State of Connecticut

Annual Progress and Services Final Report
2022

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

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A. Background

Introduction

The Department of Children and Families is responsible for the legislative mandates of prevention, child protective services, children's behavioral health, and education. With an annual operating budget of approximately $793 million, the Department provides contracted as well as direct services through a central office, fourteen (14) area offices, and two (2) facilities. The Department also operates a Wilderness School that provides experiential educational opportunities; and is responsible for operating Unified School District II, 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.

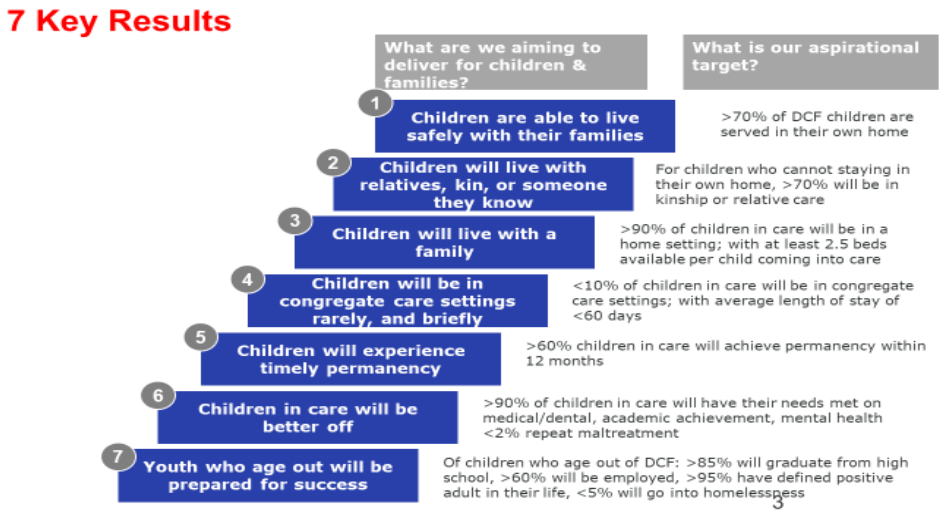
Mission

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 seeks to sharpen the safety lens through primary prevention across the child welfare system through 5 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 racial and ethnic disparate outcomes within the Department

The mission and vision are 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 is reflected in the following graphic, inclusive of the Department's aspirational goals:



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. All youth are to transition from the Department's care with legal and/or relational permanency.

The Department has taken steps to ensure that a successful launch of the Family First Prevention Act (FFPSA) occurs by the federal deadline of October 2021. FFPSA and its' family centered policies will pave the way to allow more children to safely be served in their homes, families and communities. When and if a child is to enter the Department's care, the Department will work towards achieving timely permanency, 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.

Listening Tours

The Commissioner and her Executive Team conducted Listening Tours for staff in the Area Offices and Central Office, including the Careline, as well as both facilities. Given the COVID-19 pandemic, during 2020, the tours occurred virtually. These meetings were designed to orient staff around the Department's strategic goals, the 7 Key Results and organizational structure, as well as share Area Office specific data and trends. This provided an opportunity for the Executive Team to elicit feedback from staff about what's working well, identify challenges/barriers to their work, and recommendations surrounding the agency's direction and the work moving forward.

1. Collaboration

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 persons representing a variety of sectors and professions, including attorneys, a physician, psychiatrist and community providers. The SAC also includes parents who are members as well as youth with lived experience.

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, status of *Juan F. Consent* Decree outcome measures, 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.

CFSP Stakeholder Meetings

During the Department's development of the Child and Family Service Plan (CFSP), a series of meetings took place to receive stakeholder feedback and input. Present at those meetings were the Commissioner and members of the Executive Team, representatives from the Statewide Advisory Council (SAC), and the Commissioner's or their designees from the following state agencies:

- 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

Each of the above-mentioned agencies also 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.

Family First

September 2020, Connecticut resumed its Family First planning efforts with 400+ community partners to develop and finalize its Family First Prevention Services Plan. Stakeholders included parents and youth with direct experience interacting with Connecticut's social services system, decision makers throughout state government, community organizations, advocates, and contracted providers. With an intentional focus on ensuring children and families remain at the center of the work, Connecticut ensured the availability of active, transparent and engaging meetings throughout the process. This approached served to ensure cross-system collaboration and decision-making for Connecticut's overarching broader prevention plan.

While a few individuals with lived experience consistently engaged throughout the planning cycle, there was a notable gap in youth and family participation in some groups. To address this observation, Connecticut facilitated three meaningful collaborative conversations with "Parents as Experts". The purpose of these conversations was to elicit feedback from parents and caregivers regarding their perspective and experience in how services are currently delivered and how services can be delivered differently through Family First with the goal of promoting maltreatment prevention and family well-being. More than 100 families registered to participate in this endeavor; 44 attended.

National consultants Chapin Hall and Don Winstead Consulting remained on contract through this reporting period. Retention of these experts were done to support Connecticut's planning efforts through plan submission to ACF. Of the previous workgroups established, the Community Partnerships workgroup was sunset, and a new workgroup, Infrastructure, Practice and Policy, was established. All other workgroups (Candidacy, Fiscal and Revenue Enhancement, Kinship and Foster Care, Programs and Service Array, and Intensive Treatment 24/7 -

Qualified Residential Treatment Programs) completed its work and presented final recommendations to the Governance Committee for incorporation into Connecticut's Family First Prevention Services Plan.

DCF/DMHAS Partnership

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 is jointly funded with state monies from DCF and the Department of Mental Health and Addiction Services (DMHAS, the state's Substance Abuse Authority). The SEI Coordinator is responsible for the regular convening of several working groups that inform the state's SEI Strategic Plan development and implementation. These workgroups include a Core Team, Data Workgroup, and Screening Workgroup. The membership of these working groups is diverse and includes representatives from DCF, DMHAS, the CT Hospital Association and numerous birthing hospitals, Office of Early Childhood, CT Chapter of Obstetrics and Gynecology and Pediatrics, Office of the Child Advocate, Department of Public Health, community-based providers of maternal and infant health and development services, as well as persons with lived experience. This network has remained engaged and committed to this work as evidenced by a high level of participation at workgroup meetings. In the past year these workgroups have met at least quarterly to participate in the review and interpretation of the state's CAPTA portal data, engage in priority-setting activities for the statewide strategic plan, and participate in planning activities related to the Families First Prevention and Services Act (FFPSA) plan that the state sees as complementary to its SEI/FASD and CAPTA efforts.

Juvenile Court

DCF and the Judicial Branch continue to build upon their partnership in order to achieve safe, timely permanency for children in care. As described in the 2021 APSR, a collaborative workgroup was established with the Waterbury Juvenile Court. The Waterbury Juvenile Court was selected as the transformation zone as it had the highest volume and longest average time from TPR filing to disposition. The workgroup has brought DCF together with stakeholders from the Judicial Branch, the Office of the Attorney General (OAG) and Public Defenders.

In February 2020, the DCF legal managers conducted 86 legal rapid reviews with area office staff. These reviews focused on children ages five and under with a permanency goal of termination of parental rights or reunification. The goal was to identify delays to attaining these goals. These reviews helped to identify themes that were preventing cases from moving forward, as well as to identify and troubleshoot obstacles in individual cases. Both area office staff and legal found these reviews to be beneficial in helping to move these cases closer to permanency. Despite the COVID pandemic, the Department has secured permanency for 50 of those children (58%) and continues to work to resolve barriers and secure permanency for the remaining children. In addition, the Assistant Attorneys General (AAGs), who represent the Department in juvenile court, have increased the use of judicial pre-trial meetings as a means of settling cases. DCF plans to expand the transformation zone to include Bridgeport in 2021.

DCF/AAG Collaboration

DCF's in-house Legal Division has partnered with the Office of Attorney General's (OAG) Child Welfare Division in efforts to strengthen collaboration between the two agencies. The pandemic presented various unique legal challenges, but also served as an opportunity to fortify the relationship between OAG and DCF, which benefits the children and families we serve. New collaborative efforts have included the following:

- Consultations: In particularly complex cases, DCF has been involving our AAGs in legal consults. This has been especially helpful in cases involving interstate jurisdictional issues or unique legal issues.

- Critical Incident Review: When a critical incident occurs that necessitates a review of department practice, a virtual meeting is held at which members of the Executive Team, CPS staff, RRG, and the area office director review the case in detail. The head of the OAG Child Welfare Division has joined the CICC calls to provide additional perspective. Depending on the circumstances, the legal managers and AAG managers will also hold a follow-up meeting with the in-house attorney to discuss lessons and different approaches to situations that resulted in the critical incident.
- Administrative/Court Appeals: 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 this appeal process including by negotiating at prehearing conferences, drafting legal briefs, and presenting oral arguments before the Court. Legal Managers also collaborate with AAGs on Juvenile Court appeals by reviewing legal briefs and participating in practice arguments (moots).
- Trainings: The AAGs and DCF Legal Division have partnered to provide trainings to area office staff, including on the Americans with Disabilities Act and Reasonable Efforts (all staff) and the Implications of the CT Supreme Court *Ava W.* Decision on agency practice (office directors and program supervisors)

DCF/Judicial Collaboration

On a monthly basis, the DCF Commissioner hosts a meeting with the Chief Administrative Judge for Juvenile Matters. Other participants of this meeting include the DCF Legal Director and Assistant Legal Director, members of the Office of the Attorney General, the Director of Delinquency Defense and Child Protection at the Public Defender's Office, and the Chief Clerk for Juvenile Matters. The purpose of these meetings is to streamline processes, such as e-filing, that impact the timely filing and processing of petitions and motions. The meetings also provide a venue in which to collaborate with the Judicial Branch to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases.

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.

The COVID-19 Pandemic has highlighted some of the challenges identified in the original behavioral health plan that have yet to be fully addressed. This has led to the planning of a statewide children's behavioral health Summit entitled: ***"Advancing the Children's Behavioral Health System"***, in May 2021. The summit was planned by DCF in conjunction with eleven other state departments, the Office of Policy Management and the Tri-Chairs of the Children's Implementation Advisory Board. Connecticut has plans to utilize funds from the President's American Rescue Plan Act of 2021, to improve and enhance the system.

Help Me Grow Advisory Committee

Connecticut's Help Me Grow system, which has been in existence for 15 years, ensures that families with young children at risk for negative outcomes have access to information, support and resources. The goal of this advisory group 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.

The Advisory Committee consists of well-known and respected representatives within the early childhood field. It operates under the auspices of the Office of Early Childhood and 2-1-1 Child Development, a specialized call center of the CT United Way's 2-1-1 system. The membership is diverse and includes both state level and community-based entities. The Advisory Committee also has representatives from the state's national STRIVE Cradle to Career Initiatives, which are focused on enhancing the lives of the under-resourced. Despite its small size, CT boasts of 4 Strive Initiatives, all of which have a representative from their early childhood component serving on the HMG Advisory Committee. The Strive Initiatives are located in the cities of Bridgeport, Norwalk, Stamford, and Waterbury. The 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 Advisory Committee also has representative 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.

This year, the HMG Advisory Committee has been serving 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 supports COVID-19 recovery and strengthen resilience skills, 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 4 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:

- Broadly disseminate a parent survey;
- Conduct parent facilitated focus groups for families;
- Focus on the 0-3 population via Early Head Start, infant toddler programs, family childcare, etc.;
- Educate around 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;
- Target 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 ASQ; and
- Develop an early childhood monitoring playbook for families.

In addition to the HMG Advisory Committee's work as the UCEDD grant's stakeholders group, this year HMG Advisory Committee meetings were used to understand and address racism. The August Advisory Committee meeting allowed an opportunity to develop a more embedded understanding of ourselves as cultural beings and how this impacts the early childhood systems' building and advocacy work with a goal that there is equity in all our efforts. This was followed by another session in January 2021 Advisory Committee which moved the focus to

addressing racism in our systems and programs serving young children and their families. This session offered a safe space to have a critical conversation about the ways in which race and racism have continued to impact socio-emotional and educational outcomes for children and youth of color. One of the facilitators, an HMG Advisory Committee member, has offered to continue to support the challenging work of addressing racism by providing consultation and trainings directly to organizations represented on the Advisory Committee. Moving forward Committee meetings will offer a safe place for members to provide updates on how their agencies and programs are addressing racism, equity, and cultural humility.

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 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 trainings were developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and are 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 close to 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. In Summer of 2020, the PWDCA Training Committee held meetings and adapted the training materials to utilize a virtual platform due to Center for Disease Control (CDC) guidelines on social distancing. The first ever virtual PWDCA training took place on April 8, 2021 via Microsoft Teams of 25 participants and other training session was scheduled for May 2021.

In the Fall 2020, Workgroup members decided it was time to change the name of the workgroup that included wording that was positive and inclusive. Workgroup members voted and decided upon "Parents with Differing Cognitive Abilities". Using the word "abilities" verses "limitations" was agreed to be strength based and wide-ranging. Adhering to the Center for Disease Control (CDC) guidelines on social distancing, workgroup meetings and the PWDCA annual meeting were held virtually. The Workgroup’s Annual meeting held on November 5, 2020 via Zoom with 101 participants, as many as in years past. The Annual meeting's theme was "#Stay Humble - Discussions on Supporting Parents with Differing Cognitive Abilities" featuring Keynote Speaker Dr. Cheryl Green who discussed ways to empower parents with disabilities. Attendees also participated in breakout sessions on topics of Cultural Humility, Universal Design, and Hidden Bias. The virtual platform was well received with much

participation and rich discussion. The PWDCA Workgroup will continue to work on identifying training topics that will continue to engage a wide variety of vested stakeholders.

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. In 2019, the Partnership for Strong Communities embarked on restructure of their Collective Impact model that eliminated and condensed several workgroups. Of the remaining areas of focus, DCF participates on the Prevention of Homelessness, Crisis Response – Family Focus and Coordinating Committee providing information, resources and strategies to help families find and retain stable housing. DCF assists with policy implementation and program planning that adhere to legislative priorities. Along with the advocacy and sustainability work, DCF is a member of the *Governor's Task Force on Housing and Supports for Vulnerable Populations* which is embarking on a mission to create system change through the analysis of 500 frequently encountered families across agencies. Additionally, DCF has been a long-standing member for over 16 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These monthly housing partnership meetings continue to occur virtually as a result of the COVID-19 pandemic.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider the 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. All of the 134 HUD FUP vouchers awarded in April 2020 have been allocated to families and youth through the Housing Authorities in the City of Waterbury and town of West Haven, and throughout the state by the Department of Housing. During this upcoming year, the Department will 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 CT Behavioral Health Partnership (CT BHP)

The Connecticut Behavioral Health Partnership (CT BHP) is a partnership between the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services (DMHAS). Beacon Health Options (Beacon Connecticut) continues to serve as the behavioral health Administrative Services Organization (ASO) for the CT BHP and manages behavioral health care for over 995,389 Medicaid/HUSKY members. Beacon's role is to serve as the primary vehicle for organizing and integrating clinical management processes, supporting access to community services, promoting practice improvement, assuring the delivery of quality services, and preventing unnecessary institutional care. Additionally, Beacon is expected to enhance communication and collaboration within the behavioral health delivery system, assess network adequacy on an ongoing basis, improve the overall delivery system, and provide integrated services supporting health and recovery by working with the Departments to recruit and retain both traditional and non-traditional providers.

Given the COVID Pandemic, Behavioral health emergency department (BH ED) visit volume decreased in 2020 compared to 2019. Many families avoided bringing their children to the emergency departments because of fear of exposure. However, as time progressed, the strain of trying to contain their children's behavioral health needs resulted in what was noted as an increase in volume that was projected to surpass historical levels. The 2021 data to-date is incomplete due to claims lag. Nonetheless, many EDs are reporting a marked increase in youth presenting in behavioral health crisis. Providers note that youth are presenting with high acuity and in need of

inpatient care. The ongoing effects of the pandemic itself as well as the isolation associated with social distancing may be additional factors pointing to more complex clinical presentations.

System throughput was also impacted by the Emergency Departments' ability to plan and discharge youth timely. Therefore, inpatient utilization decreased overall in 2020 which could be attributed to families avoiding the hospitals and other institutions of care adjusting to accommodate social distancing and COVID-19 protocols. The average length of stay (ALOS) inpatient increased steadily throughout the year, and 2020 experienced the highest annual ALOS in the past 3 calendar years. This is gleamed from providers completing prior authorizations. Length of stays are continuing to increase in Q1 of 2021 based on available data to-date.

Although youth age 0-12 typically have longer average lengths of stay than 13-17-year-old youth, it is the latter cohort that have experienced higher rates of discharge delay. Additionally, the percent of delayed days increased from 2019 to 2020 and is continuing to increase in 2021 based on available data to-date. Overall, the volume of discharge delay in 2020 was comparable to 2019, despite a decrease in overall discharge volume.

There are important limitations to note regarding the data mentioned here. Behavioral health emergency department visit data is claims-based, and there is lag time between the date of the visit and when claims data is available. As a result, data for Q4 2020 and Q1 2021 to-date is likely incomplete and will change over time. We therefore expect the volume of BH ED visits to be even higher than noted. Inpatient utilization data is derived from prior authorizations (PA). In April 2020, in response to the public health crisis, the requirement for PA was lifted. Therefore, inpatient data is also considered incomplete for all time periods after Q1 2020, and utilization, as well as discharge delay, is likely higher than indicated.

Despite the inherent challenges of the COVID pandemic, various system providers have virtually collaborated on ways to address system throughput issues and increase access. Most notably, the emergency departments and the psychiatric inpatient programs.

ACCESS MENTAL HEALTH

With a grant from DCF, Beacon Health Options contracts with three behavioral health organizations to act as HUB teams and provide support across the state: Wheeler Clinic, The Institute of Living, and Yale Child Study Center. ACCESS-MH CT continues to provide telephonic psychiatric consultations by child and adolescent psychiatrists to Primary Care Physicians in the state for all children under 19 years of age regardless of insurance coverage. The program allows for face-to-face consultations when a telephonic consultation with a child psychiatrist and/or clinician is not able to completely address the PCP's questions. Care coordinators and family peer specialists assist in obtaining identified services. Each hub is comprised of a child psychiatrist, behavioral health clinician, family peer specialist and a care coordinator.

Although pediatric practices were closed or modified their way of doing business during the COVID Pandemic, the hubs in ACCESS MH report providing a higher number of consultations. Pediatric and family physicians also reported an exacerbation in behavioral health symptoms of their clients. There were more first-time presentations of anxiety, depression and other behavioral health concerns. Throughout the pandemic, the Hubs have provided webinars on a variety of behavioral health issues in order to support the pediatric network.

SFY'21 YTD: July 1, 2020 – March 31, 2021

Total youth served: 1,461 youth **(33% increase compared to same timeframe last year (July 1, 2019 – March 31, 2020)**

- Male: 48% (699 out of 1,461 youth)

- Female: 52% (762 out of 1,461 youth)
- DCF Involved: 8% (110 out of 1,461 youth)

Total Consultations: 7,323 **(54% increase compared to same timeframe last year (July 1, 2019 – March 31, 2020)**

- Direct PCP Contact: 36% (2,670 out of 7,323 consultations)
- Initial PCP Contact: 56% (1,488 out of 2,670 consultations) – 98% of initial calls are being answered within 30 minutes; 81% are connected through warm-line transfer.
- Care Coordination and Family Support: 63% (4,610 out of 7,323 consultations)
- PCP Satisfaction: 4.99 out of 5

Transitioning to DMHAS and DDS

The Department of Children and Families (DCF) has maintained a collaborative partnership with the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Service (DMHAS). This collaboration is available to all youth exiting DCF care who are looking for a multi-system approach to 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 ongoing case discussion in preparation for 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 which can support their success. Connecticut continues to think holistically in terms of family and youth, and as agencies work together, families/youth can build resiliency.

2. Assessment of Performance

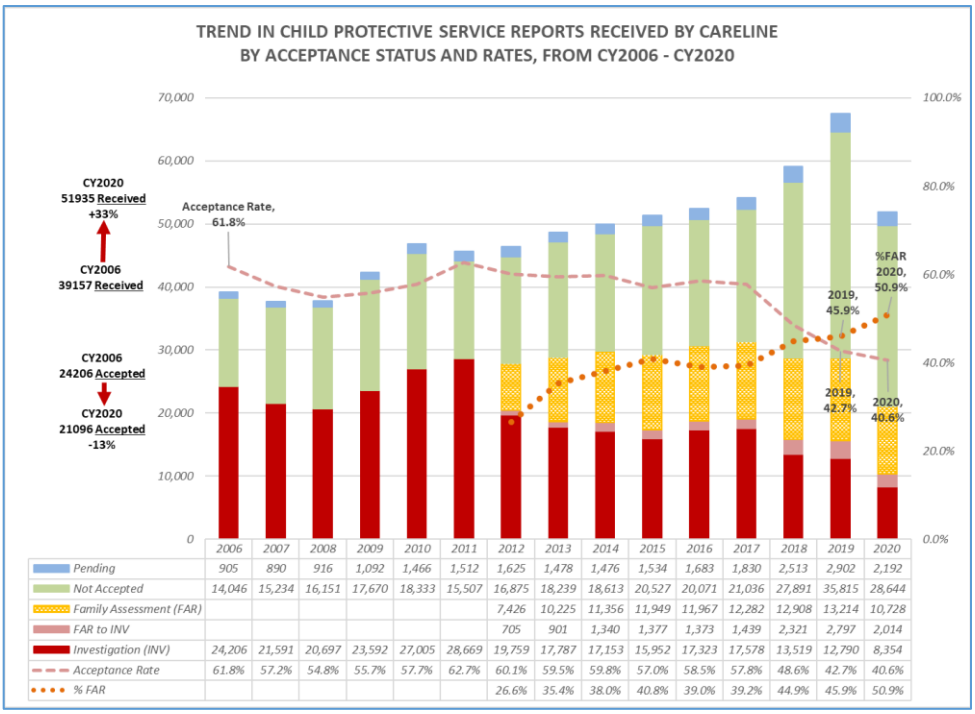
At any point in time during Calendar Year 2020, DCF served approximately 21,000 children and 9,000 families across its programs and service array. There were 1,200 investigations and 1,700 family assessments underway on any given day. Last year, the DCF Careline received 85,971 calls, 51,932 were reports of child abuse or neglect, and 21,096 were accepted and assigned to either an investigation or family assessment response track.

Many of the reports that are 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 2020, 49% of accepted reports include indication of mental health issues, 29% present with substance abuse indication, 21% with intimate partner violence, and 7% with housing/homelessness issues. The decline in housing issues in CY 2020 compared to prior years is likely due to the moratorium on evictions, as well as additional rental and unemployment funds, during the COVID-19 response period.

The child welfare context in Connecticut (CT), as well as across the nation, is evolving from year to year. CT DCF continues to see increases in child abuse and neglect reporting (+33% since Calendar Year 2006), although there have been significant changes in how we respond to those reports. In 2020, CT DCF saw a significant decrease in referrals of abuse and neglect, with nearly 16000 fewer submitted than the prior year. The agency attributes some of the increase in volume of reports for Calendar Years 2018 and 2019 to high-profile cases of failure to report in CT, resulting in criminal charges for those involved, and the decrease in 2020 to the COVID-19 pandemic response that temporarily closed schools/courts and later minimized in-person contact through virtual/hybrid education models.

Ongoing training and Quality Assurance (QA) efforts related to DCF's Structured Decision-Making (SDM) Careline Assessment Tool, resulted in a continued decline in CT's acceptance rate in CY20 (40.6%) compared to previous years. 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 51% in CY 2020. Also, our substantiation rate has seen steady increases from 27.4% in CY 2014, to 41.6% in CY 2020, but the Department has somewhat reduced our rate of cases transferred for post-investigation services to 15.5% in CY 2014 to 14.6% in CY 2020. We believe that the continued increase in reports handled through FAR, as well as the decrease in overall report volume and higher proportion of reports accepted from police/hospitals, are the main factors contributing to the increase in our rate of substantiation.

The following chart reflects the calls received by Careline dating back to 2006 and includes acceptance rate and track designation through CY 2020.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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
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
Family Assessment (FAR)							7,426	10,225	11,356	11,949	11,967	12,282	12,908	13,214	10,728
FAR to INV							705	901	1,340	1,377	1,373	1,439	2,321	2,797	2,014
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
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%
% FAR							26.6%	35.4%	38.0%	40.8%	39.0%	39.2%	44.9%	45.9%	50.9%

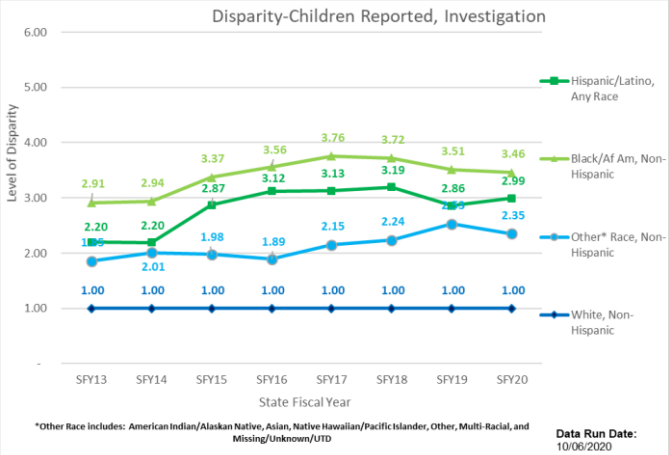
The acceptance rate was fairly steady from 2011 through 2017 with only minor fluctuations.

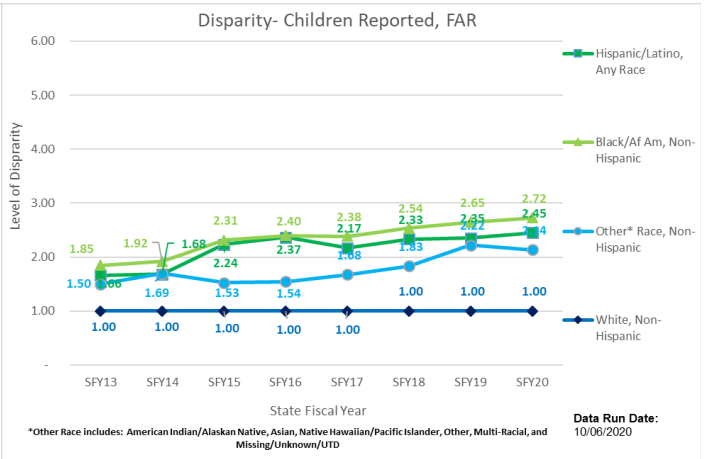
Despite a significant increase in call volume, the acceptance rate declined in 2018- 19, and the percentage of reports desigated as FAR increased for the same time period. Call volume dropped precipitously in CY 2020 due to the COVID lockdown and closing, and later reduced in-person contact, of schools 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 proportion of responses handled thorugh Family Assessment rather than traditional Investigations continued to increase, from 45.9% in CY 2019 to almost 51% in CY 2020.

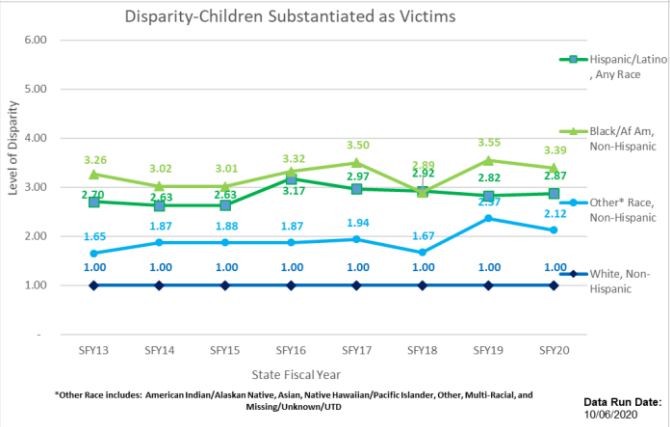
It is also important to note that children of color continue to be disproportionately over-represented in accepted DCF reports. In State Fiscal Year (SFY) 2020, African American children were 3.5 times as likely as White children to be alleged victims in a report accepted for an Investigation response, and 2.7 times as likely for a FAR response. For the same period, Hispanic children were 3 times as likely for Investigation responses, and 2.4 times as likely for a FAR response. These rates are based on 2010 US Census data. DCF will update the Disproportionality and Disparity data in CY 2021 using the 2020 US Census data.

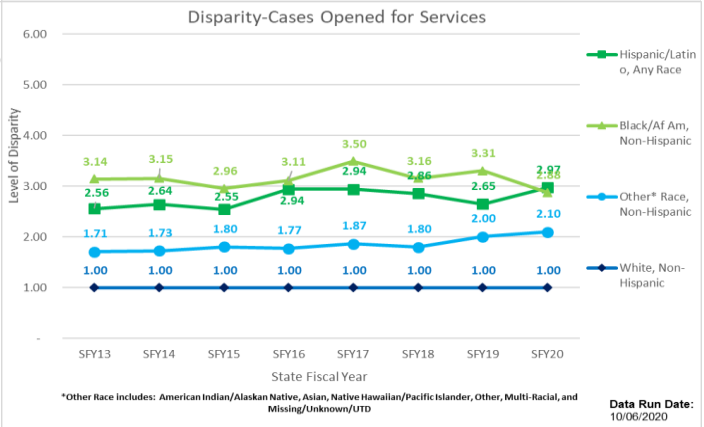
	Disparity Index			
STATEWIDE	**Race/Ethnicity**			
CW Pathway Steps	**Hispanic/Latino, Any Race**	**Black/Af Am, Non-Hispanic**	**Other* Race, Non-Hispanic**	**White, Non-Hispanic**
Total Child Population (2010 US Census)				
Children Reported, FAR (SFY20)	2.4	2.7	2.1	1.0
Children Reported, Investigation (SFY20)	3.0	3.5	2.4	1.0
Children Substantiated as Victims (SFY20)	2.9	3.4	2.1	1.0
Children in Cases Opened for Services (SFY20)	3.0	2.9	2.1	1.0
Children Entering DCF Care (SFY20)	3.0	3.5	1.7	1.0
Children In DCF Care (SFY20)	3.2	4.0	2.0	1.0
Children in Congregate Care (SFY20)	2.8	3.6	1.9	1.0

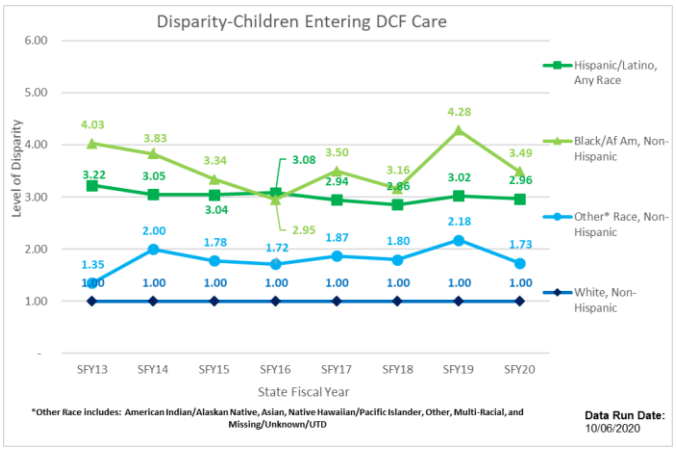
Trend data from SFY 2013 - SFY 2020, indicates that there has been uneven improvement in disparity rates. While some progress has been observed (i.e., Investigations + In Congregate Care), when it has occurred, it has been more often for Hispanic children, and less so for African American/Black and Multiracial/Other children (i.e., Substantiation, Opened for Services + Entering DCF Care). These data evidence that additional vigilance and efforts are necessary to lastingly 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.

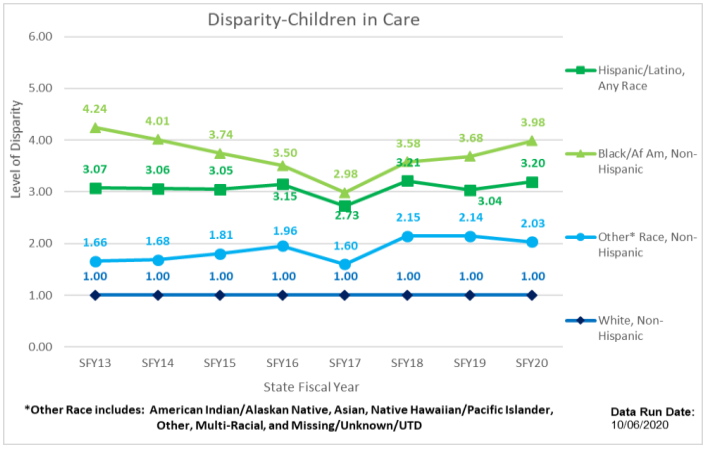


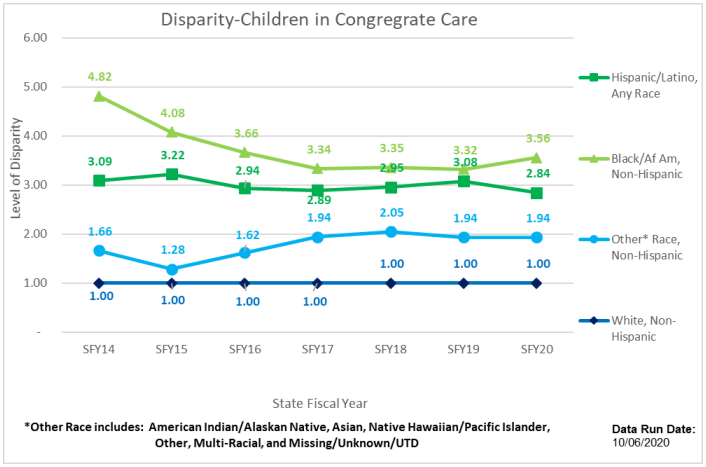






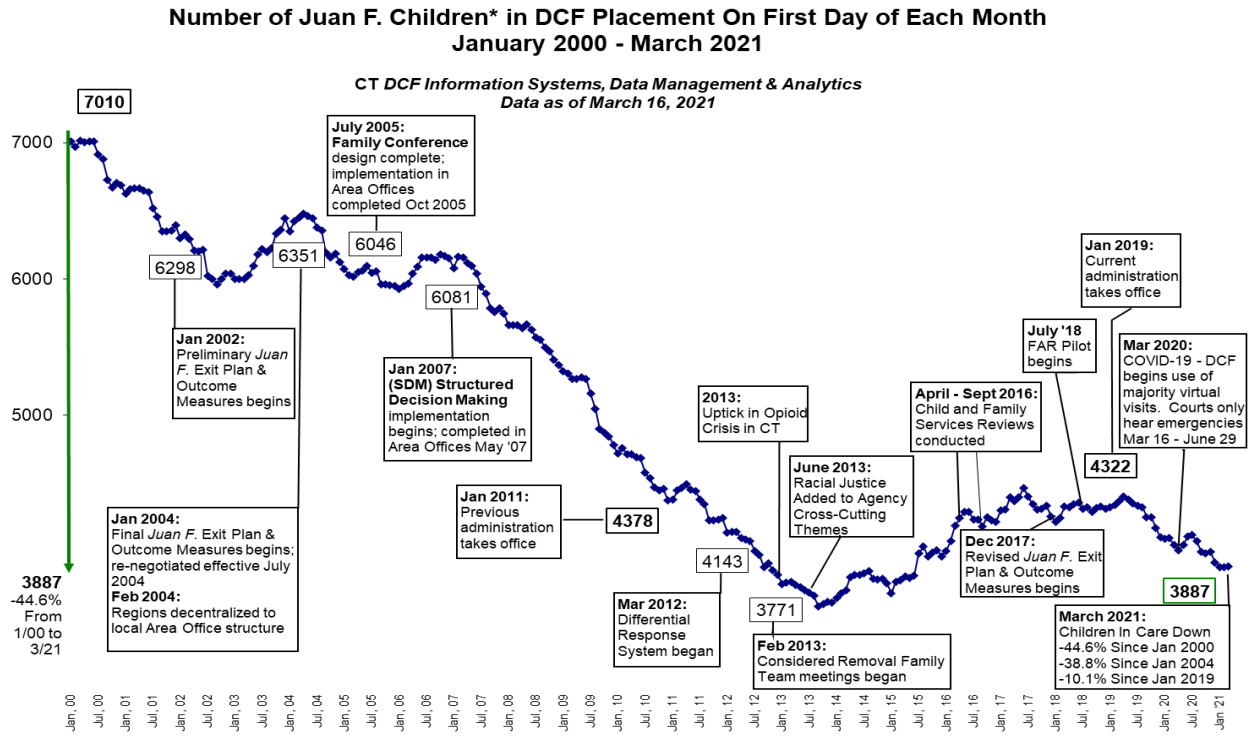






The chart on the following page shows the trend in the number of children in DCF care on the first day of each month and is annotated with various sentinel events and practice/policy changes that may have had an impact on this population. Following a long period of decreasing volume of children in care, our numbers were generally increasing from late 2013 until early 2018 when this leveled out and has continued to decline this year, perhaps in connection with the release of the updated SDM Safety and Risk Assessment tools.

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. Further information can be found in this report to help illustrate these efforts.



** Includes all Juan F. children in open DCF placements on the first day of each month; Excludes Committed Delinquent, Voluntary, Probate and Interstate Compact. On any given day DCF is responsible for an average of 5.7% additional children who have left open placement, but for which DCF is still legally responsible.*

The CFSR Round 3 Data Profile (February 2021) provided data on all seven national indicators. Risk-standardized results for Placement Stability and Maltreatment in Care meet the required standard and are statistically better than national performance. Results for Re-entry to Foster Care show that CT is within the margin of error for achieving the national standard for the latest reporting period available (FFY18) and is equivalent to national performance. Unfortunately, performance on the companion Permanency in 12 Months measure continued to decline for the same period and did not meet the measure. Achievement of Permanency in 12 Months from Entry and for those in care 24+ months remain our most significant challenges, with gaps of about 15% between current and expected performance.

CT had been within the margin of error for achieving national performance for Permanency in 12 Months for those in care 24+months for two of the most recent four periods (FFY18 - FFY19) but was below that level for FFY20 and did not meet the measure. CT has yet to show achievement on any of the remaining two measures that matches or exceeds national performance, though we did demonstrate continued improvement on Recurrence of Maltreatment during the latest two periods compared to the previous period.

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 instead of being based on static submissions to AFCARS and NCANDS they are based on SACWIS (LINK) data updated daily. The results for the measures based on these reports are as follows:

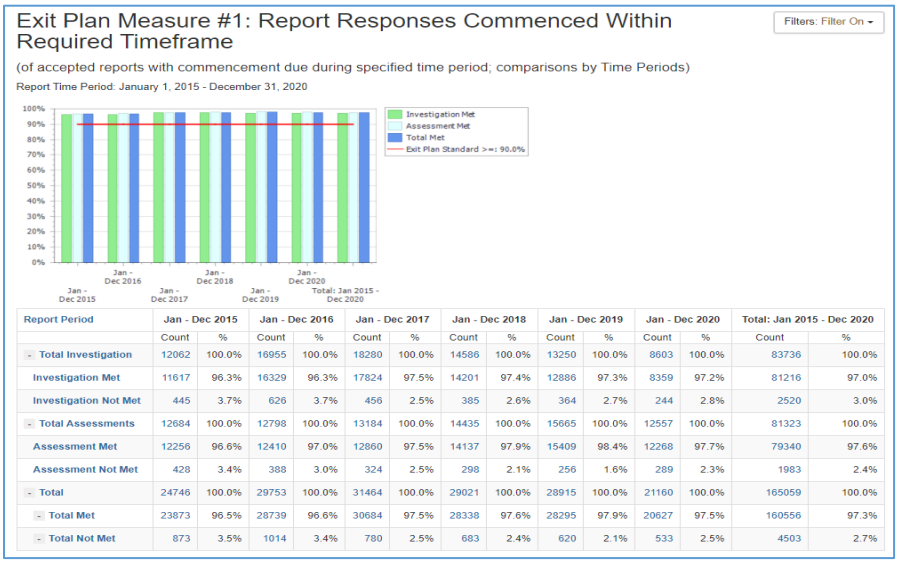
FEDERAL MEASURE	CY11	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	TREND
Recurrence of Maltreatment (<=9.1%)	9.7	9.1	9.2	10.1	8.7	10.2	10.5	9.9	9.0	8.2	
Maltreatment in Foster Care (<=8.5 victims/100k days)	5.0	5.3	5.5	6.6	6.4	6.5	6.9	5.6	5.7	3.3	
Placement Stability (<=4.1 moves/1k days)	3.3	3.0	2.8	2.6	3.1	3.6	3.9	4.1	4.0	3.3	
Permanency in 12 Months (>=40.5%)	39.5	37.7	34.2	30.9	26.7	25.5	24.1	27.7	28.4	24.7	
Permanency in 12 Months for Children In Care 12-23 Months (>=-43.6%)	43.2	43.1	44.0	39.3	45.2	42.9	48.2	47.2	48.1	32.0	
Permanency in 12 Months for Children In Care >=24 Months (>=30.3%)	22.4	23.7	27.0	25.8	31.7	28.8	32.0	35.1	40.4	28.6	
Re-Entry to Foster Care (<=8.3%)	13.1	12.0	15.2	15.6	15.1	15.0	14.4	17.8	15.8	13.2	

The ROM report shows that CT has consistently met the national standard on Maltreatment in Foster Care and Placement Stability, and in three recent years for two of the Permanency measures (12-23 and 24+). Declines in performance on all three permanency measures for CY20 are consistent with the Data profile results, and due in large part to the impact on practice and court availability during the COVID-19 response period. Further exploration of the relevant datasets will be required in order to interpret the differences. It is also important to note that we observe continued improvement in performance on the related Re-Entry to Foster Care measures.

The bullets below set forth the Department's current performance on Safety, Permanency and Well-Being Items:

Item 1

- CFSR Result: n=41, 59% Strength, 41% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=36, 75% Strength, 25% ANI; PIP Performance Goal Achieved
- ROM EP#1 – CY 2015 – CY 2020: The following chart shows that our standard has been met, with improvement of one percentage point since CY15.

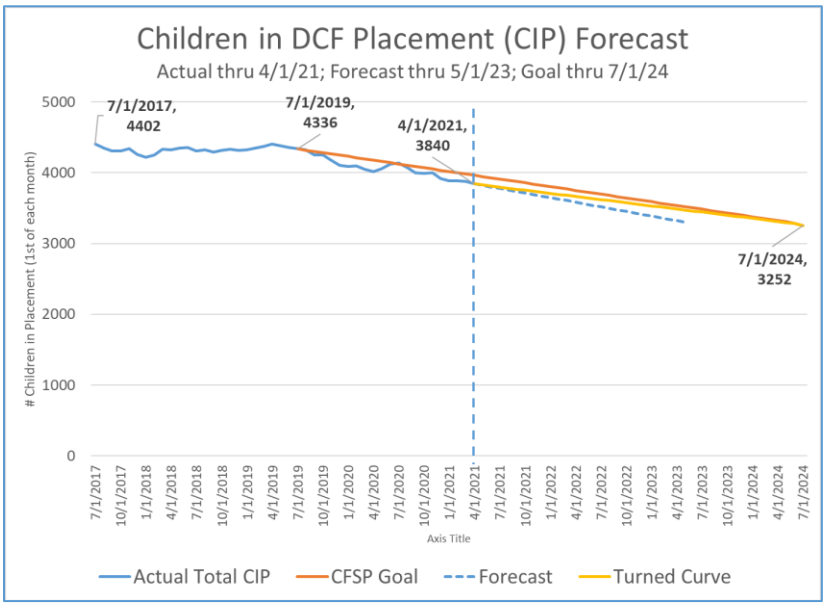


Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Total: Jan 2015 - Dec 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total Investigation	12062	100.0%	16955	100.0%	18280	100.0%	14586	100.0%	13250	100.0%	8603	100.0%	83736	100.0%
Investigation Met	11617	96.3%	16329	96.3%	17824	97.5%	14201	97.4%	12886	97.3%	8359	97.2%	81216	97.0%
Investigation Not Met	445	3.7%	626	3.7%	456	2.5%	385	2.6%	364	2.7%	244	2.8%	2520	3.0%
Total Assessments	12684	100.0%	12798	100.0%	13184	100.0%	14435	100.0%	15665	100.0%	12557	100.0%	81323	100.0%
Assessment Met	12256	96.6%	12410	97.0%	12860	97.5%	14137	97.9%	15409	98.4%	12268	97.7%	79340	97.6%
Assessment Not Met	428	3.4%	388	3.0%	324	2.5%	298	2.1%	256	1.6%	289	2.3%	1983	2.4%
Total	24746	100.0%	29753	100.0%	31464	100.0%	29021	100.0%	28915	100.0%	21160	100.0%	165059	100.0%
Total Met	23873	96.5%	28739	96.6%	30684	97.5%	28338	97.6%	28295	97.9%	20627	97.5%	160556	97.3%
Total Not Met	873	3.5%	1014	3.4%	780	2.5%	683	2.4%	620	2.1%	533	2.5%	4503	2.7%

- DRS Case Reviews: Face to face with child victim within required response time (CY 2020, 77%)

Item 2

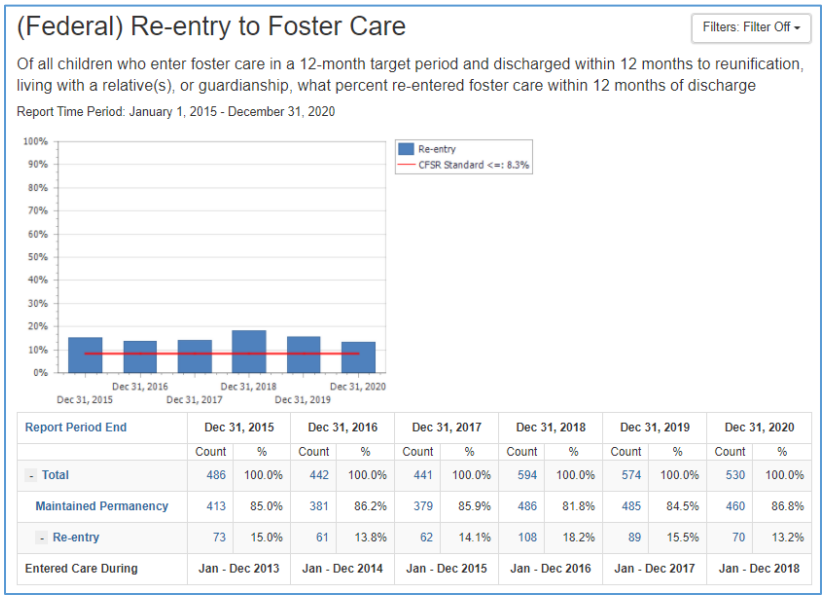
- CFSP Objective:
  - # of children in foster care will be reduced by 25% through continued implementation of CR-CFTM meetings: The following chart shows a 11.4% decrease in the total number of children in DCF placement since the beginning of our CFSP on 7/1/19 as of 4/1/21



- CFSR Result: n=21, 57% Strength, 43% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=12, 83.3% Strength, 16.7% ANI; PIP Performance Goal Achieved
- CFSR National Data Indicator Results: *Re-entry to Foster Care in 12 Months* - the national standard for this measure is <=8.3%, and CT performance for FFY 2016 - 2018 meets that expectation at 7.3%, or 7.4% in 2017. Children ages 11-16 (>9% each year) were the only age group that did not meet the standard. Performance for Black/African Americans improved from 8% to 7.4%, and Hispanics (6.6%) is better than that for White children (7.4%).

Observed performance on permanency indicators Re-entry to foster care in 12 months											
	Denominator (exits)			Numerator (reentries)			Percentage			Percent of total (exits)	Percent of total (reentries)
	16A16B	17A17B	18A18B	16A16B	17A17B	18A18B	16A16B	17A17B	18A18B	18A18B	18A18B
Age at entry (prior episode)											
Total	**89,799**	**89,924**	**85,062**	**6,537**	**6,668**	**6,177**	**7.3%**	**7.4%**	**7.3%**	**100.0%**	**100.0%**
0 - 3 mos	7,628	7,819	7,668	563	602	616	7.4%	7.7%	8.0%	9.0%	10.0%
4 - 11 mos	5,286	5,271	5,175	404	409	367	7.6%	7.8%	7.1%	6.1%	5.9%
< 1 yr subtotal	**12,914**	**13,090**	**12,843**	**967**	**1,011**	**983**	**7.5%**	**7.7%**	**7.7%**	**15.1%**	**15.9%**
1 - 5 yrs	28,681	28,902	27,472	1,871	1,947	1,865	6.5%	6.7%	6.8%	32.3%	30.2%
6 - 10 yrs	21,289	21,309	19,983	1,205	1,235	1,166	5.7%	5.8%	5.8%	23.5%	18.9%
11 - 16 yrs	24,821	24,723	23,097	2,431	2,432	2,123	9.8%	9.8%	9.2%	27.2%	34.4%
17 yrs	2,094	1,900	1,667	63	43	40	3.0%	2.3%	2.4%	2.0%	0.6%
Race/ethnicity											
American Indian/Alaskan Native	1,657	1,719	1,561	148	155	139	8.9%	9.0%	8.9%	1.8%	2.3%
Asian	669	555	614	40	34	22	6.0%	6.1%	3.6%	0.7%	0.4%
Black or African American	18,782	18,233	17,603	1,503	1,395	1,301	8.0%	7.7%	7.4%	20.7%	21.1%
Hispanic (of any race)	18,691	18,247	17,270	1,214	1,228	1,148	6.5%	6.7%	6.6%	20.3%	18.6%
Native Hawaiian/Other Pacific Islander	225	228	226	15	9	12	6.7%	3.9%	5.3%	0.3%	0.2%
White	42,088	43,049	40,647	3,050	3,234	2,996	7.2%	7.5%	7.4%	47.8%	48.5%
Two or More	6,066	6,099	5,595	471	499	461	7.8%	8.2%	8.2%	6.6%	7.5%
Unknown/Unable to Determine	1,439	1,428	1,227	89	98	75	6.2%	6.9%	6.1%	1.4%	1.2%
Missing Race/Ethnicity Data	182	366	319	7	16	23	3.8%	4.4%	7.2%	0.4%	0.4%
Note 1: Ages and races/ethnicities 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.											

- ROM Federal Re-Entry to FC – CY 2015 – CY 2020: The following chart shows that the standard was not met but continued to improve in 2020 compared to the previous two years.



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	486	100.0%	442	100.0%	441	100.0%	594	100.0%	574	100.0%	530	100.0%
Maintained Permanency	413	85.0%	381	86.2%	379	85.9%	486	81.8%	485	84.5%	460	86.8%
- Re-entry	73	15.0%	61	13.8%	62	14.1%	108	18.2%	89	15.5%	70	13.2%
Entered Care During	Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018	

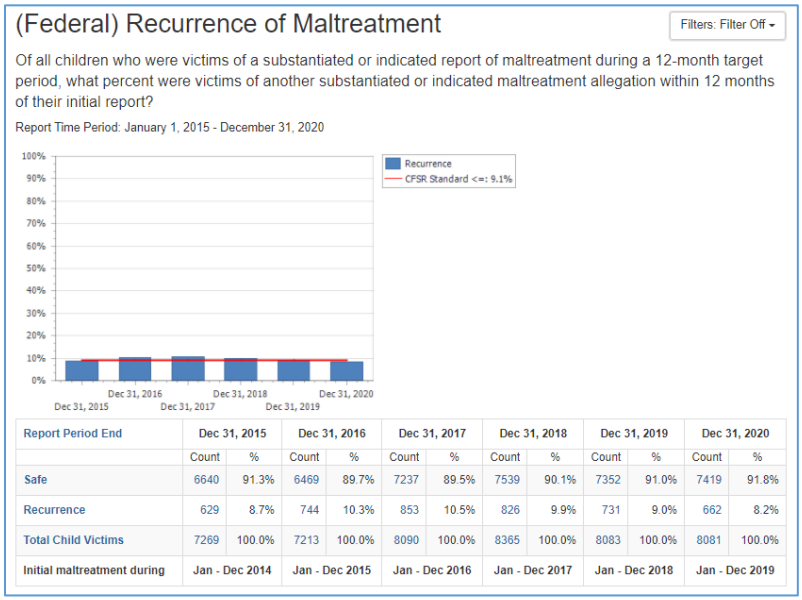
- CFSR National Data Indicator Results: *Recurrence of Maltreatment* - the national standard for this measure is <=9.1%, and CT performance for FFY 2019 is 9.7%. Infants (8.8%) and 17-year-olds were the only age groups that met the standard. Performance for Black/African Americans (9.1%) meets the measure, and while Hispanics (9.4%) do not, they are both better than that for White children (10.9%).

- CFSR National Data Indicator Results: *Maltreatment in Care* - the national standard for this measure is <=8.5, and CT performance for FFY 2018 easily meets that standard at 4.5. Performance for children in all age groups met the standard though is highest for those ages 6 - 10 at 6.52. Performance for Black/African Americans (5.22) and Hispanics (6.15) also met the standard but is not as good as performance for White children (3.0).

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)	
	16AB,FY16	17AB,FY17	18AB,FY18	16AB,FY16	17AB,FY17	18AB,FY18	16AB,FY16	17AB,FY17	18AB,FY18	18AB,FY18	18AB,FY18	
Age at entry or on 1st day												
Total	**1,256,725**	**1,290,893**	**1,288,815**	**93**	**118**	**58**	**7.40**	**9.14**	**4.50**	**100.0%**	**100.0%**	
0 - 3 mos	74,995	78,764	74,993	3	4	2	4.00	5.08	2.67	5.8%	3.4%	
4 - 11 mos	82,715	81,790	91,749	1	6	3	1.21	7.34	3.27	7.1%	5.2%	
< 1 yr subtotal	**157,710**	**160,554**	**166,742**	**4**	**10**	**5**	**2.54**	**6.23**	**3.00**	**12.9%**	**8.6%**	
1 - 5 yrs	388,787	422,413	406,569	23	21	15	5.92	4.97	3.69	31.5%	25.9%	
6 - 10 yrs	237,166	258,297	276,027	30	24	18	12.65	9.29	6.52	21.4%	31.0%	
11 - 16 yrs	404,822	394,436	387,536	28	60	19	6.92	15.21	4.90	30.1%	32.8%	
17 yrs	68,240	55,193	51,941	8	3	1	11.72	5.44	1.93	4.0%	1.7%	
Race/ethnicity												
American Indian/Alaskan Native	2,712	942	1,285	0	0	0	0.00	0.00	0.00	0.1%	0.0%	
Asian	4,520	3,538	2,549	0	0	0	0.00	0.00	0.00	0.2%	0.0%	
Black or African American	267,008	274,561	287,526	30	31	15	11.24	11.29	5.22	22.3%	25.9%	
Native Hawaiian/Other Pacific Islander	329	0	215	0	0	0	0.00	0.00	0.00	0.0%	0.0%	
Hispanic (of any race)	463,808	475,818	455,488	35	43	28	7.55	9.04	6.15	35.3%	48.3%	
White	409,848	429,643	432,617	25	31	13	6.10	7.22	3.00	33.6%	22.4%	
Two or More	91,434	89,520	87,296	1	11	2	1.09	12.29	2.29	6.8%	3.4%	
Unknown/Unable to Determine	17,066	16,871	21,839	2	2	0	11.72	11.85	0.00	1.7%	0.0%	
County												
Fairfield County	202,181	146,082	135,223	25	21	9	12.37	14.38	6.66	10.5%	15.5%	
Hartford County	275,695	300,146	293,580	27	32	11	9.79	10.66	3.75	22.8%	19.0%	
Litchfield County	42,994	48,257	56,223	0	8	0	0.00	16.58	0.00	4.4%	0.0%	
Middlesex County	35,378	40,678	43,426	2	0	3	5.65	0.00	6.91	3.4%	5.2%	
New Haven County	366,481	410,111	411,344	24	32	24	6.55	7.80	5.83	31.9%	41.4%	
New London County	139,781	143,163	148,504	7	6	4	5.01	4.19	2.69	11.5%	6.9%	
Tolland County	90,853	104,566	115,027	4	13	3	4.40	12.43	2.61	8.9%	5.2%	
Windham County	103,362	97,890	85,488	4	6	4	3.87	6.13	4.68	6.6%	6.9%	

Note 1: Ages, races/ethnicities, and counties 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.

