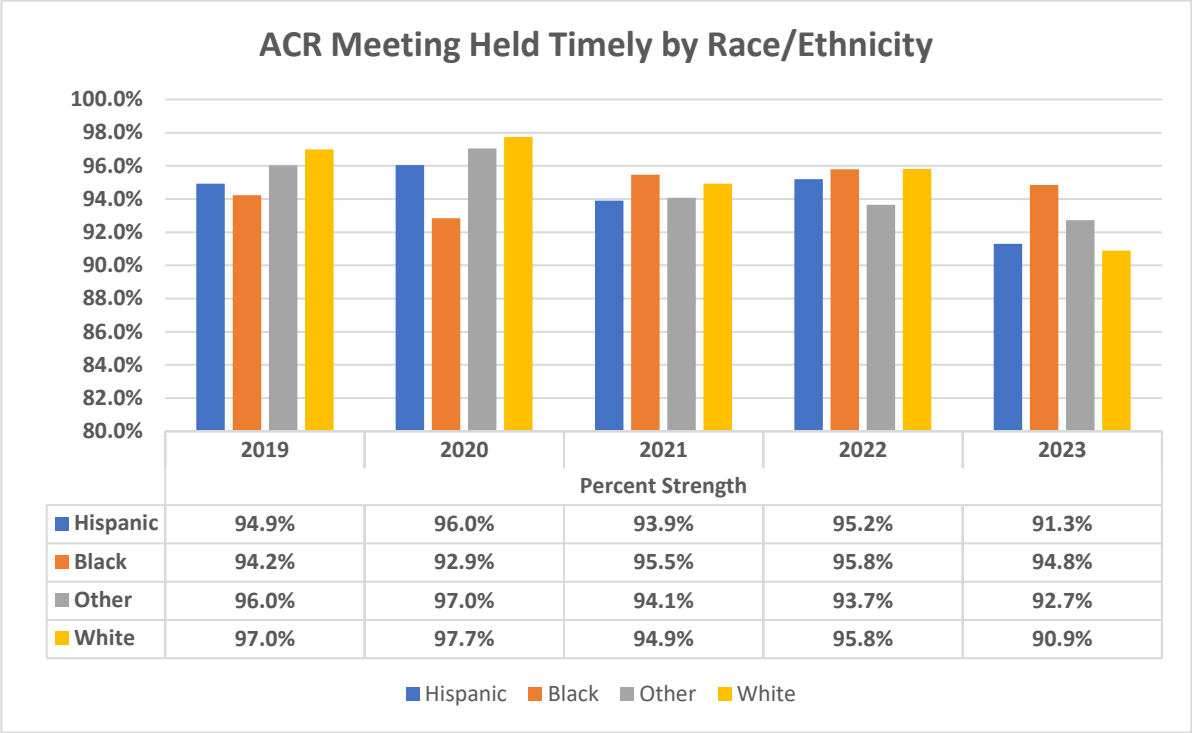
- ACR – ACR Meeting held on or before proposed date- 3 percentage point decrease since CY2019.
- Counts represent the total # of ACR held (both child and parents) leading to the Strength and ANI%- At this time, we do not have a report that captures the number of children due for a review and the number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

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

The agency continues to have consistent positive performance in the area of periodic administrative reviews based on agency data for reviews held within 180 days, despite a 3% decrease in performance. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter more than 90% of the time. The agency's LINK system triggers the case plan review scheduling process upon a child's entry into care and every 180 days thereafter, or until the child exits care.

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

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



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

Item 22: Permanency Hearings

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

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

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

ACR

- The ACR defines "time to hearing" for a new case as date of permanency hearing from the youth's initial removal date. The ACR defines "time to hearing" for an ongoing case as the date of subsequent permanency hearing from

the last permanency hearing. In each instance, our goal is to ensure the time to hearing is less than or equal to 12 months.

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

1. Based on a review of 3020 cases, ACRs for the period CY2023 found that 96.9% of children had a hearing within 12 months of entering out of home care.
2. Based on a review of 5,963 cases, ACRs for the period CY2023 found that 94% of children in out-of-home care had annual hearings within 12 months of the previous hearing.

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

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

Judicial data

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

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

Time to Subsequent Permanency Hearing - Judicial Data

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

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

Year	# PP	# Within 365 Days	Average	Median	%Within 365 days
2019	1974	1789	311	315	91%
2020	1909	1705	290	315	89%
2021	867	729	370	321	84%
2022	1863	1567	313	315	84%
2023	**1803**	**1597**	**314**	**315**	**89%**

When comparing these multiple sources of data, it is important to note that three out of the past five years any discrepancy has been within five percentage points. There is an acceptable level of consistency between our data with regards to permanency plans filed subsequently, within 12 months, from the initial plan. However, there is a significant

discrepancy for the years 2021 and 2022. The difference in data for those two years was 8% and 10%. Whether the covid induced backlog of hearings impacted the data has yet to be fully determined, but the discrepancy is noted. CPMOH data will be more closely monitored with regards to this measure, as well as other Court Improvement Plan activity, to ensure the highest level of consistency across systems.
Stakeholders were questioned via a focus group about their experience with the court process in general. Their responses, noted below, demonstrate a negative experience overall with the court system. Although they felt strongly supported by their legal representation, their input about the negative court experience will need to be addressed in collaboration with our judicial partners. Families with lived experience will need to take part in that collaboration.

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

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

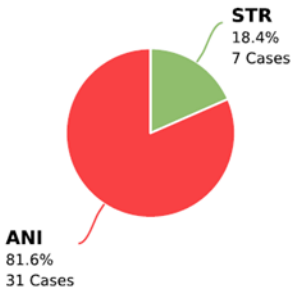
Item 23: Termination of Parental Rights

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

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

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

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



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

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

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

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

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

The following data represents the children in this cohort that had a documented exception to filing, a compelling reason that TPR would not be in the child's best interest, as well the percentage of children with no documented reason. For each, there is also a percentage of how many children did or did not ultimately have a TPR filed.

Compelling Reason Documented	Adoption	Reunification	TOG	Grand Total
No Documented Reason	**32%**	**41%**	**26%**	**100%**
NO TPR Filed	24%	46%	30%	100%
YES, TPR Filed	91%	7%	2%	100%
Child is Placed with a Relative	**22%**	**11%**	**67%**	**100%**
NO TPR Filed	24%	12%	65%	100%
YES, TPR Filed	0%	0%	100%	100%
Compelling Reason	**9%**	**46%**	**46%**	**100%**
NO TPR Filed	3%	48%	48%	100%
YES, TPR Filed	100%	0%	0%	100%
Petitions in Process	**73%**	**13%**	**13%**	**100%**

Compelling Reason Documented	Adoption	Reunification	TOG	Grand Total
NO TPR Filed	73%	18%	9%	100%
YES, TPR Filed	74%	11%	16%	100%
Services Needed Not Provided	**14%**	**71%**	**14%**	**100%**
NO TPR Filed	14%	71%	14%	100%
Grand Total	**33%**	**39%**	**28%**	**100%**

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

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

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

Judicial data

Time to Filing Termination of Parental Rights Petition

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

Cohort: All TPR petitions filed during the FY

Year	# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
2019	667	323	518	18	15	48%	78%

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

Time to Filing of Parental Rights Petition from Removal Date

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

Cohort: All TPR petitions filed during the FY

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

Time to Termination of Parental Rights

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

Cohort: All TPR petitions disposed during the FY

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

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

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

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

Their feedback included:

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

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

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

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

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

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

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

Item 24: Notice of Hearings and Reviews to Caregivers

Description of Systemic Factor Item: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care:
(1) are receiving notification of any review or hearing held with respect to the child and
(2) are informed they have a right to be heard in any review or hearing held with respect to the child?

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

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

- ACR Data- Notice of Hearing and Reviews to Caregivers

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

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

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

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

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

Their feedback included:

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

The email and text system for ACR notification is now working to full capacity. Parents and provider's emails continue to be entered into our system and when there is a lack of email, CPS staff forward the invitation via text to the parents. A new hard copy letter notification was also created to mail to parents. The letter has the ACR meeting call in number for parents with no access to Zoom nor an ability to come in person to the meeting. ACR Office Assistants were also provided with an updated email address list for all attorneys to address the timely notification issue.

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

Overall assessment of systemic factor:
In conclusion, the Department believes that we have a Case Review System that is in Substantial Conformity with federal expectations.

Systemic Factor 3: Quality Assurance System

Situation: The Children's Bureau assesses this systemic factor using state performance on Item 25, Quality Assurance System.

Background: In Round 3, **Connecticut** was in substantial conformity with this systemic factor.

Item 25: Quality Assurance System:

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

Background

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

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

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

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

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

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

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

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

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

Methodology

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

Assessment

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

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

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

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

Workforce Development staff, other Strategic Planning staff, and many other divisions regarding CQI activities for the offices and divisions.

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

While much of the case reviews and data collection and reporting are completed through the Strategic Planning division and QI staff, data is shared routinely with area office staff as well as with agency leadership. All fourteen area offices have active QI Teams that are facilitated and organized in partnership between QI and Child Welfare staff. The team is led by the QIPS and in most offices the QIPS co-leads the group with the Office Director. The local CQI team consists of staff at all levels and in each division, including support staff, Clinical, Systems, Foster Care, and Child Welfare staff. The CQI teams focus on areas of opportunities to improve case practice and achieve better outcomes for the children and families we serve, with a focus on data specific to the office. The Careline and Foster Care divisions also each have a CQI team, and division- specific data and strategy implementation is shared and worked on during the CQI meetings.

The QIPS staff produce a quarterly QI statewide report which is shared across the agency to ensure clear and continuous information and feedback regarding the practice as part of a true CQI cycle. This report is discussed at regional and division management team meetings as well as the local CQI meetings via the assigned QI Program Supervisor and QI staff.

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

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

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

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

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

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

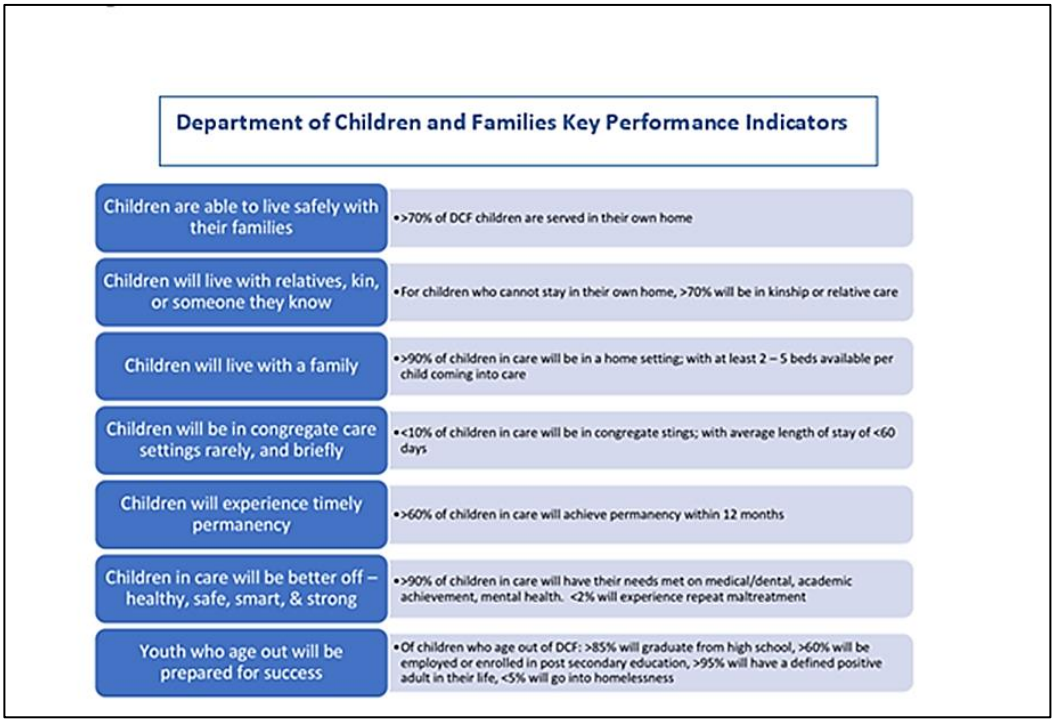
The quality assurance system has standards to evaluate the quality of services:
Connecticut DCF has standards and quality assurance processes to evaluate the quality of services provided to the children and families we serve. In addition to the comprehensive online DCF policy manual and practice guides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

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

In 2019, the following seven overarching aspirational goals and key performance indicators were established to reflect the goals for service to children and families:

1. 70% of children will be served in the home, ensuring children reside safely with families whenever possible
2. For children who cannot stay in their own home, 70% will reside with someone they know.
3. 90% of children in care will reside in a home setting; with at least 2.5 beds available per child coming into care.

4. Less than 10% of children in care will reside in a congregate care setting; with an average length of stay <60days.
5. 60% of children in care will achieve permanency in 12 months.
6. 90% of children in care will have their needs met on medical/dental, academic achievement, mental health, and < 2% repeat maltreatment.
7. Of children who are out of DCF more than 85% will graduate high school and more than 60% will be employed, more than 95% will have a defined positive adult in their life and less than 5% will experience homelessness.



These goals were established prior to the end of the federal Court Monitor oversight and continue to be utilized as our overarching key performance indicators since our exit in 2022 from federal oversight. It is noted that prevention work will be included as another key result with continued work happening related to the Family First Prevention Plan. Specific attention is also paid to the National Statewide Data Indicators required as part of the CFSR process.

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

The case reviews that are completed by the Case Practice Review unit staff utilize a standardized tool that incorporates policy and practice guide expectations, and the reviews are completed for a specific period under review (PUR). These reviews complement the CFSR reviews that are done and provide a larger representative sample of random cases that are reviewed for each office each month. The IH tool evaluates the case practice for the following domains: Risk Assessment; Safety Assessment including safety planning practice and utilization of the Child Safety Practice Model; Quantity and Quality of Visitation; Supervision and Oversight of the case; and Service Provision for families. The DRS tool looks at the following domains pertaining to the intake work: Timely Commencement and Completion; Contact with Children; Contact with Adults; Risk and Safety Management; Services to Family to Protect Children in the Home and Prevent Removal; Information Collected and Documented in Protocol; and Supervision.

The quality assurance system identifies strengths and needs of the service delivery system:
A cornerstone of our continuous quality improvement work statewide is the ChildStat process which was launched in early 2021. Connecticut DCF implemented an adaptation of the New York City ChildStat model as a performance management process. This process allows for a real-time management accountability and quality improvement process using a combination of data analysis and strategy discussion to improve practice. During ChildStat reviews attended by agency leaders, data is shared, performance is measured, and practice is compared across geographic

areas with a focus on themes and trends reflected in the data. These discussions effectuate both a shared sense of accountability and lead to problem solving the most important issues affecting child and family outcomes.

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

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

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

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

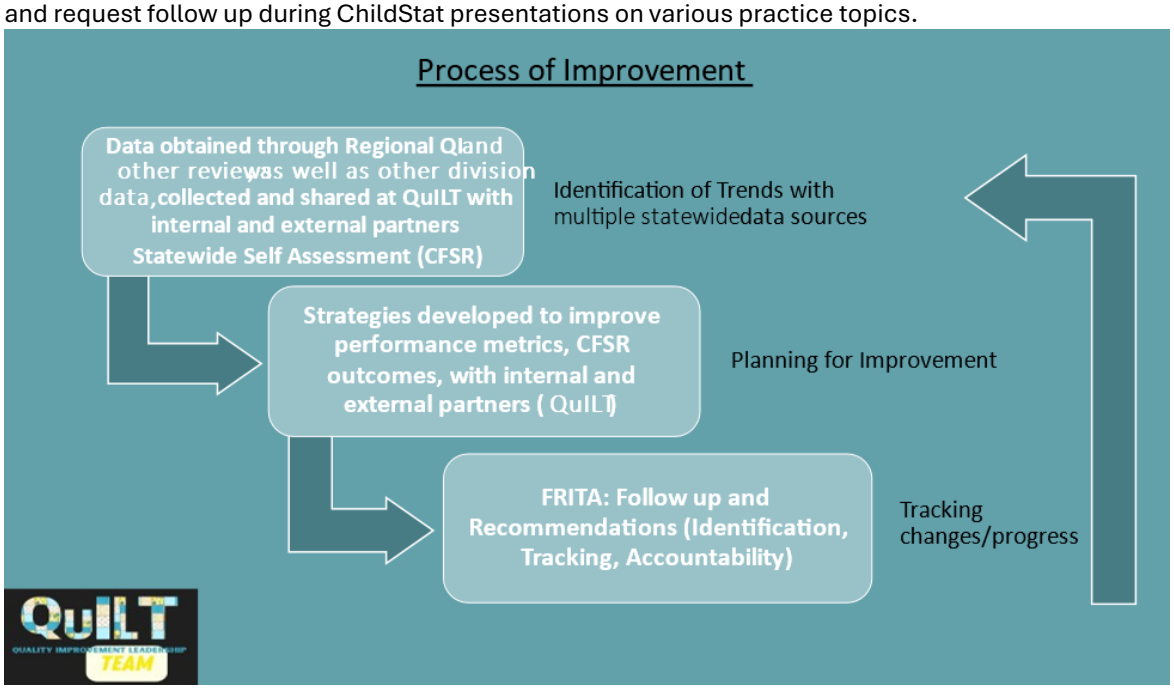
Additionally in 2023, DCF established the Quality Improvement Leadership Team meeting (QuILT) that meets monthly. The QuILT serves as an integral piece of our CQI framework and integrates and acts as a steering committee to bring together the various aspects of our work and practice including the ChildStat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

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

- A consistent cadence of data reporting and analysis regarding the seven Key Results, Federal Data Indicators, QI reviews and more
- Support to the Child Stat Process/Local CQI Teams

- Assistance with ensuring regular communication regarding performance metrics across the agency.
- Review of CFSR processes including planning, implementation, and reporting
- A centralized team to review all report recommendations and ensure appropriate follow-up.

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



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

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

Chapin Hall Technical Assistance (TA)

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

Chapin Hall assisted with completion of an updated CQI plan to assist with ensuring an embedded CQI infrastructure and ensuring the continued application of CQI methods to daily practice across the agency. The completed CQI plan supports workforce development, racial justice, and actions that improve the safety, permanency, and well-being outcomes for children and families through a culture of continuous quality improvement. Additionally, the CQI plan helps to solidify the Bureau infrastructure grounded in a CQI framework inclusive of clear roles and expectations,

feedback loops, stakeholder involvement, and mechanisms/plans to monitor and evaluate the operation and efficacy of the Bureau. Chapin is now assisting with the implementation of the CQI plan and framework. This implementation will build upon the strong CQI framework that already existed to ensure consistent CQI methods are employed agency-wide and will also contribute to DCF's larger vision of empowering families to raise resilient children by fostering community-based programs and services.

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

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

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

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

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

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

items pertaining to safety, permanency, and well-being. The ACR process also includes reviews of family cases associated with children in care (within certain parameters) and these case reviews assess safety and risk factors for those family cases. The ACR data is aggregated and available in the ACR Case Practice Data Report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

It is noted that Connecticut DCF has continued to work on improving our partnership with stakeholders relative to our CQI work. DCF has multiple practice groups and venues that serve to ensure meaningful engagement of families with lived experience as well as community providers and others to interact and have a voice regarding the CQI work. Some of these groups include the statewide and local Fatherhood Engagement Leadership Team (FELT); the Caregiver Advisory Council (CAC); the Regional Advisory Council (RAC) and the Statewide Advisory Council (SAC); and the Court Improvement Team. Many of these groups were engaged in the CQI self-assessment process to help assess the DCF continuous quality improvement system.

Conclusions and Recommendations

Connecticut assesses this item as a strength, and therefore the systemic factor as in Substantial Conformity with federal requirements. The Connecticut DCF quality assurance system provides a framework to utilize evidence to understand strengths and areas needing improvement, determine improvement strategies, and implement changes that are found to be successful. Our CQI system continues to improve, and this improvement has been enhanced through the partnerships and assistance of the Capacity Building Center for States and Chapin Hall. Connecticut will continue to work to ensure that the agency demonstrates a well-functioning continuous quality improvement system that drives program improvements.

Systemic Factor 4: Staff and Provider Training

Situation: The Children's Bureau assesses this systemic factor using state performance on Items 26, 27 and 28.

- Item 26: Initial Staff Training
- Item 27: Ongoing Staff Training
- Item 28: Foster and Adoptive Parent Training

- All three items look at how well training prepares staff and foster parents and staff of licensed childcare facilities to perform their basic duties, and how the state knows that. Finding this system to be a strength requires that at least two of the three items in this system be rated as strengths.

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factor of Staff and Provider Training. Initial Staff Training was rated as a Strength.

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

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

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

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

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

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

Creation of a pipeline to employment for interns continues to be an area of focus for the Academy. During the past five years, the Academy has worked to strengthen the relationship between DCF and Connecticut's college and university system. The Academy in partnership with the University of Connecticut School of Social Work and Central Connecticut State University recognize the value, importance and need of the Hispanic community to have social workers who speak Spanish. It provides a cultural nuance that ultimately increases engagement, collaboration, and compliance. Efforts have been made to establish two programs that seek to recruit Spanish speaking interns. Interns receive a nominal

stipend and are guaranteed full- time employment upon successful completion of the internship. As a result of the program, the Spanish speaking interns have reported a better awareness and understanding of DCF, more insight into the needs of the Hispanic population in their catchment area, and they have moved forward to employment. As the Academy moves forward with the universities, additional planning will occur to deepen the recruitment to the program.

Item 26: Initial Staff Training

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

Assessment

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

The Academy for Workforce Development Pre-Service Training Program

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

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

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

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

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

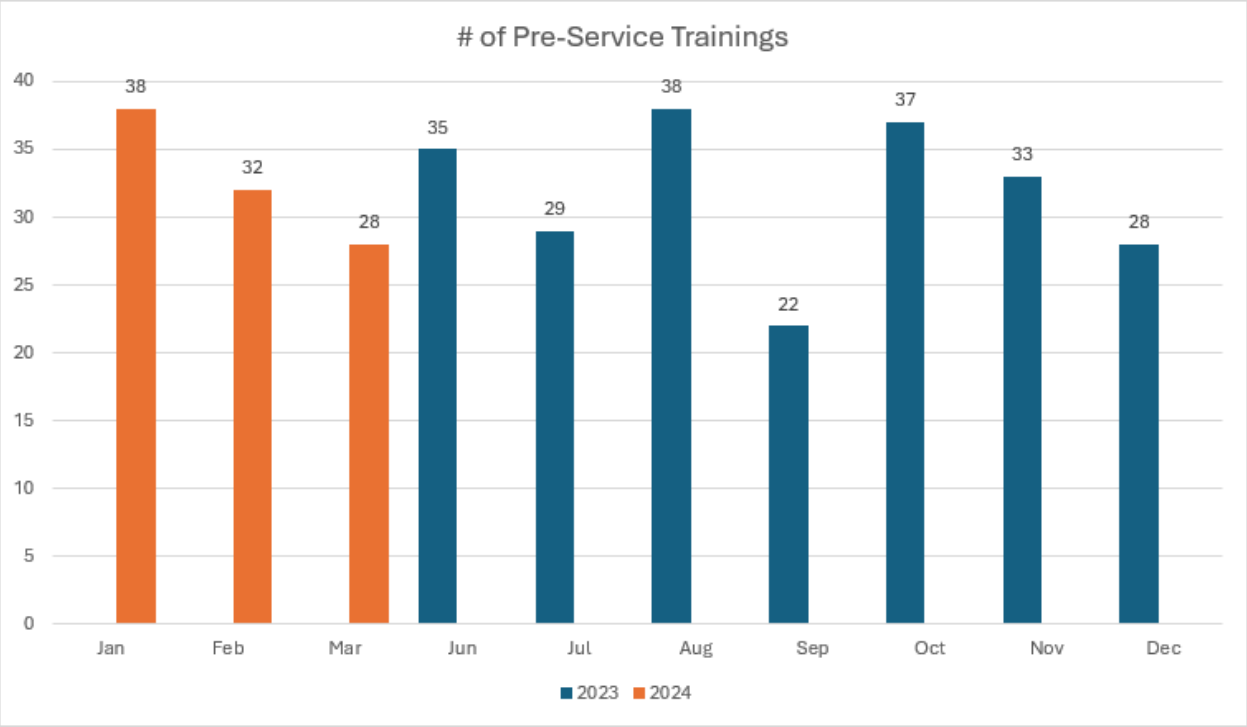
Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" examination; and each group of program participants are assigned a Child Welfare Trainer Coach (formerly liaison) to offer 1:1 and group support/guidance. Formal feedback is provided to the participants'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

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

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

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

During the current reporting period, a new training group began each month. The same trend is projected through the remainder of this reporting period. There were 187 employees enrolled in pre-service training between 07/01/23 and 03/31/24, with an additional 6 groups of varying size anticipated to begin between April and September 2024. Between 07/01/23 and 03/31/24, 102 social workers completed the pre-service training program. Eight more groups (up to approximately 100 more employees) are expected to complete the program by 09/30/24. Below is a summary of the number of classes held per month. The program is impacted by hiring practices and trends, which are governed largely by statewide caseload sizes and fiscal considerations. The Academy closely monitors attendance and trainees are unable to take the final test until all classes are completed. 100% of trainees who complete the pre-service program meet the training requirements around course completion. Classes for April-September 2024 are still being scheduled for incoming pre-service groups. Completion has been manually tracked in recent years, but beginning in March 2024, it is being tracked in the Saba electronic learning management system.



Eight groups graduated from the pre-service training program during the current review period and their progress/scores in their testing are reflected in the table below. On average, participants during this current period improved their scores between "pre-" and "post-" test by 15.23%. To ensure the test questions align with current course content and case practice, some of the questions were updated in March 2024. The updated test will be administered beginning with J-2024's pretest and D-2024's posttest in April 2024.

Group	Pre-Test Average	Post-Test Average
F-2023	68.76	75.14
G-2023	66.39	81.15
H-2023	66.95	77.23
I-2023	68.49	77.89
J-2023	66.66	75.35
A-2024	65.22	78.09
B-2024	69.40	81.52
C-2024	69.04	76.92
D-2024	61.89	In Progress
E-2024	67.35	In Progress
F-2024	69.40	In Progress
G-2024	65.89	In Progress
H-2024	62.55	In Progress
I-2024	In Progress	In Progress

3. **What is the state requirement regarding whether staff must complete training before being assigned cases?** Courses are "front loaded" in the pre-service training program so the most foundational classes are completed prior to case assignment. The remaining coursework is scheduled intermittently to allow for gradual case assignment and workload increase. The agency has case assignment guidelines, and the first cases are to be assigned around weeks

five - six of training. Adherence to this guideline is managed by each area office and may vary based on individual office needs. This is not tracked by the Academy. Below is the assignment guideline chart developed by agency leadership:

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

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

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

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

Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" test. The pre-test is a multiple-choice test comprised of 73 questions and is administered on the first day of pre-service training. Participants retake the same multiple-choice test as part of a more comprehensive post-test at the end of the training program. The average pre-test score from the most recent 12 groups is 67%. The average post-test score on the multiple-choice component from eight of the most recently completed groups is 78%, representing a 16% improvement in scores. We recently updated the test questions to align with current course content. The new test will be used with all groups beginning in May 2024. In addition to the multiple-choice section of the final test, participants also utilize a case scenario and watch excerpts from simulated home visit videos to complete a Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA) and write home visit narratives. They are also required to respond to three open-ended essay questions. The questions focus on these key areas of practice: ABCD Child Safety Practice Model, Fatherhood Engagement, and Racial Justice. These test elements are designed to capture how participants have integrated their classroom learning into their case practice. There is evidence in the qualitative data that most participants are demonstrating an integration of their learning into practice.

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

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

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

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

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

Focus groups held with DCF staff as part of the self-assessment process largely supported the usefulness of pre-service training as thorough and relevant. However, some staff felt that the material was often repetitive to content covered in university coursework, and that more localized experiential training would be helpful. There was an appreciation for offerings such as the public transportation experience, but also a desire for more training concerning services available in local areas. They also suggested having more hands-on practical training on issues such as navigating our case management system, use of available computer software to improve efficiency and time management, and practice writing mock neglect petitions and/or motions for Orders of Temporary Custody.

The Academy is in the process of building a transfer of learning guide in collaboration with the area office partners. Trainers provide an overview of each pre-service course (1-2 presented at each meeting), and the supervisors/managers engage in brainstorming about realistic transfer of learning activities that can be conducted in the area office to complement the classroom learning. Participants are engaged in the process and should be more likely to implement these learning activities. The Academy will continue to gather feedback from trainees and leadership to evaluate the effectiveness of training.

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

Regional Resource Group Orientation Series

In the current period, enhanced efforts were maintained to provide newly hired members of the agency's Regional Resource Group (RRG) with a formalized orientation/on-boarding training program to the Department. The RRG Orientation Series is composed of facilitator lead and self-guided courses that are intended to align with RRG

employees' specific duties and responsibilities. During the current period, four newly hired RRG employees participated in the Orientation Series.

The classes include the following:

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

New Legal Employee Orientation Series

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

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

Item 27: Ongoing Staff Training

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

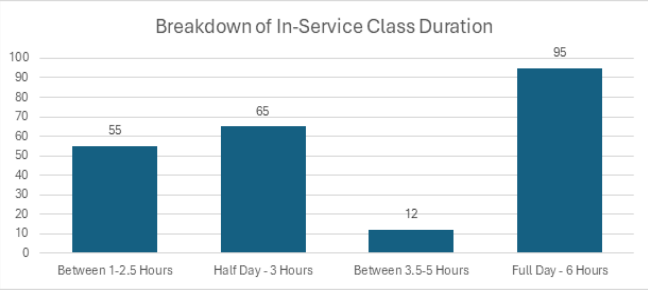
Assessment:

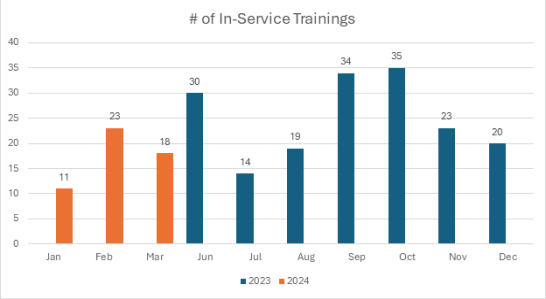
1. What is the established curriculum, if any, for ongoing training? What are the timeframes?

IN-SERVICE TRAINING FOR STAFF

The Academy continues to provide relevant and timely learning opportunities to enhance child welfare practice. All in-person and virtual in-service training classes are posted in a quarterly online catalog, and staff can "self-register" with supervisory approval. Many in-service classes are open to non-DCF staff, inclusive of non-profit community providers, parent advocacy groups, other state agency employees, and others. These cross-training opportunities strengthen the child welfare practice in Connecticut by bringing together representatives from numerous disciplines; and allow for richer conversation in the classroom from varying perspectives. The Academy has significantly increased the numbers and types of training offered to experienced staff. Per agency policy, staff are required to take 30 hours of in-service training per year. The Academy, through the use of the Learning Management System (LMS), has created a database which tracks the training hours for the workforce. Staff have been oriented to the database and have been provided with video tutorials that assist them in navigating how to access the reports, and how to enter training into the system, including approved training offered outside the Academy. This data is run quarterly, Staff can access their individual training reports at any given time. Staff who are responsible for creating yearly performance appraisals are encouraged to review their staff training compliance in order to reference in the appraisal. During this 2023-2024 fiscal year, the Academy offered 227 unique in-service training sessions. Below find a chart summarizing the number of in-service classes held per month for this State FY to date.

THE TOTAL OF IN-SERVICE TRAININGS PER MONTH:





2. Is the staff completing the established curriculum?

To date we are at a 15% completion rate as an agency. Since the creation of this database during this period under review, we have developed a plan to send the information out to senior leaders on a quarterly basis. Those who complete performance appraisals can speak to compliance within the document and devise a plan to rectify the situation if needed. Focus groups held with DCF staff as part of the self-assessment process indicated that completion of ongoing training is easier for staff in some roles (i.e. Regional Resource Group) because their schedules are more flexible than line staff. Line staff stated it's very difficult to attend training as they feel they do not have enough time with full caseloads, and that there remain discrepancies between practices taught in training compared to how they are operationalized in the field. Staff felt that more skill-based training would be helpful (i.e. mock interviews with difficult clients where strong engagement skills are needed), as well as continuing to increase the offering of CEU credits to maintain licensure status.

To assist staff with completing the required hours, the Academy issues a quarterly training catalog to the entire agency. This catalog provides a robust offering of in-service courses for staff to take either in-person, or asynchronously full day and half day courses. Training courses are conducted by Academy trainers, managers, and adjunct trainers from within the agency or in the community.

Area offices, central office, and the facilities, have the ability to offer in-house training to their staff. Since this period under review, they have been equipped with a training request form. This should be completed in order to ensure that the requested training is documented in the SABA system in order to capture accurate the training timeframe, training hour totals and staff attendance.

Initial Training for New Supervisors

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

Leadership Programs

Leadership Academy for Middle Managers (LAMM)

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

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

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

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

Leadership Academy for Supervisors (LAS)

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

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

Gender/Race/Ethnicity	# Participants
Female	**9**
Black/African American	3
Hispanic/Latino	1

Gender/Race/Ethnicity	# Participants
White	5
Male	**4**
Black/African American	3
White	1
Grand Total	**13**

Leading from a Supervisory Perspective (LSP)

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

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

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

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

Quality of Service / Case Supervision Tasks
Review and discuss each case with the assigned worker at the time that a family is first involved with the Department, or a case is transferred
SWS ensures the quality of service provided, related to safety and safety planning using the ABCD Paradigm
Approve and review use of SDM, or ensuring the safety and risk assessment concepts are being applied in non-SDM cases
Facilitate comprehensive family assessments through the purposeful discussion of race and the use of genograms, ecomaps, and other tools
Explore and address Implicit Bias in Safety Assessment and Safety Planning, and supports Racial Equity
Seek appropriate consultation on cases
Review progress made in preparation for the development or updates of case plans
Review and approve case plans including appropriateness of permanency goals and/or service goals and reviewing previous ACR

Administrative Supervision Tasks
Documentation of supervision
Ensure work is timely and in compliance with agency standards
Utilizing policy, practice guides, case examples, tools (i.e. SDM), data reports, to clarify expectations and to provide concrete guidance or directives.
Ensure appropriate management of resources for their unit
Review data at the worker and unit level and use it to manage the workflow of the unit
Attend the performance management issues (evaluation of frontline staff, address disciplinary issues, etc.)

Professional Development Supervision Tasks
Assess each supervisee's ability and needs
Ensure staff development plan is in place for each supervisee (content, skills)
Use the concepts in the ABCD Child Safety Practice Model to get focused on the meaning of the work
Model the principles and strategies in the ABCD Child Safety Practice Model in Supervision
Embrace teachable moments, when redirection is needed and can be a learning opportunity for similar situations in the future
Use effective questions to promote thinking by supervisees

Supportive "Work Life" Supervision Tasks
Be available and accessible to supervisees
Build Supportive professional relationships with supervisees
Interact with supervisees and all other colleague in ways that are consistent with the principles and strategies of our ABCD Child Safety Practice Model
Detect and respond to staff feelings regarding safety assessments and safety plans, secondary trauma, disappointing outcomes, and job satisfaction.
Build and maintain morale in the unit to enhance supervisees' job satisfaction

2. Is the staff completing the established curriculum?

Enrollment in the series is monitored by the Academy by using bi-weekly human resources reports to identify newly promoted supervisors. They are then notified of and enrolled in the next offering of the training series. Attendance is tracked and participants are manually enrolled in the next offering of missed classes until they complete all the training sessions. From 2020 to present, 87% of the newly hired supervisors were enrolled in and completed the mandatory supervisory training.

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

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

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

To further assess the impact training has on staff learning and development, the Academy received technical assistance from the Capacity for Building States. Identified academy staff worked closely with the Center for several months to develop a model for conducting focus groups which included examining, which trainings upon completion would benefit from such an activity. The focus groups center around soliciting feedback from staff on a specific training topic to

determine if the content gave them the skills, knowledge and competencies needed to fulfill tasks specific to their roles. Training participants feedback was sought on six main areas:

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

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

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

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

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

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

UPCOMING 2025-2029 Future Trainings

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

L.E.A.D Mentoring Program

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

The participant goals of the Mentoring Program include:

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

Mentees must meet the following qualifications:

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

Mentors must be a manager with the Department and have:

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

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

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

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

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

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

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

Coaching

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

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

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

Educational Programs

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

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

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

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

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

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

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

Graduate Education Support (GES)

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

DCF Employee/UCONN MSW Cohort Program

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

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

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

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

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

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

Non-Employee Student Internships

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

Unpaid Regular Internship Program

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

UCONN/DCF MSW Stipend Program

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

DCF Child Welfare Stipend Program

The Department of Children and Families also offers up to 10 paid internship opportunities for external students pursuing a BSW or MSW degree from local colleges and universities. In this competitive program, students in their final year of a BSW or MSW program are selected to participate in an internship in an area office where they receive orientation, training, supervision, and real-time experience handling child welfare activities. Students also participate in group seminars. During this reporting period, interns focused on the following topics/trends: Shifting child welfare practices, applying a clinical lens to child protection and anti-racism. The stipend students are provided with a $4000 stipend to offset the cost of their education. Upon graduation and receiving a recommendation from their agency supervisor, students must repeat a background check. If successfully completed, students are prioritized in the hiring process. If no positions are available within three months after their graduation date, students are released from any obligation to wait for employment or repay the stipend. The Academy continues to work collaboratively with the Human Resource Business partners to identify and prioritize the stipend students when employment opportunities at the level of social worker and social worker trainee are available. Like the UCONN DCF Partnership, the goal is to increase the number of BSW/MSW students who apply to the Department and increase the number of qualified applicants being considered for employment. There are nine stipend interns for the 2023-2024 academic year, (one Hispanic male and eight females, three Black, five White). Two of these students are deferring employment to attend an MSW program. The others are expected to begin employment with DCF over the summer.

UCONN/DCF BSW Child Welfare and Protection Track

The Academy in partnership with UCONN School of Social Work continued to offer this program which is designed to prepare those students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Hispanic/Latino families served by DCF. This partnership serves as a pipeline for students who have an interest in working for DCF in the future. Students complete their senior internship at DCF which satisfies their internship requirements. Students who successfully complete all requirements of the program receive a stipend at the end of their senior year. Those in the first cohort were given priority hiring status. Starting with 2022 cohort, students are required to apply for a position at DCF and agree to work for at least two years, like the other stipend programs. The second cohort began with three students. Both graduates from the 2022 cohort began working for the Department in the summer of 2023, and are thriving in their roles. Cohort 2023 is comprised of two Latina females. They both report having

rich internship experience and are preparing for graduation. One student will defer employment for a year to complete an Advanced Standing MSW program. The other student is expected to begin employment with DCF this summer. There were no applicants for the 2024 cohort. DCF and UCONN are developing strategies to increase interest and enrollment in this program.

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

CCSU/DCF BSW Child Welfare Experiential Learning Program

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

Item 28: Foster and Adoptive Parent Training (Including Staff of State Licensed or Approved Facilities)

Description of Systemic Factor Item: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Prospective foster parents, adoptive parents, and staff receive training pursuant to the established education requirement and timeframes for the provision of initial training; and
- Current foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews described comprehensive initial training for non-relative foster and adoptive

parents. The completion of the training is a condition of licensure. The training was reported to be helpful in preparing foster and adoptive parents. However, the statewide assessment and stakeholders both reported that kinship foster parents receive significantly less training than nonrelative foster parents. Although the state tracks training for licensed providers, the data show that training is not completed consistently, and the agency does not enforce consequences for non-completion.

The Round 3 PIP set several goals to enhance foster care post-licensing training:

- Better assess and align training to foster youth and foster families' needs;
- Improve the methods by which foster parents are notified of post-licensing training opportunities;
- Better track training compliance, and
- Implement pre- and post-testing for foster parent training.

Assessment:

Initial Training Requirements for Foster and Pre-Adoptive Parents

Prospective foster and pre-adoptive caregivers are required to complete pre-licensing training as a condition of licensing to be entrusted with a child in care. The training model utilized for this purpose is the "Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting" (TIPS-MAPP). This model is widely considered to be informed by evidence but is not itself listed on either the California or Title IV-E Prevention Services Evidence-Based Clearinghouses as such. TIPS-MAPP is used by both the Department and private Child Placing Agencies (CPAs). This ensures consistency in that all prospective parents receive the same training and carry the same expectations. It consists of seven modules related to child development, trauma, separation, grief and loss, partnerships in parenting, and permanency. The prospective caregivers must also complete car seat safety training and Infant/Child CPR training and certification, and online mandated reporter, Reasonable Prudent Parenting, Foster Health, Medication management, and Connecticut Children's Bill of Rights training.

The Department finalized updates to the Kinship Pre-licensing curriculum prior to 2023. However, the pilot was delayed and rescheduled for the summer of 2023 with full implementation in the fall. This curriculum is a shorter version of the TIPS-MAPP training with additional information relevant to kinship care.

In CY23, 175 prospective foster and pre-adoptive caregivers were eligible for pre-licensing training. Connecticut does not have an initial timeframe to complete the required training. A child cannot be entrusted to prospective foster or pre-adoptive caregiver without a caregiver license. 135 of the 175 prospective caregivers who started pre-licensing training in CY23 completed training within 5 weeks. The initial training has provided the basic knowledge to carry out their duties in caring for children.

Responses from licensed adoptive and foster parents during a recent Focus Group show their pre-placement training experiences with DCF included a standardized curriculum, basic ethnic and racial justice training, and specialized programs through the Connecticut Alliance of Foster and Adoptive Families (CAFAF) and private providers. Many found the training to be general, pointing to a need for more skill-specific learning and better preparation for maneuvering within the DCF system itself. A "How to Navigate DCF" training was suggested. The most valued aspects of training were engaging with experienced foster parents and receiving education on diverse topics such as gender affirming care and trauma.

However, licensed parents consistently recommended enhancements to training content to include more practical guidance for dealing with the unique challenges of foster and adoptive care, as well as more opportunities for learning directly from those with lived experience in the system. (CAFAF foster parent mentor program). Support groups were also identified as being of particular assistance.

Ongoing Training Requirements for current foster and adoptive caregivers

Current foster and pre-adoptive caregivers must complete a set of required post licensing training within each 2-year licensing period. The training requirement includes CPR certification, two trauma related training courses, two crisis intervention related trainings, race & culture and seven elective training courses. The training can include, but is not limited to, classes, conferences, symposiums, literature review, on-line courses, or other types of training.

As mentioned in a previous section, the existing data is incomplete and unreliable. 480 foster and pre-adoptive caregivers were due for license renewal CY23. The database indicates 4% met the requirement and 2% partially met the requirement.

Anecdotally, the support provided by each caregiver assigned social worker along with cross divisional team and the ongoing children needs assessment, are factors that contribute to the caregiver's ability to carry out their duties.

Post Licensing Training for Foster and Pre-Adoptive Parents

The Department offers several platforms to meet the post licensing requirement: courses managed through the contracted provider, Connecticut Alliance for Foster and Adoptive Families (CAFAF), the web-based portal through Foster Parent College, Functional Family Therapy Foster Care (FFT FC), and the Office of Academy for Community Partners. Tracking compliance for post-licensing training, however, continues to be a technological challenge. With the assignment of Foster Care Quality Improvement Program Supervisor, the division uncovered concerns with data accuracy and various staff interpretation of the post licensing policy requirement. In addition, IT was updating the SharePoint application to 365 which created a momentary barrier. At the end of 2023, IT created a temporary data solution which is under implementation and will be active until the SACWIS is up and running. In addition, the policy is under revision to be submitted in early summer of 2024 for approval and distribution. The division is proposing the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents as the statewide curriculum for pre and post licensing training.

The Department continued its partnership with CAFAF to develop additional elective post licensing training modules for foster families and offered 60 courses including topics such as *Circle of Security Parenting with Foster Parents*; *What is QPI? Dealing with Stress in Uncertain Times; Trafficking; Parent Partnering; and Adapting to Changes and Transition in the Foster Home*. CAFAF typically trains over 1000 individuals across more than 200 courses offered by the agency. CAFAF provides CAFAF liaisons in each DCF Office that works with the local Foster Care divisions. They help maintain the placement, provide services to the foster family and child(ren) and to collaborate with DCF on achieving permanency. Buddies provide weekly telephone support from veteran foster parents, including relative foster parents, for the first 6 months that children are welcomed into each foster home. Additionally, CAFAF has streamlined its exit survey given to families (core, relative and fictive kin) when they voluntarily end their licensure. The results continue to capture elements related to permanency, training, and support needs.

For families licensed by private agencies (e.g., Therapeutic Foster care), their training is tracked by their parent agencies. The Department engages in periodic random reviews during quality assurance site visits to assess each provider's system and make recommendations for improvements,

Functional Family Therapy Foster Care (FFT FC) contracts were awarded to nine Child Placing Agencies on 8/15/2022. The implementation of FFT FC began on 9/1/2022 with a three-year implementation plan.
Each dyad, or FFT FC team, receives weekly clinical consultation in accordance with implementing an Evidenced Based Practice. Each of the FFT FC programs has at least two site visits with FFT FC clinical consultants. Site visits are opportunities for therapists and clinical supervisors to receive direct consultation with consenting families and youth.

FFT FC tracks data on six Key Performance Indicators:

1. Learning and Training,
2. Service Delivery
3. Case Completion and Outcomes
4. Clinical Decision-making Tools and Utilization,
5. Model Fidelity,
6. System Level Reporting.

There are 588 slots statewide to serve children and youth in Therapeutic Foster Care who meet eligibility criteria; 419 slots are being utilized currently. There have been some challenging aspects of the implementation including staffing, clinical transformation, and a lack of foster homes. Child Placing Agencies initially struggled to hire candidates due in

large to a national shortage of licensed mental health professionals; however, there has been significant progress since last year with both the hiring and retention of clinical staff. While some vacancies still exist, most positions have been filled. As reported in 2023, the role of the Clinical Supervisor posed some unique challenges. The Clinical Supervisor role requires clinical and administrative oversight of the program in addition to carrying a caseload. As with many Evidence Based Practices the Clinical Supervisor is required to achieve certification as a therapist before being certified as a Clinical Supervisor. In 10/23, contracts were executed to fill a new role of Clinical Director for each contracted agency, and all positions have been filled and are in operation. This position was deemed vital for the successful implementation of FFT FC in Therapeutic Foster Care. The FFT FC Clinical Director is responsible for the overall clinical and administrative leadership of services delivered to referred children and families. Permanency of youth and collaboration between Child Placing Agencies who deliver FFT FC, and the Department of Children and Families is a primary focus. This includes data enhancements to capture outcomes by race and ethnicity to better inform practice in an effort to reduce disruption rates and provide greater stability in the foster care system.

Implementing Evidence Based Practice in therapeutic foster care has been a heavy lift, it has required a completely new skill set moving from a "placement system" to a "treatment system". Much of the workforce is new to the field and FFT FC Clinical Consultants teach basic therapy skills in addition to Evidence Based Treatment. Perhaps the greatest challenge is the lack of foster care resources. The recruitment and retention of foster parents in a post pandemic world has proven to be multifaceted and poses never before seen complications. Many foster parents have decided to retire, recruiting a new generation of foster parents has been hard to reach and the children being screened in are clinically complex with significant complex trauma. The Department continues to work closely with FFT Partners and Child Placing Agencies to ensure implementation science is being adhered to. As part of implementation there is a robust CQI process where data is being used to analyze practice and target improvements to ensure model adherence. Program Fidelity Reports are established on a quarterly basis and reviews are held with each agency statewide. Overall, youth and foster parents report good satisfaction with clinical interventions where available.

In 2022, the Department also contracted with Foster Parent College to offer online courses. In that reporting year, 1,150 caregivers enrolled, of which 85% or 981 completed the course. Foster Parent College issued course surveys where 801 responded. The top five courses were related to behavioral health, mental health, relationships, trauma and parenting and development.

Staff of DCF Licensed or Approved Facilities

The Licensing Unit of the Department of Children and Families is responsible for the licensing of privately-operated child caring (congregate care) facilities, child placing agencies, extended day treatment facilities, and outpatient psychiatric clinics for children. The Licensing Unit shall also be responsible for monitoring these facilities and agencies for compliance with state law and the Regulations of Connecticut State Agencies, and for taking adverse licensing actions if warranted. This unit does not provide trainings to programs and facilities. They are expected to have and maintain the required training in order to maintain an active license.

- Medication Administration: For child caring facilities, the facility or agency must have sufficient Medication Administration-certified staff in order to ensure that all medication administration times are covered. If the facility does not have a medication administration-certified staff member on site, then the facility must have a plan to ensure that a medication administration-certified staff member is on-call and can arrive at the facility or agency to administer medications as needed.
- Physical Restraint and CPR Training for Child Caring Facilities and Extended Day Treatment programs: The facility or agency must ensure that each shift has at least two staff on duty who are trained in the proper use of physical restraint and at least one staff member who is trained in CPR.
- Mandated Reported Training: required for all staff provided by the ACP, see below for more info.

Personnel Files: For initial licensure, the personnel files of all facility staff listed shall be reviewed. At the time of re-licensure, the personnel files of all staff who have been hired within the previous two years shall be reviewed. The personnel files shall contain: the results of child protective services and State Police background checks; reports of physical exams, TB tests and any other required medical documentation; documentation of completion of all required

training, including physical restraint training; required sign-offs for receipt of mandated reporter, confidentiality and patient's rights statutes; a copy of any license or certification required for the position; and any other documentation required by the Regulations of Connecticut State Agencies or the facility or agency's policies.

Additional DCF Trainings for Licensed Facility Staff

The trainings listed below are provided to licensed facility staff but are provided outside of the Academy for Community Providers. The following trainings are provided by DCF staff who work in these specific fields of expertise:

Private Non-Medical Institution (PNMI) - DCF Licensed PNMI eligible programs are defined by the Center for Medicare and Medicaid Services (CMS). Once a program is eligible, ongoing trainings are provided to all levels of their programs staffing to ensure the programs are aware and maintain the federal requirement standards. Below is a description of the two training courses which have been offered monthly or on an as needed basis.

- **PNMI 101 Training** is designed for clinical administrative, managerial, and supervisory staff. The objective is to provide an in-depth understanding of the PNMI Standards to support providers achieving successful outcomes for Qualitative Service Review (QSR) and Random Moment Time Study participation. Participants will also learn strategies to orient new hires and implement quality assurance processes to maximize QSR outcomes.
- **Progress Notes Training** is designed for residential milieu staff and milieu supervisors who within their role document and/or supervise service delivery related to treatment plan requirements for each youth in residence. It's also useful for clinicians, managers, and administrators. The objective is to provide an in-depth understanding of the documentation requirements. Participants are expected to leave with the knowledge and skills to support milieu progress note documentation fulfilling the requirements of QSR Standards.

Quality Review Trainings: Quality Reviews (QR) are conducted in congregate care settings to assess whether the program is meeting State and Federal requirements. Areas assessed included quality in the areas of youth engagement, family engagement as appropriate, timely treatment planning, treatment services provided appropriately as prescribed, provision of life skills assessment and education, after care planning and services, and contract expectations evaluation. In person and virtual trainings were offered to programs to understand the requirements, the review process, and outcomes of the reviews. Ongoing training is provided on an as needed basis due to staffing turnover.

Congregate Care Meetings: Bi-monthly congregate care meetings were held with both the congregate care lead and foster care leads to facilitate discussions and training on relevant topics, new initiatives, and discuss any new or ongoing concerns.

Licensed Facilities PDOC Trainings

Additional training is provided through the recommendation and coordination of the agency's PDOC. These are optional and supplemental trainings which have included the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training and Human Trafficking Trainings. These are coordinated and tracked by the DCF PDOC.

Life Skills Trainings: The Learning Inventory of Skill Training (LIST) was the agency tool used to assess and teach life skills from 2019-2023. This assessment is administered to all youth before they participate in Independent Living Skills training and post-training to help prepare youth for success. The use of the LIST assessment was discontinued in 2023. Certification was required to implement the LIST training within congregate care facilities. These was a train the trainer model so that programs were able to train their own staff after the initial training. A new model is being developed and once it is ready to be implemented, trainings will be provided to programs.

Program Specific Trainings - The Transitional Supports and Successes Division partners with Congregate Care Providers to provide trainings within the facilities either at their request or at the Department's recommendations regarding specific topics or new initiatives.

Academy for Community Partners

The Academy for Community Partners (ACP) is a component of the Academy for Workforce Development. The purpose of the ACP is to provide individualized training that reflects or informs the providers about DCF's initiatives as well as to provide requested training to enhance the skill and knowledge of providers. This component continues to strive to offer contracted and credentialed providers an opportunity to participate in the exact, if not similar training provided to the DCF workforce. This ensures that the providers are knowledgeable in many of the topics that the agency workforce are provided. They gain a sense of partnership and ownership through the training and come to understand and value the importance of joining with DCF in the assessment of risk and safety for our children and families.

The ACP is currently staffed with one Program Supervisor and one Community Trainer. The Program Supervisor and Community Trainer serves as a liaison to the community provider network for the purposes of addressing their training needs. The Program Supervisor and Community Trainer work within the community as needed to provide training. The curriculum is created and housed by the Academy for Community Partners. This supports quality assurance in that the ACP has continuity of training and information sharing within the provider network. It allows for the ACP to provide expedited training, as well as training resources and materials to the provider network.

During this period under review, the ACP has multiple avenues to identify training needs. The agency develops training curriculum such as the ABCD Child Safety Practice Model to train the provider network in our language, regarding how to properly assess safety and risk, via a racial just lens to better partner around child safety and service delivery. There is also an internal connection within the Systems and Contracts Departments to respond to individualized requests for training needs that may be related to new service delivery or identified trends in provider training needs.

There is also an internal connection within the Systems and Contracts Departments to respond to individualized requests for training needs that may be related to new service delivery or identified trends in provider training needs. The ACP also provided onboarding fundamental training for our CT Kinship Navigator network and our Racial Justice Institute.

Lastly, the ACP developed a Training Needs Survey for our community providers and received an overwhelming response that indicated that every training offered by ACP was pertinent and relevant to the services which are provided to our families. Further responses also included that the subject matter was up to date and necessary for success in their role.

To evaluate and improve training implementation, the ACP conducted a series of ABCD Child Safety Practice Model Focus Groups in March 2024, with randomly selected training participants. The 90-minute virtual focus groups were used to examine the applied behaviors and skills learned during the training to current practice. Provider feedback was sought on six main areas:

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

The overall feedback from Providers was that skills and behaviors learned from the training were implemented during daily work activity and supported by their agency. Providers reported that Safety and Risk were more easily defined because of the training. Providers also suggested the ACP provide Refresher training, which is offered quarterly.

Mandated Reporter Asynchronous Trainings

Connecticut Mandated Reporter Training School Employees: This training takes 30 to 45 minutes to complete. This asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as school employee's staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum and made it available to all school employees in June 2023.

Connecticut Mandated Reporter Training Community Providers: This training takes 30 to 45 minutes to complete. This asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as Community Provider staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum and made it available to all school employees in June 2023.

Identification and Prevention of Adult Sexual Misconduct against Children: This training takes 30 minutes to complete. This asynchronous training course is designed for participants to learn the new bystander responsibilities and reporting, prevention, and victim support requirements. School employees will recognize how to help prevent and respond to child sexual abuse and assault, as well as explore and identify appropriate directions between adults and children in the school setting. Legal requirements as a memory report or discussed in detail as well as enhancing participant global understanding of the child welfare system. The ACP with the collaboration of the CT State Department of Education created this curriculum mandated by legislation. ***This training is mandated and is not a substitute for mandated reporter training for school employees*** and was made available in July 2023.

Connecticut Mandated Reporter Training Spanish Version: This training takes 30 to 45 minutes to complete. This Spanish asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect to our Spanish Speaking community providers. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as Community Provider staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum to include a voice over and made it available to all providers in August 2023.

Connecticut Mandated Reporter Training ASL Version: This training takes 30 to 45 minutes to complete. This ASL asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect to our Deaf and Hard of Hearing community providers Spanish Speaking community providers. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as Community Provider staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum and made it available to all providers in August 2023.

<u>Mandated Reporter Training for DCF Staff Certified Trainers</u>

Mandated Reporter Train the Trainer: The training is designed to provide participants with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are reviewed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training to enhance participants' global understanding of the child welfare system.

Mandated Reporter Recertification: This Refresher virtual Mandated Reporter Training course is designed to provide participants with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices is also contained in the training program to enhance participants' global understanding of the child welfare system.

Mandated Reporter Training for DCF Caregivers: The training is designed to provide CDCF Caregivers with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are reviewed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training to enhance participants' global understanding of the child welfare system.

Training - Community Online	# Sessions	Min Date	Max Date
Connecticut Mandated Reporter Training ASL Version	157	6/1/2023	3/28/2024
Connecticut Mandated Reporter Training Community Providers	23,040	6/1/2023	3/28/2024
Connecticut Mandated Reporter Training School Employees	62,530	6/1/2023	3/28/2024
Connecticut Mandated Reporter Training Spanish Version	574	6/2/2023	3/27/2024
Identification and Prevention of Adult Sexual Misconduct	27,442	7/3/2023	3/28/2024
Introduction to Child Trafficking in Connecticut for Schools	791	2/16/2024	3/27/2024
Total	**114,534**		

Mandated Reporter Trainings In -Person and Virtual

Type of MRT:	# Sessions	# Participants	Median Class Size
In Person Synchronous Virtual Trainings	8	405	**50**
In Person On-Site Trainings	**118**	4,120	**35**

From June 1, 2023, to 4/1/24 the ACP has provided the following trainings:

ABCD Child Safety Practice Model
This two-hour virtual course will orient participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.

Advancing Anti-Racism in Child Welfare: Providing participants with a shared language and understanding of howe to move towards anti-racist practices, to develop an understanding of privilege and implicit bias and discuss strategies for engaging in facilitating difficult race discussions.

Child Development: As children grow physically, they also develop in their knowledge, skills, and behaviors. This 2-hour virtual course gives some basic development and infant care tips in learning more about how children grow and develop.

Child and Family Teaming Facilitation: This full day in person training will include permanency practices, the role of the facilitator, facilitation skills, youth engagement, restorative justice circle techniques, the DCF ACR pilot OMEGA and the teaming continuum. Define child/youth permanency for children in their home and children in placement. Define legal permanency and preferred/non-preferred permanency plans. Recognize the importance of building multiple permanency pathways. for children, in home and in care. Describe the value and process of permanency work and the permanency teaming model. Describe timely permanency and concurrent planning. Recognize the importance of family connections, including sibling visitation. Identify different ways to bring each child's voice into the process.

CPR and First Aid: First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, aid a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety).

DCF 101 presentation: An Overview of a Changed DCF was created to provide constituents across the state with a more in-depth look into The Department of Children and Families. This two-hour presentation will cover information regarding the agency's mission and values, cross-cutting themes as well as basic statistical data relevant to the work. The training will also attempt to have participants look at their values and bias that they may harbor around the families served by the agency and or the work of the department. This is done to engage in deeper and meaningful conversations related to the changing perception of the agency.

Implicit Bias: Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. The goal of this training is to learn about implicit bias and to measure our implicit bias based on race, religion, gender, and a vast array of other areas.
Poverty is Not Neglect: Poverty is a risk factor for child neglect, but poverty does not equal neglect. Poverty can make it more difficult for parents to meet their children's needs. However, poverty alone does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for their child.
QPI 101 (Quality Parenting Initiative): QPI, the Quality Parenting Initiative, is a national movement for foster care change, made up of a network of states. In this training, participants will Develop a basic understanding of QPI as a Systems Change and Learn the Core Principles of QPI.
Worker Safety: It is important to understand the need to be safe in any situation. There are potential safety issues inherent with this job. There can be safety concerns in our client's home and within the office environment. This training should provide you with skills that you can use to effectively deal with crisis and make you aware of safety concerns.
Unique Dynamics of Kinship Care: Recognition of the importance of safe family relationships to ensure children's success and well-being. Recognizing the critical role family plays, child welfare systems must strive to identify, locate, and engage kin to support children at all stages of the casework process. This training addresses the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples will be used to assist participants in applying key best practice approaches and strategies. Special topics include differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency.

Participants	854
	Providers Trained
Providers	41

Training	Participants Trained
ABCD Child Safety Practice Model	192
Anti-Racism	74
CPR	10
Child Development/Infant Care	40
Child and Family Teaming	39
DCF 101	42
DCF Worker Safety	47
Implicit Bias	147
Kinship	47
Mandated Report Train the Trainer (MRTOT)	81
Mandated Reporter Recertification	9
Poverty Is Not Neglect	24
QPI 101	23
QPR	7
Trauma/De-Escalation	80
Total	**854**

Prospective trainings for the upcoming period under review include the following:
As the Academy of Community Providers seeks to provide further training from 2025-2029 considering responses received from our Training Needs Survey. We would look to explore and plan the following trainings.

- Supervisory Leadership Series for Community Providers
- Simulation Training for Community Providers

- Legal 101 for Community Providers

The Academy employed multiple evaluation tools to assess the effectiveness of the LSP training series during this reporting period. The training experience evaluation shows that participants agree and strongly agree that the content was relevant to their job and training objectives were met. The comments describe the training as "amazing" and "great". Below are additional comments about what was most helpful to participants:

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

The use of a pre/post quiz for the series began with the winter 2024 LSP cohort. The quiz is a 5-question multiple choice form. They completed a pre-quiz at the start of the series and the average score was 72.9%. Participants will take the same quiz on the last day of the series on 04/25/24. The goal is to see improvement in the average score at the end of the series.

The use of the Two-Month transfer of learning survey will also commence during this reporting period. Participants will receive a one question survey about two months after they complete the training series to gather information about how participants are using what they learned in practice. The survey asks, "Please provide an example of how you are using the knowledge gained from the training in your day-to-day work." This has been piloted in other series with limited results as the response rate is low. However, any feedback that is provided will be reviewed and carefully considered to enhance the training experience in the future. Participants in the winter 2024 series will receive the survey in June 2024.

The final evaluation tool to be used for this series is focus groups. Those who participated in the series in the last year were invited to attend a virtual focus group to provide feedback about their experience and learning. This is scheduled to occur in April 2024. The results are pending.

IV-E Reimbursement

In seeking IV-E reimbursement, the Department will ensure the allocation of such training measures according to The Department's Title IV-E Cost Allocation Plan (CAP). The Cost Allocation Process for In-Service, Pre-Service, and New Trainee Groups consists of the following:

- Total Department expenditures are assigned to Cost Pools that combine similar expenditure types. This procedure also includes the allocation of expenditures into multiple pools when they do not belong in any single pool. When an allocation needs to be made within a single department to multiple cost pools funded through the same federal award, the allocation is typically made based on staff counts or salary amounts determined based on the judgments of the responsible supervisor. If salary allocations need to be made across more than one federal award or between a federal and non-federal cost pool, appropriate personnel activity reports are used to make that allocation. If an allocation is made based on the salary of staff, an additional allocation is made for fringe benefits and other expenses. The allocation of fringe benefits and other expenses are calculated by applying the same percentage allocation used for salaries, (i.e., there is not an attempt to identify the actual fringe or other expense costs associated with the salaries).
- Claiming for the Academy and its services contract for third-party training contracts include as training costs the salary allocations from other functional units when individuals (DCF training adjuncts) from those units perform training activities related to their functional responsibilities. When this occurs, signed time records are maintained to support these allocations.
- The Academy courses and hours of instruction are accumulated. This step summarizes hours of instruction that qualify for 75%, 50% and 0% reimbursement. On average, the total cost of training at the DCF Academy is over $7 million per federal fiscal year. Approximately 89% of the Academy pre-service courses are reimbursable at 75% while approximately 11% are reimbursable at 50%. Approximately 61% of The Academy's in-service courses are reimbursable at 75% while approximately 35% are reimbursable at 50%, and 4% not reimbursable.
- The Department will claim for reimbursement, at 75%, expenditures related to salaries, fringe benefits, travel, per diem, tuition, books, registration fees and the development of training as those expenses are related to any training,

or the cost of training, that increases the ability of the Department to provide support and assistance to foster and adopted children and children living with relative guardian's either incurred directly by the State or by contract.

- Federally reimbursable expenditures are calculated based on allowable costs (from cost pools and The Academy curriculum), allowable children (from eligibility schedules) and allowable activities (from RMTS).

Conclusion

In conclusion, the Department considers our Staff and Provider Training factor to be in substantial conformity with federal requirements. A wide variety of courses are required, and others offered, to ensure that internal staff and providers are both initially trained and provided with ongoing opportunities to enhance their knowledge and skills.

Systemic Factor 5: Service Array and Resource Development

Service Array and Resource Development: The Children's Bureau assesses this systemic factor using state performance on Items 29 and 30.

- Item 29: Array of Services
- Item 30: Individualizing Services

Substantial conformity requires that at least one of the two items for this systemic factor be rated as a Strength. The Children's Bureau requires that stakeholder interviews be conducted for Systemic Factor Item 29: Array of Services, and Item 30: Individualizing Services.

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factors of Service Array and Resource Development. Both items in this systemic factor were rated as an Area Needing Improvement. Stakeholders reported significant gaps in the service array for the northeast and northwest regions of the state, as well as significant waitlists for mental health and substance abuse services. Stakeholders also reported a lack of linguistic and culturally sensitive services and turnover in therapeutic service providers interferes with effective individualization of services.

Since then, the Department continues to contract with a wide array of community providers to deliver services across the State that are available to families living in every town and jurisdiction. Many providers, especially those in the northeast and northwest regions of the state, are struggling to hire and retain staff in all positions. It is particularly difficult to recruit and retain staff with professional licenses and degrees. Since the COVID pandemic this has become an even greater challenge and mirrors national similar concerns.

Families are referred to contracted services, but do not ultimately receive the service immediately or even at all due to a variety of factors. They are engaged as soon as a slot becomes available. The timeframe for this can vary widely. It might be a week or two or three or more months. Sometimes it is because the need and the slot capacity are not aligned. In many instances it is because of staff vacancies which lead to reduced slot capacity. This is particularly the case with clinical services that are struggling to hire clinical staff. These wait times are frequently among the longest. The Gatekeepers of many of the clinical services that the Department contracts for will not forward a referral if an opening will not be available within 30 days. This is because most of these families have been assessed to have more acute needs and alternative services are identified and secured immediately.

The Department, again through the Service Outcome Advisory Committee (SOAC), is analyzing more efficient and accurate systems to capture and track waitlists. This includes possible data builds with our existing data portal, Provider Information Exchange, and considering different processes for consistent documentation by Gatekeepers.

The Department is acutely aware that accessibility of services is a challenge for many families. The transportation needs of families are resolved in a number of ways, including incorporating into contracts that providers need to transport clients as well as provide bus or train passes as needed. The Department utilizes Social Workers, Social Worker Case Aides, and foster parents to ensure that families and children are able to get to service providers. The Department created a Central Transportation Unit (CTU) to help mitigate challenges associated with transporting children and parents (if there is capacity). The Department also has a mechanism to approve and utilize wraparound funding to pay general livery credentialed providers to transport parents and children over the age of five.

The demands for the development of culturally and linguistically competent services is a major challenge facing human services and behavioral health providers today. The shifts in racial, ethnic, linguistic, religious, special needs, disability, and gender orientation diversity have required that the Department of Children and Families discover approaches and skills that will enable us to effectively work with people from diverse backgrounds. The Office of Multicultural Affairs was created for the purpose of developing, implementing, and sustaining diversity initiatives and policies designed to support the diverse needs of staff and clients regardless of their race, color, national origin, gender, disability, inherent sexuality, gender identity or expression, age, social economic status, religion, or language.

All of the Department's POS contracts include language requiring that contractors hire staff who are able to communicate with clients who are non-English speakers and to ensure access to other resources, i.e., language line, to meet this mandate. Despite innovative efforts to hire and retain multilingual staff (e.g., hiring bonuses and higher salaries) these positions remain perhaps the hardest to fill. DCF utilizes Connecticut's Department of Administrative Services contracts with Interpreter and Translation Companies to provide services in a family's chosen language including oral and written translation services as well as Deaf and Hard of Hearing Interpreters. These services are readily available to staff at all times.

Following the Department's mandatory training of all staff in Implicit Bias as part of its global effort to become an anti-racist agency, this same training has been offered to community providers. It is provided through the Department's Academy for Community Partners. This is one of the many ways the Department evidences its commitment to partnering with community providers to ensure they are delivering culturally sensitive services. Another strategy is to offer robust training and support to our contracted providers and community partners on the National Culturally and Linguistically Appropriate Services (CLAS) standards. Providers develop strategic plans to help them identify, implement, and maintain elements that support their efforts to become culturally and linguistically competent. Structured CLAS Learning Communities exist to provide networking and support to those who have active CLAS plans.

The Department contracted in 2023 with a minority owned and operated grassroots organization, Urban Community Alliance, from one of our urban communities, New Haven, to develop and oversee a Racial Justice Institute (RJI). The RJI will lead the advancement of DCF's racial justice mandate by creating opportunities for training and support to community providers to sustain equity in the delivery of services to children and families throughout the state.

The Department routinely assesses the service array to identify needs and gaps through analysis of utilization and waitlists and articulated needs through various consumer groups (Statewide Advisory Council (SAC), Regional Advisory Council (RAC), Citizen Review Panel (CRP), Youth Advisory Board (YAB), Systems of Care (SOC), and the Children's Behavioral Health Advisory Council (CBHAC)). The Department's Contracts and Fiscal Division responds through submission of budget options, re-procurements, and new procurements in efforts to right size the available continuum of services to meet emerging needs and trends.

Through the planned work of SOAC, the Department will be developing and implementing a bi-annual process to evaluate the service array to identify how well it is functioning and to identify gaps or trends that need to be addressed. Moving forward into 2024, a process has been established whereby newly executed contracts for services will include a component for evaluation.

Overall Assessment of Systemic Factor:

Throughout this report, the Department describes the various services and supports that are available in response to the assessment of the child and family's strengths and needs, and those that enable children to remain safely with their parents. The Department continues to build our Child Welfare System through strong state agency relationships, often formalized with memorandums of understanding/ agreements, and developing strong collaborations with our provider network, ensuring the services provided are community based, racially and linguistically sensitive, as well as enhancing community awareness and understanding, and increasing access to services. The Department strives to enhance the service array, service delivery and engage in resource development in several ways, including but not limited to:

- Engaging internal and external partners in a data-driven service array assessment. This is a key element of the Service Outcome Advisory Committee (SOAC) that is underway.

- Convening focus groups to inform efforts to improve the service array and service delivery. This was most evident in our efforts to develop a State Families First Prevention Services Act plan and during the development of our current ABCD Child Safety Practice Model Paradigm.
- Developing working protocols with internal and external partners to increase the accessibility and effectiveness of service delivery. This is the primary focus of the Enhanced Service Coordination approach. The Department is committed to this model and hopes to expand more broadly in the coming years.
- The Department has longstanding committed and collaborative relationships with youth and family members with lived experience. These are formalized in ongoing work with our Youth Advisory Boards (YABs), Regional Advisory Councils (RACs) Citizen Review Panels (CRP), Systems of Care (SOC), and the Statewide Advisory Council (SAC). The Department routinely seeks feedback from these groups around policy, practice and protocols related to the service array and service delivery.
- Working collaboratively with service providers in the use of a public data-sharing platform to explore community variables that will assist in the creation and refinement of services in areas of need - In the Winter of 2024, the Department established a process for sharing data ongoingly with the RACs. In addition to presenting specific data points to the group on a quarterly basis for discussion and feedback, the RACs are being trained in how to access the public facing data that is available to them on the Department's internet website.
- Academy for Community Providers (ACP) is a component of the Academy for Workforce Development. The purpose of the ACP is to provide individualized training that reflects or informs the providers about DCF's initiatives as well as to provide requested training to enhance the skill and knowledge of providers. This component continues to strive to offer contracted and credentialed providers an opportunity to participate in the exact, if not similar training provided to the DCF workforce. This ensures that the providers are knowledgeable in many of the topics that the agency workforce are provided. (See *Systemic Factor 4 Item 28* for additional information)

Item 29: Array of Services

Description of Systemic Factor Item: How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable;
- Services that help children in foster and adoptive placements achieve permanency.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Although information in the statewide assessment and collected during stakeholder interviews in general described a rich array of services, stakeholders reported significant gaps in the service array for the Northeast and Northwest sections of the state. Stakeholders also reported significant waitlists across the state for services, particularly mental health, and substance abuse services.

Since then, CT DCF views Family First as an opportunity to further our system transformation and realign our objectives more broadly with prevention and ultimately prevent foster care entries. Since approval of our Prevention Plan in early 2022, CT continues to collaborate with internal and external stakeholders around implementation and this work has also assisted in increasing community and agency awareness, understanding and identification of key connections across agencies. We continue to leverage these partnerships as we promote a broad, integrative, universal concept of a Child Well-Being System.

Assessment:

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

Objectives:

a. Meet with our Citizen Review Panels (CRP) to frame out the FFPSA and moving to a more effectively integrated child Welfare system. Determine their interest and role(s) they would desire to play.
b. Emphasize fatherhood services, resources, and support PIP.

c. Collaborate with communities and state agencies to build strong fatherhood engagement leadership teams.
d. Build out system to support staff in service matching and need identification.
e. Build out infrastructure to ensure service delivery is consistent with department expectations – Families are better off after receiving the service that matches the needs identified as a result of the Social Worker assessment.
f. Conduct research to explore tools used in other jurisdictions to assess parent/child needs and help children in care achieve timely permanency.
g. Redesign of the Therapeutic Foster Care program to ensure the behavioral health needs of children placed in OOH care are addressed.
h. Restructuring and redesign of the Voluntary Services Program to better meet the emotional and behavioral health needs of children.

The Connecticut Department of Children and Families has statutory responsibility for prevention, child welfare, children's behavioral health and education. As such, the state's service array includes a full array of programs including child abuse and neglect prevention and diversion treatment services, foster care, family preservation services, reunification support services, mental health and substance use services, independent living, services to support other permanent living arrangements and a continuum of congregate care settings. The service coordination process also involves considerable input from stakeholders at all levels. The Department hosts routinely scheduled statewide service provider meetings to gather input from contracted and credentialed providers. The Department meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array. These meetings continued throughout the COVID pandemic, migrated to virtual platforms.

The Department conducted a series of focus groups with persons with lived experience as part of the preparation for this assessment. During those groups a question was asked soliciting feedback on the services that were "needed for you/your child" and how you felt about the services you were receiving. Were there challenges getting the services your family needed (referral needed, waiting list for service, cost of service or payment approval process, no provider in area, transport, etc.)? What services helped you the most?" A common theme from the Parents group was the struggle to navigate a large and overwhelming system to find necessary resources - especially early intervention services. Many families faced barriers such as long waiting lists, and a scarcity of providers depending on where they lived.

Parents highlighted significant challenges in accessing and receiving adequate services through DCF and other systems, with particular emphasis on victim services and tailored mental and behavioral health support.
Parents expressed the desire to have their family looked at holistically and not solely based on the allegations provided. The emphasis was on the establishment of a "supportive process versus the checklist approach."
The feedback suggests a need for a more individualized, supportive approach from DCF, rather than a one-size-fits-all method, to ensure families receive the specific services they promptly require. With a family having complex needs, their desire is to be provided behavioral health services first, and then be referred to parenting support. Where IPV is present, it was expressed that more services may be needed to assist DCF staff in understanding the complex dynamics and patterns of coercive control that do not entail actual physical violence. Furthermore, parents emphasized the importance of listening to current therapy providers to avoid unnecessary and costly additional evaluations which did not add value and only served to prolong decisions being made.

Responses from licensed core foster and adoptive parents to the same question reveal several common challenges, some of which were expressed already by birth families. Upon placement, foster parents expressed the desire to have services in place and referrals made so proactively, support is provided to the child(ren) in their care. If not, and once the child's behaviors begin to escalate, it becomes very difficult to manage the child's behaviors while support is being established. This may result in the child requiring a higher level of care.

There's a shared sentiment that DCF's approach to offering services often feels like a checklist rather than a supportive process tailored to the individual needs of families. Caregivers also noted the importance of receiving services that address trauma for both children in their care and their parents. Services within the community for Post Traumatic Stress Disorder (PTSD) and attachment issues would be of great help to licensed parents. The in-home behavioral health services are most effective, yet long wait lists are experienced for that service type. The most helpful support mentioned was the Care for Kids program, yet the overall feedback points to a significant gap in accessible, effective services

provided by or through DCF, underlining the necessity for a more holistic and responsive approach to meet the diverse needs of foster and adoptive families.

Kinship foster parents highlighted a gap in support services for kinship parents after the initial year, pointing to a need for more sustained and seamless assistance. This is also true when guardianship is transferred and DCF closes the case as families questioned from where support was then going to be received. Kinship caregivers also noted the difficulty in navigating the Child Welfare system and finding resources on their own, suggesting a need for more guided and continuous support from DCF and related organizations.

Youths articulated their perceptions of services provided during and after placement into foster care. Many youths expressed a need for specialized or trauma-informed therapy services, highlighting a gap in available mental health support and non-traditional modalities to receive help. Additionally, there were barriers to accessing necessary services, including lack of awareness among social workers about available resources. Some youths felt that they could have benefited from programs they were not informed about, such as financial assistance opportunities within the community. The effectiveness of services also appeared to vary by provider and region of the state.

Being "thrown into counseling" was a sentiment, and youths expressed that culture needs to be considered when accessing services to ensure proper fit and engagement between the youth and provider. The sustainability of relationships between the youths and their formal support network was of concern given worker turnover.
Overall, the youth responses underscore the importance of tailored and accessible services, as well as improved communication and awareness among case workers to ensure youths receive the support they need during and after their time in foster care.

Credentialed Services:
The Department has selected a group of services that are most frequently purchased through wrap-around funds for which providers must be credentialed. Wrap funding is flexible funding to be used to maintain a child in their home, with a relative, or assist with maintaining a child with their foster family for the purposes of Family Preservation, Family Support, Reunification, Adoption, and Independent Living. Services are provided to children and youth 0-18 years of age, or through age 21 if Services Post Majority, and are available statewide. The credentialing process is handled through a DCF contracted agent who assures that all providers have passed criminal background checks and Child Protective Services checks, as well as ensuring that they meet the training and experience qualifications for each service type. Current credentialed services include:

- After School Services: Clinical Support for Children
- After School Services: Clinical Support for Youth
- After School Services: Traditional
- After School Services: Youth
- Animal Assisted Intervention
- Assessment
- Assessment: Perpetrator of Domestic Violence
- CHAP Case Management (open to current CHAP providers only)
- Community-based Life Skills
- Supervised Visitation
- Support Staff
- Temporary Care Services
- Therapeutic Support Staff
- Transportation: General Livery
- Transportation: School

In SFY's 2022-2023, spear-headed by the Division of Contracts Management through the DCF Credentialing Committee, the Department finalized the revision of all of its Provider Agreements to strengthen the requirements of credentialed service providers, clarify billing and payment expectations, ensure adherence to state policy and to evaluate each of the 15 credentialed service types for revision and enhancement.

The Contract Management Unit Website (SharePoint):

The Contract Management Unit developed and launched a website for Department staff featuring a thorough description of the areas of work that the Contract Management Unit manages: Purchase of Service Contracts, Personal Service Agreements, the Contract Management Library, Credentialed Services, Procurements and Requests for Proposals, Amendments, and Budgets. The website also contains a wealth of information in links, documents, forms, and lists for all of the above services to assist Department staff with the necessary tools to navigate their work as it relates to contracts. The Contract Management Unit is currently in the process of reconfiguring this website.

The Department contracts with a vast array of providers to deliver services to families and children that meet their individualized needs. For a description of services, please see the Service Continuum. These services include, but are not limited to:

Services that assess the strengths and needs	***Services that address the needs of families***	***Services that enable children to remain safely with their parents***	***Services that help achieve permanency***
Integrated Family Care & Support (IFCS)	Integrated Family Care and Support (IFCS)	Intensive Family Preservation (IFP)	Reunification and Therapeutic Family Time (RTFT)
Multi-disciplinary Exam (MDE)	Community Support for Families (CSF)	Family-based Recovery (FBR)	Functional Family Therapy - Foster Care (FFT-FC)
Community Support for Families (CSF)	Family-based Recover (FBR)	Child First	Permanency Placement Services Program (PPSP)
Preventative Care Management Entity (PCME)	Multidimensional Family Therapy (MDFT)	Justice Resource Institute (JRI) Intensive Diversion Program (JRI-IDP)	Wendy's Wonderful Kids
Structured Decision Making (SDM)	Multi-systemic therapy (MST)	Intimate Partner Violence - Family Assessment Intervention Response (IPV FAIR)	Parenting Support Services (PSS)
Care Coordination	SAFE-Family Recovery (SAFE-FR)	Outpatient Psychiatric Clinics for Children (OPCC)	Fatherhood Engagement Services (FES)
	Supportive Housing	SAFE-Family Recovery (SAFE-FR)	Child First
	Preventive Care Management Entity (PCME)	Multidimensional Family Therapy (MDFT)	SAFE-Family Recovery (SAFE-FR)
	Child First	Multi-systemic Therapy (MST)	Substance Screening, Treatment and Recovery for Youth (SSTRY)
	Parenting Support Services (PSS)	Parenting Support Services (PSS)	Multi-Systemic Therapy (MST)
	Quality Parenting Centers (QPC)	Substance Screening Treatment and Recovery for Youth (SSTRY)	Functional Family Therapy (FFT)
		Urgent Crisis Centers	
		Emergency Mobile Psychiatric Services	

Systemic Factor 5a - Appendix 1 - Service Continuum

Please see the appendix for a full list and descriptions of all of the Department's contracted and credential services.

Item 30: Individualizing Services

Description of Systemic Factor Item: How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency? Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and obtained in interviews with stakeholders described that although there are some processes for using wraparound funds and customizing services, the restrictions on how the funds may be used and limitations on providers are barriers to effectively individualizing services. Stakeholders also reported a lack of linguistic and culturally sensitive services and that significant turnover in therapeutic service providers interferes with the effective individualization of services.

Assessment:

Please see *the Background* section above under System Factor 5 for additional information about this Item. Below is a full description of the services listed above.

Service Outcome Advisory Committee (SOAC): The Department of Children and Families is committed to ensuring the best possible outcomes for families and children from the programs they contract with and fund. To maintain the highest quality contracted programs available to meet the needs of the children and families in Connecticut, the Department created The Service Outcome Advisory Committee (SOAC). SOAC is comprised of the following four (4) distinct initiatives that are currently underway to revisit, improve, standardize, and sustain existing practices:

- Performance Outcome Measures**:** The Department is reviewing and standardizing performance expectations across its contracted programs. For each contracted service type, performance outcome measures (POMs) are being developed and inserted into existing contracts via amendments. POMS are the foundation to establishing standards by which provider delivers services to families and children.

