State of Connecticut

Annual Progress and Services Final Report
2020

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

By:
Department of Children and Families

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Commissioner

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A. Background

Introduction

The Department of Children and Families is responsible for the legislative mandates of prevention, child protective services, children's behavioral health, and education. With an annual operating budget of approximately $776 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. 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

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

The Department of Children and Families is in an exciting place as it aligns the agencies work, building on the APSR and developing the next 5 year Child and Family Services Plan (CFSP) consistent with the Family First Prevention Services Act (FFPSA). DCF's 2019-2022 Emerging Strategy seeks to sharpen the safety lens through primary prevention across the child welfare system with a vision of partnering with communities and empowering families to raise resilient children who thrive. Tied to this vision are 5 strategic goals:

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

The mission and vision are grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. 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 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

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 would 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 would reduce caseloads of social workers – many of whom carry more cases than the standard set by the previous "exit plan." The new plan would also allow the Department to focus 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 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 were intended to complement and integrate with those that Connecticut put forth under its 2018 PIP and articulated within DCF's APSR.

Utilizing a Results Based Accountability (RBA) framework, the Department's work continues to be aligned with the CTKids Report Card, as required by Public Act 11-109.

University of CT Public Policy Interns

Since 2013, DCF has benefitted from the support of master's level public policy interns. In 2018, that commitment continued with four new students from the University of Connecticut's Masters of Administration/Public Policy program. The Department hired these interns to aid its efforts to achieve performance goals congruent with exiting from Juan F. and implementing the Program Improvement Plan (PIP) under the federal Child and Family Service Reviews (CFSR). Some of their assignments were as follows:

1. Support implementation of DCF's Enhanced Service Coordination approach and Active Contract Management, including contract oversight and measurement development/refinement;
2. Assist with data analysis and data tips development;
3. Assist with design and development of reports and beta testing;

4. Support DCF's Intimate Partner Violence (IPV) research and assessment;
5. Presenting at the DCF PI Day Celebration;
6. Partner with DCF Central and Area Offices to achieve Juan F. measures and Performance Expectations; and
7. Support DCF efforts to eliminate racial inequity across all areas of our practice.

To maximize their experience, all of the interns shadowed staff in the DCF Regional Offices to become familiar with the agency's direct social work and functions of the Department's Area Office staff. Additionally, the interns received comprehensive training and support from the DCF's Academy for Workforce Development, the Office of Research + Evaluation (ORE), and the Chief of Quality & Planning, to acclimate them to the agency and its functions.

C. Final Report Requirements

Stephanie Tubbs Jones Child Welfare Services – Subpart I- FFY2019

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 2018 and FFY 2019. 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	$123,080	$41,026	$41,026	$41,028				
Office Assistant Positions	$167,955	$41,989	$41,989		$41,989	$41,988		
JRA Consulting – Racism	$21,150	$5,289	$5,287	$5,287	$5,287			
CCMC	276,078	$92,026	$92,026	$92,026				
Central Office Contract Management	$120,459							120,459
Solnit North Positions	$1,150,127						$1,150,127	
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	$9,403		$4,701	$4,702				
Travel/Conferences	14,000		$3,500	$3,500	$3,500	$3,500		
Totals	**$2,201,792**							

Service Description-Stephanie Tubbs Jones Child Welfare Services Program

Triple P America - Parenting Support Services (formerly Triple P): Parenting Support Services (PSS) is a statewide program for families with children 0-17 years-of-age to support and enhance positive family

functioning. 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. If needed, families may receive more than one PSS intervention.

Federal funds were allocated to PSS to offer two week-long Level 4 Standard and Standard Teen Triple P trainings in SFY 2019. A total of 7 new PSS staff members were trained and accredited at the first training in SFY 2019. A second training is scheduled for later this fiscal year on June 17-21, 2019.This allocation supports ongoing training opportunities for provider staff to ensure no interruption in the provision of services and further supports the needs as this service was recently re-procured.