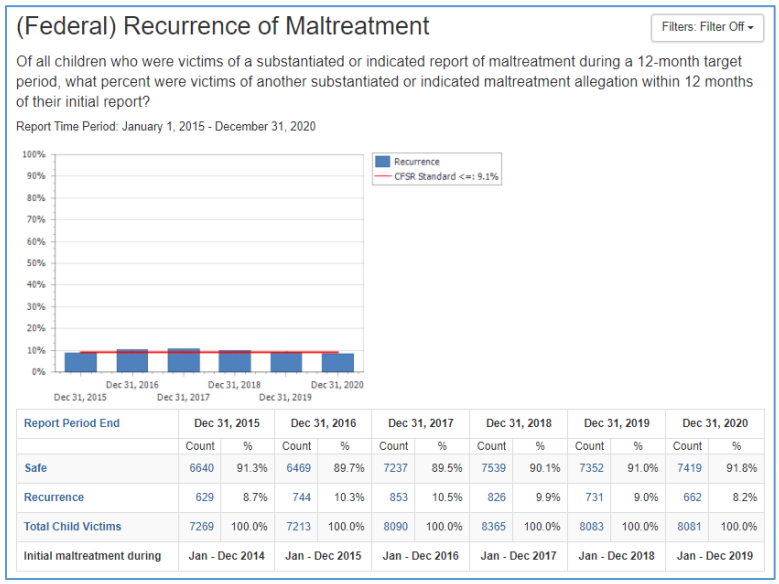
- ROM Federal Recurrence of Maltreatment – CY15 – CY20: The following chart shows an improving trend and that the standard was met for CY 2019 and CY 2020.



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Safe	6640	91.3%	6469	89.7%	7237	89.5%	7539	90.1%	7352	91.0%	7419	91.8%
Recurrence	629	8.7%	744	10.3%	853	10.5%	826	9.9%	731	9.0%	662	8.2%
Total Child Victims	7269	100.0%	7213	100.0%	8090	100.0%	8365	100.0%	8083	100.0%	8081	100.0%
Initial maltreatment during	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019	

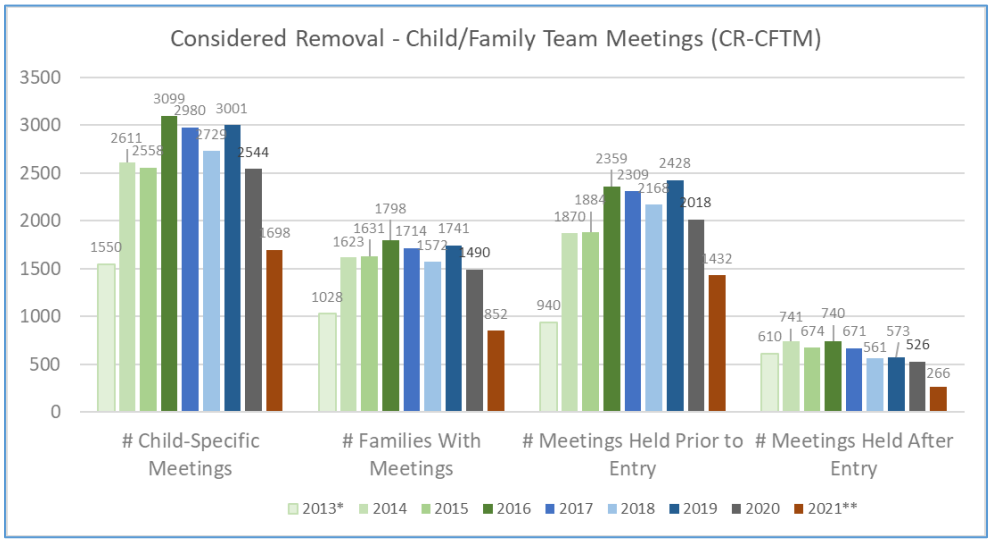
- CFSR National Data Indicator Results: *Maltreatment in Care* - the national standard for this measure is <=8.5, and CT performance for FFY 2018 easily meets that standard at 4.5. Performance for children in all age groups met the standard though is highest for those ages 6 - 10 at 6.52. Performance for Black/African Americans (5.22) and Hispanics (6.15) also met the standard but is not as good as performance for White children (3.0).

- Federal Maltreatment in Foster Care – CY15 – CY20: The following chart shows that CY20 performance continues an improving trend since CY17 and is easily met at 3.28.

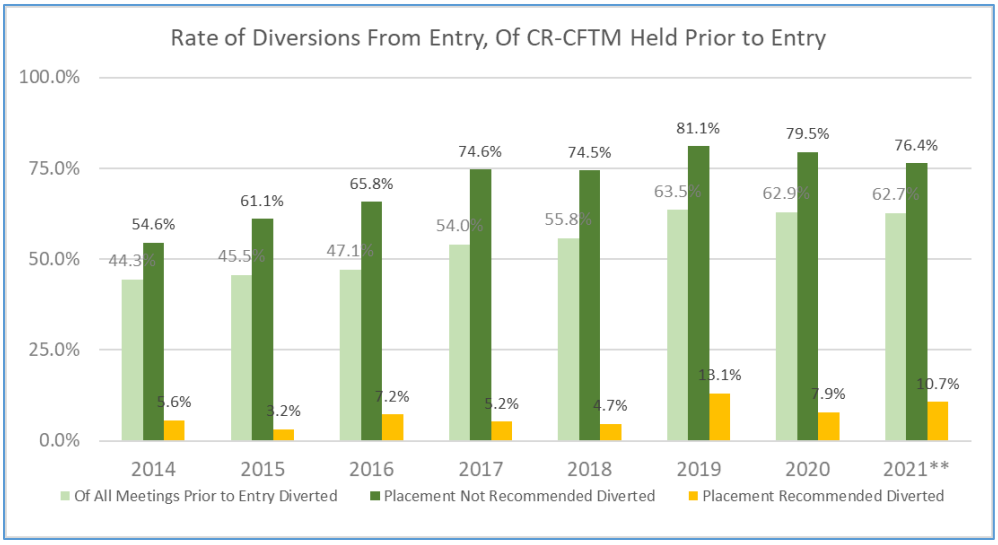


Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Safe	6640	91.3%	6469	89.7%	7237	89.5%	7539	90.1%	7352	91.0%	7419	91.8%
Recurrence	629	8.7%	744	10.3%	853	10.5%	826	9.9%	731	9.0%	662	8.2%
Total Child Victims	7269	100.0%	7213	100.0%	8090	100.0%	8365	100.0%	8083	100.0%	8081	100.0%
Initial maltreatment during	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019	

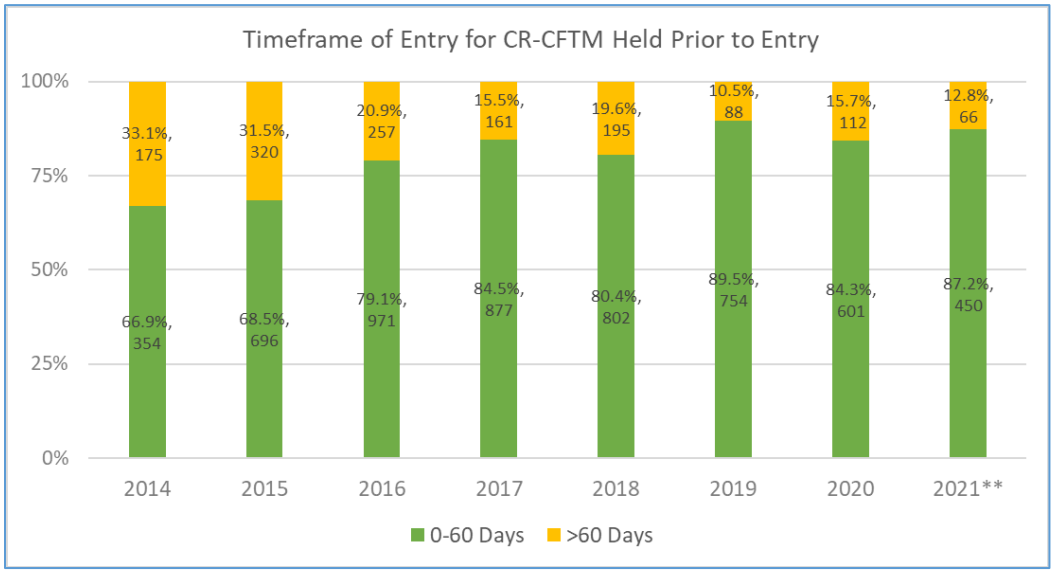
- CR-CFTM Data – SFY 2014 – 3Q20 (**2021 data is partial as of 3/31/21)
- # Child Specific Team Meetings: 15% decrease in SFY 2020 compared to SFY 2019
- #/% Meetings Held Prior: Volume and proportion decreased in SFY 2020, with proportion equivalent to SFY 2018



- #/% Children diverted from entering care: <1 percentage point decrease in SFY 2020 in proportion of meetings held resulting in diversion from foster care compared to SFY 2019, and preliminary results for SFY 2021 are about the same



- #/% 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 improved from 89.5% in SFY 2019 to 84.3% in SFY 2020.



Item 3

- CFSR Result: n=82, 51% Strength, 49% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=60, 78.3% Strength, 21.7% ANI, PIP Performance Goal Achieved
- ACRI Case practice elements – Strength % - CY 2015 – 1Q 2020 annual aggregation; all comparisons made between CY 2015 and CY 2019
- Risk & Safety – Child in Placement: 4 percentage point improvement since CY 2015
- Risk & Safety – Child in Home: 11 percentage point increase since CY 2015

Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
10	Risk & Safety - Child in Placement	92%	90%	92%	93%	94%	95%	96%
11	Risk & Safety - Children in Home	69%	64%	67%	70%	66%	68%	80%
*2021 is partial data as of 4/20/21								

- Timely Accurate SDM – Parents: 1 percentage point improvement since CY 2015
- Timely Accurate SDM – Child: 4 percentage point decrease since CY 2015

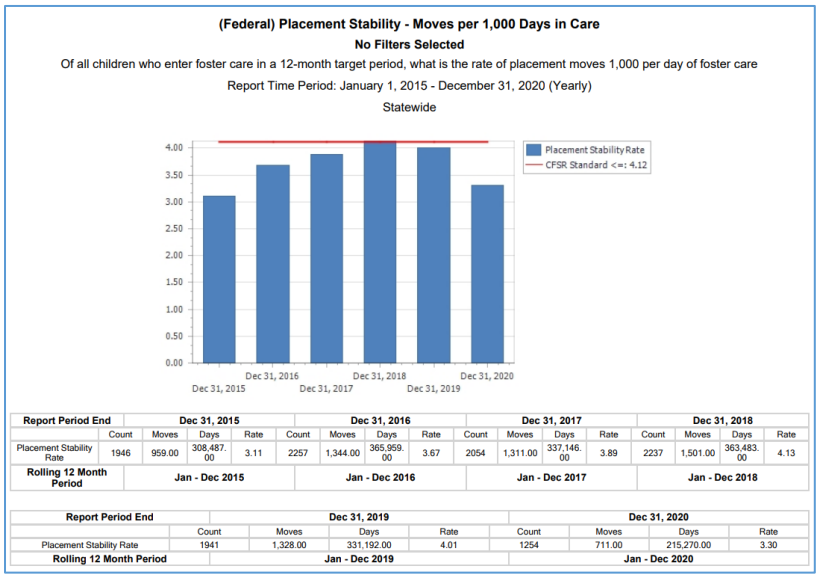
Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
22	Timely Accurate SDM - Parents	77%	77%	75%	76%	78%	79%	78%
23	Timely Accurate SDM - Child	85%	78%	74%	77%	76%	72%	81%
*2021 is partial data as of 4/20/21								

- DRS Case Reviews: Timely/Accurate Risk and Safety SDM, 89%
- DRS Case Reviews: Appropriate Safety Plan, monitored and updated: 78%
- DRS Case Reviews: Ongoing informal assessments (accurate): 89%

Item 4

- CFSR Result: n=42, 86% Strength, 14% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=28, 90% Strength, 10% ANI, PIP Performance Goal achieved RP3

- ROM Federal Placement Stability - CY14 – CY20: Standard continues to be met and improved since CY 2018 so our performance for CY 2020 is well below the standard line at 3.3 moves/1k days.



- CFSR National Data Indicator Results: *Placement Stability* - the national standard for this measure is <=4.12, and CT performance for FFY 2020 is 4.03. Performance for children age 11 - 16 (5.76) did not meet the standard, but all other age groups were successful. Performance for Black/African Americans (4.57) and American Indians (4.15) did not meet the standard, but the agency was successful for all other race/ethnicity groups.

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)
	18A18B	19A19B	20A20B	18A18B	19A19B	20A20B	18A18B	19A19B	20A20B	20A20B	20A20B
Age entry											
Total	**37,420,408**	**35,747,394**	**32,198,336**	**177,248**	**169,117**	**129,674**	**4.74**	**4.73**	**4.03**	**100.0%**	**100.0%**
0 - 3 mos	5,273,705	5,057,614	4,819,076	14,076	13,524	10,923	2.67	2.67	2.27	15.0%	8.4%
4 - 11 mos	2,337,695	2,229,633	1,995,145	8,321	7,696	5,652	3.56	3.45	2.83	6.2%	4.4%
< 1 yr subtotal	**7,611,400**	**7,287,247**	**6,814,221**	**22,397**	**21,220**	**16,575**	**2.94**	**2.91**	**2.43**	**21.2%**	**12.8%**
1 - 5 yrs	11,551,221	10,921,121	9,701,911	48,861	45,212	34,013	4.23	4.14	3.51	30.1%	26.2%
6 - 10 yrs	8,036,661	7,594,356	6,684,642	38,110	35,516	26,397	4.74	4.68	3.95	20.8%	20.4%
11 - 16 yrs	9,325,323	9,119,305	8,269,884	60,872	60,541	47,595	6.53	6.64	5.76	25.7%	36.7%
17 yrs	895,803	825,365	727,678	7,008	6,628	5,094	7.82	8.03	7.00	2.3%	3.9%
Race/ethnicity											
American Indian/Alaskan Native	816,555	777,607	685,319	3,839	4,240	2,846	4.70	5.45	4.15	2.1%	2.2%
Asian	203,252	202,002	179,708	864	929	638	4.25	4.60	3.55	0.6%	0.5%
Black or African American	7,826,132	7,367,213	6,644,101	42,200	40,273	30,353	5.39	5.47	4.57	20.6%	23.4%
Hispanic (of any race)	7,485,044	7,362,816	6,735,980	34,396	33,523	25,406	4.60	4.55	3.77	20.9%	19.6%
Native Hawaiian/Other Pacific Islander	100,213	99,802	85,886	491	378	285	4.90	3.79	3.32	0.3%	0.2%
White	17,522,649	16,519,989	14,825,273	79,756	73,920	58,014	4.55	4.47	3.91	46.0%	44.7%
Two or More	2,683,640	2,650,963	2,476,869	12,500	12,765	9,928	4.66	4.82	4.01	7.7%	7.7%
Unknown/Unable to Determine	588,631	624,415	507,739	2,482	2,540	1,971	4.22	4.07	3.88	1.6%	1.5%
Missing Race/Ethnicity Data	194,292	142,587	57,461	720	549	233	3.71	3.85	4.05	0.2%	0.2%
Note 1: Ages and races/ethnicities 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.											

Item 5

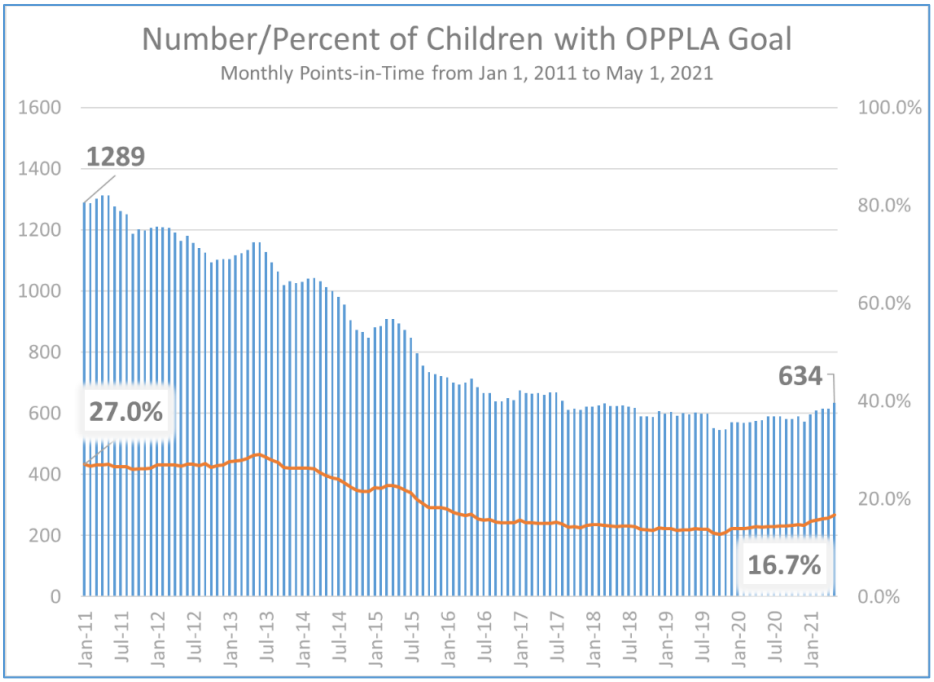
- CFSP Objective:
- Permanency Teaming will be implemented to improve the likelihood of permanency for all children and to reduce the use of OPPLA by 50%

	Period of Entry to Care													
	2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Total Entries	2853	2828	2628	2694	2298	1859	2005	1928	1990	2261	2083	2354	2106	1362
Permanent Exits														
In 1 yr	1095	1098	1093	1025	707	560	535	499	427	566	542	492	401	
	38.4%	38.8%	41.6%	38.0%	30.8%	30.1%	26.7%	25.9%	21.5%	25.0%	26.0%	20.9%	19.0%	
In 2 yrs	1675	1675	1582	1378	1052	857	840	791	754	903	791	767		
	58.7%	59.2%	60.2%	51.2%	45.8%	46.1%	41.9%	41.0%	37.9%	39.9%	38.0%	32.6%		
In 3 yrs	1974	1942	1792	1676	1245	1035	1071	1000	972	1179	987			
	69.2%	68.7%	68.2%	62.2%	54.2%	55.7%	53.4%	51.9%	48.8%	52.1%	47.4%			
In 4 yrs	2090	2032	1895	1780	1357	1119	1158	1111	1075	1299				
	73.3%	71.9%	72.1%	66.1%	59.1%	60.2%	57.8%	57.6%	54.0%	57.5%				
To Date	2174	2121	1953	1851	1437	1161	1212	1175	1114	1319	1025	852	492	187
	76.2%	75.0%	74.3%	68.7%	62.5%	62.5%	60.4%	60.9%	56.0%	58.3%	49.2%	36.2%	23.4%	13.7%
Non-Permanent Exits														
In 1 yr	263	250	208	196	138	95	125	111	95	68	62	86	74	
	9.2%	8.8%	7.9%	7.3%	6.0%	5.1%	6.2%	5.8%	4.8%	3.0%	3.0%	3.7%	3.5%	

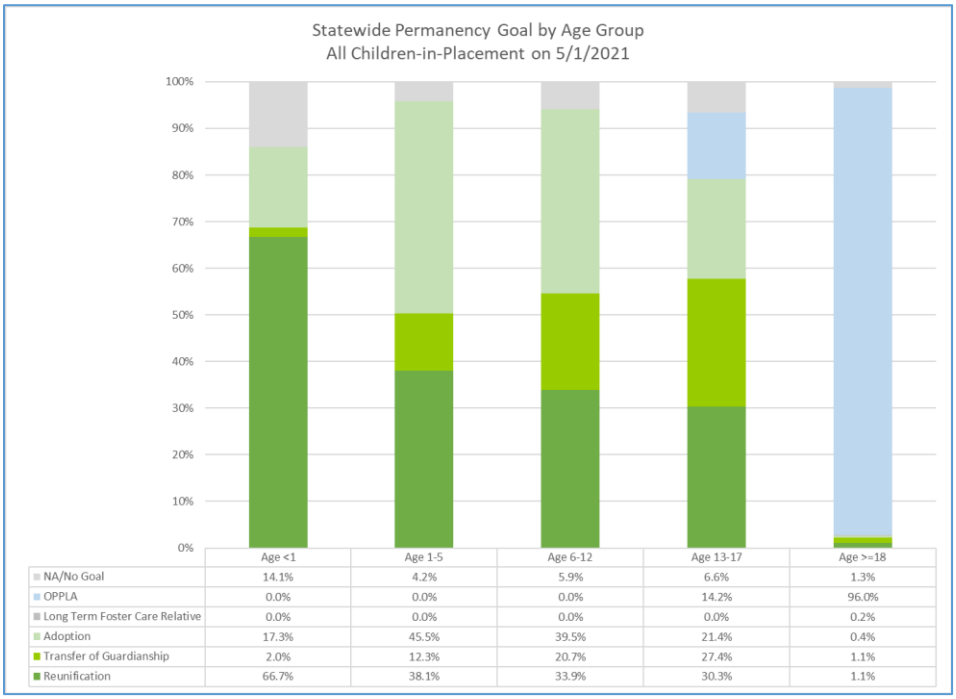
In 2 yrs	318	320	267	243	188	146	182	140	124	89	88	113		
	11.1%	11.3%	10.2%	9.0%	8.2%	7.9%	9.1%	7.3%	6.2%	3.9%	4.2%	4.8%		
In 3 yrs	354	363	300	275	220	190	218	157	156	112	106			
	12.4%	12.8%	11.4%	10.2%	9.6%	10.2%	10.9%	8.1%	7.8%	5.0%	5.1%			
In 4 yrs	392	394	328	309	257	218	236	176	178	124				
	13.7%	13.9%	12.5%	11.5%	11.2%	11.7%	11.8%	9.1%	8.9%	5.5%				
To Date	469	479	410	389	308	264	286	207	200	128	115	130	93	43
	16.4%	16.9%	15.6%	14.4%	13.4%	14.2%	14.3%	10.7%	10.1%	5.7%	5.5%	5.5%	4.4%	3.2%

	Period of Entry to Care													
	2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Unknown Exits														
In 1 yr	62	60	75	127	205	133	101	112	196	247	232	310	303	
	2.2%	2.1%	2.9%	4.7%	8.9%	7.2%	5.0%	5.8%	9.8%	10.9%	11.1%	13.2%	14.4%	
In 2 yrs	98	91	139	303	399	254	308	341	430	496	512	618		
	3.4%	3.2%	5.3%	11.2%	17.4%	13.7%	15.4%	17.7%	21.6%	21.9%	24.6%	26.3%		
In 3 yrs	124	125	192	380	474	336	395	439	528	637	651			
	4.3%	4.4%	7.3%	14.1%	20.6%	18.1%	19.7%	22.8%	26.5%	28.2%	31.3%			
In 4 yrs	156	167	217	399	498	375	442	475	571	685				
	5.5%	5.9%	8.3%	14.8%	21.7%	20.2%	22.0%	24.6%	28.7%	30.3%				
To Date	209	218	254	441	540	417	480	502	598	689	667	685	431	77
	7.3%	7.7%	9.7%	16.4%	23.5%	22.4%	23.9%	26.0%	30.1%	30.5%	32.0%	29.1%	20.5%	5.7%
Remain In Care														
In 1 yr	1433	1420	1252	1346	1248	1071	1244	1206	1272	1380	1247	1466	1328	
	50.2%	50.2%	47.6%	50.0%	54.3%	57.6%	62.0%	62.6%	63.9%	61.0%	59.9%	62.3%	63.1%	
In 2 yrs	762	742	640	770	659	602	675	656	682	773	692	856		
	26.7%	26.2%	24.4%	28.6%	28.7%	32.4%	33.7%	34.0%	34.3%	34.2%	33.2%	36.4%		
In 3 yrs	401	398	344	363	359	298	321	332	334	333	339			
	14.1%	14.1%	13.1%	13.5%	15.6%	16.0%	16.0%	17.2%	16.8%	14.7%	16.3%			
In 4 yrs	215	235	188	206	186	147	169	166	166	153				
	7.5%	8.3%	7.2%	7.6%	8.1%	7.9%	8.4%	8.6%	8.3%	6.8%				
To Date	1	10	11	13	13	17	27	44	78	125	276	687	1090	1055
	0.0%	0.4%	0.4%	0.5%	0.6%	0.9%	1.3%	2.3%	3.9%	5.5%	13.3%	29.2%	51.8%	77.5%

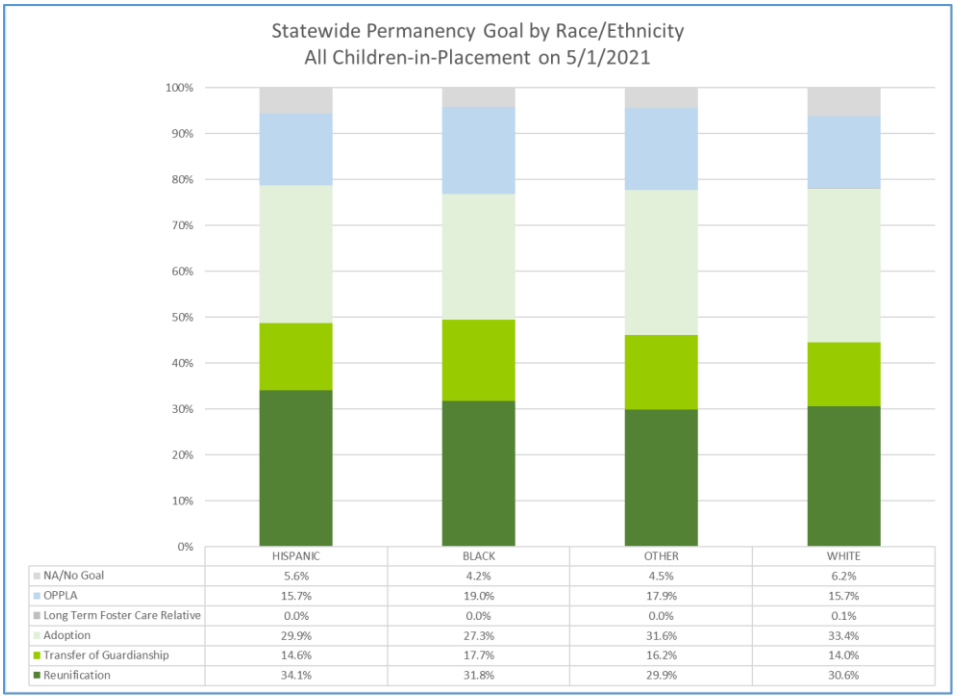
- Trend in #/% of Children with OPPLA Goal: Volume and proportion up slightly compared to last year, ending with 16.7% of the total population in May 2021.



- **Other Related Data**



	Age <1	Age 1-5	Age 6-12	Age 13-17	Age >=18
NA/No Goal	14.1%	4.2%	5.9%	6.6%	1.3%
OPPLA	0.0%	0.0%	0.0%	14.2%	96.0%
Long Term Foster Care Relative	0.0%	0.0%	0.0%	0.0%	0.2%
Adoption	17.3%	45.5%	39.5%	21.4%	0.4%
Transfer of Guardianship	2.0%	12.3%	20.7%	27.4%	1.1%
Reunification	66.7%	38.1%	33.9%	30.3%	1.1%



	HISPANIC	BLACK	OTHER	WHITE
NA/No Goal	5.6%	4.2%	4.5%	6.2%
OPPLA	15.7%	19.0%	17.9%	15.7%
Long Term Foster Care Relative	0.0%	0.0%	0.0%	0.1%
Adoption	29.9%	27.3%	31.6%	33.4%
Transfer of Guardianship	14.6%	17.7%	16.2%	14.0%
Reunification	34.1%	31.8%	29.9%	30.6%

- 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.

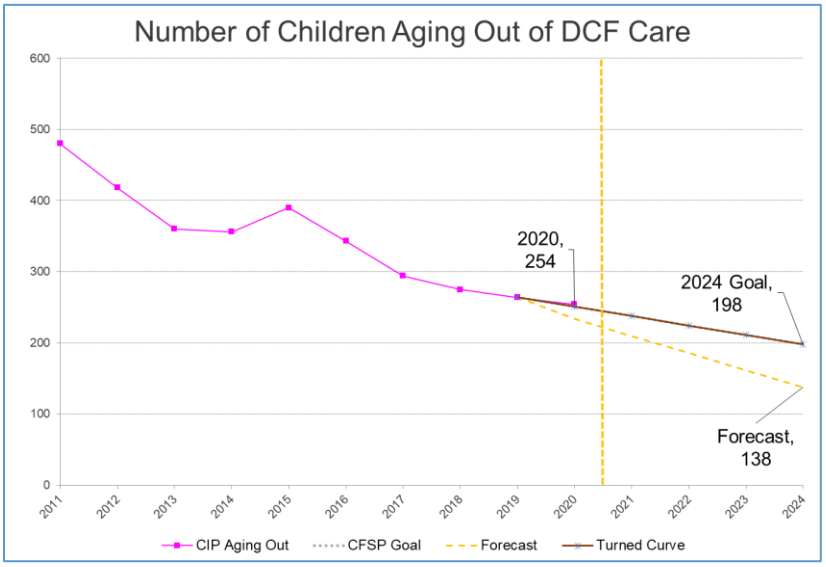
Cohort: Permanency Plans that were approved during FY20

APPLA/OPPLA Plans for FY20	
Total Number Of Permanency Plans Approved	3066
Number of APPLA/OPPLA Plans Approved	524
Number of ILP Approved	178
Number of Long Term Foster Care Approved	78
Number of Other Approved	268

- CFSR Result: n=41, 78% Strength, 22% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=28, 57% Strength, 43% ANI; PIP Performance Goal Achieved

Item 6

- CFSP Objective
- Number of youth aging out of care without legal or relational permanency will be reduced by 25%.



- CFSR Result: n=42, 31% Strength, 69% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=28, 21.4% Strength, 78.6% ANI; PIP Performance Goal Achieved
- CFSR National Data Indicator Results: *Permanency in 12 Months from Entry* - The national standard for achievement of permanency in 12 months from entry is >=40.5%, and the data for FFY 2018 shows most recent CT performance at 38.6% overall. CT rates for children entering between ages 6 and 16 met the measure, but other age groups did not. The difference between Hispanic, Black and White groups is less than 2 percentage points, though none met the standard. The Asian population did meet the standard (48.5%), as did the Unknown and Missing groups.

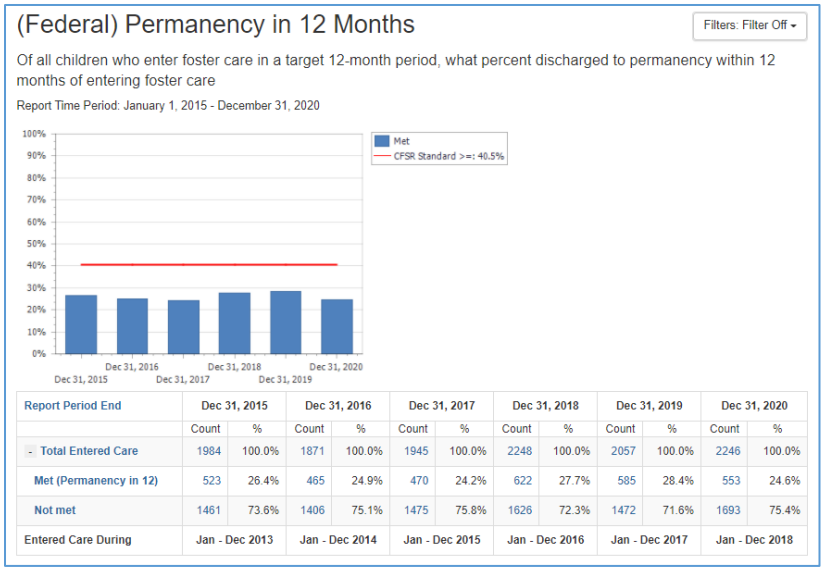
Observed performance on permanency indicators Permanency in 12 months (entries)											
	Denominator (entries)			Numerator (exits)			Percentage			Percent of total (entries)	Percent of total (exits)
	16A16B	17A17B	18A18B	16A16B	17A17B	18A18B	16A16B	17A17B	18A18B	18A18B	18A18B
Age at entry											
Total	**235,920**	**240,464**	**227,049**	**92,296**	**92,396**	**87,643**	**39.1%**	**38.4%**	**38.6%**	**100.0%**	**100.0%**
0 - 3 mos	29,721	31,303	30,529	8,966	9,182	9,088	30.2%	29.3%	29.8%	13.4%	10.4%
4 - 11 mos	14,482	14,754	13,907	5,448	5,425	5,306	37.6%	36.8%	38.2%	6.1%	6.1%
< 1 yr subtotal	**44,203**	**46,057**	**44,436**	**14,414**	**14,607**	**14,394**	**32.6%**	**31.7%**	**32.4%**	**19.6%**	**16.4%**
1 - 5 yrs	72,859	74,272	70,040	29,147	29,346	27,975	40.0%	39.5%	39.9%	30.8%	31.9%
6 - 10 yrs	51,354	52,215	48,830	21,597	21,592	20,281	42.1%	41.4%	41.5%	21.5%	23.1%
11 - 16 yrs	58,719	59,611	56,255	25,033	24,935	23,318	42.6%	41.8%	41.5%	24.8%	26.6%
17 yrs	8,785	8,309	7,488	2,105	1,916	1,675	24.0%	23.1%	22.4%	3.3%	1.9%
Race/ethnicity											
American Indian/Alaskan Native	5,167	5,293	4,604	1,674	1,751	1,594	32.4%	33.1%	34.6%	2.0%	1.8%
Asian	1,417	1,216	1,292	680	569	627	48.0%	46.8%	48.5%	0.6%	0.7%
Black or African American	49,443	49,479	47,485	19,156	18,544	17,949	38.7%	37.5%	37.8%	20.9%	20.5%
Hispanic (of any race)	50,138	50,464	47,161	19,138	18,705	17,762	38.2%	37.1%	37.7%	20.8%	20.3%
Native Hawaiian/Other Pacific Islander	567	586	615	229	231	228	40.4%	39.4%	37.1%	0.3%	0.3%
White	108,282	111,641	105,579	43,458	44,447	42,112	40.1%	39.8%	39.9%	46.5%	48.0%
Two or More	17,070	17,773	16,862	6,261	6,279	5,773	36.7%	35.3%	34.2%	7.4%	6.6%
Unknown/Unable to Determine	3,146	3,206	2,866	1,515	1,500	1,277	48.2%	46.8%	44.6%	1.3%	1.5%
Missing Race/Ethnicity Data	690	806	585	185	370	321	26.8%	45.9%	54.9%	0.3%	0.4%

Note 1: Ages and races/ethnicities 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.

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 28.3% in CY 2019 to 24.6% in CY 2020. Child placements episodes have been significantly impacted by COVID throughout the course of the year. Entries into care decreased for much of the year, but so have exits from care, resulting in actually very little change to the overall number of children in placement at any given point in time. CT courts were only hearing Priority 1 business for a time (i.e. for Motions for Orders of Temporary Custody) and slowly reopened to hear non-emergent and more routine matters. Additionally, the Commissioner was granted emergency authorization to extend a moratorium of exiting older youth from care, while the eligibility criteria for young adults to re-enter care was relaxed to encourage young adults to return to care if they were experiencing housing instability. We had a higher number of children in "trial home visit" placement as a result of the agency moving forward with reunification while waiting for the court for legal discharge from care.



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total Entered Care	1984	100.0%	1871	100.0%	1945	100.0%	2248	100.0%	2057	100.0%	2246	100.0%
Met (Permanency in 12)	523	26.4%	465	24.9%	470	24.2%	622	27.7%	585	28.4%	553	24.6%
Not met	1461	73.6%	1406	75.1%	1475	75.8%	1626	72.3%	1472	71.6%	1693	75.4%
Entered Care During	Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018	

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP 12 - 23 Months* - the national standard for this measure is >=43.6%, and CT performance for FFY 2020 meets the standard at 44.4%. Children ages 10 and under met the standard, while older groups did not. Performance for Black/African Americans (29.6%) and Hispanics (33.7%) are much lower than that for White children (41.4%), though all groups except Asian, Black and Missing met the standard.

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)
	18A18B	19A19B	20A20B	18A18B	19A19B	20A20B	18A18B	19A19B	20A20B	20A20B	20A20B
Age on 1st day											
Total	**106,614**	**110,772**	**104,904**	**49,614**	**52,322**	**46,607**	**46.5%**	**47.2%**	**44.4%**	**100.0%**	**100.0%**
1 - 5 yrs	50,283	52,109	49,262	26,790	28,214	24,795	53.3%	54.1%	50.3%	47.0%	53.2%
6 - 10 yrs	25,974	26,802	24,824	12,518	12,950	11,379	48.2%	48.3%	45.8%	23.7%	24.4%
11 - 16 yrs	25,294	26,745	26,028	9,510	10,325	9,665	37.6%	38.6%	37.1%	24.8%	20.7%
17 yrs	5,063	5,116	4,790	796	833	768	15.7%	16.3%	16.0%	4.6%	1.6%
Race/ethnicity											
American Indian/Alaskan Native	2,528	2,628	2,326	930	1,102	915	36.8%	41.9%	39.3%	2.2%	2.0%
Asian	484	419	462	235	193	191	48.6%	46.1%	41.3%	0.4%	0.4%
Black or African American	22,121	23,603	22,899	8,588	9,301	8,241	38.8%	39.4%	36.0%	21.8%	17.7%
Hispanic (of any race)	22,227	22,946	21,388	10,643	11,002	9,556	47.9%	47.9%	44.7%	20.4%	20.5%
Native Hawaiian/Other Pacific Islander	241	259	293	113	102	102	46.9%	39.4%	34.8%	0.3%	0.2%
White	49,035	50,578	47,503	24,443	25,667	23,058	49.8%	50.7%	48.5%	45.3%	49.5%
Two or More	8,509	8,937	8,738	3,942	4,227	3,903	46.3%	47.3%	44.7%	8.3%	8.4%
Unknown/Unable to Determine	1,090	1,168	1,137	561	639	599	51.5%	54.7%	52.7%	1.1%	1.3%
Missing Race/Ethnicity Data	379	234	158	159	89	42	42.0%	38.0%	26.6%	0.2%	0.1%

Note 1: Ages and races/ethnicities 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.

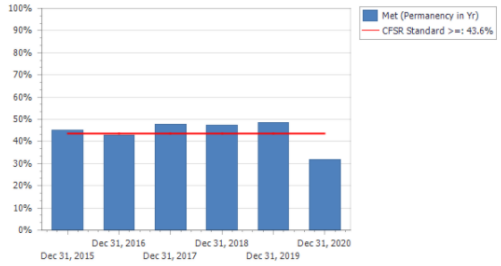
- ROM Federal Permanency in 12 Months for CIP 12-23 Months: Performance declined from 48.4% in CY 2019 to 31.9% in CY 2020, which did not meet the measure for the first time since CY 2016.

(Federal) Permanency in 12 Months for Children in Foster Care 12 to 23 Months

Filters: Filter Off

Of all children in foster care on the first day of a 12- month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period

Report Time Period: January 1, 2015 - December 31, 2020



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total 1st day of period	1044	100.0%	969	100.0%	1071	100.0%	1133	100.0%	1026	100.0%	1165	100.0%
Met (Permanency in Yr)	472	45.2%	416	42.9%	512	47.8%	537	47.4%	497	48.4%	372	31.9%
- Not Met (No perm in Yr)	572	54.8%	553	57.1%	559	52.2%	596	52.6%	529	51.6%	793	68.1%
1st day 12 month period	Jan 1, 2015		Jan 1, 2016		Jan 1, 2017		Jan 1, 2018		Jan 1, 2019		Jan 1, 2020	

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP >=24 Months* - the national standard for this measure is >=30.3%, and CT performance for FFY 2020 meets the standard at 36.1%. Children ages 10 and under met the standard, while older groups did not. Performance for Black/African Americans (29.6%) and Hispanics (33.7%) are much lower than that for White children (41.4%), though all groups except Asian, Black and Missing met the standard.

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)
	18A18B	19A19B	20A20B	18A18B	19A19B	20A20B	18A18B	19A19B	20A20B	20A20B	20A20B
Age on 1st day											
Total	**102,751**	**107,343**	**102,890**	**38,886**	**42,185**	**37,164**	**37.8%**	**39.3%**	**36.1%**	**100.0%**	**100.0%**
1 - 5 yrs	27,621	29,358	27,862	15,664	17,063	14,848	56.7%	58.1%	53.3%	27.1%	40.0%
6 - 10 yrs	28,050	29,129	27,800	12,699	13,674	11,805	45.3%	46.9%	42.5%	27.0%	31.8%
11 - 16 yrs	37,113	38,906	37,980	9,617	10,527	9,709	25.9%	27.1%	25.6%	36.9%	26.1%
17 yrs	9,967	9,950	9,248	906	921	802	9.1%	9.3%	8.7%	9.0%	2.2%
Race/ethnicity											
American Indian/Alaskan Native	2,976	3,186	2,865	974	1,109	943	32.7%	34.8%	32.9%	2.8%	2.5%
Asian	533	525	452	163	164	134	30.6%	31.2%	29.6%	0.4%	0.4%
Black or African American	28,729	29,409	28,354	9,093	9,819	8,386	31.7%	33.4%	29.6%	27.6%	22.6%
Hispanic (of any race)	22,063	22,421	21,770	8,224	8,604	7,336	37.3%	38.4%	33.7%	21.2%	19.7%
Native Hawaiian/Other Pacific Islander	162	184	233	66	67	125	40.7%	36.4%	53.6%	0.2%	0.3%
White	39,044	42,084	39,949	16,362	18,382	16,534	41.9%	43.7%	41.4%	38.8%	44.5%
Two or More	8,059	8,477	8,350	3,415	3,578	3,352	42.4%	42.2%	40.1%	8.1%	9.0%
Unknown/Unable to Determine	709	805	699	389	382	307	54.9%	47.5%	43.9%	0.7%	0.8%
Missing Race/Ethnicity Data	476	252	218	200	80	47	42.0%	31.7%	21.6%	0.2%	0.1%

Note 1: Ages and races/ethnicities 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.

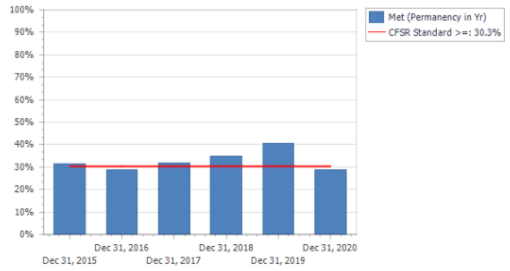
- ROM Federal Permanency in 12 Months for CIP >=24 Months: Performance declined from 40.4% in CY 2019 to 28.6% in CY 2020, which did not meet the measure for the first time since CY 2016.

(Federal) Permanency in 12 Months for Children in Foster Care 24 Months or More

Filters: Filter Off

Of all children in foster care on the first day of a 12- month period who had been in foster care (in that episode) 24 months or more, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period

Report Time Period: January 1, 2015 - December 31, 2020



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total 1st day of period	1059	100.0%	974	100.0%	953	100.0%	962	100.0%	999	100.0%	929	100.0%
Met (Permanency in Yr)	333	31.4%	281	28.9%	302	31.7%	334	34.7%	404	40.4%	266	28.6%
- Not Met (No permanency)	726	68.6%	693	71.1%	651	68.3%	628	65.3%	595	59.6%	663	71.4%
1st day 12 month period	Jan 1, 2015		Jan 1, 2016		Jan 1, 2017		Jan 1, 2018		Jan 1, 2019		Jan 1, 2020	

- Judicial Data concerning Time to Permanent Placement for SFY20

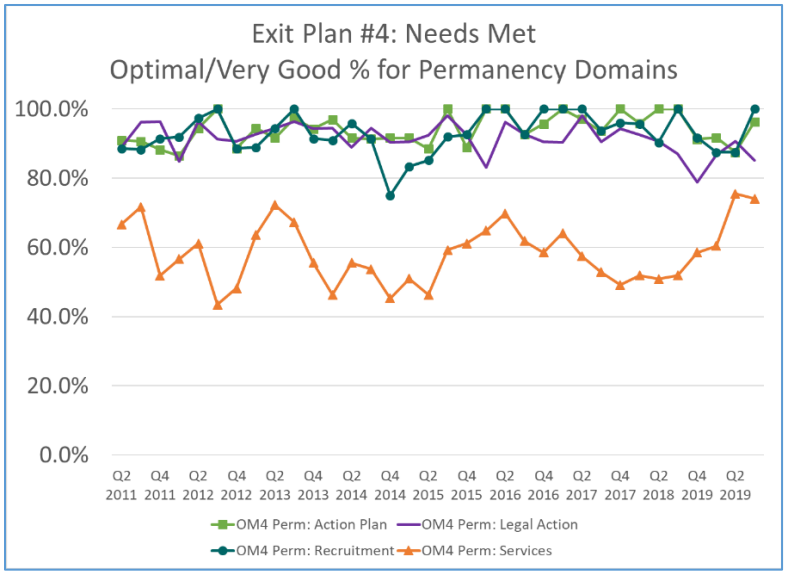
Time to Permanent Placement

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 FY20

FY20									
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	507	62	133	277	1120	871	12%	26%	55%
Transfer of Guardianship	160	42	86	119	591	523	26%	54%	74%
Reunification	750	417	565	650	393	320	56%	75%	87%

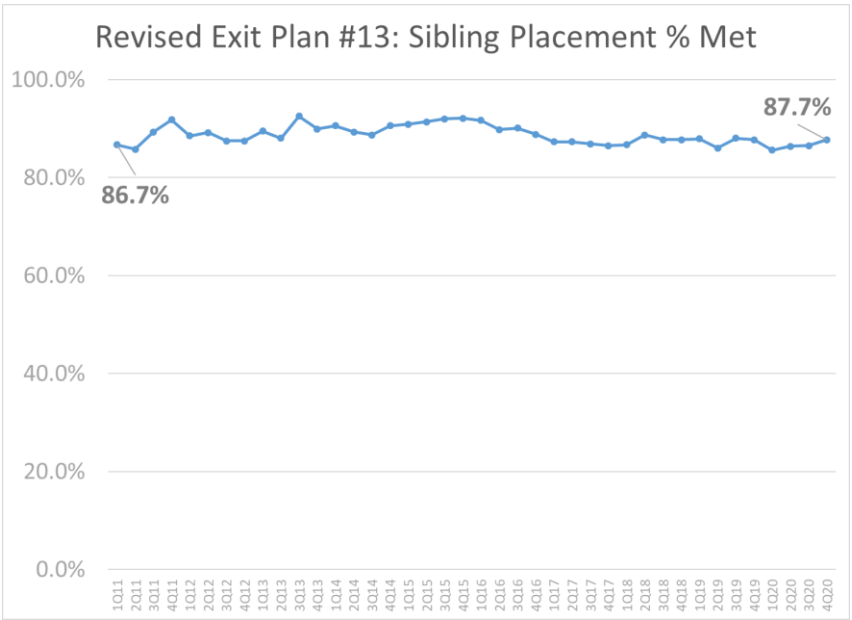
- Other Related Data
  - Exit Plan (EP) #4 Needs Met: selected Permanency domains: Improvements observed in Permanency Services since 4Q 2017, with generally declining performance in the other three Permanency domains since that time. Action Plans and Recruitment did see significant improvement in the last available quarter.



Item 7

- CFSR Result: n=21, 76% Strength, 24% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=20, 90% Strength, 10% ANI, PIP Goal Achieved
- CIP Dashboard Since 2011 - % CIP In Kin Placement Jan 2011 – April 2021
- **21.0%** in Kinship Care on Jan 1, 2011 (17.3% in Relative only)
- **43.3%** in Kinship Care on April 1, 2021 (36.2% in Relative only)

    - EP #10 CY 2011 – CY 2020 – 1% improvement in performance across time period



Item 8

- CFSR Result: n=28, 75% Strength, 25% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=22, 72.7% Strength, 27.3% ANI, PIP Goal Achieved
- 2020 Child Visitation Study Results

The DCF Quality Assurance and Case Review Unit, in collaboration with Regional Quality Improvement managers and other qualified reviewers, conducted a study of 147 target children, who were under the care and custody of the Commissioner of DCF for at least one week between July 1, 2019 and June 30, 2020. Each child's visitation with their parents, and each of their identified siblings were evaluated. Compliance with the statute was operationalized at the target child and sibling level, resulting in a measurement for 286 sibling pairs and 198 children with their parents.

Siblings:

Of the 286 sibling pairs, the visitation frequency for 112 (39.2%) sibling pairs met or exceeded the expectation. There were 46 (16.1%) pairs in which visitation frequency could not be determined due to lack of documentation in the case plan and case related narratives.

Barriers to meeting the visitation expectations were identified. The most often identified barrier for sibling pairs for whom DCF did not meet the visitation expectation (which does not included the cases in which the actual visitation frequency was not able to be determined) was "Child and/or Sibling Refuses to Visit" (30, 19.9%) and "Other" (37, 24.5%). Other barriers included siblings who were in the parent's care and not visiting because parents were not attending visits, the adult sibling being incarcerated, inability to locate adult sibling, parents/guardians refusing to allow visits and the visitation frequency left to the discretion of the caretakers. In most of the cases, the barrier was not able to be determined (70, 46.4%).

Parents:

The compliance determination for visitation with parents was based on 118 children of the 147 children who populated the sample, for a total of 198 child/parent pairs. There was a clear visitation expectation identified in the case record for 176 (88.8%) child/parent pairs.

The visitation expectation was met for 89 parent/child pairs (50.6%) of the 176 pairs with a documented visitation expectation. The compliance for child/parent pairs that had an expected frequency determined by the department was based on whether the typical pattern of the visitation met or exceeded that expectation.

There were 45 (25.6%) child/parent pairs that did not meet the visitation expectation, this does not include the pairs (42, 23.9%) in which the expectation and/or frequency was unable to be determined. Reviewers identified barriers to meeting the visitation expectation for 37 (82.2%) child/parent pairs for which the measure was not met. The reviewers determined that for 8 (17.8%) pairs, there was not enough documentation in the record to identify a barrier. The most often identified barrier was "Parents Cancelled, Refused or No Show to Visits" for 21 (56.7%) of the 37 pairs.

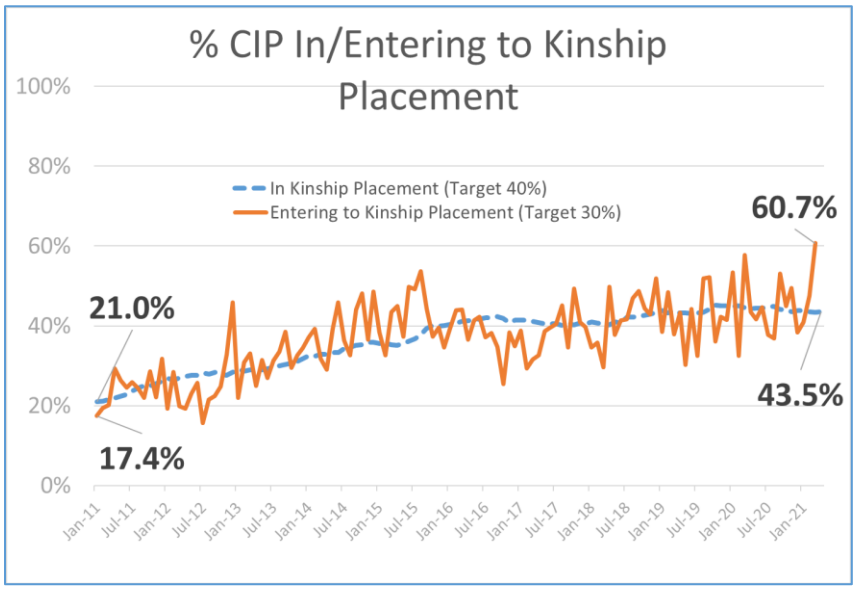
Item 9

- CFSR Result: n=42, 50% Strength, 50% ANI
- PIP Status: n=28, 89.3% Strength, 10.7% ANI, PIP Goal Achieved
- Administrative Care Review Instrument (ACRI)- Case Practice Elements
- Maternal Relatives: 4 percentage point improvement since CY 2015
- Paternal Relatives: 6 percentage point improvement since CY 2015

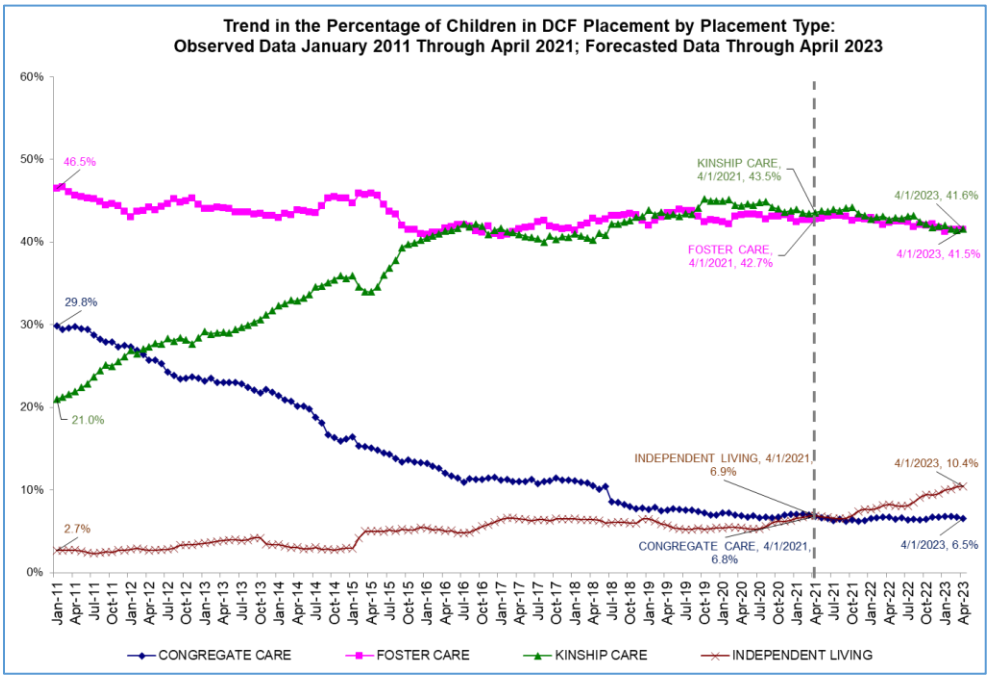
Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
34	Maternal relatives	93%	93%	93%	94%	95%	96%	97%
35	Paternal relatives	90%	91%	90%	91%	92%	95%	96%
*2021 is partial data as of 4/20/21								

Item 10

- CFSP Objective:
- 40% of all initial placements and 30% of overall placements will be with relatives and kin: As of April 1, 2021, 60.7% of initial placements were with kin, as well as 43.5% of overall placements, near or exceeding both our goals

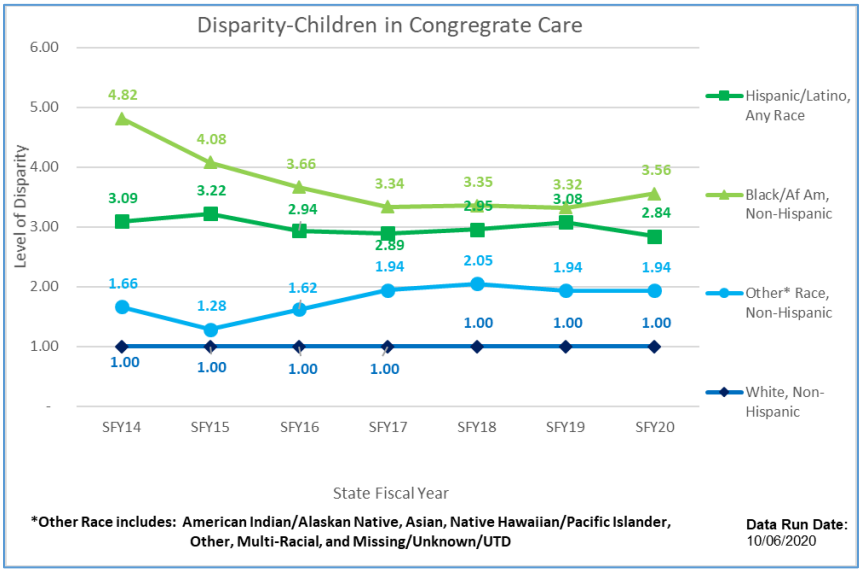


- Number of children in Congregate Care settings will be no more than 10% of total CIP: As of April 1, 2021, only 6.8% of children in placement were in Congregate Care, exceeding our goal by 3.2%

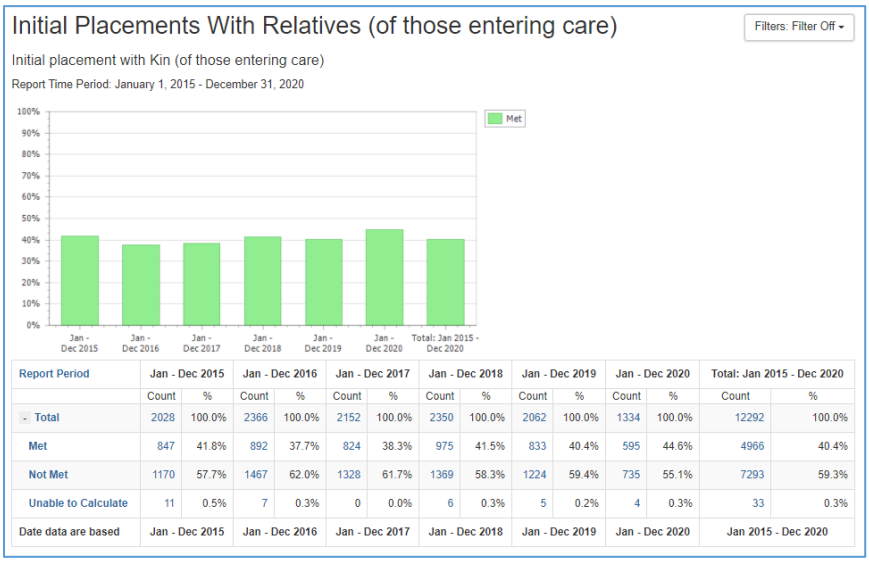


- CIP Placement Type Projections: Forecast shows we will continue to reduce the usage of Congregate Care, but our use of Kinship and Foster placements slightly decline as we serve an increasing proportion of older youth in Independent Living (see projection portion of previous chart)

- SFY Comparison in CIP in CC Disparity Rates: Shows decline in disparity for Hispanic, but increase for Black and no change for Other race children

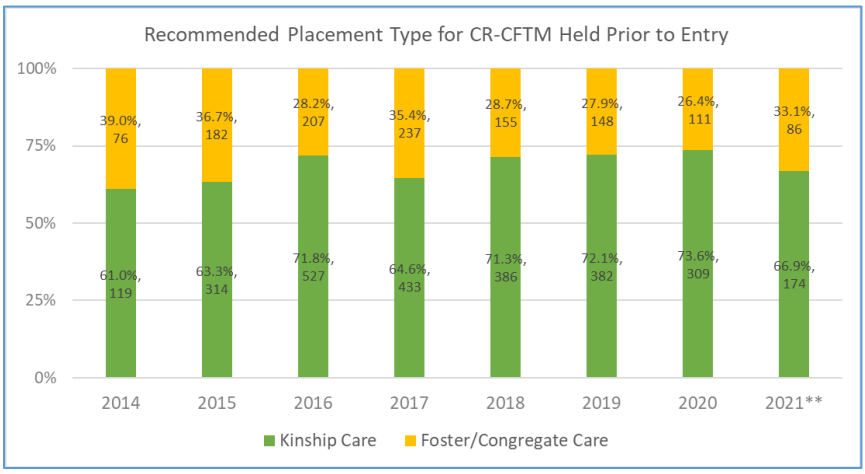


- CFSR Result: n=42, 62% Strength, 38% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=28, 96.4% Strength, 3.6% ANI, PIP Goal Achieved
- ROM Initial Placement with Kin CY15 – CY 2020: annual results show a more than 4% increase from CY 2019 to CY 2020, to the highest proportion since CY 2015.

