State of Connecticut

Annual Progress and Services Report
2019

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, education and juvenile justice. With an annual operating budget of approximately $795 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. This year the Department saw the closing of the Connecticut Juvenile Training School based on continuing national trends to increase diversionary efforts and reduce the need for locked settings for youth. Effective, July 1, 2018, the Department's mandate will focus on prevention, child protection services, education and children's behavioral health, with the small portion of youth involved with juvenile justice to transfer under the umbrella of the Judicial Branch, joining the majority of juvenile justice involved youth served through the Branch. This year also saw continued progress towards exiting the Juan F. Consent Decree as evidenced by a revised Exit Plan from 22 to 6 remaining measures. The revisions recognize the significant progress towards meeting and sustaining the majority of measures that had originally been set forth.

Mission and Vision

The Department's mission is: "working together with families and communities for children who are healthy, safe, smart and strong". This mission is embodied in the Department's strategic plan, which includes the following seven cross-cutting themes and nine overarching strategies:

Cross-cutting themes:

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

Overarching Strategies:

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

This mission is grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. We believe 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 another family member who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home while concurrently working towards 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, and finally, all youth are to exit the Department's care with legal and/or relational permanency.

Congregate care, such as group homes and residential treatment centers, should not be used for the vast majority of children. They 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.

Services should be individualized and based on a full assessment of the strengths and needs of children and families. This assessment must be made in partnership with family members and children, in an age and developmentally appropriate manner. A full assessment is inclusive of safety, risk, domestic violence, substance use, criminogenic needs, medical, dental, educational and mental health needs.

The goal of these individualized services is to enable the child to do well and thrive, living in the family home of a parent, family member or another permanent family.

B. CFSP/APSR Continued Integration

2018 Performance Expectations

The Department has continued to focus on identified agency-wide Performance Expectations with associated performance measures.

The five performance expectations remain the same as last year:

Performance Expectation 1: Exit from the Juan F. Consent Decree
(Common Performance Measures)

- Achieve outcome measures not yet pre-certified
- Sustain outcome measures that are pre-certified
- Assure the community –based service system is effective and meets the needs of the community

Performance Expectation 2: Ensure that children reside safely with families whenever possible and appropriate

- Increase the proportion of children who are served in their homes; reduce the number of children in care
- Increase the use of a preferred permanency goals
- Sustain the proportion of children in kinship care to 45%
- Increase the proportion of children in placement with a family to 90%
- Assure congregate care services are brief, family-engaged, connected to the community and include discharge planning that begins at admission

Performance Expectation 3: Achieve Racial Justice across the entire DCF system

- Reduce disparities for children served by Child Welfare services
- Reduce disparities for children served by the Juvenile Justice system
- Reduce disparities for children served by Behavioral Health services
- Reduce disparities for children served by educational services

Performance Expectation 4: Prepare Children and Adolescents in care for success

- Ensure children and adolescents in care are connected to permanent relationships
- Provide quality education and support services that lead to educational success
- Provide formal and informal life skills
- Ensure children and adolescents in care receive appropriate health services

Performance Expectation 5: Prepare and support the workforce to meet the needs of children and families

- Create stability in the workforce
- Train managers and supervisors in supervisory and management skills
- Support regions, facilities and communities in their work on behalf of children and families

Each DCF regional management team, Central Office division management team, and facility management team has identified its role and contribution to the performance expectations, and has developed a set of operational strategies, with performance measures, to achieve the performance expectations. Performance data including trend data and the causes/dynamics that impact current performance are presented to the Commissioner's team by each management team on a regular basis, and performance is reviewed, and recommendations for improvement are established.

During the State Fiscal Year 2018, DCF management teams have primarily focused on achieving Performance Expectation 1: Exit from the Juan F Consent Decree. Because of the wide focus of the Juan F Consent Decree, the other four performance expectations have been incorporated into the overarching work required to achieve Performance Expectation 1.

Strategic Plan and use of Results Based Accountability

In December 2017, the U.S. District Court approved a new agreement to the *Juan F.* Consent Decree that will support adequate staffing and streamline outcome measures that make ending the 26-year-litigation far more achievable in the near future. The commitment to additional staffing will reduce caseloads of social workers – many of whom now carry more cases than the standard set by the previous "exit plan." The new plan also will allow us to focus our efforts on case planning and better meeting the physical and mental health needs of children in our care. Overall, six outcomes that have yet to be met remain active in the new order. All other measures have been eliminated altogether or are pre-certified as having been satisfied.

As required by the new Juan F. agreement, the Department developed a Strategic Plan to guide its implementations of key activities to achieve the goals underlying the six remaining measures. The Juan F. Strategic Plan is focused on the following targeted outcomes:

1. Ensure timely investigation/FAR and comprehensive, accurate and quality assessments of children and families' risk, safety and needs;

2. Children and Families receive services and resources that ensure safety, address their needs, and support timely permanency;
3. Provision of culturally + linguistically competent services to meet client's needs, to promote safety, permanency + well-being;
4. Children and their families Safety, Permanency + Well-Being, Engagement + Reduction of Recurrent Maltreatment are being served in-home receive timely, quality visits that are sufficient to address the presenting problems and meet their needs; and
5. Safety, Permanency and Well-Being, Engagement + Reduction of Recurrent Maltreatment

The above outcomes, and the activities of the Juan F. Strategic Plan are intended to complement and integrate with those that Connecticut is proposing under its 2018 PIP and articulated within DCF's APSR.

The Department continues its work on the ongoing strategic plan, through the annual Performance Expectations, and utilizing a Results Based Accountability (RBA) framework. The work continues to be aligned with the CTKids Report Card, as required by Public Act 11-109.

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

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

SAFE

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

HEALTHY

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

STABLE

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

FUTURE SUCCESS

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

University of CT Public Policy Interns

Since 2013, DCF has benefitted from the support of masters level public policy interns. During the 2017-2018 academic year, five interns, worked in a variety of different subject areas. Highlights of the work included the following:

- Worked with the DCF Chief of Staff on grant and development activities for the Department, including grant writing to support agency priorities and programs; coordinate the development of grant applications with agency staff, contracted providers, and other public and private agencies; develop and maintain online grant resources for agency staff and other partners; and assist with interagency collaborative efforts;
- Worked with Office for Research and Evaluation staff on studies to better understand repeat maltreatment and pathways to permanency;
- Worked with the Office of Children and Youth in Placement on its strategic planning effort, including completion of the Annie E. Casey Foster Home Estimator on a statewide basis, and for each region;
- Under the direction of the Multicultural Affairs and Immigration Practice Director, the racial justice intern helped support the agency racial justice initiative; and
- Worked with DCF's Director of Performance Management on coordination of agency performance expectations, and continued agency-wide utilization of RBA report cards.

Section C. APSR Requirements

Stephanie Tubbs Jones Child Welfare Services – Subpart I- FFY2018

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 2017 and FFY 2018. Individuals occupying the positions supported by grant funding were selected through an interview process. The providers for Triple P and KJMB were selected through a procurement process. JRA Consulting, the Connection, CCMC, and UCONN were selected based on their level of expertise.

Services/Categories	Total Funding	Protective Services	Family Preservation	Family Support	Time-Limit Family Reunification	Adoption Promotion & Support	Other Service Related Activities	Admin Costs
Triple P America	$118,824	$39,608	$39,608	$39,608				
Office Assistant Positions	$158,448	$39,612	$39,612		$39,612	$39,612		
JRA Consulting – Racism	$21,150	$5,289	$5,287	$5,287	$5,287			
Joyce James	$45,900	$11,475	$11,475	$11,475	$11,475			
CCMC	220,500	$73,500	$73,500	$73,500				
Central Office Contract Management	$113,641							$113,641
Solnit North Positions	$1,085,025						$1,085,025	
The Connection	200,000		$100,000		$100,000			
KJMB Solutions	$115,000	$23,000	$23,000	$23,000	$23,000	$23,000		
CT-AIMH Membership	$540	$108	$108	$108	$108	$108		
CT Parents with Cognitive Limitations	$4000	$1,000	$1,000	$1,000	$1,000			
TI-TCC Provider Training	$15,220		$7,610	$7,610				
Travel/Conferences	14,000		$3,500	$3,500	$3,500	$3,500		
Totals	**$2,112,248**							

SERVICE DESCRIPTION-STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAMS

Triple P America - Parenting Support Services (formerly Triple P): Parenting Support Services (PSS) is a statewide program for families with children 0-18 years-of-age to support and enhance positive family functioning. Families receive one or more of the PSS interventions along with case management services using the Wraparound philosophy and process. PSS offers the evidenced-based model, Level 4 Triple P (Positive Parenting Program®) and the Circle of Security Parenting© intervention. Triple P 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 (COS) is designed to build, support, and strengthen parents' relationship capabilities so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. Federal funds were allocated to PSS to offer two week-long Level 4 Standard and Standard Teen Triple P trainings in SFY 2018. A total of 29 new PSS staff members were trained and accredited. This allocation supports ongoing training opportunities for provider staff to ensure no interruption in the provision of services.

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

JRA Consulting: After an extensive review of DCF racial disproportionality and disparate outcomes data on children of color in care, in February 2012 Commissioner Katz committed the Department to focus deeply on addressing racial inequities in all areas of our practice. A decision was made to contract with *JRA Consulting, Ltd* to guide the agency with this effort. This was done by examining and addressing issues of racial injustice and disproportionality in the areas of racial, health, and educational disparities., The agency also developed a comprehensive approach to this work with the goal of ensuring that all of our agency policies and practices are reviewed with a racial/cultural justice lens, such that we can revise them as needed and the inequities in services and outcomes that currently exist begin to disappear. The Department is committed to continuing this work and to that end, codified the agency's commitment in legislation this past session.

Joyce James: To build on the work of JRA Consulting, Joyce James is assisting the department specific to the racial justice performance expectation and has worked closely with teams from the regions, Central Office Divisions and provider stakeholders.

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 abused and neglected children between the ages of 13 and 18 from across the state. It offers complete multidisciplinary medical and mental health assessments for those children under its care. Individual services are designed to meet the 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 nine 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.

KJMB Solutions: KJMB Solutions is a technology consulting firm specializing in web application development, database development, networking consultation, quality assurance services, and secure web application hosting. This vendor provides all development, maintenance and support for the Provider Information Exchange (PIE) web-based application. This website allows the Department, through its contracted community-based services providers, to gather and evaluate client and program level outcomes. Additional funding was allocated this year to provide enhancements and

modifications that include:

- Began data collection for all referrals (not just those resulting in an episode) to Behavioral Health programs
- Added the collection of a Face-to-Face activity (session data) for all Behavioral Health and/or programs collecting TANF data
- Added the next stage of the Event/Incident reporting framework that provides data collection and reporting on incidents that meet the definition of Emergency Safety Interventions. Data collection for other incident types (such as significant events, critical incidents and serious occurrences) are in process of being added in the next two years
- Added numerous federally required client level data elements (specifically for Care Coordination) and associated conditional logic to ensure data quality
- Expanded program fidelity and outcome measure reporting
- Implemented and supported additional programs/projects
- Increased web page functionality and speed
- Enhanced security protocols

CT AIMH Membership: Funding is provided for membership for central/area office staff to attend CT-AIMH conferences at a discounted rate promoting key competencies relative to early childhood in the workforce.

Parents with Cognitive Limitations: The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Cognitive Limitations" trainings as well as the CT Parents With Cognitive Limitations Annual Meeting". The trainings were developed by the CT Parents with Cognitive Limitations 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.

Travel Conferences: The department, understanding the importance of keeping current and informed of best practices in the field, utilized funding to support Area Office and Central Office staff to attend and participate in several National and Regional conferences.

Promoting Safe and Stable Families – Subpart II – FFY 2018

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 2017 and FFY 2018. The Community Collaboratives, FAVOR (Foster Care

Consumer Advocate), The University of Connecticut's Adoption Assistance Program, Easter Seals Adoption Support Group, Adopt a Social Work Program, National Council on Crime and Delinquency, and CT Association for Infant Mental Health were selected by the Department based on their expertise, the nature and scope of the work directly aligned with key areas of focus for the Department and their ability to provide the service as described below.

Services/Categories	Total Funding	Family Support	Family Preservation	Family Reunification	Adoption
Reunification & TFT Services	$1,173,245	347,146	337,184	488,915	
Community Collaboratives	$284,700				$284,700
FAVOR	$50,000	$16,668	$16,666	$16,666	
UCONN -Adoption enhancements	$300,000				$300,000
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	$39,652		$19,826	$19,826	
NCCD – CRC SDM Work	$369,637	$123,212	$123,213	$123,212	
Totals	**2,461,929**				

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

Reunification & TFT 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 North Carolina Family Assessment Scale for General Services (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:

- Implement 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 continues to support Community Collaboratives, designed to recruit, strengthen and support neighborhood-based culturally competent foster/adoptive resources for children for many years. They are responsible for engaging new partners to broaden community ownership for planning and implementing activities that recruit and support foster and adoptive families. Funds are distributed through a fiduciary (Advanced Behavioral Health) and used to support meeting costs, planning efforts and activities implemented by the collaborative for the purpose of recruiting and retaining foster and adoptive families. These activities may include, but are not limited to: special family events, appreciation dinners, media/advertising, promotional items, brochure

development and printing, program supplies and training. While Collaboratives have been established historically each of the six (6) Regions makes independent decisions about how to spend their allocated recruitment and retention dollars. The decision whether to have a formal Community Collaborative is revisited periodically based on the recruitment and retention needs identified in that Region.

FAVOR: The DCF Office for Community Mental Health has contracted with FAVOR, Inc., a statewide family advocacy organization. Family System Managers (FSM) are embedded statewide in DCF regional offices. Each Family System Manager works in partnership with the DCF Regional Systems Development Program Directors, DCF staff 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, 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 Enhancements: 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. AAP also manages the post finalization services from a program that DCF offers for children following adoption and guardianship finalization. Within the context of the Permanency Placement and Services Program (PPSP) each child adopted from DCF's foster care system is eligible for a total of 132 hours of support services from 17 Connecticut Child Placing Agencies both pre and post legal permanency. 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 was 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. This program has served over 775,000 children and families over the last 25 years.

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 received 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 our 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. In the coming year two additional series of these trainings will be offered to

DCF staff and community partners.

NCCD-Children's Research Center: In August 2017, the Department established a contract with the Children's Research Center CRC that include the following components:

- Update all the SDM tools, definitions, and corresponding policies from point of entry through case closing
- Develop a training program for staff: utilizing a Train the Trainer approach and the development of training modules that integrate the SDM tools into case practice, inclusive of coaching;
- Provide technical assistance and support in DCF's completion of the Risk Validation Study;
- Quality Assurance Activities designed to promote model fidelity;
- Analytic Consultation and Technical Assistance, including the development of a baseline SDM Implementation Report; and
- Create an on-line system that will provide a user-friendly method for workers to complete SDM assessments as well as collect the assessment data for analysis.

Monthly Caseworker Visitation Funds **(See Section 7)**

Adoption and Legal Guardianship Incentive Payments **(See Section 8)**

Child Welfare Waiver Demonstrations **(See Section 9)**

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM - FFY 2018

The figures provided in the table below reflect anticipated expenditures. Personnel positions were supported through grant funding that were identified through an interview process. The providers who deliver Community Based Life Skills were selected through a procurement process as were the Work to Learn programs. Many of the providers delivering One on One Mentoring have done so for over 12 years through a sole source contract. The most recent Contractors were selected through a procurement process.

Service Description	Funding
Personnel Expenses	$ 38,450
One on One Mentoring	$289,513
Community Based Life Skills	$398,430
Youth Advisory Board Stipends	$50,000
Total	$1,309,809

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.

One on One Mentoring: DCF continues to provide mentoring services to youth statewide, ages 14 -21, who are committed to the Department and residing in foster care. DCF funds 11 community based providers to deliver mentoring services to 228 adolescents in out of home care. These providers are under contract with the Department to recruit, train and provide support for prospective mentors and mentor/mentee matches.

Community-Based Life Skills: The Department contracted with 10 community agencies to provide community based life skills in 14 Area Offices, to DCF committed youth placed in community settings. In 2016 the Department used the LIST (Assessment Tool and Curricula) for the provision of life skills. It provides youth age 14 and older who are in foster care with the life skills necessary to successfully transition to adulthood. In SFY 17 the Department transitioned the service to a more individualized approach; contracts ended in Dec 2016 and the service was credentialed. This broadened the scope of the service eliminating limits by geographic location. The Department now has 37 credentialed providers offering this life skills service.

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 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.

- *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: In order to encourage and facilitate youth participation in Youth Advisory Boards (YAB), stipends are distributed to youth who serve on the YABs. Each region/Area Office has established a YAB. This group has played an important role in advancing agency policy relative to transitioning, sibling contact and permanency planning.

ETV

The Department continues to make available vouchers for Education and Training program and expenses to youth who have aged out of the foster care system or who after attaining the age of 16 have left the foster care system due to being legally adopted or who are in kinship subsidized transfer of guardianship care. See Section G3.

Child Welfare Demonstration Grants

Connecticut has not been awarded a Child Welfare Demonstration Grant.

Trainings in Support of CFSP Goals

DCF is committed to strategy-driven and data-informed management. Efforts to exit the long-standing Juan F Exit plan require all staff to commit to using data to guide the decision making process.

Workforce development is integral to that process. Training and coaching opportunities for leaders are offered on an ongoing basis with emphasis on the development of outcome-focused strategies, use of data to manage performance, and strategy modification based on performance data. These learning opportunities have included but are not limited to:

a) The Data Leadership Training
b) Special Qualitative Reviews post fatalities and near fatalities
c) Striving Towards Excellent Practice (STEP)
d) Leadership Academy for Middle Managers
e) Excel Training

f) Understanding the Numbers for line staff

The Academy continues to offer training to new employees in an effort to orient them to working within a data driven environment.

As a means to support training for foster parents, the Department has a contract with the Connecticut Association 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 providers systems and will make recommendations for improvements. In 2018, the Department partnered with a provider organization to develop an elective post licensing training module for foster families on supporting LGBTQ youth in care. Also in 2018, the Department started a pilot of training to support kin/relative placements through the Caring for Our Own curriculum.

The training curriculum for foster and adoptive parents called: Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (TIPS-MAPP). TIPS-MAPP is the statewide foster and adoptive pre-licensing training curriculum 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. Since December 2014, 130 DCF and private agency staff have been certified to train prospective foster and adoptive applicants in this curriculum. Additionally, there are two approved statewide trainers to deliver a, "train the trainer" approach in order to sustain the self-sufficiency of this initiative. Providers were also trained in cultural humility in Six Core Strategies (Violence prevention), and in permanency preparation work. Ongoing training in permanency work continued in 2018.

Next, staff at congregate care facilities are monitored by the Department's Licensing Unit for completion of mandatory training (e.g., CPR, first aid, ESI, mandated reporting). The DCF Office of Children and Youth in Placement (O'ChYP) has begun to message to all congregate care providers the need for annual staff training plans. The plans would be submitted to the Department on an annual

basis and feedback provided. This language has been added to the Scopes of the TGHs, but these amendments have not yet been executed. Select congregate care providers were trained in restorative justice in 2018. Training in permanency work was made available to all congregate providers throughout 2018 as well.

GENERAL INFORMATION

Collaboration

The Department receives community input from a number of statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 17-member body appointed by the Governor, with representations 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 represented a variety of sectors and professions, including attorneys, a physician, psychiatrist and community providers. The SAC also has parents who are members.

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 six times during the year. A designee from the Commissioner's Office attends every SAC meeting. The Commissioner attends the retreat and at least 3 meetings a year. A DCF update is provided at each meeting, including key areas such as the CFSR/PIP development and the *Juan F. Consent* Decree.

Each year, the SAC convenes a joint day-long retreat with the RACs. This meeting is attended by the Department's senior leadership, including the Commissioners and her entire executive team. In 2017, the SAC continued to focus on supporting better coordination and communication across CT' child and family serving advisory bodies (e.g., CBHAC, Behavioral Health Oversight Committee, Youth Advisory Board, etc.), especially as it pertains to supporting positive outcomes for adolescents.

In particular, the 2017 retreat included a panel of grassroots providers, include the faith community. Further, each region was required to bring at least one DCF youth them to the retreat and one parent. Last, the keynote speaker for that day was Mr. Sexto Cancel, founder and CEO of Think of Us, a non-profit dedicated to improving foster care with technology and data. Mr. Cancel is a former Connecticut DCF Foster Youth. He led the retreat participants through a powerful exercise to illustrate the various paths that might lead or derail a foster youth's success into adulthood.

Next, in December 2017, in consultation with and support from the Capacity Building Center for States, the Department convened over 15 focus groups, including two that were in Spanish for birth families and foster families. The groups were held in three DCF regions and elicited feedback and input from the following groups about the Department's Permanency Teaming work:

- Youth
- Birth Parents
- Foster Parents
- Service Providers
- DCF Intake Social Workers
- DCF Ongoing Services Social Workers
- DCF Social Work Supervisors

Finally, in January 2018, the Department convened a Statewide Meeting of its service providers. During the meeting, the providers broke into Regional Groups to discuss and offer recommendations regarding the following questions:

- What strategies do we want to build upon or implement to increase consumer engagement in case planning and service delivery?
- What approaches can further support timely child and family permanency, including preservation, reunification, guardianship and adoption?
- Who are the other partners and stakeholders who need to be at the table?

The strategies and initiatives in the Department's proposed PIP were identified and/or refined through input from those families, providers, and state agency persons who came to the various stakeholder meetings, focus groups, and/or shared their thoughts through other means (e.g., emails, SAC + RAC meetings, etc.).

DCF has maintained a strong commitment to supporting youth aging out of the foster care system with continued emphasis on achieving positive permanency outcomes. DCF has been utilizing the expertise

of the SAC and our partnership/ collaboration with the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Service (DDS). These partnerships include a holistic approach to support the youth's transition and engage the youth's own support network in the planning process. DMHAS/DDS Regional Office meet with DCF local Area Office and Central Office staff to review and track youth transitioning from DCF to DMHAS/DDS; the purpose of these meeting is to identify who is transitioning, the transition plan and timing and any barriers that need to be addressed systemically or on an individual basis.

During the development of the Department's strategic plan, the SAC, CBHAC, RACs and other stakeholder groups were consulted for their input and feedback. The input of stakeholders helped inform the Department's assessment of its performance and identify goals and objectives for the plan. The strategic plan goals and objectives that were developed with collaboration from our stakeholders have been integrated into the 2015-2019 CFSP.

In addition to consulting with our advisory groups, the Department also receives considerable input from our service providers. We hold twice-yearly statewide provider meetings to share the Department's progress toward our goals and to get input on further expansion of the service array. The Department's senior leadership team also meets quarterly with the provider trade association and monthly with our credentialed providers to gather input of the effectiveness of our service array and quality improvement system. The department has quarterly meetings between agency Program Leads, providers and regional partners to review and analyze the array of service types.

During the development of the CFSP, the various stakeholder groups were consulted for their feedback on how the Title IV-B services in the plan can be best aligned to meet our goals and objectives for the upcoming five year period. We will continue to consult with our advisory councils, the courts and other stakeholders during the five-year implementation of the CFSP.

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.

DCF Interface with DMHAS and DDS

DCF collaborates closely with both the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS). In conjunction with DMHAS and DDS, a number of protocols and processes have been implemented which support transition planning and collaboration. These apply to youth assessed as in need of critical services and supports as the transition into adulthood.

DMHAS offers a specialized Young Adult Services program (YAS) for 18-25 year olds aging out of the DCF system who have significant psychiatric disabilities and who will need services and supports when they leave the children's system. DMHAS also has an array of adult mental health services, but most of the DCF-involved youth who meet the program criteria go directly to this specialized YAS program. DMHAS cannot start services until the referred youth reaches age 18. DCF has referred an average of 285 youth to DMHAS YAS each year between 7/1/2007 through 6/30/2017; there were 155 referrals to DMHAS from DCF in FY2017. These referrals are made at age 16 unless the youth enters care later. DCF transitions an average of 115 youth to DMHAS each year between the ages of 18 and 21.

DDS works with individuals who have developmental disabilities and who are likely to need support and services throughout their lifetime. DDS has an array of services and has been able to target resources not available to the general public specifically for youth aging out of DCF. As of May 2017, DCF has identified 204 children/adolescents who have been referred to and made eligible for DDS and who will eventually transition to adult services, typically at age 21. DCF and DDS maintain a "shared client list" which is updated regularly to assure that DCF involved youth are identified, referred and transitioned. DCF has been tracking transitions to DDS since SFY 2011, and an average of 74 youth per year have transitioned to DDS through FY 2017. In FY 2017 there were 86 DCF youth who transferred to DDS services and 1 youth who received Autism Waiver services through the Department of Social Services (DSS).

DDS used to be the state agency overseeing a program for children and adults on the autism spectrum (ASD) without intellectual disabilities (ID). This program has been moved from DDS to the Department of Social Services (DSS) and DCF is now working with DSS around access to services for youth with

ASD. The program has a limited number of slots with only 50 set aside for children. DCF continues to maintain a list of eligible youth in the hope that transfers will be possible at some point in the future. In the meantime, DCF has been able to refer some of these children to the ASD behavioral services for children with HUSKY A, C or D up to age 21. For families who are not HUSKY eligible but have private insurance, DCF works collaboratively with Connecticut's Office of the Healthcare Advocate to assure families are getting the most out of private insurance coverage for children with ASD.

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

1. Agency specific Memoranda of Understanding which formally define coordination and collaboration between DCF and DDS and DCF and DMHAS;
2. Statewide screening process utilizing standardized criteria to identify youth starting at age 15 who need referral to DMHAS or DDS. DCF has screened an average of 832 youth annually between FY 2007 and 2017.
3. Centralized process to track and monitor referral timeliness and completion and provide regular feedback to Regional and Central Office administrators and staff;
4. Centralized referral processing for DMHAS and centralized monitoring of referrals sent to DDS;
5. Identification of a liaison to DMHAS and DDS in each DCF Region and an Office of Interagency Client Planning located in DCF Central Office which specifically manages DMHAS and DDS related activities and supports local collaboration; and
6. Formal mechanisms which focus on the coordination of referral, eligibility and transition:
    - At the local level, DCF Area Offices have monthly, bimonthly or quarterly meetings with DMHAS and DDS staff:
        - DMHAS Young Adult Services (YAS) staff plus representatives from their local YAS Programs meet with DCF Area Office staff to discuss individuals who have been referred to DMHAS; they address issues that impact transition and identify resource needs so support smooth and timely transitions.
        - DDS Regional Office staff meet with DCF local Area Office and Central Office staff to review and track youth transitioning from DCF to DDS
        - DMHAS holds monthly meetings with the Albert J. Solnit Children's Center to assure coordination when youth are in DCF operated inpatient or psychiatric residential

treatment facilities; staff from the Office of Interagency Client Planning in DCF Central Office also participate in these meetings.

- Case-specific transition planning is done between the Social Worker at the DCF Area Office and the DMHAS or DDS Case Manager.
- To address administrative and systems issues that cannot otherwise be resolved at the local level, DCF convenes interagency meetings to provide a forum to discuss and address these issues.

7. Staff of the DCF Office of Interagency Client Planning are available to provide training, technical assistance and consultation on client specific, administrative and/or systems issues related to screening, referral, eligibility, transition and interagency coordination.
8. Participation in a number of interagency committees/workgroups by the DCF Office of Interagency Client Planning, such as the Children's Services Committee.
9. DCF has the capacity to develop child-specific agreements with DMHAS and DDS which allow access to services - which based on specific needs may not be available within DCF - earlier than usual. This allows a young adult to a move to a more permanent community setting when they are ready, prevents multiple moves, and can help to avoid a youth prematurely signing out of DCF care.
10. Budget permitting, special transition initiatives between DCF and DDS for transfer of:
    - DCF Voluntary cases to the DDS Behavioral Services Program; and
    - Children on the autism spectrum to the DSS Autism Division Medicaid Waiver program.

<u>Life Skills Preparation Is Now Statewide</u>

DCF and DMHAS have been working together for a number of years to identify ways to better prepare youth for adult roles and responsibilities. DCF has implemented the Learning Inventory of Skills (LIST) statewide. To assess independent living skills. Currently, all DMHAS referrals are required to contain a LIST. The Learning Inventory of Skills (LIST) is being used by DCF statewide for all adolescents age 14 and over regardless of their DMHAS status. This made it possible to move forward with statewide implementation of LIST inclusion as a requirement in all DMHAS referrals. Young people transferring to DDS use a specialized screen specifically designed for those with intellectual disabilities.

Future Planning

Interagency collaboration between DCF and DMHAS/DDS has been built into the core of the work and will continue to be a priority. In addition to maintaining the existing coordination protocols and processes, it is critical to identify those areas for improvement and expansion. This is an ongoing process supported by extensive review and analysis of data.

Progress toward goals established for the next 5 years are reported below. Each of these will continue to be a priority for the Office of Interagency Client Planning in DCF Central Office:

1. All DCF referrals to DMHAS include a LIST and there is now a requirement for an annual reassessment to the baseline LIST to allow for comparison of the two scores to determine if any progress has been made. The Office of Interagency Client Planning has begun to look at early data related to this expansion and will continue to review outcomes related to life skill development in the DMHAS population.
2. Continued tracking of the transition process and providing feedback to DCF and DMHAS staff is occurring. The next step is to develop a transition questionnaire for the clients to better assess how our transitions are going.
3. Memoranda of Understanding have been updated to assure they reflect current practice.
4. Enhance transition from DCF to DDS through coordination of benefits transfer, particularly around Medicaid and SSI related issues; this has been identified as a barrier to timely and smooth transitions – SSI completion is being tracked for both DMHAS and DDS and there is ongoing coordination with the DCF Revenue Enhancement around IV-E issues which may impact the timing of SSI applications. There has been considerable coordination with Regional Social Security Liaisons. The Office of Interagency Client Planning provides a quarterly report to each Liaison to assist in tracking and planning for youth going to DMHAS and DDS. This had been done for a longer period of time around DMHAS and was implemented with DDS this past year in response to delays in DDS transitions related to SSI.
5. Develop practice guides for DCF staff around screening, eligibility, referral and transition to DMHAS and DDS – A work group with representatives from among the Regional Resource Group staff in the DMHAS/DDS liaison roles was convened for input in the development of the document. A draft of the document is currently being prepared with the goal to have a draft completed by the end of FY 2017. As part of this process, a checklist for DDS transition was prepared, reviewed and disseminated to be used in the Region.

6. Develop a DCF policy related to transition of DCF youth to DMHAS and DDS process.
7. Development of a more formal transition protocol between DCF and DDS which accounts for the various ways in which a child/youth might transfer from DCF to DDS.
8. Enhance the DMHAS and DDS database to include co-occurring diagnoses (medical, developmental and psychiatric), permanency status and cost of care.
9. Develop a specific plan for transition of youth to DMHAS and DDS in foster care settings; for DDS this includes a collaboration between the staff working with DDS licensed Community Care Homes and the DCF Foster Care staff to review licensing, rates, provider and family expectations and services offered in each model, develop a system to educate current foster care parents on DDS CCH options and cross-train staff – ongoing discussions with DMHAS and DDS have made this a greater priority and it is now considered an ongoing part of the work between the agencies. DDS continues to offer to meet directly with families around CCH development as well as the impact on the family for children who are adopted or where there is a transfer of guardianship. DDS is not offering the same services to these youth as those who age out at 21 from DCF, however, DDS has agreed to give "DCF age out status" to individuals who have an Adoption or Transfer of Guardianship Subsidy over a certain amount, which is an indication that the youth has more intensive needs and has benefitted from a coordinated effort between DDS Regional staff, the Office of Interagency Client Planning, and the DCF Adoption Subsidy unit.

<u>The CT Behavioral Health Partnership (CT BHP)</u>

The CT BHP is a legislatively mandated collaboration between the Department of Children and Families (DCF), the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS). It is designed to create an integrated behavioral health service system for Connecticut's Medicaid populations, including children and families who are enrolled in HUSKY Health and DCF Limited Benefit programs. The State Agencies have contracted with Beacon Health Options (formerly, Value Options, Inc.) to serve as the Partnership's Administrative Services Organization which provides utilization management, clinical oversight and quality assurance activities related to all Medicaid funded behavioral health services and selected DCF grant funded services.

The Partnership's goal is to provide access to a more complete, coordinated, and effective system of community based behavioral health services and support. This goal is achieved by making enhancements to the current system of care that:

- Support recovery and access to community services,
- Ensure the delivery of quality services to prevent unnecessary care in the most restrictive settings
- Enhance communication and collaboration within the behavioral health delivery system and with the medical community, thereby improving coordination of care
- Improve network access and quality
- Recruit and retain traditional and non-traditional providers

Medicaid membership increased to 969,486 members. The total youth membership (without dually eligible members) was 354,820. The number of children and youth who utilized behavioral health service wasn't available at the time of this report. Due to anomalies in the eligibility data that is received, analysis on membership and utilization related to DCF involvement couldn't be interpreted. Through the agency's partnership with Beacon a technical solution has been developed moving forward. Performance Targets remain for both ED and inpatient utilization.

CT BHP program targets continued to focus on identifying youth with frequent and unnecessary behavioral health visits to the Emergency Department. The spikes continue to be seasonal during which time, youth may be slated for an inpatient bed which isn't readily available. In many of those instances, after remaining in the ED for this resource, a discharge is effectuated to another treatment setting because the clinical presentation changes. DCF staff continue to collaborate with the ED staff and Beacon staff to effectuate crisis and discharge planning for DCF involved youth experiencing ED or inpatient overstays.

Of the youth who presented to the emergency department, a number of them await inpatient services. The rate by which they await inpatient is similar to 2016. In looking at inpatient utilization for youth, there was an increase in volume. The increase in volume from CY 2016 to 2017 was seen more in children up to age 12 than in adolescents. But despite that, the readmission rates have declined from 2016 to 2017. This increase in volume speaks to need and access largely at times of seasonal spikes and not readmission. DCF staff continue to utilize Medicaid claims data and the Regional Systems available to support treatment planning, effectuate timely discharges and maintain placement in the community with families.

The CT BHP reviewed the first data iteration of the emerging adult population. The goal was to

improve understanding of the characteristics and service utilization patterns of this population. Some of the initial findings show that mood disorders, ADHD, conduct disorder, disruptive behavior, anxiety and adjustment disorder were the top diagnostic categories. Over 38% of the sample had no behavioral health diagnosis at age 18. Youth that were DCF involved at 18 had a lower percent with no behavioral health diagnosis (25%) compared to non-DCF involved youth (41%) at age 18. There were gender differences by diagnostic categories and they found that at age 18, 35% of white youth had no diagnosis compared to 41% of Hispanic, 43% of Black and 46% of multi-racial youth. The next step for this is to utilize predictive modeling to better understand behavior health protective factors and risks and gain a broader snap shot of transition age service utilization with the goal of developing a transitional assistance program which improves connection to care.

ACCESS MH

Implemented in June 2014, ACCESS-MH CT provides 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 telephone 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. The three "hub" providers contracted to provide the services are Wheeler Clinic, The Institute of Living, and Yale Child Study Center. The program is managed by Beacon Health Options with DCF oversight. Each hub is comprised of a child psychiatrist, behavioral health clinician, family peer specialist and a care coordinator. The hours of operation are from 9 a.m. - 5 p.m. Monday through Friday. From July 1, 2017 to April 30, 2018, this is what the utilization looked like:

- 1,117 youth and their families
- More male than female with a 51%/49% split respectively
- 13% were noted to be DCF involved
- 5,582 consults (with 42% of the consults involving HUSKY youth)
- 98% of the initial calls from the PCP were answered within 30 minutes
- PCP satisfaction rate remains at 4.9 out of 5

CAFAF

Since 1995, DCF and The Connecticut Alliance of Foster and Adoptive Families have engaged in a partnership benefiting thousands of children and families. CAFAF makes a difference in the lives of foster, adoptive and relative caregivers by providing support, training, and advocacy. They receive an average of 150 inquiries to the KidHero line a month. CAFAF provides support to all licensed foster

families.

This year CAFAF has partnered with DCF on several initiatives including the development of a foster parent training survey and increasing foster parent participation in post-licensing training. CAFAF has increased the ability of their KidHero inquiry process to track how individuals become aware of the need for foster parents. CAFAF continues to send monthly KidHero inquiry reports to every region and compiles this information on a quarterly and annual basis.

CAFAF has been very responsive to the increasing focus on placing children with kinship families and in maintaining those placements through the services of the CAFAF liaisons. Each DCF Office has a CAFAF liaison working with the local Foster Care units to help maintain the placement, provide services to the foster family and child(ren) and to collaborate with DCF on achieving permanency. Most recently CAFAF partnered with DCF on a campaign to recruit additional LGBTQ families who are interested in fostering and/or adoption. They will be tracking inquiries made directly through this initiative. In addition, several CAFAF liaisons attended a "train the trainer" session with True Colors to deliver a training aimed at supporting families who care for youth who identify as LGBTQ. They plan to sustain the training by incorporating it into a permanent post-licensing module. A continued area of focus is on CAFAF's online training opportunities for post-licensing trainings through a service called, "ProProfs". This system enables foster parents to complete post-licensing modules from any computer with Internet access and not have to travel to a training. The ProProfs training system is able to aggregate module results and report to CAFAF and DCF what modules are being completed and where improvements in the system are needed. We expect this will continue to aid in the increase of completion rates for post-licensing trainings. Over the course of the past year, CAFAF has also made enhancements to their exit survey given to families (core, relative and fictive kin) when they voluntarily end their licensure. The enhancements are intended to capture better additional elements related to permanency, training and support needs.

<u>The Early Childhood Trauma Collaborative</u>

The Early Childhood Trauma Collaborative (ECTC) is a 5-year initiative awarded to the Child Health and Development Institute (CHDI) by SAMHSA as part of the National Child Traumatic Stress Network to expand trauma-specific services for children age birth to seven in Connecticut. ECTC is a collaboration

between CHDI, the Office of Early Childhood (OEC) the Department of Children and Families (DCF), 12 community mental health agencies, and the Consultation Center at Yale University (evaluator).

The mission of ECTC is to develop a more trauma-informed early childhood system of care to improve outcomes for young children suffering from exposure to trauma through enhanced early identification and improve access to trauma-focused evidence-based treatments (EBTS). This will be accomplished by disseminating or expanding access to four EBTs for young children and their families: Attachment, Self-Regulation and Competency (ARC); Child Parent Psychotherapy (CPP), Trauma Affect Regulation: Guide for Education and Therapy (TARGET: for caregivers), and Child and Family Traumatic Stress Intervention (CFTSI). ECTC will also provide training to a range of professionals who serve young children in order to improve their knowledge about childhood trauma and ability to identify and refer children to trauma-focused assessment or treatment when indicated.

The Department of Children and Families appointed a designee to serve as liaison to the ECTC including participating on the ECTC Advisory Group and working with ECTC providers implementing evidence-based practices at the local level to improve the identification and referral of young children in the child welfare system in need of these services and ensure their families can successfully access these services.

Juvenile Court

DCF has engaged in a variety of collaborative efforts with the Judicial Branch and its partners in an effort to meet the various mandates, goals and objectives to assist individual and systemic improvements to the lives of children and families in CT.

For example:

1) The Commissioner of DCF meets quarterly with the Chief Administrative Judge for Juvenile Matters to discuss and develop polices and protocols of mutual interest.
2) The Commissioner of DCF meets quarterly with the Chief Administrative Judge for Probate Matters to discuss and develop polices and protocols of mutual interest, including jurisdiction of matters in juvenile and probate courts.
3) DCF has incorporated judicial participation in various activities including the Children's Behavioral Health Plan Implementation Advisory Board.

4) DCF staff participate on various statewide panels and committees that collaborate on addressing systemic problems that have an impact on child welfare, including the Juvenile Justice Policy Oversight Committee.
5) DCF staff participated in a series of trainings offered to attorneys by the Office of the Public Defender and the Superior Court for Juvenile.
6) DCF continued its ongoing collaboration with the Judicial Branch, Department of Mental Health and Addiction Services, Office of the Attorney General, Office of the Public Defender and the substance abuse provider community on the RSVP program. The program offers parents who abuse drugs and alcohol and who have lost custody of their children due to child abuse and neglect a recovery case manager, expedited access to treatment services and more intense juvenile court proceedings.

DCF- Headstart Partnership

For over 17 years the CT Headstart State Collaborative Office (HSSCO) has staffed, funded and co-convened this valuable collaboration to work better together in support of families. DCF and Head Start staff from the 14 local DCF Area teams from across the state come together quarterly with their key partners, ECCP and Supportive Housing for Families, and more recently Part C/Birth to Three and Child First, to receive training, strengthen their understanding of the various programs and foster working relationships to better support families. Training topics for this past year included Trauma in Young Children, Intimate Partner Violence/Brain Injury, De-escalating Challenging Behaviors. The July training will focus on Infant Mental Health. Head Start staff were given priority in the last DCF funded Infant Mental Health Series training and Headstart funds were used to support Reflective Supervision groups.

The Connecticut Parents with Cognitive Limitations Work Group (PWCL)

The PWCL was formed in 2002 to address the issue of support of parents with cognitive limitations and their families. Members include all of the major human services state agencies (Department of Children and Families is the lead; other state members include: Departments of Correction; Social Services; Developmental Services; Public Health; Office of Early Childhood) as well as a diversity of private providers. Although the number of families headed by a parent with cognitive limitations is uncertain, and identification of these families is one of the group's challenges, 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.

To address these issues, The Workgroup developed a training on "Identifying and Working with Parents with Cognitive Limitations" which has been offered in many communities throughout the State and additional trainings will continue to be offered each year. To date, the Workgroup has trained close to 3,300 service providers through the work of an interdisciplinary, interagency rotating training team. In addition to offering a conference for administrators and supervisors, and an international conference, the Workgroup also created an Interview Assessment Guide to assist workers in identifying these families. The Workgroup has drafted recommendations regarding the use of plain language in communicating with all parents and developed a training on plain language. Five trainings have been held to date with an average of 28 participants attending each training and one additional training is scheduled to be completed by September 30, 2018. The topic of the annual meeting in November 2017 focused on the experience of adult children of parents with cognitive limitations and drew close to 80 attendees. The Workgroup's Annual meeting will take place in November 2018 and as is standard, the program will include a panel of family members who will discuss issues pertinent to them.

Early Childhood Cabinet

The Early Childhood Cabinet, became the State Advisory Council (SAC) on Early Childhood Education and Care. The core responsibilities of the SAC are as follows:

- Conducting periodic statewide needs assessment on the quality and availability of high quality early care and education (ECE) programs;
- Identifying opportunities and barriers for collaboration and coordination among federally and state funded ECE programs and services;
- Establishing recommendations in the following key areas:
    - Developing a statewide, unified, data collection system
    - Creating or enhancing a statewide professional development system
    - Improvements in state early learning standards
    - Increasing participation of children in ECE programs, including outreach to underrepresented and special populations
    - Assessing the capacity and effectiveness of institutions of higher education to support career development of early childhood educators.

The Cabinet continues to be co-chaired by CT's Lieutenant Governor and the Commissioner of the Office of Early Childhood. Cabinet membership is diverse and represents both state and local agencies, early care educators and providers, and foundations. The Cabinet meets on a quarterly basis.

CT's Home Visiting Consortium

The establishment of the Home Visiting Consortium was a result of legislation (PA 15-45) that was passed in 2015. The group has broad representation, including state and local agencies, Birth to Three Programs, and multiple Home Visiting Programs. It is charged with developing a plan for implementing the recommendations put forth in the 2014 Home Visiting Report submitted by the Office of Early Childhood. Subcommittees continue to meet to address the priority areas that were established in prior years.

Help Me Grow Advisory Committee

This committee was developed as a result of a merger with two distinct workgroups: The Help Me Grow Quality Improvement Workgroup and the Early Childhood Comprehensive Systems (ECCS). The ECCS was initially established as a result of a prior HRSA grant that ended in 2016 which provided resources related to developmental awareness, screening and detection, early intervention and service linkage. When CT was not selected to continue this work, the ECCS group disbanded. All ECCS members subsequently joined the HMG Advisory Committee. To maximize the skills and expertise of Committee members, several workgroups were established, charged with developing messages around the importance of developmental screening, early identification and intervention for health care providers, early care and education providers, and families. Additionally, the committee is charged with increasing the integration of Help Me Grow and Birth to Three efforts, as well as coordinating efforts of the State Health Improvement Plan (SHIP) related to developmental screening. The committee continues to function as an advisory group to the CONNECT grant, with a primary focus on early childhood.

CT Children's Behavioral Health Plan

Following the tragic events that occurred in Newtown Connecticut in December 14, 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 and family mental health and well-being. As of late 2014 there were approximately 783,000 children under age 18 in Connecticut, constituting 23% of the state's

population. Epidemiological studies suggest that as many as 20% of that population, or approximately 156,000 of Connecticut's children, may have behavioral health symptoms that would benefit from treatment. However, many of these children are not able to access services. Public Act 13-178 is intended to address this and related children's mental health issues.

The public act required the behavioral health/mental health plan to 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 of mental, emotional, and behavioral health issues.

The behavioral health/mental health plan developed out of this process resulted in seven broad thematic areas, each with specific goals and strategies for significantly improving Connecticut's children's behavioral health/mental health service system. The Plan includes a proposed timeline for implementation that focuses on the development of the infrastructure and the planning of the array of services that will comprise the System of Care. The seven broad themes identified in the plan are:

- System Organization, Financing and Accountability
- Health Promotion, Prevention and Early Identification
- Access to a Comprehensive Array of Services and Supports
- Pediatric Primary Care and Behavioral Health Care Integration
- Disparities in Access to Culturally Appropriate Care
- Family and Youth Engagement
- Workforce Development

DCF immediately began implementing the children's behavioral health plan, in partnership with eleven other state agencies, (PA 13-178 and in subsequent complimentary legislation named in Public Act 15-27) numerous private agencies and the children and families of Connecticut. A number of steps remain to be taken in achieving the goals of the plan, ensuring that Connecticut's children and families have full access to quality mental health care in support of achieving social, emotional, and behavioral well-being. Since 2014, progress updates have been submitted annually to the CT Legislature.

State Interagency Coordination Council

Part C of the IDEA (Individuals with Disabilities Education Act) and our state's Birth to Three legislation established the Connecticut Interagency Birth-to-Three Coordination Council (ICC or SICC) consisting of representative members appointed by the Governor and leaders of the State House of Representatives and State Senate. The council's role is to advise and assist the lead agency (Office of Early Childhood) in

the implementation of the Birth to Three System. During the meetings, Birth to Three shares quarterly reports (including budget and program information) to ICC members. The council provides opportunities for cross-system collaboration and partnership, informing members of the various committees/groups that have been established and related activities, highlighting local programs (including discussion around best practices, challenges and/or barriers to accessing or provision of services, as well as providing a forum for parents to share their personal experiences with the Birth to Three program. The ICC continues to meet quarterly.

Supportive Housing for Families Five Year Federal Grant (ISHF)

The conclusion of the Connecticut Department of Children and Families (DCF) five year grant to meet the needs of child welfare involved families who experience severe housing barriers ended on 9/30/17. The grant was designed to provide an enhanced version of the well-established Supportive Housing for Families Program in order to better meet the mental health and trauma needs of the parents and children served by the program along with meeting their need for stable housing. The Intensive Supportive Housing for Families Program (ISHF) 5-year initiative discharged all 50 families in February 2018. The project evaluation team consisting of the University of Connecticut and Chapin Hall are gathering preliminary data on participating families in the areas of the following:

1) Evidence Based Intervention Enrollment
2) Participation in Team meetings
3) Preservation or Reunification of the family
4) Children Outcome Measures (Ages and Stages Questionnaire, Child Behavior Checklist, Child Trauma Screens)
5) Parent and Household Measures (Simple Screening Instrument for Alcohol and Other Drugs, Brief Symptom Inventory screen, North Carolina Family Assessment Tool, Brief Trauma Questionnaire, Parent Stress Index, etc.)
6) Vocational/Employment/Educational services for Parents

Promising results are noted in many areas, particularly in the preservation, vocation and employment outcomes, as it was a major component featured in the ISHF model. The final report is scheduled for completion in the summer of 2018 after all families follow up measures have been completed.

Other major activities and accomplishments:

Three Branch Institute/Project Advisory Board

The Project Advisory Board, called the *Connecticut Collaborative on Housing and Child Welfare,* initially functioned as one of three working groups of the Three Branch Institute. While the Three Branch Institute has completed its mission with identifying the priority needs of children, several groups have continued the important work of the Three Branch Institute and will remain established such as the *Connecticut Collaborative on Housing and Child Welfare* (CCHCW) and its workgroups.

Connecticut Collaborative on Housing and Child Welfare (CCHCW)

The CCHCW Newsletter, released in the Winter of 2017, informed members on current issues related to families and child welfare. The newsletter featured a save the date for the Spring event along with highlights of events the grantee team participated in based on knowledge and expertise gained from this demonstration. The CCHCW final meeting was held on June 15th. The group will shared findings from the demonstration project and engaged key stakeholders in a "future-oriented" conversation on expanding partnerships in ways that contribute to the statewide goal of ending family homelessness in our state. Ruth White, of the National Center for Housing and Child Welfare served as the keynote speaker offering an important national perspective.

Families with Children (CCHCW Workgroup)

Throughout the last year, the Families with Children workgroup under CCHCW and the Partnership for Strong Communities has continued to meet the fourth Wednesday of each month. The FWC continues to work towards ending family homelessness by the end of 2020 with a multitude of state and local partners. The Coordinated Access Network (CAN) – 211 Child Development pilot overview was presented at the Retooling the Crisis Response System workgroup, a subcommittee was established to work on developing assessment questions for identifying unstably housed/at risk families and efforts are being made to explore how to better gather input from families with lived experience on the workgroup strategic goals. In addition, the group continued to monitor the experience of the Storm Sandy evacuees as it relates to families. The Southeastern CAN – 211 Child Development pilot was presented to the family focused Retooling the Crisis Response System Workgroup for consideration of replication in other areas. Southeastern CAN staff reported that families have been receptive and that most families do want more information on optimal child development. The workgroup requested a one-page document outlining the requirements and goals of the pilot. Further discussion is expected at the next Family Focused Retooling the Crisis Response System Workgroup meeting to determine if other CANs are ready to implement.

As we move forward with our strategic work and related efforts, the workgroup wants to be intentional about seeking family input. Recognizing that it's difficult for parents to participate in forums during the work/school day, the group decided that it would be best to tap into existing parent groups. Several of the organizations represented on the workgroup offer alumni groups or parent group meetings which might be appropriate to gather this type of input and feedback. The current thought is to have representatives from the workgroup attend a couple of these groups to share information and resources and get input on the workgroup's strategic plan.

Although hurricane Maria did not take place in Connecticut the impact of evacuee families relocating here with housing needs requires a strategic approach. The committee continues to monitor the Puerto Rico evacuee situation with the goal of serving as many families as possible without overwhelming the CAN system and other CT housing resources which are limited. Poor conditions in Puerto Rico as a result of hurricane Maria promoted thousands of families to leave the island and relocate to the mainland, including Connecticut. The top need of hurricane Maria survivors continues to be housing. The end of FEMA's Transitional Shelter Assistance (TSA), which provides temporary hotel stays, is looming. When TSA is no longer available families without other options may need to access CAN homeless system services. Many National Government Organizations and state officials are working together to try to divert as many families as possible away from shelter and directly to housing. CCEH and United Way of CT continue to actively raise private funds for this purpose. The FWC workgroup will continue to monitor and strategize about potential options for these families.

Lastly, the workgroup honored the work and contributions of two former members by submitting nominations for the Reaching Home awards on behalf of the committee. The nominees were Eileen McMurrer and Grace Whitney. Both Eileen and Grace both represented the Office of Early Childhood and contributed greatly to the efforts of the committee to ensure that young children in families experiencing homelessness get the support they need to develop optimally. Eileen successfully led an effort to develop an MOU between the Reaching Home campaign and the Office of Early Childhood and to provide guidance to CANs on what it means to be safely doubled up. Grace has been a tireless advocate for the Headstart program and ensuring that children that are unstably housed or experiencing homelessness, have access to child development supports.

The Systems Integration and Sustainability and Policy and Legislative Advocacy Workgroup (CCHCW Workgroups)

These workgroups ended as their areas of focus are aligned with several other advocacy workgroups in the state. It was determined there was no need to duplicate efforts but continued conversations will occur should there be a need to reprise these groups once more.

Coordinate services with other Federal and State programs for youth.

Since November 2011, DCF has maintained a Homeless Youth Program entitled "Start" to prevent or end homelessness for young adults struggling to maintain safe and stable housing. The two- year model provides young adults the opportunity to gain employment and/or vocational or higher education while living in their community. They are offered case management services, linkages to services including mental health, substance use, and medical, along with an opportunity to re-connect with family, friends and build a new network of support and resources to maintain their success and continued growth into adulthood. However, in SFY 2017 a legislative mandate transferred the Start program to the Department of Housing (DOH). Due to the Melville Charitable Trust and the Institute for Community Research (ICR) program evaluation underway the DOH transferred management of the program to DCF under a Memorandum of Understanding (MOU) until 2020 when the Program's contract expires with DCF and the evaluation study is completed. The goals of the evaluation research are to: 1) Document the impact of the rapid re-housing program on young adults' lives over the program period and one year post, and identify the key factors that drive these outcomes; 2) Demonstrate the cost-effectiveness of the program; and 3) Assess the transferability of the program to other communities and states in the US.

DCF continues to work closely with DOH and several other state partners such as CT Coalition to End Homelessness. Recently, Connecticut was awarded a $6.2 million demonstration grant to provide services, resources, and housing to homeless youth. DCF played an intricate role in the planning and implementation of this grant. A Request for Proposal was released in March 2018 and awards will soon be issued across the state. This funding enhances Connecticut's coordinated entry system for youth, builds resources, strengthens families and provides education on homeless youth in our state.

2. Assessment of Performance – CFSR, Systemic Factors, and Case Review System

The CFSR Round 3 Data Profile (updated version provided June 1, 2017) provided data on three of the seven national indicators, Placement Stability, Maltreatment in Care, and Recurrence of Maltreatment. Risk-standardized results for Placement Stability indicated that CT has performed statistically better than national

performance with this measure for all reported submissions (from 13B14A through 16A16B). Risk-standardized results for both of the other two measures showed that our performance has been statistically worse than national performance, though our most recent observed performance on Recurrence of Maltreatment reported in the profile does meet the national standard (<=9.1%). The remaining four national indicators related to permanency were unable to be calculated by the Children's Bureau due to a single data quality problem (exceeded the 10% limit) with missing Discharge Reasons for eight of the 15 AFCARS submissions included in the measurement period. This was the only data quality problem that exceeded thresholds for any of the submissions. It is also important to note that the most recent submission (16B) had no issues with this, or any other, data quality check so the data issues appear to have been resolved as of this writing.

The automated Results-Oriented Management (ROM) system is what the agency 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 various indicators built to federal specifications. Instead of being based on static submissions to AFCARS and NCANDS these reports use SACWIS (LINK) daily updated data. The results for the measures based on these reports are as follows:

FEDERAL MEASURE	CY11	CY12	CY13	CY14	CY15	CY16	CY17	TREND
Recurrence of Maltreatment (<=9.1%)	9.7	9.1	9.2	10.1	8.7	10.2	10.5	
Maltreatment in Foster Care (<=8.5 victims/100k days)	5.0	5.3	5.5	6.6	6.4	6.5	6.9	
Placement Stability (<=4.1 moves/1k days)	3.3	3.0	2.8	2.6	3.1	3.6	3.9	
Permanency in 12 Months (>=40.5%)	39.5	37.7	34.2	30.9	26.7	25.5	24.1	
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	
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	
Re-Entry to Foster Care (<=8.3%)	13.1	12.0	15.2	15.6	15.1	15.0	14.4	

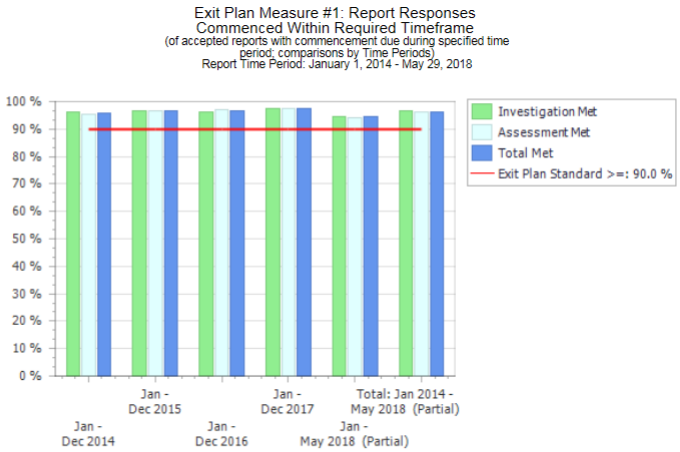
The results for Recurrence of Maltreatment and Placement Stability appear to be confirmatory of those reported in the Data Profile, given the differences in time periods and data sources. Further, Stability of Foster Care Placement (Item 4) of the CFSR was the item on which our review showed the best results (86%). However, the results for Maltreatment in Foster Care are quite different as reported by ROM when compared to the Data Profile. The ROM report shows that CT has consistently met the national standard on this measure, while the Data Profile does not. Further exploration of the relevant datasets will be required in order to interpret the differences.

The ROM reports regarding the permanency measures provide an indication of our performance in this area, where the Data Profile was unable to do so, and unfortunately present a portrait of mixed performance in these areas. We have been very close to meeting the measures, and have met them in a few periods for achievement of permanency in 12 months for children in care both 12-23 and >=24 months. The trend for those in care 12-23 months has settled into a pattern of improvement, ending in meeting the measure in CY17. There is also an improving trend for those in care >=24 months. CT met that measure as well during CY17. Unfortunately, performance for the base measure of achievement of permanency in 12 months has continued to decline, so that in CY17 our performance was 16 percentage points below the standard. At the same time, while our rates for Re-Entry have been far higher than the standard, there continues to be steady improvement over the past three year period.

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

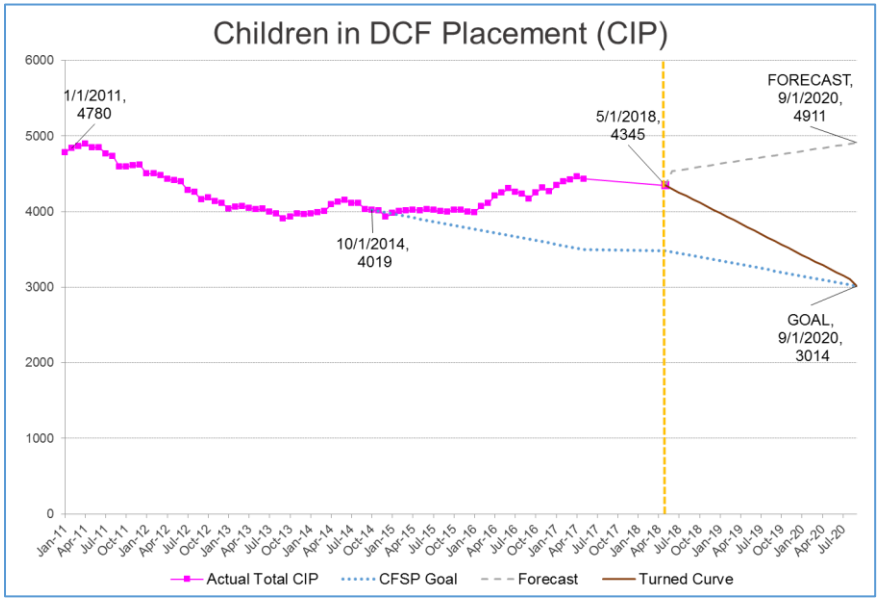
- **Item 1**

- CFSR Result: n=41, 59% Strength, 41% ANI
- ROM EP#1 – CY14 – CY17: The following chart shows that our standard has been met, with improvement of almost a full percentage point since CY16.