Area Office – Office Assistant Positions: In an effort to enhance our service delivery to families and achieve more timely permanency for children, two Office Assistants were hired in the Meriden and Norwalk Area Offices to help coordinate our case planning efforts by conducting relative searches for children in care, to identify and locate potential relative resources, 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 the Department committed to focusing 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 has maintained a strong commitment to continuing this work and to that end, codified the agency's commitment in legislation this past session.

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

Central Office Staff Position:

Funding was utilized to support a staff position within the Departments Fiscal Division.

Solnit North Positions: The Albert J. Solnit Psychiatric Centers' North Campus is a facility run by the Connecticut Department of Children and Families. It provides brief treatment, residential care and educational instruction for male youth between the ages of 13 and 18 from across the state. It offers complete multidisciplinary medical and mental health assessments for those youth under its care. Individual services are designed to meet the youth's unique needs and to facilitate and support community placements when clinically indicated. The grant helps support multiple positions including Children's Services Assistants, Lead Children Services Workers and a secretarial position for a facility administrator.

The Connection: The Supportive Housing for Families program provides permanent housing and intensive case management services to DCF families. The program began over 20 years ago, to help families recovering from substance use. DCF contracts with the Connections, Inc. to provide intensive case management services to assist families to develop and utilize a network of services in the following areas: economic (financial support, employment assistance), social (housing, transportation, family support, parenting education, child care) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). The Connections, Inc. has 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. Funding was allocated this year to provide enhancements and modifications that include:

- Added the next stage of the Event/Incident reporting framework that provides data collection and reporting on incidents that meet the definition of Significant Events. Data collection for

other incident types (such as critical incidents and serious occurrences) are in process of being added in the next year
- Added the data element "Date of Last Face-to-Face Contact" to TANF detail and Episode List reports to improve TANF eligibility reporting
- Added data collection for two new programs (MST-IPV and PRTF)
- Added the ability for DCF Program Development and Oversight Coordinators to create and/or edit their own Programs, Provider and Projects.
- Added and/or edited numerous client level data elements for multiple program's data collection models
- Added several new assessment scales, and enhanced conditional logic to several others
- Expanded/enhanced program fidelity and outcome measure reporting
- Implemented and supported additional programs/projects
- Increased web page functionality and speed
- Upgraded the underlying Microsoft SQL database to a newer/enhanced version

CT AIMH Membership: Funding is provided for membership for DCF 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.

Trauma- Informed Therapeutic Childcare Programs: The two Trauma Informed Therapeutic Child Care (TI-TCC) programs in New Britain, CT and Bridgeport, CT serve a highly vulnerable population of children ages 2.9 through 5 years of age and their families. These are children who are unable to function and be maintained in a regular early child care setting (e.g. Head Start, Preschool) due to significant emotional and behavioral challenges, most often the result of repeated trauma. Federal funds were provided for the two TI-TCC programs to provide training to program staff on understanding, evaluating and working with children with trauma histories. The training was provided by the Center for Trauma Training, Inc., based in Needham MA, on the nationally recognized Attachment, Regulation and Competency (ARC) model. The last training of TI-TCC staff in the ARC model was held in May 14 and included clinical staff, teachers, teacher's assistants and other staff with direct contact with the children.

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 2019

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 2018 and FFY 2019. The Community Collaboratives, FAVOR, 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	$164,420	$82,210	$82,210		
CT Association for Infant Mental Health	$42,240		$21,120	$21,120	
NCCD – CRC SDM Work	$357,066	$119,022	$119,022	$119,022	
Totals	**2,496,949**				

Service Descriptions-Promoting Safe and Stable Families -Title-IV-B, subpart II

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

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

- Review/explore safety concerns and risk factors that may impact child safety with the family and DCF;
- Assess family functioning, skills, parental capabilities, and parent's motivation to change;
- Identify family strengths and needs;
- Provide Family Time/Therapeutic Family Time services
- In collaboration with the family Identify family resources and informal/formal supports and how they may be used in safety planning;
- Observe family interactions;
- Provide a minimum of weekly visits with the parent and child.