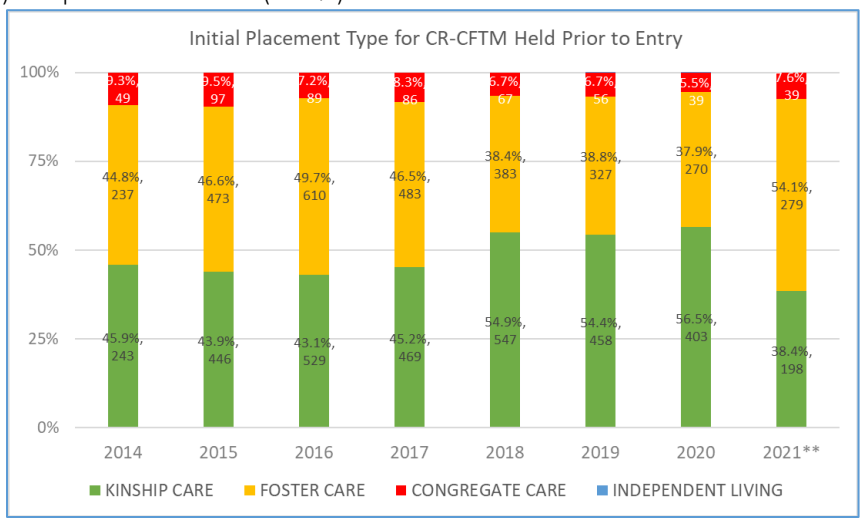


Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Total: Jan 2015 - Dec 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	2028	100.0%	2366	100.0%	2152	100.0%	2350	100.0%	2062	100.0%	1334	100.0%	12292	100.0%
Met	847	41.8%	892	37.7%	824	38.3%	975	41.5%	833	40.4%	595	44.6%	4966	40.4%
Not Met	1170	57.7%	1467	62.0%	1328	61.7%	1369	58.3%	1224	59.4%	735	55.1%	7293	59.3%
Unable to Calculate	11	0.5%	7	0.3%	0	0.0%	6	0.3%	5	0.2%	4	0.3%	33	0.3%
Date data are based	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan 2015 - Dec 2020	

- CR-CFTM Data (**2021 data partial as of 4/1/21):
  - % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation SFY 2015 – 2020: More recommendations made for Kinship placements in SFY 2020 (73.6%) compared to SFY 2019 (72.1%)



- Of entries, #/% children placed with relatives/kin: Increase in actual initial placements with Kin during SFY 2020 (56.5%) compared to SFY 2019 (54.9%)



Item 11

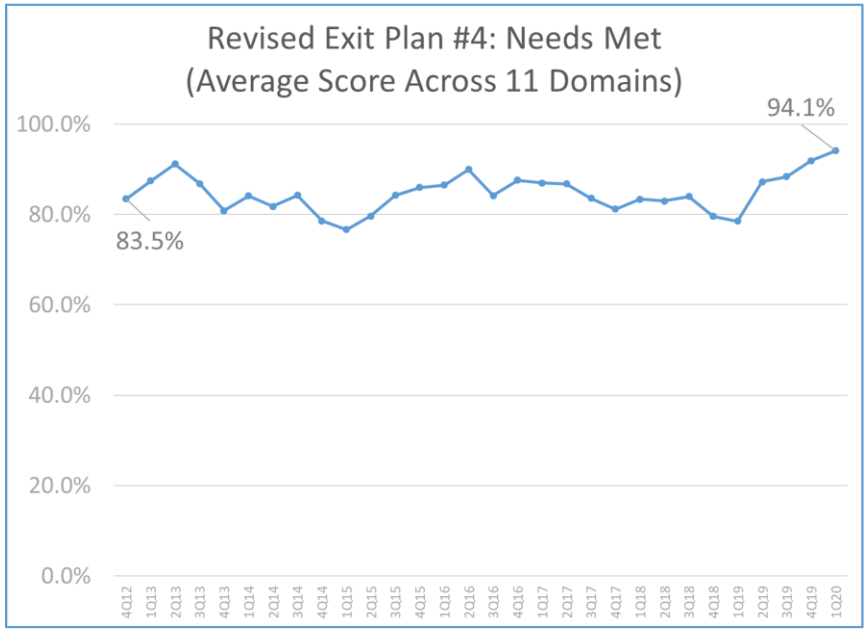
- CFSR Result: n=24, 67% Strength, 33% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=15, 93.3% Strength, 6.7% ANI, PIP Goal Achieved
- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2020 and 1Q 2021
  - Continuity of Relationship – Child w/Parents: 3 percentage point improvement since CY 2015
  - Continuity of Relationship – Child w/Mothers: 3 percentage point improvement since CY 2015
  - Continuity of Relationship – Child w/Fathers: 2 percentage point improvement since CY 2015

Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
12	Continuity of Relationship - Child w/ Parents	91%	92%	91%	92%	94%	94%	95%
13	Continuity of Relationship - Child w/ Fathers	88%	90%	88%	89%	91%	91%	93%
14	Continuity of Relationship - Child w/ Mothers	93%	94%	94%	95%	96%	95%	96%
*2021 is partial data as of 4/20/21								

Item 12

- CFSR 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
- PIP Status (Reporting Period Ending 3/31/21):
  - 12 (Overall): n=55, 62% Strength, 38% ANI, PIP Goal Achieved
  - 12A: n=55, 78% Strength, 22% ANI
  - 12B: n=52, 65% Strength, 35% ANI
  - 12C: n=28, 100% Strength

- EP #4 Needs Met – CY 2015 – 1Q 2020 Quarterly Aggregation for average domain scores across the 11 domains included in this measure: 10.6% improvement since 4Q12, as of 1Q 2020 (latest available data)



Item 13 – REFER TO SYSTEMIC FACTOR SECTIONS ON CASE REVIEW

- CFSR Result: n=55, 41% Strength, 59% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=55, 67% Strength, 33% ANI; PIP Goal Achieved

Item 14/15

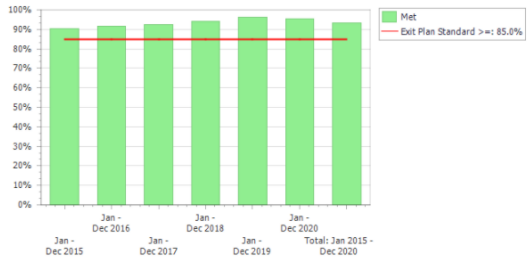
- CFSR Result Item 14: n=82, 55% Strength, 45% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=60, 85% Strength, 15% ANI; PIP Goal Achieved
- CFSR Result Item 15: n=72, 33% Strength, 67% ANI
- PIP Status (Reporting Period Ending 3/31/21), n=57, 70% Strength, 30% ANI; PIP Goal Achieved
- ROM EP# 16 - CY 2014 – CY 2020: 5.2% increase in CY 2020 (95.4%) year since CY 2015

Exit Plan #16: Monthly Worker-Child Visitation (Out-of-Home)

Filters: Filter Off

Months worker-child visit made (of months child in care entire month)

Report Time Period: January 1, 2015 - December 31, 2020



Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Total: Jan 2015 - Dec 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total Visit months	42863	100.0%	44561	100.0%	45894	100.0%	45262	100.0%	45262	100.0%	42876	100.0%	266718	100.0%
+ Met	38650	90.2%	40884	91.7%	42371	92.3%	42680	94.3%	43531	96.2%	40887	95.4%	249003	93.4%
+ Not Met	4213	9.8%	3677	8.3%	3523	7.7%	2582	5.7%	1731	3.8%	1989	4.6%	17715	6.6%
Date data are based	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan 2015 - Dec 2020	

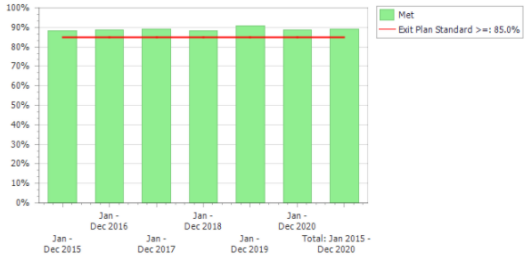
- ROM EP# 17 - CY 2014 – CY 2020: 1.9% decline in CY 2020 (88.7%) from CY 2019 (90.6%)

Exit Plan #17: Twice Monthly Worker-Family Visitation In-Home

Filters: Filter Off

Months with two worker-family visits made (of months with in-home assignment for entire month)

Report Time Period: January 1, 2015 - December 31, 2020



Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Total: Jan 2015 - Dec 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	30495	100.0%	34423	100.0%	37310	100.0%	39359	100.0%	34612	100.0%	26605	100.0%	202804	100.0%
Met	26910	88.2%	30452	88.5%	33305	89.3%	34788	88.4%	31342	90.6%	23600	88.7%	180397	89.0%
+ Not Met	3585	11.8%	3971	11.5%	4005	10.7%	4571	11.6%	3270	9.4%	3005	11.3%	22407	11.0%
Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan 2015 - Dec 2020	

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2020 and 1Q 2021
  - Visitation with Child and Parents: 6 percentage point improvement since CY 2015
  - Frequency of Visits – Parents: 9 percentage point improvement since CY 2015
  - Frequency of Visits – Father: 8 percentage point improvement since CY 2015
  - Frequency of Visits – Mother: 9 percentage point improvement since CY 2015
  - Quality of Visits – Parents: 12 percentage point improvement since CY 2015
  - Quality of Visits – Father: 10 percentage point improvement since CY 2015
  - Quality of Visits – Mother: 12 percentage point improvement since CY 2015
  - Frequency of Visits – Child: 13 percentage point improvement since CY 2015
  - Quality of Visits – Child: 16 percentage point improvement since CY 2015

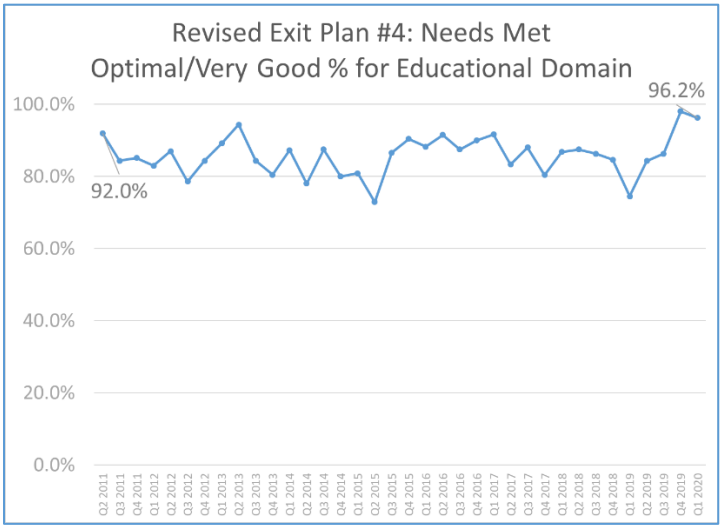
Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
1	Visitation w ith Child and Parents	63%	65%	63%	63%	63%	68%	69%
2	Frequency of visits - Parents	63%	66%	64%	65%	66%	69%	72%
3	Frequency of visits - Father	57%	60%	55%	57%	59%	61%	65%
4	Frequency of visits - Mother	68%	71%	72%	72%	73%	76%	77%
5	Quality of visits - Parents	65%	70%	69%	69%	70%	72%	77%
6	Quality of visits - Father	60%	64%	61%	62%	64%	65%	70%
7	Quality of visits - Mother	70%	75%	76%	75%	76%	78%	82%
8	Frequency of visits - Child	75%	81%	83%	84%	85%	87%	88%
9	Quality of visits - Child	76%	82%	85%	86%	87%	90%	92%
*2021 is partial data as of 4/20/21								

Item 16

- CFSR Result: n=53, 85% Strength, 15% ANI
- PIP Status (Reporting Period Ending 3/31/21): n=39, 85% Strength, 15% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2020 and 1Q 2021
  - Educational/development needs – Child: CY 2020 same as CY 2015
  - Educational/development needs assessed – Child: 1% increase in CY 2020
  - Educational/development needs addressed – Child: CY 2020 same as CY 2015

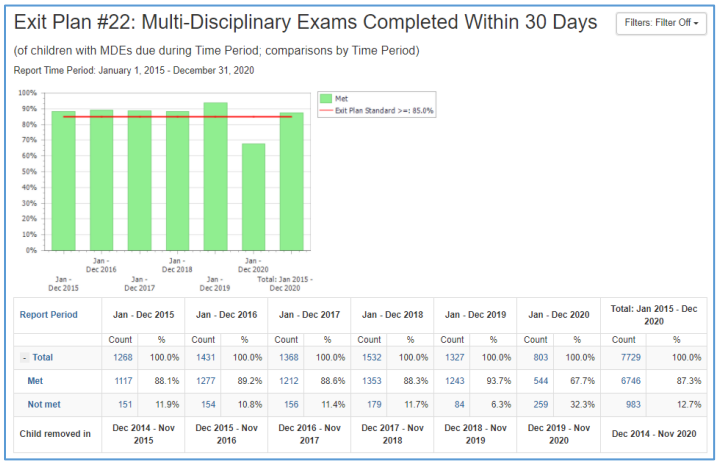
Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
26	Educational/development needs - Child	94%	94%	94%	94%	94%	94%	94%
32	Education/development needs assessed - Child	95%	95%	95%	95%	95%	95%	96%
33	Education/development needs addressed - Child	95%	95%	95%	95%	94%	94%	95%
*2021 is partial data as of 4/20/21								

- Exit Plan #4 Needs Met – Educational Domain: 4.2% increase since 2Q 2011 (1Q 2020 is the latest available quarter)



Item 17/18

- CFSR Result Item 17: n=58, 62% Strength, 38% ANI
  - PIP Status (Reporting Period Ending 3/31/21): n=41, 83% Strength, 17% ANI, PIP Goal Achieved
- CFSR Result Item 18: n=49, 45% Strength, 55% ANI
  - PIP Status (Reporting Period Ending 3/31/21): n=41, 78% Strength, 22% ANI, PIP Goal Achieved
- ROM EP#22 MDE - CY 2015 – CY 2020: Decline in CY 2020 (67.7%) compared to CY 2019 (93.7%) due to COVID-19 restrictions on in-person contact. 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.



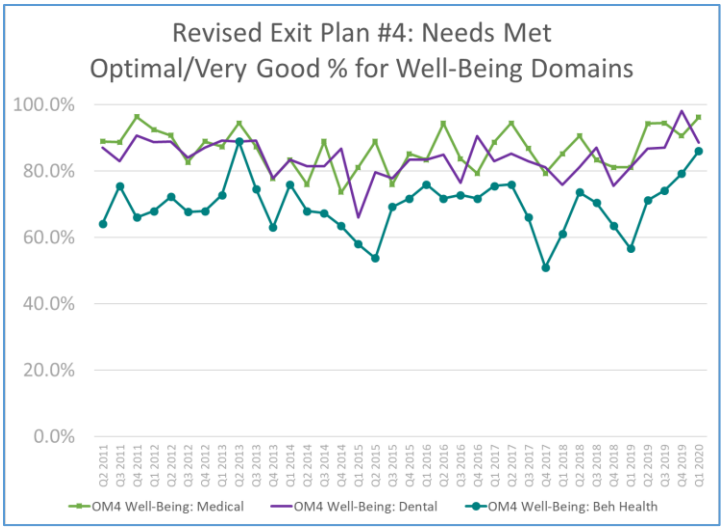
Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Total: Jan 2015 - Dec 2020	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	1268	100.0%	1431	100.0%	1368	100.0%	1532	100.0%	1327	100.0%	803	100.0%	7729	100.0%
Met	1117	88.1%	1277	89.2%	1212	88.6%	1353	88.3%	1243	93.7%	544	67.7%	6746	87.3%
Not met	151	11.9%	154	10.8%	156	11.4%	179	11.7%	84	6.3%	259	32.3%	983	12.7%
Child removed in	Dec 2014 - Nov 2015		Dec 2015 - Nov 2016		Dec 2016 - Nov 2017		Dec 2017 - Nov 2018		Dec 2018 - Nov 2019		Dec 2019 - Nov 2020		Dec 2014 - Nov 2020	

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2020 and 1Q 2021
  - Physical Healthcare needs – Child: CY 2020 same as CY 2015
  - SA/Social Support/MH needs – Child: 3 percentage point improvement since CY 2015
  - Physical Healthcare needs assessed – Child: 1 percentage point decrease since CY 2015
  - Physical Healthcare needs addressed – Child: 1 percentage point increase since CY 2015
  - Dental Healthcare needs assessed – Child: 2 percentage point decrease since CY 2015
  - Dental Healthcare needs addressed – Child: 2 percentage point decrease since CY 2015
  - Vision needs addressed – Child: 3 percentage point decrease since CY 2015

Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
24	Physical health care - Child	84%	83%	84%	83%	84%	84%	84%
25	SA/Social Support/MH - Child	87%	88%	87%	88%	88%	89%	90%
27	Physical health care needs assessed - Child	96%	95%	95%	96%	96%	95%	95%
28	Physical health care needs addressed - Child	92%	92%	93%	93%	94%	93%	93%
29	Dental health care needs assessed - Child	93%	92%	93%	92%	92%	90%	91%
30	Dental health care needs addressed - Child	91%	90%	91%	90%	90%	89%	89%
31	Vision needs - Child	95%	94%	95%	93%	94%	93%	92%

**2021 is partial data as of 4/20/21*

- Exit Plan #4 Needs Met – Domains for Medical, Dental and Behavioral Health: Improvement noted over last four quarters for Behavioral Health, and over latest quarter for Medical, but Dental declined this past quarter after three quarters of improvement (1Q21 is latest available quarter).



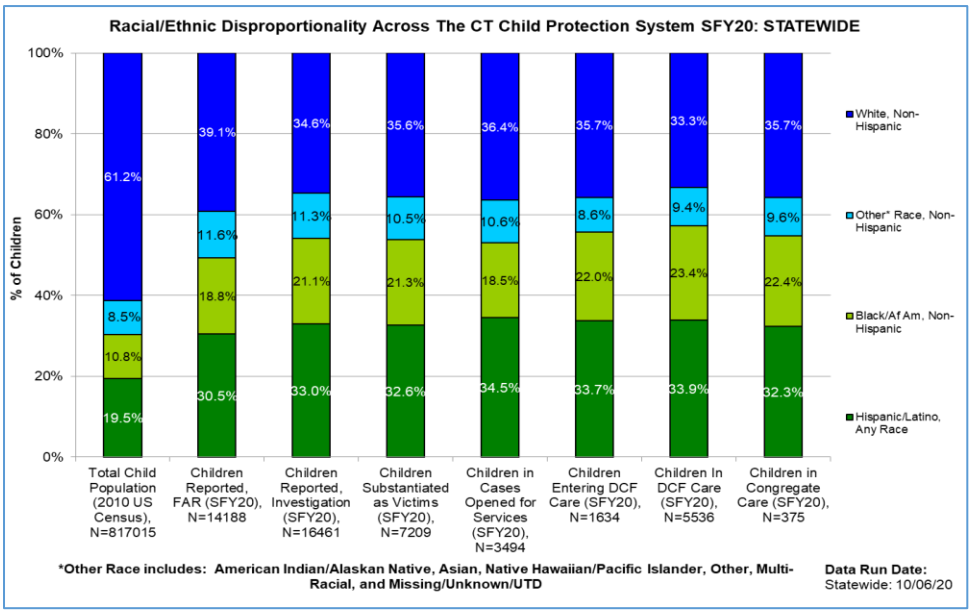
Item 19

- CFSR Result: **ANI**
- AFCARS Data Quality Checks (most recent): All checks continue to meet standard since FFY 2016A.

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	15B	16A	16B	17A	17B	18A	18B	19A	19B	20A	20B
AFCARS IDs don't match from one period to next	> 40%	•	•	•	19.4%	17.7%	22.7%	17.6%	22.6%	18.5%	19.1%	18.0%	19.8%	20.5%	
Age at discharge greater than 21	> 5%	•	•	•	0.0%	0.4%	0.0%	0.5%	0.2%	0.2%	0.7%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	•	•	•	0.0%	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 entry	> 5%	•	•	•	0.0%	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%	0.0%
Dropped records	> 10%	•	•	•	6.3%	5.5%	8.1%	5.6%	7.8%	6.1%	4.7%	5.6%	5.5%	5.9%	
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%	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%	0.0%
In foster care more than 21 yrs	> 5%	•	•	•	0.0%	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%	0.0%
Missing date of latest removal	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		•		29.5%	26.9%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	•	•	•	83.6%	83.9%	84.6%	85.6%	85.7%	85.6%	86.2%	86.4%	85.7%	85.9%	85.7%

- SFY 2020 Disproportionality Pathway (Statewide) Chart



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 is 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. Such analyses allow DCF to assess its progress in reducing disproportionality across its pathway (e.g., decision points/events). The Department is very fortunate to have multiple data suites related to racial justice that can assist the agency in looking at trends and can be used for consideration of strategies. Agency data indicates that the department continues to struggle with achieving timely permanency in 12 months for all children in care, but through increased placement with kin, we anticipate demonstrating improvement on this outcome.

- Federal Permanency in 12 Months for CY2020
    - Black - 21.2%
    - Hispanic - 24.3%
    - White - 27.3%
- Federal Permanency in 12 Months for CIP 12 - 24 Months
    - Black - 25.5%
    - Hispanic - 37.7%
    - White - 33.6%
- Federal Permanency in 12 Months for CIP > 24 Months
    - Black - 28%
    - Hispanic - 30.2%
    - White - 29.1%

The work of the DCF SWRJWG continues to be charged with cultivating and sustaining an environment in which employees and DCF partners feel safe to discuss the impacts of racism, power and privilege on agency practice and their personal lives that influence outcomes for the children and families we collectively serve.

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

- Placement/Permanency Monitoring Report: Children in placement on 5/1/21 by Age and Race

#CIP	AGE GROU					
RACE AND GENDER	<1	1 - 5	6 - 12	13 - 17	>=18	Grand Total
American Indian Or Alaskan Native	**1**		**1**	**1**	**1**	**4**
Female	1		1			2
Male				1	1	2
Asian		**4**		**5**	**9**	**18**
Female		2		4	8	14
Male		2		1	1	4
Black/African American	**61**	**342**	**253**	**217**	**171**	**1044**
Female	42	150	129	101	87	509
Male	19	192	124	116	84	535
Multi-Race	**31**	**159**	**112**	**73**	**44**	**419**
Female	16	84	55	30	23	208
Male	15	75	57	43	21	211
Native Hawaiian/Other Pacific Islander				**1**	**2**	**3**
Female				1	2	3
White	**141**	**715**	**559**	**424**	**306**	**2145**
Female	65	356	268	221	142	1052
Male	76	359	291	203	164	1093
Unknown/UTD	**12**	**29**	**22**	**13**	**9**	**85**
Female	4	10	11	6	7	38
Male	8	19	11	7	2	47
Grand Total	**246**	**1249**	**947**	**734**	**542**	**3718**

- Placement/Permanency Report: Children in placement on 5/1/21 by Length of Stay (LOS) and Current Case Plan Goal

	LOS (MONTH		
CURRENT CASE PLAN GOAL	<2	>=2	Grand Total
#			
Reunification	44	1154	1198
Transfer of Guardianship	1	570	571
Adoption	6	1175	1181
Long Term Foster Care Relative		1	1
OPPLA	3	627	630
(blank)	113	24	137
%			
Reunification	1.2%	31.0%	32.2%
Transfer of Guardianship	0.0%	15.3%	15.4%
Adoption	0.2%	31.6%	31.8%
Long Term Foster Care Relative	0.0%	0.0%	0.0%
OPPLA	0.1%	16.9%	16.9%
(blank)	3.0%	0.6%	3.7%
Total #	**167**	**3551**	**3718**
Total %	**4.5%**	**95.5%**	**100.0%**

- Placement/Permanency Report: Children in placement on 5/1/21 by Legal Status and Age Group

#CIP	AGE GROU					
LEGAL STATUS	<1	1 - 5	6 - 12	13 - 17	>=18	Grand Total
96 Hour Hold			2	3		5
Order Of Temporary Custody	124	192	121	86		523
Commitment Abuse/Neglect/Uncared For	111	876	647	492		2126
Statutory Parent	11	173	169	136		489
Protective Supervision				1		1
Not Committed		8	6	15	542	571
Probate Court Custody			1			1
Probate Court Guardianship				1		1
Commitment FWSN			1			1
Grand Total	**246**	**1249**	**947**	**734**	**542**	**3718**

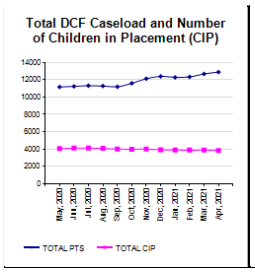
- CIP Dashboard: Children in placement on the 1st of each month from 5/1/20 – 4/1/21 by Placement Type, and Children entering placement during each month by Initial Placement Type

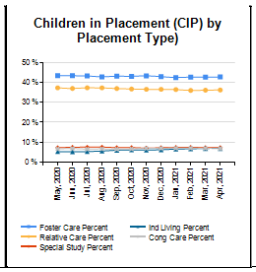
Total Caseload Points and Children-in-Placement (CIP) Distributions May, 2020 to April, 2021

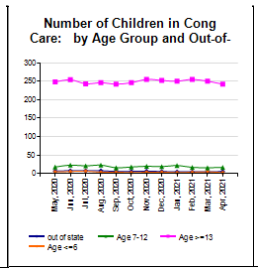
Statewide

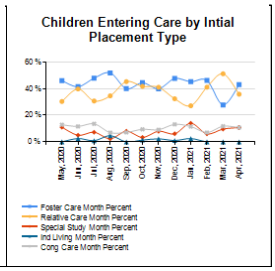
State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6

CIP DASHBOARD			% of Total Children-in-Placement (CIP)					Subgroups				# and % of Children Entering Placement During Time Period					
			Family Foster Care						Age Group				Kinship Care				
Observation Date	Total Caseload	Total CIP	Foster Care	Relative Care	Special Study	Independent Living	Congregate Care	Out of State	>=13	7-12	<6	Entries During	Relative Care	Special Study	Foster Care	Congregate Care	Independent Living
05/01/2020	11,167	4,047	43.4 %	37.3 %	7.3 %	5.3 %	6.7 %	7	248	18	5	109	30.3 %	11.0 %	45.9 %	12.8 %	0.0%
06/01/2020	11,239	4,108	43.4 %	37.0 %	7.5 %	5.3 %	6.9 %	8	254	23	6	121	39.7 %	5.0 %	41.3 %	11.6 %	2.48%
07/01/2020	11,318	4,120	43.3 %	37.3 %	7.5 %	5.3 %	6.6 %	8	243	21	7	111	30.6 %	7.2 %	47.7 %	13.5 %	0.9%
08/01/2020	11,285	4,073	42.8 %	37.3 %	7.6 %	5.6 %	6.7 %	8	246	23	4	87	34.5 %	2.3 %	51.7 %	6.9 %	4.6%
09/01/2020	11,191	3,995	43.1 %	36.9 %	7.3 %	6.0 %	6.6 %	6	242	16	4	113	45.1 %	8.0 %	39.8 %	7.1 %	0.0%
10/01/2020	11,599	3,987	43.1 %	36.7 %	7.3 %	6.2 %	6.7 %	6	246	18	3	149	41.6 %	3.4 %	44.3 %	9.4 %	1.34%
11/01/2020	12,122	3,996	43.3 %	36.6 %	7.1 %	6.1 %	7.0 %	7	255	20	4	88	40.9 %	8.0 %	39.8 %	9.1 %	2.27%
12/01/2020	12,394	3,917	42.9 %	36.5 %	7.3 %	6.3 %	7.0 %	6	252	19	4	99	32.3 %	6.1 %	47.5 %	13.1 %	1.01%
01/01/2021	12,281	3,884	42.4 %	36.4 %	7.5 %	6.6 %	7.1 %	5	250	22	3	122	27.0 %	13.9 %	45.1 %	11.5 %	2.46%
02/01/2021	12,336	3,883	42.7 %	36.0 %	7.5 %	6.7 %	7.1 %	5	255	17	4	100	41.0 %	6.0 %	46.0 %	7.0 %	0.0%
03/01/2021	12,678	3,879	42.7 %	36.1 %	7.3 %	6.9 %	7.0 %	5	250	16	5	94	51.1 %	9.6 %	27.7 %	11.7 %	0.0%
04/01/2021	12,888	3,835	42.7 %	36.2 %	7.3 %	6.9 %	6.8 %	6	242	17	3	28	35.7 %	10.7 %	42.9 %	10.7 %	0.0%
% Change from 5/1/2020 to Latest	15.4%	-5.2%	-6.8%	-8.0%	-4.7%	23.3%	-3.3%	-14.3%	-2.4%	-5.6%	-40.0%	-74.3%	-69.7%	-75.0%	-76.0%	-78.6%	0.0%









- Congregate Care & OPPLA Dashboard: Children in placement on 5/1/21 in Congregate Care, In out-of-state Congregate Care, in Congregate Care with an OPPLA goal, and All CIP with an OPPLA goal

DASHBOARD:SELECTED FACTS CONCERNING CHILDREN IN CONGREGATE CARE ON 05/01/2021

	Summary							
	CC CIP		CC CIP IN OOSP		CC CIP With OPPLA Count		All CIP With OPPLA Goal	
Region	#	%	#	%	#	%	#	%
Region 1	9	2.2%	0	0.0%	5	55.6%	60	14.7%
Bridgeport	4	1.5%	0	0.0%	4	100.0%	38	14.3%
Norwalk/Stamford	5	3.5%	0	0.0%	1	20.0%	22	15.4%
Region 2	49	7.7%	4	8.2%	20	40.8%	127	20.1%
Milford	20	6.8%	3	15.0%	5	25.0%	57	19.5%
New Haven	29	8.5%	1	3.4%	15	51.7%	70	20.5%
Region 3	74	9.5%	1	1.4%	37	50.0%	139	17.8%
Middletown	13	12.7%	0	0.0%	7	53.8%	22	21.6%
Norwich	32	8.1%	1	3.1%	15	46.9%	73	18.6%
Willimantic	29	10.1%	0	0.0%	15	51.7%	44	15.3%
Region 4	66	10.0%	1	1.5%	28	42.4%	118	17.8%
Hartford	38	10.3%	0	0.0%	12	31.6%	51	13.8%
Manchester	28	9.6%	1	3.6%	16	57.1%	67	22.9%
Region 5	37	4.6%	0	0.0%	21	56.8%	113	14.0%
Danbury	6	3.5%	0	0.0%	4	66.7%	17	10.0%
Torrington	11	8.3%	0	0.0%	5	45.5%	15	11.3%
Waterbury	20	4.0%	0	0.0%	12	60.0%	81	16.1%
Region 6	34	6.8%	1	2.9%	15	44.1%	77	15.4%
Meriden	5	5.5%	1	20.0%	3	60.0%	18	19.8%
New Britain	29	7.1%	0	0.0%	12	41.4%	59	14.4%
Grand Total	269	7.1%	7	2.6%	126	46.8%	634	16.7%

- Permanency Goal Distribution
  - Trend in #/% of Children with OPPLA Goal – SEE ITEM #5
  - PIT CIP by Permanency Goal and Age – SEE ITEM #5
  - PIT CIP by Permanency Goal and Race/Ethnicity – SEE ITEM #5

- 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 or State Court Improvement Grant.

Cohort: All TPR petitions filed during FY20

FY20						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
557	279	442	18	14	50%	79%

Item 20:

- CFSR Result: **ANI**
- ACRI Case Practice Element; annual aggregation from CY 2015 to CY 2019 and 1Q 2021.
  - Timely Case Plan - 2 percentage point improvement since CY 2015.

Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
43	Timely Case Plan	95%	96%	96%	95%	96%	96%	96%
*2021 is partial data as of 4/20/21								

- ACR Exception Report – CIP >180 Days LOS with no Case Plan in LINK breakout by age group, most current date)

Age Group	Count
<6	0
6-12	1
13-17	1
Grand Total	**2**

Total CIP on April 1, 2021 is 3,835 and based on the ACR Exception report, only 2 children with a LOS >180 days appear to be missing a Timely Case Plan. This performance reflects continued strength in timely case plan development.

- ACRI Case Practice Element; annual aggregation between CY 2015 and CY 2020 and 1Q 2021
  - Family Engagement in Case Planning - 5 percentage point improvement since between CY 2015

Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
49	Engagement	81%	75%	81%	81%	83%	84%	86%
*2021 is partial data as of 4/20/21								

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. To ensure case plans are timely and each child in care has a plan, the agency has an "exception" report which is a management report that identifies any children in care without a current case plan. This "exception" report is accessible to all staff through the agency's LINK data reports and is consistently used to monitor the agency's performance in the area of timely case plans. Data for CY 2020 as well as Q1 2021 reflects that 95% or more of the case plans were completed timely. The "exception report" dated 5/20/20 reflects only (2) children/youth in care whose plans were missing. The agency continues to consistently perform well in the area of timely case plans for children and youth in placement.

Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
42	ACR Meeting held on or before proposed date	75%	83%	84%	92%	94%	95%	96%
*2021 is partial data as of 4/20/21								

Historically the agency has experienced some challenges with the consistent engagement of children and family in case planning and this was reflected in the CFSR final report data where only 41% of the cases were found to have strengths in this area. As part of the agency's PIP, there have been strategies implemented to positively impact family engagement in case planning and there are a number of targeted interventions specific to father engagement. The activities include the Fatherhood Engagement Specialists working with Area Office staff as well as the agency's participation in the Fatherhood Breakthrough Series. Fatherhood Engagement Specialists continue to work on developing training with our Academy for Workforce Development to focus on things such as: engaging fathers and other men who offend, effects of parental incarceration, engaging fathers- more than mailing a letter and the role of leadership in fatherhood engagement. The agency is further developing the FELT and Statewide FELT teams, modeled after the Breakthrough Series Collaborative, based on lessons learned and will be kicking off the newly structured FELT teams in the next couple of months. Additionally, the Department will be participating in phase 2 of the Breakthrough Series Collaborative which will further the fatherhood work while evaluating the model over the next eighteen (18) months. The strategies and activities are a continuation of strategies that were part of the PIP.

The data generated through the administrative case reviews are available to all agency staff through the LINK reports. The regional offices have also continued to conduct their own qualitative reviews on cases, using a statewide tool, and used this data to further enhance their conversations related to engagement in case planning. These reviews began in January 2017 and continue as part of the agency's ongoing CQI process.

While the agency has successfully completed its PIP implementation and achieved the identified measurement goals, the strategies will continue to be implemented and those that demonstrate 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:

- CFSR Result: **Strength**
- ACR – Timeliness of Case Reviews
- ACR – Of Case Reviews Held >180 Days, distribution #/% of days beyond held beyond 180

Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
42	ACR Meeting held on or before proposed date	75%	83%	84%	92%	94%	95%	96%
*2021 is partial data as of 4/20/21								

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. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter. 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.

The scheduling process remains consistent with minimal change as it has proven to be effective in timely scheduling. The ACR Office Assistants who schedule these reviews rely on the "Due" and "Anticipated" reports which provide them with sixty (60) days' notice of case plan reviews to be scheduled. This advanced notification also allows the agency to invite and notify participants in a timely fashion to reduce the number of meetings that would have to be rescheduled. The agency did experience several weeks at the onset of the pandemic when staff were transitioning to telework and encountered some challenges initially with coordinating case reviews remotely, however, this interruption was very brief, and staff were able to pivot to remote case review meetings very quickly.

Item 22:

- CFSR Result: Strength
- ACR #/% Timeliness of Permanency Hearings (within first 12 months or not)
- ACR #/% Timeliness of Ongoing Permanency Hearings (thereafter 12 months or not)

Did the first Permanency Hearing occur within 12 months of child entering out of home care?

	Yes	No	Grand Total
Hearing within 12 Months	**92.3%**	**7.7%**	**100.0%**

Did Permanency Hearing occur within the last 12 months, thereafter the initial hearing?

	Yes	No	Grand Total
Thereafter 12 months	**86.7%**	**13.3%**	**100.0%**

- Judicial Data – Time to Subsequent Permanency Hearing

Time to Subsequent Permanency Hearing

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 or State Court Improvement Grant.

Cohort: For the children who exited care in FY20, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY20				
# PP	# Within 365 Days	Average	Median	%Within 365 days
1909	1705	290	315	89%

Item 23:

- CFSR Result: ANI
- Placement/Permanency Report – Chart XIII Pre-TPR Children In Placement (CIP) on 5/1/21 In Care >=15 Months by Permanency Goal and Status of TPR Filing

TPR Filed?	Permanency Goal	#	%
YES	Adoption	355	23%
	Reunification	20	1%
	TOG REL SUB	19	1%
	TOG NREL SUB	11	1%
	APPLA	10	1%
	(Blank)	2	0%
	TOTAL	417	27%
NO	Reunification	361	24%
	TOG REL SUB	315	21%
	Adoption	253	17%
	TOG NREL SUB	113	7%
	APPLA	52	3%
	TOG REL NONSUB	12	1%
	(Blank)	6	0%
	TOG NREL NONSUB	3	0%
	TOTAL	1,115	73%
TOTAL		1,532	100%

- Judicial Data - Time to filing a TPR from Removal Date

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 FY20

FY20						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
557	347	496	16	13	62%	89%

Item 24:

- CFSR Result: **ANI**
- ACR Data- Notice of Hearing and Reviews to Caregivers

Notification of ACR in >=5 Days			
	Timely	Not Timely	Grand Total
Foster Parent + Guardian Notice	90.4%	9.6%	100.0%

Notification of ACR in >=21 Days			
	Timely	Not Timely	Grand Total
Foster Parent + Guardian Notice	73.2%	26.8%	100.0%

The agency expectation is that caretakers are notified of the ACR no later than 21 days prior to the meeting. ACRI data for CY 2020 reflects that this occurred in 73.2 % of the time, which represents an increase in performance from 2019 (70.9%). The change in performance can be attributed to staffing that has remained stable and as a result, support staff has been able to process letters timely. Management continues to share data and have ongoing

discussion with support staff related to timely letters generated. It is also noted that in 90.4% of the time, caretakers were notified of an ACR within5 days in advance of the meeting. This demonstrates a drop in performance from CY 2019 (98.5%) which is largely related to the pandemic and data entry/reporting issues. With staff working from home throughout most of CY 2020, notifications were not generally sent by mail by office assistants who are responsible for the meetings. Instead, ACR supervisors communicated directly with child welfare staff and notifications to foster parents and guardians were often done by phone or e-mail. As a result of a system issue, the "date letter sent" did not always get completed consistently in the Link system and this is the field that is used for reporting. This is a data entry/reporting issue that has since been addressed.

While we do not currently track notices to foster parents for hearings, the court has developed a data entry program (CPMOH) that will capture information during the court hearing. As part of the program, court staff will note who is present during the hearing. It is expected this will 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 CIP has reported that work on these reports has begun. 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.

Item 25:
See section 4. Quality Assurance System

Item 26:
See section 3. Plan for Enacting State Vision and Progress made to improve Outcomes

Item 27: Ongoing Training + Item 28: Foster Parents Training
As a means to support training for foster parents, the Department has a contract with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) that includes a range of support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address and meet their needs, encourage and facilitate ongoing education and skill development, and allow foster children to live in safe and stable home settings. 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. In 2020, the Department continued its partnership with CAFAF to develop additional elective post licensing training modules for foster families and offered 184 courses included topics such as Domestic Violence Impact on Children, Cultural Identity, Supporting LGBTQ+ Youth and Their Families, and Supporting the Importance of Fatherhood. CAFAF provides 42 modules, 10 on-line courses and additional online offerings through Foster Parent College.

CAFAF has 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. During the pandemic, the Buddies provided support virtually on covered topics such as How to be Your Child's Best Advocate, Mandated Reporter Training, The Governor Prevention Partnership series on Substance Misuse, Working with Traumatized Children, and Adolescents – Trauma and Brain Development.

The Statewide pre-service training curriculum for foster and adoptive parents used in CT is called: Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (TIPS-MAPP). 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. As a result of the pandemic, the department reimagined the curriculum for a virtual platform. The Foster Care Division collaborated with the Academy for Workforce Development and launched a virtual onboarding/licensing training consisting of 7 modules which are delivered in 90 minutes sessions.

In July 2019, the Therapeutic Foster Care Division, embarked upon a process to redesign how Therapeutic Foster Care services are delivered to children and families in the state of Connecticut. This process included both Administrative and Clinical Leaders from the 16 TFC Agencies as well as DCF staff. After several months of work, the Clinical Practice Committee Subcommittee made the recommendation for an Evidenced Based Practice- Functional Family Therapy- Foster Care. FFT-FC is a relationally based therapeutic intervention that views a child's behavioral health needs within the context of the family. The family is central to positive youth development with the goal of children healing from childhood trauma through therapeutic intervention. FFT-FC works with both birth and foster families in the best interest of the child with reunification as the primary objective. FFT- FC is delivered to families in a 6 to 9-month time frame. This year, the department developed and issued the request for proposal with a goal of selecting providers before October 2021.

Items 29 +30: Service Array and Resource Development

Please see the "Service Coordination" section for additional information regarding current and emerging mechanisms for ensuring and monitoring the breadth and effectiveness of the service system. 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 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.

The top ten services purchased via wraparound funds for the period, July 2020-April 2021, are as follows:

TOP TEN WRAP SERVICES JULY -APRIL 2021

Sum of AMT-RQST SRVC-TYPE	SRVC-TYPE-DESC	Total
149	DayCare-In Home	$ 95,003.60
259	Miscellaneous-Adoption	$ 1,180,054.46
346	Camp-Foster Care	$ 352,613.14
361	Miscellaneous-Foster Care-CPS	$ 94,028.93
380	Transportation Other-Foster care CPS	$ 273,169.72
606	Other Family Supports	$ 93,724.92
613	Supervised Visits - Foster Care	$ 150,687.88
614	Therapeutic Support Staff - Foster	$ 133,945.77
634	Extended Credentialed Services-USE	$ 109,760.63
639	Other Services USE	$ 104,894.93
Grand Total		**$ 2,587,883.98**

The Department also makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service is individualized. The expenditures for July 2020 – April 2021 by Area Office are as follows:

USE SERVICES BY AREA OFFICE		
Sum of AMT-RQST		
OFFC-NME	**Total**	
Bridgeport Office	$	6,181.50
Danbury Office	$	25,680.00
Greater New Haven Office	$	27,426.52
Hartford Office	$	6,589.70
Meriden Office	$	8,221.80
Middletown Office	$	12,764.70
New Britain Office	$	33,708.32
New Haven Metro Office	$	52,951.60
Norwich Office	$	35,270.00
Waterbury Office	$	78,894.38
Willimantic Office	$	19,857.11
Grand Total	**$**	**307,545.63**

Item 31 + Item 32:

Please see the "Collaboration" section for an overview of the Department's various Community Partnerships

Item 33:

The Regional foster care units continue to build and refine systems for quality assurance to ensure that state licensing standards are complied with. 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 DCF foster care staff, these required elements are also reviewed by the department's Revenue Enhancement Division.

Next, trained foster care support staff visit DCF licensed foster homes on no less than a quarterly basis and have monthly phone contact with all foster parents who have DCF-involved children in their homes. Any safety concerns are pursued via a system called Assessment of Regulatory Compliance (ARC). If safety concerns are identified, a range of responses could occur depending on the level of risk identified (e.g., from corrective action to removal of the child from the home.)

To better support children's permanency, each DCF Region generates a Recruitment and Retention plan for the year and each plan includes elements specific to the recruitment of families who reflect the ethnic and racial diversity of children who need families. Child specific recruitment activities, which are guided by the race and ethnicity of the targeted child, occur.

In addition, the Department has a contract with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) to develop and carry out recruitment and retention activities across the state. Key provisions from the CAFAF contract that speak to the expectations with respect to diverse staffing and recruitment are as follows:

The Contractor must ensure that they have a culturally and linguistically diverse staff that is reflective of the community they are to serve. This staffing constellation must demonstrate:

a. experience providing services to diverse populations;
b. multi-lingual capabilities that are relevant to the families to be served; and
c. knowledge of the cultural, linguistic or experiential backgrounds of the families to be served.

The Contractor will maintain the capacity to provide all services identified in the contract in both English and Spanish. At a minimum, three (3) Bi-Lingual staff will be employed to meet this requirement.

The Contractor engages in recruitment efforts to develop a skilled, caring and diverse pool of foster families and adoptive families that demonstrate the ability, willingness and commitment to meet the safety, emotional and permanency needs of children in out of home care. The Contractor utilizes innovative, comprehensive and best practice strategies to recruit families committed to be a resource for children in the care of the Department of Children and Families. Efforts also relate to the private foster care agencies at the discretion of DCF. The Contractor engages in targeted efforts to increase the number of families available to care for children in the following categories:

- children ages 0-5;
- adolescents
- children with complex medical needs;
- sibling groups;
- African American children.

Recruited families should reflect the racial and cultural diversity of the children and youth in need of placement, including, but not limited to African American, Hispanic, and Gay and Lesbian families. The Contractor will develop and implement an annual recruitment plan that supports, complements and enhances the Department's recruitment plans and activities.

The Department collects data from CAFAF on a quarterly basis. The data includes the number of inquiries by race and ethnicity, training participation, and elements related to foster parent satisfaction.

Last, there are Foster Care Program Supervisors in all 6 DCF Regions who meet regularly. In addition, adoptive placements are registered through a statewide DCF body – The Permanency Resource Exchange. Members of this team spend several days each week in the Area Offices working closely with regional staff to advance permanency outcomes for children and youth in care.

Item 34

All waiver requests pertaining to criminal and child protective service history require Commissioner review and approval. Such requests are thoroughly vetted by the Regional Offices prior to submission to the Commissioner. The waiver is generated through a collaboration between foster care staff and the ongoing services staff working with the child's case. The waiver must be reviewed and signed off on by the Program Supervisors of Foster Care and the Ongoing Services team. It is then forwarded up the chain of command to the Statewide Director of Foster Care, who is also required to review and approve the waiver request prior to submission to the Commissioner. Due to this comprehensive review and approval structure in the Regions, the waiver requests are sound in their rationale as they have already been viewed to be waivable by multiple levels of DCF staff.

Foster care policy (issued on January 2, 2019) reiterates that "No waiver shall be granted for non-compliance with a statutory requirement or a safety-related regulation". Foster care staff have been trained in this policy. The Commissioner's mandate, conveyed in a memo issued on September 28, 2016 stating, "a waiver request must be submitted to the Commissioner prior to placement of a child into the home" was lifted on July 9, 2018. The Commissioner sited receiving over "*600 waiver requests since this practice was implemented and nearly all of the waiver requests have been approved. The approval shows that thoughtful and comprehensive assessments are occurring in the regions.*" Since then, only waivers with child protective services and criminal history are submitted to the Commissioner for approval. The Department has not actively placed children into a foster home without either an approved Commissioner waiver, or provisional emergency approval from a Foster Care Director.

Item 35: See Section E. Updates to Targeted Plans

- In 2020, despite the pandemic, CAFAF supported the recruitment and post licensing support. It received over 1,100 inquires through Kid Hero. 57% were assigned to the regional office for follow up. Region 4 received 22% of the inquiries, followed by Region 3 and Region 5 at 17%. CAFAF supported licensed caregivers via training, surveys and buddy assignment. CAFAF was able to reach 62 out of 390 families in the process of renewals. CAFAF Retention Specialist attempted to contact 346 families who were closed their license and reached 31%.

FASU Quarterly Status Report for most recent year/quarter available –CY20

	Foster Care Division CY 2020						
LICENSED HOME DATA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
Licensed- Core	13	10	11	17	28	8	87
Close- Core	16	14	16	8	17	4	75
ADOPTION DATA							
Licensed- Adopt	7	19	13	9	17	4	69
Close- Adopt	2	10	12	6	1	7	38
KINSHIP & FICTIVE KINSHIP DATA							
Licensed- Kin	62	98	58	94	62	54	428
Closed - Kin	37	25	49	32	36	21	200
INDEPENDENT DATA							
Licensed- IL	9	4	4	4	2	6	29
Closed- IL	2	17	12	3	14	5	53
Total Number of New Homes Licensed	91	131	86	124	109	72	613
Total Number of Closed Homes	57	66	89	49	68	37	366

Item 36

- CFSR Result: ANI
- ICO Data for CY 2015 – CY 2020 (partial)

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021 (Partial - 1Q)
Requests for Inbound Children	427	498	684	636	774	732	159
Requests for Outbound Children	367	338	345	313	323	185	68
Average time from referral submission to placement (in months)			9	9	9	9	9
Licensed Independent Foster Homes			74	63	60		62
Newly Licensed Independent Foster Homes	69	51	55	54	46	29	14
Average Time to License (in months)			6	6	6	6	6

Statewide Information System:

Connecticut's SACWIS system was determined by ACF to be out of compliance in 2014. Since that time the Department has continued to invest in the agency's SACWIS system to enable accurate federal reporting and meet case record requirements. Additionally, the Department has initiated the process of replacing the SACWIS system with a CCWIS system. Extensive planning and preparation activities have occurred since 2014, including ACF's approval of the Department's Advanced Planning Document. DCF will be using Agile Project Management and will be retiring the SACWIS system module by module and replacing it with new modules from the CCWIS system. Agile Project Management is a tool in software development, which software requirements and solutions evolve through the collaborative effort of self-organizing and cross-functional teams and the customer. In CY19, DCF started to develop the CCWIS software for the first statement of work. The CCWIS project is projected to decrease

the current social worker documentation time by 20%. The system will be intuitive and will automate processes that are currently manual.

DCF has completed and released several component pieces of the CCWIS project. The Department pivoted on priorities that were set for later releases, due to the emergency need to implement remote working and virtual contacts. The Careline module is 70% completed, with several component pieces that have been released to the customer and have improved operations.

The agency has issued a statement of work to complete the Careline and the Intake module. The Department is working with the selected contractor to begin development. The Department continues to struggle to have contractors report on site, which facilitates the teamwork that is foundational to producing software using the Agile approach. Vaccines and lower COVID infection rates have recently allowed the Department to move forward with development.

The following is DCF's Roadmap for the replacement of the SACWIS system and the development of the CCWIS system:

3. Plan for Enacting State Vision

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 need to rely on the collective thinking and collaborative contributions of sister 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.

Consonant with the CFSR, *Juan F.* Strategic Plan, and Connecticut's PIP, 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 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.

As we move forward post-PIP implementation, CT will be seeking technical assistance and additional capacity building within the Bureau of Strategic Planning to specifically focus on the infrastructure for continuous quality improvement (CQI). We will be partnering with the Capacity Building Center for States and have already developed a work plan which has been reviewed and approved by the Children's Bureau. 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 as we look to exit our consent decree. Work on the agency self-assessment in partnership with the Capacity Building Center for States will begin in the next month.

Goals and Objectives:

Over the first two years year of our CFSP, we have 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 of the strategies and key activities, we continue to scale up several strategies and continue implementing those that have resulted in positive outcomes. At the same time, our state leaders have continued to refine the direction towards a child welfare system for Connecticut. Through the APSR process, we will collectively report on additional actions that solidifies the direction. The beginning step towards a child welfare system is relationship building and trust building across the state agencies. This foundation will be the bedrock to move our system forward. We must acknowledge that this will be a cultural shift for Connecticut, cultural shifts are not made through emails and memos, rather through relationships and trust. Below are our goals and objectives that will move us forward.

Strategic Goals:

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

Objectives:

a. Assess our current MOU/A's 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 system and increase timely access to services – PIP Goal 1 Strategy 4)
e. Focus on transitioning youth with disabilities to agencies with longer term supports. Uncover the areas of mutual support for youth and families verse the myth of "double dipping"
f. Implement revised SDM Safety and Risk Assessment tools and develop broad range of activities (training and QI) that promote model fidelity
g. Develop a safety framework approach and methodology to improve the quality of our assessments and enhance safety planning practices
h. Redesign of Adolescent Services to Transitioning Youth for Success in an effort to highlight the vulnerability of older youth in care

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

Objectives:

a. Define 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. Organizations with a well-developed culture of excellence find ways to successfully identify improvement opportunities, implement strategies for change, evaluate change over time, and hardwire what they learn. 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 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. Enhanced training and support to kinship and non-relative foster parents – PIP (Goal 2 Strategy 3)
b. Establishing a workgroup of leaders from state agencies to:
    i. Identify touch points of partnership and collaboration
    ii. Identify prevention activities, services, and innovations
c. Build bridges across state agencies
d. Develop a strategic plan that moves us to a Child Welfare System
e. Enhance partnership with the courts and judicial branch – PIP (Goal 2 Strategy 2)
f. Explore data sharing - PIP (Goal 2 Strategy 3)
g. Implement Rapid Permanency Reviews to address barriers for children in care achieving timely permanency
h. 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 to frame out the FFPSA and moving to a child Welfare system. Determine their interest and role they would be interested in playing
b. Emphasis on fatherhood services, resources, and support PIP (Goal 3 Strategy 1)
c. Collaborate with communities and state agencies to build a strong fatherhood engagement leadership teams PIP - (Goal 3 Strategy 2)
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 racial and ethnic disparate outcomes within our Department.