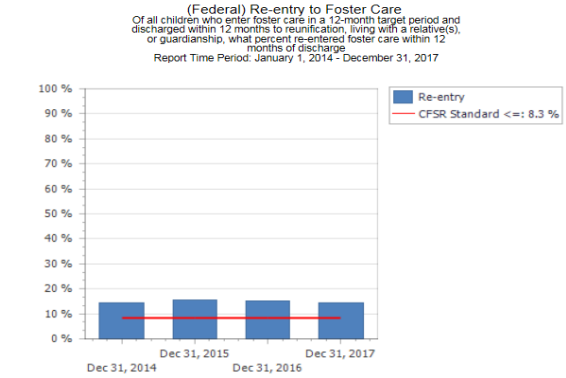


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - May 2018 (Partial)	
- Total Investigation	17956	100.0%	16695	100.0%	18152	100.0%	18299	100.0%	6660	100.0%
Investigation Met	17267	96.2%	16100	96.4%	17485	96.3%	17841	97.5%	6305	94.7%
Investigation Not Met	689	3.8%	595	3.6%	667	3.7%	458	2.5%	355	5.3%
- Total Assessments	12061	100.0%	12810	100.0%	12820	100.0%	13192	100.0%	6276	100.0%
Assessment Met	11480	95.2%	12375	96.6%	12432	97.0%	12867	97.5%	5911	94.2%
Assessment Not Met	581	4.8%	435	3.4%	388	3.0%	325	2.5%	365	5.8%
- Total	30017	100.0%	29505	100.0%	30972	100.0%	31491	100.0%	12936	100.0%
- Total Met	28747	95.8%	28475	96.5%	29917	96.6%	30708	97.5%	12216	94.4%
- Total Not Met	1270	4.2%	1030	3.5%	1055	3.4%	783	2.5%	720	5.6%

- **Item 2**
  - CFSP Objective:
    - # of children in foster care will be reduced by 25% through continued implementation of CFCFTM meetings: The following chart shows a 2.8% reduction in the total number of children in DCF placement since the 6/1/17 data provided in our previous APSR

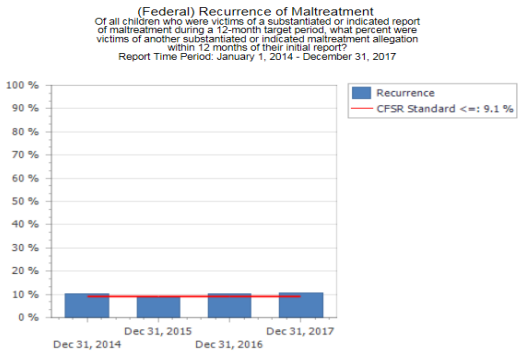


- CFSR Result: n=21, 57% Strength, 43% ANI
- ROM Federal Re-Entry to FC – CY14 – CY17: The following chart shows that the standard was not met, but has improvement by over half a percentage point since CY16



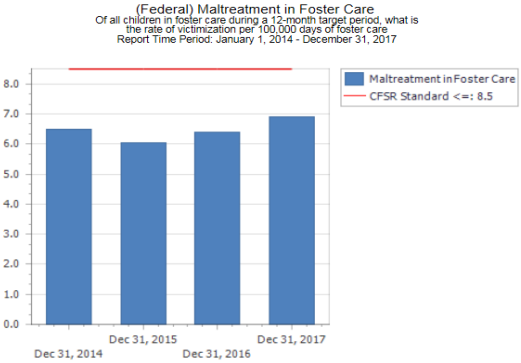
Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017	
- Total	525	100.0%	496	100.0%	443	100.0%	450	100.0%
Maintained Permanency	449	85.5%	419	84.5%	376	84.9%	385	85.6%
- Re-entry	76	14.5%	77	15.5%	67	15.1%	65	14.4%
Entered Care During	Jan - Dec 2012		Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015	

- ROM Federal Recurrence of Maltreatment – CY14 – CY17: The following chart shows that the standard was not met, with a continued slight (0.2%) increase in recurrence since CY16



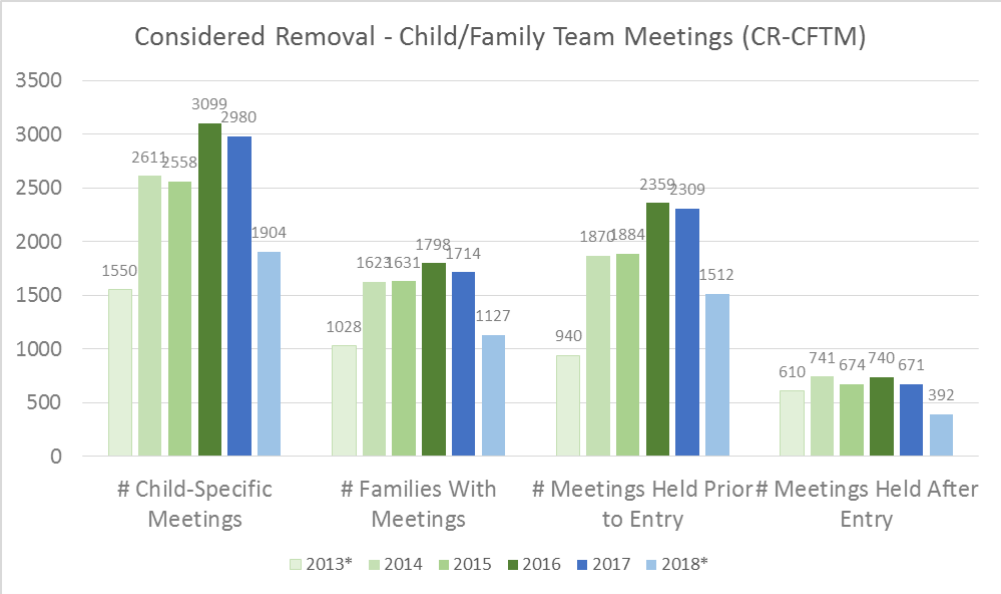
Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017	
Safe	6548	90.0%	6638	91.3%	6490	89.7%	7234	89.5%
Recurrence	731	10.0%	629	8.7%	744	10.3%	849	10.5%
Total Child Victims	7279	100.0%	7267	100.0%	7234	100.0%	8083	100.0%
Initial maltreatment during	Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016	

- ROM Federal Maltreatment in Foster Care – CY14 – CY17: The following chart shows that the standard continues to be met, but with a slight (0.5 victims/100k days in care) increase in the rate of maltreatment in care

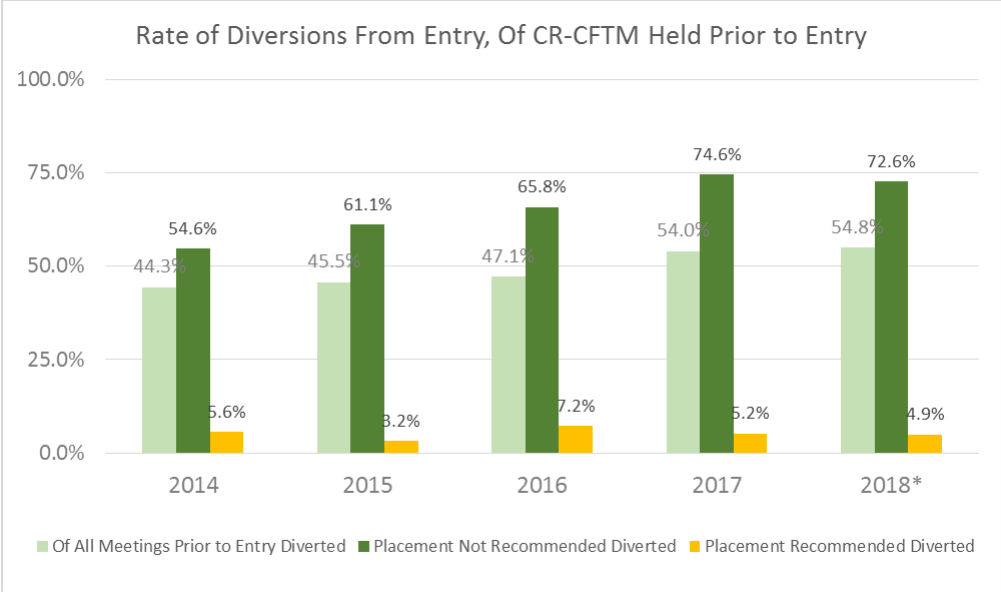


Report Period End	Dec 31, 2014				Dec 31, 2015				Dec 31, 2016				Dec 31, 2017			
	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate
Maltreatment in Foster Care	5391	86	1325453	6.5	5499	78	1290959	6.0	5740	86	1348669	6.4	5777	96	1390560	6.9
Rolling 12 Month Period	Jan - Dec 2014				Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017			

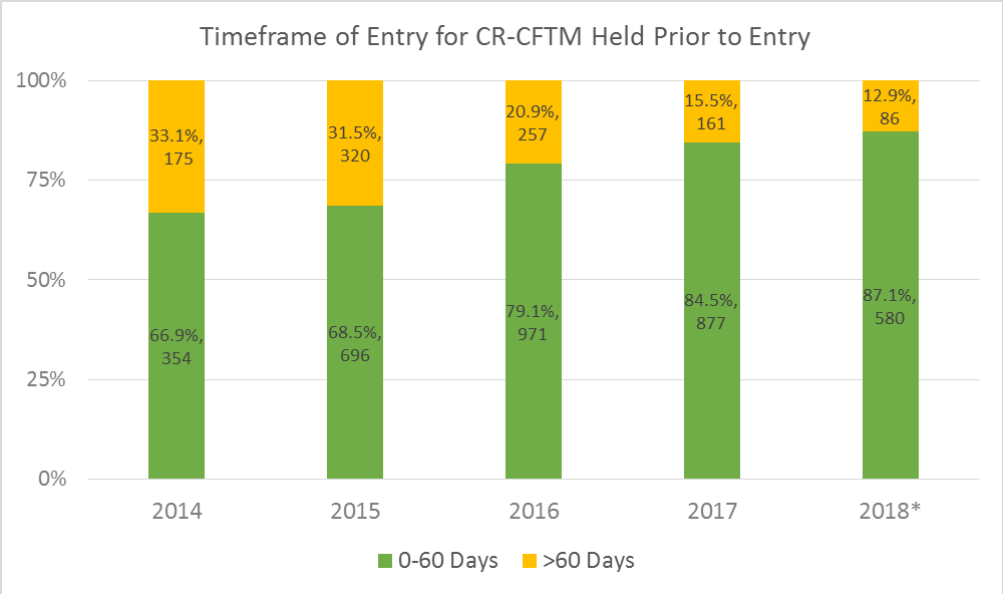
- CRCFTM Data – CY14 – CY17
  - # Child Specific Team Meetings: 3.8% decrease in CY17 compared to CY16
  - #/% Meetings Held Prior: 1.4 percentage point increase in CY17 (77.5%) compared to CY16



- #/% Children diverted from entering care: 6.9 percentage point increase in CY17 in proportion of meetings held resulting in diversion from foster care compared to CY16



- #/% Children who Entered Care following CR-CFTM within 60 days: Increased from 79.1% in CY16 to 84.5% in CY1, most children entered care within 30 days of their CR meeting.



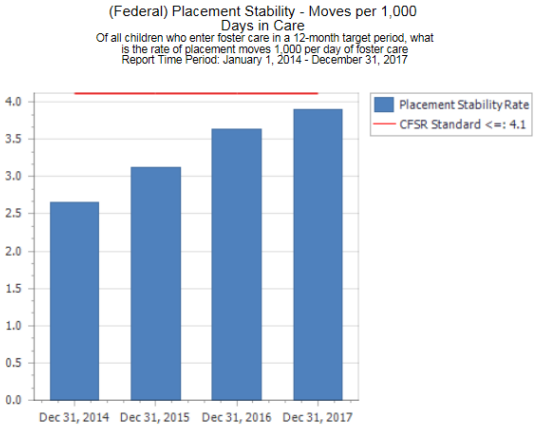
- **Item 3**
  - CFSR Result: n=82, 51% Strength, 49% ANI
  - ACRI Case practice elements – Strength % - CY15 -17 quarterly aggregation
    - Risk & Safety – Child in Placement: 4 percentage point improvement since 1Q17

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
10	Risk & Safety - Child in Placement	93%	92%	90%	91%	92%	92%	91%	88%	89%	91%	94%	93%	93%

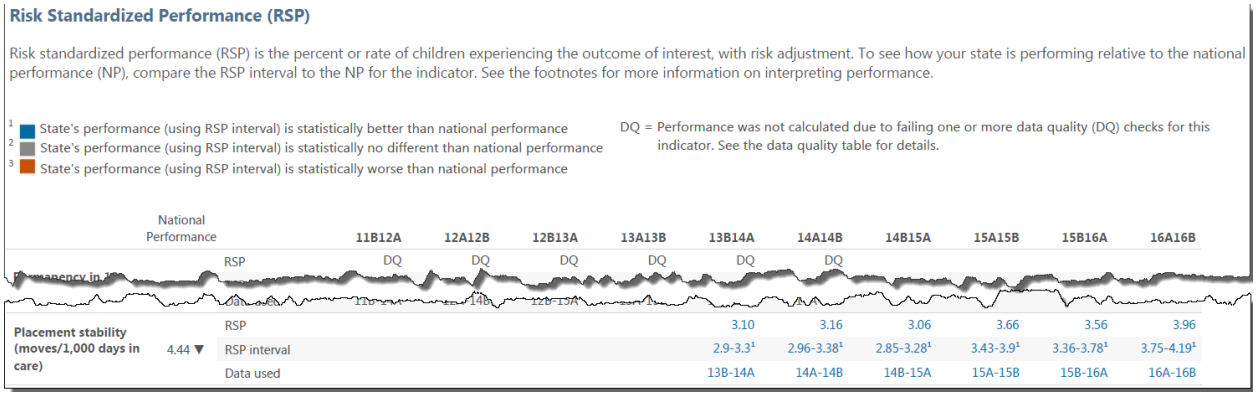
    - Timely Accurate SDM – Parents: 1 percentage point improvement since 1Q17
    - Timely Accurate SDM – Child: 3 percentage point improvement since 1Q17

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
22	Timely Accurate SDM - Parents	79%	77%	75%	76%	77%	79%	77%	75%	74%	74%	76%	77%	75%
23	Timely Accurate SDM - Child	87%	87%	79%	83%	77%	80%	82%	72%	74%	66%	80%	76%	77%

- **Item 4**
  - CFSR Result: n=42, 86% Strength, 14% ANI
  - ROM Federal Placement Stability - CY14 – CY17: Standard continues to be met, but with an increase of 0.3 moves/1k days since CY16



Report Period End	Dec 31, 2014				Dec 31, 2015				Dec 31, 2016				Dec 31, 2017			
	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate
Placement Stability Rate	1843	829	312385	2.7	1900	947	303738	3.1	2191	1302	358707	3.6	2001	1294	331684	3.9
Rolling 12 Month Period	Jan - Dec 2014				Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017			



- **Item 5**
  - CFSP Objective:
    - Permanency Teaming will be implemented to improve the likelihood of permanency for all children and to reduce the use of APPLA by 50%

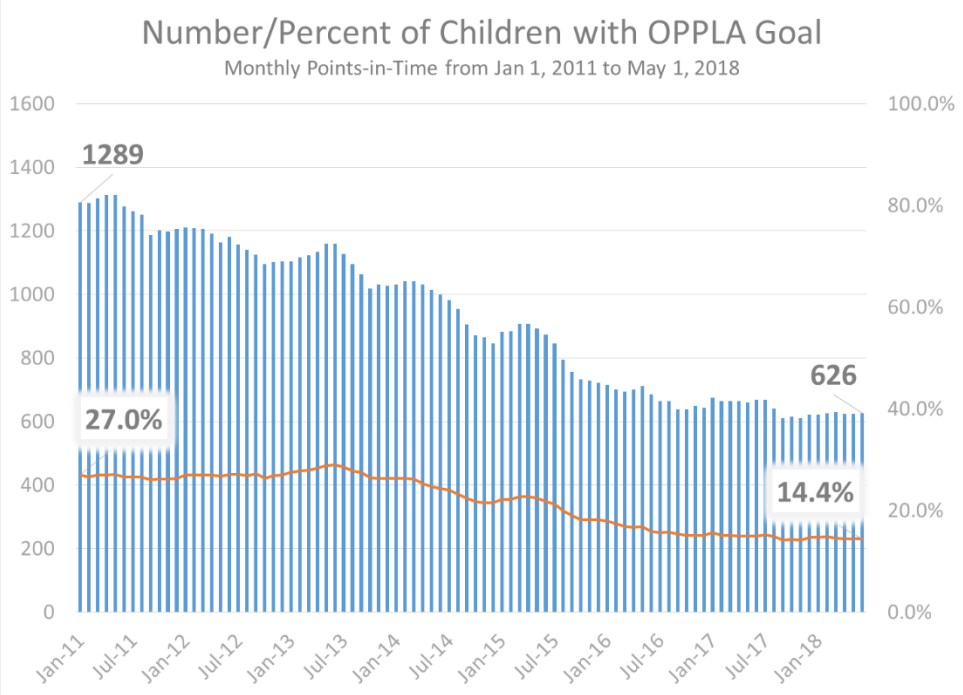
	Period of Entry to Care													
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Total Entries	3090	3406	2853	2829	2628	2694	2297	1859	2005	1929	1990	2261	2084	551
Permanent Exits														
In 1 yr	1128	1262	1095	1098	1093	1025	707	560	535	499	427	565		
	36.5%	37.1%	38.4%	38.8%	41.6%	38.0%	30.8%	30.1%	26.7%	25.9%	21.5%	24.9%		
In 2 yrs	1739	1971	1675	1676	1582	1378	1052	857	841	789	754			
	56.3%	57.9%	58.7%	59.2%	60.2%	51.2%	45.8%	46.1%	41.9%	40.9%	37.8%			

In 3 yrs	2011	2323	1974	1943	1792	1676	1245	1035	1072	998				
	65.1%	68.2%	69.2%	68.7%	68.2%	62.2%	54.2%	55.7%	53.5%	51.7%				
In 4 yrs	2156	2498	2090	2033	1895	1780	1357	1120	1159					
	69.8%	73.3%	73.3%	71.9%	72.1%	66.1%	59.1%	60.2%	57.8%					
To Date	2256	2619	2171	2121	1951	1843	1431	1151	1185	1084	913	792	427	26
	73.0%	76.9%	76.1%	75.0%	74.2%	68.4%	62.3%	61.6%	59.0%	55.3%	44.5%	32.3%	16.6%	62.6%
Non-Permanent Exits														
In 1 yr	289	259	263	250	208	196	138	95	125	111	95	68		
	9.4%	7.6%	9.2%	8.8%	7.9%	7.3%	6.0%	5.1%	6.2%	5.8%	4.8%	3.0%		
In 2 yrs	371	345	318	320	267	243	188	146	182	140	124			
	12.0%	10.1%	11.1%	11.3%	10.2%	9.0%	8.2%	7.9%	9.1%	7.3%	6.3%			
In 3 yrs	431	401	354	363	300	275	220	190	218	157				
	13.9%	11.8%	12.4%	12.8%	11.4%	10.2%	9.6%	10.2%	10.8%	8.1%				
In 4 yrs	461	449	392	394	328	309	257	218	236					
	14.9%	13.2%	13.7%	13.9%	12.5%	11.5%	11.2%	11.7%	11.8%					
To Date	582	552	464	472	403	375	294	240	253	175	148	87	47	4
	18.8%	16.1%	16.2%	16.6%	15.3%	13.9%	12.6%	12.8%	12.3%	8.7%	7.1%	3.5%	1.8%	6.7%

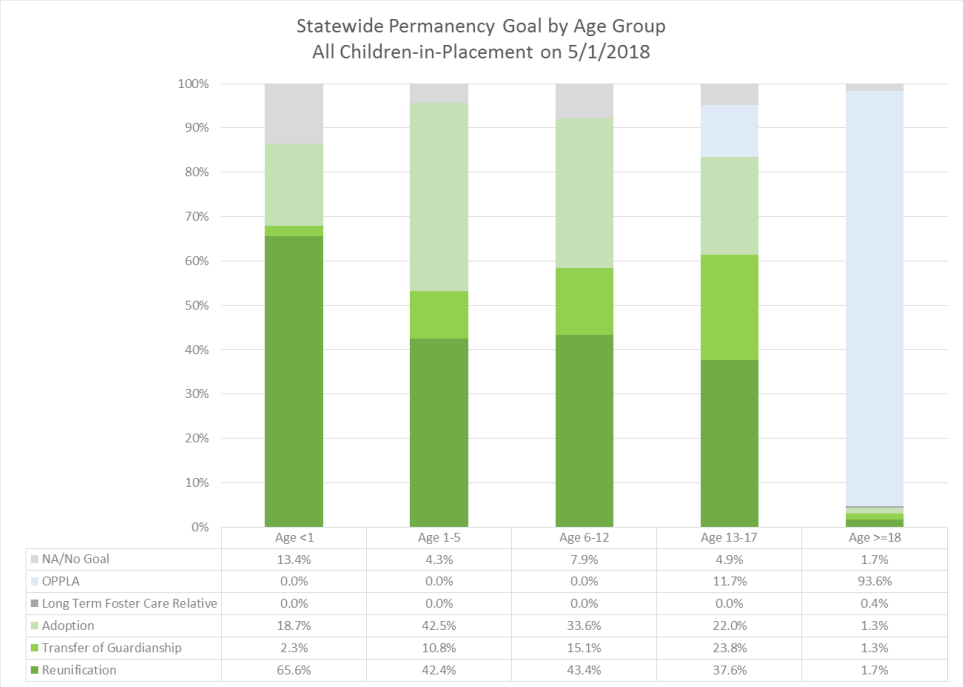
	Period of Entry to Care													
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Unknown Exits														
In 1 yr	83	76	61	60	75	127	205	133	102	114	204	285		
	2.7%	2.2%	2.1%	2.1%	2.9%	4.7%	8.9%	7.2%	5.1%	5.9%	10.4%	12.3%		
In 2 yrs	124	117	97	91	139	303	399	254	312	350	445			
	4.0%	3.4%	3.4%	3.2%	5.3%	11.2%	17.4%	13.7%	15.6%	18.2%	22.4%			
In 3 yrs	164	140	123	125	192	381	475	335	399	454				
	5.3%	4.1%	4.3%	4.4%	7.3%	14.1%	20.7%	18.1%	20.0%	23.4%				
In 4 yrs	182	167	155	167	217	400	499	374	448					
	5.9%	4.9%	5.4%	5.9%	8.3%	14.8%	21.7%	20.2%	22.3%					
To Date	238	222	203	212	251	431	529	399	458	479	522	459	158	26
	7.7%	6.5%	7.2%	7.4%	9.5%	16.0%	22.9%	21.4%	22.7%	24.3%	25.0%	18.0%	5.4%	20.3%

Remain In Care														
In 1 yr	1590	1809	1434	1421	1252	1346	1247	1071	1243	1205	1264	1343		
	51.5%	53.1%	50.3%	50.2%	47.6%	50.0%	54.3%	57.5%	62.0%	62.5%	63.4%	59.8%		
In 2 yrs	856	973	763	742	640	770	658	602	670	650	667			
	27.7%	28.6%	26.7%	26.2%	24.4%	28.6%	28.6%	32.3%	33.4%	33.6%	33.5%			
In 3 yrs	484	542	402	398	344	362	357	299	316	320				
	15.7%	15.9%	14.1%	14.1%	13.1%	13.4%	15.5%	16.0%	15.8%	16.7%				
In 4 yrs	291	292	216	235	188	205	184	147	162					
	9.4%	8.6%	7.6%	8.3%	7.2%	7.6%	8.0%	7.8%	8.1%					
To Date	14	13	15	24	23	45	43	69	109	191	407	923	1452	495
	0.5%	0.4%	0.5%	1.0%	1.0%	1.7%	2.2%	4.2%	6.0%	11.8%	23.5%	46.1%	76.2%	89.8%

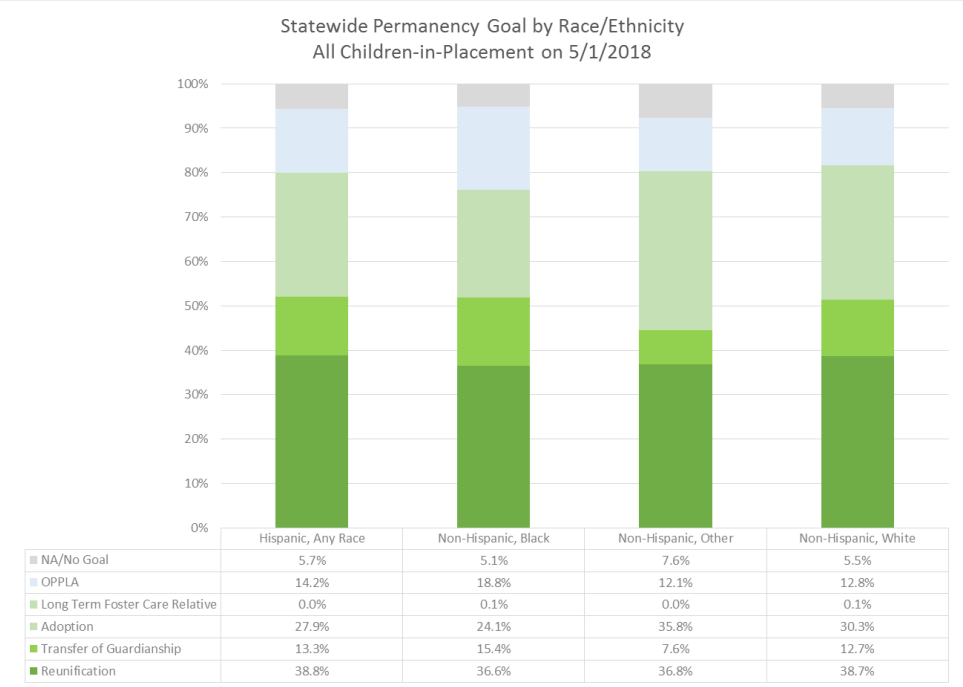
- Trend in #/% of Children with OPPLA Goal: Declined in volume by 39 children since April 2017, and in proportion from 14.9% in April 2017 to 14.4% in May 2018



- **Other Related Data**



	Age <1	Age 1-5	Age 6-12	Age 13-17	Age >=18
NA/No Goal	13.4%	4.3%	7.9%	4.9%	1.7%
OPPLA	0.0%	0.0%	0.0%	11.7%	93.6%
Long Term Foster Care Relative	0.0%	0.0%	0.0%	0.0%	0.4%
Adoption	18.7%	42.5%	33.6%	22.0%	1.3%
Transfer of Guardianship	2.3%	10.8%	15.1%	23.8%	1.3%
Reunification	65.6%	42.4%	43.4%	37.6%	1.7%



	Hispanic, Any Race	Non-Hispanic, Black	Non-Hispanic, Other	Non-Hispanic, White
NA/No Goal	5.7%	5.1%	7.6%	5.5%
OPPLA	14.2%	18.8%	12.1%	12.8%
Long Term Foster Care Relative	0.0%	0.1%	0.0%	0.1%
Adoption	27.9%	24.1%	35.8%	30.3%
Transfer of Guardianship	13.3%	15.4%	7.6%	12.7%
Reunification	38.8%	36.6%	36.8%	38.7%

- Judicial data re: approval of OPPLA Plans During FY17

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 _____

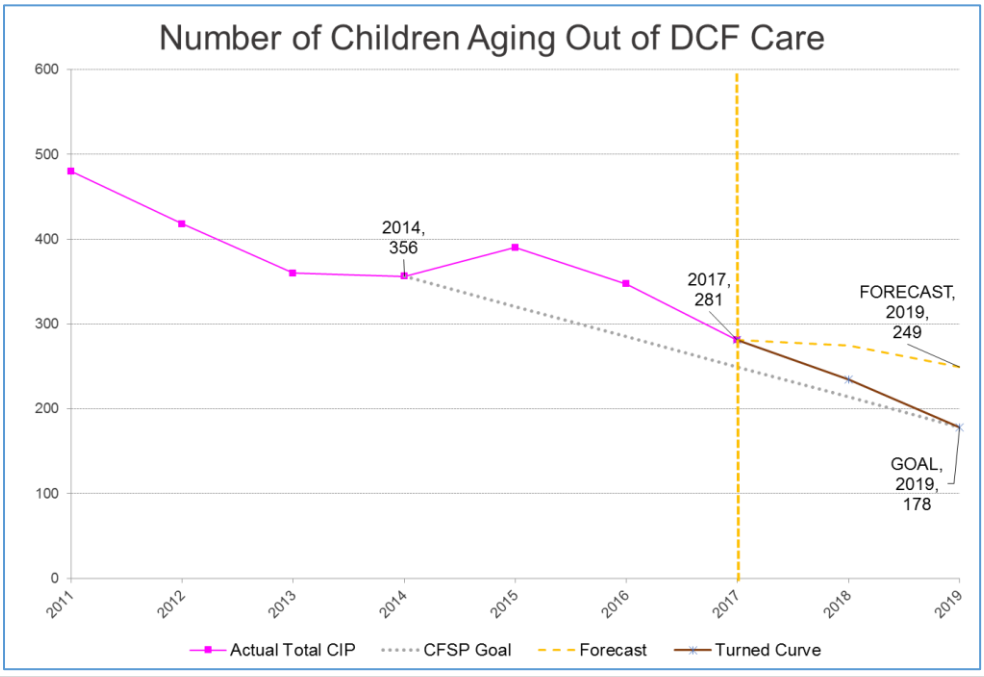
Explanation: The chart displays the total number of permanency plans approved and also displays the number of those approved that had APPLA/OPPLA goals that were approved by the court during calendar year. Based on a code that is entered, the type of permanency plan goal can be determined.

Cohort: Permanency Plans that were approved during FY17

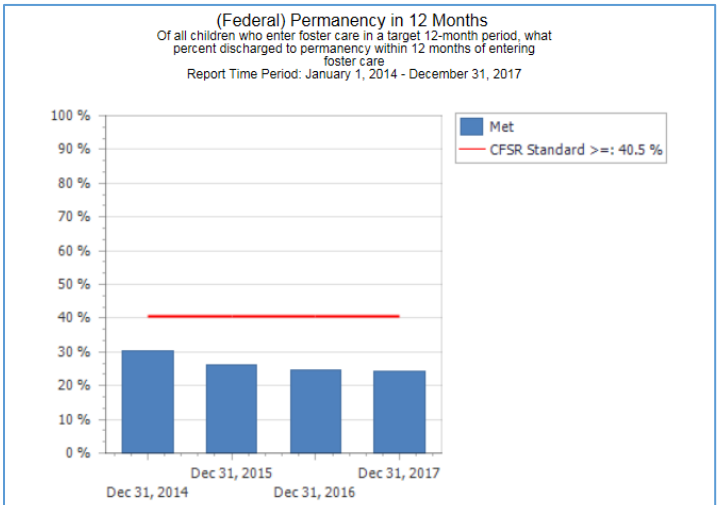
APPLA/OPPLA Plans for FY17		
Total Number Of Permanency Plans Approved	4032	100%
Number of APPLA/OPPLA Plans Approved	281	7.0%
Number of ILP Approved	254	6.3%
Number of Long Term Foster Care Approved	120	3.0%
Number of Other Approved	46	1.1%

- CFSR Result: n=41, 78% Strength, 22% ANI

- **Item 6**
  - CFSP Objective
    - Number of youth aging out of care without legal or relational permanency will be reduced by 50%.

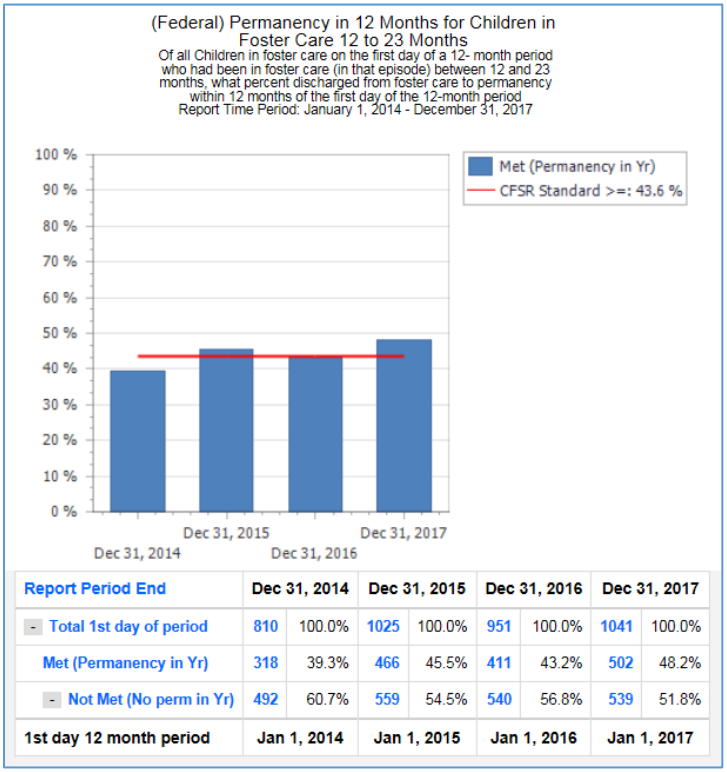


- CFSR Result: n=42, 31% Strength, 69% ANI
- CFSR National Data Indicator Results: All three relevant permanency measures were unable to be calculated due to a data quality issue with a single data element, discharge reason, for the measurement periods required for each measure. It should be noted that this data quality problem has already been resolved in the subsequent submission of FFY16B AFCARS data.
- ROM Federal Permanency in 12 Months: Declined from 24.8% in CY16 to 24.1% in CY17



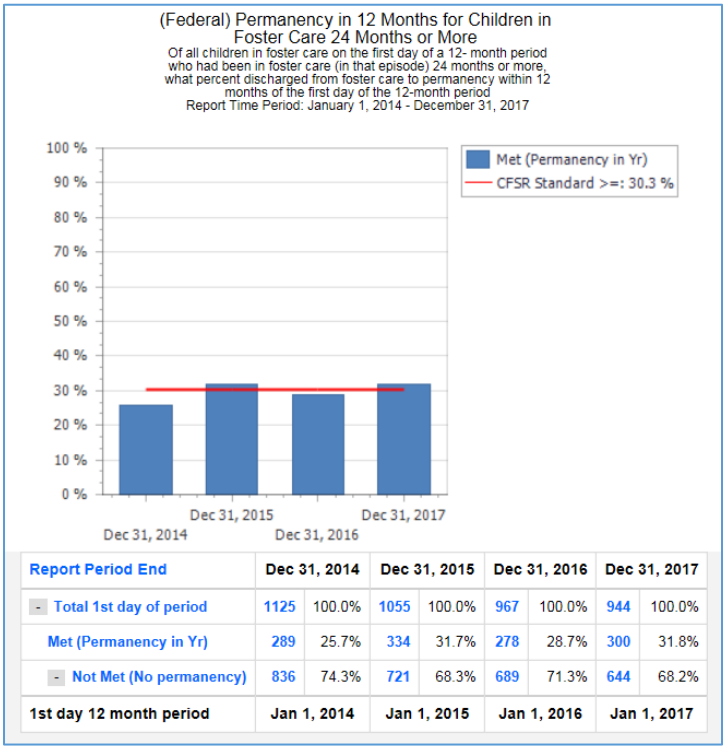
Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017	
- Total Entered Care	1794	100.0%	1995	100.0%	1883	100.0%	1955	100.0%
Met (Permanency in 12)	547	30.5%	523	26.2%	467	24.8%	471	24.1%
Not met	1247	69.5%	1472	73.8%	1416	75.2%	1484	75.9%
Entered Care During	**Jan - Dec 2012**		**Jan - Dec 2013**		**Jan - Dec 2014**		**Jan - Dec 2015**	

- ROM Federal Permanency in 12 Months for CIP 12-23 Months: Improved from 43.2% in CY16 to exceed the standard in CY17 at 48.2%



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017	
- Total 1st day of period	810	100.0%	1025	100.0%	951	100.0%	1041	100.0%
Met (Permanency in Yr)	318	39.3%	466	45.5%	411	43.2%	502	48.2%
- Not Met (No perm in Yr)	492	60.7%	559	54.5%	540	56.8%	539	51.8%
1st day 12 month period	Jan 1, 2014		Jan 1, 2015		Jan 1, 2016		Jan 1, 2017	

- ROM Federal Permanency in 12 Months for CIP >=24 Months: Improved from 28.7% in CY16 to exceed the standard in CY17 at 31.8%



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017	
- Total 1st day of period	1125	100.0%	1055	100.0%	967	100.0%	944	100.0%
Met (Permanency in Yr)	289	25.7%	334	31.7%	278	28.7%	300	31.8%
- Not Met (No permanency)	836	74.3%	721	68.3%	689	71.3%	644	68.2%
1st day 12 month period	Jan 1, 2014		Jan 1, 2015		Jan 1, 2016		Jan 1, 2017	

- Judicial Data concerning Time to Permanent Placement for FY17

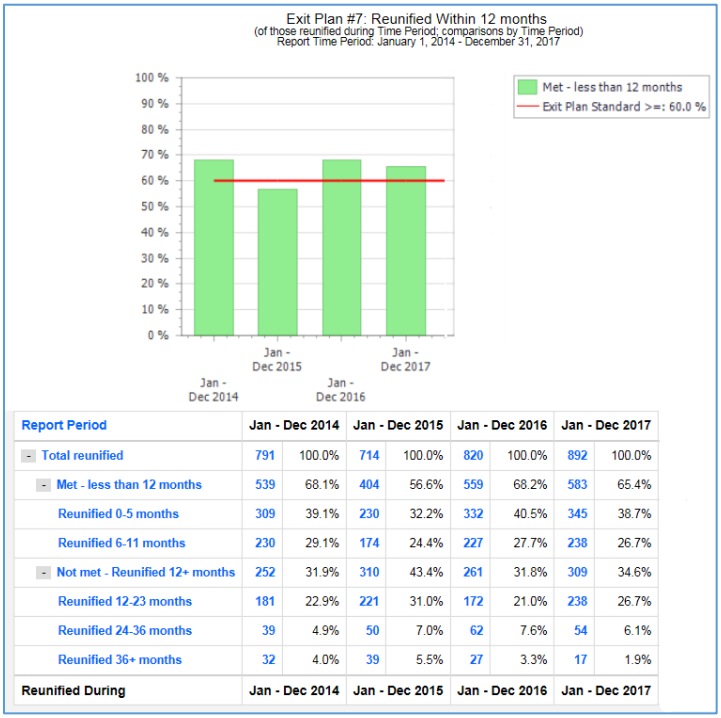
Time to Permanent Placement

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 FY16

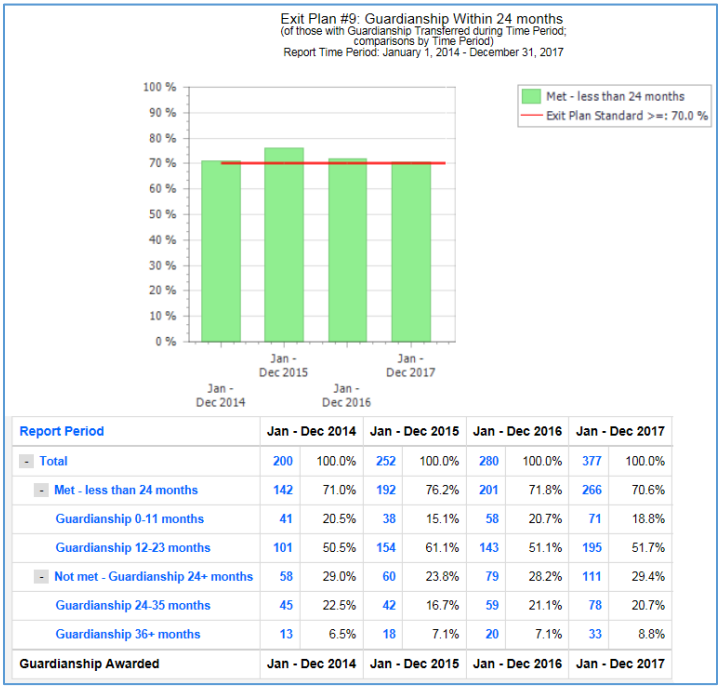
FY17									
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	428	17	51	138	1079	878	4%	12%	32%
Transfer of Guardianship	127	57	76	100	480	441	45%	60%	79%
Reunification	719	486	570	628	341	236	68%	79%	87%

- ROM EP #7 Reunification in 12 Months: Declined from 68.2% in CY16 but still exceeded the standard in CY17 at 65.4%



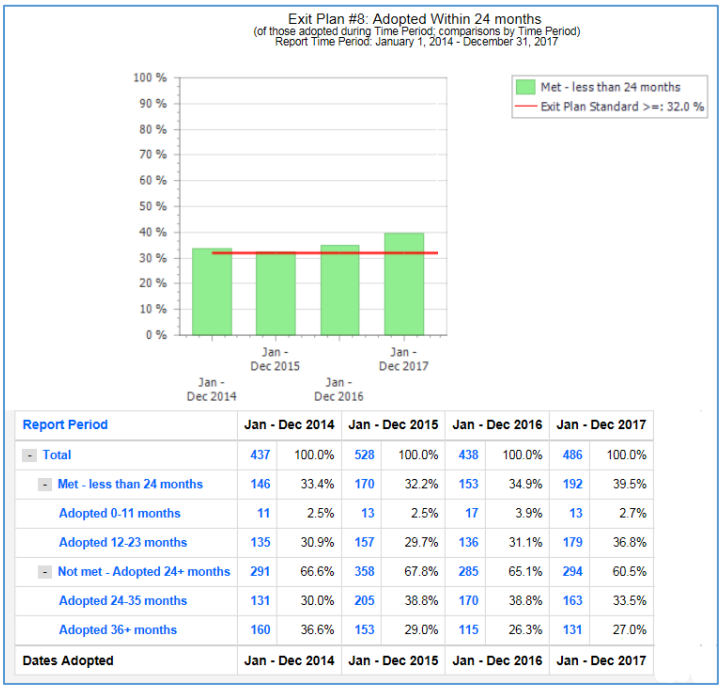
Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017	
- Total reunified	791	100.0%	714	100.0%	820	100.0%	892	100.0%
- Met - less than 12 months	539	68.1%	404	56.6%	559	68.2%	583	65.4%
Reunified 0-5 months	309	39.1%	230	32.2%	332	40.5%	345	38.7%
Reunified 6-11 months	230	29.1%	174	24.4%	227	27.7%	238	26.7%
- Not met - Reunified 12+ months	252	31.9%	310	43.4%	261	31.8%	309	34.6%
Reunified 12-23 months	181	22.9%	221	31.0%	172	21.0%	238	26.7%
Reunified 24-36 months	39	4.9%	50	7.0%	62	7.6%	54	6.1%
Reunified 36+ months	32	4.0%	39	5.5%	27	3.3%	17	1.9%
Reunified During	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017	

- ROM EP #9 TOG in 24 Months: Declined from 71.8% in CY16 but still exceeded the standard in CY17 at 70.6%



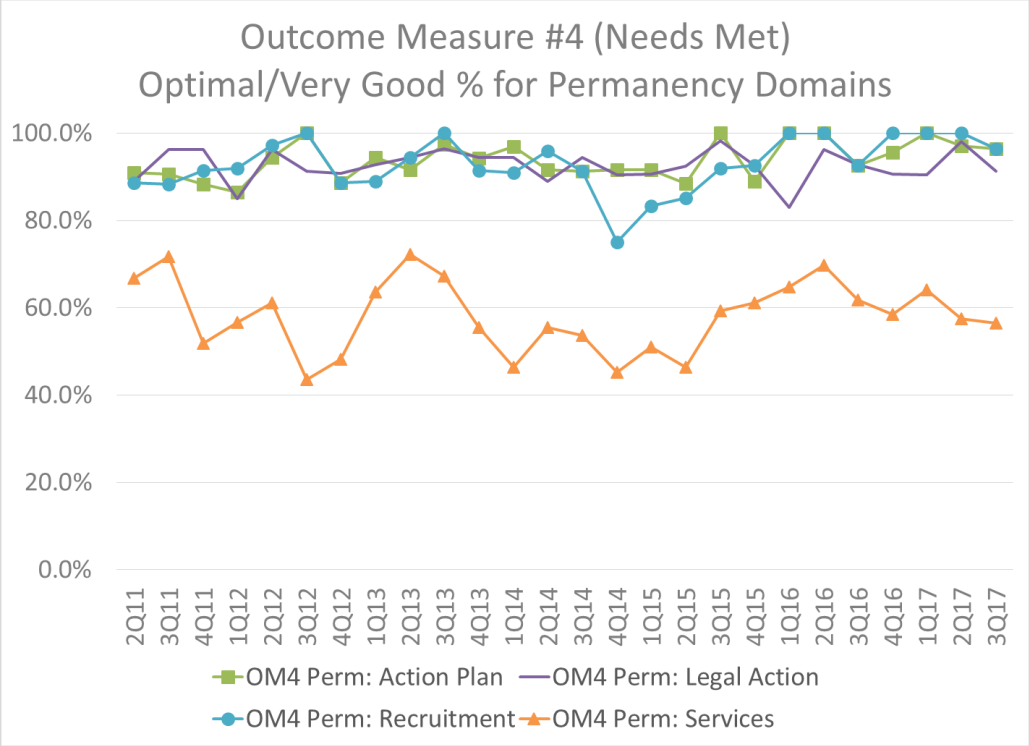
Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017	
- Total	200	100.0%	252	100.0%	280	100.0%	377	100.0%
- Met - less than 24 months	142	71.0%	192	76.2%	201	71.8%	266	70.6%
Guardianship 0-11 months	41	20.5%	38	15.1%	58	20.7%	71	18.8%
Guardianship 12-23 months	101	50.5%	154	61.1%	143	51.1%	195	51.7%
- Not met - Guardianship 24+ months	58	29.0%	60	23.8%	79	28.2%	111	29.4%
Guardianship 24-35 months	45	22.5%	42	16.7%	59	21.1%	78	20.7%
Guardianship 36+ months	13	6.5%	18	7.1%	20	7.1%	33	8.8%
Guardianship Awarded	**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**	

- ROM EP #8 Adoption in 24 Months: Improved from 34.9% in CY16 to exceed the standard in CY17 at 39.5%

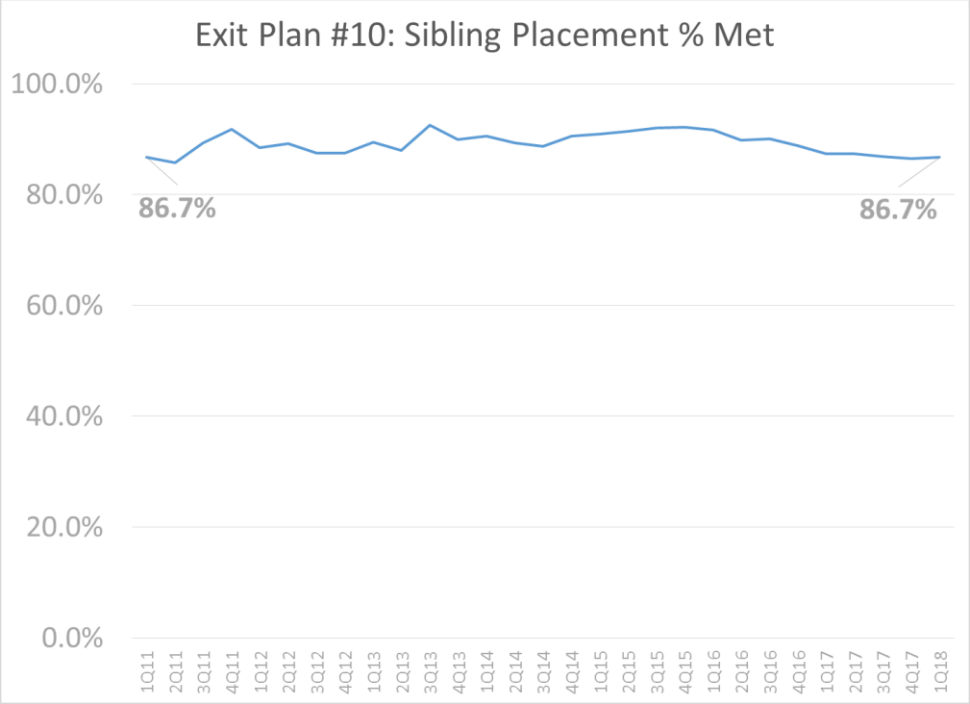


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017	
- Total	437	100.0%	528	100.0%	438	100.0%	486	100.0%
- Met - less than 24 months	146	33.4%	170	32.2%	153	34.9%	192	39.5%
Adopted 0-11 months	11	2.5%	13	2.5%	17	3.9%	13	2.7%
Adopted 12-23 months	135	30.9%	157	29.7%	136	31.1%	179	36.8%
- Not met - Adopted 24+ months	291	66.6%	358	67.8%	285	65.1%	294	60.5%
Adopted 24-35 months	131	30.0%	205	38.8%	170	38.8%	163	33.5%
Adopted 36+ months	160	36.6%	153	29.0%	115	26.3%	131	27.0%
Dates Adopted	**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**	

- **Other Related Data**
  - EP #4 Needs Met: selected Permanency domains: slight declines, or little change, since 3Q16 (3Q17 is the latest available quarter)



- **Item 7**
  - CFSR Result: n=21, 76% Strength, 24% ANI
  - CIP Dashboard Since 2011 - % CIP In Kin Placement Jan '11 – May '18
    - **21.0%** in Kinship Care on Jan 1 2011 (17.3% in Relative only)
    - **40.9%** in Kinship Care on May 1 2018 (34.0% in Relative only)
  - EP #10 CY11 – CY17 – quarterly performance: no change in performance across time period displayed



- **Item 8**
  - CFSR Result: n=28, 75% Strength, 25% ANI
  - 2017 Child Visitation Study Results

The DCF Office for Research and Evaluation, in collaboration with Regional Quality Improvement managers and other qualified reviewers, conducted a study of the 150 target children, who were under the care and custody of the Commissioner of DCF for at least one week between July 1, 2016 and June 30, 2017. 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 300 sibling pairs and 150 children with their parents.

Siblings:

Of the 300 sibling pairs, the frequency of visitation met or exceeded the expectation for 147 (49.0%) of the sibling pairs. This is a slight decrease from the 2016 report results in which the expectation was met for 49.5% of the sibling pairs. Of the 300 pairs, ten had a visitation expectation of "None." Of the remaining 290 sibling pairs that had a visitation expectation, the actual visitation frequency was met/exceeded for 47.2% of the pairs. The expectation was met for 82 (54.6%) target children with at least one of their siblings which is a slight decrease from 2016, where the expectation was met for 56.8% of the target children. Documentation regarding the factors considered in making visitation determinations was located in the child's plan of treatment (which the Department refers to as the "Case Plan") for 175 (58.3%) pairs which was a decrease from 2016 where information was found in the case plan for 66.2% of the sibling pairs. For 50 (16.7%) of the pairs, the information was located within supervisory conference notes, case narratives or were obtained directly from the assigned social worker or supervisor. Although the expectation was less than weekly for 190 (63.3 %) of the pairs, there was Information in the Case Plan regarding the factors used to determine the frequency for 90

(47.4%) of these sibling pairs. Another 31 (16.3%) sibling pairs had information located in other areas of the case record or was obtained via interview.

There were a number of identified barriers to meeting the visitation expectations. The most often identified barrier for the sibling pairs for whom DCF did not meet the visitation expectation was "Parent Refuses to allow sibling to visit" (25, 16.3%). This consisted of cases in which the parents of the siblings of the target children either refused to allow visitation or did not attend scheduled visits that included the siblings. This was followed by "Child refuses to visit" (24, 15.6%). The "Other" barrier was chosen for 15 (9.8%) of the pairs. These mostly included older siblings who were not interested in visiting or had difficulty arranging visits due to their schedules. These also included situations where there was sexual abuse between siblings and/or behavioral health concerns of the child or sibling and was determined that it is not in the best interest of the child to have visitation. For the majority (84, 54.9%) of the pairs, the "Unknown/UTD" barrier was chosen. This included cases in which there wasn't sufficient information regarding the barriers but also where visitation was allowed to be scheduled and facilitated by the caretakers, such as foster parents, guardians, adoptive parents or the target child. In some instances, there were references in the documentation that visits occurred, but because they may be facilitated by someone other than DCF direct service staff, there isn't information about the frequency, duration or assessments of these visits. Similar information is lacking in cases in which the target child is an adolescent and/or visiting with adult siblings. Of the 153 sibling pairs that did not meet the expected frequency, 45 (29.4%) included an adult sibling. In the absence of any known safety concerns, youth are often encouraged to manage scheduling their own visits in an effort to ensure a normative experience for them, but it is more difficult to obtain comprehensive and accurate reporting on results from them. The 2015 report provided anecdotal information regarding the influence that the target child's legal status had on meeting expectations, and that once parental rights are terminated on a child, they have less contact with their siblings. The 2016 report also demonstrated this point. Similar to previous years, in the current review 49.2% of the target children whose parental rights had not been terminated met the visitation expectation compared to 47.1% of those whose rights had been terminated.

Parents:

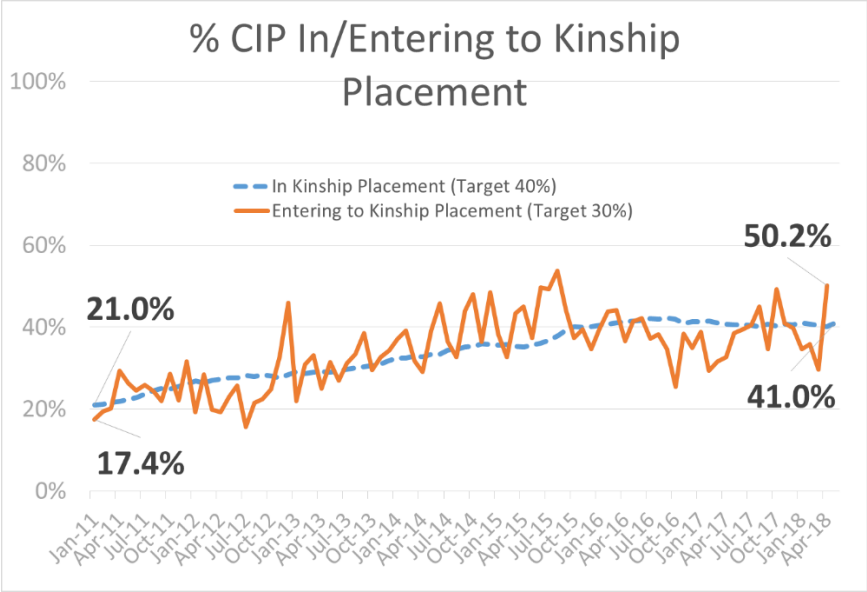
The compliance determination for visitation with parents was based on 132 children of the 150 children who populated the sample, for a total of 223 unique child/parent pairs. Eighteen of the children were not included in the measure because they did not have any parents for whom visitation would have been expected during the period under review. The expected frequency of visitation was met for 152 (68.2%) child/parent pairs which is an increase from 55.7% in the 2016 report. The compliance for child/parent pairs that had an expected frequency determined by the department was based on whether or not the typical pattern of the visitation met or exceeded that expectation.

There were 71 (31.8%) child/parent pairs that did not meet the visitation expectation. Reviewers identified barriers to meeting the visitation expectation for 41 (57.7%) child/parent pairs for which the measure was not met. The most often identified barrier was "Parent Refusal/Unavailable", which was present for 16 (22.5%) of the pairs. The "Unknown/UTD" category (30, 42.3%) included pairs in which the visitation was scheduled by the youth, caretakers or third party and there wasn't sufficient information in the record regarding those visits to determine the frequency of the visitation that occurred.

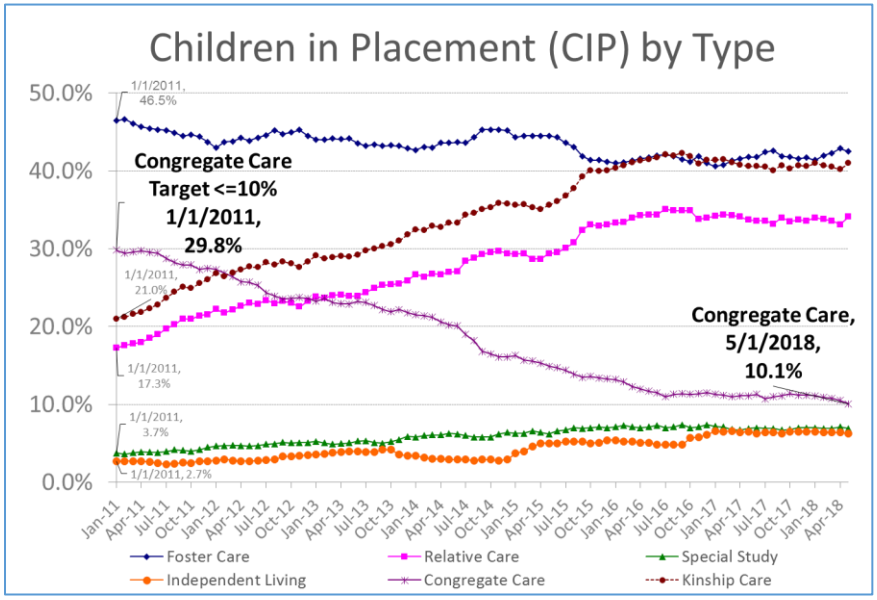
There was a clear visitation expectation identified in the case record for 190 (85.2%) child/parent pairs. There was documentation found in the Case Plan regarding the frequency for 156 (70.0%) of these pairs. Documentation of the expectation was not found for 30 (13.5%) pairs. For the remaining pairs, visitation documentation was found in running narratives or obtained via interview.