- Program Performance Improvement Process: The Department is in the final stages of revising, standardizing, and implementing its program performance improvement process to enhance its ability to support actions toward the improvement of client outcomes, strengthen internal and external partnerships, and help identify opportunities for improvement at a program and system level. There are two levels of intervention:

    - A ***Service Development Plan (SDP)*** is a collaboratively developed document submitted by a DCF provider to address unmet elements of performance jointly identified by the provider and DCF staff and/or an evidence-based quality assurance representative.
    - A ***Corrective Action Plan (CAP)*** is a formal document that may be required to be submitted by a DCF provider if the goals of the SDP have not been effectively implemented or achieved. At the sole discretion of DCF, a CAP will be required without an SDP first being submitted if the issues identified represent a significant impact on the health and safety of children or are egregious, widespread, or pervasive performance issues. The CAP is required to identify specific actions that will be taken by the program to bring itself into compliance, along with timeframes for completion and a plan to sustain improved performance. Failure to successfully resolve a CAP may lead to adverse actions, including but not limited to suspension of referrals, or contract action up to and including termination of the contract.

- Service Array Evaluation and Report:
- Program Lead Guide**:** Within the Department, Program Leads are charged with supporting and coordinating the development and oversight of DCF contracted programs. Members of SOAC in collaboration with Program Lead staff are working to update the Program Lead Guide to outline the roles and expectations of the Program

Lead. Each Program Lead is assigned to specific service types. To accomplish these duties, the Program Leads are expected to serve and act in the following capacities:

- Subject Matter Expert
- Scope of Service/Contract Expert
- Quality Assurance and Improvement Monitor and Coordinator

Every service the Department contracts with has a component that requires they engage in ongoing assessments of the strengths and needs of the families and children they are serving. This starts at intake and continues throughout their involvement. These assessments are documented in treatment plans that establish goals based on those assessed strengths and needs.

This expectation was further reinforced when the Department rolled out the ABCD Child Safety Practice Model in 2022 and 2023. The Department partnered with providers to develop the model and accompanying tools (Practice Profiles) and subsequently offered training ongoingly through the Academy for Community Partners. The Department intentionally engaged in training and discussions with providers to create common definitions, language, and expectations around assessments of safety and risk.

Contract Management Unit: The Contract Management Unit in the Department's Fiscal Services Division provides an array of support services to aid the Department's Program Leads who are responsible for the oversight of the program components of the 99 Purchase of Service (POS) contracts, encompassing 330 community programs the Department funds. Purchase of Service contracts deliver direct social services through private agencies to children and/or their families that are served by the Department. Additionally, the Contract Management Unit, in partnership with program staff, supports a variety of other Department units and is responsible for additional activities as described below.

- **Enhanced Service Coordination (ESC):** The Systems Division was established in July 2019 through the agency reorganization under Commissioner Dorantes and has remained focused on enhancing our service system to better meet the needs of children and families. Members of the Division are assigned in each of DCF Regions with a focus on promoting strong engagement and collaboration within DCF, and with our community partners to ensure we are matching families with the right service to meet their identified needs. The Systems Division began this work with the expansion of "Enhanced Service Coordination (ESC)", as a needs-based consultation model resulting in more informed service referrals that better match the identified needs of the family. The ESC model was expanded statewide in January 2020 following successful pilots in regions 5 and 6 revealed the benefits of ESC. The 2020 expansion was supported with technical assistance from the Government Performance Lab (GPL) at the Kennedy School of Government to streamline the referral process for four of the Department's parenting support services: Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First.

  Since the wind-down of technical assistance from the GPL in 2021, the Systems Division has supported enhanced service coordination as a best practice to manage referrals for services with a needs-focused lens. The Division has worked in collaboration with other Divisions to incorporate some of the principles of the ESC model into the gatekeeping of other services and provided a blueprint to expand the ESC model to other service types. Pending staffing resources and a technical solution to replace the manual ESC logs in each Region, this approach will help DCF to track timeliness of service provision, assess alignment of service matches and address service barriers in real-time in partnership with our provider partners.

- **Universal Referral Form (URF)**: The Division also played an integral role in supporting the statewide launch of an automated Universal Referral Form (URF) to initiate the service provision with the providers. The URF is an important tool to support the expansion of ESC to additional services. Through ESC, manual data collection populates data dashboards that include service performance metrics on timeliness of service provision, service match, utilization data and support real-time, data-driven conversations and troubleshoot issues arising in service provision. Additional development is needed to add additional services to the automated URF and support the data collection and reporting under the ESC model of managing referrals. Due to COVID-related issues and competing IT-development priorities, the full-scale up of the URF to include additional services has

slowed, but additional services have been added including Integrated Family Care and Support (IFCS) and Fatherhood Engagement Services (FES). The Division continues to work with the CT-KIND team to support the automation and reporting functions that will benefit other service types and inform performance management of contracted services under SOAC, which ultimately, will include monitoring service trends by race and ethnicity.

USE Plans: The Department makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service is individualized. The Department uses a flexible funding approach to support children and youth to remain in stable family placements. These "wraparound funds" may be spent for both in-home and out-of-home youth on a range of services and concrete supports. In August 2023, in an effort to streamline and expedite structures to secure children and youth services the Department brought together a multi-disciplinary group of staff to revise approval amounts, timeframes for USE plan approval reviews, and USE plan committee membership.

Effective 8/1/23:

- The Area Office (AO) USE plan committee can now approve up to $25,000 per USE plan.
- For amounts between $25,000+- $35,000, the AO USE plan committee will have a 30-day provisional approval. The Central Office (CO) USE plan committee must provide approval beyond the 30-days.
- For amounts over $35,000, approval must be made by the CO USE plan committee.
- All USE plans are to be reviewed yearly. The AO or CO Use plan committee can determine if it needs to be reviewed more frequently.
- Attention must be made that Therapeutic Support Services (TSS) is not used as a catch-all service. The AO committee must ensure that efforts to secure the most appropriate service occur prior to consideration of TSS service.

Top ten services purchased via wraparound funds					
July 1, 2021-June 30, 2022		**July 1, 2022-June 30, 2023**		**July 1, 2023 - May 1, 2024**	
Miscellaneous-Adoption	$1,221,254.26	Miscellaneous-Adoption	$1,257,573.14	Miscellaneous-Adoption	$931,910.04
Supervised Visits - Foster Care	$714,979.91	Supervised Visits - Foster Care	$797,823.31	Supervised Visits - Foster Care	$782,268.43
Camp-Foster Care	$447,507.64	Camp-Foster Care	$419,156.61	Camp-Foster Care	$632,884.78
Miscellaneous-Foster Care-CPS	$343,122.00	Miscellaneous-Foster Care-CPS	$391,747.69	Other Services USE	$402,237.02
Other Services USE	$272,473.11	Other Services USE	$200,035.18	Extended Cred USE	$306,235.10
Transportation Other-Foster care CPS	$180,615.30	Therapeutic Support Staff - Foster	$187,078.25	Therapeutic Support Staff - Foster	$249,309.46
Extended Credentialed Services-USE	$172,555.43	Extended Credentialed Services-USE	$180,115.00	Miscellaneous-Foster Care-CPS	$235,763.84
Other Family Supports	$165,480.08	Transportation Other-Foster care CPS	$152,349.95	Transportation Other-Foster care CPS	$230,663.74
Daycare-In Home	$97,832.55	Respite Care-Foster Care CPS	$86,244.05	Respite Care-Foster Care CPS	$117,771.95
Transportation Other-In Home	$96,326.88	Extended Contract Services-USE	$62,115.74	Intensive Ind Support for USE	$69,782.71
Total	**$3,712,147.16**	**Grand Total**	**$3,734,238.92**	**Grand Total**	**$3,958,827.07**

USE expenditures by service description. (July 1, 2023- April 30, 2024)	
Extended Credentialed Services-USE	$306,235.10
Intensive Individual Support for USE	$69,782.71
Extended Contract Services-USE	$5,105.00
Difficulty of Care Payment for USE Class	$13,725.00
Other Services USE	$402,237.02
Total	**$797,084.83**

Please also see the Final Update / Report on Service Descriptions and CAPTA reporting sections required within APSR Final Report for further details.

Systemic Factor 6: Agency Responsiveness to the Community

Agency Responsiveness to the Community: The Children's Bureau assesses this systemic factor using state performance on two items:

- Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR
- Item 32: Coordination of CFSP Services with Other Federal Programs

Substantial conformity requires that at least one of the two items for this systemic factor be rated as a Strength.

Background: In Round 3, Connecticut was in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Item 32: Coordination of CFSP Services with Other Federal Programs was rated as a Strength.

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Description of Systemic Factor Item: How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews. Although Connecticut collaborates with a wide range of community partners, Tribal stakeholders reported that the state does not consult or engage with Tribal representatives in the creation or implementation of the CFSP or APSR.

Assessment:

The Department conducted engagement and ongoing consultation of the following groups in the CFSP and APSR:

- Individuals with lived experience in the child welfare system;
- Parents with DCF involvement
- Youth in DCF care
- Kinship caregivers
- Licensed foster parents
- The Connecticut State Advisory Council and Regional Advisory Council Leads;
- The Governor's Task Force on Justice for Abused Children;
- Juvenile Court Judges and members of the Juvenile Court/Court Improvement Program, along with the Office of the Attorney General's Child Welfare Division;
- Federally recognized tribes (Mohegan and Mashantucket-Pequot) and state-recognized tribes via the ICWA Organization;
- The Connecticut Children and Families Racial Justice Working Group;

- Organizations supporting adoptive parents and caregivers, such as The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and FAVOR, Inc.

Each of the following agencies were also provided a draft of the CFSP for 2024 - 2029 and provided the Department a "Statement of Commitment" to their ongoing work towards achieving the goals outlined in the Child and Family Services Plan. Representatives from the stakeholder groups continued collaborating with the Department during their attendance on various subcommittees regarding the development of the Family First Preventions Services Act plan.

- State Department of Education
- Department of Developmental Services
- Department of Mental Health and Addictions Services
- Office of Early Childhood
- Department of Emergency Services and Public Protection
- Department of Housing
- Department of Labor
- Department of Public Health
- Department of Rehabilitation Services
- Department of Social Services
- Department of Veteran's Affairs

Ongoing Consultation:

The Department engages stakeholders in ongoing consultation through operating a number of engagement councils, committees, and advisory boards, as well as through participation as members in various collaborative initiatives, taskforces, and advisory boards. These efforts are detailed in the section below.

State Advisory Council (SAC)

The Department receives community input from several statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 17-member body appointed by the Governor, with representation from all six DCF Regional Advisory Councils, to advise the Commissioner on all matters pertaining to services for children and families. The membership includes people representing a variety of sectors and professions, including attorneys, a physician, psychiatrist as well as other community partners, some of which are contracted providers. The SAC also includes parents and youth with lived expertise.

The primary duties of the Council are to review policies; recommend programs, legislation or other matters that will improve services for children, youth, and families; review and advise the Commissioner on the proposed agency budget; perform public outreach to educate the community regarding policies, duties and programs of the Department and issue any reports it deems necessary to the Governor and the Commissioner.

The SAC meets 12 times during the year. A designee from the Commissioner's Office, the Bureau Chief for External Affairs, attends every SAC meeting. The Commissioner attends the annual retreat and at least 3 meetings a year. A DCF update is provided at each meeting, focusing on key areas such as current activities within the Department, legislative proposals, structural and organizational changes of key Agency personnel, CFSR/PIP development, Family First Prevention Services Act planning and caseload sizes and other data measures upon request. During this time, the Commissioner or representative also answers questions from the council members and receives input for future meeting agenda items.

DCF has engaged FAVOR Inc., a statewide family advocacy organization for children's behavioral health, but also agreed to serve as fiduciary for the SAC/RACs and Citizen Review Panels. Please see entries for FAVOR in the service descriptions below, and in the attached Statewide Citizen Review Panel (CRP) June 2024 Report, for further information.

The Caregiver Advisory Council

The Council was established in winter of 2022 as a recommendation from the Quality Parenting Initiative Champions and steering committees. The Council consists of caregivers who are licensed, retired, post permanency (adoption or

guardianship), adults formerly in care, QPI champions and the Department Foster Care Division. The Council is co-chaired by two caregivers (kinship/adoption and foster care/adoption). In CY23, the council informed its permanency policy, developed guides for caregivers on QPI, Legal and other caregiver topics. In the summer of 2023, they presented before the DCF Commissioner Leadership Forum. The presentation focused on the Department's practice of visiting, scheduling and moving children. They are the department's accountability partner and partner with its members to improve the system. The ongoing focus is ensuring all transitions are child centered and not adult centered. To that end, they co-created the QPI Superior Court for Juvenile Matters presentation, have recommended updates to the statutory Foster Parent Bill of Rights (pending).

Juvenile Court

DCF, the Judicial Branch, the Office of the Attorney General (OAG), and the private bar continue to build upon their partnerships in order to achieve safe, timely permanency for children in care.

DCF/AAG Collaboration

DCF's in-house Legal Division continues to partner with the Office of Attorney General's (OAG) Child Protection Section to fortify the collaboration between the two agencies. Throughout 2023, the OAG and Department have partnered to navigate legal challenges, which benefits the children and families we serve. In keeping with those efforts, in-house area office attorneys meet with their local Assistant Attorneys General (AAGs) biweekly and the managers for the in-house DCF Legal Division and leadership team at the OAG Child Protection Section meet on a weekly basis. Ongoing collaborative efforts have included the following:

- Consultations: In particularly complex cases, DCF includes AAGs in legal consultations before petitions are even filed. This has been especially helpful in cases involving interstate jurisdictional issues or unique legal issues.
- Training: The OAG and DCF Legal Division have partnered on training for legal and child welfare staff on numerous topics, such as preparing to testify in court and pre-service training for new staff on the administrative hearing process. The OAG has also included Department attorneys in monthly "lunch and learn" presentations at which a member of the OAG presents a child welfare matter relevant to both in-house and trial practitioners. Leadership in both agencies are committed to ensuring that practice remains consistent statewide by routine and frequent communication and presenting uniform training for staff throughout the state.
- Administrative/Court Appeals: Decisions on Superior Court for Juvenile Matters may be appealed to the Appellate Court and the CT Supreme Court. Also, final Decisions from Administrative Hearings may be appealed to Superior Court, the Appellate Court, and the CT Supreme Court. AAGs represent the Department, in consultation with CO legal staff, throughout these appeal processes including negotiating at prehearing conferences, drafting legal briefs, and presenting oral arguments before the Court. Legal Managers collaborate with AAGs on Juvenile Court appeals by reviewing legal briefs and participating in practice arguments (moots).

DCF/Judicial Collaboration

On a regular basis, the DCF Commissioner meets with the Chief Administrative Judge for Juvenile Matters along with the DCF General Counsel and Agency Legal Director to discuss and address systems issues to promote timely permanency for children. In addition, the DCF Assistant Legal Director meets with the Chief Clerk for Juvenile Matters to streamline processes, such as e-filing and development of new forms, that impact the timely filing and processing of petitions and motions. These meetings facilitate collaboration with the Judicial Branch to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases.

There is also a DCF/Judicial Collaborative workgroup that meets quarterly to address Racial Justice and other related issues within the juvenile court. The group includes DCF Commissioner's Office and child welfare staff, the Superior Court for Juvenile Matters (SCJM) Chief Administrative Judge, a presiding SCJM judge, Chief Clerk (also CIP Coordinator), the Director of Delinquency Defense and Child Protection with the Chief Public Defender's Office, representatives from the Attorney General's Office and the Center for Children's Advocacy. This group has developed a disproportionality pathway for children involved with the SCJM and collaborated to develop strategies to reduce/eliminate this issue across the system. Along with this statewide workgroup, there are regular Racial and Ethnic Disproportionality (RED) meetings to address these issues at the local level, which also include schools, juvenile probation, law enforcement and community providers.

DCF/Judicial/OAG/Office of the Chief Public Defender collaboration

There is a standing monthly court partners meeting, which includes DCF, the Office of the Chief Public Defender (OCPD), the Chief Administrative Judge for Juvenile Matters and the Office of the Attorney General to address any court related issues or concerns and to discuss updates and new initiatives that impact our juvenile court work, including any issues related to the private lawyers who represent parents and children in child abuse and neglect cases pursuant to contracts with OCPD. Each of the twelve courts throughout the state also hold "Brown Bag Lunches" to bring together the local Judges, DCF, AAGs, OCPD and parents/children's counsel to learn about and discuss new initiatives and processes that may impact the individual court and/or statewide issues.

Consultation and Coordination between DCF and Tribes

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The State has maintained open communication with the tribes over the years since their original federal recognition and launch of casino enterprises in the 1990's. Formal activity with the tribes is most often initiated after an accepted child maltreatment report to the Department of Children and Families central reporting CARELINE. The volume of reports on tribal families and children accounts remains small in comparison to the volume of reports received on non-tribal children, most often being just a handful of cases per year.

The MPTN has a formal reservation that includes some tribal housing. Screening is done at Careline, and is secondarily reviewed on the local level, for a home address that may be on the MPTN reservation, which is limited to a selected number of streets. Cases that have such addresses are deferred to MPTN tribal authorities for jurisdiction. On other occasions, the State may identify, after commencing activity, that the family lives on the MPTN reservation, and a transfer of the case is made between the State and Tribal authorities. When there is activity regarding a MPTN family with an off-reservation address, the State maintains jurisdiction, providing notice to Tribal child protection, up to including occasions when the matter may be litigated in state juvenile courts, if the Tribe declines jurisdiction, or an objection to Tribal jurisdiction is raised.

The Mohegan Tribe also has some residential homes on reservation/tribal land. But unlike MPTN, MT does not have its own child protection services to conduct investigations. All reports taken and accepted by the CARELINE for a home address on that land are investigated (either a traditional Investigation or Family Assessment Response) by the State. The Department provides notice to MT before visiting the homes on this property. Virtually all CT MT and MPTN (non-reservation) reports are serviced by the Norwich Area Office in DCF's Region 3. Upon initial face to face contact, every accepted report of child abuse and neglect is screened for race and ethnicity demographics, capturing any tribal affiliation information not initially indexed by CARELINE. Tribal affiliation is also screened and noted at this time. Results are stored in the State SACWIS system (LINK).

Native American status is captured in the Connecticut SACWIS under "Person Management". Case Plans also serve as an additional forum for addressing tribal status and Native American racial identity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation/ FAR/ongoing services) and revised by ongoing State social workers in the formulation and revision of case plans; Multi-Disciplinary Conferences to address service needs; Permanency Team Meetings (convened with in-home and out of home cases to identify natural supports and helping community), as well as canvassing of all parties if court involved.

There is a Memorandum of Understanding (MOU) between the State and the MT that has been in effect since 2006. Contact with the Mohegan Tribe is governed by the MOU. The Department and MT are in the process of updating the MOU and completion is expected by the summer of 2024. Contact with the tribe includes confidential meetings of case specific discussion of State interventions of MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in meetings at tribal offices. The meetings are also used as an opportunity to advise the Tribe of new State initiatives; recent past and present discussions have included Structured Decision Making, Differential Response System and Child and Family Team Meetings for Considered Removals and Permanency Team Meetings. The contact liaison in the local DCF office is a Social Work Supervisor who is available to attend meetings with Tribal representatives, to provide a familiar point of contact with the Agency, and to facilitate open communication with the Mohegan Tribe.

In 2021, the Department initiated separate quarterly meetings with the MT and MPTN. As noted above, since most of the cases involving members of these tribes are serviced in the Norwich area office, attendees include the Norwich Office Director and members of the SW team, a representative from the Judicial Branch, and members of the Department's Legal Division, and the Department's Director of Multicultural Affairs. These meetings serve as opportunities to discuss any issues and continue to strengthen collaboration in addressing child welfare matters that implicate the tribes.

Common Juvenile Court practice finds representatives of the MPTN and MT present, at least for initial proceedings. Neither tribe has a fully developed complement of placement resources (foster/host homes/group care) that allows for a divergent path from State care, should removal from home become necessary (the MPTN initially had some foster care/group care resources but changing economic times shuttered these services many years ago). When Indian children do require placement into care, commensurate with behavioral health level of care needs, the first option, is to identify family or fictive kin options in lieu of entry into traditional foster care. Placement with Native American kin is a primary objective and is pursued whenever possible.

When there are circumstances requiring CPS litigation, The MT does not seek to transfer cases to its own court system and prefers to partner with the State in the Superior Court for Juvenile Matters. The Tribe often provides support and services to its members, and Agency staff partners with the Tribe to meet the needs of Tribal families. Conversely, the MPTN may exercise the option of jurisdiction moving to its Tribal Court or keep the matter in the State court system.

Most Indian Child Welfare Act (ICWA) activity in Connecticut has centered on the State's federally recognized resident tribes. On occasion there is activity regarding tribes in the neighboring states of Rhode Island (Narragansett), Massachusetts (Wampanoag), Maine (Passamaquoddy) and New York. However, in 2023, the state legislature passed a law (Public Act 23-113) adopting the provisions of ICWA in state law and expanding the ICWA protections to the three Connecticut-recognized tribes: the Schagticokes, Eastern Pequot, and Golden Hill Paugussett. The Department initiated quarterly meetings with these tribes in March 2024, with the intention of mirroring the existing collaboration with the state's federally recognized tribes. The Department has also updated its ICWA policy to reflect this change in state law. Consistent with ICWA, all tribes are notified of State legal activity in writing, by USPS certified mail for every step of the litigation process.

There have been no known ICWA compliance issues identified over the last several years. Newly hired Social Workers are trained regarding the requirements of ICWA during pre-service training. Additionally, when local training/conference opportunities arise, invitations are often issued to the tribes. There have not been any recent negotiations with the MT or MPTN specifically as it relates to determining eligibility, benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Program (CFCIP).

The Department routinely has engaged in outreach to both tribes requesting their participation in the various activities pertaining to CFSR results and the Department has recently initiated engagement with the state-recognized tribes. The Department also provided survey questions to MT and MPTN representatives in March/April with questions related to service array, agency responsiveness, and opportunities for further engagement. The responses were generally positive, and the representatives expressed that the quarterly meetings were useful as a means of ensuring ongoing collaboration. MPTN expressed interest in collaborating on training for DCF staff and the Mohegan tribe expressed interest in collaboration with the Foster Care Division to provide training onsite for prospective tribal foster parents.

Family First Prevention Services Act

Connecticut's Family First Prevention Services Plan had a soft launch for the Community Pathways Candidacy population in October 2023. The Prevention Care Management Entity (PCME) is Carelon Behavioral Health, which is contracted to work with families, local providers, and the Department of Children and Family to coordinate, manage, and oversee all services for community pathways families. These families will be referred via other community organizations, service providers, and self-referral. The PCME will assess their strengths and needs and refer them to services. To date, Carelon Behavioral Health reports receiving 768 referrals,

- 559 Known-to-DCF referrals to the Integrated Family Care and Support (IFCS) Program
- 198 Behavioral Health (formerly Voluntary Care Management)
- 11 Community Organizations, Services Providers and Self-Referrals

Continued installation of Connecticut's Family First Prevention Services will focus on assisting the PCME with the development of strategies to engage parents, youth, and others with lived experience to join our efforts to ensure that service delivery is trauma-informed, equal, and fair to everyone regardless of ethnicity or race.

Child Abuse Prevention Treatment Act (CAPTA) Partnership

As noted in the prior year's report, CT's CAPTA initiative is embedded in a larger state effort to increase identification of substance exposed infants (SEI), disseminate information about SEI prevention and best intervention practices, and make recommendations for a continuum of SEI care through the Governor's Alcohol and Drug Policy Council (ADPC), Prevention Subcommittee, and a SEI statewide strategic plan. In 2016, Connecticut established the Substance Exposed Infant/Fetal Alcohol Syndrome Disorder (SEI/FASD) initiative with a full-time SEI Coordinator; a position that continues to be jointly funded with the state monies from DCF and Department of Mental Health and Addiction Services (DMHAS, the state's Adult Substance Abuse Authority). The SEI Coordinator continues to be responsible for the regular convening of several working groups that inform the state's SEI Strategic Plan development, marketing, early screening/intervention, and implementation. DCF and DMHAS continue to partner in funding a family care plan coordinator position. We have been investing in and enhancing a stronger understanding statewide of the CAPTA notification portal as well as the implementation and use of family care plans for families. The FCP Coordinator has strengthened the network of providers and use of the newborn notification portal as well as increasing families using the FCP prior to birth and at time of birth. To date, every birthing hospital in the state has received the CAPTA/ Family Care Plan training, enhancing healthcare provider understanding of CAPTA/CARA legislation, CAPTA notification requirements, and FCP completion. The FCP Coordinator will also be providing training to the DCF Training Academy to inform DCF and community provider staff on supporting families through the FCP process. In 2022-2023 the two-state agencies, in collaboration with other state entities, hospitals and community partners engaged in Policy Academy which then qualified us for In-depth Technical Assistance through National Center of Substance Abuse and Child Welfare. This assistance has helped DCF in enhancing our Newborn Portal, providing equity around the use of FCP as well as ensuring equity around who receives a CAPTA notification and lastly prove an equitable lens as we update our strategic plan for the next 5 years. DCF/DMHAS partnership has continued to grow as we continue to partner and collaborate on more projects and initiatives together, including maternal mortality review committee, perinatal quality collaborative, Woman Opioid Work group, NASCENT advisory committee, Child Fatality Review Panel, Access Mental Health for Mothers, REACH, PROUD program, Overdose Fatality Review Panel, Intimate Partner Fatality Review Panel, Drug Endangered Children Alliance, Naloxone Policy's, and the Be In the Know Cannabis Education Campaign. They also support DCF's Regional Partnership grant CT Strengthening Families together that offers services to pregnant and parenting parents that have substance use concerns. This FFY23-24 the State has focused on supporting our hospitals as well as other clinics that have an intersecting relationship with individuals that could or would be pregnant. Each hospital has been assisting in sharing their protocols as a way to help other hospitals make adjustments to their policies and practices. In addition, CT in partnership has supported 5 other surround states with TA regarding CT process surrounding CAPTA and our newborn portal and the data that gets captured and how it is used.

DCF/CT Data Collaborative Partnership

DCF has developed a partnership with CT Data Collaborative, in assisting the department in bringing CAPTA data forward for the public to view in full transparency. This allows for further technical assistance to be offered by our Family care plan coordinator to all birthing hospitals or other entities needing support in understanding the CAPTA requirements. This work continues and has been supported by CT Hospital Association, and DMHAS. These two partners have aided DCF in the development of the dashboard to ensure we are consistent in use of language and that we remain true to the data that meets the need of the state as well as Federal reporting requirements.

DCF/ CCADV Partnership

Another partnership the department has been able to establish is with CT Coalition Against Domestic Violence lifting and educating community on the effects of Intimate Partner Violence on children and the lasting traumatic affects it has on the individual and the family. This partnership has supported DCF in looking at stigma, language, understanding the intersection of IPV and Substance use and how to support survivors with keeping their children safe. CCADV has 18 member organizations around the state of Connecticut who offer recipients of IPV support, advocacy and services including but not limited to confidential shelter placement for safety. Each year approximately 38,000 recipients of IPV receive aid from one of the 18 member organizations, 32,000 recipients of IPV receive court-based advocacy, 42,000 recipients of IPV called CCADV requesting services and information and almost 32,000 recipients of IPV received one on

one counseling or participated in an IPV support group. This number also reflects these individuals receiving safety planning services and assistance obtaining basic needs. With the challenges and complexities of IPV, collaboration with CCADV and other community providers affords us the opportunity of working together to meet the individualized needs of each recipient of IPV.

We are a member of CCADV's Fatality Review Task Force, which is a collaboration of private, public, and non-profit organizations who come together monthly to review IPV fatalities that have occurred in the state of Connecticut. This task force was started by CCADV in 2000 and was designed to strengthen a coordinated response to recipients of IPV. We also sit on CCADV's Preventing Maternal Mortality Advisory Board and attend regularly scheduled meetings. This Advisory board brings together health and community providers and also extends the work CCADV is doing for IPV certification training to staff working in healthcare settings that emphasize the importance of consistent IPV screening and education. "Nearly one third of individuals who experienced a pregnancy associated death in Connecticut between 2015 and 2021 had experienced IPV at some point in their lifetime (33 of 102 individuals or 32%), so being part of a collaborative effort to provide healthcare professionals, community providers and community members with education and information on IPV and the supports and resources available to them is essential in being able to address this major public health problem.

DCF/ United Community Family Services

Connecticut Strengthening Families Together is a carefully designed pilot program in DCF Region 3 that is intended to address parental substance use for participants 18 and older. A key prevention factor in CTSFT is the inclusion of pregnant people in the population eligible for services. There has been a concerted effort to ensure that staff are trained in supporting families to complete a Family Care Plan. A Family Care Plan is a document that compiles resources that will support the family during pregnancy and beyond delivery. The FCP Coordinator has provided training to UCFS to ensure that staff have the skills to support families through the process and ensure completion of the FCP, and it is included in the practice guide and other model materials related to treatment planning. The intention of including FCPs in this work is to increase the number of families who complete their FCP prior to delivery and allow for the family to take ownership of the plan to increase the support available to a family during and after pregnancy.

Children's Behavioral Health Implementation Advisory Board

Following the tragic events that occurred in Newtown Connecticut in December 2012, the Connecticut General Assembly passed Public Act 13-178 which specifically directed DCF to produce a children's behavioral health/mental health plan for the state of Connecticut. The public act pushed Connecticut to focus fully on child mental health and well-being. Public Act 13-178 is intended to address issues of screening, identification, and access to supports and services related to children's mental health issues.

The public act required the behavioral health/mental health plan be comprehensive and integrated and meet the behavioral and mental health needs of all children in the state, and to prevent or reduce the long-term negative impact for children experiencing mental, emotional, and behavioral health issues.

DCF has been implementing the children's behavioral health plan, in partnership with eleven other state partner agencies, numerous private agencies and the children and families of Connecticut. The DCF Commissioner renewed and invited the Tri-chairs, (Carl Schiessl, Ann Smith, and Elisabeth Cannata) of the Children's Implementation Advisory Board to serve another 3 years.

Since May of 2021 and the children's behavioral health summit entitled: ***"Advancing the Children's Behavioral Health System"***, Connecticut has implemented several activities to improve the children's behavioral health system. These activities were a result of both long-term planning since the Newtown tragedy and the tremendous increase in the demand for children's mental health services because of the pandemic. These activities included:

- Added capacity at the statewide ***Crisis Call Center*** to handle increased call volume and have implemented 988 crises call center;
- Enhanced ***Mobile Crisis Services*** to be available for face-to-face assessment 24 hours a day, 7 days per week.
- Developed and implemented twelve statewide ***Intensive Crisis Care Managers*** along with two ***Outreach and Peer Support Crisis Specialists***, who are assigned to work with children and their families who are stuck in hospital emergency departments.

- Developed and procured four, 23-hour ***Urgent Crisis Centers*** as an alternative to the use of emergency departments for children' mental health crisis assessment; with an accompanying plan for two ***Sub-Acute Crisis Stabilization Centers,*** with twelve to sixteen beds and short term (14 day) stay.
- Developed and implemented five ***Regional Suicide Advisory Boards*** to support suicide prevention and postvention at the local level and to support the statewide Connecticut Suicide Advisory Board.
- Developed and implemented an ***Urban Trauma Network*** of eight provider agencies who will receive specialized training and consultation in order to provide enhanced mental health treatment to children and youth of color (and their families) who have been exposed to racial and urban trauma.
- Developed and implemented a mental health promotion project using the ***Gizmo's Pawesome Guide to Mental Health*** for children in elementary schools who completed ***Bounce Back,*** which is a school-based, evidence-based group treatment for children who have been exposed to trauma.

Help Me Grow Advisory Committee

Connecticut's Help Me Grow (HMG) system, which has been in existence statewide for 22 years, ensures that families with young children at risk for negative outcomes have access to information, support and resources. Our statewide program serves children and their families starting from pregnancy. We connect Connecticut children and their families to community services and resources related to child health, behavior, development, and learning. We serve pregnant women, parents, caregivers, social service agencies, child health providers, as well as early care and education providers.

When all of the organizations working on behalf of young children work together, we can:

- better prevent or reduce the impact that stress or adversity may have on children and families *and*
- increase protective factors that can maximize the well-being of children and families

In the past few years we have seen unprecedented needs from families, with over 40,000 calls into 211 Child Developmental Infoline, referrals for Early Intervention have increased 150% and referrals for behavioral support. Our systems in Connecticut definitely have been tested due to the increase in need. Our implementation of the core components of the HMG Model have supported this increase of need:

Our system has four components:

1. **A Centralized Access Point:** Our 211 Child Development Infoline is the centralized access point for Help Me Grow resources and supports, as well as Birth to Three evaluations. This access point assists families and professionals in connecting children to the grid of community resources that help them thrive.
2. **Family & Community Outreach:** builds parent and provider understanding of healthy child development, supportive services available to families in the community, and how both are important to improving children's outcomes. Our CT power grid for engagement includes Sparkler, a mobile friendly app for parents and caregivers to complete Developmental Screening (Ages and Stages Questionnaire), Our CT Learn the Signs Act Early Ambassador works in communities to improve early identification of developmental delays and disabilities, including autism. We also partner with the CT Parent Advocacy Center, The Village for Children and Families, Department of Social Services, Department of Children and Families, WIC, Department of Public Health and Department of Mental Health and Addiction Services to ensure families are linked to these important partners to meet children and family's needs.
3. **Child Health Care Provider Outreach:** Supports early detection and intervention efforts and connects medical providers to the grid of community resources to best support families. When potential concerns are spotted early on, they can be easier to address. Our partnership with CT AAP Champion and Pediatricians is strengthening our Help Me Grow initiatives.
4. **Data Collection & Analysis Supports:** To make sure the resource grid is working effectively, data collection and analysis of that data helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement. In 2023, The CT Office of Early Childhood developed a full-time position for Help Me Grow to focus on collecting data and support system development in Connecticut.

From 2013 to 2015, CT had a federal Early Childhood Comprehensive System (ECCS) grant from the Health Resources and Services Administration (HRSA). The ECCS Advisory Committee provided guidance and support for grant activities. Unfortunately, CT was not selected for the next round of ECCS funding. Despite the loss of federal funding,

CT was committed to continue (and expand) the work that began with the 2013/15 ECCS grant. One of the first actions taken was establishing the Help Me Grow (HMG) Advisory Committee and expanding its members. The goal of the HMG Advisory Committee is to build, in partnership with families and entities that have a similar focus, a coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports.

Our current membership has over 50 members that represent Early Childhood focus programs across the state. The HMG Advisory Committee serves as a conduit for bringing state level work to these specific geographic initiatives as well as providing opportunities to share, learn and potentially replicate best practices in other locations throughout the state. The HMG Advisory Committee also has representatives from the National Help Me Grow Center which complements state participants and helps to ensure that CT is aware of and invited to join National Center's efforts, which include webinars, special projects, and an annual forum. The HMG Advisory Committee has consistently demonstrated its unique role in being positioned to build, in partnership with families, an equitable and coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports.

Over the past seven years the HMG Advisory Committee continued its role as the mandated stakeholders' group for a federal grant from the Association of University Centers on Disabilities (AUCD) and the Centers for Disease Control and Prevention that was awarded to UCONN's Center for Excellence in Developmental Disabilities (UCEDD). This grant currently supports COVID-19 recovery and is designed to strengthen resilience skills, positive behaviors and resources for children, families, and communities. The grant required that a needs assessment be done to identify current (during COVID-19) barriers and opportunities to the four key steps of early identification: 1) parent engaged developmental monitoring; 2) developmental and autism screening; 3) referral, and 4) receipt of early intervention services for children birth to 5, across early childhood systems. Based on the results of the needs assessment and under the guidance and support of the HMG Advisory Committee, the following areas were identified and are being addressed:

- Focus on the 0-3 population via Early Head Start, infant toddler programs, family childcare, etc.;
- Provide education regarding the importance of screening and social emotional support;
- Support the Office of Early Childhood's (OEC) Sparkler app, that families can use as a developmental screening tool, a source for activities to support child development, and making connections with professionals. Note: Information on and support for Sparkler is being done throughout the Department of Children and Families' (DCF) system;
- Work with the Department of Mental Health and Addiction Services (DMHAS) in outreaching to the Department's Specialty Programs for Women & Children;
- Targeted outreach efforts to include community health centers, pediatric practices, and COVID testing sites.
- Ensure consistent messaging in English and Spanish;
- Provide materials to hospital newborn units that include the brochure to sign up for the Ages and Stages Questionnaire (ASQ-3).

Partnership with CT Children's Education Practices program provides pediatricians with timely, evidence-based clinical information and office tools, and helps them connect to community and state resources so they are able to implement practice changes.

The UConn UCEDD received funding in October of 2021 from the federal OSEP (Office of Special Education Programs) grant award, known as CT Family Support, Tracking and Referral System (STARS). The purpose of this grant is to develop, demonstrate, evaluate, and replicate a model interagency system to identify, screen, refer, and track infants and toddlers at risk for developmental delays or a disability. Grant activity included developing a pilot CT Family STARS system which will be implemented in Hartford, starting in Fall of 2022 along with expanding to two replication sites which includes Northwest Region of CT and Waterbury. The model elements of CT Family STARS complement the work being done under the UCEDD grant and aligns with HMG Advisory Committee's role and focus. The model elements are:

- An integrated data system for tracking and screening children from birth or system entry
- Promotion and use of the ASQ and Sparkler
- Parent to parent outreach for family participation for identifying, screening, referral, and evaluation for services.

Work was also done to strengthen the Advisory Committee's relationship with the National Help Me Grow Center. With guidance from the Advisory Committee's representative from the National Center, a meeting was dedicated to reviewing the history of HMG both in CT and nationally and the four components of the HMG system. The Advisory Committee is working to ensure that the CT's HMG system is fully captured within the core components, reflected on the national level, and shared with HMG affiliates. The alignment with the National Help Me Grow Center was reinforced by CT's participation in a new HMG workgroup, the Coordinated and Integrated Data Systems for Early Identification (CIDSEI). The CIDSEI project is seeking ways to improve the collection, management, interpretation, and dissemination of data related to the four steps of early identification of young children with developmental delays or disabilities. In 2021, Connecticut was a part of the development of the National Help Me Grow "Family Engaged Developmental Monitoring" Project (FEDM). Family Engaged Developmental Monitoring is an intentional partnership of families and providers working to highlight a child's developmental progress and identify opportunities for support and education for positive outcomes. Three essential attributes of FEDM include: Families are regarded as the expert on their child's development, information is gathered to inform a holistic approach to the child's development and developmental progress and needs are discussed over time. The FEDM Project quickly discovered; a lack of shared understanding of developmental monitoring, there were no universal strategies to employ its associated activities, and no standard metric for measuring those activities or their impact. Additionally, information in the research literature on developmental monitoring was lacking when compared to screening. One reason for this discrepancy may be that screening, referral, and linkage activities are better defined than the activities associated with developmental monitoring.

To address these gaps, the road map was released in January of 2023. HMG National developed a new Roadmap for Advancing Family-Engaged Developmental Monitoring (The Roadmap). This Roadmap establishes; what family-engaged developmental monitoring is, what family-engaged developmental monitoring looks like in practice and why family-engaged developmental monitoring is important for child and family outcomes. The CT Help Me Grow is currently using the Roadmap to improve and increase Family Engaged Monitoring with Early Childhood providers.

Parents with Differing Cognitive Abilities (PWDCA, formally Parents with Cognitive Limitations):
The PWDCA was formed in 2002 to support parents with cognitive limitations and their families. Members include all a diverse group of private providers, as well as the major human services state agencies:

- Department of Children and Families (functions as the lead)
- Departments of Corrections;
- Department Social Services;
- Department of Developmental Services;
- Department of Public Health; and
- Office of Early Childhood

Although the number of families headed by a parent with cognitive limitations is uncertain and identification is challenging, it is estimated that at least one third of the families in the current child welfare system are families headed by a parent with cognitive limitations. This population needs to be recognized as distinctive and in need of specific services tailored to its needs.

The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Differing Cognitive Abilities" trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting". The training was developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and is delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department's Academy for Workforce Development, CEUs are available to social workers. To date, the Workgroup has trained over 4,000 service providers through the work of an interdisciplinary, interagency rotating training team. In addition to offering a conference for administrators and supervisors, as well as an international conference, the Workgroup also created an Interview Assessment Guide to assist workers in identifying parents with cognitive limitations. Additionally, the Workgroup drafted recommendations regarding the use of plain language when communicating with parents and developed a training on plain language.

The PWDCA Workgroup has maintained a solid interest from community providers, state agencies, and stakeholders through participation in virtual quarterly Workgroup meetings. However, in 2022 there were several changes in key

members. While these changes have impacted the momentum of the work, the PWDCA, which has always maintained the value of the collaboration of partner agencies, providers, and parents, the Workgroup aimed to re-structure and re-invigorate the mission of the work. In addition to reinforcing the key goals, founding members wanted to ensure there would be a way to continue popular PWDCA training for community providers and stakeholders. The PWDCA Chair was able to secure a commitment from the DCF Workforce Development Division to dedicate at least one staff person to become a PWDCA trainer. The original PWDCA Training Team met throughout the previous fiscal year to edit and complete all training materials and handouts for both in-person and virtual Training environments. There continues to be work to solidify ongoing members and identify a DCF lead to chair the workgroup. Once finalized, training will be scheduled in order to provide this well received and frequently requested training to providers and key stakeholders in the community. It is hopeful that the quarterly meetings will resume along with in-person annual meeting once the PWDCA has been re-established within the appropriate DCF division.

ACCESS Mental Health

The ACCESS Mental Health for Youth program began in 2014 with funding from the Department. The program makes available to all youth and young adults under 22 years of age access to psychiatric and behavioral health services. These services occur via the PCP (Primary Care Providers) by way of phone consultations. These consultations aim to increase their knowledge of behavioral health, substance misuse and community resources. Clients can have access to this consultation service irrespective of insurance coverage.

Yale Child Study Center, Hartford Hospital and Wheeler clinic serve as subcontractors for Carelon Behavioral Health (formerly Beacon Health Options). Each of these agencies has teams that provide real time psychiatric consultation and individual phone consultation to the PCPs. The teams consist of a Board-Certified child and adolescent psychiatrist, a behavioral health clinician, a program coordinator, and a family peer specialist. Consultations may entail diagnostic clarification, psychopharmacology recommendations, counseling recommendations, and care coordination supporting youth and their family in connecting to community resources.

As stated in previous reports, in September 2021, Health Resources and Services Administration (HRSA) awarded funding for the expansion to support young adults 19-21 years old. They have subsequently given additional funding to produce a series of psychoeducational behavioral health videos for schools, emergency departments and primary care practices to further support parents and guardians.

Our State also wanted to support families for whom the PCP was the primary subscriber of psychotropic medications as clients awaited connection to therapeutic services. As a result, they allocated monies from the ARPA (American Rescue Plan Act) to offer telephonic bridge treatment sessions and care coordination support to youth and young adults referred to the hub teams by their PCPs. Collaboration on all aspects of the HRSA grant continues to occur with the Department of Public Health, the title V entity, and the Department of Mental Health and Addiction Services.

ACCESS Data for July 1, 2019, to March 31, 2024

PCP Satisfaction:	4.98 (out of 5)
Total youth/young adults served:	7,918
Male:	3,806
Female:	4,069
DCF Involved:	443
Total Consultations:	42,903
Direct PCP Contact:	16,753
Initial PCP Contact:	10,009
Care Coordination and Family Support	25,301

Governor's Task Force on Justice for Abused Children (GTFJAC) – Children's Justice Act (CJA):

Consistent with the FFPSA, Connecticut has moved from a solely focused child welfare agency to a Child Welfare System Response. It continues to use the Child and Family Services Plan (CFSP) to map out our plan. Within the last ten years, the Child and Family Service Plan has been shared annually with the Governor's Task Force on Justice for Abused Children (GTFJAC). The GTFJAC was first established in 1988 when officials identified the need for greater coordination of agencies involved in the investigation, intervention, and prosecution of child sexual abuse and severe physical abuse cases. The development of multidisciplinary teams (MDTs) that provide critical coordination at the beginning stages of an investigation has provided a means of maximizing community resources that strengthen and improve interagency responses and interventions. The guiding principles and values that were established initially continue to guide the direction and focus of the Task Force.

With its diverse membership, the Governor's Task Force on Justice for Abused Children (GTFJAC) is uniquely positioned to contribute and partner with the child welfare system, with several key stakeholders engaged around the task force table. There are several linkages between the work that the GTFJAC is currently involved in and that align with child welfare work.

Three key areas of focus:

1. **Safety**

Multidisciplinary Teams (MDTs) enhance the capacity of children and families to achieve positive outcomes through support, services, and resources. This will aid in decreasing the recurrence of maltreatment. Connecticut professionals with expertise in various disciplines can team complex cases. This support is offered to any child, youth, or family in the state. Currently, reports of child trafficking are automatically sent to the appropriate MDTs for review.
Below is MDT data for the teams that are funded through CAPTA:

Multidisciplinary Teams	Actuals - 10/01/21 to 9/30/22 Individuals and/or Families Served	Actuals - 10/01/22 to 9/30/23 Individuals and/or Families Served	Projected - 10/1/23 to 9/30/24 Individuals and/or Families Served
Charlotte Hungerford Hospital – Torrington	115	115	115
Clifford Beers Clinic – New Haven County	219	109	100
Community Health Center, Inc. – Stamford	86	79	94
Klingberg Family Services – New Britain	169	188	190
Middletown Police Benevolent Association: Middlesex County	59	48	60
Sexual Assault Crisis Center of Eastern CT: Norwich/New London	138	167	140
Sexual Assault Crisis Center of Eastern CT – Windham	87	60	75
Waterbury Youth Services System– Waterbury	157	170	164

The GTFJAC also evaluates the 17 MDTs in the state of Connecticut. In 2002, per Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols and monitor and evaluate multidisciplinary teams' performance. The MDT Evaluation Committee is a permanent GTFJAC committee. It is charged with reviewing the protocols of all multidisciplinary teams, monitoring and evaluating teams, and making recommendations for modifications to the system of multidisciplinary teams. These evaluations have identified gaps in the system, universal trends, and areas of strength. The evaluations can indicate additional training needs for professionals, identify potential policy updates across systems, and highlight best practices to ensure improved child safety and a uniform approach across the state. Evaluations paused in March 2020 due to the Covid-19 pandemic. The committee spent the break updating the evaluation process. The evaluations resumed in March 2021,

and the committee evaluated five teams in 2023. Moving forward it is expected that 4 to 6 teams will be evaluated annually, each team every 3 years.

In addition, GTFJAC leads the effort to train the state in the Minimal Facts training initiative. This training clarifies how to respond to victims of child maltreatment. The training emphasizes securing the minimal facts needed to report allegations to Careline or law enforcement to reduce the number of times victims have to repeat their abuse while ensuring timely responses to ensure child safety.
There are two training versions on Minimal Facts: 1) First Responders for investigators such as law enforcement and child welfare investigators and 2) Discovers for other mandated reporters. These trainings were developed by GTFJAC and are provided to law enforcement officers, social workers, health care providers, educators, daycare providers, foster parents, and others who are obligated to make a mandated report. The goal of the training is to ensure individuals know what to do when a child discloses abuse and how to respond and support the child.

GTFJAC has provided trainers to conduct training for community members, organizations, schools, and state agencies. To increase the amount of training, in fall 2023 and spring 2024, the Training Committee of the GTFJAC hosted two Train the Trainers. As part of the Children's Welfare system, we also offer this training to all the partner state agencies. Over the past year, this training was available virtually and in person to increase the number of trained participants throughout the state. Over the next couple of years these two trainings will be created in an eLearning module to increase the number of professionals trained in these important curricula including schools. Data is collected to monitor the number of training courses in Connecticut and the specific professions accessing the training.

2. Permanency

In addition to Multidisciplinary Teams, Connecticut has ten Child Advocacy Centers (CAC). Each MDT is part of a CAC, some CACs have multiple MDTs. Children's Advocacy Centers coordinate the investigation, treatment, and prosecution of child abuse cases by utilizing multidisciplinary teams of professionals involved in child protective and victim advocacy services, law enforcement and prosecution, and physical and mental health. CAC/ MDT support child victims and their non-offending caregivers (advocacy, services, treatment) and provide assistance to preserve/maintain permanency for children within their homes. These services also aid in decreasing the recurrence of maltreatment, and advocates provide education, support, information, and referrals to assist families through the life of each case.

Every Child Advocacy Center (CAC) in Connecticut is required to be accredited through the National Children's Alliance (NCA). As of 2023 all ten of the CACs in the state are fully accredited. Over the next five years several teams will go through their reaccreditation process with the expectation they will maintain their status.

The department is pursuing a new funding flow for the CACs and MDTs. Instead of funding the 17 MDTs, the funding would go to the 10 CACs. The CACs would ensure the existing MDT structures continue with greater oversight from the CACs that are the bodies that are actually accredited.

3. Family Well-Being

Children Advocacy Centers (CAC) provide advocates to children and families who are available throughout the process. The CAC provides direct mental health services and referrals to programs, support, and services as indicated. Services often remain in place after a case is closed. Understanding recovery is a process that does not end when the legalities of the case are resolved.
CACs foster collaboration among the partner agencies and recognize the unique needs of child victims. One key partnership occurs when CACs work closely with the Office of Victims of Crime Act (VOCA) Case Management Program. This program provides holistic, supportive services for victims of crime to encourage safety and resiliency. CAC advocates connect families with VOCA Case Managers who support the personal growth and emotional healing of victims through:

- Assistance with Victims Compensation Process
- Advocacy and Emotional Support
- Connection to resources like counseling, housing assistance, childcare, transportation, etc.
- Crisis Intervention and Safety Planning

The CACs conduct caregiver surveys that assess the families' treatment and services. The data collected is valuable and enables the state to create changes in the system based on user feedback. These Outcome Measurement Surveys can be updated to research a specific service and help inform the direction of the child welfare system. Over the last few years these surveys have been adjusted based on feedback from the caregivers, it has been translated into Spanish, and all necessary accommodations are provided. Over the next couple of years additional translations will be created to ensure diversity, equity, and inclusion for all families.

Connecticut's Court Appointed Special Advocates (CASA) executive director sits on the GTFJAC. CASA volunteers are assigned to the court process. They can improve participation in the Administrative Case Review (ACR) for the child and ensure that children have jointly developed case plans. These activities include engagement, case planning, and advocacy to ensure a coordinated approach beneficial to the child and non-offending caregivers.

GTFJAC has a Training Committee that has developed and supported in-person and virtual Statewide Training for Professionals over the past five years. The Training Committee looks to meet the training needs of the multiple disciplines involved in GTFJAC, CACs, and the MDT teams to improve the skills needed to serve Connecticut's families. Trainings have been provided to judges, public defenders, assistant attorney generals, state and local law enforcement, state and nonprofit child welfare professionals, professionals in the educational system, religious organizations, and other entities entrusted with Connecticut's children's well-being.

The Training Committee continues to support the statewide "Response to Recovery" conference held in May each year. The annual, 2-day conference offers a diverse selection of session topics. It is an opportunity for law enforcement, child protective services staff, lawyers, social workers, therapists, teachers, forensic interviewers, medical professionals, and child advocacy center staff to strengthen their response to child abuse and exploitation cases across Connecticut.

During this reporting period, the task force dedicates time to each agenda for presentations to increase member knowledge in various areas. The addition of these presentations has increased member engagement in the work of the task force. The task force has received presentations regarding:

- The Evaluation of Children for Suspected Sexual Abuse
- Treatment Resources for Youth with Problem Sexual Behavior
- Child Fatalities in Connecticut
- CASA in Connecticut
- Child and Family Service Plan
- Connecticut Statewide MDT Data
- Child Abuse Response in Poland
- Updated Connecticut Standards, Team Protocols, and Evaluation Tools
- Minimal Facts Discoverers and First Responders
- Finding Words Connecticut ~ a ChildFirst State
- Children's Justice Act Priorities
- Three-Year Assessment Process
- Freedom of Information Act
- Parent Representative Perspective
- Connecticut Coalition Against Domestic Violence-CCADV
- Medical Exams for Child Sexual Abuse Cases
- The Medical Exception in Court
- Female Genital Mutilation/Cutting
- The Connecticut Alliance to End Sexual Violence
- Three-Year Assessment Recommendations
- Project Rescue, the Connecticut Institute for Refugees, and Immigrants
- End Child Marriage
- NCA Standards
- Family First Prevention Act
- The infant mortality project
- Connecticut's CFSP

These training opportunities have allowed GTFJAC members to gain knowledge in critical areas, discuss gaps in service areas, discuss potential task force activities, and contemplate opportunities for interagency collaborations.

In 2019, the training committee focused on developing additional statewide training to respond to the Outcome Measurement Survey (OMS) multidisciplinary team members' data from Connecticut's teams, which was provided to task force members. Five Areas of Interest Identified in the MDT survey:
1) Responding to sexually reactive children
2) Understanding the role of each discipline on the MDT
3) Understanding federal law enforcement's response to child trafficking
4) Joint investigation process through disposition
5) Assessing for poly-victimization cases

The Chapter Director of the Connecticut Children's Alliance (CCA) continues to provide the GTFJAC data collected from the statewide Outcome Measurement System (OMS); surveys are distributed to caregivers, multidisciplinary team members, and other key stakeholders. At the end of 2021, CCA members began using the new Youth survey. From 2021 into 2022, CCA partnered with NCA to pilot a new youth survey. The youth survey was designed to give youth (when appropriate) a chance to share their thoughts and feelings about the CAC response. After a successful year piloting the youth survey, all the CCA members fully implemented these surveys in 2023.

The Governor's Task Force was scheduled to co-sponsor the 5th Annual Response to Recovery Conference. Before the COVID-related suspension of in-person meetings, the conference was slated for May 2020. In response to this, the Response to Recovery conference was converted to a virtual format. The Connecticut Children's Alliance and the GTFJAC developed and solicited virtual training presenters through an RFP. The following topics were offered through the virtual Response To Recovery during this reporting period:

- May 19, 2020, Investigations of Polyvictimization Cases
- May 21, 2020, Enhancing Student Safety During a Pandemic
- May 26, 2020, Unto the Third Generation: A Call to End Child Abuse
- May 28, 2020, Identifying and Balancing Compassion Satisfaction and Vicarious Trauma
- June 2, 2020, Best Practices in MDT Responses to Cases of Juveniles Who Offend
- June 4, 2020, Brick by Brick: How to Build a Cyberstalking Case
- June 16, 2020, Understanding Implicit Bias
- June 18, 2020, Intro to Aces and Trauma-Informed Care
- June 25, 2020, Less is More-Minimal Facts for Discoverers
- June 30, 2020, Ten Things Every Youth-Serving Org. Needs to Know
- July 2, 2020, Understanding the Impact of Trauma on Boys
- July 9, 2020, Less is More-Minimal Facts for Discoverers
- July 16, 2020, Creating Trauma-Informed Spaces
- August 4, 2020, A Guide to Welcoming Students Back to Class: Mitigating the Impact of COVID-19
- August 6, 2020, Child Abuse Prevention in Youth-Serving Organizations
- August 11, 2020, Understanding the Impact of Trauma on Children
- August 20, 2020, Language Development: Keys to School Success
- September 8, 2020, Child Neglect: When Indifference is Child Abuse
- September 29, 2020, Supporting the Non-Offending Caregiver
- October 6, 2020, Attachment and Bonding: Fostering Safe and Healthy Relationships
- October 13, 2020, Adverse Childhood Experiences: Identify, Intervene and Interrupt
- October 19, 2020, Internet Safety Training for Parents
- October 20, 2020, Internet Safety Training for Students
- October 22, 2020, Minimal Facts for First Responders
- December 1, 2020, Checking Your O2 Level: Managing Secondary Traumatic Stress
- December 8, 2020, The Role of Cultural Humility, and Implicit Bias
- January 5, 2021, Sex Trafficking of Boys & Male Bodied Youth
- January 7, 2021, Introduction to Labor Trafficking in Connecticut

- January 19, 2021, Federal Response to Human Trafficking
- February 16, 2021, Racial Trauma: The Road To Healing
- February 18, 2021, Female genital mutilation or cutting (FGM/C) in the United States
- February 25, 2021, Race and Human Trafficking
- March 19, 2021, The CT State Legislature: Process and Public Influence (during a Pandemic)
- March 25, 2021, Building Empathy: The power of connected children in a disconnected age.
- March 30, 2021, Creating Trauma-Informed Spaces
- April 1, 2021, The CT State Legislature: Process and Public Influence (during a Pandemic)
- April 8, 2021, Intro to ACES and Trauma-informed Care
- April 14, 2021, Vicarious Trauma and Self Care Strategies
- April 22, 2021, Identifying and Balancing Compassion Satisfaction, compassion fatigue, and vicarious trauma
- April 29, 2021, Teachable Safety Skills: Replacing Myths with Facts
- May 27, 2021, Implicit Bias
- June 1, 2021, Minimal Facts: First Responders (Law Enforcement and DCF Only)
- June 3, 2021, Minimal Facts: Discoverers
- June 17, 2021, Teachable Safety Skills: Replacing Myths with Facts
- Sex! The Good, the Bad, the Difference…and its Impact on Addressing Sexual Abuse
- QPR Gatekeeper Training for Suicide Prevention
- Why Parents Don't Believe

In June 2021, the Connecticut Children's Alliance hired a Training Coordinator who assumed responsibility for managing the virtual series and continues to offer statewide training virtually.

During the reporting period, the Northeast Regional Children's Advocacy Center (NRCAC) has been an active member of the Governor's Task Force on Justice for Abused Children. It has provided technical assistance, training, consultation, and support to the GTF, the CT state chapter (Connecticut Children's Alliance) of the National Children's Alliance, and the MDT teams of Connecticut. The NRCAC came to Connecticut and conducted a Team Academy, one of NRCAC's signature offerings. The team academy was conducted for Connecticut's teams, comprising 6-7 MDT members representing each discipline. This two-day training covered various topics to improve team functioning, increase understanding of the MDT model, and skill building for MDT members. Another one of the NRCAC signature training programs, Team Facilitator 2.0, a 6-month training program for MDT coordinators, occurred in August 2020 and November 2020. In addition, the NRCAC conducted a 1.5-day Introduction to Team Facilitation training designed for new team coordinators in September 2020. NRCAC also offered two webinars to share information about *"Engaging Indigenous Families"* and *"Supporting Healing of Child Trauma Outside of Therapy"* presented by the National Native Child Trauma Center in March and April 2022.

Racial Equity and Implicit Bias

The GTFJAC conducted a statewide assessment of Connecticut's systems and finalized a three-year assessment in May 2021. Key GTFJAC stakeholders participated in the assessment process. Several participants raised systemic racism, racial inequity, and implicit bias during the last three-year assessment process. Language and cultural barriers impact the experience of some victims, their families, and the character and quality of the interactions families have with professionals doing this work. GTFJAC engaged a Diversity Equity and Inclusion partner to assess various aspects of the GTFJAC and provide a roadmap for overcoming equity challenges. Through group facilitation, transformative conversations, consulting, deep listening, training, and meaningful coaching, the consultant looked to empower task force members with greater understanding, empathy, and a renewed commitment to inclusive and equitable practices. GTFJAC is not a stand-alone organization but a cornucopia of individuals and organizations who respond to child maltreatment. GTFJAC participated in multiple Racial Equity, Diversity, and Inclusion (REDI) trainings over the last year, hoping that lessons learned would ripple outward, positively impacting the families and communities served. The next three-year assessment will be submitted in May of 2024. Continued focus on Race Equity and Implicit Bias from the recommendations of the consultant will remain a top priority for the next three years.

As part of the recommendation, the Task Force and CCA will continue to support the MDT/CACs in the state. Through the work of existing and new committees and engaging key stakeholders, the task force will develop strategies to address

systems that contribute to the lack of culturally competent services in Connecticut. The consultant provided a workshop at the annual Response to Recovery conference in May 2023. The workshop entitled *How to Have Conversations about Race* provided an in-depth focus on major cross-cultural communication theories, ways that cultural values, power, privilege, and differences affect the way we communicate, tools for questioning assumptions, and ways to improve cross-cultural communications. As part of the MDT Evaluation process, the consultant completed a draft to establish Racial Equity, Diversity, and Inclusion (REDI) Standards specific to Connecticut's Child Advocacy Centers and Multidisciplinary Teams. This draft was tailored to the unique characteristics of Connecticut communities and aims to integrate REDI principles in all aspects of the work of the MDTs and CACs. The draft REDi Connecticut Standards align with the updated Diversity, Equity, and Access of Services Standard requirements in the 2023 national Standards developed by the National Children's Alliance.

Human Trafficking

The Governor's Task Force on Justice for Abused Children (GTFJAC) continues to prioritize child trafficking as an area of importance. All MDTs in the state are trained on child trafficking including the DCF Policy and Practice Guide that went into effect in August 2021. All child trafficking cases are now automatically referred to the MDTs to ensure timely review. The MDT ensures all children that are screened as high-risk or above receive services appropriate for their situation. During 2023 the MDTs reviewed 98 out of 303 possible child trafficking cases. The goal is for the MDT to review all possible cases of child trafficking, several barriers have proven to be difficult:

- Cases already open in child welfare for unrelated issues not being sent to MDT when trafficking concerns arise.
- Cases from the community not calling in the report to the DCF Careline
- Child trafficking cases not being coded correctly in NCA Trac data system for CACs (likely have reviewed a lot more than documented)

Child Trafficking Cases Reviewed Annually by MDTs:

Year	MDT Reviewed	Total Child Trafficking Referrals
2019	82	Data collection challenges, accurate data not available
2020	76	149
2021	86	241
2022	101	310
2023	98	303

Plans to address discrepancies in child trafficking cases being reviewed by MDTs:

- Continued training for child welfare professionals with focused attention on process to ensure cases are referred to the MDTs.
- Continued educational opportunities in the communities with signage listing the hotline number in multiple languages.
- NCA Trac training for CACs/ MDTs on how to properly document child trafficking cases.

The above summary illustrates the importance of the GTFJAC's role as part of the child welfare system. The GTFJAC as a stakeholder, was engaged as part of the CFSP development, and review the APSR annually. The GTF is committed to continuing its role in the development of the CFSPs and the annual APSR reviews.

Urban Trauma Network and Racial Justice

The Department has partnered with The Urban Trauma Provider Network (UTPN), a program specifically developed to provide educational and training support to providers regarding the deleterious effects of racial trauma on youth of color across Connecticut's urban areas. In partnership with DCF the Urban Trauma (UT) organization is leading a transformative movement to educate and provide a community-based approach to understanding the effects of racism, discrimination, and inequalities for urban youth throughout Connecticut.

The Department has contracted with eight nonprofit community provider organizations to become a part of the Urban Trauma Provider Network (UTPN). These providers each received seed funding to hire an additional clinician and they

have begun receiving training, support, technical assistance and fidelity monitoring from the Urban Trauma-Performance Improvement Center or UT-PIC. The UT-PIC will help ensure that the clinical services are delivered consistent with the UTPN model of care, which is built on Dr. Maysa Akbar's Urban Trauma Framework as well as on Dr. Steven Kniffley's' Racial Trauma Treatment intervention.

There are three service components: (1) general outpatient mental health treatment for children and their families (2) specific outpatient treatment to a select target population of Black, Indigenous, Latinx, Asian, and or multi-racial and other minority children and their families and (3) community-based organizational activities to support the treatment and recovery of children who have been exposed to urban and racial trauma. The organizations provide basic outpatient mental health services to children and their families. Minimally, the available services include individual therapy, family therapy, group therapy, multi-family groups and/or other mental health modalities.

Through Connecticut's CONNECT (The Connecticut Network of Care Transformation) grant, the state supported 6-month individual training, support, and coaching to assist and support community-based entities in the development of their own Health Equity Plan to reduce and eliminate disparities as they relate to ACEs and trauma. Connecticut developed a curriculum called Difficult Conversations: Introduction to the National CLAS Standards for use by contracted provider agencies to promote culturally appropriate language services. Finally, Connecticut is contracting with a community provider to implement a Racial Justice Provider Academy that will work with all contracted behavioral health providers to enhance their progress toward racial justice within their organizations and in their work with families and communities.

Urgent Crisis Centers and Subacute Crisis Stabilization Centers

Recent years have seen a significant increase in young people with behavioral health conditions presenting to hospital emergency departments (ED) for evaluation and treatment. These numbers were exacerbated during the COVID-19 pandemic and have not receded to pre-pandemic levels, frequently overwhelming the capacity of EDs. Connecticut is making an investment in building out its crisis response system by implementing two new service types: Urgent Crisis Centers and Subacute Crisis Stabilization Centers. Three community-based Urban Crisis Centers opened during Summer 2023; another program is being developed as part of a hospital Emergency Department. One Subacute Crisis Stabilization program opened in January 2024, with another program in development and slated to open during 2024.

Urgent Crisis Centers provide on-site assessment and stabilization services with linkage to ongoing appropriate supports and services. The UCC serves as an alternative to the Emergency Department for youth who otherwise might have been referred to an ED but do not require that level of care. These are non-residential programs. The UCC will: triage youth based on risk and needs; provide de-escalation and crisis stabilization services; offer a thorough assessment to determine appropriate level of care; develop a crisis safety plan collaboratively with the family; and based on assessment results, coordinate care for youth/young adults and their families to receive the appropriate level of care and type of services to meet their needs.

The Subacute Crisis Stabilization programs will provide a resource for youth who need to be out of their home to stabilize safely but who do not require hospitalization. The Sub-Acute will provide a safe facility for youth experiencing a sub-acute behavioral health crisis (mental health and/or substance use crisis), with length of stay expected to be no longer than 14 days. The Subacute program will: engage the youth in de-escalation and stabilization techniques; provide a full diagnostic evaluation and assessment; provide medication administration and management as needed; provide individual and group treatment to prepare the youth/young adult to return to home, school and the community; work collaboratively with the family, school and other professional and informal supports to support the youth/young adult's discharge; and based on assessment results, coordinate care for youth and families to receive the appropriate level of care at discharge.

Mobile Crisis Expansion and 988

Connecticut has expanded its crisis response system to include 24/7 availability of in-person mobile clinical response to youth and families in crisis. Through the statewide centralized call center, accessed via 211 or 988, families can be connected in real time to a clinician and if needed they can respond to the youth's home, school, or other community location within 45 minutes.

Connecticut has enhanced its support of regional suicide advisory boards, and through them provides training and consultation to provider organizations and community members regarding suicide prevention, screening, and intervention. The statewide implementation of 988 will increase awareness and access to crisis services. And Connecticut developed and implemented an extensive awareness and outreach campaign - the 1Work, 1 Voice, 1 Life - Be the One to Start the Conversation Suicide Prevention Health Promotion Awareness campaign - through the statewide Suicide Advisory Board.

CT Association for Infant Mental Health

The Connecticut Association for Infant Mental Health (CT-AIMH) is a professional statewide non-profit organization that offers education and expertise in infant and early childhood mental health. CT-AIMH is part of the Alliance for the Advancement of Infant Mental Health, an international organization that includes 35 other states, and 2 other countries, that partners with associations of infant mental health so that associations can support, grow, diversify, and advocate for their local infant & early childhood mental health-informed workforce.

The Connecticut Association for Infant Mental Health (CT-AIMH) provides an intensive Infant Mental Health (IMH) 8-topic training series, which is offered on an annual basis. This training is designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. An average of 80-100 DCF staff and community partners attended the virtual training series in 2023 (March-June).
The training's focus is on working with young children and their families who are dealing with unresolved loss and trauma and how that impacts relationships, particularly their relationships with their infants and toddlers. Topics include:

- Understanding and Observing Infant-Toddler Development; Using Screening Tools to Make Appropriate Referrals, & Collaborating with Early Child Programs to Best Support Very Young Children and Their Families
- Attachment, and Unresolved Trauma and Loss
- Integrating a Trauma Lens into Infant Mental Health Practice 1
- Integrating a Trauma Lens into Infant Mental Health Practice 2
- Family Time: Promoting Parent-Child Relationships in the Context of Child Welfare Visitation
- Culturally Responsive Practice and Racial Equity in Infant and Early Childhood Mental Health
- Observing Parents/Caregivers-Child Relationships
- Reflective Practice, How Infant Mental Health Principles Can be Integrated in the Workplace

The Academy of Workforce Development has offered NASW Continuing Education Credits to DCF staff and community partners. CT AIMH has also implemented two, half-day supplemental trainings for those who have completed the 8-topic Infant Mental Health training series. These trainings cover topics that align with infant mental health competence guidelines.

Beginning in 2023, additional opportunities were provided for five DCF staff to attend CT AIMH's biannual conferences, held in May and November of each calendar year. The spring conference offered in May 2023 covered the topic of "*From Survival to Security: Addressing the Impact of the Pandemic on Pregnant, Birthing, and Postpartum Families in Connecticut"*. The fall conference offered in November 2023 covered the topic of "*Diversity-Informed Tenet #4- Recognize and Respect Non-dominant Bodies of Knowledge for Work with Infants, Children and Families*".
In addition, monthly Reflective Supervision/Consultation (RS/C) group session participation was offered (for 12 months) by CT-AIMH, and the opportunity to apply for CT-AIMH's Infant or Early Childhood Mental Health Endorsement was reviewed.

All experiences are offered to DCF staff and community providers to help create a competent multi-disciplined Infant and Early Childhood Mental Health workforce.

CT's Early Childhood Consultation Partnership (ECCP®)

CT's Early Childhood Consultation Partnership (ECCP®), through Advanced Behavioral Health, Inc., funded by DCF, and the Office of Early Childhood, is a nationally recognized, evidence-based infant and early childhood mental health consultation program. It is a service offering mental health consultation by offering support and education to promote

enduring and optimal outcomes for young children. The consultation program aims to build the capacity of families, caregivers, and systems in order to meet the social-emotional and behavioral health needs of infants, toddlers, and preschoolers, and children ages 0-5 (up to age 6 for DCF children in Foster Care) with challenging behaviors and/or social and emotional needs. ECCP has been accepted into the California Evidence-Based Registry as a Promising Practice in 2022. ECCP currently operates with twenty-four ECCP Consultants who are funded by both the Connecticut Department of Children and Families and the Connecticut Office of Early Childhood.

ECCP has three primary levels of intervention, the Core Classroom service, the Family Childcare Provider service, and the Child Specific service.

- The **Core Classroom** service provides classroom-specific consultation, focusing on social emotional support, improving teacher-child and teacher-teacher interactions, classroom behavior management, and overall program quality, including teacher and director supports. This service runs for approximately three months, with up to three hours of on-site consultation per week. All services are provided by masters' level mental health Consultants supported by ECCP. Each intervention is manualized and menu-driven, based on the individualized needs of teachers and classrooms.
- The **Family Childcare Provider** service was introduced in SFY 22. This service focuses on the Family Childcare Provider and their staff to support social emotional climate, improving provider-child interactions, behavior management, and overall program quality, including provider support. This service runs for approximately two months, with up to three hours of on-site consultation per week.
- The **Child Specific** service focuses on improving teacher classroom behavioral and social-emotional strategies, parent partnerships, and community service referrals for follow-up clinical or behavioral needs. This service runs for up to six weeks long, with up to two hours of on-site consultation per week, followed by one month and six-month follow-up contacts.

In SFY 2019, 438 Child Specific Services and 232 Core Classrooms Services were provided in 282 unduplicated centers. In SFY 2020, 366 Child Specific Services and 206 Core Classrooms Services were provided in 280 unduplicated centers. On March 26, 2020, ECCP paused all in-person services in response to the covid pandemic. As it became clearer that the pandemic's impact was widespread and would last more than a few weeks, ECCP began implementing a virtual teleconsultation model of services. On March 10, 2021, ECCP began the return to in person services, with a blend of both virtual and in person options for services. SFY 22 was the begin of in-person services, with the option for some visits to be provided virtually, as programs were still limiting who could be present in their programs. In SFY 2021, 171 Child Specific Services teleconsultations and 80 Core Classroom teleconsultations were provided. In SFY 2022, 352 Child Specific Services, 215 Core Classrooms, and 3 Family Childcare Program Services were provided in 291 unduplicated centers.

In SFY 2023, ECCP resumed full in-person operations. In SFY 2023, 333 Child Specific Services, 210 Core Classrooms, and 15 Family Childcare Program Services were provided in 283 unduplicated centers. In SFY 2024, as of April 2024, 199 Child Specific Services, 139 Core Classrooms, and 3 Family Childcare Program Services were provided in 181 unduplicated centers. ECCP expects to provide an additional 130 child specific and 80 core classroom services through September 30, 2024.

In addition, ECCP provides training to communities throughout Connecticut on social and emotional topics related to children birth to five. In SFY 2020, ECCP provided 51 community-based trainings in which 1498 people in total attended. In SFY 2021, ECCP provided 88 community-based trainings in which 1390 people attended. In SFY 2022, ECCP provided 36 community-based training in which 427 people attended. In SFY 2023, ECCP provided 36 community-based trainings were held in which 639 people attended. In SFY 2024, as of April 2024, ECCP provided 18 community-based trainings in which 502 people in total have attended.

ECCP is a highly utilized service throughout the state which has shown improvements for young children struggling in their early childcare centers. Over the last five fiscal years, 77% of Preschool classrooms receiving the Preschool Core Classroom intervention reported improvements in at least one domain (Emotional Support & Classroom Organization). Additionally, 87% of the Preschool classrooms reported improvements in two or more dimensions of ECCP intervention (Positive Climate; Negative Climate; Teacher Sensitivity; Regard for Student Perspective; Behavioral

Management; Productivity and Instructional Learning Formats). Over the last five fiscal years, 84% of Toddler classrooms receiving the Toddler Core Classroom intervention reported improvements in at least one domain (Emotional and Behavioral Support and Engaged Support for Learning). Additionally, 88% of the Toddler classrooms reported improvements in two or more dimensions of ECCP intervention (Positive Climate; Negative Climate; Teacher Sensitivity; Regard for Child Perspectives; Behavior Guidance; Facilitation of Learning and Development; Quality of Feedback and Language Modeling). Over the last five fiscal years, 98% of children who completed Child-Specific Services through ECCP were not suspended or expelled from their daycare/educational setting at the one-month follow up. Additionally, based on assessment tool ratings administered pre-service and post-service, 69% of caregivers and 52% of teachers reported child improvement in scores rating internalizing and externalizing behaviors.

Integrated Family Care Support Program (IFCS)

The Integrated Family Care and Support Program (IFCS) was established in early 2020 to empower and strengthen families as well as remove the stigma of DCF involvement for families accessing DCF funded services to address their needs. The development of the program was a result of a budget option submitted under DCF's prior administration following a review of data, specifically looking at the high rate of unsubstantiated case transfers to ongoing services. The program was developed in the belief that families would be better served in their own community, without DCF involvement, and aligns well with the FFPSA and our prevention mandate.

Collaboration: The IFCS program is an example of how meaningful collaboration among a diverse set of individuals and perspectives can result in robust plans, goals, and activities that lead to positive outcomes for individuals, families, and the state. In partnership with Carelon Behavioral Health (formerly Beacon Health Options), DCF established IFCS to engage families while connecting them to concrete, traditional and non-traditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach. The length of service provided is 6-9 months based on the family's level of need and willingness to engage in services, with an option to extend the length of service if needed. Families who meet the eligibility criteria can be referred to the program.

To ensure substantial, ongoing, and meaningful consultation and collaboration with families, children, youth, and other system partners, the state DCF and Carelon Behavioral Health have implemented state and partner level collaborations; family, provider, and natural support family team meetings; and community partner meetings.

The Central Office Program Leads continue to meet with Carelon Behavioral Health staff on a weekly basis to review Family First Prevention Plan strategy, implementation, and evaluation issues as well as action items. In addition, the team meets monthly to review IFCS specific referrals, address programmatic issues, and review data. Local DCF/IFCS staff meet regularly to foster relationships between DCF/IFCS staff, address case specific concerns, promote communication, and ensure the needs of families are being addressed. IFCS leadership meets regularly with partner agencies in the community to address family and system needs as well as system capacity issues and solutions. Lastly, IFCS care coordination and peer staff meet regularly with families and their providers and natural supports to collaborate with the family to achieve their goals.

State and provider feedback on the program's processes and collaboration efforts is received through the meetings held. Family feedback is received through the family satisfaction survey completed at the end of service delivery. All feedback received is used to improve program processes and workflows.

Number of Families Served and Related Outcomes: The IFCS implementation was phased in during early 2020. The first full state fiscal year for reporting under IFCS was SFY'2021 (July 1, 2020-June 30, 2021). Outcome measures for the first three years of the program (7/1/20-6/30/23) focused on engagement, family satisfaction, reduction in child maltreatment and several performance indicators.

On July 1, 2023, Carelon Behavioral Health started a new contract to launch the state's Family First Prevention Services Act plan. The first year of this contract has been focused on determining critical outcome and performance measures, activities, and structure. As these parameters are not yet finalized, we can only report on verified data gathered through June 30, 2023.

Carelon Behavioral Health received a total of 3,497 referrals for the IFCS program from 7/1/20-6/30/23. During this same time period, families working with Carelon Behavioral Health achieved the following outcomes:

Engagement - Initial Plans of Care (POC)
From July 1, 2020, to June 30, 2023, the rate for on-time completion of the initial plan of care was 83.1% (1,830). The plan of care is completely family driven and directs the interventions, referrals, and services the family receives. IFCS staff work with families to develop a plan of care following a comprehensive assessment of the family's strengths, resources, supports and needs as identified by the family and their support network. Once families create a plan of care with IFCS, they are considered engaged in the program. Families are included in this measure if they were scheduled to have a plan of care developed during the reporting period. Families who were discharged before a care plan was due are not included. Care plans are defined as "on time" if they are completed within 45 business days of the transition meeting and "late" if they are not completed within this timeframe.

Family Satisfaction
From July 1, 2020, to June 30, 2023, IFCS received 656 surveys from families and 93.6% (614) indicated they were satisfied with IFCS services. Carelon Behavioral Health gathers family feedback on engagement, service satisfaction, and perceived benefits of the program through a family satisfaction survey administered by the Administrative Liaisons. Administrative Liaisons reach out to those families within 30 days of closing to assist with its completion. Only families who developed a plan of care are included in this measure.

Repeat Maltreatment - Subsequent Substantiated Reports
There were 1,348 families who were engaged, discharged, and reached the entire 6-month post-discharge period by June 30, 2023. Of these families, 95.5% (1,288) did not have a new substantiated report within 6-months post-discharge from the program. In collaboration with the University of Connecticut, Carelon Behavioral Health monitored the rates of families who have children who remain safely in their homes 6-months post discharge, as evidenced by no new substantiated reports.

From July 1, 2023, through March 31, 2023, Carelon Behavioral Health, as the Prevention Care Management Entity (PCME), received 826 referrals through the known to DCF pathway for IFCS services. Reporting on progress, key outcomes, and other performance measures will occur semiannually once all measures and reporting requirements are finalized. In addition to performance and outcome measures, reports will include an analysis of the outcomes by race and ethnicity.

IFCS Projected Activities through June 30, 2024: In state fiscal year 2024, IFCS became one of three populations that is part of the Preventive Care Management Entity contract. This is part of the Family First Prevention Services plan implementation for the state of CT. In IFCS, our day-to-day operations and program activities will not shift dramatically. IFCS will continue programmatic activities including collaborating with DCF, connecting with families on a regular, consistent basis, helping them connect to needed community-based supports and services, and promoting family strength and well-being.

We anticipate that all data tables will be finalized and tested by the end of June 2024. We anticipate that our progress, key indicators, and outcome measures will reflect the scope, breadth, and depth of services expected through CT's Family First Preventive Service Plan Act.

Animal Assisted Interventions/Cross Reporting

Cross Reporting is a law in CT that requires DCF staff and Animal Control Officers (ACO) to work together to "cross report" animal cruelty and child abuse and neglect. The law is called: PUBLIC ACT 14-70 - AN ACT CONCERNING CROSS REPORTING OF CHILD ABUSE AND ANIMAL CRUELTY. This law has been in place since 2011 and was expanded in 2014. 13 states including Connecticut, State Legislatures have passed Cross Reporting bills which mandate the "cross-reporting" however, CT is only one of 3 states that mandates both ACO and child protection to report animal cruelty. The law was enacted because of mounting evidence from researchers who say there's a strong LINK between animal abuse and child abuse, intimate partner violence, and elder abuse. The FBI has been using animal cruelty as a red flag for human violence for many years. In CT, almost 1/3 of all households have a dog or a cat and family violence doesn't stop

at the human species line. Animal abuse is a potential indicator and predictor of interpersonal violence. Animal cruelty is described by professionals in this field as "the tip of the iceberg" – meaning, the way animals are regarded in a family is a window into interpersonal relationships and family dynamics. The Department attends monthly meetings with the Department of Agriculture to ensure ongoing collaboration and discuss cases, trends, and program enhancements.

Item 32: Coordination of CFSP Services with Other Federal Programs

Description of Systemic Factor Item: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Background: Connecticut received an overall rating of Strength for Item 32 based on information from the statewide assessment. Information in the statewide assessment showed that the state effectively coordinates CFSP services with other federally funded or assisted programs that serve the same population.

Assessment: The agency has taken measures in addressing the coordination of services and/or benefits of other federal or federally assisted programs serving the same population. A main component of this is the development of the CT-KIND (Kid's Information Network Database) system which will include data exchanges/interfaces and automated processes to better serve the families and children in Connecticut with state and federal programs. The new system will promote collaboration, consistency and accuracy amongst community partners serving the same families inclusive of features for reporting metrics and receiving feedback from providers as well as families served.

DCF currently has data exchanges/interfaces with other federally assisted programs/agencies to better coordinate services for shared clients. The primary ones are the Department of Social Services (DSS) for medical coverage and entitlements and child support enforcement (this exchange is in progress), the Social Security Administration (SSA) for entitlements and identifying information for children in care, and the State Department of Education (SDE) for the monitoring of the educational needs of children being served by DCF. There are several Memorandum of Understandings (MOUs)/Memorandum of Agreements (MOAs) in place with other agencies, however, they are in the process of being reviewed and updated per the new requirements for CT-KIND. There are plans to enhance these data exchanges/interfaces with the development of CT-KIND.

DCF has partnered/contracted with Carelon as the Prevention Care Management Entity (PCME). Enhancement work is underway for the Provider Information Exchange (PIE) database which will be used to capture provider information for federal Family First Prevention Services per CT's Family First Services Prevention Plan. PIE will be integrated with CT-KIND to promote accurate and timely information on shared families. This will also serve as the repository for reporting and claiming for these services. There is also portal functionality that will be developed in order for providers to send information directly into the family's record so DCF staff will have this information as soon as it is available.