Reduce the inequities/disparities seen not only in the 7 key results that is 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 and 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

Measures of Progress:

As noted above, throughout the first and second year of our CFSP, we utilized our PIP to measure progress. This provided an alignment and consistent focus and approach to our workforce and direction for our stakeholders. The PIP maintains a robust measurement system which includes oversight by the Children's Bureau. 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. During the second year, the department with our stakeholders, will expand and develop measurements of progress to provide a standard approach of measurements as we build our Child Welfare System for the 3rd, 4th, and 5th year of this plan.

CT has demonstrated significant progress over the course of its PIP implementation as evidenced by OMS case review data, as well as the successful achievement of all PIP item improvement goals and implementation of all key activities. In reviewing CT's CFSR baseline data compared to the PIP period data, CT's performance significantly improved in nearly all areas. The most notable exceptions to the improvement percentage are associated with Items 1 and 6, Timeliness of investigations and Timely Permanency. As reflected in the "Update on Assessment of Current Performance", CT has made improvements with regard to timely face to face contact with victims who are the subject of the allegations, but there is still room for continued improvement. The agency continues to struggle with permanency in particular and although a number of area offices showed improved outcomes in 2019, the impact of Covid-19 has been significant.

CT continues to conduct case reviews consistent with the CFSR and PIP processes, including the use of the OSRI with case-related interviews, in addition to OMS for data collection. In addition to these case reviews, quality improvement staff continue to conduct focused case practice reviews to assist in providing the agency with contextual data related to specific areas of practice including investigations/FAR as well as in home cases. These reviews also touch on much of what the OSRI reviews, but do not include case-related interviews.

As data is collected in OMS, the state shares the state rating reports with agency and local leadership and also uses items specific reports where there is a need to dive deeper into specific items. OMS data is used along with ROM data, LINK reports and the CFSR Round 3 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.

CT's PIP included a Transformation Zone as part of its permanency improvement strategy and while the office continues to struggle with permanency, particularly given the timing of Covid-19, there have been tremendous gains in collaboration and relationships through this effort. Based on the successes in the Waterbury Transformation Zone, the agency is now expanding this work to the Bridgeport Court which most closely works with the Bridgeport Area Office. It was noted at the January 2021 PIP update meeting that in CY 2019, the Waterbury Office had experienced some improvements in their timely permanency data, however, CY 2020 impacted that progress. As courts were able to reopen, we have seen a high volume of cases disposed of and the transformation zone implementation team continues to review the data, discuss strategies and identify additional opportunities at each meeting. The Waterbury team, inclusive of the Judge, have met with the Bridgeport team as we expand the transformative efforts to that office and court. CT has also seen a tremendous strengthening in the partnership with our CIP, who will also join us in the Bridgeport Transformation Zone.

Progress Benchmarks

The following represents a summary of the progress made to date relative to the Department's strategic goals outlined above:

Racial Justice

In June 2020, as an attempt to prepare Child Welfare Leaders on how to facilitate and lead their workforce through the emotional time that stemmed from the racial disparities that illuminated in a global pandemic and the nation's civil unrest, CTDCF reaffirmed its commitment to becoming an anti-racist organization by creating a framework whose beliefs, values, policies and practices achieve racially just outcomes. This framework was disseminated to all staff. The overarching mission of anti-racist work is to examine and redesign CTDCF as an authentically anti-racist agency that will be apparent in its structures, policies, practices, norms, and values. At this time, it is believed that becoming an anti-racist agency is a necessary interim step to achieve the strategic goals of Racial Justice. During this period under review, the work evolved, and the agency mission has been grounded in the Anti-racist framework and 4 grounding principles, values, and foundations that guide us in achieving our goals of becoming an anti-racist organization. The grounding principles, values and foundations are: 1) Nurturing a Safe and Sound culture, 2) Moving beyond Equity to Racial Justice, 3) Becoming an Anti-Racist organization and 4) Striving for Institutional Transformation.

As the shift of becoming an anti-racist organization continues, outcomes for children, families, and staff of color will demonstrate decreases in disparities. CTDCF is mindful that anti-racist work is hard and often times painful for some, therefore CTDCF is committed to cultivating and sustaining an environment that is supported and grounded in the context of the Department's Safe and Sound Culture as referenced above. There are 5 main principles that are being branded as the "**5R's"** that will provide a framework for our work within a culture of safety and racial justice. These are: Regulate, Relate, Rise, Reason and Respond. As an anti-racist organization, CTDCF will decisively identify, discuss and challenge issues of race and color and the impact(s) they have on our agency, our families, our community, and ourselves. We have begun to challenge ourselves and to identify and correct any inequities found within the agency and in the provision of our services. The Department made a commitment to move from Equity to Justice to further ensure that services are individualized and based on a comprehensive assessment of a child's and a family's strengths and needs. CTDCF recognizes that these assessments must occur in partnership with providers, the family, youth and children, in an age and developmentally appropriate manner, shaped by clients' racial, cultural, and linguistic self-identification and needs. Striving for Institutional Transformation is our goal as we do not want to make small transactional changes but rather make the changes that fundamentally transform how we work with children, families, the communities we serve, and one another. Our Statewide Racial Justice Workgroup (SRJWG) and its four sub-committees (Workforce, Data, Service Systems and Policy and Practice) continue to be integral to informing and shaping the Child Welfare System, the statewide racial justice agenda, and serves as a vital advisory role to state leaders. The SRJWG continues to meet on a bi-monthly basis with leads from the Department representing every area office, region, facility and divisions across the state along with community stakeholders. These leads and stakeholders come together to share progress, identify challenges and barriers, and prioritize activities, practices, and next steps for continuing to advance the work.

The Department continues to disseminate and use its data, routinely disaggregated by race, ethnicity and other demographics, to identify areas of strength and opportunities for improvement. This information is shared with the leads of the SWRJWG and the work done is based on what the data tells us. The data infrastructure is accessible to all staff, to support the evaluation of its' practices and outcomes through a racial justice lens. The Department has deliberately invested in capabilities that allows us to disaggregate most reports by race and ethnicity. This provides agency leaders the ability to observe trends that can be used for the consideration of strategies to eliminate the racial and ethnic disparate outcomes within CTDCF. This report will touch upon data points captured in the pathways data set that are considered key components in the Department's efforts to reduce and eventually eliminate racial and ethnic disparities.

Commissioner Dorantes has charged CTDCF's Senior Leaders, across every division and function, to develop and refine concrete change initiatives, with associated metrics under their identified sphere of influence. The change

initiatives have been intentionally aligned with the 7 Key Results/Outcomes along with the Racial and Ethnic Disproportionality across CT data set. These 7 Key Results are to be at the forefront of any strategy that is implemented. It is the hope that with this intentional focus, CTDCF can decrease and ultimately eliminate the racial disparities seen throughout the agency. CTDCF is committed to identifying, strategizing and implementing efforts internally and externally in order achieve positive outcomes for all children and will continue to modify any strategy not meeting the goals identified. It is the hope that the intentional interventions captured by the change initiatives examine and redesigns CTDCF as an authentically anti-racist agency.

In the spirit of our Safe and Sound Culture, the Racial Justice Leads have continued to offer support and consultation to Senior Leaders regarding their identified Change Initiatives. By bringing together various Change Initiatives focused on the same Key Results, we believe that peer consultation and the opportunity to learn from each other will continue to cultivate a Safe and Sound environment and support the efforts occurring across the state. In preparation for the Racial Justice Leadership Summit that occurred on March 31, 2021, the Racial Justice leads facilitated a series of scheduled group consultation/support calls (4 different sessions) each focused on a different Key Result area. These correspond to the alignment that was done, matching identified Change Initiative with one of the 7 Key Results it is most likely to impact. By bringing together various Change Initiatives focused on the same Key Results. Becoming racially just is an ongoing process and through our organizational culture of mutual support, we will be strengthened, and our outcomes will also reflect this evolution. It is anticipated that our change initiatives and continued commitment to this work will show substantial results across the state in the near future.

PRACTICE ENHANCEMENTS

Function- specific workgroups have been established in key areas of our work to promote consistency in practice, address implementation issues in a timely manner, identify best practices and develop strategies to address challenges/barriers. The following workgroups have been established: Area Office Directors, Intake Program Supervisors, Adolescent Services, Considered Removal Facilitators, Foster Care and Ongoing Services. Each group is led by an Assistant Chief of Child Welfare and Office Director and all regions are represented. These meetings will continue this upcoming year.

Fatherhood

In 2021, DCF repurposed the former Fatherhood Community of Practice as the Statewide Fatherhood Engagement Leadership Team (SFELT). The statewide team will be comprised of fatherhood champions from the DCF Area Office Fatherhood Leadership Teams (FELT), including contracted providers and fathers. The Statewide team will oversee practice development, with area offices developing PDSA to address practice needs. This is modeled after the Breakthrough Series Collaborative. In October 2019, DCF was awarded a three-year OJJDP grant to support the Connecticut state initiative, Families Supporting Reentry: A 2-Gen Approach (FSR). The project is designed to expand the service array for incarcerated fathers whose children are involved with the Department of Children and Families (DCF) due to child protection issues. The project has remained on hold due to the COVID 19 crisis. The project will continue on a no-cost extension to allow for a delayed implementation, while still allowing for the full three-year project period.

Engaging Fathers and Paternal Relatives in Child Welfare: Breakthrough Series Collaborative (BSC)

Last Year, CT was one six sites to participate in the Breakthrough Series Collaborative to develop specific strategies in engaging fathers in child welfare.

The goals of the project were to:

- Learn more about how BSC approach works in the child welfare setting
- Test whether using the BSC approach strengthens engagement of fathers and paternal relatives
- Build the knowledge base for strategies to engage fathers and paternal relatives.

A Collaborative Change Framework (CCF) was developed by experts in the field of Child Welfare that guide the work of Fatherhood Engagement in the project. The 5 domains included in the project are as follows:

1.) Support community, system and agency environments that value and respect all fathers and paternal relatives
2.) Cultivate racial equity for men of color in the child welfare system
3.) Identify and locate fathers and paternal relatives from the first point of contact with the family
4.) Assess and address the strengths and needs of and barriers for fathers and paternal relatives
5.) Continuously involve fathers and paternal relatives throughout the lives of their children

This year, the focus of our work was on prioritizing specific strategies and eliminating those that did not yield positive results. In addition, the group worked on the spread of one particular strategy to 3 other offices in the state.

The group continued to collect data on the metrics that had been identified which assisted in determining if progress was made. We did see an improvement in the assessment of fathers' needs as a part of the case planning process. We also saw an increase in the numbers of fathers attending our considered removal meetings and the use of fathers in safety planning.

The BSC concluded in March 2021 and the Department will be participating in a Phase 2 Evaluation. The evaluation is designed to help agencies maintain focus on the strategies as they seek to scale them, and examine the linkage between these strategies: engagement, placement stability and permanency outcomes.

The evaluation will describe promising strategies for engaging fathers and paternal relatives, assess the promise of the BSC as a continuous quality improvement framework for addressing challenges with fatherhood engagement, and how the framework can be applied to other child welfare challenges.

Prevention

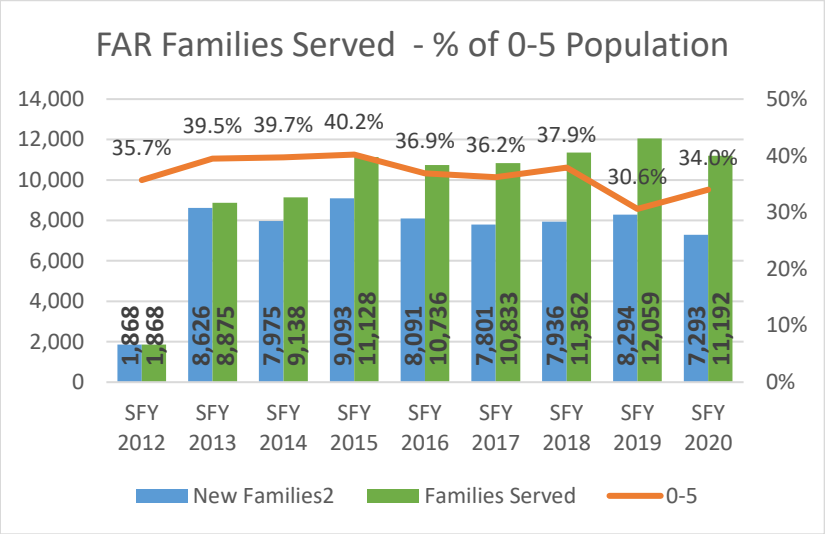
In 2021, DCF is launching a prevention services unit pilot program to partner with specific schools in one of Connecticut's cities to assist in providing prevention services and other resources to families in need of support where these families do not warrant involvement with "child welfare". A review of agency data supports a need for prevention workers to partner with schools as they work to support families in seeking and receiving services in their communities without requiring families to come to the front door of the protective services agency unnecessarily. While school reports account for about 40% of the referrals to the agency's abuse and neglect hotline, less than 5% of all school reports filed result in a substantiation. The piloting of this unit will allow the agency to assess impact and ensure that children and families can be safely supported in their communities and more children will continue to reside safely with their families. This will inform whether this approach could benefit additional cities and towns throughout Connecticut.

Differential Response

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 (inclusive of both tracks: Investigations and our Family Assessment Response (FAR).

Family Assessment Response: In CY 2020, there were a total of 23,457 accepted reports of child abuse and neglect, a decrease from last year (29,516). Of the total number of accepted reports, 47.5% were assigned to the

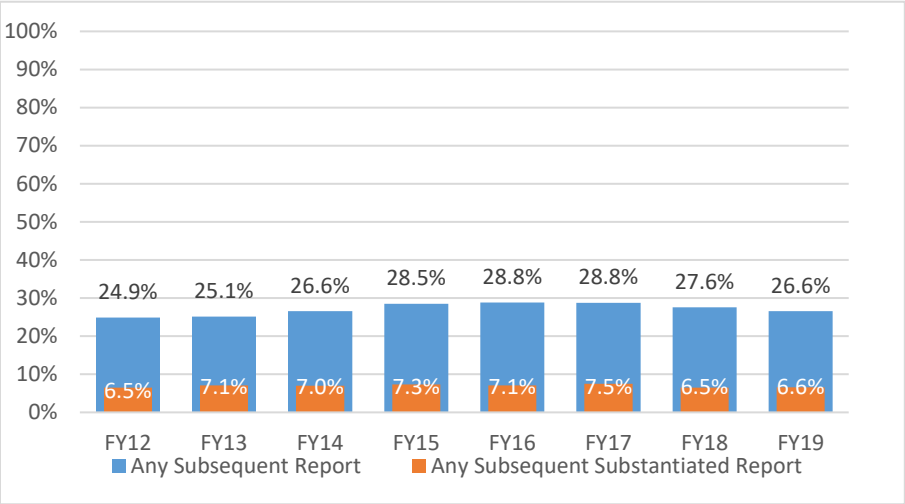
FAR track, a decrease from the prior year (45.4%). The chart below represents unduplicated families who received a new FAR as well as the total number of families served within the fiscal year since implementation (3/5/12). Since implementation, 66,922 families have received a FAR, 100,890 children have been reported as victims of abuse/neglect.



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 2018. Since implementation, 34% of reports involve children under the age of 5. This past year represents the lowest percentage of children, age 0-5, since implementation despite having the highest number of FAR reports received. Most reports come from mandated reporters (84.7%) with school personnel (33.8%) and police (21.5%) being the highest. As one would expect from a DRS population, 90.4% of the reports involve various forms of neglect, with only 15.2% involving physical abuse allegations. 45.7% of the families scored at low/very low risk. 16.9% of FAR families had at least one prior accepted CPS Report and 2.2% had at least one prior substantiated report.

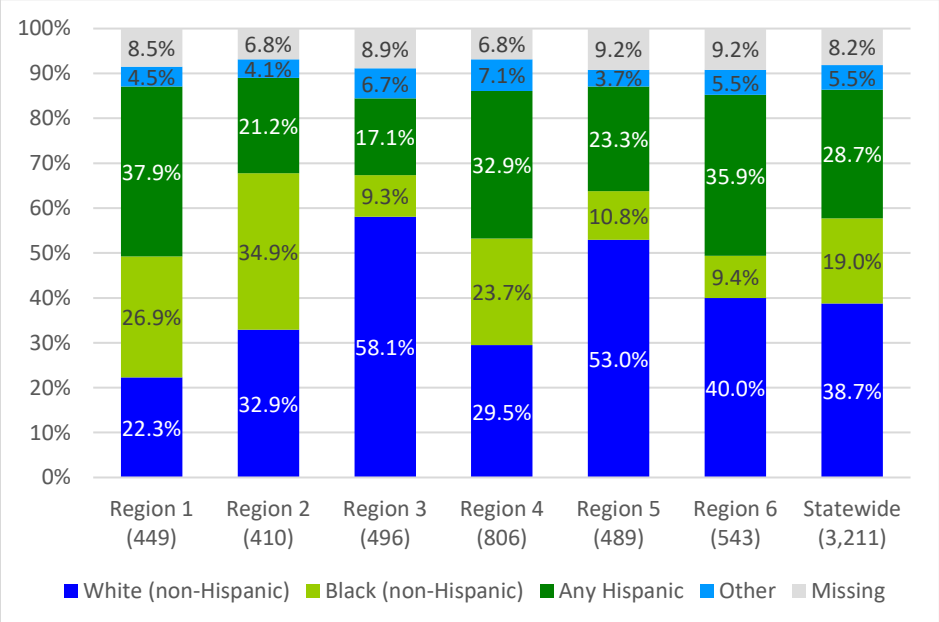
Beginning in FY 2019, the Performance Improvement Center (PIC) at the UCONN School of Social Work modified their methodology to calculate subsequent reports and substantiations. Historically they used a cumulative approach which evaluated subsequent reports and substantiations since implementation, i.e., for new families. This was an intuitive approach at the time given the limited amount of historical data. However, as the scope of PIC's evaluation expanded, both in the chronological span of FAR and the incorporation of Investigations, it became valuable to consider a new approach that would more systematically incorporate returning cases and better capture changes in program activity over time. To this end, PIC adjusted their approach from 'cumulative' to 'cohort'- rather than evaluating unique cases served since the beginning of a program they instead examined a 'cohort' of unique cases served within a single fiscal year and track. Cases that return to a program across multiple fiscal years or that are served under both FAR and Investigations would now be represented within each corresponding fiscal year cohort. This provides an opportunity to better capture the activity of a program by incorporating the population of returning cases, as well as to better identify changes in program activity over time by narrowing the analysis samples to smaller, defined time-periods. As a result, this approach facilitates a more dynamic, responsive method of program evaluation.

FAR: 12-Month Subsequent & Subsequent Substantiated Report Rates



Statewide, 26.6% 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 24.9% in FY12. There was a 1.2% decrease in the SR rate from FY17 to FY 18. The SR rate declined another percent in FY19. The SR report status varies slightly by region with a range of 24.9% - 29.5%. Statewide, 6.61% of FAR families had a Subsequent Substantiated Report (SSR) within a 12-month period following case disposition.

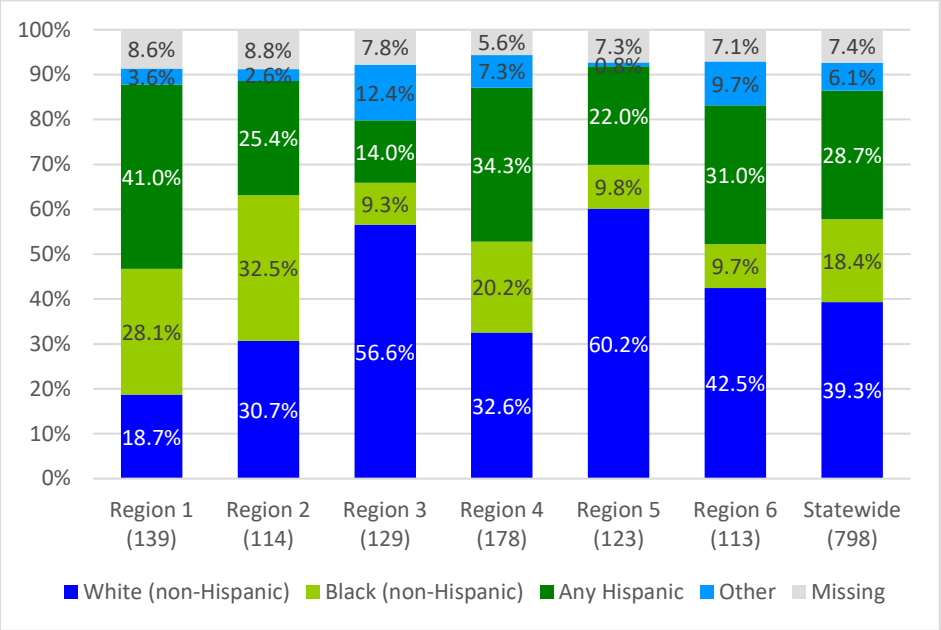
FAR 12-Month Subsequent Report (SR) Rate by Region and Race/Ethnicity



Of the FAR families that had a Subsequent Report, 38.7% were White, 19.0% were Black, 28.7% were Hispanic, and 5.5% were other. This varied regionally as expected since the population differs across the six regions.

Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. Of FAR families with prior CPS history, 46.3% had a subsequent report compared with 21.8% of families with no prior CPS history. As expected, families with low or very low risk assessment scores had fewer subsequent reports than those families who had higher risk scores. Of the families with a moderate/high risk assessment score, 37.7% had a subsequent report compared with 22.2% of families with a low or very low risk assessment score. As expected, families with low or very low risk assessment scores had a lower SSR rate (4.8% (or 2.7% and 5.6% respectively)) than those families with a moderate/high risk score (10.4%).

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



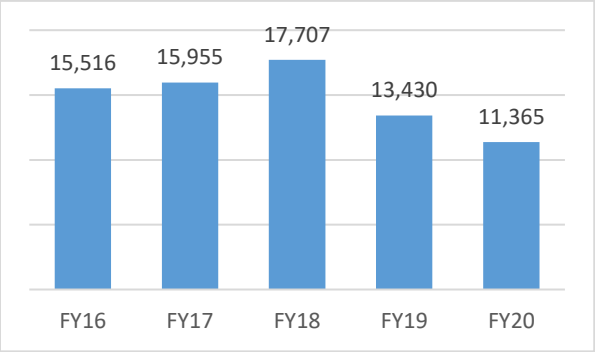
Of the FAR families that had a SSR, 39.3% were White, 18.4% were Black, 28.7% were Hispanic, and 6.1% were 'Other'.

Through Survival Analysis, factors associated with substantiated subsequent reports (SSR) within 12 months included age of children, risk assessment level, family composition, region, and having multiple reporters.

Note: FY19 data was used for all SR/SSR analyses to allow enough time to capture a 12-month follow-up time period.

FAR Data continues to be routinely shared with central and regional office staff to help identify trends and inform practice and policy changes.

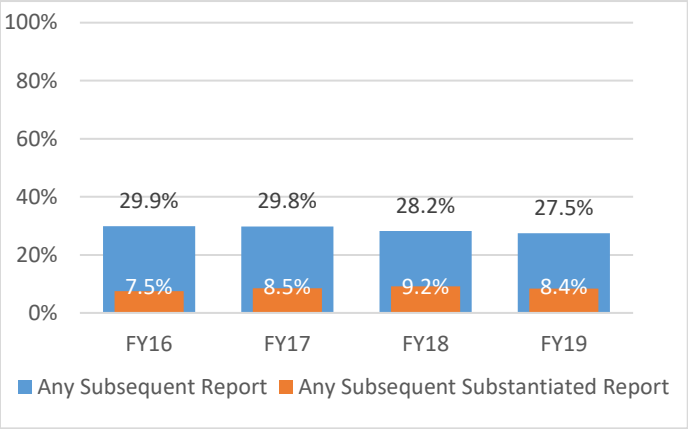
Investigations Response: The chart below represents the number of families served in the investigations track since implementation of our Differential Response System, totaling 62,650 and 109,857 children. A total of 11,365 families and 16,002 children were served in FY20. There has been a steady decrease in the number of Investigation families served since FY17. The additional decrease in FY20 was likely exacerbated by the coronavirus pandemic. This year, 44.1% of the investigations, involved children 0-5.



The response time for Investigations cases has fluctuated to some extent over time. The proportion of same day responses has stayed stable (~13%). While, the proportion of 24-hour responses decreased and the proportion of 72-hour responses increased in FY19, in 2020 these values moved closer to their 2018 values. White families had the smallest proportion (12.6%) of same day response times, compared with Hispanic families at 17.6% or Other race (17.9%) for the same day response time.

The family composition of most investigation families are two parent households at 38.1%, followed by single parent households (35.0%). 24.6% of investigations families had at least one prior CPS Report and 4.9% had at least one prior substantiated report. 88.6% of the accepted reports were from mandated reporters, with school personnel (26.7%) and police (25.3%) the most prevalent reporters.

Investigations: 12-Month Subsequent & Subsequent Substantiated Report Rates by Fiscal Year



Statewide, 27.5% of families had a subsequent report (SR). The SR rate has been trending down with a high of 41.4% in FY12 to the current FY19 low. The FY19 SR report status varies slightly by region with a range of 29.7% - 24.4%.

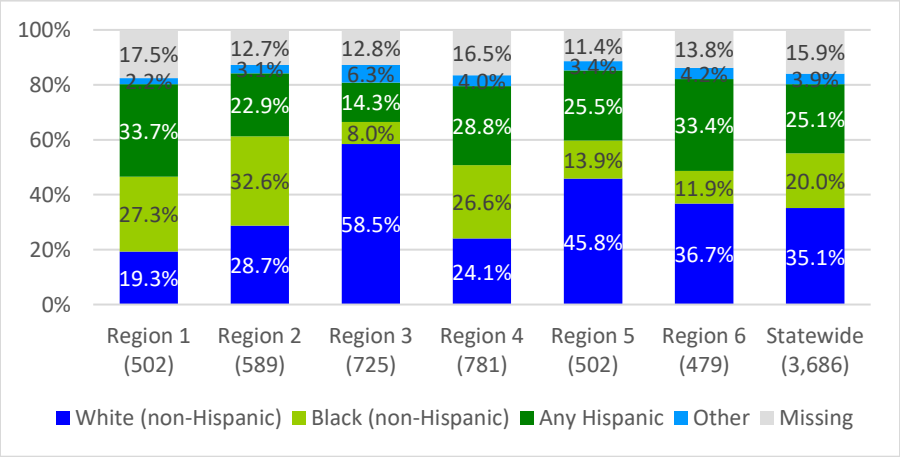
Statewide, 91.6% of families did not have a Subsequent Substantiated Report (SSR). The FY19 SSR report status varies slightly by region with a range of 89.9% - 93.0% with no SSR.

Prior CPS History and SSR: 12.5% had a SSR compared with 7.2% of families with no prior CPS history.

As expected, families with very low or low risk assessment scores had a lower SSR rate (5.3% (or 3.1% and 6.0% respectively) than those families with a moderate/high risk score (12.2%).

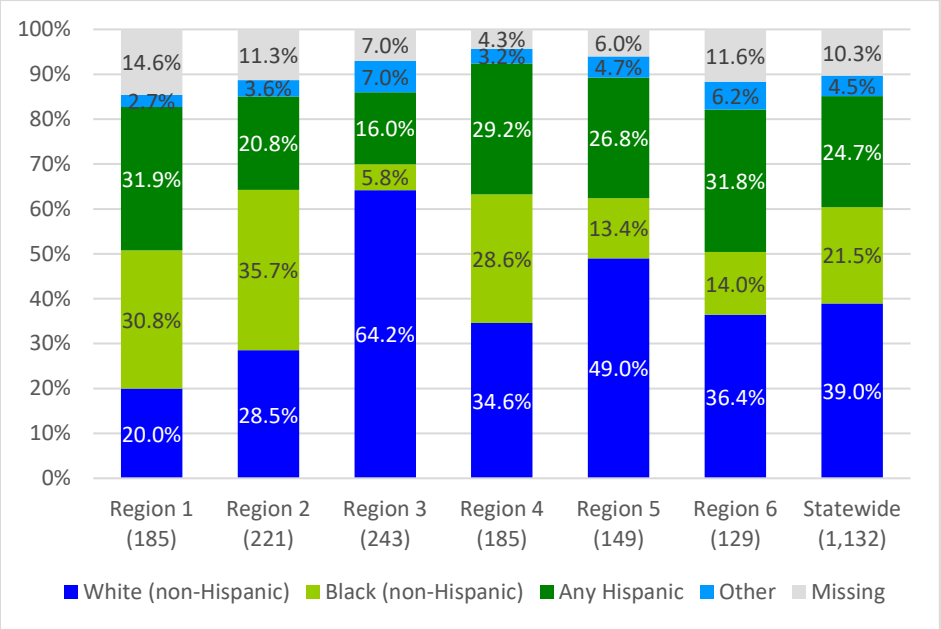
Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. For families with prior CPS history, 40.2% had a subsequent report compared with 23.5% of families with no prior CPS history. As expected, families with low or very low risk assessment scores had fewer subsequent reports than those families who had higher risk scores. Of the families with a moderate/high risk assessment score, 37.7% had a subsequent report compared with 22.2% of families with a low/very low risk assessment score.

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



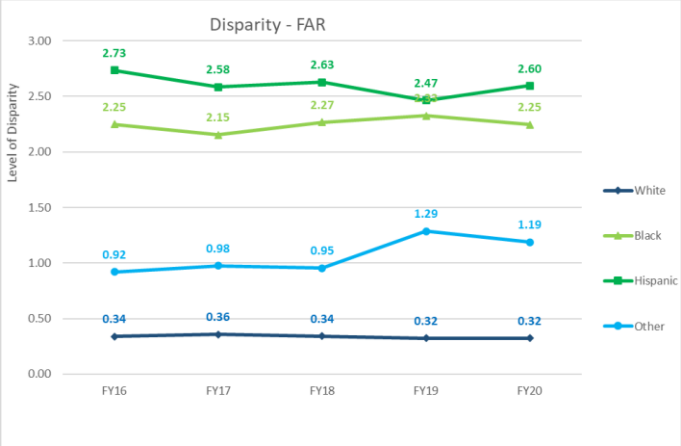
Of the families that had a SR, 35.1% were White, 20.0% were Black, 25.1% were Hispanic, and 3.9% were other. This varied regionally as expected since the population differs across the six regions.

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



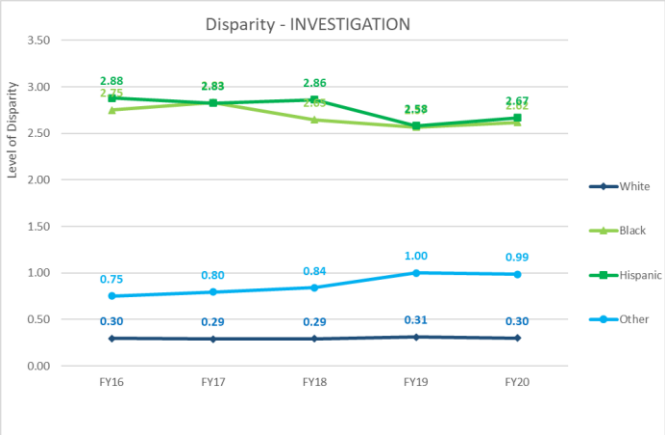
Of the families that had a SSR, 39.0% were White, 21.5% were Black, 24.7% were Hispanic, and 4.5% were other.

FAR Racial Disparity



In FY20 racial disparities occurred in referrals to INV and FAR. Hispanic families were referred to the FAR track at a rate that is 2.60 times greater than the rate of all the other families. Similarly, Black families were referred to the FAR track at a rate that is 2.25 times greater than all other families. Families with the race category 'Other' were referred to the FAR track at a rate that is 1.19 times greater than all other families. However, White families were referred to the FAR track at a rate that is only 0.32 times the rate of all other families.

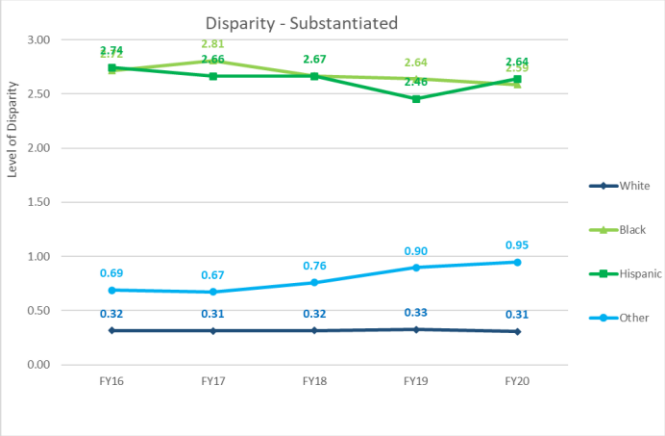
Investigation (INV) - Racial Disparity



Hispanic and Black families were referred to INV at a rate that is more than 2.6 times greater than all other families.

White families were referred to INV at a rate that is only 0.30 times the rate of all other families.

Substantiated Reports



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 2.6 times greater than that of all other families in FY20.

Families with the race category 'other' had substantiated reports at a rate 0.95 times that of all other families. White families had substantiated reports at a rate only 0.31 times that of all other families.

UCONN's Performance Improvement Center and members of the Strategic Planning Division have been 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. Inclusive of 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. A kickoff meeting was held in May with a plan to meet on a monthly basis. This will be an area of focus this upcoming year.

CT Child Safety Practice Model

In October 2020, the Department established a contract with Taylor Consultants to develop CT's Child Safety Practice Model, with a specific emphasis on approach, interactions, and decision-making in the midst of the COVID-19 pandemic. When developing safety practice models, many jurisdictions focus their work internally, but we decided to be much broader in our view and include our external partners in helping us keep children safe in the community. 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 is built upon the following guiding practice commitments that provide the context for assessing safety and safety planning:

1. Safe and Sound Culture & Safety Science
2. Commitment to Equitable Safety Outcomes & Racial Justice
3. Comprehensive Assessment, Resources, Tools, & Protocols
4. Supervision and Consultation to Inform Critical Thinking
5. Community Partners shared understanding
6. Comprehensive Service Array focused on Safety
7. Supports for Kin, Foster, and Adoptive Families
8. Dedicated safety attention for Young Adults

The four objectives of the model are as follows:

- Increasing consistency of safety related language;
- Increasing consistency of decisions and outcomes;
- Clarifying expectations for DCF staff and community-based partners; and
- Increasing understanding of applied safety concepts

The model focuses on the ABCD paradigm, which will be 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 of our strong safety practices, including the continued use of our revised SDM Safety Assessment and Considered Removal Child and Family Team Meetings, there will be new features that will be 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 will be 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 will be 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

Workgroups were created to develop the Practice Profiles and Discussion Guides. Many of the workgroups consist of internal DCF staff and external partners who were selected based on their level of expertise in the field. To date,

drafts of the three internal Practice Profiles have been created, as well as the 0-5 and IPV Discussion Guides. The workgroup for the creation of the Substance Use Discussion Guide is currently underway and the workgroups for remaining Discussion Guides will begin convening in July. Drafts have and will continue to be shared internally and externally for broader stakeholder feedback.

Following the execution of the contract, a core group was established to work closely with the consultant to develop the model. This group consisted of leaders within the child welfare division, as well as Directors of the Careline, Academy and the Central Office Program Lead. In March, this group was expanded to include representatives from various divisions within the Department given the implications of the model across the entire agency. The Implementation Team meets on a weekly basis to plan and organize the work.

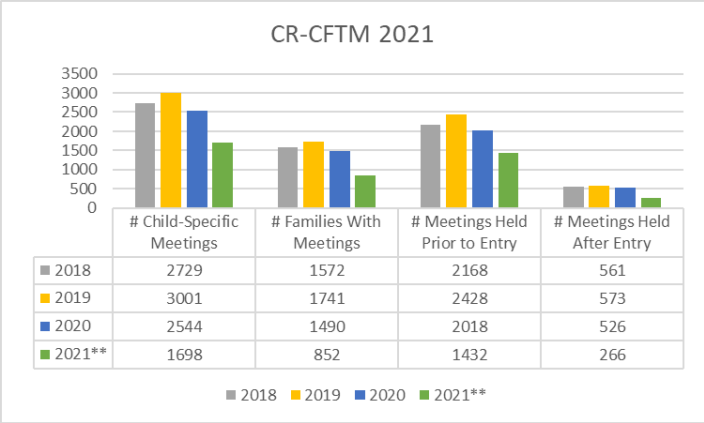
Beginning in May, the model was presented statewide to the State Advisory Council with a plan to communicate locally to each Regional Advisory Council by the end of August 2021. The Department intends to conduct additional community presentations throughout the summer to educate and inform the community about our Child Safety Practice Model. In addition to stakeholder engagement and input, the Department intends to conduct focus groups with consumers to elicit feedback from them around our safety practices and recommendations for improvement. Focus groups will be conducted with biological parents, youth and caregivers (core and relative) in July 2021. Development of a QA Plan to assess model fidelity is underway.

A training plan is being developed both internally and externally. It is anticipated the model and components will be completed by the end of September 2021.

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 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 supports 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.



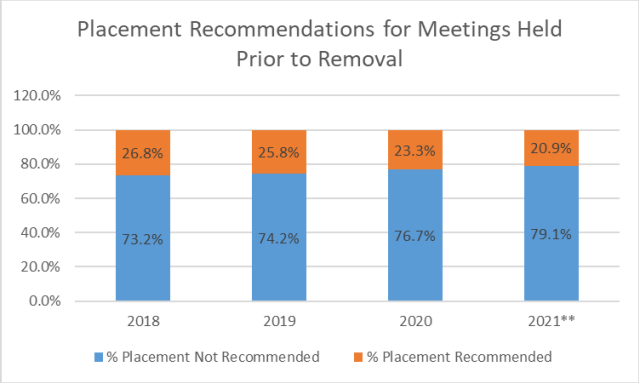
	# Child-Specific Meetings	# Families With Meetings	# Meetings Held Prior to Entry	# Meetings Held After Entry
2018	2729	1572	2168	561
2019	3001	1741	2428	573
2020	2544	1490	2018	526
2021**	1698	852	1432	266

Since 2013, there have been a total of 22,770 child-specific meetings held, involving 13,449 families. Overall, 76.5% of meetings (17,408) occurred prior to the child's removal and only 25% of the meetings recommended the child's removal.

This year, 1698 child specific meetings were held, a decrease from the prior year. 84.3% of meetings occurred prior to the child's removal, the highest since implementation. Following the submission of the CFSP, the Department has averaged 81% of the meetings being held occur prior to a child's removal from the home.

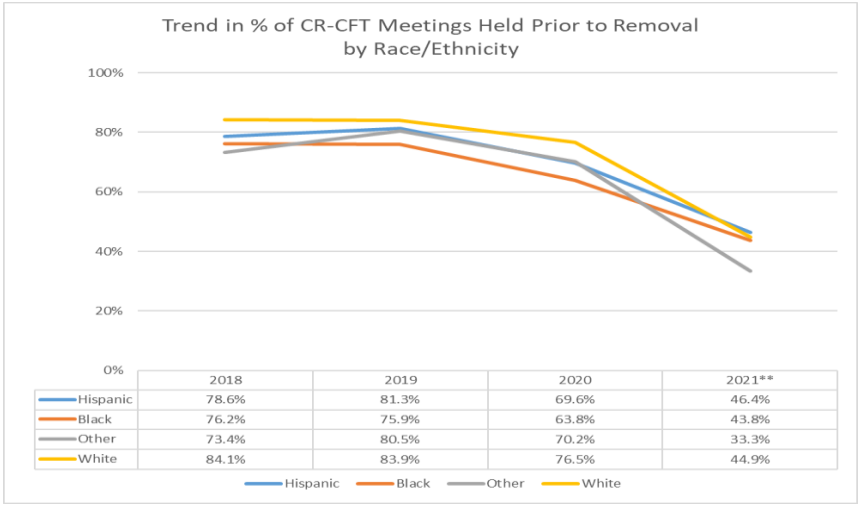
Note: ** Represents partial FY. 2021 reflects data from 7.1.20 through 4.26.21

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



The data demonstrates the Department's ability to engage in safety planning efforts with families. This past year, of the meetings that were held prior to removal (1432), 79% of children were not recommended for removal, an increase from the prior year (77%).

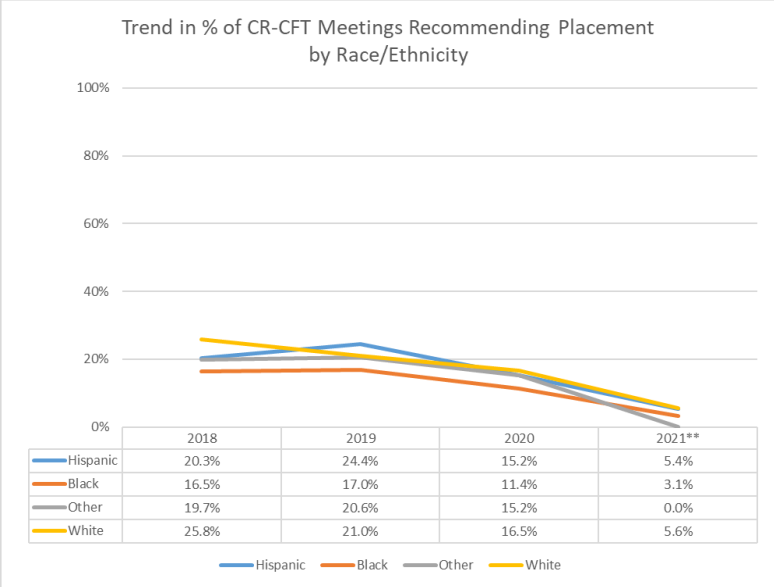
This chart represents the Considered Removal Meetings that were held prior to a child's removal by Race/Ethnicity since 2018.



	2018	2019	2020	2021**
Hispanic	78.6%	81.3%	69.6%	46.4%
Black	76.2%	75.9%	63.8%	43.8%
Other	73.4%	80.5%	70.2%	33.3%
White	84.1%	83.9%	76.5%	44.9%

Hispanic Black Other White

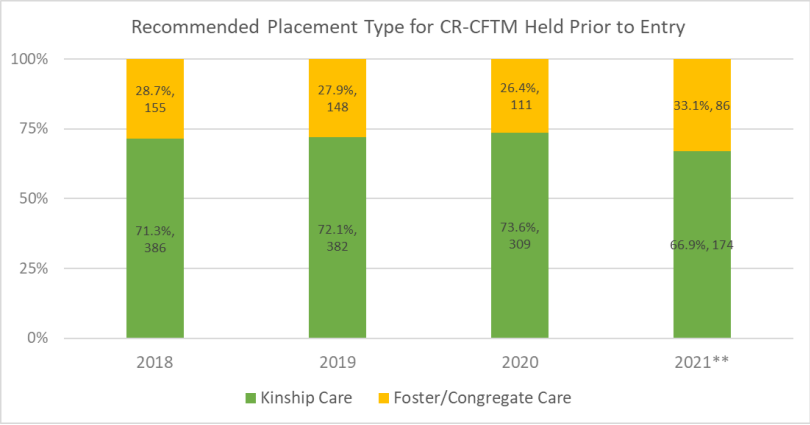
Overall, we have been fairly consistent in offering meetings prior to a child's removal across all racial groups. White children have generally been slightly higher in the percentage of meetings occurring prior to removal than other racial groups up until this year. This year, there were no differences in the rate of meetings held prior for Hispanic, White and Black children, Other children had the lowest percentage of meetings held prior to removal.

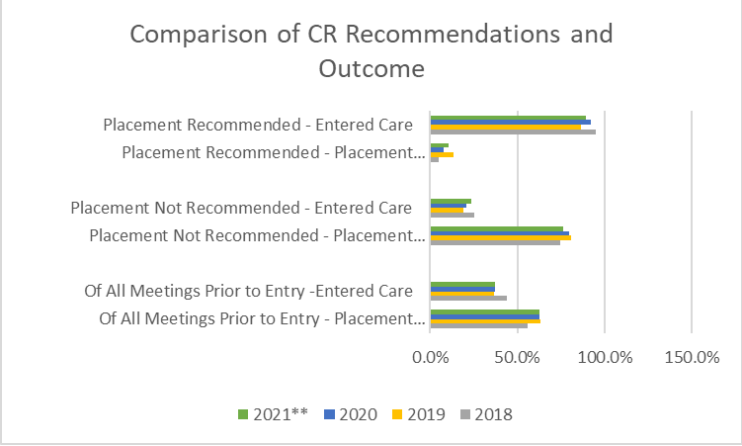


This chart reflects the Considered Removal Meetings held prior to removal where the decision of the meeting is recommending placement of the child by Race/Ethnicity since 2018.

Overall, there does not appear to be significant differences in decisions across racial groups for children who were the subject of a CR meeting.

This chart represents CR meetings held prior to removal since 2018. It depicts the recommended placement for children 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. This year, 70% of children were recommended for placement in kinship care, a decrease from the prior year.





This chart 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.

For this year, 89% of the children with a recommendation to remove, entered care, a decrease from prior year (92%). This has been a fairly consistent practice since implementation. Overall, the "live decision" made at the meeting appears consistent with what happens after the meeting.

Outcome	2018	2019	2020	2021**
Of All Meetings Prior to Entry - Placement Diverted	55.8%	63.5%	62.9%	62.7%
Of All Meetings Prior to Entry -Entered Care	44.2%	36.5%	37.1%	37.3%
Placement Not Recommended - Placement Diverted	74.5%	81.1%	79.5%	76.4%
Placement Not Recommended - Entered Care	25.5%	19.0%	20.5%	23.6%
Placement Recommended - Placement Diverted	4.7%	13.1%	7.9%	10.7%
Placement Recommended - Entered Care	95.3%	86.8%	92.1%	89.3%

This chart reflects the entry timeframe for children who were the subject of a CR meeting. This year, 85% of children entered care within 60 days of the CR meeting; 13.3% of children entered care on the same day of the CR meeting; and 67.2% of children entered care within 30 days of the meeting.

Row Labels	2018	2019	2020	2021	Grand Total
#					
0 - 60	802	754	601	450	2607
>=61	195	88	112	66	461
%					
0 - 60	80.4%	89.5%	84.3%	87.2%	85.0%
>=61	19.6%	10.5%	15.7%	12.8%	15.0%
Total #	997	842	713	516	3068
Total %	100.0%	100.0%	100.0%	100.0%	100.0%

The Department continues to meet with the CR Facilitators on a quarterly basis. The focus of the meetings this year continued to be on the facilitation of meetings in a virtual environment, as well as discussions relative to the Child Safety Practice Model. All the CR Facilitators have and will be participating in the various workgroups in the design of our Child Safety Practice Model. For this upcoming year, the focus of these meetings will include the following:

- Analysis of AO CR Data
- Review and update CR-CFTM Policy and Practice Guide to increase consistency in practice
- Assess the impact of the implementation of the Child Safety Practice Model on the CR process.

Permanency Teaming continues to be an area of focus for the Department, particularly as one of the key strategies in meeting our performance measures and PIP. Documentation of our permanency teaming practice continues to present challenges given our current LINK system. As a result, the process of quantitative review continues to present challenges. Permanency Roundtables continue to be held regionally for children who are delayed achieving permanency. This year, the Department intends to update our Permanency Teaming practice guide and policy.

Caregiver Practice Model

With assistance from Chapin Hall, the department began the development of the Connecticut Caregiver Practice Model (CPM). CPM is an organizing framework that describes and guides the work of DCF, and its contracted providers related to caregivers in Connecticut. It is a component of our Strengthening Families Practice Model in Connecticut. CPM focuses on all parents and caregivers but has a specific emphasis and nuances for foster parents, kinship foster parents, fictive kin, relatives and adoptive parents given their unique relationship to DCF, parents of origin and the children in their care. The development and implementation of the Caregiver Practice Model is guided by the following principles and values:

- Child and family centered
- Accessible services and support

- Community focused and collaborative
- Outcomes driven
- Flexible and responsive services and support

In early 2021, the department began by first establishing a governance structure to include an implementation team and subject matter experts. By including caregivers, parent, adult alumnae (former children in care), contracted providers and administrative and operations staff, the CPM leverages the experiences, expertise, and insight of key individuals and organizations committed to developing, articulating, and implementing an agreed upon vision for valuing and supporting caregivers. The CPM focus this year has been related to development. The team has identified a theory of change, central principles, values, mission and working through practice skills and strategies. Once completed, the team will turn their sights on the development of the kinship navigation practice. The team will identify the theory of change, practice skill and strategies and then focus on identifying functions and activities for both CPM and Kinship Navigations and work towards the operationalization phase. This to ensure a relevant, sustainable, and qualified model, that is ready for operationalization and implementation in practice.

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 2019, the department met with key stakeholders to introduce the program. It established an Implementation Committee consisting of the Bureau Chief of Child Welfare, Bureau Chief of Strategic Planning, Information System Program Supervisor, Director of The Academy for Workforce Development, Quality Improvement Program Supervisor, Klingberg Family Center Therapeutic Foster Care Supervisor, Permanency Resource Exchange, Interstate Compact, & Subsidy Program Supervisor, Permanency Resource Exchange Supervisor and serving as project lead, the Foster Care Division Program Director. The team identified Phase 1 implementation sites to be Hartford, Norwich and Waterbury Area Offices. 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 66 children were identified for the cohort; 23 Hartford, 13 Norwich and 30 Waterbury. The cohort included 12 sibling sets; 1 set with 4 children who were living with different caregivers; 1 set of 3 who were together; 2 sets of 2 with different caregivers and different area offices and the rest were pairs of 2. 38% were between the ages of 2 and 5. 58% were males and 42% females and had been in care between 2 to 9 years. 41% of the children had between 3 to 5 different households since entering care; 21% had 2 household changes, 18% had 1 household change; and 12% had 6 or more household changes. 48% had between 3 to 5 Ongoing Services Social Workers.

The department was poised to launch RPR reviews in March when Covid-19 suspended all scheduled activities. In early August, the Implementation Team reconvened to discuss reimagining RPR with the "new normal" parameters. With Casey's assistance, the team set a goal of conducting RPR's virtually, beginning in the fall of 2020. The road back to RPR began with Casey providing a peer to peer connection with states conducting virtual RPR's, Indiana and Kansas to benefit from their experience and lessons learned, for example, maintaining the focus on systems and not slip into individual "case" review mode and scheduling no more than 3 to 4 reviews per day. The team worked through technological barriers and telework designations. It developed an updated training plan to include Microsoft Teams orientation. The team modified RPR tool to include Covid related barriers.

Pre-Pandemic shelter and stay, the cohort consisted of 68 children. At the time of re-launch of RPR in January 2021, 33 children remained. The permanency plan changed for 6 children and during the pandemic 29 achieved permanency through adoption.

The review, while a small sample, highlighted improvements needed in the subsidy approval process. As a quality improvement measure, the department conducted training in the Area Offices, issued a guide to subsidy, conducted a review of all forms to streamline and eliminated redundant and no longer relevant material. The department secured consultation and support services through the National Quality Improvement Center for Adoption/Guardianship Support and Preservation to conduct a needs assessment of the Central Office Foster Care Division Adoption and Subsidy Units to address inefficiency and redesign business processes.

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's aim is to ensure that all children placed in out-of-home care, whether with a relative, fictive kin, or licensed family, receive high-quality parenting that meets their emotional, developmental, cognitive, and social needs. The goal is to create community of parents, licensed caregivers, who embrace the whole child and are support to birth families and who work to transform the foster care system. They, along with community, foster effective birth parent and caregiver relationships. Quality Parenting Initiatives (QPI) improves the quality of care given to children in care by using child development research, branding and marketing principles, and adult learning strategies to recruit and retain caregivers. It operates on five core principles:

1. Excellent parenting is the most important service the department can provide to children in care and that **children need families, not beds**
2. Child development and trauma research indicates that children need constant, consistent, effective parenting to grow and reach their full potential;
3. Each community must define excellent parenting for itself;
4. Policy and practice must be changed to align with that definition; and
5. Participants in the system are in the best position to recommend and implement that change

Activities resumed in November 2020. The department successfully hosted a statewide kick-off with external and internal stakeholders. It installed 42 Statewide QPI Champions that include licensed caregivers, adults who were in care as children, child protective services staff, foster care staff and ancillary support divisions. It hosted 3 large focus groups to define the challenges, barriers, and solutions. It established a brand statement, "*DCF Foster Care: Where we value our children's caregivers as members of our team who build loving and nurturing relationships for children and their families.*" The next phase included the establishment of regional steering committee to operationalize the brand statement, develop recommendations, create actions plans, identify needed supports, develop an implementation plan, and raise statewide and system issues.

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.

Relative and fictive kin placements have increased by nearly 25% between January 2011 and June 2019. As of June 1, 2020, 43% 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 2020, on average, 44.3% 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. However, in 2020, the number dropped close to 50% to 428 due to the pandemic. The largest reason for closure of a relative or fictive kin home continues to be because a child has achieved permanency (child is reunified, adopted or guardianship is transferred).

Structured Decision Making

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 issues with the accuracy of tool completion, particularly in the utilization of the definitions when completing the tools, as well as timely completion. LINK reports have been updated to include SDM data. SDM will continue to be an area of focus in supervision. The roll out of the new phone system at the Careline will enhance case reading capabilities at the Careline relative to the SDM Careline Assessment Tool.

In an effort to enhance safety practice in ongoing services, the Academy facilitated virtual training sessions to Supervisors and Program Supervisors in ongoing services. The course was designed to enhance supervisory skills in relation to the SDM Safety Assessment tool and the updated Risk Assessment tool being used by Intake. Basic concepts of SDM, such as safety versus risk, effective safety planning, and how to use risk assessments to inform case decisions in ongoing services, as well as focused discussions on technical and adaptive supervision; information gathering in supervision; coaching to skill development; and integrating these practices within an SDM environment. A total of 194 participants engaged in training.

As our focus shifted to the development of our Child Safety Practice Model, the SDM Implementation Team was disbanded. As the SDM Safety Assessment Tool is embedded in our Child Safety Practice Model, the Department will continue to assess and monitor our utilization and application of SDM.

Order of Temporary Custody Pilot Program

DCF's Legal Division launched a pilot program in March 2021 in the Torrington and Willimantic area offices, in which in-house attorneys and paralegals write the affidavit and statement of facts for order of temporary custody (OTC) petitions. Prior to the pilot, social work staff would draft these documents and then submit to the in-house attorneys for review. By shifting the drafting to the in-house attorneys, it minimizes the revisions and drafts needed, while allowing the attorneys and social work staff to focus on their respective areas of expertise. Feedback from legal and CPS staff on the pilot has been positive thus far, and plans are to continue to expand the pilot to other area offices later in 2021 and early 2022.

Integrated Family Care and Support Program (IFCS)

Last year, the Department of Children and Families, in partnership with Beacon Health Options, established a new program 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 Family First Legislation and our prevention mandate. Integrated Family Care and Support (IFCS) was designed 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 Department continues to implement the eligibility criteria that was established at the onset of the program as described below:

- Current investigation with an unsubstantiated finding (Families may have prior substantiated history

or prior court involvement);
- Family presents with level of need that requires a family care coordination approach to address their needs;
- Family is willing to engage in services;
- Based on the family's level of need and risk factors, they would be transferred to DCF ongoing services if this program was not available;
- SDM Safety Assessment indicates children are safe;
- All Structured Decision Making (SDM) Risk Assessment levels are accepted; or
- A Family Arrangement is in effect with no SDM Safety Factors present with AO Director approval.

The family is **ineligible** for the program under the following conditions:

- Active Family Assessment Response (FAR) as these families have access to another DCF contracted service;
- Neglect Petitions are being recommended or have been filed with Superior Court, Juvenile Matters on behalf of the children;
- Children determined to be Conditionally Safe or children who have been removed from the home;
- Family refuses to engage in the program;
- DCF has had no contact with the family and has been unable to investigate the allegations;
- A Family Arrangement is in effect and an SDM Safety Factor is present.