- **Item 9**
  - CFSR Result: n=42, 50% Strength, 50% ANI

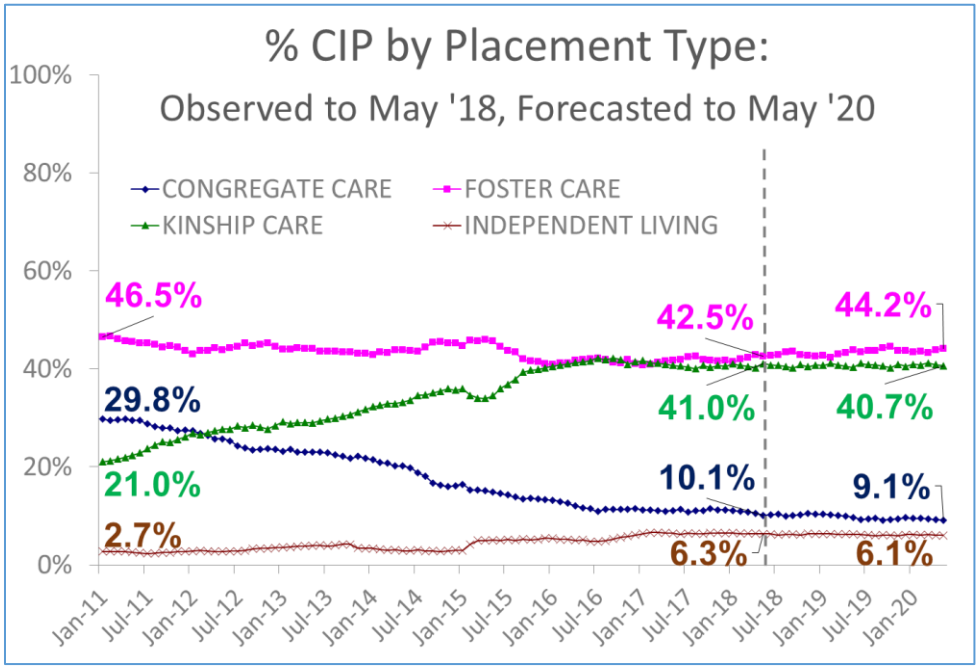
- **Item 10**
  - CFSP Objective:
    - 40% of all initial placements and 30% of overall placements will be with relatives and kin: As of May 1, 2018, 50.2% of initial placements were with kin, as well as 41% of overall placements, exceeding both our goals



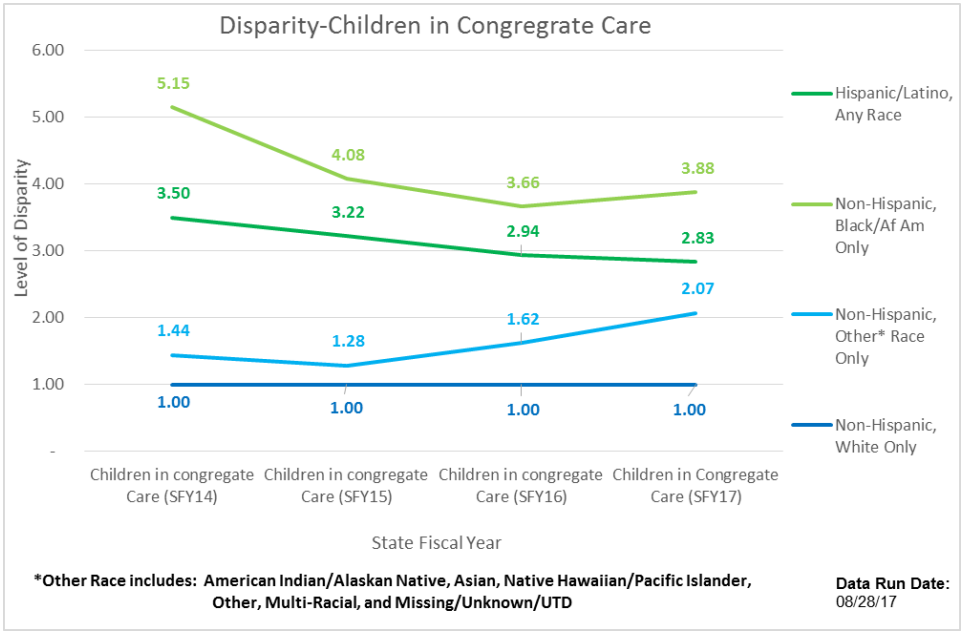
    - Number of children in Congregate Care settings will be no more than 10% of total CIP: As of May 1, 2018, 10.1% of children in placement were in Congregate Care, almost meeting our goal



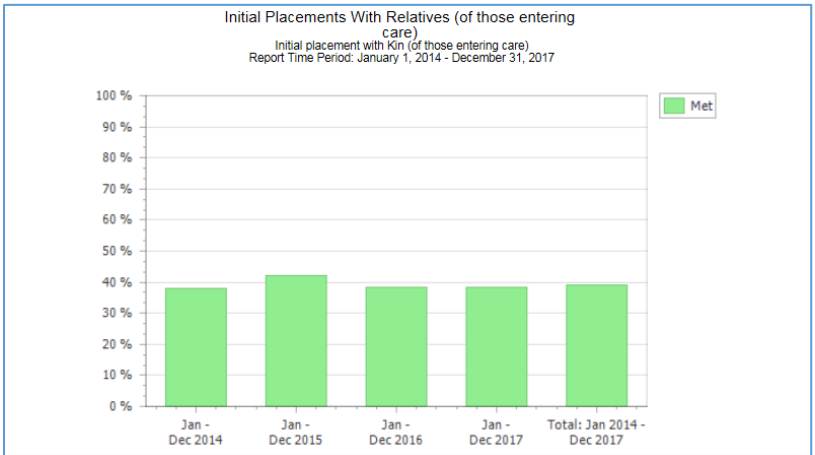
- CIP Placement Type Projections: Forecast shows we will continue to reduce the usage of Congregate Care, but use of Kinship placements will likely remain about the same



- SFY Comparison in CIP in CC Disparity Rates: Shows continued decline in disparity for Non-Hispanic, Black children, but increases for both Hispanic and Non-Hispanic, Other populations

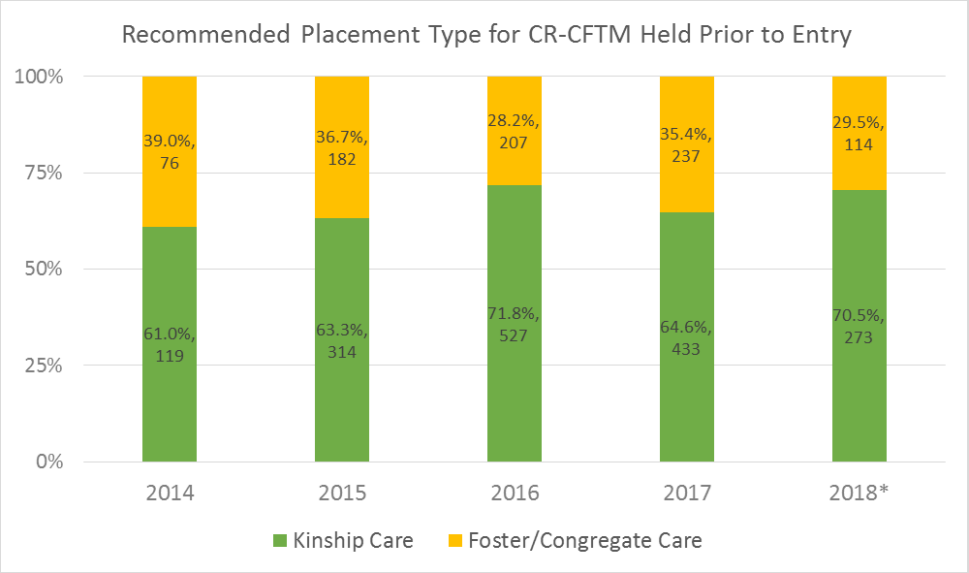


- CFSR Result: n=42, 62% Strength, 38% ANI
- ROM Initial Placement with Kin CY14 – CY17: annual results show little (0.1%) change from CY16 to CY17

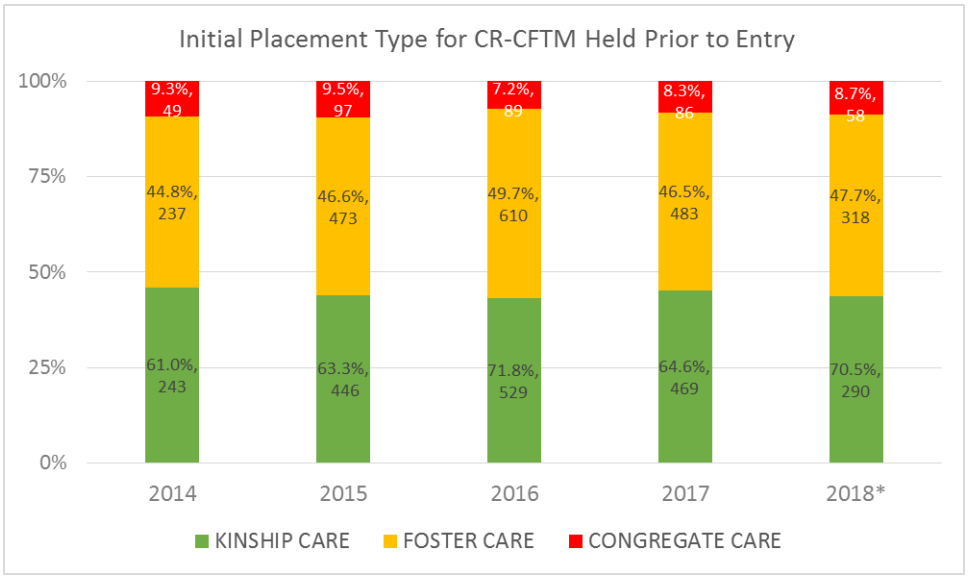


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Total: Jan 2014 - Dec 2017	
- Total	1949	100.0%	1983	100.0%	2320	100.0%	2107	100.0%	8359	100.0%
Met	737	37.8%	834	42.1%	887	38.2%	806	38.3%	3264	39.0%
Not Met	1187	60.9%	1138	57.4%	1419	61.2%	1290	61.2%	5034	60.2%
Unable to Calculate	25	1.3%	11	0.6%	14	0.6%	11	0.5%	61	0.7%
Date data are based	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan 2014 - Dec 2017	

- CR-CFTM Data:
  - % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation CY15 – 17: Fewer recommendations made for Kinship placements in CY17 (64.6%) compared to CY16 (71.8%)



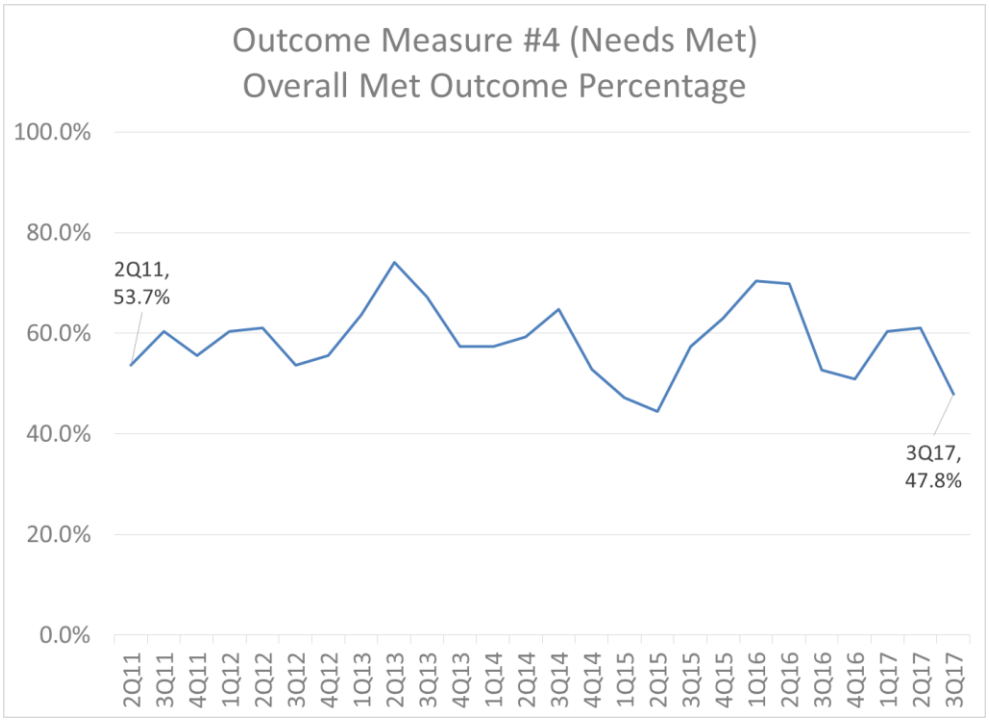
- Of entries, #/% children placed with relatives/kin: Fewer actual initial placements with kin in CY17 (64.9%) compared to CY16 (71.8%)



- **Item 11**
  - CFSR Result: n=24, 67% Strength, 33% ANI
  - ACRI Case Practice Elements
    - Continuity of Relationship – Child w/Parents: 3 percentage point improvement since 1Q17
    - Continuity of Relationship – Child w/Mothers: 2 percentage point improvement since 1Q17
    - Continuity of Relationship – Child w/Fathers: 2 percentage point improvement since 1Q17

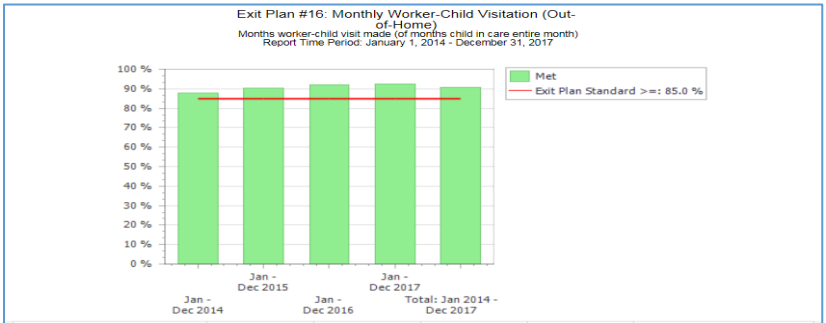
Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
12	Continuity of Relationship - Child w / Parents	91%	90%	89%	93%	92%	93%	92%	90%	90%	92%	90%	92%	93%
13	Continuity of Relationship - Child w / Fathers	87%	89%	87%	90%	90%	90%	91%	88%	88%	89%	87%	88%	90%
14	Continuity of Relationship - Child w / Mothers	94%	91%	91%	95%	94%	95%	93%	93%	93%	94%	93%	95%	95%

- **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
  - EP #15 Needs Met – CY15 – CY17 Quarterly Aggregation: 4.9% decline since 3Q16, as of 3Q17 (latest available data)



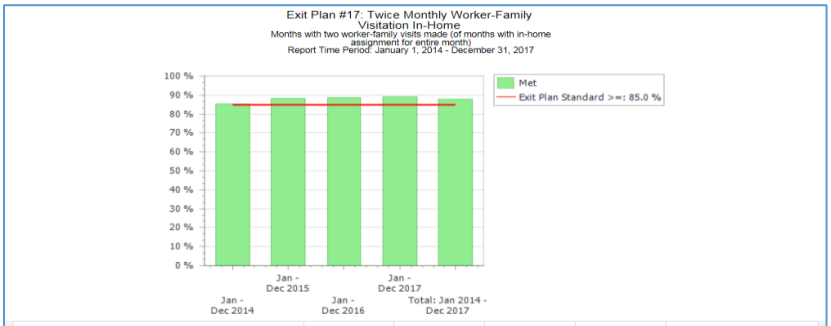
- **Item 13 – REFER TO SYSTEMIC FACTOR SECTIONS ON CASE REVIEW**
  - CFSR Result: n=81, 41% Strength, 59% ANI

- **Item 14/15**
  - CFSR Result Item 14: n=82, 55% Strength, 45% ANI
  - CFSR Result Item 15: n=72, 33% Strength, 67% ANI
  - ROM EP# 16 - CY14 – CY17: Some (0.4%) improvement in CY17 (92.5%) compared to CY16 (92.1%)



Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Total: Jan 2014 - Dec 2017	
Total Visit months	43263	100.0%	41829	100.0%	43358	100.0%	44788	100.0%	173238	100.0%
Met	38078	88.0%	37841	90.5%	39940	92.1%	41424	92.5%	157283	90.8%
Visited in-home	33303	77.0%	34132	81.6%	36940	85.2%	38817	86.7%	143192	82.7%
Visited in-person only	4775	11.0%	3709	8.9%	3000	6.9%	2607	5.8%	14091	8.1%
Not Met	5185	12.0%	3988	9.5%	3418	7.9%	3364	7.5%	15955	9.2%
Other not in-person visit	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No visit	5185	12.0%	3988	9.5%	3418	7.9%	3364	7.5%	15955	9.2%
Date data are based	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan 2014 - Dec 2017	

- ROM EP# 17 - CY14 – CY17: Some (0.8%) improvement in CY17 (89.3%) compared to CY16 (88.5%)



Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Total: Jan 2014 - Dec 2017	
Total	30937	100.0%	30934	100.0%	34799	100.0%	37344	100.0%	134014	100.0%
Met	26348	85.2%	27302	88.3%	30790	88.5%	33339	89.3%	117779	87.9%
Not Met	4589	14.8%	3632	11.7%	4009	11.5%	4005	10.7%	16235	12.1%
No visit since case in-home assignment	282	0.9%	178	0.6%	189	0.5%	178	0.5%	827	0.6%
Only 1 visit documented this month	2959	9.6%	2392	7.7%	2644	7.6%	2577	6.9%	10572	7.9%
No visit since last calendar month	613	2.0%	501	1.6%	531	1.5%	489	1.3%	2134	1.6%
No more than 1 visit in last calendar month	375	1.2%	258	0.8%	296	0.9%	331	0.9%	1260	0.9%
No more than 1 visit in 2 or more calendar months	360	1.2%	303	1.0%	349	1.0%	430	1.2%	1442	1.1%
Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan 2014 - Dec 2017	

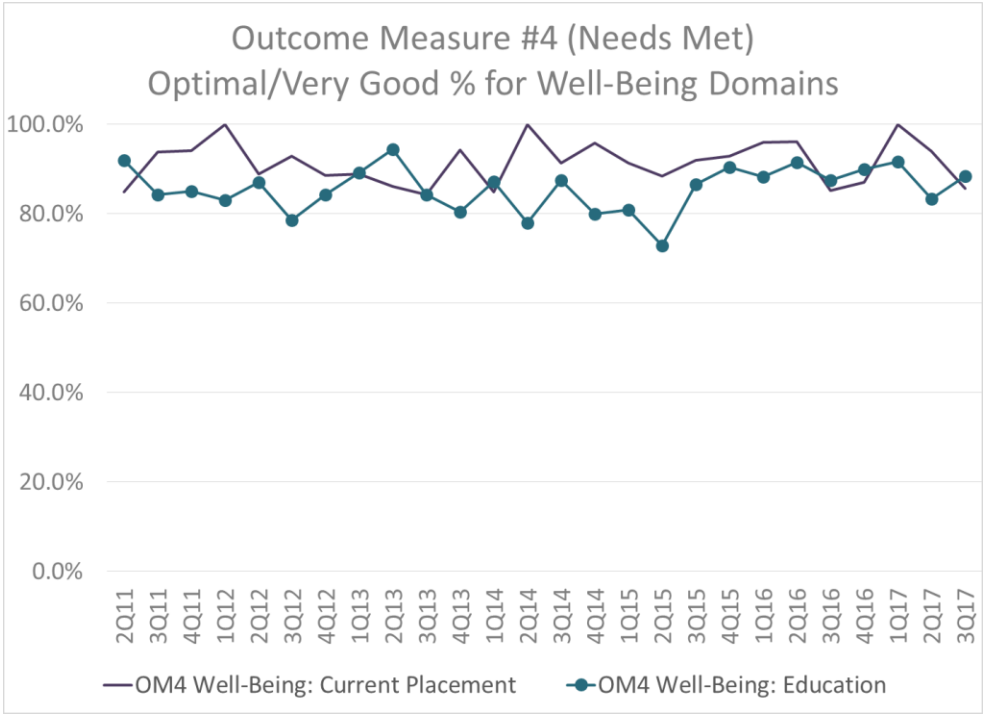
- ACRI Case Practice Elements – CY15 – CY17
  - Visitation with Child and Parents: 3 percentage point improvement since 1Q17
  - Frequency of Visits – Parents: 4 percentage point improvement since 1Q17
  - Frequency of Visits – Father: 3 percentage point improvement since 1Q17
  - Frequency of Visits – Mother: 4 percentage point improvement since 1Q17
  - Quality of Visits – Parents: 2 percentage point improvement since 1Q17
  - Quality of Visits – Father: 1 percentage point improvement since 1Q17
  - Quality of Visits – Mother: 2 percentage point improvement since 1Q17
  - Frequency of Visits – Child: 4 percentage point improvement since 1Q17
  - Quality of Visits – Child: 4 percentage point improvement since 1Q17

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
1	Visitation with Child and Parents	67%	61%	60%	64%	68%	69%	65%	58%	61%	62%	67%	63%	64%
2	Frequency of visits - Parents	68%	60%	60%	65%	70%	69%	67%	59%	61%	65%	65%	66%	65%
3	Frequency of visits - Father	62%	54%	54%	59%	65%	63%	61%	51%	53%	57%	55%	56%	56%
4	Frequency of visits - Mother	72%	65%	64%	70%	74%	74%	71%	66%	68%	71%	74%	73%	72%
5	Quality of visits - Parents	68%	62%	63%	67%	73%	73%	71%	64%	67%	70%	70%	70%	69%
6	Quality of visits - Father	64%	56%	58%	60%	68%	67%	65%	56%	60%	62%	61%	61%	61%
7	Quality of visits - Mother	72%	67%	68%	73%	76%	78%	75%	70%	73%	76%	79%	76%	75%
8	Frequency of visits - Child	76%	71%	76%	78%	81%	83%	83%	77%	80%	83%	85%	84%	84%
9	Quality of visits - Child	76%	72%	77%	80%	82%	85%	84%	77%	82%	85%	89%	86%	86%

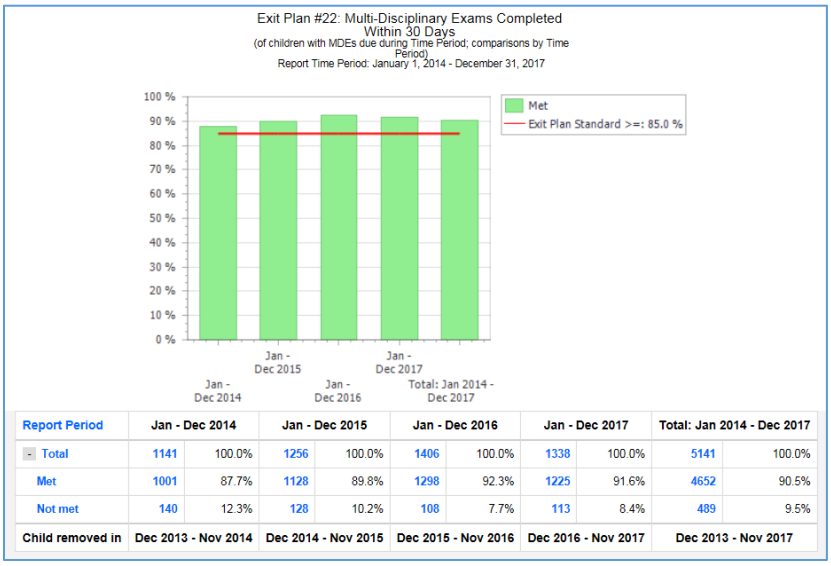
- **Item 16**
  - CFSR Result: n=53, 85% Strength, 15% ANI
  - ACRI Case Practice Elements – CY15 – CY17
    - Educational/development needs – Child: 3 percentage point improvement since 1Q17
    - Educational/development needs assessed – Child: 3 percentage point improvement since 1Q17
    - Educational/development needs addressed – Child: 2 percentage point improvement since 1Q17

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
26	Educational/development needs - Child	93%	93%	94%	94%	94%	95%	93%	94%	93%	94%	95%	95%	96%
32	Education/development needs assessed - Child	95%	95%	96%	96%	95%	97%	94%	95%	94%	95%	96%	96%	97%
33	Education/development needs addressed - Child	95%	94%	95%	95%	94%	96%	94%	94%	95%	94%	96%	95%	96%

  - Exit Plan #4 Needs Met – Educational Domain: little change since 3Q16 (3Q17 is the latest available quarter)



- Item 17/18
  - CFSR Result Item 17: n=58, 62% Strength, 38% ANI
  - CFSR Result Item 18: n=49, 45% Strength, 55% ANI
  - ROM EP#22 MDE - CY15 – CY17: Some (0.7%) decrease in CY17 (91.6%) compared to CY16 (92.3%)

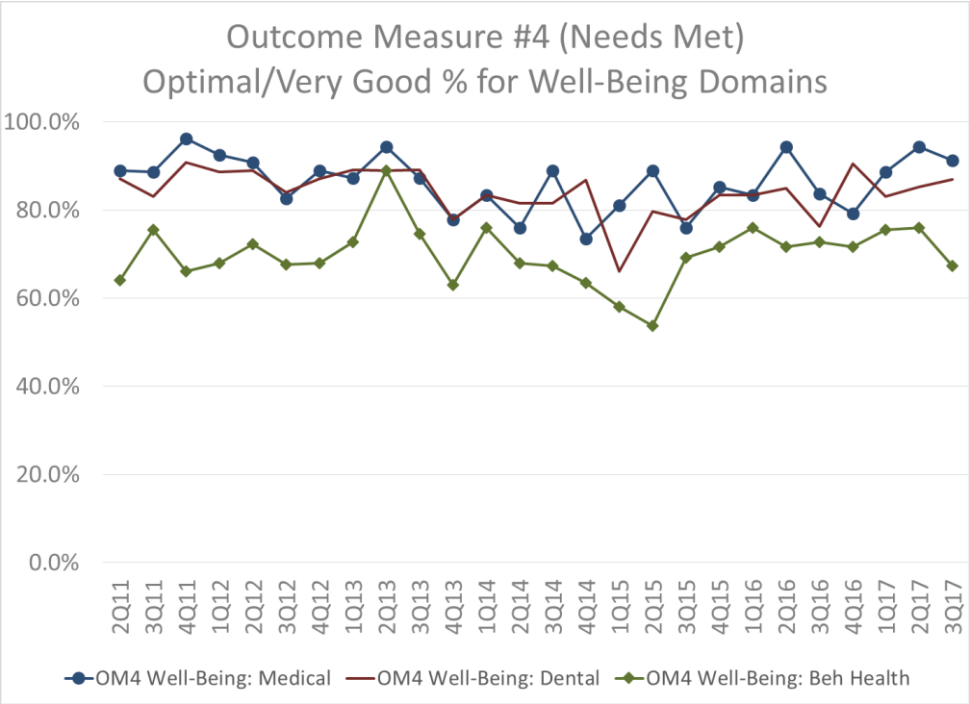


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Total: Jan 2014 - Dec 2017	
- Total	1141	100.0%	1256	100.0%	1406	100.0%	1338	100.0%	5141	100.0%
Met	1001	87.7%	1128	89.8%	1298	92.3%	1225	91.6%	4652	90.5%
Not met	140	12.3%	128	10.2%	108	7.7%	113	8.4%	489	9.5%
Child removed in	Dec 2013 - Nov 2014		Dec 2014 - Nov 2015		Dec 2015 - Nov 2016		Dec 2016 - Nov 2017		Dec 2013 - Nov 2017	

  - ACRI Case Practice Elements – CY15 – CY17
    - Physical Healthcare needs – Child: no change since 1Q17
    - SA/Social Support/MH needs – Child: 2 percentage point improvement since 1Q17
    - Physical Healthcare needs assessed – Child: 1 percentage point improvement since 1Q17
    - Physical Healthcare needs addressed – Child: 1 percentage point improvement since 1Q17
    - Dental Healthcare needs assessed – Child: 1 percentage point decline since 1Q17
    - Dental Healthcare needs addressed – Child: 2 percentage point decline since 1Q17
    - Vision needs addressed – Child: 1 percentage point decline since 1Q17

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
24	Physical health care - Child	86%	82%	83%	85%	84%	86%	81%	82%	82%	84%	84%	86%	82%
25	SA/Social Support/MH - Child	90%	84%	84%	88%	88%	91%	88%	86%	86%	86%	89%	88%	88%
27	Physical health care needs assessed - Child	96%	96%	95%	96%	95%	97%	93%	94%	94%	96%	96%	96%	95%
28	Physical health care needs addressed - Child	93%	92%	92%	93%	93%	93%	91%	91%	91%	93%	93%	94%	92%
29	Dental health care needs assessed - Child	94%	91%	92%	94%	92%	94%	91%	91%	92%	93%	94%	93%	91%
30	Dental health care needs addressed - Child	92%	89%	91%	91%	91%	92%	89%	90%	91%	91%	90%	91%	89%
31	Vision needs - Child	95%	94%	95%	94%	94%	95%	92%	93%	95%	94%	95%	96%	94%

  - Exit Plan #4 Needs Met – Domains for Medical, Dental and Behavioral Health: improvement noted for Medical and Dental domains, but declines in Behavioral Health domain, since 3Q16 (3Q17 is latest available quarter)

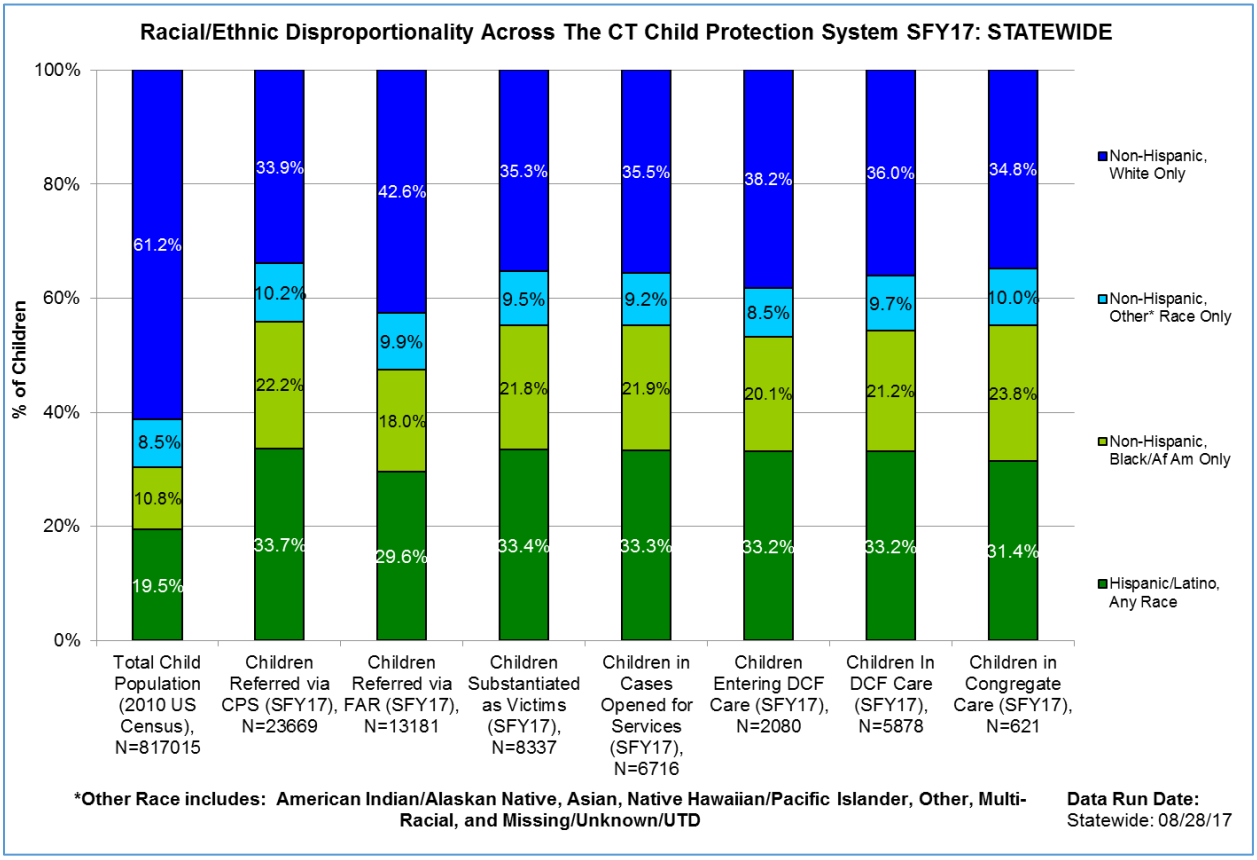


- **Item 19**
  - CFSR Result: **ANI**
  - AFCARS Data Quality Checks (most recent)

AFCARS Data Quality Checks

	Limit		MFC	Perm	PS	09B	10A	10B	11A	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A	16B
AFCARS IDs don't match from one period to next	>	40%	•	•	•	23.5%	22.7%	22.2%	21.9%	21.9%	18.0%	21.2%	19.0%	25.9%	17.1%	18.0%	18.7%	19.4%	17.7%	
Age at discharge greater than 21	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.1%	0.0%	0.4%	0.2%	0.1%	0.0%	0.4%	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%	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%	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%	0.0%	0.0%	0.0%	0.0%
Dropped records	>	10%	•	•	•	0.2%	0.4%	0.5%	2.4%	4.2%	3.8%	4.6%	3.7%	9.2%	4.6%	5.0%	6.2%	6.3%	5.5%	
Enters and exits care the same day	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	1.8%	1.1%	2.0%	1.8%	1.7%	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%	2.1%	0.8%	1.2%	1.9%	1.6%	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%	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%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	2.4%	2.2%	2.4%	2.1%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	>	10%		•		1.4%	2.7%	2.6%	3.8%	7.8%	11.8%	9.7%	11.8%	13.8%	23.1%	23.2%	27.0%	29.5%	26.9%	0.0%
Missing number of placement settings	>	5%			•	1.0%	0.9%	0.8%	0.5%	3.3%	4.5%	4.0%	4.6%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	>	95%	•	•	•	77.8%	77.3%	77.3%	77.4%	80.1%	80.4%	80.7%	80.7%	80.8%	81.7%	81.5%	82.5%	83.6%	83.9%	84.6%

  - SFY17 Disproportionality Pathway (Statewide) Chart



- Placement/Permanency Monitoring Report (Chart IX): Children in placement on 5/1/18 by Age and Race

Race Gender		Age_Grp2					
		<1	1-5	6-12	13-17	>=18	TOTAL
	Male				1		1
	TOTAL	0	0	0	1	0	1
Am.Ind/Al.Native	Female			2	1		3
	Male	1			3	1	5
	TOTAL	1	0	2	4	1	8
Asian	Female		1		5	3	9
	Male	1	1		1	1	4
	TOTAL	1	2	0	6	4	13
Black	Female	36	158	121	131	88	534
	Male	33	158	128	156	87	562
	TOTAL	69	316	249	287	175	1096
Multi-Race	Female	23	93	53	39	33	241
	Male	14	99	65	45	18	241
	TOTAL	37	192	118	84	51	482
Nat.Haw./Pac.Is l.	Female			1	1	1	3
	TOTAL	0	0	1	1	1	3
Unknown	Female	5	12	7	8		32
	Male	7	12	9	9		37
	TOTAL	12	24	16	17	0	69
White	Female	87	387	332	272	157	1235
	Male	98	390	337	284	140	1249
	TOTAL	185	777	669	556	297	2484
TOTAL		305	1311	1055	956	529	4156

- Placement/Permanency Report (Chart XII): Children in placement on 5/1/18 by Length of Stay (LOS) and Current Case Plan Goal

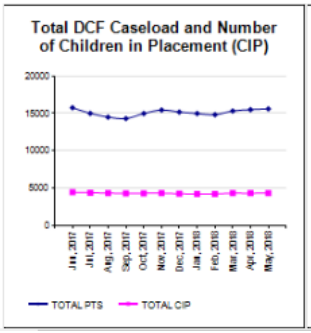
Current Case Plan Goal	LOS (Months) <2 Months	>=2 Months	Grand Total
#			
Reunification	90	1488	1578
Transfer of Guardianship	4	525	529
Adoption	6	608	614
OPPLA	1	81	82
(blank)	211	13	224
%			
Reunification	3.0%	49.2%	52.1%
Transfer of Guardianship	0.1%	17.3%	17.5%
Adoption	0.2%	20.1%	20.3%
OPPLA	0.0%	2.7%	2.7%
(blank)	7.0%	0.4%	7.4%
Total #	**312**	**2715**	**3027**
Total %	**10.3%**	**89.7%**	**100.0%**

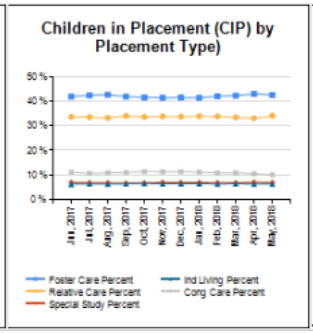
- Placement/Permanency Report: Children in placement on 5/1/18 by Legal Status

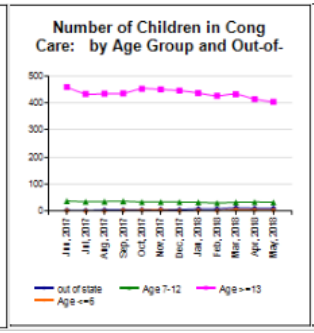
Current Case Plan Goal	#
96 Hour Hold	6
Commitment Abuse/Neglect/Uncared For	2370
Commitment Dual	12
Commitment FWSN	2
DCF Custody Voluntary Services	2
Not Committed	46
Order Of Temporary Custody	580
Probate Court Custody	3
Protective Supervision	6
Grand Total	**3027**

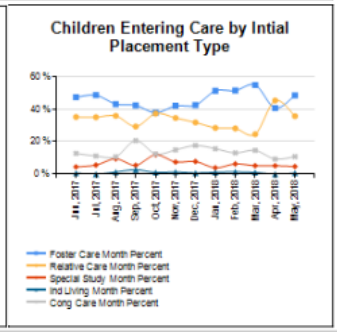
- CIP Dashboard: Children in placement on the 1st of each month from 6/1/17 – 5/1/18 by Placement Type, and Children entering placement during each month by Initial Placement Type

CIP DASHBOARD			% of Total Children-in-Placement (CIP)					# in Congregate Care Subgroups				# and % of Children Entering Placement During Time Period					
			Family Foster Care						Age Group				Kinship Care				
Observation Date	Total Caseload Points	Total CIP	Foster Care	Relative Care	Special Study	Independent Living	Congregate Care	Out of State	>=13	7-12	<6	Entries During Period	Relative Care	Special Study	Foster Care	Congregate Care	Independent Living
06/01/2017	15,768	4,454	41.9 %	33.6 %	7.0 %	6.3 %	11.2 %	4	458	38	2	157	35.0 %	4.5 %	47.1 %	12.7 %	0.6 %
07/01/2017	15,017	4,391	42.4 %	33.6 %	6.9 %	6.4 %	10.7 %	3	433	35	1	126	34.9 %	5.6 %	48.4 %	11.1 %	0.0 %
08/01/2017	14,505	4,332	42.6 %	33.2 %	6.9 %	6.4 %	10.9 %	5	434	36	1	235	35.7 %	9.4 %	43.0 %	10.6 %	1.3 %
09/01/2017	14,311	4,303	41.9 %	34.0 %	6.7 %	6.4 %	11.0 %	5	435	37	3	185	29.2 %	5.4 %	42.2 %	20.5 %	2.7 %
10/01/2017	14,995	4,304	41.6 %	33.6 %	6.8 %	6.6 %	11.4 %	6	452	34	4	202	37.1 %	11.9 %	37.6 %	12.4 %	1.0 %
11/01/2017	15,456	4,323	41.4 %	33.8 %	7.0 %	6.5 %	11.3 %	7	449	34	5	148	34.5 %	7.4 %	41.9 %	14.9 %	1.4 %
12/01/2017	15,185	4,246	41.5 %	33.7 %	6.9 %	6.5 %	11.3 %	6	445	34	2	142	31.7 %	7.7 %	42.3 %	17.6 %	0.7 %
01/01/2018	14,994	4,219	41.4 %	33.9 %	7.0 %	6.5 %	11.2 %	9	436	33	3	180	28.3 %	3.9 %	51.1 %	15.6 %	1.1 %
02/01/2018	14,830	4,234	42.1 %	33.8 %	6.9 %	6.4 %	10.8 %	9	426	31	2	207	28.0 %	6.3 %	51.2 %	13.0 %	1.4 %
03/01/2018	15,333	4,330	42.3 %	33.5 %	6.8 %	6.5 %	10.9 %	13	432	33	6	192	24.5 %	5.2 %	54.7 %	14.6 %	1.0 %
04/01/2018	15,510	4,326	42.9 %	33.1 %	7.1 %	6.4 %	10.5 %	11	414	34	5	195	45.1 %	5.1 %	40.5 %	9.2 %	0.0 %
05/01/2018	15,614	4,345	42.5 %	34.1 %	6.9 %	6.3 %	10.1 %	11	403	33	4	149	35.6 %	4.7 %	48.3 %	10.7 %	0.7 %
% Change from 6/1/2017 to Latest	-1.0%	-2.4%	-1.0%	-1.1%	-3.2%	-2.1%	-11.6%	175.0%	-12.0%	-13.2%	100.0%	-5.1%	-3.6%	0.0%	-2.7%	-20.0%	0.0%









- Congregate Care & OPPLA Dashboard: Children in placement on 5/30/18 in Congregate Care, In out-of-state Congregate Care, in Congregate Care with an OPPLA goal, and All CIP with an OPPLA goal

	Summary							
	CC CIP		CC CIP IN OOSP		CC CIP With OPPLA Count		All CIP With OPPLA Goal	
Region	#	%	#	%	#	%	#	%
Region 1	42	9.5%	0	0.0%	7	16.7%	66	14.9%
Bridgeport	34	11.5%	0	0.0%	7	20.6%	48	16.2%
Norwalk/Stamford	8	5.4%	0	0.0%	0	0.0%	18	12.2%
Region 2	62	10.1%	2	3.2%	15	24.2%	118	19.2%
Milford	29	9.5%	2	6.9%	10	34.5%	55	18.1%
New Haven	33	10.6%	0	0.0%	5	15.2%	63	20.2%
Region 3	97	11.2%	5	5.2%	21	21.6%	104	12.0%
Middletown	12	8.9%	0	0.0%	5	41.7%	22	16.3%
Norwich	49	10.7%	3	6.1%	10	20.4%	48	10.5%
Willimantic	36	13.2%	2	5.6%	6	16.7%	34	12.5%
Region 4	108	11.6%	2	1.9%	30	27.8%	144	15.5%
Hartford	72	12.7%	1	1.4%	20	27.8%	98	17.3%
Manchester	36	9.9%	1	2.8%	10	27.8%	46	12.7%
Region 5	69	7.4%	1	1.4%	11	15.9%	111	11.9%
Danbury	6	3.0%	0	0.0%	0	0.0%	12	6.1%
Torrington	15	8.9%	0	0.0%	0	0.0%	19	11.2%
Waterbury	48	8.5%	1	2.1%	11	22.9%	80	14.2%
Region 6	59	10.6%	1	1.7%	25	42.4%	82	14.8%
Meriden	13	8.4%	0	0.0%	6	46.2%	28	18.1%
New Britain	46	11.5%	1	2.2%	19	41.3%	54	13.5%
Grand Total	440	10.1%	11	2.5%	109	24.8%	625	14.4%

- 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 (of those filed in latest FY)

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 FY17

FY16						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
660	353	548	17	15	53%	83%

  - Time to Filing of Parental Rights Petition from Removal Date (of those filed in latest FY)

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 FY17

FY17						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
660	422	583	16	14	64%	88%

- Time from Abuse/Neglect/Uncared For Petition Filing to TPR Granted (of TPR petitions disposed latest FY)

Time to Termination of Parental Rights

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

Cohort: All TPR petitions disposed during FY17

FY17					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
539	720	651	10%	61%	87%

- **Item 20:**
  - CFSR Result: **ANI**
  - ACRI Case Practice Element - Timely Case Plan – CY15 – CY17 quarterly aggregation

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
43	Timely Case Plan	95%	95%	95%	95%	96%	96%	95%	96%	95%	96%	96%	96%	96%

  - ACR Exception Report – CIP >180 Days LOS with no Case Plan in LINK

No Updated Case Plan (Report Run 6/18/18)		
Number of plans not updated	Total CIP on 6/8/18	% of Plans Not Updated
15	3996	0.38%

  - ACRI Case Practice Element – Family Engagement in Case Planning

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
49	Engagement	81%	81%	[redacted]						83%	79%	81%	82%	81%

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. In an effort to insure 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 2017 reflects that 96% of the case plans were completed timely. The "exception report" dated 6/8/18 reflects fifteen (15) children in care whose plans were not timely; this represents about 0.38% of the children in care on this date. The agency continues to consistently perform well in the area of timely case plans.

The agency has struggled with 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. The agency continues to make efforts to improve engagement in case planning and has revised the ACR data to include an element related to child and family engagement in case planning. The agency data reflects strengths in about 80% of the reviewed cases, which is much improved from the data obtained during the CFSR reviews in 2016. It is not yet clear if the practice improvement is that significant since 2016 or if there is some variation in the lens for engagement that is applied through the ACR reviews and the CFSR reviews. It is also important to note that the agency did not have engagement data from Q3 2015-Q4 2016 because this element was not collected in the ACR document at the time. The agency is preparing for the PIP reviews and this will be an area of continued focus and discussion, particularly since there have been a number of strategies implemented since 2016 to improve engagement in case planning, especially as related to fathers.

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 use this data to further enhance their conversations related to engagement in case planning. These reviews began in January 2017 and continue to date.

It is expected that through the implementation of the PIP strategies and activities, improvement in case planning will be demonstrated and evidenced through the agency data as well as through the PIP review data.

- **Item 21:**
  - CFSR Result: **Strength**
  - ACR – Timeliness of Case Reviews

Meeting <= 180 Days	Meeting >180 Days	Total
87.3%	**12.7%**	**100.0%**

  - ACR – Of Case Reviews Held >180 Days, distribution #/% of days beyond held beyond 180

CY 2017: Periodic Reviews Held Beyond >180 Days by # of Days Overdue					
1-5 days	6-10 days	11-15 days	16-30 days	>30 days	Total
446	272	114	182	93	1107
40.3%	**24.6%**	**10.3%**	**16.4%**	**8.4%**	**100%**

  - Foster Home Quality and Satisfaction Survey: Wave 2 still in planning stages, but we expect implementation before the end of CY18.

- **Item 22:**

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

	Yes	No	Grand Total
Hearing within 12 Months	**94.2%**	**5.8%**	**100.0%**

- ACR #/% Timeliness of Ongoing Permanency Hearings (thereafter 12 months or not)

	Yes	No	Grand Total
Thereafter 12 months	**90.5%**	**9.5%**	**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 FY17, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY17				
# PP	# Within 365 Days	Average	Median	%Within 365 days
1903	1794	308	310	94%

- **Item 23:**
  - CFSR Result: **ANI**
  - Placement/Permanency Report – Chart XIII Pre-TPR CIP In Care >=15 Months by Permanency Goal and Status of TPR Filing (most recent available)

XIII. Pre-TPR Children In Care >= 15 Months by Permanency Goal and Status of TPR Filing

TPR Status	PRE-TPR
LENGTH STAY	>=15 Months In Care
Age Grp2	<=18

TPR Filed?	Permanency Goal	#	%
YES	Adoption	206	18 %
	Reunification	19	2 %
	TOG NREL SUB	7	1 %
	TOG REL SUB	7	1 %
	APPLA	4	0 %
	(Blank)	3	0 %
	TOG REL NONSUB	3	0 %
	TOG NREL NONSUB	2	0 %
	TOG: Sub	2	0 %
	TOTAL	253	22 %
NO	Reunification	283	25 %
	TOG REL SUB	238	21 %
	Adoption	191	17 %
	TOG NREL SUB	76	7 %
	APPLA	56	5 %
	TOG: Sub	12	1 %
	TOG REL NONSUB	11	1 %
	TOG NREL NONSUB	9	1 %
	(Blank)	5	0 %
	TOTAL	881	78 %
TOTAL		1,134	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 FY17

FY17						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
660	422	583	16	14	64%	88%

- ACR Data – Children in are >=15 Months (of 22 most recent cumulative) and TPR Filing Status

	Yes	No	Grand Total
TPR mother has been filed	**54.4%**	**45.6%**	**100.0%**
TPR Father has been filed	**55.1%**	**44.9%**	**100.0%**

The ACR process continues to assess for the filing of termination of parental rights (TPR) in accordance with required provisions and this continues to be an area needing improvement for the agency. While ACR supervisors have indicated that compelling reasons often exist for not filing, round 3 of the CFSR found that these compelling reasons are often not documented or otherwise identified in the case record (hard copy or electronic). As the agency continues to work toward finalizing the PIP, there will be strategies implemented to improve performance in this area. One such strategy will be consideration for developing a report that identifies when children in placement are nearing the fifteen months in care so that staff can review and document any compelling reasons in the file to address the requirement. This work remains underway and will be a focus in the upcoming fiscal year.

- **Item 24:**
  - ACR Data- Notice of Hearing and Reviews to Caregivers

Notification of ACR in <=21 Days			
	No	**Yes**	**Grand Total**
Foster Parent Notice	**34.3%**	**65.7%**	**100.0%**

The agency expectation is that caregivers are notified of the ACR no later than 21 days prior to the meeting. ACRI data for CY 2017 reflects that this occurred in 65.7% of the time, which represents a decrease in performance from 2016. The change in performance can be attributed to staffing challenges with office support in being able to process letters timely. It is expected that performance in 2018 has and will continue to improve as staffing remains stable and management is reviewing the data with the ACR office assistants on a quarterly basis.

While we do not currently track notices to foster parents for hearings, the court is working on developing, implementing and piloting 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. The agency will also continue to explore other strategies with our court partners as the PIP is further developed and then implemented.

- **Item 25:** See section titled "10. Quality Assurance System"
- **Item 26:** See section titled "5. Program Support"

Item 27: Ongoing Training + Item 28: Foster Parents Training – See also Section F. Updates to Targeted Plans
Please see the "Program Support" section regarding the Department's Training for staff. For additional information regarding training for staff who oversee contract services be refer to the "Service Coordination" section.

With respect to Quality Assurance, staff training is another means by which the Department will be improving outcomes. Program Development and Oversight Coordinators (PDOCs) are assigned to all of DCF's POS contracted services. These individuals are expected to partner with contracted providers, Regional/Area Office Staff, Systems Program Directors (SPDs), and Central Office Divisions to ensure the provision of effective quality services. Ensuring that the PDOCs and SPDs have the necessary skills and direction to successful fulfill their responsibilities is crucial. The Department has convened meetings with the PDOCs, SPDs, and Grants and Contracts Specialist as a joint group to share the Department's priorities and to disseminate data and other resources. More advanced metrics training has been provided (i.e., Pivot Tables and Advanced Analytics conducted by Chapin Hall out of the University of Chicago) to support them in conducting more depth analyses of provider program data.

As a means to support training for foster parents, the Department has a contract with the Connecticut Association 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 providers systems and will make recommendations for improvements.
In 2015 DCF contracted with the Children's Alliance to implement a new trauma-informed statewide training curriculum for foster and adoptive parents called: Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (TIPS-MAPP). TIPS-MAPP is fully implemented and is currently being delivered as the only statewide foster and adoptive pre-licensing training curriculum by both the Department and private Child Placing Agencies (CPAs).

Next, staff at congregate care facilities are monitored by the Department's Licensing Unit for completion of mandatory training (e.g., CPR, first aid, ESI, mandated reporting). The DCF Office of Children and Youth in Placement (OChYP) ensures that all Therapeutic Group Homes meet their annual staff training plan requirements and monitors residential treatment centers annual staff training.

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. In addition, throughout this report, the Department describes the various services and supports that are available to assess the strengths and needs of children and their families, 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 table below summarizes the top ten service requests and expenditures this year.

Top Ten Services Purchased: Wrap Funds	
SRVC-TYPE-DESC	**Total**
Supervised Visits - Foster Care	$ 2,213,296
Transportation Other- Foster Care	$ 1,918,047
Miscellaneous-Adoption	$ 1,116,524
Miscellaneous-Foster Care-CPS	$ 949,467
Therapeutic Support Staff- Foster	$ 933,640
Other Services – USE	$ 781,384
Other Family Supports	$ 700,440
Therapeutic Support Staff In-Home	$ 631,140
Camp – Foster Care	$ 583,592
Extended Credentialed Services-USE	$ 475,883
Grand Total	**$ 10,303,413**

The Annualized Expenses this year were over $13.6 million.

Each Region has a caseload budget allocation. These range from about $2.3 million to $3.6 million. These funds can be used to purchase a variety of services (including clinical and treatment) that support children's and families individualized cultural and linguistic needs. This allows the Regions to use these dollars in the ways that best meet the needs of their families and their catchment.

The distribution of expenditure by office is in the table below.

Office Name	**Total Expenditure**
Bridgeport Office	$ 713,967
Careline	$ 1,639
Danbury Office	$ 1,038,989
General Administration	$ 1,319,382
Greater New Haven Office	$ 1,177,521
Hartford Office	$ 1,044,071
Manchester Office	$ 479,705
Meriden Office	$ 509,638
Middletown Office	$ 392,268
New Britain Office	$ 868,436

New Haven Metro Office	$ 770,272
Norwalk Office	$ 685,220
Norwich Office	$ 1,570,986
Torrington Office	$ 556,388
Waterbury Office	$ 1,307,189
Willimantic Office	$ 1,234,839
Grand Total	**$ 13,670,510**

The Department also makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service are individualized. There were a total of 82 active USE plans between 1-1-2017 and 12/31/2017 (CY-17). Sixty-nine (69/84.1%) of the USE plans were unduplicated during CY 2017. The data is below:

Region/AO	# USE Plans	% of GT
Region 1	**3**	**3.66%**
Bridgeport	3	3.66%
Region 2	**6**	**7.32%**
Milford	1	1.22%
New Haven	5	6.10%
Region 3	**32**	**39.02%**
Middletown	12	14.63%
Norwich	16	19.51%
Willimantic	4	4.88%
Region 4	**10**	**12.20%**
Hartford	3	3.66%
Manchester	7	8.54%
Region 5	**15**	**18.29%**
Danbury	4	4.88%
Torrington	8	9.76%
Waterbury	3	3.66%
Region 6	**16**	**19.51%**
Meriden	2	2.44%
New Britain	14	17.07%
Grand Total (GT)	**82**	**100.00%**

2. Total $ Spent on USE Plans (estimated costs):

Region/AO	$ Estimated Costs
Region 1	**$26,406.00**
Bridgeport	$26,406.00
Region 2	**$294,070.80**
Milford	$31,288.80
New Haven	$262,782.00
Region 3	**$685,433.35**
Middletown	$214,038.74
Norwich	$393,131.96
Willimantic	$78,262.65
Region 4	**$157,611.56**
Hartford	$70,370.00
Manchester	$87,241.56
Region 5	**$180,021.25**
Danbury	$28,289.20
Torrington	$61,501.15
Waterbury	$90,230.90
Region 6	**$282,604.48**
Meriden	$33,911.02
New Britain	$248,693.46
Grand Total	**$1,626,147.44**

Service Code	TX_SRVC_PMT
294	Temporary Care Services -In Home
590	Clothing - In Home
591	Furniture
592	Rental Assistance - In Home
593	Utilities
594	Medical Treatment-BehaviorHealth In Home
596	Assessment, In Home
597	Behavior Management In-Home
598	Case Management In Home
606	Other Family Supports
608	Supervised Visit In-Home
609	Therapeutic Support Staff In-Home
620	Support Staff In-Home
634	Extended Credentialed Services-USE
635	Assessment & Planning for USE
636	Intensive IndividualSupport for USE
637	Extended Contract Services-USE
638	Difficulty of Care Payment for USE Class
639	Other Services USE
776	After School Srvs, Traditional grde 9-12
777	After School Srvs, Youth grades K-8
778	After Schl Srvs, Clinical suprt K-8
779	After Schol Srvs Clinical suprt 9-12
796	Security deposit In Home
592	Rental Assistance - In Home

The funds reported in the table above are also included in the totals for SFY17. The side graphic is a screenshot of some of the services that are supported by wraparound funds.

Since 2011, the Department has secured $40.9 million in direct DCF Grant Awards (Federal and Private Philanthropy Funds). The Department has helped secure an additional $28.9 million in Partner Grant Awards, in which other state agencies or entities were the leads but DCF was a mandatory or key participant.

The Department, and its partners, have received a variety of grants to support service array expansion in vital areas such as substance use, mental health, IPV, housing and support for families caring for young children.

Further, as noted above Department spends over $13 million a year in Wraparound/Flex dollars to support the individualized needs of the children and families whom it serves. These dollars allow the Regions to purchases needed services on a child and family level to address service gaps and to aid with the provision of culturally and linguistically competent care. In particular, DCF Credentialed Services array and process, which is funded using wrap dollars, supports provision of community-based care from local, culturally and linguistically competent service providers. The Credentialed Services portal has an option by which services can be searched by DCF Area

Office and language (see screen shot below).

- **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 multiple layers of 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 periodically 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.)

As a means 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, do 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 this contract in both English and Spanish. At a minimum, three (3) Bi-Lingual staff will be employed to meet this requirement.

The Contractor will engage 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 will utilize innovative, comprehensive and best practice strategies to recruit families committed to being a resource for children in the care of the Department of Children and Families. Efforts will also relate to the private foster care agencies at the discretion of DCF. The Contractor will engage 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 will 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 number of inquiries by race and ethnicity, training participation, and elements related to foster parent satisfaction.

Last, there are Foster Care Program Managers in all 6 DCF Regions who meet regularly through the agency established Foster Care Community of Practice 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

Managers of Foster Care and the Ongoing Services team. It is then forwarded up the chain of command to the Regional Administrator, 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 that get submitted to the Commissioner are typically appropriate and sound in their rationale as they have already been viewed to be waivable by multiple levels of DCF staff.

Foster care policy (issued on June 1, 2017) 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. Further, 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 is still in effect. If an emergency after -hours placement is authorized by the Regional Administrator, the formal waiver request must be submitted to the Commissioner on the next business day." Since the issuance of that memo, in situations where a Commissioner waiver is required, the Department has not actively placed children into a foster home without either an approved Commissioner waiver, or provisional emergency approval from a Regional Administrator.

- **Item 35:** See Section F. Updates to Targeted Plans
    - CAFAP Report section re: Post-Licensing Retention for most recent year/quarter available – **1Q CY18**

Post-Licensing Retention

• CAFAF Retention Specialist attempted to contact 123 families who were approaching renewal of their license for the first time. 37 families were reached and agreed to complete our survey (30% response rate).
• Of the 37 families that responded 33 were still licensed at the time of the survey, 4 had already closed. 22 plan to renew their license, 7 did not intend to renew, 6 were unsure and 2 families plan to close upon adoption.
• 33 reported having a positive relationship with their DCF support worker, 4 answered "undecided"
• 31 reported feeling respected by DCF, but 5 answered "undecided" and 1 answered "no"

    - FASU Quarterly Status Report for most recent year/quarter available – **1Q CY18**

1st Qtr (Jan-Mar) 2018 STATUS REPORT

	LICENSED HOME DATA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
1	Number of Foster Homes Licensed During 1st Qtr	6	8	4	4	7	2
2	Number of Foster Homes Closed During 1st Qtr	1	3	5	3	10	7
3	Total Number of licensed Foster Homes as of Mar 2018	116	98	155	155	170	97
	ADOPTION DATA						
1	Number of Adoptive Homes Licensed During 1st Qtr	2	4	5	5	5	1
2	Number of Adoptive Homes Closed During 1st Qtr	1	3	4	2	4	2
3	Total Number of licensed Adoptive Homes as of Mar 2018	38	28	61	52	44	17
	FICTIVE KIN DATA						
1	Number of Fictive Kin Homes Licensed During 1st Qtr	5	5	12	9	9	1
2	Number of Fictive Kin Homes Closed During 1st Qtr	0	3	7	3	5	3
3	Total Number of Licensed Fictive Kin as of Mar 2018	28	21	44	40	48	22
	INDEPENDENT DATA						
1	Number of Independent Licensed During 1st Qtr	0	1	2	4	2	2
2	Number of Independent Closed During 1st Qtr	0	1	3	1	1	0
3	Total Number of licensed independents as of Mar 2018	11	4	20	16	12	7
	KINSHIP DATA						
1	Number of Kinship Homes Licensed During 1st Qtr	10	21	20	48	19	17
2	Number of Kinship Homes Closed During 1st Qtr	1	14	28	16	21	26
3	Total Number of licensed Kinship Homes as of Mar 1, 2018	95	87	137	189	119	90
4	Total Numbers of licensed Kinship Homes as of Mar 2018	98	90	132	209	122	92
	Total Number of New Homes Licensed	**23**	**39**	**43**	**70**	**42**	**23**
	Total Number of Closed Homes	3	24	47	25	41	38
	Net loss/gain	20	15	-4	45	1	-15

- **Item 36**
  - CFSR Result: **ANI**
  - ICO Data for CY15 – CY18 (partial)

	CY2015	CY2016	CY2017
Requests for Inbound Children	427	498	684
Requests for Outbound Children	367	338	345
Average time from referral submission to placement (in months)			9
Licensed Independent Foster Homes			74
Newly Licensed Independent Foster Homes	69	51	55
Average Time to License (in months)			6

Plan for Improvement and Progress Made to Improve Outcomes

Plan for Improvement

Consonant with the CFSR, *Juan F.* Strategic Plan, and Connecticut's proposed PIP, DCF's APSR submission focuses on key strategies and interventions to support positive, improved outcomes for children and families in the areas of safety, permanency and well-being. This section and that of Performance Assessment provide data on the progress that the Department has achieved to ensure children's safety, facilitate timely permanency and attend to their health, and social; emotional; and educational success.

Progress Made to Improve Outcomes (see also Performance Assessment)

Change Management

In 2012, The Department of Children and Families (DCF) established the Change Management Committee, charged with coordinating statewide change initiatives to ensure effective and consistent implementation in all regions, facilities and the central office. Embedded in this design are multiple communities of practice composed of representatives who come together either based on their function within the organization or their role relative to a specific initiative. There are currently six (6) communities of practice (CsOP). The System Directors Community of Practice was sunset in March 2018. With added membership, it transitioned to the Service Array Review and Assessment Action Workgroup (SAW) to ensure that the delivery of services and processes promote equality across all children and families; that we have enough of the right services; and that the services offered are effective. The remaining six (6) overarching committees include:

- **Office Directors**: charged with leading area office, special investigations unit, and Careline statewide change initiatives to ensure effective and consistent case practice.
- **Clinical Directors**: charged with assisting in shaping and implementing major system-wide policy and practice initiatives while also providing a mutual learning environment among colleagues to support effective and consistent practice.
- **Intake**: charged with planning statewide change initiatives and policy revisions/development to ensure effective and consistent intake practice in all regions.
- **Adolescent/Juvenile Justice**: charged with providing guidance, input, feedback, recommendations and expertise to senior leadership by ensuring ongoing planning and development of comprehensive, individualized, and coordinated programs to meet the needs of youth in every facet of out of home care including those involved with the Juvenile Justice system.

- **Foster Care**: charged with recommending system improvements and coordinating the implementation of statewide change initiatives relative to the placement of children and youth in foster care.
- **Quality Improvement Council**: charged with reviewing and implementing projects to ensure standardized quality practice in all regions, facilities, and the central office as part of the DCF quality improvement plan.

Charters developed by each COP are reviewed on an annual basis to reflect progress towards outlined goals and the development of new areas of focus. While reviewing and revising the current charters, CsOP are applying a Results Based Accountability Framework.

In 2018, the Department continued to advance the implementation of key practice changes that were guided and informed by the Change Management process including:

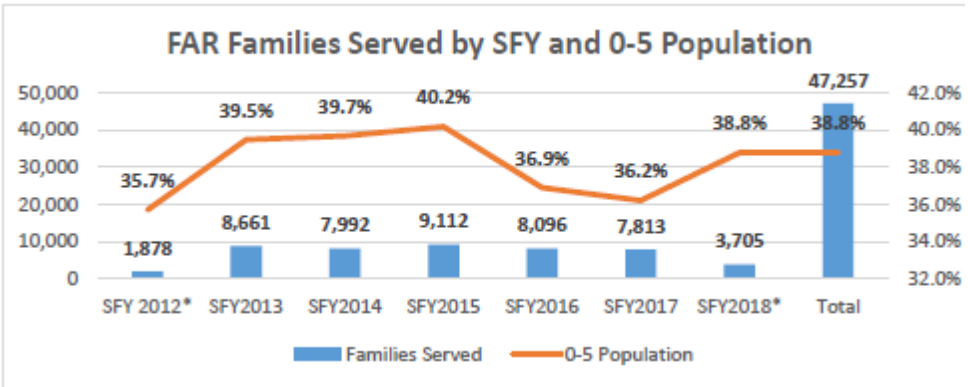
- Piloting a new foster care training curriculum for relative caregivers
- Development and statewide implementation of the Foster and Adoptive Services Training Series
- Development of the Foster Care Family Survey to obtain information from children and youth transitioning from foster homes to inform recruitment, retention and training of foster families
- Development of assessment tools to evaluate the quality of the intake practice and in home visitation
- Implementation of the Service Delivery System Mailbox to improve internal/external communication, clarify roles and responsibilities, streamline the process of resolving questions/barriers, and enhance partnerships/collaboration with providers
- A number of new and revised policies and practice guides that reflect practice changes
    - A new Family Arrangements Policy and Practice Guide
    - A new Transition Extension for Post-Secondary Education Graduates Practice Guide
    - A revised Community Housing Employment Enrichment Resources (CHEER) Policy and Practice Guide
    - A revised Investigation Policy
    - A revised Educational Neglect Policy
    - A revised Ongoing Services Policy
    - Revised In-Home and Child in Placement Case Plans Policies and Practice Guide
    - A revised Working with Transgender youth and Caregivers Practice Guide

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

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. Representatives from the Careline and Area Office staff meet monthly to address policy/practice issues relative to our intake practice. The MOA with UCONN was modified to include investigations data which will allow us the opportunity to evaluate our overall intake practice (inclusive of both tracks: Investigations and our Family Assessment Response (FAR). The analysis/evaluation is currently underway. Results of the analysis will be shared with senior leadership, regional and central office staff this year.