- Identify problems and barriers that may be impacting reunification; and
- Complete initial (North Carolina Family Assessment Scale for General Services and Reunification (NCFAS- G+R) within 14 days of referral.

Reunification Services: A 4-6 month intervention focused on planning the safe return of children in out of home care through a staged process. The summary of the program is as follows:

- Utilizes the NCFAS - G+R to inform service delivery
- Delivers a Staged Model to support families throughout the reunification process
- Adopts a Wrap Model philosophy to engage the family and build their network of supports
- Employs Permanency Child and Family Teaming model to engage the family and their supports in case planning and decision-making
- Active engagement and involvement of father's (including non-custodial parent) in the reunification process
- Therapeutic Family Time interventions/treatment approaches including the Visit Coaching Model
- Flexibility in staff assignments based on presenting needs of the family
- Step-Down option if families require additional supports

Therapeutic Family Time: A 2-3 month intervention providing direct consultation with parents/guardians to assist them in maintaining or re-establishing relationships with children in out-of-home care. Key components include:

- Implementation of the Visit Coaching Model
- Preserves and restores the parent/child attachment, and reduces the child's sense of abandonment and loss
- A family driven service that is, culturally and linguistically sensitive, individualized, and occurs in the least restrictive, most homelike setting possible.
- Facilitates permanency planning and emphasizes continuity of relationships.

Community Collaboratives: The Department 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) or Personal Services Agreement 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.

FAVOR: FAVOR, Inc., a statewide family advocacy organization that includes Family System Managers (FSM) who are embedded statewide in DCF regional offices. Each Family System Manager works in partnership with the DCF Regional teams and the CT Behavioral Health Partnership (BHP), with formal reporting and supervision provided through the Contractor. They are required to promote family driven and youth guided practices throughout the local and regional service system and to support the identification, recruitment, and participation of families in behavioral health system analysis, advocacy, planning and service provision. They provide

leadership in the local and regional behavioral health system development from the family perspective while providing technical assistance and support to local systems of care including their governance.

Family System Managers conduct their work according to the following core values of the local system of care:

- family driven and youth guided;
- strength based;
- culturally and linguistically competent;
- individualized, flexible and community based approach to services and support;
- services and support provided in the least restrictive and most normative environment;
- adequate availability and access to broad array of effective services and support;
- evidence and science informed clinical interventions, services and supports;
- health and wellness promotion; and
- performance and outcome based services and support.

UCONN Adoption 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. This program is funded by both state and federal funds.

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

Adopt a Social Work Program: This statewide program assists children and families (birth, foster and adoptive) that are DCF involved with supports and donations of goods to help families' secure needed resources. 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 receive a Family Assessment Response from the Department. The Memorandum of Agreement between the Department and UCONN was amended to expand their analysis to include all Family Assessment Response dispositions and investigation cases. This will allow a full evaluation of the agency's overall intake process.

CT Association for Infant Mental Health: The Connecticut Association of Infant Mental Health was contracted to provide 2 sets of the 8 full day series of training focused on unresolved trauma, "***Understanding Infant/Toddlers and Their Families and the Challenges of Unresolved Loss and Trauma: working towards deeper integration between DCF and Head Start.*** Presenters known nationally for their work in child welfare and Early Head Start offered their expertise on observations of young children and their families in child welfare, on integrating a trauma lens into work with very young children and their families, on making child welfare visitations a relationship-focused experience for parents and young children. Local presenters added their competencies in reflective practice, cultural sensitivity, and assessment/referral. 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.

In 2018, the primary focus was on launching the SDM tool for the Careline, automating the SDM Safety and Risk Assessment tools and updating the tools used by ongoing services, specifically the Family Strength and Needs Assessment and the Risk Reassessment.

Monthly Caseworker Visitation Funds (See Section E)

Adoption and Legal Guardianship Incentive Payments (See Section 6)

Child Welfare Waiver Demonstrations (See Section 7)

Chafee Foster Care Independence Program - FFY 2019

The figures provided in the table below reflect anticipated expenditures. Personnel positions supported through grant funding were identified through an interview process. The Work to Learn programs are selected through a procurement process with standard contracts detailing program expectations. One on One Mentoring has been scaled down due to under performance and underutilization to two sole source contractors with specialty in LGBTQI youth and child victims of sex trafficking.