Following a transition meeting that is attended by the family, DCF and the IFCS care coordinator, the Department closes its case, and IFCS case management and care coordination services ensue. Each family is assigned an IFCS Care Coordinator who assumes the following responsibilities:

- Maintaining regularly scheduled direct contact with the family
- Connecting family members to community- based behavioral health and concrete resources
- Empowering families to more effectively self-advocate and access the support and services they need
- Assembling and coordinating Family Team meetings
- Developing and completing the family's crisis plan
- Developing and completing the family's Plan of Care
- Administering the North Carolina Family Assessment Scale for General Services (NCFAS-G) to identify strengths and needs to help inform service delivery; and
- Completing a Family Satisfaction Survey to gather feedback from the family around service delivery

Families also can work with a Peer Specialist who will advocate, mentor and help the family navigate through the various systems.

Outcome Measures for the program focus on engagement, family satisfaction, reduction in child maltreatment and several performance indicators and will be evaluated through a racial justice lens.
The outcomes of the program are as follows:

a. 80% of accepted families develop a Plan of Care within 45 days of episode start date
b. 80% of families who were engaged and discharged are satisfied with the IFCS program as evidenced by a Family Satisfaction Survey; and
c. 85% of families who were engaged and discharged for any reason will not have a subsequent substantiated report within 6-months of their discharge from the IFCS program.

Beacon developed a subcontract with UCONN School of Social Work to help evaluate IFCS, specifically focusing on the rate of subsequent reports and substantiations families receive following completion of the program, as well as other performance indicators identified through the NCFAS-G.

The Department developed a staggered implementation plan informed by data, selecting regions with higher rates of unsubstantiated case transfers. IFCS was implemented in Regions 4 and 5 in February 2020, followed by Regions 2 and 6 in March 2020. Statewide implementation was scheduled for April 1, 2020 but due to the pandemic, roll out of the remaining two regions was delayed. IFCS was subsequently rolled out in Region 1 the end of April 2020, and in May 2020 in Region 3. The Central Office Program Lead continues to meet with Beacon staff on a bi-weekly basis to review referrals, address implementation issues, review data, and develop data reports. 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 addressed during the COVID-19 pandemic. Since February 2020, 1079 families have been referred to the program.

The Department will continue to work closely with Beacon and regional staff to assess and evaluate service delivery, child and family outcomes, as well as outcomes through a racial justice lens. As this is a new program, data is somewhat limited, and reports continue to be refined over time. Currently, Beacon is preparing for a statewide presentation to share data about families referred to the program and outcomes.

Voluntary Services

Starting May 1, 2020, the Beacon Health Options Voluntary Care Management program assumed the responsibility of administering the Voluntary Services program from DCF. Voluntary Care Management is a DCF funded program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency.

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.

The Voluntary Care Management 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 the return home.
Beacon Health Options 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 the Careline will be forwarded to Beacon Health Options 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

Since May 1, 2020 there have been 465 individual referrals to the new Voluntary Care Management Program. The staffing model includes a triage coordinator and three clinicians who work with the medical director, a psychiatrist, to create the least restrictive plan of care.

Community Partnerships

The Office of Early Childhood worked with a marketing firm to develop messaging to promote healthy child development. These messages were pushed out via social media channels to ensure OEC is connecting with families where they are seeking communication. Key messages were 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. This effort to support families has continued with a variety of positive and informative communication during the COVID-19 emergency. To see all messaging, please view OEC's Facebook page here.

Office of Early Childhood Prevention Services Continuum:

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. According to Connecticut's 2018 ALICE Report, forty percent of households in the state struggle to afford basic necessities including: housing, food, child care, health care, technology, and transportation. Improving coordination across stakeholders serving vulnerable families is critical to strengthening CT's prevention efforts. As a first step in this work, the newly established 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, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby, Child First.)
- CT's Birth to Three system includes statewide early intervention services for infants and toddlers with disabilities and their families. The program currently serves about 10,000 children annually.
- 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.
    - School Readiness
    - Early Head Start/Head Start programs in the state
    - 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

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.

Prevention **(Primary prevention, early intervention, diversion)**	**Intervention/Treatment**
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	
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	

<u>Community Based Grants for the Prevention of Child Abuse Program (CBCAP):</u>

Since 2014, OEC has been the lead entity for the state's Community Based Grants for the Prevention of Child Abuse Program (CBCAP), under Title II of the Child Abuse Prevention and Treatment Act (CAPTA). Through this funding source, OEC will continue to develop, operate, expand, and enhance programs and initiatives designed to prevent child abuse and neglect. The 2020 application submitted in June, includes the following activities:

- Competitive innovation grants targeted at Family Resource Centers statewide to encourage innovative community-based child abuse and neglect prevention practices such as: strategies for finding the families at risk of entering the child welfare system; delivering or coordinating programs, services, or activities that support the development of protective factors that may lessen the likelihood of maltreatment; analyzing outcomes data for evaluating impacts of intervention.
- OEC/UConn Mind over Mood Initiative: provides home-based clinical mental health screenings and clinical interventions during prenatal, postpartum and early parenting for early childhood home visitation parents.
- Continued funding to support the two-generational, Family Homeless Diversion Initiative in the state.
- Support for prevention activities through Prevent Child Abuse CT.
- Connecting existing infrastructure and conducting a needs assessment around parent leadership in the state.
- Support for DCF/Head Start/Birth to Three Partnership quarterly meetings around prevention topics.
- Infant mental health training and reflective supervision for early childhood and home visiting professionals.

- Connecting and integrating various trainings and frameworks—including, the Early Childhood Consultation Partnership, Infant Mental Health, and Pyramid Framework—throughout existing programs and practices.

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.

Program	Prevention Goal	OEC Investment, 2020	Potential Collab on enhancements
ECCP	Support families with ECE programs with clinical supports aimed at avoiding expulsion Builds program and family social and emotional skillsets	$1,000,000 To reduce waitlist DCF has been fully funding with some temp. grant funding by OEC ($550k in 13 communities) Build $1,000,000 into State's Federal CCDF Plan	Could a "souped-up" ECCP program support several programs in each region service area? Maybe address need for trauma-based preschools—now only 2 in CT.
Home Visiting	Evidence-based home visiting models	$20 million	There has been some initial data sharing between OEC and DCF- we continue to explore a more systematic, ongoing data sharing.
Child Care Support	Provide childcare to keep families at risk working	$130,800,000 (projected)	How can this work with DCF Child Care funds to support families at risk and foster families? Can we make priority groups for DCF families?
B-3	Support children with disabilities who are infants and toddlers	$61,000,000	Develop guidelines for referrals from DCF involved children. Infuse trauma informed practices for providers?
Pyramid Training	Providing training around a framework for ECE providers and public schools around supporting social and emotional health	$400,000 4 communities	
Homeless Diversion	Supply flexible funds for families facing homelessness with children under 6 years of age	$300,000	

Office of Early Childhood:

As mentioned above, The Office of Early Childhood offers the following services that address the developmental needs of all children under the age of five:

- Care4Kids, Connecticut's Child Care Subsidy Program
- CT's Birth to Three system of early intervention services for infants and toddlers with disabilities and their families.
- 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. (OEC Home Visiting Programs include the following evidence-based models: Parents as Teachers, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby and Child First.)

- 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.
- School Readiness
- Early Head Start/Head Start programs in the state

DCF/Head Start/Birth to Three Partnership:

The Office of Early Childhood (OEC), through the engagement of the Head Start Collaboration Office and Family Support Division, will continue to lead in partnership with the Department of Children and Families (DCF) a statewide effort to align policies and practices to improve the coordination and services provided to vulnerable children and their families. This partnership began in 1997 and has continued to prosper and grow with quarterly statewide meetings drawing over 120 people with 14 local partnership teams from the DCF Area Office regions meeting on a monthly basis. Partnership and collaboration is critical to the work, and over the years the effort has expanded to include partners representing mental health, housing, child care, home visiting, and the varied early childhood and family support entities that serve local communities.

This partnership continues to focus on its foundational priorities: to respectfully address child abuse and neglect together, to speed enrollment of young children receiving child welfare services into high quality early care, to coordinate community-wide supports and case management, to create a shared core body of knowledge for staff in agencies who work with young children and their families, and to ensure that planning and use of resources in communities meet the needs of vulnerable families. A few examples of the successes of this partnership includes co-location of a DCF case workers at Head Start programs, Head Start Family Service Workers invited to DCF Family Planning meetings, increase in the number of DCF referred children in quality early care and education through a common referral form, and strengthened referrals and engagement with early intervention services.

The DCF/Head Start/Birth to Three Partnership serves as a model of successful cross-agency collaboration and has an infrastructure on which to build on to implement prevention activities across agencies.

Governor's Task Force on Justice for Abused Children (GTFJAC) – Children's Justice Act:

Consistent with the FFPSA, the state of Connecticut has moved from a sole focused child welfare agency to a Child Welfare System Response and continues to use the Child and Family Services Plan (CFSP) as a vehicle to map out our plan. The Governor's Task Force on Justice for Abused Children (GTFJAC), with its diverse membership, 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 GTFJAC is currently engaged in that align with the work of child welfare.

Three key areas of focus:

Safety:

Multi-Disciplinary Teams (MDT) enhance the capacity for children and families to achieve positive outcomes through support, services, and resources. This will aid in the decrease of recurrence of maltreatment. Complex cases can be teamed by Connecticut professionals with expertise in a variety of areas. 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 to be reviewed.

The GTFJAC also evaluates the 17 MDTs in the state of Connecticut. In 2002, in accordance with Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was

established to review protocols, monitor and evaluate the performance of multidisciplinary teams. The MDT Evaluation Committee is a permanent GTFJAC committee and 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 as well as areas of strength. The evaluations can be used to indicate additional training needs for professionals, identify potential policy updates across systems and highlight best practices in order to ensure improved child safety and uniform practice across the state. Over the last year due to the Covid-19 pandemic the evaluations were placed on pause; evaluations have resumed in March 2021.

In addition, GTFJAC leads the effort on training the state in the Minimal Facts training initiative. This training clarifies the interview process of victims, ensuring minimal interviews of victims having to repeat their abuse and a timely response to ensure child safety.

There are 2 versions of training on Minimal Facts: 1) First Responders for investigators such as law enforcement and child welfare and 2) Discovers for schools, daycares and communities. These trainings were developed by GTFJAC and is provided to DCF, police departments, as well as other venues including schools across the state. GTFJAC has provided trainers for this training to community members, organizations, and state agencies. As part of the Children's Welfare system, we will also offer this training to all the sister state agencies. Over the past year this training was available online to increase the number of participants being trained, responding to the Covid-19 pandemic challenges. Data is collected to monitor the number of trainings that occur in the state as well as the specific professions accessing the training.

Permanency:
MDT/Children Advocacy Centers (CAC) provide support for 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 the decrease of recurrence of maltreatment.

Family Well Being:
Children Advocacy Centers (CAC) provide advocates to children and families who are available throughout the process and access to Mental Health Providers. 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.

The CACs conduct caregiver surveys that assess treatment and services the families received. The data collected is valuable and enables the state to create changes in the system based upon user feedback. These Outcome Measurement Surveys can be updated to research a specific service and help inform the direction of the child welfare system.

Court Appointed Special Advocates (CASA) volunteers are assigned in the court process. They can serve to improve participation in the Administrative Case Review (ACR) for the child and ensure that children have jointly developed case plans. These activities speak to engagement, case planning, and advocacy to ensure a coordinated approach that is beneficial to the child and non-offending caregivers.

The above illustrates the importance of the GTFJAC role as part of the child welfare system. The GTFJAC as a stakeholder was engaged as part of the CFSP development. The GTFJAC Coordinator provides support during any point in time to our sister state agencies as it relates to this work and will continue to explore all the possible linkages based on the areas identified in the PIP and the CFSP. GTFJAC will develop or support Statewide Training for Professionals:

- Erin's Law Implementation -- legislation that requires an age-appropriate sexual abuse and assault awareness and education program for students in kindergarten through 12th grade.

- Develop training opportunities for child welfare professionals to increase skills to meet the needs of children and families. Over the last year virtual workshops were provided across the state that were accessible to child welfare as well as all sister agencies.
- Training for Judges, lawyers, DCF, advocates for improvement in court responses continue to be provided and increased participation has occurred during the remote offerings due to Covid-19 pandemic. Topics include Minimal Facts, Working with Parents with Limitations, Children with Disabilities, FI process, Child Trafficking, and Racial Bias.

Training and Technical Support

The Department of Children and Families (DCF) operates an internal Academy for Workforce Development with the primary responsibility of offering pre-service training, in-service training/coaching, and other professional development activities.

The DCF Academy for Workforce and Development provides competency-based, culturally responsive training in accordance with national standards for practice in public child welfare. The Academy encourages staff and its community partners to pursue professional education and to utilize learning opportunities to improve their work with children and families.

In order to develop effective training programs that provide content that is current with child protection policy, practice and procedures, the Academy has formed strong relationships with subject matter experts internal to the department and external. Some of these partnerships include but are not limited to the local universities and colleges, an array of CT state departments, private practitioners and non- profit organizations. These entities provide consultation and feedback on training topics and have also collaborated with the Academy staff to co-develop and facilitate various trainings.

The Academy offers pre-service preparation to newly hired caseload carrying Social Workers, Social Worker Trainees, onboarding training for newly hired non caseload carrying staff, and in-service training to all experienced DCF employees which include: Clerical/Administrative Staff, Social Work Case Aids, Social Workers, Social Work Supervisors, Program Supervisors, and Management/ Executive DCF staff. Classes are also made available to community service providers when possible to ensure those who work with children and families possess the necessary critical information, knowledge and skills to serve them with the highest level of professionalism.

Professional Development - Internship 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.

It should be noted that given the unprecedented time that we encountered due to COVID-19, all the staff interns, student interns and field supervisors remained committed to their educational goals. They were flexible and creative in their approach in order to fulfill the guidelines set before them from their respective colleges and universities. The Academy worked closely with the colleges, universities, area offices and facilities to ensure the health and safety of the students were prioritized. A virtual environment was quickly established to allow them to continue in their respective placements until completion.

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

MSW Field Program

The MSW Field 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.

A major component of the program is that it allows the social workers to use their place of employment as their field instruction, while maintaining their current caseload within their current unit. A field instructor outside of the student's chain of command is utilized to ensure a separation of work and learning responsibilities. This 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 he/she is 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.

The 2020 - 2021 cohort consisted of (4) MSW students participating in the internship program. The students are provided with an outside LCSW field instructor to bridge the gap between what's learned in the classroom and connecting to the field placement. Through the internship placements, students were provided with weekly virtual 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 in the field. 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 field experiences at DCF. They are required to integrate psychological and social theories in their case formulations versus their daily case management tasks and how they report their cases. They were required to produce process recordings and case narratives that highlighted their level of engagement in their various stages during the treatment process. They pay closer attention to countertransference and transference in their relational work.

Two of the four staff have a BSW undergraduate degree and have a foundation of social work concepts and code of ethics. One used this placement opportunity to deepen her clinical skills and work with members of the Regional Resource group. The other chose to focus on adolescent issues related to permanency in order to strengthen her skills. The other two staff do not have BSW's however they bring to the internship on the ground experience with the department averaging 20 years between them. Although they have significant experience in the department, they both acknowledged the shift to integrate what they are learning in the classroom to child welfare practices while viewing the work through a theoretical lens. Throughout the year they continued to become more self-aware of their multiple roles and identities as women of color and their multiple racial identities in their workplace. As they became more self-aware of how they play out in relational dynamics with their clients, peers, supervisees, and supervisors, they take every opportunity in supervision to process these emotions and feelings. More importantly, they have a deeper appreciation for the theoretical frameworks that are applied to their practices that include trauma theory, critical race theory, attachment theory, psychodynamic, and other psychological and sociological theories.

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 work time 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 2020 - 2021 cohort included 4 employees who participated in an internal and external internship experience separate from their regular work.

UCONN/DCF MSW Stipend Program

In true Partnership, the DCF and UConn SSW, provides shared stipend opportunities ($2000 from DCF and $2000 from UConn) for 5 non-DCF UCONN MSW students, entering their final year, to complete an internship at DCF. Upon successful completion of the program interns will be 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. In 2021, four students successfully completed the placement and are interested in pursuing a career with the agency contingent upon the DCF's ability to hire.

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 apply to take online, weekend, and evening courses affording them the opportunity to complete their degree in 5 semesters.

The first UCONN/DCF MSW Cohort consisting of 14 staff successfully completed their first year of classes and their first field placement with outside agencies. Some of the staff were placed in resource centers, schools, sister state agencies, and clinics. There was consensus that they, along with their assigned placements needed to employ a level of flexibility in assignments due to COVID. In the spring, assignments were diversified and assigned with frequency. Staff also expressed appreciation for how clinical course work and field education has made them more self-aware, sharpened their understanding of practice, skills and techniques they are now using – and why. They reported feeling more secure/confident now in what they know, especially a deeper understanding of family and cultural dynamics. The Fall 2021, they are scheduled to begin their second field placement utilizing DCF.

The second cohort consisting of 5 DCF staff were oriented to the program in the Winter of 2020. They began their classwork in January 2021 and are scheduled to begin their first placement within DCF in the Fall 2021. The staff will be provided with a field supervisor within the agency, who will provide them with weekly supervision in order to reinforce and integrate concepts discussed in class to the field.

Recruitment plans for the third cohort will begin in the Summer 2021.

External 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.

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. On average, the internship program provides field placements to over 40 unpaid interns during the academic year, in fourteen area offices. Interns are assigned a Field Supervisor to provide weekly supervision. Field 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 Supervisor be certified via the Seminar in Field Instruction (SIFI) course. The field instruction seminar is an opportunity to enhance the supervisor's professional development and designed to provide Field Supervisors with the knowledge and skills to facilitate a quality educational field experience for students.

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 process in an Area Office where they receive orientation, training, supervision, and real-time experience handling child welfare activities. Students also participate in group seminars for students and/or field supervisors. During this reporting period, interns focused on the following topics/trends: National Child Welfare Pandemic Trends, DCF Covid-19 Concerns, and Racial Justice. Continuing Education Credits (CEC's) were provided for the DCF field supervisors as a means to offer them a contingent reward for their dedication to the professional development of future social workers. The stipend students are provided with a $5000 stipend to offset the cost of their education. Upon graduation and receiving a recommendation from their field supervisor, students must repeat a background check. If successfully completed, students are prioritized in the hiring process. If no positions are available three months after their graduation date, students are released from any obligation to wait for employment or repay the stipend. The 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. The 2020 - 2021 cohort will successfully graduate 14 BSW / MSW students. Several students have requested to defer employment for a year as they enrolled in an Advanced Standing program seeking an MSW. During the peak of COVID the hiring process was suspended. Interns from 2019-2020 were relieved of their contractual obligations to the agency and free to secure employment. During this reporting period, those students and the 2020-2021 interns were informed of the current hiring status within the agency and encouraged to apply. Many from the 2019-2020 cohort remain interested in employment opportunities within the department and have made their hiring interests known.

UCONN/DCF BSW Child Welfare and Protection Track

Amid Covid-19, the Academy in partnership with UCONN School of Social Work developed an additional educational pathway for their Spanish speaking BSW students to explore. The program was designed to prepare those students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Latinx families served by DCF. This partnership will serve as a pipeline for students who may have an interest in potentially working for the DCF in the future. The program is voluntary, students who are selected will complete their senior field internship at DCF which will satisfy their field internship requirements. Students who successfully complete all requirements of the program will receive a stipend at the end of their senior year. They will also be given priority hiring status. Currently there are two students involved in the program.

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 offered during a period of five months, with a significant number of courses "front loaded" into the social workers' first six 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, and fiscal representatives.

In addition to the 24 synchronous facilitator-led courses, social workers in the pre-service training program participate in numerous structured shadowing activities in their local offices; asynchronous self-guided trainings; and a home visit simulation practice with parent advocacy partners. Two unique experiential activities, 1) touring State of Connecticut correctional facilities and 2) navigating public transportation (*CT Transit*) to enhance their ability to be empathetic, have been temporarily paused due to the COVID-19 pandemic. The pre-service training program integrates these various approaches to ensure all participants' varied learning styles are met.

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 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 Liaison to mark the participants' accomplishment of completion. Finally, to encourage partnership, communication, and learning, bi-monthly meetings occur between the Academy staff, and supervisors / managers from the 14 area offices.

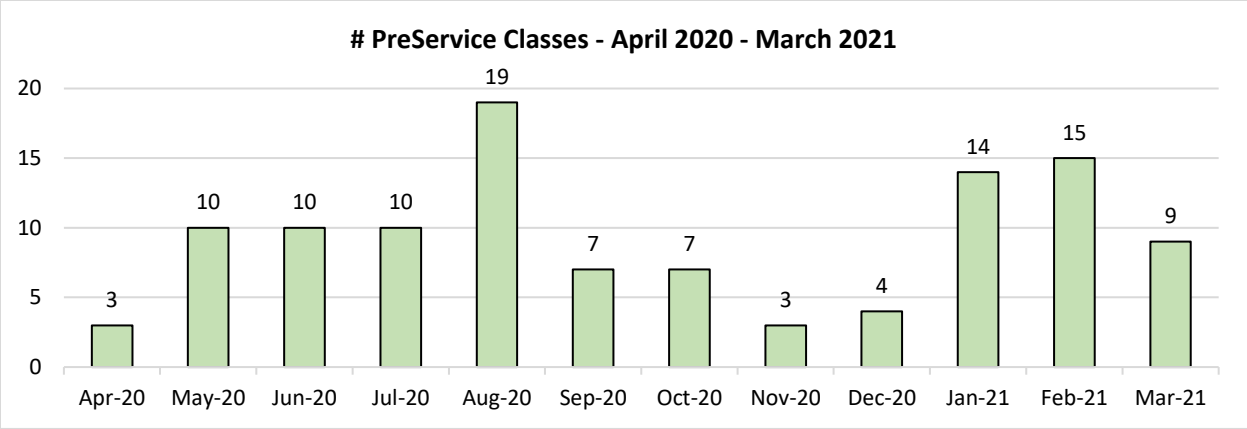
During the current period, the significant majority of pre-service training program activities were conducted virtually due to the COVID-19 pandemic. Participants engaged in synchronous trainings and other activities via Microsoft Teams; and adjustments to the "*Observation Forms*," "pre-" and "post" examinations, and graduation ceremony were made to account for the virtual environment. Two specific courses continued to be provided in an in-person format: Car Seat Installation Training and LINK Training. Car Seat Installation Training was provided in-person given the importance of participants understanding, practicing, and being tested on their ability to correctly install child restraint systems in vehicles; and LINK Training (CT's CCWIS) was provided in-person largely due to technical barriers that could not be effectively reduced to meet participant's learning needs.

Three specific courses were added to the pre-service training program during this current period. The courses have specific relevance to the virtual environment that CPS work is currently being conducted in, and the content areas are areas of practice that we have historically heard trainees need additional support / development around. The three courses are:

- *Visitation in the Pandemic*
- *Making the Most of Your Time: Work from Home Edition*
- *Observation & Documentation*

An additional enhancement to the program was put in place during this current period to further support participants in their initial learning and onboarding, given their unique experience of joining the agency during the COVID-19 pandemic. "Learning Lofts" were routinely scheduled during the program for participants to have increased opportunities to discuss areas of practice they were struggling with; network with each other and share experiences; and clarify aspects of previous formal training classes. "Lofts" were well-received by the participants and customized with their input.

During the current period, there were 23 social workers who completed the pre-service training program. Currently, there is one group of participants engaged in the program, totaling an additional 20 employees. 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.



Two complete groups graduated from the pre-service training program during the current 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 15.14%.

Group	Pre-Test Average	Post-Test Average
C-2020	72.15 %	85.76 %
D-2020	67.76 %	84.44 %
A-2021	69.12 %	Still in Progress

Evaluations are conducted at the conclusion of each course, and 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:

- *"Examples provided to assist with understanding the role of social worker and having visual aides to facilitate the presentation.*
- *"The role play exercise & the interactiveness of the class."*
- *"Information on resources, group discussions as often as possible"*
- *"All trainers have been excellent! They all communicate with ease, respect, and knowledge. All have great personalities!"*

Social Work Case Aides

During the current period, three Social Work Case Aides (SWCA) were hired by the agency. At the time of their hire, these employees participate in specifically identified courses of the social worker pre-service training program that align with their duties and responsibilities. Additionally, they participate in job-specific training which includes information on best case practice; supervised visitation; documentation; and legal-related concepts about their role.

The classes include the following:

- SWCA-Specific Training
- Introduction to Best Case Practice
- Racial Justice
- Trauma
- Worker Safety
- Car Seat Installation

- Legal
- Intimate Partner Violence
- Substance Use
- Sexual Abuse

Central Transportation Unit

In February 2020, the agency established the Central Transportation Unit (CTU) to support children and families' transportation needs while they are being serviced by DCF. In close collaboration with the Safety & Security Unit of the agency's Engineering Division, a customized two-week on-boarding training program was developed for newly hired employees of this Unit. During the current period, 16 CTU employees were hired and participated in the training program in September 2020. The training program blended classroom and on-line learning and was facilitated by Academy and Safety & Security staff. Given the new employees' lack of access to technological equipment, and the availability of ample space to conduct in-person training, this group of CTU participants were able to engage in the training in-person, with multiple safety measures in place (temperature screening, mask wearing, minimum 6-feet of distance between participants).

The classes include the following:

- DCF 101 & Mandated Reporter Training
- Racial Justice
- Trauma
- Substance Use
- De-Escalation Strategies
- Blood-borne Pathogens
- First Aid
- Car Seat Installation and Use
- CPR
- Security Mentor (I/T Security)
- Defensive Driving
- Workplace Violence
- Active Aggressor
- Connecticut Justice Information System

Regional Resource Group Orientation Series

In the current period, enhanced efforts were employed to provide newly hired members of the agency's Regional Resource Group (RRG) with a formalized orientation / on-boarding training program to the Department. Similar to the previously referenced specialty groups who are provided with on-boarding training, 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, 11 newly hired RRG employees participated in the Orientation Series which was facilitated virtually due to the COVID-19 pandemic.

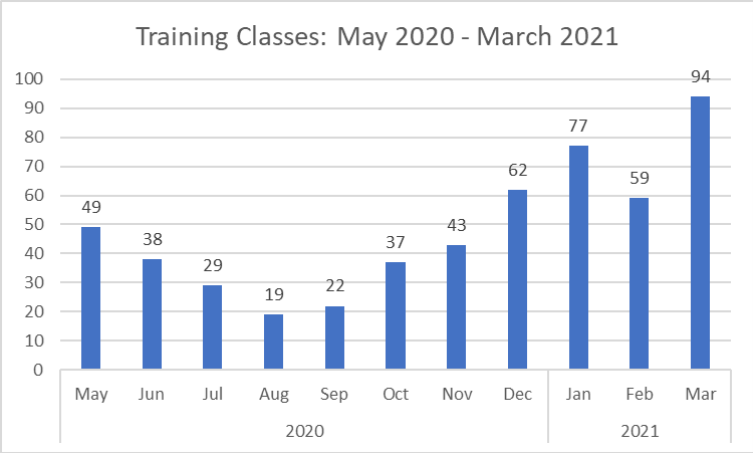
The classes include the following:

- DCF 101 & Mandated Reporter Training
- LINK Training
- Racial Justice
- Substance Use
- Legal
- Intimate Partner Violence

- Substance Use
- Permanency
- Assessing Children with Developmental Disabilities

In-Service Training for Staff

The Covid-19 pandemic required the Department to reimagine how child protection services were delivered. At the onset of the pandemic, the Academy staff quickly shifted their training style to provide relevant and timely learning opportunities to enhance the child welfare practice. Along the way, lessons were learned, process refined, and innovation was welcomed. The virtual in-services trainings offered this fiscal year were a continuum of the agility required to achieve safety, permanency, and wellbeing for children in an increasingly virtual environment. 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, and sister state agency employees. 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. Through March 2021, the Academy offered 529 unique in-service training sessions. Below find a chart summarizing the number of in-service classes held per month for this fiscal year to date.



Number of Classes by Class Length

Length	Totals
30 Minutes	16
1 Hour	101
1.5 Hours	66
2 Hours	15
2.5 Hours	9
Half Day (3 Hours)	259
4 Hours	2
4.5 Hours	1
5 Hours	34
Full Day (6 Hours)	26
Grand Total	**529**

Training evaluations were distributed electronically by scanning the Secure Quick Response (SQR) codes from their mobile device or adding the evaluation link into the Teams 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.

Improving Observation and Documentation Skills though Practice

The Improving Observation and Documentation Skills though Practice was updated to meet the virtual learning needs of our staff. Participants were challenged to enhance their observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. They virtually observed interactions among people and their human behaviors. Afterward, participants interpret their observations through writing. They integrated their observations into written documentation, focusing on the environment they were in and one interaction they observed between at least two people. Some instruction was provided related to writing clearly, concisely, and in a meaningful way. Participants conducted peer-reviews on each other's work and submitted a final draft of their documentation for the trainers to review. The trainers reviewed the work using a standardized feedback form and provided critique to the participant and his or her supervisor. This training served a total of 30 participants through the 2020-2021 fiscal year. Feedback from participants were positive, for example,

- "The training was informative, and it was helpful to hear from other workers and their experiences"
- " I learned how to write a proper narrative and the content that is needed"
- "I found the tips on how to be more concise to be helpful"

Get to the Point: Skills Development for Clear and Concise Presentations

A new virtual course designed for the 2020-2021 fiscal year was the Get to the Point: Skills Development for Clear and Concise Presentations Training. This course helped participants develop confidence and skills in presenting information clearly and concisely. Participants reviewed basic presentation and communication skills. They were then given specific case examples to practice organizing relevant information to give a brief presentation for a variety of purposes or audiences, for example, a Regional Resource Group Consultation or a multidisciplinary meeting. Each participant had the opportunity integrate new skills with a short presentation to the group. This training served a total of 19 participants. Shared feedback included the following:

- "The presentation was very helpful as well as the feedback provided for all of the presentations"
- "Great training"
- "The feedback and examples were helpful"
- " The presentation activity really helped me apply what I learned in the training."

Virtually Assessing Safety and Risk During the Interview Process

This new virtual offering provided participants the ability to build capacity for virtually assessing safety and risk when in-person supervision and visitation practices seemed not possible. This training also included a virtual roleplay simulation with staff from F.A.V.O.R, Inc. which is an organization that advocates for families by providing support and education. This training served a total of 49 participants. Please see some of the of the positive feedback listed below:

- " The debriefing part was helpful, and watching the simulation as well"
- " The role play and alternate ways to gather information about a family in a virtual environment was most helpful"
- "The role play simulations was very helpful".

Assessing and Responding to Substance Use in the Pandemic

During the 2020-2021 fiscal year, 28 participants focused on substance use and the impact the COVID-19 pandemic. These participants discussed engagement techniques to use with people who struggle with substance use disorders. They also acquired skills necessary to assessing substance use virtually. Participants were provided interviewing and assessing strategies and given information on treatment options during the pandemic. Feedback from this training:

- " This training was very informative"
- "Learning about the change correlation between Covid-19 alcohol and substance use disorders in distressed communities was extremely helpful"
- " I enjoyed the training. The information wasn't presented in an overwhelming manner; material was realistic and relatable to our virtual home visits."

In Person Visitation During a Pandemic: What You Need to Know

A total of 19 participants engaged in this virtual training focused on supporting staff in the transition from virtual visitation to in-person visitation during the COVID-19 pandemic. Participants discussed psychological and physical safety, and how to support caregivers, children, and parents through in-person visitation. The DCF triage process was reviewed, as well as how to maximize the visitation experience and minimize the risks. Participants also had the opportunity to practice and build skills around enhancing in-person visitation. Participants shared the following feedback:

- "Learning to be safe during face to face interactions was most helpful. "
- "I found the videos and narrative writing to be helpful. "
- " Learning how to follow the proper safety precautions and how to document these visits was extremely helpful."

Intimate Partner Violence Assessments and Covid-19 Webinar

In May and June of 2020, a total of 55 participants were able to learn new strategies to safely assess for and respond to IPV within families. This training provided an understanding of the impact of the coronavirus on IPV and provided participants with up to date practice recommendations around remote IPV assessments, particularly through video-chat platforms. Participants discussed how the pandemic uniquely impacts families and the complexity of social distancing brings to the intersections between IPV and behavioral health, substance misuse, poverty, and social inequity. Feedback from this training include:

- "Impact of Covid-19 was very relevant, such as how it manifested and how enforcement has changed"
- "Great training, would recommend to my co-workers"
- "Informative session"

Intimate Partner Violence Advance Webinar Trainings Series

The Academy in partnership with the Connecticut Injury Prevention Center, worked during this period under review to create an advanced training series on Intimate Partner Violence. Beginning on May 12, 2021, 36 participants were able to attend this 8-session webinar. This series integrates current and emerging IPV research, best IPV practices, and the specifics of working in Connecticut with families who are impacted by IPV. By the end of this series, participants will have the knowledge and skills to confidently handle the complex cases where IPV is present. The 8 topics that will be covered in this series are the following:

1. Brain Injury, Strangulation and Lethality in IPV
2. Legal Processes: IPV Arrest to Disposition

3. IPV among Special Populations including those with insecure housing, immigrants, people living with HIV, and the LGBTQ community
4. The Impact of IPV on Child Development/ Adolescent Relationship Aggression
5. Connections between IPV, Mental Health and Substance Use
6. Trauma Informed Care and Father Engagement
7. Assessment Tools and How to Use Them
8. Collaboration with Advocacy Community

Assessing Children with Developing Disabilities

On October 31, 2020, a total of 14 training participants gained additional knowledge about the complexities associated with this population. These participants also learned that often children with development disabilities have concurrent serious medical and psychiatric issues and the systems that serve them are just as complicated. Participants were provided information on how to navigate both state and federal systems. During this virtual training, participants were given an overview of the assessment and case management skills needed to be most successful in working with children who have developmental disabilities.

SDM Safety and Risk Assessment Training:

The Academy for Workforce Development, in partnership with other divisions of the agency and the National Council on Crime & Delinquency's (NCCD) Children Research Center (CRC) provided training to supervisory and program supervisory level employees throughout the current period regarding Structured Decision Making (SDM). The training was facilitated virtually and focused on supervisory skills such as technical and adaptive leadership, information gathering, and coaching; and how supervisors integrate these skills within an SDM environment. The course also reviewed basic concepts of SDM, such as safety versus risk, effective safety planning, and how to use risk assessments to inform case decisions.

Intake staff participated in the training in the Spring 2020 (May/June); and ongoing services staff in the Winter 2020-2021 (Dec/Jan/Mar). Prior to the ongoing services roll-out, a survey was distributed to those supervisors and program supervisors, as well as directors and social workers, to elicit their feedback and input into areas of SDM supervisory practice they would like to focus the course on.

In total, 293 intake and ongoing services supervisors and program supervisors participated in the course.

Achieving Stability for LGBTQ Youth in DCF Care: Gender Inclusive Language

For the 2020-2021 fiscal year, the Academy offered the highly requested "Achieving Stability for LGBTQ Youth in DCF Care: Gender Inclusive Language" webinar. During this two-hour webinar, 21 participants focused on the importance of using "person centered" language to be more inclusive of diverse populations, and how to increase awareness about the ways that language often unconsciously makes assumptions about people. Finally, participants were provided information on how language can unintentionally reinforce dominant norms around gender and sexual orientation.

Feedback from participants were positive and included the following:

- "The examples that the trainer gave to explain material was useful."
- "The guidance on how to help me work with youth that are still exploring or wondering about their sexual identity."
- "Good ideas of how to discuss with families/parents about better supporting youth."
- "Going through all of the terminology, reminding us that it is not ok to assume, you need to ask."

Medical Trainings

Secondary to the COVID 19 Pandemic, Virtual Refresher courses for both Cardiopulmonary Resuscitation (CPR) and Basic First Aid classes (BFA) were approved through the organization ASHI (American Safety and Health Institute) in November 2020. Many staff continue to partake in the refresher offerings in order to maintain their 2-year certifications. The Academy utilized the CDC and the Governor's guidelines to maintain safety and the necessary tools involved when maintaining handwashing and social distancing protocols.

Training participants provided the following feedback.

- "Glad approval was given by the Organization so that certifications can be maintained."
- "A wonderful reminder of existing skills and how/when to use them if needed."
- "My confidence has returned as it all came flooding back to me."

Medical Situations for the Workplace

The Medical Situations for the Workplace class has been offered virtually since the onset of COVID 19 pandemic to 30 participants. This interactive 3 - hour class offers various medical emergency scenarios and strategies necessary to properly responding to them until professional help arrives. Subject matter includes: Bleeding, Fractures, Diabetes, Stroke, Altered Mental status, Heat Exhaustion, Heat Stroke, Tooth displacement, Head and Neck Injuries and Wound care to name a few areas reviewed during this course offering.

Feedback from the participants includes the following

- "As much as these medical situations can occur at work, they also can occur at home and I am glad to have the knowledge to help my loved ones"
- "Information flowed smoothly and stories were relevant to the topics".

Bloodborne Pathogens

Bloodborne Pathogens (BBP) classes have been offered since April 2020 with approximately 40 participants successfully completing the class. As with the COVID 19 Pandemic, virtual classes have been offered since the summer of 2020. Staff participating in this training indicated the following:

- " The class offered time to practice, ask questions at a steady, involved pace."
- " I feel more confident in maintaining personal safety as I have a better understanding of Personal Protective Equipment and the needed use of it."
- "The intent is to continue offering this class as it continues to be requested."

Covid-19 and Myth Busters

Providing medical facts and eliminating myths and misinformation influenced by social media was the focus of this webinar training. Over 100 participants learned that misinformation could lead to serious medical conditions including death. The Director of the DCF Health and Wellness Division, Dr. Taylor, provided this webinar training to DCF staff. During this training, Dr Taylor, advised staff to always address all Covid-19 treatments with Primary Care Providers. In addition to the live webinar trainings, the Academy provided a recorded version of the Covid-19 and Myth Busters Training for all DCF staff and services providers to review in asynchronous format.

Eating Disorders: Causes and Connections to Foster Children

On April 28, 2021, the Academy in partnership with Walden Behavioral Care offered the Eating Disorders: Causes and Connections to Foster Children Webinar Training. During this half day virtual training, 20 participants learned about different types of eating disorders in children, issues related to eating disorders in foster and adoptive children, and how eating disorders may reflect a child's need for control. Participants were given strategies to help children learn positive food and eating habits and when it is critical to seek medical and/or professional help and why.

Fatherhood Trainings

Fatherhood engagement continues to be crucial aspect of the work; therefore, the Academy offered two new fatherhood trainings for the 2020-2021 fiscal year.

Engaging Fathers and Other Men Who Offend

This new virtual training provided 25 participants with knowledge and understanding of strengths and challenges in engaging fathers and other men who offend. Participants discussed socialization of men and how it impacts IPV perpetration. Participants were challenged to consider their own beliefs and biases when engaging men who use violence. Finally, participants were shown the value of father figures in children's lives and learned how to engage fathers and other men in meaningful ways. Some of the feedback from this training were,

- " Reinforcing why we want to engage father or other permanency resources even if they have used violence; and providing guiding questions to try to elicit feedback on protective factors was very helpful to learn"
- " Fantastic training. Thank you!"
- " The videos as well as the overall discussions I found to be the most helpful."

The Other Gender: Using a Trauma Informed Framework with Men

During this period under review, the Academy partnered with the Women's Consortium to offer two sessions of The Other Gender: Using a Trauma Informed Framework with Men. The training was designed to have participants gain insight into the social assumption of men being perpetrators of trauma. The impact of social acceptability of male trauma and violence which has led to desensitization to the effect of trauma on males. Participants will engage in discussions related to the cycles of trauma and addiction that continue to negatively impact our society. They explored the realm of trauma treatment, where historically research has been done and interventions designed for the female populations. Finally, this presentation offers a look at trauma-informed practice that is responsive to the unique challenges and strengths of men in addiction treatment programs.

In addition to the newly developed courses on fatherhood, the Academy continues to maintain a strong relationship with a local community organization- My People's Clinical Services. They continue to provide consultation to the division in addition to offering on a continuous basis a Fatherhood Engagement Training, during this period under review, 12 staff participated in the training. This half day virtual training, articulated the importance of not only engaging fathers but working with fathers beyond engagement, viewing fathers as possible placement options and identifying paternal family resources for children in DCF custody.

Racial Justice Trainings

As the Department continues to align our work to move outcomes for children, youth and families, the Academy continues to offer trainings that impact the workforce and racial/ethnic disproportionately pathway.

Implicit Bias TOT and The Implicit Bias Statewide Training Rollout

As part of the Academy's racial justice initiative, the Academy offered the Implicit Bias Training -of the- Trainer in October 2020. A total of 58 staff were selected to be trained in the Implicit Bias curriculum. Through the training -of the-trainer offering, participants learned how to conduct the Implicit Bias Training. The training is a highly interactive 3-hour training that draws upon research-based findings to apply for identifying and managing implicit bias.

Once successfully trained, these 58 trainers were then responsible to rollout the Implicit Bias Training statewide within their respective office, division and/or facility. Through the Implicit Bias Training, participants received strategies for minimizing the effect of bias in themselves and learned how to measure their implicit bias based on race, religion, gender and a vast array of other areas. The intent impact of this statewide rollout training was to assist all DCF staff in identifying and understanding their bias and how it impacts service delivery to families and

children served. To date, 2156 DCF employees have been trained in Implicit Bias curriculum. Participant who took this training shared the following:

- "I have become more aware of these issues and now always question -if this family lived in a different town in CT and/or had a different color skin would we be making the same decision regarding this family?"
- "Staff are having more discussions about disproportionality and race with regards to service delivery and case dynamics"
- "Firewalls are being created to review cases formally and intentionally with the Racial Justice lens to address Implicit Bias and other inequities"

The training portion of the change initiative should conclude in July 2021. The next phase involves the evaluation of the training in order to determine impact on staff. In order to complete this phase, the Academy has partnered with Saint Joseph University Social Work department. The collaboration involves the compilation of qualitative and quantitative data from the training Pre-survey, Post-survey and Impact survey which were administered to all staff. Once sanctioned by the appropriate Internal Review Board, focus groups comprised of volunteers who have completed the training will take place in the fall 2021.

The Strategies for Addressing Disproportionality and Disparity: A Data Driven Approach

This training was piloted on October 22, 2020, a total of 33 staff in varying capacities and roles within the agency have participated in this training. During this training, participants expanded on learning opportunities related to racial justice and moving the agency forward in its efforts to become an anti-racist organization. Participants explored the agency's various data systems and located and interpreted data related to disproportionality and disparities for children and families of color. Participants were further challenged to reflect on their role in the agency and consider various strategies to combat the influence of implicit and explicit bias in their decision-making capacity and work with families. Finally, participants were encouraged to monitor the data over time to track if their practice changes impact the data. The class continues to be a regular offering in the seasonal catalog. Participant feedback for this class has been positive, some examples are:

- "This was a wonderful training...They tied learning to the objectives, engaged the participants, and answered all questions… Such a great, supportive team. Thanks!"
- "Please do more trainings like this! A deeper dive in how to use and analyze the data reports would be great. This was an amazing course; more racial justice courses are appreciated! This should be a series of multiple trainings over time."
- "I'm always interested in the story behind the numbers when it comes to SW. Quantifying humans/behaviors/experiences/variables and putting hard numbers on things that are fluid and have so many layers and nuances has always been something I would like to know more about. I think you both are great trainers with a lot of info and skills to present this which is hard in a virtual world of silence (acknowledging that I am one of the listeners, not speakers!) so thank you!"
- "The class was well designed, and the learned content will help me to understand how to process data, where in the website look for and how to create pivot tables and charts."

An Introduction to Trauma in Urban Communities Virtual Training

On April 8, 2021, 18 staff participated in the Introduction to Trauma in Urban Communities. This training was done in collaboration with Formally Inc. Criminal Justice and Re-entry consultants. In this training, participants learned that there's nothing "post" about the PTSD many people living in impoverished, urban communities experience daily. They learned that effective interventions for these families require a commitment to understanding the complexities of their experience. This training explored trauma through the lens of epigenetics and generational trauma as well as physical health. Participants reviewed the environmental risk factors for PTSD and major depressive disorder within an urban and impoverished population. Training participants discussed how to widen the trauma-informed care lens by identifying family-centered specific interventions. Finally, participants learned

the correlation between trauma in the urban environment and the rise in suicide rates of African American children. Participants enjoyed this training and shared the below positive comments:

- "Trainings in which the presenter shares their experiences are always so much more powerful than conceptual, talk only about research, trainings. It's incredibly impactful to listen to people who have lived different experiences than our own in any aspect of the human experience."
- "This training was fantastic, thank you."
- "This training was excellent; we need a part 2."

Perspective on Religion and Spirituality for Child Welfare Practice

This new virtual webinar training was offered for the first time on March 23, 2021. Participants received information of the historical relationship of spirituality and mental health with the basic under-standing of the concepts of spirituality and religion. This training reviewed the connection of spirituality/religion and its enhancement on the overall well-being of certain family dynamics. Participants learned spirituality sensitive techniques from fostering self-determination and ways to demonstrate how spirituality can be used to recover from trauma and build resilience. To date 36 staff participated in this training.

Feedback from this training included positive responses:

- "The fact that the opportunity to have open dialogue on the issues of Religion and Spirituality amongst state employees and the relevance to the Social Work practice and service to families and children for whom this topic is part of the culture for many was extremely helpful."
- "The Rabbi's openness and willingness to state what he agreed with or not, respectfully was amazing."
- "This training should be mandated for all DCF staff."
- "Learning opportunity for all-religious/spiritual or not-as it is part of the work we do and especially if working with people."

Poverty During a Pandemic

Poverty During a Pandemic, was a newly developed virtual training. This training explored how COVID-19 impacted economically fragile children and families. One of the most challenging and nuanced requirements of the child welfare system is differentiating poverty from neglect. Participants were able to discuss the misconceptions related to poverty, the impact of COVID-19, and the available resources to address poverty.

Shared feedback included the following:

- "All the information was helpful especially the information about what we can do to help our families"
- "Excellent training... This training should be mandatory for everyone given the climate we are currently working and living in"
- "Statistics are always helpful. People can have opinions, but data allows for more concrete discussions"

Training Series:

Despite the challenges of maneuvering trainings from the in-person setting to a virtual training platform, the Academy was successful in ensuring that our key trainings series, such as, DRS, Early Childhood Education and the Transitional Aged Youth Series were delivered to the staff who depended on them for workforce development. In addition, the Academy also provided DCF staff with further trainings associated with these topics in order to enhance their knowledge and skill further. These training included the DRS Microlearning Labs, Virtually Assessing and Documenting the 0 to 5 Age Population and the Together We Learn Series.

The Together We Learn Virtual Webinar Series

In response to the uncertainties presented by Covid-19, new Connecticut state policies left many DCF employees telecommuting and separated from each other for the first time. In May 2020, The Academy for Workforce Development offered the "Together We Learn Series," a series of discussions that involved the recognition and engagement of different perspectives and skills on emerging themes from COVID-19 pandemic as it related to our

virtual child welfare workforce. This series elicited voices from 290 DCF staff throughout the state to highlight their personal experiences of teleworking while assisting families during a pandemic.

TOPICS THAT WERE DISCUSSED:

1. Claiming Success Through Telework: Introduction to The Series
2. Virtual Supervision: Being Available Remotely
3. Assessing Safety: Through A Virtual Lens
4. Virtual Visitation: Out of Home CIP and Parent and Child
5. Supporting Our Adolescents Virtually
6. Class of 2020: Honoring Our Graduates
7. Immigration and Covid-19
8. Preparing Our Youth in Re-Entering School
9. Psychological Safety
10. The Impact of Covid-19 on Mental Health

Feedback from the Together We Learn Series:

- ” Great webinar/discussion - very timely"
- "Most Helpful Were: 1. Hearing everyone’s feedback about successes and challenges 2. Obtaining ideas about conducting virtual supervised visitation"
- "Individual experiences clarified the importance of safety and difficulties we may encounter. The rates and statistics were also informative and helpful."
- "Learning about different techniques to utilize such as different phones, headphones; learning about the numbers in the beginning of people from different backgrounds impacted by COVID"
- "I learned about SDM and the different types of risk assessments are available. I learned about the difference between safety assessment and risk assessment. "
- "I learned about barriers and tips for IPV"
- "Examples of what is effective during a FaceTime visit were very helpful"

<u>Transitional Aged Youth Webinar Series</u>

During this period under review, the Transitional Aged Youth Webinar Series was offered to 23 Social Workers and Social Work Supervisors with youth ages 12 and older on their caseloads. This webinar training series assisted staff in building competencies to support partnering with adolescents and their families, developing, and maintaining connections, and identifying and enhancing supports to ensure their needs are met. Specific focus was placed on the adolescents' need for legal and relational permanency. This series also focused on the evolution in philosophy of supporting youth from independent living to interdependent living as well as policy and legislation that supports and gives momentum to this transition. Other topics included normative adolescent experiences such as educational planning and support, sexuality, and relationships.

Participants enjoyed this training and shared the following positive comments:

- "Learning how to better communicate with youth and be an ally were extremely helpful topics."
- "The clarification of the identities and the encouragement on how to appropriately support staff was helpful to learn."
- "To know that Ed Consultants are available for assistance is helpful. Also, that others know the 632 form is a struggle to work with."
- "Learning about resources for our youth and learning that can come back before 90 days after they leave care."

<u>Early Childhood Training Series</u>

During the period under review, the Academy for Workforce Development offered one virtual session of the Early Childhood Trainings series to a total of 16 participants. Topics from this series include:

1. Why Early Childhood Matters
2. Understanding the Science of Attachment and Engagement
3. Childhood Development Milestones and Basic Baby Care
4. The Impact of Societal Issues
5. Poverty and Its' Impact on Childhood Development

Participants have been vocal about their experience during this training series and shared the following:

- "Video on period of purple crying was helpful and Learn the Signs. Act Early training was informative and has provided insight on developmental milestones I should address and observe during supervised visits."
- "We cannot have enough training about trauma and how it affects children and the children as adults whom we work with. Behaviors are so easy to misinterpret even when we have information, so in these cases repetition of info and ongoing trainings can't hurt"
- "Two things I found helpful: The stimulation regarding safe sleep was great practice. Resources provided regarding safe sleep."

As an extension of the Early Childhood Education Series, the Academy offered the Virtually Assessing and Documenting the 0 to 5 Population Webinar Training. This virtual training was developed in collaboration with the UCONN University Center for Excellence in Developmental Disabilities and the CDC Learn the Signs Act Early Training for DCF On-Going and FASU staff. From October 2020 to January 2021, over 1,019 participants were provided information on why monitoring infants and young children's development and identifying developmental concerns early are essential. Participants learned how to recognize developmental milestones that are age appropriate for infants and young children age 0-5 years old and how to identify "red flags," that may be behavioral or developmental markers suggesting the need for further evaluation. They were given the tools and resources to virtually assess infants and young children through the CDC Ages and Stages App and the Sparkler App. Finally, all participants practiced appropriately documenting interactions and observations for infants, young children (age 0 –5) and families during virtual home visits, virtual face to face and virtual meetings in a case-based activity.

Participants provided favorable feedback regarding their participation in this training:

- "This training was GREAT!!!!!!!!!!"
- "Very important information in order to use for assessment purposes."
- "This training was very helpful in understanding development of a child. Excellent presentation"
- " Training was very helpful and thorough. Greatly appreciated the use of case scenarios for improved case practice."

<u>Differential Response System (DRS) Training Series</u>

The Academy offered the Differential Response System (DRS) Training Series virtually to social work staff from across the area offices and Careline. There were two offerings of the DRS Training Series with 49 unique staff completing it. A third offering of the DRS series will begin in May of 2021. The DRS series continues to receive positive feedback, please see highlighted comments below:

- "Great training"
- "Helpful information and a great presentation"
- "The videos and real-life examples were excellent"
- "Clear and concise information -open for questions"

Components of the Series include a strong emphasis on the following:

1. DRS Best Practices
2. Investigation of child sexual abuse allegations
3. Legal Issues
4. Health & Wellness

5. Drug Endangered Children (DEC) Program & Substance Use
6. Human Trafficking
7. Intimate Partner Violence

With input from area office social workers, supervisors and managers, the Academy trainers assigned to deliver the DRS courses, created the DRS Microlearning Labs. The DRS Microlearning Lab is a continuum of the agility required to achieve safety, permanency, and wellbeing for children in an increasingly virtual environment. The DRS Microlearning Labs consisted of 6 labs that were one hour each that fostered skill building and promoted application. This fiscal year, the Academy offered two DRS Microlearning Lab sessions (12 separate microlearning labs) and had a total of 149 participants.

The DRS Microlearning Labs focused on the following topics:

1. Critical Thinking: What is it and How to Grow it
2. SDM Safety Planning: To Do or Not to Do List
3. Documentation: Just Enough of the Right Details
4. The Writing Salon
5. Early Childhood
6. Beyond the Racial Justice Questions: Explore How Our Perceptions Impact Our Assessments

Feedback from the DRS Microlearning Labs were positive:

- "Two things that were helpful to me were: The attributes of a critical thinker and what it means to question a person's statement."
- "I really enjoyed the content as well as helpful questions to ask when interviewing."
- "This training definitely provided good tips to improve my writing to be clear and concise"

Wellness Trainings

The Wellness - Taking Care of You was suspended during this period under review due to the pandemic. Unfortunately, some of the class components were not transferable to the virtual world. Planning with the agency's EAP provider will continue in the coming months to determine the best time to offer the course again in person as we are approaching the other side of the pandemic. During this period under review, 2 additional classes have been added to the Wellness Curriculum- T'ai Chi and Qigong.

Introduction to Tai Chi and QiGong Movement Trainings

The Academy partnered with a supervisor in one of the area offices who is certified in this technique. The supervisor worked collaboratively with Academy staff to develop the course content. This course was ideal during the pandemic due to the benefits to T'ai Chi including decreased anxiety, depression and improvements in cognition. The goal of this class is to remind participants to slow down, focus on their purpose, intend to really listen and seek first to understand. The class culminates with 30 minutes of T'ai Chi exercises to demonstrate ways in which to breathe and utilize slow yet, deliberate movements that foster serenity and overall reductions in stress and anxiety. To date, approximately 24 participants took advantage of this creative course.

- Feedback includes the following:
- "Teaching was taught at a nice pace, nice overview of the practice and benefits to make sound judgements for our families."
- " Enjoyed the experience, the wellness discussion and the emphasis on its benefits for multiple populations".

Another added Wellness course which compliments T'ai Chi, is QiGong. QiGong is a more advanced Martial Art form and is related to T'ai Chi as it is a system of physical exercises and breathing. Meditation is also a part of the

traditional movement and breathing exercise to enhance blood flow within the body. The Academy will continue to plan with the area office supervisor to offer this session in the coming months.

JRI Building Resilience Through Psychological First Aid Webinar Training

The Academy for Workforce Development offered several sessions of "Psychological First Aid training in collaboration with the Justice Research Institute (JRI) from Massachusetts. The program provided 31 participants an approach which provides concrete tools to support the staff when working with vulnerable populations focusing on stress, vicarious trauma and offering in the moment self-care strategies. The Academy will continue this partnership in the coming months. Feedback from the training participants was reflective:

- "Safe space offered, knowledgeable trainer, "extremely helpful."
- "Engaging and informational"
- Real examples and resource information made available" and "what could have been an awkward situation where you don't have face-to-face feedback was presented relatable and am a fan of anything JRI puts forward." Additionally, "Learning what Psychological First Aid and how to apply coping skills was beneficial"
- "I leaned about the core actions and survivor stress reactions in adults"
- " The entire training was very helpful in understanding how I feel at times"

During this period under review, the Academy by way of the Clinical & Community Consultation and Support Division was introduced to the Transformative Leadership Strategies agency. This newly formed partnership afforded the agency the opportunity to take part in the following suite of trainings that assisted staff with self-care techniques. These offerings were relevant and timely during the pandemic. Below are the courses they offered:

Shifting from Crisis to Coping Connection Webinar Training

18 staff participated in this course and learned ways to self-identify physiological, emotional, and mental states that occur when they experience a crisis. Participants explored how to shift from reactive to more responsive states of being, while also discussing how connection to self and others can support healthy and creative outcomes. Comments that came from this training include the following:

- "The self-checklist was interesting."
- "I learned it is hard to find the time to be still but very needed"

Creating Balance Within Your "New Normal" Webinar Training

A total of 14 participants shared their experiences regarding disrupted routines and schedules and how that was contributing to higher levels of emotional (and even physical) exhaustion. The trainers from the Transformative Leadership Strategies (TLS) allowed participants to explore simple changes to space, schedule, and mindset that provided much needed support. Many participants shared that this training "came at the right time" and explained it was a necessary discussion.