The CT Behavioral Health Partnership (CT BHP)

The Departments of Children and Families (DCF), Social Services (DSS) and Mental Health and Addiction Services (DMHAS) comprise the CT Behavioral Health Partnership (CT BHP). They jointly manage the contract with Carelon Behavioral Health Connecticut (formerly Beacon Health Options) which serves as the Administrative Services Organization (ASO). This Administrative Services Organization manages behavioral health needs for about one million HUSKY Health members. The goal is multifaceted. The partnership focuses on utilization management, assessing inadequacies in the network, assuring quality service delivery, ensuring the right care at the right time, and preventing unnecessary institutional treatment as well as, improving the overall behavioral health delivery system.

DSS, DCF and DMHAS remain the parties to the contract for the Connecticut Behavioral Health Partnership. However, there is collaboration with many other sister state agencies with an interest in identifying and addressing behavioral health system gaps. Those agencies are the Department of Developmental Services, the State Department of Education, the Department of Correction, Judicial (Court Support Services Division), and the Offices of the Healthcare Advocate and the Child Advocate.

For the past year, CT BHP have implemented a SUD (Substance Use Disorder) 1115 waiver as a part of the ongoing efforts to fight the opioid crisis. Section 1115 of the Social Security Act gives the Secretary of Health and Human services authority to allow states to pursue innovative and flexible program designs to improve existing programs, implement new programs, improve service delivery and quality of care, and evaluate state specific policy initiatives. CT BHP have implemented a SUD 1115 waiver as a part of the ongoing efforts to fight the opioid crisis. This waiver allowed coverage of residential and inpatient substance use disorders that had been excluded due to federal policies. It removed Medicaid payment barriers in order to improve access. Involved in this waiver initiative are the Departments of Social Services, Children and Families, Mental Health and Addiction Services, Correction, Judicial Services, and Court Support Services Division. Connecticut received CMS Centers for Medicare and Medicaid Services (CMS) approval of the waiver on April 14, 2022, with a Demonstration approval period through March 2027.

The Consumer and Family Advisory Council (CFAC) was started in 2006 under the CT Behavioral Health Partnership because there was the recognition of the importance of and the need for the consumer voice in the behavioral health system. This committee consists of HUSKY Health members with lived experience around behavioral health, or substance use and/or involvement with the child welfare or juvenile justice systems. This group focuses on advocacy through their involvement on sub-committees related to behavioral health and care coordination. The CFAC group also increased their ability to advocate by learning from behavioral health system providers and experts. Each year this group plans and implements an annual conference, iCAN, which focuses on relevant themes in behavioral health. Last year the theme of the conference was, "Opening Pathways to Mental Health and Addiction Recovery – Committing to Individuals and Families as True Partners". There were 135 attendees that included community providers, parents, consumers, and others with lived experience.

Transitioning to Adult Services (Mental Health/Addiction and/or Developmental Services)

The Department of Children and Families (DCF) has continued to maintain a collaborative partnership with our sister agencies, the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Services (DMHAS). This collaborative partnership affords all youth exiting DCF care a multi-system approach to supporting their success. DCF works at appropriately identifying youth who may be eligible for ongoing services based on level of need, then works together with DDS and DMHAS around eligibility and transition. Those youth who are identified as having a diagnosis of Autism Spectrum Disorder (ASD), or an Intellectual Developmental Disability (IDD) are referred upon being screened as having one or both these diagnoses. For youth who are deemed in need of mental health support, those with serious mental illness are referred upon turning age 16 to DMHAS's Young Adult Services (YAS) division for eligibility. Once eligibility has been determined, there is ongoing case discussion in preparation for the transition of the case, typically around the youth's 21st birthday. As part of this joint work, DCF meets regularly with DDS and DMHAS where we provide factual, clear, and concise information while coordinating the process between the state agencies. Purposeful joint planning is done so that the state agencies can come together to best support youth and families. This coordination is critical to the success of transitioning youth as they age out of their DCF placement and into the adult, long-term care support system. By collaborating with other state agencies, DCF can coordinate and wrap families with services and connect them to resources that can support their ongoing success. Connecticut continues to think holistically in terms of youth and families, and as agencies work together, youth/families can build resiliency.

Medicaid for Former Foster Youth

DCF has partnered with DSS to support former foster youth from CT that have moved to other states and have remained eligible for CT Husky coverage prior to the effective date of the SUPPORT Act. DCF has consulted with Medicaid managers at CT DSS to ensure that eligibility criteria meets all SUPPORT Act requirements as delineated in IM 23-04. DCF and DSS staff have also collaborated to produce a media announcement concerning the changes (see below for more details). DCF Health Advocate staff provide information on eligibility criteria to DCF social work staff, who pass that information along to foster youth as they approach, and after achieving, their age of majority. This includes information on continued eligibility if/when they move out of the state of CT. Health Advocates encourage social workers to always consult with them when a young adult moves out of state so that they can help review health insurance options the youth have when moving. To improve availability to this population, the Health Advocates have launched an informational presentation to social workers across the state that reviews Medicaid coverage for Services-

Post Majority youth and Medicaid eligibility up through age 26. Such information is also posted on our external website in the "For Teens" area concerning health insurance and provides contact information for the Health Advocates. Staff from the Health Advocates unit also recently met with CT Association of Adoptive and Foster Families Foster Parent buddies and included this information in the training content presented. Finally, DCF and DSS staff have collaborated with Access Health CT (our state's official health insurance marketplace) and marketing consultants at Cashman & Katz to produce a one-page flyer concerning the changes that will be distributed to foster youth and foster parents through multiple information channels.

DCF- HeadStart Partnership

For over 20 years the CT Head Start State Collaborative Office (HSSCO) has staffed, funded, and co-convened this valuable collaboration to work in partnership to support families. Each of the 14 DCF area offices have local collaboratives that work together, and the DCF and Head Start staff from these 14 local collaboratives from across the state come together on a quarterly basis. During these statewide quarterly meetings, DCF and Head Start staff meet with their key partners inclusive of the Early Childhood Consultation Program, Supportive Housing for Families, Birth to Three, Child First, and a statewide representative of the CANS (Coordinated Access Network). During these quarterly meetings, teams come together to receive training, strengthen their understanding of the various programs, and foster working relationships to better support families. During the meetings, training topics have included the ABCD Paradigm and Child Safety Practice Model, Housing Resources, and other program-specific discussions. In addition to focused training topics, the Collaborative meetings have allowed for break-out groups where each local area teams come together to discuss program practices, how best to support, and ways to move the work forward by sharing resources and information about supports available in local communities.

The partnership between Head Start and DCF within this collaborative has also benefited in establishing practices to enhance partnership to support families. Each of the 14 DCF area offices has at least one identified staff member to serve as liaison for their office, many of whom are co-located at local Head Start programs. Additionally, there has been coordination and streamlining of the referral process to increase the number of DCF children in quality early care and education and strengthening of referrals and family engagement with early intervention services. DCF staff liaisons also coordinate regular monthly rounds for active caseloads, as well as making efforts to ensure inclusion of Head Start Family Service Workers within the case planning process and Administrative Case Reviews.

Housing

Along with Connecticut's two leading Housing advocacy groups, The Partnership for Strong Communities, and the CT Coalition to End Homelessness, DCF remains committed to addressing homelessness for families within our state with particular emphasis on (a) ending and preventing family homelessness, (b) promoting child and family well-being and (c) ensuring that CT's Supportive Housing for Families Program is recognized as a strategy to contribute to ending family homelessness. DCF continues to participate and engage with numerous state and community-based groups that focus on these areas. Additionally, DCF has been a long-standing member for over 18 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These bi-monthly housing partnership meetings continue to occur virtually.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider Connection Inc., has joined over a dozen housing authorities in applying for Family Unification Program Vouchers (FUP). Memorandum of Understanding agreements solidifying this partnership of service, communication, and voucher subsidies have been established to serve the housing needs of DCF's most vulnerable families. During this upcoming year, the Department will await the opportunities from the federal Housing and Urban Development (HUD) for upcoming FUP and Foster Youth to Independence vouchers to apply for DCF families and youth. DCF will also continue to focus on transitioning youth for success and incorporating specific strategies to reduce the number of youths aging out of foster care to homelessness.

The Supportive Housing for Families is progressively moving forward with a few initiatives over the next five years. Kinship Housing Assistance Program would be an expansion of the Supportive Housing for Families program. This Pilot Program will offer temporary, short-term housing assistance to alleviate the housing challenges on families who are

considering taking a relative child into their home. In many instances, the barrier to accepting a relative is the lack of appropriate housing. This program would assist a family to locate housing, provide a security deposit and a temporary housing subsidy. In addition to housing support, families would receive case management, vocational and parenting support services as needed. For families whose income may only be social security or disability, a housing voucher would be necessary.

Another SHF initiative is continued partnership with the RTFT (Reunification and Therapeutic Family Time) program. Families in RTFT receive services from community providers who work with families to prepare them for reunification and to build supports to sustain the family once reunified. If housing is a barrier to reunification, DCF would make a referral highlighting the need for admission. SHF and the RTFT team would collaborate to prioritize families who are close to being reunified with their children. SHF services would include case management, vocational and parenting support. By coordinating required services, the time to reunify children is shortened, thus allowing children to more quickly return to their families.

Also, in alignment with the Family First Prevention Services Act of 2017 (FFPSA) the goal of the Supportive Housing for Families program is to achieve an evidence-based rating through the Title IV-E Prevention Services Clearinghouse which was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). By becoming an evidence-based model, SHF would showcase the efficacy of the work done over the past two decades in preventing removal of children whose family is involved with the CT Department of Children and Families when housing is a barrier. Using more than 25 years of research, most recently, through ACF Federal Demonstration Grant, over a two-year period of follow-up, 91% of children in the SHF program remained with their families (i.e. not placed in foster care). Achieving a rating of promising practice through the Clearinghouse would solidify SHF's delivery of high-quality best practice standards of care.

Process for Partnering with Programs

A main component of this is the integration of the Provider Information Exchange (PIE) database with the CT-KIND system to coordinate services per CT's Family First Prevention Plan and to share accurate reporting metrics. This allows community partners/providers the ability to enter data regarding Family First Services in conjunction with Carelon, the Prevention Care Management Entity (PCME). Automated features for enhanced reporting and claiming are also a part of this integration, which will assist in better oversight and coordination of services. This will also provide oversight for the federal funding associated with Family First.

As a part of the development of CT-KIND, there are Organizational Change Management (OCM) processes in place to communicate DCF's progress in developing CT-KIND, answer any questions and solicit feedback. Regular surveys, focus groups and messaging (newsletters, videos, etc.) are ongoing to promote continuous improvements. The OCM team works in concert with the Bureau of External Affairs to inform community partners and constituents, inclusive of the advisory councils, media, and legislature. Additionally, there are business liaisons from the project team assigned to each Area Office, Central Office Divisions and Solnit Facilities to keep the end-users up to date and solicit feedback.

Coordination of Services with Federal/Federally Assisted Programs

DCF coordinates for services, benefits and federally assisted programs for the children and families served. There are several avenues in which this coordination is validated such as regular provider meetings, statewide and regional provider teams, internal meetings and through consultation with the RRG. There is also a Youth Advisory Board (YAB) for youth in DCF care to make suggestions and provide input for service improvements. An Adolescent Youth Chat feature was implemented two years ago in order for youth to access immediate assistance from DCF in the event they have an urgent matter and cannot reach their assigned Social Worker (the chat is monitored by the Office of Community Relations during regular business hours, and by the Careline staff after hours, weekends and holidays).

CT-KIND will automate many of the manual processes currently in place, including auditing capabilities and real-time reporting, so coordination of these services will be more accurate and timelier. There will also be a Provider Portal specific to services being requested or delivered to have immediate feedback on the child and/or family's progress. The data exchanges/interfaces with agencies such as DSS will continue to assist in determining the entitlements and

benefits for the children in DCF care and are currently being enhanced so the information provided meet's the reporting and fiscal requirements.

Additionally, the placement and provider features are being updated in CT-KIND per Title IV-E requirements to automate and streamline the processes included in claiming, payments, and reimbursement. A Foster Care Portal is also being implemented to automate processes from inquiries through relicensing to make foster and adoptive care licensing more accessible and to eliminate manual processes associated with this work.

Every effort is made by DCF to ensure services are coordinated for the shared client population. However, there have been challenges with this and a main factor is the antiquated case management system LINK. LINK was implemented in 1996 and the technology is antiquated. As a result, there are databases/repositories used external to LINK such as SharePoint and the Provider Information Exchange (PIE), and there are data exchanges/interfaces captured outside of LINK via excel spreadsheet or another document type.

A Universal Referral Form (URF) was implemented in 2019 in conjunction with an Enhanced Service Coordination structure. There are gatekeepers assigned per DCF Region to review the URF and needs of the family for services. This is sometimes done in consultation with DCF's Regional Resource Group (RRG) to ensure the appropriate services are put in place. The URF allows for more critical thinking with contracted and credentialed providers. CT-KIND will further automate the URF and will add all contracted services for the initial roll-out. Enhancement work will include looking at other service types for sue with the URF to streamline the referral process for front-line staff.

Office of Early Childhood Prevention Services Continuum

As previously stated, the Department is committed to engaging community partners and stakeholders in operating and improving a quality child welfare system. The following are updates from a number of these ongoing partnerships.

The Office of Early Childhood has continued to promote healthy child development. Utilizing social media channels, the OEC is connecting with families where they are seeking communication. Key messages have focused on driving awareness for programs that assist families and providers, such as, but not limited to, Home Visiting, Birth To Three, Care4Kids, ASQ Home Screening and WIDA Online Learning Modules. Simple messaging promoting safe sleep practices, as well as a campaign promoting positive parenting and Child Abuse Prevention awareness, also supported Connecticut's families. To see all messaging, please view OEC's Facebook page here.

Strengthening families through primary prevention of child maltreatment involves a broad array of support services across community partners, nonprofits, state agencies, and federally funded programs. Improving coordination across stakeholders serving vulnerable families is critical to strengthening CT's prevention efforts. As a first step in this work, the CFSP working group, which includes representatives from all state human service agencies, will continue to identify prevention activities, services, and innovations across stakeholders.

Current primary prevention efforts identified in the state include:

- Care4Kids, Connecticut's Child Care Subsidy Program
- Evidence-based, home visiting services for vulnerable families. Each year, over 2,000 children and families receive weekly home visits designed to improve child health, prevent child abuse and neglect, encourage positive parenting and attachment, and promote child development and school readiness. (i.e., OEC Home Visiting Programs which include the following evidence-based home visiting models: Parents as Teachers, Healthy Families of America, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby, Family Bridge, Child First.)
- CT's Birth to Three system includes statewide early intervention services and support for infants and toddlers with disabilities and their families. The program currently serves about 10,000 children annually.
- School Readiness
- Early Head Start/Head Start programs in the state.
- Even Start family literacy program
- 2-1-1 Program: provides connections to local services, including: housing, food, utility assistance, healthcare, mental health services, employment, crisis interventions, clothing, substance use/abuse and addiction services, legal assistance, home visiting programs, and early care and education programs.

- Pyramid Framework- OEC is partnering with communities around the Pyramid framework for ECE providers and public schools, to support children's social and emotional health.
- The Early Childhood Consultation Partnership (ECCP) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children.
- Women, Infants, and Children (WIC) Program
- SNAP E&T
- Two-generational initiatives that support early care and education, health, and workforce readiness and self-sufficiency across two generations in the same household.

Ongoing pilot projects include:

- Family Homeless Diversion Initiative- Partnership between OEC and DOH. Rewards community providers for their work to prevent emergency shelter stays for families with young children, and thereby reduce childhood trauma.
- Connecting parents in specific educational training programs with the childcare they need to reduce barriers to program participation, and ultimately, increase employment.
- Home Visiting outcomes rate card
- Pilot project between OEC Home Visiting and Department of Labor- The Hartford area Jobs First Employment Services (JFES/American Job Center) orientations include a presentation from an OEC Home Visiting program. This is followed by an opportunity for eligible participants to voluntarily enroll in a home visiting program.

As the state transitions to a focus on prevention, the following chart represents OEC's service array, reflective of primary prevention efforts, early intervention and diversion programs that align with Family First legislation. OEC and DCF will continue to work together to coordinate and share information related to these prevention activities during the CFSP State planning team quarterly meetings.

Prevention (Primary prevention, early intervention, diversion)
Home Visiting Services (Including Pre-natal Services and Supports)
DCF/Head Start/Birth to Three Partnership
CT's Birth to Three System
Care4Kids, CT's Child Care Subsidy Program
School Readiness
2-1-1 Infoline
Even Start
Head Start/Early Head Start
Two-generational initiatives (i.e., Family Homeless Diversion Initiative)
SNAP E&T
Women, Infants, and Children (WIC) Program
Early Childhood Consultation Partnership (ECCP)
Trainings: Pyramid framework, Infant mental health, dual language learners
Family Resource Centers
Prevent Child Abuse CT

Conclusion

DCF employs an extensive variety of methodologies to ensure adequate coordination of our services with other federal or federally assisted programs available in the state, and we believe we are in Substantial Conformity with the requirements of this Systemic Factor. Methods include formal partnerships between state agencies that are the primary grantee or liaison to federal grants and relevant providers (i.e. the CT Behavioral Health Partnership and the Medicaid Partnership), shared messaging across public service awareness campaigns (i.e. Office of Early Childhood re: Safe Sleep), uniform data collection and reporting of episodic service data through the Provider Information Exchange (i.e.

supports TANF claiming and MHBG reporting), and councils/committees in which consumers provide the voice of lived experience (i.e. Consumer and Family Advocacy Council). A challenge has been coordination of data between state agencies to support these efforts, that will be addressed by tighter integration of PIE with our upcoming CCWIS system, as well as additional data integrations from relevant state/federal agencies as required under CCWIS regulations.

Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention

The Children's Bureau assesses this systemic factor using state performance on four items:

- Item 33: Standards Applied Equally
- Item 34: Requirements for Criminal Background Checks
- Item 35: Diligent Recruitment of Foster and Adoptive Homes
- Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Substantial conformity requires that at least three of the four items for this systemic factor be rated as a Strength.

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Item 33: Standards Applied Equally was rated as a Strength.

Recognizing the need to refine a continuous quality improvement plan for the division, the Foster Care Division's (FCD) Central Office and Regional operations received a part-time Quality Improvement Program Supervisor (QIPS). The QIPS was assigned to the division in September 2022 and dedicated the fall to meeting with the staff, review existing data management tools and conduct an overall needs assessment. The QIPS provided technical assistance and support for the division's first formal ChildStat presentation. In 2023, the QIPS has begun coordination and implementation of focus Foster Care Division Continuous Quality Improvement (FCD-CQI) teams. The FCD-CQI provide quarterly updates to the Caregiver Advisory Council for their feedback and input. Moving forward, the division is working to contract with Chapin Hall for technical assistance on developing a formal strategic and CQI plan for foster care.

Item 33: Standards Applied Equally

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Background: In Round 3, Connecticut received an overall rating of Strength for Item 33, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment described a standard biannual licensing process that is applied equally statewide. Stakeholders confirmed this information and also confirmed that waivers were standardized with no significant differences in regions requesting waivers.

Assessment:

FCD continues to build and refine systems for quality assurance to ensure compliance with the state licensing standards. This includes development of checklists and protocols, as well as review by staff (e.g., social worker and supervisor). Random audits of all cases by supervisors and managers also occur. Further, an electronic system was created that complements our State SACWIS system (eDocs). It requires the scanning and uploading of certain required background check documents and the entering of dates of completion for other required elements. In addition to being reviewed by FCD staff, these required elements are also reviewed by the department's Revenue Enhancement Division.

Connecticut follows both federal and state standards for the licensing of all caregivers, this includes our child placing agencies. In 2018 as part of the Family First Workgroup, the committee conducted a crosswalk of the National Model Foster Family Home Licensing Standards with the Department existing standards. The review found that the department aligned with the national standards in physical & mental health standards, home study, home health & safety, sleeping arrangements, transportation, and foster parent assurance. The areas misaligned are the minimum age for licensing in Connecticut is 21, literacy is not required, home capacity in 5 children instead of 8, First Aid is not required, post licensing training is not required for kinship caregivers, child specific training is required for children with medical needs, and background checks are required for all household members 16 years or older and Connecticut has no time limits for assaults or felons. The Department has moved to raise the age to 18 for households and is exploring

changes to the criminal history standards. Raising the age is currently awaiting legislative approval. Modifying the changes to criminal history standards will be addressed in the next legislative session with the revision to the existing regulation and the adoption of new kinship licensing standards. Both require legislative action.

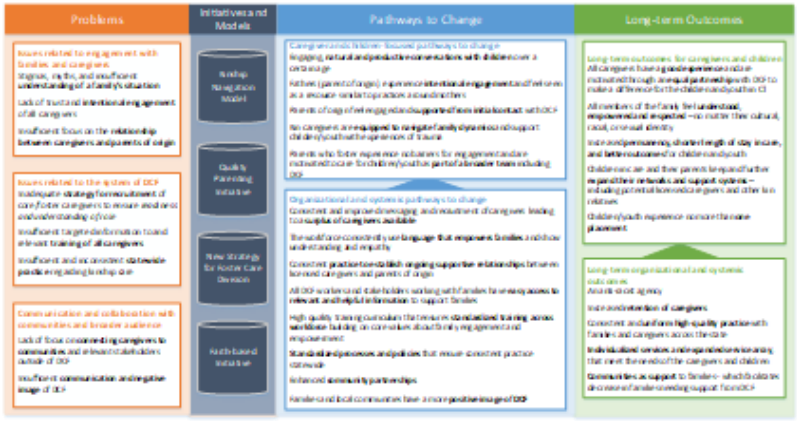
Connecticut state statue 17a-145 and the accompanying regulations 17a-145-130 set the standards for licensing an individual. The Department defines foster care as a person or persons who is licensed or certified by the Department or approved by a child placing agency for the care of children. The types are foster care (aka Core), pre-adoption, kinship, fictive Kin, independent (aka Interstate Compact) and therapeutic foster care. Child-placing agencies (CPA) that are licensed by the Department are able to approve therapeutic foster families. An individual requires a license, which includes a criminal and child protective services check, fingerprints, home inspection, interviews, pre-licensing training and home study, in order to have a child entrusted to their care. Kinship and fictive kin caregivers do not require pre-licensing training or approved full home study to care for a child. They are required to complete all licensing requirements within 150 days of placements.

Monitoring Licenses and Re-licensing

The CT DCF Reporting portal provides several reports to monitor licensing of kinship and fictive kin caregiver who were approved for and received a placement and monitor the renewal of all licensed caregivers. The "Kinship/Fictive Kin License in Progress / Overdue" report tracks each child placed with kinship/fictive kin caregiver and provides 150-days to license countdown. The Providers with licensing expiring within 90 days" report provides a 90-days countdown to renew a license. The Foster Care Division (FCD) staff at all levels have access to these and other reports. The FCD Social Worker are encouraged to use the reports as ticklers. The supervisors use the reports to ensure adherence with the standards and specified timeframes and leadership use the report for quality assurance and improvement.

Maintaining and Updating the Licensing Standards

Since 2021, the Theory of Change that is included in the Departments Caregiver Practice Model (CPM), has been a foundation toward short- and long-term interventions to improve the foster care system.



FCD reviewed the 2021 placement request data and found more than 30% of requests for changes were disruptions at the request of the caregiver. It appears the needs of the child and their ability meet the need stemmed from a lack of training and support. FCD concluded that there is a need to recruit skilled, diverse, and qualified families and acknowledge the challenges to maintain a stable pool of licensed caregivers.

The CPM organizational and systemic proposed changes are:

- Consistent and improved messaging and recruitment of caregivers leading to a surplus of caregivers available.
- High quality training curriculum that ensures standardized training across workforce - building on core values about family engagement and empowerment
- All CT DCF workers and stakeholders working with families have easy access to relevant and helpful information to support families.
- The workforce consistently uses language that empowers families and shows understanding and empathy.
- Consistent practice to establish ongoing supportive relationships between licensed caregivers and parents of origin.

- Standardized processes and policies that ensure consistent practice statewide.

In late 2022, FCD centralized its core and pre-adoptive recruitment, training, and licensing functions. It contracted with a media and marketing firm to rebrand and create a unified foster care message. It saw the hiring of a part-time Quality Improvement Program Supervisor. As of this report, newly established continuous quality improvement workgroups are reviewing data to inform interventions and suggest data management tools for improvement and monitor practice. It is exploring contracting a consultant to develop and implement a five-year strategic and quality improvement plan and CPM, the seven key results and existing data as a foundation for the blueprint. In addition, the Department is updating its foster care policy and practice guides, submitting legislative proposals to update foster care regulations and develop kinship licensing standards for the fall 2024.

	2022		2023	
SIU	**#**	**%**	**#**	**%**
# Reports Received	840		355	
# Reports Accepted for Investigation	**313**	**37%**	**355**	**100%**
# Completed Investigation	192		354	
# Substantiated	**18**	**9%**	**26**	**6%**

While the Department has not yet initiated a specific audit of its licensing practice due to technical and resource challenges, it relies on the policy and procedures embedded in practice ensuring licensing standard are met. Allegations of abuse or neglect are investigated by the Special Investigations Unit. On average in 2022 and 2023, about 300 reports of alleged abuse and neglect were accepted for investigation. Approximately, 8% were substantiated.

Reports of regulatory violations not related to abuse or neglect are managed by FCD. When necessary, the caregivers receive a corrective action plan called the Assessment for Regulatory Compliance. The Department provides written notification of the allegation or the concern within a specified time frame. The caregiver is notified of their right to request an Administrative Hearing and given up to 20 business days to respond and present a plan to mediate. Supervisors through regular supervision and record review monitor to ensure compliance with the standards.

Waiver Process

The Department aspires to reach the goal of 70% of children who must enter care will be placed with kinship or fictive kin caregivers. From 2018-2023, on average 46% of children ages 0-17 entering care for the first time are placed with kins or a fictive kin caregiver. A contributing factor is removing criminal and child protective services history barriers through a barrier review of child protective services history and central registry placement and wavier process. The Department has two types of waivers based on approving authority. Waivers related to the home, capacity, and sleeping arrangements and financial and health standards are approved at the program supervisor level. Waiver related to criminal background clearances which require Commissioner, or their designee, approval. No child in care shall be placed with a family who is not approved or licensed.

Waivers requiring commissioner level approval applies to any household member over the age of 16. Regulations section 17a-145-152 states the granting of a license or approval shall be denied if any member of the household of a foster family or prospective adoptive family:

1. Has been convicted of injury or risk of injury to minor or other similar offenses against a minor.
2. has been convicted of impairing the morals of a minor or other similar offenses against a minor.
3. has been convicted of violent crime against a person or other similar offenses.
4. has been convicted of the possession, use, or sale of controlled substances within the past five (5) years.
5. has been convicted of illegal use of a firearm or other similar offenses.
6. has ever had an allegation of child abuse or neglect substantiated; or
7. has had a minor removed from their care because of child abuse or neglect.

The mechanism to submit the waiver request is the DCF-009 Foster Care Licensing Placement Waiver Request Form through the Microsoft SharePoint Placement Waiver page. The content focuses on the details of the history, the candidate explanation (their story) and current life circumstance. It outlines the needs of the child in relation to the

history and the present-day safety and ability to meet the needs and parent the child. It includes information from consultation with the Regional Resource Group which includes clinicians, substance use specialists, nursing, intimate partner violence specialists and educational consultants. It could include the results of the barrier review conducted by the Legal Division.

Elimination of Barriers to Licensure

In 2020, the Department revised policy 25-5-1 to support the elimination of barriers to licensure and placement whenever safe and appropriate to do so. The policy established a procedure to request a mandatory emergency internal review whenever a person's child protection history and or criminal history has been identified as a barrier to imminent placement. Electronic requests are submitted to a designated e-mail box which is monitored by the Legal Division. The internal review is completed within the same day or within one business day. The results of the internal child protective service and central registry history review are either upheld or reversed.

FCD Assessment and Recommendation

FCD is responsible for applying licensing standards, conducting an assessment, and making a recommendation to deny or approve for pre-licensing. This applies to all home assessments of candidates for licensing. The Child Protective Services Division (CPS) is a contributor and partner in decision-making to rule in and get to yes or rule out a kinship or fictive kin candidate. The approval, depending on the urgency, can be issued with verbal approval by the Director of Foster Care (under emergency or after hours). Verbal approval requires the submission of the written document within 48hours (business days). Written approval requires FCD and CPS chain of command review and signature from Program Supervisor to Office Director and FCD Program Director, followed by FCD Director and finally Deputy Commissioner or Commissioner for final approval.

Electronic Tracking and Reporting:

The FCD's Microsoft Team page is used to track and store waivers (Foster Care - Placement Waivers - All Issues (sharepoint.com)). FCD completes the required fields on the placement waiver site and uploads the waivers. It then assigns the waiver to required approving individuals. Each approving individual downloads the document, reviews, and electronically signs the document. The individual uploads their version on the document and assigns it to the next person for approval.

Since 2021, the Department processed approximately 1200 requests for waivers of which 96% were approved. 74% were Program Supervisor level waivers and 26% were Commissioner level waivers. Of the Program Supervisor level waivers, 59% were related to the bedroom composition and 14% were related to overcapacity. Of the Commissioner level waivers, 56% were related to criminal history, 27 were related to child protective services history, and 13% related to fingerprint exception.

Waiver	2021	2022	2023	2021	2022	2023		
Program Supervisor Level	**289**	**276**	**349**	**100%**	**100%**	**100%**	**914**	**100%**
Bedroom- Reg17-145-139	161	175	206	56%	63%	59%	542	59%
Overcapacity- DCF 41-19-2	52	31	48	18%	11%	14%	131	14%
Physical Home Requirements- Reg 17-145-137	25	24	35	9%	9%	10%	84	9%
Health- Reg 17-145-143	33	20	28	11%	7%	8%	81	9%
Financial- Reg 17-145-147	7	19	18	2%	7%	5%	44	5%
Food & Water	8	5	8	3%	2%	2%	21	2%
Animal	1		4	0%	0%	1%	5	1%
(blank)	1	1	2	0%	0%	1%	4	0%
---	1	1		0%	0%	0%	2	0%
Grand Total	**289**	**276**	**349**	**100%**	**100%**	**100%**	**914**	**100%**

Waivers	2021	2022	2023	2021	2022	2023		
Commissioner Level	**104**	**122**	**98**	**100%**	**100%**	**100%**	**324**	**100%**
Criminal- 17a-145-152	71	82	48	68%	51%	49%	181	56%
CPS History	24	32	32	23%	26%	33%	88	27%
Fingerprint Exception	5	25	13	5%	20%	13%	43	13%
More than 1 License (DDS-CPA) 17-145-150	2	1	4	2%	1%	4%	7	2%
Immunization	1	2		1%	2%	0%	3	1%
R- TFC-Criminal or CPS Hx			1	0%	0%	1%	1	0%
Privat Adoption/ICPC	1			1%	0%	0%	1	0%
Grand Total	**104**	**122**	**98**	**1**	**1**	**1**	**324**	**1**

Kinship Recruitment, Licensing and Support

ROM report of the discharges between 2019 through 2023 indicate that 3,063 children were placed with and achieved permanency with a kinship or fictive kinship caregivers. 47% through guardianship, 27% through adoption and 26% through reunification. The average number of placement moves is 2.2 and 33% achieved permanency between 12 to 23 months in care. During that same period, the Department issued 2,342 kinship and fictive kinship licenses.

Kinship Permanency	2019	2020	2021	2022	2023	Total	%
less 12 months	170	103	99	92	114	578	19%
12 - 23+ months	255	194	175	172	220	1016	33%
24 - 35+ months	187	137	206	140	112	782	26%
36 months or more	127	76	201	167	115	686	22%
Grand Total	739	510	681	571	561	3062	

Kinship Permanency	2019	2020	2021	2022	2023	Total	%
Guardianship	332	222	349	284	252	1439	47%
Adoption	193	111	182	175	167	828	27%
Reunification	214	177	150	112	142	795	26%
Grand Total	739	510	681	571	561	3062	

Connecticut is a kinship first state and strives to place children with kin or fictive kin caregiver. The Department utilizes its Child in Placement Dashboard DCF Report Portal to track the number and the placement type of children entering and currently in care. FCD has dedicated social work staff for same day, if needed, assessment of kinship and fictive kinship caregivers for placement; staff to conduct background checks and assist with family search and engagement. It coordinates effort across division to assess and address the needs of the child and the caregivers.

The assessment of needs and identification of services and support is an ongoing effort and process requiring engagement of family, the child (ren), collateral contacts, and providers. The Department utilizes clinical, academic, medical, and legal consultation, as needed, to inform its assessment and service provision. There is an ongoing conversation and partnership amongst the FCD, the licensed caregivers, and CPS, and others to ensure the needs of children are identified and met as well as the caregiver. Through ongoing contact, Foster Care Support Workers provide support and is a liaison between the assigned CPS worker and the caregiver. When the caregiver self identifies or the Department identifies a training or coaching need, FCD can make a referral to CKIN, work with the Connecticut Alliance of Foster and Adoptive Families (1 liaison in every office), the Department's Academy for Workforce Development, Foster Care Support Groups and community-based organizations and providers to address the need. As mentioned in the APSR, August 2023 saw the launch of the newly designed kinship navigation model, ConnectiKin or CKIN which provides kinship and fictive kin caregivers with option of support outside of the Department which is family led and voluntary. By the end of 2024, the Department aspires to revise its policy, practice and regulation for kinship and is currently exploring NTDC for kinship training.

Item 34: Requirements for Criminal Background Checks

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 34, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment described the extensive process that Connecticut has for checking criminal backgrounds and prior involvement with the child welfare system for prospective foster and adoptive parents that exceeds what is federally required. However, stakeholders noted that the process can take several months and that efforts have been made only recently to improve timeliness. Stakeholders also suggested that the process for creating and monitoring safety plans for children in the home when a background check reveals a concern is inconsistent. Each region manages the process locally, and the Central Office is involved only in those circumstances that require a waiver from the Commissioner.

Assessment: The department is authorized to conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter,

security clearance, or adoption) through the State Police Record Check (SPRC) and the FBI National Crime Information Center (NCIC). The department is obligated to ensure the information is secure and protects the individual's privacy; it's accessed by authorized users and the access complies with the approved purposes; and it has policy and procedures adhering to the regulations.
References:

- Title 28, C.F.R., Parts 20 & 25, Section 50, and Chapter IX.
- FBI CJI Security Policy 2020 CJIS Security Policy version 5-9
- Connecticut General Statute – Criminal History Checks and Fingerprinting
- CGS_17a-114 - Licensure
- CGS_17a-101g - Investigations and Safety Assessments
- CGS_17a-115a - Emergency Placements
- CGS_17a-6a - Employment & Contract

In 2021, the department underwent an FBI Criminal Justice Information Services (CJIS) Security and Policy audit. It assessed the departments compliance with federal policy and procedures regarding 1) securing records, 2) accessing the CJI system, 3) utilizing and tracking appropriately, 4) training and sustain the workforce skills and knowledge, and 5) ensuring the departments CJI policy and procedures were aligned to federal standard. Agency compliance is critical to maintain NCIC access which alleviates the cost for caregivers, streamlines the process and reduces the barriers for kinship licensing. Since the audit, the Department updated policy, engaged in training related to security, fingerprinting and background checks. It streamlined the request for criminal background clearances by created a universal request form and guide: DCF 004-Universal Background Request Form STATE OF CONNECTICUT and instructions: Microsoft Word - Universal Background Check Instructions (corrected 8-2021), The Department does not allow the placement of any child with individuals that have not complied with the required background checks.

FCD social workers and supervisors utilize DCF 043 Verification of Requirements for Licensing to assure compliance with required criminal and child protectives services background clearances. All required background clearance documents are uploaded into the secured electronic record called EDOCS. In addition, policy requires FCD social worker to conduct a quarterly review of the license along with the home visit to as part of licensing maintenance which include the addition of new household member or children reaching the age of 16. In addition, the Revenue Enhancement Division, as part of their verification for IV-E reimbursement, also review the secured electronic record to assure the foster care, pre-adoptive, kinship, fictive kin, CPA, and Interstate remain in compliance with the required criminal background clearances.

Addressing Safety

FCD is committed to providing quality care for children who are temporarily separated from their parents or guardians. The Caregiver Practice Model (CPM) serves as the framework for systemic and organizational transformation and guide's practice. A problem area is the department's engagement, inclusion, and partnership with licensed caregivers. One of the interventions includes the review and refinement of FCD contact standards which provides

guidance on natural opportunities for inclusion, to ensure caregivers receive accurate, timely and relevant information. It further expects caregivers to contribute and offer recommendations on behalf of the child and family. Licensed caregivers should experience no barriers for engagement, feel motivated and part of the broader team working towards stable and less traumatic transitions for children in care. The guide is in three sections that include documentation standards in the electronic record and offers links to data management tools to measure and suggested frequency based on critical case junctions, i.e., entering care, change in care, allegations of abuse or neglect, regulatory violations, permanency etc. The guide supports and dovetails with the CPS assigned social worker assessment and case planning.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 35, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that recruitment and retention activities are dependent on staff time, caseloads, and placement activities. They reported that while the state data show net gains and losses of foster homes, the state does not assess how recruitment efforts are working and adjust efforts accordingly. Stakeholders also report that there are not enough Spanish-speaking foster homes for the number of children entering care.

Assessment:
The Foster Care Diligent Recruitment plan embraces the vision and strategies of the Department and will focus on partnering with communities and families in the Department's efforts to recruit and retain a diverse population of families that reflect the ethnic and racial diversity of children entering and currently in DCF care. Foster care is a critical function of the department, with a primary focus in ensuring children entering care are safe while in care, their well-being needs are met, and that licensed caregivers are engaged in co-parenting leading to timely permanency of children entrusted to their care. To accomplish this, the Department must recruit, train, license, and support family resources to care for the regional and statewide demand of placement requests.

In 2019, the Department was undergoing an organizational change with the foster care structure. However, various leadership changes and the impact of the pandemic created a necessary shift in priorities. In 2021, the department partnered with University of Chicago Chapin Hall to develop the CPM to guide and focus the work on caregivers. The CPM offers the pathway to change to address recruitment needs, outcomes, and compliance with the CSFR standards regarding diligent recruitment.

Since 2019, the data reflects that 46% of recruitment is word of mouth and 44% is through internet search. Understanding that 46% of recruitment is based on existing caregivers' promotion and satisfaction, the Department is taking intentional steps to retain and engage them to improve the systemic factors. QPI is a key strategy to achieve this outcome. Regional QPI Steering Committee are addressing regional nuances. We are building the pool of QPI champions. Caregivers are active participants, not in name only, active participants in policy and practice recommendations, they are members of model development workgroups and other committees that inform the work. A Caregiver Advisory Council was established which is led by and its members are individuals with lived experience. Quarterly town halls are scheduled across the state offering caregiver an opportunity to voice concerns and offer solutions. The QPI work of building relationships and strengthening relationships amongst all members of the child's team continues. We are working with our contract divisions to quantify and identify the gaps in services to ensure that when and if a child is placed the needed services are following the child. In Connecticut, retention, relationships, services, and support are critical to the diligent recruitment of caregivers.

One of the challenges of recruitment is the lack of reliable data. The technical solution is in the works with the update to the SACWIS system anticipated soon. Until then, FCD relies on Link reports, Microsoft SharePoint shared lists and spreadsheets to track and monitor progress. There continues to be a huge learning curve with staff skill set managing these various data platforms and resources are limited. The following data is not 100% reliable but it offers a picture of the needs related to recruitment. The data was shared with the media and marketing firms and used for conversations with prospective caregivers and community providers. It is also shared with the Quality Improvement Team and future consultant assisting in the development of the 5-year foster care blueprint.

Another challenge FCD is facing, is the children entering care today have complex needs; not just one need, but a myriad of needs that require interagency involvement. For example, children with a combination of 2 or more of the following are entering care, children on the autism spectrum, development needs, medical needs, and behavioral needs. Their parents are struggling with addiction or mental health and / or parents with limited support. Community support is faced with staffing and resources creating the domino effect of limited availability to "right now" access to services and support. Connecticut is a kinship first state and if were not for that approach the current emergency placement crisis would be dire. The pool of individuals willing to say "yes" to foster is changing. We are striving to embed a shared parenting approach to foster care and one of our licensed caregivers said it best, "I don't adopt children, I foster children and adopt families." After kinship, the Department is prioritizing foster care before pre-adoptive licensing. We provide finders fees. With pre-adoptive families, we are encouraging open adoption and contracted CAFAF to make available a pool of attorneys for consultation.

The Department utilizes various strategies to recruit foster and adoptive families, including but not limited to:

Awareness activities
- Various local and statewide private and public community events
- Internal education and information sharing

Media
- Print
- Social- Facebook, Twitter, and Webpage
- Radio
- News outlets
- DCF Television Show - "Doors to Hope and Healing"
- Store Front at CT Post Mall

Information Sessions (groups and private sessions)

Initiatives(various)
- Caregiver Practice Model
- Quality Parenting Initiative
- Faith Based Initiative

Partnerships
- Connecticut Alliance for Foster and Adoptive Families
- Annie C Courtney Foundation

Media Campaign- Cashman and Katz

Support/Retention Activities:
- Ongoing
  - Support Groups
  - Post Licensing Course Offerings
  - Partnership with Community Collaboratives
- Monthly contact
- Ice breakers.
- Appreciation Events
- Statewide and Local organized events
- Adoption Awareness Month
- Foster Care Awareness Month
- Spotlight- special interest stories
- Strategies/ Initiative

- Quality Parenting Initiative

Caregiver Practice Model
In early 2021, the Foster Care Division contracted Chapin Hall of the University of Chicago to develop the Caregiver Practice Model (CPM). CPM offers the pathway to organizational and systemic changes to address recruitment needs, outcomes, and compliance with the CFSR standards regarding diligent recruitment. The implementation of CPM guided the following elements:

- **Organizational Staffing changes to support consistent practice**

In 2022, the Department established a centralized unit for recruitment and pre-licensing for core and pre-adoptive caregivers. In 2023, it has received 1001 inquiries from potential foster and pre-adoptive caregivers. 58% have either been denied or withdrawn. 6% received a license and 36% are still along the path towards licensing. Centralization has offered the benefit of streamlining process, ensuring consistency of practice, and leveraging community supports, caregivers and contracted providers to recruit and license. While the inquiry numbers are steady, attracting caregivers willing to parent a child with multiple needs is difficult. The complexity of the child's needs includes 2 or more of the following: autism, development needs, medical need, and behavioral needs.

- **Community Network Efforts**

The Department has continued with the established partnerships with the faith community, Tribal Nation, Medically Complex division, Youth Advisory Board, Grassroot community organization, Contracted providers, and Caregiver Advisory Council.

- **Communication and Marketing Efforts**:

To create a consistent and improve messaging and recruitment, the Department re-envisioned its brand, messaging, and material. It contracted a media and marketing firm to

- Clarify the FCD goals and objectives,
- Identify the target population,
- Communicate the need,
- Identify outreach opportunities.

In 2023, the Department launched its new brand and logo, CTFosters Mobilizing Love, Unifying Families. The new identity is simplified to CT Fosters which clarifies our core focus which is fostering. It suggests a shared mission and collective effort in Connecticut. We work together to take care of our own. The effort includes monthly social media posts, and launched a video campaign, Right Their World. The marketing team created a virtual informational session, developed brochures and is currently working on a new media campaign, creating a quarterly newsletter, and assisting with identifying potential recruitment venues.

- **Pre and Post Training Curriculum Assessment:**

The post pandemic era created a need to reassess the existing pre-licensing curriculum, both virtual and in-person offerings to ensure it aligns with the latest research and meets the changing needs of children entering care. In 2023, a QI assessment of the curriculum in partnership with CAFAF, the Caregiver Advisory Council, community partners and the CQI teams occurred. The Youth Law Center reviewed of the Department staff training through a QPI lens and for potential opportunity to make courses available as part of post-licensing curriculum. This assessment resulted in the exploration of NTDC as a curriculum for foster care.

Consistent practice to establish ongoing supportive relationships between licensed caregivers and parents of origin.

- FCD is in the process of redefining support and actively being a part of the permanency goals, bridging gaps between parent and caregivers, shifting from transactional approach to relational, revisiting transition practice and assessing caregivers for retirement.
- Local QPI Regional Steering committees have had starts and stops and in different stages of implementation. Comfort calls and icebreakers are becoming embedded in practice. With QIPS support, FCD is developing data management tool to track and gauge effectiveness.

- The Caregiver Advisory Council (The Council) was established in late fall 2022. The Council is active, led and staffed by caregivers and adults formerly in care. They have no issues challenging institutional think and language. They made recommendations for policy changes and are poised to be a part of the FC CQI process.

Retention Events
FCD continues the ongoing sponsorship of annual signature events to create awareness and acknowledge licensed caregivers. Such as National Foster Care, Adoption, Kinship and Reunification months activities. In 2022, FCD, in partnership with the Fatherhood Engagement Leadership Team, sponsored an event spotlighting foster father, fathers and sons.

At the end of 2023, we incorporated quarterly to town hall in each region. The town hall is an open forum for licensed caregivers to raise concerns, obtain information and offer feedback with the objective of improving the relationship and ultimately the quality of care for children. In attendance are the Area Office CPS Leadership and FCD. They are scheduled quarterly in each region, some virtual and others in person. Themes from the recent town halls include the Inconsistency between area office and case decision, attorney representation, issues with payments and childcare, lack of collaboration, responsiveness, lack of meaningful partnership, issues with board and care reimbursement rate.

At the end of the year, with a focus on transition, a Quality Parenting Outreach (QPO) was issued to caregivers about transitions. 147 out of 1200 caregivers responded. 44% of responders had a child entrusted less than 6 months; 39% entrusted 6 months to 2 years; 44% children reunified; 22% transitioned to Kin.
The findings:

- 37% were notified of a change within 7-30 days.
- 24% were notified within 7 days.
- 20% were notified the same day (less than 6 months in care)

The Action for 2024 is to survey the staff about their transition practice, present QPI to the Juvenile Court judges and public defenders and other legal partners to create awareness and perhaps change the courts approach to transition.

The Foster Care Division (FCD) is also focused on the design and development of the Kinship Navigation Model, installation of the Faith Based Initiative and strengthening its Quality Parenting Initiative (QPI).

Kinship Care
When all efforts to mitigate the children entering care have been exhausted, the department focuses on finding family (relatives and kinship). Efforts continue to review practice and policy, strengthen workforce skill, and refine caregiver training curriculum. Plummer and Associates conducted an initial review of all our permanency policies to ensure alignment and reflect national standards. Several policies will be developed to enhance our permanency practice, including the development of kinship policy. The policy is currently under review. The training curriculum is under revision with assistance from University of Chicago, Academy for Workforce Development, and kinship caregivers. Best practice standards are under review and changes implemented for the kinship licensing team who conduct emergency home assessments; for accessing criminal background checks and for placement waiver requests. Along with its overall kinship practice, the department has finalized its Kinship Navigation Model, CKIN. It is preparing in 2024 to develop and implement new federal Kin-Specific Foster Home Approval Standards.

Connecticut Kinship Navigation Model (CKIN)
In 2022, the Department continued the design and development of its Kinship Navigation Model with the technical support of the University of Chicago, Chapin Hall team and co-created with caregivers. Since the last report, the Department launched the model, ConnectiKin or CKIN in August 2023. The mission of CKIN is partnering with kinship caregivers to provide connections, support, and resources needed to raise resilient children who thrive. The core components of the model include a universal standard needs assessment which relies on the kinship caregiver's self-reported needs, grounded in the principle of a child and family centered practice, and conducted in a semi-structured conversational style. It includes two levels of services. Information-level which provides an individualized list of services and support in an information package and follow-up. The Partnering-level of service includes individualized care coordination supported by a customized care coordination plan, resulting in warm transfers to resources such as economic and concrete supports, peer support groups, information on benefits, and legal information. Another core

component of the model is that kinship navigators will have lived experience. This means that the navigators partnering with the kinship families to support their needs, will have experience with being in a kinship family themselves. The model views families as the expert and participation is voluntary. Since August 2023, the Department has referred 254 kinship caregivers to CKIN. 5% completed the program successfully. The model continues to refine its implementation toward evaluation in the winter of 2024.

Relative/Kinship Care

The Department adopted a coordinated approach and expectations to focus on identification, engagement and licensing of relatives and kin for children who require an out of home placement. As of April 1, 2023, 40% of children in placement are with relatives and fictive kin. The Department has also been monitoring the rate of initial placements with relatives and fictive kin – in 2011 24.3% of children entering care had an initial placement with a relative or fictive kin. In Calendar Year 2022, on average 47% of children entering care had an initial placement with a relative or fictive kin. Between January 2011 to April 2019, the Department also saw an increase in the total number of licensed relative and fictive kin homes from, from 669 to 997. In CY23, the number of kin caregivers licensed reduced to 287 statewide. Approximately 132 began the process but were withdrawn or denied. Consistently, the main reason for closure of a relative or fictive kin home is due to permanency achievement where the child is reunified, adopted or guardianship is transferred.

Faith-Based Partners

This year, the department re-engaged the faith community to collaborate on a Faith Based Recruitment and Retention program. The program is building a network of faith-based organizations (FBO's) committed to the recruitment, retention, support of caregivers and community-based partners that focus on supporting children who are separated from their parents due to safety concerns. In 2022, the two anchor churches onboarded 15 local churches. In 2023, the program has had a few implementation challenges, for example staffing fluctuations. In the reporting year, the program recruited 32 families who expressed interested in fostering and 24 began the journey by attending a pre-licensing training hosted in one of the anchor churches. The program has created awareness through DCF 101 training in which 22 pastors attended.

Practice Framework

In early 2021, began an analysis of its systems through the theory of change process. It identified several problems; one of which was the need for organizational and systemic changes. One of the organizational changes occurring in 2022 is the centralization of recruitment, training, and licensing activities. These pre-licensing units shall respond to, and process, training, and licensing inquiries.

To support recruitment efforts and overall CPM framework, the department is developing a comprehensive marketing and media strategy. In 2021, the department engaged the services of advertising, public relations, and integrated communications firm Cashman & Katz, to develop and deliver a targeted media campaign. The campaign sought to increase caregivers for adolescents living with therapeutic level of care families. The campaign, "That's upside down, Help right it" and companion campaign webpage: RightteirWorld.org launched. With the centralization, and a goal of coordinating and integrating the implementation of various initiatives and approaches, Cashman& Katz is developing a plan to coordinate and deliver a consistent message, assist with the branding, communications, public relations, and social and digital media planning and monitoring.

The need for a technical solution, a web-based, secure, and user-friendly online portal to automate functions and functional requirements related to recruitment, approval, and retention of foster homes and support practice. The department began conversation and anticipated implementation in the winter of commercial off the shelf software to recruit and approve more families quickly.

Quality Parenting Initiative (QPI)

The Youth Law Center (YLC) developed the Quality Parenting Initiative (QPI) in 2008 as a unique model for strengthening foster care and improving permanency and wellbeing for children placed in out-of-home care by refocusing policy and practice to focus on the quality of relationships. QPI has become a national movement transforming the foster care system one judication at a time. Connecticut joined the movement in 2021. A core principle of QPI is children entering care thrive and grow by having consistent and meaningful relationship with caregivers. Relationships that are built,

consistent and sustained with their parents, caregivers, and community but also amongst their parents, caregivers, and community. In addition, children thrive and grow when the child welfare system, its policy, practice, and services promote excellent parenting and lasting relationships for children and when power is shared by involving those most affected by policies and practices to work within the system to transform the system. It supports the skill development of not only caregivers, but also staff and community by insuring they are understanding and informed on the latest research related to child and brain development, trauma, and mental well-being.

Implementation and integration of QPI into the fabric of the agency is ongoing and the penetration rate is slow and steady. Each region has a local QPI Steering Committee consisting of CPS, caregivers, and community providers. Statewide the QPI steering committee implemented warm calls, comfort call and icebreakers which are designed to provide comfort not only to the child but also to their parent and begin the process towards building the co-parenting relationship. The Caregiver Advisory Council is active, led and staffed by caregivers and adults formerly in care. They have no issues challenging institutional norms and language, have made recommendations on policy, are poised to be a part of the FCD CQI process and meet with area office leadership. In 2023, of the placement documented, 68% received a warm call and 40% received a comfort call and 12% participated in an icebreaker.

	2022	2023	2024
Warm Call	96%	68%	60%
Comfort Call		40%	44%
Ice Breaker		12%	11%

Permanency Resource Exchange Specialist (PRES)
The department's PRES continues focusing on identifying permanency resources for "long stayers." They assist with facilitating permanency round tables, are the identified reviewer for RPR's and review cases history aka "case mining" to identify resources. In 2021, the role was modified to contribute to the achieving of timely permanency and ensuring 70% of children entering care are placed with Kin. They will make efforts to locate and secure resources both relative and adoptive. They will provide family search and engagement, be active participants with permanency teaming markers, provide consultation and support related to permanency and perform other duties to further the departments' goals. They report locally to the Regional Placement Search Foster Care Supervisor who provides daily regional assignments. They provide quarterly reports to their respective area office team meetings (leadership, management etc.) to include:

- **While You Are Waiting Events- ongoing** training opportunities for pre-adoptive families with topics understanding legal risk issues in adoption, open adoption, managing behaviors which result from the effects loss and trauma experienced by children placed via the state's foster care system, adopting adolescents, and other related parenting topics related to adoption.
- **Permanency Round Tables**
- **Family Search- case mining**

Rapid Permanency Reviews
The Adoption Call to Action bi-annual meeting was Initiated by the Children's Bureau as a convening of National Statewide Adoption Managers and National Statewide Foster Care Managers to address delays in permanency, with an emphasis on adoption. Connecticut's data indicated the average time frame to adoption finalization after a child is legally free is approximately 12 months and the average length of stay is 3 years. The Children Bureau charged each state in attendance to implement a strategy to address the delay; the department chose Rapid Permanency Review (RPR) and enlisted the consultation services of Casey Family Services. RPR, through a case review process, identifies systematic barriers (internal and external) and with key stakeholders works to mitigate the barriers (systems, practice, and policy) and replicates existing best practice.

In November 2021, the department began statewide implementation of RPR. The cohort consisted of children ages 0-18, in care 2 years or more (Long Stayers), whose parents rights were terminated, living with their identified resource and with a permanency plan of Adoption. A total of 128 children were identified for the cohort. The children were 51% male and 49% female. The average age was 9.8 years old with the oldest being 17 years old and the minimum 1 year old. The children racially identified at 37% White, 30% Latinx, 22% Black and 10% Multi-racial. Their time in care averaged 3.6

years and termination of parental rights occurring 2.5 years post initial entry into care. The results of the review identified the following barriers:

- Covid related delays (i.e., court delays and availability of services)
- Caregiver and youth readiness/indecision
- Children with complex needs

Consistent with the pilot RPR, the subsidy approval process was identified as an area for improvement. The department continues its ongoing training in the Area Offices, reinforcing the use of the subsidy guides, ongoing review of all forms to streamline and eliminate redundant and no longer relevant material and providing focus area office support. To date, 49% of the children in the cohort have achieved permanency. During CY2022, these reviews were discontinued.

The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and DCF partner to recruit and support foster and adoptive families. CAFAF operates the statewide foster care inquiry phone number - 888-KID-HERO, in addition to tracking the inquiries and source of inquiry/interest. According to CAFAF, 1001 inquiries were logged from January to December 2023, an increase from CY 2022 of 21%.

	2018	2019		2020		2021		2022		2023	
Interest	**Inquiries**	**Inquiries**	**% Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**
Adoption	159	165	4%	144	-13%	162	13%	152	-6%	81	-88%
Foster Care	1085	789	-38%	424	-46%	429	1%	373	-13%	451	17%
Combination	452	419	-8%	366	-13%	458	25%	337	-26%	401	16%
Respite	42	37	-14%	9	-76%	21	133%	16	-24%	44	64%
Unsure	131	87	-51%	23	-74%	31	35%	19	-39%	24	21%
Total	1869	1497	-25%	966	-35%	1101	14%	897	-19%	**1001**	**21%**

According to the data, the average inquiry per region is 166, with Region 2 receiving the majority of the inquiries.

	2018	2019		2020		2021		2022		2023	
Region	**Inquiries**	**Inquiries**	**% Change**	**Inquiries**	**%Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**
1	288	212	-36%	144	-32%	95	-34%	132	39%	162	19%
2	250	209	-20%	140	-33%	64	-54%	111	73%	225	51%
3	277	201	-38%	167	-17%	88	-47%	127	44%	149	15%
4	473	386	-23%	206	-47%	115	-44%	159	38%	195	18%
5	323	298	-8%	165	-45%	82	-50%	138	68%	154	10%
6	258	193	-34%	144	-25%	63	-56%	90	43%	115	22%
Total	1869	1499	-25%	966	-36%	507	-48%	757	49%	**1000**	**49%**

Based on the inquiry data, 45% of prospective licensing candidates identify word of mouth and 44% identify the web-based information as the information source. A change from 2022 to 2023 found an increase in the recruitment sources from faith-based organizations, campaigns and print media.

Source of Inquiry	**2018**		**2019**		**2020**		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Internet- Web Based	1157	69%	826	60%	586	62%	886	80%	517	68%	**444**	44%
Print Media	23	1%	25	2%	6	1%	6	1%	6	1%	**12**	1%
Media	23	1%	22	2%	11	1%	1	0%	4	1%	**5**	0%
Word of Mouth	457	27%	449	33%	328	35%	151	14%	215	28%	**446**	45%
Campaigns	22	1%	59	4%	16	2%	59	5%	6	1%	**37**	4%
FBO		0%							4	1%	**56**	6%
Walk In		0%							4			
Tribe											1	
Total	**1682**	100%	**1381**	100%	**947**	100%	**1103**	100%	**756**	100%	**1001**	100%

Licenses Issued

Recruitment and License have not completely recovered from the impact of the pandemic. In 2022, FCD centralized its recruitment and licensing activities. Overall, in CY23, the number of licenses decreased by 18%. While the number of foster care licenses rose by 19%, pre-adoptive licenses decreased by 51% and kinship licenses decreased by 15%.

Licensed	2019	%	2020	%	2021	%	2022	%	2023	%
Foster Care	194	15%	87	14%	102	15%	47	10%	56	14%
Adoptive	103	8%	69	11%	92	8%	72	15%	35	9%
Independent	44	3%	29	5%	21	3%	25	5%	18	5%
Kin/Fictive Kin	975	74%	427	70%	314	74%	339	70%	287	72%
Grand Total	1316	100%	612	100%	529	100%	483	100%	396	100%

Licenses Closed

In 2023, 689 families closed their licenses. Permanency achieved represented 59% of the reason for closing. There were no significant changes.

License Closed-Type	2019	%	2020	%	2021	%	2022	%	2023	%
Foster Care	145	18%	106	22%	121	22%	102	16%	**198**	29%
Adoptive	69	8%	54	11%	46	9%	57	9%	**67**	10%
Independent	27	3%	230	47%	15	3%	21	3%	**30**	4%
Kin/Fictive Kin	574	70%	103	21%	358	66%	458	72%	**394**	57%
Grand Total	815	100%	493	100%	540	100%	638	100%	**689**	100%

License Closed-Reason	2019	%	2020	%	2021	%	2022	%	2023	%
Permanency Achieved	541	66%	280	57%	361	67%	385	60%	**406**	59%
Retired	133	16%	109	22%	99	18%	169	26%	**201**	29%
Relocation/ Agency Transfer	44	5%	24	5%	12	2%	14	2%	**14**	2%
Unfavorable	97	12%	80	16%	68	13%	70	11%	**68**	10%
Grand Total	815	100%	493	100%	540	100%	638	100%	**689**	100%

Characteristics of children in need of foster care and adoptive homes

With a marketing and media plan under development and the plan to build on the Caregiver Practice Model and establish a 5-year blueprint for foster care that includes a strategic plan but also a CQI plan, the division sought assistance of the Annie E Casey Recruitment Worksheet. The Annie E Casey Recruitment Worksheet suggested the Department needs approximately 568 licensed households. Of the 568, the worksheet indicates over 200 Latino household and 66 household for large sibling groups are needed. In addition, we reviewed the demographic information for our licensed caregivers compared to the children in care. The data is not completely reliable based on data errors. The analysis found the following.

Caregiver Demographic:

The Department has 2175 pre-adoptive, core, kinship, Independent, and FFT licensed or approved caregivers. Core caregivers represent 29% of the population and are the basis for this report. 27% of the core households are from region 5. However, the towns producing the most licensed caregivers are Waterbury Bridgeport and New Haven. Core caregivers in the state are predominantly White, are part of a two-caregiver household and their average age is 50.

The demographic makeup of the licensed caregiver is 68% reside in a two-caregiver household and 32% are the only caregiver in the home. Those licensed are as young as 25 years old to 85 years old and the average age of 50 years old. Household with two caregivers the average age is 49 years old (between 25-85). Household with one caregiver the average age is 53 years olds (between 28-83)

Regional Nuances

Region 1, of the children in care under the age of 18, the majority are 40% are Latino. 63% of the Core household have two licensed caregivers. Core caregivers' average age is between 45-54. 37% of the Core caregivers identify as White.

Region 2, of the children in care under the age of 18, the majority are 37% are Black. 52% of the Core license households have one licensed caregiver. Core caregivers' average age is between 45-54. 42% of the Core caregivers identify as White.

Region 3, of the children in care under the age of 18, the majority are 45% are White. 77% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44 and 31% are between 45-54. 74% of the Core caregivers identify as White.

Region 4, of the children in care under the age of 18, the majority are 36% are Black and 35% are Latino. 60% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44. 52% of the Core caregivers identify as White.

Region 5, of the children in care under the age of 18, the majority are 41% are Latino. 72% of the Core license households have two licensed caregivers. Core caregivers' average age is between 45-54. 61% of the Core caregivers identify as White.

Region 6, of the children in care under the age of 18, the majority are 38% are Latino. 76% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44 and 45-54. 62% of the Core caregivers identify as White.

The Multiethnic Placement Act (MEPA) requires states to recruit and license caregivers who reflect the racial and ethnic diversity of the children who are in the care of the Department. Meeting the MEPA standard has been elusive. Today, children in care who are under 18 years of age are 34% Latino, 31% White, 24% Black, 9% Mixed race and .3% Asian and American Indian or Alaskan Native. However, core licensed caregivers are 57% White, 19% Black, 15% Latino, 8% Mixed race and 1% Asian. In addition to the MEPA standard, it is estimated the Department needs more than 550 core licensed household that include 200 Latino households and 66 households available for large sibling groups. The point in time data was shared with marketing and media agency to develop strategies and with Chapin Hall as part of the 5 years blueprint development for foster care with the goal of addressing the gap. Thus far, the centralization of recruitment and licensing effort and hiring a marketing and promotional firm are strategies launched to address the gap but have not produced the number of caregivers needed.

Permanency - Adoption Registry

Feedback from the regions indicate that there continues to be a need for pre-adoptive families for children under the ages of 5 years, all races; sibling groups of 2 or more, specifically families who can accommodate opposite gender matches; and children over the age of 10; all races.

Matching for Adoption

In CY23, there were 257 requests, a 13% decrease from 2022. Of the 257 requests, 54% were 6 years old or younger, 30% were between the ages of 7 to 12 and 5% were 13 years or older. 42% identifying as White, 33% as multi racial, 18% as Black and 6% as Latino/a. 60% did not belong to a sibling group and 32% were a sibling group of two. Of the 257 requests, 46% were matched.

Registered Families	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Pre-Adoptive Placement	58	52%	23	12%	140	45%	207	48%	139	46%
Waiting for Match	36	32%	54	28%	125	40%	98	23%	70	23%
Matched	13	12%	59	30%	7	2%	49	11%	36	12%
Hold (other)	5	4%	59	30%	38	12%	80	18%	54	18%
Total	112	100%	195	100%	310	100%	434	100%	299	100%

Matching Requests	2018	2019	2020	2021	2022	2023
Region 1	36	14	8	22	19	27
Region 2	97	79	53	47	62	67
Region 3	172	169	84	63	87	67
Region 4	46	52	26	26	30	27
Region 5	89	107	51	33	44	28
Region 6	100	79	26	23	52	41
Total	540	503	248	214	294	257

Race	2018	2019	2020	2021	2022	2023
Black/African-AM	86	87	45	37	65	47
White	235	186	109	74	108	109
Hispanic	81	85	25	28	29	16
Multi-Race	138	145	100	75	150	85

Age	2018	2019	2020	2021	2022	2023
0<6	348	293	152	125	160	138
7<12	155	161	102	59	96	78
13<17	37	49	25	30	38	41
Total	540	503	279	214	294	257

Request separated by sibling groups:

Sibling Groups	2018	2019	2020	2021	2022	2023
Single	254	261	140	142	164	155
Group of 2	214	188	112	56	96	82
Group of 3	48	54	27	12	30	12
Group of 4	24			1	4	8

Adoption Registry:

The number of registered families on the adoption registry reduced by 31% from last year. Last year saw 434 families compared to 299 in 2023. 46% welcomed a child into their family a child as a pre-adoptive placement. 23% are waiting for a match. 12% are on hold because a child has been identified from a permanency planning team and 18% are on hold for "other" reasons (family issues, new jobs, etc.).

Registered Families	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Pre-Adoptive Placement	58	52%	23	12%	140	45%	207	48%	139	46%
Waiting for Match	36	32%	54	28%	125	40%	98	23%	70	23%
Matched	13	12%	59	30%	7	2%	49	11%	36	12%
Hold (other)	5	4%	59	30%	38	12%	80	18%	54	18%
Total	112	100%	195	100%	310	100%	434	100%	299	100%

AdoptUSKids
The Department has a contract with the nationally recognized AdoptUsKids, where DCF features waiting children on the AdoptUsKids web site. DCF Permanency Exchange Specialists use this web site, the Department's website, and A Family for Every Child's website/Heart Gallery, and other web-based sites highlighting the children for whom they provide specific recruitment.

Photo-listing
The Department utilizes web-based sites for the purpose of securing permanent adoptive resources. DCF features waiting children on the AdoptUSKids web site. The children are also photo listed on the DCF intranet and internet. The framed still photographs and stories are displayed throughout CT in public venues such as department stores, shopping malls, libraries, post offices, theaters, and hospitals. The photographs are also downloaded via an app called Live Portrait, where the children's videos come to life through the photograph. DCF Permanency Exchange Specialists are the contact person for children for whom they provide specific recruitment on this web site and on the Department's website. The statewide foster care and adoption recruiter is responsible for ensuring that the photographs are displayed and updated within the community.

Wendy's Wonderful Kids
A private foster care agency (Klingberg Family Center) was awarded the Wendy's Wonderful Kids (WWK) grant sponsored by the Dave Thomas Foundation in 2006. Via a child specific referral with DCF, they provide services to achieve permanency for children in state foster care programs nationwide. The WWK recruiter has a caseload of 15-20 children and youth in need of legal permanency. They work with the PRE-Supervisor for referrals to their program. This resource was expanded in 2014 and 2016 and there are now five (5) full time Recruiters in CT doing this work. Three (3) of the recruiting positions are funded by the Dave Thomas foundation, and two (2) are funded by DCF. The program operates at a consistent capacity of at least 65 active cases statewide. In 2022, the decrease of referrals from the previous year was 59%. In 2021, the program experienced a 43% decrease. Of the new referrals, one third were accepted in 2023. The program ended the year with 72 open cases. There are currently 72 children/youth being served by the Wendy's Wonderful Kids program. 20 new children were referred for services in 2023. Of these, 17 were accepted for services, 5 were closed and none are on the waitlist.

WWK	2019	2020	2021	2022	2023
# New Referrals	59	24	23	18	20
Accepted	47	19	10	18	17
Closed	10	5	11	0	5
Waitlist	1	9	0	18	0
Total in Program	**117**	**57**	**44**	**85**	72

Permanency Placement Support Program (PPSP)
The Permanency Planning Services Program (PPSP) provides core contracts with 16 clinical agencies in Connecticut. In addition to providing specialized recruitment services, an array of other permanency services includes the following: pre-placement planning for the child or sibling group, assessment and a written home study for a potential adoptive family, transition and placement planning, post placement supervision, post finalization services, assessment services in reunifying a child with family, and assessment services after a child has returned to their identified family. All of these assist the Area Office staff in realizing the child's permanency plan. Services are accessed using a service agreement with the private child placing agency. In 2014, support was expanded to cover transfer of guardianship families. As a result of inconsistency in service delivery and varied utilization of PPSP services throughout the state, the Department has completed the assessment of the program and is moving forward with establishing this as a credentialed service.

Heart Gallery
From 2005 to present, over 492 children have been featured in the Heart Gallery. Currently there are 22 children featured in the Heart Gallery. Since the last report, 10 children were matched from the Heart Gallery. Less than a quarter have a permanent resource identified due to HG exposure.

Heart Gallery	2019	2020	2021	2022	2023
Active and waiting	20	20	17	24	22
New entries	14	14	8		9
Matched with a family	15	6	7		10
Removed for other reason	4	6	4		5

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements
Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Background:
In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 36, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment and confirmed in stakeholder interviews showed that Connecticut effectively uses both in-state and out-of-state cross-jurisdictional resources to facilitate timely adoptive or permanent placements for children. However, the state acknowledged in the statewide assessment that the agency is unable to complete the Interstate Compact on the Placement of Children (ICPC) home studies in 60 days.

Assessment:
Since then, CT continues to use the National Adoption Registry and Heart Gallery (a DCF website showing photo listings of CT children awaiting adoption) as primary resources to enlist adoption resources. Each child registered is assigned to a Permanency Resource Exchange (PRE) Children Services Consultant or partner agency recruiter to promote and answer inquiries related to the children. CT accepts out-of-state families who are approved for adoption to be considered for CT children listed on the Heart Gallery. CT has had several children adopted by families that first saw the children on the Heart Gallery, including a sibling group adopted by a family that resides in Maryland. Three children in 2023 were adopted by out-of-state families, while nine children were adopted in 2021.

The process begins with referral from a DCF regional office, followed by assignment to a PRE consultant, photo listing the child and their write-up on the Heart Gallery, promotion during special recruitment events (i.e. National Adoption month), and at pre-licensing training classes. The PRE consultant follows up on any inquiries or leads for possible family resources. There are currently 23 children registered and posted on the Heart Gallery. CT will also photo list, with permission, children who are not yet but anticipated to become legally freed for adoption.

CT follows the Interstate Compact guidelines (AAICPC Articles and Regulations) associated with requests for home studies of CT families who wish to serve as a placement/permanency resource for children currently residing in other states and uses the National Electronic Interstate Compact Enterprise (NEICE) to securely exchange all data and documents required as part of this process. CT families are assigned to regional foster care licensing teams who complete the assessment and licensing for these child-specific "independent" licenses in LINK. Once the licensing process is complete, the interstate compact staff inform the sending state of the status of the approval/denial of the request. If the out-of-state child has significant therapeutic/behavioral health needs, the home study is assigned to a private child-placing agency (CPA). Either DCF or the CPA will provide monthly contact with the child once placed through home visits, and provide quarterly reports to our ICPC office, who then shares the reports with the sending state's ICPC office. Most states require the child to be legally free before requesting an adoption home study. The Interstate Compact guidelines do not typically permit two types of requests to be processed concurrently (i.e. foster home and adoption studies), but exceptions can be made on a case-by-case basis.

During the calendar year 2022 there were 242 requests from other states, of which 120 (50%) were completed within 60 days. During the calendar year 2023 there were 76 requests completed within 60 days. Licensing and ICPC workers maintain manual tracking systems to help ensure adherence to timelines. Our LINK system does not provide a countdown report or alerts to track/improve home study processing times, but our new CCWIS system CT-KIND is being designed to include these features. While the tracking for children placed on the Heart Gallery and others referred to the PRE are tracked on an MS Excel log, both our LINK and ROM reporting systems maintain multiple reports concerning post-TPR children that monitor their progress towards achieving timely permanency.

The Department has attempted to obtain data from the NEICE system to allow for determination of compliance with requirements for timely home study and placement approval for incoming requests for foster care placement but has not been able to obtain the requisite data. Efforts continue to be made towards this end as the system does collect the data elements necessary to aggregate the data but does not currently contain a report that provides this information. The Department will update this section again upon submission of our CFSR Statewide Self-Assessment by the end of July 2024.

2b. Plan for Enacting the State's Vision and Progress to Improve Outcomes

Goals and Progress Made to Improve Outcomes

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

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

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

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

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

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

Goals and Objectives:

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

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

Strategic Goals:

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

Objectives:

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

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

Objectives:

a. Continue to support and message Connecticut’s Safe and Sound Framework - Culture of Safety provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. The Safe and Sound framework introduces anti-racist ideology into CT's DCF values. As a result of the Black Lives Matter movement, it has required the racial justice work to evolve and an increased demand for system reform with a focus on justice beyond equity.
b. Work with our sister state agencies to introduce safety culture and touch points across agencies.

3. Connect systems and processes to achieve timely permanency.

Objectives:

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

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

Objectives:

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

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

Objective:

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

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

Progress Made to Improve Outcomes: CT has continued to measure progress against the Federal National Data Indicators and has continued to implement ongoing CQI reviews using the OSRI, inclusive of case related interviews. This supports ongoing alignment and consistent focus and approach to our workforce and direction for our stakeholders. Linking the various strategic plans, goals and objectives, activities and actions provides an opportunity for the CFSP to be the umbrella which brings focus and direction to our work. As we implement our Prevention Plan, ongoing CQI and measurement will be critical and will certainly have a nexus to our CFSP and APSR going forward.

As previously stated, CT has continued implementing case reviews following successful exit of the PIP in the same way, inclusive of case-related interviews and OMS data entry. This has allowed us to maintain ongoing review of key outcomes through the federal lens, in addition to our administrative data and focused practice reviews. Continued use of OMS

further allows our staff to review and share key data reports as part of our ongoing CQI activities. As data is collected in OMS, findings help to inform a need to dive more deeply into specific items. OMS data is used along with ROM data, LINK reports and the CFSR statewide data indicators which helps the state get underneath the numbers to identify those areas where we are most challenged in our performance in order to better inform strategies for improvement.

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

Implementation and Program Supports

Practice Enhancements

Please see *Assessment of Performance* section for practice enhancements incorporated into practice discussed throughout this section.

State's Training and Technical Assistance provided to state programs.

Please see *Systemic Factor 4* for additional information and a full description.

Technical Assistance and Capacity Building Efforts

Please see *Systemic Factor 3* for additional information and a full description.

Evaluation and Research Activities

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

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

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

Important recent research and evaluation activities include:

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

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

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

Goal: Keep children and youth safe with a focus on the most vulnerable populations.
CAPTA Evaluation: The UConn SSW is concluding its evaluation of the CAPTA Notification Portal and Plan of Safe Care process. Several publications and presentations have resulted from this work already.

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

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

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

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

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

Educational outcomes for post-secondary education youth: Funding is being utilized to partner with two University of Connecticut faculty with expertise in transition age youth to provide evaluative data on educational outcomes for post-secondary education youth.
Other research: A selection of recent peer-reviewed publications describing other work in support of this goal includes:

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

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

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

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

3. Quality Assurance System

Please see *Section C Requirements, Assessment of Performance, System Factor 3 Item 25* for a complete description of the Connecticut DCF Quality Assurance (QA) system including information on updates and enhancements to our QA system.

4. Final Update / Report on Service Description

A. Services

Child and Family Services Continuum

The Connecticut Department of Children and Families has statutory responsibility for prevention, child welfare, children's behavioral health and education. As such, the state's service array includes a full array of programs including child abuse and neglect prevention and diversion treatment services, foster care, family preservation services, reunification support services, mental health and substance use services, independent living, services to support other permanent living arrangements and a continuum of congregate care settings.

Please see Systemic Factor 5 for additional information regarding Services Coordination and Evaluation. Please also see Appendix A for a full list of our Service Continuum.

Additional Committees and Councils the Department participates not previously discussed or discussed below

- Autism Spectrum Advisory Council (Legislatively Mandated council that OPM Facilitates)
- CT Stay Strong Advisory Committee (DMHAS received this grant and needed partners to sit on the committee)
- System of Care for Community Collaboratives (external collaborative with family, providers, and community members)
- School Based Division Initiative (external committee with CHDI facilitating work and engaging key partners around school-based diversion)
- Trauma Informed School Mental Health Committee as well as sitting on the Steering Committee (external committee where we also sit as a steering committee member)
- School Based Health Center Advisory Committee (legislatively mandated committee)
- Disaster Behavioral Response Network (external legislatively mandated work with DMHAS as lead and DCF as key partner)
- Threat Assessment and Threat Management Collaborative (External collaborative group with FBI as lead)
- Ending the need for group care Co-design Team (DCF led group with external partners)

- Center for Children's Advocacy Restorative Justice Learning Collaborative
- Diversity, Equity & Inclusion Committee
- Statewide Diversity Action Team
- Commission on Racial and Ethnic Disparity in the Criminal Justice
- Child Welfare League of American Equity Committee
- New England Directors Race Equity Workgroup
- Committee for the Protection of human Subjects
- CT Association of Diversity and Equity Professionals (CADEP)
- Deaf & Hard of Hearing Advisory Committee Member

B. The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES – SUBPART I- FFY2024

The figures provided below 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. Individuals occupying the positions supported by grant funding were selected through an interview process.

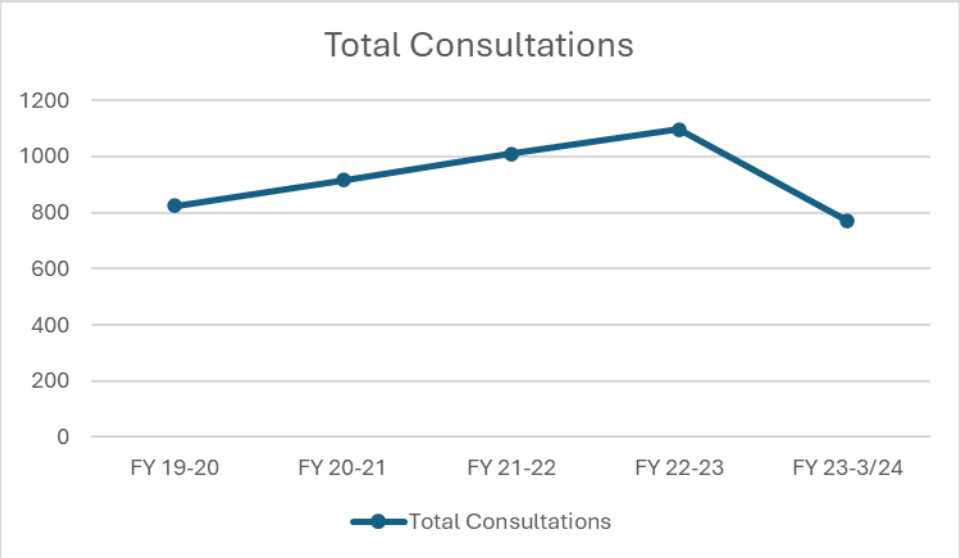
Services/Activities	Funding	Funding (BRC)
Associate Chaplin (1 @ 70%)	$42,010	$42,010
Office Assistant Positions (Meriden/Norwalk) (3 @100%)	$339,196	$339,196
CCMC	$220,500	$220,500
Central Office Staff (Contract Management) (1@100%)	$149,669	$149,669
Solnit North Positions (11 @70%)	$886,633	$886,633
The Connection Inc, Supportive housing	$100,000	$100,000
CT PWCL-Annual Meeting/Conference	$4,000	$4,000
Total:	**$1,172,744**	**$1,172,744**

Service Descriptions and Updates

Associate Chaplin - Funding supports a part time Associate Chaplin at the Solnit North Campus. This role provides clinical pastoral services to clients and their families, attends clinical staff meetings, participate in group and individual therapy sessions, participates in discharge planning, provides emotional and spiritual support during crisis, provides pastoral counseling to agency staff, prepares, and conducts religious services, administers rites and sacraments, and acts as a liaison between the agency and various religious communities.

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

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 for DCF staff and other mandated reporters, 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 was used to increase capacity for case consultations when child abuse/neglect is suspected. CCMC was able to on board 2 additional providers after the resignation of one of their medical providers in 2022. Despite staffing challenges, CCMC has steadily increased the number of consultations for children and families as seen in the graph below. CCMC was also able to increase availability to the DCF Careline afterhours and on weekends, assisting with providing timely information regarding the medical status of a child who is being evaluated for suspected abuse and/or neglect.



Central Office Staff Position:
Funding was utilized to support a staff position within the Departments Fiscal Division.

Solnit North Positions: The Albert J. Solnit Psychiatric Centers' North Campus is a facility run by the Connecticut Department of Children and Families. It provides brief treatment, residential care, and educational instruction for male youth between the ages of 13 and 18 from across the state. It offers complete multidisciplinary medical and mental health assessments for those youth under its care. Individual services are designed to meet the youth'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.

The Connection: The Supportive Housing for Families program provides permanent housing and intensive case management services to DCF families. The program began over 25 years ago, to help families recovering from substance use. 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, childcare) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). The Connections, Inc. has five sub-contracted agencies to provide these services statewide. Permanent housing is established through DCF's partnership with the Department of Housing (DOH). The DOH 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. Services are also provided to families where housing is a barrier to the reunification process. For the past five years, this additional funding has been used to support an assessment team of clinical specialists to assess families in which housing is a barrier to reunification. Once assessed, a family is assigned to a family support specialist who works with the family to assist with identifying barriers that may prevent their children from returning to the home. Over the past five years, more than 300 families have had their children returned to their care using this additional funding from the Stephanie Tubbs grant.

Parents with Differing Cognitive Abilities (formally Parents with Cognitive Limitations): *Please see description under the Collaboration Section for full description of this service*. The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Differing Cognitive Abilities" trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting". The training was developed by the CT Parents with Differing

Cognitive Abilities Workgroup, a collaborative of public and private agencies, and is delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department's Academy for Workforce Development, CEUs are available to social workers.

C. Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

Children adopted from other countries have access to services through the Connecticut Behavioral Health Partnership, which is a collaboration between the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services. Carelon Behavioral Health is the Partnership's Administrative Service Organization (ASO). Carelon makes some intensive mental health services available to people who do not have access to health insurance or who are underinsured upon special application. These children also have access to services through the Adoption Assistance Program (AAP) outlined below. The Department has no tracking mechanism for disrupted, out of country adoptions.

The Department of Children and Families contracts with UConn Health to provide post-finalization 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, including internationally, or who have taken guardianship through probate court. 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 for families. The AAP has three-four community case managers assigned to cover the four major regions 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. Each child adopted from DCF's foster care system is eligible for services through the Permanency Placement Services Program (PPSP), which provides an additional 132 hours of support services from Connecticut Child Placing Agencies. The PPSP is funded by both state and federal funds.

DCF also has an Office of Immigration Practice that provides legal and clinical consultation regarding all immigrant clients, including children adopted from other countries. It is DCF policy to provide an immigration attorney for all undocumented migrant children for whom DCF is guardian. DCF works actively to resolve legal barriers to adoption when children committed to the Department are born outside the United States and its territories. Sometimes important legal steps are missed in the adoption of children born in other countries and DCF has been able to address these omissions effectively, assuring that the adoption is completed properly. DCF can license and support undocumented people as foster parents when appropriate, and to support them in becoming adoptive parents as well.