Service Description	Funding
Personnel Expenses	$ 43,575
One on One Mentoring	$82,000
Summer Youth Employment	$400,000
Youth Advisory Board	$65,000
Work to Learn	$429,385
YV Lifeset	$40,000
Post-secondary education preparation and support	$75,000
Total	$736,530

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 transitioned to specialized One on One Mentoring services to two providers with demonstrated expertise. In September 2018 the department contracted with a service provider focusing on the LGBTQI adolescent population. A second provider is in the final stage of contracting for specialty services to youth who are victims of child sex trafficking; expected to officially start providing services by the end of May 2019. Both mentoring providers' serve adolescents ages 14 and older, who are committed to the Department and residing in out of home care.

Work to Learn: The Department continues to support Connecticut's Work to Learn model for the five (5) Work to Learn sites in the state. The Work to Learn 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: DCF staff work in partnership with and solicit input from local Youth Advisory Boards around the state and the statewide Youth Advisory Board (YAB). The boards empower children and youth to directly participate in and advocate for system changes and development. Approximately 150 children and youth in "out-of-home care" participate on the boards throughout Connecticut over the course of a year, with an additional 190 youth participating in YAB sponsored events. Over the past year, the YAB members produced a new DCF policy that offers the opportunity for an additional three months of support for youth transitioning out of DCF care who are graduating from postsecondary educational programs. They also wrote, helped produce, and starred in a Foster and Adoptive Parent Recruitment video series entitled *Meet Me Where I'm At*, and participated in a forum for youth in care to discuss the importance of race and culture to their experiences in foster care placement. The YAB is preparing for a statewide Youth Summit to take place in August 2019. Youth have created several presentations to be offered as breakout sessions.

Summer Youth Employment: Is a collaborative effort between the Department of Children and Families (DCF) and the Department of Labor (DOL) developed to enable DCF involved youth to participate in a subsidized summer employment program. The program model is designed to provide coordination and oversight of work readiness, skill development, and summer employment work experience over the course of 6 weeks with the assistance of various agencies throughout the state.

Youth Villages (YV) Lifeset: DCF plans to launch two YVLifeSet sites in Connecticut. Providers, selected through a competitive process, will utilize the YVLifeSet model to provide outcome focused, comprehensive case management services to emerging adults involved with the Department. YVLifeSet aims to assist emerging adults with: securing suitable and stable housing; completing vocational and/or educational programs; obtaining sustainable employment; developing and maintaining loving, supportive, and permanent adult relationships, and; developing the necessary life skills to successfully transition from DCF services. An RFP was issued, resulting in 7 responses.

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.

Child Welfare Demonstration Grants

Connecticut has not been awarded a Child Welfare Demonstration Grant.

Trainings in Support of CFSP Goals

The agency continues to make strides to ensure that staff at all levels are using data to inform their decision making process. Value has been placed upon providing senior and mid- level managerial staff with professional development opportunities that offer exposure to data. Under this premise, once proficient with pulling data and interpreting it, they are able to transfer the learning to their respective staff. Learning opportunities include but are not limited to:

- Understanding the Numbers
- Excel
- Pivot
- Leadership Academy for Middle Managers
- Capacity Building for Active Case Management
- Special Qualitative Reviews post fatalities and near fatalities

1. 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 representing a variety of sectors and professions, including attorneys, a physician, psychiatrist and community providers. The SAC also includes 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 Commissioner and her executive team. 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

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 meetings are 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 were integrated into the 2015-2019 CFSP.

The Department values the input from diverse stakeholders and has developed and maintained key forums to promote ongoing communication and coordination of efforts including:

- Holding 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.
- Convening 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 292 youth to DMHAS YAS each year between 7/1/2007 through 6/30/2018; there were 158 referrals to DMHAS from DCF in FY2018. 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 2019, DCF has identified 186 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 72 youth per year have transitioned to DDS through FY 2018. In FY 2018 there were 87 DCF youth who transferred to DDS services and 3 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 works 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 program 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 defines 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 833 youth annually between FY 2007 and 2018.
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.