Finding Calm in the Chaos: Decreasing Stress Through Mindfulness

15 participants were able to explore the connection between how worry creates a feeling of anxiety in the body. Participants were able to learn how to shift negative thinking patterns through mindful attention and intention. This training received a lot of positive feedback that include:

- "Great Training"
- "I definitely needed some tips on how to keep focus and positive during these times"
- "Being heard and validated was extremely helpful"

Mindfulness: The Practice of Being Present

31 staff participated in this course during this period under review. Participants were able to explore the definition of mindfulness and delve into the benefits of developing a mindfulness practice. They learned about the

Buddhist roots of mindfulness and how it became a secular wellness strategy in the United States. Feedback from these offerings include:

- "Two things that were helpful to me were 1. The discussion on purposeful attention and 2. the information on myths & truths regarding mindfulness"
- "Great training and it very much needed a reminder to take a moment for ourselves"
- "Would love to have more of these types of trainings"

Center for Autism

The Academy continues to collaborate with The Focus Center for Autism. The center provides educational learning sessions to DCF participants to address academic, social learning and clinical needs for youth who are on the autism spectrum. The course imparts information regarding what Autism is, the anxiety and the effects of trauma on persons with this disorder.

During this period under review, the Center was able successfully pivot their training to an online platform. The training was impactful due to the engagement of a panel of young adults on the Autism spectrum who speak from the heart about their lived experiences. Class participation for the sessions averaged about 18 people per session. Feedback regarding the class were overwhelmingly positive. Statements included:

- "The Panelists were wonderful, insightful, engaging and was so appreciative of their honesty as they shared their life experiences", Amazing group of individuals.
- "Thank you for your suggestions to assist me with those diagnosed with Autism and how best to meet their needs"
- "What a wonderful program as it is obvious that life- long relationships have developed".

The Academy plans to continue this partnership during the next reporting period.

Leadership Development

The Leadership Data Institute: Using Data and Reports to Transform Practice Learning Series

The Leadership Data Institute: Using Data and Reports to Transform Practice learning series was developed in response to an identified need to strengthen the understanding and use of data by Area Office Directors. This learning series was designed to enhance participants' understanding and use of data to inform continuous quality improvement processes in the area offices. This series was created for Office Directors and CQI Program Supervisors, reaching a total of 23 leaders statewide. The goal is for participants to develop or enhance skills for finding and analyzing data. They will apply learning to current practice data to support reaching performance outcomes and achieving racial justice across the child welfare system.

The format of this series includes three modules. Each module has two half-day (virtual) classroom sessions followed by a learning lab facilitated by the local CQI Program Supervisor. The learning lab should be held within 10 days of the classroom sessions to support learning and help the teams prepare for upcoming Child Stat presentations. This series kicked-off in March 2021. The second and third modules are scheduled for June and tentatively October 2021, respectively. Thus far, the participant feedback has been encouraging. Some examples of participant feedback are quoted below:

- "Finally, a report training, very helpful"
- "Good training nice refresher. I liked reviewing the terminology and entry cohort"
- "It was nice to get together with the other OD's and share our questions and concerns."
- "Training was recorded for future reference. Virtual Presentation tips and reminders was very helpful"

Based on feedback through the development and roll-out of this series, it is likely in the future the curriculum will be expanded to be offered to other leadership groups within the agency.

Clerical Trainings

The Academy for Workforce Development continues to offer Clerical Trainings to our Clerical/Support personnel prior to the COVID 19 Pandemic and throughout the pandemic. Course offerings continue to be offered i.e., "DCF 101 - Conflict Resolution", "Interviewing Skills/Mock Interviews", and "Clerical Excel". Post pandemic, the following courses have been added virtually. They are: "Finding your Voice Thru Teambuilding" offered in March 2021 with 11 participants that shared the following feedback: "I so needed this day for myself to row and learn new skills and gather information, " It was a fun and relaxing class, engagement throughout the entire session" and "Learned new ways/ideas to speak up and be heard in the workplace. Will not feel as though I need to remain silent and that my contributions should be considered in the grand scheme of things as I have put thought and time into my actions" and "one of the trainers said that clerical support is the foundation of any business - this statement made me feel validated and supported".

Additionally, we will be adding the new course, "Drive Your Journey" which will first appear on May 20, 2021. This course will offer participants the ability to present well in an interview setting, build a toolbox of tips and techniques in order to help prepare for the interview, identify communication styles and update cover letters and resume.

Yale Supervision Training

The Academy continues to partner with Yale to provide either group or one on one supervisory coaching with staff across the agency. The sessions are 30-90 minutes in length. They were held virtually via the Teams platform and allowed for privacy between the consultant and the identified staff (Program Supervisors or Supervisors). The pandemic brought on a wide range of challenges for staff across the board. The focus for many of the sessions centered around maintaining consistency in the work, maintaining expectations, and supervising techniques during this unprecedented time.

Mastering the Art of Child Welfare Supervision

The Academy continues to offer “Mastering the Art of Child Welfare Supervision” to newly promoted supervisors. During this current period, the series was offered on one occasion, with 11 newly hired supervisors participating virtually due to the COVID-19 pandemic.

The training content includes the following:

- Transitioning from Social Worker to Supervisor
- Building Staff Capacity and Promoting Excellence in Performance
- Building the Foundation for Unit Performance
- Case Consultation and Supervision

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.

The Academy continues to be committed to enhancing this series with a Supervisory Coaching Program. The goal of the program is to support and develop newly hired supervisors with their transition to the role. Participants will be assigned a Child Welfare Trainer who will serve as a coach. Through self-assessment and joint planning, participants in the program will identify areas of their supervisory practice they feel would benefit from focused work, in the areas of quality of service, administration, professional development, and / or support. Through observation, demonstration, analysis, reflection, and feedback, coach and participant will meet over the course of three to six months on three to six occasions to enhance supervisory skill and ease the transition to the role.

Leadership Academy for Middle Managers

In October 2020, the Academy virtually launched the Connecticut version of the Leadership Academy for Middle Managers (LAMM). This was the 5th cohort to participate in this version consisting of eleven managers from across the agency. The Connecticut version 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 materials such as data and examples are Connecticut specific. This approach brings about a uniqueness to the program that allows participants to connect directly to the information provided to them. Each participant was matched with a Super Coach. Their work together centered 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, in January 2021, the participants had an opportunity to present their change initiative to the Executive team, and Senior leaders from across the department. In real time, individuals received feedback on their change initiative and commitments and plans from the Executive team to stand up the initiatives in the coming months. Themes from the change initiatives included the following:

- Fatherhood Engagement
- Better Fiscal Accountability
- Structured Decision Making
- Disproportionality

Leadership Academy for Supervisors

During the current period, planning began for the launch of the 2021 Leadership Academy for Supervisors (LAS). The LAS is a leadership training for experienced child welfare supervisors. The curriculum is based on the National Child Welfare Workforce Institute (NSWWI) Leadership Model. The LAS provides 36 hours of self-directed online learning, with two tracks to enhance learning transfer: a personal learning plan to develop leadership skills and a change initiative project to contribute to a system change within the agency. In addition to the self-directed learning, participants engage in facilitator lead "Learning Networks" to discuss the material, apply it to their function, and network with other supervisors. Additionally, as in years past, participants will be paired with a Coach, who will be middle managers within the agency who have graduated from the Leadership Academy for Middle Managers (LAMM).

The 2021 LAS is scheduled to begin on May 19, 2021 and conclude in October 2021. The cohort will include 19 supervisory staff from across the entire agency, representing local Area Offices, Central Office, and the Albert J. Solnit Children's Center. To date, 52 DCF supervisors have graduated from the program over the course of three cohorts, with five graduates having been promoted to managerial positions.

Webinars

The pandemic forced our focus from in person classes to virtual classes in a variety of formats. Sessions took place on Microsoft Teams, Teams Live, Saba Classroom and Zoom. Each platform was studied, and determinations were made so each content was delivered on the one that made the most sense for the audience and type of material. The Academy also researched the various engagement tools and techniques that could be used to encourage and increase user participation.

Asynchronous Self-Paced Courses

During this fiscal year, the Academy for Workforce Development had a large selection of self-paced courses. New titles during this period include:

- Consent for Healthcare Forms – The 460's
- Cross Reporting on Animal Cruelty
- Ethics Training
- Family Time for DCF Staff

- Now and Zen Meditation Videos
- Protecting Criminal Justice Information (CJI) Data
- Sexual Harassment Prevention
- Using the Kronos System – User Guides and Demonstration Videos

Academy staff have also created their own microlearning content to be used during their training sessions. The number of courses that have enhancement of this type have slowly increased during the past year.

Another option provided to staff is to watch class recording of previous session. This was released officially with 3 course titles, with plans to increase its use in the upcoming months.

Personal Protective Equipment (PPE) Videos

Personal Protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to a variety of hazards. In light of the pandemic and to that end, The Department decided to create videos for all DCF Employees and the families we serve reminding them of CDC guidelines and the necessary precautions set forth by the Governor of the State of Connecticut.

Five distinct videos were prepared, scripted and directed with the assistance of the Middlesex Community College Media Center. Each video depicts how to maintain social distancing guidelines, various forms of PPE, donning and doffing gloves, proper sanitation of equipment and motor vehicles, proper hand sanitizing, the proper placement of surgical masks. Guidance was also provided for our younger population in both English and Spanish to minimize/reduce fears or concerns when DCF staff enter their homes wearing PPE. The videos were entitled: Healthy Working: A Return to the Workplace, Protecting Yourself: How to put on and take off PPE, How to be a COVID Superhero (English and Spanish versions) and DCF: Back to Work were disseminated to all staff in September of 2020 as well as necessary revisions to the protocols disseminated in April 2021.

Criminal Justice Information System (CJIS)

The Agency is in the process of preparing for a State and Federal Audit as it relates to the Criminal Justice Information System (CJIS). CJIS is a high-tech hub that provides a range of state-of-the-art tools and services to law enforcement, national security and intelligence community partners, and the general public. CJIS covers the best practices in wireless networking, remote access, data encryption and multiple authentications. The training will provide staff with a foundational understanding of the compliance regulations for staff access confidential data for families receiving services from the agency. All DCF staff must complete the training prior to the Federal Audit slated for the Summer 2021. Upon initial completion, DCF employees are required to complete this training every 2 years. To date, 2410 staff are certified in this training.

Mandated Reporter Online Training

Mandated Reporter Online Training for Community Providers and Educational Employees continues to be the most viewed on-line trainings due to their legal responsible to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. In June 2020, all the MRT offerings were delivered virtually. In October 2020, the Academy offered a Spanish Version of the MRT On-Line Training.

Below is the current data pertaining to our Mandated Reporter Online Trainings for 2020-2021 fiscal year:

Type of MRT:	**# Sessions**
Community Providers	15,809

Spanish Version Community Providers	129
School Employee	53,817
Total	69,755

Academy for Workforce Development Youth Training Consultant

During the 2020-2021 fiscal year, the Academy created the Academy for Workforce Development Youth Training Consultant position for youths who are involved with the Department of Children and Families. This position requires a youth to partner with the Academy to provide innovative recommendations to improve and assist in customizing trainings for DCF staff, administrators, and key stakeholders.

The role of the Youth Training Consultant includes:

- Review training curriculums and offer feedback from the youth perspective
- Observe trainings and offer feedback from the youth perspective
- Assist in developing scenarios for training simulations from the youth perspective
- Participate in the roleplays of the training simulations
- Attend monthly meeting with the Academy for Workforce Development (virtual meetings facetime or Microsoft Teams)
- Attend the quarterly Statewide YAB meetings and provide updates on their role as the Youth Academy for Workforce Development Consultant
- Utilize YAB meetings and network to solicit input from other youth

This year's Youth Training Consultant assisted in updating our Pre-Service Case Planning and Partnering with Caregivers training curriculums. In addition, she observed the In-Service Transitional Aged Youth Webinar Series and provide useful feedback with recommendations.

Currently, the Academy is in the process of scheduling interviews for the 2021-2022 AWD Youth Training Consultant position.

Future Offerings and Planning

Moving forward, the Academy will focus its efforts on professional development of supervisors through the creation of a course that will aim to prepare them for the advancement to middle management. The Academy will also explore the ability to collaborate with Department of Administrative Services and Connecticut State Colleges to offer our DCF staff writing courses to assist and improve their case writing skills.

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 $3.9 million per year. Approximately 88% of the Academy pre-service courses are reimbursable at 75% while approximately 12% are reimbursable at 50%. Approximately 56% of The Academy's in-service courses are reimbursable at 75% while approximately 43% are reimbursable at 50%, and 1% 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 guardians wither 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).

Technical Assistance

The Department continues to receive technical assistance and support from Casey relative to our work in the areas of Family First, Rapid Permanency Reviews and QI Parenting.

Since 2017, the Department has benefitted from ongoing technical assistance from the Harvard Kennedy School Government Performance Lab (GPL). This partnership has helped support DCF to expand Enhanced Service Coordination (ESC), a needs-focused consultation model, to promote the matching of services to identified client needs.

As Connecticut transitions into the implementation phase of its Family First work, Connecticut will continue to engage technical assistance from Chapin Hall and Don Winstead Consulting, post plan approval. Additionally, Connecticut will consult with 3Advisory, LLC for technical assistance on how best to integrate the required data and reporting elements for Family First into Connecticut's information technology systems.

Chapin Hall's services have been secured to support the programmatic and continuous quality improvement (CQI) aspects of Family First. Don Winstead Consulting was retained to consult on the complexities of Family First and the nuisances of federal funding through plan implementation. As Connecticut ramps up its implementation efforts, an intentional focus will be placed on system infrastructure, workforce development, training, data analytics, and CQI. Continuous feedback loops are being established to ensure frequent receipt of youth, family, and community partner feedback.

Activities that occurred since the last APSR submission included a virtual, statewide Relaunch of the Family First Initiative which occurred in September 2020; the reestablishment and successful conclusion of four workgroup's planning efforts (e.g., Kinship and Foster Care, 24/7 Intensive Treatment - QRTP, Programs and Service Array, and Fiscal and Revenue Enhancement); and the establishment and submission of recommendations from a new workgroup, Infrastructure, Practice and Planning. As a result of the Kinship and Foster Care workgroups efforts, Connecticut has moved forward in developing its Kinship Navigation Program Model and a Caregiver Practice Models. Details regarding these successes are addressed in other sections of this report. The Candidacy

workgroup concluded its work during the last reporting period. One workgroup, Community Partnership and Youth Engagement was sunset and merged into the other existing groups.

Efforts completed by Connecticut's Family First consultants included the finalization of Connecticut's Maintenance of Effort calculations for Family First (Don Winstead Consulting), and the drafting of Connecticut's Prevention Services Plan (Chapin Hall). Implementation of Connecticut's prevention plan will be the next phase of the work. During that life cycle, the impact of Connecticut's selected evidence-based services will be evaluated.

Activities for the upcoming year include issuing a Request for Proposals to select a Care Management Entity to lead Connecticut's Strengthening Families and Communities (Prevention) efforts, enhancing Connecticut's data tracking capabilities for services delivered in the Strengthening Families continuum, and establishing a robust CQI framework to evaluate additional evidence-based services as the Title-IVE Clearinghouse approves additional services for states to consider for use. Co-creation of each of these workstreams will continue under the supportive assistance of Connecticut's three technical assistance advisors.

This year, the Department received technical assistance from the National Quality Improvement Center for Adoption/Guardianship Support and Preservation to conduct a needs assessment of the Central Office Foster Care Division Adoption and Subsidy Units to address inefficiency and redesign business processes.

DCF is committed to refining and operationalizing an organized bureau that leads and supports integrated planning and CQI in CT. DCF's Bureau of Strategic Planning, which serves as the CQI headquarters for the agency, is receiving TA from the Capacity Building Center for States by way of coaching and consultation through the completion of the CQI assessment tool so that CT has a clear understanding of existing practice, gaps and strengths to build from. By developing a CQI infrastructure and applying CQI methods to daily practice as a bureau, DCF will have increased capacity to support CQI throughout the organization to achieve agency strategic goals and innovations. Through coaching and consultation, the Center will support Connecticut in exploring the agency's existing CQI strengths and identifying opportunities for improvement by using the Center's CQI Assessment tool; developing a Theory of Change; supporting the assessment of readiness of agency staff to operate in a culture of continuous quality improvement; developing 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.

4. Quality Assurance System

Case Review System:

In Round 3 of the CFSR, Connecticut was not in substantial conformity with the systemic factor of Case Review System. Two of the five items comprising this systemic factor were identified as strengths, while three were identified as areas needing improvement. As evidenced in the Assessment of Current Performance section, CT has continued to do well with both periodic reviews (Item 21) and Permanency Hearings (Item 22). Although there was some decrease in performance in CY 2020, this can be attributed to the pandemic and court closures for a period of time as both the agency and courts had to quickly pivot to virtual hearings.

In Round 3 of the CFSR, Connecticut was found to need improvement with three items within the Case Review System and those include: Item 20 (Written Case Plan), Item 23 (Termination of Parental Rights) and Item 24 (Notice of Hearings and Reviews to Caregivers).

With regard to these items, the following concerns were identified through stakeholder interviews as well as through data resulting from the CFSR case reviews.

- Case plans, while developed timely, do not sufficiently evidence that parental engagement is consistently occurring. Even when parents are engaged, stakeholders indicated that parental input was not consistently included in case plans.
- Father engagement in case planning was identified as inconsistent and generally was less consistent than engagement of mother's in case planning, although both were areas needing improvement.
- TPR petitions are filed inconsistently for children in care 15 of the most recent 22 months and only a small portion of those cases where TPR was filed had documented a compelling reason.
- The state's process for providing notice of court hearings and administrative hearings is not consistently effective in providing timely notice.

As evidenced by current data, these areas continue to need improvement, particularly as related to timely TPR filing and disposition. To address the concerns about the filing of TPR in accordance with the required provisions, Connecticut has developed strategies and associated activities, in partnership with the court, as part of the PIP which Connecticut began implementing April 1, 2019. Connecticut's PIP highlighted the partnership between the agency and the court in addressing the timely filing of TPR petitions. One of the strategies included the use of the court's web-based Child Protection automated system which will provide data and reports to the agency to assist with timely filing. This was a strategy that was delayed due to the pandemic; however, the agency was able to develop an internal report that identifies children approaching 15 months in care where TPR has not yet been filed and compelling reasons have not been documented. A review of agency data by CQI staff has identified several areas for follow up specific to filing of TPR: in some cases, there are compelling reasons, however, the documentation is not entered in the electronic record; in other cases TPR was filed, but the report is not accurately reflecting this, and certainly there are cases in which TPR has not been filed and there are no compelling reasons. As QI continues to work with the field to address the data quality and delays, our court partners are continuing to develop these reports through the CPMOH and anticipate these will be available in the near future.

As of March 2021, TPR petitions are now able to be filed electronically. E-filing has been a tremendous success and feedback from agency staff as well as attorneys has been overwhelmingly positive. Our CIP partners are currently working on a data site for CT DCF and will provide the agency an opportunity to provide input/feedback on the reports to ensure they are most useful for the Department's needs. The quality hearing indicator reports are also under development and will enhance reporting capacity.

In an effort to address performance related to parent engagement in case planning, particularly father engagement, Connecticut identified two key strategies in the PIP under Goal 3, strategies 1 + 2, which focused on fatherhood engagement. Strategy 1 focuses on the expansion of the breadth and array of fatherhood services, resources and supports to promote the positive involvement and interactions of fathers with their children by providing fathers with the skills and supports they need to be fully involved in their children's lives. Strategy 2 outlines key activities to improve engagement with fathers and non-custodial parents by providing guidance, coaching and consultation to workers and supervisors about best practices for working with fathers.

CT's fatherhood engage work has been tremendously successful and the improvements with father engagement is evidenced throughout the PIP performance data. While there is certainly additional work to be done and our strategy implementation continues, the improvements to data have been significant, particularly when compared with the agency's CFSR data in 2016.

Quality Assurance System:

As discussed above, through both the Juan F. work, and the PIP, the Department has also invested in a robust Quality Management and CQI environment. The Department believes that it has the foundation and competencies to effectively monitor its performance, and continue to do so, post Juan F. and PIP.

DCF's quality management infrastructure has allowed leadership and field staff to review practice in the context of both qualitative and quantitative data, including CFSR findings, Court Monitor review findings, Administrative Case Reviews (ACR), In-home visitation reviews, Investigation Reviews and Rapid Legal Reviews. As part of the PIP process, court partners conducted case file reviews as a mechanism to assess the court's role in timely permanency, however, this did not provide valuable information. After further discussion and collaboration, the agency moved to exploring Rapid Permanency Reviews (RPR) to assist with identify and addressing barriers to permanency for children (post-TPR) in care two or more year who are in a permanent home but have not yet achieved legal permanency. Rapid Permanency Reviews were held in three offices and CQI was a part of each review team (as discussed previously in this document).

Over the last year, the Bureau of Strategic Planning which includes Quality Improvement, has continued to develop. The six regional Quality Improvement Program Supervisors remain in place and report centrally to the Quality Improvement Program Director. As the division gets fully staffed, the framework for quality improvement and performance management will continue to be defined. This division will refine and enhance our quality management systems to deliver on the agency's strategic goals, by developing innovative strategies, learning from past performance and designing and implementing data-driven organizational change.

CT is currently working with the Capacity Building Center for States to enhance agency CQI capacity and ensure CQI is embedded across the agency and all divisions, not solely the CPS functions. We will be working on conducting an agency self-assessment and will also include key stakeholders including parents and youth with lived experience to help inform the process.

To further our CQI agency and development, the Bureau of Strategic Planning has partnered with the Academy for Workforce Development to host a series of trainings focused on understanding data for agency leadership. These trainings are interactive and targeted to assist our Area Office Leadership in understanding their data, identifying key reports, and using data to inform strategies for improvement. Quality improvement staff co-lead these trainings, and these have been well-received.

In April 2021, the agency launched ChildStat, a CQI and management process to assess Area Office Performance and engage in discussion about strategies for improvement. Each office has currently presented once and are presenting on the same performance measures which align with our 7 Key Results, which are also consistent with the Federal Performance Measures. ChildStat has pushed agency leadership to take a critical look at performance and conduct further case reviews with QI to understand the story behind the data. While this has been challenging at times, it is clear that this process has further developed our leaders' 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. ChildStat meetings will be held every four months and in true CQI form, this process will be iterative, and adjustments will be made based on lessons learned along the way.

Program Leads are assigned to all of DCF's POS contracted services. These individuals' partner with contracted providers, Regional/Area Office Staff, Systems Program Directors (SPDs), and Central Office Divisions to ensure the provision of effective quality services.

5. Service Descriptions

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 following chart represents our ***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
Adolescent Community Reinforcement Approach / Assertive Continuing Care (ACRA-ACC) – This is an evidence-based outpatient behavioral therapy for substance using adolescents and their caregivers. When the recovery goals are attained through ACRA, the adolescents can then be referred to the recovery support ACC portion of the service. ACC also provides case management services to assist with accessing other needed services. Category: Family Support service Population Served**:** Substance using youth between 12-17 years old Geographic Area**:** Statewide Annual Unduplicated Children/Families Served**:** 288
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 stabilization 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 service. Program uses the 4 family focused fluid stages of Hello, Help, Healing and Hope. There will training this year in this new construct. 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 supports are 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, insures 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

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): is a skill based, group intervention aimed at relieving symptoms of Post-Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma. This school based treatment model will enhance the school's mental health service array to support student's learning potential and build resiliency. CBITS is designed to minimize developmental disruption and promote child recovery and resiliency for student participants through a cognitive-behavioral therapy approach that involves components of psycho-education, relaxation, social problem solving, cognitive restructuring and exposure.
Service Category: Family Preservation, Family Support, and Adoption Promotion and Support Services
Population(s) to be served -Children ages 6-17
Geographic areas: Bridgeport, Norwalk, Stamford
Annual Unduplicated Children/Families Served: 280

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 supports 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

Community Support Team - This service is provided in conjunction with the DCF New Haven Area Office and focuses on assessment, treatment and support for children and youth in out-of-home levels of care transitioning back to the community. Services include but are not limited to: in home clinical interventions and supports; delivery of therapeutic services that facilitate and support family problem solving; family education and guidance; and linkage to natural support systems.
Service Category: Family Preservation , Family Support
Population(s) to be served -Children in out of home care
Geographic areas: Milford, New Haven, Meriden
Annual Unduplicated Children/Families Served: 48

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

Crisis Stabilization - This service provides short term, residential treatment for children with a rapidly deteriorating psychiatric condition, in order to reduce the risk of harm to self or others and divert children from admission into residential or inpatient care. Interventions offered focus on stabilization of the child's behavioral health condition including addressing contributing environmental factors and enhancing existing outpatient services available to the child.

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: 493

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 supports 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 and Community Ties - This service is a foster care model that combines a wraparound approach to service delivery with professional parenting for children with serious psychiatric and behavioral problems. This service is differentiated from other foster care services by (a) the frequency and intensity of clinical contact and (b) flexibility in providing "whatever it takes" to preserve the placement of a child in a family setting. Within this program, foster parents will serve as full members of the treatment team and will complete intensive training in behavior management.
Category: Adoption Promotion and Support Services service.
Population served: Children with serious psychiatric and behavioral problems
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: Not available

Family Based Recovery - This service 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.
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 past 30 days
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 240

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 child care 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 child care/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: 645

Integrated Family Care & Support - The goal of the service is to engage families and connect them to concrete, traditional and non-traditional resources and services in their community, placing the family in the lead role of its own service delivery. The Contractor shall assist the family in developing solutions, identify community resources and supports based on need, and help promote permanent connections for the family with an array of supports and resources within their community.
Category: Family Preservation, Family Support
Population Served: DCF families.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 1,575

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: 780

Multidimensional Family Therapy (MDFT) ASSERT- 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

Multidimensional Family Therapy (MDFT) Residential - This service provides short-term, family-centered residential programming to males, ages 15-18, who are committed delinquent to DCF and who are experiencing substance abuse problems, integrating the MDFT model into all aspects of residential and clinical programming and providing an expansive array of educational, vocational, clinical, and residential programming.
Category: Family Preservation service.
Population Served: Youth ages 15-18 years
Geographic Area – Statewide
Annual Unduplicated Children/Families Served: 8 beds / 24 served annually

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 MDT's 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. 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 - 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. 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, a 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.
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 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.

One on One Mentoring (OOMP) - This service contracts with local service providers statewide to supply adult mentors to DCF involved adolescents ages 14-17 and 18-21 who remain involved with DCF following their commitments. The providers recruit, screen and train eligible candidates to become mentors, partner with DCF social workers then match approved mentors with DCF committed adolescents and young adults. The goal of the mentoring program is to provide an important and long lasting relationship to adolescents who are placed outside of their homes. Mentors are involved in the adolescent's life as a guide, a positive role adult model and a confidant. Mentors maintain weekly contact with their mentees and visits face to face at a minimum of three times a month. The program aims at maintaining these relationships on a long term basis. Ideally, the 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: 24

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 (25 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 supports 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.

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 plan. 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 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

Sexual Health Training – The Be Proud Be Responsible program is designed to provide statewide sexual health education for youth involved with the child welfare & juvenile justice system or, to youth who have specialized behavioral, emotional or academic needs. Specifically, two evidenced-based and one evidence-informed sexual health curriculums will be offered to identified youth: Be Proud! Be Responsible! (BPBR) will continued to be implemented in detention/juvenile justice settings as well as in foster care agencies, clinical day schools, group care facilities and community based youth service agencies. Streetwise to Sexwise will be added to this service and will be implemented in detention/juvenile justice settings where the length of stay is less than two weeks. Love Notes will also be added to this service and will be implemented in foster care agencies, group care agencies and community based youth service agencies. A minimum of 250 youth between the ages of 13-19 will be served statewide using one or more of the identified trainings. The program will be delivered in groups that will range from 5 to 20 participants and groups will be held one to two times per week for up to 6 weeks

Sibling Connections Camp - This service is designed to engage, support and reconnect siblings who are placed in out of home care by providing a week long overnight camp experience focused on strengthening sibling relationships and creating meaningful childhood memories.

Channel 3 - Sibling Connection Camp provides a normative activity for sibling groups in placements. Implementation of the program affords foster and biological families the opportunity to send their children (part of a sibling group where at least one child is in placement) to a week-long overnight camp. The camp activities are designed for sibling connection and/or reconnection.

Category: Family Support and Family Preservation.

Target Population: Children ages 8 to 17. The children are part of a sibling group, where at least one sibling is in placement.

Geographic Area: Statewide

Annual Unduplicated Children/Families Served: 80

Short Term Assessment and Respite Home (STAR)- 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 36 bed capacity through 6 separate programs throughout the state

Short-Term Family Integrated Treatment (SFIT): is a short-term residential treatment option providing crisis stabilization and assessment, with rapid reintegration and transition back home. The primary goal of the program is to: stabilize the youth and family (adoptive, biological, foster, kin, relative) and their extended social system; assess the family's current strengths and needs; identify and mobilize community resources; and, coordinate services to ensure rapid reintegration into the home. It is an alternative to psychiatric hospitalizations and admissions to higher levels of care, and diverts placement disruptions. The program serves DCF involved children and adolescents ages twelve (12) - seventeen (17) with the ability to seek a waiver through DCF licensing for children under the age of 12. Many of these children will have experienced multiple disruptions or a particularly traumatic event and have significant mental health and/or medical and high-risk behavior management needs. DCF currently has a 70 bed capacity through 6 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.

Statewide Family Organization - Statewide Family Organization - The Statewide Family Organization will provide three levels of service and supports 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 Child Care - This service offers a range of support services for children in a child care facility, including parent-child programs and an after school program. The target population is children ages birth to 8 years old. The primary activity is the teaching of parenting skills as parents participate with their child in the child care 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.
Annual Unduplicated Children/Families Served: 42

Therapeutic Foster Care (Medically Complex) - This service approves, provides specialized training, support services and certifies families to care for children with complex medical needs. The population served is DCF referred, mixed gender children and youth with complex medical needs from birth through 17 years. A child with complex medical needs is one who has: a diagnosable, enduring, life-threatening condition; a medical condition that has resulted in substantial physical impairments; medically caused impediments to the performance of daily, age-appropriate activities at home, school or community; or a need for medically prescribed services.
Category: Family Support, Family Preservation ,Time-Limited Family Reunification categories
Population(s) to be served: Children with complex medical needs
Geographic area to be served: Statewide.

Therapeutic Foster Care - 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 TFC receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. TFC families receive support and supervision from private foster care agencies with the purpose of stabilizing and/or ameliorating a child's mental/behavioral health issues, and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan, and facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living).
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.

Therapeutic Group Home - 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. DCF currently has a 135 bed capacity through 26 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
Voluntary Care Management - The Voluntary Care Management program is a program for children and youth with serious emotional disturbances (SED), mental illnesses and/or substance use disorders. The Voluntary Care Management program emphasizes a community-based approach and attempts to access necessary services in the local community to prevent out of home placement or other disruptions within the family environment. Parents/caregivers 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 that take children out of homes and away from their communities. Category: Family Support Target Population: non-DCF involved youths through age 18. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 780
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
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

Service Coordination:

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.

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 93 Purchase of Service (POS) contracts, encompassing 337 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.

Results Based Accountability (RBA) Performance Outcomes for all POS Contracts:

The Department is committed to ensuring all contracts have RBA performance metrics; and as part of that effort, a review of the contract library was performed to examine the inclusion of performance metrics in each scope of service, and to catalog those performance metrics by type. This review is on-going and will continue through the efforts of the SOAC Committee.

The Service Array Workgroup (SAW) was operational for a 12-month period. During that time, as originally envisioned, the group was presented each month with a bundled service array of 3-4 individual service types to be reviewed and analyzed. SAW completed its review of all 81 service types under contract with the Department and

made high-level recommendations as to modifications to the Department's service array. The over-arching recommendation from SAW was to continue the SAW structure, within a more granular viewpoint.

To that end, in February 2020, the Department performed a LEAN-sponsored Process Mapping to design the Service Outcome Advisory Committee (formerly SAW). 'SOAC' will further the work of SAW to utilize staff from all continuums within the Department, the Department's provider partners, key stakeholders and end users of the Department's services to develop and implement standardized, strategized, formal, and where appropriate, evidence-based Performance Outcome Measures (POMs) in each of its contracts.

It is the goal of SOAC to implement Performance Outcome Measures that are inclusive of not just metrics or data points, but clearly establish a goal for the program, a key program element that correlates to the goal and a measurable objective for the provider to meet- for each of its individual service types, and to ensure that these Outcome Measures contain cross-cutting themes across bundled service arrays, and incorporate a defined link to at least one of the DCF Key Results.

The COVID pandemic significantly delayed the work of the SOAC Committee, but the Committee is operational at this time and currently developing POMs for two of DCF's service types, encompassing approximately 25 individual programs, with implementation of 6 POM Development Teams to begin in June 2021.

In July 2019, following the Department's reorganization under Commissioner Dorantes, the Systems and Organizational Development Division (Systems Division) was established. Since then, with continued technical assistance from the GPL, the Division's vision has focused on enhancing our service system to better meet the needs of children and families by promoting strong engagement and collaboration within DCF, and with our community partners through implementation of Enhanced Service Coordination (ESC).

In January 2020, the Systems Division led a statewide expansion of ESC to all DCF Regions after successful pilots in Regions 5 and 6 revealed the benefits of ESC as a needs-based consultation model. The 2020 expansion, with support from the GPL, helped to streamline this service coordination model 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. To complement this expansion, the Division also played an integral role in supporting the statewide launch of the Universal Referral Form (URF) to initiate the service provision with the providers.

ESC was newly introduced in four of DCF's six Regions roughly two months before the COVID-19 pandemic shutdown. While stay at home orders and office closures had agency wide impact on service provision, the Systems Division's ESC team, which included 6 service coordinators, our ESC Statewide Supervisor, and our GPL fellow, was able to maintain regular communication with stakeholders including DCF social workers, supervisors, and service providers to support continuity of services throughout the COVID pandemic. Furthermore, despite COVID-19 challenges, the Systems Division worked closely with DCF's Central Office Program Leads and the provider network to ensure minimal interruptions to service delivery due to the pandemic.

Throughout the pandemic, the Systems Division continued to collect data through our ESC log and dashboard tools that enabled the team to analyze race/ethnicity data from each ESC service type in real time and compare trends across Regions. These dashboards are being shared with Regional leadership and providers to highlight timeliness, service match, utilization data and support real-time, data-driven conversations, troubleshoot issues and assess performance.

As we transition from COVID, the Systems Division has remained committed to ensuring that families' service needs are prioritized and when referrals are made, families are connected with “best fit” services to meet their

needs in an equitable manner. The following next steps outline work currently underway to guide further expansion of ESC, broadly apply lessons learned and ensure this work will inform broader performance management activities related to our service system:

- Working with our GPL fellow to develop next steps to expand ESC to additional service types and ensure that the best practices from ESC are applied more consistently across the service array;
- Promoting more timely, accurate, and consistent service referrals and improve data collection through the continued expansion of the automated URF;
- Developing more effective Quality Assurance (QA) measures, in collaboration with other Divisions, to assess where services are successful in achieving positive outcomes that may include, but are not limited to:
    - Reducing entries into foster care;
    - Reducing repeat maltreatment; and
    - Improving timely permanency.

The launch of ESC has helped DCF maintain a clear focus on developing an internal quality assurance structure to evaluate whether we are referring the right clients to the right service. With ESC now launched statewide, there has been an intentional focus on assessing lessons learned from this work that can inform how we can better eliminate racial and ethnic disparate outcomes for families served by DCF, consistent with the Department's racial justice mandate.

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. 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

Each provider must sign a Provider Agreement and abide by its terms and the set fee schedule. Each provider and every staff person under each provider (approximately 400) must submit applications to be re-credentialed every 2 years. In addition, the network of credentialed providers is subject to monitoring and oversight by the DCF

Credentialing Committee, comprised of various Department staff, chaired by a member of the Division of Contracts Management. This Committee is responsible for addressing system wide issues, provider specific issues and for establishing the protocols and schedule for site visits.

The Department is currently focused on revision 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. This work is being spear-headed by the Division of Contracts Management through the DCF Credentialing Committee.

The Contract Management Unit Website (Share Point):
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 as well as performing a Program Inventory to ensure the accuracy of the Contract Library.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES – SUBPART I- FFY2021

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, including FFY 2020 and FFY 2021. Individuals occupying the positions supported by grant funding were selected through an interview process. The Connection Inc. and CCMC were selected based on their level of expertise.

Services/Activities	Funding
2 Office Assistant Positions (Meriden/Norwalk) (100%)	$196,734
CCMC	$220,500
1 Central Office Staff (Contract Management) (100%)	$149,669
10 Solnit North Positions (70%)	$1,094,091
The Connection	$100,000
CT Parents with Differing Abilities -Training/Annual Meeting	$4,000
Total:	**$1,764,994**

Service Descriptions

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, medical evaluations, psychosocial assessments, family and professional interviews, and ongoing participation in Multidisciplinary Team meetings. The contract is supported by both state and federal funding. The federal funding is used to increase capacity for case consultations when child abuse/neglect is suspected.

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 20 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, child care) 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.

Parents with Differing Cognitive Abilities (formally Parents with Cognitive Limitations): 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 trainings were developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and are 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.

Stephanie Tubbs Jones Child Welfare Services Projected Spending Plan FFY 2022

The following is the projected spending plan for the above-named grant for FFY 2022.

Services/Activities	Funding
Office Assistant Positions (Meriden/Norwalk) (100%)	$196,734
CCMC	$220,500
Central Office Staff (Contract Management) (100%)	$149,669
Solnit North Positions (70%)	$1,094,091
The Connection	$100,000
CT PWCL-Annual Meeting/Conference	$4,000
Total:	**$1,764,994**

Services for Children Adopted from other Countries

Children adopted from other countries have access to the array of services available through the DCF Voluntary Services Program if the children meet eligibility criteria, as well as services through the Adoption Assistance

Program (AAP) outlined below and in our APSR. The Department has no tracking mechanism for disrupted, out of country adoptions.

The Department of Children and Families contracts with the University of Connecticut Health Center to provide postadoption services to families who have adopted children from DCF's custody. It also provides service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. AAP also manages the post finalization services from a program that DCF offers for children following adoption finalization. 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 16 Connecticut Child Placing Agencies. The PPSP is funded by both state and federal funds.

Services for Children under 5

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 age 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 Program, through the Child Development Infoline (CDI). Children who are not found eligible for Birth to Three Services, can be referred to the Help Me Grow 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 demonstrates 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 Services, established a 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

The Connecticut Association for Infant Mental Health provided an intensive series of 8 trainings. These trainings are 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 2020.

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 Infant/toddlers and their families; attachment, brain development, temperament, separation, sensory integration, the challenges of unresolved loss and traumas; reflective practice; infusing a trauma lens into infant mental health practice; cultural sensitivity in relationship-focused settings; assessments and referrals and promoting successful visitation for parents and infants/toddlers.

The Academy of Workforce Development has offered continuing education credits to DCF staff and community partners. In addition, reflective supervision training was provided and practice in reflective supervision was offered through face-to-face coaching sessions.

The CT-AIMH and the Department are planning to offer two statewide training 8 session training series in the coming year which will likely be done virtually as has been done since 2020 as a result of the pandemic.

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. DCF, and Head Start staff from the 14 local DCF area teams from across the state come together quarterly with their key partners, Early Childhood Consultation Program and Supportive Housing for Families, and more recently Part C/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. Given the COVID-19 Pandemic, work to pivot the quarterly meetings from in-person to a virtual format was made and meetings re-convened beginning October 2020. Despite the change in format, attendance at the Collaborative meetings have remained steady at nearly 100 participants. During the meetings, training topics have included self-care and stress management, mentorship and the impact of our work on others. In addition to focus 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 families while navigating changes due to COVID-19, and ways to move the work forward by sharing resources and information about supports available in local communities.

Services

The Department has an array of service types that provide services to children from birth up to age 18. The following services below target interventions for our most vulnerable population:

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. Scientific research demonstrates that trauma and adversity, including maternal depression, substances abuse, domestic violence, and homelessness, lead to child abuse and neglect, as well as poor child development and mental health outcomes. The Child First model directly addresses these risks through (1) comprehensive assessment and treatment planning for the parent/child relationship and supports to the whole family, (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, (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 supports.

In December 2020, Child First merged with Nurse Family Partnership creating a new organization called The National Service Office (NSO) for Nurse-Family Partnership and Child First. The merger does not impact the operation of the affiliate sites or their staffing as these two models are being maintained and the programs remain separate entities. Together, these unified organizations will have a greater reach and offer a more holistic continuum of care for families and children experiencing the effects of poverty and adversity.

In 2021, Child First served 906 children and families in Connecticut (CT) through MIECHV, DCF, federal grants, and philanthropy. Across all CT sites, 50% of open cases are currently DCF involved, and an additional 15% have past DCF involvement. Child First affiliate sites were strategically placed in DCF Regions such that there is an affiliate serving each DCF Area Office. However, not all towns are served within each region due to capacity challenges. Over the last year, the average length of stay of families discharged from Child First is 9 months. Despite the complexities presented with DCF-involved children, significant improvement (.5 SD or greater) across areas where a problem at baseline was noted: over the past year 83% show improvement in at least one area that was marked as problematic at intake, 54% show improvement in at least two areas, and 26% show improvement in at least three areas. Additionally, statistically and clinically significant improvements are noted in each area among CT families with problems at baseline (Note: Cohen's d is "effect size," which represents strength of clinical impact. 0.2 is a small effect size, 0.5 is a moderate effect size and 0.8 is a large effect size, while over 1.0 is considered a very large effect size. Furthermore, a p-value of less than 0.05 is considered statistically significant.).

- Decrease in child behavioral problems ($p < .0001$, Cohen's $d = 0.56$)
- Improvement in child social skills ($p < .0001$, Cohen's $d = 0.74$)
- Improvement in child language development ($p < .0001$, Cohen's $d = 0.94$)
- Strengthening of the parent-child relationship ($p < .0001$, Cohen's $d = 1.16$)
- Decrease in maternal depression ($p < .001$, Cohen's $d = 1.33$)
- Decrease in parenting stress ($p < .001$, Cohen's $d = 1.40$)

Child First continues to conduct exploratory analyses in a variety of areas. Recently, Child First started looking at the relationship between race, ethnicity, and length of stay in the Child First program. Additional topics intended for exploration include factors that impact outcomes, including service delivery during the pandemic and predictive analytics. While Child First has been designated by the California Evidenced-Based Clearinghouse as being highly relevant for Child Welfare, and as being supported by research evidence for preventing child abuse and neglect, the Child First model has received a new designation. Recently, the state of Colorado conducted an independent systemic review of Child First and rated the model as "supported" through the transition payments option with Title IV-E. Upon approval by the Colorado state plan, other states can include Child First in their state plan as "supported" until the model is formally reviewed by the clearinghouse.

Child First started a second randomized trial (RCT) in May 2019. This study includes a broader age range (to age six years), across multiple sites in CT and North Carolina, as well as including additional outcomes, and will be following children and their families longitudinally with administrative data. This is an independent RCT funded by philanthropy. During the pandemic, Child First continued to move forward and were successful in recruiting a follow up on a sample of 226 participants. This group will be reviewed for outcomes during the pandemic and will be critical in understanding service provision during this unprecedented time. Child First is scheduled to restart RCT in the Fall of 2021 and aims to recruit another sample on which to assess Child First outcomes.

Child First has been responsive to the impact of the COVID -19 pandemic on staff and service delivery. While Child First continues to provide affiliates with ongoing COVID- 19 support (i.e. service delivery updates and best practices, regular Clinical Director meetings, tracking specific COVID-19 data, etc.), the greatest impact of the pandemic has been the stress and hardship experienced by the families they serve. During these unparalleled times, Child First continues to learn valuable lessons regarding the use of telehealth in home visiting and plan to support its Child First teams in providing the best practice as teams navigate the re-entry of in-home services and continue to care for their Connecticut families through this crisis. Of a larger impact, Child First is facing challenges associated with the OEC re-procurement. Collaboration between Child First and the DCF Enhanced Service Coordinators has been essential. By working together, Child First has been able to ensure that services are provided in a timely manner to as many families as possible during these unprecedented times, while upholding the fidelity of the Child First model. NSO, in the coming year, will continue to modify their support to best meet the

needs of their affiliates as they focus on increasing the capacity of care to serve families trying to cope with COVID-19 and a myriad of issues.

The Trauma-Informed Therapeutic Child Care, (TI-TCC) 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) to capitalize on young children's resilience by utilizing The Center for Social Policy's Strengthening Families Approach and Protective Factors Framework https://www.cssp.org/reform/strenghteningfamilies/2018, The-Strengthening –Families- Approach-and-Protective-Factors-Framework_ Branching –Out-and Reaching-Deeper.pdf and 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.

These two programs collectively have the capacity to serve 42 children. 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 access the child's baseline and progress upon intake and throughout their involvement in the early care environment. And, 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.

Mental Health Consultation to Childcare

CT's **Early Childhood Consultation Partnership (ECCP®)**, through Advanced Behavioral Health, Inc., funded by DCF, is a nationally recognized, evidence based (three random control trials) early childhood mental health consultation program. It is an indirect 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 needs of infants, toddlers, and preschoolers, ages 0-5 and children birth to 72 months (6 years old) for DCF children in Foster Care with challenging behaviors and/or social and emotional needs.

This project has 21 full time mental health consultants, including 3.0 FTE funded by the CT Office of Early Childhood. The ECCP service model is 12 weeks long, with 4 to 6 hours of classroom-based consultation per week provided by one of several supervised masters-level consultants supported by ECCP, plus one- and six-month follow-up visits. The intervention is manualized and menu-driven, based on individualized needs of teachers and classrooms. ECCP provides both classroom-specific consultation (focusing on improving teacher-child and teacher-teacher interactions, classroom behavior management, and overall program quality, including teacher and director supports) and child-specific consultation (focusing on improving teacher classroom behavioral and social-emotional strategies, parent partnerships, and community service referrals for specific children).

In SFY 2020, 366 Child Specific cases were served, and 206 Core Classrooms cases were served. 280 unduplicated centers were served. ECCP expects the same number of kids and sites to be served in SFY 2021.

Summary of Standardized Tests

Pre-K CLASS Tool Results for SFY 2020 based on classrooms that have had a completed pre and post CLASS assessment showed 93% demonstrated meaningful improvement in at least 1 Dimension and 85% in 2 or more

Dimensions. 75% showed improvement in at least one of the two primary Domains, "Emotional Support" and "Classroom Management."

Toddler CLASS Tool Results for SFY 2020 based on classrooms that have had a completed pre and post CLASS assessment showed 94% demonstrated meaningful improvement in at least 1 Dimension and 94% in 2 or more Dimensions. 88% showed improvement in at least one of the two primary Domains, "Emotional and Behavioral Support" and "Engaged Support for Learning."

Circle of Security Parenting (COSP)

Circle of Security Parenting© is a manualized, DVD-based, eight-session, attachment-centered parent reflection-building intervention and is being provided in English, Spanish, and French. 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, and perseverance, joy of learning, connectedness, empathy, self-motivation, impulse control, comfort using power, and trust. Parents, educators, and caregiver learn to view children's behavior from a secure base and safe haven perspective and then identify the children's underlying need 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. Priority is given to parents involved with DCF. In SFY 2020 1004 families received COSP.

Over 2,000 staff from a wide variety of disciplines and settings in CT have been trained in COSP since 2010 with 2017 people being trained in SFY2020. Trainings shifted to being virtual trainings in spring, 2020. There continues to be strong interest from providers in a wide variety of settings and disciplines in being trained in COSP.

Progress includes the following:

Communities

- Communities are becoming interested in building capacity to offer COSP in their communities. New Haven and Middletown continue to serve as the best examples of building community-wide capacity to offer COSP.
- Enfield, CT is including a focus on COSP as part of a community effort to address the issue of kids beginning kindergarten not being socially-emotionally ready to learn.

Education

- Barbara Stern has developed a one-day day training to help teachers gain and apply an attachment perspective to students' classroom behavior and learning. Over 1000 teachers have been trained, and many teachers are reporting it is changing their teaching.
- Approximately 25% of the teachers receiving this training request participation in a COSP group in order to get more relationship tools.
- Barbara Stern has also developed a coaching model to help preschool teachers apply COSP concepts in their classrooms and to apply them in challenges they encounter with students, parents, and classroom routines.

Licensed Family Child Care

- All Our Kin initially took 34 licensed family childcare providers through COSP groups as a way to improve the social-emotional climate of the home childcare sites. They are continuing offer opportunities for other providers and train additional staff to receive COSP. In SFY 2019 they began to have licensed childcare providers attend the 4-day COSP training so they can offer COSP groups to parents.

Child Welfare

- A number of DCF-funded programs are training their staff in COSP. The programs include Caregiver Support Teams, Child First, Intensive Family Preservation, and the Reunification and Therapeutic Family Time. The Intimate Partner Violence Program is now requiring all new staff to be trained in COSP.

Dept. of Mental Health and Addiction Services, Young Adult Services

- The DMHAS Prevention and Parenting Services, has had over 100 staff trained to offer COSP to parents in the Young Adult Services program. This includes several doulas. DMHAS YAS has a Perinatal Support Team (consisting of certified Doulas and in-home parent educators) as well as parenting peer mentors that are trained and deliver the COSP intervention. The DMHAS Women & Children's program is training nearly 15 staff in COSP in SFY 2021.

Birth to Three (statewide early intervention program)

- Staff from several Birth to Three Program have been trained in Circle of Security Parenting. Staff are using COSP with a variety of families including parents with differing needs and children with special needs.

Integration within Agencies

- Klingberg Family Centers has 30-35 mental health clinicians trained to offer COSP. They are working to integrate COSP into their agency have been offering COSP groups for staff, including clinicians, managers, and administrators. They have added a 90-minute overview of COSP to their new employee orientation. They are now using concepts from COSP to strengthen their supervision of their clinicians. They are reporting that families are successfully completing treatment quicker in their Child Abuse Treatment Services since they added COSP.
- Several other agencies in CT are working to have all staff complete a COSP group so they have a shared attachment perspective of parent-child relationships and children's behavior and a shared attachment-rich language for communicating about family struggles and child behavior.

Pediatricians

- Rocky Hill Pediatrics was funded by the Child Health and Development Institute of CT to replicate their model with five pediatric practices in the greater Hartford area. This was successfully implemented.
- Middletown is letting local pediatricians know about COSP and availability of COSP groups for parents.

Child First

- Child First has trained many of its staff members to use COSP. Sites are offering COSP to parents on their wait lists.

Other Innovations

- EMERGE, a New Haven transitional work training program with the goal of providing recently released ex-offenders in the Greater New Haven area with the opportunity to end the pattern of recidivism, has incorporated COSP into their treatment program. They are reporting that the relationships tools gained from COSP are being used at job sites to help the ex-offenders create better quality relationships at work. They also report that ex-offenders become more open to seeking mental health support after completing COSP.
- Several staff from the state Court Appointed Special Advocates (CASA) program have been trained in COSP.
- Staff from prison reentry programs are being trained in COSP.
- The Connecticut Children's Medical Center's Occupational Therapy program is taking staff through COSP groups and are referring parents they serve to the St. Francis Hospital Parenting Support Services program to receive COSP.
- People from a variety of disciplines (mental health, education, child welfare, occupation therapy, home visitation, higher education) with a shared interest in attachment have formed the Attachment Network of CT (ANCT) to help promote a focus on secure attachment.
- The Attachment Innovators of CT was started in SFY 2019 to provide a quarterly meeting for attachment innovators and champions in CT to share about their work and to learn from others.

Systems Thinking

- While the initial focus has been on building capacity in CT communities to offer COSP to parents, the use of COSP has been expanding to reach educators, including preschool teachers, and family childcare providers.
- COSP is being viewed not just as an intervention that results in improved behavior, but, more importantly, it is equipping parents, teachers, and caregivers with reflective capacity and new relationship capabilities.
- We are beginning to view communities and families from an attachment perspective. All infants and children have relationships with their parents. However, a large number, 40% or even more in higher risk communities, of these relationships are not of the quality that best equips and supports infants and children to thrive in life.

Family Based Recovery

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, Family-Based Recovery (FBR), 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 a 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.

Program to date: FBR teams have treated over 2,000 families with an additional 368 families who participated in the Family Stability Project (FSP). FBR has participated in a randomized control trial, called the Family Stability Project (FSP), with funding from a social impact bond project in collaboration with Social Finance, LLC, CT DCF and the University of Connecticut. In December 2020, the Department completed the last year of service delivery for the randomized control trial. Two FSP teams will remain active through capacity expansion within the DCF contract teams with support from federal grants. One team will serve additional families in the Department's Region 3 and another team in Region 5. Both regions serve both rural and urban settings. A final report will be available in April 2022.

FBR data reveals statistically significant changes in several pre-post change scores for index parents in depression scores, parenting stress and parental bonding. Toxicology results show a steady increase in negative screens after

the first 15 weeks in FBR, suggesting a primary goal of the project is being met. Program to date outcomes provided by FBR Services include:

- Outcomes demonstrating statistically significant changes in depression (Edinburgh screening tool 61% improved)
- Parenting Stress Index-Short Form: 64% improvement in parental stress
- Reduction in substance use, as demonstrated by toxicology screens with 48% positive screen at week 1, reduced to 15% positive screen at week 20
- Child living with index parent at discharge: 83%

Data provided to the Department's Provider Information Exchange (PIE) data system offers some additional outcomes for FBR services for the period 4/1/20 to 3/31/21.

- FBR served 286distinct clients and their family members.
- Capacity is 312 distinct clients and their family members annually.
- FBR teams admitted 148 females (84%) and 28 males (16%), 26 African American clients (15%), 33 Hispanic (19%), 84 Caucasian clients (48%), and 11 clients that identified as Other (6%). An additional 22 clients (13%) 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.
- 52% (n=77) of the clients completed treatment. Completed treatment is defined as having had at least 12 consecutive negative toxicology screens prior to discharge, completing session within 2 weeks of discharge, living/caring for index child at least 50% of the time, and meeting one other treatment goal.
- 96% (n=74) clients who completed treatment were abstinent within the last 30 days of treatment.
- 91% (n=70) of clients who completed treatment had at least one child living at home at discharge.
- 95% (n=73) of clients who completed treatment met all or most of their treatment goals.
- 96% (n=74) of clients who completed treatment were compliant with the index child's medical care.

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 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	3-6 Years

Efforts to Track and Prevent Child Maltreatment Deaths

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.

Connecticut DCF also submits children maltreatment fatality information to the Federal government in support of national data tracking through the NCANDS process.

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	14	37
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	21	12	49
2015	4	4	4	15	14	41
2016 *	2	5	6	17	13	43
2017	3	7	4	19	29	62
2018	2	1	3	14	19	39
2019	4	1	1	15	18	39
2020	0	1	1	24	12	38
2021	1	2	2	4	3	12
Totals	**39**	**55**	**47**	**231**	**221**	**593**

Special Qualitative Review Forums

Since 2004, the Department has implemented 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; Juan F.; CFSR/PIP). SQRs may be implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse or neglect). 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, decision making, 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 and implement needed practice, policy, relational, service related and/or systemic changes to support positive outcomes.

Through a national project sponsored by Casey Family Services, Chapin Hall began a partnership for the use of the Safe System Improvement Tool (SSIT). This tool developed by Michael Cull and the Praed Foundation is an effective assessment tool for use in critical incident review (e.g., child fatalities, child near fatalities). The SSIT 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 has been provided by staff from the national partnership on the usage of the tool to ensure fidelity of its use.

The SQR reports completed are the foundation of the SQR Learning Forums. Cases of similar type are bundled together (e.g. Infants, Chronic Neglect, Work with Fathers) and reviewed to determine themes among these cases. These themes and the case practice history are shared and discussed at the Learning Forums. DCF staff statewide are the target audience of the learning forums. Additionally, these forums have been offered to community providers in the Academy for Workforce Development catalogs. The purpose of the Learning Forums is to focus on the sharing of information learned from fatality cases and the practice implications. The Learning Forums topics have also been built into the Academy for Workforce Development to better support dissemination to social work and clinical staff at all levels of the agency.