D. Services for Children Under the Age of Five (section 422(b)(18) of the Act)

In 2013, Implementer Legislation was passed requiring the Department to ensure that children, age 3 or younger, who are substantiated victims of abuse/neglect are screened for both developmental and social/emotional delays using validated assessment tools. In addition, children aged 3 or younger served by the Department's Differential Response System be assessed for developmental and social/emotional delays. For any child exhibiting developmental or social/emotional delays, the Department is required to refer to Birth to Three Supports Program, through the 211 Child Development Infoline. Children who are not found eligible for a Birth to Three referral can be referred to the Help Me Grow or Sparkler prevention program for continued monitoring/tracking of their child's development. Beginning July 2014, the Department is required to provide annual reports to the legislature that demonstrate our compliance with this legislation. In response to CAPTA legislation, the Department of Children and Families and the Office of Early Childhood (OEC), the agency responsible for administering Birth-to-Three Supports, established an MOU that promotes the partnership and collaboration between the two state agencies. The MOU clarifies the roles and responsibilities of each agency and clarifies the process for screening and accessing services, consistent with the requirements of the Implementer legislation, for children in-home and placed in out-of-home care. OEC is required to submit data to the Department for any child referred to Birth to Three by DCF.

CT Association for Infant Mental Health
Please see Assessment of Performance Systemic Factor 6 for additional information.

DCF- HeadStart Partnership
Please see Assessment of Performance Systemic Factor 6 for additional information.

CT's Early Childhood Consultation Partnership (ECCP®)
Please see Assessment of Performance Systemic Factor 6 for additional information.

Services Descriptions
The Department has an array of service types that provide services to children from birth up to age 18. The following services target interventions for our most vulnerable population, birth to age 5:

Child First
Child First is a two-generation, intensive, home-based, early childhood intervention serving the most vulnerable young children and families, prenatal through age five years. Health and Human Services (HHS) has designated Child First one of the 17 nationally approved, evidence-based home visiting models. The Child First model directly addresses risks of child abuse and neglect, as well as poor child development and mental health outcomes through (1) comprehensive assessment and treatment planning for the parent/child relationship and supports for the whole family, (2) a home-based, parent-child intervention which builds a nurturing relationship, protects the developing brain from chronic stress, and optimizes the child's social-emotional development, learning, and health, and (3) comprehensive, wraparound services and supports for all members of the family, to decrease the stress which is toxic to the developing brain. The primary method of treatment is the use of trauma-informed Child-Parent Psychotherapy (CPP), as developed by Dr. Alicia Lieberman, in order to strengthen the attachment between the parent and child and thereby increase the capacity of parents to nurture and support their children's development. Furthermore, the model works to build parental executive functioning capacity. Child First includes broad collaboration among early childhood and adult providers, parents, and other stakeholders, which promotes an integrated system of community-based services and support.

Child First affiliate sites were strategically placed in DCF Regions such that there is an affiliate serving each DCF Area Office. Since July 2021, to assist in coverage-related challenges, services were expanded to ensure coverage of all towns served within each region. Along with the expansion of towns served, additional teams were added across the state to meet service demands. High service utilization along with staffing and hiring challenges despite creative recruitment efforts have remained a challenge that has impacted waitlists for families being served. Child First continues to be used and benefit children and their caregivers both in their families of origin as well as in foster homes through reductions in caregiver-child interaction difficulties, reduction in parenting stress, reduction in child problematic behaviors, and increases in child social skills.

Child First resumed its second randomized trial (RCT) in 2023. It originally began in May 2019 however paused due to the covid pandemic. This study includes a broad age range up to six years old across multiple sites in Connecticut, North Carolina, and Colorado. The study will look at outcomes and will be following children and their families longitudinally with administrative data.

Child First is a highly utilized service throughout the state. Child First served 850 children in SFY 2019, 920 in SFY 2020, 906 in SFY 2021, 946 in SFY 2022, and 976 in SFY 2023. Child First has been utilized to support the most vulnerable families with young children, as Child First intake assessment scale data demonstrates that 97% of referred caregivers and 84% of referred children experienced at least one traumatic event, 74% of caregivers experiencing difficulties in the parent-child relationship, 61% of children scoring for behavioral concerns, and 21% of caregivers scoring for maternal depression/mental health. Child First families continue to show improvements while in service, as data indicates clinically significant improvements of at least 0.5 standard deviations in assessment scale ratings from intake to discharge. Child First families show improvements with this intervention, as 86% of referred families demonstrated improvement in at least one domain (Child problem behavior, child social skills, communication skills, parenting stress, caregiver depression, caregiver PTSD symptoms, and parent -child relationship), and 62% of involved families demonstrating improvements in at least two domains. Since 2019, Child First has collected data on race, ethnicity, and length of stay in the Child First program as part of their model and will use this information to guide practices around

referrals, access to service, and impact outcomes. Collaboration between Child First and the DCF Enhanced Service Coordinators has been essential in facilitating referrals, triaging high needs and high priority cases, and ensuring ongoing collaboration between Child First service providers and DCF staff. By working together, Child First has been able to ensure that services are provided in a timely manner to as many families as possible while upholding the fidelity of the Child First model.

Circle of Security Parenting (COSP)

Circle of Security Parenting© is a manualized, DVD-based, eight-session, attachment-centered parent reflection-building intervention that can be provided in English, Spanish, and eighteen additional languages. Circle of Security Parenting (COSP) is designed to build, support, and strengthen parents' reflective capacity so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. This is crucial because it is within quality relationships that various capacities needed by kids to thrive in life are built. These capacities include curiosity, self-regulation, perseverance, the joy of learning, connectedness, empathy, self-motivation, impulse control, comfort using power, and trust. Parents, educators, and caregivers learn to view children's behavior from a secure base and then identify the children's underlying needs being communicated by the child's behavior. COSP equips parents, teachers, and caregivers to reflect on children's behavior, reflect on their reaction to the children's behavior, and reflect on the parenting they received in their own childhood.

The population served includes parents with children 0-17 years of age who are referred to as the Parenting Support Services Program which uses a combination of COSP and Triple P Parenting. Priority is given to parents involved with DCF however community referrals are also accepted. COSP can be offered to a variety of caregivers, including biological parents, adoptive parents, foster parents, grandparents, and relative caregivers. In SFY 2023, 1449 caregivers participated in Circle of Security. In SFY 2024, as of April 2024, 1256, caregivers have participated in Circle of Security.

Over 2,000 staff from a wide variety of disciplines and settings in CT have been trained in COSP since 2010. The training offered has continued to be provided virtually and there continues to be strong interest from providers in a wide variety of settings and disciplines in being trained in COSP. Those being trained in COSP have included educators from various school programs including pre-school teachers to be able to apply the concepts in a classroom setting, childcare providers from licensed family childcare providers, pediatricians, and the staff and clinicians from various DCF-funded programs such as Child First, Intensive Family Preservation, Family-Based Recovery, Reunification and Therapeutic Family Time, and Intimate Partner Violence-Family Intervention Assessment Response. Training has also been offered to state partners including those from the Department of Mental Health and Addiction Services, the Office of Early Childhood, and the Department of Corrections. Within DMHAS, COSP has been provided to Perinatal Support Teams, Peer Mentors, and various staff from the DMHAS Women's & Children's Programs. Within OEC, several staff from Birth to Three Programs have been trained in COSP. Within the Department of Corrections, several staff counselors have been trained in COSP.

Family Based Recovery (FBR)

Family-Based Recovery (FBR) is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes, and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.

In 2006, The State of Connecticut (CT) DCF recognized the need to address the dual challenges of parenting and achieving recovery if the child placement rate in CT was to decrease. DCF brought together faculty members at Johns Hopkins University, the University of Maryland, and the Yale Child Study Center (YCSC) to develop a treatment model that integrated contingency management substance use disorder treatment with in-home, attachment-based parent-child therapy.

The integrated model is based on two foundational principles: attachment is critical to healthy development and substance use treatment work. FBR recognizes that the parent-child relationship cannot wait until a parent achieves abstinence and can be a powerful motivator for change. Joining treatment modalities addresses the interrelatedness of

parenting and recovery. Each treatment team is composed of two master's level clinicians and one bachelor's level support staff that provide in-home contingency management substance use treatment, individual therapy, attachment-based parent-child therapy, developmental screenings, group therapy, on-call services, and case management. No matter the treatment component, it is the team's responsibility to focus the parent on the child's experience. Each team has access to a psychiatrist or APRN for evaluations and pharmacotherapy as needed.

A team's caseload is 12 families. A family is defined as a parent(s) and a child under the age of 6 years old, an increase from under 36 months that became effective July 2020. Treatment consists of three sessions per week and can last up to 12 months. The team and client complete a variety of tools and measures to inform and guide the clinical work in addition to providing data on outcomes.

Home-based treatment affords a unique opportunity for the team to experience how the environment impacts parenting and recovery. FBR recognizes that abstinence is only the start of the recovery process. Parents need support in learning how to live life in recovery, treatment for underlying psychological issues and opportunities to process how recovery impacts parenting.

Data for State Fiscal Years (SFY) 19-24, 7/1/19- 4/1/24 analyzed from the Department's Provider Information Exchange (PIE) data system include:

- FBR admitted 815 new distinct clients and their family members.
    - FBR teams admitted 688 female clients (84%) and 127 male clients (16%), 141 African American clients (17%), 170Hispanic (21%), 405 Caucasian clients (50%), 18 (2%) as multiracial and 19 clients that identified as Other (2%). An additional 62 clients (8%) did not identify a race/ethnicity.
    - Marijuana, Alcohol, and Cocaine were the primary 3 substances reported prior to admission. Some clients report using multiple substances. Fentanyl was the substance of choice for 38 clients.
    - 37% (n=298) of the clients completed treatment,
    - 15% (n+126) the family discontinued services,
    - 24% (n=197) the agency discontinued services,
    - 2% (n=15) the child required other out of home care,
    - 1% (n=6) of the clients needed a different level of care.
- As July 1, 2021, completed treatment was re-defined as:
    - Case open at least 5 months,
    - Index parent attending 2/3 of scheduled sessions,
    - Index parent completing all intake tools/measures,
    - Index parent completing 90-day tools/measures, and
    - Index parents completing 80% of valid substance use screens.
- Some clients not completing treatment were discharged due to obtaining a medical marijuana card. This data is captured in the FBR Quality Assurance Reports.
- Of those who completed treatment, 16% (n=49) identified as African American clients, 20% (n=55) identified as Hispanic clients, 54% (n=160) identified as Caucasian clients, 2% (n=8) of identified as Other, and 5% (n=17) with no identified race/ethnicity completed treatment.
- 13% (n=41) clients who completed treatment identified as male and 86% (n=257) of clients Identified as female completed treatment.

Current Caseload Highlights:
There were 66 clients active in FBR as of April 1st, 2024. The statewide capacity is 240.

- Utilization as of June 30, 2022, was at 27.5.
- Utilization was affected by staffing capacity and in some areas reduced referrals.

Performance Measures Highlights: FY 19-24

- 92% (n=274) of clients who completed treatment were abstinent within the last 30 days of treatment.
- 98% (n=293) of clients who completed treatment had children living at home at discharge.
- 98% (n=293) of clients who completed treatment met all or most treatment goals.
- 90% (n=296 of clients who completed treatment were compliant with the index child's medical care.

- 91% (n=273) of clients who completed treatment did not have a new abuse/neglect report during treatment

Trauma-Informed Therapeutic Child Care, (TI-TCC)
TI-TCC is operating within a licensed childcare program, is designed to promote, develop, and increase the social, emotional development and cognitive capacities of young children, ages 2.9-5, affected by abuse and neglect and who have serious behavioral issues. These childcare programs provide specialized therapeutic and trauma-informed programs for these young children and their families. The Department currently funds two therapeutic childcare programs in Bridgeport (Alliance) and New Britain (Wheeler/YWCA).
The goals of both programs are to capitalize on young children's resilience by the following frameworks:

- The Center for Social Policy's Strengthening Families Approach and Protective Factors Framework
- The Attachment, Self-Regulation and Competency (ARC) treatment framework (Blaustein & Kinniburgh, 2010; Kinniburgh et al., 2005).

These therapeutic childcare settings take a family-centered approach in which families and professionals collaborate to improve outcomes for children, and most importantly, facilitate children's transition to a less intensive early care environment.

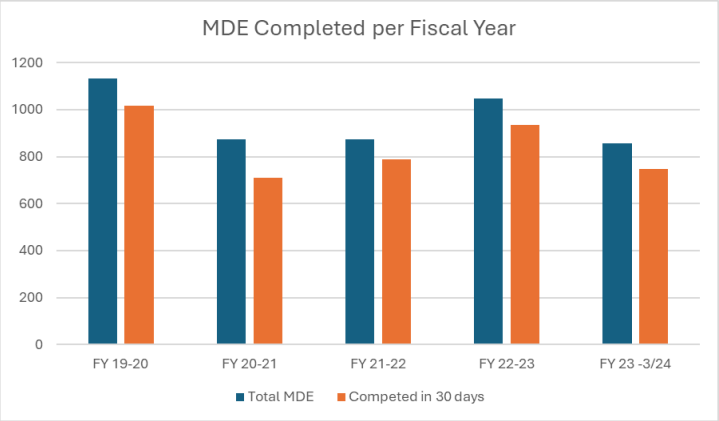
Currently, the Bridgeport (Alliance) and New Britain (Wheeler/YWCA) programs use a maximum classroom capacity to meet the needs of children in the most intensive service classrooms. Both programs use the DECA to assess the child's baseline and progress upon intake and throughout their involvement in the early care environment. It appears that the support that families have received through this family-centered approach has contributed to parents striving to make positive changes that will benefit their families. ARC trainers have not been available to train the new staff so Noni - developed by Teaching Strategies Inc. - was chosen as a model. Noni is yet another effective classroom intervention. Noni was specifically developed as a solution for helping teachers to mitigate the negative impact of trauma and ACEs on young children in preschool up to grade 4. Noni provides a digital training app to provide real time support and strategies for teachers based on their input. It supports them in building a trauma sensitive classroom where they can better manage and predict dysregulated child behaviors that stem from exposure to trauma, toxic stress, and ACEs.

The two programs collectively have the capacity to serve 42 children. All the referrals will come from the Department of Children and Families and the children will be living with their own families or in foster care. The classrooms both meet accreditation standards through the National Association for the Education of Young Children (NAEYC) and licensing standards through the Connecticut Office of Early Childhood. The children receive clinical intervention by a Licensed Clinical Social Worker as well as teaching staff trained to address both challenging behaviors in the classroom setting as well as the impacts of stress in early childhood. Each child has an individualized treatment plan to support their unique social-emotional needs.

The goals of therapeutic childcare seek to have children successfully transition to a less intensive educational setting as a result of the services offered. Children are discharged from the program when the child enters Kindergarten, is ready to transition to a less intensive program, parents no longer cooperate, or the child has been enrolled for a maximum of 18 months. Both programs have consistently maintained classroom capacities, with participating children successfully discharging from the program with increased social/emotional wellness, noted progress in one or more areas of problem solving, language, communication, cognitive and psychomotor skills, and children who do not make progress are referred for additional assessment through either a Birth to Three evaluation and/or special education evaluations through their local Board of Education. In addition, parent goals include improved parent-child interactions, increased knowledge of child development, and establishing connections to community resources.

Multidisciplinary Evaluations for Children in Placement
When children are placed in DCF care, a Multidisciplinary Evaluation (MDE) is conducted by contracted community providers to ensure that children entering care receive a comprehensive screen of their physical, behavioral, and dental health, as well trauma within 30 days of the child's placement. The MDE program was briefly interrupted during the Pandemic but resumed full operation within 6 months. As a result, the number of children served decreased during the pandemic. However, that was partially due to a change in practice which resulted in less children in care. The following chart shows the amount of MDE that was completed as well as the amount completed within 30 days of the child's placement. In July 2023 DCF implemented a Statewide MDE Standardization process and change. This has impacted

the documentation of the MDE but not the completion of the MDE. Implementation of the new process is ongoing with frequent evaluation of the process and additional training as needed.



The following chart represents the array of assessment tools that are completed as part of the MDE process for children entering DCF care.

Measure	**Domain: What needs are being identified**	**Age Range**
Peabody Picture Vocabulary Test-Fourth Edition (PPVT-4)	Cognitive: Verbal	2 years-6 months to adult
Test of Non-verbal Intelligence-Fourth Edition (TONI-4)	Cognitive: Non-Verbal	6 years to adult
Ages and Stages Questionnaire - 3	Developmental-General Designed to identify children who are at risk for health issues, developmental concerns, and/or disabling conditions and who may need to receive helpful intervention services as early as possible.	1 to 66 months
Battelle Screen	Developmental. Can help determine child readiness for school or special education	0-8 years
Ages and Stages Questionnaire : SE	Developmental: Social-emotional	3-66 months
M-CHAT-R/F	Developmental: Autism Spectrum	16-30 months
BASC-III Parent	Behavioral: Pre-school	2-5 years
BASC-III Parent	Behavioral: Child	6-11 years
BASC-III Parent	Behavioral: Adolescent	12-21 years
BASC-III Self Report	Behavioral	8-25 years
GAIN Short Screener (domain 3 only)	Substance Abuse	12 years to adult
Mental Status Exam	General	All
Child Trauma Screen (CTS)	Trauma	7 years to adult
Youth Child Trauma Screen (CTS-YC)	Trauma	3 to 6 Years old

E. Efforts to Track and Prevent Child Maltreatment Deaths

Child Abuse and Prevention Treatment Act (CAPTA) Grant
Considerable effort has been made to specifically address risk factors related to substance exposure of infants and young children, particularly as the fentanyl crisis increasingly had an impact in Connecticut over the past five years. Please see the CAPTA section below for details on the efforts taken under the grant including:

- Substance Exposed Infants Strategic Plan
- Substance Exposed Pregnancy Initiative (SEPI-CT)
- Collaborations with CT Department of Mental Health and Addiction Services (DMHAS)
- DCF CAPTA Notification Portal
- DCF CAPTA Evaluation
- Array of services specifically addressing the needs of this high-risk population

Statewide Child Fatality Review Panel and Connecticut Medical Examiner Partnership:
The Commissioner of the Department of Children and Families attends the Child Fatality Review Panel (CFRP). Given the Department's recent change in leadership, a permanent appointee is being considered while the Commissioner continues to attend. On a monthly basis, DCF representatives attend a meeting, co-chaired by the Office of the Child Advocate and a Pediatrician from Yale New Haven Hospital, to review all deaths of children in the State of Connecticut. The Medical Examiner is a standing member of this Fatality Review Panel. The Program Director of the DCF Special Qualitative Reviews also attends the CFRP meetings. On a consistent basis, the Department Medical Director and local Regional Resource Group Nurses have contact with the Office of the Chief Medical Examiner to receive updates on the cause and manner of death of children and to ensure that the Medical Examiner, who conducted the autopsy on a child, has any required departmental records so a full assessment can be made of the circumstances leading up to the child's death if the family had prior or current involvement with our agency.

Special Qualitative Governance Team
The SQR Governance team began in May 2021 and met monthly until November 2023. The members of this Governance group included the Deputy Commissioner of Administration, the Bureau Chief of Strategic Planning, Bureau Chief of Child Welfare, Director of the Academy for Workforce Development, SQR Director and Program Supervisor, staff from the regional offices to include Office Director, Program Supervisors, Supervisors, Social Work Supervisors, and Social Workers from the field as well as subject matter experts from various Departments (legal, quality assurance, systems, etc.) During the monthly meetings aggregate data and review findings were analyzed. The group conducted four system mappings related to unsafe sleep, fentanyl misuse in families and implications for practice, service delivery and death by suicide in order to make recommendations for consideration on systemic changes.

The Governance team then made recommendations/suggestions of policy revisions, and practice improvement for approval by the Executive Team. The SQR Governance ended as the group was incorporated into a larger system group, the Quality Improvement Leadership Team. This enhancement allows a crosswalk between different review sources to better capture themes and to make recommendations for strategies and systemic change. This new group will also be the governing body to plan and monitor strategies and impact/efficacy in improving outcomes for families.

Special Qualitative Review (SQR) Forums
The Department continues to implement a specialized process for reviewing critical incidents and child fatalities. These reviews are called the Special Qualitative Reviews (SQR). These Special Qualitative Reviews are part of the Department's overarching quality assurance and continuous qualitative improvement vision and continuum. The Special Qualitative Review (SQR) is one of many qualitative case review activities the Department currently and routinely does, and/or receives (e.g., ACR; CFSR/PIP). SQR's may be implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse/neglect/near fatality). This event on an open DCF case, or a case that had relevant DCF involvement within the past 12 months, may trigger an SQR. This case-level review focuses on effectiveness of practice, policy, and systemic issues. Some of the areas of review include internal and external service delivery; compliance with policy and best practices; the role of systemic factors; and strengths of the case. SQR reports are developed to assist Senior Leadership to recognize and reinforce strengths; and identify/implement needed practice, policy, relational, service related and/or systemic changes to support positive outcomes.

The Department is part of the National Collaborative lead by the University of Kentucky. The National Partnership offers the opportunity to learn from other states and jurisdictions on how they have made systemic improvements in their systems, promoting the sharing of ideas to learn from others' experience. The University of Kentucky has assisted with providing ongoing training and technical assistance as needed in utilizing the Safe Systems Improvement Tool (SSIT) and conducting debrief interviews, as well as collecting data. The Partnership also develops briefs related to promising as well as best practices.

The SSIT tool utilized in interviews with staff provides structure to the output of a review process. It organizes the reviewers' learnings, shares the "system's story" of a critical incident, and advocates for targeted system reform efforts to lessen the likelihood of the problem occurring again. The purpose of this instrument is to support a culture of safety, improvement, and resilience. Completion of this instrument is accomplished to allow for effective communication at all levels of the system. Quality assurance in the form of training and individual case support has been provided by the national partnership in usage and fidelity of the tool. The reviewers all received the SSIT tool training to ensure fidelity of its use. Since October 2021 the Department has continued to enter findings to include the SSIT tool within Redcap (Research Electronic Data Capture) to effectively capture and study the systemic and family needs associated with these cases. This de-identified information is reported quarterly to the NPCS to be considered more broadly with other jurisdictions participating in the partnership.

The SQR reports completed are the foundation for creating SQR Learning Forums for the staff. Cases with similar areas of improvement are bundled together, (Chronic Neglect, Engagement with Fathers, Timely and Appropriate Service Delivery, Fentanyl Use, Child Protection Implications, and Death by Suicide) and reviewed to determine themes among these cases. These themes and the case practice history are shared and discussed at the Learning Forums. The learning forums also provide staff with helpful tips on best case practice and the use of systemic support to build upon. Cross collaboration occurs with subject matter experts within the Department around agency activities that can support the learning themes. DCF staff statewide are the target audience of the learning forums with a special focus on front line decision makers at the Supervisor and Program Supervisor level.

The following is a table of learning forums held within the last five years.

Learning Forum Subject	**Dates sessions held**	**Number of staff participants**
Chronic Neglect	11/13/19, 12/5/19, 2/21/20	59
Engagement with Fathers	2/21/20, 6/25/20	19
Timely and Appropriate Service Delivery	4/20/20	85
Fentanyl Use and Child Protection Implications	11/2/22, 11/4/22, 1/4/23, 1/18/23, 1/25/23, 2/6/23, 2/10/23, 3/9/23	1038
Death by Suicide	10/20/23, 11/20/23, 1/10/24	104

The feedback from staff attending has been very positive and below are examples of some of the survey quotes and team's chat:

- "Excellent comprehensive and thoughtful presentation that generated some really great discussions".
- "The videos were very thought provoking and helpful".
- "The discussions to understand challenges and identify strategies to overcome those challenges, and the application of our safety practice model (ABCD paradigm) was very helpful".
- "Information on lethality of fentanyl and dispelling misinformation that is pertaining to the drug was very helpful".
- "The insight provided by this was helpful and valuable in the work and how critical incidents are viewed and contribute to learning and sharing".
- "Learning about the Naloxone and where to access/Nora App".
- This was very informative.
- Difficult subject but very important great job.
- I've learned new skills to incorporate into my work.

- Great connection to practice would like more training like this.

The Learning Forums topics have also been built into the curriculum at the Academy for Workforce Development to better support staff at all levels and areas of the agency. Curriculum changes have occurred to support the learning from the case reviews some examples are additions to the supervisor training on staff wellness and teamwork, additions on bassinet standards in safe sleep, myths, and facts on fentanyl in worker safety, suicide screening questions and supports in the mental health series.

From October 1, 2019, to April 3, 2024, there have been 46 SQR's completed, 3 are in progress and 2 are pending final review. Themes that emerged included challenges with safety planning, fatherhood engagement, working with families with fentanyl, unsafe sleep fatalities, untreated or undertreated mental health needs/death by suicide, worker stress and retention/staffing deficits. The SQR reports are presented monthly to the agency's executive team at which time recommendations for system change are considered and tracked.

The SQR division continues to have cross collaboration with multiple divisions. Most recently information learned related to worker stress and fatigue was provided to the Division of Organizational Development to be able to utilize in the agency wide Safe and Sound Cultural Assessment, a listing of policy change recommendations was forwarded to the Policy Division, information on testing concerns related to Fentanyl was forwarded to the Clinical and Behavioral Health Division.

Critical Incident Database

The Department collects and tracks data pertaining to fatalities and life-threatening events reported to and accepted by the Department**.** Through this process, the Department can generate data regarding the number of fatalities reported to the Department and disaggregate such data by whether they are a result of maltreatment. Further, the Department can evaluate this data by categories of current, past or no Connecticut DCF history/involvement. To support the Department's goal to keep children safe, focusing on the most vulnerable populations, DCF collects key demographic data, including age.

In January of 2021 DCF began tracking Critical Incident reports with a focus on abuse and neglect associated most often with a report of abuse or neglect. The outcome of the investigation or assessment related to a Critical Incident Report are reviewed by a Quality Assurance team members who completes the Updates/Findings section of the Risk Management Database and tracks the disposition, allegations, and additional data elements in a separate database. Not all Critical Incident reports are part of this review process as they do not meet the criteria to be included in the Risk Management database, are not associated with a new report, or do not meet the focus of this level of review.

Bi-Annual Reports

This upcoming year a bi-yearly report will be created by the quality assurance team to be shared with internal stakeholders on the trends and themes as well as any areas of potential systemic improvement. The data will include information obtained from regional reviews, the SQR process as well as the Critical incident tracking log.

National Child Abuse and Neglect Data System (NCANDS)

Connecticut DCF also submits child maltreatment fatality information to the Federal government through the NCANDS process. Please note that the figures presented in the table below use the child's date of death to count within a particular year, while NCANDS uses the date that the investigation involving a substantiated maltreatment fatality was completed to do so. Data compiled for the NCANDS Child File submission is compared to Critical Incident data as part of our NCANDS data quality process that aims to improve the accuracy of our submission files, or at least be able to account for them all correctly through responses to Agency File questions on the subject.

Calendar Year of Incident	Child Deaths Due to Maltreatment			DCF Involved But Death Not Due to Maltreatment	Not DCF Involved and Not Due to Maltreatment	Total
	Open DCF Case	Prior DCF Case	No DCF Involvement			
2006	1	1	1	13	9	25
2007	2	2	0	15	5	24
2008	2	5	4	12	15	38
2009	1	2	4	12	12	31
2010	0	3	2	12	17	34
2011	4	4	3	14	17	42
2012	1	5	4	11	15	36
2013	5	5	6	13	12	41
2014	7	7	2	24	12	52
2015	4	4	4	15	14	41
2016 *	2	5	6	18	13	44
2017	3	7	4	19	30	63
2018	2	1	3	14	19	39
2019	3	1	2	16	18	40
2020	0	1	1	26	10	38
2021	2	6	6	21	12	47
2022	3	5	8	16	20	52
2023	6	4	8	11	13	42
Totals	48	68	68	282	263	729

F. MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2)

The figures provided in the table below reflect anticipated expenditures for FFY 2024. These programs are being supported through multiple year awards. The Community Collaboratives, FAVOR, The University of Connecticut's Adoption Assistance Program, Easter Seals Adoption Support Group, Adopt a Social Work Program, and Don Winstead were selected by the Department based on their expertise, the nature and scope of work and their ability to provide the service as described below. The Reunification and Therapeutic Family Time providers were selected through a procurement process.

Services/Categories	Total Funding	Family Support	Family Preservation	Family Reunification	Adoption	Other-Planning
Reunification & TFT Services	$1,173,248	347,147	337,185	488,916		
Community Collaboratives	$284,700				$284,700	
FAVOR	$50,000	$16,668	$16,666	$16,666		
UCONN -Adoption Assistance Program	$300,000	$30,000			$270,000	
Easter Seals Support Group	$20,000	$10,000			$10,000	
Adopt a SW program	$95,275	$31,758	$31,758	$31,758		
UCONN SSW PIC	$129,420	$64,710	$64,710			
Don Winstead - Technical Assistance	$50,000					$50,000
JRA Consulting	$34,925	$8,730	$8,735	$8,730	$8,730	
The Connection, Inc	$100,000	$20,000	$40,000	$40,000		
Totals	**$2,237,568**	**$529,013 23.6%**	**$499,054 22.3%**	**$586,070 26.2%**	**$573,430 25.6%**	**$50,000 2.3%**

Service Descriptions and Updates

Reunification & Therapeutic Family Time (RTFT) Services: A service model that has supported children (ages 0-17) in out-of-home care and their parents/caregivers in an effort to achieve timely permanency. The service contains three distinct programs: Reunification Readiness, Reunification Services and Therapeutic Family Time, funded through state and federal funds continue to support permanency and positive outcomes of children in DCF care. In the last five years a total of 4,044 families (FY 2020 1,073 families, FY 2021 1,022 families, FY 2022 810 families, FY 2023 645 families, and FY 2024 494 families), and 5,393 children (FY 2020 1,467 children, FY 2021 1,406 children, FY 2022 1,041 children, FY 2023 821 children and FY 2024 658) have been served through this program.

- **Reunification Readiness:** A 30-day assessment to determine a family's readiness for reunification which includes:
  - Review/explore safety concerns and risk factors that may impact child safety with the family and DCF;
  - Assess family functioning, skills, parental capabilities, and parent's motivation to change;
  - Identify family strengths and needs;
  - Provide Family Time/Therapeutic Family Time services;
  - In collaboration with the family Identify family resources and informal/formal supports and how they may be used in safety planning;
  - Observe family interactions;
  - Provide a minimum of weekly visits with the parent and child.
  - Identify problems and barriers that may be impacting reunification; and
  - Complete initial (North Carolina Family Assessment Scale for General Services and Reunification (NCFAS- G+R) within 14 days of referral.
- **Reunification Services:** A 4-6-month intervention focused on planning the safe return of children in out of home care through a staged process which includes:
  - Utilizes the NCFAS - G+R to inform service delivery.
  - Delivers a Staged Model to support families throughout the reunification process.
  - Adopts a Wrap Model philosophy to engage the family and build their network of support.
  - Employs Permanency Child and Family Teaming model to engage the family and their supports in case planning and decision-making.
  - Active engagement and involvement of father's (including non-custodial parent) in the reunification process.
  - Therapeutic Family Time interventions/treatment approaches including the Visit Coaching Model
  - Flexibility in staff assignments based on presenting needs of the family.
  - Step-Down option if families require additional supports.
- **Therapeutic Family Time:** A 2-3-month intervention providing direct consultation with parents/guardians to assist them in maintaining or re-establishing relationships with children in out-of-home care which includes:
  - Implementation of the Visit Coaching Model
  - Preserves and restores the parent/child attachment and reduces the child's sense of abandonment and loss.
  - A family driven service that is culturally and linguistically sensitive, individualized, and occurs in a homelike setting.
  - Facilitates permanency planning and emphasizes continuity of relationships.

Community Collaboratives: The Department has been supporting Community Collaboratives which are designed to promote and assist communities in the development of statewide networks of care. Collaboratives have been established to serve some of 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.

FAVOR: FAVOR, Inc., a statewide family advocacy organization that includes Family System Managers (FSM) who work in partnership with the DCF Regional teams and the CT Behavioral Health Partnership (BHP), with formal reporting and supervision provided through the Contractor. They are required to promote family driven and youth guided practices throughout the local and regional service system and to support the identification, recruitment, and participation of families in behavioral health system analysis, advocacy, planning and service provision. They provide leadership in the local and regional behavioral health system development from the family perspective while providing technical assistance and support to local systems of care including their governance.

Family System Managers conduct their work according to the following core values of the local system of care:
- family driven and youth guided;
- strength based;
- culturally and linguistically competent;
- individualized, flexible and community-based approach to services and support;
- services and support provided in the least restrictive and most normative environment;
- adequate availability and access to broad array of effective services and support;
- health and wellness promotion; and

· performance and outcome-based services and support.

Below is a snapshot of highlights of the last 5 years for each program:
FPSS program -has received 2,712 referrals and has served 2,249 unduplicated families across the state providing individual advocacy to parents/caregivers and specializing in educational advocacy and support for children and youth from Birth-Age 22. Referrals have had a steady increase between 100-300 each year for this direct service.
FSM program- has provided technical support to various community tables at RACs, SACs, CRPs, and Community Collaboratives. By utilizing social media, distribution lists and community outreach they have touched over 10,000 parents/caregivers, youth/young adults, and providers.
LLA- Our FPS and FSM staff have facilitated training to 2,375 parents/caregivers, youth/young adults, and providers on a variety of topics that elevate the family voice.

UCONN Adoption Assistance Program: DCF contracts with UConn Health to provide post-finalization services to families who have adopted children from DCF's custody or achieved legal permanency through a transfer of guardianship. 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 challenges that may or may not be directly related to adoption/guardianship. This service is free of charge for families. The AAP has three-four community case managers based in the four major regions in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. This program is funded by both state and federal funds. Data compiled reflects program utilization for Fiscal Year's 20, 21, 22, and 23 and through the 3rd quarter of FY 24.

2,547 calls were received in the program during this period resulting in 1,109 cases opened for direct services (assessment, counseling, case management, and educational support). The remaining 1,438 calls involved consultation with parents and professionals, requests for referral resources, and a variety of other questions specific to adoption and guardianship. Of the cases opened, 903 were managed in house at UConn Health; 206 were referred to one of the program's community case managers.

Of the 1,109 families who received direct services, 849 were families who had adopted children from DCF; 129 through private domestic or inter-country adoption, and 106 were legal guardians. The remaining 25 included adult adoptees and pre-adoptive parents.

Most cases opened included more than one presenting concern. The most commonly endorsed presenting concerns were behavioral issues and requests for educational support.

The program continued to collect outcome data through a *Client Satisfaction Survey* sent to each family who received direct services. Data collected from the 243 surveys that were responded to overwhelmingly endorsed the following:

- Parents felt that they had developed a new perspective or understanding of their situation.
- Parents felt that they had strengthened their parenting abilities.
- The child's condition or behavior improved (including better performance in school, increased self-esteem, and greater comfort with adoption issues).
- The family was able to link with needed resources.
- The family was satisfied with the support received and would utilize AAP services in the future.

In addition to direct services to families, the AAP provided or sponsored 146 training courses during this period including four TAC (Training for Adoption Competency) cohorts, an annual six-session PPSP training series, and in-service training for school staff. Throughout the Covid lock-down, two virtual teen groups were conducted. Two parent support groups have been offered each year and in September 2022, virtual AAP information sessions were added.

Easter Seals Support Group: This support group was established by several adoptive parents in Waterbury, CT who had adopted children with complex medical needs through DCF. The focus is to create a network of support as well as a learning forum for families providing care to this population. Specific topics are requested, and trainers are secured

to educate and present information to participants. Funding supports associated meeting costs. This program ended in 2023.

Adopt a Social Work Program: This statewide program assists children and families (birth, foster, and adoptive) that are DCF involved with support and donations of goods to help families secure needed resources. The program has covenants with 94 faith-based organizations that provide goods for families and has served over 858,742 children and families since inception. 9,528 children were served in SFY 2023 with donated goods and new beds cribs, school uniforms, backpacks, and baby items valued at $392,335. Outcomes for FY 24 through Q3 are: 7,524 children served with goods valued at $351,356.

UCONN SSW PIC: The UCONN School of Social Work has been functioning as the Performance Improvement Center for the Community Support for Families (CSF) Program since the program's inception in 2012. CSF is a contracted service designed to provide support and maintain families together who receive a Family Assessment Response from the Department. The Memorandum of Agreement between the Department and UCONN was amended to expand their analysis to include all Family Assessment Response dispositions and investigation cases. This allows for a full evaluation, inclusive of racial justice, of the agency's overall intake process and program service delivery. The UCONN SSW PIC provides the Department with annual evaluative reports related to intake practices and CSF service delivery, conducts research to practice workgroups with Department leadership to review intake practices and contributes to the agency's racial justice evaluative report in addition to producing an annual evaluative report related to Family Assessment Response practices and Community Support for Families services.

Don Winstead: The Contractor will provide technical support and consultation required to establish the basis for the State's Maintenance of Effort (MOE) calculation, for the purpose of meeting legislative requirements relative to the Family First Prevention Service Act (FFPSA). The Contractor will provide consultation and support to FFPSA internal workgroups or fiscal personnel responsible for addressing the MOE to support the State's Prevention Plan. The Contractor will also provide consultation services to support the development of Connecticut's Family First Prevention Services Plan.

JRA Consulting: JRA Consulting, Ltd has been under contract with the Department since 2012. The Department has continued its commitment to focus on areas of inequities in all areas of our practice with a focus on key decision points and alignment to 7 key performance outcomes. The services offered by JRA consulting, Ltd have been instrumental in guiding the Department through the journey of becoming a racially just and anti-racist organization. Funding for JRA Consulting Ltd has offered consultation and technical assistance to DCF Leadership and several divisions and staff across the state. JRA Consulting Ltd has assisted the Department in creating frameworks and restructuring priorities and practices to assist the Department in meeting the necessary outcomes for children and families. JRA Consulting, Ltd has participated in numerous meetings, planning calls, created agendas, and other relevant training materials and documents for the Statewide Racial Justice Workgroup (SRJWG), as well for the 4 sub-committees within the Statewide Racial Justice Workgroup. JRA Consulting, Ltd also facilitates / co-facilitates many meetings, while providing training opportunities on various aspects of anti-racist practice. The partnership with JRA continues to be essential in moving racial justice and equity work forward.

JRA Consulting Ltd has reached well over 400 participants from across the state and external partners from other jurisdictions through meetings, forums, and recorded video. JRA facilitated dialogues and provided technical assistance to several of the Central Office divisions as well as all regions across the state (Regions 1, 2, 3, 4, 5 & 6) with a particular focus on strategic consultation for Area Office-specific Change Initiatives, as anchored in recent disparity data. JRA Consulting Ltd continues to play an integral role in the structure and co-facilitation of the Statewide Racial Justice Workgroup (SRJWG). As one of the Tri-Chair leads, JRA Consulting Ltd supports the SRJWG and the other Racial Justice leads in planning, attending, and co-facilitating bi-monthly meetings as well as meetings related to the sub-committees and summits. JRA Consulting Ltd supports the alignment of Racial Justice work at all levels of DCF along with system and community partners and is able to provide guidance with trends and information seen at the national level. Under the period of review, JRA Consulting, Ltd has co-led efforts that include intentional coaching to divisions, review and analysis of the racial and ethnic disproportionality data, and guidance that the Department is intention in fully implementing anti-racist practices throughout all efforts at the practice, administrative, and organizational levels. JRA

Consulting, Ltd further supported, planned, and assisted in the revision of the initial 2021 Racial Justice framework to reflect progress and emergent trends and priorities at DCF.

The Connection, Inc: See description under the *Stephanie Tubbs* grant.

Promoting Safe and Stable Families - Supplemental Award Spending Plan

Funding ended 9/30/2023. Below represents the final amount for each grant.

Services/Activities	Funding	Funding (BRC)
Chapin Hall	$340,140	$340,140
Chapin Hall Renewal	$58,000	$58,000
Dr Elliot/Visit Coaching	$0	$26,800
Mindshare	$108,000	108,000
ASPHA/CWLA Conference Fees	$8,487	$8,8487
Total	**$541,427**	**541,428**

Service Descriptions:

Chapin Hall & Renewal: Chapin Hall at the University of Chicago is a research and policy center focused on improving the well-being of children, youth, families, and their communities. Chapin Hall provides public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of people and communities facing adversity. Leveraging Chapin Hall's expertise in child welfare and working knowledge and experience in other jurisdictions on Family First planning, Chapin Hall provided consultation to DCF towards the implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act.

Dr Elliot/Visit Coaching: Funding was allocated for training, technical assistance, and support to staff within the Quality Parenting Centers (QPCs) to implement the Visit Coaching model with fidelity. The QPC is a service type that provides a safe, comfortable, and home-like setting for parents to interact with their children. The QPCs utilize the Visit Coaching model to assist parents in focusing and meeting the needs of their children during Family Time. This approach provides parents with opportunities to learn and practice new skills, as well as maintain the parent/child relationship. All training took place during FFY 2022.

Mindshare: DCF has contracted with Mindshare Technology to provide data reports, data tools and analysis to complement our existing internal reporting systems. DCF has executed Data Sharing Agreements to allow for our obfuscated child welfare data to be shared with Mindshare through an automated data exchange to produce reports and data dashboards, to develop and enable data collection in review instruments (i.e., rapid permanency review tool), and conduct other data analysis as requested. These reports, tools and analysis are useful as they cannot be easily created in the current SACWIS system (the LINK system) during the ongoing conversion to our CCWIS system. The funding allows for continued provision of data and reports necessary to assist with assessment of our child welfare practice and performance management, with the goal of continually improving our outcomes for children and families.

APHSA/CWLA Conference Fees: Funding was allocated to support agency leadership attending the APHSA Leadership Conference, as well as the CWLA 2023 Conference.

G. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

Analysis of the Department's SACWIS data indicates that children ages 0 -3 are at the greatest risk for maltreatment. While the Department knows that young children, as national data supports, have a greater risk for maltreatment, the agency is mindful of the possible interpretation/misinterpretation and meaning of these data when cross-tabulated by race and ethnicity. That is, children of color are overrepresented in Connecticut's child welfare system, including at the referral/reporting stage of the child welfare pathway. The youngest Black children are at the highest risk of substantiated maltreatment, but Hispanic and Black children of all ages are at much greater risk than White children. The following table summarizes this information across the past five years and shows the rates using

the 2020 Decennial Census child population as their basis. Maltreatment rates for all groups had been trending downwards from CY19 – CY22, but then increased in CY23 for all groups except for White children ages 0 – 3.

AGE GROUP	DEMOGRAPHIC	VICTIMS					2020 CHILD POPULATION	VICTIM RATE/1000				
		CY19	CY20	CY21	CY22	CY23		CY19	CY20	CY21	CY22	CY23
0 - 3	ALL	2504	2037	1697	1432	1544	139474	17.95	14.60	12.17	10.27	11.07
	MALE	1281	1065	872	751	769	70980	18.05	15.00	12.29	10.58	10.83
	FEMALE	1194	972	811	693	752	68494	17.43	14.19	11.84	10.12	10.98
	Hispanic	794	662	554	470	502	37711	21.05	17.55	14.69	12.46	13.31
	Non-Hispanic, Black	561	465	412	344	370	15455	36.30	30.09	26.66	22.26	23.94
	Non-Hispanic, White	829	709	561	503	485	66581	12.45	10.65	8.43	7.55	7.28
	Non-Hispanic, Other	320	201	170	145	187	19727	16.22	10.19	8.62	7.35	9.48
4 - 17	ALL	5606	3994	3618	3533	3947	597243	9.39	6.69	6.06	5.92	6.61
	MALE	2660	1929	1686	1595	1801	305299	8.71	6.32	5.52	5.22	5.90
	FEMALE	2887	2065	1908	1920	2114	291944	9.89	7.07	6.54	6.58	7.24
	Hispanic	1900	1454	1343	1278	1431	154887	12.27	9.39	8.67	8.25	9.24
	Non-Hispanic, Black	1204	772	687	753	809	66402	18.13	11.63	10.35	11.34	12.18
	Non-Hispanic, White	1956	1419	1252	1204	1308	298858	6.54	4.75	4.19	4.03	4.38
	Non-Hispanic, Other	546	349	336	298	399	77096	7.08	4.53	4.36	3.87	5.18
0 - 17	ALL	8102	6028	5315	4993	5487	736717	11.00	8.18	7.21	6.78	7.45
	MALE	4077	3035	2558	2346	2567	376279	10.84	8.07	6.80	6.23	6.82
	FEMALE	3937	2993	2719	2611	2865	360438	10.92	8.30	7.54	7.24	7.95
	Hispanic	2689	2114	1897	1747	1933	192598	13.96	10.98	9.85	9.07	10.04
	Non-Hispanic, Black	1765	1236	1099	1097	1178	81857	21.56	15.10	13.43	13.40	14.39
	Non-Hispanic, White	2783	2128	1813	1706	1792	365439	7.62	5.82	4.96	4.67	4.90
	Non-Hispanic, Other	865	550	506	443	584	96823	8.93	5.68	5.23	4.58	6.03

Consistent with the Department's commitment towards building a coordinated child welfare system, this is a cohort that is equally significant to our partners, whether it be the Office of Early Childhood, the Department of Social Services or the Department of Mental Health and Addiction Services and others. To that end, increased collaboration on issues of social and emotional development, screening, early identification, workforce development and access to services and support are essential. Efforts have continued this year through various forums including the Connecticut Children's Behavioral Health Partnership, the Early HeadStart Collaborative, and partnership with Office of Early Childhood specific to safe sleep campaign and through our collaborative CAPTA work across agencies.

The Department recognizes that identifying and understanding high risk populations is essential to developing and targeting effective prevention programs and services. The Department currently utilizes SACWIS data to understand which Connecticut populations are at the greatest risk for maltreatment. Additionally, over the course of the next 12 months, the Department will continue to collaborate with leaders from other state agencies serving children and families, including but not limited to the Office of Early Childhood, the Department of Social Services and the

Department of Mental Health and Addiction Services, to understand the risk factors that each agency considers when defining high risk populations, identify the universe of prevention services currently being deployed throughout the state, and capture best practices for family outreach and retention. Developing a shared understanding of high-risk populations across agencies will support better alignment of prevention programs and services. To that end, the Department continues to support data sharing activities including:

- Continue to work with other state agencies to identify additional indicators of child safety and wellbeing. The commonly used metrics of CPS reports, investigations, and substantiations are imperfect measurements of child safety and family stability. In consultation with other agencies and community stakeholders, the Department will identify additional measurable indicators that can be used to understand the preventative effect of wide-ranging programs and services.
- Continue to develop standardized interagency data-sharing protocols. While ensuring client confidentiality, the Department will explore and work towards developing a standardized process for sharing administrative data with other state agencies for the purposes of understanding the child welfare impact of various state administered programs and services. One example of this effort is active participation in our state P20WIN data-sharing process that facilitates research and evaluation on state and educational agency data efficiently administered and matched across multiple datasets. Another important example will be data sharing between DCF and Office of Early Childhood programs that are services included in the Families First Prevention Services Act (FFPSA) plan that are now eligible for federal IV-E reimbursement.
- Understanding Home Visiting outcomes. The Department will continue to work with the Office of Early Childhood to measure and track the impact that its state and federal Home Visiting programs have on child safety. This work will inform the Department's continued implementation of FFPSA title IV-E prevention services.

H. Kinship Navigator Funding (title IV-B, subpart 2)

In 2022, the Department received Title IV-B, subpart 2 Kinship Navigation funding to support activities related to the design, enhancement, and evaluation of our CT DCF's Kinship Navigation Model which aspires to meet the Title IV-E Prevention Services Clearinghouse standard. CT DCF contracted with the University of Chicago's Chapin Hall to design, implement, and evaluate our CT Kinship Navigator Program. The funding also supported the establishment of the United Way 211-CT Kinship customized landing page, secured a dedicated kinship resource specialist at 211-CT, provided training to familiarize navigators with the platform and ongoing reports. The landing page launched in January 2023. In 2023, there were over 1,000 views on the kinship landing page; 49,500 views of kinship related eLibrary papers; 3,000 web searches related to kinship and 397 calls requesting kinship specific services. As mentioned above, CKIN model launched in August 2023. Since then, the Department has referred 254 kinship caregivers to CKIN. 5% completed the program successfully. The model continues to refine its implementation toward evaluation in the winter of 2024.

		Families Served	Completed Treatment
CST	**2018**	779	85%
CST	**2019**	910	48%
CST	**2020**	768	45%
CST	**2021**	661	49%
CST	**2022**	662	48%
		Referrals	**Completed**
CKIN	**2023**	254	5%

Kinship Navigator Spending Plan 2024

Service/Activity	Funding
Chapin Hall Evaluation – Navigation Model	$159,000
United Way of CT 211 Program	$41,000
Conference Supplies and Costs	-0-
Total:	$ 200,000

Service Descriptions and Updates

Chapin Hall Evaluation – Navigation Model - Leveraging Chapin Hall's expertise in child welfare and working knowledge and experience in other jurisdictions on Family First planning, Chapin Hall provided consultation to DCF towards the implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act. Chapin Hall will provide guidance and implementation support with a focus on the implementation of the community pathway to prevention via the Care Management Entity, the development and implementation of a continuous quality improvement process and will promote and support the seamless coordination between the interrelated efforts of Family First implementation and the design and implementation of the kinship navigation model.

United Way of CT 211 Program - In January 2023 the United Way 211-CT Kinship created a customized landing page which included a dedicated kinship resource specialist at 211-CT and provided training to familiarize navigators with the platform and ongoing reports.

I. Monthly Caseworker Visit Formula Grants

Policy requires all children and families with whom the Department of Children and Families are involved, shall be visited regularly by the assigned Social Worker to assess progress and to assure that appropriate, effective services are provided to achieve the case goal and respond to the needs of the family. Over the past five years, every interaction with a child and family was purposeful and driven from the case plan. Concerted efforts were made to see the child individually as well as their caregiver. Visits were frequent enough to effectively address the child's need for safety, permanency, and well-being. For children in out-of- home care, the policy requires the social worker to visit the child on a monthly basis. The Department has been successful in achieving the federal standards relative to worker child visitation over the past five years and worked strategically to spend down on the funds. When COVID restrictions were lifted and staff were returning to in-person work, the Department utilized funding towards staff appreciation events, as well as enhancing our permanency practice through training and consultation opportunities.

J. Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

Connecticut received the following incentive payments ($118,000 in 2019, $1,183,000 in 2020, $116,000 in 2021, $1,824,000 in 2022, and $1,968,000 in 2023). The expenditure of these funds is documented in a budget spending plan. Funds have been utilized for training purposes (pre and post licensing, adoptive families, and workforce development) and recruitment strategies (marketing and promotional campaigns, Heart Gallery, vocational skills for adolescence). In 2022, the funding was earmarked to support the design and implementation of Kinship Navigator programming in Lifting Up Families First Clearinghouse, the ongoing installation of Quality Parenting Initiative and Faith Based Recruitment and Retention. In 2023 the spending plan continued to support QPI, CKIN and Faith Based Recruitment.

Adoption and Legal Guardianship Incentive Payments Spending Plan

Service/Activity	Funding
Quality Parenting Initiative	$148,000
Chapin Hall	$259,534
Family Life Lifters	$175,000
Helping Our People	$175,000
Total:	$609,534

Service Descriptions and Updates

Quality Parenting Center (QPC) - The Quality Parenting Centers provides a site based supervised parent-child visitation program designed to provide a safe and comfortable place for parents to interact with their children. The provider utilizes the Visit Coaching model and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent-child relationship. The federal funding was used to train all QPC providers on the Visit Coaching model.

Quality Parenting Initiative - The Department contracted with Youth Law Center to assist with the implementation of Quality Parenting Initiative (QPI). QPI mission is to transform foster care systems across the nation. QPI focuses on the quality and stability of the care children receive in the foster care system. It aligns foster care policy and practice with current child development research and places a strong emphasis on recruitment and retention of caregivers through public branding and telemarketing strategies designed to engage families towards fostering children in need. It provides DCF Statewide Foster Care Division with a variety of networking and practice improvement opportunities available through membership to QPI National Network. The network includes participation in QPI Webinars, in a series of monthly discussion groups open to QPI site leads focusing on common issues (e.g., resource parent-social worker relationships, changing the culture, and transitions), makes available a monthly membership newsletter, provides access to QPI dedicated members-only and website with a full range of QPI resources, including the dedicated QPI champions website section and offers a discounted rate for QPI network members to the virtual QPI national conference and invitation to attend the QPI Champions Annual Conference & Workshop with no registration fee.

Chapin Hall – Please see *Technical Assistance* section for additional Information.

Helping Our People Excel /Family Life Lifters: Contractors provide consultation, assistance, and support with the design and implementation of DCF's Faith Based Recruitment and Retention program for foster care recruitment within the faith-based communities across the state. This includes planning, training, supporting, and promoting the program with a focus on creating and expanding a network of faith-based organizations (FBO's) committed to the recruitment, retention, support, and institution of a collective of caregivers of color focused on restoring, affirming, and supporting children who are separated from their parents due to safety concerns. The two anchor churches responsible for the implementation of the Queen Esther Faith Based Recruitment and Retention program for the state are Helping Our People Excel (HOPE) from New Hope Baptist Church located in New Haven and Family Life Lifter from First Cathedral. HOPE covers the southern Regions 1, 2, & 3 and Family Life Lifters covers the northern Regions 4, 5, & 6.

K. Adoption Savings

The Department has identified the following service types that are supported by the Adoption Savings funding which offers support services to families post adoption and is open to both DCF and private adoptive families. Connecticut is one of only three states where the Department doesn't receive these funds directly into the Department's budget. Adoption Savings Funds go directly to the States' General Fund and are made available to the Agency through quarterly allotments.

Adoption Savings Spending Plan FFY2023

Service/Activity	Funding
UCONN Adoption Assistance Program	$478,408
Functional Family Therapy (FFT)	$2,106,271
CAFAF	$1,863,701
FAVOR	$887,301
Family Based Recovery (FBR)	$3,371,114
Daycare	$802,202
Total:	$9,878,997

Service Descriptions and Updates

UCONN Adoption Assistance Program (AAP): is a confidential assessment, education, brief counseling, and referral service available to adoptive and guardianship families, and to professionals seeking support for their client families. The program is staffed by licensed clinical social workers with specialized training and experience working with families formed through adoption and guardianship. Using an EAP (Employee Assistance Program) model of service delivery, the program offers clients the opportunity to consult with a social worker around any concern that is placing stress on the family. (Please see *Mary Lee Allen Promoting Safe and Stable Families – Subpart II* for additional information)

Functional Family Therapy

Functional Family Therapy (FFT): provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance, or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence-based model known as Functional Family Therapy (FFT). Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.

In the past 5 years, FFT has provided services to a total of 2061 families with an average of 400 families served per year. Due to the COVID pandemic during the last 5 years, the program has struggled to maintain clinical staff at full capacity as licensed clinicians seem to prefer outpatient or telehealth as a career path rather than provide in-home therapy. This has resulted in a decrease in the number of families served from 455 in 2019 to 398 families in 2023. FFT has a contracted capacity for 238 slots but due to the hiring difficulties, the capacity has been reduced to about 70% for most of the past 3 years. The provider mental health systems in CT struggles to match the pay rates of larger national telehealth agencies and as a result we continue to struggle to maintain full capacity. This is being seen across all mental health contracts and especially within the in-home service contract providers. Even with this issue we are confident that the families receiving FFT services are benefiting greatly from it. We are taking steps to right size salaries in CT to address this hiring issue.

Functional Family Therapy Foster Care (FFT-FC): The implementation of FFT FC began on 9/1/2022 with a three-year implementation plan. There are 588 slots statewide to serve children and youth in Therapeutic Foster Care who meet eligibility criteria; 419 slots are being utilized currently. There have been some challenging aspects of the implementation including staffing, clinical transformation, and a lack of foster homes. Child Placing Agencies initially struggled to hire candidates due in large to a national shortage of licensed mental health professionals; however, there has been significant progress since last year with both the hiring and retention of clinical staff. While some vacancies still exist, most positions have been filled. As reported in 2023, the role of the Clinical Supervisor posed some unique challenges. The Clinical Supervisor role requires clinical and administrative oversight of the program in addition to carrying a caseload. As with many Evidence Based Practices the Clinical Supervisor is required to achieve certification as a therapist before being certified as a Clinical Supervisor. In 10/23, contracts were executed to fill a new role of Clinical Director for each contracted agency, and all positions have been filled and are in operation. This position was deemed vital for the successful implementation of FFT FC in Therapeutic Foster Care. The FFT FC Clinical Director is responsible for the overall clinical and administrative leadership of services delivered to referred children and families. Permanency of youth and collaboration between Child Placing Agencies who deliver FFT FC, and the Department of Children and Families is a primary focus. This includes data enhancements to capture outcomes by race and ethnicity to better inform practice in an effort to reduce disruption rates and provide greater stability in the foster care system.

Implementing Evidence Based Practice in therapeutic foster care has been a heavy lift, it has required a completely new skill set moving from a "placement system" to a "treatment system". Much of the workforce is new to the field and FFT FC Clinical Consultants teach basic therapy skills in addition to Evidence Based Treatment. Perhaps the greatest challenge is the lack of foster care resources. The recruitment and retention of foster parents in a post pandemic world has proven to be multifaceted and poses never before seen complications. Many foster parents have decided to retire, recruiting a new generation of foster parents has been hard to reach and the children being screened in are clinically complex with significant complex trauma. The Department continues to work closely with FFT Partners and Child Placing Agencies to ensure implementation science is being adhered to. As part of implementation there is a robust CQI process where data is being used to analyze practice and target improvements to ensure model adherence. Program Fidelity Reports are established on a quarterly basis and reviews are held with each agency statewide.

CAFAF: Provides various services, including a range of recruitment, retention, support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address their needs, encourage, and facilitate ongoing education and skill development, and promote safe and stable home settings for foster children. This service also increases the pool of foster and adoptive families who are available to serve children in the care of the Department of Children and Families. (Please see *Foster and Adoptive Parent Diligent Recruitment Plan* for additional information)

FAVOR: Statewide Family Organization provides multiple levels of service and support to families who have children with serious behavioral or mental health needs. (Please see *Mary Lee Allen Promoting Safe and Stable Families – Subpart II* for additional information)

Family Based Recovery (FBR) is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to six years) who are at risk for abuse and/or neglect, poor developmental outcomes, and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dead. (Please see *Services for Children Under 5* sections for additional information.)

Daycare: Financial assistance with daycare expenses to prevent children from being placed in Foster Care.

L. Family First Prevention Services Act Transition Grants

Connecticut continues to utilize its Family First Prevention Services Act Transition Grant funds to support activities directly related to installing its Family First Prevention Services Plan. Since awarding the funding, the Department has hired an FPPSA lead to finalize the Plan for federal approval and to lead all implementation efforts. Under the Community Supports and Services Division's direction the following tasks were accomplished:

- Identification of the Data Elements to inform the Child-Specific Prevention Plan
- Development of the Business Process Map for the initiation of the Child Specific Prevention Plan
- Finalized Family First Overview Training, Trainer Notes and Proposed Role-out Plan.
- Qualified Residential Treatment Provider (QRTP) certification, Provider and DCF Staff training
- QRTP installation includes the Business Process Map for the identification of the data elements for PIE, claiming and federal reporting.
- Prevention Services Care Management Entity (PCME) RFP development and release
- PCME Contract Negotiations and Installation of evidence-based services and supports the Community Pathways Candidacy Population.
- Development and launch of the Family First Community Portal Provider Information Exchange (PIE) for FFPSA claiming and federal reporting.
- PCME Soft launch of Family First Prevention Services to the Community Pathways Candidacy Population.

Connecticut's Family First Services Plan DCF's Prevention Services Division will lead the ongoing efforts through the expiration of the grant. The FFPSA spending plan funds will be used to support the Family First installation in several areas:

- The ongoing installation of Connecticut's planned public-private partnership with a Prevention Care Management Entity (PCME) to deliver Connecticut's Strengthening Families and Communities Prevention Vision which encompasses Family First.
- The finalization of the contractual design of the system's front end, implementation of the developed infrastructure, ongoing operational cost, and all the associated information technology needs, including start-up, system upgrades, and ongoing maintenance.
- Ongoing Family First -specific training of department staff, community service providers, and the Prevention Care Management Entity.
- Chapin Hall's technical assistance, consultation, and ongoing support related to the remaining installation activities to claim for candidacy populations.
- Provider training in Parent-Child Interaction Therapy (PCIT) and Brief Strategic Family Therapy (BSFT) evidence-based services and programs approved in the Plan to ensure greater family access.
- Development of a MOU with CT State Office of Early Childhood and Court Support Service Division to ensure children and family access, under Connecticut's Family First Prevention Service Plan to three in-home parenting services, Healthy Families America, Parents as Teachers, and Nurse-Family Partnerships.

- Support plans to develop a strategy for identifying additional EBPs to include in the FFPSA plan.
- Installation of an entity comprised of the voice of parents and youth with lived expertise to inform quality improvement efforts.

Family First Prevention Services Act Transition Grant Spending Plan -FFY2023

Services/Activities	Funding
Family and Community Services Director	$100,000
Chapin Hall	$391,589
Family First Infrastructure	$789,378
Information Technology Enhancements (KJMB, Mindshare, JP Morgan)	$126,650
Staff Training	$200,000
CWLA Conference	$2,184
Provider Support, Training and Certification	$100,000
Total	**$1,709,801**

Service Descriptions and Updates

DCF's Prevention Services Division: will be responsible for the implementation of Connecticut's Family First Prevention Service Plan, policies supporting the services and programs established by the plan to support the populations we serve, and the evaluative measures to analyze the outcomes of the services prescribed in the plan.

Chapin Hall: As a consultant to the Connecticut Department of Children and Families (DCF) will continue its partnership toward the successful and sustainable implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act (Family First). During this next project period, Chapin Hall will continue to provide Family First guidance and implementation support to the DCF team. More intensive support will focus on amending the statewide prevention plan to include additional Evidence Based Practices (EBPs), standing up and messaging the community pathway to prevention via the Care Management Entity (CME), and the development and implementation of Family First continuous quality improvement processes across the full preventive services continuum. All consultation, capacity building and technical assistance activities will be delivered in support of DCF's larger vision to transform to a racial justice-guided, prevention-oriented child welfare system with a robust array of upstream supports and services for children, families, and communities. Furthermore, the Chapin Hall team will promote and support seamless coordination between the interrelated efforts of Family First implementation and the design and implementation of the kinship navigation model.

Family First Infrastructure: There are modifications/additions, as appropriate to current policy, practice, and internal infrastructure to align with the prevention-focused model of case under Family First

Information Technology Enhancements: The development of a community portal allows for the interface with CTDCF in order for the Prevention Care Management Entity (PCME) to track all relevant Family First data elements.

Staff Training: The PCME has been trained on the unique Family First requirements to support Family First implementation Additionally, the PCME's educational campaign has reached service providers, stakeholder and constituency introducing Community Pathways, access to evidence-based services and supports approved in the Plan. CTDCF workforce, provider workforce training on the unique Family First requirements planned for this next phase.

Provider Support, Training, and Certification: Upon the awarding of contracts for two EBPs (Parent-Child Interaction Therapy (PCIT) and Brief Strategic Family Therapy (BSFT)) approved in the Plan, training on the EBP model requirements to ensure fidelity and long-term stability is anticipated to begin Mid-late June 2024.

CWLA Conference: Connecticut DCF co-presented with Chapin Hall experiences and lessons learned in the installation and initial implementation stages of the Family First Prevention Services. Shared were strategies for developing the Request for Proposals that guided the selection of the state's Prevention Care Management Entity

(PCME) and the specific consideration to ensure that the successful bidder could fulfill Connecticut's vision for the PCME while adhering to Federal requirements.

M. Chafee and ETV

John H. Chafee Foster Care Independence Program (CFCIP)

Connecticut is a state-administered child welfare agency organized in six geographic regions. Oversight of private service contracts is primarily a centralized function that ensures services are available across the state to all youth. Centralized teams work in partnership with regional management and the Contract division to ensure service availability and efficacy. Unique services can also be purchased locally through wrap-around funding if there are local gaps in the service array for youth. Connecticut's Chafee services can serve youth anywhere from age 14, up through the age of 23. While pursuing permanency for all youth in care, DCF has statutory authority to keep young people voluntarily in the care of DCF past their 18th birthday and makes needed services available to transition-aged youth to achieve self-sufficiency. There are no systemic barriers in the state that preclude DCF from serving youth of various ages and at various states of achieving independence. Through a policy initiative, transitioning youth may also request an extension of benefits to ensure stability of the transition plan.

From 2019-present, the Chafee program has been beneficial in supporting the development and wellbeing of our adolescent and transitional age youth population. Chafee funding has also been instrumental in providing increased support for youth in care throughout the COVID 19 pandemic. Utilization of Division X COVID relief funds by the Connecticut Department of Children and Families (DCF) overall, focused on offering additional support and financial relief to youth in care during 2021 and continuing into 2022. Division X funding flexibilities were implemented, including extending age eligibility up to 27 and relaxing work requirements through Federal Fiscal Year (FFY) 2021.

Following guidance from the Children's Bureau, DCF modified case practice in several areas, utilizing Chafee funds to fill gaps and meet needs which presented after the coronavirus crisis. Between May of 2020 and November 2021, moratoriums were issued preventing the discontinuation of supports to youth who were out of compliance with eligibility requirements or who had reached the age of 23, which is the maximum age for services post majority in CT. Extraordinary expenses resulting from COVID 19 were supported on an as needed basis upon request. DCF contracted with a private provider to assist foster care alumni who are homeless or at risk of homelessness with support and emergency housing. DCF facilitated housing arrangements for youth displaced from college or in response to other disruptions caused by coronavirus; DCF also provided for expenses including but not limited to relocation, food, utilities, and clothing and other emergent daily living needs. Where the school system was unable, DCF supplied computers and tablets to youth for tele-schooling. Cellphones were issued to youth to allow for continued contact and connection to support and services.

In addition to direct financial relief, Division X funds were used to support Transition Supports and Housing Assistance. DCF contracted with a private provider to assist foster care alumni who are homeless or at risk of homelessness with support and emergency housing. The contractor administered a one-time stimulus to former foster youth in 2021, with a second stimulus payment issued in 2022. Former foster youth were given access to varying levels of intervention, from light touch financial assistance only to full case management and housing assistance. A dedicated point of contact in DCF's Transitional Supports and Success Division was identified to outreach and screens youth for needs and eligibility, ensuring connection to supports. Intentional efforts were made to encourage eligible youth to reenter DCF services, with outreach to those exiting care prior to the pandemic.

Housing arrangements were facilitated for youth displaced from college or facing disruptions due to COVID, with expenses covered including relocation, food, utilities, and clothing. Additional programming was introduced to address increased mental health needs, including positive youth development opportunities, restorative justice circles, and LGBTQI supports.

CFCIP Program Improvement Efforts:

V.I.T.A.L Practice Model: Policy and practice evaluation has continued to support VITAL which is a practice approach driven by youth voice, innovation, accountability, engagement, and skill building. There have been several more Department training courses on the practice approach since 2021, as well as numerous public presentations to educate

the community on the practice model. In addition, the Transition Supports and Success team has continued to facilitate Partners In Change calls held with agency staff on a monthly basis, to promote and guide discussion on implementing various topics in the VITAL practice guide. PIC Calls have been held in conjunction with experts from different community providers, agency division leads, and youth with lived experience.

Youth Advisory Boards (YAB): Our local and statewide YABs are comprised of young people in the Department's care who meet on a regular basis to provide feedback and recommendations about DCF's service array and practices. Regional YABs are organized by designated Youth Coordinators and Case Management partners from our community Work to Learn programs; each regional board meets monthly for planning and information sharing. Events and activities are facilitated to support the development of leadership skills and macro level organized advocacy. Representatives from the regional YABs convene quarterly at a statewide meeting with the Department's senior leadership, including the Commissioner, and engage in statewide subcommittee projects and activities throughout the year. YAB's have functioned as a hub of accessing youth voice from across the state, as well as a creative space to hold focus groups and illicit feedback from both current and alumni foster youth on topics such as policy review, improving case management practices, service provider improvement planning, youth conference planning, etc.

Since 2019, attendance to YAB activities has fluctuated, and much like other states across the country, CT experienced a decline in active YAB participation between 2020 and 2022. Youth indicated they were less interested in remote activities and preferred in person participation. as, the Department began actively resuming in person YAB activities. Regions are encouraged to access available technology that would support a hybrid model for both in person and virtual participation. This hybrid option would allow for our older adolescents and college age students living in other states, to continue their connectivity to YAB and serve as informal mentors for younger youth newly joining YAB. As frequently as possible, we encourage our older adolescents and alumni foster to remain in contact with YAB leaders and participate in ancillary activities.

Upon resuming in person activities in 2022, we implemented a program restructuring include a heavier emphasis on advocacy efforts related toward shared interest for current youth in care. Our statewide YAB's developed a shared macro level advocacy initiative. The initiative theme was chosen by our youth and young adults as their contribution toward the agency's key strategy #7- preparing transitional age youth for successfully launching into adulthood. Following a vote from our statewide YAB members, our young people chose the theme of ***Financial Wellness: improved financial support and increased budget/savings planning for youth in care***. With this identified topic, each local YAB identified an individual project related to improving financial wellness for youth in care in their respective regions. Regional YAB groups hosted several events, bringing bank institutions and other programs to their local meetings to speak with youth about financial literacy.

On average, approximately 100 children and youth in care participate on the boards throughout Connecticut over the course of a year, with an additional 200 youth participating in YAB sponsored events for a total 300 youth served. All youth advisory board activities are supported through a stipend. In 2023, a total $11,566.25 was spent to support YAB stipends for youth in care.

Some achievements that have come from YAB over the past years, have included advocacy from YAB to support the agency offering a period of transition for youth who are planning to launch from care. DCF policy allows for extended foster care support for youth that need additional time and resources. This extension can be considered on a case-by-case basis at the discretion of the DCF Commissioner and available funding allocations. YAB groups have also helped produce a Foster and Adoptive Parent Recruitment video series entitled Meet Me Where I'm At and participated in a forum for youth in care to discuss the importance of race and culture to their experiences in foster care placement. Most recently, YAB efforts have targeted the financial crisis facing our economy because of the aftermath of the pandemic. Despite increasing costs of living, our stipend assistance to support youth in foster care has not changed. This has had a direct impact on our youth in care because they are left to forfeit some recreational/prosocial activities to meet the most basic of their daily needs. To combat this, our YAB group worked on a project related to civic engagement and increasing financial literacy. The project involved collaborating with the agency's Legislative Director to produce a legislative proposal to increase budget funds that would support increased stipends and monthly allowances for their personal wants/needs. This proposal funding to support an allowance for all youth in care age 14-18.

CT has also held YAB sponsored Youth Summits in 2019, 2020 and 2023. Summit themes have included topics such as racial justice, mental health, financial literacy, and leadership. The most recent summit held in August 2023 was CT's first in person youth summit since the start of the pandemic. The conference was planned through collaboration with youth who identified the theme workshops and all details of the conference day. In partnership with our youth in care, and Work To Learn community partners, a youth summit was held at Gateway Community College. We had a total of 100 youth in care registered to attend. The included keynote speakers, and several workshops from community providers and financial institutions who came to speak on topics such as financial planning and other resources needed to prepare youth for a successful launch from foster care.

Plans for the future of regional YAB work is to collaborate and move this work to the primary role of our community partners who have a close nexus to advocacy and work with foster youth. CT DCF will continue to utilize our Chafee program to support statewide coordination of our Youth Advisory Boards. The agency will designate staff to coordinate statewide efforts and keep youth voice at the forefront of all policy, practice, and improvements for the agency. We will partner with our administration and other community programs to hold focus groups and place youth in positions across the agency to serve as experts with lived foster care experience in informing the advancement of child welfare practices and practices in our state. We will target racial equity and consider projects such as ways to enhance ethnic hair care practices and LGTBQIA+ service provision. We will focus attention creating a shared platform for all information related to YAB work, recruitment of youth on special projects, as well as an effective communication system to filter advocacy opportunities directly to youth via methods such as a master email/phone list, a mobile app or other internet accessible platforms such as DCF SharePoint site for Transitional Age Youth. We will continue to support our Youth Coordinators and adult supports overseeing regional YAB work to develop streamlined process for relevant information to be communicated efficiently from peer to peer and reach all youth in care beyond those who are involved in YAB.

Plans for the future of our statewide YAB work continue to focus on strengthening the relationship with the DCF Academy for Workforce Development, Foster Care Division, Substance Abuse Division and Mental Health Division to inform all aspects of staff training, improvement of adolescent programming. The agency has been successful in shifting our partnership between the YABs to allow for our state's contracted vocational training providers to assume a more involved role in engaging youth to participate in YAB, as well as facilitating our local and statewide meetings. Currently our WTL Partners collaborate with DCF Coordinators to oversee projects related to the statewide initiatives and other local projects to improve experiences for youth in care. We will also focus attention on guide recruitment efforts to engage more youth to participate in YAB, NEYC and all other leadership/advocacy forums. Our statewide YAB plans to build partnerships with collaborators in the community to bring a broadened array of opportunities to youth in care. We will also utilize our Policy and legislative division to strengthen civic engagement for our YAB and look to expand internal and external partnership opportunities for senior year of HS advocacy. We have visionary goals to set up series of different listening sessions with youth to discuss topics such as benefit access, ways to support their transition from care, etc.

The agency has begun initial discussions with Liberty Bank (CT). Liberty Bank is a financial institution that is willing to offer bank accounts to all youth in care age 14 and up. Often, our youth in care face the challenge of having no cosigner, therefore they are limited in accessing starting banking/financial wellness experience. Liberty Bank is partnering with our agency to offer starter bank accounts that will not require a cosigner. Youth in the program will have tiered accounts with higher levels of banking access based on age and completion of financial literacy curriculum. There is an identified date of June 2024 to roll out a pilot of this banking program. Planned Chafee funds will support this effort through a Memorandum of Understanding.

Our YABs, along with the support of Federal funding and a dedicated administration, remain well positioned to continue actively engaging youth in care and producing high-impact deliverables. As such, the YABs are well equipped to continue to provide input to the state's Program Improvement Plan and to ensure compliance with Federal Child and Family Services Review (CFSR) recommendations.

CT Youth and YAB Designees remain invested in the work of the New England Youth Coalition (NEYC). For 2022, 2022 and 2023, CT Youth Advocates have attended the NEYC winter and summer conferences. Conferences have afforded youth learning opportunities related to professional development and interfacing with child welfare Commissioners and

Directors across New England, to identify common projects that would be shared across all New England states. CT Youth Advocates have been selected both in 2022 and 2023 to assist with the planning and co-facilitation of the NEYC conferences.

National Youth in Transition Database (NYTD):

Between the time period of 2019-present, CT has centered its efforts on improving several facets of our NYTD work. This has included commitment to data accuracy, enhancing training and support for staff who complete NYTD, and targeted efforts at improving the utilization of NYTD data implementing insights gained from survey outcomes to better inform our practices. Partnerships have strengthened across agency staff, with our training academy, IT Staff, and external federal partners to continuously improve the quality and accuracy of data reporting for the National Youth in Transition Database (NYTD).

In collaboration with the IT Federal Reporting team, the agency completed enhancements to the NYTD survey tool, increasing its usability and aligning survey wording with federal guidance from the Administration for Children and Families (ACF). Conditional responses have been implemented to disable questions that do not apply, reducing errors in survey responses and increasing data accuracy.

Steps were taken to update training materials and user guides have been developed in partnership with CTKIND to assist staff in accessing and completing NYTD surveys accurately. An online training module is available on the Academy for Workforce Development website for staff to access at any time.

NYTD data was gathered and used to identify common areas of need for Transitional Age Youth, as well as to inform Citizen Review Panels (CRP) across the state. Data snapshots were used creatively and shared with staff agencywide through leadership forums and discussions for review.

The state maintains a dedicated team of Children Service Consultants who function as NYTD Liaisons and provide guidance to agency staff on accurate and timely completion of each NYTD cohort. A statewide NYTD team meets on a quarterly basis to discuss ways to improve our state's data collection process. We have begun an ongoing excel tracking log to keep account of all contact info (name, address, phone, and email) for each youth in every cohort. This excels sheet will serve as a starting point to contact youth at follow up 19- and 21-year-old surveys. We have also modernized our contact method for youth by compensating successfully completed surveys with a $30 Amazon e-gift card that must be sent electronically to the youth or their responsible caretaker when email access is not available. Unlike physical addresses and phone numbers, emails are more likely to be consistent for young adults and serve as a more stable way to make successful contact during later follow up survey cohorts.

Overall, consistently evaluate ways to improve NYTD data collection for our state. The agency has continued to work in conjunction with our Federal Reporting Team to troubleshoot needs, as well as enhance our current data collection and reporting system to provide the most accurate representation of independent living services offered to the adolescent and young adults served by our agency. Over the past year, we have made advancements in our project completion for NYTD work, and we have continued evaluating the effectiveness of our overall system to maintain the components that prove most effective, and brainstorm strategies to enrich the components needing improvement.

The process for evaluation and completion of NYTD completion has continued to advance, leading to increased accuracy and reliability of our outcomes. In 2022, along with our IT team, as well as partnership with CTKIND, the agency completed additional NYTD enhancements to make our survey tool more user friendly, update the wording on our survey tool to more closely match that federal guidance offered by Administration for Children and Families (ACF), and provide ongoing support and training for staff completing NYTD surveys. Our newest link build includes conditional responses to questions that do not apply for the respondent. This automatic disabling of questions that do not apply has contributed to a major decline in errors in survey responses, making data collected significantly more accurate.

Our NYTD team collaborated with CT-KIND to develop updated training materials for NYTD. This includes a new step-by-step user guide on how to access and accurately complete NYTD surveys. An online non-mandatory training has also been completed and is now accessible to agency staff at any time on the Academy for Workforce Development

website. These updated training tools can be utilized as refreshers, or new training materials for staff who are unfamiliar or completing NYTD surveys for the first time.

The NYTD Portal through the Administration for Children and Families (ACF) is our main source of data review. On a national level, ACF has made recent improvements on the data snapshot reports generated for each state. The upgrades in the data report include more detailed outcomes information that is easier to understand; the intent is for data presented to be utilized regularly by each state to guide in routine case decision making, service identification and provision, and ultimately lead to better outcomes for youth at later stages development. CT has been able to use data collected to share results, outcomes, trends in completed cohorts with all staff agencywide. Within the past year, data gathered from the portal continues to be instrumental in informing various areas of our agency's functioning. For example, data has been used to identify common areas of need for our Transitional Age Youth. Regions across the state have accessed NYTD data to inform their Citizen Review Panels (CRP). NYTD Data snapshots at the end of each cohort are shared with staff agencywide to review results and outcomes for our surveys. Overview of NYTD data has been presented in leadership forum and discussions across the state.

Chafee funds continue to be utilized to incentivize survey participation; any young adult who completes their survey will be compensated with an Amazon gift card. From 10/1/22 to present, CT has issued approximately 206 gift cards for completed NYTD surveys. Total expenditure is $6180.

In terms of the future of NYTD, all efforts will focus on increasing participation, successful survey completion with youth in each cohort, and increasing awareness of data collected following each cohort. Currently, Chafee funds are used to compensate all youth who successfully complete their survey. To encourage increased participation in follow-up 19- and 21-year-old cohorts, the agency will consider using available Chafee funds for more creative ways to increase participation. For example, considering higher compensation amounts offered at each follow-up cohort. Another goal is to eventually move NYTD work to a contracted agency that has a nexus to working with individuals who have lived foster care experience. The contracted provider would be utilized to facilitate NYTD surveys and oversee involvement of current and/or foster youth alumni in our agency's NYTD Work. Individuals with lived experience will be sought for task such as peer-to-peer outreach, lending youth voice to the importance and value of completing NYTD surveys, maintaining contact with participants in between cohorts, and assisting the agency in developing creative ways to share information on cohort data collected and use data to influence service provision.

All efforts have contributed to enhancing CT's usage of NYTD surveys and data collected, to make this a tool that provides both point in time data, as well as a longitudinal study that evaluates the outcomes and wellbeing for our youth and young adults once they have launched from our care at later stages in life.

Documentation After DCF: The department provides youth 18 and older who are discharging from care copies of the following documents: educational records; medical records including medical history of family members, to the extent known and obtained from the case records, as the law allows; original birth certificate and an extra copy; original social security card and an extra copy; passport; immigration and/or citizenship papers. Extensive efforts were made to inventory the needs of older youth specific to COVID-19 (returning from college campuses mid semester, ensuring technology needs for remote coursework etc.). The Department instituted an Emergency Executive Order to have a moratorium on 'aging out' during the pandemic, as well as relaxing the standards for reentry and issuing 800s due to non-compliance, recognizing the need for stability during these perilous times.

In the future, we will be utilizing our Independent Living Coordinator to develop a system that tracks DCF TAY Closures. The purpose of this process will be to collect better data on how many TAY cases are being closed each year, as well as to assess domains (stable housing, source of income, social support) sustained success post DCF.

Case Planning Partnership: The department invites and encourages youth aged 14 and over to participate in and if possible, to attend, the Administrative Case Review (ACR). Accommodations are made to hold the review at a time and location that is convenient to the youth. At age 16, the department develops a Transitional Plan utilizing an omega assessment for each youth in the department's care for the purpose of permanency planning and preparation for discharge from care. The plan is youth-driven and based on the youth's identified needs prior to and at the time of discharge. The Transition Plan is reviewed at the first Administrative Case Review after the youth's 16th birthday and

reviewed and revised at subsequent ACRs if the youth remain in care. Planned use of funds (Chafee) to support engagement in age or developmentally appropriate activities. The Department builds into the Chafee grant funding for developmentally appropriate activities as well as annually providing funding to each Regional Youth Advisory Board for such activities. Regions utilize these funds to sponsor activities such as regular meetings, college fairs, holiday parties and graduation celebrations.

Pregnancy Prevention: The Department partnered with the Connecticut Department of Public Health (CT DPH) as part of their federal Personal Responsibility Education Program (PREP) with the goal to reduce the rates of pregnancy, STD/STI's and HIV among foster youth and at-risk youth in Connecticut. The program focused on providing evidence-based interventions to youth in and aging out of foster care, high risk youth in the community as well as youth involved with the juvenile justice system. Program interventions also included providing much needed training to caretakers of foster youth, service providers for youth in and transitioning from foster care, as well as educators and providers for youth at risk in the community. Programming was extended to the Department's inpatient psychiatric facility (Solnit North) staff and youth. Staff received training on the topic area as well as the opportunity to become a trainer in the main curricula utilized, "Be Proud, Be Responsible." Several staff were trained as BPBR trainers. The Partnership with CT DPH ended in September 2021.