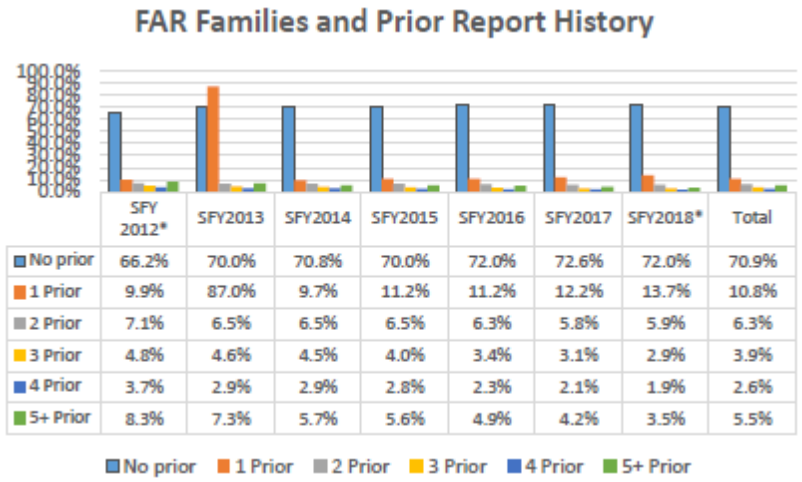
In 2017, there were a total of 31,236 accepted reports of child abuse and neglect. Of the total number of accepted reports, 42.4% (13,247) were assigned to the FAR track, an increase from last year (39%). This chart represents unduplicated families who received a FAR since implementation (3/5/12) by SFY through 12/31/17. Although the Rule Out criteria changed in June 2014, reports designated as an investigation response continue to be the highest response type for accepted reports. Since implementation, close to 39% of reports involve children under the age of 5. Approximately 48% of families receiving a FAR are White, followed by Hispanic (28%), Black (19%), and Other (5%). The majority of reports come from school personnel, police, mental health professionals, and anonymous sources. * Represents a partial Fiscal Year



The chart below represents families who have received a FAR by their prior history (including substantiated history). Data: 3/5/12-12/31/17. About 71% of FAR families have no prior history with DCF.

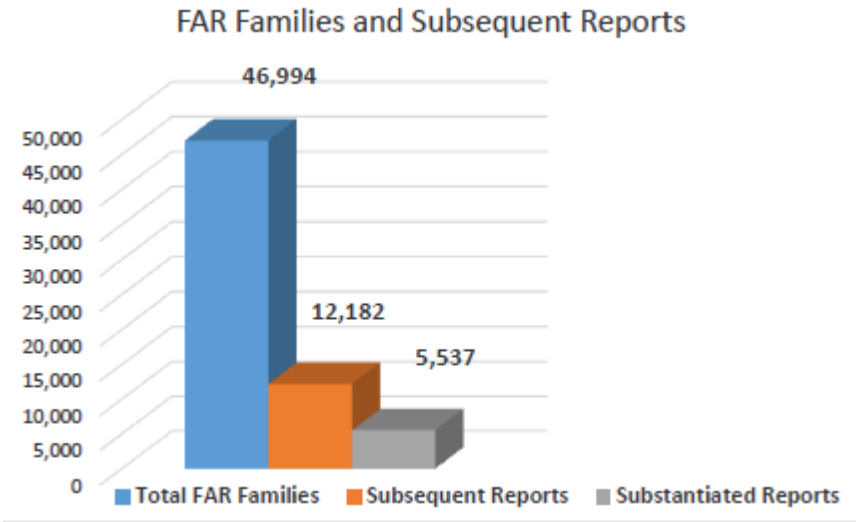
11% of families have had 1 prior report, followed by 6% of families experiencing 2 prior reports. Close to 6% of families have 5 or more prior accepted CPS reports. Over 20% of the prior reports occurred at least a year before their first accepted FAR report. 18% of families have a prior substantiated history.

* Represents a partial Fiscal Year.



	SFY 2012*	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017	SFY2018*	Total
No prior	66.2%	70.0%	70.8%	70.0%	72.0%	72.6%	72.0%	70.9%
1 Prior	9.9%	87.0%	9.7%	11.2%	11.2%	12.2%	13.7%	10.8%
2 Prior	7.1%	6.5%	6.5%	6.5%	6.3%	5.8%	5.9%	6.3%
3 Prior	4.8%	4.6%	4.5%	4.0%	3.4%	3.1%	2.9%	3.9%
4 Prior	3.7%	2.9%	2.9%	2.8%	2.3%	2.1%	1.9%	2.6%
5+ Prior	8.3%	7.3%	5.7%	5.6%	4.9%	4.2%	3.5%	5.5%

The following chart represents FAR families who received a subsequent report. Of all the families who received a FAR (46,994), 60.9% have not experienced a subsequent report, slightly lower than the previous year (63.2%). The average number of subsequent reports received was 2.04. About 49% of the subsequent reports involve children age 5 and under. Most of the subsequent reports occurred within 6 months of case closure (16.5%). Close to 15% of the subsequent reports received, occurred more than a year from the case closing. Of the subsequent reports received, roughly 3% resulted in a child removal. Of the 12,182 families who received a subsequent report, 11.8% were substantiated, slightly higher than the prior year (10.5%). Data: 3/5/12-12/31/17.



Included in our legislative CY 2017 report, UCONN conducted a Survival Analysis of our FAR data to determine what proportion of FAR families have not received a subsequent report in a given time period. This approach provides the least biased method for calculating subsequent or subsequent

substantiated reports as it accounts for cases that may not have had enough time to experiences these outcomes.

Survival Analyses indicated the following for **Subsequent Reports**:

- 83% of FAR families have not received a subsequent report within **6 months** of their first FAR closing.
- 74% of FAR families have not received a subsequent report within 12 **months** of their first FAR closing.
- 63% of FAR families have not received a subsequent report within **two years** of their first FAR closing.
- 56% of FAR families have not received a subsequent report within **three years** of their first FAR closing.
- 52% of FAR families have not received a subsequent report within **four years** of their first FAR closing.
- 49% of FAR families have not received a subsequent report within **five years** of their first FAR closing.

Survival Analyses indicated the following for **Subsequent Substantiated Reports**:

- 96% of FAR families have not received substantiated subsequent reports within **6 months** after their first FAR closing.
- 94% of FAR families have not received substantiated subsequent reports within **12 months** after their first FAR closing.
- 90% of FAR families have not received substantiated subsequent reports within **two years** after their first FAR closing.
- 87% of FAR families have not received substantiated subsequent reports within **three years** after their first FAR closing.
- 85% of FAR families have not received substantiated subsequent reports within **four years** after their first FAR closing.
- 83% of FAR families have not received substantiated subsequent reports within **five years** after their first FAR closing.

Summary of Findings:

The majority of FAR families have not received a subsequent report within four years of their first FAR closing. Unadjusted survival analyses do not show statistically significant differences by race/ethnicity. Risk factors that play a substantive role in predicting the outcome of subsequent reports include:

- Age of victim is under five
- Higher risk category level
- Single parent families
- Homelessness
- Primary caregiver has alcohol/drug problem

- Prior injury to child resulted in CAN
- Child has delinquency history
- Child is developmentally disabled
- Child has mental/behavioral health problems

Most FAR Families did not have a substantiated subsequent report. There were no statistically significant differences by race. Risk factors that play a substantive role in predicting the outcome of ***substantiated*** subsequent reports include:

- Age of victim is under five
- Higher risk category level
- Single parent families
- Homelessness
- Number of prior investigations (3)
- Primary caregiver has alcohol/drug problem
- Child is medically complex

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

The University of Connecticut's (UCONN) School of Social Work continues to function as the Performance Improvement Center (PIC) for the Community Support for Families (CSF) Program. Both PIE and LINK data extracts continue to be sent to UCONN on a quarterly basis. Data Dashboards have been established for the program and are distributed to regional staff.

A DCF Central Office Program Development and Oversight Coordinator meets with providers, UCONN and DCF staff every other month to provide technical assistance and support to both DCF and CSF staff, coordinate training activities, address implementation issues, and coordinate quality improvement and evaluation activities relative to the program. An annual meeting was held this year, celebrating 5 years of implementation. Each region presented, highlighting the strong collaboration between providers and DCF, the positive outcomes achieved for families who participated in the programs, and areas (challenges) they wish to address the upcoming year.

CT's Teaming Model

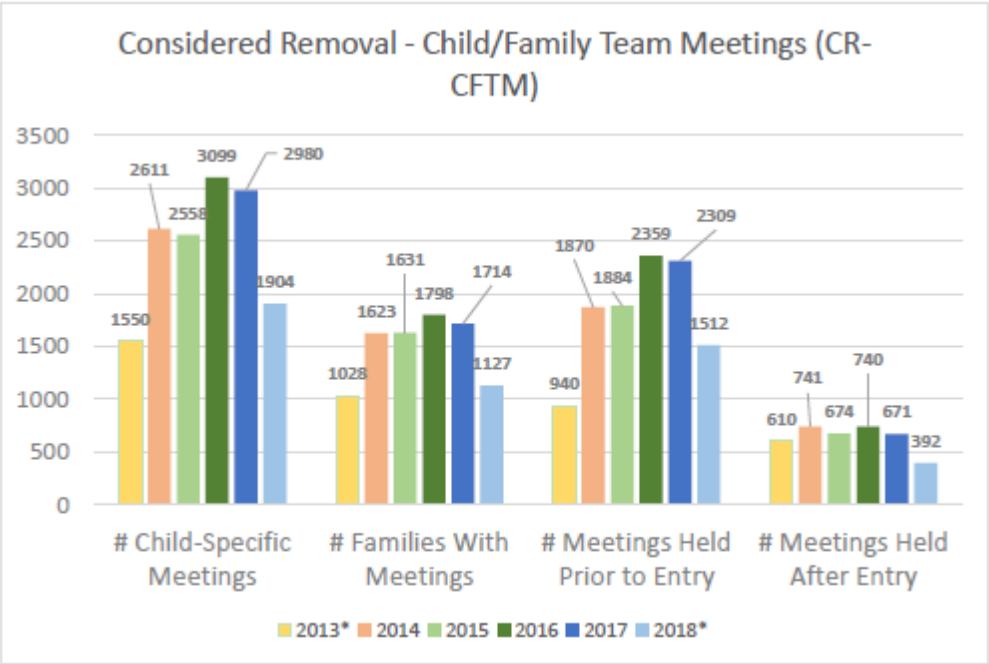
The Department continues to build a teaming continuum that ensures that child and family voices are heard throughout every stage of the child welfare process. The implementation of Child and Family Team Meetings (CR-CFTM) has been a core part of the Department's move to a more family-centered, strength-based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

On February 11, 2013, the Department implemented CR-CFTM statewide.

In calendar year 2018, the department;

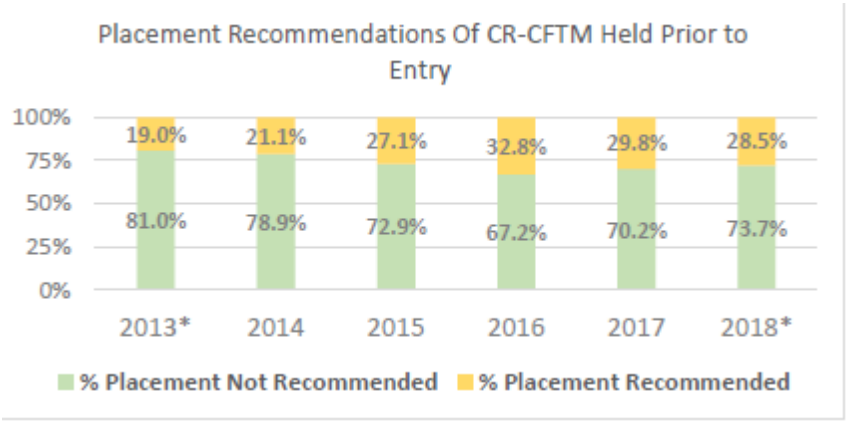
- Continued to meet quarterly with all the CR-CFTM Facilitators to review our CR-CFTM practice and provide regional updates.
- Last year, two LEAN events occurred focusing on CR-CFTM and Family Arrangements which culminated in the creation of a workgroup charged with establishing further practice guidance and policy relative to Family Arrangements. The workgroup consisted of regional staff from all functions and representatives from the Training Academy, legal, CR-CFTM Facilitators, and legal. The recommendations of the workgroup were approved by senior leadership and disseminated to staff. The policy includes eligibility criteria, expectations regarding the assessment and approval of a Family Arrangement, as well as increased monitoring and tracking of the Family Arrangement, including expectations regarding supervision, visitation, and teaming to assist in case planning.
- The CR-CFTM Practice Guide is in process of being updated to reflect current practice. The changes to the Guide and policy, will be reviewed and approved by senior leadership this upcoming year.

The Department continues to review data relative to the CR-CFTM process. Since 2013, there have been a total of 14,702 child-specific meetings, involving 8,921 families. Overall 74% of meetings (10,874) occurred prior to the child's removal.

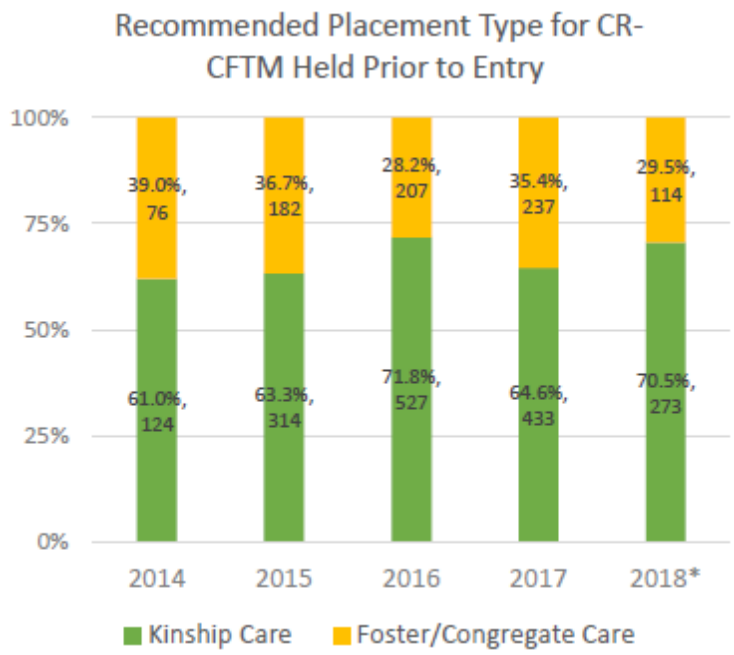


This year, 79% of meetings occurred prior to removal, a fairly significant increase over last year.

Note: * represents partial FY for all charts relative to Considered Removal.

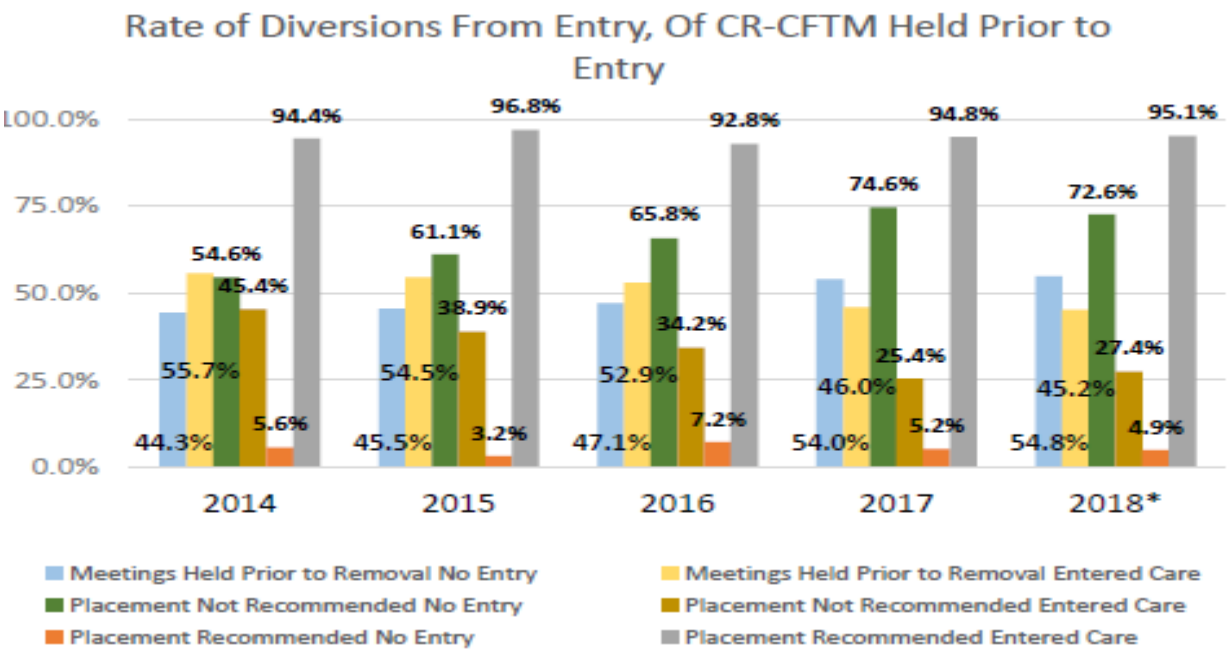


This chart represents Considered Removal (CR) Meetings held prior to removal and the recommended outcome of the meeting. The data clearly demonstrates the Department's ability to engage in safety planning efforts with families. This past year 74% of children were not recommended for removal.



This chart represents CR meetings held prior to removal since 2014 and depicts the recommended placement for those children who were recommended for removal. Relative/kinship care continues to be the primary placement for children who are the subject of a CR meeting.

The chart below reflects the CR meetings held prior to the child's removal. The chart compares the recommendation of the meeting regarding removal and whether the child actually entered care. For this year, 95% of the children with a recommendation to remove, entered care. This has been consistent since implementation. Since 2014, there has been a decline in the percentage of children who entered care but removal was not recommended. Overall, the "live decision" made at the meeting appears fairly consistent with what happens after the meeting.



Timeframe for Entry	2014	2015	2016	2017
#				
Same Day	87	174	238	231
1 - 30 Days	237	457	649	586
31 - 60 Days	30	65	84	60
>=61 Days	175	320	257	161
%				
Same Day	16.4%	17.1%	19.4%	22.3%
1 - 30 Days	44.8%	45.0%	52.9%	56.5%
31 - 60 Days	5.7%	6.4%	6.8%	5.8%
>=61 Days	33.1%	31.5%	20.9%	15.5%
Total #	**529**	**1016**	**1228**	**1038**
Total %	**100.0%**	**100.0%**	**100.0%**	**100.0%**

This chart reflects the entry timeframe for children who were the subject of a CR meeting. About 57% of children enter care within 30 days of the CR meeting. Less than a quarter enter care the same day of the CR meeting.

Permanency Teaming continues to be an area of focus for the Department, particularly as one of the key strategies in meeting our performance measures. 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 presents challenges.

In an effort to further assess our implementation of permanency teaming from a practice perspective, a Case Review Tool was developed in collaboration with Region 6 as a result of our Racial Justice work between the region and the Clinical and Community Consultation Support Division in central office. The tool was intended to assess DCF's permanency teaming practice relative to a selected OPPLA population of youth identified by the region who have not yet achieved permanency. A sample of cases were reviewed. Results were shared with the region. The tool may be replicated to provide opportunities for the other regions to assess their permanency teaming practice.

As part of the PIP, focus groups were held with regional staff, providers, foster parents, and youth to gain feedback around our permanency teaming practice. All supported the philosophy and intent of teaming, but staff found some of the policy requirements difficult to achieve. The Practice Guide is currently under review and changes to policy/practice are anticipated. Additionally, topical areas for webinars are currently being identified for release this year.

Structured Decision Making

The Department established a contract with the National Council on Crime and Delinquency (NCCD) via the Children's Research Center (CRC) to update all the Structured Decision Making (SDM) Tools utilized by staff from point of entry through case closing. In addition, CRC is providing technical assistance and support for our Office for Research and Evaluation (ORE) to conduct our Risk Validation Study, development of analytic reports, and other projects yet to be determined. In addition, the Department intends to adopt CRC's online system to complete the SDM assessments. A train-the trainer approach is being utilized, inclusive of coaching, and a comprehensive QA system will be developed to improve SDM practice and promote model fidelity. An SDM workgroup was established consisting of regional and central office staff to update the SDM tools, definitions and policies. A Steering Committee was established consisting of senior leadership to review and approve the recommendations of the workgroup. To date, updates to the Careline Assessment, Safety and Risk Assessments have been completed, including revisions to the definitions and related policies. The Risk Validation Study was completed by ORE which helped inform changes to the Risk Assessment tool. The Careline Assessment tool was deployed in May 2018. ORE has moved to Phase II of the their technical assistance, focusing on the production of a baseline SDM Report , as well as potential evaluation of the tools used by ongoing services. Deployment of the Safety and Risk Assessment tools have not yet been determined.

The workgroup will re-convene to begin work on revisions to the SDM tools used by ongoing services.

Reducing Out of State Placements

The Department continues to make progress in keeping children in-state when residential treatment is clinically necessary. From May 2012 to May 2013, there was a 69% reduction of children placed out-of-state. From May 2013 to April 2014, the Department further reduced the number of children in out-of-state placements by 25%. That reduction has continued and as of May 2018 only 10 children are placed in out of state residential facilities.

Efficient Use of Congregate Care

The number of children in congregate settings has approached the 10% goal and the department has remained committed to having as few children in congregate settings as possible. The Department saw many gains subsequent to the published Congregate Care Rightsizing and Redesign Report in 2011. The report outlined Connecticut's plan to reduce the number of children placed in congregate care settings.

The Department made practice and policy changes that promoted placement of children in family settings (including relative, kin or foster family care), Commissioner approval to place any child in a congregate care settings (expanded from only children under the age of 6), continued service expansion in the community and the implementation of the Child and Family Teaming process. Child and Family Team Meetings continue to be held, engaging youth, their families, kin, providers and other supports with the goal to determine readiness, needs and strengths to prevent children entering placement and to facilitate transition to less restrictive levels of care.

From January 2011 to June 2018:

- The Department has experienced a 11.6% reduction in children in placement
- The percentage of children in Congregate Care decreased 66.7% between 2011 and 2018. The number of children in congregate care has stabilized at approximately 10.1%.
- The percentage of children age 7-12 in a congregate care placement has reduced by 79.6%.
- The percentage of children 6 and under in a congregate care placement has reduced by 92.1%
- The percent of youth in state care who live with a relative or kin has increased from 21% to 41%.

Limit the use of OPPLA

In advance of the passing of Public Law 113-183 (Preventing Sex Trafficking and Strengthening Families Act) on September 29, 2014 outlining important expectations for the States, the Department had established key performance indicators intended to advance positive permanency outcomes for children and youth in care. Central to this was limiting the use of OPPLA as a plan. In order to effectuate this, a number of efforts have occurred including:

- Utilizing the permanency roundtable methodology
- Developing and implementing an OPPLA protocol
- Working group to further limit the use of OPPLA both in practice and statute
- Implementation of a Child and Family Permanency Teaming approach that puts the youth and family in the center of the teaming process
- Assignment of Permanency Exchange Specialists (PES) to youth with OPPLA as a plan to support Regional work to identify a permanent resource for the youth
- In November and December 2016, 3-5-7 Model permanency training was offered to congregate care and private foster care providers. The goal of this training was to engage them further as partners in finding permanent resources for all youth in the Department's care. Monthly 3-5-7 Model Coaching sessions are being held for providers who have children who are "stuck" in care and/or lack viable permanency goals. DCF is in the planning stages of bringing 3-5-7 Model trainings back to Connecticut for Residential Treatment Center staff and regional offices. Trainings are anticipated for the summer and fall of 2018.
- Utilizing a national consultant to conduct a permanency workshop with teams of youth, their Social Worker and Clinician at the Department's only secure facility for boys adjudicated delinquent and committed to the Department.

Since the signing of the 2014 legislation, the Department submitted revisions to State statute to comport with federal legislation and further align with agency practice that promotes positive permanency outcomes for children and youth.

Trauma Informed Continuum:

DCF was awarded the CONCEPT Trauma grant and we are in its last year. The grant was designed to build on early efforts to become a more trauma informed system and throughout the life of the grant, systems work was essential to sustain the efforts made

- To date DCF has trained all of our staff in the NCTSN Child Welfare Trauma Training and has incorporated the training in preservice training for all new hires.

- CT is actively involved in the New England Convening on building a Trauma-Informed Resilient Child Welfare Agency hosted by the NE Association of Child Welfare Commissioners and Directors.
- Regional and facility Health and Wellness teams continue to develop activities and opportunities to support staff wellness and reduce secondary trauma.
- The CONCEPT core team reviews all agency policy to assure a trauma informed lens is applied. These policy reviews have become a mandate for reviewing all new or updated agency policies.
- Working in partnership with Yale and the Child Health and Development Institute (CHDI), a 10 item validated screening tool, called the Child Trauma Screen (CTS), has been embedded into the Multidisciplinary Evaluation to be completed for all children 7 and above when they enter foster care. For younger children, 6 and under, there is a separate screening tool called the Young Child Trauma Screen that asks questions of the caregiver regarding trauma symptoms. This screening tool is currently being piloted during the Multidisciplinary Evaluation, while the form is embedded into an electronic version by DCF Information Technology. The tool is also available in the public domain and is being used in various settings in addition to child welfare, including; education, behavioral health, pediatrics and juvenile justice.
- A pilot study to validate the shorter screening tool is underway in partnership with Yale Child Study Center that involves the screening of children at intake.
- The dissemination of Evidenced Practice Models has continued including The Child and Family Traumatic Stress Intervention, and Cognitive Behavioral Intervention for Trauma in Schools (CBITS). CBITS has been disseminated widely in public schools, school based health centers, and outpatient clinicians out posted in schools. It is currently available in 16 school districts that encompasses 53 schools and has currently served approximately 1,000 children to date.

Relative/Kinship Care

In 2013 and early 2014, the Department merged oversight of group care, adoption, permanency, and foster care into a new division of placement. The DCF Commissioner has set clear expectations that youth belong with families.

Results of these coordinated efforts and expectations are clear and demonstrate consistent increases in placing children with relative and kin when possible.

Relative and fictive kin placements have increased by over 20% between January, 2011 and June,

2017. As of June 1, 2017, 41.6% 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 2017, on average, 38.3% of children entering care had an initial placement with a relative or fictive kin. The Department also saw an increase in the total number of licensed relative and fictive kin homes from January, 2011 to April, 2018, from 669 to 975. This is a slight drop from a high of 1071 licensed relative and fictive kin homes in 2017. During 2017, the Department licensed 620 relative and fictive kin homes. While 726 relative and fictive kin homes were also closed during that same time period, the largest reason for closure is permanency (child is reunified, adopted or guardianship is transferred).

Permanency Resource Exchange (PRE)

In 2015 there were 53 pre adoptive families available, in 2016 there were 51 pre adoptive families available and currently there are 48 pre adoptive families available to these children as potential resources. We believe these numbers could be dropping due to the increase of staff resources to license relative and fictive kin families as well as area offices utilizing pre-adoptive families as foster care resources.

In 2016 the PRE was requested to match for 510 children. 226 of these were single children; 196 were part of 98 sibling groups of 2; 51 were part of 17 sibling groups of 3; 32 children were part of 8 sibling group of 4 and 30 children were part of 6 sibling groups of 5.

In 2017 the PRE was requested to match for 530 children. 263 of these were single children; 202 were part of 101 groups of 2; 48 were part of 16 groups of 3; 12 were part of 3 groups of 4 and 5 were part of 1 sibling group of 5.

Photo listing on AdoptUsKids website, A Family for Every Child website, and on the DCF website occurs for any child who is legally free for adoption or for whom the Court has granted the permission to photo-list. The PRE also contracts with a local video production company to create compelling videos of the children waiting for adoptive families. These videos allow families to view the children and hear about their stories in their own words.

4. Service Description

The Connecticut Department of Children and Families has statutory responsibility for prevention, child welfare, behavioral health and juvenile justice. 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, independent living, services to support other permanent living arrangements and a continuum of congregate care settings.

The following chart represents our Services Continuum:

Adolescent Community Reinforcement Approach / Assertive Continuing Care (ACRA-ACC) ACRA-ACC is an evidence-based adolescent substance use treatment model which uses social, recreational, familial, school or vocational reinforcers, and skill training so that non-substance using behaviors are rewarded and can replace substance use behavior. It is delivered in a clinic, community, or home based setting.

Category: Family Support service
Population Served**:** Youth between 12-17 years old with a substance use problem
Geographic Area**:** Statewide
Families Served**:** 439

ASSERT Treatment Model (ATM) – This is a service that is being piloted and introduced within four (4) existing Connecticut Multidimensional Family Therapy (MDFT) teams. Blending 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.

Recovery Management Check-ups and Support (RMCS) provides ongoing recovery support and assessment for youth and their families after MDFT services end. Recovery Support Workers facilitate involvement with pro-recovery peers and activities, monitor return to use and other concerns, assertively link youth and families to services as needed, and promote positive family relationships. RMCS lasts for up to 12 months after MDFT. Recovery support sessions for youth and families take place weekly for the first 90 days, with the frequency decreasing or increasing for the remaining time depending on the needs of the youth as determined by the MDFT treatment team. Sessions may take place in person, in the community, over the phone, and by text messaging as permitted by the provider sites responsible for RMCS implementation.

Category: Family Support service
Population Served**:** Substance using youth between 16-21 years old
Geographic Area**:** Areas Offices in Hartford, Manchester, Danbury, Torrington, Waterbury, Norwich, Willimantic, Meriden, and New Britain
Estimated Families Served: TBD Pilot. Program Funding: Federal

Adolescent Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) – Evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

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.

Be Responsible Be Proud - This service 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.

Care Coordination - 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. Program uses the 4 family focused fluid stages of Hello, Help, Healing and Hope. Population served: Families with a youth with a behavioral health diagnosis. ICC's work with youth that are DCF involved. Geographic area served: Statewide.

Number of children and families being served: Estimated Families 2012(511)-Actual Children (2012) 1,021. Estimated Families 2013(561)-Actual Children (2013) 1,122 Estimated Families 2014(608)-Actual Children (2014) 1,215 Estimated Families 2015(595)-Actual Children (2015) 1,189 Estimated Families 2016(694)-Actual Children (2016) 1,387 Estimated Families 2012(511)-Actual Children (2012) 1,021 Families 2016(3,500) - Children (2016) 7,025. Projected to be Served 2017: 714 Families and 1,427 children. Projected to be Served 2018: 754 Families and 1,506 children Funding State and Federal

Care Coordination (Medical Model)- This Medical Model links children who have special health care needs and their families to services beyond traditional health care resources. Care Coordination ensures collaboration with schools, mental health services, social services, and other community based programs to develop and implement strategies to integrate Primary Care and Behavioral Health services. The referrals are generated from the hospital department with priority given to the ED. The staff will provide care coordination services that are family-centered and culturally and linguistically competent. They will conduct needs assessments and develop Plans of Care with an emphasis on communicating with the Primary Care Provider, specialty medical providers, mental health providers, ancillary staff, and insurance providers to facilitate appropriate care.
Category: Family Support Services
Population Served: Children ages 0-18 with mild-moderate emotional/behavioral challenges; who have been recently discharged from the emergency department with a disposition to return home
Geographic Area served: 33 cities and towns served by the Connecticut Children's Medical Center
Number of Families served: 192 screened and assessed each year
Funding: State and Federal

Care Management Entity – this service is 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 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.

Career Enhancement Training - This service is a training program, known as, **Manufacturing in Motion**. It is designed to develop job-related learning opportunities in collaboration with the Touchstone School staff and faculty. These learning experiences will complement the formal academic program about career skills. The content of this career enhancement training will focus on areas such as customer service, office support, personal finance, computer-aided design, manufacturing principles, allied health opportunities and career skills.
Category: Family Support and Support Services.
Target Population: Females, ages 13 to 18, attending the Touchstone School.
Geographic Area: Litchfield
Numbers of children served: 16 students
Funding: Federal

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.

The Child Abuse Centers of Excellence - this service including board certified Child Abuse Pediatricians 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
Number of children/families served – 1425 (CY 2015); ~1670 (CY 2016)
Funding – State

Child and Family Traumatic Stress Intervention (CFTSI) - This service focuses on 2 key risk factors (poor social support and poor coping skills) in the aftermath of potentially traumatic events with the primary goal of preventing the development of PTSD.

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
Estimated number of individuals and families to be served in 2016: 530

Community Based Life Skills: are a set of skills learned by teaching or by direct experience. These skills are used to handle problems and questions commonly encountered in daily life from adolescence through adulthood. A community-based services model focuses on the development and enhancement of the participant's knowledge of essential life skills to promote preparation for adulthood and self-sufficiency. Through program design and content, the model goal is to support and maintain a youth's connection with the community as the youth mature.
This service is intended as a component of a comprehensive case plan. As such, the individual providing this service is expected to collaborate with other service providers toward the implementation of the child or youth's individual case plan.
Category: Family Support.
The population served: committed youths 14 and older in Non-Therapeutic Foster Care and those youth who are transitioning to DMHAS regardless of their legal status.
Geographical area served: Statewide
Estimated number of children and families being served: 350

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Young Child Adaptation "Bounce Back": 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 5-17
Geographic areas: Statewide
Number of sites: Schools 53
Estimated number of individuals served: 500

Community Support for Families - This service engages 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.

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.

Community Targeted Re-Entry Pilot Program (CTRPP) - This service provides pre-release and post-release services for male youth at the Connecticut Juvenile Training School (CJTS) including social and life skill building, vocational and career development, psycho-educational programming including character development and leadership and recreational opportunities. In addition, the Boys & Girls Club offers services on the campus of the Connecticut Juvenile Training School.

Community Transition Program - This service is provided in conjunction with the Norwich Area Office and does assessment and care planning for children / youth who are transitioning from out-of-home levels of care to the community. Services are also provided to keep children/youth who are in the community from being placed in out-of-home care.

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: 5000 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
Estimated number of individuals and families to be served in 2017: 530

Elm City Project Launch: The purpose of the Elm City Project LAUNCH grant (ECPL) is to promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The grant offers the contractor a 5-year award to develop, implement and study the effectiveness of an integrated and collaborative health and mental health service system for children 0-8 and their families in New Haven, Connecticut. To that end, this grant is designed to strengthen and enhance the partnership between physical health and mental health systems at the federal, state and local levels. Connecticut's Elm City Project Launch (ECPL) project will use a public health approach to promote children's health and wellness with efforts that promote prevention, early identification and intervention.

EMPS – Mobile Crisis Intervention Service - This is a mobile, crisis intervention service for children experiencing behavioral health or psychiatric emergencies. What qualifies as an emergency is defined by the child and their family. The service is delivered through a face-to-face mobile response by trained clinicians to the child's home, school or location preferred by the family, or in rare situations through a telephonic intervention. The response time to the location of the child by the Mobile Crisis clinicians is expected to be 45 minutes or less. Mobile Crisis is available at no charge to the family and can be accessed by dialing 2-1-1 in CT. Mobile Crisis supports maintaining children in the community with their families and reducing the need for Emergency Department visits or higher levels of care.
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: 2016 = Over 16.000 calls and over 12,000 episodes of care
Projected to be Served: 2017 & 2018 = Serving all calls for Mobile Crisis
Funding: State

EMPS-Mobile Crisis Intervention Service System - Statewide Call Center - This service is the entry point for access to the EMPS Mobile Crisis Intervention Service System for children and youth in the State of Connecticut. The Statewide Call Center receives calls through 211, collects relevant information from the caller, determines the initial response and connects the caller with a Mobile Crisis Clinician in their area. In addition to these primary functions, the Statewide Call Center also collects data regarding calls received, triage responses and referrals to EMPS Mobile Crisis contractors. The Call Center analyzes data and compiles reports for use by DCF, the Statewide Call Center, EMPS Mobile Crisis 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: 2016 = Over 16,000 calls.
Projected to be Served: 2017 & 2018 = Serving all calls through 211 Funding: State

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 (19 sites)
Number of Children Served: CY15 (1109) CY16 (1115) CY17 (1166) CY18 (1009). Number of Families Served: CY15 (555) CY16 (558) CY17 (565) CY18 (520).

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
Number of families to be served: Annual Capacity: 264 Clients (Length of service is variable 6 - 12 months, depending upon needs of the family)

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

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 Program - The Department has engaged in fee for service pilot in one region of the state to improve fatherhood engagement, an identified area for improvement. The service works to engage fathers in case planning and in achieving more timely permanency. The Department will open this service statewide in 2019.
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.
Number of families to be served: 360

First Episode Psychosis – This service will 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.

Foster and Adoptive Families Support Services - This service provides 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. Specific services include, a peer mentor network, post-licensing training, and an annual conference. In addition, Liaisons are posted in each of the Area Offices to provide individualized support to families, assist DCF staff with recruitment and retention activities and facilitate support groups.

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, Bloomfield, Windsor
Number of families to be served: 20 per month. The Contractor will maintain the capacity to serve at least 20 foster parents per support group meeting and provide for child care and child activity programming for up to 20 children per support group meeting, while the licensed foster and adoptive parents are meeting.

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 intensive in home family focused clinical treatment, family support and empowerment, access to medication evaluation and management, crisis intervention and case management. The service is provided 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 Functional Family Therapy (FFT) model, which includes ongoing consultation and evaluation by the model developers. Length of service averages 4 months per youth and family served. Services include family focused, strength-based, trauma informed clinical treatment, offered primarily in the client's home 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.
Number of Children and Families Served: 2015 = 488; 2016 = 503.
Projected to be Served: 2017 = 499; 2018 = 490
Funding: State

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: Active DCF families impacted by Intimate Partner Violence.
Geographic Area: Statewide
Estimated number of individuals and families to be served: 240-360

Intensive Family Preservation - This service provides a 4-6 month 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
Number of Families Served – (2015) 1354; (2016) 1380; (2017) 813
Projected to be Served – (2018) 825 Funding - State

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
Estimated Families Served: 2100-2250 annually

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
Estimated Families Served: 2100-2250 annually

Sexual Treatment (JOTLAB)- This is a comprehensive community based rehabilitative treatment program that serves adjudicated and non-adjudicated male and female youth ages 8 through 17, who have engaged in inappropriate and abusive sexual behaviors. Services include: a comprehensive clinical evaluation; individual psychotherapy – bi weekly for each youth; family counseling – monthly for each child and/youth and their family; psycho-educational therapy groups – twice weekly for each youth; social skill building groups – twice weekly for each youth. This service is a specialized extended day treatment program.
Category: Family Preservation, Family Support, and Adoption Promotion and Support Services.
Target Population: DCF referred children and youth ages 8 to 17, who are appropriate for community-based treatment for problem sexual behaviors.
Geographical Area: New Haven and Milford
Number of Children Served annually: 71

Early Childhood Consultation Project-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.

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) – An evidence-based treatment designed for children ages 7-15. Unlike most treatment approaches that focus on single disorders, MATCH is designed for multiple disorders and problems, including anxiety, depression and posttraumatic stress, as well as disruptive conduct.

Multidisciplinary Team and Child Advocacy Center – 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. In 2014, state statute changed to include that human trafficking cases must have a MDT response. A Child Advocacy Center(CAC) is a child-focused, facility-based program where professionals from many disciplines, including child protection, law enforcement, prosecution, forensic interviewing, mental health, medical professionals, and victim advocates work together as a team to make coordinated, well-informed decisions about the investigation, treatment, case management and prosecution of child abuse cases. CAC's are designed to meet the unique needs of a community. This is where the forensic interview, and sometimes the medical exam, for a victim will be conducted.
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 17 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. During the 2016 calendar year over 1,722 cases were reviewed by MDT's in Connecticut.

Multidimensional Family Therapy (MDFT) - This service provides intensive home based clinical interventions for children, ages**9- 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 4-6 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 9-18 years with complex substance abuse and mental health service needs
Geographic Area – Statewide
Estimated Individuals and Families to be served: 910

Multidimensional Family Therapy (MDFT) Consultation and Evaluation - 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.
Category: Family Preservation service.
Population Served: MDFT team staff.
Geographic Area – Statewide

Multidimensional Family Therapy (MDFT) Group Home.
This service utilizes the MDFT model in a 4-month in-care setting. Services include intensive clinical interventions for children with significant behavioral health service needs 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 return of the child to the home. Significant behavioral health needs and either alcohol or drug related problems, or are at risk of substance use are main focus areas of this program.
Population Served: Male Youth ages 14-18
Geographical Area: Statewide
Estimated individuals to be served: 32 annually.

Multi-systemic Therapy (MST) - MST is an evidence-based in-home treatment for youth with complex clinical, substance using, social, and educational problems. MST emphasizes behavioral change in the natural environment and uses interventions to promote the parent's capacity to monitor and intervene positively with each youth. Category: Family Support and Family Preservation service.
Target Population: Youth between the ages of 12-17 (and their parent/caregivers), who presents with antisocial, acting out, substance using, and/or delinquent behaviors. Eighteen (18) year olds may be admitted on a case by case basis.
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Milford, New Britain, New Haven, Norwich, Waterbury, and Willimantic
Families Served: 220

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 substance use by at least one caregiver in the family. Core services include: clinical services, trauma treatment, empowerment and family support services, medication management, crisis intervention, case management and aftercare. Average length of service is 6 - 9 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 substance use related problems.

Geographic Area: The following DCF Area Offices: Meriden, New Britain, Hartford, Manchester, Waterbury, New Haven, Norwich, Bridgeport
Estimated Families Served: Annual Capacity: 144

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, CSSD and their contracted MST providers.

MST – Intimate Partner Violence (MST-IPV) –This service, building upon 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 identification of intimate partner violence in the family. This new model takes a family-oriented, comprehensive, and integrated treatment model approach for family members involved in households with IPV that emphasizes both short- and long-term safety, protects children from witnessing violent incidents, and address the individualized risk factors for IPV including co-morbid substance use. Core services include: clinical services, trauma treatment, empowerment and family support services, medication management, crisis intervention, and case management. Average length of service is 6 - 9 months per family.
Category: Family Support and Family Preservation service.
Target Population: Families who have a child between birth - 17 years old. An allegation of abuse or neglect within past 180 days, and the identification of intimate partner violence among caregivers.
Geographic Area: New Britain
Estimated Families Served: Annual Capacity: 17

MST - Problem Sexual Behavior- This service provides clinical interventions for youth who have 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 5-7 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 10-17.4 years (exceptions for older youth on a case-by-case basis) whose referral is related to problem sexual behavior, where the offending behavior includes an identifiable victim(s), lives with a caregiver who acknowledges there was a PSB, & may have other issues.
Geographic Area: Statewide
Estimated Families Served: Annual Capacity: 96

MST for Transition-Aged Youth - This service provides intensive individual and community based treatment to transition-aged youth with both antisocial behaviors and serious mental health conditions. The three primary goals of the intervention are to reduce antisocial behaviors and recidivism, treat the mental health condition, and treat existing substance use disorders. The four secondary goals are to encourage vocational engagement (schooling, training or working); improve social relationships; support community-based housing; and improve client parenting skills when appropriate. DCF funding will end as of 6/30/18 due to a legislative move of juvenile justice to the Judicial Branch.
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 juvenile or criminal justice system.
Geographic Area: Bridgeport, Meriden, Milford, Middletown, New Haven, Waterbury, New Britain, Norwich, Manchester, Enfield, Hartford.
Estimated Families Served: Annual Capacity: 66

Multidisciplinary Examination (MDE) Clinic - This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening within 30 days of children entering DCF care. A comprehensive summary report of findings and recommendations is completed on each child referred for service and provided to AO staff including social worker and RRG.
Category – Family Preservation / Family Support
Population served – each child placed in an out of home setting
Geographic area – Statewide
Number of children served – 1439 (CY 2015); 1586 (CY 2016)
Funding source – state

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 17 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. During the 2014 calendar year over 1,500 cases were reviewed by MDT's in Connecticut.

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
Estimated number of individuals served SFY17: 158 people. Capacity of 228. Estimated number of individuals to be served: 185 SFY17 205 SFY18

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 (26 sites)
Number of Children Served Annually: 24,000

Parenting Class - This service provides parenting education and skill building in English, Spanish and or Portuguese to parents in the Greater Danbury area.

Parenting Support Services – This service is for families with children 0-18 years-of-age to support and enhance positive family functioning. Families receive one or more of the PSS interventions along with case management services using the Wraparound philosophy and process. PSS offers the evidenced-based model, Level 4 Triple P (Positive Parenting Program®) and the Circle of Security Parenting© intervention. Triple P helps parents become resourceful problem solvers and be able to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Circle of Security Parenting (COS) is designed to build, support, and strengthen parents' relationship capabilities so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. If needed, families may receive more than one PSS intervention. Priority is given to parents involved with DCF. Caseload permitting and in consultation with the DCF area office, providers may serve parents referred by other community providers. The geographic area served is statewide. The estimated number of families to be served annually is 2182 families.

Parent Program (St. Josephs) - This service provides both the General Parenting Program (GPP) and the Dads Are the Difference Program (DAD) for parents involved with DCF. Both programs offer parenting classes and help families connect to needed resources/supports in the community as a means to strengthen families that are at risk of child abuse and neglect by providing parenting education and support. The DAD program is exclusively for fathers.

Parent & Youth Training and Support - The Parent and Youth Training and Support program will deliver training and support to primary caregivers of children with behavioral health and other special needs and to youth with disabilities or those returning from juvenile justice programs or facilities funded by DCF.

Permanency Placement Services Program (PPSP) - The program assists families achieving permanency by creating and delivering individualized support services to transition children to a permanent home, including adoption and reunification.

Physical and Sexual Abuse Evaluation - This service provides sexual and physical abuse evaluations including a comprehensive and specialized medical examination, psychosocial assessment and a forensic interview of the child in order to determine if abuse has occurred. The evaluation process includes: an initial psychosocial assessment of the family; a physical exam; laboratory work; and a forensic interview of the child, when appropriate. This service also provides the referring DCF worker with a written report within 30 days of the initial evaluation.
Category – Family Preservation
Population served – any child who presents in need of these services in the community and at hospitals
Geographic area – statewide
Number of children served – 1220 (870 physical abuse and sexual abuse evaluations and 350 child protection team consultations

Prison Transportation – This service provides bi-weekly transportation for children and youth so they can visit their mothers or guardians who are in prison at York Correctional Institution. Children/youth in DCF custody are given priority. The service includes toys, books and other forms of entertainment for

children to use during travel time. Social work support is available for children who experience emotional difficulty on the way to, during and/or returning from the visits.

Project SAFE- Project SAFE is a program designed to provide priority access to evaluation, testing and treatment for parents and caregivers involved in child welfare cases who have been impacted by substance use. These services are funded by both DCF and DMHAS, for parents/caregivers without medical insurance.
Category: Family Support.
Target Population: DCF involved parents and caregivers
Geographic Area: Statewide
Estimated Families Served: Varies (approximately 7,000).

Recovery Case Management (RCM) – This service provides intensive recovery support services and case management for parents and caregivers with a substance use problem by facilitating treatment and increasing recovery capital.
Category: Family Preservation and Family Supports.
Target Population: DCF involved parents and caregivers with a substance use problem with children at home but at risk of removal
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Meriden, Middletown, New Britain, Norwalk, Norwich, and Willimantic
Estimated Families Served: Varies (combined capacity with RSVP is 305- RSVP families get priority).

Recovery Specialist Voluntary Program (RSVP) - This service provides intensive recovery support services, case management, and random observed alcohol and drug screenings for parents and caregivers with a substance use problem by facilitating treatment and increasing recovery capital..
Category: Time Limited Family Reunification and Family Supports.
Target Population: DCF involved parents and caregivers with a substance use problem whose children have been removed
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Meriden, Middletown, Norwalk, Norwich, New Britain, and Willimantic
Estimated Families Served: Varies (combined capacity with RCM is 305).

Reentry and Family Treatment (RAFT) This service, Reentry and Family Treatment (RAFT) Program, expands the publicly-funded adolescent substance abuse treatment system to provide enhanced Multi-Dimensional Family Therapy (MDFT) services to substance-abusing juvenile offenders being released after a year or more in a controlled environment back to the cities of Hartford, New Britain, Bridgeport, Milford, New Haven, and Waterbury. RAFT will especially target transition-aged youth 16 and 17 years of age who are being newly served by Connecticut's Department of Children and Families (DCF) juvenile justice and adolescent substance abuse treatment system. DCF funding will end as of 6/30/18 due to a legislative move of juvenile justice to the Judicial Branch.

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 which builds on strengths of caregivers to directly respond to the needs of their child(ren) and coaches are able to give caregivers immediate feedback regarding their interaction.
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
Number of Families and Children Served – 614 Families (2015); 1032 Children (2015); 1595 Families (2016); 2066 Children (2016); 1018 Families (2017); 1476 Children (2017);
Number Projected to be Served –3557 Families (2018); 4134 Children (2018). Funding - State and Federal

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.

Short-Term Family Integrated Treatment (SFIT): This 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.

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
Estimated Families Served: 80

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
Number of families to be served: The number served is not quite clear as they work training large groups, engage communities with the FSM positions and serve over 600 with the Advocates.

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 housing certificate when needed.
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
Estimated number of individuals and families to be served in 2016- over 500
Funding Source: State

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
Estimated Families Served: 26

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, New Britain and Waterbury.
Estimated number of families to be served: Currently the number of children being served is approximately 19.

Therapeutic Child Care Center(Trauma-Informed) This program is designed to promote, develop, and increase the social, emotional development and cognitive capacities of children, ages 2 years 9 months - 5 years who have been adversely affected by abuse and/or neglect, are presenting with behavioral health issues, and require a therapeutic and trauma-informed program to address these behavioral challenges. The program will be housed within a licensed childcare facility and will also offer support services to parents to increase positive behaviors and promote parent bonding. It is the goal of the Trauma-

Informed Therapeutic Child Care Center that children will successfully transition to a less intensive educational setting as a result of the services offered.

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 congregate-care behavioral health treatment setting for children and youth. The service is a small (4-6 bed) staffed home within a community designed for youth with psychiatric/behavioral issues. Therapeutic techniques/strategies are utilized in relationship with the youth, primarily through group milieu experiences. The service assists youth in improving relationships at school, work and/or community settings and with transitioning successfully into permanent placements (e.g., reunification, adoption, or transfer of guardianship to a relative).

Wendy's Wonderful Kids - This service is an evidence-based, child-focused model that has demonstrated positive outcomes regarding adoptions of DCF children in the following specialized groups: older children, children with specialized needs, and sibling groups. The provider engages in child specific adoption readiness and recruitment activities to help move Connecticut's longest waiting children from foster care into adoptive families.

Work To Learn Youth Program - This is a youth educational/vocational program providing supportive services to assist youth, ages 16 - 21, 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 16 to 21.
Geographic Area: .Hartford, Norwich, Bridgeport, Waterbury, and New Haven
Families Served: CY 15 (296) CY 16 (251). Children Served: CY 15 (592) CY 16 (502)

Wrap Around New Haven – Funded by a CMS Innovative Health Grant, this initiative delivers evidence-based, culturally appropriate, integrated medical, behavioral health, and community based services coordinated by a multidisciplinary team.

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 - the New Haven and Milford DCF area office service areas.
Estimated number of individuals and families to be served – 40 children 0-3 years of age annually

Service Grid

Family Preservation	Family Support	Time-Limited Family Reunification	Adoption Support
Adopt A Social Worker	Adolescent Community Reinforcement Approach / Assertive Continuing Care (ACRA-ACC)	Adopt A Social Worker	Adopt A Social Worker
Care Management Entity (CME)	Adopt A Social Worker	Caregiver Support Team	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Caregiver Support Team	Care Coordination	Community Targeted Re-Entry Pilot Program (CTRPP)	Community Support Team
Child Abuse Centers of Excellence	Care Management Entity (CME)	Crisis Stabilization	Extended Day Treatment (EDT)
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Child Abuse Centers of Excellence	Extended Day Treatment (EDT)	Family and Community Ties
Community Support for Families	Child First Consultation and Evaluation	Intimate Partner Violence (IPV-FAIR)	Foster and Adoptive Parent Support Services
Community Support Team	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Multidimensional Treatment Foster Care	Foster Care and Adoptive Family Support Groups
Community Transition Program	Community Based Life Skills	Multidisciplinary Team	Foster Family Support
Connecticut ACCESS Mental Health	Community Support for Families	New Haven Trauma Network	Foster Parent Support for Medically Complex
Crisis Stabilization	Community Transition Program	Outpatient Psychiatric Clinic for Children	Intensive In-Home Child and Adolescent Psychiatric Services IICAPS
EMPS - Crisis Intervention Service	Connecticut ACCESS Mental Health	Prison Transportation	Juvenile Sexual Treatment (JOTLAB
Extended Day Treatment (EDT)	Crisis Stabilization	Recovery Specialist Voluntary Program (RSVP)	Multidisciplinary Team
Family Based Recovery	Early Childhood Services - Child FIRST	Reunification and Therapeutic Family	New Haven Trauma Network
Functional Family Therapy (FFT)	Elm City Project Launch	Short Term Assessment and Respite Home	Outpatient Psychiatric Clinic for Children
Intimate Partner Violence (IPV-FAIR)	EMPS - Crisis Intervention Service	Short-Term Family Integrated Treatment	Permanency Placement Services Program (PPSP
Intensive Family Preservation	Extended Day Treatment (EDT)	Therapeutic Child Care	Work To Learn Youth Program
Juvenile Sexual Treatment (JOTLAB)	Family Based Recovery	Therapeutic Foster Care (Medically Complex)	Zero to Three – Safe Babies
Mental Health Consultation to Childcare	Family Support	Zero to Three – Safe Babies	Fatherhood Engagement Program
Modular Approach to Therapy For Children – MATCH	Functional Family Therapy (FFT)		Fatherhood Engagement Program
Multidimensional Family Therapy (MDFT	Intimate Partner Violence (IPV-FAIR)		
Multidisciplinary Examination (MDE) Clinic	Intensive In-Home Child and Adolescent Psychiatric Services IICAPS		
Multidisciplinary Team	Juvenile Sexual Treatment (JOTLAB)		
Multi-systemic Therapy (MST	Mental Health Consultation to Childcare		
MST - Building Stronger Families	Modular Approach to Therapy For Children – MATCH		

MST-Consultation and Evaluation	Multidisciplinary Examination (MDE) Clinic	
MST - Problem Sexual Behavior	Multidisciplinary Team	
MST for Transition-Aged Youth	Multi-systemic Therapy (MST)	
New Haven Trauma Network	MST - Building Stronger Families	
One on One Mentoring (OOMP)	MST-Consultation and Evaluation	
Outpatient Psychiatric Clinic for Children	MST - Problem Sexual Behavior	
Parenting Class	MST for Transition-Aged Youth	
Performance Improvement Center	New Haven Trauma Network	
Physical and Sexual Abuse Evaluation	One on One Mentoring (OOMP)	
Positive Youth Development	Outpatient Psychiatric Clinic for Children	
Recovery Case Management (RCM)	Parenting Class	
Respite Care Services	Performance Improvement Center	
Sibling Connections Camp	Permanency Placement Services Program (PPSP)	
Short Term Assessment and Respite Home	Positive Youth Development	
Statewide Family Organization	Prison Transportation	
Therapeutic Child Care	Project SAFE	
Therapeutic Foster Care (Medically Complex)	Recovery Case Management (RCM)	
Therapeutic Group Home	Recovery Specialist Voluntary Program (RSVP)	
Triple P	Respite Care Services	
Zero to Three – Safe Babies	Reunification and Therapeutic Family	
Career Enhancement Training	Sibling Connections Camp	
	Short Term Assessment and Respite Home	
	Short-Term Family Integrated Treatment	
	Statewide Family Organization	
	Supportive Housing for Families	
	Therapeutic Child Care	
	Therapeutic Foster Care (Medically Complex)	
	Therapeutic Group Home	
	Triple P	
	Work To Learn Youth Program	
	Zero to Three – Safe Babies	
	ASSERT Treatment Model	

Spending Plans 2019

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES – SUBPART I- FFY2019

Services/Activities	Funding
Triple P Provider Training	$118,824
Office Assistant Positions (Meriden/Norwalk)	$158,448
JRA Consulting- Racism	$20,000
Joyce James	$60,000
CCMC	$220,500
Central Office Staff (Contract Management)	$113,641
Solnit North Positions	$1,085,025
The Connection	$200,000
KJMB Solutions	$115,000
CT-AIMH Membership	$540
CT Parents with Cognitive Limitation-Annual Meeting/Conference	$4,000
TI-TCC Provider Training	$11,416
Travel/Conferences	$14,000
Total:	**$2,121,394**

PROMOTING SAFE AND STABLE FAMILIES – SUBPART II – FFY 2019

Services/Activities	Funding
Reunification & TFT Services	$1,173,245
ABH-Community Collaboratives	$284,700
FAVOR: Foster Care Consumer Advocate	$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
NCCD – CRC SDM Work	$110,879
Total	**$2,203,171**

There are no current changes to the spending plan at this time. Any modifications will be submitted by August 15, 2018.

Chafee FFY 2019

Service Description	Funding
Personnel Expenses	$ 38,450
One on One Mentoring	$289,513
Community Based Life Skills	$398,430
Youth Advisory Board Stipends	$50,000
Total	$1,309,809

ETV (See Section E)

Service Coordination (See also Quality Assurance)

Connecticut's service array is coordinated through a committee that oversees the development of new services and the re-procurement process for existing services. The Service Array Review and Assessment (SARA) committee is responsible for ensuring every contract in Connecticut's child welfare service array has measurable child and family outcomes. SARA is also responsible for managing the procurement process, including approving Requests for Proposals and making decisions about how to invest our resources to improve the service array. The group meets every month to review current services, modify existing scopes of service and make recommendations for the development of new services when gaps are identified in the state.

The service coordination process also involves considerable input from stakeholders at all levels. The Department hosts statewide service provider meetings to gather input from contracted and credentialed providers. We also meet regularly with the provider trade associations to discuss upcoming changes in the service array. Finally, the Department recently hosted a series of 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 Development and Oversight Coordinators (PDOCS) who are responsible for the oversight of the program components of the 81 Purchase of Service (POS) contracts 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 supports a variety of other Department units and is responsible for a number of other activities as described below.

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

The department has committed to ensuring all contracts had RBA performance measures; and as part of that effort, a review of the contract library was performed to determine whether there were performance measures in each scope of service, and to catalog those performance measures by the type of measure.

Active Contract Management:

The Department is currently receiving technical assistance from the Harvard Kennedy School Government Performance Lab (GPL) in the area of Active Contract Management (ACM). ACM is a set of strategies developed by the GPL in partnership with government clients that apply high-frequency use of data and purposeful management of agency-service provider interactions to improve outcomes from contracted services. DCF is currently testing these strategies with the statewide contracted program model Intensive Family Preservation (IFP). The DCF PDOC assigned to this program model is receiving technical assistance and coaching from a GPL senior fellow who is assisting with improving regular data-informed collaboration during discussions between providers / Central Office / regions and facilitating proactive "deep-dive" analysis to help inform program discussions and drive service system re-engineering. The Department will be expanding the use of ACM to at least two additional service throughout SFY19. DCF will have the advantage of the GPL technical assistance through July 2019.

Tier System Classification of Contracted Services:

Tier System Classification of Contracted Services: The Department of Children & Families (DCF) is committed to obtaining the best outcomes for all its funded programs. To that end, in April 2015, the DCF formed a workgroup of internal and external stakeholders to work to develop a Tier Classification System that aligned several areas of work within the Department and formalize existing practices used to assess program performance. After several months of collaborative work, in December 2015, the DCF Tier Classification System was finalized and disseminated out to all DCF funded providers. Additionally, informational sessions were held at various non-profit Trade Association meetings and DCF Area Offices throughout the process to ensure adequate communication of this system to all stakeholders.

The Tier System measures general contractual requirements defined by the Department, in collaboration with provider partners. There are 25 requirements. They are broken down within the following specific domains as follows:

Foundational Items (5 items): Review of health and safety info, written Continuous Quality Improvement plans, submission of data, written cultural competency plan, subcontract oversight.

6 Domains (20 items):

- Utilization & Timeliness

- Program Performance
- Cultural Competence
- Client/Family Feedback
- Staffing
- Administrative Performance

The requirements are grouped into three Tier Classifications and an additional Provisional Tier. They are as follows:

Tier I: A program is classified as Tier I when the program meets all applicable foundational requirements and is meeting all but two or less of the elements of performance in the six domains.

Tier II: A program is classified as Tier II when the program meets all applicable foundational requirements and is meeting all but three or four of the elements of performance in the six domains.

Tier III: A program is classified as Tier III if any one of the applicable foundational requirements and/or five or more of the elements of performance in the six domains are not met.

Provisional Tier: New programs will have up to one year to meet Foundational elements and Elements of Performance before being classified, and may be classified sooner at the program's request.

Tier Classification of DCF funded programs began in February 2016. The following DCF funded programs were chosen to be in the first round of classification:

- Outpatient Psychiatric Clinics for Children/Child Guidance Clinics (26 total)
- One-on-One Mentoring programs (8 total)
- Fostering Responsibility, Education, and Employment (FREE) (6 total)
- Supportive Work, Education, and Transition Program (SWETP) (8 total)
- Short-Term Assessment and Respite Homes (STAR) (9 total)

All programs noted above received their Tier Classification by January 2017.

NOTABLES:

- All DCF funded programs received a written report for review before the Tier Classification became final.
- Service Development Plans and Corrective Action Plans will now use standardized forms and processes for review.
- Program models to be included in Round II of Tier Classification will be determined after the Department fully implements Active Contract Management principles and practices throughout its service system.

DCF is committed to working with our contracted providers as partners in service delivery to Connecticut's children and families. The Department recognizes that there are unique implementation

challenges to be considered when implementing a new system designed to assess contract compliance. DCF will continue to work with its contracted provider network to provide feedback on contracted program requirements.

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. The credentialing process is handled through a vendor who assures that all providers have passed criminal background checks and Child Protective Services checks, as well as meeting the training and experience qualifications for each service type. 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
- 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. Providers must submit applications to be re-credentialed every 2 years.

In October 2015, staff overseeing the credentialing program joined with staff in the Department's licensing unit to develop a site visit protocol specific to each services type. Beginning with Therapeutic Support Staff, the most frequently used service, a site visit team including licensing staff, a regional representative, a central office program manager and the vendor's manager of credentialing, visit the provider's service site or office. On site, they review client records, policies and procedures and general operations of the service. Site visit reports are shared with the provider within 30 days of the visit. In addition, site visits may be conducted if a complaint is filed regarding the service that warrants on-site investigation.

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, Rate Setting, Procurements and Requests for Proposals, Amendments, and Budgets. The website also contains a wealth of information in provided 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. Most recently, the Contract Management Unit expanded its Rate Setting area of work on the Share Point site to include a database for staff to easily view service rates that the Department utilizes outside of its contracting activities.