Since joining the National Partnership for Child Safety in 2018, DCF has included the use of the Safe System Improvement tool in the SQR process. Interviews with staff have increased the learning about system influences that affected them while working on the case prior to the critical event. Sharing their perspective on the work and learning from all levels of staff is in line with our Safe and Sound Culture to have brave conversations about the work while we strive to build our systems capacity to relate to each other demonstrating respect, trust, and candor. Our goal is to systemically look at the work to develop improvement opportunities through this collaborative teamwork approach to the SQR process. As DCF has demonstrated in the past, our Learning Forums provide the opportunity to share the themes learned from these cases to raise awareness and focus on practice improvements. The National Partnership offers the opportunity to learn from other states and jurisdictions how they have made systemic improvements in their systems promoting the sharing of ideas to learn from others experience.

The SQR Governance team began in May 2021. The members of this Governance group include the Chief of Child Welfare, the Deputy Commissioner of Administration, the Bureau Chief of Strategic Planning, the Director of the Academy for Workforce Development, SQR Managers, and Program Supervisors, Social Work Supervisors, and Social Workers from the field who meet monthly to discuss the SQR findings. They will review and analyze the aggregate data obtained from the SQR-SSIT case reviews. The Governance team will recommend consideration of policy revisions, and practice improvement suggestions for approval of the Executive Team and follow up on any authorized systemic improvement plan.

From July 2020 to the end of December 2020, there were 17 cases identified for SQRs. Of those, 7 have been completed and 3 are in process. Of the 7 completed, two primary themes emerged from the reviews specifically around assessment and service coordination, and timely referral and service provision.

DCF and Connecticut Medical Examiner Partnership:

The Bureau Chief of External Affairs is the Commissioner's designee to Child Fatality Review Panel (CFRP). On a monthly basis, these 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 Director of the DCF SQR/Safety Science Unit also attends the CFRP meetings.

On a consistent basis, the Bureau Chief of External Affairs, 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.

Mary Lee Allen Promoting Safe and Stable Families – Subpart II – FFY 2021

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 2020 and FFY 2021. The Community Collaboratives, FAVOR, The University of Connecticut's Adoption Assistance Program, Easter Seals Adoption Support Group, Adopt a Social Work Program, Chapin Hall, Don Winstead, and CT Association for Infant Mental Health 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	$522,536				$522,536	
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			
CT Association for Infant Mental Health	$58,843		$29,423	$29,420		
Chapin Hall - Technical Assistance	$115,905					$115,905
Don Winstead - Technical Assistance	$46,938					$46,938
JRA Consulting	$34,975	$8,743	$8,746	$8,743	$8,743	
The Connection, Inc	$118,750	$30,000	$44,375	$44,375		
Totals	**2,665,890**	**539,026**	**532,863**	**619,878**	**811,279**	**162,843**
		20.2%	**20.0%**	**23.3%**	**30.4%**	**6.1%**

Service Description

Reunification & Therapeutic Family Time (RTFT) Services: RTFT is a service model that contains three distinct programs: Reunification Readiness, Reunification Services and Therapeutic Family Time. Program is funded through state and federal funds.

Reunification Readiness (a 30-day assessment to determine a family's readiness for reunification. The following is a brief summary of Readiness activities:

- 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. The summary of the program is as follows:

- 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 supports
- 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. Key components include:

- 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 the least restrictive, most homelike setting possible.
- Facilitates permanency planning and emphasizes continuity of relationships.

Community Collaboratives: The Department has been supporting Community Collaboratives designed to recruit, strengthen and support neighborhood-based culturally competent foster/adoptive resources for children for many years. 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;
- evidence and science informed clinical interventions, services and supports;
- health and wellness promotion; and
- performance and outcome-based services and support.

UCONN Adoption Assistance Program: DCF contracts with the University of Connecticut Health Center 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 to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. This program is funded by both state and federal funds.

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

Adopt a Social Work Program: This statewide program assists children and families (birth, foster, and adoptive) that are DCF involved with supports and donations of goods to help families secure needed resources. The program has covenants with 102 churches that provide goods for families and has served over 775,000 children and families over the last 25 years. 10,668 kids were served in SFY 2020 with a value of $344,150 for the donated goods. 1,535 DCF social workers used this program in SFY 2020 to support families. The program estimates similar outcomes in SFY 2021.

UCONN SSW PIC: The UCONN School of Social Work has been functioning as the Performance Improvement Center for the Community Support for Families Program, a contracted service designed to provide support to families 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 will allow a full evaluation of the agency's overall intake process.

CT Association for Infant Mental Health: The Connecticut Association of Infant Mental Health was contracted to provide 2 sets of the 8 full day series of training focused on unresolved trauma, "***Understanding Infant/Toddlers and Their Families and the Challenges of Unresolved Loss and Trauma: working towards deeper integration between DCF***

and Head Start. Presenters known nationally for their work in child welfare and Early Head Start offered their expertise on observations of young children and their families in child welfare, on 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. Both training series planned will be done virtually in response to the COVID pandemic and state safety measures. Shifting to a virtual training platform has allowed for additional training slots and participants to the training.

Chapin Hall: Leveraging Chapin's Hall expertise in child welfare and working knowledge and experience in other jurisdictions on Family First planning, Chapin Hall provided consultation to DCF to guide the assessment, planning and readiness activities that occurred to operationalize DCF's vision for a prevention-focused system; provide support and guidance to the various workgroups established by the Department; contribute to key sections of the Title IV-E Prevention Plan; and provide consultation on the development of the implementation plan and related work plans to support roll out and articulate the prevention vision.

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, alignment to 7 key performance outcomes and to the legislative priorities that were previously codified in 2018. The services offered by JRA consulting, Ltd has been instrumental in guiding the Department through the journey of becoming a racially just and most recently an anti-racist organization. Funding for JRA Consulting has offered consultation and technical assistance to DCF Leadership and several divisions 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 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

During the period of October 2020-June 2021, JRA Consulting, Ltd has reached well over 1200 participants from across the state and has facilitated dialogues and provided technical assistance to divisions (Careline, Legal, Systems and Organizational Development, Health and Wellness, Academy for Workforce Development, Administrative Case Review, and Strategic Planning) and all regions across the state (Regions 1, 2, 3, 4, 5 & 6). JRA Consulting, Ltd continues to play an integral role in the structure 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. JRA Consulting, Ltd supports the alignment of Racial Justice work at all levels of DCF and with system and community partners. Under the period of review, JRA Consulting, Ltd. co-led several webinars at the state level (The Color of Covid-19 in CT) as well as nationally (Child Welfare League of America: Boldly leading anti-racist work within CT DCF). JRA Consulting, LTD supported, planned and facilitated the DCF Racial Justice Leadership summits (September 2020 and March 2021) that involved the announcements and alignment of the 20+ agency wide change initiatives to the 7-performance outcomes.

The Connection, Inc: See description under the Stephanie Tubbs grant.

MaryLee Allen Promoting Safe and Stable Families Projected Spending Plan FFY 2022

The following is the projected spending plan for the above-named grant for FFY 2022.

Services/Activities	Funding
Reunification & TFT Services	$1,173,248
ABH-Community Collaboratives	$284,700
JRA Consulting	$34,975
The Connection	$100,000
FAVOR	$50,000
UCONN -Adoption Enhancements	$300,000
Easter Seals Support Group	$20,000
Adopt a SW program	$95,275
UCONN SSW PIC (FAR/Intake)	$129,420
CT Association for Infant Mental Health	$39,652
Total	**2,227,270**

Family First Prevention Services Act Transition Grant Spending Plan -FFY2021/FFY2022

The following is the spending plan for the above-named grant.

Services/Activities	Funding
Family and Community Services Director	$400,000
Administrative Support	$100,000
Youth/Adult Stipends	$100,000
Family First Infrastructure	$801,378
Information Technology Enhancements	$972,000
Qualified Residential Treatment Program: Parent Organization	$215,482
Staff Training	$200,000
Provider Support, Training and Certification	$150,000
Total	**$2,938,860**

Service Description:

Connecticut will use its Family First Prevention Services Act Transition Grant funds to support activities directly related to the implementation of its Family First Prevention Services Plan. To lead this effort, Connecticut hired a Family First Director through the expiration of the grant. Additionally, funds have been earmarked to provide stipends to support contributing youth and adult with lived experience that serve as experts and contributors to Connecticut's implementation efforts. Also reserved in the Transition Act spending plan, funds have been set aside for administrative support, staff training, and provider certification. A portion of the funding will also be used to ready Connecticut's provider community to comply with all Qualified Residential Treatment Program (QRT) requirements. As the owner of two state psychiatric facilities, the Department found it prudent to bring these state-run facilities up to standards regarding QRTP, understanding neither of these facilities will operate as such.

Last, funds will be used to launch Connecticut's planned public-private partnership with a Care Management Entity to deliver Connecticut's Strengthening Families and Communities Prevention Vision which encompasses Family First. Specific considerations for fund use include the contractual design of the front end of the system, implementation of the developed infrastructure, ongoing operational costs, and all the associated information technology needs to include start-up, system upgrades, and ongoing maintenance. The children and families to be served by this entity include those families defined under Connecticut's Family First, Community Pathways portion of its Candidacy definition. Characteristics of those groups include:

- Families accepted for Voluntary Care Management
- Children who are chronically absent from preschool/school or are truant from school

- Children of incarcerated parents
- Trafficked youth
- Unstably housed/homeless youth and their families
- Families experiencing interpersonal violence
- Youth who have been referred to juvenile review boards, youth services bureaus, or another diversion program or who have been arrested
- Caregivers who have, or have a child with, a substance use disorder, mental health condition, or disability that impacts parenting
- Infants born substance-exposed (as defined by the state CAPTA notification protocol)

Corona Virus Relief and Economic Security - FFY2021

Funding was allocated to develop and implement CT's Child Safety Practice Model, with a specific emphasis on approach, interactions, and decision-making in the midst of the COVID-19 pandemic.

Promoting Safe and Stable Families - Supplemental Award

Funding has been allocated to further support our Family First work by extending our contract with Chapin Hall for continued technical assistance. The department intends to finalize the spending plan this upcoming year.

Population at Greatest Maltreatment

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.

AGE GROUP	DEMOGRAPHIC	VICTIMS	POPULATION	RATE/1000
0 - 3	ALL	2037	159583	12.76
	MALE	1065	81626	13.05
	FEMALE	972	77957	12.47
	Hispanic	662	37658	17.58
	Non-Hispanic, Black	465	17597	26.42
	Non-Hispanic, White	709	87513	8.1
	Non-Hispanic, Other	201	16815	11.95
4 - 17	ALL	3994	657432	6.08
	MALE	1929	336570	5.73
	FEMALE	2065	320862	6.44
	Hispanic	1454	122482	11.87
	Non-Hispanic, Black	772	71506	10.8
	Non-Hispanic, White	1419	412201	3.44
	Non-Hispanic, Other	349	51243	6.81
0 - 17	ALL	6028	817015	7.38
	MALE	3035	418196	7.26
	FEMALE	2993	398819	7.5
	Hispanic	2114	160140	13.2
	Non-Hispanic, Black	1236	89103	13.87
	Non-Hispanic, White	2128	499714	4.26
	Non-Hispanic, Other	550	68058	8.08

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 supports 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.

Specific Activities around Data Sharing

- 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.
- 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 future implementation of FFPSA title IV-E prevention services.

Kinship Navigator Funding

Since 2014, the Department implemented Caregiver Support Teams (CST) in all six regions to serve and provide in-home clinical support to kinship and non-kinship foster families. The service is designed to prevent the disruption of foster placements and increases stability and permanency by providing timely in-home interventions involving the child (ages 0-18) and their caregiver/family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family. The service is available at critical points through the duration of the placement as additional supports are deemed necessary. The Department applied for and received federal funds for kinship navigation in 2018. The funds were used to train providers on attachment disorders, emotional regulation, as well as to enhance competency of the staff. The Department applied for and received a second round of funding to support an evaluation of the program.

In 2020, there was a 35% decrease in families served with an 42% treatment completion rate.

	Families Served	Completed Treatment
2018	779	85%
2019	1060	86%
2020	685	42%

DCF is in early development stages of our CT DCF's Kinship Navigation model creation and implementation. Activities included developing a theory of change and logic model development for the kinship navigator program, design and implementation of a kinship navigation readiness assessment, development of a participatory evaluation plan for process, implementation, and impact evaluations. The department collaborating with the University of Chicago's Chapin Hall to develop and evaluate our CT Kinship Navigator Program. This work will include three broad areas of development and finalization:

1. Finalize the overarching Connecticut Caregiver Practice Model to support an organizing framework for CT DCF's work with families which will include birth, adoptive, kin/fictive kin, and core foster families
2. Continue to develop CT DCF's Kinship Navigation model which will be a key function of the Caregiver Practice Model; and
3. Create an evaluation design for the Kinship Navigation model to support meeting federal evidentiary requirements for the title IV-E Kinship Navigation Program under the Family First Prevention Services Act.

Monthly Caseworker Visitation

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. Every interaction with a child and family shall be purposeful and derive from the case plan. Concerted efforts are made to see the child individually as well as their caregiver. Visits shall be 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 quite successful in achieving the federal standards relative to worker child visitation. As the COVID restrictions are lifted and staff are returning to work, the Department intends to utilize some funding towards staff appreciation, as well as enhancing our permanency practice through training and consultation opportunities.

Adoption and Legal Guardianship Incentive Payments

Connecticut received a total of $896,000 incentive payments ($766,00 in 2017 and $12,000 in 2018 and $118,000 in 2019). 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 2019, the Department allocated funding for each of six (6) Regions to conduct an innovative condensed pre-licensing training opportunity (W4LT) for prospective foster and adoptive families. In 2020, the funding is earmarked towards the implementation of Quality Parenting Initiative, conducting 6 W4LT, subsidy family information session, recruitment campaign and modernization of information session, training offering (virtual platform).

Adoption Savings

FFY 2020 Reporting

The Department has identified the following services types that are supported by the Adoption Savings funding. The following are the selected services that the Department continues to support:

	Reporting Line Title	DCF Program	Total Funding	Less Title IV Claimed	Less TANF Claimed	Amount Available	4/1/19-6/30/19	7/1/19-3/31/20	Total	Percentage
10	Post-Adoption or Post-Guardianship Services	UCONN - Adoption Assistance	$ 310,861	$ -	$ -	$ 310,861	$ 146,874	$ 163,986	$ 310,861	
		Functional Family Therapy	$ 1,861,730	$ -	$ -	$ 1,861,730				
		CAFAP - Foster & Adoptive Family Support	$ 1,713,634	$ (447,454)	$ -	$ 1,266,180		$ 1,713,634	$ 1,713,634	
10	TOTAL					$ 3,438,771	$ 146,874	$ 1,877,620	$ 2,024,495	32.74%
11	Services For Children At Risk of Foster Care	Favor - Statewide Family Organization	$ 1,183,064	$ -	$ -	$ 1,183,064	$ 236,613	$ 946,451	$ 1,183,064	
		Family Based Recovery	$ 3,974,627	$ -	$ -	$ 3,974,627	$ 796,347	$ 2,180,256	$ 2,976,603	
11	TOTAL					$ 5,157,691	$ 1,032,960	$ 3,126,707	$ 4,159,667	67.26%
12	Other Title IV-B or Title IV-E Allowable Services	Daycare (16135)			$ -					
						$ -	$ -	$ -		
12	TOTAL					$ -	$ -	$ -	$ -	0.00%
							$ 1,179,834	$ 5,004,327	$ 6,184,162	100.00%

The Adoption Assistance program offers support services to families post adoption and is open to both DCF and private adoptive families.

Functional Family Therapy 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.

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

The FAVOR Statewide Family Organization provides multiple levels of service and supports to families who have children with serious behavioral or mental health needs.

Family Based Recovery 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.

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.

Chafee

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 partnerships with regional management and the Contract division 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 Chaffee services serve youth through the age of 22. 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 birthdays 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.

DCF continues to utilize the LIST (Learning Inventory of Skills Training). It is a life skill assessment with recommended training resources. This is a modified/updated version of the assessment used by our sister agency, DMHAS. This assessment is administered to all youth before they participate in Independent Living Skills training and post-training to help prepare youth for success.

DCF utilizes both state and ETV funds to provide services to youth who have left foster care for kinship guardianship or adoption after attaining the age of 16. Through ETV funds, DCF oversees a grant program that provides up to $5,000.00 per academic year to youth involved in a post-secondary program. In accordance with the Chafee ETV Program, DCF utilizes the cost of attending an institution of higher education (as defined in section 472 of the Higher Education Act) to determine costs allowable under the Connecticut ETV program. DCF will continue to oversee the state's ETV program in the upcoming planning period. DCF is increasing the amount of stipends to youth to support education plans.

DCF received Division X COVID relief funds. In 2021 and continuing into 2022, DCF will offer additional supports and financial relief in different forms. Flexibilities for such things as age up to 27 and work requirements are waived through FFY 21. Youth in care over the age of 18 will receive a one-time $500 stimulus. Additionally, youth in care with extraordinary expenses resulting from COVID will be 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. DCF has also contracted with a private provider to assist foster care alumni who are homeless or at risk of homelessness with support and emergency housing. Youth are eligible for housing and a full range of case management services. The contractor is authorized to provide one-time stimulus to any former foster youth, as well as assist with back bills and other pandemic-related extraordinary expenses. Youth may request a "light-touch" intervention which may consist of stimulus payment only, up to full case management and housing assistance. Regardless of the original request, youth are screened for other needs and offered supports and services as indicated.

DCF has partnered with a number of entities to promote messaging regarding the augmented supports available through the Division X funds. A staff member in DCF's Transitional Supports and Success Division is the dedicated point of contact, (POC) and is responsible for screening all youth for needs and eligibility and ensuring connection to supports. Think of Us provides contact information of youth requesting support, which is followed by the DCF POC who refers to the appropriate supports. DCF has redoubled efforts to encourage eligible youth to reenter DCF services. Outreach to youth exiting care prior to the pandemic was completed to ensure their awareness of reentry opportunities. Any youth exiting care following the end of the moratorium on aging out will be followed 30, 60- and 90-days post discharge to assess for needs. DCF has collaborated with advocacy agencies and the Young Adult and Minor homelessness response network to broadcast information concerning augmented supports for current and former foster youth. The DCF-contracted homelessness provider is authorized to promote messaging regarding the additional funding and services available to former foster youth.

CFCIP Program Improvement Efforts

The Department continues to have a strong network of Youth Advisory Boards (YABs) that operate in each of its six regions. The 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, organized by designated

Coordinators, meet monthly for planning and information sharing. Events and activities are facilitated to support the development of leadership skills and offer input to improve the Department's practice. Representatives from the regional YABs convene quarterly at a statewide meeting with senior leadership at the Department, including the Commissioner, and engage in statewide subcommittee projects and activities throughout the year. In response to the coronavirus crisis, the YAB has transitioned to virtual meetings. Regional YAB Coordinators meeting held in April 2020 focused on the development of virtual activities to maintain engagement and offer support and growth opportunities. In May 2020, the quarterly YAB Commissioner's meeting was held instead as a virtual Town Hall focusing on the impact of the pandemic on youth. Co-facilitated by a youth, DCF personnel and a private provider, the Town Hall was attended by youth from across the state, DCF's Commissioner and leadership team, DCF central office and regional social work personnel, several Legislators and community stakeholders. Youth shared their experiences, offered advice on coping with the effects of stress and social isolation and had opportunity to present their questions and suggestions to the Commissioner. Several suggestions focused on how DCF can incorporate COVID-related protocols into daily practice. One young woman highlighted the department's practice of twice-weekly check ins, done by phone, text and facetime, as a great support. The group developed several ideas for connecting virtually for activities and committed to exploring ways to recognize youth's milestones, such as graduations and birthdays, in times of social distancing. This began in practice in 2021. Meetings continue in virtual format with some return to in person contact with small groups.

The 2014 Federal Preventing Sex Trafficking and Strengthening Families Act introduced standards requiring the involvement of children in the development and revision of their case plans. In 2015, the CT DCF Youth Advisory Board approved, and the Department adopted the Adolescents in Care Bill of Rights and Expectations. The tenets of the federal legislation and the aforementioned Bill of Rights were codified into Connecticut law effective July 1, 2019, under Public Act (PA) 19-44, An Act Concerning a Children in Care Bill of Rights and Expectations and the Sibling Bill Rights.

2021 saw continued efforts by YAB youth to lend their expertise in recruiting quality foster and adoptive parents. The goal of the collaboration is to break down myths and misconceptions about the needs of youth, as well as the stigma of who is eligible to be a foster parent, to hopefully recruit additional highly qualified families to become foster and adoptive care providers. This project, done in partnership with the local Work To Learn program, will continue in 2022 and result in the development of recruitment and training materials.

YAB representatives continued in partnership with the Department's Academy for Workforce Development on several projects to improve the training of DCF Social Workers in engagement of adolescents. Two Youth Consultants to the Academy met to offer input on the development of training topics, messaging and engagement strategies. In 2020, the Academy expanded its array of Simulation trainings to include the area of working with Adolescents. YAB youth participated in listening sessions and offered advice on effective engagement strategies and contributed to scripts to be used in role play. They received a stipend for their involvement.

In 2019, the CT YAB Designees to the New England Youth Coalition (NEYC) attended the summer convening, adopting the projects of ensuring youth in care obtain driver's license and insurance and establish savings accounts. The designees meet with DCF Senior leadership and received endorsement for the two projects. They attended the summer meeting in August 2020. Due to the coronavirus crisis this was held as a virtual event. The Statewide YAB will offer a platform to elicit input and feedback for the NEYC team to incorporate with the multi state coalition. 2021 will see continued efforts to bring these two project goals to reality in CT.

The 2020 YAB Summit was initially scheduled for August 13, 2020. Due to the coronavirus crisis, the Summit was delayed and took place in December 2020. This was a virtual event. The 2020 Summit was titled "Still Rising" because the youth wanted to message that they still relied on their perseverance and resiliency during the Covid-19 pandemic and that they were still succeeding and achieving their goals. This summit topic was chosen by young

adults in care via a youth summit planning survey. The young people chose to focus on "The Stigma of Mental Health". The purpose of the summit was to allow young adults to express their life experiences in care as it relates to dealing with their emotional stability during the pandemic. During this summit the young adults opened-up and shared their honest and raw feelings of isolation and reported how the pandemic has impacted their overall mental health and their need for assistance. We learned from some of the youth of color that their resistance to formalized therapy and traditional counseling was based on cultural norms. Some youth expressed that virtual therapy was helpful while others said that they wanted and needed in-person sessions to help offset their overall experience of isolation. This event was well attended as over 90% of the youth participated. DCF has committed to maintaining the event yearly. A 2021 event is anticipated.

2022 will see efforts made by the statewide YAB to sustain the vast progress in honoring the value and impact of youth voice. Plans for the statewide YAB work into the next fiscal year include building upon the relationship with the DCF Academy for Workforce Development to inform all aspects of staff training in the area of adolescents, continuing to strengthen the partnership between the YABs and the state's contracted *Work to Learn* providers, development of policy to ensure youth in care have access to driver's license and savings accounts, and facilitating the 3rd Annual statewide *Youth Summit* to highlight youth leadership opportunities and capacities. The YABs, with the support of Federal funding and a supportive 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.

How CT provides youth with certain documents when they age out of foster care:
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.

How CT includes youth age 14 and over more fully in case planning:
The department invites and encourages youth to participate 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 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 as long as the youth remains in care. Efforts in 2020 will be to explore the use of technology to offer greater accessibility to youth participating in ACR.

Planned use of funds (Chaffee) to support engagement in age or developmentally appropriate activities
The Department builds into the Chaffee 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.

National Youth in Transition Database (NYTD)

This year's work continued on improving data quality and reporting accuracy, while also focusing on improving a system for Connecticut's overall data collection and representation. This has been done in close partnership with the Federal Reporting Team. Currently, the federal reporting team continues to review and revise mapping for all survey cohort populations. Additionally, the federal reporting team has continued to review and revise the mapping for Independent Living Services in order to more accurately report youth who were receiving such services.

The Department is collecting and analyzing data on a monthly basis obtained from the NYTD Portal through the Administration for Children and Families (ACF). Reports are used to identify subsequent efforts for improving data quality and reporting, as well as to identify strategies to promote increased survey participation. The NYTD Portal continues to be used with agency staff working with adolescents in order to help staff identify additional services and interventions available to assist youth in care in developing skills necessary to successfully transition to adulthood. Within the past year, data gathered from the NYTD portal has also been instrumental identifying the common areas of need for our Transitional Age Youth and informing the agency in ways to most effectively utilize additional Chaffee COVID relief funds.

A limitation to the ACF NYTD portal is considered, in that, results only provide a snapshot at the time the report is pulled. The information on this portal cannot be captured in real time. As a result, a project scope has been created with a goal of designing an internal automated NYTD reporting system that will better monitor the accuracy of the NYTD tool. The automated system will generate reports for staff on demand, as well as provide monthly automated reports that will organize the survey data by problem type, region, office, assist with early identification of reporting errors, track racial/ethnic makeup of survey participants in order to identify any disparities in results. The internal system will most importantly monitor rates of completion in an effort to address the Department's historical challenge of receiving penalties for not meeting the federal standard of completion rates. Information will be presented as a LINK report on the NYTD page.

A goal set by the agency for the next year, is to begin using data obtained through the NYTD portal to inform cross cohort comparisons of trends, patterns, themes, etc. The agency will gather information to develop and present NYTD reports for staff and other stakeholders in order to gain a deeper understanding of the correlation between the survey, its results, and the direct impact that NYTD outcomes have on funding and service provision for youth in care. The overall intent is to lift up the NYTD work, how this tool contributes to the agency's mission and 7 cross cutting themes set forth to improve the lives of young people and their families.

Youth awareness and contribution to the NYTD process continues to be a focal point for the agency. The Department is utilizing its Regional and Statewide Youth Advisory Boards to provide and disseminate information regarding issues related to adolescents in care. NYTD is being discussed regularly at monthly local YAB meetings, as well as Quarterly Commissioner YAB meetings to promote increased youth involvement as the Department moves toward implementation of NYTD Plus. Ongoing NYTD presentations at YAB meetings will promote more investment in the efficacy of NYTD, help to encourage increased participation rates and improve outcomes of data collection.

Additional projects have been proposed in an effort to enhance sustained connections with youth in between each survey cohort. Efforts have included a request to create a mailbox specific to NYTD. The mailbox will provide youth with a contact to stay connected with the Department, provide updates on their phone and address changes, as well as to send any questions related to the NYTD process in between the baseline and follow up surveys. A project has also been proposed to issue yearly birthday cards to survey participants in appreciation for their participation, as well as to provide another platform for staff to remain in communication with youth in an effort to promote increased participation.

The Department continues to utilize the Children's Bureau's "Guide to the NYTD Review" to prepare for Connecticut's review. A detailed project document has been developed identifying child welfare data collection system modifications necessary to collect quality data and increased compliancy standards. Weekly discussions are held with the Federal Reporting Team to troubleshoot any systemic barriers to the NYTD tool, and methods to optimize accuracy and usefulness on NYTD in preparation or the federal review.

NYTD Independent Living Services data available on the portal continues to be shared with internal stakeholders to demonstrate the limitations to the current system. The Department presently utilizes service codes and/or payments made to reflect Independent Living Services provided. This system does not include reporting youth who may be receiving a contracted service, thus underreporting the Departments served population. The Department has made steps toward developing a new comprehensive child welfare information system to address this area and collect more accurate data on independent living services. Development will include creation of plans that will utilize the data to improve service delivery and include input from outside stakeholders for a system's perspective. While this new system is in its development stages, other changes have been implemented to help with underreporting for the served population. For example, additional service codes have been added to the system in order to enhance accurate reporting of youth receiving independent living supports in the served population. More specifically, coding has been added to account for the youth in the served population, receiving Chafee COVID relief assistance.

The Department continues to partner with other federally funded programs serving older youth as well as other State agencies who provide services to youth and young adults. Connecticut is fortunate to have a large network of service providers who continue to work closely and collaboratively with the Department to provide services to youth that will assist them while in care as well as when they transition from care and into adulthood. The Department has expanded its partnership with state colleges to include the University of Connecticut and the University of Connecticut's School of Social Work, as well as Wesleyan University. The collaborative work with state colleges will offer services and support to assist current and former foster care youth to transition more successfully to adulthood.

Pregnancy Prevention

The Department continues to partner with the Connecticut Department of Public Health 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 will continue to focus 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 include 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 PRTF (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 and will begin to conduct groups in the fall. Presently, the curricula are being offered to the residents of the facility and facility staff is co-training with existing private provider staff.

Additionally, this grant allows the Department to continue to provide staff development and training to our Adolescent Social Work staff as well as to other professionals working with at risk youth, including juvenile justice youth involved with the child welfare agency. It is important for Department staff to continue to receive the latest prevention and intervention information that will allow them to provide the needed information and services to our youth who are at a higher risk for pregnancy, HIV, STD's and STI's.

The Department builds into the Chaffee grant funding for developmentally appropriate activities as well as annually providing funding to each Regional Youth Advisory Board for such activities.

The Virtual Academy

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 come up with a plan to reach their goals. Since the inception of the Virtual Academy, students have earned over 275 academic credits that have been applied to high graduation requirements. To date, the Virtual Academy has assisted 86 students in earning a high school diploma.

Chafee Foster Care Independence Program - FFY 2021

The figures provided in the table below reflect anticipated expenditures. Personnel positions supported through grant funding were identified through an interview process. The Work to Learn programs are selected through a procurement process with standard contracts detailing program expectations. Mentoring is offered by two sole source contractors with specialty in LGBTQI youth and child victims of sex trafficking.

Following guidance from the Children's Bureau DCF has modified case practice in several areas, utilizing Chafee funds to fill gaps and meet needs which presented subsequent to the coronavirus crisis. 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. DCF has facilitated housing arrangements for youth displaced from college or in response to other disruptions caused by coronavirus, as well as provided for expenses including but not limited to relocation, food, utilities, and clothing. Where the school system was unable, DCF has supplied computers and tablets to youth for tele-schooling. Planning is underway to provide cellphones to youth to allow for continued contact and connection to supports and services. New distance contact standards were implemented for youth 18 and older, increasing the contact to twice per week and including a wellness check in. A contact monitoring system was added to identify youth for whom contact has been problematic. Service codes were developed for the department's LINK payment system to track coronavirus-related expenses. The impact to Chafee from these extraordinary expenses will be monitored and assessed throughout the crisis.

Service Description	Funding
Personnel Expenses	$ 43,575
Mentoring	$105,000
Summer Youth Employment	$200,000
Youth Advisory Board	$65,000
Work to Learn	$440,760
YV Lifeset	$40,000
Manufacturing Career Prep for Girls	$124,000

COVID response/PSE Prep & Supports	$75,000
Total	$1,093,335

Service Descriptions - Chafee Foster Care Independence Program

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.

Work to Learn: The Department continues to support Connecticut's Work to Learn model for the five (5) Work to Learn sites in the state. The 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.

- *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 Advisory Boards: DCF staff work in partnership with and solicit input from local Youth Advisory Boards around the state and the statewide Youth Advisory Board (YAB). The boards empower children and youth to directly participate in and advocate for system changes and development. 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. Over the past year, the YAB members facilitated the 1st annual YAB Leaders in Training Youth Summit, participated in a forum for youth in care to discuss meeting special needs of youth in care, provided experiences and input in the development of training materials to improve social worker knowledge and skills. Numerous regional and statewide activities, geared skill attainment and system improvement were held. Additionally, recreational and recruitment events were held to support engagement in the YAB. Events and activities are being held remotely and virtually in response to the coronavirus crisis.

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.

Youth Villages (YV) Lifeset: Program is running well, and capacity is up to 86 youth annually for both programs combined. Providers, selected through a competitive process, will utilize the YVLifeSet model to provide outcome focused, comprehensive case management services to emerging adults involved with the Department. 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. In response to the coronavirus crisis YV Lifeset remains in remote contact with the youth.

Manufacturing Career Prep for Girls: Training Program is designed to develop job related learning opportunities in collaboration with Touchstone Residential Center staff and faculty. 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.

PSE preparation and support -Mini Supports: Non-traditional services, equipment and activities which support the transitional needs of youth. Requests are highly individualized and cannot be met through other funding sources.

Chafee Projected Spending Plan FFY 2022

Service Description	Funding
Personnel Expenses	$ 43,575
Youth Milestone Celebrations- Normalcy	$200,000
Youth Ambassadors/ Youth Training Consultants Stipends	$18,120
Restorative Justice Project	$56,850
Summer Youth Employment	$200,000
Youth Advisory Board	$65,000
Work to Learn	$440,760
YV Lifeset	$40,000
Manufacturing Career Prep for Girls	$124,000
PSE preparation and support; Mini Supports	$75,000
Total	$1,263,305

Education and Training Vouchers

The State of Connecticut Department of Children and Families (DCF), continues to utilize funding from the Education Training Vouchers to support the positions of 2 Pupil Services Post-Secondary Education (PSE) Consultant positions. In 2020, another PSE Consultant was hired to assist to cover other areas of the state. Post-Secondary Education Consultants provide trainings 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 the partnerships with educational institutions educating current and former students in the foster care system on their campus.

To avoid duplication of services and spending of ETV funding, the Post-Secondary Education Consultants and the Department's fiscal unit continue to monitor and maintain expense logs. All ETV funding requests and payments are processed and entered into the system strictly by the PSE Consultants.

Data collection and maintenance for PSE in Connecticut DCF has remained a challenge for DCF. However, the ETV spending data has been maintained together by the PSE Consultant and the Department's fiscal department. Educational Data dashboards of foster youth have been maintained through the Department since 2016.

DCF continues to directly distribute and monitor Education Training Voucher (ETV) and does not contract out to outside providers. To identify resources and eligible youth, DCF continues to focus on expansion of these services and funds for eligible youth by collaborating with the adoption, subsidized guardianship and foster and adoptive units, youth who have been in the Connecticut foster care system, the Connecticut Alliance of Foster and Adoptive Families (CAFAF), SUN Scholars, Connecticut colleges, Universities, and Vocational Schools, and the UConn Adoption Assistance Program. The new requirement of extending services to age 26 has been brought to the administrations attention. Although there has not been a solid plan yet to implement, the fiscal department has assisted with getting funding to these types of ETV requests.

The eligible populations served with the Education Training Vouchers, statewide are:

1. Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program,
2. Former foster youth who have been adopted or subsidized guardianship transferred after the age of 16. Current and former Connecticut foster youth who live outside of Connecticut with their adopted parents, subsidized guardians, or foster parents and remain eligible for services.
3. Foster youth who are enrolled in post-secondary education institutions and programs and who are transitioning to adulthood and may need additional funding to support them in their transition out of care.
4. Former young adults who were in foster care at the age of 18 and/or adopted or subsidized guardianship transfer after the age of 16 and continue to meet the criteria above will be serviced through ETVC up to age 26. ETVC funding will be made available for eligible youth who move from another state to Connecticut and are enrolled in a Connecticut Post-Secondary Education Institution.

The ETV grant continues to assist DCF with the supporting direct student costs and incentives associated with the development of support programs on Connecticut state colleges and universities. DCF continues to focus on expanding these types of programs on college campuses throughout Connecticut, while also continuing working to create a systematic approach with the collaboration of DCF and CSCU. ETV funding can provide additional financial support directly for youth who demonstrate and unmet need toward the cost of attendance and meet the ETV grants criteria.

ETV Adoption and Subsidized Guardianship transfer grants were awarded to 4 recipients (2 new and 2 repeat). In June 2020, approximately 200 ETV applications were mailed to help eligible students plan financially closer to their enrollment period and it will be the same time frame for this year. Of the 200 applications mailed, 9 requested funding. All were awarded ETV grants (5 new and 4 repeat). This year, ETV applications will be mailed in late May 2021 or early June 2021. The PSE Consultants except ETV applications up to the middle of September for funding. To educate, advertise and expand the ETV grants, the PSE Consultants continually work to provide information, training and applications to High School Counselors, CAFAF, current and foster youth, Adoption and Guardianship

transfer units, Foster and Adoptive Parent trainings, DCF staff, College Support programs, SUN Scholars and Think of Us agency.

As a continued, student identified barrier to successful completion of programs, graduation rates, and retention, ETV grants continue to be available to cover winter and summer course tuition. Additionally, DCF offers assistance with outstanding student financial debts, unmet cost of attendance needs, student loans, and specialized requests. In the period from July 1, 2019- June 30, 2020 12 youth (6 new and 6 repeat) were awarded funding for winter course funding. In the period from July 1, 2020 to June 30, 2021, 5 students requested and were winter course funding through ETV grants (2 new and 3 repeat). The decrease of requested grants is due to the COVID-19 pandemic. More students decided not to take additional online courses. Throughout the pandemic, the PSE Consultants learned that many students struggled with online courses and preferred the traditional in class school experience.

The Department has always provided ETV funding for post-secondary education expenses outside of the student's individual annual state budget. The state funding has been available to foster students through the end of the academic year of a youth's 23rd birthday. Each recipient's needs are assessed by the Post-Secondary Education team and based on individual need, legal status, cost of attendance and circumstance. In the funding period from July 1, 2019 to June 30, 2020, 3 requests were made for special funding or for an unmet cost of attendance need. In the period of July 1, 2020 to June 30, 2021 thus far, 3 grants have been awarded for specialized needs or an unmet need.

In Connecticut, the ETV funding provides funding directly to youth to purchase necessary computers, software, printers and supplies for eligible foster youth that have graduated from high school and are enrolled in a Post-Secondary Education program. This year the funding will continue to be available for students to purchase computers and supplies in accordance with their Post-Secondary Education Institution requirements. The funding budget for computer purchase is based off the number of post-secondary education plans the PSE Consultant receive and review each year. Youth who do not receive a computer, printer and supplies following their senior year usually become in eligible for various reasons such as: not graduating from high school, did not complete their GED, remained in their Individualized Education Plan (IEP) for another year or two, left DCF care to return home to biological parents, adoption, guardianship transfers, did not enroll in Post-Secondary Education institutions following high school graduation, or entered into DCF's youth work program. In the summer and fall of 2019, the PSE Consultants distributed 80 computers (all new recipients of the ETV grant. Academic year (2020-2021) the PSE Consultants have reviewed 125 pse plan and are planning to distribute ETV funding to each student enrolled in Post-Secondary Education. DCF is anticipating issuing 200 new ETV grants to cover the cost of computers for foster youth who will enroll into post-secondary education institutions during the summer and fall of 2022.

During the academic year 2019-2020, there were 150 pse plans reviewed for youth in foster care planning to graduate high school in June 2020 and enroll in a Post-Secondary Education institution in the fall 2020. This academic year (2020-2021) thus far, 125 pse plans have been reviewed thus far. It is estimated through the Department of Children and Families LINK data and the State Department of Education student data, approximately 282 foster youth are expecting to graduate in cohort 2021.

In the reporting period July 1, 2019 – June 30, 2020, there were 177 ETV grants awarded with 111 being new recipients. In reporting period July 1, 2020 to June 30, 2021, there have been 197 ETV grants awarded, with 112 being new recipients, thus far. The continued goal of the Department is to expand the number of ETV grants through a variety of opportunities for the Education Training Vouchers. Since the federal government has extended the ETVC grants eligibility to age 26, the Department will continue to review its policies and practices to determine how to cover eligible youth up to the age of 26.

ETV COVID Emergency Funding

The following represents the proposed spending plan for these funds:

ETV- Covid emergency funding for former and current foster youth up to age of 27 who have an emergency need for funding. Can be related to housing, education, transportation, living, Cost of Attendance Needs.	$147,000
Incentive Program for ETV eligible youth to encourage participation in Post-Secondary Education college, vocation and/or employment programs. Also, for ETV eligible youth who have volunteered to help peers during the pandemic- for example, letting a youth stay in their apartment during a break or during the pandemic due to school closures. For incentives for ETV eligible youth who participate in programs, workshops, on campus trainings, offered by DCF or community service providers, and Post-Secondary Education institutions.	$10,000
Incentive Program for current and former foster youth in care to encourage participation in campus programs, trainings, and workshops. Provide funding for outstanding emergency needs such as a repair on a computer, book outside their budget, an activity to assist with maintaining mental health during the pandemic, ie gym membership, music lessons, yoga lessons, etc.	$5,455
Assessment, referrals and Analysis for ETV eligible youth in need of emergency Covid Relief funding who request ETVC funding. Case management specific to requests, and referrals to community services and providers.	$20,000
Exceptional Education Opportunities, Enrichment classes, supplemental education programs ie. Real Estate Agent, addition cosmetology certificate or vocational license, career licensure fees, etc.	$30,000
Data Collection and Analysis of former foster youth who attended PSE programs to determine success, retention, access and trends associated with their experiences in foster care system as it correlates with their Post-secondary education outcomes.	$50,000
DOL Union Trades: Carpentry, Plumbing, Electrical etc. Apprenticeship programs, trades and unions: ie coaching, apprenticeship, support 10-15 youth	$75,000
Advertising and publicizing the availability of ETV Covid Pandemic Emergency funding available to current and former foster youth through various communication media, social media, and other technologies.	$10,000
Expansion and creation of on campus supports for pse students who attend Connecticut Colleges and Universities; (ECSU- CCSU- SCSU- WCSU $25,000) (Uconn branches Hartford, Main, Waterbury and Stamford @$15,000 each)	$160,000
Total	**$507,455**

6. Consultation and Coordination Between States/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; the Mohegan Tribe does not. Screening is done at the Careline, and is secondarily reviewed on the local level, for a home addresses 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.

Contrary to the MPTN, the Mohegan Tribe does not have any residential homes on reservation/tribal land. As such, all reports taken and accepted by the CARELINE are investigated (either a traditional Investigation or Family Assessment Response) by the State and the MT is provided timely notice. 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 ICWA information not initially indexed by CARELINE. Tribal affiliation is also screened and noted at this time. Results are stored in the State CCWIS system (LINK).

Most 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. Also notable is the practice of both casinos to exercise Native American hiring preference in their gaming and hospitality enterprises, which has resulted all required ICWA notices being filed with tribes across the nation and with the BIA. There have been no known occasions over the past year of failures to follow ICWA provisions

Native American status is captured in the Connecticut CCWIS 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. This 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 Considered Child and Family Team Meetings for Considered Removals and Permanency Team Meetings. The contact liaison in the local DCF office remains Intake Social Work Supervisor, John Little. SWS Little 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. As a result of the recent retirement of the Mohegan Tribal contact, the Tribe has recently advised DCF that their primary contact is SW Suzie Jacobs, who has been known to regional staff for many years. Regarding the MPTN, while no formal arrangement is in place for regular meetings, there has been a single point of contact for many years, Director of Child Protection, Valerie Burgess.

While there remains no formal agreement with the MPTN, there were two meetings were held in recent years between DCF Commissioner's Office staff, local office staff, and tribal representatives as a renewed effort to formalize a MOU. The State is awaiting word from the MPTN to formalize a MOU pending the approval of the MPTN Tribal Council. In spite of there being no formalized agreement in place, the relations between the tribes and the local DCF office (Norwich) have remained positive and characterized by good communication. The more recent conversations with the MPTN has included discussion sharing of some State contracted services such as Intensive Family Preservation.

Consistent with ICWA, all tribes are notified of State legal activity in writing, by USPS certified mail for every step of the litigation process. For the States' two federally recognized tribes, by working convention and courtesy, telephone notice precedes any written notification.

Common Juvenile Court practice finds representatives of the two local tribes 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). In 2013, the State adopted Considered Removal Child and Family Team meetings and in 2014, Child and Family Permanency Teamings were implemented. For tribal families, there is explicit instruction offered by the State that the family is welcome to invite tribal resources to these meeting forums. 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. Additionally, the State employs the concept of non-legal entry into care by way of "family arrangements"; this allows short term, family driven alternative care solutions to remedy short term risk/safety issues (less than 30 days). Family arrangements can also serve to keep Native American children with their own cultural/familial connections during brief times of hardship/need.

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 is the State court system.

There have been no known ICWA compliance issues identified with the MPTN or MT over the last eight years, or with other federally recognized tribes across the nation. 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 development of the PIP. While the tribes have in the past participated in stakeholder groups for the CFSR, neither was able to send representatives to meetings pertaining to the PIP. They are, however, part of the PIP distribution list and will be provided with any PIP updates and materials. Similarly, a copy of the State's most recent Annual Report will be provided to both tribes' post submission.

Section D: CAPTA

There have not been any substantive changes to any laws or regulations that would impact CT's eligibility for CAPTA.

The CRP Reports are currently under review and have been forwarded as a separate attachment.

CAPTA Spending Plan 2021:

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 2019 and FFY 2020.

CAPTA 2021 SPENDING PLAN

Services/Activities			Funding
Triple P Provider Training			$123,916
Multidisciplinary Teams			$175,000
Favor- (Stipends for CRP Work)			$36,828
CT Association for Infant Mental Health (IMH 8-week training series)			$39,652
Intimate Partner Violence		**Allocated**	$107,440
ABH MST-IPV	*MST Training & Certification*	*$5,000*	
ABH MST-IPV	*QA Evaluation*	*$37,500*	
Family Centered Services	*IPV-FAIR Family Navigator Manual & Training*	*$15,000*	
MST IPV Services	*IPV Psychoeducation booklets-Spanish*	*$7,000*	
Dr Carla Stover (Yale University)	*Training, consultation & fidelity reviews*	*$26,000*	
Mom's Empowerment Training		*$7,940*	
Data Silo Solutions	*PIE Upgrade*	*$500*	
Women's Consortium	*Training*	*$8,500*	
Total		***$107,440***	
Substance Exposed Infant		**Allocated**	$729,474
CMHA	*FBR Team - Region 5*	*$243,750*	
Yale	*FBR QA*	*$120,184*	
United Way	*Portal Webpage/POSC*	*$192,329*	
UCONN School of SW	*Evaluation*	*$107,714*	
Wheeler	*Baby Kits*	*$40,497*	
Vanguard	*Lockboxes*	*$25,000*	
Total		***$729,474***	
Total			**$ 1,212,310**

Service Descriptions

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 more of these 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. In SFY 2020, 497 families received Triple P, and 1004 families received Circle of Security Parenting.

Federal funds were allocated to PSS to offer two week-long Level 4 Standard and Standard Teen Triple P trainings in SFY 2020. A total of 23 new PSS staff members were trained and accredited in SFY 2020. 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 as this service was recently re-procured.

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, 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.

Additionally, the Governor's Task Force on Justice for Abused Children has the task of evaluating each of our MDTs in Connecticut.

The purpose of Multidisciplinary Teams is to minimize secondary trauma to the child and family while improving the investigation and prosecution of serious physical and sexual abuse cases including child sexual exploitation and death of a children. Connecticut has continued to recognize the inherent value of this collaborative effort. These teams have had a positive impact on the quality of work provided to child victims throughout the member disciplines, legislatively requiring that all teams utilize accredited Child Advocacy Centers ensuring all services meet national best practice standards. There are 17 Multidisciplinary Teams in Connecticut, 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 funding and the Children's Justice Act Grant to support our Multidisciplinary Teams.

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
- Community Mental Health Affiliates – New Britain
- Charlotte Hungerford Hospital – Torrington
- Waterbury Youth Services System– Waterbury
- Clifford Beers Clinic – New Haven County

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 a number of parent advocacy groups in the state that are designed to review Department practices specifically in the areas of behavioral health. FAVOR is a 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 supports. This organization agreed to act as fiduciary for the Citizen Review Panel (CRP) and supports 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 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.

CT Association for Infant Mental Health: See description under MaryLee Allen Promoting Safe and Stable Families.

Intimate Partner Violence: DCF partnered with the Connecticut Coalition Against Domestic Violence (CCADV) on two ventures. The first initiative was to purchase 60,000, Intimate Partner Violence (IPV) CT SAFE CONNECT brochures, business card trifolds and tear-off flyers to distribute to DCF staff and families impacted by IPV. The second initiative

was to increase mobile advocacy during COVID19 for the children within Connecticut's 18 Women's Safe homes. Recognizing the need of social distancing and restrictions being put into place due to COVID-19, this initiative funded backpacks filled with toys, crafts, and educational items in efforts to create a comfortable, welcoming and trauma informed physical environment in each one of the shelters for the children.

DCF expanded upon the state funded contract with Dr Carla Stover, model developer of Fathers for Change and Mothers and More, through Yale University. This annualized contract expansion increased the training and consultation with the IPV-FAIR, DCF contracted in-home providers. Dr Stover provides technical support as well as fidelity monitoring of the *Fathers for Change* Emerging Best Practice model, and the complementary model of Mothers and More. The goal of both treatment interventions is to reduce repeat maltreatment and to improve the well-being of the children effected by the IPV. IPV-FAIR served 280 families and 173 children during FFY 20.

The Department funded the develop of an IPV-FAIR Family Navigator manual and curriculum for new family navigators joining the 6 DCF funded IPV-FAIR community agencies. The Department funded Family Centered Services of Connecticut to develop the manual and to conduct the 18-hour training, based on the manual. The training combined didactic material and interactive exercises.

To enhance the DCF Provider Information Exchange (PIE) data collection system of IPV-FAIR, the Department funded an expansion of the capacity to capture telemedicine as an activity occurrence within the data points. This procurement provided more accurate recording of the services being offered to the families impacted by IPV.

DCF purchased the training and curriculum of the Evidence Based, *Moms Empowerment* model, developed by Sandra Graham-Bermann. *Moms Empowerment* is a parenting program that provides support to mothers by empowering them to discuss the impact of the violence on their child's development; to build parenting competence; to provide a safe place to discuss parenting fears and worries; and to build connections for the mother in the context of a supportive group. This ten-session intervention is aimed at improving mothers' repertoire of parenting and disciplinary skills, and enhancing social and emotional adjustment, thereby reducing the children's behavioral and adjustment difficulties. This model will be utilized in IPV-FAIR as a supplementary support group to the IPV-FAIR current clinical model. The support group would be available for mothers who are or have been participants in the IPV-FAIR service. The support group will be co-led by two IPV-FAIR staff, likely Family Navigators, who will facilitate the group. (2021)

DCF partnered with MST Services in the creation, development, and printing of IPV informational booklets for DCF staff and DCF funded providers to utilize when working with families impacted by IPV. The two booklets, "Understanding the Impact of Intimate Partner Violence on Children and Teens – A Parent and Caregiver Guide" and "Understanding Intimate Partner Violence – A Guide for children and Teens", were created to offer an understanding of IPV. The booklets featured information on IPV, illustrations of music, art & well-being exercises from cultures throughout the world. All booklets have since been distributed to families for their ongoing reference.

DCF 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 to include DCF staff, clinical community stakeholders and others interested in treating families impacted by intimate partner violence. The training trained 50.

Additionally, DCF partnered again with the Women's Consortium to offer two (2) day trainings focusing on "Motivational Interviewing through an IPV lens" and also the "IPV Impact on children". Motivational Interviewing is

a highly effective strategy for helping clients not fully aligned with a particular behavior change goal make meaningful shifts in thinking and behavior. The training examined how motivational interviewing techniques can be applied to help primary aggressors and recipients of IPV make progress in IPV focused individual treatment. The impact of IPV can be extensive across physical and mental health and follows children into adulthood. Understanding common ways that IPV impacts children and teens can help them normalize what they are feeling. Also, understanding the impact of IPV on their children may be a factor in parent or caregiver motivation to change. The training involved a review of the literature on the impact of IPV on children and teens. Specific attention was paid to impact by development level and implications for interventions. There were 80 community partners and DCF staff enrolled among the two trainings.

Funding was allocated for the continuation of a research project for the Multi-systemic Therapy for Intimate Partner Violence (MST-IPV) clinical intervention. This intensive home based empirically supported intervention for families that have engaged in child physical abuse and/or neglect plus intimate partner violence (IPV). Critical to the implementation of this model is the evaluation of outcomes. Towards this effort, a quasi-experimental research pilot has been underway. This pilot examines changes in mental health functioning for children and parents referred to the MST-IPV program. In addition, MST-IPV families and matched comparison families are being compared on re-abuse, out of home placement, and new incidents of IPV. In addition to funding the research project, Advanced Behavioral Health (ABH) is the fiduciary for the MST Training and Certification. In FFY 2020, the MST-IPV clinical program served 14 families and 47 children.

Substance Exposed Infant: The Department continues to contract with United Way 2-1-1, the state's repository for all services for Connecticut's residents. United Way 2-1-1 has developed a Plan of Safe Care web page(https://cdi.211ct.org/capta/) which hosts information on Connecticut's CAPTA Notification and Plans of Safe Care process. This process includes a service screener and account registration, which allows for the creation of portable, individualized electronic POSCs that can be saved and updated at any time. The website also hosts invaluable information for mothers, fathers and family/friends of women affected by a substance use disorder, but also for all other women interested in creating a plan of safe care to prepare for the arrival of their infant.

During the 2020-2021 year, the focus has been to increase the number of visitors and users to the website and utilization of the screener, as well as, to expand the campaign. As a result of feedback from people with lived experiences, the website has had some updates to make it friendlier and easier to use. The campaign has kept in mind the target audience to be women of childbearing age and pregnant women but also to be inclusive of fathers and family members/friends. The language has been non-stigmatizing and welcoming of all. Several PSAs have been created in the form of audio and visual materials such as Radio Ads to audio and media outlets such as popular local radio stations, and streaming services such as Pandora and Spotify. Cable TV Ads and TV Streaming services Ads in services such as Hulu. United Way 2-1-1 has sent out outreach mailings to faith communities, parish nurse and birthing centers throughout the state. The campaign also posted billboards on the main highways, as well as in communities with a high volume of CAPTA notifications based on portal data. The next step will be bus ads. All these materials have been translated into Spanish.

The vendor Vanguard was contracted to create Plans of Safe Care (POSC) kits. These kits will be available to mothers 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 are designed to educate, promote, incentivize and de-stigmatize the completion of POSC in hospitals. The POSC Baby Kits include a POSC paper form, informational materials on: Child Nutrition, Breastfeeding, Early Childhood Interventions, Fatherhood, Parental Mental Health, Safe Sleep, Substance Use treatment, Numbers to Emergency Services and two gifts (a bib and a spoon).

The University of Connecticut School of Social Work (UCONN SSW) is underway to evaluate the CAPTA Notification Portal and Plan of Safe Care process to determine the impact of this system. The evaluation is based on data

collected by the online CAPTA Portal notification and DCF administrative record system, LINK. The evaluation will assess the status of CAPTA, and Plan of Safe Care implementation and the experiences of mother and infants affected by this policy, including whether subsequent foster care placement occurred following a hospital notification.

The evaluation will now include an anonymous survey to be completed by mothers who have given birth in the last 12 months and for whom a Plan of Safe Care was, or should have been, developed. The survey will ask questions about what services their Plan of Safe Care recommended, and whether the Plan helped them access services for themselves or their infant. The survey will also ask some questions about substance use during and after pregnancy, as well as some demographic items. Each mother that completes the survey will receive a $10 Walmart gift card for their participation. The evaluation team is currently making connections with all the players involved in the delivery of services for women and children affected by substances in CT who may be able to distribute flyers to recruit women to participate in the study.

Funding was also allocated to support the Family Based Recovery Team in Region 5. Family-Based Recovery (FBR), is based on two foundational principles: attachment is critical to healthy development and substance use treatment works. 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.

CAPTA Projected Spending Plan FFY 2022

The following is the projected spending plan for the above-named grant for FFY 2022.

Services/Activities	Funding
Triple P Provider Training	$120,306
Multidisciplinary Teams	$175,000
Favor- (Stipends for CRP Work)	$36,828
CT Association for Infant Mental Health (Spring/Fall 8-week series)	$39,652
Intimate Partner Violence	$100,000
Substance Exposed Infant - Plans of Safe Care	$445,184
Total	**$ 916,970**

CAPTA - American Rescue Plan FFY 2021 Projected Spending Plan

The spending plan will be finalized this upcoming year.