Currently, the Department is looking to partner with a community provider to continue work related to pregnancy prevention. While in the process of identifying a community partner for contracting this work, the agency utilizes support from our Health Management and Oversight Division, as well as our Regional Resource Group Nurses to provide education and consultation as needed.

Learning Inventory of Skills Training (LIST): From 2019-2023, DCF was utilizing the LIST assessment in which is a life skill assessment with recommended training resources. This assessment is administered to all youth before they participate in Independent Living Skills training and post-training to help prepare youth for success. The use of the LIST assessment was discontinued in 2023. In the near future, the Department is moving towards a life skills assessment based on youth voice. The instrument will be the Community Life Skills Assessment developed by Annie E. Casey Foundation in partnership with youth and their caregivers. The Department aims to help youth strengthen skills in more natural settings through active practice vs. classroom settings.

Chafee Foster Care Independence Program Spending Plan - FFY 2024 (10/1/23-9/30/24)

Service Description	Funding
Youth Milestone Celebrations- Normalcy	$150,000
Youth Ambassadors/ Youth Training Consultants Stipends	$13,350
Summer Youth Employment	$200,000
Youth Advisory Board	$55,000
YAB Youth Summitt	$12,500
Work to Learn	$449,385
YV Lifeset	$25,000
Manufacturing Career Prep for Girls	$49,354
PSE preparation and support; Mini Supports	$25,000
Youth in care-Emergency Funds	$125,000
Mentoring Youth Link	$221,600
NYTD Gift Cards	$8,275
Unashamed	$220,000
Unashamed Inc-Inner Circle app development	$7983
LGBTQ+ Advisory Board	$100,000
STARS The Center for Children's Advocacy	$20,000
START Program – The Connection	$250,000
Youth Arts Council Conference	$10,000
Total	$1,942,447

Service Descriptions and Updates

Youth Milestones- Normalcy: Offer normalcy by celebrating 2 significant milestone events (e.g., Quincenera, graduation, birthday). Youth are allowed to propose a celebration activity guided by their assigned Social Worker, including development of plan and budget. In terms of spending, our FFY 2023 budget for youth milestones was set at $150,000. Between October 1 and September 30, 2023, 82 youth celebrate milestones for a total of $120,630 expended for the year. Funds were utilized for youth to support normalcy events such as graduation parties with friends and family, traveling abroad to several states across the country, dinner parties and sibling events all in celebration of personal accomplishment.

Youth Ambassadors/ Youth Training Consultants Stipends: Youth with lived FC experience engaged to provide advocacy, advisement, and support to youth in care. May include community Engagement (e.g., Homelessness Board, Youth at the Capitol Day). Training consultation. This offers youth voice to guide the development and implementation of training by DCF's Academy for Workforce Development. Two youth are selected at a time. They receive stipends for providing feedback in several venues. Activities include reviewing training materials, attending trainings, offering suggestions to curriculum. These fall under the umbrella of the Youth Advisory Board.

Summer Youth Employment: Is a collaborative effort between the Department of Children and Families (DCF) and the Department of Labor (DOL) developed to enable DCF involved youth to participate in a subsidized summer employment program. The program model is designed to provide coordination and oversight of work readiness, skill development, and summer employment work experience over the course of 6 weeks with the assistance of various agencies throughout the state. Employment sites offered distanced activities in response to pandemic restrictions. Summer youth employment continues to serve our youth in care yearly for employment opportunities during summer break and beyond. Individual sites have functioned at a rate of almost full, to exceeding maximum referral slots. During the summer of 2022 through 2023, CT had 174 slots for SYE across the state. Of those 174 slots, 141 youth participated. There was a cumulative total of 33 slots unfilled. The average rate of referral and placement at a work site was 81%. Future goals for the SYE will continue to focus on sites providing consistent data on youth participation rates and job placement. The program lead will also continue to educate agency staff on the availability of the SYE program to boost recruitment. The agency will continue its collaboration with work sites to offer extended youth employment opportunities year-round for all participants who complete SYE.

Youth Advisory Boards: The Department maintains a strong network of Youth Advisory Boards (YABs) that operate in each of its six regions. The primary focus of our YAB's is to empower youth and young adults with the skills needed to participate in targeted advocacy for systemic change and engage in activities that will promote their personal and professional development and contributed to their success throughout later stages of their adulthood. Approximately 135 children and youth in care participate on the boards throughout Connecticut over the course of a year, with an additional 210 youth participating in YAB sponsored events for a total 345 youth served. (please see above for additional information)

YAB Youth Summit: The statewide Youth Advisory Board hosted a 2023 youth summit day for current and alumni foster youth. This summit was held at a local community college, and included a full day filled with professional development, activities, fun and learning about community resources that are available to youth and young adults when they launch from DCF foster care. The conference theme was identified and chosen by our youth members of each advisory board, who vote on the topic of financial literacy and wellness and learning about how to prepare for the journey into adulthood. The summit was well attended by a total of 85 current youth in care, and 2 alumni foster youth who assisted with hosting and facilitating the conference.

Work to Learn: The Department continues to support Connecticut's Work to Learn model with five (5) Work to Learn sites across the state. The Work to Learn (WTL) 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. In response to the coronavirus crisis W2L has begun providing services remotely via shared materials and virtual contact. in order to address challenge with low utilization, the Transitional Supports and Success Division held a series of individual focus groups with agency staff, our Work To Learn providers and youth in care in 2023. The purpose of the focus groups was to evaluate efficacy of the current Work To Learn programming, as well as to seek input on reimagining a service that would appeal to our adolescent and young adult population, encourage their sustained engagement in the service, and

ultimately produce positive outcomes in preparing our TAY for a successful launch into adulthood. Based on feedback, DCF is in the process of issuing a Request for Proposal to re-imagine our Work To Learn programming. The redesign of our new Launch Program will function on a 2-tiered system that aims to increase both referrals of adolescents to job training, as well as referrals of SPM youth to essential case management support. This effort also streamlines the assessment of life skills into one service type with an instrument developed from youth voice. Our goal is for more young adults have access to essential support, including vocational opportunities, financial literacy training, case management, and matched savings.

- *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 also operating a second Work/Learn site in Norwich.
- *Boys and Girls Village*: 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.

Youth Villages (YV) Life set: YVLifeSet aims to assist emerging adults with the following: securing suitable and stable housing; completing vocational and/or educational programs; obtaining sustainable employment; developing and maintaining loving, supportive, and permanent adult relationships, and developing the necessary life skills to successfully transition from DCF services. DCF has launched two YVLifeSet sites in Connecticut. Providers were selected through a competitive process, to utilize the YVLifeSet model to provide outcome focused, comprehensive case management services to emerging adults involved with the Department.

From 2020 to present, Youth Villages has served a total of 271 youth, with the most current census of 56 young adults enrolled for 2024. Of the 271 total, 197 youth successfully engaged and completed the program. Of the youth served, data shows the following in terms of outcomes achieved:

- Positive housing outcomes: 167/197 OR 85% *(those living with family/friends, living independently or in an IL program, or in a foster home AND can remain in those placements for the next 6 months)*
- Positive educational outcomes: 170/197 OR 86% *(those who have at minimum a high school diploma or equivalency OR are enrolled in an educational program to attain at minimum a high school diploma or equivalency)*
- Positive employment outcomes: 151/197 OR 77% *(those who are employed OR searching)*
- Positive employment OR educational outcomes: 189 OR 96% *(those that had a positive outcome in either employment, education, or both)*
- Positive arrest outcomes: 170/197 OR 86% *(those that reduced their arrest rate AND severity of arrests based on baseline of 6 months prior to enrolling in services).*

Manufacturing Career Prep for Girls: Training Program is designed to develop job related learning opportunities in collaboration with. These learning experiences complement the formal academic program in relation to career skills. Content of career enhancement training focuses on areas such as customer service, office support, personal finance, computer aided design, manufacturing principles, allied health opportunities career skills. This work is being done in partnership with the Department's inpatient psychiatric facility Solnit South.

Upward Bound Funds (formally PSE mini supports): Funds to support non-traditional services, equipment and activities which support the transitional needs of youth who have not graduated high school. Funds are designated specifically to support preparation for youth to enter post-secondary education and/or other vocational and career planning programs. Activities supported through upward bound funds include things such as SAT prep, seminars, workshops, college admission coaching, college tours, instructional software, etc. Requests are highly individualized and cannot be met through other funding sources. For FFY 2023, an annual budget was set at $37,000 to support post-secondary education, career planning and other vocational preparation needs for high school students. We served 6 youth for a total of $17,160 for the year. For FFY 2024, we have allotted an annual budget of $25,000. Future goals are to utilize our education specialists and YAB members to brainstorm ways that we can access Upward Bound funds to increase opportunities for students to engage in career prep in fields such as entrepreneurship beginning as early has high school years.

Emergency Funds- Youth in Care: Unanticipated, extraordinary expenses for youth whose legal status is either committed or statutory parent and youth remaining in under DCF services voluntary after reaching the age of majority. Emergency funds are targeted to meet immediate basic needs such as food, clothing, housing assistance eviction prevention, utility bill assistance, transportation and car maintenance, and other debt relief for youth in care to bolster their financial wellness and stability. From 10/1-9/20/23 Statewide spent to support emergency needs was $148,836.49

Mentoring Youth Link: In 2022, DCF initiated Youth Link mentoring services which is a program that promotes long-term relationships between youth and caring adults who have attributes and qualities in common with LGBTQIA+ youth (including gender identity, gender expression, race, and ethnicity). Services are offered through a continuum of safety, security, and opportunities for pro social engagement, self-care, exploration and affirming relations with healthy adult role models and teachers. The continuum is designed to support family connections, community groups, and individual activities. Youth Link Mentoring will also include support to youth with mental health and substance use issues. The two service providers for this program are New Haven Pride in New Haven, and Boys and Girls Village in Milford, CT. The target population for this service is LGBTQIA+, male, female, cisgender, or gender non-confirming youth ages 13 to 18 years old, or up to 21 for youth receiving DCF post-majority services and referred by DCF. Ongoing recruitment of mentees has been at times challenging for programs and consistent guidance and direction is offered around this to maximize enrollment efforts. As the program develops, a future goal is to implement Youth Link Mentoring as of the Department's Performance Information Exchange (PIE) system in 2024 for the purpose of having a consistent data collection system that measure positive outcomes for clients served. Once capacity is reached and both programs are operating on a wait list, we will seek to expand the Youth LINK Mentoring program to six (one per DCF region).

NYTD Gift Cards: Please see description above.

Unashamed Inc - Imagine Me Series: This series includes 26 modules providing positive youth development, youth engagement, life skill development to improve well-being. Target population is our adolescent and young adults who are placed in DCF Facilities. All participants who complete the full series will be celebrated with a formal graduation and receive a certificate.

Unashamed Inc, MY Inner Circle App: Based on feedback from current YAB members and alumni foster youth, developing a platform to connect foster youth with information on services, community supports, peer networking and socializing has been a priority for the agency. The agency has partnered with Unashamed, Inc. to develop a mobile application in conjunction with TAY, who have experience with foster care. This creation of a mobile app has been an ongoing request of our youth advisory board members, as well as other youth in care in terms of a resource that will help them thrive and stay connected to a support network. My Inner Circle mobile app will improve experiences of youth in foster care by readily equipping them with the tools and connections necessary to thrive while in placement, as well post launch from care.

LGBTQ+ Advisory Board: Triangle Community Center (TCC) and Q+: Contract was effectuated in October 2023. TCC and Q+ will function as an intensive support for our LGBTQIA+ youth and families, as well as support deepen education for our workforce and community providers around working with this unique population. Both contracted providers will serve separate parts of the state. The primary goal will be to develop LGBTQIA+ training for DCF Staff, Foster Parents, and DCF Providers around the specialized case management needs for LGBTQIA+ youth. Both providers will recruit and prepare youth and families to participate in videos to be used for DCF training. The program will develop an LGBTQIA+ advisory board and facilitate quarterly meetings to include youth, agency staff supports and community members to move LGBTQIA+ work at DCF forward. The advisory board will execute monthly activity groups, as well as support groups for parents/caregivers and youth. An allotted budget of $100,000 has been identified to support this project.

STARS The Center for Children's Advocacy: (Restorative Justice Project) Support, technical assistance, and consultation on statewide implementation of restorative justice circles in temporary placements (Short Term Assessment and Respite). The goal was to reduce arrests in these temporary settings (6 programs, statewide, each program exclusively serving adolescents in care). After implementation of restorative justice circles arrests were reduced.

Connections Inc START/Expansion Services: Connections START program is an existing contracted program serving youth ages 16-24 who are homeless or at risk of becoming homeless and who aged out of DCF care. In response to the COVID 19 pandemic, the START program was expanded to provided additional funding identified specifically to support housing, eviction prevention, emergency basic need and debt relief assistance for former foster youth who are no longer involved with DCF. During the START contract expansion, 113 former foster youth received support in the form of stimulus payments, or other financial assistance directly related to housing expenses (security deposits, rental assistance payments, covering back balances from rent arrearages), credit card balances (used to cover living expenses during pandemic after loss of employment), transportation assistance, fees related to education and/or drivers licenses, car insurance fees and car repairs. Our community provider was also able to utilize funds to increase case management services that included assisting former foster youth with activities such as housing searches, referrals to community providers, financial management skill development, tenancy skill development, life skill development, vocational assistance, parenting supports, and wrap-around case management services.

Data suggests positive outcomes resulting from the START expansion services, particularly in the rates of re-entry. From 2022-present, rates of re-entries have steadily declined. In 2022, there were 32 accepted re-entries, in 2023, only 18 cases were accepted for re-entries. Thus far for 2024, only 4 cases have been accepted for re-entry. When given the option, more frequently our young adults are opting to seek emergency assistance with the community provider as an alternative to re-entry.

Based on these positive outcomes, the agency will continue its partnership with Connections Inc START program. We are amending the existing contract for 2024 to add an additional $250,000 for supporting former foster youth in need of emergency assistance. To deepen our support of emergent housing needs for our young adult population, the agency will consider developing a youth housing collaborative to include youth in partnership with our Department of Housing.

Youth Arts Collaborative: DCF's Youth Art Collaborative program began in 2023. This art collaborative encourages youth and young adults (14-21) to explore and realize their own individual artistic identity (through drawing, painting, dancing, spoken word, etc.), fostering a sense of self-discovery and original expression. The YAC provides youth and young adults with connections to artists and the arts community in CT through mentor/mentee relationships. For mentors, it's an opportunity to encourage and guide youth and young adults to explore their inner artistic voice and be a positive role model to disadvantaged individuals who are passionate about art. Young Artists must be in DCF care and interested in participating, and willing to meet with their mentor twice per month, for a minimum of six months. Throughout the six-month period, mentors and young artists will work together to develop a cohesive art project. This project will reflect the collective experiences, voices, and perspectives of the youth participant. Guidance and support will be provided by mentors who are experienced artists to ensure the project's success and alignment with the youth's artistic goals.

Personnel Expenses: The grant supports one Pupil Services Position 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. (USD II)

Mentoring: DCF provided Mentoring services utilizing two providers with demonstrated expertise focusing on the LGBTQI adolescent population and a specialty service to youth who are victims of child sex trafficking. Both mentoring providers serve adolescents ages 14 and older, who are committed to the Department and residing in out of home care. Mentoring services were re-procured in 2021, with two new services providers with a specialty in LGBTQI.

Chafee Projected Plans and Considerations

- Establish university partners for enhance data collection on TAY served and outcomes.
- Strengthen support around driving- to include partnership with driving schools, offering tuition waivers, additional driving hours, access to cars for driving test.
- Establish university partners for data collection on TAY.

- Set up YAB training for all youth involved. Projects would include videos of youth friendly breakdown of legislative process, skills to increase public speaking, presenting Jim Casey "brain frames" and other social capital briefs.

Chafee Foster Care Independence Program Projected Spending Plan - FFY 2025

Service Description	Funding
Youth Milestone Celebrations- Normalcy	$150,000
Youth Ambassadors/ Youth Training Consultants Stipends	$13,350
Restorative Justice STARS	$20,000
Summer Youth Employment	$200,000
Work to Learn	$439,385
Manufacturing Career Prep for Girls	$123,936
Upward Bound (Formerly PSE preparation and support; Mini Supports)	$25,000
Youth in care-Emergency Funds	$175,000
Imagine Me workshops for sexual abuse survivors	$200,000
Mentoring Youth Link	$221,200
NYTD Gift Cards	$7,500
LGBTQIA Advisory Body	$100,000
Youth Arts Council	$10,000
The Connections Inc START Expansion	$250,000
Youth Advisory Board	$55,000
YV Lifeset	$25,000
Liberty Bank-Youth Bank Account	$2500
Total	**$2,045,853**

New Projected Service Descriptions - Chafee Foster Care Independence Program

Liberty Bank-Youth Bank Account: Liberty Bank is partnering with CT DCF to enhance financial literacy for adolescents and adults in foster care. Transitional Age Youth (TAY) who are Committed to the Care and Custody of DCF will be given access to banking services and financial education beginning at 14 years old. Any adolescents who open an account will be granted access without the requirement of needing cosigner which is inclusive of ages 14 through 17. These youth bank accounts will provide youth with a safe and secure money management tool.

Chaffee Division X Spending Plan 2022 (Funding Ended 9/30/22)

Service Description	Funding
LGBTQ Supports	$211,600
Positive Youth Development and Authentic Youth Engagement	$450,000
Reentry Housing Supports	$1,033,333
Youth In Care Support Payments (Stimulus) and Emergency Funding	$1,600,000
Sexual Abuse Support	$100,000

Service Descriptions - Chafee Foster Care Independence Program

LGBTQ Supports: Pandemic heightened isolation and loneliness in young adults. This cohort has an elevated risk for anxiety, depression, victimization, and future homelessness. Support designed to combat those issues. Peer mentor and augmented support for the population. Chafee funds were utilized to support a PSA with Robin McHaelen, formerly of True Colors Inc. Robin McHaelen Consulting was utilized for her specialized concentration of work around supporting LGBTQ+ youth and families. This PSA helped to enhance our work with LGBTQ+ youth and families. In addition, the service created a youth/provider LGBTQ+ advisory board, gave input on improving a data plan to collect relevant data on LGBTQ+ youth, consulted with the agencies Work with the DCF academy of workforce development to review training curriculum and training needs for LGBTQ+.

Positive Youth Development and Authentic Youth Engagement: Designed to combat escalating mental health issues in TAY; this involves providing stipends to youth directly to create a manual based on lessons learned, on AYE and PYD. Guiding and coaching youth in the development of a practice manual focusing on AYE and development of life skills.

Reentry Housing Supports: Emergency housing and case management to navigate reentry process for homeless youth; 12 beds statewide and Case management services.

Youth In Care Support Payments: Stimulus payments to youth in care youth in care over the age of 18 received a one-time $500 stimulus in 2021. An additional stimulus occurred in 2022 with a direct stimulus payment of $2000. Additionally, youth in care with extraordinary expenses resulting from COVID were eligible to request funding for such emergency and urgent expenses things as credit card bills, utilities, food, and services supporting their physical and emotional health. Statewide, we approved a total expenditure amount of **$527,705** to assist with daily living needs and other emergent costs for eligible youth whose case was actively open.

Sexual Abuse Support: Support for sexual abuse survivors through an organization of adults with lived experience in child welfare. Youth workshops on empowerment, self-worth, and self-care.

This Department Division participates in several Committees/Organizations to ensure ongoing collaboration and partnerships.

- Connecticut Commission on Racial and Ethnic Disparity in the Criminal Justice System
- Juvenile Justice Policy and Oversight Committee
- Statewide Fatherhood Committee
- Restorative Justice Committee
- Statewide Racial justice Committee

Educational and Training Vouchers (ETV) Program

The State of Connecticut Department of Children and Families provides a comprehensive service delivery system to support youth who have aged out of the foster care system. DCF offers youth (at age 18) the opportunity to continue to receive DCF services including post-secondary education and training. Essential to the continued receipt of service is the youth's voluntary agreement to comply with DCF policy to participate in an approved educational program. The department continues to provide services for youth upon enrollment in a post -secondary educational or training program. According to policy, the department provides state funding for an approved post-secondary institution of the youth's choice, up to the equivalent cost of attendance at an identified in-state university (covers tuition, room and board, books, and fees). If a youth has exceeded their state DCF Post-Secondary Education (PSE) budget or has "cost of attendance" expenses not covered by this budget, then DCF augments such expenses utilizing ETV funding. This federal funding may not exceed $5000 per youth per year and may not exceed five years.

In November 2023, oversight of the ETV portion of the Chafee grant was moved to the Transitional Supports and Success Chafee Program Lead. Collaboration amongst the Chafee program lead, PSE Specialist and our fiscal unit continue in order to monitor and maintain expense logs that avoid duplication of services and spending of ETV funding. A streamlined process has been established in that ETV requests are received, reviewed for eligibility, and processed for approval by our Chafee program lead. Quarterly meetings are held with the Department's Grants and Accounting Unit Supervising Accountant to review spending plan budgets and ensure compliance for all ETV grant spending.

Connecticut has made ongoing efforts strengthen the framework and implementation of our state's ETV program. ETV funds over the past year were expanded through collaborating with the adoption, subsidized guardianship and foster and adoptive units, youth who are identifying as part of the Connecticut foster care system, Connecticut DCF Youth Advisory Boards, Connecticut secondary schools, the Connecticut Alliance of Foster and Adoptive Families (CAFAF), Community Service Providers, SUN Scholars, Connecticut Colleges, Universities, Vocational Schools, and the UConn Adoption Assistance Program. Currently, DCF directly distributes and monitors Education Training Vouchers for eligible youth between the ages of 16-23 who remain under the care and custody of the Department. Connecticut state statute allows DCF to serve youth into young adulthood up to the age of 23. While young adults formerly in foster care are eligible for ETV funds up through the age of 26, DCF is not able to financially support this population as their cases close at or before

the age of 24. The agency is currently exploring private sector agencies that will support this population of young people. The state is actively in the process of implementing a Personal Service Agreement (PSA) with Unashamed Inc. to service our ETV eligible former foster youth across the state up through the age of 26. Each recipient's needs are assessed by the Chafee Program Lead for individual need, legal status, cost of attendance and requests.

ETV funding is awarded to youth who are attending college or vocational on campus programs and have an unmet financial or loan reimbursement financial need. These students have exhausted their financial aid awards, exhausted their annual state post-secondary education budget, and remained with a balance. ETV funds cover outstanding post-secondary tuition balances for Fall/Spring semester and winter/summer courses, support expenses such as purchase of computers for all youth who are in post-secondary institutions, cover start-up dorm expenses for new college students, provide school transportation costs and other course related books/equipment needs.

Program improvement goals for ETV will focus on expanding the knowledge and awareness of ETV assistance to the foster care population, service providers and caregivers. Intentional efforts will be made to educate staff on availability of funds and suggested ways to utilize ETV funds to enhance post-secondary education success for young adults served by our agency. DCF will develop a community partnership with a private agency that services all eligible former foster youth across the state to receive ETV vouchers assistance.

In gathering feedback from the Youth Advisory Board, youth in care and agency representatives, there was an identified area of need to increase support around school related transportation assistance. There has been a heightened demand for youth needing round trip transportation to attend school programs. As a result, our agency's contracted transportation services have reached maximum capacity and are functioning on a waitlist. The agency will address this by increasing support offered through ETV to purchase uber/cab/train voucher for class attendance. Support in driver's license/driver's education will be enhanced through use of ETV to provide additional driving instruction hours as needed. This service will be offered to any eligible youth in care who has completed driving school but requires more hours of practice before taking their driving exam. ETV funding will also be utilized to support grad school tuition/costs of attendance for eligible youth.

A future goal for ETV is also to continue ongoing expansion of partnerships with our community colleges that will provide 1st year academic and transitional support to students who come from the foster care system. DCF is in the process of identifying college institutions including Eastern Connecticut State University, Central Connecticut State University, the University of Connecticut, and other institutions such as Livingstone Collage that will offer enhance services on campus for and are currently or will enter the campus.

ETV Spending Plan FY 2024

Service Description	Funding
Unashamed Inc	$50,000
Student Enrollment Clearinghouse	$1248.00
PSE Computer/Laptop Purchase	$65,000
Tuition	$100,000
Books/Equipment/Supplies	$5000
Transportation	$75,000
Cost of attendance	$25,000
Study Abroad fees	$10,000
Grant Total	**$331,248**

Service Descriptions and Updates

Unashamed Inc-ETV: Will serve as a fiduciary agency to issue ETV assistance to eligible youth and young adults who are no longer involved with the Department. Unashamed will serve the entire state of CT. Voucher assistance will be capped at of a rate up to $5,000 per academic year for no more than 5 years. A budget amount has been set at $50,000 to serve up to 10 young adults in 2024.

Adolescent Services Worker Position 80/20: During this reporting period, the State of Connecticut Department of Children and Families (DCF) utilized funding from the Education Training Voucher grant to support two Post-Secondary Education (PSE) Consultant positions (equivalent to 1 FTE). This funding ended at the beginning of Q3 FFY 2023 when state funding fully assumed responsibility for these positions. In 2020, a third PSE Consultant was hired to assist with statewide PSE coverage. The PSE Consultant position was established to assist youth in their transition from high school to vocational programming or college. These consultants routinely meet with youth, social workers, program staff, Job Corps staff and educational personnel to review, coordinate and develop appropriate educational plans for the youth. Additionally, PSE Consultants provide training for agency staff and other service providers regarding the services provided, educational opportunities and challenges and the needs for this specialized population. DCF Post-Secondary Education (PSE) Consultants collaborate and assist Social Work staff, community providers, foster youth and foster families, former foster youth who have had transfer of guardianship or, have been adopted after the age of 16, with educational transitional services. This includes partnering with educational institutions to educate current and former students in the foster care system on their campus. Additional responsibilities include monitoring contracts and research projects related to foster youth in higher education and/or vocational programming and program evaluation. Lastly, until FFY 2024, PSE Consultants administered the state's Education and Training Voucher program. ETV is now managed by DCF's Transitional Supports and Services.

State university partnerships- ECSU/CCSU/SCSU: CT DCF continues to partner with Eastern Connecticut State University, Southern Connecticut State University, and Central Connecticut State University to enhance services on campus for youth/students who come from the foster care system and are currently or will enter the campus. The collaborative efforts include, but are not limited to gatherings, workshops, tutoring services, food pantries, networking opportunities, student activities, student orientation, graduation celebrations etc. Services on college and vocational services continue to be expanded and include youth who identify as being part of the Child Welfare system, from within and out of the state of Connecticut. No funds have been allocated to ECSU, SCSU or CCSU since the provisions of ETV-C.

Student Enrollment Clearinghouse: The Clearinghouse provides a nationwide, central repository of information on the enrollment status and educational achievements of postsecondary students. Participating educational institutions submit to the Clearinghouse information on the enrollment statuses of all their students and listings of their alumni to whom they have awarded degrees or certificates. They appoint the Clearinghouse as their agent for the purposes of reporting student information to authorized recipients. Information at any time can be requested to evaluate programs, assess outcomes, and improve instruction. To date, 1060 student files have been submitted for review to the Clearinghouse. Total expenditure was $1248.00.

Link Recodes: The following represents 2022-2023 ETV link recode expenditures by category:

- Books/Equipment/educational supplies- 4 new youth served. Total expenditure $2765
- Computer/Laptops- 61 new youth served. Total expenditure $92,297
- Tuition-26 new youth served. Total expenditure $76,881
- Transportation-13 new youth served. Total expenditure $24,527
- Cost of Attendance fees-19 new youth served. Total expenditure $19,200

Sun Scholars: CT DCF provided ETV funding to our statewide college support program, Sun Scholars, for service expansion. This funding allowed Sun Scholars to expand their existing career development center for current and program graduates. Students can explore their fields of study utilizing current information when researching and seeking internships, fellowships, and employment opportunities during and following their college/vocational graduations. This funding expanded the program's ability to provide more students with internships, job shadowing experiences, and employment opportunities. Additionally, this funding allowed the program to provide additional workshops and enrichment experiences to program participants. Many post-secondary and vocational foster youth express feelings of isolation when attending institutions of higher education. Having opportunities to gather, learn and celebrate as a group allows participants to feel a sense of community and belonging unique to their lived experiences. Lastly, this funding allowed the program to expand its alumni network by offering additional opportunities for foster care alumni to gather, connect and build a community of lifelong support. Total expenditure to support this amendment in 2023 was $60, 000.

UConn Research Project: CT DCF continues to partner with University of Connecticut faculty with expertise in transition-age youth to determine how older youth in care are faring in their postsecondary education pursuits. Connecticut has made longstanding investments in postsecondary education success for older youth in care. Connecticut was an early adopter of federally funded extended foster care, offers a state funded post-secondary education program for youth pursuing a four-year degree, and has invested in college bridge and success programs for several years (i.e., First Star/Rising Scholars and SUN Scholars). Still, data have not been systematically collected and analyzed to understand how older youth in care are faring in their postsecondary education pursuits. This study will link and analyze administrative data to shed light on enrollment and completion rates for a cohort of Connecticut foster youth, and it will examine disparities in these outcomes based on youth characteristics and foster care experiences. ETV funding was utilized to obtain data from the National Clearinghouse for cohort being studied by UConn. No recent funds have been allocated to UCONN since the provisions of ETV-C.

Personnel: During this reporting period, the State of Connecticut Department of Children and Families (DCF) utilized funding from the Education Training Voucher grant to support two Post-Secondary Education (PSE) Consultant positions (equivalent to 1 FTE). This funding ended at the beginning of Q3 FFY 2023 when state funding fully assumed responsibility for these positions. In 2020, a third PSE Consultant was hired to assist with statewide PSE coverage. The PSE Consultant position was established to assist youth in their transition from high school to vocational programming or college. These consultants routinely meet with youth, social workers, program staff, Job Corps staff and educational personnel to review, coordinate and develop appropriate educational plans for the youth. Additionally, PSE Consultants provide training for agency staff and other service providers regarding the services provided, educational opportunities and challenges and the needs for this specialized population. DCF Post-Secondary Education (PSE) Consultants collaborate and assist Social Work staff, community providers, foster youth and foster families, former foster youth who have had transfer of guardianship or, have been adopted after the age of 16, with educational transitional services. This includes partnering with educational institutions to educate current and former students in the foster care system on their campus. Additional responsibilities include monitoring contracts and research projects related to foster youth in higher education and/or vocational programming and program evaluation. Lastly, until FFY 2024, PSE Consultants administered the state's Education and Training Voucher program. ETV is now managed by DCF's Transitional Supports and Services.

Proposed ETV Spending Plan FY 2025

Service Description	Funding
Unashamed Inc	$50,000
PSE Computer/Laptop Purchase	$65,000
Tuition	$100,000
Books/Equipment/Supplies	$5000
Transportation	$75,000
Cost of attendance	$25,000
Study Abroad fees	$10,000
Student Enrollment Clearinghouse	$10,000
Total	$340,000

Proposed Services Descriptions

There were no new proposed services for FY 2024. ETV funding was provided to eligible youth for tuition, fees, books, computers & equipment, as well as for other "cost of attendance" expenses not provided for in DCF policy.

Number of Youth Served by Grant.

Year	2020	new	2021	new	2022	new	2023	new	2024	new
Cost of attendance youth	95	86	113	87	95	82	117	87	155	71
Foster care youth	91	84	104	82	90	80	113	85	150	70
Adoption/TOG youth	4	2	9	5	5	2	4	2	5	1
College support program youth	174	108	197	112	300	195	121	89	160	72

*As of September 31, 2023

ETV-C Funding

The Department of Children and Families received funding to support current and former foster youth in their pursuit of post-secondary education and vocational training as part of The Supporting Foster Youth and Families through the Pandemic Act (Division X of P.L. 116-260). These funds were intended to assist youth who had been on track to attend or were attending post-secondary institutions or programs but had their education interrupted due to the COVID-19 pandemic. Additionally, this funding was to be used to support and engage youth to explore when and how they could reconnect to their educational goals and to remove any barriers for attendance. Lastly this funding was able to be used for expenses that were not part of the cost of school attendance.

DCF contracted with a well-established community provider partner, with a long history of providing adolescent services, to administer most of this funding. As part of their contract, provider partner staff assessed each youth's needs and provided direct and indirect support individually tailored to meet the youth's needs. Case management and educational or vocational assessments were provided to youth as needed. If additional community resources were needed, provider partner connected youth to such. All funding requests were expeditiously issued directly to youth, to the institution and/or vendor identified ensuring that youth's needs were met in a timely manner. Obstacles for youth beginning, continuing, or finishing an educational or vocational program were assessed and remedied in a timely manner. This service was provided to youth throughout the state of Connecticut in person, by phone, or through other forms of electronic communication. A total of 67 requests for ETV-C funding were granted during this funding period.

Additionally, this provider partner provided funding to three Connecticut State Universities so they too could remove any educational obstacles eligible students may have while attending their institution. Approximately 100 youth benefited from this additional funding and support.

ETV-C Funding was utilized to partner with two University of Connecticut faculties, both with expertise in transition age youth, to provide evaluative data on educational outcomes for post-secondary education youth. Enrollment and completion rates for a cohort of DCF foster youth is still in the process of being analyzed and this analysis will include examining disparities in outcomes based on youth characteristics and foster care experience. Connecticut has a long history of providing a robust post-secondary education program for foster youth and such analysis will inform program staff to needed adjustments or revisions to policy and practice to further increase youth's successes.

Lastly, DCF provided funding from this grant for outreach and advertising efforts designed to reach potentially eligible youth in the community. Through our community private partners, funding was made available, as needed, for advertising and outreach efforts throughout the state. One provider partner, DCF's College Mentoring program, was funded and provided much needed community outreach thus allowing additional eligible youth to receive this funding.

DCF Post-Secondary Education staff were responsible for administering all components of this plan and were involved with determining funding eligibility as needed.

Additional use of ETV funding

During this reporting period, DCF partnered with several Connecticut universities to provide academic, social, and emotional support programs specifically designed for foster and adoptive youth. Youth who participated in such programming received incentives and invitations to special events sponsored partially with ETV funding. Yearly participation for campus support programs averages 200 youth per year and includes students who have a history of foster care and/or adoption.

Chafee Training

In collaboration with the Transitional Support Services Division, the Academy launched a new series of micro learning labs aimed at lifting staff's understanding of programs and services available to DCF transitional aged youth. Program leads for various contracts and arenas of work will be present to provide an overview of the services, key considerations for matching youth to opportunities, points of practice to ensure timely delivery of services, and troubleshooting for common challenges. In addition, time will be allotted for participants to ask questions and seek clarity regarding the

information and their experiences with that area of work. These virtual sessions are open to all staff and can be a stand-alone opportunity or you can register for as many sessions to meet your needs and availability.

Beginning in July 2024, the agency is providing seven (7) different Transitional Aged Youth Micro Learning Labs for staff to better which will include the following training topics: Authentic Youth Engagement and Services Post Majority, Supporting Youth Identity, Skills and Self Expression, Child Welfare Accounting, Federal Funding Requirements', Chafee, and ETV, Post Secondary Education, OMEGA, and Case Planning, and CHAPS/CHEER/TSEA and Launch.

In addition, workforce development presentations were posted and made available to all staff and vendors in the adolescent practice approach. This approach focuses on youth transitioning to adulthood and is rooted in both positive youth development (5-C model), adolescent brain development, and servicing LGBTQIA+ youth and families.

In the summer of 2024, the Department will launch a consolidated practice approach to engaging and serving LGBTQIA+ youth. Value has been placed upon providing senior and mid- level managerial staff with professional development opportunities that offer exposure to data. Under this premise, once proficient with pulling data and interpreting it, they can transfer the learning to their respective staff. Learning opportunities include but are not limited to: · Understanding the Numbers · Excel · Pivot · Leadership Academy for Middle Managers · Capacity Building for Active Case Management · Special Qualitative Reviews post fatalities and near fatalities. The Transitional Supports and Success team will continue to work with our regional offices across the state to present information at their work group meetings, share budgetary updates and Chafee information to education staff on the availability and ensure usage of Chafee funding to support better outcomes for TAY.

Additional DCF Adolescent Supports and Services

Wilderness School
Wilderness School (WS) programs are critical to the DCF mission of serving adolescent populations in the care and custody of the department and community. WS programming also plays a significant role in fulfilling the agency mandate to provide prevention services to Connecticut's adolescent population. Our programs, all of which are built on a positive youth development foundation, have played a highly significant role for hundreds of adolescents each year, of course accounting for the COVID pandemic. In addition, the WS has provided intensive 1 to 20 days expedition experiences with follow-up programming to approximately 90 youth during each of summer sessions. WS collaborates with partners internal to DCF including the Youth Advisory Board, facilities, and case carrying social workers as well as community partners such as Youth Service Bureaus, Schools, and Court Support Services (CSSD). In the past 5 years, WS has worked to respond and recover from the global pandemic and the retirement of 2 (out of 4) full-time staff. In 2024, WS has refilled both open retirement positions and filled an additional full-time position increasing the administrative capacity of the full-time team (5 total). Between 2022 and 2024 WS expanded its basecamp infrastructure to include 2 YURT buildings for enhanced youth access and programming options. Furthering this effort to promote access and involvement, WS has expanded programming to include 3-day introductory expeditions, a 14-day Maine Alumni leadership trip, as well as a Summer Youth Employment (SYEMP) based 14-Day conservation/Work program; The SYEMP programs are facilitated in collaboration with The Department of Energy and Environmental Protection (DEEP) and Connecticut Forest and Parks (CTFP). The combination of traditional WS programming along with these new opportunities expands programming access to the youth and families of Connecticut.

Unified School District #2
Unified School District #2 (USD #2) serves children whose needs require that their educational program be provided within a DCF institution or facility in which they reside or receive day treatment services. Legal reference: Conn. Gen. Stat. §17a-37. Under the supervision of the Superintendent of Schools, USD #2 consists of three schools which are located at: · Solnit South Children's Center (hospital) Middletown, CT; Solnit South Children's Center (PRTF), Middletown, CT; and Solnit North Children's Center (PRTF), East Windsor, CT.

USD #2, under the administration of the No-nexus Unit, includes within its jurisdiction children who have been placed by DCF in a private residential facility or in the residential component of a regional education service center and attend the facility school and when one of the following conditions exists: parental rights have been terminated and the

Commissioner of DCF has been appointed the statutory parent (including children turning 18 years old subsequent to termination of parental rights); the whereabouts of the parent(s) or guardian(s) is unknown; the parent(s) or guardian(s) is residing as a patient or inmate in a state correction or mental health facility and does not maintain a Connecticut residence; the parent(s) or guardian(s) does not reside in Connecticut and the child is committed to the care and custody of the Commissioner of DCF; or the parent(s) or guardian(s) does not reside in Connecticut and DCF has certified that procedures to commit the child to the care and custody of the Commissioner of DCF have been initiated for that child and will be finalized within three months of the date of initiation.

DCF USD #2's Regional Education Services (RES) staff directly reports to the Superintendent of Schools for Unified School District #2 and serve the hierarchy of the six DCF regional offices. This twelve-member team (two per region) provides direct services in school-based meetings, consultation, and training to DCF personnel about educational issues specific to children involved with the agency. RES regularly interface with local education agencies, regional educational service centers, Approved Private Special Education Programs, Surrogate Parents, public and private educational agencies including CT State Department of Education (CSDE) relative to the DCF Commissioner's statutory responsibility "to provide or arrange for the provision of suitable education for every child under his/her supervision, either in public school, special education programs, private schools, work/training programs, institutions or facilities. The provision of direct and consultation services to DCF social workers is the crux of the RES role that immediately impacts children. While the training of multiple parties (DCF pre-service for social work trainees, DCF in-service for social workers, DCF foster parents) is the corollary function, the cumulative outcome of training is to embed the culture of ensuring suitable educational experiences for all children under the Commissioner's supervision.

In addition, DCF USD#2 Post-Secondary Education services offers college/post-secondary education financial assistance, within available appropriations, for students to attend an accredited college, university, or institution of higher learning, including a trade/vocational program. This two-member team assists in the assurance of the health and safety of youth under the care of DCF who are attending post-secondary education institutions. Consultations to the regional offices regarding the prescription of post-secondary education plans which match each youth's interests and strengths. Post-secondary education consultants assist students in maintaining their grades and accessing support in post-secondary education settings.

The Virtual Academy was established by Unified School District (USD#2) in February 2016 to serve secondary youth in the care (inclusive of Juvenile Justice Youth) of Department of Children and Families. This creation was based on 2015 standardized assessment results in the state of Connecticut. The 11th grade results (Connecticut only takes standardized assessments in grades 3-8, and 11) saw over 95% students fail to meet the achievement level in math and over 90% fail to meet the achievement level in reading. The Virtual Academy provides these youth an online opportunity at remedial courses in Math and English Language Arts. There are credit recovery options for all content areas (Math, English Language Arts, Social Studies, and Science), elective course offerings, career pathway classes, and SAT/ACT prep classes. All students are assigned a certified educator to assist them with their academic work and help them to produce a plan to reach their goals. During the 2023-2024 school year, the Virtual Academy serviced over 35 students connected to the newly developed DCF Juvenile Justice Education Unit and issued over 15 credits to these youth while they were in placement prior to returning to their full time LEA. Since the inception of the Virtual Academy, students have earned over 510 academic credits that have been applied to high school graduation requirements. To date, the Virtual Academy has assisted 175 students in earning a high school diploma. Diplomas were awarded by year to students who were seniors and made-up credit with the Virtual Academy program. The 5-year snapshot shows that students continue to utilize our programming to meet their high school graduation requirements. The Virtual Academy has maintained an average of 24 graduates per year given we have lost 50% of our teaching staff to retirements. Below are the number of graduates for the last 5 years.

- 2019: 25 grads
- 2020: 28 grads
- 2021: 20 grads (COVID really hit us this year as we lost so many kids in 2020)
- 2022: 19 grads
- 2023: 26 grads

USD #2 Community Partnerships
The following are memberships/committees/organizations this division participates:

- Interagency Council for Ending the Achievement Gap Meeting
- CSDE Superintendent Advisory Council
- CT. Association of Public-School Superintendents
- Hartford Areas Superintendent Association
- Child Welfare Agency Network - Foster Care & Education Network
- State Advisory Council for Special Education
- CT Council of Administrators of Special Education
- Committee for the Protection of Human Subjects

Albert J Solnit Children's Center
Albert J. Solnit Children's Center is a state-administered psychiatric facility for Connecticut's children who are 13 to 17 years of age. The Solnit Center provides comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting. The program is designed to be the bridge from hospital to home and community or as a diversionary placement to avoid the need for a hospital stay. The facility provides an educational program, work experience opportunities and rehabilitation including therapeutic recreation and occupational and music therapies. The Solnit Children's Center utilizes a strength-based, family centered relational approach based on youth -adult partnership. The program model has been designed to focus treatment strategies which are trauma informed and gender responsive. It is our belief that placement is only one component in a continuing system of psychiatric treatment. When a youth is ready to leave Solnit Center, the core team assesses the youth's needs and coordinates services for post-facility care. We make every effort to return the youth to his/her home at the end of treatment. When either the youth or the family is not able to make a home goal possible, our staff work with the family, DCF Area Office, and others who are actively involved in the child's care to find the best possible solution. Options may include either a placement in a foster home, group home or residential treatment facility.

The Solnit Children's center consists of two separate campuses. The South Campus consists of four coed hospital units and three female Psychiatric Residential Treatment Facility (PRTF) facility cottages. The North Campus serves as a Psychiatric Residential Treatment Facility, providing treatment to adolescent males. Over the past 2 years, the PRTFs have been consolidated into a unified structure with one Superintendent. A full management team has been put in place on both campuses. The team has conducted focus groups with youth to build a practice approach driven by client voice. The PRTFs received accreditation by the Joint Commission for the first time in 2024.

DCF Juvenile Justice Educational Unit
Public Act 18-31 established an Education Subcommittee within the Juvenile justice Policy and Oversight Committee (JJPOC) to develop a detailed plan to address concerns with overall coordination, supervision, provision, and direction of all academic services and programs for school aged youth/children who reside in juvenile justice facilities or are incarcerated. Public Act 21-174, passed in June 2021, requires DCF to the Juvenile Justice Education Unit (JJEU), separate from USD #2, that will oversee and monitor the education of children who reside in justice facilities or who are incarcerated, creating standardization, reentry processes, and quality assurance. Also, perform needs assessments, and track the educational progress of individuals in the juvenile justice system.

JJEU Pupil Service Specialists (PSS) work with students involved in the juvenile justice system and are tasked with goal setting, progress monitoring, surveying students, classroom observation, being a part of student's treatment planning and multidisciplinary team, attending student PPT meetings, facilitating student's reentry into school setting, corresponding with central office staff in school district, finding ways to get student supported in their reentry to their community. PSSs maintain regular communication with parents/guardians.

The executive team which consists of one Education Administrator and two assistant superintendents ensures that equitable, measurable, and sustainable child centered educational achievement outcomes are produced for the children in justice facilities. A process has been developed that includes stakeholders, partner agencies and service providers to determine and approve the outcomes the education facilities will produce.

In addition, the unit has created comprehensive and robust accountability measures to assure all components of the new system are performing effectively. The accountability provisions are as follows.

1. Required providers of educational services to compile, at least semiannually, performance data to ensure that reporting measures are tailored to experiences of students in short and long-term placements in justice facilities.
2. Reported student performance data, and documented transition activities and outcomes and collaborations with community service providers and parents to the JJPOC.
3. Manage and track the educational credits of students who are in an out of-home placement and document the success of a placement following a student's reentry into his or her community.
4. Ensure that the school the student will enroll in upon release provides services and support that maximize the student's success.

Progress:

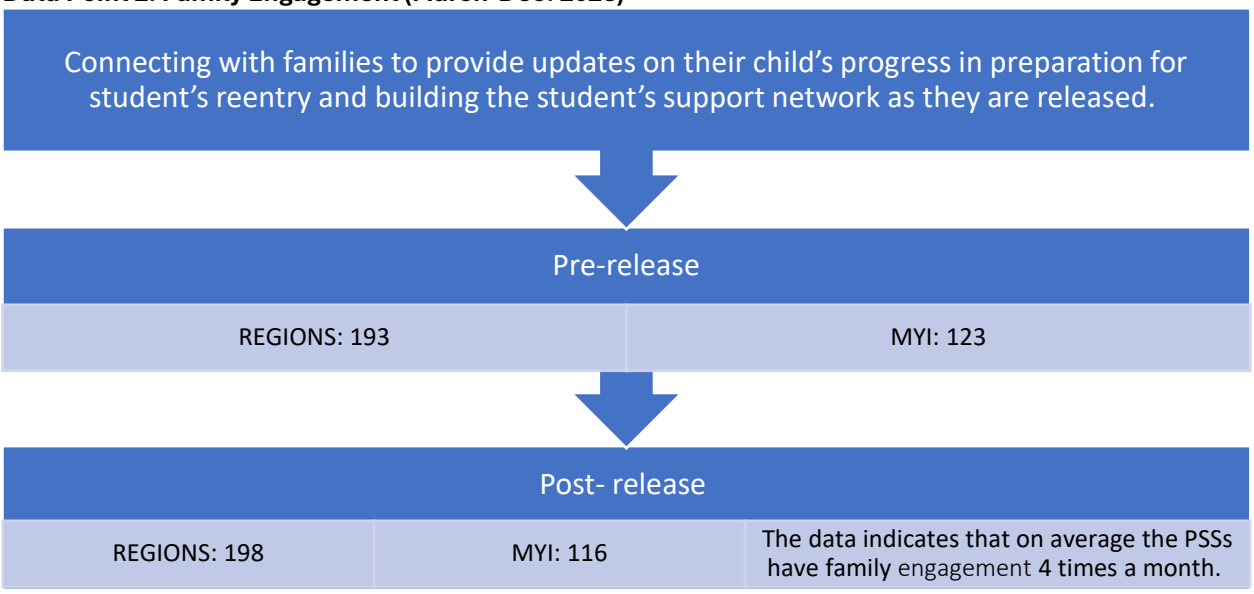
- Monthly Network meetings with schools providing updates and discussing top priorities.
- Standing weekly/biweekly/monthly meetings with teachers, CPOs, clinicians, counselors, administrators, CSSD, and DOC staff.
- Conducted Learning Walks, which is a brief classroom visit utilizing a researched-based tool that provides school leaders and teachers opportunities to reflect on what students are learning, learning strategies, student interaction with the content, and student engagement. Learning Walks also allows the educators to see instruction in action from a professional development lens and provide tight feedback and provide data for future planning.
- Implemented Star Assessment which is a universal screener to measure students' math and reading levels. Presently, students are measured twice in a school year, the goal for next year is to measure students three times in a school year.
- Uniform credit recovery program (i.e. Virtual Academy) available for students.
- Partnering with SDE in August '23 to have meetings with District Liaisons across CT. The topic of discussion: Intro to JJEU, our Reentry Circle, our ongoing support during student reintegration, next steps.
- In Fall of 2023 JJEU met with Juvenile Probation Officers across CT to discuss our role and how we can support with their students' education
- Work with Project Longevity to connect support to students who are reentering their home communities.

PSS Data

Data Point 1: Reentry/ Transition Meetings.

- Number of reentry/ transition meetings (August- December 2023)
    - The number of reentry/ transition meetings our Pupil Service Specialists have had is 42.
    - On average, there have been 6 correspondences with receiving school districts regarding reentry/ transition to home community.
    - In these correspondences, our PSSs were able to provide the district with advance notice of possible release dates, progress made in credit recovery, and assisting with parent outreach.

Data Point 2: Family Engagement (March-Dec. 2023)



Data Point 3: Community Supports

- Over a 10-month period, our Pupil Service Specialists connected to their students' community support on average 3 times a month.
- Over an 8-month period, our MYI Pupil Service Specialists connected to their students' community support on average 4 times a month.
- Community support includes Juvenile Probation officers, Project Longevity, mentors, DMHAS, etc.

Data Point 4: Contact with Receiving School

- Connecting with schools to provide updates on their student's progress in preparation for student's reentry and building their school community as they are released.
- REGIONS and MYI PSS, on average, are in correspondence with the receiving school 4 times a month.

Committees:

Juvenile Justice Policy Oversight Committee (JJPOC)
JJPOC: Education workgroup
JJPOC: Re-entry Workgroup

Justice System Diversion

In 2019, DCF assumed responsibility for managing the State grant funding for Youth Service Bureaus and direct oversight of three contracted Juvenile Review Boards. These entities comprise the majority of the community-based youth diversion system in Connecticut. The system is designed to offer diversion from court post-arrest or in lieu of arrest, as well as to address truancy and other issues beyond control in school and at home. Diversion is overseen by the Juvenile Justice Policy and Oversight Committee (JJPOC) which was established to evaluate policies related to the Juvenile Justice system.

In 1978, Section 10-19o of the Connecticut General Statutes established Youth Service Bureaus (YSB). A YSB is defined in CGS 10-19m- 10-19q, inclusive, as an agency operated directly by one or more municipalities, or a private agency designated to act as an agent of one or more municipalities, for the purpose of evaluating, planning, coordinating, and implementing services. Services include prevention and intervention programs for delinquent and pre-delinquent youth, pregnant and parenting youth, and troubled youth. The statute further states that YSBs shall be the coordinating unit of community-based services to provide a comprehensive delivery of prevention and intervention, treatment, and follow-up services.

YSBs range in size and scope, from the smallest, staffed by a single part-time employee in a municipal office, to the largest, which is a private, nonprofit agency that provides a wide range of services to 10 municipalities. Municipal YSBs may be standalone divisions or operate under a parent department, most commonly Human Services or Recreation. 22 of the YSBs are non-profits, endorsed by their town(s) to function as the YSB. In a few communities, volunteers and other community-based stakeholders provide YSB administrative functions, permitting the total YSB budget to be used for direct services. YSBs in larger cities focus on administrative efforts that coordinate the many public and private providers in the community that offer a wide array of youth services. The coordination of these efforts helps to limit gaps in service and identify other resource needs, thereby assuring that the youth are being adequately served.

YSBs offer a broader scope of services than most other youth-serving agencies. In addition to providing direct services like other agencies, YSBs are responsible for assessing the needs of the community, identifying gaps in services and coordination of services for youth to fill gaps and avoid duplication of services. Many YSBs also play a special role in working with the juvenile justice system to meet the needs of children and youth by providing and/or making referrals to mental health, behavioral health, or other services.

Since 2019 and through fiscal year 2023, Youth Service Bureaus have touched over one million youth and families through live and virtual events, including various social media campaigns. 63,000 youth have received direct services which were delivered by YSBs as an intervention for a referred issue. 8,500 youth were served by Juvenile Review Boards due to a referred incident, 85% of those coming from Police or the Juvenile Courts. Of those, 75% successfully completed the requirements and were diverted.

DCF has worked closely with YSBs and JRB to build capacity and strengthen interventions. Much foundational work has been done to support the infrastructure in the way of data development, building the structure to standardize programming. All YSBs and JRBs were provided technical assistance and support to develop their internal capacity to collect, manage and share their data for planning and program development purposes. DCF completed a landscape analysis of all YSBs to assess their ability to meet statutory mandates and serve in a diversion capacity specifically. A training plan with support to allow YSBs to strengthen areas of need is in development.

In 2023, legislation was passed calling for development of a diversion plan, titled Diversion First. DCF has worked closely with JJPOC and relevant subcommittees to identify best practices and mechanisms for prearrest diversion. A plan was proposed by DCF for the development of contracted Diversion Hubs. These hubs will "divert" youth from the justice system by providing an alternative to a court referral for a juvenile arrested for the first or second time of an infraction or misdemeanor, including, but not limited to: simple trespass under, creating a public disturbance, disorderly conduct, fifth degree larceny, sixth degree larceny and breach of the peace. The hubs will also "divert" non-arrested youth from encountering the juvenile court. These hubs will expand upon the structure of existing Juvenile Review Boards (JRBs). Existing JRBs in this state have largely been driven by a network of YSBs. Subcommittee work continues to finalize the diversion system planning. Legislation to implement the plan will follow. To help support this ongoing work, the Department participates in the following:

- Juvenile Justice Policy Oversight Committee (JJPOC) subcommittees- Alternatives to Arrest, Diversion & Racial and Ethnic Disparities
- Connecticut Fatherhood Initiative (CFI) Domain 3: Young People Prepared to be Responsible Parents
- Statewide Minor Homelessness Task group

5. Consultation and Coordination Between States and Tribes

Please see Assessment of Performance Systemic Factor 6 for additional information.

6. *Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update*

CAPTA Plan, Requirements, and Updates

There have not been any substantive changes to any laws or regulations that would impact CT's eligibility for CAPTA.

CAPTA Spending Plan 2024:

The figures provided in the table below 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 2023 and FFY2024.

Services/Activities		**Funding**
Triple P Provider Training	$136,618	$510,366
Multidisciplinary Teams	$175,000	
Favor- (Stipends for CRP Work)	$36,828	
CT Association for Infant Mental Health	$161,920	
Total	$510,366	
Intimate Partner Violence		$28,5000
IPV-FAIR - Yale - Dr Stover	$28,500	
Total IPV	$28,500	
Substance ExFCPed Infant - Plans of Safe Care		$ 390,434
CHR -FBR Team Region 4 extension	$81,250	
FBR - Training/QA	$60,000	
Wheeler	$129,000	
YALE	$120,184	
Total SEI	$390,434	
Total		$929,300

Service Descriptions and Updates

Parenting Support Services (formerly Triple P): Parenting Support Services (PSS) is a statewide program for families with children 0-17 years of age to support and enhance positive family functioning. PSS offers the evidenced-based model, Level 4 Triple P (Positive Parenting Program®), and the Circle of Security Parenting© interventions. Families receive one or both PSS interventions along with case management services using the Wraparound philosophy and process. Triple P is a behavior management intervention that helps parents become resourceful problem solvers and to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Circle of Security Parenting (COSP) is a parent reflection intervention designed to build, support, and strengthen parents' reflective capacity about kids' behavior and about their reaction to kids' behavior. COSP also provides attachment-based relationship tools to help parents, caregivers, teachers, and other adults who have a relationship with kids, so they are better equipped to provide a quality of relationship that is more supportive of secure attachment.

Federal funds were allocated to PSS to offer Level 4 Standard and Standard Teen Triple P trainings. Training also includes an accreditation process, and new PSS staff members were trained and accredited in SFY 2020, SFY 2021 and SFY 2023. No training was offered during SFY 2022 due to a contract change that year. This allocation supports ongoing training opportunities for provider staff to ensure no interruption in the provision of services and supports the training needs of provider staff.

Multidisciplinary Teams (MDT): The Governor's Task Force on Justice for Abused Children (GTFJAC), first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention, and prosecution of child sexual abuse, sexual exploitation, child trafficking, serious physical abuse cases, and death of children. The development of multidisciplinary teams (MDTs) 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 minimize secondary trauma to the child and family while improving the investigation and prosecution of the cases. Connecticut has continued to recognize the inherent value of this collaborative effort. These teams positively impact the quality of work provided to child victims throughout the member disciplines, legislatively requiring that all teams utilize accredited Child Advocacy Centers, ensuring all services meet national best practice standards. Multidisciplinary Teams (MDTs) enhance the capacity of children and families to achieve positive outcomes through support, services, and resources. This will aid in decreasing the recurrence of maltreatment. Connecticut professionals with expertise in various disciplines can team complex cases. This support is offered to any child, youth, or family in the state.

There are 17 Multidisciplinary Teams in Connecticut, and one team in every judicial district in Connecticut, all with access to a forensic interviewer(s), medical provider(s), and advocate(s). Connecticut utilizes state and Children's Justice Act Grant funding to support our MDTs. The following teams are federally funded under the CAPTA:

- Community Health Center, Inc. – Stamford
- Middletown Police Benevolent Association – Middlesex County
- Sexual Assault Crisis Center of Eastern CT – Norwich/Willimantic
- Charlotte Hungerford Hospital – Torrington
- Waterbury Youth Services – Waterbury
- Clifford Beers Clinic – New Haven County

Additionally, the GTFJAC also evaluates the 17 MDTs in the state of Connecticut. In 2002, per Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols and monitor and evaluate multidisciplinary teams' performance. The MDT Evaluation Committee is a permanent GTFJAC committee. It is charged with reviewing the protocols of all multidisciplinary teams, monitoring and evaluating teams, and making recommendations for modifications to the system of multidisciplinary teams. These evaluations have identified gaps in the system, universal trends, and areas of strength. The evaluations can indicate additional training needs for professionals, identify potential policy updates across systems, and highlight best practices to ensure improved child safety and a uniform approach across the state.

Statewide, a Program Director 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.

FAVOR: There are several parent advocacy groups in the state that are designed to review Department practices specifically in the areas of behavioral health. FAVOR is a multicultural statewide Family Advocacy Organization for Children's Behavioral 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 Caregiver Peer support. This organization agreed to act as fiduciary for the Citizen Review Panel (CRP) and encourages participation of a more diverse group of CT citizens. The Department has agreed to allocate funding for participants to receive stipends for transportation and daycare costs, as well as to assist the panels for associated meeting costs. The State Advisory Council (SAC) receives funding from the Department to support its CRP work and FAVOR also functions as the fiduciary for the SAC. The Citizen Review Panels (CRP) are responsible for providing feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the general public to enhance the ways families can positively impact the child protection and child treatment systems. Funding is used to support CRP activities. Connecticut has seven CRP's (one for each of the six DCF regions and one for the SAC). This was done to create regional plans based on regional needs and assessments and to utilize existing citizen groups to create the CRP's. Each region created a CRP by utilizing existing work groups or creating new ones. The CRP Reports are included as an attachment to this report. The Department reviews the CRP

recommendations on a regular basis, and as part of its engagement in developing our CFSP, and often implements policy, practice, or service change/initiatives to address the recommendations.

CT Association for Infant Mental Health: The Connecticut Association for Infant Mental Health (CT-AIMH) was contracted to provide the Infant Mental Health (IMH) 8-topic training series. This training is designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. Presenters known nationally for their work in child welfare offered their expertise on observations of young children and their families in child welfare, attachment, and unresolved trauma and loss, integrating a trauma lens into work with very young children and their families, on making child welfare visitations a relationship-focused experience for parents and young children. Local presenters added their competencies in reflective practice, cultural sensitivity, and assessment/referral.

Training Intimate Partner Violence (IPV)

CCADV Webinar Trainings: The Connecticut Coalition Against Domestic Violence put together a series of eight trainings to address the impact that COVID-19 had on IPV, Intimate Partner Violence resources and education, substance misuse and IPV and the overall impact on children and families around the state. The training is based on best and promising practices that are grounded in a trauma-informed approach in response to intimate partner violence. Training topic areas are meant to offer community providers such as child welfare personnel, domestic violence advocates, social workers, and community-based providers to build community awareness, stakeholder capacity and available resources to increase safety within families. Each session is designed to encourage participants' self-awareness, as well as skill-building in working with individuals who have been impacted by domestic violence and substance misuse.

Training Sessions: CCADV offered a series of eight one-hour IPV focused webinars with a start date in February 2023 and an end date in August 2023. The training topics were the following: Understanding Teen Dating Violence and Stalking, Understanding Trauma in the Context of Domestic Violence, Understanding Trauma in the Context of Domestic Violence, The Impact of Exposure to Domestic Violence on Children, The Intersection of IPV and Substance Misuse, IPV in the LGBTQIA+ Community, Cultural Considerations that influence Victims of Domestic Violence, The Intersection of IPV and Mental Health and IPV Compassion Fatigue, Self-Care and Resilience The trainings have had very good attendance numbers. Overall, the eight sessions had a total of 800 participants, which strongly demonstrated the Connecticut community providers interest in building their knowledge base to help individuals impacted by IPV.

Adam Dodge: End Technology Abuse Training (End Tab): During the Covid Pandemic individuals were left isolated and dependent on technology for school, work, counseling services and overall communication. With the increase in the use of technology for overall contact and communication, this also left individuals experiencing IPV very vulnerable to digital abuse and limited with information and guidance on how plan around it. In addition to using this training for our Advanced IPV Training Series, we will also be able to use it for any other IPV training courses we set up as the purchase included the recorded webinar series to be used ongoing. Technology safety planning is imperative in IPV situations. Tech Enabled Abuse is a 3.5-hour training session that provides a presentation on technology-enabled abuse and coercive control through a 2.5-hour pre-recorded training session and 1 hour of breakout exercises (questions, scenarios, etc.). After purchasing the Webinar Series in the Fall 2022, we launched the training on 12/09/22 and 12/10/22 and had approximately 35 participants. Since purchasing this training in 2022 it has been embedded in the Department's Advanced IPV Practice Series that is offered twice a year to both DCF staff and community members who want to better understand how to work with individuals impacted by IPV. The training was given in April 2023 and had 50 participants, and then again in December 2023 with over 65 participants. The next scheduled training will be in May 2024 with an anticipated 50-60 participants. In the past year and a half, we have been able to train over one hundred individuals on Technology Abuse, demonstrating the need for the training but also how it is assisting both internal DCF staff and community providers in safety planning with recipients of IPV.

Women's Consortium- FFY 2020 DCF also partnered with the Women's Consortium to offer a two (2) day training focusing on Solution Focused Treatment and Couples Therapy for Domestic Violence – Finding Safe Solutions. Solution Focused Brief Therapy (SFBT) is a goal-directed approach focusing on addressing what clients want to achieve exploring the history and provenance of problem(s). SFBT therapy sessions focus on the present and future, focusing on the pasty

only to the degree necessary for communicating empathy and accurate understanding of the client's concerns. Participants include DCF staff, clinical community stakeholders and others interested in treating families impacted by intimate partner violence. The funding is all inclusive and covers all costs including training curriculum, travel, continuing education credits, registration, and evaluation. The training will train 50. The training has been postponed to September 2020.

Intimate Partner Violence with Dr. Carla Stover: The Department of Children and Families (DCF) expanded its collaboration with Dr. Carla Stover, the model developer of Fathers for Change and Mothers and More at Yale University. This extension aimed to enhance training and consultation for the Intimate Partner Violence-Family Assessment Intervention Response (IPV-FAIR) program, a vital component of DCF's in-home services. Dr. Stover provided technical support and fidelity monitoring for both the Fathers for Change and Mothers and More models. These interventions are designed to mitigate repeat maltreatment and enhance the well-being of children affected by IPV.

In addition to technical support, DCF invested in equipment such as the Em-Wave monitor to facilitate emotion regulation within the Fathers for Change and Mothers and More models. IPV-FAIR annually serves 340 families and 468 children (FY19). Furthermore, DCF allocated funding for participation in conferences addressing critical topics like "Navigating the Intersection of Race, Culture, and Adoption" and "IPV Assessment and Engagement" during FFY20.

Continuing into FY 23 and FY 24, Dr. Stover conducted comprehensive training sessions for clinicians from the six IPV-FAIR agencies across Connecticut. These training courses equipped approximately 20 staff members with the necessary skills to implement both clinical models effectively. Dr. Stover maintains regular monthly meetings with each IPV-FAIR provider agency team, offering fidelity consultation and training components tailored to the specific challenges of IPV work.

Moreover, Dr. Stover conducts quarterly reviews of recorded treatment sessions from each IPV-FAIR clinician and hosts monthly meetings with IPV-FAIR teams for reflective supervision and strategy implementation. Her focus lies in assessing skill levels, coping mechanisms practiced during sessions, and understanding the impact of child development dynamics. Dr. Stover emphasizes the significance of her support not only in ensuring model fidelity but also in fostering the growth and knowledge base of providers engaged in this challenging work.

Since January 1, 2019, 1,993 individuals have been discharged from IPV FAIR, with 2,216 enrolled during this period. Notably, among the discharged individuals, 600 were dyads (mothers and fathers), 603 were mothers alone, and 172 were fathers alone. A compelling statistic emerges from pre and post-tests for 318 dyad mothers reporting on fathers' abusive behaviors. The pre-assessment average was 21.7, significantly higher than the cutoff indicative of an abusive relationship. However, the post-assessment average dramatically decreased to 8.5, a statistically significant improvement ($p < 0.001$). Similarly, fathers' Difficulty in Emotion Regulation Scores decreased by over 10 points on average, also a statistically significant improvement ($p < 0.001$).

Family Navigator Training: During FFY 7/1/22-9/30/2023, the Department funded the development of an IPV-FAIR Family Navigator manual and curriculum for new family navigators joining the 6 DCF-funded IPV-FAIR community agencies. Family Centered Services of Connecticut was contracted to maintain/update and conduct the 18-hour training based on the manual, combining didactic material and interactive exercises.
The training aimed to expand outreach to organizations utilizing case managers and enhance their knowledge base on IPV to better serve affected children and families. Initially offered to the six DCF-funded IPV-FAIR agencies and interested community agencies in FY 22, the training continued into FY 22-23.

The first Family Navigator training began on 9/16/22, with three 3.5-hour sessions held via Zoom. Participants received a manual tailored for the training. Subsequent training courses on 05/19/23, 05/26/23, and 06/02/23 saw 37 participants, while the last contracted training on 09/08/23, 09/15/23, and 09/19/23 had 55 participants. The September 2023 training was recorded to support long-term sustainability, facilitating quicker onboarding for new IPV FAIR Family Navigators.

The recorded training series will be available multiple times throughout the year, benefiting both IPV FAIR Family Navigators and community providers. These offerings complement the series of trainings provided by DCF and the

CCMC Injury Prevention team for internal DCF staff, IPV-FAIR staff, and other interested community providers. The first recorded three-day series of Family Navigator training is scheduled to commence on 04/19/24.

Multi-systemic Therapy – Intimate Partner Violence (MST-IPV): The report highlights the Multi-systemic Therapy for Intimate Partner Violence (MST-IPV) program, which received funding for a research project completed in June 2023. This intensive home-based intervention targets families grappling with child physical abuse, neglect, and intimate partner violence (IPV). A quasi-experimental research pilot assessed changes in mental health functioning for participants, comparing MST-IPV families with matched counterparts on various outcomes.

Despite challenges like COVID-related delays, the program maintained a high caregiver recruitment rate of 96%, with 10 out of 27 eligible youth participating. Notably, all self-report data for research participants have been collected and cleaned for analysis.

Between July 2019 and June 2024, the MST IPV program serviced 41 referrals, but funding was eliminated in July 2023. A blended model, MST IPV/BSF, was developed to address substance misuse and IPV intersection, with the team transitioning to working with families previously under MST IPV.

In 2022, MST-IPV served 10 families successfully, achieving positive outcomes, including improved mental health functioning. Post-treatment assessments are ongoing, including data collection on new abuse reports and IPV incidents.

Moving forward, data analysis is expected to be completed by June 2023, with plans for publication based on the findings of the quasi-experimental study. Despite challenges, the MST-IPV program remains committed to its mission of providing effective interventions for families affected by intimate partner violence.

As mentioned above, the Blended Team (MST for Intimate Partner Violence/Building Stronger Families) started as a new team on 07/01/23. The blended team meant that DCF could refer families experiencing physical abuse and/or neglect plus parental substance misuse or IPV. Initial work involved new team development and start-up. There were 11 families served during this time period (07/01/23-04/10/24), with 3 families discharged. The Blended Teams outcomes for discharged families include no out-of-home placements for children and one hundred percent of families that signed on for treatment completed treatment. One family had a new report of neglect at the start of treatment that was managed with support of the ecology. This family closed successfully and transitioned to another program for follow-up. At the present time, the Blended Team has one MST-BSF referred family and 7 MST-IPV referred families. The team has one vacant therapist position and is operating with 2 out of 3 therapists.

Blended Team Data Outcomes for Discharged Individuals

Total FTE for Active Therapists	2.0
Average number of families per therapist	2.38
Families served during this period	11
Total families discharged during this period	3
Percent of families discharged due to lack of engagement	0%
Percent of families completing treatment	100%
Percent of cases closed by mutual agreement	100%
Percent of cases removed by funding/referral source	0%
Percent of cases moved out of service area	0%
Average length of stay in days	270.67
Percent with parenting skills necessary to handle future problems	100%
Percent with improved family relations	100%
Percent with improved network of supports	100%
Percent with success in educational/vocational setting	100%

Percent of youth involved with prosocial peers/activities	100%
Percent of cases where changes have been sustained	100%

Family Based Recovery Training and Quality Assurance: The Department contracts FBR Model Development and Operations (MDO) for training, fidelity, and quality assurance for all Family Based Recovery (FBR) teams. FBR MDO provides weekly case consultation to both the clinical teams and supervisors of each team to ensure model fidelity and provide clinical support and/or education. From 2019 through 2024, MDO provided consultation to 17 agencies and 130 staff members. During this time, 906 families and 1899 were served and impacted by FBR teams. The Department currently funds 8 FBR teams throughout the state. In addition, there are two FBR teams funded through COBHRA for part of the federal reporting year and CAPTA funds. The agencies delivering FBR through these grants are Community Health Resources (CHR) and Community Mental Health Affiliates (CMHA). During the last FY, CMHA treated 6 families and discharged all 6. CHR treated a total of 17 families and discharged 14 families.

CAPTA Projected Spending Plan FFY 2024

Services/Activities		Funding
Multidisciplinary Teams		$175,000
Triple P Provider Training		$136,618
Favor- (Stipends for CRP Work)		$36,828
CT Association for Infant Mental Health (Spring/Fall 8-week series)		$161,920
Intimate Partner Violence		$57,000
Substance Exposed Infant		$335,183
	Substance Exposed Children Liaison (5 RBAHO Vendors) $60,000	
	Travel $25,999	
	Yale FBR QA services $120,184	
	Wheeler Clinic SEI Family care plan coordinator/marketing $129,000	
Total		$902,549

American Rescue Plan Act Funding

CAPTA - American Rescue Plan FFY 2023 Spending Plan

The following spending plan was developed for 10/1/2022-9/30/23.

Services/Activities	Funding
CT Data Collaborative	$36,000
Wheeler Clinic (SEI Coordinator/Marketing	$258,000
Yale- SCAN/DART	$125,000
CCMC - SCAN/DART	$0
Family Life Lifters	$ 50,000
Helping our People Excel	$50,000
Boys & Girls Village - Youth Link	$33,333
New Haven Community Center - Youth Link	$33,333
QA -Chestnut Health System (ACRA)	$19,212
UCONN Evaluation	$200,000
Adam Dodge (Ending Digital Abuse training)	$5,000
CT Coalition Against Domestic Violence (CCADV)	$5,750
Vanguard Direct Prevention materials for NPW (SAMHSA)	$1238
O'Donelle Group (Safe Storage Campaign)	$2,000
Total	$818,866.00

CAPTA - American Rescue COVID Supplemental Projected FFY2024 Spending plan.

Services/Activities	Funding
CT Data Collaborative	$36,000
Yale- SCAN/DART	$125,000
QA -Chestnut Health System (ACRA)	$19,212
UCONN Evaluation	$200,000
Wheeler Clinic (SEI Coordinator/Marketing	$258,000
Total	**$638,212.00**

Service Descriptions and Updates

CT Data Collaborative: Funding for the CT Data Collaborative activities was obligated during this reporting period and only $11,000 was spent during this FY23. Under this scope of work, the CT Data Collaborative has created and published Community Profiles on its website to publicly disseminate information about substance exposed infants collected through CAPTA notifications. These reports also include information from other public health data sources to provide additional context to the data on infants born substance exposed. The Department encourages communities to use this data to inform local efforts to provide services and support to birth persons and infants born exposed. CT Data Collaborative is currently finalizing the hospital dashboard to be public facing and periodically updated to inform communities and drive conversation around the needs of families with substance exposed pregnancies and infants born substance exposed. DCF has worked collaboratively with CT Hospital Association, DMHAS and SEPI CT to ensure that the dashboard provides accurate and equitable information, displayed in a meaningful and easily accessible way.

Substance-Exposed Infants (SEI) Strategic Plan

The five-year strategic plan has been implemented, and the initiative continues to engage hospitals, community providers and state partners to increase Family Care Plan completion, reduce stigma and support birthing people who use substances during pregnancy. Connecticut's participation in the national Policy Academy granted us access to technical assistance in moving this initiative forward, with specific efforts aimed at increasing equity in Family Care Plan implementation and utilization, as well as broadening the reach of the Family Care Plan for families.

Wheeler Clinic - SEI Coordinator/Marketing: The SEPI-CT Program Specialist, also known as the Family Care Plan Coordinator, is responsible for increasing awareness and use of Family Care Plans and CAPTA Notifications throughout the state. This role works under the direction of the SEPI-CT Program Manager in collaboration with funders and key stakeholders across the state. The Family Care Plan Coordinator has been in her role since January of 2022 and has had success in conducting outreach and engagement with birthing hospitals, as well as providing training and technical assistance around CAPTA and Family Care Plans to hospital staff and social workers, as well as community health care providers. To date, all of the birth hospitals in the state have received the CAPTA and Family Care Plans training. The FCP Coordinator was able to increase outreach in FY24 and meet with providers in the community and at birthing hospitals to provide in-person training and technical assistance. The coordinator continues to maintain positive relationships with all birthing hospitals in the state as well as with community providers and state agencies. A direct correlation can be made from increased outreach efforts to increased Family Care Plan completion. In FY 2023, 77% of notifications had a FCP completed. This speaks to an increase in knowledge and awareness not only on the hospital level but on the community level as well. From July 1, 2023-April 1, 2024, the FCP Coordinator completed a total number of 31 CAPTA and Family Care Plan Trainings and 6 DCF CAPTA Notification Portal Trainings. A total number of 646 participants attended the training with 288 participants completing a post-training online evaluation. Feedback from the evaluations completed shows that the training courses continue to be effective in providing education surrounding CAPTA and Family Care Plans. 99% of evaluations indicated that participants learned how to better develop Family Care Plans collaboratively with their clients/patients. 100% of evaluations indicated that participants could identify at least two resources in the state that can help people who are pregnant and using substances. 99% of evaluations indicated that participants feel confident that they could implement what they learned in the training into their practice. Additionally, 99% of evaluations indicated that participants better understand the role of stigma in creating barriers to accessing healthcare. Marketing funds were allocated to secure storage marketing materials to coincide with the Secure Storage of Medication and Other Substances video.

Campaigns: During the fiscal year 2020-2021, nine digital campaigns were created and shared across various sectors, including WIC, DCF, CT Clearinghouse Listserv, and DMHAS Women's Services. The campaigns covered topics such as Socially Distant but Not Alone, IPV Awareness Month, Navigating Holidays While in Recovery, New Year, New Beginnings, Healthy Partnerships and Healthy Pregnancy, Guide to Breastfeeding, Coping with Stress, and Maternal Depression. The campaigns were hosted on social media accounts across CT Clearinghouse, United Way 211, CT DMHAS, CT DCF, and CT Women's Consortium. Collectively, these campaigns had a reach of 5139 and impressions of 6844.

In the fiscal year 2021-2022, the initiative continued to develop monthly campaigns that address topics that intersect with SEI, FASD, and substance use during pregnancy. Topics included International Overdose Awareness, Tips for a Healthy Pregnancy/FASD Awareness, Pregnancy and Infant Loss Awareness, Holiday Recovery Support, Vision Board, Black History Month/Birth Justice, Transitional Aged Youth, International Women's Day, Maternal Mental Health Month, and Pride. These campaigns were distributed through social media platforms like Twitter, Instagram, and Facebook, and also through the Core Team listserv, DMHAS Women's Services system of care listserv, DCF system of care listserv, and the CT Clearinghouse listserv. Collectively on social media, there were 6,410 people reached, with a total of 2,587 impressions. The number of likes totaled 69, and engagement (comments, shares) totaled 167. Three more campaigns are planned to be disseminated by September 2023, and the initiative predicts that likes, engagement, reach, and impressions will increase by 30% based on the plan to repeat the dissemination of campaigns multiple times through the CT Clearinghouse listserv.

In FY 24, the SEPI CT team continued market and share campaigns on Secure Storage, Naloxone Safety, and the SEPI CT Newsletter. These are distributed through CT Clearinghouse listserv, DCF, and DMHAS service arrays. The initiative also distributed an informational campaign during the course of the year. In summer of 2023, the campaign titled "Pathways to Recovery" was released and social media data was collected by CT Clearinghouse, DMHAS, and the Connecticut Women's Consortium. Collectively on social media, there were 1,306 people reached, and the number of impressions totaled 803. The initiative also completed a campaign in March 2024 on Naloxone that is awaiting final approval to be distributed.

Since the May 2023 launch of the video, "Secure Storage of Medication and Other Substances," it has been viewed 611 times on the CT Clearinghouse YouTube page. The video is also viewed and promoted at all CAPTA trainings and has been shared through the CT Clearinghouse Listserv, the SEPI-CT Network, and the DCF and DMHAS Listservs. To continue education around the topic of secure storage, the initiative designed and completed Secure Storage Banner Pens and Secure Storage Half-Page Informational Sheets in January 2024. To date, 205 pens and 780 Informational Sheets have been physically distributed to DCF, DMHAS Women's Services, hospitals, and behavioral health agencies. In addition, the initiative continues to distribute SEPI-CT Wallet Cards to hospitals and behavioral health agencies. In FY24, 3,520 English and Spanish cards have been physically distributed.

The website was launched on December 1, 2022. From December 1, 2022, to May 24, 2023, the website had 581 users who initiated at least one session on the site, with a total of 898 sessions. All usage data (Screen Views, Events, E-commerce, etc.) is associated with a session. The website experienced a total of 3,650 pageviews. The initiative expects the number of users, sessions, and pageviews to double by September 2023, as they plan to market the website resources through future campaigns that use links and QR codes to increase ease of access.

Website: Website launched December 1, 2022. From December 1, 2022-May 24, 2023, the website experienced 581 users (those who have initiated at least one session on the site). The website experiences a total of 898 sessions (period time a user is actively engaged with the website, app, etc.). All usage data (Screen Views, Events, Ecommerce, etc.) is associated with a session. The website experienced a total number of 3,650 pageviews (the total number of pages viewed; repeated views of a single page are counted). We expect the number of users, sessions, and pageviews to double by September 2023 as we market the website resources through future campaigns that use links and QR codes to increase ease of access. In FY24, currently the SEPI-CT website has hosted 1,557 users compared to 958 users in FY23. Pageviews (number of pageviews on a website) totaled 3,725 compared to 2,723 in FY23. The number of sessions (when user views a page or screen, and no session is currently active) totaled 2,160 compared to 1,375 in FY23. These numbers are expected to still increase before the end of the fiscal year. The website is being promoted through meetings with hospitals, at CAPTA trainings, and at all meetings the SEPI-CT program manager and FCP coordinator attend.

Resources are being added to the website when the Program Manager or FCP Coordinator becomes aware of a new service or program.

Yale/CCMC Scan/DART: A budget option was submitted to increase funding for CT's two Child Abuse Center of Excellence (CACE) at Yale Hospital and Connecticut Children's Hospital to increase consultation services to hospitals staff as well as education. During the 2022 fiscal year, the CACE completed 1,454 consultations from hospital and DCF referrals. Ten percent of these consultations were from hospital staff that resulted in no DCF Careline call. Funds were used to support additional medical staff by providing salary and benefits for one additional Child Abuse physician per center.

Chestnut Health System Training and Quality Assurance for Substance Screening, Treatment, and Recovery for Youth (SSTRY): Chestnut Health Systems is the model developer, trainer, and quality assurance entity for the treatment and recovery models used in SSTRY. SSTRY uses Community Reinforcement Approach (CRA) for substance use treatment and Assertive Continuing Care (ACC) with Recovery Monitoring Supports (RMS) techniques for recovery supports. The state currently funds three SSTRY teams to cover the state after re-bidding the service in the Fall of 2021. Additional funding was needed to train and certify newly hired staff in ACC and RMS as well as adding training for supervisors and therapists on two procedures in ACRA for the young adult population. At the end of the available federal funds, Chestnut trained two new therapists at an CRA initial training and five CRA therapists in the two additional young adult procedures. Chestnut also trained 6 Recovery Support Specialists (RSS) and two supervisors in ACC/RMS. Staff have been trained in how to use the online system to upload recordings, and fidelity checks are underway. Chestnut continues to offer monthly coaching calls.

Helping Our People Excel /Family Life Lifters: Contractors provide consultation, assistance, and support with the design and implementation of DCF's Faith Based Recruitment and Retention program for foster care recruitment within the faith-based communities across the state. This includes planning, training, supporting, and promoting the program with a focus on creating and expanding a network of faith-based organizations (FBO's) committed to the recruitment, retention, support, and institution of a collective of caregivers of color focused on restoring, affirming, and supporting children who are separated from their parents due to safety concerns. The two anchor churches responsible for the implementation of the Queen Esther Faith Based Recruitment and Retention program for the state are Helping Our People Excel (HOPE) from New Hope Baptist Church located in New Haven and Family Life Lifter from First Cathedral. HOPE covers the southern Regions 1, 2, & 3 and Family Life Lifters covers the northern Regions 4, 5, & 6.