Populations at Greatest Risk of Maltreatment

Analysis of the Department's SACWIS data indicates that children ages 0 -3 are at the greatest risk for maltreatment. While the Department knows that young children, as national data supports, have a great 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. As Caucasian children may be under reported, the Department continues to review its work and data through a racial justice lens. Connecticut recognizes that there are myriad factors that may contribute to these results, and thus must be thoughtful in terms of the inferences and conclusions that may be drawn.

AGE GROUP	DEMOGRAPHIC	CY17 VICTIMS	POPULATION	RATE/1000
0 - 3	ALL	2590	159583	16.23
	MALE	1320	81626	16.17
	FEMALE	1257	77957	16.12
	Hispanic	789	37658	20.95
	Non-Hispanic, Black	613	17597	34.84
	Non-Hispanic, White	883	87513	10.09
	Non-Hispanic, Other	305	16815	18.14
4-17	ALL	5811	657432	8.84
	MALE	2767	336570	8.22
	FEMALE	3018	320862	9.41
	Hispanic	1883	122482	15.37
	Non-Hispanic, Black	1290	71506	18.04

	Non-Hispanic, White	2083	412201	5.05
	Non-Hispanic, Other	555	51243	10.83
0 - 17	ALL	8393	817015	10.27
	MALE	4082	418196	9.76
	FEMALE	4272	398819	10.71
	Hispanic	2668	160140	16.66
	Non-Hispanic, Black	1901	89103	21.33
	Non-Hispanic, White	2965	499714	5.93
	Non-Hispanic, Other	859	68058	12.62

Noting that young children seem to more vulnerable to fatalities and other poor outcomes, the Department embarked upon a case control study two years ago. Some factors that the study identified as being more greatly associated with an increased risk for a fatality are as follows:

- Child Age: The older the child is, the less likely the child is to die.
- Child is a High Risk Newborn
- Age of the Caregiver: Younger Caregivers more like than older
- Behavioral Health of the Caregiver
- Substance Abuse by the Caregiver
- History of prior CPS Reports

The Department observed that a couple protective factors that seemed to reduce the risk for a fatality. These were thorough initial and ongoing comprehensive assessment, and sufficient frequency of visits between caseworker and parent.

A recent analysis of Department data assessing the contributors that increase the odds of recurrent maltreatment also reveals similar factors as was found in the 2015 case control study. That is, children with developmental or physical disabilities, caregiver alcohol abuse, caregiver drug abuse, caregiver mental health problem, domestic violence in the household, prior neglect investigation in the family, having child under age two in the home were all significantly associated with greater odds of maltreatment recurrence.

The Department is continuing to implement the Eckerd Rapid Safety Feedback® (ERSF) model, a unique qualitative and predictive analytics process that relies on real-time data analytics to flag high-risk child welfare cases for intensive monitoring and case worker coaching. This model was highlighted in the 2017 report by the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF).

Predictive analytics provided by technology partner Mindshare Technology highlights the presence of high-risk cases based on a problem statement. Mindshare's software also provides the capability to mine data along with real-time dashboards that can be used to help ensure accountability for identified safety actions and quantify improvements in case practice over time.

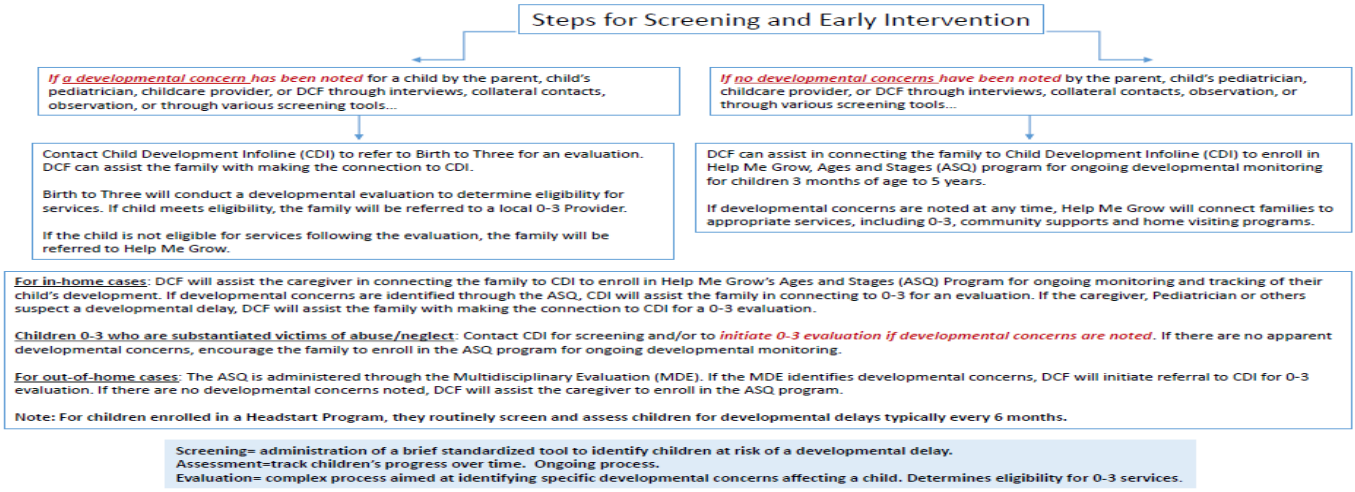
To date over 730 cases have been identified for a review (implemented 10-3-16). Five Clinical Social Work Associates and two managers are part of the review process outlined by the model.
CT is one of nine states working with Eckerd to custom-tailor the model to meet our distinct child welfare challenges and priorities. DCF is also participating in a formal evaluation process through Casey Family Programs, which includes other states implementing the model.

Finally, the Department has begun convening learning forums for its social work staff. These learning forums are based upon the Department's finding from Special Qualitative Reviews in which it engages for open cases or cases closed within the last 12 months, where a critical event has occurred. The first Learning Forum, which was presented in partnership with the Quality + Planning Division, the Director of the DCF Academy for Workforce Development and the Director of Child Welfare, Early and Middle Childhood, focused entirely on practice as it pertains to infants and young children.

Services for Children under the Age of Five

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. Included in DCF's Early Childhood Practice Guide is a graphic created to further guide staff through the process for early screening and intervention.



This past year, the Department has focused on children, ages 1-5 who have been in care for at least 12 months and not achieved permanency. Statewide data was provided to the regions analyzing a number of factors including basic demographic information, race/ethnicity, length of time in care, prior CPS and placement history, number of placements, placement settings, and reason for removal. A case review instrument was created, targeting the regions with the highest percentages of "long stayers" to help identify barriers to achieving permanency. The case reviews have been completed and a report summarizing the findings will be finalized by the end of July. Following dissemination and review of the report, next steps will be established based on the results of the case reviews.

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 national, approved, evidence-based home visiting models. Scientific research demonstrates that trauma and adversity, including maternal depression, substance use, 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, and (3) comprehensive, wraparound services and supports for all members of the family, to decrease the stress which is toxic to the developing brain. The primary method of treatment is the use of trauma-informed Child-Parent Psychotherapy (CPP), as developed by Dr. Alicia Lieberman, in order to strengthen the attachment between the parent and child and thereby increase the capacity of parents to nurture and support their children's development. Further, 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.

Child First currently has an annual capacity to serve 1,031 children and their families per year in CT through MIECHV, DCF, federal grants, and philanthropy. Across all CT sites, 45% of open cases are currently DCF involved, with an additional 22% have past DCF involvement. Child First affiliate sites were strategically placed in all 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. Even with active triaging of children and families to other less intense services, the waitlist for Child First Services is currently around 220 children and at times is as high as 300 children. The average length of stay of for Child First families is eight months. Despite the complexities presented with DCF-involved children, significant improvement (.5 SD or greater) is noted: 73% show improvement in at least one area that was marked as problematic at intake, 53% show improvement in at least two areas, and 33% show improvement in at least three areas.

Additionally, highly statistically and clinically significant improvements are noted in each area among DCF children 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 $d=0.75$)
- Improvement in child social skills ($p<.0001$, Cohen's $d=0.85$)
- Improvement in child language development ($p<.0001$, Cohen's $d=0.73$)
- Strengthening of the parent-child relationship ($p<.0001$, Cohen's $d=0.77$)

- Decrease in maternal depression (p=.0001, Cohen's d=1.50)
- Decrease in parenting stress (p<.0001, Cohen's d=1.20)

Child First Inc. will also look specifically at extracting outcome measures by race and ethnicity. Child First is planning to add assessments to specifically measure the effects of the intervention on both child and adult executive functioning skills. Along with emotional health, these skills are critical for both success in school and in parental employment.

Child First continues to plan a second randomized trial (RCT) that will include a broader age range (to age six years), across multiple sites in CT and North Carolina, including additional outcomes, and following longitudinally with administrative data. This is an independent RCT funded by philanthropy. Child First has continued to receive multiple inquiries from states across the country interested in working with these very vulnerable young children and their families.

The Early Childhood Trauma Collaborative

The Early Childhood Trauma Collaborative (ECTC) is a 5-year initiative awarded to the Child Health and Development Institute (CHDI) by SAMHSA as part of the National Child Traumatic Stress Network to expand trauma-specific services for children age birth to seven in Connecticut. ECTC is a collaboration between CHDI, the Office of Early Childhood (OEC) the Department of Children and Families (DCF), 12 community mental health agencies, and the Consultation Center at Yale University (evaluator).

The mission of ECTC is to develop a more trauma-informed early childhood system of care to improve outcomes for young children suffering from exposure to trauma through enhanced early identification and improve access to trauma-focused evidence-based treatments (EBTS). This will be accomplished by disseminating or expanding access to four EBTs for young children and their families: Attachment, Self-Regulation and Competency (ARC); Child Parent Psychotherapy (CPP), Trauma Affect Regulation: Guide for Education and Therapy (TARGET: for caregivers), and Child and Family Traumatic Stress Intervention (CFTSI). ECTC will also provide training to a range of professionals who serve young children in order to improve their knowledge about childhood trauma and ability to identify and refer children to trauma-focused assessment or treatment when indicated.

Mental Health Consultation to Childcare

CT's **Early Childhood Consultation Partnership (ECCP®)**, Advanced Behavioral Health, Inc., funded by DCF, is a nationally recognized, evidence based (three random control trials) early childhood mental health consultation program is an indirect service that builds 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. Mental Health consultation is an intervention that builds the capacity of families, providers and systems by offering support, education and consultation to promote enduring and optimal outcomes for young children.

This project has 24 full time mental health consultants, including 5.5 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 a week-16 follow-up visit. 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).

- As of the 3rd quarter of SFY 2018, ECCP served an unduplicated count of 145 Early Childcare Centers.
- 142 children at risk of expulsion/suspension" were served. And 99% of those children who received Child-Specific services were not suspended or expelled at the one-month follow-up visit after completion of services.

A recent evaluation of ECCP noted reductions in preschool target child behavior problems, improvements in social competence in toddler peers who were not actively targeted by the intervention and improved home-school communication and family involvement in both toddlers and preschoolers. These positive impacts were observed using the most rigorous methods possible of random-controlled evaluation and most of the finds above were replicated across multiple evaluations

and time points. Furthermore, these positive impacts were observed following a relatively brief, but intensive, three-month ECCP intervention.

As measured by the most rigorous methods possible, ECCP is a highly successful and impactful intervention for improving child behavioral outcomes and improving family involvement in early care and education programs.

Connecticut's Early Childhood Consultation Partnership (ECCP) has recently received major national attention in the past year:

- ECCP was selected by the Substance Abuse and Mental Health Services Administration (SAMHSA), HRSA Health Resources and Service Administration (HRSA), Administration for Children and Families (ACF) and the Education Development Center, Inc. (EDC) to join the national expert leadership team for the Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC). The Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) Training and Technical Assistance is managed through a contract between the Substance Abuse and Mental Health Services Administration (SAMHSA) and Education Development Center, Inc. (EDC).
- An application was submitted to "What Works" Clearing House in effort to name ECCP as an evidence-based educational treatment, while the status is pending, it appears ECCP will be accepted into this National Registry.

Therapeutic Child Care**,** operating within a licensed child day care 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 also have serious behavioral health issues by providing a specialized therapeutic and trauma-informed program for these young children and their families. The Department currently funds two therapeutic child care programs in Bridgeport (ABCD) 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 http://www.cssp.org/reform/strengtheningfamilies/2014/ 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 in particular, facilitate children's transition to a less intensive early care environment.

Several changes have been made to the program to better serve the children and families. Both programs are currently using a maximum classroom capacity of 12 to meet the needs of children in the most intensive service classrooms. Salaries for teachers have been increased which will hopefully, reduce the turnover rate of staff and both programs are using the DECA in conjunction with the Creative Curriculum. And, there appears to be some evidence that the goal, to engage families so fully that they will not remove the child from the service unless they are moving out of the service area, is being reached.

CT Association for Infant Mental Health

In 2011, The CT Department of Children and Families (DCF) was awarded the Early Childhood Child Welfare grant, "Strengthening Families, Infant Mental Health" through a partnership with the CT Head Start State Collaboration Office, Head Start/Early Head Start and the Connecticut Association for Infant Mental Health, which provided an intensive series of 8 trainings on infant mental health in the Hartford/Manchester DCF Region.

The trainings were designed to create a shared knowledge base for staff, to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines.

Two eight full day training series have been delivered to DCF staff and Community Providers each year. 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. The topics will be related to the Competencies for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®.

An average of 40-50 DCF staff and their partners have attended series. Topics included "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 Successful Visitation for parents and infants/toddlers. Continuing education credits have been offered by the Academy to social workers. In addition,

reflective supervision training was provided and practice in reflective supervision was offered through face-to-face coaching sessions.

The response to the training series has been overwhelmingly positive. The CT-AIMH and the Department are planning to offer two statewide training 8 session training series in the coming year.

Circle of Security Parenting (COS P)

Circle of Security Parenting© is a manualized, DVD-based, eight-session, attachment-centered parent education intervention. It is being provided in English, Spanish, and French. Circle of Security Parenting (COS P) equips parents and other attachment figures (teachers, caregivers) with some basic relationship capacities that help them provide a quality of relationship with infants, toddlers, children, and students that builds, supports, and strengthens secure attachment. This is crucial because it is within quality relationships that various capacities needed by kids to thrive in life are built. These capacities include curiosity, self-regulation, perseverance, 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. COS P 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 capacity to reflect is essential to building a child's secure attachment. COS P also addresses two forces that are crucial to kids being equipped to thrive in life. One force is the desire in every child to explore their world. The other force is the need to be welcomed in when experiencing distress. COS P helps parents be able to recognize and support both of these forces, which is highly supportive of children's healthy development. They also learn about the importance of repairing ruptures in relationships and how to do that.

The population served includes parents with children 0-17 years of age. Priority is given to parents involved with DCF. Caseload permitting and in consultation with the DCF area office, providers may serve parents referred by other community providers. Some providers have begun using COS P with parents of adolescents as they view the relationship tools gained from COS P as being very applicable to improving the quality of parent-teen relationships. A meeting was held this spring to allow providers

to share what they have been learning about using COS P with parents of adolescents. Through March 31, 2018, 558 families with infants and children and 36 families with adolescents have received COS P.

DCF is training nearly 900 staff members and supervisors in COS P from spring 2016 through spring 2019. Priority is being given to staff and their supervisors from DCF-funded programs that serve families involved with DCF. Targeted programs include Parenting Support Services, Community Support for Families Program, Child First, Therapeutic Child Care Program, Intimate Partner Violence Program, Intensive Family Preservation Program, Reunification and Therapeutic Family Time Program, and Caregiver Support Teams Program. We also plan to target cities and towns in CT that are interested in developing a community-wide approach to build and support secure attachment and have the readiness to move forward in a cross-disciplinary way.

Over 1,300 staff from a wide variety of disciplines and settings in CT have been trained in COS P. Interest continues to grow and will result in three trainings being offered in CT this year.

Progress includes the following:

Communities

- Communities are becoming interested in building capacity to offer COS P in their communities. New Haven and Middletown continue to serve as the best examples of building community-wide capacity to offer COS P.
- The Attachment Network of CT is developing a document to help guide interested communities to design and build a community-wide effort to build and support secure attachment.

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. This has been offered several times to pre-K and elementary teachers in the cities of Middletown, New Haven, and Meriden. High school teachers are also finding the training to help them address and prevent classroom behavior issues.
- Approximately 25% of the teachers receiving this training request participation in a COS P group in order to get more relationship tools.

- Susan Averna is a developmental psychologist and former professor at Trinity College. She has developed trainings on resilient classrooms and resilient students.
- An effort is starting in New Haven to bring BASE Babywatching to preschool classrooms and to area high schools offering child development classes.

Licensed Family Child Care

- All Our Kin initially took 34 licensed family child care providers through COS P groups as a way to improve the social-emotional climate of the home child care sites. They are continuing offer opportunities for other providers to receive COS P.

Child Welfare

- DCF Region 3 has trained over 25 caseworkers, supervisors, and managers in COS P and is interested in integrating COS P into their work with parents of infants.

Intimate Partner Violence Program

- The Intimate Partner Violence Program is now requiring all new staff to be trained in COS P.

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

- Elaine Flynn-York, Director of Prevention and Parenting Services, has had over 100 staff trained to offer COS P 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 COS-P intervention.

Nurturing Families Network (statewide home visitation program for 1st and 2nd time parents)

- NFN has approved the use of COS P as a group parenting intervention. Several NFN programs are currently doing this.
- A small group of NFN home visiting staff from the Fair Haven Community Health Center's (FHCHC) NFN program were trained in COS P and use in as part of their in-home intervention. FHCHC is also working to make COS P available to parents in their health center.

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 COS P with a variety of families including parents with differing needs and children with special needs.

Churches

- We have collaborated with Urban Alliance to get people from local churches trained in COS P works with 50 churches in the greater Hartford area. The Urban Alliance sponsors Thrive, an initiative to help young children become socially, emotionally and academically prepared for kindergarten. They are interested in working with more churches to offer COS P to parents and to staff in church preschools.

Integration within Agencies

- Klingberg Family Centers has 30-35 mental health clinicians trained to offer COS P. They are working to integrate COS P into their agency have been offering COS P groups for staff, including clinicians, managers, and administrators. They have added a 90 minute overview of COS P to their new employee orientation. They are now using concepts from COS P 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 COS P.
- Several other agencies that are working to have all staff complete a COS P 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.
- Several agencies from DMHAS' Young Adult Services are now offering COS P groups for staff as a way to integrate COS P into their agencies.

Pediatricians

- All three pediatricians and all of the office staff from Rocky Hill Pediatrics completed an 8-session COS P group. They report more trust and improved parenting with their own children. One of the office staff has been trained in COS P and is offering a COS P group in their office to parents. They are also working with three additional pediatric practices to replicate this effort.
- Middletown is letting local pediatricians know about COS P and availability of COS P groups for parents.

Child First

- Child First has trained many of its staff members to use COS P. Sites are offering COS P 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 COS P into their treatment program. They are reporting that the relationships tools gained from COS P are being used at job sites to help the ex-offenders create better quality relationships at work. They also reports that ex-offenders become more open to seeking mental health support after completing COS P.
- Several staff from the state Court Appointed Special Advocates (CASA) program have been trained in COS P. We are exploring the idea of collaborating with them so more parents involved in probate court can receive COS P.
- 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.

Systems Thinking

- While the initial focus has been on building capacity in CT communities to offer COS P to parents, the use of COS P has been expanding to reach educators, including preschool teachers, and family child care providers. This is expanding the capacity and opportunity for kids to have quality relationships not only with their parents but also with their teachers and other important caregivers.
- COS P is being viewed not just as an intervention that results in improved behavior, but, more importantly, it is equipping parents, teachers, and caregivers with new relationship capabilities. These relationship capabilities allow them to provide a better quality of relationship with infants and children that best equips them with the personal and relational capacities needed to thrive in life. These capacities include curiosity, self-regulation, perseverance, joy of learning, connectedness, empathy, self-motivation, impulse control, comfort using power, and trust.
- Quality of relationship is particularly important within an infant/child's family because it creates the foundation for children's future development. Infants and children with a secure attachment have a strong, secure foundation for future development. Infants and children with an insecure attachment have a weakened or even quite damaged foundation that limits or even severely damages their future development.

- 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.

CT - Elm City Project Launch – CT Elm City Project LAUNCH (CT-ECPL) is a five-year project funded by the Substance Abuse and Mental Health Treatment Administration (SAMHSA). CT-ECPL attempts to address children's unmet physical, emotional, social, behavioral and developmental needs by promoting resilience and collaboration between families, health care and educational settings utilizing five core strategies: 1) screening and assessment in health care and educational settings, 2) integrating behavioral health into primary care settings, 3) home visiting with an emphasis on children's social and emotional well-being, 4) mental health consultation in early childhood education programs, and 5) family strengthening and parenting skills training. The grant targets the New Haven Dwight Neighborhood with a plan to expand to other communities in the New Haven area.

CT-ECPL is a collaboration between state and local child-serving agencies and organizations including: CT Department of Children and Families, CT Department of Public Health, Wheeler Clinic, Clifford Beers Clinic, CT-Association for Infant Mental Health, the Early Childhood Consultation Partnership (ECCP®), the New Haven MOMS Partnership, and the Yale School of Medicine's Department of Psychiatry.

The information below represents the major accomplishments and activities for Year 3 of the grant.

- The primary approach of CT-ECPL to enhance opportunities for mental health and developmental screening and assessment has been through workforce development and capacity building. CT-ECPL employs a full-time social worker who has spent significant time in FY2-3:
    - educating pediatricians and community service workers on the importance of developmental and mental health screenings;
    - helping them build capacity to conduct these screenings (e.g. TA, training in standardized instruments, making referrals);
    - conducting screening assessments;
    - providing brief crisis interventions when needed; and
    - helping the pediatric practices and community service agencies integrate screenings into their workflow in a way that is feasible, acceptable and sustainable.

  As a result of these efforts, one homeless shelter and one pediatric practice have fully integrated mental health screenings into their practices.

- Partnerships have firmly been established with CT's Help Me Grow (HMG) Advisory Committee and CT's Maternal and Child Health (MCH) Developmental Screening Workgroup to develop strategies for raising awareness of the importance of developmental and mental health screenings, as well as, working to align efforts across early childhood systems to use standardized developmental and social/emotional screenings.

- LAUNCH has supported the development of an infant mental health (IMH) 6- day curriculum for home visiting (HV) professionals to increase knowledge of infant social and emotional development. This year, 63 Home Visitors in the New Haven area were trained and 40 families are receiving Trauma- Informed Child-Parent Psychotherapy (CPP) as a result of ECPL's workforce development efforts.

- Final stages of development of a Communication Tool Kit aimed to strengthen service delivery for families through increasing communication between home visiting populations and primary care providers. The successful implementation will help to enhance home visiting programs and pediatric offices in early identification and intervention services.

- Efforts to engage and involve parents in LAUNCH activities continues. The local Parent Young Child Wellness Council consists of 15 parents and seven social service providers/organizations. Training has been provided on topics chosen by parents including trauma, stress management, and data.

- LAUNCH created a Partnering with Parents Infographic to depict true, authentic, and meaningful parent engagement. This infographic has been shared with providers during community meetings. LAUNCH is supporting parents in the development of a training curriculum on authentic parent engagement.

- ECPL has partnered with the CT Chapter of the American Academy of Pediatrics to develop a plan to promote behavioral health integration at a system's level.

- ECPL has partnered with United Way to develop a media and public awareness campaign. The goal of the campaign is to promote family wellness in the community, utilizing a holistic approach. ECPL has partnered with various community advisory groups to inform the messaging of the "Healthy from Day One" campaign. Two brochures have been completed to date. A media event was held in April 2018 announcing the campaign and a local community event is planned for June 2018.

- In collaboration with the City of New Haven the local council has organized a "Race to Equity" conference. This conference will bring together participants to explore and test a framework and practical tools for applying racial equity as operational principles within organizations that serve families and children. This conference will be a two-day event with the goal of introducing participants with well-regarded tools for building their capacities in these areas:

    - Identifying and addressing implicit racial biases
    - Communicating effectively on race and racial equity to different audiences
    - Assessing organizational progress toward racial equity
    - Developing organizational racial equity goals and strategic plans for achieving them.

LAUNCH activities will continue this year. The public awareness campaign, data collection, and work of the local and statewide councils will continue to be areas of focus this upcoming year. In addition, the ECPL core team is currently updating the Strategic Plan and Evaluation Plan and working with SAMHSA to develop plans for sustainability.

Services for Children Adopted from Other Countries

The Adoption Assistance Program (AAP):

The Department of Children and Families contracts with the University of Connecticut Health Center to provide post-finalization services to families that have adopted children from DCF's custody. They also provide service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption.

Although the majority of their work encompasses DCF involved families, they do provide support to a small percentage of families who have adopted children from other countries.

During the 2017-2018 fiscal year, there were over 564 adoptive parents and professionals who have requested inclusion on the community network email distribution list. The network hosts quarterly meetings that bring adoptive parents and professional together to talk about current issues and trends in adoption and share information about resources.

5. Program Support

For additional information regarding training for staff who oversee contract services please refer to the "Service Coordination" section.

Professional Staff Development and Staff Training

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 to both DCF employees and community providers upon request.

The DCF Academy 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. An array of professional development programs are offered on a regular basis. The Academy offers pre-service preparation to newly hired caseload carrying social workers (Social Worker Trainees) and in-service training to experienced employees. 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.

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

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 are able to 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.

Additionally, the program prepares students to look for opportunities to provide service "above and beyond the norm;" identify gaps in service delivery and provide solutions; and gain better understanding of DCF as a whole. All of this is accomplished by adhering to a strength-based perspective in keeping with the agency's mission.

The 2017 – 2018 cohort consisted of (1) MSW student from the University of Saint Joseph's who participated in their Clinical Preceptor model. In this model of the MSW Field Program, the field instruction is provided by an outside LCSW field instructor obtained by the school. Through this internship placement, this employed student took a look at permanency outcomes with a racial justice disparity lens. His research uncovered several key data recording errors and a direct correlation between worker turnover and reaching timely permanency for children in care. This worker found, "… similarly, Black and White youth who achieved permanency had a mean of 1.7 social workers or fewer assigned to their case in two years versus a mean of 2.2 social workers or higher for cases involving Black and White youth that did not achieve timely permanency." His report was shared with the New Haven office and helped shape awareness around permanency, looking at cases with a racial justice lens and paying closer attention to the impact of how the department transfers cases.

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 2018 cohort will include two employees.

NCWWI University Partnership

The DCF Academy for Workforce Development, in partnership with the UCONN School of Social Work,

has been the proud recipient of the National Child Welfare Workforce Institute - CT Partnership for The Child Welfare Excellence grant for the past four years. As we enter into the final year of the five year grant, the partnership will focus on the goal of refining and strengthening foundational and child welfare related curricula content to reflect the knowledge and skills that address the increasingly complex needs of diverse families and children served by public child welfare agencies; thereby enhancing competency levels of the CT Partnership trainees and other students alike. In addition, it provides the opportunity to collaborate on mutual objectives of addressing the need to increase the knowledge, skills, abilities and diversity of the public child welfare workforce by targeting recruitment for masters level trainees from within populations under-represented (Hispanic, male, linguistically diverse) in the current DCF child welfare workforce; and to increase the pool of masters level, professionally trained social work graduates as one key strategy that can improve the quality of public child welfare practices and outcomes. Beyond the grant, the DCF and UCONN SSW will plan for future collaboration, establishing lasting pathways for field placement opportunities, strengthening and supporting a field supervision model and specialized child welfare curricula.

The Partnership to date:

- **35 MSW Social Work Trainees over 5 years** – targeted to increase staffing demographics that reflect diversity of child populations served (African American – 21%, Hispanic – 35%, White – 35% and other – 9%)
    - African American and Hispanic male interns – 6 (17%)
    - Male interns – 9 (26%)
    - Bilingual interns – 16 (46%)
    - Preference to current DCF employee trainees – 8 (22%)
- **Intern Graduates Hired and Remaining in Public Child Welfare Settings -** 27 graduates as of May 2018
    - 22 (81%) in public child welfare agency setting as of May 2018
    - 5 (19%) in private child settings serving DCF children and families

In the current cohort (2017 - 2018) five of the seven graduate students have recently been hired by the department. The remaining two graduate students are in the recommended pool for hire and will be offered positions in the next hiring group. In November 2017, the Academy implemented a Peer to Peer Mentoring program to support NCWWI graduates transitioning into the role of Social Worker. The

NCWWI graduate is paired with an experienced Social Worker to provide hands-on support and on-the-job learning as they transition to the workplace. The mentoring relationship will provide additional support and networking both formally and informally outside of their supervisory chain of command to enhance on-the-job learning experiences. The NCWWI Peer to Peer Mentoring Program is intended to last for one year, with the hope that the supportive relationship will continue past that time.

Our employed NCWWI grads had the opportunity to apply for the DCF Formal Employee Mentoring Program. One NCCWI graduate applied and was accepted to the 2017-2018 Mentoring Program. He was matched with a senior leader in the department as a mentor. As a mentee, he has the opportunity to set goals and activities with his mentor focusing on increased retention and how to navigate and negotiate within DCF and the community. He has the opportunity to participate in a formal Shadowing experience of a selected senior level staff. Mentees find this exposure through the one on one or even group experience a vital component to the mentoring program and their professional development. We continue to identify specialized field instructors who have previously been involved with the NCWWI Traineeship Program offering consistency in the field placement experiences the students receive.

Additionally, we continue to incorporate field instructors who have completed the National Child Welfare Institute (NCWWI) Leadership Academy for Supervisor (LAS) Program or Leadership for Middle Managers (LAMM). This is keeping in-line with NCWWI's Workforce Development Model, adapted by the agency to further develop and support supervision and leadership capacity within the agency. The traineeship program participated in group supervision to promote practice change through focused activities around Racial Justice, Teaming, Structured Decision-making and Family Centered Practice.

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 80 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 Stipend Program

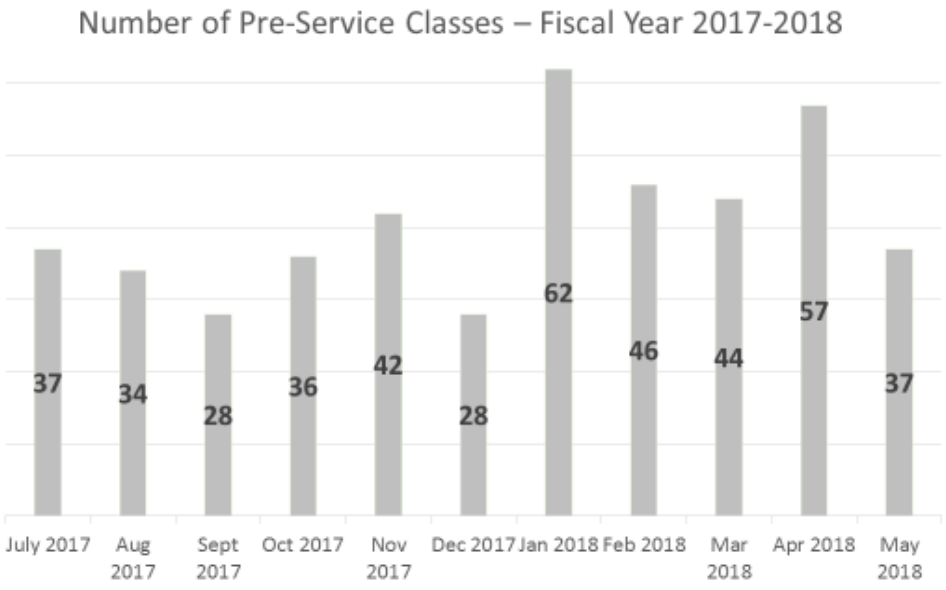
The Department of Children and Families also offers a limited amount of paid internship opportunities for external students pursuing a BSW or MSW degree. In this competitive program, students in their final year of a BSW or MSW program are selected to participate in an internship process in a regional office where they receive orientation, training, supervision, and real-time experience handling child welfare activities. This year's stipend program shifted the field instructor from the MSW Field Program to work with the stipend students focusing on field education consultation. The independent field instructor met with the stipend student interns and the field supervisors one time a month to provide consultation related to the field placement, navigate educational contracts, review process recordings and incorporate classroom learning into practice. In addition, two learning seminars were held for the students and the field supervisors on relevant topics, "Working with Families in Crisis" and "Permanency Teaming – Looking at Disproportionality and Disparate Outcomes in Child Welfare." 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. In addition, the stipend amount was increased in 2017 from $3000 to $5000 to offset the cost of their education. Upon graduation and receiving a recommendation from their field supervisor, students must repeat a background check and an interview process. If successfully completed, students are prioritized in the hiring process. If no positions are available three months after their graduation date, students are released from any obligation to wait for employment or repay the stipend. The Academy continues to work on developing a process to streamline the students' applications to the Department's Division of Human Resources who has agreed to prioritize hiring these intern cohorts. This strategy will increase the number of BSW / MSW students who apply to the

Department and increase the number of qualified applicants being considered for employment. The 2017-2018 cohort successfully graduated 8 BSW / MSW students. Recent hiring of Administrative staff in Human Resources will enhance efforts to develop a tracking mechanism with Human Resources to identify the hiring status of interns. To date, 2017 – 2018 stipend interns have been instructed to submit their online application seeking employment at DCF. One student has requested to defer her employment for a year as she in enrolled in an Advanced Standing program seeking her MSW.

Pre-service Training for Staff

Training for new workers to ensure competencies

The Academy for Workforce Development continues to offer pre-service training for new social workers who are hired to conduct child welfare related case activities in the regional offices. The pre-service training program is designed to prepare each staff member for effective protective service/child welfare practice. The training is 30 days consisting of 24 course topics. Below please find a chart summarizing the number of pre-service classes held per month for this fiscal year to date.



This past year, the Academy has focused its efforts on training 183 new social workers and 9 case aides hired by the agency. Several modifications to pre-service have been made to improve course delivery and staff retention of information. These modifications consisted of the incorporation of parent partners in one of the classes for the purposes of role playing with staff to highlight the techniques needed to properly engage a family or individual. Additionally, the Academy has strengthened the

transfer of learning process with the creation of an on-line discussion board. This discussion board provides a venue for staff to reflect upon competencies and skills gained in class at different intervals of their training. The Academy has also developed and provided to the training supervisors brief power point presentations to review with their staff as supplemental material to some of the classroom curriculum. To date, presentation topics include the role of the foster and adoptive service units, fiscal responsibilities and permanency/adoption. Training supervisors are encouraged to partner with the appropriate subject matter experts in order to deliver a comprehensive presentation. Additional presentations will be forthcoming.

In recognition of the importance of professional development, 18 of the 20 courses within pre-service training have been awarded Continuing Education Credits. This is of great assistance to those who are pursuing or attempting to maintain their licensure.

The Academy is also in the midst of increasing simulation training to occur in several of the classes including but not limited to engaging families, substance use, intimate partner violence and legal. To date, simulation training occurs for car seat training and one of the legal trainings and has proven to be extremely effective.

In preparation for the final test, two quizzes have been developed and incorporated in pre-service at different intervals of the training. This provides the trainees with the ability to recall information taught and provide clarity and context around different topic areas. As a result of the test reorganization, we have found that pre and post test scores have increased. There will be ongoing analysis of the test and the scores as groups enter and exit the Academy. In addition to the multiple test portion of the of the training, staff are also required to read narratives from a mock case in order to develop a genogram, complete a risk assessment utilizing the agency's structured decision making tools and complete a portion of the case plan. Group supervision has also been incorporated into the test day in order to allow staff the ability to gain skill presenting cases in a factual yet succinct manner. They learn the value of hearing different voices and opinions in order to move away from the notion of group think. Staff have reported finding this component valuable in their learning and necessary in the process of discussing cases.

It is noteworthy that pre-service training was deemed to be an area of strength during round 3 of the CFSR process.

New Pre-Service Trainings

Empathy Simulation Bus Experience:

In January 2018, the Academy implemented a class activity entitled "Empathy: Simulated Bus Activity." We realize as a child protection agency that a high percentage of our DCF client population live in poverty and rely on public transportation. Public transportation speaks volumes about a society; such as, racism, economic injustice and the patterns of historical development as a nation. These patterns are embedded in a transportation system that many people take for granted. The average middle class person is fairly oblivious and unaffected by the fact that lack of transportation is the number one deterrent to employment and community involvement across the country.

The goal of this exercise is to provide social work trainees with empathy for our client population who utilize public transportation. Research has proven that clients who experience empathy from their social worker/provider tend to have improved outcomes. Empathic social work practitioners are more effective and can balance their roles better. The goal of this exercise is to encourage and develop child protection social worker empathy for the populations we serve.

Since the inception of this activity, 132 social work trainees have participated in the simulation to date. Many have reported an overwhelmingly positive response. Staff have noted the following:

- *"The activity influenced my feelings of empathy towards my families who rely on public transportation in many ways. I faced countless struggles while completing this activity. Public transportation is not an easy way to commute."*
- *"It snowed during the day that I participated in this activity. The inclement weather disrupted the bus schedule and my ability to make it to my destination on time. This gave me a better understanding as to why someone may show up late to an appointment or a visit if they are relying on public transportation."*
- *"This activity has grown my desire to be more aware, and more intentional about taking the particular struggles (Physical, emotional, Socio-economical) of the families I work with into consideration. If I want my family to succeed, I need to set them up for success."*

- *"I think we often take for granted the ability we have by owning a vehicle and getting so easily from point A to point B, and this put into perspective how taxing it can be on the parents we serve. As a relatively healthy person I can see how hard it would be on someone who may have health conditions due to the amount of walking and directions needed in order to just find the bus stop, never mind the walking prior and afterward."*

Overall, the Empathy activity has proven to be a beneficial experience that bodes well with the staff. As we continue with this process, the Academy will evaluate the feasibility of offering this activity to interns within the department.

Prison Tours

In July 2017, the Academy formed a partnership with representatives from the Connecticut Correctional system for the purposes of organizing tours for newly hired staff. Since July 2017, 206 agency staff have toured one of the Connecticut correctional prisons. It is the Academy's belief that participation in a prison tour will assist in creating a better bond between our DCF system and the correctional system. This experience will hopefully foster changes for both systems that bring awareness and aid to social workers, incarcerated parents and the correctional staff.

The prison tours provide our DCF social work staff an opportunity to see the inner corrections operations and understand how they can assist their incarcerated parent or create unintentional barriers.

Similar to the Empathy activity, many of the participants have reported an overwhelmingly positive response. Staff have noted the following:

- *"Seeing the physical space incarcerated fathers operate within changed my perspective."*
- *"Hearing/seeing the inmate to staff ratio provided a tangible perspective of not only the obstacles of our practice, but also the negative impact lack of planning or poorly timed practices can have on an incarcerated father."*
- *"The importance of effective communication between DCF and the prison personnel."*
- *"I liked how we were able to see the prison, so we can be more empathic to the parents and some of the DCF kids still in care. Additionally, I think it was beneficial to get more of an understanding*

of how the correctional officers may be put at risk when we are telling a parent that the department is TPR or that their child may have been a victim of some sort."

The Academy recognizes the benefits associated with exposing staff to the inner workings of the correctional facility. This experience builds empathy towards all parties involved specifically the fathers involved with our system. The Academy will evaluate over time the feasibility of scheduling tours for experienced staff within the agency.

Engaging Families

Over the course of the past two and a half years, the Academy developed and implemented a course titled Engaging Families. The focus of this course is centered on family centered practice, purposeful visitation, genogram development, strategies for engagement and the interviewing techniques for children and adults. As a compliment to this course, in July 2017, the Academy staff created a half day simulation component. The Academy partnered with another state agency in order to gain access to a house that is used for training. Staff decorated the rooms with various props in order to resemble various areas found in a home. The Academy utilizes Family Peer Support Specialists contracted by the agency to serve as role players for the simulation. During the simulation, participants are given various case scenarios that cover a multitude of issues, i.e. substance use, adolescent teen, single parent household. Once the scenario is completed, the staff are given feedback by the trainers and the Family Peer Support Specialists consisting of positive areas that they exceled at during the simulation and areas needing improvement. To date over 100 trainees have participated in this activity.

Staff initially have a degree of anxiety about the simulation prior to attempting, however, once completed, they have remarked that it is the best experience for them, providing them with real time feedback that will prepare them for the field.

Feedback from the staff in relation to the simulated role play has been extremely positive. Staff have made the following comments:

- *"The simulation training helped me realize what I need to do in order to improve my engagement with people."*
- *"The feedback that I received as a result of the simulated role play was great. I have so much more confidence now."*

- *"The role play simulation was tough but it forced me to think on my toes."*
- *"The role play simulation helped me work on my script for best ways to explain terms used with the department."*

Social Work Case Aides

In 2017-2018 the agency hired 11 Social Work Case Aides. These individuals are given a training schedule that highlights skills and competencies needed to fulfill their roles and responsibilities on the job. They are also provided the opportunity to take a few courses with social workers. This provides them with the ability to broaden their scope of knowledge relative to the work. Their classes include the following:

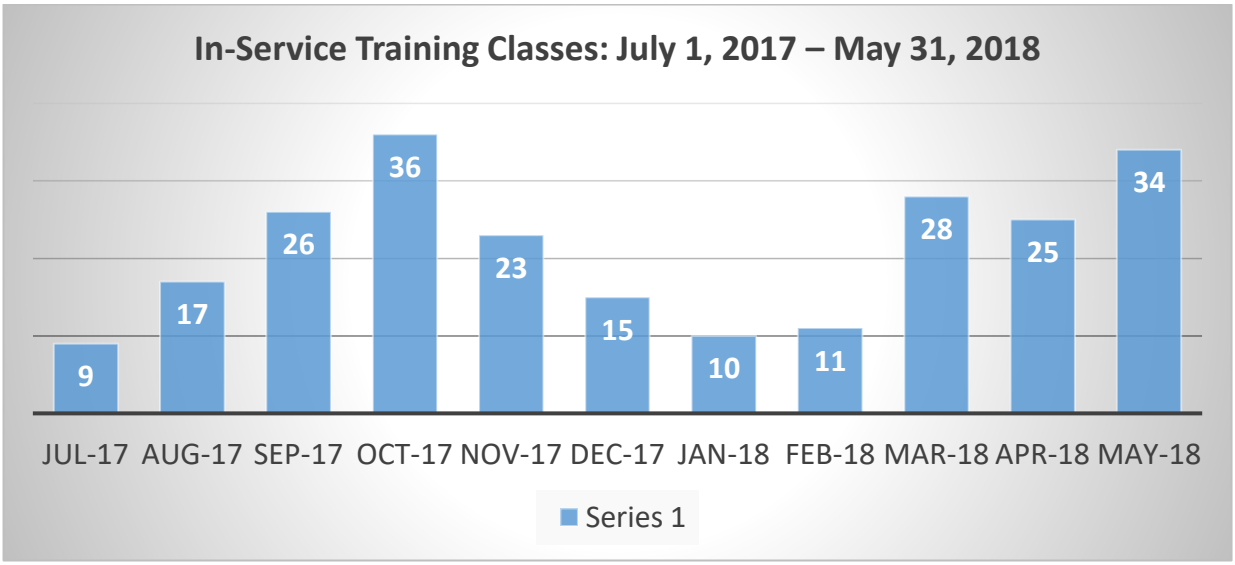
- Introduction to Best Case Practice
- Worker Safety
- Car Seat
- Racial Justice
- Trauma
- Legal
- Documentation/Testifying/Supervised Visits
- The Role of the Case Aide
- Intimate Partner Violence
- Substance use
- Sexual abuse
- Online Mandated Reporter Training

In-Service Training for Staff

The Academy continues to recognize the value of providing staff with an array of in-service trainings that will strengthen their competency level. In-service training is available to all staff and is offered throughout the year. Training classes are posted in a quarterly online catalog, and staff can "self-register" with supervisory approval. Many in-service classes are open to non-DCF staff, inclusive of non-profit community providers, parent advocacy groups, other state agency employees, and others. These cross-training opportunities strengthen the child welfare practice in Connecticut by bringing together representatives from numerous disciplines; and allow for richer conversation in the classroom from

varying perspectives.

The Academy has significantly increased the numbers and types of training offered to experienced staff. Through May 31, 2018, the Academy has offered 234 unique in-service training sessions. Below please find a chart summarizing the number of in-service classes held per month for this fiscal year to date.



Per agency policy, all staff must attend five days of in-service training annually. Compliance with this policy is tracked during the supervisory process and continues to be emphasized as a significant factor in the professional development process by agency leadership. While significant progress has been made to increase the number of in-service training offered and develop a Learning Management System to manage training data, tracking of in-service training was deemed an area needing improvement during round 3 of the CFSR process. The Department is in the process of designing a new Comprehensive Child Welfare Information System (CCWIS) now referred to as CT- KIND, which will allow for enhanced tracking of this policy. Efforts are also being made to encourage supervisors to better identify training needs and document training completed.

Differential Response System (DRS) Training Series

The Academy has continued to offer the Differential Response System (DRS) Training Series to social work staff from across the area offices and Careline. The DRS Training Series was offered on four

occasions to date this fiscal year, with 90 unique staff participating. Components of the series include a strong emphasis on the following:

- DRS Best Practices
- Investigation of child sexual abuse allegations
- Legal Issues
- Health & Wellness
- Drug Endangered Children (DEC) Program & Substance Use
- Human Trafficking
- Intimate Partner Violence

During the year, training staff from the Academy also responded to requests from across the state for 1:1 or customized development programs for Intake staff, inclusive of staff from the Special Investigations Unit (SIU) which is responsible for the investigation of child abuse or neglect in foster homes, in congregate care facilities, and by agency employees.

Early Childhood Training Series

The five day, Early Childhood Development Training "Promoting Health and Wellness for Infants, Toddlers, and Preschoolers in Child Welfare" was offered one time during this fiscal year. 13 people successfully completed the training. The majority of the participants were from the community Early Head Start programs. Training topics included the following:

- Why Early Childhood Matters
- Child development Milestones and Basic Baby Care
- Understanding the Science of Attachment and Engagement
- Poverty and its impact on Child Development
- The Impact if Societal Issues

As a way of demonstrating some of the skills and competencies learned in the series, a simulation component was added to the last day of training. Training participants were taken to the simulation house and provided with various scenarios. Foster Parent Liaisons were used as role models with the training participants. The various scenarios allowed the staff to role play situations where they needed to assess appropriate safe sleep, identify developmental milestones and delays as well as assess the needs of the caregivers and their ability to parent and infant.

The training participants indicated they saw the value in the simulation as it provided a concrete manner in which to practice some of the skills learned over the course of the series. Due to the high demand of the pre-service training, this series was only offered once. Over the course of the next few months, the Academy will evaluate the feasibility of offering the series at least twice during the next fiscal year.

LIST: Assessing and Teaching

The Academy for Workforce Development continues to offer training aimed at preparing adolescents for adulthood. The Academy provides the training for community providers in order to ensure that the process for administering the LIST (Learning Inventory of Skills Training) is properly followed. To date, 235 providers have been trained in this tool. To ensure that trainees are aware of the process, the LIST has also been incorporated into a pre-service class. Most recently, the Academy developed a train the trainer model that will be offered to providers so that they have the internal capacity to offer training to incoming staff within their respective organizations.

Webinars

The DCF Academy has continued to advance in its approach to offer web-based learning as an option for our staff. The Academy continued to offer a five-day webinar series focused on early childhood development. The webinar series was offered on one occasion, and topics included:

- Fathers and Children: The Effects of their Development
- Maternal Mental Health and the 0-5 Population
- Working with Parents with Cognitive Limitations and their Children under the Age of 5
- The Most Useful Tips for Documenting the interactions for the 0 to 5 Population
- What is the Data Telling Us About the 0-5 Population

In addition this fiscal year, the Academy also partnered with the Office of Diversity and Equity to provide a number of webinar sessions to staff involved in the hiring process. The focus of the webinars was the proper completion of documentation relative to the agency's affirmative action plan.

Additionally, the Academy continued to offer webinars devoted to Fatherhood Engagement. Topics included in the fatherhood webinar are:

- Engaging Fathers More than Mailing a Letter

- Working with Adolescent Fathers
- Working with Incarcerated Fathers
- Fathers and Children: The Effects on Each Other's Development

Finally, webinar courses were offered this fiscal year on the topics of Mentoring; Racial Inequity and the Opioid Epidemic.

Mastering the Art of Child Welfare Supervision

The Academy for Workforce Development continued to offer "Mastering the Art of Child Welfare Supervision" to newly promoted supervisors. During this fiscal year, the series was offered on two occasions, with 30 supervisors participating. 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

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

During this fiscal year, staff from the Academy had the opportunity to meet with the original author of the curriculum, Marsha Salus, and were provided with an updated training curriculum. During the Spring 2018 offering of the series, multiple videos from the new curriculum were introduced; and going forward, enhancements to the curriculum will continue.

Yale Supervisory Training

The DCF Academy continues to support the critical role supervision plays in child welfare practice, and continues to partner with Yale University to provide a two-day training entitled "Strengthening Supervision," with an increased focus on Yale providing coaching and consultation locally to various divisions / locations.

The "Strengthening Supervision" model includes three phases of supervision (engagement phase, work phase, and ending & transition phase), which encompass four functions (quality of service, administration, support, and professional development). Supervision purpose, content, frequency, length, and documentation are significant components of the two-day training. Additionally, a large component of the model is grounded in the utilization of group supervision. Group supervision allows for diverse conversation, critical thinking, and effective feedback to play a role in critical case issues.

This year, ten supervisors completed the two-day training. Additionally, Yale consultants provided customized coaching and consultation to supervisory and managerial staff in five area offices; one regional workgroup; two administrative divisions; as well as the Albert J. Solnit Children's Center.

To support the group supervision aspect of the supervision model, Academy staff have embedded group supervision activities into the pre-service and in-service training curriculums, the post-test trainees are administered at the end of their pre-service training. These activities have demonstrated to staff the value, structure, and benefits of group supervision; and have oriented them to the process in preparation for real group supervision sessions with their units.

Leadership Academy for Supervisors (LAS)

The Department is in its final year of a 5-year partnership with the National Child Welfare Workforce Institute (NCWWI) to offer supervisors an opportunity to participate in the Leadership Academy for Supervisors (LAS). The LAS is a web-based leadership training for experienced child welfare supervisors. The curriculum consists of six online modules each based on the NCWWI 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 systems change within the agency.

To date, 39 DCF supervisors have graduated from the program over the course of two cohorts, with three graduates having been promoted to managerial positions. Supervisor participants have successfully led Change Initiatives in their locale that focused on areas of practice such as Staff Support & Well-Being; Interdisciplinary Group Supervision; and Reliability of Administrative Case Review (ACR) Feedback.

This fiscal year the third cohort of the LAS began in January 2018 with a kick-off event attended by LAS participants, their managers, LAS coaches, and senior administration officials, including the DCF Commissioner. The third cohort includes 14 supervisory staff from across the entire agency, representing local Area Offices, Central Office, and the Albert J. Solnit Children's Center. Participants include caseload carrying social work supervisors; clinical and nursing supervisors; and numerous administrative supervisors, representing divisions such as Information Systems, Revenue Enhancement, and Quality Assurance. This cohort, while rich in diversity of job function, is deliberately smaller than past cohorts to allow for more individual attention to participants during the in-person "Learning Networks" (LASLN) and throughout the program. LAS coaches for the third cohort are once again LAMM alumni and middle / senior managers throughout the agency. Ten of the 14 coaches have served as coaches in the past, with four new coaches participating. Full-day, in-person LASLN sessions are planned throughout the program with guest speakers, with graduation planned for October 2018.

Of note this fiscal year, staff from the DCF Academy were invited to present with the NCWWI at the Child Welfare League of America (CWLA) National Conference in Washington, D.C. on Connecticut's successful implementation of the LAS.

In-Service for Managers

Throughout this fiscal year, the Academy has continued to offer training opportunities specifically designed for managers. Classes have included Public Sector Management and Managing the Money taught by Commissioner-level and Academy staff. This fiscal year 33 unique managers participated in one or more of these classes.

Leadership Academy for Middle Managers (LAMM) - Connecticut Version

In 2018, the Academy offered the fourth cohort of the Connecticut Leadership Academy for Middle Managers (LAMM) to 11 middle managers. Mirrored after the national leadership program developed by the National Child Welfare Workforce Institute, this program is designed to enhance the ability of middle managers to apply leadership skills to the implementation of sustainable systems change aimed at improving the lives of children and families. This series of facilitated dialogues and structured learning experiences provides middle managers with an unprecedented opportunity to self- reflect and share their experiences as an affinity group.

The leadership competencies emphasized in the training include: Leading Change, Leading for Results, Leading People and Leading in Context. A basic working assumption of this model is that a flexible structure is necessary for creating the opportunity for each manager to explore and build on his or her own strengths and professional development needs. Assessing participant's leadership style and strengths is an integral part of the process. The 2018 LAMM cohort completed 4 assessment tools: Disc Leadership Profile, The 360 Evaluation, Strength Based Leadership Tool and Straight Talk Communications Inventory. Each tool provided leaders with essential feedback regarding strengths and areas needed improvement. While each tool had a slightly different approach to assessing strengths, interrater reliability between the tools was quite evident. Participants found each assessment to be an accurate reflection of their performance and in some situations made light of blind spots not readily known.

Participants regularly incorporate performance management, results-based accountability and organizational development tools to support the learning process. Like the national LAMM, each manager is required to identify a Change Initiative ideally to be at least partially implemented prior to the completion of the four month learning experience. To further enhance the transfer of learning, each participant is assigned to a "Super Coach" to provide support, leadership and guidance necessary to successfully integrate classroom content into practice and implement their Change Initiatives. The "Super Coaches" include four executive level agency staff, and four Regional Administrators. Additionally, each participant receives individual and group coaching from the Academy's Director and Assistant Director as needed. In addition to the classroom experience, coaching and the leadership assessment tools, each participant is offered an opportunity to engage in a mock interview process for a promotional opportunity where they receive immediate feedback on interviewing skills. Participants are also invited to participate in a Professional Feedback Meeting with the Deputy Commissioner and members of the Academy staff to obtain feedback on their overall performance in LAMM. They are also required to participate in one round of mock interviews. These events are scheduled to occur in June and July.

The Change Initiatives created by the current cohort were well designed and addressed multiple areas within the agency including but not limited to:

- The creation of a pet therapy program for children involved within our agency who suffer from

trauma.

- The implementation of purposeful supervision.
- Improvement of permanency outcomes through the use of Administrative Case Review process.
- Improvement of staff retention through the use of a collaborative approach.

In the coming months, the Academy will assess the number of middle managers still remaining who need this training in order to determine when the next cohort will be held.

In September 2017, a professional development opportunity for previous LAMM participants was developed and coordinated. This event was a half day and the topic was "Your Guide to Holding Steady." Several senior leaders were invited to participate in an open facilitated dialogue with the participants around various leadership styles and techniques that may be utilized depending on the issue at hand. The senior leaders referenced their leadership styles as noted, by the Strength Finders, Straight Talk and the DISC. Reference to these tools ensured continuity of information and universal language discussed during the actual LAMM sessions. The goal is to offer these professional development opportunities for LAMM graduates on a regular basis.

STRIVING TOWARDS EXCELLENT PRACTICE (STEP) – Data Leaders

The Department, in collaboration with Casey Family Programs successfully launched STEP—Striving Toward Excellent Practice—Data Leaders, a nine-month blended learning program focused on data-driven decision-making and Continuous Quality Improvement (CQI).

STEP is designed for DCF staff who seek to strengthen their skills in using data through a racial justice lens, to identify problems, research solutions, and collaborate with colleagues and partners. As STEP is a hands-on experiential program, participants are working on DCF Region, Facility or Division specific Change Initiatives to address challenges and improve outcomes for children and families. For this inaugural round of STEP Data Leaders, the curriculum and Change Initiatives are focusing on improving outcomes for children and families in the areas of "Case Planning" and "Needs Met" which are areas of challenge identified by CT's round 3 CFSR.

STEP was launched April 2017 and completed in October 2017. There were 9 Teams (18 total

participants) representing five Regions, the Solnit Centers, and three Divisions within Central Office.

Research Agenda and Institutional Review Board (IRB)

ORE has developed a Research Agenda, which summarizes the Department's research needs and interests in child welfare. The Research Agenda was developed by consulting the leadership and staff of all DCF facilities, most Central Office divisions/units as well as other stakeholders.
Research interests are summarized into the three central goals of child welfare agencies, i.e., safety, permanency, and well-being plus an "other" fourth category. In addition, ORE conducts a series of studies aiming to examine performance of service programs both at the state level and at the individual provider level, using information collected in the Program Information Exchange. Currently, two reports (one for the evaluation of Care Coordination program and the other for the Work to Learn program) have been drafted.

The Connecticut Department of Children and Families Institutional Review Board is responsible for reviewing and approving research involving clients and staff prior to the initiation of research and through continuing review and monitoring of approved studies. The purpose of this review is to ensure that studies are being conducted in accordance with the ethical principles of autonomy, beneficence and justice as set forth in the Belmont Report, and in compliance with federal regulations and internal policies. The DCF IRB is established by policy of the agency and is primarily interested in human subject protection.

The following research has been reviewed and approved by the CT DCF IRB. These projects are reviewed and monitored on an annual basis by the full IRB membership. Research projects and Principle Researchers are required to submit annual summaries of their work as an important element in the IRB annual review process. Procedures are in place for identification, tracking and analysis of any adverse events that occur in the process of the research.

- Evaluation of the Connecticut Trauma Focused Cognitive Behavioral Therapy Dissemination Initiated 2007 is ongoing
- GIRLS-Girls in Recovery from Life Stress Initiated 2004, is ongoing
- Evaluation of the Recovery Specialist Voluntary Program (RSVP) Initiated 2010, is ongoing
- Family-Based Treatment for Parental Substance Abuse & Child Maltreatment Initiated 2010, is ongoing
- Community Support for Families Performance Improvement Center Initiated 2012, is ongoing
- An Evaluation of Connecticut's Family and Community Ties Foster Care Program Initiated 2014, is ongoing
- Evaluation of the Family-Based Recovery Program Initiated 2012, is ongoing

- Partnerships to Demonstrate Effectiveness of Supportive Housing for Families in the CW system Initiated 2013, is ongoing
- Steps for Youth Mental Health (CT MATCH) Initiated 2013, is ongoing
- CT Collaboration on Effective Practices for Trauma (CONCEPT) Initiated 2013, is ongoing
- Evaluation of the Village Collaborative Trauma Center Initiated 2014, is ongoing
- Substance Abuse Family Evaluation, Recovery & Screening (SAFERS) Initiated 2014, is ongoing
- Child Abuse and Neglect in Home Visiting: Accounting for Surveillance Bias Initiated 2015, is ongoing
- Foster Home Placement Quality & Satisfaction Survey Initiated 2014, is ongoing
- The Spatial Concentration of Child Maltreatment in CT Initiated 2014, is ongoing
- Defense Mechanisms & Functioning in a Sample of Adolescents Undergoing Residential Treatment Initiated 2015, is ongoing
- Supportive Housing for Child Welfare Families: A Research Partnership Initiated 2015, is ongoing
- CTDCF Human Anti-Trafficking Response Team (HART) Evaluation Initiated 2015, is ongoing
- QIC-CT New Haven/Milford Court Teams Initiated 2015, is ongoing
- Evaluation of the Connecticut Network of Care (CONNECT) Expansion Implementation Initiated 2015, is ongoing
- Documenting DCF's Racial Justice Initiative Initiated 2015, is ongoing
- Evaluation of the Deep End Diversion Project Initiated 2016, is ongoing
- An Appreciative Inquiry Program Evaluation of the Statewide Racial Justice Workgroup's Efforts Initiated 2016, is ongoing
- Effectiveness Trial of Treatment to Reduce Serious Antisocial Behavior in Emerging Adults with Mental Illness Initiated 2016, ongoing
- The Geographic Placement Stability of Children in Foster Care Initiated 2016, is ongoing
- The Impact of Mobile Crisis Services on Rates of Emergency Department Utilization Among Children Initiated 2016, is ongoing
- Multi-systemic Therapy - Intimate Partner Violence (MST-IPV) Initiated 2016, is ongoing
- Evaluation of Eckerd Rapid Safety Feedback (ERSF) Implementation & Outcome Initiated 2017, is ongoing
- MOBILITY-Metformin for Overweight & Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics Initiated 2017, is ongoing
- Agency, Reporter and Parent Perspectives on Child Protective Services Initiated 2017, is ongoing
- ASSERT Project Process Evaluation Initiated 2017, is ongoing
- Is Front-end program engagement associated with better discharge outcomes for youth in a residential treatment setting? Initiated 2018, is ongoing

The Department also engaged in a number of root cause analyses and convened 15 focus groups to support strategy development in its PIP. Specifically, these analyses and activities pertained to the following:

- Enhance permanency and engagement using a teaming process
- Factors that impact speed to permanency
- Family Engagement Practice
- Transfer Of Cases From Intake To Ongoing
- Recurrent Maltreatment

Since 2004, the Department has implemented a specialized process for reviewing critical incidents and child fatalities. These reviews are part of the Department's overarching quality assurance and

continuous qualitative improvement vision and continuum.

The present Special Quality Review (SQR) process, however, is built on principles of safety science and the Department's drive to be an accountable and learning organization. The SQR is focused on three core areas:

- Practice
- Policy and Procedures
- Systems

The SQR is an extensive and comprehensive process involving reviews of electronic and paper case records, broad staff, collateral and stakeholder interviews, and consultation with multidisciplinary experts.

These reviews provide the Department with actionable information about challenges and/or strengths with respect to those aforementioned core areas. Therefore, substantive findings that are not related to the triggering event (fatality or other poor outcome) are included in the SQR reports to further the Department's interest and goal to be an accountable and learning organization.