Services/Activities	Funding
CAPTA SEI Coordinator	250,000
CT Data Collaborative	30,000
SCAN/DART Project -Medical	300,000
United Way (SEI - Plans of Safe Care/Public Awareness)	50,000
UCONN Evaluation (CAPTA Portal)	100,000
Total	$730,000

Supporting Infants born Substance Exposed

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 is jointly funded with state monies from DCF and the Department of Mental Health and Addiction Services (DMHAS, the state's Substance Abuse Authority). The SEI Coordinator is responsible for the regular convening of several working groups that inform the state's SEI Strategic Plan development and implementation. These workgroups include a Core Team, Data Workgroup, and Screening Workgroup. The membership of these working groups is diverse and includes representatives from DCF, DMHAS, the CT Hospital Association and numerous birthing hospitals, Office of Early Childhood, CT Chapter of Obstetrics and Gynecology and Pediatrics, Office of the Child Advocate, Department of Public Health, community-based providers of maternal and infant health and development services, as well as persons with lived experience. This network has remained engaged and committed to this work as evidenced by a high level of participation at workgroup meetings. In the past year these workgroups have met at least quarterly to participate in the review and interpretation of the state's CAPTA portal data, engage in priority-setting activities for the statewide strategic plan, and participate in planning activities related to the Families First Prevention and Services Act (FFPSA) plan that the state sees as complementary to its SEI/FASD and CAPTA efforts.

As documented in the prior report, DCF and its partners initially were focused on foundational activities to implement CAPTA including outreach and education to birth hospitals, developing the specifications of the state's CAPTA notification portal, and launching the web-based notification portal. Since the last report, DCF has begun to shift its CAPTA efforts from a focus on planning and early implementation activities toward monitoring and refining the state's CAPTA practices and increasing awareness of CAPTA and Plans of Safe Care throughout the state. 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 Plans of Safe Care throughout the state to providers of pregnant and parenting women's substance use treatment services, early childhood services, and hospital social workers. Due to the ongoing COVID public health crisis many of these sessions were conducted virtually. In addition to providing key community stakeholders with information about CAPTA and Plans of Safe Care, DCF and DMHAS were able to gather information about the challenges and successes of CAPTA implementation among the community partners. This information has been added as a data source to inform the next five-year strategic plan currently under development.

CT's Web-based CAPTA Notification Portal

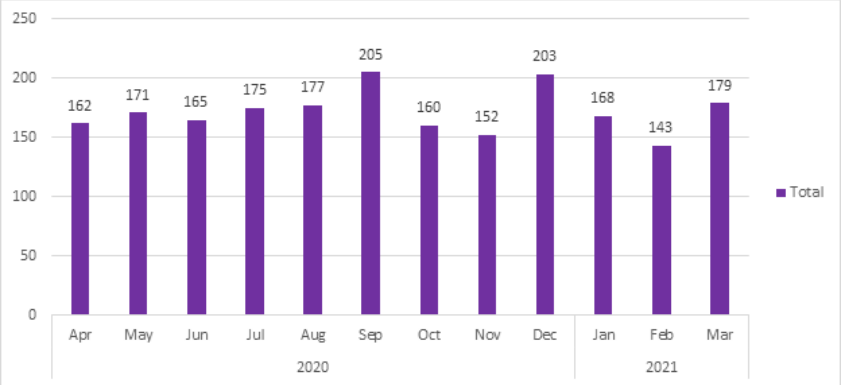
March 14, 2021 marks the end of the second year of Connecticut's implementation of its web based CAPTA Notification Portal. The portal captures de-identified or "blind" information submitted by the state's birthing hospitals on infants identified as born exposed to substances in utero and their birth mothers. In the last year, (April 2020 – March 2021), 2626 CAPTA notifications were submitted to this portal. 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 moms 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

Over the first two years of implementing the CT CAPTA portal, DCF averaged receiving 168 CAPTA notifications per month. During this reporting period specifically, CAPTA notices have remained consistent with an average of 172 notifications per month (Figure 1). These early numbers coincide with an SEI identification rate of 5.8% of the state's live births. Figure 1 below shows that CAPTA notifications picked up quickly soon after implementation and

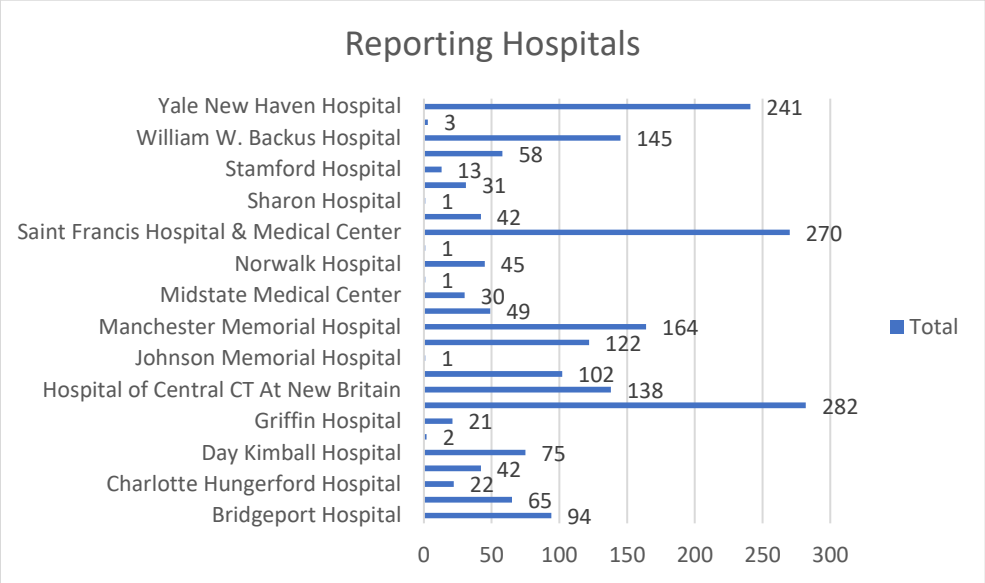
have remained steady, signaling that pre-implementation outreach and education efforts were successful in helping the state's birthing hospitals adopt practices that support CAPTA notification.

Figure 1. CAPTA Notifications Submitted to the DCF Portal by Month and Year



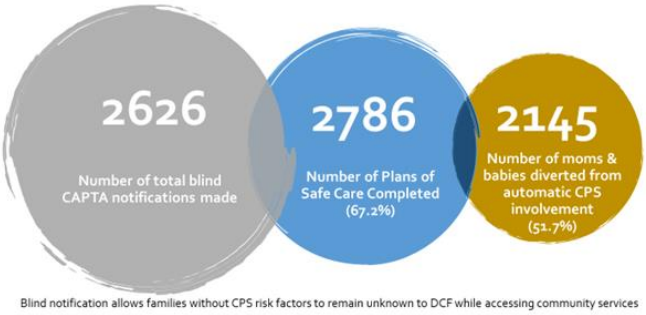
Not surprisingly, CAPTA notifications track closely with Connecticut's population centers. The majority of notifications come from the state's largest birthing centers located in our most populous cities particularly Hartford and New Haven (Figure 2).

Figure 2. Number of CAPTA Notifications by Birth Hospital, April 2020-March 2021



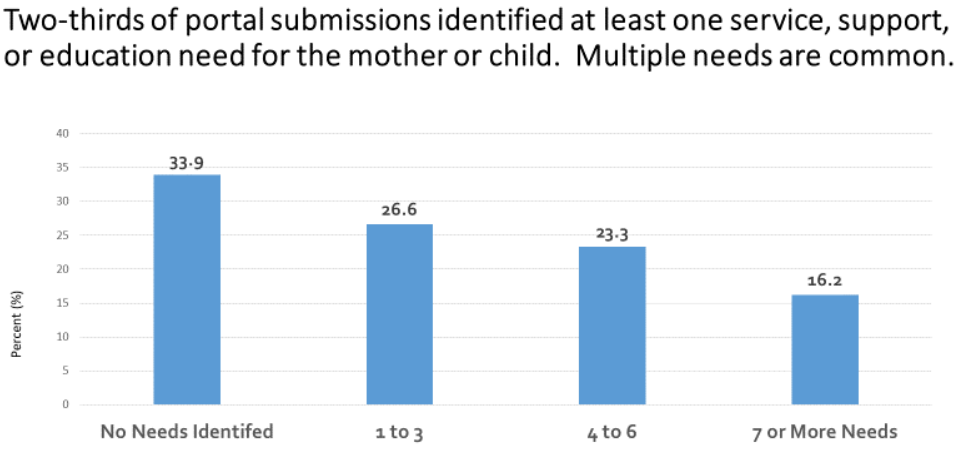
Since the last report, 2626 notifications were made to DCF and two-thirds of them (1359) had a POSC completed prior to leaving the hospital (Figure 3). DCF's implementation of a blind notification process resulted in 1059 moms and their babies getting diverted from automatic child protective services involvement between April 2021-March 2021.

Figure 3. CAPTA Notifications, Plans of Safe Care and Diversions from Child Protective Services. (Mar 2020 – April 2021).



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 POSC and support the connection of the mother and her infant to services in her community. Figure 4 shows that two-thirds of the portal notifications identified at least one service, support or education for the mother or the child, however the selection of multiple needs is common.

Figure 4. Resource, Service or Education Needs among CAPTA Notifications. (March 2020-April 2021)



Plans of Safe Care

Despite early success launching the CAPTA notification portal, portal data show that adoption of the practice of completing Plans of Safe Care (POSC) could be improved. In the last year, two out of three (66%) notifications also had a POSC completed at the time of notification. While this rate is a positive early sign, POSC completion has peaked at this level and is below the benchmark of 80% that the state would like to achieve.

Hospitals have been 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 mothers with a POSC. In the next year, the state aims to increase POSC education efforts to improve the number of mothers that arrive at the hospital and leave with a POSC. DCF in partnership with DMHAS plan to aid/support with the local hospitals with the task of verifying and completing a POSC as well as reporting the birth of child that has been substance exposed

to the CAPTA Portal. DMHAS already has embedded POSC training into their curriculum for the pregnant and parenting women's services they fund to provide specialty substance use treatment.

In addition to its work with hospitals and substance use treatment providers, DCF and DMHAS have continued to work on growing awareness of the Plan of Safe Care (POSC) in communities to help increase the number of POSC completed prior to a child's birth. The United Way of Connecticut (UW) has been vital to these community education efforts. During this reporting period, UW has expanded and enhanced the content on the Plan of Safe Care 211 webpage (https://cdi.211ct.org/capta/) paying close attention to the language used on the webpage and the overall campaign to ensure that the message is non-stigmatizing and welcoming of all individuals. The webpage now is available in both English and Spanish. Since the last report UW has implemented creative ways to outreach and inform the community about the POSC and used multiple strategies described in detail below to promote that benefits of Plans of Safe Care to all women, infants, and their families.

POSC Website

The enhanced Plan of Safe Care 211 webpage includes a screener tool to help individuals select services they desire. Individuals can create a personalized account to save their personalized POSC and any other services, resources, tools, and informational materials they have chosen. A customized electronic POSC can be saved to a smartphone desktop for easy retrieval or printed in hard copy. In addition to the webpage UW is utilizing other strategies to increase awareness of the POSC, examples of these strategies are described below.

POSC Community Outreach and Education

Since the last report, United Way designed and delivered a comprehensive media campaign to increase education and awareness of CAPTA throughout CT. This campaign used traditional print media delivered to households, social media messaging, TV and radio advertisements, transportation ads, and highway signage to deliver the CAPTA information to the entire state. A description of each of these strategies follows.

UW designed and mailed over 25,000 POSC post cards (see Figure 5) to residents in targeted areas of CT based on mother's zip code data contained in CAPTA portal data.

Figure 5. CAPTA Post Cards

UW scripted radio advertisements for dissemination among popular local radio stations, and streaming services such as Pandora and Spotify. Cable TV ads and TV Streaming services ads were delivered in services such as Hulu. UW sent outreach mailings to faith communities, parish nurse and birthing centers throughout the state to educate them about POSC and the POSC web page. Whenever possible, the campaign included materials in Spanish.

The campaign also included advertisements (Figure 6) that were placed on the outside of buses that had routes in our state's population centers where our CAPTA data revealed a high number of notifications.

Figure 6. CAPTA Bus Signage

The United Way designed billboard signage (Figure 7) and located them in high-traffic areas in communities with a high volume of CAPTA notifications based on portal data.

Figure 7: CAPTA Billboard

Since the last report, United Way ran a number of Social Media advertisement (Figure 8) targeting women of childbearing age. These banner ads were run on Facebook and other social media sites.

Figure 8. Example of CAPTA Social Media Advertisements

POSC Baby Kits

The SEI Coordinator in partnership with DCF will be delivering 1800 (1000 English and 800 Spanish) POSC Baby Kits to hospitals where the rate of POSC completion is lower than expected. These kits are designed to educate, promote and incentivize the completion of POSC in hospitals. The POSC Baby Kits include a POSC paper form, informational materials on: Child Nutrition, Breastfeeding, Early Childhood Interventions, Fatherhood, Parental

Mental Health, Safe Sleep, Substance Use treatment, Numbers to Emergency Services and two gifts (a bib and a spoon).

CAPTA Evaluation
Since the last report, DCF has initiated an evaluation of the state's CAPTA efforts through a contract with the University of Connecticut School of Social Work. UConn will complete an independent evaluation of the state's CAPTA portal and POSC implementation efforts. This evaluation will analyze CAPTA portal and data from DCF's administrative data system, LINK, to observe the status of CAPTA implementation, utilization of the CAPTA online portal, and experiences of infants and mothers identified under this policy, including whether subsequent foster care placement occurs after a hospital notification. All data that will be utilized is being collected as part of routine practice by DCF.

There are three main goals for CT's CAPTA evaluation: (1) To determine if Connecticut CAPTA POSC increases substance use disorder treatment and early intervention services utilization for perinatal mother/SEI. (2) To determine if Connecticut CAPTA reduces child maltreatment and foster care placement rates for two groups of substance exposed infants; using one group of infants who received a report to DCF at birth and a second group who received only a CAPTA blind notification and, (3) to determine if Connecticut CAPTA reduces disparities in child maltreatment and foster care rates for three racial/ethnic groups of mother with substance exposed infant.

The evaluation will also include a survey to be completed by mothers who have given birth in the last 12 months and for whom a Plan of Safe Care was, or should have been, developed. The survey will ask questions about what services their Plan of Safe Care recommended, and whether the Plan helped them access services for themselves or their infant. The survey will also ask some questions about substance use during and after pregnancy, as well as some demographic items. Because the survey questions will yield sensitive information, the survey will be completely anonymous and there won't be collection of any identifiable information. Each mother that completes the survey will receive a $10 Walmart gift card for their participation. The evaluation team is currently reaching out to partners in the larger CT system of care who may be able to distribute flyers recruiting women to participate in the study.

SEI Strategic Plan
During the past year, the SEI Coordinator has been engaged in a strategic planning process with stakeholders statewide to draft the next five-year strategic plan. This process included a key stakeholder survey that determined that CAPTA and POSC will be one of the top priorities in the framework and identified a set of objectives to support the CAPTA/POSC work. A strategic planning workgroup comprised of state agency representatives, community-based service providers, and persons with lived experiences has begun reviewing data to formulate goals, objectives and milestones for the plan.

Children's Bureau Site Visit
The state of CT has not participated in a Children's Bureau site visit during this reporting period.

Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183

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 and/or are identified through DCFs everyday casework. In FFY20 there were 115 suspected victims reviewed by the DCF Human Anti-trafficking Response Team (HART). These numbers are significantly lower than the average of the three years prior of 208 referrals per year. The Covid-19 pandemic change in policy and staffing, and data challenges impacted the FFY20 data. Thus far in the current FFY21 the data indicates we will surpass the FFY20 data and likely exceed the annual average of 208 referrals.

Connecticut's HART is coordinated by the DCF and includes various partners including but not limited to sister state agencies, law enforcement at every level, courts, states attorneys, public defenders, probation, medical providers, service providers, faith-based organizations, etc. Currently there are close to 900 members of HART across the state. HART continues to meet quarterly, and the various subcommittees continue to move the work forward in-between meetings. Areas of focus for the reporting year included stronger legislation to align more closely with the Trafficking Victims Protection Act (TVPA), reaching children during the pandemic, and providing internet safety education to children, parents, teachers, and community members.

Public Awareness is a key component of the work conducted through HART. Over the past FFY20 we provided 252 trainings to 9,645 individuals through the state; audiences with the highest participation include law enforcement and schools. The Department currently offers 13 human trafficking training curricula for professionals, community members and youth. The Department provides ongoing Training of Trainers (TOTs) in various curricula resulting in over 300 trainers in the State to ensure training capacity for the entire state reaching a variety of interested professionals, community members and youth.

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 and child trafficking cases are referred to the MDTs to ensure victim support and services as well as law enforcement collaboration. In 2020 the MDTs receiving federal funding reviewed 62 cases of child sex trafficking.

The DCF HART webpage continues to ensure state and national sharing of information and direct connections to the teams doing this work daily. There is a School Resource tab included on the HART webpage specifically for teachers looking for resources.

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Section E: Updates to Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

The Department of Children and Families (DCF) emerging vision and strategy is to partner with communities and to empower families to raise resilient children who thrive. Strategic goals include:

- Keep children and youth safe, with a focus on the most vulnerable population
- 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 racial and ethnic disparate outcomes within the department

The Foster and Adoptive Parent 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 in DCF care. Foster care and adoption 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 foster and adoptive parents are engaged in timely permanency of their foster or pre-adoptive children. In order to accomplish this, the Department must

recruit, train, license, and support family resources to care for the regional and statewide demand of placement requests.

The Connecticut 2016 Child and Family Services Reviews (CFSR), indicated that the Diligent Recruitment of Foster and Adoptive Homes (item 35) was rated as an area needing improvement. Feedback from the CFSR indicated that the recruitment and retention activities lacked clear oversight and coordination and that the State does not assess progress on recruitment efforts and adjust accordingly. 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. The department is poised to resume activities and utilizing data to inform assessment of recruitment needs, outcomes and compliance with the CSFR standards regarding diligent recruitment.

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
    - ARC Grow- Caregiver Support Team

DCF continued to recruit on the web via a Google ad. Key words entered into a Google Search including "adoption" and other related phrases connecting a viewer directly to the Department's website – www.CTFosterAdopt.com. 2019 saw a 13% increase in pageviews. However, in 2020, the pageviews reduced by 54%.

Google Ad	2018	2019	2020	2019 to 2020 Change
Search	204, 140	230,805	106344	-54%

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, there were 966 inquiries from January to December 2020, a decrease of 35%.

	2018	2019		2020	
Interest	**Inquires**		**% change**	**Inquiries**	**% change**
Adoption	159	165	4%	144	-13%
Foster Care	1085	789	-38%	424	-46%
Combination	452	419	-8%	366	-13%
Respite	42	37	-14%	9	-76%
Unsure	131	87	-51%	23	-74%
Total	**1869**	**1497**	**-25%**	**966**	**-35%**

	2018	2019		2020	
Region	**Inquires**		**% change**	**Inquires**	**%change**
1	288	212	-36%	144	-32%
2	250	209	-20%	140	-33%
3	277	201	-38%	167	-17%
4	473	386	-23%	206	-47%
5	323	298	-8%	165	-45%
6	258	193	-34%	144	-25%
Total	**1869**	**1499**	**-25%**	**966**	**-36%**

According to the data, inquiries are received evenly throughout the regions, with the most coming from Region 4, located in central Connecticut.

Connecticut Alliance For Foster and Adoptive Families

Based on the inquiry data, 62% of prospective licensing candidates identify web-based information as the referral and information source, followed by 50% radio and television. From 2018 to 2019, the number inquiries dropped by 35%.

Source of Inquiry	2018	2019	2018 to 2019 Change	2019	2018 to 2019 Change	2020	2019 to 2020 Change
Internet- Web Based	**1157**	**826**	-29%	**826**	-29%	**586**	**-29%**
Email	578	419	-28%	419	-28%		
Internet	467	319	-32%	319	-32%	521	63%

Website	112	88	-21%	88	-21%	65	-26%
Print Media	**23**	**25**	9%	**25**	9%	**6**	**-76%**
Billboard	3	4	33%	4	33%	1	-75%
Brochure (Flyer)	12	18	50%	18	50%	4	-78%
Newspaper	8	3	-63%	3	-63%	1	-67%
Media	**23**	**22**	-4%	**22**	-4%	**11**	**50%**
Television	10	16	60%	16	60%	6	-63%
Radio	13	6	-54%	6	-54%	5	-17%
Word of Mouth	**457**	**449**	-2%	**449**	-2%	**328**	**-27%**
Work	36	15	-58%	15	-58%	9	-40%
Family/friend – Non-FP	90	39	-57%	39	-57%	2	-95%
Word of mouth	138	293	112%	293	112%	197	-33%
Social Worker	147	84	-43%	84	-43%		
Telephone	19	13	-32%	13	-32%		
Foster Parents	15					57	
Liaison	5	5	0%	5	0%	5	
DCF	6					47	
CAFAF	1					7	
Church						2	
Walk-in						2	
Campaigns	**22**	**59**	168%	**59**	168%	**16**	**-73%**
Adopt US Kids	12	59	392%	59	392%	10	-83%
Wednesday's Child	2					2	
Recruitment Activity						4	

Licenses Issued

Recruitment and License were similarly impacted by the global pandemic. The department suspended all activities for approximately 5 months to reimagine recruiting and licensing. Inquiries for foster and adoptive caregiver licenses decreased by 35%. The number of foster and adoptive licenses issued also reduced by 33%. Overall, the state saw a 53% decrease in licenses (1316 to 612). This year, 70% of all Caregivers licensed were Relative and Fictive Kin.

License Issued	2018	%	2019	%	2019 to 2020 change	2020	%	2019 to 2020 change
Foster Care	143	14%	**194**	**15%**	36%	**87**	**14%**	-55%
Adoptive	95	9%	**103**	**8%**	8%	**69**	**11%**	-33%
Independent	54	5%	**44**	**3%**	-19%	**29**	**5%**	-34%
Kin/Fictive Kin	721	71%	**975**	**74%**	35%	**427**	**70%**	-56%
Grand Total	1013	**100%**	**1316**	**100%**	**30%**	**612**	**100%**	-53%

Licenses Closed

In 2019, 989 families closed their licenses. In 2020, 493 licenses were closed.57% closed as a result of permanency (reunification, adoption or guardianship). There were no significant changes in the reasons for closing due to retirement in good standing and relocation or transferring to different agency.

License Closed	2018	%	2019	%	2020	%	2019 to 2020 change
Foster Care	139	19%	145	18%	106	22%	-27%
Adoptive	63	9%	69	8%	54	11%	-22%
Independent	31	4%	27	3%	230	47%	752%
Kin/Fictive Kin	497	68%	574	70%	103	21%	-82%
Grand Total	730	100%	815	100%	493	100%	-40%

License Closed	2018	%	2019	%	2020	%	2019 to 2020 change
Permanency Achieved	461	63%	541	66%	280	57%	-48%
Retired	146	20%	133	16%	109	22%	-18%
Relocation/Agency Transfer	58	8%	44	5%	24	5%	-45%
Unfavorable	65	9%	97	12%	80	16%	-18%
Grand Total	730	100%	815	100%	493	100%	-40%

Characteristics of children in need of foster care and adoptive homes

In order to identify the children in need of foster care, a point in time report was pulled from the Children in Placement (CIP) dashboard. As of March 25, 2020, there were 4051 children in DCF care. The data reviewed was separated by:

1. Number of children in placement
2. Placement Type
3. Age of the children in placement
4. Race and ethnicity of the children in placement
5. Sibling Placements
6. Pre-Adoptive family requests

Number of children in Placement

According to the CIP dashboard, there were 3868 children placed in out of home care as of March 25, 2020. Most children placed in out of care are located in Regions 3, 4, and 5 (59%). Regions 3 and 5 cover the eastern and western areas of the state and cover a wide geographical area, as compared to the rest of the State.

Region	CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change
Region 1	480	11%	**467**	**12%**	-3%	**429**	**11%**	**-8%**
Region 2	667	15%	**639**	**16%**	-4%	**649**	**17%**	**2%**
Region 3	883	20%	**786**	**19%**	-11%	**786**	**20%**	**0%**
Region 4	835	19%	**780**	**19%**	-7%	**691**	**18%**	**-11%**
Region 5	930	22%	**836**	**21%**	-10%	**814**	**21%**	**-3%**
Region 6	567	13%	**543**	**13%**	-4%	**499**	**13%**	**-8%**
Grand Total	4362	100%	**4051**	**100%**	**-7%**	**3868**	**100%**	**-5%**

Placement Type

The Department continues to prioritize kinship placements. There was no change in the relative and fictive kin placements rate of 43%, from last year to this year. There was a 5% decrease in the number of children with core families. Despite the department's success with kinship placements, there is still a need to ensure a pool of resources for children placed in non-relative core foster homes, which was at 43%.

Placement Type	Count	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change
Congregate Care	326	7%	**282**	**7%**	-13%	**270**	**7%**	**-4%**
Foster Care	1878	43%	**1746**	**43%**	-7%	**1654**	**43%**	**-5%**
Independent Living	257	6%	**222**	**5%**	-14%	**266**	**7%**	**20%**
Relative Care (Kinship)	1593	37%	**1521**	**38%**	-5%	**1394**	**36%**	**-8%**
Special Study (Fictive Kin)	308	7%	**280**	**7%**	-9%	**284**	**7%**	**1%**
Grand Total	4362	100%	**4051**	**100%**	-7%	**3868**	**100%**	**-7%**

Age of the children in placement

The largest number of children in placement are 6 years old and under. This represents 43% of the total children in placement in the state, followed by youth 13 to 17 years (22%). There may be less adolescents in placement than children 6 and under, but experience has shown that the adolescent population is the most challenging to place due to several factors, including mental and behavior health, involvement in the criminal justice system, and lack of interest by families to accept older youth

Age	CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change
<6	1891	43%	**1757**	**43%**	-7%	**1676**	**43%**	-5%
7-12	965	22%	**928**	**23%**	-4%	**845**	**22%**	-9%
13-17	1002	23%	**917**	**23%**	-8%	**810**	**21%**	-12%
>=18	504	12%	**449**	**11%**	-11%	**537**	**14%**	20%
Grand Total	4362	100%	**4051**	**100%**	-7%	**3868**	**100%**	**-5%**

Race and ethnicity of the children in placement

A statewide look of the race/ethnicity of the children in placement shows that White and Hispanic children make up the largest population of children in placement in the state, with Black/African American children representing 24%.

Race/Ethnicity	Count of CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change
Hispanic, ANY RACE	1439	33%	**1336**	**33%**	-7%	**1273**	**33%**	-5%
AMERICAN INDIAN OR ALASKAN NATIVE	7	0%	**6**	**0%**	-14%	**4**	**0%**	-33%
ASIAN	12	0%	**13**	**0%**	8%	**17**	**0%**	31%
BLACK/AFRICAN AMERICAN	1025	24%	**982**	**24%**	-4%	**943**	**24%**	-4%
MULTI-RACE	342	8%	**314**	**8%**	-8%	**320**	**8%**	2%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	3	0%	**2**	**0%**	-33%	**3**	**0%**	50%
UNKNOWN	50	1%	**44**	**1%**	-12%	**21**	**1%**	-52%
WHITE	1484	34%	**1354**	**33%**	-9%	**1287**	**33%**	-5%
Grand Total	4362	100%	**4051**	**100%**	**-7%**	**3868**	**100%**	**-5%**

Siblings placed together Of those with siblings in out-of-home placement in March 2021, the Results Orient Management (ROM) report indicated that out of 1559 siblings in placement in March 2021, 30% were not placed together. Despite 70% sibling placed together, there continues to be a need to recruit foster families that can take sibling groups.

Statewide ROM Report	March 2018		March 2020		March 2021	
	Count	%		%		%
With sibs in placement	**1805**	**100.00%**	**1638**		**1559**	
Met	**1313**	**72.70%**	**1190**	**77%**	**1091**	**70%**
With all siblings	925	51.20%	916	56%	831	53%
With some siblings	388	21.50%	274	17%	260	17%
Not Met	**492**	**27.30%**	**448**	**27.4%**	**468**	**30%**
Not with sibs	469	26.00%	425	26%	450	39%
In group care	16	0.90%	13	.85	17	1.1
Runaway	7	0.40%	10	.8%	1	0.10%

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

There were 279 requests for matches. 140 of these were single children; 112 were part of a sibling groups of 2 and 27 children were part of a sibling groups of 3.

Request separated by sibling groups:

Sibling Groups	2018	2019	% change 2018-2019	2020	%change 2019-2020
Single	254	261	3%	140	-46%
Group of 2	214	188	-12%	112	-40%
Group of 3	48	54	13%	27	-50%
Group of 4	24				

Of the 279 requests, 33% of matches resulted in registry families declining the match. 30% were teamed for placement and the match is going forward. 15% had no families identified for a match. 4% remained with their foster families or the regions chose not to move forward with a permanency planning team meeting.

Matches	2019	%	2020	%
Accepted	130	26%	84	30%
No Matched	49	10%	43	15%
Family Declined	223	44%	91	33%
Remained with Existing Caregiver	101	20%	11	4%
Kinship came Forward			24	9%
Match withdrawn			26	9%
Total Request	**503**		**279**	**100%**

Matching Requests	2018	2019	2020	Race	2018	2019	2020	Age	2018	2019	2020
Region 1	36	14	**8**	**Black/African-AM**	86	87	**45**	**0<6**	348	293	**152**
Region 2	97	79	**53**	**White**	235	186	**109**	**7-12**	155	161	**102**
Region 3	172	169	**84**	**Hispanic**	81	85	**25**	**13-17**	37	49	**25**
Region 4	46	52	**26**	**Multi-Race**	138	145	**100**				
Region 5	89	107	**51**								
Region 6	100	79	**26**								
Total	**540**	**503**	**248**								

Adoption Registry:

195 families were registered on the Adoption registry in CY 2020. 12% of the families welcomed into their family a child, a pre-adoptive placement. 28% are waiting for a match. 30% are on hold because a child has been identified from a permanency planning team and 30% are on hold for "other" reasons (family issues, new jobs, etc.).

Registered Families	2019	%	2021	%
Pre-Adoptive Placement	58	52%	23	12%
Waiting for Match	36	32%	54	28%
Matched	13	12%	59	30%
Hold (other)	5	4%	59	30%
Total	**112**	**100%**	**195**	**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 video's 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 2020 saw a 59% decrease in new referrals and 60% decrease in accepted referrals. 24 new referrals were made compared to 59 in 2019. 19 compared to 47 were accepted for services in 2020. In 2019, the program ended the year with 108 open cases and 1 youth on the waitlist, 59 new referrals were made to the WWK program and of these, 47 were accepted for services. In 2020, the program ended the year with 98 open cases and 9 youth on the waitlist.

WWK	2018	2019	2020	% change 2018 to 2019
New Referrals	38	59	24	-59%
Accepted	15	47	19	-60%
% accepted	39%	80%	79%	

There are currently 98 children/youth being served by the Wendy's Wonderful Kids program. 24 new children were referred for services in 2020. Of these; 19 were accepted for services, 5 were not appropriate for the program and their referral was closed and 9 remains in the wait list.

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 include 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 actualizing the child's permanency plan. Services are accessed using a service agreement with the private child placing agency. In 2014, supports were 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 is in the midst of a redesign of the service to enhance permanency planning for children in care. It is anticipated the redesign and RFP will be released in the fall.

Heart Gallery

From 2005 to present (2020), over 475 children have been featured in the Heart Gallery. Currently there are twenty (20) children featured in the Heart Gallery. Since the last report, nineteen (19) children have left the Heart Gallery. 79% or fifteen, have a permanent resource was identified due to HG exposure and their permanency has been secured. 16% or three children were removed due to wishes to no longer be adopted or they became clinically unable to be featured. 5% or one child was removed due to passing away as a result of her significant medically complex issues.

	2020
Permanent Resource Identified	79%
Removed from list	16%
Other-Medically Complex Loss	5%

Adult Adoption Search

In CY 2019; there were 295 adoption search inquiries.

Lighthouse Family Model

At the beginning of 2019, the department began its work to launch the Lighthouse Family Campaign. The campaigns focus is on identifying foster care homes to be used exclusively for emergency placements - for an overnight placement during the weeknights and/or a weekend placement. As a result of organizational changes and the COVID 19 environment, the project was remains on hold until 2022.

Media Campaign

The Department of Children and Families 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 adolescent living with therapeutic level of care families. With the centralization of the Foster Care division and a goal of coordinating and integrating recruitment efforts, the department pivoted towards a more generalized campaign. A campaign that incorporates the principles of parenting (licensed) as a support to children, and their families, entering care. Two campaigns were presented. Concept 1 is child focused- "That's upside down, Help right it" Campaign Webpage: RightTheirWorld.org. Concept 2 is parent focused- "It's a big ask. That's why we're asking you." While COVID 19 suspended the launch of the campaign, in May 2021 the campaign launched.

Transformation Management Teams

In 2019, the Foster Care Division established Transformation Team led by two Foster Care Regional Supervisors, overseen by a Program Supervisor and inclusive of regional representation from the placement, recruitment, training, support, kinship, retention and fiscal operations. The teams were charged with building statewide consistency and improve practice. COVID 19 suspended the further development. However, with the establishment of Regional QPI Steering Committee, it was decided to imbed the work of the team into these committees and transfer the policy review to the management team and through the installation of the CPM.

Permanency Resource Exchange Specialist (PRES)

The departments PRES continue focusing on identifying permanency resources for "long stayers." The assist with 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 insuring 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 assignment. 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.
- **Rapid Permanency Reviews**
- **Permanency Round Tables**
- **Family Search- case mining**

The following represents a summary of our accomplishments this year (descriptions can be found throughout this section):

- **W4LT:** Planned and delivered an alternative pre-licensing training option for prospective foster parent – Weekend for a Lifetime – intended to attract families unable to attend traditional 13-week courses and shorten timeframes to licensure.
- **Comprehensive Assessment:** Contracted with a National expert, Denise Goodman, to provide training, consultation and coaching on current recruitment and retention strategies and on how to engage in comprehensive and thoughtful assessments of prospective foster families and how to write better home studies
- **ARC Grow:** Training to enhance the services being delivered to foster parents and ensure that the service is trauma informed.
- **Child Trends**: Contracted to evaluate the CST service

- **Doors of Hope**: Ongoing Launched a television show, Doors to Hope and Healing to educate viewers about the department, dispel myths and misconceptions and create a statewide level of awareness of the services offered and foster care/adoption needs.
- **Allison Maxon-Davis** - Permanency training for 100 staff and 75 post adopt/guardianship families held September 2019
- **Adoptions**: 589 adoptions and 320 guardianships in 2019
- **National Adoption Month:** 79 children were adopted on Adoption Day which was shared with our legislators and the media

Future

- **Offering Virtual Platforms**
  - Information Session
  - Pre-Licensing Training
  - Post Licensing Training
  - Support Group
- **Quality Parenting Initiatives**
  - Co-Parenting (Caregiver & Birth Parent)
  - Systems changes
- **Consolidation of Kinship Navigator Functions**
- **Rapid Permanency**
- **Media Campaign**
- **Transformation Team**
  - Policy, Practice & Protocol Updating and Streamlining
  - Statewide Consistency
  - Updating Regulations
  - Fiscal Overhaul (allocation, tracking and monitoring)
  - Continuous Quality Improvement
- **Division Reorganization**
- **Therapeutic Redesign**
- **Data Agenda & Technological Updates**
  - Foster Care Division
  - Subsidy Division
  - ICPC Division
  - Permanency Resource Exchange Division
- **November Adoption Awareness Month:** "April Dinwoodie," adult adoptee transracial placement, to speak to staff and post adopt/guardian families
- **Subsidy-College Information Session**

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 this past year. The plan allowed the Department to continuously meet all the needs of the families we serve.

The Plan is currently being updated for non-pandemic disasters, based on what we have learned is possible during this past year. The expansion of telework capabilities will be instrumental in creating uninterrupted services in the future for all disaster types.

Training Plan

See training section of document.

Health Care and Oversight Plan

The Health and Wellness Division of DCF supports children and families' wellbeing by continuing to enhance health assessments and intervention 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.

The Health and Wellness Division's policy and practice guide entitled "Standards and Practice Regarding the Health Care of Children in DCF's Care" was revised 1/2019. A workgroup of nurses and health advocates have been meeting to revise and develop new content for the practice guide in order to advance better health outcomes for children in DCF's care. This group continued to work throughout the COVID-19 pandemic to develop standards for safe health care oversight for children in care. Revisions to the Department's policy "Standards for Children in Out-of-Home Care" and the creating or updating of forms are part of the overall process with an undated version anticipated in 1/2022.

DCF has regulations that identifies nursing services in residential programs that shall follow guidelines established by the Department for the delivery of nursing care. Additionally, facilities shall only permit the administration of medication or treatment by staff licensed by the state or staff certified by the Department pursuant to the Department's medication administration guidelines. The Health and Wellness Division transition this certification process to partially virtual to continue the medication administration program for non-licensed staff during the pandemic.

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 continued virtual during the pandemic however, in person licensing activity occurred as needed.

The Health and Wellness Division nurses have been developing nursing standards of practice covering areas of consultation with regional child protective services social workers. Areas include 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".

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 advocates are preparing a plan in collaboration with the regional nurses to connect children with complex medical needs to the Medicaid medical ASO to ensure children with complex medical needs are assigned an Intensive Case Manager.

<u>DCF's Enhanced Multidisciplinary Evaluations (MDEs)</u>

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. The MDE were temporarily suspended during March, April and May 2020 due to the pandemic. During that time, children entering care had their medical information reviewed by the RRG nurses and the mental health RRGs staff. A protocol was developed and implemented to refer children who needed evaluation to their PCP. MDEs were resumed in June 2020 with some portion of the mental health screen occurring virtually.

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. The percentage of children entering care who had an MDE within 30 days was 94.3 % for fiscal year 2018-2019, however that percentage was 89.5% and 74.2% for fiscal year 2019-2020 and July 2020 to March 2021 respectively.

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 where indicated recommend referral for therapeutic intervention children and youth entering care. A CTS for children ages 3-6 years old, the CTS Young Child (CTS-YC), was added to the MDE in July 2018.

The following training sessions were provided this year: 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

Reg.	Area Office	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY Jul. 2020 - March 2021
1	Bridgeport	128	147	99	34
	Norwalk	50	81	62	22
	Total MDEs Reg. 1	**178**	**228**	**161**	**56**
2	Milford	109	155	94	50
	New Haven	117	128	92	23
	Total MDEs Reg. 2	**226**	**283**	**186**	**73**
3	Middletown	52	39	18	14
	Norwich	187	198	89	35
	Willimantic	103	114	87	35
	Total MDEs Reg. 3	**342**	**351**	**194**	**84**
4	Hartford	184	215	134	70
	Manchester	127	105	106	39
	Total MDEs Reg. 4	**311**	**320**	**240**	**109**
5	Danbury	60	58	54	34
	Torrington	59	58	39	12
	Waterbury	200	249	126	87
	Total MDEs Reg. 5	**319**	**365**	**219**	**133**
6	Meriden	53	44	26	12
	New Britain	150	157	108	49
	Total MDEs Reg. 6	**203**	**201**	**134**	**61**
	TOTAL STATEWIDE	**1579**	**1748**	**1134**	**516**

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

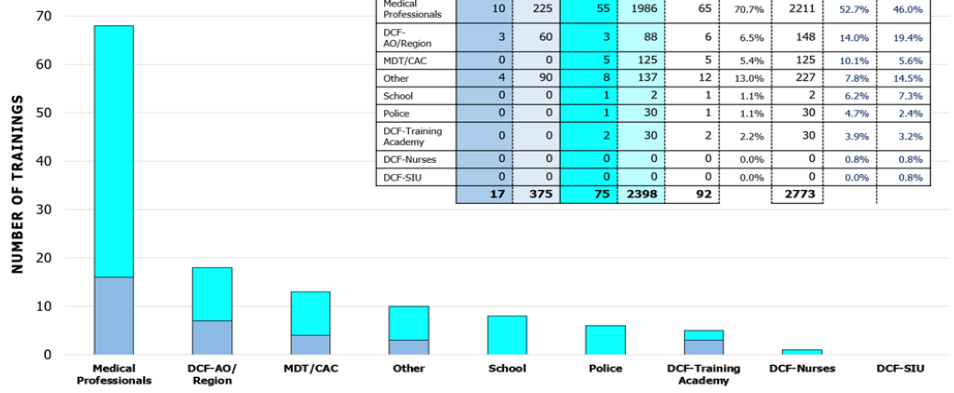
Test of Non-verbal Intelligence-Fourth Edition (TONI-4)	Cognitive: Non-Verbal	6 years to adult
Ages and Stages Questionnaire - 3	Developmental-General Designed to identify children who are at risk for health issues, developmental concerns, and/or disabling conditions and who may need to receive helpful 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) Youth Child Trauma Screen (CTS-YC)	Trauma Trauma	7 years to adult 3-6 Years

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 the DRS 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. CAPs provide training on child abuse to DCF staff as well as our partners as shown below.

Child Abuse Centers of Excellence (CCMC & Yale)
Number of Trainings & Number Trained
1Q-4Q 2020 (JANUARY-DECEMBER)

	CCMC		Yale		TOTAL				
	# of Trainings	# Trained	# of Trainings	# Trained	# of Trainings	CY2020 1Q-4Q	# Trained	CY2019 1Q-4Q	CY2018 1Q-4Q
Medical Professionals	10	225	55	1986	65	70.7%	2211	52.7%	46.0%
DCF-AO/Region	3	60	3	88	6	6.5%	148	14.0%	19.4%
MDT/CAC	0	0	5	125	5	5.4%	125	10.1%	5.6%
Other	4	90	8	137	12	13.0%	227	7.8%	14.5%
School	0	0	1	2	1	1.1%	2	6.2%	7.3%
Police	0	0	1	30	1	1.1%	30	4.7%	2.4%
DCF-Training Academy	0	0	2	30	2	2.2%	30	3.9%	3.2%
DCF-Nurses	0	0	0	0	0	0.0%	0	0.8%	0.8%
DCF-SIU	0	0	0	0	0	0.0%	0	0.0%	0.8%
	17	375	75	2398	92		2773		



Health and Wellness Division's Quarterly Nursing Seminar's topics for nursing have been: Diabetes in children, Failure to Thrive, Medical Neglect, Immigration issues, Medical Child Abuse, Issues in Adolescent Health, Childhood Asthma and Medical-Legal Topics in Child Welfare. The whole division has received focused trainings 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 trainings 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 as a side effect to a medication.
- *Strategies and Resources* is 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.
- *Age appropriate CPR:* All foster parents are currently required to take 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 trainings for 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:

"Health 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 also offer trainings on this oral health initiative to foster parents and directors at congregate care settings.

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. DCF has obtain 638 CHP from July 2020 to April 30th, 2021.

Licensure and Certification Workgroup**:** This initiative is a multi-agencies 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. 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.
>
> CT-KIND: DCF is in the process of implementing a new SACWIS / CCWIS system. The Health and Wellness Division members anticipate participating 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.
>
> SharePoint: The Division of Health & Wellness continues to expand the utilization of the Health and Wellness SharePoint site and ensure that it has up-to-date information about programs and valuable links to resources about health and wellness. The Division has extended its SharePoint utilization and is also utilizing Teams to enhance accessibility.

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 2020:

- 574 unique youth were approved to be prescribed least one psychotropic medication

Intraclass polypharmacy (at least 2 concurrent medications per class)

1. "ADHD medications" includes stimulants, alpha-agonists, and atomoxetine
--94 unique youth were approved for 2 ADHD medicines, 2 unique youth were approved for 3 ADHD medicines, none approved for more than 3
2. "anti-anxiety medications" includes benzodiazepines and buspirone. Antidepressants not included in this class even if prescribed primarily for anxiety
--1 youth was approved for 2 concurrent antianxiety medications (a benzo and buspirone)
3. "antidepressant medications" includes SSRIs, SRNIs, TCAs, trazodone, and Wellbutrin
--20 unique youth were approved for 2 concurrent antidepressant medications (either SSRI/SNRI+ trazodone, or SSRI/SNRI + Wellbutrin, or Wellbutrin + trazodone), 1 youth was prescribed 3 concurrent antidepressant medications (SSRI + Wellbutrin + trazodone)
4. "antipsychotic medications" includes both typical and atypical antipsychotics as well as clozapine
--2 youth were approved for 2 concurrent antipsychotics
5. "hypnotics" includes Z-class sedative-hypnotics
--0 youth were approved for any hypnotics
6. "mood stabilizers" includes anticonvulsants like Depakote, Tegretol, and Lamictal, and lithium prescribed primarily for psychiatric reasons
--2 unique youth were approved for 2 concurrent mood stabilizers

Youth on 4 or more standing psychiatric medications:
There were 45 unique youth approved to be prescribed 4 or 5 standing psychotropic medications. Of these, there were 4 unique youth approved to be prescribed 5 standing psychotropic medications. No one was approved to be prescribed any more than 5 standing psychotropic 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 age 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 renata (PRN) medications, analyze data in PMAC and develop guidelines as needed.

Section F: Statistical and Supporting Information

Information on Child Protective 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

- Minimum requirement for this classification is possession of a Bachelor's or Master's degree in social work or a closely related field. 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.

<u>Data on the education, qualifications, and training of such personnel</u>

The minimum experience and training requirements for 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.

Pre-Service Survey

Each newly hired social worker fills out a demographic survey about their educational background.

Number of Surveys

	Total
A-2021	17
C-2020	12
D-2020	22
Grand Total	51

How 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 by Group

	Totals			
	C-2020	D-2020	A-2021	Grand Total
BSW	1	3	0	4
MSW	4	3	4	11
Other Bachelor Degree	4	11	9	24
Other Master Degree	3	5	4	12
Grand Total	12	22	17	51

Degree Totals - C2020, D2020 and A2021

	All Groups	% of Total
BSW	4	7.84%
MSW	11	21.57%
Other Bachelor Degree	24	47.06%
Other Master Degree	12	23.53%
Grand Total	51	100.00%

Demographic Information - Child Protective Services Personnel

Staffing by Race/Ethnicity									
Job Code	(Multiple Items)								
Classification	**Race/Ethnicity**								
Row Labels	**AMIND**	**ASIAN**	**BLACK**	**HISPA**	**NSPEC**	**PACIF**	**WHITE**	**(blank)**	**Grand Total**
Chil&FamAreaDir2RC			1				1		2
Chld&FamProgDir		1	7	9			24		41
Chld&FamProgSup	1	2	25	17		1	55		101
SocialWorkCaseAide			36	29			30		95
SocialWorkCaseAideRC			2						2
SocialWorkSupervisor		6	103	60			193		362
SW-Socl&HumanSvcs	4	17	441	239	8		526	7	1242
SWTrne-Socl&HumanSvcs		1	16	10			25	3	55
Grand Total	**5**	**27**	**631**	**364**	**8**	**1**	**854**	**10**	**1900**

Staffing by Age:							
Job Code	(Multiple Items)						
Classification	**Age Range**						
Row Labels	**18-25**	**26-36**	**37-47**	**48-58**	**59-69**	**70 and Above**	**Grand Total**
Chil&FamAreaDir2RC				1	1		2
Chld&FamProgDir			9	26	6		41
Chld&FamProgSup			37	56	8		101
SocialWorkCaseAide		10	31	44	10		95
SocialWorkCaseAideRC			1		1		2
SocialWorkSupervisor		19	163	148	29	3	362
SW-Socl&HumanSvcs	16	355	468	348	54	1	1242
SWTrne-Socl&HumanSvcs	20	27	6	1	1		55
Grand Total	**36**	**411**	**715**	**624**	**110**	**4**	**1900**

Staffing by Gender				
Job Code	(Multiple Items)			
Classification	**Gender**			
Row Labels	**F**	**M**	**U**	**Grand Total**
Chil&FamAreaDir2RC	1	1		2
Chld&FamProgDir	30	11		41
Chld&FamProgSup	70	31		101
SocialWorkCaseAide	63	32		95
SocialWorkCaseAideRC	1	1		2
SocialWorkSupervisor	276	86		362
SW-Socl&HumanSvcs	995	246	1	1242
SWTrne-Socl&HumanSvcs	47	7	1	55
Grand Total	**1483**	**415**	**2**	**1900**

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%**
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						

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.

Education and Training Vouchers

Annual Reporting of Education and Training Vouchers Awarded 2021
Name of State: State of Connecticut Department of Children and Families

Academic Year	Total ETVs Awarded	Number of New ETVs
2019-2020 Academic School Year (July 1, 2019 to June 30, 2020)	80 computers distributed for 2019 cohort of students (August 2019) +4 ETV grants adoption/subsidized guardianship transfers (2 repeat +2 new) +3 specialized funding & unmet needs (1 new) +12 winter tuition funding (6 new and 6 repeat) +3 summer tuition funding requests- thus far (2 new and 1 repeat) Approximately 75 foster/adoptive students served on campus programming (estimate 20 new & 55 repeat) = 177	New recipients: (80 computers + 2 ETV grants +1 specialized funding +6 winter tuition grants +2 summer funding requests + 20 new college campus program students) =111
2020-2021 Academic School Year (July1, 2020 to June 30, 2021)	75 computers distributed- cohort of students (August 2020) +9 ETV grants adoption/subsidized guardianship transfers (5 new, 4 repeat) +3 Specialized funding & unmet needs (2 new) +5 Winter tuition funding (2 new, 3 repeat)	New Recipients: (75 computers + 5 new Adoption/Subsidized guardianship transfers, + 2 new special funding and unmet needs, +2 new winter tuition funding, +8 new summer tuition funding, + 20 new students for campus supports) =112

	+30 Summer tuition funding request (8 new, 22 repeat) Approximately 75 foster/adoptive students served on campus programming (estimate 55 repeat, 20 new)	
2021-2022 Academic School anticipated projections for the next school year	Anticipate up to: 1. 125-150 computer funding (2022 cohort); 2. 3 Pupil Services Specialist positions, 3. 20 ETV grants for adoption/subsidized guardianship transfers; 200 mailings of ETV Applications 4. 100 summer/winter course funding, 5. 4 support programs of up to 100 youth on college campuses through support service programs. 6. The goal to continue to promote ETV to young adults up to age 26. Goal of 25 ETV grants awarded to those who are between the ages of 23-26.	Goal of up to 175 new ETV grants

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.

Monthly Caseworker Visitation

The Department will submit the monthly caseworker visitation data by 12/15/21 as required.

Maintenance of Effort

Payment Limitations - Title IV-B, Subpart 1:

- The Department did not expend Federal Title IV-B, Subpart I funds for child care, foster care maintenance, and adoption assistance payments in either FY 2005 or 2021.
- 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.

State of Connecticut - Department of Children and Families
Maintenance of Effort
Child and Family Services Plan for June 30, 2021 submission

	FY 2019	FY 1992
Program Type	**State Expenditures**	**State Baseline**
Family Preservation	283,186,358	12,983,241
Family Support	188,790,905	5,278,088
Totals	**471,977,264**	**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

Reallotment 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 II

Category: Protective Services	Population to be Served	Geographical Area(s)Served
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
Intimate Partner Violence	Providers & Families	Statewide
JRA Consulting	DCF Staff & Providers	Statewide
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Parents with Cognitive Limitations	Agency and Community Providers	Statewide
CT-AIMH Regional Training	DCF Staff & Community Providers	Statewide
Triple P America	Contracted Triple P Providers	Statewide
FAVOR (CRP)	CRP Members	Statewide
Substance Exposed Infants	Community, Providers, & Families	Statewide
Central Office Positions	DCF Staff & Providers	Statewide
UCONN School of SW (PIC)	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide

Category: Family Preservation Services	Population to be Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers	Statewide
Community Collaboratives	Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
Substance Exposed Infants	Families, Providers, Community	Statewide
Area Office Assistant Positions	DCF Area Office staff	Norwalk, Meriden
The Connection	Families in need of stable housing	Statewide
CT Association Infant MH	DCF Staff & Community Providers	Statewide
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Covenant to Care-Adopt a SW	Families	Statewide
JRA Consulting	DCF Staff/Providers/Families	Statewide
UCONN School of SW (DRS)	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide

Category: Family Support Services	Population to be Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers	Statewide
Intimate Partner Violence	Providers & Families	Statewide
The Connection	Families in need of stable housing	Statewide
CT Association for Infant Mental Health	DCF staff/Community Providers	Statewide
CT Parents with Cognitive Limitations	Families/Providers	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
UCONN - Adoption Assistance Program	Adoptive Families	Statewide
Covenant to Care-Adopt a SW program	DCF involved families	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Statewide
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
FAVOR	Families	Statewide
Substance Exposed Infants	Families/Provider/Community	Statewide
JRA Consulting	DCF staff/Providers	Statewide
Community Collaboratives	Families	Statewide

Category: Time-Limited Family Reunification Services	Population to be Served	Geographical Area(s)Served
Office Assistant Positions	DCF Staff	Statewide
The Connection	Families who need stable housing	Statewide
UCONN School of SW - PIC	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
Covenant to Care-Adopt a SW program	Families	Statewide
CT Association for Infant Mental Health	DCF Staff/Providers	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Community Collaboratives	Families	Statewide
JRA Consulting	DCF Staff/Providers	Statewide

Category: Adoption	Population to be Served	Geographical Area(s)Served
UCONN -Adoption enhancements	Adoptive Families	Statewide
CT Association for Infant Mental Heath	DCF Staff/Community Providers	Statewide
JRA Consulting	DCF Staff/Community Providers	Statewide
Community Collaboratives	Families	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Statewide

Category: Other Services Related Services	Description of Population	Geographical Area(s)Served
Chapin Hall	DCF, Community, & Families	Statewide
Don Winstead	DCF Agency Leadership	Statewide
Foster Care Maintenance	Description of Population Served	Geographical Area(s)Served
A) Foster Family & Relative Foster Care	Children (ages 0-21) Placed in OOH care	Statewide
B) Group/Institutional Care	Children (ages 0-18) requiring OOH with 24 hour supervision	Statewide

Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
Adoption-Subsidy Payments	Description of Population Served	Geographical Area(s)Served
	Families who have adopted children from DCF's custody.	Statewide
Guardianship Assistance Payments	Description of Population Served	Geographical Area(s)Served
	Families who have been granted legal guardianship of children from DCF's custody.	Statewide
Independent Living Services	Description of Population Served	Geographical Area(s)Served
Independent Living Services	Youth making a transition from foster care to self-sufficiency	Statewide
Education & Training Vouchers	Description of 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	Description of Population Served	Geographical Area(s) Served
	Adolescent parents and expecting adolescent parents.	Statewide

CAPTA	Population to be Served	Geographical Area(s)Served
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Substance Exposed Infants	Providers, Families, Community	Statewide
Triple P America	Contracted Triple P Providers	Statewide
FAVOR (CRP)	CRP Members	Statewide
CT-AIMH Regional Training	DCF Staff & Community Providers	Statewide

Chafee	Population to be Served	Geographic Area
Personnel Expenses	Staff who support youth in their transition to vocational programming and ETVs	Statewide
Mentoring	Eligible youth who reside in OOH care	Statewide
Summer Youth Employment	DCF involved youth	Statewide
Youth Advisory Board	Youth who are members of the YAB	Statewide
Work to Learn	Provides support to youth transitioning to adulthood	Hartford, Norwich, Bridgeport, New Haven, Waterbury
YV Lifeset	DCF Involved youth	Regions 3,4,6
Manufacturing Career Prep for Girls	Youth	Statewide
PSE preparation and support; Mini Supports	Transitioning Youth	Statewide

CFS 101 - Part III -Subpart I (FFY 2019)

Office Assistant Positions	Area Office Staff	Norwalk/Meriden
Central Office Positions - Contract Management	Contracted Providers	Statewide
KJMB/Data Silo Solutions	Contracted Providers, DCF	Statewide
TI-TCC Provider Training	TI-TCC Providers	New Britain, Bridgeport
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers	Statewide

CFS 101 - Part III -Subpart II (FFY2019)

Reunification & TFT Services	Families with children in OOH Care	Statewide
Community Collaboratives	Families and Individuals wanting to be a foster and or adoptive resource.	Statewide
FAVOR	DCF Staff & Families	Statewide
UCONN -Adoption enhancements	Families who have adopted children from DCF's custody or the state's subsidized guardianship program.	Statewide
Easter Seals Support Group	Families that have adopted children with special needs.	Waterbury
NCCD - Structured Decision Making	DCF Staff & Families	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide
JRA Consulting	DCF Staff, Families & Community	Statewide
Covenant to Care- Adopt a SW program	DCF Staff & Families	Statewide
UCONN SSW PIC	Families who have an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide
CT Association for Infant Mental Health	Agency staff and Community Partners	Statewide