The network of churches consists of over twenty pastors who are working to identify a contact person, QE Liaisons, to carry out the local effort of recruiting, supporting, and working with the Department's Regional Foster Care divisions and CPS teams. Five families are in the preliminary process of licensing. In 2022, the program convened a statewide kick-off in February 2022. Onboarding curriculum was developed for the pastors and a modified version for the liaison. Pastors received a DCF (CPS and FC) orientation in May 2022 and the liaison are to receive the extended version which includes licensing requirements, pre-licensing training overview and recruitment process is scheduled for June 2022.

With assistance from Cashman & Katz, the anchor churches partnered with the department to develop the "Starting Today" campaign. Starting Today is a concentrated marketing and media prevention campaign focused on neighborhoods and communities where the highest volume of abuse and neglect reports are made to Careline. The campaign will focus on reducing the occurrences of child maltreatment and abuse related to three types, 1) Physical Abuse, 2) Intimate Partner Violence and 3) Sexual Abuse.

Youth Link: The Youth Link Mentoring is a mentoring program that promotes long-term relationships between youth and caring adults who have attributes and qualities in common with LGBTQIA+ youth (including gender identity, gender expression, race, and ethnicity). Youth Link Mentoring matches are one mentor connected to one youth for a period of one (1) year. The contract was awarded to New Haven Pride and to Boys and Girls Village. As of April 2022, Chestnut trained one new therapist at an CRA initial training and five CRA therapists in the two additional young adult procedures. They have conducted 3 fidelity checks on already certified CRA therapists. Chestnut also trained two Recovery Support Specialists (RSS) and two supervisors in ACC/RMS. All have now been trained in how to use the online system to upload recordings, and the first fidelity checks are currently underway. Chestnut continues to offer monthly coaching calls.

CAPTA Evaluation:
The University of Connecticut, School of Social Work (UCONN SSW) has concluded its evaluation of the CAPTA Notification Portal and Family Care Plan process. The evaluation is based on data collected by the online CAPTA Portal notification, the DCF administrative record system, LINK, Department of Public Health (DPH) administrative birth records, and a survey to be completed by mothers who have given birth in the last 12 months and for whom a Family Care Plan was developed. The evaluation assessed the status of CAPTA, and Family Care Plan implementation and the experiences of mothers and infants affected by this policy, including whether subsequent foster care placement occurred following a hospital notification.

The DCF contract for the CAPTA evaluation ended on 9/30/2023. Prior to the end of the CAPTA evaluation, starting on June 15, 2023, new funding from the National Institute on Drug Abuse was secured to build on the CAPTA evaluation in partnership with the PI, Dr. Margaret Lloyd Sieger. The goal of this new project is to measure the impact of the CAPTA policy approaches on treatment utilization, child maltreatment prevention, and racial disparities in child welfare system interactions.

During Fiscal Year 2023-2024, under the CAPTA evaluation, the UConn Research Team continued to collect survey data from mothers and engage with community partners to help advertising the study to potential participants. The Research Team monitored data quality and paid participants for completed responses. The survey was closed on May 31, 2023. The Research Team analyzed the survey data and summarized the findings in the final report submitted to DCF in September 2023.

Regarding the administrative data portion of the study, the Research Team has conducted several sets of analyses and disseminated findings in the forms of presentations and publications. First, the Research Team drafted and submitted a publication titled "Measuring substance use in pregnancy using two statewide datasets: Findings and considerations for policy & research". This publication was accepted to *Maternal & Child Journal* in February of 2024. These findings were also disseminated in a poster presented at the CITYMATCH conference in Chicago, Illinois in September of 2022. Second, the Research Team drafted and submitted a publication titled "Trends in Prenatal Polysubstance Exposure in Families in Society". This article was published in *Families in Society* in January of 2024. These findings were also disseminated in a poster presented at the American Public Health Association's Annual Meeting and Expo in Boston, Massachusetts in November of 2022. Third, the Research Team drafted and submitted a publication titled "Family Care Plans for Infants with Prenatal Substance Exposure". This article was published in *Child Welfare Journal* in September of 2023. These findings were also disseminated in presentations at the NASW CT 36th Annual Statewide Conference in Southbury Connecticut in June of 2023, at the online CDN Brownbag Series, and at the Society for Social Work & Research Conference in Phoenix, Arizona in January of 2023.

The Research Team has also conducted analyses using 1) a difference-in-differences identification strategy to assess the effect of CAPTA policy implementation on racial disparities in newborn maltreatment reports involving infants with prenatal substance exposure and 2) an interrupted time series with segmented linear regression analysis to examine change in rate of reports and rate of substantiated reports before and after the CAPTA policy change. The Research Team is currently drafting manuscripts summarizing the findings from these two sets of analyses. The Research Team has submitted an abstract to present the difference-in-differences findings to the Society for Social Work & research Conference in January of 2025. The Research Team submitted a final report to DCF in September 2023 outlining how the CAPTA policy impacted rates of accepted referrals, rates of foster care placements, and racial disparities in maltreatment reports.

The research team met internally on a regular basis for the purposes of project planning and responded regularly to project-related communications. The research team also met with DCF on a weekly/bi-weekly basis to coordinate data collection procedures, review the survey project, discuss recruitment for the survey project, discuss any revisions made to the IRB protocol, and discuss findings related to the administrative data analyses.

O'Donelle Group (SAFE Storage Social Media Campaign): The Connecticut Department of Children and Families (DCF) partnered with the Department of Mental Health and Addiction Services (DMHAS) to raise awareness of the need for "Safe Environments" when using drugs. The fatal overdose of children who accidentally ingested fentanyl was the catalyst to drive awareness for this important issue and media campaign. Campaign Creatives The "Safe Environment"

traffic campaign leveraged existing LiveLOUD Phase 5 “Please Stay Safe” imagery with new copy addressing the need to make your home a safe environment if you use drugs. The message was non-judgmental in tone and reinforced the core campaign message. The campaign was co-branded with DMHAS, DCF, and LiveLOUD logos. English language social posts were leveraged across Facebook & Instagram as paid traffic ads. Campaign Results Measurement/Metrics And here is a reminder about the metrics and what they mean.

- Impressions - the number of times your ad appeared on screen.
- Reach - the number of times it reached a unique person in the target audiences.
- Engagement - any action someone took, including likes, comments, shares.
- Clicks - how many times an ad was clicked on.
- Link Clicks - the number of clicks on a link within the ad that led to a destination - LiveLOUD. org/harm-reduction.
- Click-through rate (CTR): a measure of how many people who viewed your social post, ad, or other piece of content clicked through to read more or take an action.

Facebook & Instagram: Traffic Ads Social creatives were also used as paid ads on Facebook and Instagram. This means that even if a person doesn’t follow your page or your account, they may see the paid ads in their feed. We reached our intended target audience using their social and digital data including their interests and other similar content that they view and interact with. The Facebook and Instagram ads ran for a period of two and a half weeks and delivered 69,949 impressions. The ads reached 36,329 unique viewers and resulted in 34,738 engagements. This is an interesting and positive result because the engagement came from people who were not necessarily already following DMHAS or part of the LiveLOUD community. The “Safe Environment” post resulted in 1,581 link clicks to harm reduction information. The post achieved a 2.26% click-through rate which is more than 2x the industry average of 90%.

Supporting Infants Born Substance Exposed

CT’s CAPTA initiative remains embedded in a larger state effort to increase identification of substance exposed infants (SEI), disseminate information about SEI prevention and best intervention practices, and make recommendations for a continuum of SEI care through the Governor’s Alcohol and Drug Policy Council (ADPC), Prevention Subcommittee, and a SEI statewide strategic plan. The 5-Year Plan continues to drive outreach, training, and engagement across the state.

DCF and its partners remain focused on improving CAPTA implementation, particularly Family Care Plans, and refining the state’s CAPTA data collection practices, as well as commencing the CAPTA evaluation. DCF has led this effort with DMHAS using a data-driven process with the community partners. These efforts have included presentations and education sessions about CAPTA and Family Care Plans throughout the state to providers of pregnant and parenting women’s substance use treatment services, early childhood services, and hospital social workers. Many of these sessions continue on a virtual platform, as many hospitals' settings have found this to be easier for their staff to access. In addition to providing key community stakeholders with information about CAPTA and Family Care Plans, DCF and DMHAS were able to gather information about the challenges and successes of CAPTA implementation among the community partners. This information was used to inform the five-year strategic plan. The Family Care Plan Coordinator has been in her role since January 2022. Below is a summary of major initiative accomplishments from FY 2020-2024.

In FY20 for FASD Awareness Days. The initiative researched materials and campaigns from the National Perinatal Association, National Organization on Fetal Alcohol Syndrome (NOFAS), and SAMHSA, as well as other states and other countries to identify and adapt materials and social media campaigns. The following campaign was developed in FY20, “No Thanks, I’m Pregnant”. The campaign was posted on social media and distributed to WIC, Birth to Three, CT Alliance of Foster and Adoptive Families, DMHAS Women’s Services, and DCF. The social media blast included three documents:

- The SEI FASD Screen Pregnant Patients flyer
- Treatment Services for Pregnant and Parenting Women with Substance Use Disorders in CT (DMHAS Women’s Brochure)
- “No Thanks, I’m Pregnant” graphic to be used by Core Team members and their networks.

In Fall 2020, the Initiative Executive Team convened over a series of meetings to close the 2016-2021 plan and began planning for the next phase of the work. At the end of FY21, the 2022-2027 Strategic Plan was completed with the four priority areas and workgroups evolving into: CAPTA and Plans of Safe Care, Screening and Referral to Treatment, Marketing and Training, and Treatment, Wellness, and Recovery.

Throughout FY22, the workgroup developed a "101" training focused on delivering foundational information on SEI and FASD, as well as the challenges and stigma birthing people face when experiencing a pregnancy impacted by substance use. The training was finalized and launched in 2022. The Core Team meets quarterly in July, October, January, and April. The initiative collaborated with CHA and PROUD on a series of focus groups targeting pregnant and parenting birthing people (the vast majority experiencing substance use challenges) and their experiences with accessing healthcare. The focus groups were facilitated by Health Equity Solutions and a report and presentation was developed based on the results. Recognizing the impact that fathers have on our target population, the initiative connected with the CT Fatherhood Initiative to align our work and identify opportunities for collaboration. CT Fatherhood Initiative now has representation at Core Team Meetings and will continue to be instrumental community partners in our future work.

Early in FY23, the initiative changed its title to SEPI-CT (Substance Exposed Pregnancy Initiative of Connecticut). In FY23 the Core Team met quarterly in July, October, January, and April. Meetings averaged 32 participants and covered quarterly initiative updates, quarterly CAPTA Dashboard and Policy Academy overviews, PROUD and DMHAS/DCF updates. The October and January meetings had a guest speaker presentation: Devon Rayment from CCADV presented on IPV Awareness and Sharon Lavigne from Mother to Baby presented on teratology in infants. The initiative looks to invite more guest speakers in FY24.

So far in FY 24, SEPI CT has campaigned for Naloxone use and its safety for people of all ages, continued discussions around safe storage, and created a newsletter for distribution to providers and state agencies. The FCP Coordinator continues outreach to hospitals for technical assistance and support on completing Family Care Plans and understanding the CAPTA legislation.

CT's Web-based CAPTA Notification Portal

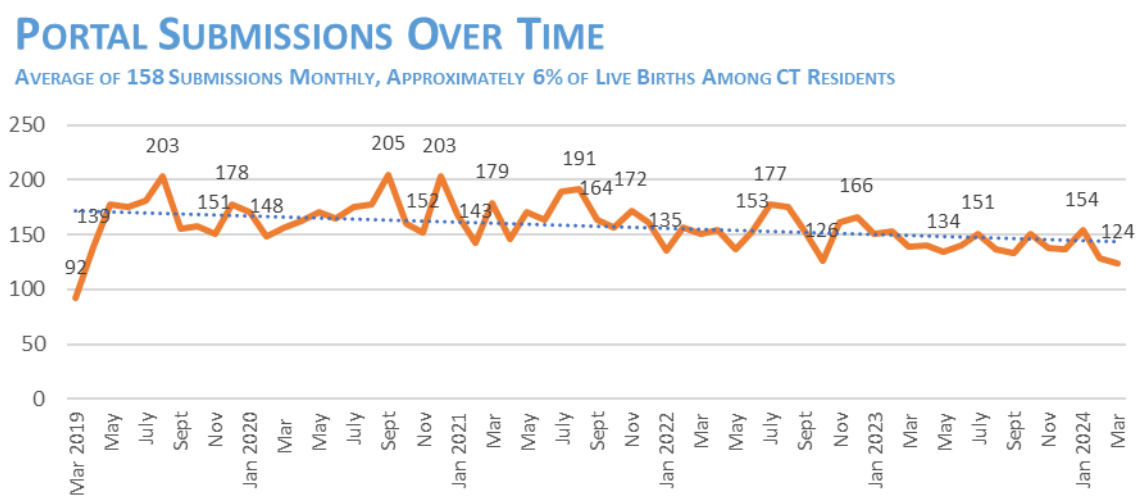
March 2024 marked the end of the fifth year of Connecticut's implementation of its web based CAPTA Notification Portal. The portal captures de-identified or "blind" information submitted by the state's birthing hospitals on infants identified as born exposed to substances in utero and their birth mothers. Since operation March 14, 2019, DCF averages receiving 158 CAPTA notifications per month, down from 163 notifications per month reported at the last APSR (Figure 1).

The decrease in CAPTA notifications corresponds to a decrease in live births in Connecticut from 2022 (35,287) to 2023 (34,331). Despite these decreases the SEI identification rate held steady at 6%of the state's live births (reporting period of March 14, 2019 – March 31, 2024). In the last year, (April 2021 – April 25,2023), 8046 CAPTA notifications were submitted to this portal in addition to how many were referred to the DCF careline. (Figure 1b). While all notifications are "blind," the portal does collect information on demographic characteristics that help the state to identify health disparities and the geographic distribution of needs among the CAPTA population. These demographic data include the race and ethnicity of the infant and birth mother, birth mother's age, and town and zip code of residence. This information in combination with portal information on the types of exposure by substance(s) and the documented needs of birthing person and babies helps DCF and its partners target outreach and prevention programs and services in high need areas of the state and increases the likelihood that they match the needs of mothers and their babies.

CAPTA Portal Data Points to Early Success

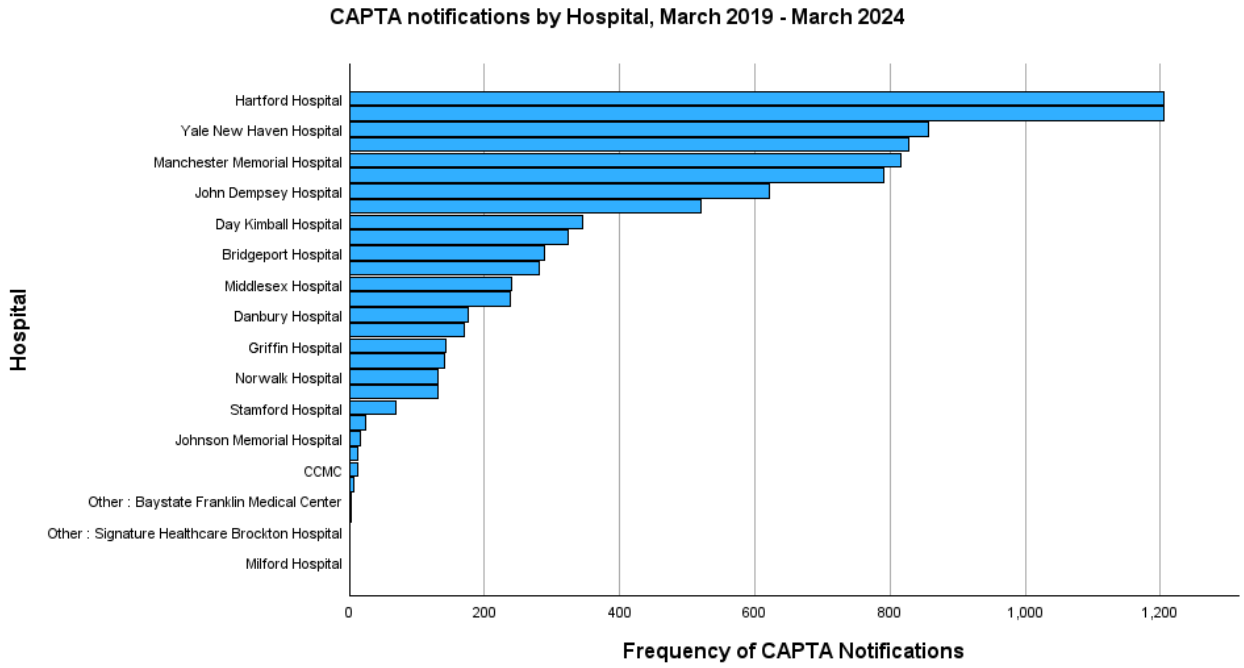
Connecticut's CAPTA portal has been operational since March 14, 2019. Since then, DCF averages receiving 158 CAPTA Notifications per month, down from 163 notifications per month reported at the last APSR. (Figure 1) The Decrease in CAPTA notification corresponds to decrease in the live births in Connecticut from 2022 (35,287) to 2023 (34,331). Despite these decreases the SEI identification rate held steady at 6% of the state's live births reporting period March14, 2019-March 31, 2024.

Figure 1. CAPTA Notifications Submitted to the DCF Portal by Month and Year. March 2019 is partial month data.



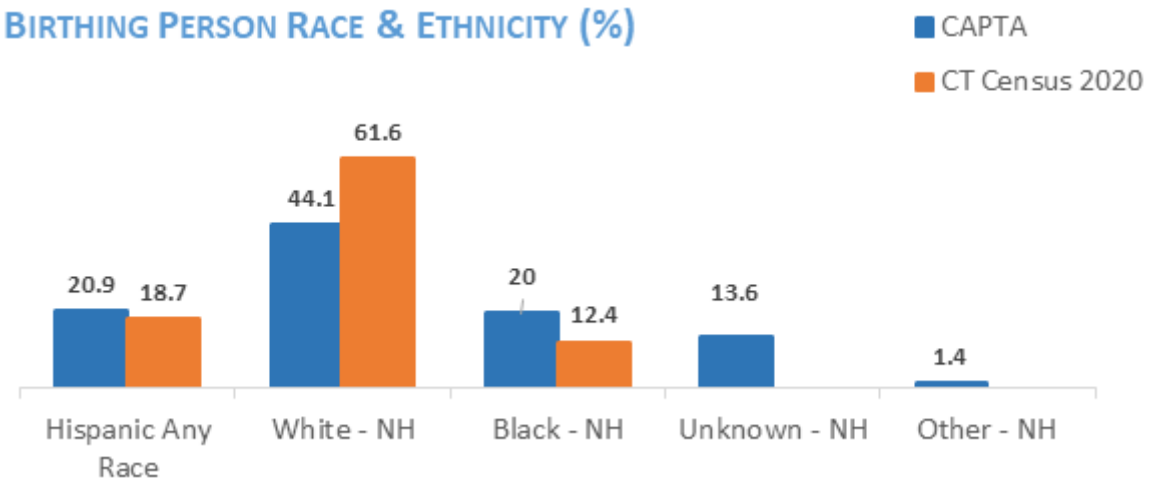
Not surprisingly, CAPTA notifications continue to track closely with Connecticut's population centers. Most notifications come from the state's largest birthing centers located in the state's most populous cities particularly Hartford and New Haven (Figure 2).

Figure 2. Percent of CAPTA notifications by reporting hospital, March 2019 – March 2024



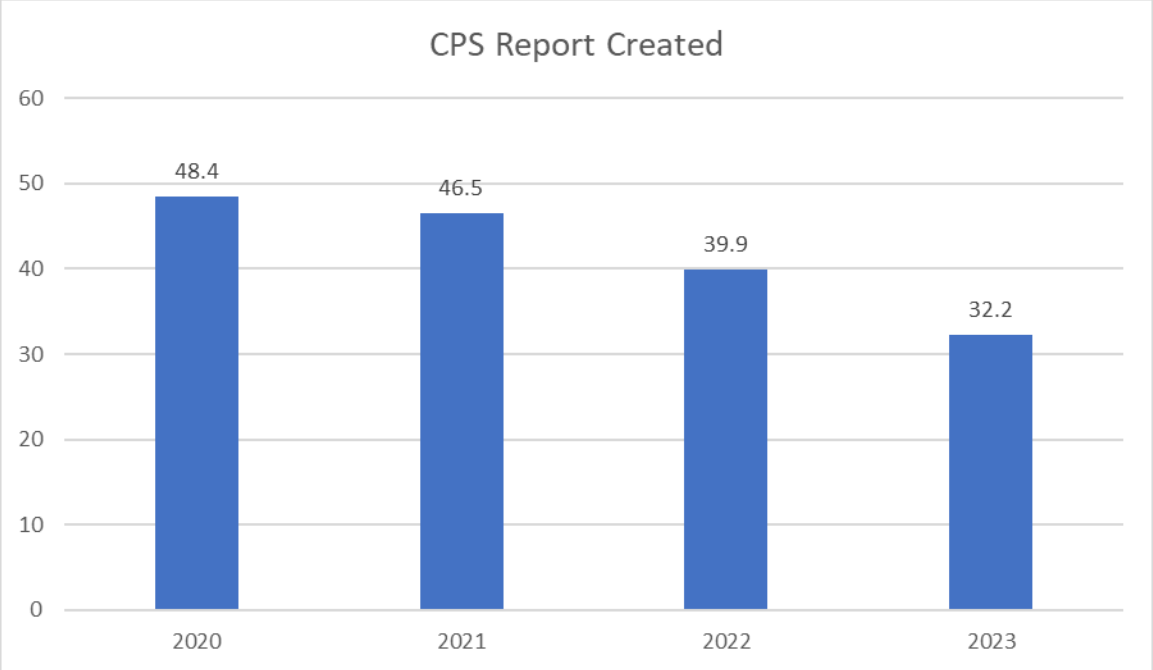
CAPTA Data on birthing person race and ethnicity is mixed and somewhat inconclusive due to the high rate of data in the unknown and other categories (Figure 3). Based on data in more specific categories, the rates of CAPTA reports involving Hispanic birthing persons appears to closely track with CT's Hispanic population estimates from the 2020 Census. CAPTA data on birthing persons of other races and ethnicities indicates that white non-Hispanic birthing persons may be under-represented and black non-Hispanic birthing persons may be over-represented. Connecticut is working to improve the quality of reporting race and ethnicity data to better understand equity and disparity in CAPTA reporting.

Figure 3. The race and ethnicity of birthing persons connected to a CAPTA notification.



Connecticut's blind notification system is designed to prevent over-reporting of families with infants born prenatally exposed who don't have other child safety risk factors that meet the state's mandated reporting requirements. Data from 2020-2023, the period for which complete annual data is available, indicates that increasingly more families are diverted from automatic child welfare involvement at the point a notification is made. Data in Figure 4 shows that between 2020 and 2023 there was a 25.8% decrease in CAPTA notifications that became CPS reports.

Figure 4. Percent of CAPTA notifications that became Careline reports.

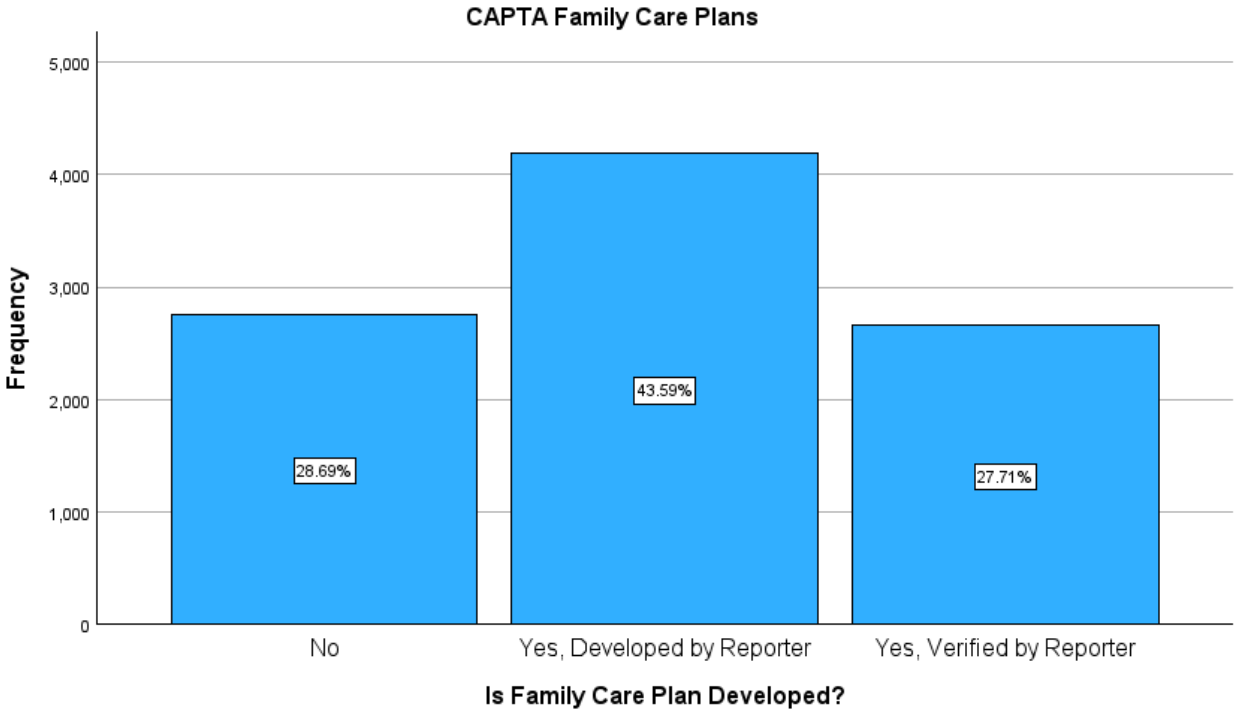


The downward trend in both CAPTA notifications and notifications that became CPS reports may be attributed to a statewide training and technical assistance (TTA) initiative launched in 2022. DCF and its partners recognized that CAPTA notifications were occurring unnecessarily, and many reports to CPS were being made simply because a Family Care Plan was not in place. Twenty-three birthing hospitals participated in TTA between 2022 and 2024. It aimed to move notification and Family Care Plan rates more in line with expectations through group and one-on-one training and consultation. Monitoring CAPTA data over time revealed that the TTA initiative was successful, and ongoing TTA to the state's birthing hospital network is important and necessary to ensure that the goals of Connecticut's CAPTA initiative are met and sustained.

Between March 2019 and March 2024, 9609 notifications were made to DCF and 6852 (71.3%) had a Family Care Plan (better known as FCP) completed prior to leaving the hospital (71% of submissions). Since the inception of the Family

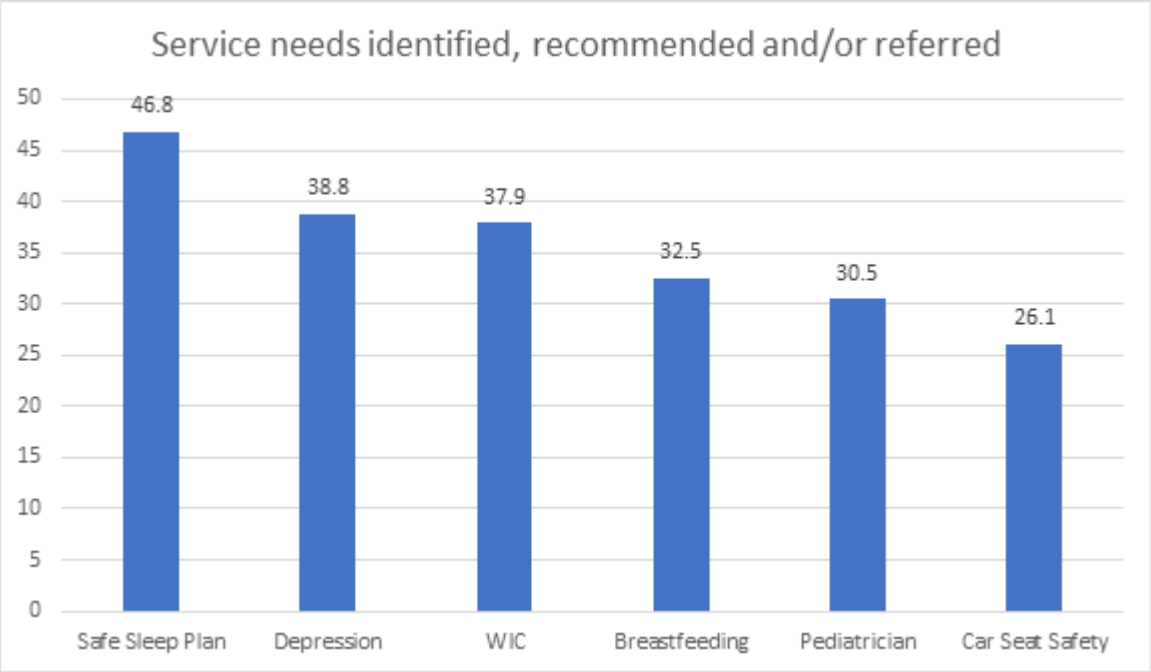
Care Plan Coordinator position in 2022 and the increase in technical support the state has demonstrated to see an increase in the development of Family Care Plan supporting mothers/birthing individuals' pre-pregnancy and post pregnancy.

Figure 5. Percent of CAPTA notifications with a Family Care Plan, March 14, 2019 – March 31, 2024.



As part of the notification process, hospitals also document in the portal areas in which mother or child need support, resources, or education. These areas of need inform the Family Care Plan and support the connection of the birthing person and their infant to services in their community. Figure 6 shows the most commonly identified service needs among birthing people and their babies. These categories are not mutually exclusive, in most cases, multiple beneficial services or supports are identified. Safe Sleep education and depression are the most common single service needs identified at the time of a CAPTA notification. Since the last APSR, the rates for WIC and breastfeeding have increased from (36.1% to 37.9% and 30.3% to 32.5% respectively). Together these data suggest that many birthing persons could benefit from a referral to a perinatal navigator to assist them in their care and pathway toward being a healthy parent for their child. Since many birthing persons who are part of a CAPTA report are diverted from child welfare services, community connections to health, behavioral health, and perinatal support are an important consideration for hospitals prior to discharge from hospital.

Figure 6. Most common services needs identified, recommended and/or referred to at the time of CAPTA notification. March 14, 2019 – March 31, 2024.



Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers

Family Care Plan

From March of 2019 through 2023, 69% of notifications also had an FCP completed at the time of notification. While this rate is a FCP early sign, FCP completion has peaked at this level and continues to remain below the benchmark of 80% that the state would like to achieve. However, looking at yearly data only shows an increase in FCP completion, and in F& 23 the rate of FCP completion was 77%. Hospitals continue to be great partners in the state's CAPTA implementation and data shows that ongoing education of hospitals and community-based providers is needed to improve the number of families who receive a FCP.

In 2020-2021, the Department contracted with United Way 2-1-1, the state's repository for all services for Connecticut's residents. United Way 2-1-1 had developed a Family Care plan (Plan of Safe Care) web page which hosts information on Connecticut's CAPTA Notification and Family Care plan process; has e-books on all need areas that may get identified on an FCP; a "myplanofsafecare" screener and account, which allows for the creation of portable, individualized electronic FCP that can be updated at any time; and informational materials for providers and families. These efforts will continue to be expanded to include the development of PSAs, additional educational materials, and other activities that are determined from the CAPTA portal data. Additional funds have been given to United Way 2-1-1 to complete the "myplanofsafecare" following piloting and focus groups by and with mothers with substance use disorder. This feedback will be used to make Information Technology corrections to the system to ensure that the "myplanofsafecare" component is user friendly and easy to use. Additional funds have been reserved for Wheeler Clinic to create Family care plan kits. These kits will be available to mother/birthing people with infants born substance exposed at the time of delivery and to families who are engaged in DCF contracted services and did not receive one from the hospital at the birthing event. These kits will be used to destigmatize the FCP notification process while simultaneously providing useful information and items for the infant and her family. Examples of items contained in the kit will be determined based on CAPTA notification portal data and include information on the items that are most commonly identified on the Family Care Plan (such as behavioral health counseling, pediatric medical care, and welcomed items to return home with, such as a bottle, bib, diaper, and other useful items)

In FFY2022-2023, the Department participated in a Policy Academy and was granted in-depth technical assistance for the state to continue enhancing our work around CAPTA and meeting the needs of birthing individuals earlier during

pregnancy. This included support on how to organically integrate Family Care Plans into prenatal care for families and embed this work with our contracted providers as well.

In this federal reporting year 2023-2024 the state has continued to work on the following strategies to move this work along:

1). Ongoing educational opportunities for providers and systems that touch birthing people and families to remain current on accurate CAPTA reporting practices and statewide progress and opportunities within CAPTA. After nearly 5 years of CAPTA portal and FCP implementation, there was unanimous agreement that continued system and practice improvements would be necessary to ensure accurate reporting practices and FCP positive outcomes for families. Increased and ongoing provider education on CAPTA and FCP fundamentals will be necessary to not only provide a consistent flow of current information, but a channel for providers to voice reporting questions or concerns. The Family Care Plan coordinator has been integral in educating not only hospital staff, but community providers, DCF and DMHAS service arrays on the importance of early implementation of Family Care Plans and how to support families with substance use.

2). Explore the ethical, stigma, and health equity themes that surround CAPTA reporting practices.

- Individualized work with birthing hospitals will be vital to understanding their unique strengths and opportunities within reporting, work with them on ongoing quality improvement efforts, and promote understanding of health equity as it applies to CAPTA.
- Development of a presentation on CAPTA and the intersection of reporting bias will be important to educate broadly on biases that may result in selective reporting practices and disproportionate community impact.

3). Normalize and destigmatize the Family care plan as a tool for anyone who is thinking about becoming pregnant, currently pregnant, or has recently given birth and provide individualized FCP support to empower birthing people to reach their goals.

- It is important that the FCP continues to be broadly marketed among birthing people. This includes marketing via community outreach as well as digital marketing via social media and other media outlets. Additionally, efforts will be made to train “non-traditional” birthing person facing entities to ensure the information is readily available and understood. For birthing people who are struggling with a substance use disorder, it is critical that we empower them to utilize the FCP as a tool to reach their goals while also providing transparency on CAPTA reporting processes at the time of delivery.
- The initiative will explore opportunities for standardized FCP discussions within medical appointments, including OBGYN or after birth, that would ensure no birthing person misses the information and avoids an unnecessary Careline report due to a missing FCP.
- Per federal legislation, the initiative will also explore opportunities to create a follow up mechanism for people who have developed a FCP to provide them with support in meeting their goals.

4). Explore continued opportunities to enhance CAPTA portal data.

- Continued monitoring and quality improvement efforts will be necessary to ensure the portal data is informing the work to the highest degree. Connecticut will continue to explore how the legalization of cannabis will impact CAPTA notifications and data. Screening and Referral: Improve substance use screening, interventions, treatment referrals through provider education and enhancement of local and statewide systems.
- Though universal screening is a long-term goal, we recognize that providers and healthcare systems have varying levels and capacities to implement comprehensive substance use screenings. Creating awareness and visibility around the importance and best practices of substance use through provider education and outreach remains a high priority for the initiative. Utilizing new and emerging data related to screening practices, we hope to identify champions within health care settings to understand and/or enhance screening, brief intervention, and/or referral to treatment within their systems and grow this work by sharing these lessons learned with other systems.
- Providing broadly available SBIRT/screening trainings, including education on SBIRT reimbursement and stigma as it applies to screening, will be important to continue to enhance screening practices, including moving upstream from primarily case finding to identifying risky use and opportunities for early intervention.
- The recent state legalization of cannabis also presented further opportunity to educate providers on the potential implications of use during pregnancy as well as best practices screening and intervention.

5). Promote strategies that enhance brief intervention and referral to treatment practices and understanding of community and state SUD treatment and recovery resources.

- It is critical that providers feel confident providing appropriate resources and referrals after an FCP screen, as well as doing so in a supportive nonjudgement manner. The state has readily available treatment and recovery resources for birthing people who are struggling with substance use. Broad and targeted efforts will be made to ensure providers and healthcare systems are able to readily identify referral pathways and are aware of the resources available at the state level.
- Increase knowledge, awareness, and professional development opportunities regarding FASD and SEI and other topics that are related to and impact substance use and recovery such as: stigma, trauma informed care, adverse childhood experiences, and other overlapping public health topics.
- Overview or "101" trainings on FASD and SEI have been standardized for the purposes of this initiative. While information on the topics are widely available, live trainings with consolidated information and state specific resources will not only continue to raise FASD and SEI awareness and knowledge broadly, but also promote the work of this initiative and further recruit stakeholders.
- The initiative will maintain a website with updates, resources, and other relevant content.
- Recent cannabis legislation also prompts the need for increased outreach and education efforts for both the birthing person population and providers.
- It will be important to continue highlighting how SUDs, FASDs, and SEI intersect with other comorbidities and other related work in the state. This will be accomplished by continuing our monthly digital campaign series as well as collaborative work with new and existing partners in other domains of public health as opportunities are identified.

6). Maximize the use of existing CT resources available to birthing people, children, and families including substance use treatment and recovery supports, health care, developmental assessments, etc.

- The state has resources available to individuals and families impacted by SUDs. Efforts will be made to ensure this information is broadly available and to continue enhancing and growing these systems of care as needed. However, less information is readily available on state specific resources available for children impacted by FASD-SEI. Not only will efforts be made to consolidate information on existing child resources, but the initiative will further explore the successes and challenges that families experience when navigating these systems.

7). Enhance opportunities for priority SUD treatment entry for minority birthing people.

- National data (and limited state data) has noted the disproportionate impacts of substance use and mental illness on minority communities, including the LGTBQIA+ community. Our systems of care have a responsibility to provide accessible and respectful services to minority communities and to also ensure there are pathways in place for immediate treatment and recovery support. Because there is limited data on the LGTBQIA+ community and their utilization/engagement with CT treatment and recovery services, efforts must be made to identify strengths and opportunities for system improvements.

8). Continue to support, enhance, and/or create opportunities for family centered interventions.

- Social support is critical to navigating recovery. The state has programs identified below that factor in the needs of families, partners, and/or significant others. The initiative will continue to collaborate with these programs as well as create new partnerships with other programs that serve fathers and other support people.
    - **Youth Recovery CT:** YouthRecoveryCT (formerly known as the CROSS Initiative) is currently funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) 2020 State Opioid Response to the Opioid Crisis grant (SOR) through the Connecticut Department of Mental Health and Addiction Services (DMHAS). DMHAS has contracted with the Connecticut Department of Children and Families (DCF) to develop and implement a statewide substance use recovery support system specifically oriented to the needs of teens, young adults, and families. DCF has contracted with Wheeler Clinic to administer this initiative. The Statewide Youth Recovery Support Network increases involvement of youth and families in addressing substance use disorders in Connecticut, reduces stigma associated with substance use problems, and increases options and access to recovery supports for young people in Connecticut and their families. To build a network of sites offering peer-support groups for young people and their families, YouthRecoveryCT offers mini-grants and ongoing support to organizations that work with youth. Each YouthRecoveryCT site is tasked with offering at least one weekly SMART Recovery group for one of the following populations: teens (ages 16-18), young adults (ages 18-24), for "all ages" (ages 18 and over) or one SMART Recovery Family and Friends group. In addition, 12 total alternative peer group (APG) activities

are required of community providers during the fiscal year, all of which support either the teen or young adult population. The grantees also participate in monthly network meetings and provide ongoing deidentified process data to the YouthRecoveryCT project coordinator monthly. The table below shows that teens, young adults, and families are directly benefitting from the Youth Recovery CT meetings.

Groups	Number of meetings and/or events	Total number of participants (duplicated)	Total number of NEW participants (unduplicated)
SMART Recovery (16-18)	32	105	38
SMART Recovery (18-24)	127	2417	563
SMART Recovery All Ages (18 and over)	41	243	78
Family and Friends	43	73	30
Alternative Peer Groups (APGs)	48	392	157
Total YTD	291	3230	866

- **SAFE-FR:** SAFE Family Recovery provides three (3) evidence-based approaches in order to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use. Services are identified based on the need of the parent/caregiver and can be accessed individually, independent of each other or as a continuum. The three services are: a. Recovery Engagement Services (RES) which utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment; b. Multidimensional Family Recovery (MDFR) addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement; c. Recovery Monitoring and Support (RMS) provide support and ongoing assessment, facilitate involvement with recovery peers and activities, detect return to use and other concerns, assertively link to services as needed, and promote positive family relationships.
- **Home Visiting Doula services:** DCF also utilizes Office of Early Childhood Services such as home visiting programs. They improve the health of young children by providing support and services for them and their families — right in their own homes. These programs reach pregnant women, expectant fathers, and parents and caregivers of children under the age of 5.
- **Women's Specialty Programs:** The Department of Children and Family's utilizes DMHAS funded programs that specialized and comprehensive programs for women and their children. These include residential treatment, outpatient treatment, and specialized care management for women transitioning from a residential setting to community-based recovery services.
- **Women's REACH program:** It is a non-clinical program that offers recovery peer support and case management services to pregnant and parenting women and families impacted by substance use. Women's Recovery Navigator/Family Recovery Navigator, who are individuals with their own lived experiences, support individuals in accessing a variety of different services that an individual may need as they navigate their recovery and support their parenting needs.
- **PROUD**: is a SAMHSA-funded program for pregnant and postpartum women with substance use disorders living in the Greater Hartford and New Britain communities. Intercommunity, Inc., and Wheeler Clinic will provide clinical, case management, and recovery coaching services to eligible women and their family members.
- **ACCESS Mental Health for Moms:** offers psychiatric expertise and consultation to medical providers treating perinatal individuals presenting with mental health and/or substance use concerns. For obstetric, pediatric, and adult primary care, and psychiatric providers treating pregnant and postpartum patients up to one year post delivery.

9). Empower individuals to work with their provider and/or local community resources to gain support with alcohol use and/or substance use disorder treatment.

- In addition to systems level work, we must continue to empower individuals to seek assistance with their substance use and share the recovery friendly resources that are available in the state. This will be accomplished through continued collaborations with public and private agencies that serve our population and through community outreach via print and digital campaigns. Below are some of the committee's the Department staff are participating in to continue this collaboration.
    - ADPC (Alcohol Drug Policy Council) co-chaired by commissioners DMHAS and DCF
    - ADPC subcommittees Treatment, Prevention, Recovery, Criminal Justice - committee member
    - Maternal Fatality Committee - committee member
    - IPV fatality committee - committee member
    - Substance use Disorder Demo 1115 waiver - Committee State Representative
    - Perinatal Collaborative - committee member
    - Nascent Advisory Committee- committee member
    - Overdose Fatality Review Committee- committee member.
- When individuals are introduced to CAPTA and FCP, either pre or FCP delivery, they should be provided with resources that help to facilitate their understanding and trust, as well as next steps if treatment needs are identified. It is important that birthing people and families feel supported in their parenting and recovery journey.

Family Care Plan (FCP) Coordinator: The SEPI-CT Program Specialist, also known as the Family Care Plan Coordinator, is responsible for increasing awareness and use of Family Care Plans and CAPTA Notifications throughout the state. This role works under the direction of the SEPI-CT Program Manager in collaboration with funders and key stakeholders across the state. This role is responsible for:

· Conducting outreach and engagement activities across multiple community sectors on the topic of CAPTA and Family Care Plans
· Creating, disseminating, and tracking marketing activities to increase awareness, understanding, and development of Family Care Plans
· Training and providing technical assistance to hospitals, community providers, and other state agency staff on the CAPTA notification system and Family Care Plans
· Creating a database to track trainings on Family Care Plans and CAPTA and creating reports to demonstrate initiative progress
· Attending regular administrative meetings and other meetings with DCF and DMHAS, stakeholders, and partners, as required, to report on accomplishments, challenges, progress, and next steps

Funding Update:
The Family Care Plan Coordinator has been in her role since January 2022. Below is a summary of major initiative accomplishments from July 1, 2023-September 30, 2024.

Month	Accomplishment
July 2023	• Attended all executive team and SEPI-CT workgroup meetings. • Hosted SEPI-CT Core Team • Assisted in designing of Secure Store Banner Pens and Expecting Parent Kit Folders • Assisted Program Manager in releasing Campaign “Multiple Pathways to Recovery.” • Attended Following Meetings: United Way 211 for Virtual Tool, Vanguard Marketing, Maternal Child Health Coalition, WSPIC, Women and Opioids • Attended Following Professional Development Trainings: CHA Ira Chasnoff Series Neonatal Opioid • Withdrawal Syndrome vs. Neonatal • Neurobehavioral Deficits, CHA Adverse Childhood Experiences and Opioid Misuse: Breaking the Cycle Through Shared Risk and Protective Factors, National LGBTQIA+ Health Education Center Reproductive Care and Obstetrics for Transgender and Gender Diverse People, CCADV Lunch and Learn on Servicing Minority Populations Needing Mental Health Care

	• Met with Following Hospitals/Agencies to Discuss SEPI-CT Resources: Fair Haven Community Health, YNHH Social Work Department, Junta Inc.
August 2023	• Attended all executive team and SEPI-CT workgroup meeting. • Maintained website and updated as necessary. • Attended Following Professional Development Trainings: Changing Families Changes Outcomes: Equipping Providers and Communities to Respond to Families Impacted by SUD • Met with Following Hospitals/Agencies to Discuss SEPI-CT Resources: CT Fatherhood Initiative, Yale Addiction Medicine Consult Service, Danbury Hospital Birthing Unit, Family Based Recovery • CAPTA/FCP Trainings Delivered: Fair Haven Community Health's Addiction Medicine Team, St. Mary's Hospital Labor, and Delivery Unit, YNHH Social Work Department, DMHAS Women's Services Facilitated Root Center Training where FCP Coordinator attended and provided NASW CECs to all attendees.
September 2023	• Attended all executive team and SEPI-CT workgroup meetings. • Updated website traffic data at end of month • Updated website to display all digital campaigns. • Updated website with new anti-racism trainings and resources for providers • Displayed SEPI-CT Table and spoke on initiative for Clearinghouse federal SAMHSA site visit. • Attended Following Meetings: Exposure Virtual Tool Wireframes, March of Dimes Environmental Maternal Justice Workgroup, Women and Opioids, Maternal Child Health Coalition, WSPIC • Attended Following Professional Development trainings: From Awareness to Action: Strategies for Combating Racism in Health Systems, Role of the Family and Social Supports in Addiction Treatment and Recovery, DMHAS Women's Services Harm Reduction Conference, Understanding and Addressing the Multiple Roots of Addiction and Recovery • Provided CAPTA and Family Care Plan consultation to agencies and hospitals who needed support. • Met with Following Hospitals/Agencies to Discuss SEPI-CT Resources: Women's Health CT, Day Kimball Hospital Birthing Unit, CT Counseling Waterbury, CT Counseling Norwalk • CAPTA/FCP Trainings Delivered: Wheeler's Intensive Family Preservation Program, DMHAS LMS (Various Programs), Staywell Health Nurturing Families Home Visiting Program, CT Counseling Center Waterbury Locations
October 2023	• Attended all executive team and SEPI-CT workgroup meetings. • Hosted Core Team Meeting and presented Initiative updates. • Provided consultation to hospitals who had questions on CAPTA and Family Care Plans • Distributed Baby Kits to: Greenwich Hospital • Attended Following Meetings: Reproductive Justice Alliance, TAG LC, NCSACW Collaboration-Focused Community of Practice • Attended Following Professional Development trainings: Family-Centered • Approach to Implementing Plans of Safe • Care Confirmation, Disrupting Stigma to Support Meaningful Change, Mental Health, Technology, and Captivity in U.S. Prisons and Jails, Counseling for Emerging Adult • Met with Following Hospitals/Agencies to Discuss SEPI-CT Resources: Middlesex Hospital OB/GYN Department, APT Foundation • CAPTA/FCP Trainings Delivered: CT Clearinghouse Virtual Forum (multiple agencies from across the state attended), Norwalk Hospital Neonatal Social Work Team, Greenwich Hospital Birthing Unit and Social Work Team, St. Vincent Hospital's Birthing Unit
November 2023	• Attended all executive team and SEPI-CT workgroup meetings. • Provided consultations and assistance to all hospitals who had CAPTA and Family Care Plan questions. • Created final list of hospital family care plan main points of contact to be distributed to community agencies and providers doing Family Care Plans during pregnancy, list will

	increase cohesion and communication between agencies and hospitals so that plans are getting to the hospital if completed with an individual. • Updated 2022-2027 Strategic Plan to include all updates from FY22, FY23, and FY24 • Attended Following Meetings: NASCENT, WSPIC, CCADV to discuss further collaboration, Opioid Response Network to discuss Stigma training. • Attended Following Professional Development Trainings: DMHAS Women's Conference: Understanding the Holistic Journey of Women and Recovery • Met with Following Hospitals/Agencies to Discuss SEPI-CT Resources: Yale Maternal Fetal Medicine, March of Dimes Doula Organizations, Community Health Center Association of CT, • CAPTA/FCP Trainings Delivered: Yale Maternal Fetal Medicine, St Mary's Birthing Unit (2 trainings) • CAPTA Portal Trainings Delivered: St. Mary's Birthing Unit (2 trainings)
December 2023	• Attended all executive team and SEPI-CT workgroup meetings of the month. • Provided consultation to all hospitals who had CAPTA and Family Care Plan questions. • Input website traffic data numbers into spreadsheet. • Distributed Baby Kits to: St. Mary's Hospital and Waterbury Hospital • Attended Following Meetings: Women and Opioids, Preventing Maternal Mortality due to IPV Advisory Board, MAPOC, Maternal Child Health Coalition • Attended Following Professional Development Trainings: NIDA Annual Monitoring The Future Survey Data Release • Met with Following Hospitals/Agencies to Discuss SEPI-CT Resources: Stamford Hospital Social Work Department, Hispanic Health Council • CAPTA/FCP Trainings Delivered: Family Based Recovery Program (statewide offices)
January 2023	• Attended all executive team and SEPI-CT workgroup meetings of the month. • Took responsibility for Program Manager duties and functions for the month until new Program Manager was hired. • FCP Coordinator planned agenda and facilitated SEPI-CT Core Team on 1/4/23. • New Program Manager hired, start date 1/23/23. • Finalized Secure Storage video script for Next Day Animations • Updated all contact lists for SEPI-CT workgroups and Core Team Finalized contracts from United Way, DMHAS and Exposure for work on virtual care plan tool. • Began hospital outreach by calling all hospital birthing units and leaving messages. • Created certificate of attendance template for CAPTA trainings • Worked with DCF to create CAPTA Portal training that is now ready to be delivered to hospitals. • Added stigma and resource content and updates to CAPTA and Family Care Plan Training • Distributed SEPI-CT wallet cards to REACH staff. • Attended Policy Academy team meeting and convening from 1/24-1/26. • Provided CAPTA technical assistance to Yale New Haven Hospital • Met with following birthing hospitals to discuss CAPTA and Care Plan needs: Bristol Hospital • Met with following agencies to discuss CAPTA trainings: CHNCT, DPH, CHC Inc. and UCFS • Attended following meetings: Women and Opioids, WSPIC, NASCENT, Reproductive Justice Alliance • CAPTA/FCP Trainings Delivered: WIC, Bristol Hospital Birthing Unit · Attended following professional development trainings: Doing Right at Birth Webinar, Substance Use in Gen Z

February 2023	• Attended all executive team and SEPI-CT workgroup meetings of the month. • Sent outreach emails and calls to all birthing hospitals after receiving contact list from CHA. • Met with Women's Health CT to discuss future CAPTA training Provided consultation and technical assistance on Family Care Plan to Bristol Hospital • Met with following birthing hospitals to discuss CAPTA and Care Plan needs UConn Health, Manchester Memorial, Yale New Haven, Griffin, Hartford, Hospital of CC, Waterbury, Lawrence and Memorial, Charlotte Hungerford • CAPTA/FCP Trainings Delivered: Wheeler's Lifeline Program, Bristol Hospital birthing unit, CHC Inc. • Attended following meetings: TAG LC, CPQC, Policy Academy
March 2023	• Attended all executive team and SEPI-CT workgroup meetings of the month. • Presented on SEPI-CT's work and accomplishments at MAPOC meeting on 3/13. • Worked with DMHAS and Next Day animations to complete Secure Storage video. • Provided consultation to Norwalk, Saint Francis, and Lawrence and Memorial hospitals on CAPTA notifications and helped troubleshoot CAPTA Portal ID ME technical issues. • Made list of all FQHCs in state to start outreach. • Sent follow-up emails and calls to birthing hospitals who did not respond to original outreach. • Met with following agencies to schedule CAPTA trainings: Staywell's Nurturing Families Program • Met with following birthing hospitals to discuss CAPTA and Care Plan needs: St. Mary's, Midstate Medical, Middlesex, Bridgeport, Saint Francis, Greenwich, Norwalk • CAPTA/FCP Trainings Delivered: Lawrence and Memorial OBGYN Department meeting, CHNCT Intensive Care Management Team, UCFS, Yale New Haven's Women's Ambulatory Council • Attended following meetings: MAPOC, WSPIC, Women and Opioids, Policy Academy, Reproductive Justice Alliance Coalition, NASCENT Attended following professional development trainings: Help and Hope Problem Gambling webinar

FCP Website: The enhanced SEPI-CT Website launched December 1, 2022. The website contains an expansive list of supports for birthing people who use substances, as well as a comprehensive list of providers and services locally directed at wellness, recovery, and treatment. The website also contains information for providers addressing stigma, providing care for the LGBTQ population and resources for fathers. The site also includes information on completing a family care plan, with access to a digital version available on the site. From December 1, 2022-May 24, 2023, the website experienced 581 users (those who have initiated at least one session on the site). The website experiences a total of 898 sessions (period time a user is actively engaged with the website, app, etc.). All usage data **(Screen Views, Events, Ecommerce, etc.)** is associated with a session. The website experienced a total number of 3,650 pageviews (the total number of pages viewed; repeated views of a single page are counted). We expect the number of users, sessions, and pageviews to double by September 2023 as we market the website resources through future campaigns that use links and QR codes to increase ease of access. In FY24, currently the SEPI-CT website has hosted 1,557 users compared to 958 users in FY23. Pageviews (number of pageviews on a website) totaled 3,725 compared to 2,723 in FY23. The number of sessions (when user views a page or screen, and no session is currently active) totaled 2,160 compared to 1,375 in FY23. These numbers are expected to still increase before the end of the fiscal year. The website is being promoted through meetings with hospitals, at CAPTA trainings, and at all meetings the SEPI-CT program manager and FCP coordinator attend. Resources are being added to the website when the Program Manager or FCP Coordinator becomes aware of a new service or program. www.sepict.org

Children's Bureau Site Visit

In September 2022 CT DCF was awarded a five-year Regional Partnership Grant (RPG), known locally at CT Strengthening Families Together (CT SFT), from ACYF Children's Bureau (ACYF CB). Site Visits are required of RPG grantees to assess project progress, identify, and organize Technical Assistance, and document the project's fulfillment of the Cooperative Agreement with ACYF CB. During this reporting period DCF hosted a successful site visit with local partners and staff from ACYF CB, Mathematica and Center for Children and Family Futures on April 11-14, 2023. The site visit, which took

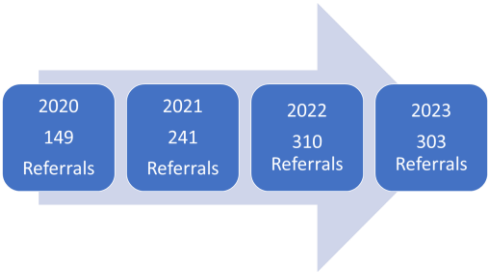
place during the CT SFT planning year, resulted in an action plan that informed the project implementation and evaluation plan that was submitted and subsequently approved by ACYF CB in June 2023. ACYF CB approval of the project implementation and evaluation plan was required for continued funding to implement grant-supported services.

Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183

Statewide HART Team

The Connecticut Department of Children and Families (DCF) includes child trafficking under mandated reporting. DCF continues to be the receiver of all possible child trafficking cases in the state; calls go through the DCF Careline or are identified through DCF's everyday casework. In addition, the Governor's Task Force on Justice for Abused Children has focused efforts on the critical issues of Child Trafficking beginning in 2013. The CAC and MDT teams continue to be trained on human trafficking, including sex and labor trafficking and high-risk populations such as LGBQ/ GNCT and BIPOC children. The Statewide HART team has a four-chair structure which includes the HART Director, one DCF HART Lead, the CCA Chapter Director, and a service provider. HART membership consists of the HART Leads and Liaisons, MDT Coordinators and membership, all levels of law enforcement, medical and mental health providers, service providers, states attorneys, public defenders, legal services, and the faith-based community. In all, HART has over 1,500 member partners with over 500 active participants at various meetings and activities. HART works tirelessly to spread awareness and eradicate child trafficking.

The number of referrals to the department of high-risk, suspected and confirmed child victims of trafficking has held steady over the last two years, ending 2023 with 303 new referrals.



The continued high number of referrals can likely be attributed to 1) DCF HT Policy and Practice Guide that went into effect in 2021, 2) continued training efforts, and 3) the increased number of children having access to technology, internet and social media required during the pandemic.

1. **DCF HT Policy and Practice Guide:**

HT Policy 21-14 and Practice Guide 21-14 PG went into effect on August 19, 2021.

Key Highlights

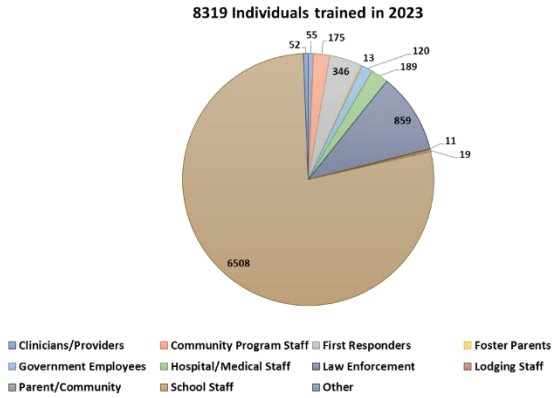
- DCF Careline and/or DCF Area Offices automatically notify respective local law enforcement, Statewide Human Antitrafficking Response Team (HART) Lead, FBI, Office of the Chief State's Attorney, and Multi-Disciplinary Team (MDT) via DCF-737.
- DCF Social Workers collaborate with the Multi-Disciplinary Team(s) (MDT), sharing the outcome of the HART consult and participating in the MDT Case Review Meeting(s), to identify appropriate recommendations for intervention and investigation.
- All DCF Regional/ Area Offices must have a local HART Team. The HART Lead leads the local HART team, and Liaison(s) focused on individual child trafficking case response, local service delivery, and community education. Partners on the local HART Team include the MDT Coordinators, local law enforcement, and service providers.
- For any child case with human trafficking red flags/ indicators, the assigned Intake Social Worker will outreach within 48-hours to the Area Office HART Liaison for a HART Consult that should occur within 72 hours.
- DCF Social Worker must request a HART Consult within two business days when a child is missing for more than 72 hours to assess the child for risk factors of child sex trafficking or labor trafficking. HART Consult will occur within 72 hours of the request.

- DCF now requires any child missing from care to be called into the National Center for Missing and Exploited Children (NCMEC) within the first 24-hours.

2. **HART Trainings:**

HART has over four hundred certified trainers in thirteen specialized curricula on Human Trafficking. Training on various aspects of human trafficking continues to be provided regularly. HART trained between 7,000 and 10,000 individuals each year over the last 4 years. A direct correlations of human trafficking training to Careline calls were noticed in reports.

Year	Number of Individuals Trained
2020	7,873
2021	7,240
2022	9,195
2023	8,319



**Important Note: The above data reflects a statewide initiative to train all K - 12 schools across the state.

During 2023 and 2024 several curricula are being updated for children focused on awareness, prevention, and intervention. New internet safety training for adults was developed in partnership with the Connecticut United States Attorney's Office (CTUSAO) and have been offered 4 times over the last six months. This training will be translated to Spanish over the next several months. In addition, in partnership with the CTUSAO, we are developing internet safety training for middle and high school students. We have provided internet safety training for students over the years, but the costs have become prohibited. Having a curriculum that is at no cost to schools will be a more efficient way of getting the education to more students across the state.

The DCF in collaboration with the many HART partners will continue to strive for the eradication of child trafficking in Connecticut.

CAPTA State Liaison Officer
Michael Williams, Deputy Commissioner
Department of Children and Families, 505 Hudson Street, Hartford, CT 06106
michael.williams@ct.gov

7. Statistical and Supporting Information

A. CAPTA Annual State Data Report Items

○ Information on Child Protective Service Workforce

The official job classifications developed by the State of Connecticut, Department of Administrative Services for child protective service professionals include Social Worker, Social Worker Trainee, Social Work Supervisors, Program Supervisor; the minimum requirements are as follows:

Social Worker Trainee

- The minimum requirement for this classification is possession of a bachelor's or master's degree in social work or a closely related field. A closely related field is defined as applied sociology; child development; child welfare; clinical psychology, counseling; human development and family studies; marriage and family therapy; nursing; social and/or human services; education; criminal justice. In practice, the Department screens applicants for this

classification and prioritizes applicants with either a BSW or MSW for interview. The Social Worker Trainee is the gateway to an automatic promotion to Social Worker after successful completion of a two-year training period.

Social Worker

- Minimum requirement for this classification is possession of a master's degree in social work or a closely related field and one (1) year 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 two (2) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning. Closely related fields are: applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education and criminal justice Qualifying experience at this level must include the use of professional interviewing techniques, provision of skilled counseling to an assigned client caseload and assessment of basic client needs (nutritional, environmental, financial, medical, protective service) through continuing personal observation during visits, intervention and evaluation. As with the Social Worker Trainee, the Department screens applicants for this classification and prioritizes applicants with a MSWs for interview.

Social Worker Supervisor

- Minimum requirements for entry to the Social Worker Supervisor examination are 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. Closely related fields are applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education, and criminal justice. Qualifying experience at this level must include the use of professional interviewing techniques, provision of skilled counseling to an assigned client caseload and assessment of basic client needs (nutritional, environmental, financial, medical, protective service) through continuing personal observation during visits, intervention, and evaluation. Qualifying experience must be at the full working level above the level of Social Worker Trainee. Social Work Supervisor opportunities are filled through internal promotions.

Program Supervisor

- Minimum requirements for the Program Supervisor classification are: eight (8) years of professional experience in the field of child welfare, children's protective services, foster services, adoption or social and human services; one (1) year of the General Experience must have been in a supervisory capacity over professional staff responsible for planning, developing or implementing administrative or program services in child welfare, children's protective services, children's mental health or juvenile justice; this is interpreted at the level of Social Worker Supervisor.

Data on the education, qualifications, and training of such personnel

The minimum experience and training requirements for the child protective workforce are as outlined above. The Department verifies required credentials through official transcripts and employment verification obtained through the recruitment process. Although the Department verifies the educational credentials of its workforce upon hire, there is no current system in place to track when staff confer degrees beyond a bachelor's level. The Department disseminated a staff survey to capture this data. In-service training of personnel is tracked by the Academy for Workforce Development through our Learned Management System.

How the skill development of new and experienced staff is measured.

Training evaluations are distributed at the end of each training offered through the DCF Academy to gather specific information regarding overall feedback, relevance, and application of class content. The DCF Academy also accepts and encourages requests for one-to-one training to be provided to staff when skill development or another area of concern arises. Academy staff also partner with supervisors and managers of new employees to coordinate the learning process. Bi-monthly meetings are held to discuss skill development and to trouble-shoot any barriers to the learning process. Transfer of learning activities are also built into the pre-service training programs to ensure content is applied to practice.

Degree Totals: H-2023, I-2023, J-2023, A-2024, B-2024, C-2024, D-2024, E-2024, F-2024, G-2024, H-2024

All Groups	Count	Percentage
BSW	24	17.52%
MSW	33	24.09%
non BSW/MSW	71	51.82%
Not Reported	9	6.57%
Grand Total	**137**	**100.00%**

Degree by Group	H-2023	I-2023	J-2023	A-2024	B-2024	C-2024	D-2024	E-2024	F-2024	G-2024	H-2024
BSW	3	2	5	4	2	3	2			2	1
MSW	3	1	8	3	2	3	4			6	3
Other bachelor's degree	5	3	7	6		9	3	1	2	6	2
Other master's degree	4	4	3	1	1	2		2	1	2	
Not Reported	1		2	3				2	1	4	3
Grand Total	16	10	25	17	5	17	9	5	4	20	9

Demographic Information - Child Protective Services Personnel (as of 5.1.2023)

Staffing by Racial/Ethnic Group:

Count of Name	Column Labels									
Row Labels	**AMIND**	**ASIAN**	**BLACK**	**HISPA**	**NSPEC**	**PACIF**	**TWO**	**WHITE**	**(blank)**	**Grand Total**
Chil&FamAreaDir2RC			1							1
Chil&FamDirFosterCareSvs				1						1
ChildrenServicesConsultant		1	11	7				20	1	40
Chld&FamProgDir			11	8				20		39
Chld&FamProgSup	1	4	22	21		1		47		96
SocialWorkCaseAide			33	30				23		86
SocialWorkCaseAideRC			2							2
SocialWorkSupervisor	1	4	94	60				174		333
SW-Socl&HumanSvcs	3	15	396	197	6			473	6	1096
SWTrne-Socl&HumanSvcs		1	55	27	1		5	49	7	145
Grand Total	**5**	**25**	**625**	**351**	**7**	**1**	**5**	**806**	**14**	**1839**

Staffing by Age:

Count of Name	Column Labels						
Row Labels	**18-25**	**26-36**	**37-47**	**48-58**	**59-69**	**70 and Above**	**Grand Total**
Chil&FamAreaDir2RC				1			1
Chil&FamDirFosterCareSvs				1			1
ChildrenServicesConsultant		4	12	22	2		40
Chld&FamProgDir			9	27	3		39
Chld&FamProgSup		3	41	47	5		96
SocialWorkCaseAide	1	11	25	41	8		86
SocialWorkCaseAideRC			1		1		2
SocialWorkSupervisor		27	121	173	10	2	333
SW-Socl&HumanSvcs	3	262	392	387	52		1096
SWTrne-Socl&HumanSvcs	42	66	24	12	1		145
Grand Total	**46**	**373**	**625**	**711**	**82**	**2**	**1839**

Staffing by Gender:

Count of Name	Column Labels			
Row Labels	F	M	U	Grand Total
Chil&FamAreaDir2RC		1		1
Chil&FamDirFosterCareSvs	1			1
ChildrenServicesConsultant	30	10		40
Chld&FamProgDir	28	11		39
Chld&FamProgSup	67	29		96
SocialWorkCaseAide	54	32		86
SocialWorkCaseAideRC	1	1		2
SocialWorkSupervisor	258	75		333
SW-Socl&HumanSvcs	871	224	1	1096
SWTrne-Socl&HumanSvcs	118	27		145
Grand Total	**1428**	**410**	**1**	**1839**

Caseload Report Guide

CT DCF Electronic case management system (**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: The assignment combinations listed below in fig 1 generate **ONE** caseload point for each open assignment. There are 132 different combinations of Type/Responsibility/Role in the Assignment Category table. **ONLY** these fourteen assignment combinations will generate a caseload point.

- Any worker with an open assignment of **CPS OOH, N/A, Primary** where no lead assignment exists, will also receive a point for each case participant with an open, approved placement.
- Any worker with an open assignment of **Permanency Services, N/A, Primary**, where no lead assignment exists, will receive a point for each case participant with an open, approved placement.
- If an open **Lead Worker** 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.

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 Worker	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 worker	1	0	20	**5.0%**
ICO	N/A	Primary	1	0	49	**2.0%**
ICO	N/A	Lead worker	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%**

Assignment Type	Assignment Responsibility	Assignment Role	Case Points	Placement Points	Maximum Points	Percentage Utilization
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%**

Last amended March 2012

Since 2018 all responsibility for delinquency proceedings lies with the Court Support Service Division of the Judicial Branch. For any youth under the care and custody of the Department of Children and Families, who is subsequently adjudicated delinquent, DCF retains custody/commitment/guardianship and continues to provide case management services. Such youth have access to the full array of DCF supports and services throughout and following the period of delinquency.

- Juvenile Justice Transfers

Since 2018 all responsibility for delinquency proceedings lies with the Court Support Service Division of the Judicial Branch. For any youth under the care and custody of the Department of Children and Families, who is subsequently adjudicated delinquent, DCF retains custody/commitment/guardianship and continues to provide case management services. Such youth have access to the full array of DCF supports and services throughout and following the period of delinquency. Please see Chaffee and ETV, Additional DCF Adolescent Supports and Services section for information regarding services provided for these youth.

B. Education and Training Vouchers

Please see Attachment 4

C. Inter-Country Adoptions

At this time, the Department is not able to identify the number of Children who were adopted from other countries and entered state custody. Such capability is a planned feature for the CT-KIND CCWIS system currently in development.

D. Monthly Caseworker Visit Data

The Department will submit the monthly caseworker visitation data through the AFCARS system on a biannual basis as specified in AFCARS 2020 requirements, and aggregate information in December 2024 as detailed in the Program Instruction.

8. Targeted Plans Updates from 2020-2024 CFSP

- **Foster and Adoptive Parent Diligent Recruitment Plan**

Please see full update under *Systemic Factor 7, Item 35 Diligent Recruitment of Foster and Adoptive Homes*

- **Health Care Oversight and Coordination Plan**

The Health Management and Oversight Division of DCF supports children and families' wellbeing by continuing to engage in health oversight with a focus on the most vulnerable populations and empowering families to meet the medical needs of children in care. The division continues to incorporate lessons learned from the past and works with families and communities to keep children healthy while in the custody of their parents or their foster family.

Policy and Practice Standards

The Health Oversight and Management Division's policy and practice guide entitled "Standards and Practice Regarding the Health Care of Children in DCF's Care" includes healthcare standards and practice for the health and medical oversight of children in care - including those placed in the congregate care setting. The practice guide was last revised in 2021 and a workgroup of nurses and health advocates continues to review each current standard as well as develop new standards in order to advance better health outcomes for children in DCF's care. This group continued to work throughout the COVID-19 pandemic in addition to the increased demand of monitoring children and youth in care exposed to COVID 19.

Health Oversight of Children and Youth in Congregate Care Settings

Medication Administration in Congregate Care Setting

DCF Licensed child caring facilities provide health and medical care including specific requirements around administration of medication as required thorough DCF Regulations and CT State Statutes: *Section 17a-145-75. Health and medical treatment*.

- *Connecticut General Statutes 370 Section 20-14h – j, and DCF regulation 17a-6(g)-12-16:* Facilities shall only permit the administration of medication by licensed medical professionals or staff certified by the Department pursuant to the Department's medication administration guidelines. At the request of the State of Connecticut Governor's Taskforce on streamlining state functions, the Department, in partnership with the Department of Public Health and the Department of Developmental Services have created a unified statewide medication administration training process that consists of an online curriculum and exam, (Phase 1) and agency-specific certification and the onsite practicum. (Phase 2)

The overarching goals of the Statewide Medication Administration Program include:

- Standardization of the process, curriculum, and select policies and procedures concerning medication administration across all three agencies;
- Development of an automated training program that would be accessed through a web-based system;
- Reciprocity of Phase 1 of the medication administration certification across agencies, recognizing that individuals are often dually employed, facilitating employment and training across agencies; and
- Development of a central registry that would track certification status of persons approved to administer medications that can be accessed by all three agencies.

The Statewide Medication Administration Training Program began in November 2022 and DCF continues to review the process with the other state agency.

Congregate Care Health Oversight

The Health and Wellness Division nurses in the Department's Central Office also provide consultation to DCF's Licensing Unit who provides regulatory oversight of the residential childcare facilities. These nurses also provide consultation to the residential programs related to medical issues and medication errors. This activity resumes in person consultation with virtual licensing activity as needed.

Regional Resource Group Nursing Health Oversight
The Health and Wellness Division nurses have been developing nursing standards of practice covering areas of consultation with regional child protective services social workers, including: procedures for approving surgeries and procedures, assisting with critical incidents (e. g. fatalities, abuse and neglect, significant incidents), domestic minor sex trafficking, children with complex medical needs, hospital support and visitation plan, multidisciplinary evaluations and nursing consultation process. The nurses also assisted in the development of the Department's "Regional Resource Group Best Practice Guide" and "Criteria for Consults with RRG".

Medically Complex Certification Training Program
10-15% of children in DCF care are classified as Children with Complex Medical Needs. These children have medical needs that require specialized caregivers who understand the child's diagnoses, understand the increased care needs, and are placed in a home that is capable of safely caring for their advanced needs. The Medically Complex Training Program provides caregivers and their back-up caregivers the required certification to allow them to have a child placed in their care. They also require additional child specific training by a qualified health care provider to ensure they understand the child's specific medical condition and care needs.

The nurses in the Medically Complex Program continued to provide training and certification for these caregivers even throughout the pandemic often meeting one on one via virtual platforms to make sure the parents met the required training needs and were able to be a placement option. The program nurses are currently working on creating a statewide database of all certified caregivers to assist in finding placements that match the child's specific care needs.

Health Advocate
The Health and Wellness Division's Health Advocates help facilitate access to healthcare services and improve health outcomes of the children/youth and families. They assist in resolving barriers to health care services (emergency, urgent and routine medical, dental, vision, mental health, and transportation services). The Department of Social Services made several temporary changes during the pandemic and the health advocates played an integral role in providing this information timely to the DCF Area Office staff. The health advocate in collaboration with the regional nurses have developed a practice to connect children with asthma to the Medicaid medical ASO to ensure that these children are assigned an Intensive Case Manager.

DCF's Enhanced Multidisciplinary Evaluations (MDEs)
DCF's Multidisciplinary Evaluations continue to ensure that children entering care receive a comprehensive screen of their physical, behavioral, and dental health as well as trauma within 30 days of placement.

MDE clinics continue to meet the needs of the Department and to provide examinations within 30 days of a child's entering care. The COVID-19 pandemic has impacted the percentage of MDE completed within 30 days especially for fiscal year 2020-2021, however, this has shown recovery in the last fiscal year. The percentage of children entering care who had a MDE within 30 days was 80.7% for fiscal year 2020-2021, 91.2% for fiscal year 2021-2022 89.2% for fiscal year 2022-2023, and 87.4% from July 2023 to March 2024.

The MDE program continues to partner with the CONCEPT trauma grant team to enhance trauma screening of children entering care. The MDE clinics complete the Connecticut trauma screen (CTS) as part of the MDE for all children ages 7 and older and the CTS Young Child for children 3 to 6 years old. Children receive referral for therapeutic intervention when indicated.

DCF has developed training for the MDE providers. Training for: Medical Providers in contracted MDE Clinics on the MDE tool, Clinic Behavioral Health providers in the MDE Clinics on the new behavioral health scales and an Orientation for New Clinic Coordinators on their role and responsibilities.

Total MDEs Performed

Area Office	FY2020-21			FY2021-22			FY2022-23			FY2023-2024 Jul-March		
	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met
Bridgeport AO	53	32	60.4%	38	34	89.5%	76	73	96.1%	57	53	93.0%
Norwalk AO	38	27	71.1%	40	36	90.0%	50	39	78.0%	49	45	91.8%
Region 1 Total	**91**	**59**	**64.8%**	**78**	**70**	**89.7%**	**126**	**112**	**88.9%**	**106**	**98**	**92.5%**
Milford AO	80	69	86.3%	41	38	92.7%	85	77	90.6%	66	64	97.0%
New Haven AO	43	42	97.7%	55	46	83.6%	78	68	87.2%	79	65	82.3%
Region 2 Total	**123**	**111**	**90.2%**	**96**	**84**	**87.5%**	**163**	**145**	**89.0%**	**145**	**129**	**89.0%**
Middletown AO	29	25	86.2%	43	40	93.0%	30	26	86.7%	35	30	85.7%
Norwich AO	66	63	95.5%	132	119	90.2%	138	115	83.3%	84	81	96.4%
Willimantic AO	60	51	85.0%	54	54	100.0%	49	47	95.9%	39	36	92.3%
Region 3 Total	**155**	**139**	**89.7%**	**229**	**213**	**93.0%**	**217**	**188**	**86.6%**	**158**	**147**	**93.0%**
Hartford AO	99	64	64.6%	103	93	90.3%	121	103	85.1%	119	91	76.5%
Manchester AO	86	66	76.7%	87	80	92.0%	76	64	84.2%	69	58	84.1%
Region 4 Total	**185**	**130**	**70.3%**	**190**	**173**	**91.1%**	**197**	**167**	**84.8%**	**188**	**149**	**79.3%**
Danbury AO	45	37	82.2%	33	32	97.0%	60	56	93.3%	38	30	78.9%
Torrington AO	39	35	89.7%	49	48	98.0%	21	19	90.5%	17	17	100.0%
Waterbury AO	116	97	83.6%	89	76	85.4%	134	129	96.3%	55	50	90.9%
Region 5 Total	**200**	**169**	**84.5%**	**171**	**156**	**91.2%**	**215**	**204**	**94.9%**	**110**	**97**	**88.2%**
Meriden AO	27	18	66.7%	23	19	82.6%	29	28	96.6%	37	30	81.1%
New Britain AO	85	73	85.9%	87	74	85.1%	101	91	90.1%	99	87	87.9%
Region 6 Total	**112**	**91**	**81.3%**	**110**	**93**	**84.5%**	**130**	**119**	**91.5%**	**136**	**117**	**86.0%**
	866	**699**	**80.7%**	**874**	**789**	**90.3%**	**1048**	**935**	**89.2%**	**843**	**737**	**87.4%**

Information Technology:
DCF continues its progress of implanting the new child welfare information system (CT-Kind). The Health and Wellness Division members participate in this project as the IT team moves to those elements of the system that involved the medical health of children in DCF's care.

The Division has also embraced the use of Microsoft TEAMs for most aspects of division work including:

- Meetings and day to day communication
- Data collection
- Document storage and revision.
- Calendars for daily staffing and meetings

This allows for all activities to be readily available and reviewed for reports, supervision, and meeting information.

Health and Wellness Education Initiatives
Training of AO staff: DCF nurses continue to partner with DCF's Academy of Workforce Development in the provision of education as part of routine training of social workers in preservice and investigators in-take training. The content reviews: attending to health, review of the "Standards and Practice Regarding the Health Care of Children in DCF's Care" practice guide, children with complex medical needs, identification of developmental delays (Birth to 3 and Info Line), COVID related education including PPE training and the Child Abuse Pediatrician's consultation. The Health and Wellness Division has also partnered with CT's Child Abuse Pediatricians (CAPs) on an education initiative focused on child abuse prevention and early identification. This involves ongoing training to DCF nurses and RRG Nursing/CAP partnerships in education to Area Offices/Regions on prevention and early recognition of child abuse.

Health and Wellness Division's Quarterly Nursing Seminar's topics for nursing have been: Intimate Partner violence, Screening for substance in newborns, health care for youth with Gender Dysphoria, developmental Disabilities, Adolescent Access to Health and Rights, Neonatal Drug screening, Childhood Asthma and Medical-Legal Topics in Child

Welfare. The Division has also received focused training on Racial Justice and its impact on health disparities and inequities.

Training of Foster Parents and Caregivers: The Health and Wellness Division has continued to present its training series to prepare caregivers to safely manage and care for DCF's unique population. The training includes core courses of *Fostering Health for Children in Foster Care* and *Medication Safety for Foster Parents (*available in Spanish for both in-person and on-line trainings). Foster families who choose to foster children with complex medical needs additional training offered are *Strategies and Resources for Managing Health Care* and *Medically Complex Certification Course*. Brief course descriptions:

Fostering Health for Children in Foster Care is a requirement for all foster parents and is mandatory. It is taught both by DCF staff in-person and on-line.

Medication Safety for Foster Parents is an on-line training. It covers how to read a medication label, how to measure medication, safe storage, and control of medication, keeping track of medication doses administered, and what to do if their child has a side effect to a medication.

Strategies and Resources are provided for relative, and kin foster parents and is a pre-requisite for any non-relative foster parent wanting to become a medically complex foster parent. This is both done in a virtual setting during the pandemic and as a 1:1 training upon request.

Medically Complex Certification Course training is for non-relative foster parents interested in caring for children with complex medical needs. The course is currently given virtually and led by nurses in the Complex Medical Unit of the Health and Wellness Division. It explores the unique needs of this population and components which contribute to a child's medical complexity.

CPR: All foster parents are currently required to take age-appropriate CPR.

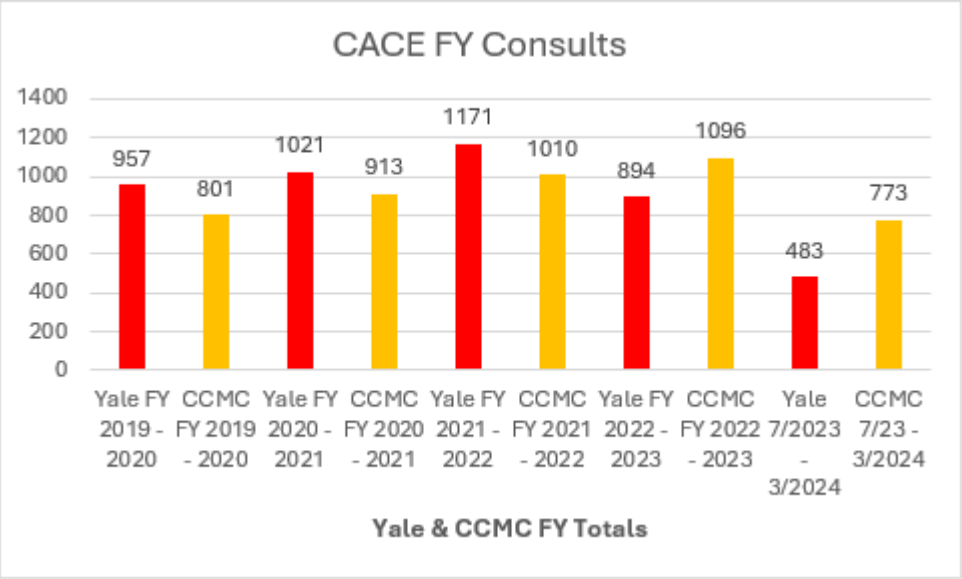
*Child Specific Medical Training; A*ll foster parents who care for children with complex medical needs are mandated to take child specific medical training specific to that child's medical needs prior to placement.

Additional foster parent training provided by the health advocates has been on accessing Medicaid services and the health advocate role and how they can assist families with barriers to services.