The findings from the SQR are shared with the Department's staff and senior leadership to guide and support learning across the agency, identify best practices, and direct any needed improvements in the delivery of care and services by DCF and/or other systems that may touch the lives of Connecticut's children and their families.

In particular, the Department began convening Special Qualitative Reviews (SQR) Learning Forums. These half-day, facilitated forums are target the Department's Social Work Supervision and Program Supervisor staff. The three SQR Learning forums were focused on Infants and Young Children, Chronic Neglect and Substance Use.

Technical Assistance

The Department will continue to receive technical assistance from Casey Family Programs to support improvement with respect to timely permanency. In addition, Casey will be assisting DCF with its Safety Culture and Safety Science development activities. Last, the Department will be seeking assistance from the Capacity Building Center for States and the Capacity Building Center for Courts to inform strategies with CT's Judicial Branch to identify opportunities for partnership to promote timely

permanency.

Services to Infants born Substance-Exposed

Connecticut concluded its In-Depth Technical Assistance (IDTA) from the National Center for Substance Abuse and Child Welfare (NCSACW) for the purposes of building a statewide infrastructure to address infants born substance exposed. CT had used this TA for the following activities:

- The establishment of a statewide Fetal Alcohol (FASD)/Neonatal Abstinence (NAS) statewide coordinator,
- The completion of a shared values inventory with project partners to identify mutual priorities related to the six IDTA goals (screening and assessment, engagement and retention in treatment, data and information sharing, joint accountability and shared outcomes, services for pregnant women and substance exposed infants, and safety, permanency and well-being of children and families),
- The assessment of the state's capacities and needs related to FASD/NAS
- The development and execution of a statewide plan to address FASD and NAS
- Recommendations on how to conduct financial mapping to identify and maximize fiscal resources to support ongoing FASD/NAS efforts.
- Support to create a cross-system response, inclusive of all state entities involved in the development of a plan of safe care, such as hospitals, early childhood, and adult service providers with the purpose of establishing a multi-system response to SEI.
- Additional TA to support the implementation of the developed plan.

During the final phase of the IDTA, technical assistance will be focused on the following content areas:

- SEI notification process
- Plan of Safe Care content development
- Legislation language for CAPTA state legislation
- Data collection
- Stakeholder engagement in a collaborative process for SEI notification and plans of safe care

Through the IDTA, three key staff were able to attend the SAMHSA sponsored CAPTA summit in February 2017. A total of sixteen state teams gathered to share knowledge, lessons learned and next steps as it relates to the implementation of SEI Notification and Plans of Safe Care development. As a result of the summit, these states have been actively sharing information and resources to assist one another in the development of successful implementation strategies.

Although the IDTA is complete, Connecticut has been asked to stay on as a "mentor" state and offer

support and assistance to other states.

Since July 2017, the Harvard Kennedy School of Government has provided technical assistance to the Department from the Government Performance Lab to develop a structure and processes to better match families to services based on their individual needs. The TA between DCF and Harvard is called Enhanced Service Coordination (ESC), a system designed to improve screening for services and referral decisions by regional staff, collect data around service demand, and enhance the partnership and collaboration between DCF staff and community providers when addressing challenges in service delivery. More specifically, DCF and Harvard's ESC work has developed the following processes and activities:

- The DCF service referral process has been evaluated and redesigned with an intentional focus on a more effective assessment of families' needs and matching them to the right service;
- The establishment of a dedicated Enhanced Service Coordinator position piloted in two regions with a plan to expand statewide through early 2019. This individual is knowledgeable of the service array within their respective region and consults with regional social workers to help assess client needs and ensure the services are appropriate for the family and is the single point of entry for DCF/providers to address issues in a timely manner;
- Testing of a Universal Referral Form (a streamlined and automated referral form for services was created to replace the 89 various referral forms that has been created over the years in an effort to reduce the burden of front-line staff initiating referrals on behalf of families) to inform the build of an automated version to launch in October 2018;
- Targeted clinical case review and multidisciplinary consultations on high priority cases;
- Implementation of a referral log and dashboard to identify referral trends and delays in service provision;
- Use of data to improve practice and gaps in service delivery; and
- Piloting a data driven, collaborative approach with DCF and providers to address service delivery issues and identify opportunities for enhancement. This approach is being tested with Intensive Family Preservation Services program statewide with a plan to expand to other service types.

It is anticipated this technical assistance opportunity will continue through July 2019.

6. Consultation and Coordination Between States and Tribes

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The State has maintained open communication with the tribes over the years since their original federal recognition. Formal activity with the tribes is most often initiated after an accepted or non-accepted child maltreatment report to the State's 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.

The MPTN has formal reservation that includes some tribal housing; the Mohegan Tribe does not. Screening is done at the Careline, and on the local level, secondary, for a home addresses that may be on the MPTN reservation (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 may live on the reservation, and then a warm hand of for jurisdiction 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 occasion when the matter may be litigated in state courts.

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 (traditional Investigation or Family Assessment Response (FAR)) by the State and the MT provided early 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, (Passamaquoddy), Maine and New York. Also notable is the practice of both casinos to exercise Native American hiring preference in their gaming and hospitality enterprises; this has resulted in past (and all required) ICWA notices to be filed with tribes across the nation and BIA. There

have been no occasions over the past twelve months of adverse consequence to children and families for failure to follow ICWA provisions.

Native American status is inventoried in the Connecticut CCWIS under "person management". Case Plans also serve as additional forum for addressing tribal status and Native American identity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation or FAR) and revised by ongoing State social workers in the formulation and revision of case plans; internal multidisciplinary assessments for permanency (MAPS) in which State legal and Social work staff discuss cases in which legal intervention has transpired; 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 longstanding Memorandum of Understanding (MOU) between the State and the MT. While there remains no formal agreement with the MPTN, there were two meetings were held in 2018 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. Recent conversations with the MPTN has included sharing of some State contracted services such as Intensive Family Preservation. Regarding the MPTN, there is a well noted single point of contact, Director of Child Protection, Valerie Burgess.

Contact with the Mohegan Tribe is governed by a MOU. This includes confidential meetings of case specific discussion of State interventions with MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in 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 is Social Work Supervisor, John Little.

Regarding the MPTN, while no formal arrangement is in place for regular meetings, there is a well noted single point of contact, Director of Child Protection, Valerie Burgess.

Consistent with ICWA, all tribes are notified of State legal activity in writing, by USPS certified mail. 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. 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. This may include placement with Native American kin. 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 temporal risk/safety issues. 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. 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 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 on ICWA during pre-service training. Additionally, when local training opportunities arise, invitations are often issued to the tribes.

There has 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).

Finally, the Department outreached directly to both tribes requesting their participation in the various activities pertaining to the CFSR results and the development of the PIP. While the tribes did participate in the stakeholder groups for the CFSR, neither was able to send representatives to the 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 the tribes post submission.

7. Monthly Caseworker Visitation

Funding has been allocated to each region to develop plans designed to promote and enhance the quality of monthly caseworker visitation. Regions have utilized funding to promote our permanency teaming practice, specifically focusing on engaging youth in the case planning process, fatherhood engagement, and forums focusing on race, system bias, and impact on families. All regional activities include focused discussions on promoting safety, permanency, and well-being for children in our care.

8. Adoption and Legal Guardianship Incentive Payments

Connecticut received $171,250 in 2015, $955,000 in 2016 and $74,054 in 2017 for adoption and legal guardianship incentive payments. Expenditure of these funds is documented in a budget spending plan. Funds have been utilized to offer training and coaching on the 3-5-7 Permanency Approach, continued creation of child specific recruitment videos for children on the Heart Gallery, TIPS MAPP training for licensing adoptive families, vocational skills for adolescence in care, targeted campaign to recruit and train foster parents for LGBTQ youth, creating a Public Service Announcement with youth from the Youth Advisory Board to recruit foster and adoptive parents and recruitment efforts for foster care and adoption resources.

9. Child Welfare Waiver Demonstration Activities

Connecticut has no Child Welfare Demonstration Activities.

10. Quality Assurance System

DCF has a robust quality assurance and quality improvement infrastructure. This was forged through adoption of the principles set forth in the Federal Administration for Children and Families' Information Memorandum (IM) 12-07, "Continuous Quality Improvement in Title IV-B and IV-E Programs, issued in August 2012. As that document directed, the Department began to build a "framework for a well-functioning State CQI system for child welfare that … meets existing federal requirements for QA, periodic evaluation and delivery of quality services."

The Department worked to create the structures necessary to fulfill the components of the IM 12-07:

- Administrative structure to oversee effective CQI system functioning
- Quality data collection
- Method for conducting ongoing case reviews
- Process for the analysis and dissemination of quality data on all performance measures
- Process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process

In 2013, the Department sought guidance from the Annie E Casey Child Welfare Strategy Group, who engaged in an "Outcome Focused Performance Management Assessment" of the Department. They further instructed that the Department needed to ensure that it had common agency outcomes, a supply quality of analytic resources, and polices, practices and process that supported its emerging performance management environment. At the conclusion of Casey's assessment, they determined that the Department was "poised for self-evaluation."

This was the launch pad for the Department to establish an integrated approach that connects the dots across various teaming and qualitative reviews. Over the course of the 6 years since IM 12-07 was issued, DCF has created a strong continuous quality improvement environment that capably supports the regular review, analysis, and dissemination of agency data. The Department has also created a "Change Management" structure that supports not only broad communication about the Department's quantitative and qualitative data, but a standard process and vehicle by which to operationalize and take timely action upon data to facilitate improvements.

Further, the Department engages in various activities to ensure the effective functioning of its quality assurance system statewide and across it various regions. A compendium of some of the recurrent

qualitative activities in which the Department engages can be accessed via this link.

Each region is assigned a Quality Assurance (QA) Manager. Some regions have also created additional QA Social Work Supervisor and QA Social Worker positions. The Regional QA position count is below:

QI PM	4
QI PD	2
CSC- social security liaison	1
QA/QI SW	7
SW - Social Security liaison	1
SW - NYTD/social security liaison/ Adol. Spec	1
QI CSC	1
QI SWS	1

These positions engage in a variety of quality functions to support the ongoing review of the efficacy of the local child protection work. They engage in routine data analysis and review, report production, ongoing and ad hoc qualitative case reviews and performance monitoring. For example, these positions have begun leading quality reviews of the Department's Differential Response System (i.e., *Juan F.* Outcome Measures 1 + 2).

The Department also convenes a Quality Improvement Council (QIC) that meets twice a month. The QIC is comprised of the Quality Assurance Managers from the DCF Regional Offices, the Director of the Office for Research and Evaluation, the Director of Performance Management, the Director of the Office of Administrative Case Reviews (OACR) and four OACR Managers. Managers from one of the DCF operated facilities, a Manager from the DCF Office of Adolescents and Juvenile Services, a Manager from the Quality Assurance Unit and representatives from the IS SACWIS/CT KIND team also participate.

This body helps to vet qualitative projects in the Department and support uniformity with respect to performance expectations and qualitative review processes. They also assist with identifying key reports and dashboards for to better support outcome and performance monitoring.

Other positions in the Region also complement the work of the QA staff by focusing on the service array and the provision of clinical services. All Region have a Systems Program Director (PD) and a Clinical PD. The Systems PD is responsible for:

> Management and oversight of the regional service system; develops program goals and objectives to conform with department policies, standards and legal matters: assists in directing and coordinating the allocation of staff and resources to maintain service delivery system programs; manages systems/programs to ensure compliance with federal, state and department mandates; develops and monitors budgets for specific programs or administrative area; maintains liaison functions with individuals and organizations that impact on area or program activities; prepares and/or analyzes management reports; performs related duties as required.

The Clinical PD is charged with the following duties:

> Directs the Clinical Supports and Services of a Region; develops program goals and objectives to conform with department policies, standards and legal matters; assists in the directing and coordinating of staff and resources to maintain the clinical service delivery system and programs; manages clinical systems and programs to ensure compliance with federal, state and department mandates; acts as the hiring manager for Regional Resource Group (RRG)1; identifies training and developmental needs of clinical staff; supervises and evaluates RRG staff; maintains liaison functions with clinicians and clinically related organizations that impact on area or program activities; prepares and/or analyzes management reports; reviews work of units for general efficiency and effectiveness with target client population(s); uses data to inform RRG activities and practice; performs related duties as required. Reports to the Regional Administrator, providing leadership, guidance, recommendations, and information for regional clinical services. The Director of Clinical Services also serves as a member of the Regional Executive Leadership team consisting of the Regional Administrator, Systems Program Director, Office Directors, Quality Assurance Program Manager and Quality Improvement Program Manager.
>
> Designs and implements an integrative support service system that provides direct clinical and administrative support services to social work staff. Additionally, the Regional Program Director of Clinical Services will work closely in collaboration with the region's Quality Improvement and Systems Development/Management efforts to assure clinical integration occurs throughout the Region.

As the above indicates, the Department has invested in resources to support implementation and oversight of its quality assurance system at the Regional level. Each Region, DCF Facility and the Administrative Teams, has created Operational Strategies to support achievement of the following

1 The RRG are a team of clinical experts housed in the DCF Regions. They consist of Clinicians, Substance Abuse Specialists, Nurses, and Intimate Partner (Domestic) Violence consultants.

standard, agency wide performance expectations:

1. Successfully exit from Juan F. Consent Decree
2. Ensure children reside safely with families whenever possible
3. Achieve racial justice across the DCF system
4. Prepare children and adolescents in care for success
5. Prepare and support the workforce to meet the needs of children and families

These Operational Strategies are presented every quarter to the Commissioner's team. The presentations follow the Results Based Accountability format whereby data and narrative about the efforts to "turn the curve" are discussed. The presentations allow the Regions to share the progress they have made in achieving the identified annual performance expectations. Feedback is provided by the Commissioner's team noting the successes and the areas that appear to be a challenge. Subsequent presentations are used to monitor the progress on all performance expectations, especially any in which concerns have been raised. Notes are taken at these meetings by the Director of Performance Management to ensure appropriate follow-up by the Regions and all other presenting Teams occurs.

In addition, Regional quality assurance work is further aided by assigned Grants and Contract Specialists. These positions provide local fiscal and procurement related support. They are also key partners in supporting the provision of individualized services for the children in the Department's care.

In particular, the Grants and Contracts Specialists are expected to:

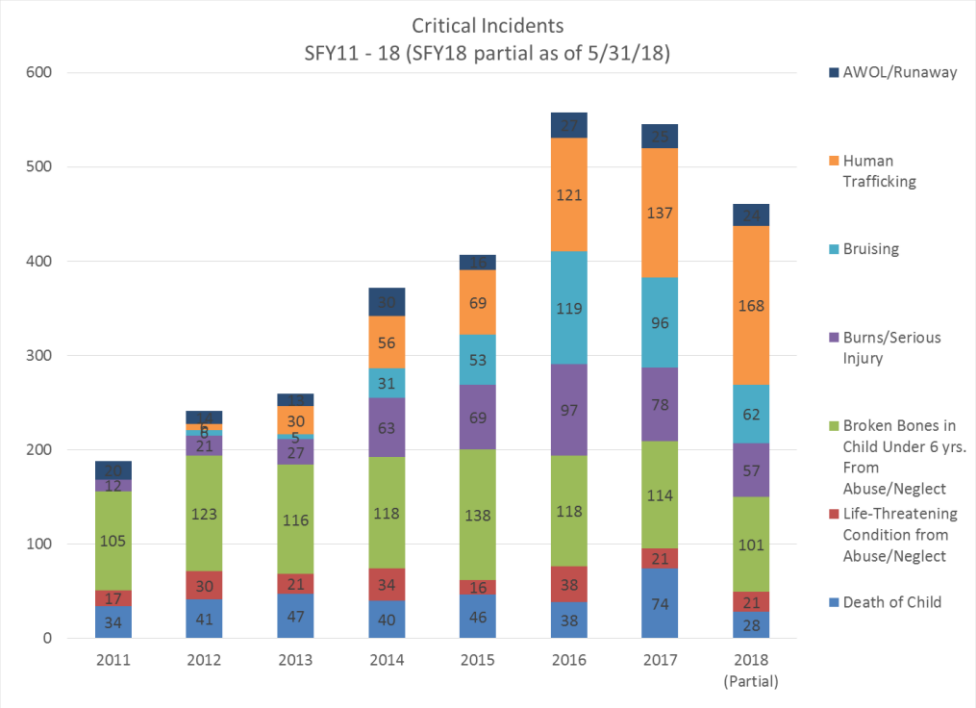
> Provide knowledge, expertise, guidance and technical support to all staff on appropriate use of WRAP funds. Perform a wide variety of fiscally focused, specialized tasks in contracts or service acquisition that would lead to efficient and effective procurement to meet the needs of children and families. Assist Social Workers to assess and assemble HUSKY, Contracted, Credentialed and ad hoc services to provide a comprehensive, effective and efficient plan of care. Provide fiscal leadership in making procurement arrangements, identifying service gaps and generating utilization data.

Next, The Department's Office for Research and Evaluation (ORE), which report to DCF's Chief of

Quality and Planning, supports myriad qualitative and evaluative within the Department. For example, ORE, through its Risk Management Unit, maintains a database of all significant events. This includes, but is not limited to, data on children and youth in congregate care and Therapeutic Foster Care who may have had calls to the police and arrests, emergency services for medical or psychiatric reasons, single and group runaways, calls for EMPS, youth's self-injurious behavior, and adverse events in a facility. These data points are available and used by the Department to comprehensively assess the functioning and performance of service types that are expected to safely and appropriately care for a child/youth in a congregate care or private foster care setting.

The Department also maintains a Risk Management Database to monitor significant events (e.g., arrests, AWOLs, and run-aways) and critical injuries[2] that involve the health and safety of DCF involved children. Information on such events is received from the DCF Careline, our centralized intake, and DCF contracted providers (e.g., congregate care and Therapeutic Foster Care). The Department maintains a repository to monitor Emergency Safety Interventions such as restraints and seclusions. These data are received from DCF owned Facilities (e.g., Connecticut Juvenile Training School) and DCF contracted providers.

2 Critical injury and fatality data reflect any child or youth reported to the Department. These data do include both DCF and Non-DCF involved children.



The Department's Administrative Case Review (ACR) process contributes greatly to DCF's quality assurance system. Congruent with federal requirements, administrative case reviews occur every six months for children in foster care. Last year, the Department conducted over 13,000 ACR meetings.

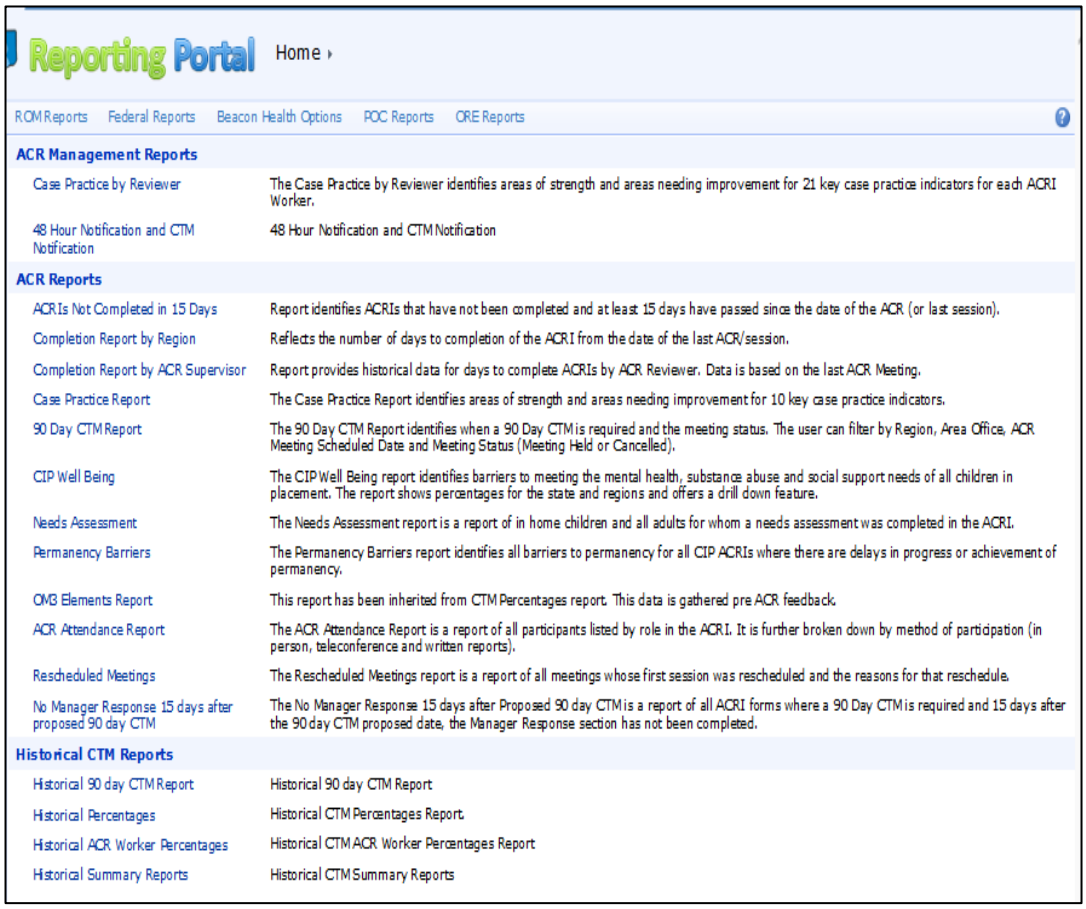
DCF uses a cadre of Social Work Supervision level staff dedicated solely to conducting ACRs. They use a comprehensive, 37 pages, electronic, Administrative Case Review tool whereby a variety of process and qualitative items related to safety, permanency, health and well-being are rated. This tool, referred to as the Administrative Case Review Instrument (ACRi), is based on CFSR Round Two items. Some of the areas assessed through the Department's ACR process are as follows:

- Quality of the case plan
- Frequency and quality of visits
- Appropriateness of services to strengthen education/development in place
- Is the child involved/engaged in services to address behavioral health issues or strengthen coping skills? (Including medication management)
- Is the child involved/engaged in services to address physical health limitations/disabilities issues.
- Have frequent quality contacts been made with service providers actively involved with the child in the last six months.
- If the permanency goal is Reunification, have there been timely and accurate SDM Assessments (FSNA/Reunification Assessment/Reassessments) at 90-day intervals as required by policy?
- Did the Department conduct initial and ongoing safety and risk assessments? If concerns were noted, were they adequately and appropriately addressed by the Department?

- If a safety plan was developed, did the Department continually monitor and update the safety plan, including encouraging family engagement in services designed to promote achievement of the goals of the safety plan.

There are a variety of Office of Administrative Case Review (OACR) reports available to track and monitor agency performance with respect to various case plan elements. A screenshot of the ACR reports' portal is below:

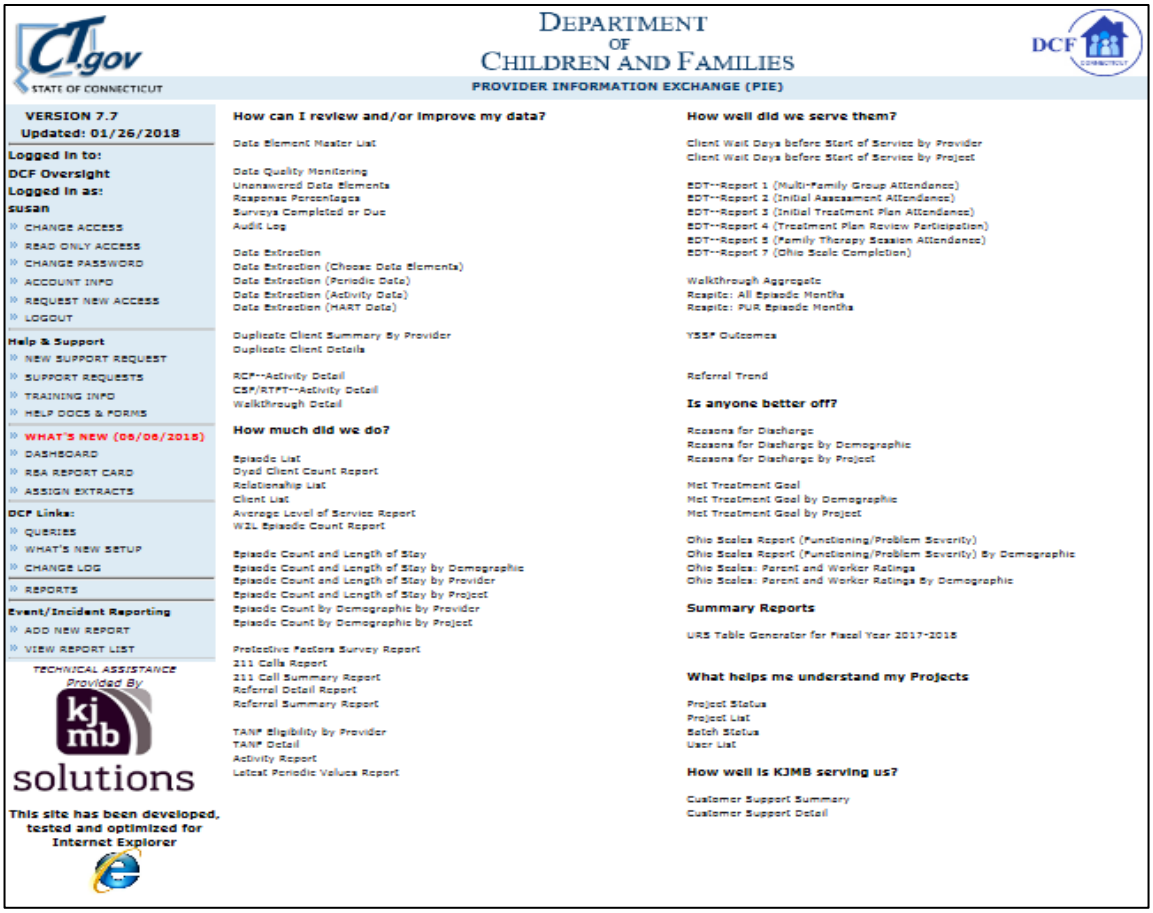
Data from the ACR Case Practice Report reflects the top fifteen case practice data elements. This data comes from the ACR Instrument SharePoint portal. There are 39 additional elements that can be included in the report using filters. These reports can be viewed at the statewide, regional, or office level for any timeframe the user is interested in observing.



The Department also monitors the qualitative of services through standard Outcome Measures under the Juan F. Consent Decree. There are currently 6 Outcome Measures upon which the Department and the Court Monitor evaluate on a regular basis. Through demonstrated improvements and progress by the Department, the Federal Court approved reducing to 6 Outcome Measures from the previous years' of 22 Measures. Copies of the Court Monitor's reports and the Department's most recent achievements on the above outcome measures are accessible on the DCF website.

In addition, the University of Kansas (KU) has provided significant upgrades to our Results Oriented Management (ROM) reporting portal. The Department has been using ROM for a number of years, but the current upgrades give DCF access to a variety of new reports, filtering options and data displays. These reports include all seven (7) of the national indicators required under CFSR, as well as expanded views of related data that help the agency manage permanency and placement outcomes from a more comprehensive viewpoint. The system continues to also include a number of pro-active views of CPS Report response completion, worker and child/family visitation, and achievement of permanency for children in care. We believe that offering such views of this information allows staff to better organize their time, and helps them stay focused on achievement of outcomes without having to maintain myriad manually produced logs. Another exciting new feature of the system is that users can now disaggregate any outcome measure very quickly in a new Crosstab View by a variety of fields including (but far from limited to) age, race and gender. There are also a set of reports focused on displaying information related to Racial Disproportionality and Disparity that have been built, and were released in October 2017. Having such data continually updated and available at the fingertips of our staff will help further our goals to minimize this issue for the populations that we serve. The below is a screenshot of the report that will be available in ROM:

Next, PIE (Provider Information Exchange) is a real-time, client level reporting system that allows for program and performance monitoring of DCF contracted services. Reports, dashboards, and data extracts (access to raw data) from PIE allow the assigned Program Development and Oversight Coordinators (PDOCs) and Contracted Providers to evaluate the quality and efficacy of DCF funded services. PIE data reports are categorized within a RBA framework to allow PDOCs, Systems Program Directors (managers in each region who oversee the local DCF service array), and contracted providers to understand and view service provision through the lens of *How Much*, *How Well* and *Is Any One Better Off* and with a focus on outcomes by race and ethnicity. The below screen shot shows the reports layout within PIE.



Some programs in PIE also collect periodic data (e.g., client data updates ever quarter or six months). Activities or event level data is also collected for select service types in PIE. This level of data allows for the Department to assess information about key service provision (e.g., face to face contact with a client, duration of visits, location of services, participants, etc.). PIE collects post-discharge/aftercare data for some services. An example of aftercare data would be evidence of supporting transition and monitoring stability of a step down from Therapeutic Foster Care to core foster, relative placement or reunification.

The system also collects data on outcomes using a variety of assessment tools. Some behavioral health programs use the Ohio Scales, which is a normed, clinical assessment instrument, to monitor child functioning and improvements. Some substance abuse programs use the Global Appraisal of Individual Needs (GAIN). The North Carolina Family Assessment Survey (NCFAS), Ages and Stages Questionnaire and/or the Protective Factors Survey are used by other DCF funded programs to determine client improvements pertaining to the area of family support early childhood services.

The federally promulgated Youth Satisfaction Service for Families (YSS-F) has also been built into PIE. DCF funded behavioral health service providers are required to complete the YSS-F with the families they are serving, and input the results into PIE. The YSS-F data are submitted to the federal government annually to support compliance with the Mental Health Block Grant.

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For the period of January 1, 2017 – December 31, 2017, over 5,200 Youth Satisfaction Surveys for Families, including 7% in Spanish, were completed. This is about 16% of the clients identified by PIE as being served in various DCF contracted services. These data reveal, in all domains collected, the majority of responses were positive (e.g., "Agree" or "Strong Agree."). In particular, out of a Likert score of 1- 5[3], the mean scores for the domains of "Access," "Satisfaction," "Outcomes," "Treatment Planning," "Cultural," "Social" and "Functioning," ranged from 3.96– 4.66.

PDOCs and Regional Systems Program Directors (SPD) use these data to assess program effectiveness, performance, and compliance. This past Spring PIE training was provided to these positions as a means to support more rigorous use of these data. It is expected these data are shared and discussed

[3] 1-Strongly Disagree 2-Disagree 3-Undecided 4-Agree 5-Strongly Agree

with contracted providers to support positive outcomes and aid with any performance improvement as may be identified.

Site visits by PDOCs and DCF licensing visits are another means by which the functioning and performance of contracted providers is evaluated. Both site visits and licensing visits typically involve the qualitative review of provider records, including client files. Site visits may range from a half day to two full days on site. The findings from site visits and licensing reviews are shared with providers. If needed, corrective action plans are developed to remediate any identified challenges.

In addition, the Department has contracts with entities that serve as Performance Improvement Centers (PICs). These bodies provide technical assistance to aid with service quality and outcomes of care. Some of the functions of a PIC include:

- Developing documents, identifying screening and assessment measures, and measuring treatment fidelity across sites.
- Identifying training needs, developing a standardized training curriculum, identifying expert trainers, ensuring delivery of required trainings, and ensuring the quality and effectiveness of the training curriculum.
- Quality data maintaining
- Monthly, Quarterly and Annual Data reporting
- Annual training plan (10 modules each) with technical assistance offered three (3X) times.
- Analyzing data to ensure services are accessible and capacity is sufficient and ensure that services are of the highest quality.
- Identifying important goals and associated outcomes and measuring achievement of those goals.
- Oversight of provider annual performance improvement plans
- Quarterly Performance improvement site visits

There are currently two PICs. The below chart identifies the PICs and the entity that administers them.

PIC Type	Contracted Entity
Emergency Mobile Psychiatric Services (EMPS)	Child Health and Development Institute (CHDI)
Differential Response Services (DRS)	UCONN School of Social Work

Regular reports are promulgated from these entities. All the EMPS PIC reports are available online via the following link: http://www.empsct.org/reports/

In 2017, the Department enhanced its revised Special Qualitative Review (SQR) process. The SQR in intended to better integrate special reviews as part of DCF's array of learning opportunities and

tools. The SQR is one of the many qualitative case review activities that the Department currently and routinely does, and/or receives (e.g., Juan F; ACR; Exceptional Case Planning; DRS (OM1 + OM2) reviews; PIC FAR Evaluation, ACR, and CFSR). The Director of the Office of the Ombudsman and the Director and a Program Supervisor from DCF's SQR/Safety Science Unit support this activity.

SQRs are typically implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse or neglect, serious staff injury; felony arrest of a youth while AWOL; complicated, poly-systemic DMST issue, etc.). Case-level SQRs may occur when the triggering event relates to an open DCF case or a case that had relevant[4] DCF involvement within the past 12 months. SQRs occur in partnership with the Regions and Facilities.

The Department uses the findings from the SQR to convene Learning Forums with the area office social work staff and Leadership Forums with the Area Directors, Regional Administrators, Executive Team and Central Office Managers. The Learning and Leadership Forums include presentations from DCF's Quality and Planning staff on the findings from the SQRs in the areas of practice, policy, procedure, internal and external systems and key items to build upon. These forums are led by the Director of DCF's Academy for Workforce Development as facilitated dialogues.

The underlying context of and for the SQRs and the Learning/Leadership Forums are as follows:

1. Part of the Department's continuum of qualitative efforts to support, inform and ensure good practice and better achieve positive outcomes
2. Informed by safety science and implemented consonant with the Department's cross cutting themes of improving leadership, management, supervision and accountability; and becoming a learning organization
3. Blend a qualitative and quantitative methodology
4. Focused on effectiveness of practice, decision making, internal and external service delivery; compliance with policy and best practice congruent; and role of systemic factors, as applicable
5. Independent accounting, examination and analysis of the facts pertaining to a triggering event of an open DCF case or case with recent DCF history, as directed by the Commissioner; and
6. 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 better support positive outcomes

4 Refers to cases in which factors such as, but not necessarily limited to, substance abuse, significant mental health issues, IPV, age of victim and/or young age of the parents were present while the case was open with the Department; and the current event has substantive nexus with the reason the case is/was opened.

Lastly, the Department has refined its Service Array and Resource Assessment (SARA) process to absorb the former Systems CsOP into its structure. The SARA is a two pronged body, i.e., SARA Executive (SARA Exec) and SARA Action Workgroup (SAW) that is currently supporting the Department's management and oversight of its service array.

The SAW consists of representatives from the following:

- Grants and Contracts Specialists
- Fiscal
- Contracts Managers
- Director of Performance Management
- PDOCs
- Each Region's Systems Program Directors
- ACR Manager
- Revenue Enhancement Manager
- Directors from Community and Clinical Consultations and Supports Division

The SARA is a mechanism whereby the Department discusses service gaps, needs and challenges; contract management and oversight issues; performance; and service system expectations and outcomes. The use of RBA reports for DCF's contracted services are a central component of the SAW. The new SARA structure is the vehicle by which the Department will be assessing ongoing service needs in line with the Connecticut budget process.

- Hub for coordination of myriad contract/service array initiatives
- Ensure Sufficiency + Efficacy of Service Array
  - Right Services
  - Enough Services
  - Location
  - Culturally + Linguistically Competent
  - Effective/Parity
  - Oversight + Monitoring Systems
- Structure to Authorize + Implement Timely Actions

High-Level Purpose
Positive, Sustainable Outcomes
Outcomes Equity/Racial Justice
Fiscal + Resource Stewardship
Service Array Robustness + Effectiveness
Service System Oversight + Management
Resource Prioritization

Core Tools + Resources
Outcomes Focused Data
Action Oriented Meetings
Standardized Agenda
Routinized Communication Structure
Information Synthesizing + Exchange

SARA EXEC	SARA Action Workgroup
Monthly Meeting Bi-annual Joint Meeting (June + Dec)	Monthly Meeting Bi-Annual Joint Meeting (June + Dec)
Vetting + Sponsorship Review of SAW Key Findings, issues/Strengths +Recommendations Project Identification + Assignment Receive Key Updates Priority Settings	RBA and Other Key Data Reviews (Utilization, Performance + Fiscal (Wrap, USE, TFC Wrap)) Identification of High + Low Performance (SOS + Credentialed Services) Identification of Service Array Gaps Infrastructure Enhancements Information Integration Service System Improvements

Core Areas Examples
RFP/Procurement vetting
Grantsmanship
Revenue Enhancement Opportunities
Racial Justice Updates and Implications
LEAN Updates

Section D: Child Abuse Prevention and Treatment Act (CAPTA)

CHILD ABUSE AND PREVENTION TREATMENT ACT (CAPTA) FFY 2018

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 2016 and FFY 2017.

Services/Categories	Total Funding	Protect Services	Family Preser.	Family Support	Time-Limit Fam-Reun	Foster Parent Rec & Training	Adoptive Parent Rec & Training	Staff & Partners training
Multidisciplinary Teams	$175,000	$175,000						
FAVOR	$36,828	$7,368	$7,365	$7,365	$7,365	$7,365		
CT Association for Infant Mental Health	$39,652	$39,652						
ABH – MST-IPV Admin Costs	$5,000		$2,500	$2,500				
NCCD - SDM	$44,224	$22,112	$22,112					
Total	**$300,704**							

SERVICE DESCRIPTION - CHILD ABUSE AND PREVENTION TREATMENT ACT (CAPTA)

Multidisciplinary Teams (MDT): The Governor's Task Force on Justice for Abused Children, first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention and prosecution of child sexual abuse, sexual exploitation and serious physical abuse cases. 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. 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. Connecticut utilizes

state funding and the Basic Child Abuse Grant to support our Multidisciplinary Teams.

The development of teams has strengthened the joint DCF/law enforcement response and has promoted the use of trained forensic interviewers. The creation of additional teams has allowed prosecutors to have access to at least one multidisciplinary team in every judicial district in CT.

The following teams are funded under the CAPTA grant:

- Child Guidance Center of Southern Connecticut – Stamford
- Middletown Police Benevolent Association – Middlesex County
- Lawrence and Memorial Hospital – New London County
- Day Kimball Hospital – Windham County and portions of Tolland County
- Community Mental Health Affiliates – New Britain
- Charlotte Hungerford Hospital – Torrington
- Waterbury Youth Services System– Waterbury
- Clifford Beers Clinic – New Haven County

Statewide, a Program Quality Coordinator provides managerial and administrative oversight of MDT contracts and addresses issues or concerns related to service provision. The Department of Children and Families designee to the Governor's Task Force on Justice for Abused Children currently functions in this capacity.

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 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 and assists in recruiting citizens at the regional CRP panels. In order to support and encourage 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 FAVOR for associated meeting costs. The State Advisory Council (SAC) receives funding from the Department to support its CRP work. FAVOR functions as the fiduciary for the SAC. 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 public to enhance the ways families can positively impact the child protection and child treatment systems. Funding is used to support CRP

activities.

The Department of Children and Families made a decision to realign the CRP's from three to seven of them based on the six DCF regions and keeping the Statewide Advisory Council as the seventh. This was done to ensure participation from all parts of the state, 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 from the Regional Advisory Council by utilizing existing work groups or creating new ones. For this first year each of the new CRP's has created an individual report with an emphasis on building citizen capacity and assessing needs in the following year.

CT Association for Infant Mental Health - See description under Promoting Safe and Stable Families.

ABH-MST IPV: Funding was allocated for the licensing of the MST adaptation relative to Intimate Partner Violence. This service provides for clinical consultation & evaluation to DCF funded Pilot, Multi-systemic Therapy-Intimate Partner Violence (MST-IPV) provider in order to integrate the standards and practices consistent with MST Network Partnership requirements and MST quality improvement programming. $5,000

National Council on Crime and Delinquency- See description under Promoting Safe and Stable Families.

CHILD ABUSE AND PREVENTION TREATMENT ACT (CAPTA) FFY 2019

Services/Activities	Funding
Multidisciplinary Teams	$175,000
Favor-(Stipends for CRP Work)	$36,828
CT Association for Infant Mental Health (Spring/Fall 8 week series)	$39,652
ABH – MST IPV Admin Costs	$5000
NCCD – SDM	$22,112
Total	**$278,592**

In response to the recent legislation, the Department will be updating the 2019 CAPTA spending plan to reflect the increase in funding. This update will be submitted by August 15, 2018.

Citizen Review Panel Reports

See attached document entitled CT Citizen Review Panel Reports

Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183

Connecticut's Human Anti-trafficking Response Team (HART) is coordinated by the Department of Children and Families (DCF). DCF includes child trafficking under its mandated reporting guidelines requiring all cases be called into the DCF Careline. This structure uniquely affords all child victims of trafficking the resources needed to ensure safety and service provision.

The Governor's Task Force on Justice for Abused Children (GTFJAC) continues its efforts on the critical issues of Domestic Minor Sex Trafficking (DMST) which begun in 2013. ALL MDTs in the state were trained in the *Introduction to DMST in Connecticut* curriculum. In addition to the rollout of the training the Co-Chair of the Executive Committee visited every team in an effort to meet the various team members, understand the local challenges and discuss the Human Trafficking initiative ensuring commitment across the state. This outreach continues to happen. MDTs continue to report monthly on the number of associated cases and outcomes to the Governor's Task Force: of the 202 unique DMST referrals in 2016 to DCF 74 referrals were reviewed by an MDT.

The HART Leadership Team continues to include all the DCF HART Liaisons, 3 MDT Coordinators and the Director of the Connecticut Children's Alliance (CCA) with specialty membership based on current team efforts. In 2016, the Director of Survivor Care Services through Love 146, a local service provider for trafficked youth was added to the team. The HART Team has a tri-chaired structure which includes one DCF HART Liaison and CCA Chapter Director. The coordinator for the GTF continues to be a member of the Department of Children and Families (DCF) Human Anti-Trafficking Response Team (HART) and DCF local HART liaisons are accessing the resources of their local MDT teams.

Connecticut's Human Anti-trafficking Response Team (HART) Project grant has financially supported subcontracting with an independent evaluator, ICF Incorporated, LLC, evaluating our HART Project by completing a state-wide Needs Assessment and supporting the development of long-term project outcome measures. A stakeholder assessment and interviews with survivors has occurred and the data from both are currently being analyzed. In addition, funds have been designated to enhance DCF's

data collection system, Provider Information Exchange (PIE), with the ultimate goal at the end of the 5-year project to be fully automated. The PIE system went live in October of 2016 and HART Liaisons are entering data into this system but as we work through some complications; current indicators continue to be collected manually.

Our HART webpage continues to ensure state and national sharing of information and direct connections to the teams doing this work on a daily basis. In 2015 we published our first HART Helps Newsletter which provides updates on our trafficking efforts in the State. The newsletters can be found on our HART webpage:

http://www.ct.gov/dcf/cwp/

The state of Connecticut submitted new legislation for this legislative session as follows:

PUBLIC ACT 18-111 – H.B. No. 5332 – AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF CHILDREN AND FAMILIES.

This act makes several changes in laws related to the Department of Children and Families (DCF). It requires the department to:
1. take certain steps to identify and address racial and ethnic disparities within child welfare practices (§§ 1 - 3),
2. provide records without the subject's consent to the chief state's attorney's office to investigate benefits fraud (§ 4),
3. develop guidelines for the care of high-risk newborns who are born with signs indicating prenatal substance exposure or fetal alcohol syndrome (§ 5), and
4. perform child abuse and neglect registry checks on a foster care provider seeking to renew his or her license or approval and anyone age 16 or older living in the home (§ 6).

The act also:
1. requires health care providers to notify DCF when a child is born with symptoms indicating prenatal substance exposure or fetal alcohol spectrum disorder, and include a copy of the newborn's safe care plan (§ 5);
2. eliminates a provision that permits the commissioner, when someone applies for, or seeks to renew, a license or approval to provide foster care, to run state and national criminal history record checks on anyone over age 16 who does not live in the applicant's house but who has regular unsupervised access to children in the home (§ 6);
3. establishes notice and hearing requirements that DCF may follow before imposing a fine for failure to comply with certain licensing requirements to care for, board, or place a child (§ 7); and
4. makes other minor and technical changes.

§§ 1-3 — ADDRESSING RACIAL AND ETHNIC DISPARITIES IN CHILD WELFARE PRACTICE
The act requires DCF to take steps to address racial and ethnic disparities within child welfare practices by adopting strategies, establishing a data reporting system, working to eliminate disparities, and annually reporting to the Children's Committee.

Strategies to Address Disparities
Existing law requires DCF, with the assistance of the State Advisory Council on Children and Families and in consultation with certain other stakeholders, to develop and regularly update a strategic plan to meet the needs of children and families the department serves. Under the act, the plan must include strategies DCF must use to identify racial and ethnic disparities within child welfare practices and work to eliminate those disparities. The strategies must be informed by data on referrals, abuse and neglect substantiations, removals, placements, and retention.

Commissioner Responsibilities and Reporting Requirement
The act adds to the DCF commissioner's existing responsibilities requirements that she:
1. establish a standardized data reporting system to support data collection regarding (a) the race and ethnicity of children and families referred to the department at key decision points, including referral, substantiation, removal, and placement and (b) retention rates of children and families by race and ethnicity; and
2. work to eliminate disparities in referral rates, substantiations, placements, and retention among (a) racial and ethnic groups and (b) groups known to experience higher rates of adverse child welfare, health, and service outcomes because of religion, age, sex, sexual orientation, national origin, socioeconomic and immigration status, language, ancestry, intellectual or physical disability, mental health status, prior criminal convictions, homelessness, gender identity or expression, or geographic residential area.

The act also requires the commissioner, by February 15, 2019, to begin annually reporting to the Children's Committee data illustrating DCF service use by race and ethnicity, an assessment of usage trends, and recommendations for results-based accountability measures to ensure parity in access to such services.

§ 4 — DCF RECORDS DISCLOSURES
The act expands the existing list of circumstances under which DCF must disclose its records to the chief state's attorney's office without a subject's consent. Under the act, the department must make such disclosures for purposes of investigating or prosecuting alleged benefits fraud, provided no information identifying the subject of the record is disclosed unless the information is essential to the investigation or prosecution. The law additionally requires DCF to make such disclosures to the chief state's attorney's office in order to investigate or prosecute allegations (1) related to child abuse or neglect, (2) that an individual falsely reported suspected child abuse or neglect, or (3) that a mandated reporter failed to report child abuse or neglect.

Generally, DCF records are confidential but can be disclosed (1) with the consent of the subject or (2) without such consent and for certain purposes to a guardian ad litem or attorney representing a child or youth in litigation affecting the child's or youth's best interests, certain foster or prospective adoptive parents, and various agencies officials, and other persons for certain purposes.

§ 5 — SAFE CARE OF SUBSTANCE EXPOSED NEWBORNS
By January 1, 2019, the act requires the DCF commissioner, in consultation with other departments, agencies, or entities concerned with the health and well-being of children, to develop guidelines for the safe care of newborns who exhibit (1) physical, neurological, or behavioral symptoms consistent with prenatal substance exposure; (2) withdrawal symptoms from prenatal substance exposure; or (3) fetal

alcohol syndrome. The guidelines must include instructions to providers regarding the providers' participation in the discharge planning process, including the creation of written plans of safe care, which must be developed between the providers and mothers of the newborns as part of that process.

Under the act, a provider involved in the delivery or care of a newborn who, in the provider's estimation, exhibits physical, neurological, or behavioral symptoms consistent with prenatal substance exposure, associated withdrawal symptoms, or fetal alcohol spectrum disorder must notify DCF of these conditions in the newborn. The notice must be made in a form and manner the commissioner prescribes and in addition to any applicable reporting requirements under the state's child welfare laws. Starting January 15, 2019, the notice must include a copy of the plan of safe care created pursuant to the above guidelines.

Under the act, providers include the following licensed health professionals: physicians, surgeons, homeopathic physicians, physician assistants, nurse-midwives, practical nurses, registered nurses, and advanced practice registered nurses.

§ 6 — CHILD ABUSE AND NEGLECT REGISTRY CHECK

Under existing law, before issuing a license or approval to provide foster care, DCF has to run state and national criminal history and state child abuse registry records checks on the applicant and anyone living in the applicant's household who is age 16 or older. Once licensed or approved, the foster care provider and anyone age 16 or older living in the household must again submit to a criminal history check at the time of renewal. For license and approval renewal purposes, the act requires DCF to once again check the child abuse and neglect registry for those individuals.

Additionally, the act eliminates provisions that permit the commissioner to (1) run criminal history and child abuse registry checks, when someone applies for a license or approval to provide foster care, on anyone over age 16 who does not live in the applicant's house but who has regular unsupervised access to children in the home and (2) conduct criminal background checks on such individuals at the time of license or approval renewal.

§ 7 — LICENSE VIOLATIONS FOR CHILD CARE, BOARDING, AND PLACEMENT

By law, certain persons and entities must be licensed by DCF in order to care for or board a child, place a child in a foster or adoptive home, or bring or send a child into the state for placement or care in a home or institution. Under current law, any person or corporation that violates these licensing requirements may be fined up to $100. The act broadens the violators subject to the fine to include persons and entities, instead of persons and corporations as under current law. Under the act, DCF may provide the violator with notice and the notice must include information about the violator's right to a hearing before DCF imposes such a penalty.

Additionally, the act authorizes DCF, on the advice of the attorney general and in the manner provided by law, to (1) investigate any reported violation of these licensing requirements and (2) in the state's name, seek an injunction or other civil process against any person or governmental unit to restrain or prevent them from caring for, boarding, or placing a child while in violation of those requirements.

Notice Requirement

If the commissioner has reason to believe that a person or entity has committed a violation of the licensing requirements punishable by a $100 fine, she may notify the alleged violator by certified mail,

return receipt requested, or by personal service. (Since the commissioner is permitted, but not required, to send the notice, it is unclear what happens if she does not send it.) The notice must include:
1. a reference to the laws allegedly violated,
2. a short and plain statement of the matter asserted or charged,
3. a statement of the prescribed $100 civil penalty for the violations, and
4. a statement of the alleged violator's right to request a hearing and requirement that the request be submitted in writing to the commissioner within 30 days after the notice is mailed or given by personal service.

Hearing Requirement and Penalty Order
Within 30 days after receiving a request for a hearing, the commissioner must hold one in accordance with the Uniform Administrative Procedures Act. The commissioner may order the $100 civil penalty if (1) after holding the hearing, the commissioner finds that a violation of the licensing requirements occurred, or (2) the alleged violator does not request a hearing or requests one but does not appear at it. The commissioner must send a copy of any such order by certified mail, return receipt requested, to the person or entity named in the order.

EFFECTIVE DATE: July 1, 2018, except the provision that makes changes to foster care criminal background and child abuse and neglect registry check requirements is effective upon passage.
(Signed by Governor Malloy 6/7/2018)

PUBLIC ACT 18-67 – S.B. No. 315 – AN ACT CONCERNING MINOR REVISIONS TO THE STATUTES OF THE DEPARTMENT OF CHILDREN AND FAMILIES AND ESTABLISHING A PILOT PROGRAM TO PERMIT ELECTRONIC REPORTING BY MANDATED REPORTERS.

This act makes several changes in laws related to the Department of Children and Families (DCF). It:
1. allows DCF to establish a pilot program to permit certain mandated reporters of child abuse and neglect to submit their reports electronically and, starting October 1, 2019, allows all such reporters, as well as other individuals, to submit reports of suspected child abuse or neglect in this manner (§§ 4-7, 12);
2. eliminates the requirement for a mother who is in the hospital after giving birth and who wishes to voluntarily surrender her infant under the state's safe haven law to provide written notice to a hospital health care provider. Other parents who wish to surrender their infant within 30 days of birth are not required to provide written notice of their intent. Requiring hospitals to use a form, proscribed by the Department (which is currently required, although there appears to be no form), could lead to further confusion about what information is provided to the Department and could lead to more cases where the mother's anonymity is comprised if the form is forwarded to the Department (§ 3);
3. broadens the definition of fictive kin caregiver to include a person unrelated to a child **or family** (§ 9);
4. requires a relative caregiver or foster care provider to be currently caring for a child in order to be considered a "caregiver" for purposes related to certain child welfare proceedings (§ 11);
5. exempts the Department of Developmental Services Continuous Residential Support (CRS) homes from DCF licensing. The CRS homes are overseen by DDS Quality Management but are not licensed by DDS. DCF currently licenses three CRS homes that serve youth under age 18. DDS has a review process which is equivalent or higher than the DCF licensing standard. (§ 10);

6. makes all reporting dates consistent for the Children's Mental, Emotional and Behavioral Health Plan. Currently, most plan requirements are due on October 1st, however there are two isolated provisions with reporting dates of July 1 and September 15 (§§ 1 & 2); and
7. allows DCF to interview a child without the consent of a parent when "neglect" by that parent or a member of the household is suspected. The existing statute only permits an interview without the consent of a parent when "abuse" is suspected or in situations when seeking such consent would place the child at imminent risk of physical harm. (§ 8).

EFFECTIVE DATE: July 1, 2018, except the provisions that allow mandated reporters statewide to file reports electronically are effective October 1, 2019. (Signed by Governor Malloy 6/1/2018)

PUBLIC ACT 18-17 – S.B. No. 244 – AN ACT REQUIRING BEHAVIOR ANALYSTS TO BE MANDATED REPORTERS OF SUSPECTED CHILD ABUSE AND NEGLECT.

This act adds licensed behavior analysts to the statutory list of mandated reporters of suspected child abuse and neglect.

EFFECTIVE DATE: July 1, 2018 (Signed by Governor Malloy 5/15/2018)

PUBLIC ACT 18-71 – S.B. No. 312 – AN ACT CONCERNING RISK ASSESSMENT PRACTICES AND THE NEEDS OF CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

This act requires the Department of Children and Families (DCF) commissioner, in collaboration with the early childhood, developmental services, and social services commissioners, to develop investigation, assessment, and case-planning procedures that are responsive to the needs of children with intellectual and developmental disabilities. By February 1, 2019, the act requires the DCF commissioner to submit to the Children's Committee a report that describes the procedures developed and includes any legislative recommendations resulting from the collaboration.

By law, DCF must annually report certain information to the Children's Committee for inclusion in the children's report card. The act requires the report to additionally include an analysis of the efficacy of DCF's risk and safety assessment practices, including information about the (1) methodology used to determine the practices' reliability, (2) use of evidence-based practices and tools, and (3) effectiveness of these practices for identifying children at risk of abuse or neglect.

EFFECTIVE DATE: July 1, 2018 (Signed by Governor Malloy 6/4/2018)

PUBLIC ACT 18-58 – S.B. No. 323 – AN ACT REQUIRING NOTICE PRIOR TO THE TRANSFER OF A CHILD TO A NEW OUT-OF-HOME PLACEMENT.

This act requires the Department of Children and Families to provide written notice to any child or youth being transferred to a new out-of-home placement and his or her attorney at least 10 days before the transfer, except when immediate transfer is necessary due to an emergency or risk to the child's well-being.

EFFECTIVE DATE: July 1, 2018 (Signed by Governor Malloy 6/4/2018)

PUBLIC ACT 18-57 – S.B. No. 479 – AN ACT CONCERNING IMMUNITY FROM CIVIL OR CRIMINAL

LIABILITY FOR PERSONS PROVIDING MEDICAL ASSISTANCE OR INTERVENTION IN A CHILD ABUSE OR NEGLECT CASE.

This act provides immunity from civil and criminal liability to any person, institution, or agency that, in good faith, provides professional medical intervention or assistance in any proceeding involving child abuse or neglect. The act's immunity applies to liability that might otherwise arise from or is related to actions such as:
1. causing a photograph, x-ray, or physical custody examination to be made;
2. causing a child to be taken into emergency protective custody;
3. disclosing a medical record or other information pertinent to the proceeding; or
4. performing a medically relevant test.

The act also eliminates current immunity from civil or criminal liability for any person, institution, or agency that, in good faith, does not report suspected child abuse or neglect or alleged sexual assault of a student to the Department of Children and Families (DCF) or law enforcement as required or permitted by law. The act retains immunity for a person, institution, or agency that, in good faith, makes such a report and applies the immunity to civil or criminal liability that might otherwise arise from, or is related to, making the report. Currently, this immunity applies to civil or criminal liability that might otherwise be incurred or imposed.

Under the act, the immunity from civil or criminal liability for providing medical intervention or assistance or making a good faith report does not extend to medical malpractice that results in personal injury or death.

EFFECTIVE DATE: July 1, 2018, and applicable to any civil action pending or filed on or after that date. (Signed by Governor Malloy 6/6/2018)

PUBLIC ACT 18-31 – H.B. No. 5041 – AN ACT CONCERNING THE RECOMMENDATIONS OF THE JUVENILE JUSTICE POLICY AND OVERSIGHT COMMITTEE AND CONCERNING THE TRANSFER OF JUVENILE SERVICES FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE COURT SUPPORT SERVICES DIVISION OF THE JUDICIAL BRANCH.

Starting on July 1, 2018, this act transfers legal authority from the Department of Children and Families (DCF) to the judicial branch over any child who was committed to DCF as a delinquent pursuant to a juvenile court order entered before that date. The branch's Court Support Services Division (CSSD) must, in turn, assume responsibility for supervising the children and may exercise its powers, duties, and functions to provide such supervision (§ 8).

Under existing law, the juvenile court is prohibited, starting July 1, 2018, from committing a child to DCF as a result of a delinquency adjudication. Existing law also (1) establishes a one-year transition period, from July 1, 2018 to January 1, 2019, during which the judicial branch may place a child convicted as delinquent in a DCF-operated congregate care setting or order the child to receive community-based DCF services and (2) requires the agencies to enter into an agreement that (a) allows the judicial branch to use these settings and services and (b) requires it to pay DCF for their use (PA 17-2 June Special Session (JSS) (§§ 321 & 323)).

The act also makes numerous other changes to the juvenile justice statutes. Principally, it:
1. specifies a deadline by which the appropriate school district must enroll a child in detention who is

not otherwise enrolled in school and requires that the student remain enrolled in that district for the duration of his or her detention (§ 3);
2. requires school districts with over 6,000 students enrolled in the 2016-17 school year to designate at least one liaison to facilitate transitions between the district and the juvenile and criminal justice systems (§ 4);
3. requires the technical high school system superintendent and board, by January 1, 2019, to develop a plan to address education, training, and work experience for children in post-conviction justice system custody (§ 5);
4. requires the State Department of Education (SDE), by January 1, 2020, to develop a plan related to a statewide information technology platform (§ 6);
5. imposes various new juvenile justice-related reporting requirements on the Juvenile Justice Policy and Oversight Committee (JJPOC) and certain state agencies (§ 7);
6. deems any child transferred from DCF to CSSD under the act to be on probation for a period no longer than his or her remaining delinquency commitment to DCF as of June 30, 2018, and requires the court to review and, if appropriate, modify the probation conditions (§§ 8 & 37);
7. allows the Department of Corrections (DOC) to transfer an inmate under age 18, to CSSD under certain conditions, instead of allowing it to transfer such an inmate to DCF as under current law (§ 23);
8. limits and modifies the ways that a juvenile court may dispose of a delinquency adjudication and adds to the factors the court must consider when making a disposition (§ 36);
9. modifies the probation conditions the court may order, allows a juvenile probation supervisor's designee to establish the term of nonjudicial supervision for a juvenile for whom the court entered a nonjudicial disposition, and makes various other changes to laws related to juvenile probation (§§ 25, 31, 23, 32, 36-38);
10. makes changes to several definitions in the juvenile matters laws and adds several new ones (§§ 15 & 25);
11. eliminates provisions that permit the DCF commissioner, in certain circumstances, to transfer a child committed to the department to the John R. Manson Youth Institution or York Correctional Institution, as appropriate (§§ 20 & 43);
12. eliminates a provision that (a) explicitly allows a judge hearing a juvenile matter to make any order in connection to it that a Superior Court judge is authorized to grant and (b) gives such an order the same force and effect as a Superior Court order (§ 27);
13. modifies various juvenile justice system goals (§ 28);
14. permits the judicial branch to contract to establish secure residential facilities and requires it to develop a continuum of community-based programs (§ 29);
15. permits, instead of requires, the judicial branch to consult with the Commission on Racial and Ethnic Disparity in the Criminal Justice System to address the needs of minorities in the juvenile justice system (§ 29);
16. limits the circumstances in which DCF employees may have access to juvenile court records and adds to the records of delinquency proceedings that must be disclosed to the DMV commissioner (§ 30);
17. designates the chief court administrator or his designee, instead of the DCF commissioner or her designee, as administrator of the Interstate Compact for Juveniles (ICJ) (The compact enables states to transfer a juvenile's supervision between states and return a runaway juvenile to his or her home state) (§§ 9 & 18);
18. eliminates as possible qualifications for members of the state Advisory Council on Children and Families that the member (a) represent young people, parents, and others interested in delivering juvenile justice services or (b) is a parent, foster parent, or family member of a child who has received or is receiving juvenile justice services (§ 17);

19. eliminates a requirement that a law enforcement officer who arrests a youth for prostitution report suspected abuse or neglect to DCF (§ 33);
20. specifies that, as required under existing law, CSSD and other state agencies must develop a community-based diversion system and school-based diversion plan (§§ 1 & 2);
21. makes numerous changes to conform with the transferred responsibility for children adjudicated delinquent from DCF to CSSD by eliminating references throughout the act to (a) children committed to DCF for delinquency and (b) the Connecticut Juvenile Training School (CJTS), which was a DCF-run secure detention facility for juveniles that permanently closed in April 2018 (§§ 10-14, 16, 18, 19, 21-22 & 35);
22. repeals several provisions pertaining to DCF responsibility for juveniles adjudicated delinquent, CJTS, and certain CSSD responsibilities (§ 43);
23. makes minor, technical, and conforming changes (§§ 26, 34, & 39-42).