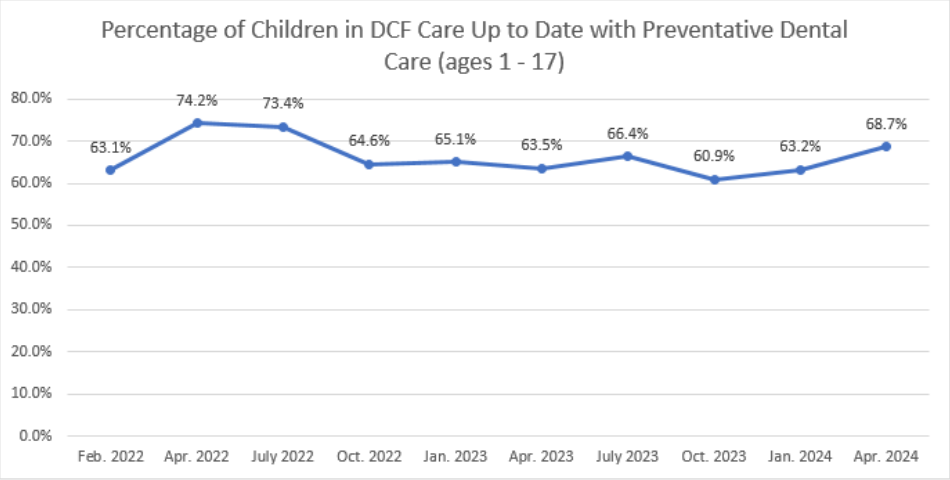
Training for Congregate Care providers: Health and Wellness Division provides training (per State statute) that certifies non-licensed staff in congregate care settings to administer medications. The course content and testing are offered on-line with skills testing and practicums in-person at the congregate care settings. Trainings offered to nurses working in the congregate care settings include Endorsed Instructor training (the nurse's role in the medication administration certification of non-licensed staff) and New Congregate Care Nurse Orientation (an orientation to DCF expectations on the medical management of DCF youth in congregate care settings).

Coordination with State and Community Partners

Child Abuse Center of Excellence: The Department partners with CACE providers for Connecticut Children's Medical Center and Yale New Haven Hospital to provide consultation and evaluation of children with suspected abuse and neglect. The CACE providers provide consultation to DCF staff and medical providers outside of their hospital networks. Case consultations are listed below.



"Healthy Mouths, Healthy Kids" initiative**:** The mission of this cooperative project is to ensure that every child served by DCF and enrolled in the HUSKY Health (Medicaid) Program will receive oral health care services at an established dental home no later than age one in order to achieve optimum oral health conditions. Part of the project is a data sharing agreement between DCF and the CT Dental Health Partnership quarterly. The information provided is whether children have had an exam or cleaning in the last 6 months. Progress on the oral health initiative is presented to agency leadership. The health advocates have also offered training on this oral health initiative to foster parents and directors at congregate care settings. The Connecticut statewide utilization rate of dental services for children in DCF care is illustrated in the chart below. This information is shared with the social worker to increase dental preventative visit.



Claims Health Profile: DCF partners with Department of Social Services to create a claims health profile for children entering care and this initiative was implemented statewide in January 2020. The claims health profile provides a snapshot of health and is provided within 24 hours of request. Information collected include identification of PCP and one year of claims diagnoses, identification of any other providers and two years of claims diagnoses, pharmacy information including medication, date last filled, prescriber and pharmacy, immunization information based on two years of claims, inpatient admissions including hospital, dates, and diagnoses for two years and emergency department visits including dates and diagnoses for two years. This information, besides being available to DCF, is also shared with the child's caregiver. CHP received are listed below by region and statewide.

Total # of CHPs

Region	FY 20-21	FY 21-22	FY 22-23	FY 23-24 (MARCH)
1	71	57	129	111
2	120	91	137	139
3	146	200	198	157
4	164	159	160	213
5	204	155	211	120
6	109	118	150	125
Total	**814**	**780**	**985**	**865**

Licensure and Certification Workgroup**:** This initiative is a multi-agency collaboration established by the state legislature that requires the Office of Policy and Management to convene a workgroup to conduct a review of the certification and licensure processes of certain non-profit community providers, and study potential efficiencies. The membership consisted of six representatives of non-profit community providers and representatives from the DCF, Developmental Services, Mental Health and Addiction Services, and Public Health. The DCF medication administration program is included in this initiative as the workgroup looks to have one state-wide program for the certification of non-licensed staff to administer medications.

DCF continues to work on efforts to enhance outcomes for children in care through improved coordination and collaboration. In addition to encouraging and promoting partnering with community providers as part of routine care and practice, DCF continues to work with other agencies and stakeholders on focused initiatives. These include:

- Health Care Cabinet: The Cabinet was established to the Governor, Lt. Governor and the Office of Health Reform & Innovation on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.

- Health Information and Documentation: Work continues to ensure access and ready availability of reliable health information to inform practice and planning and improve outcomes of children in care. These efforts include:

- Nursing Standards and Practice workgroup: The guideline for nursing documentation is developed by the Nursing Standards and Practice Workgroup has been implemented and to standardized and improve practice. The workgroup has created different documentation guides related to the nursing activity involved and what elements should be in the note that represents best nursing practice.

Centralized Medication Consent Unit (CMCU): The CMCU is staffed by child psychiatrists and APRNs who are responsible for reviewing psychotropic medications recommended by community psychiatric practitioners for DCF-committed children/youth. A Psychotropic Medication Advisory Council is a DCF-organized council of public and private physicians, clinicians, nurses, family members and pharmacists who advise the CMCU in establishing and maintaining practice guidelines for the use of psychotropic medications in DCF-committed children/youth. The Council meets regularly to recommend dosing parameters and monitoring guidelines; review adverse drug reaction reports; consider changes to the CMCU medication formulary.

CMCU outcome data highlights for 2023 for red flag cases:

1. "Antipsychotic medications" includes both typical and atypical antipsychotics as well as clozapine
    - 4 unique youth were approved to be prescribed two concurrent standing antipsychotics.
    - 3 youths ages 5 and under approved for antipsychotics.

2. Youth on 5 or more standing psychiatric medications:
    - 8 youth were approved to be prescribed 5 standing psychiatric medications. None were approved for more than 5 concurrent psychiatric medications.

Next Steps:

1. Continue to actively address the prescribing of two or more anti-psychotic medications concurrently and four or more psychotropic medications concurrently to children/youth committed to DCF.
2. Continue to closely monitor the requests to prescribe psychotropic medications for children aged five and under. Work collaboratively with regional staff to identify non-medication treatment alternatives and fully integrate these into the care plans.
3. Continue to monitor the prescribing of pro re nata (PRN) medications, analyze data in PMAC and develop guidelines as needed.
4. Provide consultation to regional staff on complex psychological cases.
5. Standardize medication review protocol.

• Disaster Plan

The Department's disaster plan was fully activated, tested, and revised as necessary over the past 12 months. The preparation in developing a comprehensive plan was instrumental in guiding the agency through the COVID 19 pandemic. The plan allowed the Department to continuously meet all the needs of the families we serve. The Plan has been and continues to be updated for non-pandemic disasters, based on what we learned during the pandemic and to reflect current practices and mobility efficiencies gained during the pandemic, specifically the expansion of telework capabilities.

• Training Plan

The Training Plan was reviewed and assessed and there are no changes to the current plan. Please see Appendix B for a list of the current Academy for Workforce Development catalog listing all the courses offered during this past year.

PART 3:

Section D. 2025-2029 CFSP Requirements

Please see separate report

Section E. Financial Information Section

Reallotment of FFY 2024 Request

The Department respectfully requests $450,000 to pursue the following:

1. Establish community-based prevention networks
2. Expand our faith-based partnerships to include prevention and kinship care support.
3. Support to the post-secondary support programs for youth in care transitioning to adulthood.

CFS 101 - Part I: Annual Budget Request for Title IV-B

Payment Limitations - Title IV-B, Subpart 1:

- The Department did not expend Federal Title IV-B, Subpart I fund for childcare, foster care maintenance, and adoption assistance payments in either FY 2005 or 2023.
- Therefore, no non-Federal funds expended for foster care maintenance were applied as a match for the Title IV-B, Subpart I program in FY 2005.

Payment Limitations - Title IV-B, Subpart 2:

State of Connecticut - Department of Children and Families		
Maintenance of Effort		
Child and Family Services Plan for June 30, 2024, submission		
	FY 2023	FY 1992
Program Type	State Expenditures	State Baseline
Family Preservation	$269,253,212	$12,983,241
Family Support	$179,502,141	$5,278,088
Totals	$448,755,353	$18,261,329
State share of Title IV-B, subpart 2 expenditures for comparison to 1992 base as required for evidence of compliance with non-supplantation requirements in Section 432 (a) (7) (A) of the Social Security Act		

CFS 101 - Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Category: Protective Services	Population Served	Geographical Area(s)Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
Chestnut Health System - QA - CRA Training and QA	Providers and DCF staff	Statewide
CT Children's Medical Center - Child Abuse Center	Children and families	Statewide
CT Coalition Against Domestic Violence	any individual impacted by IPV or Providers wanting to build knowledge base on supports and resources for ind. impacted by IPV	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV supports	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
Dr. Taylor - Conferences	Children and families	Statewide
FAVOR - Citizen Review Panel	Family Voice	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide

Category: Protective Services	Population Served	Geographical Area(s)Served
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	DCF families and Community Providers working with any individual and families impacted by IPV.	Statewide
MDTs Total	Birth to 18 with exceptions for older youth.	Statewide
Odonnell - Media Campaign	live loud campaign for individuals, youth, and family regarding secure storage	Statewide
Sub Exposed Infants	providers working with families impacted by substance use with children 0-6	Statewide
Sub Exposed Infants - RPG Supports MDFTR	caregivers who have current or previous substance use and are pregnant or parenting a child under 6	Region 3
Triple P American - Training	Parenting Support Services staff	Statewide
UConn Eval	Families/community/providers and leadership	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health support and service resources.	Statewide
Yale (Dr. Taylor) - Consultation	Children and families	Statewide
DCF Wilderness School Yurt Installation	Youth	Statewide
CO staff	DCF Staff & Providers	Statewide
CT Children's Medical - Medical Child Abuse Consults	Children and families	Statewide
PWCL Annual Meeting / Training	Agency and Community Providers	Statewide

Category: Family Preservation Services	Population Served	Geographical Area(s)Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
Chestnut Health System - CRA Training and QA	Providers and DCF staff	Statewide
CT Coalition Against Domestic Violence	Families/Provider/Community	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
Family Life Lifters - Faith Based Recruitment and Retention	Kinship families	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide
Helping our People Excel - Faith Based Recruitment and Retention	Kinship Families	Regions 1, 2, 3
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	DCF families and Community Providers working with any individual and families impacted by IPV.	Statewide
Sub Exposed Infants	providers working with families impacted by substance use with children 0-6	Statewide
Sub Exposed Infants - RPG Supports MDFTR	caregivers 18 and older who have current or previous substance use and are pregnant or parenting a child under 6	Region 3
Triple P American - Training	Parenting Support Services staff	Statewide
UConn Eval	Families/community/providers and leadership	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health supports and service resources.	Statewide
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
Office Assistant Positions (4 @ 100%)	DCF Staff	Statewide
PWCL Annual Meeting / Training	Agency and Community Providers	Statewide
The Connection, Inc. - Supportive Housing	Families	Statewide
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
ASPHA/CWLA Conference Fees	DCF Leadership	Hartford

Category: Family Preservation Services	Population Served	Geographical Area(s)Served
Community Collaborative	Families/Provider/Community	Statewide
Dr. Elliott/Visit Coaching	Contracted Quality Parenting Center Staff	Statewide
Easter Seals Support Group PSSF	Parents with Medically Complex children in DCF care	Region 5
JRA Consulting - Racial Justice Training	DCF Staff	Statewide
Mindshare	DCF Staff	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	DCF involved Families whose children are in the care of DCF	Statewide
UCONN SW PIC - DRS Process and Evaluation	UCONN SSW Performance Improvement Center evaluates DCF DRS practices and for the Community Support for Families program	Statewide

Category: Family Support Services	Population Served	Geographical Area(s)Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
Chestnut Health System - CRA Training and QA	Providers and DCF staff	Statewide
CT Coalition Against Domestic Violence	Families/Provider/Community	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV supports	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
Family Life Lifters - Faith Based Recruitment and Retention	Kinship families	Statewide
FBR - Sub Exposed Infants - Yale Services	Providers working with families impacted by substance use with children 0-6	Statewide
Helping our People Excel - Faith Based Recruitment and Retention	Kinship Families	Regions 1, 2, 3
InFormCT - Data Collaborative - regional profiles	Families/Provider/Community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	DCF families and Community Providers working with any individual and families impacted by IPV.	Statewide
MDTs Total	Birth to 18 with exceptions for older youth.	Statewide
Sub Exposed Infants	Providers working with families impacted by substance use with children 0-6	Statewide
Sub Exposed Infants - RPG Supports MDFTR	Caregivers 18 and older who have current or previous substance use and are pregnant or parenting a child under 6	Region 3
Triple P American - Training	Parenting Support Services staff	Statewide
UConn Eval	Families/community/providers and leadership	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health supports and service resources.	Statewide
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
PWCL Annual Meeting / Training	Agency and Community Providers	Statewide
The Connection, Inc. - Supportive Housing	Families	Statewide
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
Community Collaborative	Families/Provider/Community	Statewide
Dr. Elliott/Visit Coaching	Contracted Quality Parenting Center Staff	Statewide
Easter Seals Support Group PSSF	Parents with Medically Complex children in DCF care	Region 5
FAVOR - Foster Care Family Advocacy	Families with children with serious emotional or behavioral health needs who need advocacy and support with school special education services	Statewide
JRA Consulting - Racial Justice Training	DCF Staff	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	DCF involved Families whose children are in the care of DCF	Statewide

Category: Time-Limited Family Reunification Services	Population Served	Geographical Area(s)Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
Chestnut Health System -CRA Training and QA	Providers and DCF staff	Statewide
CT Coalition Against Domestic Violence	Families/Provider/Community	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV supports	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	DCF families and Community Providers working with any individual and families impacted by IPV.	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health support and service resources.	Statewide
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
Office Assistant Positions (4 @ 100%)	DCF Staff	Statewide
PWCL Annual Meeting / Training	Agency and Community Providers	Statewide
The Connection, Inc. - Supportive Housing	Families	Statewide
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
Community Collaborative	Families/Provider/Community	Statewide
Dr. Elliott/Visit Coaching	Contracted Quality Parenting Center Staff	Statewide
JRA Consulting - Racial Justice Training	DCF Staff	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	DCF involved Families whose children are in the care of DCF	Statewide

Category: Adoption-Promotion and Support Services	Population Served	Geographical Area(s)Served
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
Community Collaborative	Families/Provider/Community	Statewide
Easter Seals Support Group PSSF	Parents with Medically Complex children in DCF care	Region 5
JRA Consulting - Racial Justice Training	DCF Staff	Statewide
Category: Other Services Related Services	Population Served	Geographical Area(s)Served
Solnit North Positions (10 @ 70%)	Staff who provide support to children requiring specialized care and treatment	Statewide
Chapin Hall	DCF, Community, & Families	Statewide
Chapin Hall Renewal	DCF, Community, & Families	Statewide
Don Winstead Consulting Family First Prevention Service Act - Technical Assistance	DCF Agency Leadership	Statewide
Harvard GPL (TA)	DCF Staff & Providers	Statewide
Foster Care Maintenance	Population Served	Geographical Area(s)Served
A) Foster Family & Relative Foster Care	Youth (ages 0-21) Placed in OOH care	Statewide
B) Group/Institutional Care	Youth (ages 0-18) requiring OOH with 24-hour supervision	Statewide
Associate Chaplin	Staff who provide support to children requiring specialized care and treatment	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
Adoption-Subsidy Payments	Population Served	Geographical Area(s)Served
	Families who have adopted children from DCF's custody.	Statewide
Guardianship Assistance Payments	Population Served	Geographical Area(s)Served
	Families who have been granted legal guardianship of children from DCF's custody.	Statewide
Independent Living Services	Population Served	Geographical Area(s)Served
Independent Living Services	Youth making a transition from foster care to self-sufficiency	Statewide

Education & Training Vouchers	Population Served	Geographical Area(s) Served
	Youth through the age of 21 pursuing secondary education and or vocational training.	Statewide

Child Care Related to Employment Training	Population Served	Geographical Area(s) Served
	Adolescent parents and expecting adolescent parents.	Statewide

CAPTA	Population Served	Geographical Area(s) Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
Chestnut Health System - QA - CRA Training and QA	Providers and DCF staff	Statewide
CT Children's Medical Center - Child Abuse Center	Children and families	Statewide
CT Coalition Against Domestic Violence	Families/Provider/Community	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV supports	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
Dr. Taylor - Conferences	Children and families	Statewide
Family Life Lifters - Faith Based Recruitment and Retention	Kinship families	Statewide
FAVOR - Citizen Review Panel	Family Voice	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide
Helping our People Excel - Faith Based Recruitment and Retention	Kinship Families	Regions 1, 2, 3
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	DCF families and Community Providers working with any individual and families impacted by IPV.	Statewide
MDTs Total	Birth to 18 with exceptions for older youth.	Statewide
Odonnell - Media Campaign	live loud campaign for individuals, youth, and family regarding secure storage	Statewide
Sub Exposed Infants	providers working with families impacted by substance use with children 0-6	Statewide
Sub Exposed Infants - RPG Supports MDFTR	caregivers 18 and older who have current or previous substance use and are pregnant or parenting a child under 6	Region 3
Triple P American - Training	Parenting Support Services staff	Statewide
UConn Eval	Families/community/providers and leadership	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health support and service resources.	Statewide
Yale (Dr. Taylor) - Consultation	Children and families	Statewide

CFS 101 - Part III: Annual Expenditures for Title IV-B Subpart I

CWS	Population Served	Geographical Area(s) Served
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
CO staff	DCF Staff & Providers	Statewide
CT Children's Medical - Medical Child Abuse Consults	Children and families	Statewide
Office Assistant Positions (4 @ 100%)	DCF Staff	Statewide
PWCL Annual Meeting / Training	Agency and Community Providers	Statewide
Solnit North Positions (10 @ 70%)	Staff who provide support to children requiring specialized care and treatment	Statewide
The Connection, Inc. - Supportive Housing	Families	Statewide

CFS 101 - Part III: Annual Expenditures for Title IV-B Subpart II

PSSF	Population Served	Geographical Area(s) Served
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
ASPHA/CWLA Conference Fees	DCF Leadership	Hartford
Chapin Hall	DCF, Community, & Families	Statewide
Chapin Hall Renewal	DCF, Community, & Families	Statewide
Community Collaborative	Families/Provider/Community	Statewide
Don Winstead Consulting Family First Prevention Service Act - Technical Assistance	DCF Agency Leadership	Statewide
Dr. Elliott/Visit Coaching	Contracted Quality Parenting Center Staff	Statewide
Easter Seals Support Group PSSF	Parents with Medically Complex children in DCF care	Region 5
FAVOR - Foster Care Family Advocacy	Families with children with serious emotional or behavioral health needs who need advocacy and support with school special education services	Statewide
Harvard GPL (TA)	DCF Staff & Providers	Statewide
JRA Consulting - Racial Justice Training	DCF Staff	Statewide
Mindshare	DCF Staff	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	Families involved with DCF who have children under the custody of DCF and were removed from their parents due to protective service concerns.	Statewide
UCONN SW PIC - DRS Process and Evaluation	UCONN SSW Performance Improvement Center evaluates DCF DRS practices and for the Community Support for Families program	Statewide

CFS 101 - Part III: Chafee Program

Chafee	Population Served	Geographical Area(s) Served
Career Enhancement Training - Goodwin University	DCF Solnit South Youth	Statewide
DCF Wilderness School Yurt Installation	Youth	Statewide
Manufacturing Career Prep for Girls	DCF Involved youth	Statewide
My Inner Circle - Unashamed - Transitional Youth Workshop	DCF Youth age 14-21	Solnit's North and South
NYTDA- Gift card for youth participation in survey	DCF Involved youth	Statewide
STARS - The Center for Children's Advocacy Restorative Justice Project	DCF Youth aged 14-21, DCF Staff, DCF Providers	Statewide
START Program - The Connection	DCF and community Youth and Young adults 18-24	Statewide
Summer Youth Employment	DCF Youth ages 14-21	Statewide
TSEA Youth LifeSet Initiative	DCF young adults aged 17-21	Regions 2-6
Unashamed	Adolescent	Solnit's North and South
Upward Bound - PSE Preparation and Support; Mini Supports	Transitioning Youth	Statewide
Work To Learn	DCF Youth aged 16-21	Regions 1-5
Workforce Deve Boards - DOL	DCF involved youth	Statewide
YAB, Jim Casey	Youth who are members of the YAB	Statewide
Youth Advisory Board Activities	Youth who are members of the YAB	Statewide
Youth Arts Council Conference	DCF Youth age 14-21	Statewide
Youth in Care - Emergency Fund	DCF Involved youth	Statewide
Youth LINK Mentoring - Boys & Girls Village	DCF/Community Youth 14-21	Statewide
Youth Link	DCF/Community Youth 14-21	Statewide
Youth Milestones	DCF Involved youth	Statewide
Youth Stipends- See Stipends tab for details	DCF Involved youth	Statewide

CFS 101 - Part III: Education and Training Vouchers

ETV	Description of Population Served	Geographical Area(s)Served
ETVs awarded	Former Foster Youth enrolled in post-secondary education	Statewide
Adolescent Services Worker 80/20 / Chafee Personnel Expenses	Staff who support youth in their transition to vocational programming and ETVs	Statewide
Link Recodes	Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program,	Statewide

ETV	Description of Population Served	Geographical Area(s)Served
State University	Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program,	Statewide
Sun Scholars Mentoring Program	Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program,	Statewide
Unashamed Fiduciary	Adolescent	Solnit's North and South

Attachments

1. Statewide Regional CRP June 2024 Report
2. CFS 101 - Part I, Part II, Part III
3. CFS 101 - Part I: Reallotment Request
4. ETV Voucher

Appendices

Appendix A - Service Continuum Chart

Contract Service Array

The following chart represents our ***Contracted Services Continuum***:

Adolescent College Mentoring- This program is designed to improve educational equity and college graduation rates for youth who have experienced the foster care system. The program offers youth an array of services to support their post-secondary educational, career and social-emotional goals through a four-domain framework that includes: academic mentoring, career development, advocacy, and alumni networking supports. Category: Family Support service Population Served: College age youth who are or were in foster care in Connecticut. Geographic Area**:** Statewide Annual Unduplicated Children/Families Served**:** 60
Adopt A Social Worker - This is a statewide, faith-based outreach service linking an "adopted" DCF Social Worker with a faith-based or other "covenant organization" to assist with meeting the basic material needs of DCF involved families (those with protective service Social Workers as well as foster, adoptive and kinship care families). Meeting the needs of children with, for example, beds, cribs, clothing, and household furnishings, will help achieve stability of families and permanency for the children. Category: Family Support and Family Preservation services. Population served: All DCF involved Families. Geographic area served: Statewide. Annual Unduplicated Children/Families Served: 28,890
Care Coordination - This service provides high fidelity "Wraparound" through the use of the Child and Family Team process. Wraparound is defined as an intensive, individualized care planning and management process for youths with serious or complex needs and is a means for maintaining youth with the most serious emotional and behavioral problems in their home and community. The Wraparound process and the written Plan of Care it develops are designed to be culturally competent, strengths based and organized around family members' own perceptions of their needs, goals, and vision. Category: Family Support Services. Population served: Families with a youth with a behavioral health diagnosis for whom DCF is not involved. Geographic area served: Statewide. Annual Unduplicated Children/Families Served: 1,026
Care Management Entity (CME): designed to serve children and youth, ages 10-18, with serious behavioral or mental health needs who are returning from congregate care or other restrictive treatment settings (emergency departments/in-patient hospitals) or who are at risk of removal from home or their community. The CME will provide direct services and administrative functions. At the direct service level, the CME employs Intensive Care Coordinators (ICCs) and Family Peer Specialists (FPS) who use an evidence based wraparound Child and Family Team process to develop a Plan of Care for each child and family. At the administrative level, the CME assists DCF in developing local and regional networks of care, which includes the CONNECT federal System of Care grant activities. Category: Family Support Services and Family Preservation Service. Population: Any child residing in a congregate care setting and child and youth who are frequent users of Emergency Departments and In-Patient settings. Geographic Area served: Statewide. Annual Unduplicated Children/Families Served: 150 to 160

Caregiver Support Team - This service is designed to help prevent the disruption of foster placements and increase stability and permanency by providing timely in-home interventions with a child and family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family. The service will be available at critical points for the duration of the placement when additional support is deemed necessary. Category: Family Support Services and Family Preservation service. Population: Any child residing in a foster home. Geographic Area served: Statewide. Annual Unduplicated Children/Families Served: 762
The Child Abuse Centers of Excellence - this service provides an array of expert medical services to children who are suspected of being victims of abuse or neglect and to their families by acting as expert consultants to the Department of Children and Families staff to help ensure the safety and well-being of children. Category – Family Preservation / Family Support Population served-Any child who is suspected of being victims of abuse or neglect. Geographic area – statewide Annual Unduplicated Children/Families Served: 500
Child First Consultation and Evaluation - This service ensures provider fidelity to the Child First model which provides home-based assessment and parent-child therapeutic interventions for high-risk families with children under six years of age. To that end, the service delivers training, provides reflective clinical consultation, analyzes data, provides technical assistance, ensures continuous quality improvement, and certifies sites that have met Child First model standards. Service Category: Family Support Population(s) to be served -Children ages 0-6. Geographic areas: Statewide Annual Unduplicated Children/Families Served: Not available
Community Support for Families - This service will engage families who have received a Family Assessment Response from the Department 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 role of the contractor is to assist the family in developing solutions, identify community resources and support based on need and help promote permanent connections for the family with an array of supports and resources within their community. Service Category: Family Preservation, Family Support, Population(s) to be served -Children ages Birth-17 Geographic areas: Statewide Annual Unduplicated Children/Families Served: 2,340
Connecticut ACCESS Mental Health: is a consultative pediatric psychiatry service to be made available to all pediatric and family physician primary care provider practices (“PCPPs”) treating children and youth, under 19 years of age irrespective of insurance coverage. The purpose is to improve access to treatment for children with behavioral health or psychiatric problems, and to promote productive relationships between primary care and child psychiatry to support selective utilization of scarce resources. The program is designed to increase the competencies of Primary Care Providers to identify and treat behavioral health disorders in children and adolescents and to increase their knowledge/awareness of local resources designed to serve the needs of children and youth with these disorders. Category: Family Support and Family Preservation Target Population: All children and youth under 19 regardless of insurance coverage Geographic Area: Statewide Estimated Families Served: 5,000 calls/year

Early Childhood Services - Child FIRST - This service provides home based assessment, family plan development, parenting education, parent-child therapeutic intervention, and care coordination/case management for high-risk families with children under six years of age in order to decrease social-emotional and behavioral problems, developmental and learning problems, and abuse and neglect. Service Category: Family Support Population(s) to be served – High risk DCF involved children ages 0-6 with social-emotional, behavioral developmental and learning problems. Geographic areas where the services will be available -Statewide. Annual Unduplicated Children/Families Served: 1,200
Extended Day Treatment (EDT) - This service is a site-based behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to six months, a comprehensive array of clinical services supplemented with psychosocial rehabilitation activities are provided to maintain the child or youth in his or her home. The purpose of this service is to provide the clinical treatment and support necessary to successfully stabilize and maintain children/youth in their own homes and communities. These efforts focus on the prevention of hospitalization and out-of-home placement, unless clinically necessary; the provision of clinical treatment and specific behavioral assistance; and the engagement and support of families and caregivers. The primary goals include but are not limited to stabilizing the child/youth's symptoms and behavior; improving the child/youth's mental, emotional, and social well-being, thus increasing the level of overall functioning in the community setting, both at home and school; and strengthening the family by enabling the family/caregiver to manage the behaviors of the child/youth more effectively. Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services. Population served: Ages 5-17 Geographical Area: Statewide (15 sites) Annual Unduplicated Children/Families Served: 858
Family Based Recovery - This service is an intensive, in-home clinical treatment program for families with a child under the age of six years old (birth to 72 months6 years old) who are at risk for abuse and/or neglect, poor developmental outcomes, and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad. Category: Family Support Services and Family Preservation service. Population served: An infant (birth – 3 years) who is at risk of an out-of-home placement due to parental substance abuse. A parent who has used substances within the past 30 days. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 204
Family Support - This service provides coordination and facilitation of five parent support groups with goals of peer support, information on appropriate parenting skills, and education on the development of effective coping strategies. The five groups consist of (1) the CT Chapter of the National Alliance for the Mentally ILL, (2) a support group for mothers who have experienced a sexual assault in their pre-parenting years, (3) a parent education group, "Parents Night Out", (4) a parent /child play group for parents with children age birth to three years old that includes an "in home" education component, and (5) a Gamblers Anonymous support group.
Fatherhood Engagement Services – This service provides intensive outreach, case management services and 24/7 Dad© group programming to fathers involved with an open DCF case, as such services and service frequency are defined herein. The purpose of this program is to enhance the level of involvement of fathers in their DCF case planning, provision of services and positive parenting. Category: Family Preservation Population served: DCF-involved fathers and DCF-involved incarcerated fathers. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 340

First Episode Psychosis - This service identifies, refers, and follows-up on youth and young adult Medicaid clients ages 16-26 who have experienced a First Episode Psychosis (FEP) to provide early identification of FEP, rapid referral to evidence-based and appropriate services, and effective engagement and coordination of care which are all essential to pre-empting the functional deterioration common in psychotic disorders. Additionally, through trained FEP Peer Specialists, this service identifies, refers, and connects youth potentially experiencing FEP to specialty providers.
Foster and Adoptive Parent Support Services - This service, through a private statewide agency, provides support and training to foster and adoptive parents. Services include but are not limited to a buddy system; post licensing training; a quarterly newsletter; an annual conference; periodic workshops; respite care authorization; and a fiduciary role for open adoption legal services. In addition, support staff (i.e., "Liaisons") are posted in most of the DCF Area Offices in order to assist foster and adoptive families who call with questions or require resolution of individual issues. The Liaisons also assist DCF staff with area recruitment and retention activities and serve on committees where a foster / adoptive parent perspective is needed. Childcare is also provided to the licensed families at these support groups. Category: Adoption Promotion and Support Services service. Population served: All licensed families (all license types) Geographic area served: All areas of the state. Annual Unduplicated Children/Families Served: All licensed families (all license types)
Foster Care and Adoptive Family Support Groups - This service provides both avenue and childcare for support group meetings for foster care and adoptive families as a means to aid in the retention of foster homes and placement stability within foster and adoptive family settings. Childcare is also provided to the licensed families at these support groups. Category: Adoption Promotion and Support Services service. Population served: All licensed families (all license types) Geographic area served: Torrington, Waterbury Number of families to be served: Approximately 20 individuals at any given time.
Foster Family Support - This service provides a variety of support services to children in DCF care who are living with foster and relative families in Bloomfield. The support services include, but are not limited to individual, group and / or family counseling; crisis intervention, social skills development; educational activities; after school and weekend activities. Category: Adoption Promotion and Support Services. Population served: All licensed families (all license types) Geographic area served: Hartford Annual Unduplicated Children/Families Served:25
Foster Parent Support for Medically Complex - This service, largely through the organization of a group of volunteers, provides foster care recruitment, respite and support focused on maintaining and growing the number of foster and adoptive parents who work with medically complex children in the Waterbury and Torrington area office towns. There is a childcare/activity component to the program and a limited amount of money is available for participating foster parents. There are two yearly celebrations, a holiday party and annual picnic.
Functional Family Therapy (FFT) - This service provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance, or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence-based model known as Functional Family Therapy (FFT). 25% of the capacity is available to youth involved with DCF Juvenile Service - Parole. Length of service averages 4 months per youth served. Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings. Category: Family Support and Family Preservation service. Population served: Service is for DCF and non DCF involved youth ages 11-18 for whom there is a behavioral health diagnosis. Geographic area served: All areas of the state except for the New Britain catchment area. Annual Unduplicated Children/Families Served: 720

Functional Family Therapy Foster Care (FFT-FC) - This service is an intensive, structured, clinical level of care provided to children with serious emotional disturbance (SED) within a safe and nurturing family environment. Children in FFT-FC receive clinical FFT services while in care and daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. Children then receive FFT interventions with their biological family prior to reunification. Category: Family Support, Family Preservation, Time-Limited Family Reunification categories Population(s) to be served: Children with serious emotional disturbance (SED). Geographic area to be served: Statewide. Annual Unduplicated Children/Families Served: 555
Intimate Partner Violence (IPV-FAIR) - The goal of the service is to establish a comprehensive response to intimate partner violence that offers meaningful and sustainable help to families that is safe, respectful, culturally relevant, and responsive to the unique strengths and concerns of the family. This four (4) to six (6) month service provides a supportive service array of assessments, interventions, and linkages to services to address the needs of families impacted by intimate partner violence. The service will respond to both caregivers and the children. The Fathers for Change Promising Practice Model will also be offered through the IPV-FAIR Service. This service will offer intervention to fathers of children under age 10 who have been an offender of intimate partner violence and have co-occurring substance use issues. Safety planning will be at the center of the IPV-FAIR service provision. Category: Family Preservation, Family Support, Time-limited Family Reunification service. Population Served: DCF families and Community Support for Families Program families impacted by Intimate Partner Violence. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 475
Intensive Family Preservation - This service provides a short-term, intensive, in-home service designed to intervene quickly in order to reduce the risk of out of home placement and or abuse and/or neglect. Services are provided to families 24 hours per day, seven days a week with a minimum of 2 home visits per week including a minimum of 5 hours of face-to-face contact per week for up to 12 weeks. Staff work a flexible schedule, adhering to the needs of the family. A Standardized assessment tool is used to develop a treatment plan. As needed, families are linked to other therapeutic interventions and assisted with basic housing, education and employment needs including making connections with non-traditional community supports and services. Category: Family Preservation service. Population Served: The target population for this service includes DCF active in-home cases only. This service is delivered when there is an emerging removal concern for children from birth through 17 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 831
Intensive In-Home Child and Adolescent Psychiatric Services IICAPS - (Consultation and Evaluation) - This service provides program development, training, consultation, and clinical quality assurance for all Department of Children and Families (DCF) approved Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS) service providers. The IICAPS statewide providers work with children and youth who have returned or are returning home from out-of-home care and who require a less intensive level of treatment or are at imminent risk of placement due to mental health issues or emotional disturbances. Category: Family Preservation and Family Support. and Adoption Promotion and Support Services Target Population**:** Children and adolescents ranged in age from 4-18 years with complex psychiatric disorders. Geographic Area: Statewide Number of families to be served: 2100-2250 annually

Juvenile Review Board (JRB)
The Juvenile Review Boards (JRB) are organized groups of community volunteers such as police, youth service bureaus, schools, and agency professionals that work to divert children and youth from the juvenile justice system. Children and youth between the age of 7 and 17 that are first time misdemeanor offenders or that qualify under the Families with Service Needs (FWSN) statutes are eligible for JRB services.
Service type: Family Support, Family Preservation
Target Population: Ages 7 through 17 who have been referred to the Juvenile Review Board (JRB), are first-time offenders and have committed a misdemeanor offense or referred to court for behaviors under a Family with Service Needs ("FWSN") petition.
Geographic Area: Hartford, New Haven, and Bridgeport
Annual Unduplicated Children/Families Served: 600

Juvenile Review Board Support and Enhancements
Juvenile Review Board Support and Enhancement provides funding to local Juvenile Review Boards to create, support and enhance services delivered to youth served by the Juvenile Review Board (JRB).
Service type: Family Support, Family Preservation
Target Population: Ages 7 through 17 who have been referred to the Juvenile Review Board (JRB), are first-time offenders and have committed a misdemeanor offense or referred to court for behaviors under a Family with Service Needs ("FWSN") petition.
Geographic Area: Norwich, Willimantic, Middletown, New Britain, Meriden, Waterbury, Torrington, Danbury
Estimated Families Served: Not Available

Mental Health Consultation to Childcare - This service promotes and facilitates the early identification of behavioral challenges and mental health needs in children who participate in daycare and early childhood education settings. Once needs are identified, strategies which prevent children from disrupting from their homes and day care settings are implemented. Families are given opportunities to partner as active participants at multiple levels including home visits, center-based planning, child specific intervention strategies and collaborative planning and implementing strategies and activities within the classroom.
Category: Family Preservation; Family Support
Population(s) to be served - Early childcare and education staff, DCF-involved biological parents, foster, and adoptive parents, and any other caregivers in a child's life providing services to families and children ages Birth to 60 months (5 years old) and Birth to 72 months (6 years old) for DCF children in Foster Care, with challenging behaviors and/or social and emotional needs. Services may also be provided to DCF-involved women and their children housed in substance abuse residential programs.
Geographic area served – Statewide.
Estimated number of individuals and families to be served – 150 early childcare centers, 400 teachers and assistant teachers, 90 Core Classrooms, 1,200 children within the Core Classrooms, 120 "at risk of expulsion/suspension" children and 400 service visits to involved families per quarter.

Mobile Crisis - EMPS Crisis Intervention Service (EMPS) is a mobile crisis intervention service for children experiencing behavioral health or psychiatric emergencies. The service is to be delivered through a face-to-face mobile response to the child's home, school or location preferred by the family, or in rare situations through a telephonic intervention.
Category: Family Support Services and Family Preservation service.
Population: Any child 0-18 residing in the state of CT.
Geographic Area served: Statewide.
Number of children and families served: over 18,000 calls and over 12,000 episodes of care

Mobile Crisis - Statewide Call Center - This service is the entry point for access to the Emergency Mobile Psychiatric Service System for children and youth in the State of Connecticut. The Statewide Call Center receives calls, collects relevant information from the caller, determines the initial response that is needed, and links the caller to the information or service required. In addition to these primary functions, the Statewide Call Center also collects data regarding calls received, triage responses and referrals to EMPS contractors. The Call Center analyzes data and compiles reports for use by DCF, the Statewide Call Center, EMPS contracted service providers, and other entities as determined by DCF. The Statewide Call Center operates 24 hours per day, 365 days per year. Category: Family Support Services and Family Preservation service. Population served: Any child 0-18 residing in the state of CT. Geographic Area served: Statewide. Number of children and families served: over 18,000 calls.
Multidimensional Family Therapy (MDFT) - This service provides intensive home-based clinical interventions for children, ages **11 - 18**, with significant behavioral health service needs who are at imminent risk of removal from their home or who are returning home from a residential level of care. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. Staff work a flexible schedule, adhering to the needs of the family. Average length of service is 3 - 5 months per family. Family-based intensive in-home treatment for children & adolescents (aged 9 – 18 years) with significant behavioral health needs and either alcohol or drug related problems or are at risk of substance use. Category: Family Preservation service. Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs. Geographic Area – Statewide Annual Unduplicated Children/Families Served: 630
Multidimensional Family Therapy (MDFT) HYPE- This service supplements 4 existing MDFT Teams and blends three (3) evidence-based models, ATM works with youth who are or maybe using opioid drugs by providing comprehensive services to address this use and promote their on-going recovery. ATM offers a continuum of services for the youth and his/her family, including Multidimensional Family Therapy (MDFT), access to Medicated Assisted Treatment (MAT) if needed, & Recovery Management Check-ups and Support (RMCS) following the completion of the MDFT services. Category: Family Preservation service. Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs. Geographic Area – Middletown, Norwich, Willimantic, Danbury, Torrington, Waterbury, Meriden, and New Britain Annual Unduplicated Children/Families Served: 240
Multidimensional Family Therapy (MDFT) Quality Assurance - This service provides program development, training, clinical and programmatic consultation to statewide DCF funded Multidimensional Family Therapy (MDFT) providers that integrates the standards and practices consistent with MDFT requirements and MDFT quality improvement programming. In addition, this service provides program development, training, and clinical consultation for the Family Substance Abuse Treatment Services (FSATS) teams who serve the former Emily J class members. Category: Family Preservation service. Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs. Geographic Area – Statewide Estimated Individuals and Families to be served: 1,020

Multidisciplinary Examination (MDE) Clinic - This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening for children placed in DCF care for the first time. A comprehensive summary report of findings, compiled from the multidisciplinary team and written by the Foster Clinic Coordinator, is completed on each child referred for service. As appropriate, referral(s) to a specialized service are made.
Category – Family Preservation / Family Support
Population served – each child placed in an out of home setting.
Geographic area – Statewide
Number of children served: 1673

Multidisciplinary Team – This service promotes the coordination of investigations of and interventions for cases of child abuse/neglect among agencies, including DCF, police, medical, mental health, victim advocates, and prosecutors. Cases are referred to the regularly scheduled team meetings by DCF, law enforcement or other agency members of the team. A team Coordinator assumes the coordination and administrative responsibilities in addition to being an active member of the team. Training in aspects of child abuse and the investigation process is provided to the team members.
Service Category: All service Categories.
Population served: Any child in Connecticut that is a victim of sexual abuse including child sex trafficking, severe physical abuse, or death of a child.
Geographic area: Statewide, there are 15 MDTs throughout the state of Connecticut serving the entire state.
Number of children being served: The number is fluid; all cases of sexual abuse including child sex trafficking, severe physical abuse and death of a child is reviewed.

Multi-systemic Therapy (MST) - This service, using a national evidence-based treatment model, provides intensive home bases services to children who are returning or have returned from a residential level of care or are at imminent risk of removal due to mental health issues. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. This service promotes change in the natural environments … i.e., home, school, and community. Interventions with families promote the parent's capacity to monitor and intervene positively with each child and/or youth. The clinical supervisor and therapists have daily contact with each family served including providing 24 hour a day, 7 day a week access. The average length of service is 3 - 5 months per family.
Category: Family Support and Family Preservation service.
Target Population: Youth between 12-17 years old who have returned or are returning home from out-of-home care or who are at imminent risk of placement due to substance use, risk of substance use, or conduct disorders.
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Milford, New Britain, New Haven, Norwich, Waterbury, and Willimantic
Annual Unduplicated Children/Families Served: 90

MST - Building Stronger Families (BSF)- This service, using a national evidence-based treatment model, provides intensive family and community-based treatment to families that are active cases with (DCF) due to the physical abuse and/or neglect of a child in the family and due to the abuse of or dependence upon marijuana and/or cocaine by at least one caregiver in the family. Core services include clinical services, empowerment and family support services, medication management, crisis intervention, case management and aftercare. The average length of service is 6 - 8 months per family.
Category: Family Support and Family Preservation service.
Target Population: Families who have A child between 6 - 17 years old. An allegation of abuse or neglect within past 180 days, and at least one caregiver with alcohol or drug abuse related problems.
Geographic Area: Bridgeport, Norwalk, Norwich, Manchester, New Britain, Waterbury, New Haven
Annual Unduplicated Children/Families Served: 147

MST-Consultation and Evaluation - This service provides for clinical consultation to State-wide Court Support Services Division (CSSD) and DCF funded Multi-systemic Therapy (MST) providers in order to integrate the standards and practices consistent with MST Network Partnership requirements and MST quality improvement programming. In addition, the service provides training in the theory and application of MST for clinicians, supervisors, administrators, policy makers employed by DCF and its contracted MST providers.

MST- Emerging Adults - This service provides intensive individual and community-based treatment to transition-aged youth with multiple co-occurring disorders and extensive system involvement with the goal of reducing the young adult's substance use and mental illness symptoms, and promote gainful activity such as school, work, housing, and positive relationships. In addition to clinical work with a therapist, an MST-EA coach serves as a positive mentor and engages the young adult in prosocial, skill building activities. Treatment duration averages 7-8 months, with an additional 2-4 months (average) with the MST-EA coach. Sessions with the client occur 3-5 times weekly, depending upon the client's needs.
Category: Family Support and Family Preservation.
Target Population: Youth aged 17-20 years inclusive. Serious mental health condition and/or substance abuse disorder, and Involvement with JJ or CJ system
Geographic Area: Bridgeport, Hartford, Manchester, New Britain, Milford, New Haven, Waterbury
Annual Unduplicated Children/Families Served: 66

MST-Intimate Partner Violence - This service is an intensive, in-home clinical treatment program for families with active involvement in DCF due to physical abuse and/or neglect of a child in the gamily due to the impact of intimate partner violence within the family. MST-IPV is a treatment model that follows a set of 9 principles and a structured analytic process for assessing drivers of referral behaviors (intimate partner violence and child maltreatment), prioritizing risk factors, and implementing evidence-based interventions that directly address these risk factors. Importantly, MST-IPV maintains a strength focus and commitment to ongoing engagement with families and stakeholders. Key to the safety of children is intensive and ongoing safety assessments and interventions. In this atmosphere of focus on family strengths, engagement, safety, and sustainability of progress, MST-IPV implements interventions that are research supported for specific problems, and stem from behavioral, cognitive-behavioral, and family systems perspectives.
Category: Family Support Services and Family Preservation service.
Population served: Any DCF-involved family at a high risk of child safety due to previous intimate partner violence within the family.
Geographic area served: New Britain
Annual Unduplicated Children/Families Served: 21

MST - Problem Sexual Behavior- This service provides clinical interventions for youth who will be returning home from the Connecticut Juvenile Training School (CJTS) or a residential treatment program after having been identified as being sexually abusive or displaying sexually reactive and/or sexually aggressive behaviors and who have been assessed to need sexual offender specific treatment. The service is based upon an augmentation of the standard MST team model, an evidence based clinical model with an established curriculum, training component and philosophy of delivering care. The average length of service is 6-8 months per youth / family. All clients referred receive a comprehensive evaluation resulting in a multi-axial diagnosis and individualized treatment plan.
Category: Family Support and Family Preservation.
Target Population: Adolescents 10-17.5 years (exceptions for older youth on a case-by-case basis). Convicted and committed to DCF as delinquent due to a sexually abusive offense and who require sex offender specific treatment; or convicted and committed to DCF as delinquent and who display sexually aggressive/inappropriate behavior and who require sex offender specific treatment; or not convicted for sexual abuse specific offenses but this issue has been identified and other inclusion/ exclusion criteria are met.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 96

New Haven Trauma Network - The New Haven Trauma Network is a collaboration led by Clifford Beers Clinic that has four (4) components: Care Coordination, Short term assessment, screening, and direct service for children; Trauma informed training & workforce development. These Four Components will be a trauma-informed collaborative network of care to address adverse childhood experiences (ACE). The network will involve the Greater New Haven community and its focus aims to: a) Create a safer, healthier community for children and families; b) Reducing community violence; c) Reduce school failure and dropout rates; d) Reduce incarceration rates; e) Improving overall health of children and families; and f) Coalition or network infrastructure support.

Outpatient Psychiatric Clinic for Children (aka Child Guidance Clinic) - This service provides a range of outpatient mental health services for children, youth, and their families. Services are designed to promote mental health and improve functioning in children, youth, and families and to decrease the prevalence of and incidence of mental illness, emotional disturbance, and social dysfunction. DCF-involved children; referred through local systems of care, care coordinators, and Emergency Mobile Services; children who are the victims of trauma and/or physical and/or sexual abuse and/or neglect and/or witness to violence in the home or external to the home and/or who have experienced multiple separations from loved ones; children who are at risk of psychiatric hospitalization or placement into residential treatment; children being discharged from psychiatric hospitals or residential treatment; children with severe emotional disturbances such as conduct disorders and oppositional defiant disorders; children with significant, persistent psychiatric conditions; children who are court involved; children whose families are financially unable to obtain mental health services elsewhere in the community; children experiencing Reactive Attachment Disorders; children who experience Post Traumatic Stress Disorder; children who exhibit sexually reactive behaviors and children who exhibit sexually predatory behavior.
Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Target Population: Children 3-17
Geographical area: Statewide (27 sites)
Annual Unduplicated Children/Families Served: 13,327

Parenting Support Services - This service utilizes the evidenced-based models of Triple P (Positive Parenting Program®) of the University of Queensland, and Circle of Security to provide an in-home parent education curriculum along with support and guidance so that parents will become resourceful problem solvers and will be able to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Within the multi-tiered Triple P system, this service will use Triple P's Level 4 Standard and Level 4 Standard Teen courses. In addition to Triple P, this service will provide short term case management support to help parents fully utilize the parenting services.
Category: Family Preservation; Family Support
Population(s) to be served - Parents with children 0-17 years of age. Priority is given to parents involved with DCF or Community Support for Families. Caseload permitting and in consultation with the DCF area office, providers may serve parents referred by other community providers.
Geographic area served – Statewide.
Annual Unduplicated Children/Families Served: 1,845

Performance Improvement Center - This service, Performance Improvement Center (PIC), supports and sustains the delivery of high-quality Mobile Crisis Services and, Care Coordination (CC) throughout the state of Connecticut by directing and implementing quality improvement activities and standardized training and workforce development activities to Mobile Crisis, and Care Coordination contractors. Quality Improvement activities include the collection, analysis, and reporting of quality improvement data provided by the Mobile Crisis Call Center (211) and Mobile Crisis contractors (and sub-contractors) and the care coordination contractors. Monitoring and supporting Mobile Crisis and Care Coordination quality is provided by a combination of consultation, satisfaction surveys, fidelity ratings, and other activities. Training and workforce development activities for Care Coordination and Mobile Crisis include the provision of pre-service, in-service, and special topic training in the core competencies necessary to operate a quality service. Additionally, on-going monthly quality oversight through coaching and mentoring is provided for Care Coordination providers.
Category: Family Support and Family Preservation service.
Population: The contractors who provide Mobile Crisis and Care Coordination services to children and families in CT
Geographic Area served: Statewide.
Annual Unduplicated Children/Families Served: Mobile Crisis serves over 12,000 episodes of care and care coordination serves over 1,200 to 1,600 families annually.

Permanency Placement Services Program (PPSP) - This is a permanency placement service for DCF committed children who are considered difficult to place in adoption due to special needs. Services include completion of documents to legally free a child for adoption through Juvenile Court; recruitment, screening, home studies and evaluations; pre and post adoption placement planning and finalization services and reunification services with biological parents. A written service agreement, mutually developed between DCF and the provider, is made prior to the commencement of services, and includes the type(s) of service(s) to be provided and time to be spent on each service.
Category: Family Support and Adoption Promotion and Support Services Service.
Population served: any child in DCF care for whom adoption recruitment & preparation or child and family permanency work is necessary.
Geographic area served: Statewide.
Annual Unduplicated Children/Families Served: Not available. This number is fluid based upon the requested contracted service.

Prevention Care Management Entity- The Prevention Care Management program works with families, local providers, and DCF to ensure access for Connecticut's children and their families to parenting services, behavioral health services and other services that prevent instances of child abuse and neglect. The Contractor will provide assessment and intensive care coordination using a wraparound approach to achieve optimal outcomes for children, youth, and families through comprehensive needs assessments and the use of care management, service referral, and monitoring of ongoing progress of families for 3 distinct populations of children and families with no direct nexus to DCF oversight: Community Pathways Population: defined as children and families experiencing specific behaviors, conditions, or circumstances that are likely to have an adverse impact on a child's development or functioning, who do not fall under a Behavioral Health diagnosis and who do not meet the Target Population parameters for the Known to DCF cohort but are at increased risk for maltreatment, involvement with the child welfare system, or out-of-home placement; Known to DCF Population: defined as children and families for whom a DCF abuse and neglect investigation was unsubstantiated, but who are experiencing specific behaviors, conditions, or circumstances that could be mitigated by the provision of direct service intervention; and Behavioral Health Voluntary Population: defined as children and youth, with no nexus to DCF, who have a serious mental/behavioral health or Serious Emotional Disturbance (SED) diagnosis, who require services/supports to meet those needs for the primary purpose of receiving mental health or behavioral health related services.
Category: Family Support
Target Population: non-DCF involved youths through age 18.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 2,650

Quality Parenting Centers- This service provides a site-based supervised parent/child visitation program (Family Time) designed to provide a safe and comfortable place for parents to interact with their children. The Contractor utilizes coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent/child relationship.
Category: Family Reunification and Family Support service
Population(s) to be served - Families with children (from birth up to age 12) who were removed from home due to protective service concerns. Sibling groups in which one or more children are over the age of 12 may still be served through this program, at the discretion of DCF.
Geographic area served – Bridgeport, Norwalk, Milford, New Haven, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, New Britain
Annual Unduplicated Children/Families Served: 250

Residential Treatment Centers- This service is a congregate model of care that provides a diverse array of integrated behavioral and mental health treatment and rehabilitative support services for youth who have significant and complex emotional and behavioral disorders and their families/caregivers. DCF currently has a 143-bed capacity through 6 separate programs throughout the state, which includes Adelbrook, ASD, BGV, JRI, Rushford, and Waterford.

Reunification and Therapeutic Family Time – Reunification Readiness Assessment, Reunification Services, and Therapeutic Family Time are designed for families with children (from birth to age 17) who were removed from their home due to protective service concerns. These three service types are available to families as three separate components based on the needs of the family. Families can be referred for this service immediately following a child's removal from the home or at any time during their placement.

Reunification Readiness Assessment uses a standardized assessment tool to develop service plans. Therapeutic Family Time is made available for families and assists the provider in assessment by using the Visit Coaching model. This component provides feedback and recommendations to the Department regarding the family's readiness for reunification.

Reunification Services also uses a standardized assessment tool to develop the service plan, delivers a staged reunification model to support families throughout the reunification process, adopts the Wraparound Model design to engage the family and build their networks of support, delivers Therapeutic Family Time component using the Visit Coaching model and offers a Step-Down option, if families require additional supports.

Therapeutic Family Time – Uses the Visit Coaching Model, uses the Keys to Interactive Parenting Scale (KIPS), an evidence-based tool to effectively measure parent child interaction and parenting behaviors, preserves and restores parent/child attachment and facilitates permanency planning and emphasizes a continuity of relationships.

Category: Time-Limited Family Reunification and Family Support service.

Population Served – The target population includes only those families whose children are in imminent danger of out of home placement or cannot return home without intense services. Families to be served include biological and adoptive families referred by DCF and includes DCF active families only. For all services except Therapeutic Family Time, the permanency goal for the referred child must be reunification.

Geographic Area – Statewide

Annual Unduplicated Children/Families Served: 914.

SAFE Family Recovery – This program provides three (3) evidence-based approaches in order to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use. The three services are:

Screening, Brief Intervention, and Referral to Treatment (SBIRT) identifies adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment;

Multidimensional Family Recovery (MDFR) addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement;

Recovery Management Check-ups and Support (RMCS) provide support and ongoing assessment, facilitate involvement with pro-recovery peers and activities, detect return to use and other concerns, assertively link to services as needed, and promote positive family relationships.

Category: Family Preservation and Family Supports.

Target Population: DCF involved substance using parents and caregivers with children at home but at risk of removal.

Geographic Area: Statewide

Annual Unduplicated Children/Families Served: 1004

Specialized Trauma Informed Treatment Assessment and Reunification (STTAR)- This service is a temporary congregate care program that provides short-term care, evaluation, and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances. Staff provide empathic, professional child-care, and develop and maintain a routine of daily activities similar to a nurturing family structure. The children and youth receive assessment services, significant levels of structure and support, and care coordination related to family reunification, or matching with a foster family or a congregate care setting, as appropriate. DCF currently has a 35-bed capacity through 7 separate programs throughout the state

START- The Start program will provide an array of services for youth ages 16-24 who are homeless or at-risk of homelessness. Services will include outreach and survival supports for homeless youth in crisis or youth who have unstable housing in the Hartford are for up to two years with intensive case management support.

Category: Family Support

Population Served**:** homeless/at-risk of homelessness youth between 16-24 years old.

Geographic Area**:** Hartford

Substance Screening Treatment & Recovery for Youth (SSTRY) – this service provides two (2) distinctive services using three (3) evidence-based approaches in order to identify, engage in substance use treatment, and recovery support for adolescents and young adults impacted by substance use. The two services are Screening, Brief Intervention, and Referral to Treatment (SBIRT)- an evidence-based public health approach to identifying risky alcohol and other substance use and when appropriate using motivational interviewing to build a client's readiness to accept a referral to treatment; and Community Reinforcement Approach (CRA) Assertive Continuing Care (ACC)- an evidence-based behavioral therapy and recovery support intervention that seeks to use social, recreational, familial, school, or vocational reinforcers and skill training to replace substance use by emphasizing engagement in positive social activity, positive peer relationships, improved family relationships, and case management. Category: Family Support service Population Served**:** Substance using youth between 12-18 years old. Geographic Area**:** Statewide Annual Unduplicated Children/Families Served**:** 180
Statewide Family Organization - Statewide Family Organization - The Statewide Family Organization will provide three levels of service and support to families who have children with serious behavioral or mental health needs. At the direct service level, there are "Community Family Advocates" who provide brief and long-term support to parents and caregivers using a wraparound Child and Family Team meeting approach and a peer support and assistance framework. At the regional level, "Family System Managers" are responsible for working closely with DCF Regions and the Connecticut Behavioral Health Partnership (CT BHP) to assist them in developing linkages between local community groups and identifying and supporting informal support and service networks for families. At the statewide level, "Citizen Review Panels" are responsible for giving feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the public to enhance the ways families can positively impact the child protection and child treatment systems. Category: Family Support and Adoption Promotion and Support Services. Population served: They work with non DCF involved families in CT. Geographic area served: One contract Statewide for non DCF involved families. Annual Unduplicated Children/Families Served: 364
Supportive Housing for Families - This service provides subsidized housing and intensive case management services to DCF families statewide for whom inadequate housing jeopardizes the safety, permanency, and well-being of their children. Intensive case management services are provided to assist individuals to develop and utilize a network of services in the following areas: economic, social, and health. Housing is secured in conjunction with the family and the Department of Housing (DOH) provides a Section VIII voucher. Priority access is determined by the chronological order of referrals. Service Category: Family Support Population to be served: DCF involved families with housing barriers who are homeless or at risk of homelessness. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 500
Supportive Work, Education & Transition Program (SWETP) - This service is a community-based stand alone, staffed apartment program that serves adolescents, age 16 and older, who are committed to DCF. The program focuses primarily on the developmental issues associated with the acquisition of independent living skills, including but not limited to inter-personal awareness; community awareness and engagement; knowledge and management of medical conditions; and maximization of 1) education, 2) vocation, and 3) community integration. There is on site, awake supervision, 24 hours a day, and seven days a week. Activities involving resident youth are supervised and managed at a level consistent with the nature of the activity and the individual needs of the involved youth. Service Category: Family Support Target Population: Youth16 or older and Committed Abused, Neglected or Uncared For or Dually Committed to DCF Geographic Area: Statewide Annual Unduplicated Children/Families Served: 16 Beds

Survivor Care – This program is an intensive community-based program designed to help youth and their families/caregivers understand, respond to, and recover from the impact of human trafficking/commercial sexual exploitation (HT/CSE) victimization. This program provides Long-Term Therapeutic Case Management services including but not limited to information and referral services, crisis intervention and safety planning, individual counseling, and advocacy and accompaniment to medical, law enforcement, court, and academic appointments. The program also offers Rapid Responses which are one-time interventions that provide children and caretakers with information, safety planning, and referral services related to HT/CSE
Therapeutic Childcare - This service offers a range of support services for children in a childcare facility, including parent-child programs and an after-school program. The target population is children ages birth to 5 years old. The primary activity is the teaching of parenting skills as parents participate with their child in the childcare setting. With new understanding and skills on the part of the parents, DCF is less likely to become involved and children are less likely to be removed from the home. Category: Family Support, Family Preservation, Time-Limited Family Reunification categories Population(s) to be served: Children aged 0-5 with behavioral issues transitioning to regular day care or kindergarten. Geographic area to be served: Bridgeport, New Britain Annual Unduplicated Children/Families Served: 42
Therapeutic Group Home (TGH) MDFT- This service is a small (4-6 bed) staffed home within a local community designed for youth with psychiatric/behavioral issues (must have an Axis I diagnosis of a particular kind). Youth entering these homes come primarily from larger residential facilities. Therapeutic techniques/strategies are utilized in the relationship with the child/family, primarily through group, milieu experiences. The service provides an intensive corrective relationship in which therapeutic interactions are dominant, thereby assisting the youth in improving relationships at school, work and/or community settings. Appropriate linkages with alternative or transition services are in place prior to a youth's discharge. Aftercare services are provided for a period of 6 months post discharge. DCF currently has an 81-bed capacity through 21 separate programs throughout the state.
Transitional Supports for Emerging Adults - The goal of this program, operated under the Youth Village LifeSet model is to assist Emerging Adults with; securing suitable and stable housing, completing vocational and/or educational programs, obtaining sustainable employment, developing, and maintaining loving, supportive, and permanent adult relationships, and developing the necessary life skills to successfully transition from DCF services. Category: Family Support Target Population: Committed youths ages 17 to 21. Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich, Bridgeport, Danbury, Torrington, New Britain, Waterbury, Milford, and New Haven Annual Unduplicated Children/Families Served: 86
Work To Learn Youth Program - This is a youth educational/vocational program providing supportive services to assist youth, ages 14 - 23, to successfully transition into adulthood. The program provides training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Youth also have the opportunity to take part in on site, youth run businesses. The program provides youths with training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Category: Family Support and Adoption Promotion and Support Services. Target Population: Committed youths ages 14 to 23. Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich Annual Unduplicated Children/Families Served: 295

Youth Link Mentoring- Youth Link Mentoring is defined as a supportive long-term relationship with a caring adult who has attributes and qualities in common with LGBTQIA+ adolescents which may include gender identity, gender expression, race, and ethnicity. The program aims at maintaining these relationships on a long-term basis. Ideally, relationships evolve into permanent, life-long friendships. Category: Family Support and Family Preservation service. Population to be served: DCF involved adolescents ages 14-17 and 18-21 who remain involved with DCF following their commitments. Exceptions are made for younger youth or youth are not committed to DCF on a case-by-case basis. Geographic location: Statewide Annual Unduplicated Children/Families Served: 50
Zero to Three – Safe Babies – the Zero to three Safe Babies Project, provides for the coordination of services to parents and children younger than 36 months in order to help speed reunification or another permanency goal when the children have been placed by court order outside of their homes for the first time. These coordination efforts involve facilitating communication and cooperation among a "zero to three team" of stakeholders (e.g., court services, infant mental health, protective services, developmental screening) and the parent(s) to develop and expedite a case specific plan of action. Category: Family Preservation; Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support Services Population(s) to be served - parents, foster parents, and adoptive parents in the New Haven and Milford DCF area office service areas. Geographic area served - New Haven and Milford. Estimated number of individuals and families to be served – 40 children 0-3 years of age annually

Credentialed Service Array

After School Services - Provide a variety of youth-centered activities, clinical and non-clinical, that support positive development and complement school-day activities. This time-limited programming provides indoor and outdoor physical activities, creative experiences for self- expression, rest or quiet time, and individual and small group activities to meet the academic, physical, social, and emotional needs of the youth being served. All After School Programs provide a minimum of forty-five (45) minutes of educational programming and/or educational support and homework assistance (age and developmentally appropriate). These services are designed to address the individualized needs of children with a range of behavioral health needs. Category: Family Support Population served: Any DCF-involved child, 0-18 years of age. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 100
Animal Assisted Intervention- Animal-assisted interventions (AAI) are goal oriented and structured interventions that intentionally incorporate animals in health, education, and human service for the purpose of therapeutic gains and improved health and wellness. Mounting research reveals that the physical presence, touch, comfort, and safety that animal exudes is beneficial to many in need: children, veterans, the elderly, and the developmentally disabled. An AAI team consists of an animal and the animal's handler (often the owner) and the team is "registered" by an AAI organization that provides training and an evaluation of the team to determine readiness. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 0

Assessment & Perpetrator of Domestic Violence Assessment - Assessment of a child or youth, includes an initial face-to-face screening, additional face-to-face contacts with the individual and collateral contacts with family members, caretakers and other treatment providers, determination of the individual's strengths and limitations, development of a differential diagnosis, identification of any disability, determination of functional capacity, identification of natural supports and development of review of an individualized service plan. Assessment allows for reimbursement associated with the preparation of the assessment.
Category: Family Support
Population Served: Any DCF-involved child, 0-18 years of age.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 19

CHAP Case Management - CHAP (Community Housing Assistance Program) Case Management is a community-based program that provides case management, supervision, educational/vocational support or career development support, and life skills development services, utilizing the DCF approved Life Skills Program - Ansell Casey Life Skills, to youth living in a community housing environment.
Category: Family Support
Population served: Young Adults 18-21, committed to DCF care on their 18th birthday.
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 36

Community Based Life Skills- Community Based Life Skills are a set of skills learned by teaching or by direct experience. These skills are used to handle problems and questions commonly encountered in daily life from adolescence through adulthood. A community-based services model focuses on the development and enhancement of the participant's knowledge of essential life skills to promote preparation for adulthood and self-sufficiency. Through program design and content, the model goal is to support and maintain a youth's connection with the community as the youth mature. This service, through the use of the DCF approved Learning Inventory of Skills Training (LIST) assessment tool and experiential learning approaches, provides youth with a set of skills necessary to assist in their transition from DCF care to self-sufficiency. This service includes an individual life skills assessment, followed by individualized and small group experiential learning opportunities.
Category: Family Support
Population Served: Any DCF-involved child, 0-18 years of age.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 17

Supervised Visitation - Supervised Visitation, primarily a site-based service, is provided to facilitate contact between children or youth in out-of-home care and their biological parents, relatives, or significant others; to monitor this contact; and to report on the contact to the Department social workers. The Department Area Office must approve all sites.
Category: Family Support
Population Served: Any DCF-involved child, 5-18 years of age.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 327

Support Staff - Support Staff is a service designed to address the individualized needs of a child or youth who may be exhibiting mild to moderate challenging behaviors in the home, school, or community. This individualized support is provided by paid, trained, and supervised individuals. This service is provided typically for up to eight (8) hours per week per child or youth and includes a combination of structured and constructive activities consistent with identified case plan objectives. The service is multifaceted and should not focus on a single sport or activity. The service should assist each child or youth to develop skills that support good decision-making, prosocial choices, the refinement of pro-social behavior that foster independence and solidify acts and actions that replace problematic behaviors.
Category: Family Support
Population served: Any DCF-involved child, 0-18 years of age.
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 18

Temporary Care- Temporary Care is a service that provides a short-term break or intervention for a child or youth. This service should not be used in lieu of daycare services. Temporary care should be used as a time limited service while a more sustainable plan for care is developed. Some examples of appropriate use of temporary care include but aren't limited to; When a child/youth is on a school suspension; When a child/youth is removed on an emergency basis. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 20
Therapeutic Support Staff - Therapeutic Support Staff is a service designed to address the individualized needs of a child or youth. Current behavioral health diagnosis results in moderate to acute functional impairment which substantially interferes with, or limits, the child's or youth's role or functioning in family, school, or community activities. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 83
Transportation (General Livery)- General Livery provides general transportation for children and youth (not including school transportation). Livery transportation requires all credential providers/staff have a valid CT Driver's License and operate under Connecticut General Statute Sec. 14-44. Category: Family Support Population Served: Any DCF-involved child, 5-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 206
Transportation (School of Origin) - School Transportation provides transportation for children and youth to and from school. School Transportation requires all credential providers/staff have a valid CT Driver's License and operate under Connecticut General Statute Sec. 14-44. Category: Family Support Population Served: Any DCF-involved child, 6-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 1,040

Appendix B -Training Plan - Academy for Workforce Development Catalog

DCF Classes Given June 1, 2023 – April 30, 2024
DCF Staff = DCF Employees / Subject Matter Experts
Academy Staff = DCF Employees in the DCF Academy division
Consultants = University and/or Paid Consultants

In-Service Classes

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Assessing and Responding to Cannabis Legalization					
Participants will gain a better understanding of recent legalization of Cannabis, and the impact to case practice. Current information on cultivation, potency, and usage methods will be reviewed. This discussion-based training will include learning about the impact these changes have on child protection and parenting as a whole.	75%	Online Training	Consultants	All Staff	3
Bloodborne Pathogen Training					
The Bloodborne Pathogens training is intended for individuals who are trained as a CPR and/or first aid provider or have an identified job classification in which there are tasks or procedures that increase the risk of exposure to bloodborne pathogens. This course will provide knowledge to employees with an identified risk on how to avoid exposure to blood and other potentially infectious materials, and what steps will be taken if an exposure occurs.	50%	Held in House	DCF and Academy Staff	Social Work Staff	1
Case Planning: Boosting Your Understanding of the Practice					
The goal of this refresher course is to strengthen participant's skills in case planning practice, documentation, and development of the case plan document for in-home and out of home cases. Participants will explore their role as social workers or supervisors in completing and/or reviewing case planning work including the alignment of case work, documentation, supervision, and case plans. Participants will be able to describe and identify the elements of the family and child in placement case plans, including consideration of cultural factors, assessment domains, summary assessment, and action plans. Participants will be able to articulate the importance of securing and including family feedback and the child's perspective in the development and documentation of the case plan. Through a transfer of learning activity participants will practice writing part of a case plan assessment and develop an action plan related to an identified participant need for a parent, based on a case scenario	75%	Held in House	Academy Staff	All Staff	4
CFSR Reviewer Training Day 1					
This training is a 5-day series specific to the CFSR process and components. The series will have a full day CFSR overview with the 4 subsequent days being CFSR Transfer of Learning Labs which take a deeper dive into specific topic areas for reviews. This 6 hours in person training is to support participants in familiarizing themselves with the CFSR Process and the main components of conducting reviews.	75%	Held in House	DCF and Academy Staff	Social Work Staff	6
CFSR Reviewer Training Day 2					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This training is a 5-day series specific to the CFSR process and components. The series will have a full day CFSR overview with the 4 subsequent days being CFSR Transfer of Learning Labs which take a deeper dive into specific topic areas for reviews. This 3 hours in person transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on case related interviews, E Learning Academy module topics and test.	75%	Held in House	DCF and Academy Staff	Social Work Staff	3
CFSR Reviewer Training Day 3					
This training is a 5-day series specific to the CFSR process and components. The series will have a full day CFSR overview with the 4 subsequent days being CFSR Transfer of Learning Labs which take a deeper dive into specific topic areas for reviews. This 3 hours in person transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on safety, E Learning Academy module topics and test	75%	Held in House	DCF and Academy Staff	Social Work Staff	3
CFSR Reviewer Training Day 4					
This training is a 5-day series specific to the CFSR process and components. The series will have a full day CFSR overview with the 4 subsequent days being CFSR Transfer of Learning Labs which take a deeper dive into specific topic areas for reviews. This 3 hours in person transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on conflict of interest, E Learning Academy module topics and test. - 10/20/23- 9am-12pm Adina - Room 4	75%	Held in House	DCF and Academy Staff	Social Work Staff	3
CFSR Reviewer Training Day 5					
This training is a 5-day series specific to the CFSR process and components. The series will have a full day CFSR overview with the 4 subsequent days being CFSR Transfer of Learning Labs which take a deeper dive into specific topic areas for reviews. This 3 hours in person transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on item ratings and rationale statements, E Learning Academy module topics and test.	75%	Held in House	DCF and Academy Staff	Social Work Staff	3
CFSR Reviewer Training Day 6					
This 3 hours in person transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Breau with a focus on item ratings and rationale statements, E Learning Academy module topics and test.	75%	Held in House	DCF and Academy Staff	Social Work Staff	3
Changes to the Protective Order Registry (POR)					
Review recent policy changes and how the data from this system can be retrieved or shared	75%	Online Training	Consultants	All Staff	1
Child Trafficking - What it is; how to see it, and how to respond to it: Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This child trafficking curriculum will provide the fundamentals of both Child Sex and Child Labor Trafficking, as well as best practices in working with impacted youth and families. This training will occur over two days, three hours for each session. This course will help you to understand the dynamics of trafficking relationships that heighten barriers to disclosure; and to identify red flags for child trafficking, both overt and subtle signs in children and their families. This course will help you to gain skills to manage the complexities of a case involving child trafficking. Staff will participate in activities designed to develop engagement techniques with children and youth who may not be ready to accept help. Consideration will also be given to re-conceptualizing safety in a trafficking scenario and participants will explore the use of a safety contract with youth who are engaging in risky behavior. Finally, staff will be provided with information about trafficking	75%	Online Training	Academy Staff	All Staff	6
Child Trafficking - What it is; how to see it, and how to respond to it: Day 2					
This child trafficking curriculum will provide the fundamentals of both Child Sex and Child Labor Trafficking, as well as best practices in working with impacted youth and families. This training will occur over two days, three hours for each session. This course will help you to understand the dynamics of trafficking relationships that heighten barriers to disclosure; and to identify red flags for child trafficking, both overt and subtle signs in children and their families. This course will help you to gain skills to manage the complexities of a case involving child trafficking. Staff will participate in activities designed to develop engagement techniques with children and youth who may not be ready to accept help. Consideration will also be given to re-conceptualizing safety in a trafficking scenario and participants will explore the use of a safety contract with youth who are engaging in risky behavior. Finally, staff will be provided with information about trafficking	75%	Online Training	Academy Staff	All Staff	6
Clerical Staff - DCF 101: The Foundations of CT Child Welfare Practice					
This course will provide clerical staff with an opportunity to gain a broad understanding of the fundamentals of child protective services across agency functions. This course will stress the value and importance of the roles of DCF staff at all levels. Additionally, recent initiatives to improve the agency's practice will be reviewed. Clerical staff will also receive mandated reporter training to understand their own and other's obligations with regards to reporting instances of suspected child abuse or neglect.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff - Navigating Conflict					
The purpose of this training is to assist participants to develop knowledge and skills necessary for handling conflict that may arise in the workplace.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff – Nuts and Bolts					
The purpose of this training is to assist participants to develop knowledge and skills necessary for handling conflict that may arise in the workplace.	50%	Held in House	Academy Staff	Clerical Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Clerical Staff - Working Smarter Not Harder; Tips and Tools of the Trade					
The purpose of this training is to assist clerical staff in gaining an understanding of personal and professional awareness, organization, and commitment, and use the tools, methods and techniques in goal setting, prioritization, scheduling, and delegation to overcome time management challenges and enhance productivity.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff: Driving Your Journey - Professional Development Training for Clerical Staff					
The goal of this training is to support emerging clerical staff in driving their professional journey. The course will explore communication styles, understanding and development of effective leadership skills, true color personality assessments, interview preparation tips and assistance with understanding the need for a focus shift. This training will also include a mock interview to be scheduled following participation in the class.	50%	Held in House	Academy Staff	Clerical Staff	6
Community Child and Family Team					
This full day in person training will include permanency practices, the role of the facilitator, facilitation skills, youth engagement, restorative justice circle techniques, the DCF ACR pilot OMEGA and the teaming continuum.	75%	Held in House	DCF Staff	Providers	6
CP E-Filing Online Training					
A Walk through of the CP E-Filing System	75%	Online Training	DCF Staff	Social Work Staff	1
CPR/First Aid Certification					
CPR/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, provide assistance to a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety).	50%	Held in House	Academy Staff	All Staff	6
CT Drug Control: Licit and Illicit Substance Training					
The CT Drug Control Division works to protect the health and safety of Connecticut residents by regulating all persons and firms involved in the distribution of all legal drugs, medical devices, and cosmetics in Connecticut. In this training, participants will be able to identify and articulate the observable signs of substance impairment. Participants will learn the new terminology related to substance use. A portion of this training will offer licit and illicit substance exhibits. Participants will view the appearance, packaging, and common street names for licit and illicit drugs.	75%	Held in House	Consultants	All Staff	5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Finally, participants will be able to describe different licit and illicit substances and their effects.					
CT KIND ABCD Child Safety Practice Model Overview					
This course will orient participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions will be utilized to engage participants and develop knowledge.	75%	Held in House	Academy Staff	All Staff	2
CTU - Car Seat Installation					
This one-day course provides participants with a knowledge of the regulations regarding car seats, and hands-on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam, and hands on training for installing car seats while observed by a certified instructor.	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - CPR/FIRST/AED Refresher					
First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, provide assistance to a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety. This session will focus on those who have jobs in the Centralized Transportation Unit	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	6
CTU - Crisis Intervention					
In this session of the TAY series, participants will connect information from adolescent brain development to promote successful launch from DCF services. Through exploration of the case planning process, ACRs, and the new Omega process, participants will explore key considerations for preparing youth to launch from DCF care into adulthood. Use of the 800, the avenue toward re-entry, and the importance of holding a Vital Summit to clarify youth's plans will also be explored.	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	6
CTU - DCF 101 and Mandated Reporter Training (MRT)					
Two portions of this training. The DCF 101 training will describe the advances within the Department of Children and Families to maintain the safety, permanence, and well-being of the children and families the Department serves. This training provides an overview of current child welfare best practice social work case	0%	Held in House	Academy Staff	Newly Hired Central Transport	3