EFFECTIVE DATE: July 1, 2018; except the provisions on the community-based diversion system and school-based diversion plan, school district liaisons, the technical high school system, the statewide information technology platform, and various reporting requirements are all effective upon passage; and the provision on school enrollment of students at detention facilities takes effect August 1, 2018. (Signed by Governor Malloy 6/1/2018)

PUBLIC ACT 18-186 – H.B. No. 5470 – AN ACT CONCERNING THE PROVISIONS OF TIMELY NOTICE OF CHILD PLACEMENT INFORMATION FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE ATTORNEY REPRESENTING THE CHILD IN A CHILD PROTECTION MATTER.

This act generally requires the Department of Children and Families (DCF) to provide written notice to an attorney or guardian ad litem (GAL) representing a child before any:
1. meeting in which the department is considering removing a child from his or her home on the basis of abuse or neglect,
2. placement or placement change of a child who is in DCF custody, and
3. administrative or permanency team meeting to review the child's permanency plan.

The act establishes timeframes for each of these notice requirements. It provides an exception to the first notice requirement above when the DCF commissioner or her designee authorizes an emergency removal from the home to ensure a child's safety.

The act also requires DCF to provide notice to any attorney or GAL appointed to represent a child when he or she absconds from care, but it does not specify a timeframe for the notification.

NOTICE OF MEETING TO DISCUSS REMOVAL
The act generally requires DCF to provide written notice to any attorney or GAL representing a child at least five days before the date of any meeting in which the department is considering removing the child from the household. The act provides an exception to this notice requirement if the DCF commissioner or her designee have authorized the child's immediate removal from the home. By law, the commissioner may authorize such a removal if there is probable cause to believe (1) that the child or any other child in the household is in imminent risk of physical harm from his or her surroundings and (2) the immediate removal is necessary to ensure the child's safety (CGS § 17a-101g(e)).

PLACEMENT NOTIFICATION
The act requires DCF, when placing a child or youth committed to its care (e.g., in a foster home), to

provide written notice to any attorney or GAL appointed by the court to represent the child. The notice must include the name, address, and other relevant contact information related to the placement. The commissioner must also provide written notice to the attorney or GAL of any change in placement, including a hospitalization or respite placement. The notice must be provided (1) within 10 business days before the change of placement in a nonemergency situation or (2) no later than two days after a change of placement in an emergency situation.

PERMANENCY PLAN NOTIFICATION
By law, the DCF commissioner must prepare and maintain a plan for the care, treatment, and permanent placement (i.e., permanency plan) for each child under her care and she must review the plan at least every six months to (1) determine if it is appropriate and (2) make any appropriate modifications. The act requires DCF to provide written notice to the child's attorney or GAL at least 21 days before the date of any administrative meeting to review the plan.

Additionally, under the act, the commissioner must provide written notice to any attorney or GAL the court appointed for the child, regardless of the child's age, at least five days in advance of any permanency team meeting concerning the child's plan.
(Signed by Governor Malloy 6/14/2018)

There have been no changes in state law or regulations relating to the prevention of child abuse and neglect that would affect the state's eligibility for the CAPTA state grant.

Infants born Substance Exposed
Comprehensive Addiction and Recovery Act of 2016 (CARA).

The expectations outlined in the CARA legislation have been folded into the Department's work specific to Infants born substance-exposed. Given the scope of the expectations and the importance of establishing a coordinated, comprehensive and integrated approach, it was critical to include a diverse range of partners. DCF established a working group that includes representatives from:

DCF, Department of Mental Health and Addiction Services (DMHAS), Office of Early Childhood (OEC), ACOG, AAP, Department of Social Services (DSS), Department of Public Health (DPH), CT Hospital Association, Consumers and Substance Use Providers which has been critical to the development of legislative language, practice guidance and communication planning to support implementation. In partnership with DMHAS and CT's adult recovery network, we conducted community conversations with pregnant women and women in recovery to obtain direct feedback on system implementation and improvements.

To date, the working group has prepared legislation language, a draft set of guidelines to be used by the Child Protection Careline (centralized reporting) and Healthcare Providers who will be making the

notifications and are developing material to be shared with consumers and other critical audiences. The partnership has also expanded to include the Information Technology team at the Department to insure that technological changes needed will be incorporated into the design of the case management system under design currently while also informing potential changes to the existing system.

DCF has cross-walked elements of a plan of safe care with the Department's case plan. Families have repeatedly discussed the importance of having one plan to guide their work and service provision, as such we have confirmed that the elements of a plan of safe care fit squarely within the domains of the agency's case plan. Based on feedback from stakeholders, we understand that notification will not always equate to an open DCF case but instead families will continue to be supported through their involvement with other systems. As such, adult substance use programs have begun to develop plans of safe care that are developed in advance of delivery and provide clarity around treatment planning for women and their children in advance of and following delivery.

Though DCF has led this effort, it has done so with tremendous insight and expertise from key stakeholders including:

- Medical practitioners (Pediatricians, Obstetricians and Gynecologists, Neonatologists) to inform the process of how to message, engage and prepare mothers in a proactive way, assure that there is accurate and clear documentation that outlines treatment and active engagement.
- Department of Mental Health and Addiction Services (DMHAS) – working closely with adult substance use treatment providers and supporting focus groups that empower consumers to be actively engaged in the development process and establish a system to allow for feedback
- Office of Early Childhood (OEC)– the bridge to nurse-family partnerships, in-home supports and Birth to Three programs to further inform how to best access critical services to these young children, assure that plans of safe care are incorporated into the providers work
- Department of Public Health (DPH) – developing recommendations to assure continuity in the Plan of Safe Care, assisting with available data sets, providing a public health approach specific to the needs of infants with substance exposure.
- Department of Social Services (DSS) – a key partner in drafting legislation, offering critical expertise both from practice and funding perspectives and examining the service system given their role as Medicaid partner
- CT Hospital Association (CHA)– representing all hospitals in the state and playing an active role offering feedback to the legislative and policy development process as well as offering information about how to most effectively communicate with the range of providers
- Substance Exposed Infant (SEI) Coordinator - The statewide SEI coordinator, works on the state's strategic plan to address SEI and FASD and has been key in convening all of the stakeholders and coordinating the activities in an organized and meaningful way. This position is also critical to ensuring that this effort aligns with other state efforts related to substance use policy.

- Consumers - The input of persons with lived experience and experience with services has been present in the workgroups. DCF in partnership with DMHAS has conducting focus groups with women in treatment throughout the state that have and will continue to inform this process both in planning and through implementation.
- Substance Use providers who are working closely with women and their children and developing processes to support the delivery and ongoing treatment needs of children and their families.

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Section E. Chafee Foster Care Independence Program

Serving Youth Across the State

Connecticut is a state-administered child welfare agency with six regions. Contracting for services is a centralized function that ensures services are available across the state to all youth. 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 21. DCF have statutory authority to keep young people voluntarily in the care of DCF past their 18th birthdays and have recently expanded the services that are available to transition-aged youth. There are no systemic barriers in the state that preclude us from serving youth of various ages and at various states of achieving independence.

In the 2015-2019 implementation period, DCF will be adopting a new independent living assessment and curriculum that is currently in use by the adult Department of Mental Health and Addiction Services (DMHAS). This assessment will be administered to all youth before they participate in Independent Living Skills training and post-training 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.

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. 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 throughout the year.

Federal Fiscal Year 2017-2018 saw the continuation of the YAB work to address the needs identified by youth in their 2017 *Adolescent Needs Prior to Transitioning from Care* document. The top priority of YAB members in 2017-2018 was to advocate for increased support surrounding the transition from foster care and in February 2018, the *Transition Extension Application for Postsecondary Graduates* was implemented statewide with Commissioner approval. The *Transition Extension Application* allows youth in care graduating from postsecondary educational programs to apply to extend their supportive transition window into independent living (and out of the foster care system) from three months to up to six months.

In 2017, statewide YAB members helped implement provisions from Connecticut's Public Act 16-123 including a new *Foster Home Survey* to be administered to youth after they leave a foster home and the creation of a *Foster Parent Profile* to be available to youth prior to their placement. This work was additionally highlighted during the state's 7th annual *Youth at the Capitol Day* in January 2018, an event hosted by community partner and advocacy agency *Connecticut Voices for Children*, in which youth were provided an opportunity to address placement disruptions and provide their ideas on how to improve the foster care system.

Among additional efforts made in 2017-2018, the statewide YAB has been working simultaneously to increase youth voice and feedback as part of the Department's ongoing Racial Justice Initiative and to lend their expertise in recruiting quality foster and adoptive parents. In May 2018, in partnership with the *Jim Casey Youth Opportunities Initiative*, three statewide YAB young leaders attended a youth convening

in San Antonio focusing on authentic youth engagement as a racial equity strategy and then brought lessons learned back to their peers and DCF senior leadership. This work has led to a standing invitation to YAB leaders to participate in the Department's Statewide Racial Justice Workgroup.

Additionally, the statewide YAB is working in partnership with the Department's Permanency Resource Exchange (PRE) and the *Moving Pictures* video production company to create promotional videos and public service announcements to increase awareness for the need for foster and adoptive families. 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.

The regional and statewide boards have continued to partner with the *DCF Wilderness School* to provide teambuilding and leadership days. YAB members have opportunities to participate in life-changing 5-day or 20-day expedition courses in which youth hike and camp overnight with experienced instructors working on life skills and engaging in self-reflection.

Federal Fiscal Year 2018-2019 will see efforts made by the statewide YAB to sustain the vast progress in honoring the value and impact of youth voice made under the tenure of the Commissioner. Plans for the statewide YAB work into the next fiscal year include the completion of the Foster and Adoptive Parent Recruitment Video project, the creation of a forum for youth in care to discuss the importance of race and culture while in placement, strengthening the partnership between the YABs and the state's contracted *Work to Learn* providers, the creation of a Strategic Sharing curriculum and Youth Speakers Bureau, and facilitating a statewide *Youth Summit* to highlight youth leadership opportunities and capacities in the Spring of 2019. 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.

<u>How CT provides youth with certain documents when they age out of foster care:</u>

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.

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 ACR's as long as the youth remains in care. The implementation of CR-CFTM and Permanency Teaming will promote active engagement of youth's involvement in case planning and decision-making activities.

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 college fairs, holiday parties and graduation celebrations.

National Youth in Transition Database (NYTD)

This year's work has been focused on data quality. After reviewing and analyzing the results from cohort 1's data, the Department began to re-examine the survey design in relation to the NYTD data collection requirements. It became apparent that modifications to the survey design as well as changes to mapping to services were necessary in order produce more accurate data on foster youth and older youth in and discharged from foster care. As a result, this year's focus centered around improving data quality by modifying the data collection instruments (surveys), providing staff with additional resources, including gift cards for incentives for youth to participate in follow-up surveys, and training to ensure high quality data collection.

Modifications to the electronic data collection and reporting systems were made that include adding a category for NYTD narratives for entering additional information shared by youth regarding their

experience in foster care and/or any other information they wanted to share with the department to assist with program development, improve service delivery and/or practice considerations.

The Department periodically reviews the data available on the NYTD Portal to gauge youth outcomes and service utilization.

Although NYTD Independent Living Services data is available on the portal, this information has been used to share with internal stakeholders to demonstrate the limitations to the current system that is based on the Department's utilization of service codes and/or payments to reflect Independent Living Services provided. The Department is currently developing a new comprehensive child welfare information system and this issue will be corrected in the new system so that accurate data on independent living services provided will be collected and reported. Development in this area includes plans to be utilize the data to improve service delivery and including outside stakeholders for a system's perspective.

The "snapshot" data provided on the NYTD Portal continues to be used with agency staff working with adolescents to help staff identify possible additional services and interventions available to assist youth in care develop the skills necessary to successfully transition to adulthood.

As stated in last year's report, outside stakeholders obtained Connecticut's NYTD data and shared with legislators and interested parties at the yearly "Youth Day at the Capitol". As a result of presenting NYTD outcome data and, with youth testimony, legislation was passed that will further assist youth in care to transition more successfully to adulthood.

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.

The Department continues to utilize its Regional and Statewide Youth Advisory Boards to provide and disseminate information regarding issues related to adolescents in care. The Department was fortunate this year to have a portion of a MSW intern's time to assist with gathering ideas from Youth

Advisory Boards' as to how best to include youth in the NYTD survey data collection process. This information will be used to develop opportunities for youth in care to become more involved with NYTD data collection and will hopefully lead to an increase in survey participation. Additionally, it is hoped that youth feedback will support consideration for moving towards NYTD Plus and allow for more rich and detailed data collection.

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 recently rekindled their relationship with the University of Connecticut's School of Social Work to explore possible partnerships that will further assist current and former foster care youth to transition more successfully to adulthood. UCONN recently hired a professor who is a national research expert in the area of transition age foster care youth, foster care youth outcomes and educational achievements for foster care youth that include college graduation attainment. The Department is in the process of discussing possible initiatives to collaborate with UCONN in order to maximize the educational achievement of the many foster youth who chose to participate in the Department's Post-Secondary Educational Program which allows youth to receive benefits through the school year of their 23rd birthday.

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.

Additionally, this grant allows the Department to continue to offer 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.

Describe any 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.

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. Since program inception, 660 youth have been enrolled. There are currently 159 enrolled. During the 2017-18 school year youth have earned 83 credits toward their high school graduation.

In response to the recent legislation, the Department intends to extend Chafee Program services to youth up through their 23rd birthday. Contracts will be amended to extend beyond age 21 to age 23 and all service providers will be informed. See attached certification signed by the Governor.

Education and Training Voucher Program

Attachment E

Annual Reporting of Education and Training Vouchers Awarded 2018
Name of State: State of Connecticut Department of Children and Families

Academic Year	Total ETVs Awarded	Number of New ETVs
2016-2017 School Year (July 1, 2016 to June 30, 2017)	137 Computers distributed for 2016 cohort of students. (August 2016) +8 ETV grants adoption/sub-guardianship (5 new and 3 repeat) +3 special funding requests +32 summer course funding requests Total = 180 ETV awarded	New recipients 142 (137 Computers + 5 ETV grants)
2017 – 2018 Academic School Year (July 1, 2017 to June 30, 2018)	112 Computers distributed for 2017 cohort of students (August 2017) + 4 ETV grants adoption/subsidized guardianship transfers (2 new +2 repeat) +9 special funding +46 summer tuition funding +4 winter tuition funding +58 pse students served on campus programming = 233	New recipients 114 (112 computers + 4 ETV grants)
2018-2019 School Year Anticipated projections for the next school year	Anticipate 200 computers (2018 cohort) through ETV funding; Continue to supporting 2 Pupil Services Specialist positions, up to 10 ETV grants adoption/guardianship; Anticipate 50-70 summer and winter course funding, Mailing 122 ETV application for grants to new eligible youth who have been adopted or subsidized guardian transfers; service up to 50 youth on college campuses through support service programs.	

The State of Connecticut Department of Children and Families (DCF), continues to utilize a portion of the Education Training Voucher funds to support 2 Pupil Services Post-Secondary Education Consultant positions (one full time, and one part time) since 2006.

The Post-Secondary Education (PSE) Consultants support Social Workers, 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 transitional services offered by the Department of Children and Families. The Post- Secondary Education Consultants also assist staff, community providers, youth and educational institutions who are working with current and former foster youth in Post-Secondary Education programs with transition services and resources through discharging from foster care and into independence. The Post-Secondary Education Consultants continue to provide training for professional development and certification through the Departments Training Academy. Trainings also include foster youth meetings, foster parent trainings, for community service providers regarding Connecticut's DCF Post-Secondary Education programs, transitional services, retention and policies. The Post-Secondary Education Consultants also provide community outreach, consultation and program development services for foster youth through the age of 23.

Data collection and maintenance for PSE in Connecticut DCF has remained a challenge for the department. The limited data is captured through the LINK computer system. Since 2016, the Department of Children and Families Unified school District # 2 has addressed this issue by creating and maintaining Educational Data Dashboards for foster youth by cohorts. Even though the Data Dashboards have assisted with maintaining some data, it is limited as to the data fields. In March 2018, the Post-Secondary Education Consultants, the state's Independent Living Coordinator, DCF IT employee collaboratively met to discuss possible solutions. Also a University of Connecticut professor, who has experience with data collections has met and discussed this issue as well. He will assist DCF with exploring possible options and resources to strengthen the data for this population. Once the most appropriate resource for data collection of current and former foster youth in post-secondary education institutions and programs has been identified, a line item may be added to the budget plan for funding through ETV. The goal is to have a specific program designed to capture data current and former foster youth transitioning from care, and their post-secondary education progress and achievements.

The State of Connecticut Department of Children and Families continues to directly distribute and monitor Education Training Voucher (ETV) funds to eligible current and former youth who have been in foster care and does not contract out to outside providers. Eligible youth have been adopted after the age of 16, sub-guardianship after the age of 16 and are current youth in the foster care system. The Department has focused on expansion of these services and funds for eligible youth by collaborating

with the adoption and subsidized guardianship units to help identify resources and eligible youth. The two departments continue to have regular communication regarding policy, funding, student needs etc. The application materials will be updated to extend the benefit of the ETV funding to the age of 26, for the youth with the adoption and sub guardianship legal status, for no more than 5 years, as recommended.

The ETV grant was awarded to 613 recipients from July 1, 2015 to June 30, 2018. During this time period (July 1, 2015 to June 30, 2018) there were 381 new recipients of the ETV grant. The ETV grant has been awarded and distributed to eligible current and former foster youth across Connecticut (in all 6 state regions). 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 training program, or job training program,
2. Former foster youth who have been adopted or subsidized guardianship transferred after the age of 16 and have graduated high school and also entering into post-secondary education institutions or formal job training programs,
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 education and transition out of DCF care.
4. Current and former foster youth who live outside of Connecticut in another state with their adopted parents, subsided guardians, or foster parents and remain eligible for services.

The college graduation rate among foster youth continues to be a struggle and has not surpassed 3% in many years; Connecticut's foster youth do slightly better with graduation rates from college, but not much. To focus on this population in an attempt to increase the graduation rate, DCF has partnered with 2 Connecticut State Universities and the Connecticut State Colleges and Universities (CSCU) Office of Workforce Development, Strategic Partnerships and Sponsored Programs to develop programs that support current and former foster youth on campus through an array of mentoring, academic monitoring, tutor, etc services. Central Connecticut State University has developed a program *CARES (Central's Academic Readiness & engagement Scholars)* Scholars and Eastern Connecticut State University has created the *Project Awareness* program. The CSCU office is working to implement and expand these types of support services across all Connecticut State Colleges and Universities, as well as Connecticut Community Colleges in a systematic way; to increase the Connecticut's graduation rate among this very vulnerable population. The program design includes the opportunity for foster,

adopted and sub-guardianship population who have graduated high school to participate in a summer bridge programs, tutoring, mentoring services, monitoring, and academic advising focused specifically for their success on campus. Through the plethora of support services offered on campus that focus on transition, academic and retention supports, the model design is being shared with other Connecticut Universities and Community Colleges to implement. The ETV grant will assist the Department of Children and Families with the supporting direct student costs and incentives associated with the development of programs on Connecticut state colleges and universities. Central Connecticut State University has identified 58 eligible students for the program in this population and currently serve 36 students on campus. Eastern Connecticut State University is currently working with 22 eligible students who volunteered to participate. The Department serviced 58 youth through ETV funding who participated in program events offered through ECSU and CCSU. The Department's goal is to expand these types of programs on college campuses throughout Connecticut, while working to create a systematic approach with the collaboration of DCF and CSCU.

From July 1, 2016 – June 30, 2017, there were 5 new ETV grants awarded to eligible youth who were adopted or transfer of guardianship after the age of 16. From July 1, 2017- June 30, 2018, 4 ETV grants were offered to youth who were adopted and guardian transfer after the age of 16; 2 were new recipients and 2 were return awardees. In April 2018, 122 applications were mailed to 122 eligible youth and adoptive parents and guardians. To date 17 youth and parent applications have been returned via US Postal Service mail; most have moved and left no forwarding address with the postal service. The application deadline date this year is scheduled for August 3, 2018. Any applications that are received prior to June 30, 2018 will be included in the calculation for next year.

Through the ETV funding, CT DCF continues to cover summer tuition expenses for foster youth who register and attend summer classes. This has been an ongoing identified need of our youth to help with retention and graduation requirements. From July 1, 2016 –June 30, 2017 there were 32 summer funding grants awarded to foster youth taking summer courses to assist with completion of their certificates and degrees. From July 1, 2017- June 30, 2018 49 youth have applied and 46 were awarded summer funding thus far. The 3 applicants that were not awarded the funding for summer courses, did not complete the application process or withdrew from the summer course. This year in order to expand youth receiving the grant for summer courses, the application deadline date has been extended to August 1, 2018. Any grant paid for this category after July 1, 2018 will be included in next

year's data report.

Youth also identified the need for funding for winter courses as a barrier to successful completion of programs. The Department offered winter course funding for the first time in December 2017. There were 5 youth who applied and 4 were awarded winter course funding and all were repeat recipients. One youth did not complete the application due to earning an outside scholarship. In the period from July 1, 2018 – June 30, 2019 it is anticipated that 15-25 youth will request funding for the winter session. Over the last few years, the Department has also provided funding for youth to utilize ETV funding for post-secondary education expenses outside of their annual state budget. Each recipients needs are assessed based on individual need, legal status, and circumstance. During the reporting period July 1, 2016- June 30, 2017 there are 3 foster and former foster/adopted youth who applied for special funding requests to assist with educational expenses not covered by their annual budget. All 3 youth have been awarded the ETV grant funds for these various post-secondary educational expenses, demonstrating an increase in directly servicing foster youth with the ETV grant funds. From July 1, 2017- June 30, 2018 there were 2 verbal requests for ETV funding but neither were awarded because neither completed a request/application for funding.

The Department purchased computers, 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. The computers left over from last year, will be offered to students who will exceed their annual state budget for cost of attendance. Other students will be issued funding to purchase a computer and supplies with their Social Worker based on their school's criteria/specs for computers and software. Each year, it has been more beneficial for students to purchase a computer through their school or the book store to assist with special software compatible with the school regulations. The Department purchased 207 computers, printers and supplies for eligible youth in the 2016 cohort. In 2016, a total of 137 youth transitioning to Post-Secondary Education institutions received a computer, printer, programs and supplies. The youth who did not receive a computer, printer and supplies became 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, 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 work program. The gap between the purchased and

distributed computers can also be attributed to additional options/programs to remain in the foster care system past the age of 18 and after secondary education for foster youth. In the summer and fall of 2017, the Post-Secondary Education Consultants issued 112 computers to youth in the foster care system and enrolled in a post-secondary education institution. The left over computers from the purchase of 125 computers last year will be absorbed in the distribution for the 2018 cohort for youth who exceed their state budget for tuition and cost of attendance.

There were 183 post-secondary education plans reviewed for foster youth who graduated from high school in June 2016 and attended post-secondary education in the fall 2016. There was an additional 24 foster youth who did not have a final post-secondary education (pse) plan reviewed the Post-Secondary Education Consultants. This did not affect their eligibility for receiving the grant funds. During the 2016-2017 academic year, there have been 240 pse plans reviewed. There were an additional 29 outstanding pse plans that the Post-Secondary Education Consultants did not receive from staff for review. The number of pse plans reviewed each year assists the Department of Children and Families with identifying how many eligible youth in foster care are transitioning to Post-Secondary Education. Not having a pse plan reviewed does not affect a student's eligibility to receive ETV funding. During the academic year 2017-2018, there were 211 pse plans reviewed for youth in foster care graduating high school in June 2018 with plans to enroll in a Post-Secondary Education institution in the fall 2018. There is an estimated 50 outstanding pse plans that the Post-Secondary Education Consultants did not receive to review yet. It is estimated through the Department of Children and Families LINK data and the State Department of Education student data, that the Post-Secondary Education Consultants will review approximately 200-275+ foster youth's pse plans to form a 2019 cohort.
In the reporting period of July 1, 2016 – June 30, 2017, there were a total of 180 with 142 being new recipients. From July 1, 2017 – June 30, 2018, there were a total of 233 grants awarded with 114 being new recipients. ETV grants awarded thus far with an estimate of possibly up to 5 more to be awarded before June 30, 2018. The goal of the Department is to expand the number of youth who the Department serves with the Education Training Vouchers.

Section F. Updates to Targeted Plans

Foster and Adoption Recruitment/Retention/Support Activities

Foster and Adoptive Parent Recruitment activities throughout the state:

- Town sporting events: soccer, baseball, football/cheerleading;

- Preschool programs;
- PTA (Parent Teacher Association) meetings;
- Town recreation center activities;
- Museums;
- State Legislative Office Building;
- State Comptroller letter to all state employees, encouraging them to foster, adopt or mentor;
- Cultural arts centers;
- Theaters;
- Insurance Companies;
- Hospitals;
- Guest Speaker at civic organizations;
- Open Houses; one to one with individuals in the community;
- Open Houses in the community – in home settings;
- Heart Gallery Display (photos and brief biographies of youth);
- Social Media posts about foster care and adoption needs, highlights, events, etc. Facebook, Twitter, CT Parent web site;
- Clear Channel, iheart Radio advertising and child specific recruitment
- WIHS Radio Interviews, child specific recruitment;
- WTIC Radio, quarterly interviews;
- Television Interviews;
- Developed a theme song with copyrights for DCF recruitment called, "we all have love to give";
- Coordinated with Moving Pictures to have an app called LIVEPORTRAIT, where Heart Gallery photos and Heart Gallery videos are downloaded to this company's data base. Once the free app is downloaded to a person's phone, the still picture can be scanned and the video will come through the cell phone or tablet;
- CT Post Mall, Gallery space in a store, display of Heart Gallery;
- City Church Mom's group, monthly meetings and connection to statewide church base;
- Connecticut Family Day, event, celebrating CT Families, highlighting foster and adoptive;
- International Day of Peace, #Chalkforpeace event, partnered with the Peace Center of CT. Involved DCF and TFC Foster and Adoptive parents;
- CONNJAM, Boy Scout Jamboree

Support/Retention Activities:

- Accepting and allocating donations from community providers, such as bicycles, theater and sporting tickets and gift cards;
- Coordinating special interest stories with foster, adoptive and biological families to increase the community's awareness of our goal for permanency. These stories highlight the work that is being town and the collaboration between the foster, adoptive, biological and DCF staff;
- Awareness Month events [May and November], recognizing foster and adoptive parents who have demonstrated a level of commitment and passion to the work.

In 2009, a recruitment and retention plan was developed to increase the number of African American and Hispanic foster and adoptive parents. In addition, recruitment and retention plans specific to the communities of and populations served by the Department's local area offices set forth specific goals and targets for the recruitment of culturally, racially and linguistically diverse homes.

In 2009 and 2010, in conjunction with AdoptUsKids, DCF conducted a "market segmentation" plan. This plan was supplemented and expanded by the DCF Office of Research and Evaluation (ORE), which helped further refine the data and added a geo-mapping component to create a more comprehensive picture of foster care needs in Connecticut. The data divides the Connecticut population into clusters and then determines which clusters best represent the profile of our current successful foster families in Connecticut. Based upon this data, four segments were identified as providing the greatest foster care recruitment opportunities. This data, while helpful in focusing our work, did not provide the next necessary next step which was to develop a communications plan that would allow us to reach out to perspective foster families with a targeted message on the need for foster families and the benefits of being a foster family. During 2014 and early 2015, the Department has made some shifts to focus greater resources on targeted, specialized and extreme recruiting. This approach is designed to be more thoughtful and intensive, shorten the timeframes to identify families for specific youth, as well as to be more strategic in outreaching to people who are most likely to become foster or adoptive parents. This work really took hold in 2016, but will be expanded upon in 2017. Additional strategies will be identified and additional training in extreme recruitment will be offered.

During calendar year 2016, the Department successfully licensed 980 new foster and adoptive homes. The breakdown of those new licenses is as follows:

- Foster homes - 142
- Adoptive homes - 73
- Special Study homes - 170
- Independent homes - 51
- Relative homes – 543

The Department will continue to move towards placing children with relative/kin throughout 2017.

In 2014, the Department started Caregiver Support Teams (CST) in all six regions. There are 676 slots statewide. At the end of State Fiscal Year (SFY) 2015, 616 families were served, and at the end of SFY 2016, 806 families had been served. To date, 711 families have been served over the last three quarters of SFY 2017. The caregiver support team provides much deserved in-home supports to both kin and non-kin family based placements. CST services are also available on a case by case basis to support families without legal status with the Department. These families may have children who are exiting out of Congregate Care, Residential Care and Hospital settings and are returning home, as well as adoptive families and "family arrangements" at risk of disruption.

The Heart Gallery

Since 2003, the Heart Gallery, a collection of photograph's and personal bio's, continues to bring awareness to the Connecticut public about children in state care who need a permanent family or lifelong family connection. In November 2005, it was expanded to be on display continuously throughout the year in a minimum of two (2) locations. Since 2013, the Heart Gallery has been displayed in a minimum of six (6) locations throughout the state. This past year, 2017, the Heart Gallery has been on display in eight locations, some locations are now permanent partners. 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 Heart Gallery has also been displayed in digital format and is on permanent display at Jordan's Furniture in New Haven, CT. An addition to the Heart Gallery this year was the use of video storytelling where each child told their story. These videos are available on the DCF internet as well as through a computer app called LivePortrait. When a still photograph of a child is scanned, the child's video comes through the still picture on a tablet or cell phone.

From 2005 to early 2017, 368 children have been featured in the Heart Gallery. In 2015 and 2016, forty-eight (48) new children and youth were featured in the Heart Gallery and currently there are twenty-

four (24) children featured in the Heart Gallery. Since the last report, twenty (20) children have left the Heart Gallery so that their permanency plan can be established.

GOOGLE and Technology based recruitment:

DCF continued to recruit on the web via the purchase of a Google ad during 2016. The Department launched a new website in the fall of 2017 which is compatible with all mobile platforms. 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. . The following results from January 1, 2016 to December 31, 2017 are as follows:

- Total of 478,177 page views
- 67,983 unique visitors
- 102,315 sessions

The visitors viewed an average of 4.67 different pages per visit and spent an average of 3 minutes and 4 seconds on the site. As a result, in part, of the "Google" ads, in 2016 a monthly average of 150 families called the CT Association of Foster and Adoptive Parent's Kid Hero line, inquiring about the process to adopt a child.

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 LivePortrait, 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.

Wednesday's Child**:**

Until 2014 the Department recruited adoptive families for waiting children by featuring a child, sibling group, or a successful adoptive family on a "Wednesday's Child" television segment. WTNH, Channel 8 in New Haven CT continues to provide this service, funded by New Haven based, Casey Family Services and the Connecticut Association of Foster and Adoptive Parents. WTNH aired the Wednesday's Child segments during their noon and evening news programs each Wednesday. The program was managed by the DCF Adoption Resource Exchange. 135 children were featured and 51 children were adopted. In addition to children being featured, an additional 46 segments aired including 31 segments of testimony from successful adoptive families. Other segments included highlights from November's National Adoption Day celebrations and other adoption related stories. This initiative is no longer operational. In 2015 the Department began a regular segment on WFSB's Better Connecticut program for youth who are in need of a home. In 2016, the Department became a regular partner with iheart radio and WIHS radio where Heart Gallery children are featured weekly. The Department is actively pursuing several major TV networks in hopes to collaborate on a consistent basis for Heart Gallery children. It is our expectation that the current partners will continue through 2017 with additional media sources.

Wendy's Wonderful Kids:

A private foster care agency (Klingberg Family Center) was awarded the Wendy's Wonderful Kids (WWK) contract sponsored by the Dave Thomas Foundation in 2006. Via a service agreement with DCF they provide services to achieve permanency for children in state foster care programs nationwide. The WWK recruiter has a caseload of 15-20 children and youth in need of 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. The program operates at a consistent capacity of 60 active cases statewide.

Child-Specific Adoption Recruitment:

As a part of a child's individual recruitment plan, emphasis is placed on recruitment from a child's perspective; looking first at the child's natural network of important people in his/her life, whether those people are family, kin, or viewed as important as seen from the child's perspective. Emphasis on

the need to focus on recruitment within the child's family or origin, kin and community remains constant. A child's case record is thoroughly reviewed as a part of this process. Additional efforts are made targeting areas which are most likely to touch a child's life, finding connections from within a child's community or based on a child's request or interest. Outreach includes: photo displays, child specific presentations or articles and newsletters highlighting specific children include: collaboration with four (4) cable access shows, five (5) children's museums, six (6) newsletter/ magazine or newspaper submissions, various town Parks and Recreation Departments, True Colors initiative and community bulletin boards. Recruitment for children of color has been conducted through collaboration with the Delta Sigma Theta Sorority, Meriden Black Expo, the First Cathedral of Bloomfield, the State of Black CT Alliance (SBCTA), Puertorriqueñisima Radio and the Faith, Family and School Conference.

The DCF Permanency Exchange Specialist reviews the child's DCF case record aka "case mining" identifying adults who are and were linked to the child youth in the case history. The PES works various adults who are currently connected to the child i.e.: the child's caregiver, DCF Social Worker, clinicians, teachers, etc. Consultants work directly with the child/youth when at all possible for their input throughout the process. Once a family comes forward, the specialist takes a lead role in working and supporting the family until they are able to join a TIPS-MAPP training.

Child specific recruitment activities include some of the following; photo displays, child specific presentations, articles and newsletters, collaboration with four cable access shows, community bulletin boards, children's museums, magazine and newspaper articles and ads, events sponsored by True Colors. Child specific recruitment for minority children assigned to the PRE has occurred through collaboration with Puertorriquenisima Radio and the Latino Way. In 2014, these staff in addition those from private Therapeutic Foster Care agencies were trained in Extreme Recruitment techniques.

The PRE and Heart Gallery video production company are currently working in partnership with the statewide Youth Advisory Board (YAB) to create promotional videos and public service announcements via the media, in an effort to increase awareness for the need of foster and adoptive families for the older youth in DCF care. The goal of the collaboration is to break down myths and misconceptions about the needs of older youth, as well as to highlight successful outcomes if a youth or adolescent has a family to care for them into adulthood.

Furthermore, the Therapeutic Foster Care private providers were given a rate increase in May 2016 to create a Child-Specific Recruiter position based on their contract capacity. All positions have been filled and monthly recruitment meetings began in March 2017. Central Office is providing support and oversight to this initiative by the development of a standardized referral process, identification of priority cohorts, and collection of data on a quarterly basis. The Department's Statewide Recruiter is actively involved in the collaboration of recruitment and retention events and linkage to the Heart Gallery.

While You Are Waiting Events:

Since 2005, DCF's Adoption Resource Exchange staff, continue to manage ongoing training opportunities for pre-adoptive families called "While You Are Waiting". Topics include: understanding legal risk issues in adoption, open adoption, managing behaviors which result from the effects loss and trauma experienced by children placed via the state's foster care system, adopting adolescents, and other related parenting topics related to adoption. Multiple sessions are planned for each year. These are held across the state on a regular basis in collaboration with DCF area office foster care and adoption units and the Adoption Assistance Program Staff.

DCF Adoption/Permanency Resource Exchange child specific recruitment activities:

In 2017, the Permanency Exchange Specialists from PRE provided child specific recruitment for 33 children and youth in need of adoptive families. The majority of these children were between the ages of 10 and 17. Many had significant medical or developmental disabilities with an increase in servicing children with a diagnosis of autism. The PRE supervisor works in collaboration with the Clinical Nurse Coordinator from the medically complex program to highlight medically compromised children in need of an adoptive family.

Child specific recruitment activities in 2017 include some of the following; photo displays, child specific presentations, articles and newsletters, community bulletin boards, children's museums, and magazine and newspaper articles and ads. The PRE also contracts with a local video production company to create compelling videos of the children waiting for adoptive families. These videos allow families to view the children and hear about their stories in their own words. The PRE also works with the LGBTQ community to conduct child specific recruitment by attending events sponsored by True Colors and submitting

advertisements in 'Gay Parent Magazine.' Child specific recruitment for minority children assigned to the PRE has occurred through collaboration with Puertorriquenisima Radio and the Latino Way.

Technology Based Recruitment Activities in the Adoption Resource Exchange/Permanency Resource Exchange:

Since 2013, the PRE broadened the scope of technology based recruitment to include postings on the agency's Facebook page, Twitter account and the most predominantly used, Heart Gallery web site. Additionally, outreach and partnerships with statewide foster care community collaborative allows the photos and demographic write-ups of waiting children to be showcased on a variety of internet sources. E-mail "blasts" are sent out to the statewide PTA association and various professional company newsletters and quarterly reports. The Department has continued the contract with the nationally recognized AdoptUsKids, where DCF features waiting children on their national website. DCF Permanency Exchange Specialists use this web site, as well as "A Family for Every Child" website located in Oregon to highlight the children for whom we are currently most in need of families. The PRE also contracts with a local video production company to create compelling videos of the children waiting for adoptive families. These videos allow families to view the children and hear about their stories in their own words. This work continued throughout 2016.

Permanency Planning Services Program (PPSP):

The Permanency Planning Services Program (PPSP) provides core contracts with 17 clinical agencies in Connecticut. In addition to providing specialized recruitment services, an array of other permanency services include the following: services to legally free a child or sibling group, pre-placement planning for the child or sibling group, assessment and a written home study for a potential adoptive family, transition and placement planning, post placement supervision, post finalization services, assessment services in 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 by the use of a service agreement with the private child placing agency. In 2014, supports were expanded to cover transfer of guardianship families.

Minority Family Recruitment:

DCF has continued to develop its Minority Family Recruitment initiative. The Department is targeting professional organizations that have large minority memberships (e.g., sororities, fraternities, Urban

League, NAACP, Jack and Jill, Connecticut Hispanic Bar Association, Black Social Workers Association, etc.). The goals for this endeavor continue to be:

- Increase the numbers of licensed African-American and Latino Foster/Adoptive parents in the state of Connecticut.
- Achieve permanency and finalization of adoptions for older African-American and Latino children in the agency's care.
- Increase knowledge of and favorable opinion about DCF foster care and adoption in African-American and Latino communities.
- Obtain research, including engage in surveying and focus groups, on adoption attitudes, practices, trends and beliefs in the African-American and Latino communities.

The Department has begun outreach to organizations that represent the broader socio-economic diversity that exists in communities of color and specifically the African American and Latino populations. The intent of the outreach was to establish 5 community forums around the State. These forums were intended to have community leaders, activists, politicians, and family members come and have a discussion with the Commissioner and other members of the Department about the philosophies, barriers, and strategies to increase placement of children with relatives as well as with people of their own race and ethnicity from their own community. One forum occurred during the year and the Department has charged The Continuum of Care Partnership Foster Care Working Group to address this issue and assist in implementing these forums.

<u>Foster/adoptive provider training:</u>

Up until 2015, prospective foster and adoptive families received 35 hours of pre-licensing training using the PRIDE curriculum. In 2015 DCF contracted with the Children's Alliance to implement a new trauma-informed statewide training curriculum for foster and adoptive parents called: Trauma Informed Partnering For Safety and Permanence - Model Approach to Partnerships in Parenting (TIPS-MAPP). TIPS-MAPP is now utilized by the Department and private Child Placing Agencies (CPAs) which creates more uniform training practices across the State.

Prospective foster and adoptive families receive 30 hours of pre-licensing training using the TIPS MAPP. This curriculum is designed to help prospective foster and adoptive families develop five abilities that

are essential for foster parents to promote children's safety, permanence and well-being. After completion of the program foster and adoptive parents will be able to:

- meet the developmental and well-being needs of children and youth
- meet the safety needs of children and youth
- share parenting with a child's family
- support concurrent planning for permanency
- meet their family's needs in ways that assure a child's safety and well-being

These trainings are held on a regular, ongoing basis, across the State, occurring in a variety of community settings. The trainings are often held in the evening or on the weekend. Department staff and private therapeutic foster care (TFC) providers convene the TIPS-MAPP trainings. Child care is typically provided to aid families' attendance. In 2014, some regions began piloting additional pre-licensing training curriculum to supplement the required training. This included a component on Health and Wellness. That component, Foster Health for Children in Foster Care is now a required module that all prospective foster and adoptive parents attend pre-licensure. This component also includes a section entitled "Medication Safety for Foster Parents".

The Department of Children and Families has continued concerted efforts to enhance strategies and activities to offer post-licensing training to licensed core foster and adoptive families, ensure accessibility (varied days, times and locations, reimbursement for child care and transportation), ensure that training is available to those for whom English is not their primary language, to document completion of training and improve compliance with the expectations.

In January and February 2016, the Department engaged in heightened activities to improve outcomes in those areas noted above. The requirements were reiterated to all DCF FASU staff and disseminated to all licensed foster and adoptive families (by the Regions and CAFAF) in a Frequently Asked Questions format. The Commissioner generated a letter (in English and Spanish) to all licensed foster and adoptive families conveying these expectations and emphasizing the importance of compliance February 3, 2016). Consequences for non-compliance were also communicated: licensing actions (putting homes on hold at time of re-licensing, no additional placements, in extreme cases revocation of license). Regions developed and enhanced systems to communicate ongoing with foster parents

around completing post-licensing training. These included, mass email blasts of upcoming trainings, increased use of support groups to share information about trainings and to deliver trainings, regular newsletters with information on training, discussing training needs during monthly phone calls and quarterly home visits.

In February 2016 an electronic database went live in Sharepoint for all Regions to utilize to document completion of post-licensing training. The database has built in functionality to generate reports to show how many licensed core foster and adoptive families are completing training, including the required elements, and the number who are in compliance. To date, 1,075 Core foster parents have completed one or more mandatory trainings. Additional functionality is being developed to make it possible to generate additional reports.

Connecticut Alliance of Foster and Adoptive Families (CAFAF)

CAFAF had one staff member trained in TIPS-MAPP in Spring of 2017 to partner with DCF in facilitating pre-licensing training. CAFAF is partnering with DCF to recruit emergency foster homes for use by the Careline after hours.

CAFAF partnered with DCF Information Systems to bring CAFAF post-licensing training online using the ProProfs web-based system. There are currently three online training offerings to date. The ProProfs system allows foster parents to complete post-licensing trainings accessed by the foster parent from their home, including pre- and post-testing, and enables CAFAF to track participation and completion rates. The Department partnered with CAFAF to develop a post-licensing training related to foster parent support for older youth which was provided at the CAFAF conference on May 5th. CAFAF continues to provide each Regional FASU Unit with a quarterly summary of inquiries, post-licensing trainings and Liaison activities. All post-licensing trainings, regardless of the source, are currently entered into Sharepoint location where the data can be aggregated and reviewed to inform post-licensing training enhancements.

Additional achievements/progress in foster and adoptive parent recruitment and training in 2016 has included:

- Expanded our partnership with the Dave Thomas Foundation, Wendy's Wonderful Kids (WWK). There are currently five (5) recruiters funded through the WWK foundation and two (2) recruiters funded by DCF. This allows for more focused and child specific recruitment for our most challenging youth. The WWK caseloads stand consistently at capacity of 60 active cases statewide.

- Central Office, DCF Regional staff, partnering state agencies, and private providers participated in a state sponsored "Lean" process focusing on foster care licensing process. This week-long event resulted in concrete suggestions intended to reduce the number of steps required for families to become licensed (i.e., eliminating redundant steps) and reducing the time it takes for families to become licensed. During late 2014 and early 2015 the Department implemented the recommendations generated by the workgroup. These include: 1) improved consistency and standardization of our initial inquiry process through enhanced utilization of our foster and adoptive parent advocacy agency, CT Alliance of Foster and Adoptive Families (CAFAF) so they are now the repository for all initial inquiries up through the families' attendance at an Open House in the Regional Office. 2) Updating foster care policy, creating a practice guide and streamlining the forms used. 3) Eliminating home study review by a Program Manager when no concerns are present. 4) Refining the background check process to significantly reduce the amount of time it takes to obtain the requisite checks. The work continues to implement all of these recommendations and continue to assess and refine other aspects of our work. To date, all of the recommendations made during the Lean process have begun implementation. Updated Policy and a new Practice Guide were issued and became effective on June 1, 2017.

In early 2017, The Department began researching training curricula for kin and fictive kin families. The impetus being that the existing 9 hours of training should become more trauma-informed and include additional elements that would develop competencies in kin and fictive kin providers. In the late Spring of 2017, the Department decided to move forward with the Caring For Our Own (CFOO) curriculum by the Children's Alliance in Kansas. Children's Alliance also created and trains TIPS-MAPP. Much of the rationale for selecting this particular kin/fictive kin training is that it comports with the same messaging that Core families are getting through TIPS-MAPP. In the Spring of 2018, the Department initiated a pilot program with Regions 1 and 3 to begin the delivery of CFOO to families.

The following are some of the accomplishments/activities in foster care this past year:

- Partnered with the Connecticut Association of Foster and Adoptive Families (CAFAF) to implement a centralized training site to track post-licensing training.
- Partnered with CAFAF to put a Statewide pre-licensing training calendar online.
- Central office staff received TIPS-MAPP training and began supporting the Regions in training and licensing adoptive families.
- Developed a 3-day intensive training for foster care staff to support consistent practice and ensure that all staff are trained in all aspects of foster care operations. 8 training sessions were delivered in the Fall of 2017.
- CAFAF partnered with the Department to develop a foster parent post-licensing training survey to assess foster parent need and barriers to engaging in post-licensing training.
- To comport with new legislation effective January 2017, the Department created a survey for youth ages seven (7) and older that is offered to each youth upon discharging from a foster home placement. The data collected from the survey informs the Departments foster parent training, recruiting and retention efforts.
- Developed the Caregiver Resource Guide – a compendium of information for caregivers to support them in their role as foster parents. The guide is distributed to foster parents upon licensure and upon new placement.

Health Care Oversight and Coordination Plan

DCF continues to work on programmatic and infrastructure initiatives aimed at enhancing the health of children in care. This includes progress on the specific projects and partnerships. These include projects with other State Agencies: Department of Public Health (DPH) 'Shared Plan of Care'. 'Claims Health Profile' and 'Health Mouths, Healthy Kids' projects with the Department of Social Services (DSS). Community partnerships include projects with Yale and CT Children's Medical Center Child Abuse Pediatricians to enhance DCF staff education regarding child abuse prevention and intervention and with the CT Alliance of Foster and Adoptive Families (CAFAF) to expand and enhance caregivers understanding of the health needs of children in foster care. We also continue to work to enhance other existing programs including partnering with our Multidisciplinary Evaluation Clinics to improve their evaluations in an effort to further enhance outcomes for children.

The Division of Health and Wellness has successfully developed an organizational structure that includes Central Office nurses and other support staff and a regional nursing and health advocate structure. Through this structure we have ensured ready availability of medical and health insurance support to the Area Offices (AO) and Central Office. The Health and Wellness Division staff, through various forums, have worked to educate and promote awareness of resources available to DCF caregivers and staff.

Health & Wellness Policy and Practice Guide: Translating Policy into Practice:

The Health and Wellness Division began a review and revision of the Department's Health and Wellness policy and practice guide entitled "Standards and Practice Regarding the Health Care of Children in DCF's Care". 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. 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. Upon completion of the policy and practice guide revisions the documents will be vetted with various stakeholders followed by education of DCF caregivers and staff.

DCF has proposed draft regulations impacting the residential child care facility that the Department provides regulatory oversight and licenses. Part of those regulations identifies that nursing services in those residential programs shall be in compliance with guidelines established by the Department for the delivery of nursing care. Additional, 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 has begun a process of developing a practice guide for the residential child care facilities, "Guidelines for Nursing Care in Residential Child Care Facilities", that merges the content areas of nursing care and the medication administration program for non-licensed staff.

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 child care facilities. These nurses also provide consultation to the residential programs related to medical issues and medication errors. A Nursing Forum on health topics impacting children in care will be held with the nurses in the Health and Wellness Division and the nurses in the residential child care facilities (June 2018).

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 has been transitioning their information system. The health advocates have trained numerous DCF Area Office staff on the transition and have developed s system for problem resolution. The health advocate 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.

DCF's Enhanced Multidisciplinary Evaluations (MDEs)

DCF's Multidisciplinary Evaluations continue to ensure that children entering care receive a comprehensive screen of their physical, behavioral and dental health as well as trauma within 30 days of placement. DCF continues to work to enhance the all aspects of the MDE including the 'Multidisciplinary Evaluation Report'. The report template has been revised with updates involving ease of use, the adding of newer screening tools and changes to improve the quality of the information obtained during the MDE appointment. This template is due to be piloted in one region in the next 2 months with a targeted implementation statewide in September 2018.

MDE clinics continue to meet the needs of the Department and to provide examinations within 30 days of a child's entering care. Over the past 3 years children entering care had an MDE completed within 30 days of entering care at a completion rate of 93-90%. Please see the chart below on MDE's performed. The data shows an increase in MDE's performed (by DCF regions/area offices) over the past

3 years. Though the number of MDE's performed has increased the rate of completion has not been negatively impacted.

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), will be added to the MDE in July 2018.

The MDE committee continues to work on the development of QI/QA tools and systems to support and enhance the MDE system and outcomes. They include: a recently implemented MDE customer survey of Area Office staff which assesses quality of the MDE report. An MDE consumer survey administered by the MDE clinics collects information about the experience at the actual MDE appointment. The last QI/QA process is the development of an MDE peer review audit process to review the MDE Summary and Recommendations' quality, which is presently being piloted.

In a recent JAMA study of more than 6,000 first-graders, researchers estimate that between 1.1% and 9.8% of American children have developmental or neurological problems caused by fetal alcohol spectrum disorders (FASDs)—a significantly higher number than previous studies have reported. Over the past year there was a partnering with a FASD expert at Yale through DCF/Department of Public Health project (Shared Plan of Care). A tool was developed to identify 'levels of suspicion'. These levels of suspicion will inform the triage tool, which will provide age-appropriate guidance on domains and areas of functioning to monitor and of potential concern for the child or youth. These 'levels of suspicion' will also identify which children may need additional evaluation. A piloting of the FASD tool is part of future steps.

The MDE Clinics and DCF have been developing trainings for implementation within the next year: Training for: Medical Providers in contracted MDE Clinics on the MDE tool, Clinic Behavioral Health providers in the MDE Clinics on the new behavioral health scales and an Orientation for New Clinic Coordinators on their role and responsibilities.

Total MDEs Performed

Reg.	Area Office	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY Jul. 2017-Apr. 2018
1	Bridgeport	77	119	85	103
	Norwalk	59	98	66	27
	Total MDEs Reg. 1	**136**	**217**	**151**	**130**
2	Milford	51	117	114	84
	New Haven	88	109	77	100
	Total MDEs Reg. 2	**139**	**226**	**191**	**184**
3	Middletown	35	33	40	43
	Norwich	136	191	205	155
	Willimantic	112	142	137	85
	Total MDEs Reg. 3	**283**	**366**	**382**	**283**
4	Hartford	169	196	180	161
	Manchester	92	124	180	93
	Total MDEs Reg. 4	**261**	**320**	**360**	**254**
5	Danbury	69	81	67	46
	Torrington	33	61	45	48
	Waterbury	178	208	247	152
	Total MDEs Reg. 5	**280**	**350**	**359**	**246**
6	Meriden	66	50	85	41
	New Britain	123	135	143	122
	Total MDEs Reg. 6	**189**	**185**	**228**	**163**
		1288	**1664**	**1671**	**1260**

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-take training. The content reviews: attending to health, review of the "Standards and Practice Regarding the Health Care of Children in DCF's Care" practice guide, children with complex medical needs, identification of developmental delays (Birth to 3 and Info Line), and the Child Abuse Pediatrician's consultation. The Health and Wellness Division has also partners with CT's Child Abuse Pediatricians (CAPs) on an education initiatives focused on child abuse prevention and early identification. This involves: ongoing training to DCF nurses and RRG Nursing/CAP partnerships in education to Area Offices/Regions on prevention and early recognition of child abuse.

Health and Wellness Division's Quarterly Nursing Seminar's topics for nursing have been: Diabetes in children, Failure to Thrive, Medical Neglect, Immigration issues, Medical Child Abuse, Bed Bugs, Issues in Adolescent Health, Interpretative Medicate and Child Life Specialists. 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 topics on: 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 typical classroom setting 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 in-person 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; All 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 is 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 beginning by age one and no later than age three 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. The information provided is whether children have had an exam or cleaning in the last 6 months. Progress on the oral health initiative is presented to agency leadership. The health advocates have also offer trainings on this oral health initiative to foster parents and directors at congregate care settings.

Shared Plan of Care This project is a partnership with the Department of Public Health and DCF. The project involves two DCF area Offices and DPH's Physician Centered Medical Homes in the same regional area as the DCF offices. Activities have involved DCF sharing its process for the exchange of health information collaboration, attendance at DPH's Medical Home Advisory Council and Regional Care Collaboratives and meetings with the Physician Centered Medical Homes to develop and improve systems for the exchange of health information. Funds were also used to develop the previously mentioned FASD Tool.

Claims Health Profile DCF partners with Department of Social Services to create a claims health profile for children entering care. 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 share with the child's caregiver. This process is presently being piloted in 2 regions.

Collaboration with DPH on blood lead levels: A CDC notice was sent to healthcare providers recommending re-testing of patients who are: younger than 6 years (72 months) of age at the time of the alert (May 17, 2017) and had a venous blood lead test result of less than 10 micrograms per deciliter analyzed using a Magellan Diagnostics Lead Care analyzer at an onsite (e.g. health care facility) or at an offsite laboratory. Working with DPH, DCF was able to identify those children and their medical providers and have the children who met the re-testing criteria retested.

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.

Council on Medical Assistance Program Oversight Committee The Council reports to the General Assembly and is a collaborative body established to advise the Department of Social Services on the development and implementation of Connecticut's Medicaid HUSKY Health Program.

State Level Care Coordination Collaborative DCF continues as a member of the State Level Care Coordination Collaborative, an initiative aimed at increasing the number of children and youth with special health care needs who receive a patient / family centered medical home approach to comprehensive, coordinated service and approaches. DCF continues to work with this group to enhance outcomes for children in care.

Medical Home Care Coordination Collaboratives (HCCC) DCF continues to participate in the Regional Collaboratives and ensure ongoing representation by DCF staff including health advocates, nurses and social workers.

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.

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:

1. The number of unique youth treated with psychotropic medication continues to trend down from a high of 1135 in 2011 to 849 in 2015. The past 3 year trend has been 763 in 2016, 819 in 2017 and 434 in 2018 (1/1-5/24) which represents a slight upward trending.
2. The total number of unique youth on four or more concurrent psychotropic medications was 84 in 2016 (11% of the youth treated with psychotropic medication in DCF care) in 2017 it was 86 (11% of the youth treated with psychotropic medications in DCF care) in 2018 there were 35 for a 5 month period (8% of the youth treated with psychotropic medications in DCF care).
3. Intra-Class polypharmacy (i.e. use of two anti-psychotic medications) for the past 4 years is in the chart titled: "Intra-Class Polypharmacy". The trends seems static from 2015 to 2017. The initial trend for 2018 seems to show a slight increase relative to the first 5 months of the year. Children age five or under from 2015 to 2017 have shown a downward trending. However the first 5 months of 2018 show a sharp increase in this group.
4. DCF reviews the CMCU data for racial disparities in prescribing practices.

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.

Intra-Class Polypharmacy

(Youth on 2 or More of the Same Class of Drug)

	2015	2016	2017	2018*
ADHD drugs	119	125	121	82
Anti-anxiety	0	0	0	1
Antidepressants	38	37	41	12
Antipsychotics	0	0	2	0
Hypnotics	0	0	0	0
Mood Stabilizers	4	3	4	1
total	161	165	168	96

*1/1/18-5/24/18

2 or More of the Same Class of Drug

Children 5 years old and younger on 2

	2015	2016	2017	2018*
Children 5 and Under	35	27	17	13
Children 5 and Under Receiving 2 or More Psychotropics	1	5	2	4
Drug type	ADHD	ADHD	ADHD	ADHD

*1/1/18-5/24/18

Disaster Plan

The DCF disaster plan protocol underwent significant review and updates, utilizing the National Incident Management System (NIMS) and was developed within the Continuity of Operations Plan (COOP) framework utilized by Connecticut's Department of Emergency Management and Homeland Security (DEMHS). A new Incident Management Team (IMT) was created, and underwent an orientation to the roles and responsibilities of the team and of each team member. Additionally, the department created an Implementation Team that has been guiding plan implementation and readiness. The team meets on a monthly basis, and has updated a number of important protocols, and

created a more effective Work Recovery Area (WRA) for the IMT and the DCF 24/7 child abuse reporting operation – the DCF Careline.

While there were no true disasters in the State of Connecticut during the past year, the state's unified command system was initiated a number of times due to severe winter weather, and to coordinate Connecticut's response to individuals and families displaced from Puerto Rico and the US Virgin Islands due to Hurricane Maria. Due to the high number of individuals in Connecticut with ties to Puerto Rico, thousands of individuals and families relocated to Connecticut after the devastating storm; some of those individuals and families remain in Connecticut, and the work to assist those individuals and families has continued throughout the winter and spring of 2018. DCF has participated in that effort on an ongoing basis.

Training Plan

No significant changes to the Plan have been identified. See Section 5. See Appendix.

Section G. Statistical and Supporting Information

CAPTA Annual State Data Report Items

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 Trainee
    - Minimum requirements for this classification, which is the routine entry level job, is possession of a Bachelor'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. Applicants who do not have a BSW or MSW but have a related degree and prior CPS or Child Welfare experience are also prioritized for interview.

- Social Worker
    - Applicants for the Social Worker classification must either have completed the Social Worker Trainee requirements, which includes serving two (2) years at the level of a trainee, or successfully completed the competitive examination for Social Worker. Requirements to sit for the Social Worker examination are: Master's Degree in Social Work or a closely related field (as identified in the Social Worker Trainee requirements above) OR a Bachelor's Degree in Social Work or a closely related field (as identified in the Social Worker Trainee requirements above) plus two (2) years' experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning. Applicants must have successfully passed the exam and appear on a certified exam list for consideration by the Department for hire. Applicants at this level are also prioritized by possession of a BSW or MSW or other qualifying degree with prior CPS or Child Welfare experience.

- 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 as defined in the Social Worker Trainee requirements above plus two (2) years' 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 as defined in the Social Worker Trainee requirements above) plus three (3) years' experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning. Applicants for this opportunity, which is generally filled through internal promotion, must be on the certified exam list for permanent appointment to this class.

Data on the education, qualifications, and training of such personnel

The educational requirements for staff are minimally a four-year degree in Social Work or a related field as indicated above. Internal prioritization has resulted in the majority of new hires to these classes since 2012 possessing either a BSW or MSW. In the past year, the State of Connecticut has experienced reductions in force that have resulted in laid off staff from all agencies within the state having priority rights for reemployment in any classification for which they qualify. This has created a situation where

a significant number of new hires by the Department have "related" degrees, therefore qualifying for the Social Worker Trainee position and have priority over any new hires with degrees in Social Work or experience in CPS or Child Welfare. Qualifications are in accordance with those required to sit for the competitive exams for each classification as cited above. Training of personnel, aside from their post-secondary degree occurs internally and is tracked by the Academy for Workforce Development. To address the needs of new hires from the reemployment of laid off State employees, the Academy for Workforce Development, along with local managers, reviewed the skills and experience of those staff who needed individualized training, guidance and mentoring above and beyond what was offered in the pre-service curriculum in order to succeed.

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 in an effort 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.

New employees continue to take a pre- and post-examination at the beginning and end of their pre-service training series. Academy staff have recently enhanced the post-examination to ensure it accurately reflects current competencies and practices from classroom content. Students are given components of an actual case to review. Upon review, they are asked to develop the following tools and documents: a genogram, a Structured Decision Making Family Strengths and Needs Assessment, and a modified case plan document. The oral component of the exam focuses on the group supervision process. This oral presentation allows them to gain more comfort presenting cases in a concise and factual manner.

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.

DCF Regional Direct Case Workforce as of 5/31/18

	Total	Total Male	Total Female	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Other Male	Other Female
C & F Administrator	7	2	5	2	3	0	2	0	0	0	0
C&F Area Director	5	2	3	1	2	1	1	0	0	0	0
C&F Program Director	34	10	24	6	16	0	4	4	4	0	0
C&F Program Manager	104	29	75	18	39	4	20	5	15	2	1
Social Work Supervisor	350	87	263	50	141	24	75	11	41	2	6
Social Worker	1137	264	873	130	382	88	290	40	183	6	18
Social Worker Trainee	306	53	253	25	92	21	87	2	55	5	19
Social Work Case Aid	17	5	12	2	2	3	5	0	5	0	0
Grand Total	**1960**	**452**	**1508**	**234**	**677**	**141**	**484**	**62**	**303**	**15**	**44**

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

According to the Department of Children and Families' SACWIS system, during calendar year 2017 there

were 16 youth who while under the care of the department were committed as delinquent into the custody of the department. This is defined as a youth transferring from one of the following statuses: 96 Hour Hold, Order of Temporary Custody, and Commitment Abuse/Neglect/Uncared For, Commitment Mental Health, Commitment/FWSN or Statutory Parent to either Commitment Delinquent or Commitment Dual status subsequent to a delinquency adjudication.

Sources of Data on Child Maltreatment Deaths:

DCF & CT Medical Examiner Partnership

The Director of the DCF Office of the Ombudsman and the Director of the DCF SQR/Safety Science Unit attend the state's Child Fatality Review Panel. On a monthly basis, these DCF representatives attends 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. That meeting is held at the Office of the Chief Medical Examiner. A Medical Examiner is a standing member of this Fatality Review Panel. As noted in our QA section, the Department has established as rigorous Special Qualitative Review (SQR) process in which child fatalities or near fatalities involving an open or recently closed DCF case are reviewed. The SQR report documents case practice, policies and procedures, systems issues and key points to build upon after reviewing the case and discussing it with applicable Department staff and relevant community providers who were involved with the family.

On a consistent basis, the Director of the Office of the Ombudsman has 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, and who will subsequently produce a report on that child's death, has any required Departmental records so a full assessment can be made of the circumstances leading up to the child's death.

3. Education and Training Vouchers: **See Section E**

4. Inter-Country Adoptions

At this time, the Department is not able to identify the number of Children who were Adopted from other Countries and have entered State custody.

5. Monthly Caseworker Visit Data

The Department will submit our monthly caseworker visitation data by 12/17/18 as required.

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 2018.

- Therefore, no non-Federal funds expended for foster care maintenance were applied as a match for the Title IV-B, Subpart I program in FY 2005.

Payment Limitations - Title IV-B, Subpart 2:

State of Connecticut - Department of Children and Families

Maintenance of Effort

Child and Family Services Plan for June 30, 2018 submission

	FY 2015	FY 1992
Program Type	**State Expenditures**	**State Baseline**
Family Preservation	73,695446	12,983,241
Family Support	84,980,129	5,278,088
Totals	**158,675,575**	**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

Category: Protective Services	Population Description	Geographical Area Served
Multidisciplinary Teams (MDT)	Alleged victims of sexual abuse and/or serious physical abuse and their families	Statewide
FAVOR (CRP)	CRP Members	Statewide
CT Association for Infant Mental Health	DCF staff and Community Providers working with young children and their families who participate in the training	Statewide
Triple P America	Contracted Triple P Providers who participate in the training	Statewide
ABH-MST IPV	CPS workforce involved with Individuals affected by Intimate Partner Violence	Statewide
Office Assistant Positions	Support for Area Office Staff	Norwalk & Meriden
JRA Consulting/Joyce James- Racism	Agency Staff and Community Partners addressing disparity and disproportionality.	Statewide
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected	Statewide
Central Office Positions	Provides Contract Support to Central Office	Statewide
KJMB Solutions	DCF Staff & contracted community-based services providers	Statewide
CT-AIMH Membership	Agency Staff	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers who participate in training	Statewide
NCCD (SDM)	DCF Staff & Families	Statewide

Category: Family Preservation –Services	Population Description	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers who participate in training	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
FAVOR (CRP)	CRP Members	Statewide
The Connection	DCF involved families in need of supportive housing.	Statewide
KJMB Solutions	DCF Staff & contracted community-based services providers	Statewide
CT-AIMH Membership	Agency Staff	Statewide
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
CT Association Infant MH	Agency staff & Community Partners who participate in training	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers who participate in training	Statewide
ABH – MST IPV Admin Costs	CPS workforce involved with Individuals affected by Intimate Partner Violence	Statewide
One on One Mentoring	Youth, ages 14 -21, who are committed to the Department and residing in foster care.	Statewide
Community Based Life Skills	DCF committed youth placed in community settings.	Statewide
NCCD (SDM)	DCF Staff & Families	Statewide
Covenant to Care-Adopt a SW	DCF Staff & DCF involved families	Statewide
TI-TCC program	TI-TCC providers and DCF TI-TCC gatekeepers	New Britain & Bridgeport
JRA Accounting/Joyce James-Racism	Agency Staff and Community Partners addressing disparity and disproportionality.	Statewide
UCONN School of SW (DRS)	DCF Intake and CSF Provider Staff	Statewide

FAVOR	Agency staff and families	statewide

Category: Family Support –Services	Population Description	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers who participate in training	Statewide
FAVOR (CRP)	CRP members	Statewide
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
ABH – MST IPV Admin Costs	Child protective workforce involved with Individuals affected by Intimate Partner Violence.	Statewide
KJMB Solutions	DCF Staff & contracted community-based services providers	Statewide
CT-AIMH Membership	Agency Staff	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers who participate in training	Statewide
One on One Mentoring	Youth, ages 14 -21, who are committed to the Department and residing in foster care.	Statewide
Community Based Life Skills	DCF committed youth placed in community settings.	Statewide
Work to Learn	Committed youths ages 16 to 21.	Statewide
Youth Advisory Board Stipends	Youths involved with the Department that are working in one of our Youth Advisory Boards.	Statewide
Reunification & TFT Services	Families with children in Out of home Care	Statewide
Covenant to Care-Adopt a SW program	DCF Staff & DCF involved families	Statewide
NCCD (SDM)	DCF Staff & Families	Statewide
FAVOR	DCF staff & Families	

JRA/Joyce James-Racism	Agency Staff and Community Partners addressing disparity and disproportionality.	Statewide
TI-TCC	TI-TCC Providers & TI-TCC gatekeepers	New Britain & Bridgeport
UCONN School of SW	Intake Staff and CSF Providers	statewide

Category: Time-Limited Family Reunification Services	**Population Description**	**Geographical Area(s)Served**
FAVOR (CRP)	**CRP Members**	**Statewide**
The Connection	**DCF involved families in need of supportive housing.**	**Statewide**
KJMB Solutions	**DCF Staff & contracted community-based services providers**	**Statewide**
CT-AIMH Membership	**Agency Staff**	**Statewide**
CT Parents with Cognitive Limitations	**Agency and Community Providers who participate in training**	**Statewide**
One on One Mentoring	**Youth, ages 14 -21, who are committed to the Department and residing in foster care.**	**Statewide**
Community Based Life Skills	**DCF committed youth placed in community settings.**	**Statewide**
Reunification & TFT Services	**Families with children in OOH Care**	**Statewide**
Covenant to Care-Adopt a SW program	**DCF Staff & DCF Involved Families**	**Statewide**
CT Association for Infant Mental Health	**DCF staff and Community Providers working with young children and their families who participate in training**	**Statewide**
ABH MST-IPV	**CPS workforce involved with Individuals affected by Intimate Partner Violence**	**Statewide**
NCCD (SDM)	**DCF Staff & families**	**Statewide**

Category: Adoption-Promotion and Support Services	Description of Population	Geographical Area(s)Served
UCONN -Adoption enhancements	Families who have adopted children from DCF's custody or the state's subsidized guardianship program.	Statewide
CT-AIMH Membership	Agency Staff	Statewide
KJMB Solutions	DCF Staff & contracted community-based services providers	Statewide
Community Collaboratives	Families and Individuals wanting to be a foster and or adoptive resource.	Statewide
Easter Seals Support Group	Families that have adopted children with special needs	Statewide
FAVOR	**DCF Staff & Families**	**Statewide**
JRA/Joyce James-Racism	**Agency Staff and Community Partners addressing disparity and disproportionality.**	**Statewide**

Other Services Related Services	Description of Population	Geographical Area(s)Served
Solnit North Positions	Children who require specialized care and their families	Statewide
Foster Care Maintenance		
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
Adoption-Subsidy Payments	Families who have adopted children from DCF's custody.	Statewide

Guardianship Assistance Payments	Families who have been granted legal guardianship of children from DCF's custody.	Statewide
Independent Living Services		
Independent Living Services	Youth making a transition from foster care to self-sufficiency	Statewide
Education & Training Vouchers	Youth through the age of 21 pursuing secondary education and or vocational training.	Statewide
Child Care Related to Employment Training	Adolescent parents and expecting adolescent parents.	Statewide

CFS 101: Part III Subpart I– 10.1.16-9.30.17

Description	Description of Population Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers who participate in training	Statewide
Office Assistant Positions	Area Office Staff	Norwalk/Meriden
JRA Consulting – Racism	Agency Staff and Community Partners	Statewide
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Central Office - Contract Management	Provides Contract Support to Area Offices	Statewide
Solnit North Positions	Provides support to children requiring psychiatric hospitalization	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide

KJMB Solutions	DCF Staff & contracted community-based services providers	Statewide
CT-AIMH Membership	Agency staff	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers	Statewide
TI-TCC Provider Training	TI-TCC Provider staff & Gatekeepers	Statewide
NCCD - SDM	DCF Staff & Families	Statewide

CFS 101: Part III Subpart II– 10.1.16-9.30.17

Description	Description of Population	Geographic Area
Reunification & TFT Services	Families with children in Out of home 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
Covenant to Care- Adopt a SW program	DCF Staff & Families	Statewide
UCONN SSW PIC	DCF Intake & CSF Provider Staff	Statewide
CT Association for Infant Mental Health	Agency staff and Community Partners who participate in training	Statewide
National Council on Crime & Delinquency	DCF Staff	Statewide

Attachments:

Appendix 1: Training Plan

Note: Chafee Certification – will be submitted at a later date once Governor signs.

DCF Classes
Given July 1, 2017 – May 31, 2018

In Service Classes: Audience- All Staff

Appendix 1 DCF Staff = DCF Employees / Subject Matter Experts
Academy Staff = DCF Employees in the DCF Academy division
Consultants = University and/or Paid Consultants

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Assessing Children with Developmental Disabilities Training Children with developmental disabilities are highly complex. They often have concurrent serious medical and psychiatric issues. And the systems that serve them are complicated too: educational,	Yes	Held in house	Consultants	6	All Staff

medical, technological and mental health services are needed. The entitlement systems, both state and federal, are difficult to navigate. Legal and ethical issues often crop up. It takes a village of DCF and community experts to serve children with developmental disabilities well. This training is designed to give you an overview of the assessment and case management skills you will need to be most successful in working with children who have developmental disabilities.					
Assessing and Teaching Life Skills – Facilities The LIST training prepares providers who are working with DCF youth in a congregate care, community based, or activity themed environment to complete a life skills assessment, identify and prioritize learning needs and consider strategies for implementing life skills learning. Focus is placed on the importance of assessing demonstrable skills, determining learning styles, and identifying individual needs relative to skill development. Participants in the group will receive an over view of the department's expectation for teaching life skills, practicing using the L.I.S.T and complete the data reports. Participants will • Delineate the different components of the LIST tool • Describe how to perform a LIST assessment • Strategize techniques for assessing and teaching life skills in formal and informal settings • Define methods to measure and track progress towards life skill achievement • Identify process to access and utilize a compendium of curricula and outcome measures for skill building Detail expectations regarding documentation and updates of LIST assessment and life skills learning	Yes	Held in house Held in House	Academy Staff Staff	6 6	Facility Staff Provider Staff
Beginner Excel 2013 This hands-on one-day course will give you the skills needed to do so! Participants will learn about the distinct parts of a spreadsheet; tips to navigate and search through an existing workbook; as well as the tools needed to create a simple workbook with data, formulas and basic functions. Time will be allotted during the class for participants to work on their own Excel documents with the support of the instructor.	Yes	Held in house	Consultants	6	All Staff
Behavioral Ethics Training Behavioral ethics is a new area of scholarship and research emerging from the fields of cognitive psychology and business management. This presentation explores the question of how "good" people can engage in "bad" actions without being aware of the unethical nature of their behavior. Implications for social work practice are explored. Participants will understand how basic psychological processes contribute to ethical blind	Yes	Held in house	Consultants	3	All Staff

spots in practice, identify strategies to build ethical capital in social work organizations and demonstrate the ability to identify and analyze ethical risks in practice.					
Car Seat Refresher This half-day course provides social workers with a refresher of the regulations regarding car seats, and hands on training for the proper installation of car seats.	Yes	Held in house	Consultants	3	Social Work Staff
Capturing and Highlighting Your Work Participants will • Learn tips to assist them in case plan writing • Value the importance of effective time management for the provision of quality child welfare services • Develop effective ways to balance and manage your time • Describe various prioritizing techniques • Identify habits of procrastination and how to avoid them • Categorize environmental and self-imposed time wasters • Recognize organizational styles • Review time management tools that can be employed in the workplace • Utilize Outlook as an organizational tool	Yes	Held in house	Academy Staff	2	All Staff
Case Planning: Boosting Your Understanding Of The Practice The goal of this two-day refresher course is to familiarize participants with case planning policy, the Case Plan document, components of case practice directly related to the planning process, and the role and process of the Administrative Case Review (ACR) and ACR Supervisor. This course includes an overview of expectations regarding the development of both a Family and CIP Case Plan and the ACRI. The impact of Fostering Connections and the Child and Family Service Review (CFSR) on the Case Plan will also be discussed. Through this course, participants will be able to identify and describe the elements of the Family Case Plan/Child in Placement Plan and participate in a case plan writing exercise. Focus will be placed on the important impact of engaging and including the voices of the family, kin and family supports in case planning and supporting clients in achieving success. Throughout the course, representatives from the Administrative Case Review Unit will highlight the federal mandates addressed in the ACR process, identify the requirements for notification of participants, and familiarize staff with the ACR LINK process.	Yes	Held in house	Academy Staff	12	Social Work Staff
Collect National Criminal Inquiry Check (NCIC) - Full Access This class will allow users full access to in-state COLLECT files as well as providing access to other state systems and files such as Department of Motor Vehicles (DMV), Sex Offender Registry (SOR), Protective Order Registry (POR),	Yes	Off Site	Consultants	4	Designated Staff who perform background checks

Department of Corrections (DOC), State Police Criminal History (CCH), Weapons, Offender Based Tracking System (OBTS), Paperless Re-Arrest Warrant Network (PRAWN), and more. The COLLECT system provides access to two national systems: National Crime Information Center (NCIC) and International Justice and Public Safety Information Sharing Network (NLETS).					
Collect National Criminal Inquiry Check (NCIC) and SPRC Recertification Training This class will recertify users to in-state COLLECT files as well as providing access to other state systems and files such as Department of Motor Vehicles (DMV), Sex Offender Registry (SOR), Protective Order Registry (POR), Department of Corrections (DOC), State Police Criminal History (CCH), Weapons, Offender Based Tracking System (OBTS), Paperless Re-Arrest Warrant Network (PRAWN), and more. The COLLECT system provides access to two national systems: National Crime Information Center (NCIC) and International Justice and Public Safety Information Sharing Network (NLETS).	Yes	Off Site	Consultants	4	Designated Staff who perform background checks
CPR/AED Certification The purpose of this class is to provide any non-medical individual with the necessary skills to recognize an emergency, perform chest compressions, apply the automated external defibrillation machine, ensure an open airway, provide assistance to a choking individual and the proper utilization of personal protective equipment.	Yes	Held in house	Academy Staff	6	All Staff
CPR/AED Re-Certification Refresh and fine tune your existing skills in providing quality chest compressions and rescue breaths for an unresponsive person, proper use of the AED and provide care for a choking adult, child or infant.	Yes	Held in house	Academy Staff	3	All Staff
Cultural Humility and Implicit Bias in Our Practice Through didactic presentation, interactive activities, and applied scenarios participants will become familiar with definitions of cultural competence and a number of related concepts such as Intersectionality, Implicit Bias and Cultural Humility. Participants will become familiar with four key skills for culturally responsive practice; engage these concepts experientially; and be able to identify dimensions of their intersectional identities. Participants will also be able to deepen their understanding of unconscious or implicit bias in child welfare and how it influences decision-making.	Yes	Held in house	Consultants	6	All Staff
Differential Response System (DRS) Training This nine day training series is for newly assigned DRS Unit staff, as well as those staff interested in pursuing positions in a DRS unit / workgroup. Best	Yes	Held in house	Academy Staff	51	Investigation Social Work Staff

practice principles are discussed for both Intake and Family Assessment Response, along with strategies for assessing safety, safety planning, critical thinking, involving families in the assessment of their own needs, and numerous other areas.					
Early Childhood Development Training This five day training is designed for DCF staff currently working with Infants, Toddlers, and Preschoolers in order to enhance and further their knowledge in this area. As a result of this training, participants will increase their competence and skill level around Early Childhood Development in order to better serve children between the ages of 0-5, as well as work effectively with the parents/caregivers caring for children in this age range.	Yes	Held in house	Academy Staff and DCF Staff	30	Social Work Staff
Foster & Adoptive Services (FASU) Training Series The Foster and Adoptive Services Unit (FASU) Training Series is designed to provide FASU staff with a foundational understanding of foster care, and to provide a local and global perspective on its history and evolution. Throughout the course, emphasis will be placed on the important role FASU staff play in achieving placement stability for children in care. Strategies such as the increased use of kin and relative homes; teaming; and creative recruitment will be explored. The course will include discussion on the significant needs of children in care, ranging in age from early childhood to adolescence; and how the prior traumatic experiences of children in care shape their emotional, behavioral, and social challenges while in placement. Support for foster parents, internal to DCF and external to the agency, will be reviewed in some detail; and the importance of achieving permanency for all children in DCF care will be underscored.	Yes	Held in House	Academy Staff and DCF Staff	18	FASU Staff
From Cultural Competence To Cultural Humility: Identifying Key Skills In Addressing Racial Bias In Child Welfare Practice This workshop reviews definitions of cultural competence and provides a review of related concepts that address critiques of cultural competence. The concepts include Intersectionality, Implicit Bias and Cultural Humility. Considerations for child welfare practice are addressed. Participants will become familiar with practice principals and skills for culturally responsive child welfare practice.	Yes	Held in house	Consultants	3	All Staff
In Her Shoes In Her Shoes is an activity-based training that will help participants understand the ups and down families experiencing domestic violence go through. The scenarios in In Her Shoes are based on true stories that reflect the complex and dynamic nature of domestic violence. In Her Shoes	Yes	Held in House	Academy Staff and Consultants	3	All Staff

and its immigrant version, En Sus Zapatos, take a deep look into the barriers people facing domestic violence experience when they are poor and when they are immigrants.					
Gambling Awareness 101 The normative and pervasive nature of gambling behaviors in the United States can desensitize us to the problems that can occur when a person's view of gambling shifts from entertainment to fixation. Recently reassigned in the DSM 5 from an impulse control disorder to a behavioral addiction, disordered and problem gambling affects 2-5% of adults and twice as many young people. Confounding the issues of problem identification, referral, and treatment is a lack of awareness on the part of service providers, clients, family members and the general public that, for some people, gambling can become an addiction even more devastating than alcohol or other drugs. As state governments turn more to legalized gambling as a source of revenue, studies indicate that vulnerable populations: the poor, disenfranchised, and people in recovery from mental health and substance use disorders, are disproportionally impacted in harmful ways. This training will address the social and environmental factors which influence gambling; gender and race considerations; and how our biology creates conditions conducive to the pursuit of risk and reward. Training will include lecture, large and small group discussion, activities and media.	Yes	Held in house	Consultants	6	All Staff
Human Trafficking Day 1 - Understanding Commercial Sexual Exploitation Of Children And Domestic Minor Sex Trafficking This course provides a framework for understanding the complex issue of Commercial Sexual Exploitation of Children/ Domestic Minor Sex Trafficking (CSEC/ DMST). Youth involved in Child Welfare are at a higher risk for being targeted for exploitation than the general population. This course provides essential information to assist with recognizing the risk factors and red flags for youth and children and a framework for responding in a well-prepared and collaborative way. The significant impact CSEC/ DMST can have on children/youth will be discussed as well as interventions and resources available. Tactics of exploiters will also be reviewed to assist with understanding of dynamics of the exploitation. This course explores the prevalence of these cases in Connecticut and nationally. Information provided will include State and Federal laws as well as protocols and supports within the Department.	Yes	Held in house	Academy Staff	6	All Staff
Intermediate Excel 2013 This hands-on one-day course is a unique opportunity for participants to be provided with a detailed overview of a wide range of Microsoft Excel functions, while allowing them to complete their own projects, data reports, or other with the	Yes	Held in House	Consultants	3	All Staff

support of the instructor. Participants will learn everyday shortcuts in navigation and data entry, and enhance their ability to analyze data.					
Human Trafficking Day 2 - Working With Youth At Risk Of Human Trafficking (Commercial Sexual Exploitation Of Children (CSEC), Domestic Minor Sex Trafficking (DMST) and Labor Trafficking): Helping Staff Understand And Engage With Child Victims. This course is designed to further participants' knowledge of Commercial Sexual Exploitation of Children / Domestic Minor Sex Trafficking (CSEC/DMST). This course will look at youth's risk factors, conditions that increase risk, and how to determine the level of risk as it pertains to CSEC/DMST. Utilizing the stages of change model when determining interventions and next steps for youth and providers will be explored. The roles of the Department, providers, law enforcement, as well as other systems will be examined. This course will conclude with strategies and interventions that have been implemented in efforts to service the CSEC/DMST population	Yes	Held in House	Academy Staff	6	All Staff
Identifying and Working With Parents With Cognitive Limitations This one day course is designed to provide participants with an overview of challenges and strategies to effectively work with parents with cognitive limitations. The training team is made up of professionals with direct working experience with these parents, within child welfare as well as in community programs and clinical settings. Through this training, participants will increase their ability to identify an individual who may have cognitive limitations. The training will encourage participants to reassess case practice and develop new interventions to enhance service delivery to these individuals and ultimately improve outcomes for families and children	Yes	Held in House	Consultants	6	All Staff
Intake Booster This training is provided as a booster training for current Intake Staff. The training will increase the knowledge base for Intake staff with respect to cornerstone elements of our Investigation/FAR practice. The definitions of Safety, Risk, Engagement, Assessment, Commencement, and Completion will be explored. Purposeful visitation, meeting with children alone, documentation elements, and barriers for engagement with children and Families will be at the forefront of the discussion. The training will increase the knowledge base of staff regarding the importance of using critical thinking skills during the Investigation/FAR process. Having an open mind and avoiding Confirmation Bias with respect to assessments and practice will be discussed.	Yes	Held in House	Academy Staff	6	Social Work Staff
Office 2013 Learning Lab	Yes	Held in house	Consultants	2	All Staff

This "open lab" training is designed for participants to bring their own work materials to accomplish a task on a specific project or presentation with the support of the DCF Academy IT Consultant.					
Intermediate Outlook 2013 During this hands-on one-day course, participants will expand their knowledge of Microsoft Outlook and learn "tips and tricks" that will allow them to work more effectively and efficiently. During this training participants will develop an understanding of functionality available beyond basic emailing, develop an understanding of common Outlook features, and how to utilize them in Outlook 2013,	Yes	Held in house	Consultants	3	All Staff
Intermediate Word 2013 During this hands-on one-day course, participants will expand their knowledge of Microsoft Word 2013 and learn "tips and tricks" that will allow them to work more effectively and efficiently with word documents. The training will be a combination of hands-on instruction and "open time," where participants spend time on their own Word document projects with the support of the instructor.	Yes	Held in house	Consultants	3	All Staff
Introduction To Fetal Alcohol Spectrum Disorders (FASD) In this course participants will be introduced to Fetal Alcohol Spectrum Disorders as a leading cause of preventable intellectual disabilities. This course is designed to improve prevention, identification, and management of fetal alcohol spectrum disorders (FASDs). FASD refers to the range of physical, mental, behavioral and learning disabilities that an individual may acquire as a result of maternal alcohol consumption. Areas of focus will include an overview of diagnostic terminology and criteria, facts about FASDs and alcohol use among pregnant women, prevention strategies and resources as well as the role of child protection and educational professionals.	Yes	Held in House	Academy Staff	6	All Staff
Introduction To Pivot Tables A Pivot Table report is an interactive table that quickly combines and compares large amounts of data. This hand-on course will introduce participants to this useful tool, and create an opportunity for practice using Pivot Tables. Participants will discover how Pivot Tables can be created and used with data from existing DCF reporting areas (ROM/LINK/ETC), as well as how this tool can be used to enhance their use of data.	Yes	Held in House	Consultants	3	All Staff
Introduction to DMST in Connecticut This curriculum is designed to enhance an individual's understanding of Domestic Minor Sex Trafficking (DMST). It assists participants in identifying victims of DMST as well as receiving tips on how to best respond and support identified trafficking victims. Participants will learn definitions, federal and state legislation related to	Yes	Held in House	Consultants	2.5	All Staff

human trafficking, prevalence of DMST in CT, pathways to victimization, warning signs, impact to the victims, and who are the buyers/exploiters of this crime.					
Intimate Partner Violence Simulation: Train the Trainer The "Intimate Partner Violence Simulation Train the Trainer" course will familiarize participants with three simulations related to Intimate Partner Violence (IPV): In Her Shoes; In Their Shoes; and Caminando En Sus Zapatos. During the course, participants will learn how to facilitate the simulations, as well as the de-briefing discussions that occur post-simulation.	Yes	Held in House	Academy Staff	5	All Staff
Introduction to Youth Firesetting: What We Need to Know to Help Them This course will offer participants a basic understanding of the extent of the problem of youth firesetting, why children and youth misuse fire, and specific interventions used by a Youth Set Fire Interventionist / Mental Health Practitioner. The information provided in this specific training is derived from the National Fire Academy (NFA) curriculum and Clinical Interventions designed for those working with children and youth involved in the Child Welfare system. The course will be interactive, and participants will have an opportunity to identify "typologies" of the firesetting behavior and interventions based on the child's individual needs in the environment in which the youth or child lives.	Yes	Held in House	DCF Staff and Consultants	3	All Staff
Loss, Grief & Bereavement In Young Children From Birth To Age Five This training will explore the process of grief in young children as a result of the death of a parent, sibling, family member and/or caregiver, focusing on Birth to 5 years of age. Grief will be defined as the intense sadness, confusion, and sorrow that accompanies the death of a loved one. This training will provide social workers with the tools to identify symptoms and behaviors that children birth to 5 may experience and display as a result of their grieving process. The training will provide social workers with resources and strategies to help support caregivers of young children, as they support the children they care for, during this process.	Yes	Held in house	Consultants	6	All Staff
Mandated Reporter Train the Trainer (MR-TOT) The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This two-day course will develop and enhance participants' presentation and training skills, and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach-back" a component of the curriculum on the second day, and receive	Yes	Held in House	Academy Staff	12	Social Work Staff

immediate feedback from other participants as well as the instructors.					
Mental Health First Aid Mental Health First Aid is an 8-hour course that teaches participants how to help someone who is developing a mental health problem or experiencing a mental health crisis. It provides a basic understanding of what different mental illnesses and addictions are, how they can affect a person's daily life, and what helps individuals experiencing these challenges get well. The course helps participants identify, understand, and respond to signs of addictions and mental illnesses. Mental Health First Aid teaches about recovery and resiliency – the belief that individuals experiencing these challenges can and do get better, and use their strengths to stay well. The course trains participants to help people who may be experiencing a mental health problem or crisis, and participants that successfully complete the training receive a three year certification as a "Mental Health First Aider."	Yes	Held in house	Consultants	8	All Staff
The Organizational Simulation Participants will be assigned to roles in a simulated organization and through interaction will have an opportunity to understand their responses to different members of the organization and their statuses. Participants will develop insight into their own perceptions of others and how they are perceived by others in the workplace. Themes of group dynamics and power will be explored.	Yes	Held in house	Consultants	3	All Staff
Ongoing Services Workshop – Doing Good Work and Making it Count This full day Ongoing Services Workshop is designed to improve staff performance in the areas of purposeful visitation, engagement, assessing and pulling it all together in documentation. This interactive training encourages participants to share their strategies as well as recognizing the value of the staff's experiences in the field. This workshop also includes strategies for interviewing children, adults, and making assessments on the vulnerable population; babies. Utilizing SDM to avoid Confirmation Bias, as well as how to overcome barriers when DCF can't make contact with a family, or DCF is not allowed to conduct interviews with household members and/or children alone.	Yes	Held in House	Academy Staff	6	Social Work Staff
Outlook 2013 For Support Staff This hands-on one-day course will allow DCF Support Staff the opportunity to expand their knowledge of Microsoft Outlook and learn "tips and tricks" to work more effectively and efficiently. During this training participants will develop an understanding of functionality available beyond basic emailing; develop an understanding of common Outlook features and how to utilize them	Yes	Held in house	Consultants	3	All Staff

; and become more familiar with the Calendar feature to be proficient in adding/sharing/planning.					
Overview of DCF Supervision Model This half-day course is designed to briefly orient new supervisors to the DCF Supervision Model, and / or to provide refresher information to experienced supervisors, on an as-needed basis. Review of DCF policy 7-22, as well as the corresponding Practice Guide, will guide the discussion. Participants are provided with information regarding the four quadrants of supervision (quality of service; administration; work life; and professional development); the use of the Supervisory Session Agenda; group supervision strategies; and the importance of defining three stages of the supervisory relationship (engaging, work life, ending). This course is supplemental to other supervisory training programs, such as AHA, and should not be taken in lieu of them.	Yes	Area Office	Academy Staff	3	All Staff
Restorative Justice Restorative Justice is an approach to justice that focuses on the needs of the victims and the offenders, as well as the involved community. This is in contrast to more punitive approaches where the main aim is to punish the offender, or satisfy offenses against the state. The implementation of Restorative Justice has been used in some Connecticut schools systems as well as juvenile delinquency centers. This training will introduce the philosophy, principles and practices of Restorative Justice. Participants will be invited to engage in thoughtful conversation regarding the effectiveness of their community or organizational climate and disciplinary practices. Together, we will explore how Restorative Justice can provide a paradigm shift to improve relationships among children, youth, schools, community stakeholders, providers, and DCF social workers to move from punitive measures that push students out of school and into the juvenile justice system.	Yes	Area Office	Academy Staff	6	All Staff
Social Worker Case Aide (SWCA) Training Series These classes will give an overview of the role of the Social Worker Case Aide in the department of children and Families. Learn to understand the importance of assisting parents in developing activities that will meet the developmental needs of their children and increase the parent's ability to interact with their children, develop skills to facilitate meaningful visits between children and their families, including the importance of developing a visitation plan and will develop skills in developing such a plan. Participants will also explore LINK and learn how to locate case information. Participants will also learn the components of a good narrative as it pertains to supervised visits and will be able to record facts,	Yes	Held in House	Academy Staff	18	Newly Hired Social Worker Case Aides

not an evaluation of the facts, and learn the fundamentals of the court process.					
Structured Decision Making (SDM) Careline Assessment Training During this training, participants will be oriented to the updated SDM Careline Assessment, and major changes will be highlighted. The tool will be reviewed in detail. Participants will practice using the updated SDM Careline Assessment and associated best practices. The session will be co-facilitated by training and Careline staff.	Yes	Held in House	Academy Staff and Consultants	3	Social Work Staff
Structured Decision Making (SDM) Careline Assessment Training – Train the Trainer (TOT) This "Train-the-Trainer" course will prepare Academy and Careline staff to present the training curriculum to the Careline staff regarding the revised SDM Careline Assessment tool.	Yes	Held in House	Academy Staff and Consultants	3	Social Work Staff
Structured Decision Making (SDM) Careline Assessment Training – Leadership Coaching Session This coaching session is designed to assist Careline SWS and Program Managers in using the SDM Careline Assessment Tool in supervision and to assist staff in making case decisions.	Yes	Held in House	Academy Staff and Consultants	2	Social Work Staff
SDM: Honoring the Value - A Facilitated Discussion with Intake The goal of this facilitated discussion with Intake staff is to provide them with an opportunity to reflect on and openly discuss the value they place on Structured Decision Making (SDM) tools; the implications for case practice in relation to the tools; and to generate momentum for the agency to continue the cultural shift of balancing safety and risk with family engagement. Through the discussion, participants will examine the cultural shift associated with the balance of assessing safety and risk while engaging families; explore the professional values associated with the utilization of the SDM tools; draw a correlation between reviews and the proper utilization and completion of the SDM tools; differentiate between safety and risk; discuss the timeframes associated with utilizing and completing the SDM tools;; emphasize decision points for the SDM tools; explore common practice barriers for effectively implementing the SDM tools; and assist with the development of ideas related to practice improvement for the new iteration of the SDM tools.	Yes	Area Offices	Academy Staff	3	Social Work Staff
Structured Decision Making (SDM) Refresher This one day refresher course provides an overview of Structured Decision Making (SDM). The SDM model provides evidence based data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides a hands-on application approach to reinforce the implementation and use	Yes	Held in house	Academy Staff	6	All Staff

of the tools at critical points during the life of a DCF case.					
Supporting Diverse Families When Their Child Comes Out A family response to their child's coming out is the single most important predictor of outcomes for LGBTQ youth. Research also demonstrates that a family's initial response is rarely their final response. With family preservation as a core value for DCF, it is critically important that Social Workers have the tools to help families negotiate their journey to acceptance of their child. This interactive half day workshop will: Explore the concerns that families typically raise, Consider the potential impact of race, ethnicity, religiosity, gender norms and other family attributes or identities on family acceptance, and Identify and practice strategies for intervention.	Yes	Held in house	Consultants	3	All Staff
The Effects Of Parental Incarceration On Young Children This training will explore the effects and long- term impact of parental incarceration in young children. Discussions will include supporting children before, during and after visits. Attendees will gain insight and be given strategies to use for effective planning around visitation. At the close of this training you will be able to: 1. Identify the correlation between challenging behaviors and the visitation process. 2. Describe the short and long term impact that parental separation may have on young children. 3. Describe how the use of developmentally appropriate child specific strategies can reduce children's stress and anxiety.	Yes	Held in house	Consultants	6	All Staff
The Next Step: Exploring The Transition Toward Supervisor While Enhancing Your Leadership This in-service training will discuss the roles, responsibilities, and competencies of being a supervisor. You will have the opportunity to explore your learning and leadership style, as well as discuss the roles they play. The process toward becoming a supervisor will be examined to include exam preparation, interviewing, and what qualities and experience are valued in the process. The class will include a mock interview in the classroom as well as at a later scheduled date.	Yes	Held in house	Academy Staff	6	All Staff
When Pink and Blue are Not Enough: Working with Transgender Youth and Families DCF policy and Connecticut State Statutes require non-discrimination on the basis of gender identity and expression, and there are few opportunities for DCF workers and Congregate Care Providers to build their understanding and skills in this area of culturally competent programming. This interactive, 3-hour session will include definitions, an overview of current policy and procedures, and time to ask all the questions you want about	Yes	Held in House	Academy Staff	3	All Staff

placement, social/medical transition options, family supports, etc.					
Trauma And Resiliency In Young Children From Birth To Age Five And Its Effects On Providers This training will explore trauma in the lives of young children, focusing on Birth- Age 5. Trauma will be defined as it relates to young children and how it may affect typical child development. Resiliency will be also defined, exploring different resiliency factors in young children and the role they play in children's responses to traumatic events. This training will also provide social worker's with the tools to know when to make a referral for a child on their case load, and what type of referrals to make. Social workers will also learn about the "red flags" to be aware of when working with traumatized children, and how to respond appropriately to them. Social workers will be prepared to discuss the effects of trauma on young children with biological, foster and adoptive families, and provide them with some tips and strategies to support these children in their homes. This training will also explore vicarious traumatization from the perspective of the social worker, and how to draw on their own resiliency factors when working with young children who have been traumatized.	Yes	Held in house	Consultants	6	All Staff
Working Smarter, Not Harder: Effective Time Management & Organizational Skills Training Participants will be engaged in exploring their own organizational styles and helped to identify areas of their own personal practice which may create barriers to the successful and timely completion of their work. Focus will be placed on techniques for prioritizing tasks, effective planning of efforts and work space, and the development of filing and tracking systems. An overview of the basic functions of Outlook will be provided. Staff will understand the importance of organizing yourself and your work, learn ways to reduce anxiety and feelings of being overwhelmed; and increase self-confidence, recognize strategies for effective scheduling of work, identify the elements of effectively work and work place planning,	Yes	Held in house	Academy Staff	6	All Staff
Working with Families Impacted by Intimate Partner Violence Intimate Partner Violence (IPV) is a serious, preventable public health problem that can cause problems for every member of a family. This one day course aims to educate on the prevalence, predictors, and impact of IPV on families, including the factors associated with IPV for both partners, parenting in the context of IPV, and the consequences of child exposure to IPV. The course will also detail the inter- and multi-generational continuity of IPV from the Offender and Non-Offender perspective. The course will provide up to	Yes	Held in house	Consultants	6	All Staff

date information on best practices for screening, identification, and intervention.					
Working with Veterans and Military Families This course will enhance participants' understanding of the unique needs of working with military and veteran families. The course will offer participants an opportunity to enhance their understanding of engagement, ongoing work, and other dynamics related to this unique population. Didactic presentation and group discussion will occur.	Yes	Held in house	Consultants	3	All Staff
Working with Transgender and Gender-Diverse Youth and their Families Using case presentation, video, and group discussion, this full-day training will cover basic terms and vocabulary, concepts of gender identity and expression, decisions to transition (or not), overview of social and/or medical transitions, intersections of race and class, the unique challenges facing gender-diverse and transgender youth and their families, strategies to facilitate family acceptance and optimal emotional and social development of these youth, and current best practices within child welfare.	Yes	Held in house	Consultants	6	All Staff
Yale Supervisory Consultation and Coaching This customizable coaching and consultation session is provided by Yale University consultations focused on the DCF Supervision model. Provided locally across the agency and offered to supervisors at any level.	Yes	Area Offices	Consultants	Variable	Social Work Staff
Youth Firesetting Part II : Next Steps This course will allow participants to use their new found knowledge about Youth Firesetting and to practice interviewing skills and identify possible interventions. Legal implications will be discussed as well as how to identify collaborative teams in the community in which they work. The information provided in this specific training is derived from the National Fire Academy (NFA) curriculum and Clinical Interventions designed for those working with children and youth involved in the Child Welfare system. The course will be interactive, and participants will have a good understanding how to advocate for their clients and identify comprehensive and effective interventions specific to this population.	Yes	Held in House	DCF Staff and Consultants	3	All Staff

Youth Mental Health First Aid - Day 1 and Day 2 Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addiction challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.	Yes	Held in House	Consultants	9	All Staff

Audience: Supervisors

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
AHA Mastering The Art Of Child Welfare The American Humane Association Mastering the Art of Child Welfare curriculum is a four module core training program for new supervisors. This training program is available to supervisors who have satisfied the requirement of completing the Yale Supervision Training Model. AHA training builds off of the agency's supervision model and allows staff to explore their development as a supervisor through the use of various tools. In addition, this training content also serves as a compliment to the Leadership Academy for Supervisors (LAS) in setting the foundation for understanding the theory behind supervision. Participants will be required to attend all five days of the training program in its entirety.	Yes	Held In House	DCF Staff	30	Supervisors
Leadership Academy For Supervisors (LAS) The Leadership Academy for Supervisor (LAS) is a blended learning program for experienced child welfare supervisors based on the National Child Welfare Workforce Institute (NCWWI) Leadership Model. The core curriculum consists of six online modules each followed by a face-to-face facilitated classroom experience. Additionally, each LAS participant is paired with a coach, who will meet with the participant 1:1 throughout the Academy to provide support, guidance, and structure. The LAS provides 30 contact hours of training over a 9-month period and includes a Personal Learning Plan to develop leadership skills and a Change Initiative Project to contribute to a systems change within the agency	Yes	Held in house	Academy Staff and DCF Staff	30	Supervisors
Results Based Facilitation (RBF) For Supervisors This in-service training will provide supervisors with an understanding of RBF, and the foundational skills necessary to effectively plan a meeting that results in a commitment to action. Participants will leave the training with concrete RBF tools which can be put into practice.	Yes	Held in house	Academy Staff and DCF Staff	3	Supervisors
Strengthening Supervision for Supervisors Over the course of this two-day learning experience, participants will explore a number of supervision topics. These include: • An informed consent approach to establishing supervisory relationships, setting forth roles and responsibilities. • Practical strategies for achieving the four core supervisory functions: quality of service, administration, professional development, and support.	Yes	Held in House	Consultants	12	Supervisors

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
• Approaches to "managing from the middle" of organizations: serving as a link between agency leadership and front line staff; communicating administration's goals to staff and providing feedback from staff and clients to administration; translating agency goals into practical guidance for staff; and leading from the middle of the agency in a time of change. • Group supervision techniques. • A problem solving model for assessing difficulties in supervision and crafting an intervention plan. • Constructive supervisory responses when "bad things happen". • Self-care for supervisors.					
Supervising Trainees This one day course is designed to provide DCF supervisors with knowledge needed to perform the duties of a training unit supervisor. The class will explore how meeting the unique needs of newly hired social work staff fits into the Department's existing supervision model, specifically coaching and communication. We will define the various processes and responsibilities surrounding preservice training including; academy policy, training curriculum, role of liaison, pre & post testing, trainee observations and transfer of learning activities. The afternoon will also include a presentation from Human Resources followed by question and answer.	Yes	Held in house	Academy Staff	6	Supervisors
Team Building And Group Supervision This is a full day training course integrating group supervision and team building. In order for the day to be most effective, area office units must sign up as a group. Supervisor must register the entire unit. This training will be arranged and held at an off-site location in close proximity to the regional office. This program explores the essentials that team members and leaders need to understand for team success. Included in the session is discussion around the four stages of team development and how to understand and deal with different personalities on the team. Additionally, small group work identifies strengths and needs of the team. The results are developed into a plan of action and commitment based on personal ownership. The group supervision portion of this training is based on the Yale Supervision Model. This program explores a formalized process of meeting between unit members within regional offices. It's focus is on the professional growth and practice improvement of the supervisee, through examining the supervisee's case work Included in this session is a negotiated process whereby members come together in an agreed format to reflect on their work by pooling their skills, experience and knowledge to improve both individual and group capacities. Additionally, this formalized process of consultation between three or more professionals to provide support for the supervisee(s) in order to promote self- awareness, development and growth within the context of their professional environment.	Yes	Held in house	Academy Staff	6	Supervisors

Audience: Managers

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Leadership Academy For Middle Managers (LAMM) This six day training will allow managers to be able to apply the components and dynamics of the Child Welfare Leadership Model	Yes	Held in House	Academy Staff and DCF Staff	42	Middle Managers

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
to the work of a Child Welfare Manager. They will also be able to assess one's own strengths and challenges and model authentic behavior as a manager; establish, communicate and implement an organizational vision in a continuously changing environment based on a personal vision that guides practice and professional development. Be able to orchestrate conflict as well as to integrate and defuse opposition to create partnerships. They will also be able to demonstrate commitment to continuous learning as a leader and address systems change issues. It will also allow managers the distribution of decision-making & leadership responsibilities; manages human, cultural, social & economic capital and encourages purposeful action.					
Managing The Money This training covers the techniques, practices, and organization of the financial functions in governmental administration. Some topics include: understanding budgets; analysis of financial statements; the state budget cycle; understanding the roles of OPM and the legislature in fiscal matters; managing wrap expenses; managing overtime expenses; and applied budgeting exercises	Yes	Held in House	DCF Staff	6	Managers
STEP - Striving Toward Excellent Practice - Data Leaders This new professional development opportunity, offered in collaboration with Casey Family Programs, is a 9-month blended learning program focused on data-driven decision-making and Continuous Quality Improvement (CQI). STEP is designed for DCF leaders who seek to strengthen their skills in using data through a racial justice lens; to identify problems; research solutions; and collaborate with colleagues and partners. Components of STEP include interactive classroom experiences; coaching focused on local challenges; web-based lessons and links to resources; and support for change initiatives	Yes	Held in House	Consultants and DCF Staff	96	Managers
Special Qualitative Review (SQR) Learning Forum – Chronic Neglect The goal of this interactive forum is to focus on what has been gleaned / learned from cases involving critical incidents with chronic neglect. Discussion will focus around the themes of services; impact on permanency; history and patterns; dirty versus unsafe houses; and partners or parents.	Yes	Held in house	DCF Staff	2	Mangers
Special Qualitative Review (SQR) Learning Forum – Infant Fatalities The goal of this interactive forum is to focus on what has been gleaned / learned from cases involving an infant fatality (and other critical cases) during the Special Qualitative Review (SQR) process. Discussion will focus around the themes of safety and risk, in the context of conducting a comprehensive assessment with critical thinking	Yes	Held in house	DCF Staff	2	Mangers

Online Trainings

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Early Childhood Practice Guide The CT Department of Children and Families "Early Childhood Practice Guide" was issued in April 2016 and designed to build	No	Online Training	Academy Staff	30 min	All Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
on the many strengths of child welfare practice. The Guide provides clear and concrete guidance and information to further support comprehensive assessments and engagement with families and partners when working with children in the 0-5 population. This on-line course supports the information contained in the Guide; and upon completion, participants will be better prepared to articulate the evolution of early childhood practice at DCF; explain the importance of fostering a supportive and nurturing environment for children age 0-5; describe the impact trauma has on brain development, attachment, and physical, social, and emotional development; explain the factors needed to assess safety and risk for this population; describe the standards associated with CAPTA; articulate the importance of securing quality education and care for this population; and articulate the importance of supervision, consultation, and connecting families/children to appropriate services					
Mandated Reporter Any employee of the Department of Children and Families is designated as a Mandated Reporter per Connecticut General Statute 17a-101. During this interactive on-line course, participants will learn what their roles and responsibilities are relative to this designation, and how to make a report to the DCF Careline or law enforcement. Participants will be provided information on what constitutes child abuse and neglect, as well as what occurs after a report of child maltreatment is made. Legal protections, as well as consequences for not fulfilling the obligation of mandated reporting, will be reviewed. The course involves an interactive quiz, and a certificate of completion is electronically provided to the participant.	No	Online Training	Academy Staff	30 mins	All Staff
Motivational Interviewing Motivational Interviewing (MI) is a collaborative approach to helping people who are ambivalent about making decisions or changes in some area of their lives. During this interactive on-line course, participants will learn how to use MI to help move clients along a continuum of positive change. Additionally, participants will understand the difficulties associated with changing behaviors; as well as the relationship between the "Stages of Change" and MI. By the end of the training, participants will be able to develop strategies, questions, and the language associated with Motivational Interviewing.	No	Online Training	Academy Staff	30 mins	All Staff
Reasonable Prudent Parent Standard (RPPS) Research has consistently shown that children who are engaged in normal, developmentally appropriate activities are less likely to engage in negative behaviors. Public Act 15-199 establishes the Reasonable Prudent Parent Standard (RPPS) which caregivers (e.g. foster parents, congregate care providers) are expected to adhere to when making decisions around a child's ability to participate in normal childhood activities. This brief on-line training provides participants with clear definitions of the RPPS; explanation of all parties impacted by the standard; clear description of expectations related to caregivers; and explanation of the implications the standard will have on case planning.	No	Online Training	Academy Staff	30 min	All Staff
Overview of Immigration Policies, Protocols, and Practice The purpose of this training is to provide legal and practice guidance to all case carrying, and support staff, working with	No	Online Training	DCF Staff	45 min	All Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
immigrant and refugee families with varying legal statuses and needs in the State of Connecticut. This training is developed to support the DCF Immigration Policy and Practice Guide 31-8-13(Released May 2017). The information contained in this presentation is based on current federal and state statutes.					
Introduction to The Child Protective Legal Process The Goals of this training is to - Understand the Court System - Understand Court Intervention - Know the Processes In Our Work - Know the Roles and Responsibilities of Those Involved	No	Online Training	DCF Staff	30 min	All Staff
Child Protective Services - Investigations Policy 34-2 The goal of this on-line training is for participants to have an understanding of the policy requirements related to the Investigative track of DCF's Differential Response System (DRS). Throughout this training key points of Policy 34-2 will be reviewed, and important cross-referenced policies will be referenced.	No	Online Training	DCF Staff	45 min	All Staff
Slow and Steady Wins the RACE of Child Welfare Equity Over the continuous course of the last four years, the Connecticut Department of Children and Families (DCF) has moved to take action in all six areas. Constantly balancing the need for both patience and urgency, the agency has strived to address all aspects of racial justice, including implicit and explicit bias, interpersonal and internalized racism, and institutional and structural factors. This webinar will focus on DCF's work related to agency and workforce development, as well as sustainability, as the team shares their experiences on what it seems to take to keep the work of racial justice in the forefront, in the background, and at all levels--in ways that ultimately impact children, families, and communities.	No	Webinar	DCF Staff	1 Hour	All Staff

Pre Service Classes

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
An Introduction to Child Welfare: A Family Centered Approach During this course participants introduce themselves thru a group activity noting their past experiences, educational background and reasons for choosing employment with the Department of Children and Families (DCF). The Trainer reviews the Juan F. Exit Plan, Positive Outcomes for Children, (POC) and the Children and Family Services Reviews (CFSR). The Trainer also introduces the participants to Child Welfare legislation and evidenced based tools utilized by the Department. In the afternoon, the participants will take a multiple-choice test to determine their baseline knowledge of child protective services issues and practice.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Foundations for Best Case Practice Through this course, participants learn to identify personal values and explore how those values impact service	Yes	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
delivery to children and families. Participants connect personal values to a professional code of ethics that govern the field of social work and the Department of Children and Families standards for state employee conduct. Participants learn the proper use of authority and how the appropriate or inappropriate use of it can affect positive case management services and interactions between social worker and families. Participants become familiar with the functions of the Child Protective Careline, the investigation process and possible outcomes associated with each process. By the end of the training participants will be able to connect how their values, ethics, and beliefs on authority will impact these processes.					
Health and Wellness Practice Standards The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and well-being issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care. This training will also orient participants to the Health & Wellness Division within DCF.	Yes	Held in house	DCF Staff	6	New Social Worker Staff
Trauma Toolkit This course provides participants with an overview of trauma exposure experienced by the children with whom they work and how those experiences impact workers ability to ensure children's safety, permanency, and well-being. Using the seven Essential Elements of trauma-informed welfare practice model, participants in this training will learn ways to address and best respond to the needs of children who have been maltreated and traumatized.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Promoting Racial Justice within Child Welfare Organization This full day course that provides the opportunity for participants to recognize and understand the diversity of cultures in the children and families served by the Department of Children and Families. This course allows participants opportunities to self-reflect their own values, beliefs and attitudes, biases (explicit and implicit), and worldviews and examine how these impact their assessments of children and families and their own decision making processes. Participants will also have the opportunity to have courageous conversations regarding race and racism and the impact on the work we do with our children and families at DCF, community partners, as well as internally as the Department moves towards becoming a Racial Justice Organization. This course will feature individual and interactive activities to not only invoke courageous conversations, but also develop skills and knowledge necessary to effectively work and provide services to children and families from diverse populations.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Car Seat Safety This course provides participants with the knowledge of the regulations regarding car seats. Training is provided through the use of lectures, video, written exam and hands on training for installing car seats while observed by a certified instructor.	Yes	Held in house	Consultants	3	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
LINK for CPS - (DCF's Computer Data Base System) During this course, participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS) (LINK) role and function, their responsibility for entering information, to search information from the system. Participants will learn the general functions of LINK, including search functions, general tab functions, saving material, printing, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice: searching cases, individuals, placements, legal status, and providers; entering narratives utilizing codes to accurately reflect visitation bench-marks and other elements of data reports; reviewing investigations materials, entering and ending placements (including temporary placements and runaway episodes) and payments. Focus will also be placed on entering educational and medical profiles for children; overview of the Structured Decision Making (SDM) tools; case plans; and an introduction to data collection systems. In addition, representatives from the Revenue Enhancement Division provide participants an overview of the purpose of completing 'Random Moment Time Study' icons that are generated randomly in LINK.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Worker Safety: A Physical and Psychological Approach for Child Welfare Staff This course focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-awareness, client awareness and environmental awareness. The day includes a discussion on crisis formation and suggestions for de-escalating a client that is presenting as anxious or defensive. Techniques to avoid canine attacks are explored. A portion of the day is dedicated to self-care, which includes an overview of the special review process and a framework for preventing/addressing trauma exposure response.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Structured Decision Making (SDM) This one day course provides an overview of Structured Decision Making (SDM). The SDM model provides evidence based data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides a hands-on application approach to reinforce the implementation and use of the tools at critical points during the life of a DCF case. Timeframes for completion and the integration of SDM with the case planning process are also covered.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Legal I – Introduction to Legal , Legal II-Neglect Petitions, How to Write an Order of Temporary Custody and Mock Trial Services and Legal III – The Legal Work of Permanency This one day course starts off the legal training series for participants and provides a foundational framework for understanding the legal context of child welfare work. Participants are provided an overview of the court system in Connecticut, legal terminology, statutory, regulatory and policy related limitations on decision-making as well as strategies to assist workers in information collection and presentation to the AAG's. Neglect petitions are the	Yes	Held in house	Academy Staff and DCF Staff	18	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
primary focus of the afternoon portion of the training, and includes exploration of the petition document, jurisdictional facts, and the summary of facts. This two-day course, co-trained with representatives from the legal division, is designed to assist CPS workers in becoming familiar with the unique authority and responsibility the Department has when addressing safety concerns for children. Legal 2 Day 1 is an exploration of immanency relative to a child's safety will occur using scenarios and classroom discussion. Additionally, participants will learn the legal forms that are used when filing an order of temporary custody, the difference between a social work affidavit and a summary of facts, and the role of trials (including testifying) in the legal process. Legal 2 Day 2 continues with a mock trial utilizing an actual case assigned to one of the course participants, with that participant serving as the witness in the mock trial. Trainers assist in portraying the various roles associated with a trial. Legal 3 is a one-day course, co-trained with a DCF Staff Attorney, is designed to assist CPS workers in understanding the different phases of concurrent planning and the post dispositional proceedings including Motions to Review Permanency Plans and Motions to Change Disposition. This course reviews the concepts taught in Legal I and Legal II, and explores the various Permanency Plans for children in DCF care. Discussion focuses on the role Specific Steps and rehabilitative roles they play in the court process as well as case practice. Participants are provided hands on experience in writing components of a Study in Support of Permanency Plan. In addition, participants are introduced to the implications of terminating parental rights, including an in-depth discussion of the grounds for filing a TPR. The Expectations of the court regarding the department making reasonable efforts, and the steps which need to be taken to meet those expectations, is also presented.					
Case Plan for Pre-Service - Days 1 & 2 The goal of this two day course is to familiarize participants with the Case Plan document, policy, components of case practice directly related to its development and functionality, and the role and process of the Administrative Case Review (ACR) and ACR Supervisor. This course specifically covers the requirements for when a Family Case Plan and/or a Child in Placement Case Plan are to be written. Fostering Connections and the Child and Family Service Review (CFSR) and their impact to the Case Plan are discussed as well as Case Activity Narrative and its role in the development of the case plan and ongoing assessment. Participants will be able to describe and identify the elements of the Family Case Plan/Child in Placement Plan and participate in a writing exercise in order to demonstrate skills learned to complete the case plan requirements. Focus will be placed on the important impact of engaging and including the family, kin and family supports voices in case planning and assisting clients in achieving success. Throughout the course, representatives from the	Yes	Held in house	Academy Staff	12	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Administrative Case Review Unit connect material being covered to the federal mandates addressed in the ACR process, identifies the requirements for notification of participants; familiarize staff with the ACR LINK process, and its role in achieving successful outcomes for children.					
Engaging Families: In the Home and In Care Through this course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment is clarified.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Intimate Partner Violence (IPV) – Days 1 & 2 Day 1 provides participants with an introduction to Intimate Partner Violence (IPV). Through group activity, lecture, and supplemental video clips, participants explore and discuss commonly held myths pertaining to IPV; gain an understanding of the various terms being used within the field; and discuss the numerous warning signs and types of abusive behavior that are present in relationships characterized by IPV. A significant discussion regarding the implications of culture with respect to IPV is also conducted during this course. Also explored is the impact of IPV on children. Day 2 builds on the introductory material covered in "Intimate Partner Violence, Day 1;" and is designed to provide participants with an opportunity to build their knowledge base and skills relative to working with offenders and survivors in IPV cases. Strategies for engaging and interviewing children, survivors, and offenders in the case planning process is covered. Significant time is devoted to safety planning and the identification of local and statewide IPV services and resources.	Yes	Held in house	Academy Staff and DCF Staff	12	New Social Worker Staff
Behavioral Health This one day course orients participants to the topic of behavioral health as it relates to substance abuse and mental/ emotional diagnosis. This course will provide a base understanding of the signs, symptoms, and behaviors specific to the parents and/or caregivers that are struggling with or living with mental health concerns. Participants will explore, within their role as a CPS social worker, how to discuss mental health concerns and their impact on child safety. Focus will be placed on the importance and obligation of CPS social workers in not only recognizing concerns, but also in facilitating and supporting access to timely services. Discussion includes the impact of culture within the assessment and treatment process as well as the role stigma can play in the arena of behavioral health concerns.	Yes	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Permanency Teaming - Days 1 & 2 This two-day course provides an in-depth exploration of the needs of youth in care to secure permanency, maintain relationships with their biological family and other important people in their lives, as well as an exploration of the agencies Permanency Child and Family Team Meetings. Day 1 establishes the basic framework of the Permanency Teaming process, including the importance of family, search and engagement. Through lecture, small group activity, DVDs and role-play, participants will explore the core values of child welfare practice in the permanency teaming process and the role of the child welfare social worker. Focus will include balancing safety and connection, initiating permanency conversations with children and youth, as well as provide tools to organize and represent the youth's voice. Day 2 continues the exploration of the permanency teaming process using lecture, small group activity, DVDs and role-play. Participants explore the process and content of individual conversations with adults in preparation for team meetings, the role of joint or small group conversations and large team meetings, with focus placed on including the child and youth's voice. The training culminates in the importance of and steps toward establishing a culture of permanency in the reframing of casework practice.	Yes	Held in house	Academy Staff	12	New Social Worker Staff
Partnering with Caregivers and Families to Better Serve Children in Foster Care The goal of this training is to have participants enhance their skills to support partnership among CPS, FASU, Foster Parents and Biological family to meet the safety, permanency and well-being needs of children in foster care. Topics covered in this training include: a review of the Reasonable and Prudent Parent Standard; Commissioner's waiver process for kinship foster parents; purposeful child in placement visitation and parent/sibling visitation; conducting thorough assessments of potential relative/kinship foster parents; meeting children's cultural needs while in care; and an introduction to the LIST tool and collaborating with caregivers and service providers to complete the LIST for adolescents in DCF care.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Introduction to Substance Use Disorders - Days 1 & 2 Participants will be exposed to the nature of addiction, relapse, and recovery, as well as an overview of the drugs most prevalent in child protective service cases. The primary goal of this course is to develop a knowledge base as it pertains to addiction. Participants will be encouraged to question their own beliefs and biases, and confront their perceptions. Within the course, the strong relation between substance use and child maltreatment will be highlighted. Participants will be exposed to several models of dependence and options relative to recovery. Throughout the course the information presented will be weighed against the necessary practices of child protective services, the court system, and child development. Day 1 Introduction to substance abuse from a historical perceptive as it affects the families we serve will be	Yes	Held in house	Academy Staff	12	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
explored. Day one focuses on the impact of addiction, the diagnostic criteria and the behaviors associated with the disease. Day two introduces participants to harm reduction therapies and issues relevant to relapse and recovery. The DCF Policy and referral process is reviewed and participants are educated on the signs, symptoms, and physical evidence associated with five different substances. The impact of the addiction on the family system is explored throughout the course.					
Introduction to Sexual Abuse - Days 1 & 2 Sexual Abuse Day 1 is designed to give participants an overview of child sexual abuse. The day covers dynamics of sexual abuse, indicators of child sexual abuse and a review of what a child sexual abuse medical and clinical evaluation entails. This course introduces participants to the topic of "Minimal facts" and Connecticut's multi-disciplined approach to sexual abuse. The focus of the course is around understanding the victim. Day 2 is a continuation of Sexual Abuse Day 1 the focus of the course introduces participants to the role of the sexual offenders, the non-offending parent(s), and their impact on family dynamics and the ability to adequately safety plan for children. Topics include characteristics of offenders, treatment options for offenders, and the impact the non-offender has on the disclosure, safety planning and treatment, and safety planning with the non-offending parent, offenders, and children. A pre-selected participant presents a case involving sexual abuse, which is explored using the group supervision model.	Yes	Held in house	Academy Staff	12	New Social Worker Staff
Understanding the Numbers to Enhance Case Practice This course will provide participants with an overview of the various data reporting systems used within the department, the organizational tools available, and options for developing systems to prioritize and manage case work demands and enhance case work practice. This include an overview of information regarding the data collected by LINK and the resulting ROM, LINK Reports, ACR Reports, and other SharePoint reports that stem from their input. An introduction to EXCEL and OUTLOOK will be provided.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Educational Issues This course is taught by the representatives in the educational division. Course content covers special education, planning and placement teams (PPT's), Individual Educational Plans (IEP's) and the role of surrogate parents. The role of the DCF worker in the education setting is also discussed.	Yes	Held in house	DCF Staff	12	New Social Worker Staff
Test and Written Assessment This course is comprised of a computer based posttest, an oral presentation and exploration of a case from their caseload utilizing a truncated version of the department's group supervision model, and the writing of assessment components of a case plan based on an investigation protocol and narrative for a sample case. The final tests provide insight on the retention of knowledge from the	Yes	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
classroom and field experiences as well as a demonstration of their individual skills.					
Empathy Simulation Bus Experience A high percentage of our DCF client population live in poverty and rely on public transportation. Public transportation speaks volumes about a society; such as, racism, economic injustice and the patterns of historical development as a nation. These patterns are embedded in a transportation system that many people take for granted. The average middle class person is fairly oblivious and unaffected by the fact that lack of transportation is the number one deterrent to employment and community involvement across the country. The goal of this exercise is to provide social work trainees with empathy for our client population who utilize public transportation. Clients who experience empathy from their social worker/provider tend to have improved outcomes. Empathic social work practitioners are more effective and can balance their roles better. The goal of this exercise is to encourage and develop child protection social worker empathy for the populations we serve.	Yes	Held in house and off site location	Academy Staff	6	New Social Worker Staff
Prison Tour The objectives of the prison tour will be: 1. Recognize the barriers of the incarcerated parents who are involved with the Department, **2.** Review information on how to best meet the incarcerated parent's needs while dealing with the limitations of the DOC environment 3. Observe the correctional environment to become more familiar of the correctional system 4. Assess roles and responsibilities of DCF/DOC Liaison and the DOC staff	No	Held at off site location	Consultants	1	New Social Worker Staff
Engaging Families Simulation Role Play Staff have the opportunity to practice engagement skills in a simulation site. Participants will be assigned case scenarios to be role played by FAVOR staff. The training will give participants the opportunity to implement previously learned techniques for the purposes of balancing engagement and assessment in small groups. Feedback will be provided to participants with areas of strengths noted as well as considerations for future interviews.	No	Held at off site location	Academy Staff	3	New Social Worker Staff

Mandated Reporter Training

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Mandated Reporter Training This training is for those professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect. Section 17a-101 through 17a-03a inclusive of the Connecticut General Statues.	No	Held in various locations throughout Connecticut OR Available as an online training module	DCF Staff	60 – 90 mins	School Employees Community Partners Others deemed Mandated Reporters by state statue