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
practice. The Mandated Reporter training will review the current requirements and responsibilities of being a mandated reporter.				ation Unit Staff	
CTU - Implicit Bias & Cultural Diversity					
To develop a self-awareness about our own culture, race, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Participants will: • Define Cultural Competence. • Define Racism and Structural Racism. • Discuss how diversity, race, and racism impact the work we do with our families. • Explore the benefits and challenges associated with diversity in the workplace. • Become familiar with the diverse makeup of the workforce in relation to the community we serve. • Discuss the factors causing a disproportionate representation of minorities involved in child protective services and the outcomes for children placed in foster care based on race. • Relate how our own culture impacts our perceptions and assessments. • Increase awareness of how biases and discriminatory practices impact the lives of people	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - Substance Misuse					
This training was created to expose CTU staff to an overview of the subject of substance misuse, including a definition of substance use/misuse, relapse, and recovery. The course provides information about the substances most prevalent in child welfare cases. Key elements of this training include identifying indicators of substance misuse, recognizing biases and prejudices pertaining to addiction, and identifying how safety and risk factors associated with substance misuse impact children at their different ages and developmental milestones.	75%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - Trauma Toolkit					
The Trauma Toolkit training was developed to educate child welfare professionals about the impact of trauma on the development and behavior of children. This program will explore the impact of child traumatic stress on attachment, cognitive development, behaviors, and relationships. Explore strategies for addressing physical and psychological safety in the wake of childhood trauma. Key domains for building resilience in response to past and future traumas will be outlined.	75%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU CPR/First Aid/AED					
First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, provide assistance to a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety. This session will focus on those who have jobs in the Centralized Transportation Unit					
Cultural Diversity and Inclusion for New Hires					
To develop a self-awareness about our own culture, race, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Participants will: • Define Cultural Competence. • Define Racism and Structural Racism. • Discuss how diversity, race, and racism impact the work we do with our families. • Explore the benefits and challenges associated with diversity in the workplace. • Become familiar with the diverse makeup of the workforce in relation to the community we serve. • Discuss the factors causing a disproportionate representation of minorities involved in child protective services and the outcomes for children placed in foster care based on race. • Relate how our own culture impacts our perceptions and assessments. • Increase awareness of how biases and discriminatory practices impact the lives of people	75%	Held in House	Academy Staff	New Employees	3
Cultural Diversity and Inclusion for New Hires TOT					
: Participant will be asked to conduct a self-awareness about their own culture, race, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Through this train-the-trainer program, participants will also learn how to conduct portions of the Implicit Bias Training curriculum, in which participants draw upon research-based findings to apply for identifying and managing implicit bias. Participants will receive strategies for minimizing the effect of bias in themselves and learn how measure their implicit bias based on race, religion, gender, and a vast array of other areas. Finally, participants are provided the opportunity to "teach back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors.	75%	Held in House	Academy Staff	Solnit Staff	6
Cultural Diversity and Inclusion for New Hires TOT - Day 2					
Finally, participants are provided the opportunity to "teach back" a component of the curriculum of the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Cultural Diversity and Inclusion for New Hires training.	75%	Held in House	Academy Staff	Solnit Staff	6
Domestic Violence within the LGBTQ+ Community					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This training is designed to provide context for understanding domestic violence within the LGBTQAI community, how gender identity, expression and sexual orientation can be used as methods of control, examine individual beliefs and attitudes that can affect your ability to respond to LGBTQAI victims, and recognize particular risks encountered by the LGBTQAI community in regard to domestic violence.	75%	Online Training	Consultants	All Staff	1
DRS - Best Case Practice Day 1					
Enrollment into the first class gets you automatically enrolled into the remainder of training dates The Academy for Workforce Development is responsible for the provision of in-service training for Differential Response System staff that includes skill-building techniques to enhance their investigative and assessment skills. The Academy offers a ten-day certificate program for newly assigned DRS Unit staff, as well as those staff interested in pursuing positions in a DRS unit / workgroup. Best practice principles are discussed for both Intake and Family Assessment Response, along with strategies for assessing safety, safety planning, critical thinking, involving families in the assessment of their own needs, and numerous other areas. All classes are taught by academy staff and adjunct trainers who specialize in certain topic areas. Topic To Be Discussed in This 10 Part Series Will Be The Following: • Best Practice - Far •	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	6
DRS - Best Case Practice Day 2					
The second day of training will complete the continuum to case disposition. The day will start with a focus on documentation, supervision and follow up. Case disposition is guided by the SDM Risk Assessment. The Risk Assessment tool with be reviewed and keys to appropriate use provided. This orientation of the DRS will be concluded with case disposition (substantiation/un-substantiation, referral to services, open or close). This training will be delivered virtually through Microsoft Teams.	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	6
DRS - Child Trafficking					
This course provides the fundamentals of both understanding the issue of child trafficking and best practices in working with a youth and family affected by it. The emphasis is on the intake worker. Participants will be able to identify potential child trafficking issues with existing families, will understand when to contact the DCF Careline, and to know how to manage the complexities of a case involving a child trafficking survivor. Participants will practice engagement techniques including the use of case scenarios that will bring this work to life.	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	4
DRS - CT Drug Threat and Drug Endangered Children					
This half-day training is delivered in partnership with the CT State Police. During the course students will learn the most up to date information around substances treating or clients/communities and the efforts to confront these challenges through collaboration between the Department and law enforcement. This training will be delivered virtually through Microsoft Teams.	75%	Online Training	Consultants	Newly Assigned Investigation Social Work Staff	3
DRS - Health and Wellness					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and well-being issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care.	75%	Online Training	DCF Staff	Newly Assigned Investigation Social Work Staff	4
DRS - Intimate Partner Violence					
This course provides participants with information on Intimate Partner Violence (IPV) and how it will apply to an intake worker. Through group activity, lecture, and supplemental video clips, participants explore and discuss commonly held myths pertaining to IPV; gain an understanding of the various terms being used within the field; and discuss the numerous warning signs and types of abusive behavior that are present in relationships characterized by IPV.	75%	Online Training	DCF and Academy Staff	Newly Assigned Investigation Social Work Staff	4
DRS - Legal Issues					
This training will assist DRS staff in further understanding the OTC process, as well as address rules of evidence in CPS investigations. The training is also designed to assist DRS staff in conducting investigations and Family Assessment Responses in a manner that is acceptable for judicial review and becoming more familiar with the different court systems	75%	Online Training	DCF and Academy Staff	Newly Assigned Investigation Social Work Staff	4
DRS - Racial Justice					
The Racial Justice training has been developed to address disproportionality in the Child Welfare System. Intake workers set the tone for a family's experience with the Department and need to have the tools to engage case participants regardless of race in a respectful and productive manner. This training will explore themes associated with disproportionally and how to overcome them as we work toward to becoming a racially just organization.	75%	Online Training	DCF and Academy Staff	Newly Assigned Investigation Social Work Staff	3
DRS - Sexual Abuse - Minimal Facts for First Responders					
The "Minimal Facts for First Responders" curriculum is designed to assist DRS staff in the investigation of childhood sexual abuse. Defining "Minimal Facts," discussion of dynamics of childhood sexual abuse, and the importance of collaboration between law enforcement and DCF will be discussed. Skill-building related to interviewing will be a focus of this training.	75%	Held in House	Academy Staff and Consultants	Newly Assigned Investigation Social Work Staff	4
DRS - Special Qualitative Review					
We have partnered with Special Qualitative Review (SQR) team to bring participants a training to include infant fatality, chronic neglect, and fatherhood. Through this training participants will become aware of the themes contributing to infant fatality and chronic neglect to build their assessments around highlighting and addressing these concerns effectively and without delay. This training will be offered virtually through Microsoft Teams.	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	3
DRS - Substance Abuse					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course is designed to enhance the participants' investigative and assessment skills related to substance use in adults and adolescents. Substance use or misuse plays a critical role in child welfare and impacts decisions related to maintaining a child safely at home and timely reunifications, as well as recurrence of maltreatment and re-entry into out of home care. Participants will be exposed to validated tools used to screen adults and adolescents. Techniques on increasing insight and awareness regarding substance use and motivation toward behavioral change will be shared and practiced. The course will conclude with a discussion on statewide resources and DCF funded services. This training will be delivered virtually through Microsoft Teams.	75%	Held in House	Academy Staff	Newly Assigned Investigation Social Work Staff	6
DRS - Worker Safety					
This ½ day training is designed to help DRS staff tune into good, safe investigation practice and to recognize potentially dangerous situations. Practical tips to enhance personal safety will be discussed. This training will be delivered virtually through Microsoft Teams.	50%	Held in House	Academy Staff	Newly Assigned Investigation Social Work Staff	2
Early Childhood Development: Childhood Development Milestones and Basic Baby Care					
The growth and development milestones of children birth through five years of age will be explored as well as some of the factors that may impact typical/atypical development. This training will also consider what can cause the derailment of a child's development; and how a parent/caregiver can manage some of the challenging behaviors of young children. Do you want to know or refresh your memory and skills on how to care for an infant, change a diaper, feed, hold, or burp an infant? Then, this course is designed to demonstrate those tasks as well. Understanding why the early years are critical and the importance of providing the proper and practical care of our young children will aide participants in this training to better assess the basic needs of children.	75%	Online Training	Consultants and Academy Staff	All Staff	3
Early Childhood Development: Understanding the Science of Attachment and Engagement					
Course Description: Understanding the theory of attachment and the impact of this important developmental process in early childhood is crucial to the DCF worker's casework and other providers working with child and family; as well as documentation, and the decision-making process at every point of the case involvement: Removal and placement, Case planning, Court appearances, Father Engagement, Visitation and family time, Reunification, Adoption & Termination. Participants will build upon previously gained knowledge of attachment theory as it applies to working with young children and their families involved with the DCF system. Participants will be introduced to the concept of the Circle of Security Parenting and how the Circle is "always taking place" in the lives of children and adults.	75%	Online Training	Consultants and Academy Staff	All Staff	3
Effective Interviewing: How to Gather Accurate Information Safely					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The Academy for Workforce Development and the CT State Police Department will introduce basic interviewing techniques that can be used in a traditional or nontraditional interview setting. Training participants will be provided with interviewing tools to obtain a true accounting of the facts and circumstances involving and surrounding the reported situation or incident. In addition, participants will learn the proper techniques to work through some levels of resistance in interviewing. By the conclusion of this training, participants will be able to prepare, plan and execute an interview with a case participant with confidence	75%	Held in House	Consultants and Academy Staff	Social Work Staff	6
Engaging Fathers and other Men Who Use Violence					
This training will focus on engaging fathers and other men who use patterns of coercive control in their intimate relationships. Participants will discuss people who use violence. Participants will also discuss how to the socialization of men impacts the use of violence in adulthood. Participants will ensure they are engaging with children in a safe manner accounting for their mental health needs. Also, during this course there will be an opportunity to practice and build skills around engaging fathers and other men who offend.	75%	Online Training	DCF and Academy Staff	All Staff	4
Excel Basics					
This hands-on course equips you with essential skills to navigate Excel, from data entry and formatting to basic calculations and data analysis. Whether you're a beginner or need a refresher, this training provides a solid foundation for organizing, analyzing, and visualizing data effectively to enhance your productivity.	50%	Held in House	Academy Staff	All Staff	3
Faces and Voices of Recovery: Peer Support Core Competencies					
In this presentation, participants will learn to identify the applicable skills and field examples for each of the Peer Support Core Competencies. Attendees will examine their practice with alignment towards Peer Support Core Competencies and understand where improvements can be made. They will learn to demonstrate the application of relevant core competency field examples in their practice and service delivery	75%	Online Training	Consultants	Social Work Staff	3
Faces and Voices of Recovery: The Impact of Burnout - Compassion Fatigue and Secondary Trauma					
Compassion Fatigue is real and prevalent for those working in the human services field or any other role that is focused on caring for others. It is now considered an organizational contagion. Its insidious quality can corrode the individual's emotional, mental, and physical health. It also can destroy relationships, family, and career. If compassion fatigue is not recognized and addressed, it can lead into complete burnout. This training is essential for anyone working with vulnerable populations. Many people who have chosen to work in this field have experiential expertise in trauma. This elevates the for developing compassion fatigue. Compassion Fatigue can be detrimental to their emotional, physical, and mental health. Learn about the risks, symptoms, and solutions to keep you healthy and balanced while you help others.	50%	Online Training	Consultants	Social Work Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Don't let the "cost of caring" take away the very reason you came into this field.					
Foster Care Leadership Summit					
This summit was held for all mid to senior level staff within the agency. The Summit provided the audience with information pertaining to the foster care division. This included but was not limited to explanation of CKIN, Queen Ester project, Functional Family Therapy, Caregiver Advisory Committee. Folks were challenged to think about their interface with the division, and their contribution to move these elements forward.	75%	Held in House	DCF Staff	Managers	6
Improving Observation & Documentation Skills through Practice					
In this course participants will enhance their observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. Participants will visit real-life settings, such as Hartford Hospital, Criminal Court, and Bushnell Park and practice observing human behavior in that setting. They will be encouraged to take notes, but not interact with others, only observe. After the observation time, participants will return to the Academy and interpret their observations through writing, using an unbiased and objective lens. Participants will integrate their observations into written documentation and practice writing in a clear and accurate manner. They will conduct peer-reviews on each other's work. Finally, participants will submit their documentation to the trainers for review. The trainers will review the work and provide feedback to the participant and his or her supervisor.	75%	Held in House	Academy Staff	All Staff	6
Infant Mental Health Training Series – Observing Parents/Caregivers-Child Relationships					
The training provided to DCF/EHS/HS/HV staff and community partners by the Connecticut Association for Infant Mental Health (CT-AIMH) will seek to integrate information about the relationships between infant/toddlers and their caregivers in a practical way. Session 7: In this training, we focus on Recognizing our own triggers and vulnerabilities, managing reactivity, and moving from reactivity to reflection and fine-tuning observation skills using multiple video case presentations for viewing and learning	75%	Held in House	Consultants	Social Work Staff	6
Infant Mental Health Training Series – Reflective Practice, How Infant Mental Health Principles Can Be Integrated in the Workplace					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The training provided to DCF/EHS/HS/HV staff and community partners by the Connecticut Association for Infant Mental Health (CT-AIMH) will seek to integrate information about the relationships between infant/toddlers and their caregivers in a practical way. Session 8: Participants will gain an understanding of the concepts embraced in reflective practice (respect, relate, reflect and repair), in practicing responses that promote reflective practice, and in developing plans for infusing reflective practice in their workplaces. They will also gain an understanding of IECMH Endorsement®, best practices in Reflective Supervision/Consultation and be offered an opportunity to participate in a RS/C group for the next 12 months	75%	Held in House	Consultants	Social Work Staff	6
Informational Session: Programming Updates, New and Emerging Practices with the Adolescent Population					
The session will provide an overview of the lessons learned from the first round of the ACR OMEGA pilot and inform staff about pilot 2 starting now with youth in QRTP 16 and over. Staff will learn about the addition of Community Child and Family Team Meeting practice, which is being added to our existing team continuum. Program staff trained as facilitators will outreach and prepare participants for team meetings and run large team meetings, preferably at a setting chosen by the youth/family. We will discuss the communication and teamwork needed to connect DCF SW run permanency team meetings, ACR meetings and C-CFTM meetings. The informational session will also include an overview of Restorative Justice Circle practice, presently in practice in our STAR programs, we will discuss the overlap of RJ circle practice, a child and family teaming and ACR OMEGA. There will be reminders about the QRTP Steps and Aftercare plans and services.	75%	Held in House	Academy and DCF Staff	All Staff	3
Intake Social Work Supervisor Training: Function Specific Learning for new Supervisors					
"Build a strong Unit! This training is intended for DCF Supervisors who are newly promoted and/or newly transitioned to the Intake function. Supervisors who attend this training will become more familiar with their supervisory roles and responsibilities as it relates to the Differential Response System (DRS) as well as supervising Investigations and Family Assessment Responses in accordance with DCF Policy and Practice. This training includes the following topics: • How data informs DRS • Routine and field supervision • Case trajectory from the call to careline to the case disposition • Intake specific LINK tasks • Safety and Risk assessment with utilization of SDM tools and the Child Safety Practice Model • Integration of policies, operational definitions, and practice guides into supervisory oversight of DRS case work • Advancing anti-racism in DRS work • How cognitive bias impacts case decisions	75%	Held in House	Academy Staff	Supervisors	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Intersectionality: Dissecting Social Identity to Produce Better Outcomes for Families					
This training aims to provide participants with a deep understanding of intersectionality, its relevance in child protection, and practical strategies for incorporating intersectional perspectives into their work. It combines theoretical knowledge with interactive activities, case studies, and discussions to create a well-rounded and impactful learning experience. In addition, staff will be provided essential information that is needed when it comes to creating a diverse and inclusive workplace.	75%	Held in House	Academy Staff	All Staff	6
Introduction to Pivot Tables					
A Pivot Table report is an interactive table that quickly combines and compares large amounts of data. This hand-on course will introduce participants to this useful tool and create an opportunity for practice using Pivot Tables. Participants will discover how Pivot Tables can be created and used with data from existing DCF reporting areas (ROM/LINK/ETC), as well as how to choose the fields to be included. Participants will understand how to select from the Functions that are available to summarize results in a Pivot Table, and how this tool can be used to enhance their use of data.	50%	Held in House	Consultants	All Staff	3
Kronos - Employee Guide					
This is an e-learning session on how to use Kronos from an employee perspective.	50%	Online Training	DCF Staff	All Staff	0.5
Kronos - Supervisor Guide					
This is an e-learning session on how to use Kronos from a supervisor perspective.	50%	Online Training	DCF Staff	Supervisors	1
Kronos- Supervisors - End of Pay Period Timecard Review					
This training is designed as a pop in session for DCF Supervisors to ask a Kronos Experts question on reconciling timecards for the current pay period. Supervisors can also join in to listen to questions others have and how these questions are answered.	50%	Online Training	DCF Staff	Supervisors	1
Kronos Video - Supervisors					
This e-learning session will review some of the processes of how to use Kronos from a supervisor perspective	50%	Online Training	DCF Staff	Supervisors	1
LAS: Leading Change					
In this module, we will focus on phased implementation, the five stages of change, using a racial equity lens, transformational leadership, and effective communication.	50%	Held in House	Academy Staff	Supervisors	6
Leadership Series: The Science of Positivity - Session 4					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
An essential task of leadership is being able to balance building a high performing team while also fostering a positive team culture. Many leaders struggle with that balance, and the result can be poor performance, lack of engagement or both. The goal of this session is to introduce you to scientifically proven approach to fostering positive team culture that can easily be incorporated into supervision, team meetings, and other team activities that you're already doing.	75%	Held in House	Consultants	Managers	6
Leading Difficult Conversations about Social Justice					
This training for supervisors focuses on leading and facilitating difficult conversations in the area of social justice. These include individual supervision and within teams. We will use an approach to leadership that begins with the personal and extends to the professional. Personal histories, identities, characteristics, and psychological experiences of supervisors, as well as structural and environmental conditions of the organization, are considered in these discussions. This perspective promotes the role of the supervisor as a leader in establishing a culture within their team that is responsive to and inclusive of the positionalities and unique experiences of clients and colleagues. The training focuses on when, where and who; on preparation, leadership, and follow-up. It includes practice through role play and knowing the procedure if an injustice is identified. Supervisors are encouraged to remain vigilant in their commitment to social justice by leading their teams	75%	Online Training	Consultants	Supervisors	3
Leading From a Supervisory Perspective: Making the Transition to Supervisor					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: From Writing an Evaluation to Writing a Work Plan and Everything In Between					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: Supervision through Leveraging Technology					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: The Human Relationships of Supervision					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: The Process of Supervision					
This course addresses the following topics: Overview of the Yale Supervision Model, four quadrants of supervision and explore themes to apply to each quadrant, learning styles, finding balance, and developing strategies, review of narratives, LINK work, and tracking systems to inform supervision, writing the supervision note, and using Group supervision to assess and educate and deepen their understanding of casework.	75%	Held in House	Academy Staff	Social Work Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Learning Lab - Microsoft 365					
"Learning Lab - Microsoft 365" is designed to provide focused, hands-on training tailored to your unique learning objectives, including support for specific projects. Through one-on-one or small group sessions, participants will dive deep into Microsoft 365's cloud-based applications and functionalities. Whether you're looking to enhance real-time collaboration across Office apps, manage files efficiently with OneDrive and SharePoint, or seek guidance on leveraging Microsoft 365 for an upcoming project, this lab offers the personalized support you need. Adapted to fit your pace and specific requirements, our lab ensures a customized learning journey, empowering you to maximize productivity and collaboration skills in the cloud.	50%	Held in House	Academy Staff	All Staff	3
Learning Lab - Microsoft Office					
Are you having a hard time getting some peace and quiet to focus on a large project that is due? Would you like the support of an IT professional to turn that Power Point presentation or Excel spreadsheet into something extraordinary or more user-friendly? If you answered "yes!" to either of these questions, the "Learning Lab – Microsoft Office" course is a perfect opportunity for you. Designed as an "open lab" where participants bring their own work materials, it is an opportunity to accomplish work on a specific project or presentation with the support of the DCF Academy IT Consultant. Registration in advance is necessary, and class size is limited due to the nature of the course.	50%	Held in House	Academy Staff	All Staff	4
Let's Talk Tuesday: The ABCD Child Safety Practice Model and our Transitional Aged Youth					
How do you assess safety for your TAY youth? How can the ABCD Paradigm and Discussion Guides help support safety planning with our TAY youth? Let's Talk about your real-life experiences with using the ABCD paradigm in safety planning with Transitional Aged Youth and Families.	75%	Online Training	Academy and DCF Staff	All Staff	1
Let's Talk Tuesday: Voices From Our Community Providers					
This virtual meeting will discuss the ABCD Child Safety Practice Model from the lens of our Community Providers. The agenda will include review of the paradigm, Discussion Guides, as well as a dialogue with participants to explore successes, challenges or changes faced while implementing this model in the field.	75%	Online Training	Academy and DCF Staff	All Staff	1
Let's Talk Tuesday: Voices from the Field					
This virtual meeting will discuss the Connecticut ABCD Child Safety Practice Model. The agenda will include review of the paradigm, as well as a dialogue with participants to any early successes or changes faced while implementing in the field.	75%	Online Training	Academy and DCF Staff	All Staff	1
LINK for Non-Caseload Carrying Staff					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
During this course, participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS), also known as LINK as it relates to their role and function as a non-caseload carrying staff. Participants will learn the general functions of LINK, including search functions, general tab functions, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice searching cases, individuals, placements, legal status, and providers; entering narratives with accurate narrative type selection.	75%	Held in House	Academy Staff	All Staff	3
Lived Experience of Vicarious Resilience Among Child Welfare Professionals					
This half day virtual will present information regarding professional staff who work with families who face adversity and suffering and develop resilience may encourage professionals to examine their values and find positive meaning in their own life. This phenomenon is known as vicarious resilience. During this training, the following topics will be discussed: 1) Enhanced understanding of vicarious resilience 2) Enhanced knowledge of vicarious trauma 3) Increased knowledge of what contributes to sustainability in trauma-exposed professions 4) Important information for agencies on cultivating resilience in the workplace and among trauma-exposed professionals.	75%	Online Training	Consultants	New Social Worker Staff	3
Making the Most of Your Time: Effective Time Management and Organizational Tools					
The goal of this training is to enable DCF social workers to maximize their use of their time to accomplish critical work tasks; and to offer participants methods to decrease deadline related stress and reduce the need for paperwork related overtime. This will be accomplished by offering participants the opportunity to reflect on how they are currently using their time and explore options to increase their productivity through a better understanding of their inner and outer environments. The training will offer concrete tools and methods to increase the effective use of their time. Educational Objectives: OBJECTIVES • Participants will be able to identify the critical tasks of their work and be able to estimate the average amount of time needed for priority tasks. • Participants will be able to identify methods for decreasing distractions and minimizing interruptions. • Participants will be able to identify ways to create a personal environment that supports productivity	50%	Held in House	Academy Staff	All Staff	6
Medical Marijuana in CT					
This webinar will provide an overview of CT Medical Marijuana Law by the Department of Consumer Protection (DCP). This webinar will provide information on the current legislation, covered conditions, how to obtain a medical marijuana card, what a medical marijuana card looks like, CT dispensaries, and other information that is relevant to understanding Medical Marijuana in Connecticut.	75%	Online Training	Consultants	All Staff	0.5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Mentee Orientation					
The orientation training will provide mentees with an overview and understanding of the history of the program, mentoring relationships, program requirements, and the mentoring process. There will be a panel discussion from previous mentees discussing their experience in the program.	50%	Online Training	DCF and Academy Staff	All Staff	3
Mentor Orientation					
The orientation training will provide mentors with an overview and understanding of the history of the program, understanding mentoring vs. supervision, effective mentoring relationships, program requirements, and the mentoring process, examples of mentoring activities, and general guidelines. Participants who have previously mentored may be asked to provide insight as to their experiences being a mentor.	50%	Online Training	DCF and Academy Staff	All Staff	1
Mentoring Professional Development Day 1 at the Wilderness School					
Professional Development Day 1. The morning will be an opportunity for the Mentees and Mentors to learn about the agency's Safe and Sound Culture, a presentation on Authentic Leadership and group discussions. The afternoon will be an opportunity for building the relationship between mentee/mentor.	50%	Held in House	DCF and Academy Staff	All Staff	6
Mentoring Program - Closing Ceremony					
A time for the mentors and mentees to come together, present and reflect on their experiences together over the last 9 months.	50%	Held in House	DCF and Academy Staff	All Staff	3
Mentoring Program Kick Off					
The Kick-off will provide mentees and mentors an opportunity to learn of the expectations during the upcoming cohort, overview of the program, their roles and responsibilities in the mentee/mentor relationship, upcoming activities, and reviewing of forms. Mentees and mentor will be connected with their match. Ice breaker activities will occur. Break-out sessions will occur to provide an opportunity for introductory meet and greet between the mentee and their mentor.	50%	Held in House	DCF and Academy Staff	All Staff	3
Mentoring Program: Professional Development Day 2					
Participants will learn about the legislative process, role of DCF, and upcoming bills affecting the agency. They will also learn about the SQR process and current trends. In the afternoon, participants will engage in a panel presentation about QPI. The day will end with discussion and activities about presentation skill development.	50%	Held in House	DCF and Academy Staff	Social Work Staff	6
Microlearning Labs: DOCUMENTATION: JUST ENOUGH OF THE RIGHT DETAILS					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This interactive MLL is focused on Intake protocol. Writing tips on creating a clear, concise document with the right details are included in this MLL. Explore how small changes can enhance writing and improve the reader's ability to understand the important aspects of the case.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: INTERVIEWING CHILDREN: HOW SHOULD I ASK THAT?					
This MLL focuses on the uniqueness of children when preparing for an interview. This MLL will explore how age, development, trauma, and leading questions can impact information gathering. Participants will gain concrete guidance on gathering information from children.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: SDM Safety Planning					
Weather, Situation, and Time-Proof the Safety Plans made with families. This MLL gives participants an opportunity to practice creating realistic, doable, specific interventions that mitigate immediate safety concerns.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: Supervision in the virtual population					
Supervisors who attend this MLL will review the Four Quadrants of Supervision and be provided resources in how to navigate supervision in the virtual environment.	50%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: THE C IN THE ABCD Paradigm: ASSESSING YOUNG CHILDREN					
Some of our most vulnerable are the infants and young children we work with. This MLL will demonstrate how existing resources and guides can be used to strengthen the assessment and documentation related to safety, attachment, health, and development of children ages 0-5.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: UNASKED, UNKNOWN AND ASSUMED: ASSESSING SAFETY FROM THE SWS LENS					
Supervisors who attend this MLL will become more familiar with their supervisory roles and responsibilities as it relates to assessing safety. Supervisors will practice guiding staff through assessing safety using the SDM and ABCD Paradigm tools.	75%	Online Training	Academy Staff	Social Work Staff	1.5
MICROSOFT 365: ENHANCING PRODUCTIVITY AND COLLABORATION					
This hands-on course introduces DCF employees to Microsoft 365, its core apps, and tools, as well as providing a foundational understanding of what "the cloud" is and how it functions. This course aims to empower participants with the knowledge and skills needed to leverage available technology to enhance productivity and enable effective, real-time collaboration.	50%	Held in House	Academy Staff	All Staff	3
Milford Book/Media Guided Discussion on Racial Justice					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Participants engaged in discussion around how to have conversations about race at work and how to make these conversations planned rather than spontaneous. Also discussed words and phrases that have racial undertones and what is no longer appropriate to say in the workplace as they could be offensive to people. This group and discussion give staff an opportunity to have discussions about race in a safe setting where questions can be asked, and each person can learn from one another.	50%	Held in House	DCF Staff	All Staff	1.5
Mindfulness: The Practice of Being Present					
From Merriam Webster Dictionary: Mindfulness - "the practice of maintaining a nonjudgmental state of heightened or complete awareness of one's thoughts, emotions, or experiences on a moment-to-moment basis" In this course, we will explore the definition of mindfulness and delve into the benefits of developing a mindfulness practice. We will learn about the Buddhist roots of mindfulness and how it became a secular wellness strategy in the United States. In this course, we will explore the use of mindfulness in therapeutic modalities. We will also learn and practice several different mindfulness activities that can be easily incorporated into our busy and stressful DCF lives!	50%	Online Training	Academy Staff	All Staff	3
Motivational Interviewing					
Persuasion vs. Empowerment! This session will be an overview of the skills and techniques that give peers in recovery the tools and confidence to make their own healthy choices. Participants will gain an understanding of dynamic techniques such as reflective listening, using open-ended and meaningful questions, and the guiding principles of motivational interviewing.	75%	Online Training	Academy Staff	All Staff	3
Motivational Interviewing Skills that Promote Peer Empowerment					
Persuasion vs. Empowerment! This session will be an overview of the skills and techniques that give peers in recovery the tools and confidence to make their own healthy choices. Participants will gain an understanding of dynamic techniques such as reflective listening, using open-ended and meaningful questions, and the guiding principles of motivational interviewing.	50%	Held in House	Consultants	Social Work Staff	6
Now and Zen: A Time For Gratitude					
Now Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath, and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect The week's practice offers at a time for gratitude.	0%	Online Training	DCF Staff	All Staff	0.25
One Note					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This OneNote training will go over the basics of OneNote and its functionality for your role. OneNote will enhance your productivity and can be a game changer for your work. In this half day session, you will learn how to take notes and share them using Microsoft OneNote. Explore interface features and the latest workflow enhancements with this note-taking app. You will learn easy ways to format your text, organize notebooks by sections, pages, and sub-pages, use templates, and integrate your notes with Outlook.	50%	Online Training	Academy Staff	All Staff	3
One on One - Car Seat Refresher					
This course provides social workers with a refresher of the regulations regarding car seats, and hands on training for the proper installation of car seats.	50%	Held in House	Academy Staff	All Staff	1.5
One on One Coaching - Ongoing Social Workers					
This training is provided as a support to Ongoing Social Workers who require support/refresher training in the role and responsibility of the Social Worker position. Coaching is provided around organization, time management and to reinforce or increase the knowledge of SDM tools with focus on Safety Assessment, Safety Planning, Family Strengths and Needs Assessment, Risk Reassessment and Reunification Assessment as requested by the assigned Supervisor or as needed.	50%	Held in House	Academy Staff	All Staff	1.25
Our Stories Have Power - Day 1					
There is no more potent weapon against stigma than the thousands of people that have been trained using the Our Stories Have Power recovery messaging tools. They are sharpening their skills as recovery communicators, learning how to tell their story with a purpose.	75%	Online Training	Consultants	All Staff	4.5
Our Stories Have Power - Day 2					
There is no potent weapon against stigma than the thousands of people that have been trained using the Our Stories Have Power recovery messaging tools. They are sharpening their skills as recovery communicators, learning how to tell their story with a purpose.	75%	Online Training	Consultants	All Staff	4.5
Overview of the Evidence-Based In-Home Family Treatment Service Array					
Viewers will learn about the rich service array of Evidence-Based Treatments (EBTs) for children and families in CT. They will receive a brief overview of each EBT's target population, service framework and process. The training also offers strategies to guide the matching process of connecting youth and families to the program best matched to their specific treatment needs and an introduction to the Assisted Intervention Matching (AIM) Tool.	75%	Online Training	Consultants	RRG	2
Probate Matters					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course is designed to assist ongoing Social Workers assigned to Probate Court cases to perform expected roles and tasks. Participants will receive a foundational framework for understanding the legal context of Probate Court cases. Participants are provided an overview of the Probate Court system in Connecticut, in contrast with Juveniles Court Matters, learn the importance of making well informed assessments and recommendations to Probate Court. Participants will understand the need to provide clear and consistent communication with the Probate Court to support the courts' ability to reach conclusions that are in the best interest of the children and their families being served. Finally, participants will also receive instructions on how to present during testimony at Probate Hearings.	75%	Held in House	Academy Staff	All Staff	6
QPR (Question, Persuade, Refer) Suicide Prevention Training					
QPR is a suicidal thinking, behavior, attempts prevention training for participants to be able to recognize the warning signs of Suicidal Thinking, Behavior, Attempts and question, persuade, and refer people at risk for Suicidal Thinking, Behavior, Attempts for help. Participant will be trained in the following:	75%	Held in House	Academy Staff	All Staff	3
Quality Parenting Initiative (QPI) 101					
QPI is a national movement for foster care change, made up of a network of states, counties and private agencies committed to ensuring that all children in care have excellent parenting and lasting relationships so they can thrive and grow. QPI is built on the belief that excellent parenting with strong, positive relationships is the best intervention we can offer children to enable them to heal as they grow up to become adults. Creating a system that ensures excellent parenting requires the support and involvement of birth families, relative caregivers, foster families, young people, and others in the child welfare system. Research has demonstrated that children and youth need consistent and effective parenting to thrive. When parents cannot care for their children, another caregiver, in partnership with the child welfare system, must be able to provide loving, committed, and skilled care that enables the children to feel trust in their relationships with the adults in their lives.		Online Training	Academy Staff	All Staff	3
Racial Equity Learning Collaborative					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The Academy for Workforce Development in conjunction with the Office of Multicultural Affairs/Diversity and Equity at the Connecticut Department of Children and Families has identified a need to bring staff across the agency into a facilitated community that elevates issues of racial equity from conversation to practice. Based on data gathered from the 2022 Training Needs Survey, The Academy for Workforce Development in conversation with the Office of Multicultural Affairs/Diversity has identified racial equity as a Learning Collaborative to be designed for supervisors and managers. This Learning Collaborative on Racial Equity is intended to deepen conversations, open a space for personal and professional self-reflection, and support the development of systems thinking beyond conventional training. Managers and supervisors from the area offices, central office and facilities will participate in a five -part curriculum in order expand courage, bravery, and reduce shame and guilt so	50%	Online Training	Consultants	All Staff	2
Recertification First Aid/ CPR Adult, Child, and Infant AED					
Recertification First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, provide assistance to a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety	50%	Held in House	Academy Staff	All Staff	3
Restorative Justice - Leadership Overview					
Restorative Justice Overview training for leadership. RJ leaders within DCF and the STAR programs will receive an overview prior to the full 2-day training. Co-trained by Dr. John Ducksworth (Center for Children's Advocacy) & Suffolk University's Center for Restorative Justice.	75%	Held in House	Consultants	All Staff	3
Restorative Justice - Training Day 1					
Restorative Justice 2-day training. DCF and STAR program staff will receive this cross-agency training on Restorative Justice. Co-trained by Dr. John Ducksworth (Center for Children's Advocacy) & Suffolk University's Center for Restorative Justice.	75%	Held in House	Consultants	All Staff	6
Restorative Justice -Training Day 2					
Restorative Justice 2-day training. DCF and STAR program staff will receive this cross-agency training on Restorative Justice. Co-trained by Dr. John Ducksworth (Center for Children's Advocacy) & Suffolk University's Center for Restorative Justice.	75%	Held in House	Consultants	All Staff	6
SDM Structured Decision Making - Safety Assessment Tool Online Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This self-paced module will introduce the Safety Assessment tool and the benefits that will occur by it being used by the agency.	75%	Online Training	DCF and Academy Staff	All Staff	0.5
Secondary Traumatic Stress: Understanding The Impact on Professionals in Trauma-Exposed Workplaces					
During this full day training, participants will learn the impact of Secondary Traumatic Stress. This training will outline specific strategies to strengthen protective factors to prevent, identify, and address STS in the workplace. Through case examples, participants will learn who is at risk, organizational and individual factors related to STS, and how to approach support staff wellness.	50%	Held in House	Academy Staff	All Staff	6
SES: Summer Safety					
Summer is here, and our families may not be aware of all the dangers that summer brings to children. When we think of summer, we think of swimming and being in the sun. This session is designed to give you information to provide to your families so that they are best prepared to provide the supervision and oversight needed as the weather gets warmer. We know that pools and bodies are water led to drowning every summer. Children are drawn to the sound of other children playing outside, and they may leave the home unattended which places them in danger. Children also fall out of windows when they push on screens. Children are left in hot cars, which is another cause of death in the summer. We will discuss screen and door lock safety, campfire/grill safety, bicycle safety, playground safety, car safety and supervision in order to educate parents about the risks that summer brings to children.	75%	Online Training	DCF Staff	All Staff	1
SQR Learning Forum: Death by Suicide					
The forum will explore the themes found in SQR cases involving death by suicide in youth. Participants will gain a level of comfort in screening for suicidality, knowing the risks, and planning with families. Taking into consideration: • Age, Development, Child Vulnerability • Caregiver Protective Capacity • Culture/Equity Influencers • Potential Referrals/ Community Resources • Partners Participants will gain additional knowledge on community resources/supports for families	75%	Online Training	DCF Staff	All Staff	3
Supervising Trainees: Developing the Workforce					
This course is designed to provide DCF supervisors with knowledge needed to perform the duties of a training unit supervisor. The class will explore how meeting the unique needs of newly hired social work staff fits into the Department's existing supervision model, specifically coaching and communication. We will define the various processes and responsibilities surrounding preservice training including; academy policy, training curriculum, role of liaison, pre & post testing, trainee observations and transfer of learning activities.	50%	Held in House	Academy Staff	Supervisors	6
Supporting LGBTQ+ Youth					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
All youth in care need nurturing homes that provide them with a safe place to process their feelings of grief and loss, freedom to express who they are, and structure to support them in becoming responsible, healthy adults. Creating a welcoming foster home for LGBTQ youth is not much different from creating a safe and supportive home for any youth. This virtual training will provide information on recognizing Sexual Orientation, Gender, Identity, and Expression (SOGIE) Diversity. In addition, this virtual training will also provide information on behavioral risks and protective factors pertaining to the LGBTQ+ population.	75%	Online Training	Consultants	All Staff	1
Supporting your Team through Group Coaching: Modeling Work-Life Balance					
This series is geared toward all PS and SWS interested in learning how to provide coaching support to their staff, with an emphasis on those leading trainees. This session is focused on the role work-life balance has on job satisfaction, performance, and retention. We will explore the ways in which participants practice work-life balance and how it is and can be modeled for staff.		Online Training	Academy Staff	Supervisors and Managers	1
Supporting your Team through Group Coaching: Shadowing your Staff in the Community					
For all Training PS and SWS interested in learning how to provide coaching support to their units. The first topic in this series is focused on shadowing staff as they work in the community. Participants will explore the value of shadowing staff and barriers/solutions for including this in practice.	50%	Online Training	Academy Staff	Supervisors and Managers	1
Team Building					
The Academy can offer professional coaching, integrated group supervision and team building. These sessions explore the essentials that team members and leaders need to understand for team success. Included in the session is discussion around the four stages of team development and how to understand and deal with different personalities on the team. Additionally, small group work identifies strengths and needs of the team. The results are developed into a plan of action and commitment based on personal ownership.	50%	Held in House	Academy Staff	Supervisors and Managers	6
The Next Step: Exploring the Transition toward Supervisor while Enhancing your Leadership					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Ready for the next step? Is it the right time to make the transition to Supervisor? What can you do now to showcase your leadership skills today and build on them for the future? Preparation for the role of supervisor should start well before you apply for the position. This in-service training will discuss the roles, responsibilities, and competencies of being a supervisor. You will have the opportunity to explore your learning and leadership style, as well as discuss the roles they play. The process toward becoming a supervisor will be examined to include exam preparation, interviewing, and what qualities and experience are valued in the process. The class will include a virtual mock interview as well as an opportunity for an individual virtual mock interview at a later scheduled date for participants interested.	50%	Held in House	Academy Staff	All Staff	6
The Office of Immigration Practice at DCF					
DCF serves all families in Connecticut, regardless of immigration status. The foundation of DCF's immigration policy is that DCF never reports immigration status to the federal government (Immigration and Customs Enforcement, aka ICE). In this three-hour virtual training, participants will review and receive information on DCF Policy 21-13, Immigration. In addition, immigration terms will be defined, immigration data will be analyzed, and immigration law will be discussed. Immigration and issues related to social work practice with our transitional aged youth population and unaccompanied minors will be reviewed. We will also consider the impact of complex trauma on immigrant children and their families, and how professionals might develop trauma-sensitive practices with immigrants. Finally, we will talk about benefits, services, current challenges, and new developments within the immigrant population of Connecticut.	75%	Held in House	DCF Staff	All Staff	3
The Power of Words: The Long-Term Implications					
The words we choose and how we use them can build others up or tear them down; bring the community together or rip it apart. In this training, participants will explore how types of racial discrimination, and specifically those enacted through generalized statements, impact the lives of families of color and provide hands-on knowledge and strategies to approach, address, and intervene when such acts are present.	75%	Held in House	Academy Staff	All Staff	6
The Professional Business Writing Workshop					
The following topics will be discussed during this workshop: o Quality and effectiveness of written communications o Ways to make business documents powerful, persuasive & professional o Up-to-date references for correct writing strategies o How to master practical writing tasks o Ways to apply workshop skills to on-the-job writing tasks o Basics of sentence structure and punctuation in writing o Understanding and profiling your audience of Using the active voice in writing o Gaining impact with visuals o Communicating sensitive, negative, or personal messages o The Three C's – Clear, Concise and Complete **This training will occur at Tunxis Community College, Bristol Branch 430 North Main St. Bristol, CT 06010	50%	Held in House	Consultants	All Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The Project Find: Forensic Interviewing for Individuals with Disabilities					
The Project FIND half day virtual training is designed for individuals working on multi-disciplinary teams (MDT's) and in other service organizations seeking to gain additional information about the risk factors, realities, and strategies for working with individuals with disabilities and individuals with mental health disorders. The training is founded in forensic interviewing best practices with considerations and adaptations to account for individual disability, mental health disorder, language capacity and cultural background.	75%	Online Training	Consultants	Social Work Staff	3
The Role of Substance Use Disorders and Management in the Family Unit					
This training will explore substance use disorders and how this affects the family unit. This will include brain development, neurobiology, and the implications of drug tests.	75%	Held in House	Consultants	Social Work Staff	3
The Science of Addiction & Recovery					
SOAR is a curriculum developed in collaboration with the National Institute on Drug Abuse (NIDA). This training provides individuals with a better understanding of the science behind addiction and recovery. While experience changes beliefs, the facts about how substances dramatically affect the brain are a key component in helping the public understand the recovery process.	75%	Online Training	Consultants	Social Work Staff	3
The Trauma of Homelessness: The Impact on Very Young Children and Families					
This training opportunity is for individuals who are seeking to broaden their knowledge on the topic of the impact of trauma and homelessness in early childhood. Training Objectives: • Understand the Relationship Between Homelessness & Trauma • Learn How Homelessness Impacts Attachment Relationships, Early Development & Learning • Understand the Definition of Homelessness & the Basics of the McKinney Vento Law • Learn Successful Strategies for Engaging Families	75%	Held in House	Consultants	All Staff	3
Transitional Aged Youth Series - Module 1 - Adolescent Brain Development - Day 1					
This is the first class in the Transitional Aged Youth Service. You only need to register for one class, and you will be placed in all the other sessions. • Adolescent Brain Development/Trauma/ and its impact on the work of the TSS worker: o Brain Development and Adolescence o Development within Context of Racism o Adolescent Parents o Transitional Age Youth and LGBTQ+ Identity	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 1: Adolescent Brain Development – Day 2					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This two-day class focuses on the brain development of adolescents and the correlation between that process and behaviors and challenges often experienced in work with adolescents in the child welfare system. This class will help participants understand how their own current beliefs and attitudes about adolescence impact our work and to consider socio-cultural assumptions and implicit biases when working with young people. The activities explore the impact of trauma and racism and provide guidance on how to employ effective practices to help young people understand their experiences and to heal and grow. Embedded in the materials are strategies for engaging in youth-adult partnerships and promotion of positive youth development.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 2: Engaging Empowering and Supporting TAY in their Identity Development					
Participants will be guided through an exploration of key factors in the development of individual identity that occurs in adolescence. The conversation that began in session 1 regarding the impact of racism on development will continue with focus on strategies to promote positive development of self and of a supportive community, with the conversation expanding to the importance of actively supporting racial identity for all youth. The importance of inclusive identity development will expand to our work with LGBTQIA+ youth. The class will round out with the role of positive youth development activities and program in building competence, confidence, connections, caring, and character in our youth.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 3: Building the Team for a Successful Launch					
In this session, participants will learn to build a partnership with our Transitional Aged Youth based on knowledge of adolescent emotional development. The class will explore the value of youth self-determination, understand how trust is built, and provide the opportunity for youth to explore goals in a supportive environment to launch the youth toward adulthood. Time will be afforded to consider the unique type of support needed for our youth in populations traditionally minimized in our culture. The importance of inviting the youths voice through authentic engagement will be present throughout the training day. This work will be done within the framework of supporting the TAY in developing a team which can provide support and guidance beyond their time with DCF.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 4: Skill Development, Natural Supports, and Permanency: Fostering the TAY 's Launch into Adulthood					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This class focuses on the crucial role of securing permanency for the youth we work with an emphasis on a rounded sense of permanency, to include relational permanency. Agency expectations and legal standards regarding permanency and addressing barriers to permanency are explored. Also explored are the considerations to take when assessing the roles individuals in a youth's lives can play, both in formal permanency plans and in supporting the youth's acquisition of permanency through other relationships. Participants will be introduced to the Foster Club Permanency Pact. The vital importance of keeping the youth's voice at the center of our permanency work will be discussed throughout the session.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 5: Case Planning & Re Entry: Launch Pad					
In this session of the TAY series, participants will connect information from adolescent brain development to promote successful launch from DCF services. Through exploration of the case planning process, ACRs, and the new Omega process, participants will explore key considerations for preparing youth to launch from DCF care into adulthood. Use of the 800, the avenue toward re-entry, and the importance of holding a Vital Summit to clarify youth's plans will also be explored.	75%	Held in House	Academy Staff	Social Work Staff	6
Understanding Fentanyl					
This course allows the learner to identify the risks of fentanyl use and exposure, ways to recognize and reduce risk of overdose, and tools for assessing families affected by opioid use disorder.	75%	Online Training	DCF Staff	All Staff	0.25
Understanding Our Work With Children and Families Within the Deaf and Hard of Hearing Population					
Given Social Work Staff have a legal and ethical obligation to address the needs of diverse clients through nondiscriminatory stands and with a culturally competent lens this 3-hour interactive webinar was crafted to support staff in developing and/or boosting an awareness on the specialized needs related to work within the Deaf and Hard of Hearing Population. The goal of four staff is to gain insight and an understanding of the Deaf and Hard of Hearing Community to strengthen their ability to appropriately assess and meet their needs. Through interactive case scenarios and stimulation, participants will be able to: Recognize unique struggles and needs affecting Deaf and Hard of Hearing individuals Clarify departmental expectations based on ADA requirements Identify the differences in cross cultural communication between the hearing and Deaf community Know the importance of appropriate language when classifying Deaf and/or Hard of Hearing individuals	75%	Online Training	Academy Staff	All Staff	3
Unique Dynamics of Kinship Full Day Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
At the national and state level there is increasing recognition of the importance of safe family relationships to ensure children's success and well-being. Recognizing the critical role family plays, child welfare systems must strive to identify, locate, and engage kin to support children at all stages of the casework process. This training addresses the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples will be used to assist participants in applying key best practice approaches and strategies. Special topics include differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency.	75%	Online Training	Academy Staff	All Staff	6
URF- For Providers					
This training will provide providers with an overview of the URF creation and use.	50%	Online Training	DCF Staff	Providers	0.25
Using your Leadership Attributes to Navigate Through Difficult Times					
The two- hour training for supervisors and program supervisors focused on the development of a common definition of leadership, and the importance of understanding their leadership attributes. Participants were also able to look at those attributes and determine the best way to utilize those leadership skills to guide staff. They also gained more insight into ways to build a team that pulls on the strengths of the individual so that they are positioned in a way that allows them to be productive and contributors towards the work.	50%	Held in House	Academy Staff	Supervisors and Managers	2
What You Need to Know About Serving Children with Developmental Disabilities within Child Protection					
The purpose of this course is to enhance participant's capacity to engage, assess, advocate, and ensure appropriate service provision for children with developmental disabilities and their families. Participants will strengthen their understanding and language regarding developmental disabilities while exploring their own implicit biases regarding persons living with disabilities. Specific laws and policies will be reviewed, as well as techniques for interviewing children with developmental disabilities. Participants will leave with a deeper understanding of the four most common developmental disabilities encountered in the child welfare field.	75%	Held in House	DCF and Academy Staff	All Staff	6
Worker Safety Use of Authority and De-escalation Training for On-going Staff					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-awareness, client awareness and environmental awareness. The day includes a discussion on crisis formation and suggestions for de-escalating a client that is presenting as anxious or defensive. The training will provide social workers with skills necessary to de-escalate anxious or defensive case participants and/or avoid aggressive case participants as well as potentially dangerous situations when they occur. Participants will be able to practice these learned skills in a simulated environment.	75%	Held in House	Academy Staff	Social Work Staff	6
Youth with Problem Sexual Behavior: The Child Protection Response					
Cases involving youth with problem sexual behavior are often complex and assessing the strengths and needs of the youth and family, while ensuring safety, can be a difficult task. This curriculum is designed to dispel myths and misconceptions about youth who display problem sexual behaviors, provide strategies to positively support children and families dealing with issues of problem sexual behaviors and build the capacity of staff to accurately assess a family's safety needs, with particular attention to the assessment of family systems, sibling separation and parental protective capacities. Participants will also gain insight into current understandings of and options for treatment.	75%	Held in House	Academy Staff	All Staff	4

***Mandated Reporter Trainings*:**

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Identification and Prevention of Adult Sexual Misconduct Against Children Training for School Employees					
This asynchronous Training course is designed for participants to learn the new bystander responsibility and reporting, prevention, and victim support requirements. School Employees will recognize how to help prevent and respond to child sexual abuse and assault, as well as explore and identify appropriate interactions between adults and children in the school setting. Legal requirements as a mandated reporter are discussed in detail, as well as enhancing participants' global understanding of the child welfare system. This training is mandated and is not a substitute for the Mandated Reporter Training for School Employees.	75%	Online Training	DCF Staff	Providers	0.5
Introduction to Child Trafficking in Connecticut for Schools					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This curriculum is designed to enhance individuals that work in school settings' understanding of Child Exploitation and Trafficking. Included: • Federal and State Legislation on Human Trafficking • Prevalence of Child Trafficking in the U.S. and Connecticut • Two primary types of trafficking will be discussed in detail - 1) Labor Trafficking and 2) Sex Trafficking • Pathways to Victimization including What makes a Child Vulnerable • Who are the Perpetrators • Impact to the Victims • Red Flags for both Labor and Sex Trafficking • Educators will learn how they can intervene if they believe a child may be a victim of Exploitation or Trafficking • Prevention strategies will be shared that can be implemented in Schools and in the Community The training is 2 hours, and the materials utilized are videos and PowerPoint.	75%	Online Training	DCF Staff	Providers	2
Mandated Reporter - 2023					
This asynchronous Mandated Reporter Training course is designed to provide DCF Staff with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training program to enhance participants' global understanding of the child welfare system, as well as DCF staff's role and responsibilities as a mandated reporter.	0%	Online Training	Academy Staff	All Staff	1
Mandated Reporter - 2023 (School)					
This asynchronous Mandated Reporter Training course is designed to provide the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training program to enhance participants' global understanding of the child welfare system, as well as school employee's staff's role and responsibilities as a mandated reporter.	0%	Online Training	Academy Staff	All Staff	1
Mandated Reporter - 2023 (Spanish)					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This asynchronous Mandated Reporter Training course is designed to provide DCF Staff with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices is also contained in the training program to enhance participants' global understanding of the child welfare system, as well as DCF staff's role and responsibilities as a mandated reporter. *This Version is in Spanish - Text and Audio*	0%	Online Training	Academy Staff	All Staff	1
Mandated Reporter - Train the Trainer (TOT) - Day 1					
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This two-day course will develop and enhance participants' presentation and training skills and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	6
Mandated Reporter - Train the Trainer (TOT) - Day 2					
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This two-day course will develop and enhance participants' presentation and training skills and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	6
Mandated Reporter - Train the Trainer (TOT) - ONE Day					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This 1-day course will develop and enhance participants' presentation and training skills and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach back" a component of the curriculum in the afternoon and receive immediate feedback from other participants as well as the instructors. Upon successful completion of this one-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	6
Mandated Reporter Trainer - Recertification					
This Refresher virtual Mandated Reporter Training course is designed to provide participants with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices is also contained in the training program to enhance participants' global understanding of the child welfare system.	0%	Held in House	Academy Staff	Social Work Staff	2

Mandatory / In-Service

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
ABCD Child Safety Practice Model					
This course will orient participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.	75%	Online Training	Academy Staff	All Staff	2
Alternative Caregiver Arrangements Facilitated Discussion - Bridgeport					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Alternative Caregiver Arrangements Facilitated Discussion - Careline					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Hartford					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Manchester					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Meriden					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Middletown					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Milford					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - New Britain					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Norwalk					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Norwich					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Torrington					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Alternative Caregiver Arrangements Facilitated Discussion - Waterbury					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Alternative Caregiver Arrangements Facilitated Discussion - Willimantic					
Facilitated discussion led by area office leadership, legal, and academy staff to understand the expectations of the newly released Alternative Caregiver Arrangements (ACA) policy. Participants will engage in discussion about practice implications for the ACA policy.	75%	Held in House	DCF and Academy Staff	All Staff	1.5
Implicit Bias Training					
"Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. The goal of this training is to learn about implicit bias and to measure our implicit bias based on race, religion, gender, and a vast array of other areas.	50%	Held in House	Academy and DCF Staff	All Staff	3
KRONOS Mandatory Training for Supervisors of 'pay from schedule' employees					
This training highlights ways to identify employee timecards are accurate. Employees in this group are paid based off of the 'Schedule Planner' in Kronos; updating timecards instead of the schedule may cause issues. We will highlight areas of opportunity based off of Payroll audit findings.	50%	Online Training	DCF Staff	Supervisors and Managers	1
Office of Early Childhood and The Department of Children and Families Daycare Collaboration					
This training will outline changes to the process of obtaining daycare for our DCF children based on new legislation that all children in DCF foster care, adoption for one year and children who are homeless are entitled to at least a part time but up to a full time C4Ks certificate.	75%	Online Training	DCF Staff	Social Work Staff	0.5
Recovery Engagement Services Orientation					
This Recovery Engagement Services Orientation will provide information on what are Recovery Engagement Services, their purpose and benefits, the referral process, and how Recovery Engagement Services support child safety and caregiver recovery. Recovery Engagement Services is available statewide through the SAFE Family Recovery program.	75%	Online Training	DCF Staff	Social Work Staff	0.25
SDM Careline Assessment Training					
During this three-hour training, participants will be oriented to the updated SDM Careline Assessment, and major changes will be highlighted. The tool will be reviewed in detail, including item definitions, policies, and procedures. Participants will practice using the updated SDM Careline Assessment and associated best practices. The session will be co-facilitated by training and Careline staff.	75%	Held in House	Academy Staff	Careline Staff	2

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Statewide Substance Use Practice Guidance					
The asynchronous training will help viewers understand the new substance use practice guidance and develop knowledge necessary for implementing the guidance. Training objectives: Viewers will consider use of language and implicit bias when engaging with families for assessment of substance use related strengths and needs; become familiar with the UNCOPE Screening Tool and expectations for use in conjunction with other assessment tools including SDM and the ABCD Paradigm; recognize the value of motivational interviewing as an engagement tool with all individuals, and specifically when completing a substance use assessment; utilize the decision tree when substance use needs are identified and follow recommended guidance.	75%	Online Training	DCF Staff	Social Work Staff	0.75
Substance Use Practice Guidance - Facilitator Orientation					
All area office program supervisors have been identified to co-facilitate a 90 minute in-person skills development session about the new Substance Use Practice guidance. This session is to orient program supervisors to the material and help them prepare to co-facilitate these skill development sessions.	75%	Online Training	DCF Staff	Managers	2
Substance Use Practice Guidance Skills Development					
A follow up skills development session following completion of the asynchronous Substance Use Practice Guidance training. Participants will have the opportunity to review the newly released substance use practice guidance and practice using the UNCOPE Screening Tool and the decision tree when substance use needs are identified. Duration: 90 minutes	75%	Held in House	DCF Staff	Social Work Staff	1.5

Pre-Service Classes

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Intern - Car Seat Safety					
This course provides interns with knowledge of the regulations regarding car seats, and hands on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam, and hands on training for installing car seats while observed by a certified instructor.	50%	Held in House	Consultants	Interns	3
PS - Advancing Anti-Racism within Child Welfare Practice - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This two-day course provides participants with the knowledge and skills to work in ally-ship with each other, our families, and our community partners to eliminate the disproportionality and disparity within Connecticut's Child Welfare System. Participants will build an awareness of the role race, culture, bias (implicit and explicit) and humility have in child protective work. Participants will explore their own bias and its impact on case related decisions. Participants will become aware of the safe and sound culture and use these skills to facilitate dialogues and navigate teams toward equitable child welfare decisions. Through individual and interactive activities participants will practice strategies that advance anti-racism efforts at the DCF.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Advancing Anti-Racism within Child Welfare Practice - Day 2					
This two-day course provides participants with the knowledge and skills to work in ally-ship with each other, our families, and our community partners to eliminate the disproportionality and disparity within Connecticut's Child Welfare System. Participants will build an awareness of the role race, culture, bias (implicit and explicit) and humility have in child protective work. Participants will explore their own bias and its impact on case related decisions. Participants will become aware of the safe and sound culture and use these skills to facilitate dialogues and navigate teams toward equitable child welfare decisions. Through individual and interactive activities participants will practice strategies that advance anti-racism efforts at the DCF.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Behavioral Health					
This course orients participants to the topic of behavioral health as it relates to substance abuse and mental/ emotional diagnosis. This course will provide a base understanding of the signs, symptoms, and behaviors specific to the parents and/or caregivers that are struggling with or living with mental health concerns. Participants will explore, within their role as a CPS social worker, how to discuss mental health concerns and their impact on child safety. Focus will be placed on the importance and obligation of CPS social workers in not only recognizing concerns, but also in facilitating and supporting access to timely services. Discussion includes the impact of culture within the assessment and treatment process as well as the role stigma can play in the arena of behavioral health concerns,	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Car Seat Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This one-day course provides social workers with knowledge of the regulations regarding car seats, and hands-on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam, and hands on training for installing car seats while observed by a certified instructor.	50%	Held in House	Consultants	New Social Worker Staff	3
PS - Case Planning and the Case Plan - Day 1					
The goal of this training is to familiarize staff with the Case Plan Document, Policy, and components of case practice directly related to its development and functionality. This training occurs over a two-day period comprised of the following: Case Plan Day Two The morning session will cover the components of the Family Conference, when it is used, and why kin and family supports are critical to case planning and assisting clients in achieving success. The afternoon session will cover the Administrative Case Review Process, ACR Federal Mandates, requirements for notification of participants; familiarize staff with the ACR LINK process, and its role in achieving successful outcomes for children.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Case Planning and the Case Plan - Day 2					
The goal of this training is to familiarize staff with the Case Plan Document, Policy, and components of case practice directly related to its development and functionality. This training occurs over a two-day period comprised of the following: Case Plan Day Two The morning session will cover the components of the Family Conference, when it is used, and why kin and family supports are critical to case planning and assisting clients in achieving success. The afternoon session will cover the Administrative Case Review Process, ACR Federal Mandates, requirements for notification of participants; familiarize staff with the ACR LINK process, and its role in achieving successful outcomes for children.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Educational Training					
This course is taught by the representatives in the educational division. Course content covers special education, planning and placement teams (PPT's), Individual Educational Plans (IEP's) and the role of surrogate parents. The role of the DCF worker in the education setting is also discussed.	75%	Held in House	DCF Staff	New Social Worker Staff	6
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment are clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Day 2					
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment are clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety heavy emphasis is put on prevention and awareness.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Simulation					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment are clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	3
PS - Intimate Partner Violence - Day 1					
This course provides participants with an introduction to Intimate Partner Violence (IPV). Through lecture, group discussions and supplemental video clips, participants explore commonly held myths pertaining to IPV; gain an understanding of the various terms being used within the field; and discuss the numerous warning signs and types of abusive behavior that are present in relationships characterized by IPV. A discussion regarding the implications of culture with respect to IPV is also conducted during this course. Also explored is the impact of IPV on children.	75%	Held in House	DCF and Academy Staff	New Social Worker Staff	6
PS - Intimate Partner Violence - Day 2					
This course builds on the introductory material covered in "Intimate Partner Violence, Day 1;" and is designed to provide participants with an opportunity to build their knowledge base and skills relative to working with offenders and survivors in IPV cases. Strategies for engaging and interviewing children, survivors, and offenders in the case planning process are covered. Time is also devoted to safety planning and the identification of local and statewide IPV services and resources.	75%	Held in House	DCF and Academy Staff	New Social Worker Staff	6
PS - Introduction to Child Welfare: Foundations and Best Practice - Part 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Participants will be provided with foundational knowledge for child welfare work and focus on building the competencies necessary for Social Workers to be successful in their role with the Department of Children and Families. Participants will be introduced to major child welfare legislation and evidenced based tools utilized by the Department. Participants will learn about the Department's values, operational strategies, and practice models. They will explore personal values and how these values impact service delivery to children and families. Participants will also learn about authority and how the use of authority can affect case management services and interactions between the social worker and families. Participants become familiar with the functions of the Child Protective Careline, the investigation process and possible outcomes associated with each process. Participants will review various parental protective capacities and protective factors.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Child Welfare: Foundations and Best Practice - Part 2					
Participants will be provided with foundational knowledge for child welfare work and focus on building the competencies necessary for Social Workers to be successful in their role with the Department of Children and Families. Participants will be introduced to major child welfare legislation and evidenced based tools utilized by the Department. Participants will learn about the Department's values, operational strategies, and practice models. They will explore personal values and how these values impact service delivery to children and families. Participants will also learn about authority and how the use of authority can affect case management services and interactions between the social worker and families. Participants become familiar with the functions of the Child Protective Careline, the investigation process and possible outcomes associated with each process. Participants will review various parental protective capacities and protective factors.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Substance Use Disorders - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Participants will be exposed to the nature of addiction, relapse, & recovery, as well as an overview of the drugs most prevalent in CPS cases. The primary goal of this course is to develop a knowledge base as it pertains to addiction. Participants will be encouraged to question their own beliefs and biases and confront their perceptions. Within the course, the strong relation between substance abuse and child maltreatment will be highlighted. Participants will be exposed to several models of dependence and options relative to recovery. Throughout the course the information presented will be weighed against the necessary practices of child protective services, the court system, and child development. Day 1 is from a historical perspective as it affects the families we serve and will be explored. It focuses on the impact of addiction, the diagnostic criteria and the behaviors associated with the disease.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Substance Use Disorders - Day 2					
Participants will be exposed to the nature of addiction, relapse, and recovery, as well as an overview of the drugs most prevalent in CPS cases. The strong relation between substance abuse & child maltreatment will be highlighted. Participants will be exposed to several models of dependence and options relative to recovery. Clips from the HBO Series "Addiction" will be utilized to assist in the understanding of the process of addiction and the difficult aspects of recovery. Throughout, the information presented will be weighed against the necessary practices of child protective services, the court system, and child development. Day two introduces participants to harm reduction therapies and issues relevant to relapse and recovery. The DCF Policy and referral process is reviewed, and participants are educated on the signs, symptoms, and physical evidence associated with five different substances. The impact of the addiction on the family system is explored throughout the course.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Learning Loft					
This virtual event is an opportunity for participants in the pre-service training program to discuss areas of practice and training they are challenged by; have nuanced information clarified; and receive an added layer of support in their virtual onboarding process.	75%	Held in House	Academy Staff	New Social Worker Staff	1
PS - Legal 1 - Introduction To Legal Services					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This one-day course starts off the legal training series for participants and provides a foundational framework for understanding the legal context of child welfare work. Participants are provided an overview of the court system in Connecticut, legal terminology, statutory, regulatory and policy related limitations on decision-making as well as strategies to assist workers in information collection and presentation to the AAGs. Neglect petitions are the primary focus of the afternoon portion of the training, and includes exploration of the petition document, jurisdictional facts, and the summary of facts.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 2 - Day 1 - Neglect Petitions, How to Write an Order of Temporary Custody and Mock Trial					
Pre-Service Legal 2 is a 2-day course. During Day 1 an exploration of immanency relative to a child's safety will occur using scenarios and classroom discussion. Additionally, participants will learn the legal forms that are used when filing an order of temporary custody, the difference between a social work affidavit and a summary of facts, and the role of trials (including testifying) in the legal process.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 2 - Day 2 - Neglect Petitions, How to Write an Order of Temporary Custody and Mock Trial					
Pre-Service Legal 2 is a 2-day course. Day 2 continues with a mock trial utilizing an actual case assigned to one of the course participants, with that participant serving as the witness in the mock trial. Trainers assist in portraying the various roles associated with a trial.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 3 – The Legal Work of Permanency					
This one-day course, co-trained with a DCF Staff Attorney, is designed to assist CPS workers in understanding the different phases of concur-rent planning and the post dispositional proceedings including Motions to Review Permanency Plans and Motions to Change Disposition. This course reviews the concepts taught in Legal I and Legal II and explores the various Permanency Plans for children in DCF care. Discussion focuses on the role Specific Steps and rehabilitative roles they play in the court process as well as case practice. Participants are provided hands on experience in writing components of a Study in Support of Permanency Plan. In addition, participants are introduced to the implications of terminating parental rights, including an in-depth discussion of the grounds for filing a TPR. The Expectations of the court regarding the department making reasonable efforts, and the steps which need to be taken to meet those expectations, is also presented.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - LINK					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
During this course, participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS) (LINK) role and function, their responsibility for and process of entering information into the system, and how to search and secure information from the system. Participants will learn the general functions of LINK, including search functions, general tab functions, saving material, printing, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice: searching cases, individuals, placements, legal status, and providers; entering narratives utilizing codes to accurately reflect visitation bench-marks and other elements of data reports; reviewing investigations materials, entering and ending placements (including temporary placements and runaway episodes) and payments; developing visitation plans; entering legal work; completing the Placement Resource Search icon; and entering background checks.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Making the Most of Your Time					
Are you feeling anxious about the amount of work you have to accomplish? Do you feel that you are starting to lose track of the work you need to get done? Are you struggling to identify where to start on the backlog of your work? If you answered yes to any of these questions, then this is the course for you! Participants will learn techniques to maximize the use of their time in order to accomplish critical work tasks, on time. Participants will learn concrete tools to increase effective use of time. Focus will be placed on improving the ability to manage distractions, working with personal biorhythms, utilizing tracking and prioritizing systems. The course will include an overview of outlook functions to organize time, create tasks, and set reminders.	50%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Meeting the Health Care Needs of Children in DCF					
The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and well-being issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care. This training will also orient staff to the Health & Wellness Division within DCF.	75%	Held in House	DCF Staff	New Social Worker Staff	6
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Permanency" means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department's 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/ relational, legal, and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 1: Fundamental aspects of permanency; Stay home - supporting families in caring for their children safely at home	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 2					
Permanency" means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department's 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/ relational, legal, and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 2: Go home - Successful reunification from CORE and kin/ fictive kin placements	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 3					
Permanency" means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department's 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/ relational, legal, and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 3: Find home - Supporting the lifetime relationships that surround children: birth parents, adoptive parents, siblings, and other meaningful connections.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Random Moment Time Study - Online Training					
The purpose of this self-paced course is to orient participants to the importance and proper completion of the Random Moment Time Study (RMTS) in the LINK application.	75%	Online Training	DCF Staff	New Social Worker Staff	1
PS - Sexual Abuse - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This is a 2-day training designed to provide participants with the fundamental knowledge needed to manage an ongoing services case that involves child sexual abuse and/or juveniles exhibiting sexual offending behaviors. Participants will learn about the common components of childhood sexual abuse. Participants will gain insight into normative sexual development vs. possible red flags for sexual abuse in children. The curriculum will inform participants of their responsibilities in the minimal facts gathering process, particularly as it applies to preventing the re-traumatization of children and/or damaging the evidence gathering process. The curriculum will provide information about how to work with adult offenders, non-offending parents, child victims, and juvenile sex offenders. Participants will learn about the referral process for the specialized services required in these cases. The training will also provide opportunities to practice using SDM Safety assessment.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Sexual Abuse - Day 2					
This is a 2-day training designed to provide participants with the fundamental knowledge needed to manage an ongoing services case that involves child sexual abuse and/or juveniles exhibiting sexual offending behaviors. Participants will learn about the common components of childhood sexual abuse. Participants will gain insight into normative sexual development vs. possible red flags for sexual abuse in children. The curriculum will inform participants of their responsibilities in the minimal facts gathering process, particularly as it applies to preventing the re-traumatization of children and/or damaging the evidence gathering process. The curriculum will provide information about how to work with adult offenders, non-offending parents, child victims, and juvenile sex offenders. Participants will learn about the referral process for the specialized services required in these cases. The training will also provide opportunities to practice using SDM Safety assessment	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Structured Decision Making (SDM)/ABCD Child Safety Practice Model (CSPM) Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This two-day course provides an overview of the ABCD Child Safety Practice Model and Structured Decision Making (SDM). The SDM model provides evidence-based data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides a hands-on application approach to reinforce the implementation and use of the tools at critical points during the life of a DCF case. Timeframes for completion and the integration of SDM with the case planning process are also covered. This course will orient participants to the DCF Child Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Structured Decision Making (SDM)/ABCD Child Safety Practice Model (CSPM) Day 2					
This two-day course provides an overview of the DCF ABCD Child Safety Practice Model and Structured Decision Making (SDM). The SDM model provides evidence-based data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides a hands-on application approach to reinforce the implementation and use of the tools at critical points during the life of a DCF case. Timeframes for completion and the integration of SDM with the case planning process are also covered. This course will orient participants to the DCF Child Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Trauma Toolkit for Social Workers					
The Trauma Toolkit training was developed to educate child welfare professionals about the impact of trauma on the development and behavior of children. This program will explore the impact of child traumatic stress on attachment, cognitive development, behaviors, and relationships. Specific focus is placed on understanding the effect of chronic and complex trauma on brain development and the long-term impact of adverse childhood experiences. Participants will also develop strategies for considering and addressing the psychological safety of children in the wake of traumatic experiences as well as building resilience for children and the caregivers with whom they live.	75%	Held in House	Academy Staff	New Social Worker Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
PS - Understanding the Numbers to Enhance Case Practice					
The goal of this training is for participants to gain an understanding of the various types and applications of data created within the department and an understanding of how to use that data in their everyday work. This course will provide participants with an overview of the various data reporting systems used within the department. Using lecture, discussion-based activities, and direct computer application, students will be provided information regarding the data collected by LINK and the resulting ROM, LINK Reports, ACR Reports, and other SharePoint reports that stem from their input and influence practice. Specific focus will be placed on reports that can be used by staff to assist in managing casework. Follow up transfer of learning activities will be expected of participants to support their learning.	50%	Held in House	Academy Staff	New Social Worker Staff	6
PS DRS - Best Case Practice Day 1					
The Academy for Workforce Development is responsible for the provision of in-service training for Differential Response System staff that includes skill-building techniques to enhance their investigative and assessment skills. Best practice principles are discussed for both Intake and Family Assessment Response, along with strategies for assessing safety, safety planning, critical thinking, involving families in the assessment of their own needs, and numerous other areas. This course is specifically designed for social worker trainees in the pre-service training program.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS DRS - Best Case Practice Day 2					
The second day of training will complete the continuum to case disposition. The day will start with a focus on documentation, supervision and follow up. Case disposition is guided by the SDM Risk Assessment. The Risk Assessment tool with be reviewed and keys to appropriate use provided. This orientation to the DRS will be concluded with case disposition (substantiation/un-substantiation, referral to services, open or closed). This class will also include guest speakers from area offices currently in intake to help prepare trainees for potential assignment to an intake unit upon completing the pre-service training series.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS DRS - Learning Loft					
The DRS Learning Loft provides participants with an opportunity to learn about the role of an intake social worker and associated casework. They will hear from someone currently working in intake in the area office. Participants will have the chance to ask questions and explore their interest in being assigned to intake in the future.	75%	Online Training	Academy Staff	New Social Worker Staff	2
PS Early Childhood Developmental Milestones					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The birth to 5 population is our most vulnerable and can be the most difficult to assess. This course provides information about assessment of child development, documentation, resources, and interventions for this vulnerable population. Learners will receive helpful strategies, concrete tools and resources that can be utilized for working with young children and their families. Staff will gain insight and skills into assisting families to better understand their children's developmental stage, potential developmental delays and or disabilities.	75%	Held in House	Academy Staff	New Social Worker Staff	3
PS Medical Evaluation of Child Abuse					
Participants will discuss the role of the medical provider in the evaluation of child maltreatment and the medical services available to DCF through Child Abuse Centers of Excellence (CACEs) DART (Yale) and SCAN (CCMC). Participants will understand the role of DART and SCAN in the evaluation of child maltreatment. They will also receive an overview of various forms of child maltreatment.	75%	Online Training	Consultants	New Social Worker Staff	1.5
PS Meeting the Healthcare Needs of Children in DCF					
The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and wellbeing issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care. This training will also orient participants to the Health Management & Oversight Division within DCF.	75%	Held in House	Academy and DCF Staff	New Social Worker Staff	3
PS Prison Visit					
Our DCF social work Staff will be able to explore the barriers the correctional staff and incarcerated parents are exposed to while being involved with the Department when incarcerated. As DCF staff, our ability to establish and maintain a relationship with the parents of the children we serve is critical. All family members deserve to be engaged despite their life circumstances including incarcerated parents. If we know and understand the parents, if we can communicate with them, if there is some degree of trust between us, then assessing safety, moving toward permanence, and helping the child flourish are all much easier. The prison tour will provide our DCF staff with tips, data, and resources on how they can work to improve outcomes for incarcerated fathers and their children. Participation in a prison tour will assist in creating a better bond between our DCF system and the correctional system. This experience could foster changes for both systems that brings awareness and aid to so	75%	Held in House	DCF Staff	New Social Worker Staff	1.5

Self-Paced, Asynchronous Online Trainings:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Active Shooter					
Inservice on surviving an active shooter incident, Run, Hide, Fight.	0%	Online Training	Consultants	All Staff	1.50
Active Shooter Online Training					
This training must be taken every few years.	0%	Online Training	Consultants	All Staff	1.00
Child in Care/Sibling in Care Bill of Rights and Expectations					
The Department of Children and Families recognizes the importance of honoring and upholding the rights of children(ren) in the foster care system. The Child in Care Bill of Rights and Expectations and the Sibling in Care Bill of Rights are intended to guide the Department, Foster Parents, and Care Providers as well as ensure that the permanency, safety, well-being, and basic needs of child(ren) in the foster care system are consistently met.	75%	Online Training	Academy Staff	All Staff	1.00
Child Protective Services - Investigations Policy 34-2 Online Training					
The goal of this on-line training is for participants to have an understanding of the policy requirements related to the Investigative track of DCF's Differential Response System (DRS). Throughout this training key points of Policy 34-2 will be reviewed, and important cross-referenced policies will be referenced.	50%	Online Training	Academy Staff	All Staff	0.75
Child Trafficking for Careline					
The goal of this training is to ensure that Careline staff have a shared understanding of both child sex and labor trafficking. Staff will get updated information about agency policy and get the information needed to respond to child trafficking referrals.	0%	Online Training	Academy Staff	Careline Staff	2.00
CHRO Domestic Violence (DV) Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Effective October 1, 2022, Public Act No. 22-82 https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00082-R00SB-00005-PA.PDF. AN ACT CONCERNING DOMESTIC VIOLNCE POSTING IN THE WORKPLACE. This bill authorizes the Commission on Human Rights and Opportunities (CHRO) to require that each state agency provide at least one hour of training and education to employees about domestic violence and the resources available to victims. The training must include information about domestic violence, abuser and victim behaviors, how domestic violence can impact the workplace, and resources for victims. This bill correspondingly requiring CHRO in conjunction with the Connecticut Coalition Against Domestic Violence to develop (1) Free online training and education video or other interactive training method, for state employees to meet the bill's training requirement and (2) a link on the CHRO website with information about domestic violence and resources available to victims.	75%	Online Training	Consultants	All Staff	1.00
CJIS Training and Exam on CJIS Site - 2022					
This is the 2nd and 3rd part of the requirement. This data was imported in from the CJIS site.	50%	Online Training	Consultants	All Staff	2.00
Cross Reporting					
Cross Reporting is a law in CT (PUBLIC ACT 14-70 - AN ACT CONCERNING CROSS REPORTING OF CHILD ABUSE AND ANIMAL CRUELTY) that requires DCF staff and Animal Control Officers (ACO) to work together to “cross report” animal cruelty and child abuse and neglect. The law was enacted because of mounting evidence from researchers who say there’s a strong LINK between animal abuse and child abuse, intimate partner violence, and elder abuse. Public Act 14-70 requires DCF staff who, during his or her employment, has reasonable cause to suspect that an animal is being or has been harmed, neglected, or treated cruelly must make written report to the Commissioner of Agriculture, within 48 hours	75%	Online Training	DCF Staff	All Staff	0.50
DCF- 004: A guide for working with Universal Background Check forms					
During this half day training, participants will develop, and practice skills needed to efficiently complete accurate DCF background checks including LINK and non-LINK systems. Participants will be provided the guidelines needed to identify the specific checks required based on case circumstances and how to appropriately disseminate and store that information.	75%	Online Training	DCF Staff	All Staff	3.00
DCF 101 Online Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The purpose of this DCF 101 is to highlight the family-centered practices and policies that the Department has developed over the years and to educate the community on new DCF initiatives. We want families and our non-case load carrying staff to know that we want to work with them, to keep their children safe and at home, whenever possible	75%	Online Training	Academy Staff	All Staff	1.00
DCF CJIS Presentation					
This is the first part of the training. The second and third part take place on the CJIS site. Completion will be manually marked in Saba when data is received.	50%	Online Training	Consultants	All Staff	1.00
DCF Consent for Healthcare Forms - The 460's					
There was a recent change to the healthcare forms in the 460 range. Review the scenarios where the DCF-460 and DCF-460-MDE-A are to be used. Be introduced to the new DCF-460R, which is a combination of 3 of the older types of forms. There is also a review what consent is provided by these forms.	50%	Online Training	DCF Staff	All Staff	0.50
DCF Real Talk - Episode 1: Stress vs. Burnout Guest - Stacie Watson					
DCF Real Talk Podcast - Episode 1: Stress vs. Burnout Guest - Stacie Watson With Special Guest - Stacie Watson, Transformative Leadership Strategies This episode focuses on understanding, finding tips and strategies to address burnout. What the differences are between stress and "burnout". And, to gain a better understanding of how you can better care for yourself. DCF Real Talk - Episode 01 - Stress vs Burnout Guest_ Stacie Watson (Simple HTML)	50%	Online Training	DCF Staff	All Staff	0.50
DCF Real Talk - Episode 2: Workplace Connectedness					
DCF Real Talk - Episode 2: Workplace Connectedness. Melanie Mercado, DCF and others from Willimantic office join this session on connectedness. This episode focuses on connectedness and its relation to and importance for helping to prevent and alleviate burnout and stay healthy. Willimantic Office was selected to participate in the innovation and implementation learning collaborative - through this project they were able to work with 8 jurisdictions nationwide, representing CT DCF.	50%	Online Training	DCF Staff	All Staff	0.50
DCF Real Talk - Episode 3: Compassion Fatigue					
DCF Real Talk - Episode 3: Compassion Fatigue. This episode focuses on "Compassion Fatigue" with co-host Nicole MCKELVEY-WALSH, DCF - Behavioral Health Clinical Manager; the differences between "burnout" and "compassion fatigue", and how to manage this, especially in the line of work that DCF Staff does.	50%	Online Training	DCF Staff	All Staff	0.50

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
DCF Real Talk - Episode 4: Resources for your Life					
DCF Real Talk - Episode 4: Resources for your Life. This episode focuses on Resources for your Life with co-host Greg Brannan, Director of Training - Deer Oaks EAP; discussing what the organization offers and brings to DCF.	50%	Online Training	DCF Staff	All Staff	0.50
DCF Real Talk - Episode 5: Preserve your Energy to Protect your Well Being					
DCF Real Talk Podcast - Episode 5: Preserve Your Energy to Project your Well Being With Special Guest - Greg Gallinoto, DCF This episode focuses on discussing practicing meditation to improve our well-being, and why it is so important, especially in the line of work that DCF Staff does, to engage in these types of activities.	50%	Online Training	DCF Staff	All Staff	0.50
DCF Real Talk - Episode 6: Greg Gallinoto Guided Meditation Experience					
DCF Real Talk Podcast - Episode 6: Greg Gallinoto Guided Meditation Experience With Special Guest - Greg Gallinoto, DCF This episode focuses on discussing practicing guided meditation techniques to improve well-being, and why it is so important, especially in the line of work that DCF Staff does, to engage in these types of activities.	50%	Online Training	DCF Staff	All Staff	0.50
DCF Real Talk - Episode 7: Holiday Support					
DCF Real Talk Podcast - Episode 7: Holiday Support With Special Guest - Nicole McKelvey We realize that this time of year can be difficult for some people as the winter months, and holidays, can be triggering. It is during this time people often reflect upon life and loved ones lost. This podcast provides insight to staff on ways in which they can cope and care for themselves. DCF Real Talk - Episode 7 - Holiday Support (Simple HTML)	50%	Online Training	DCF Staff	All Staff	0.50
DCF Real Talk - Episode 8: Pet Therapy					
Pet Therapy - It is scientifically proven that there are several benefits for those who own a dog or a cat. They have less stress, lowered blood pressure, and the list continues. This episode explores the value and enhancements that pets can bring into people's lives as a form of self-care.	50%	Online Training	DCF Staff	All Staff	0.50
Ethics Training (revised)					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This Ethics 101 for public officials and state employees' course has been updated. It will serve to familiarize you with Connecticut's Office of State Ethics and the ethics laws to which you are subject. Throughout the course you will be asked a series of ungraded knowledge check questions regarding the course material. When you answer the questions correctly, you will advance to the next section. At the end of the course, you must pass a final assessment with a minimum score of 80% to demonstrate competency of the material.	50%	Online Training	Consultants	All Staff	1.00
Fentanyl 101 Training					
During this virtual training, participants will become familiar with the pharmacologic aspects of fentanyl; including, how it affects the brain, signs of toxicity, signs of overdose, myths and facts surrounding fentanyl exposure and how it is being mixed with other prescription or illicit drugs. Participants will be provided with Connecticut data of fentanyl overdose rates, including types of fentanyl analogues seen in the community. Finally, participants will be introduced to the concept of harm reduction, including opioid overdose prevention, naloxone (Narcan) administration and fentanyl test strips.	75%	Online Training	Consultants	All Staff	2.00
Qualified Residential Treatment Program (QRTP) - Family First Online Training					
This online training gives an overview of the recent changes to the usage and requirements to place in a Qualified Residential Treatment Programs (QRTP)	75%	Online Training	DCF Staff	All Staff	0.50
Reasonable Prudent Parent-Standard (RPPS) Online Course					
This asynchronous training will discuss the Reasonable and Prudent Parent Standard (RPPS). RPPS is defined as the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child. Normal childhood activities are defined as extracurricular, enrichment, and social activities.	75%	Online Training	Academy Staff	All Staff	1.00
SANS - Security Awareness 1: You Are the Shield					
This is the self-paced module for Security Awareness that replaced Security Mentor. This module is You Are The Shield	50%	Online Training	Consultants	All Staff	1.00
SANS - Security Awareness 2: Social Engineering					
Social engineering is a common tactic used by cyber criminals to create attacks. This module explains and illustrates different types of social engineering attacks and how people can detect and defend against them. As social engineering can take on any form, this module lays the foundation for secure behaviors learners can use in the event of an attack.	50%	Online Training	Consultants	All Staff	1.00

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
SANS - Security Awareness 3: Malware					
This is the self-paced module for Security Awareness that replaced Security Mentor. This module is Malware	50%	Online Training	Consultants	All Staff	1.00
SANS - Security Awareness 4: HIPAA					
This module explains what Protected Healthcare Information (PHI) is and covers the steps required to store, process, and use it. This module is built on and recommends people watch the Data Security module first.	50%	Online Training	Consultants	All Staff	1.00
SANS - Security Awareness: Browsing Safely (Module)					
Browsers are the primary tool used for accessing information and online accounts. As a result, browsers, as well as their add-ons, plug-ins, and extensions, are common targets for cyber-attacks. In this module, staying safe online involves key security behaviors, such as safe browsing, recognizing signs of a compromised browser or device, managing updates, looking for signs of encryption and logging off websites to remove sensitive information.	50%	Online Training	Consultants	All Staff	0.25
SANS - Security Awareness: Data Security (Module)					
Safe data-handling practices are critical at each step of accessing, sharing, transmitting, retaining, and destroying data. As the foundational module of most of the compliance videos, this module describes ways to securely store or process sensitive information, restrictions on transferring or sharing information, ways to manage data retention, why it is important to follow data polices and processes, and how to destroy data securely.	50%	Online Training	Consultants	All Staff	0.25
SANS - Security Awareness: Email and Phishing					
Phishing is an email-based cyber-attack that often targets many people at once. This module explains key methods cyber attackers use to get people to click on the bait in an email message. It also identifies the primary clues that each person can use to detect phishing and how to safely check links in an email.	50%	Online Training	Consultants	All Staff	0.42
SANS - Security Awareness: Malware					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Malware is software that is used to perform malicious actions. This module explains what malware is and provides examples of commonly used malware, such as ransomware and spyware. This module also focuses on key methods attackers use to deploy malware and how each of us can defend against them, such as keeping devices updated with current versions of software and security patches for protection. Finally, the module reviews misconceptions about malware and stresses reporting any signs of infection as soon as possible.	50%	Online Training	Consultants	All Staff	0.42
SANS - Security Awareness: Passwords (Module)					
This module follows the National Institute of Standards and Technology's (NIST) recommendations for strong passwords, such as keeping passwords long, strong, and unique for each online account. It also covers the use of passphrases, the importance of layered security with two-step verification and key password security behaviors that each person should employ to protect information.	50%	Online Training	Consultants	All Staff	0.33
SANS - Security Awareness: Targeted Attacks					
Targeted attacks, such as spear phishing, involve research on the target before the attack is launched. While these funded cyber attackers may launch an attack for a variety of reasons, this module provides real-world examples of how a targeted attack works and how everyone in an organization can protect and defend against them. Key security behaviors include not oversharing information, following policies or procedures used to protect information, recognizing signs of spoofing and social engineering, and managing links and attachments in emails.	50%	Online Training	Consultants	All Staff	0.42
SANS - Security Awareness: You are the Shield (Module)					
This introductory module explains how cyber attackers are focusing on human risk to gain access to data and information by bypassing technology's defenses. However, each person has the ability to identify and report the signs of a potential attack. Learners are encouraged to build a strong cyber shield and use training to strengthen their cyber-detection skills at work and at home.	50%	Online Training	Consultants	All Staff	0.17
Sexual Harassment Prevention - Online Course					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
On June 18, 2019, Connecticut Governor Ned Lamont signed into law Public Acts 19-16 and 19-93 (which together are also known as the "Time's Up Act"). This law expanded Sexual Harassment Prevention laws and requirements for training. The Connecticut Commission on Human Rights and Opportunities (CHRO) created the required training and made the training available to all employers. As of October 1, 2019, the law requires all employees take two (2) hours of online Sexual Harassment Prevention Training. While the law also provides that employees who have completed Sexual Harassment Prevention Training in 2018 and 2019 would not have to take the CHRO training, we are requiring that this training be taken annually by all employees starting 2020.	50%	Online Training	Consultants	All Staff	2.00
Summary of Changes Regarding Information Retrieval and Sharing for the Protective Order Registry (POR) Online Training					
The self-paced module reviews the new regulations for DCF when it comes to retrieving and/or sharing information from the Protective Order Registry.	75%	Online Training	DCF Staff	All Staff	15.00
The Intersection of Reasonable Efforts and the ADA					
The ADA is a federal law that protects our clients from unlawful discrimination in the administration of our child welfare programs, services and activities.	75%	Online Training	Academy Staff	All Staff	0.50
Working with Families Impacted by Intimate Partner Violence - Online Course					
Intimate Partner Violence (IPV) is a serious, preventable public health problem that can cause problems for every member of a family. This virtual course aims to educate on the prevalence, predictors, and impact of IPV on families, including the factors associated with IPV for both partners, parenting in the context of IPV, and the consequences of child exposure to IPV. The course will also detail the inter- and multi-generational continuity of IPV from the Offender and Non-Offender perspective. The course will provide up to date information on best practices for screening, identification, and intervention.	75%	Online Training	Consultants	All Staff	1.00