Life Skills Preparation Is Now Statewide

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. To support the transitioning and planning process, 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. DCF and DMHAS work collaboratively to train providers to administer the LIST and develop life appropriate teaching curricula based on individual adolescent's scores on the list assessment and identified priorities. In addition, a *Training of Trainer* model was developed and implemented resulting in 28 trained trainers; increasing the number of trainings provided across the state by content experts. Statewide implementation of the LIST has made it possible to require it with all DMHAS referrals to be better able to serve these youth. Young people transferring to DDS use a specialized screen specifically designed for those with intellectual disabilities.

Training Available

Interagency Planning staff conduct two trainings: Assessing Children with Developmental Disabilities and Neurodiversity. Assessing Children with Developmental Disabilities is a six-hour overview of assessment and case management skills needed in child protective service and clinical practice. DCF staff as well as community-based

clinicians attend. Neurodiversity is a two hour overview of language, family, treatment and justice issues that affect people diagnosed with autism and acquired brain injury, as well as intellectual, psychiatric and learning disabilities. The Neurodiversity training is usually offered in conjunction with the DCF Racial Justice Committee and Diversity Action Team activities.

The CT Behavioral Health Partnership (CT BHP)

The CT BHP is a legislatively mandated collaboration between the Department of Children and Families (DCF), the Department of Social Services (DSS), and 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 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

Youth Medicaid membership has remained stable. Gender demographics have also been stable with slightly more males than females youth members. Changes to the ImpaCT system used to manage member eligibility has led to a significant increase in members identifying race/ethnicity as "unknown". This group continues to rise as members are not required to choose a race/ethnicity when applying for Medicaid. There are concerns that having such a large "unknown" category will hinder efforts at tracking utilization and outcomes indicative of health disparities. Potential solutions are being discussed.

CT BHP program targets continued to focus on identifying youth with frequent and unnecessary behavioral health visits to the Emergency Department and ensuring timely discharges from inpatient units. Inpatient bed capacity decreased slightly due to the closure of an acute community inpatient unit and a loss of capacity at the PRTF (Psychiatric Residential Treatment Facility) noting a net loss of 4 beds for children under the age of 12. There was an increase in the average length of stay inpatient and it was noted to occur more for the 3-12 years old

age group.

One population that tends to remain on over stay in the ED is youth on the autism spectrum. There are efforts to enhance the system of care for members and families impacted by ASD, intellectual disability, and/or developmental disorders. One of these system enhancements is the new Intensive Response Team (IRT). These individuals are typically the highest utilizers of various levels of care throughout the state and require the support of care coordinators with specialized training and knowledge. The goals of the team are to decrease frequency of emergency department visits and ED overstay; decrease inpatient psychiatric hospitalizations and length of stay in acute hospitals and increase "successful" referral and connection to appropriate levels of care.

Next year, the contract with the Administrative Service Organization will be re-procured.

ACCESS MH

ACCESS-MH CT was implemented in June 2014 and it 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 telephonic consultation with a child psychiatrist and/or clinician is not able to completely address the PCP's questions. Care coordinators and family peer specialists assist in obtaining identified services. 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, 2018 to April 30, 2019, utilization was as follows:

- 1,226 youth and their families
- Male 54.07% (663); Female 45.92% (563)
- 11.9% (146) DCF involved
- 4714 total consults (with 40.94% (1,930) of the consults involving youth with HUSKY)
- 97.59% (1,379) of the initial calls from the PCP were answered within 30 minutes
- PCP satisfaction rate: 4.99 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, advocacy, recruitment and retention. Each month, they receive an average of 150 inquiries to the KidHero inquiry line. CAFAF continues to track the KidHero inquiry process to

assess how individuals become aware of the ongoing need for foster parents. This information is compiled into inquiry reports and sent to every DCF region on a quarterly and annual basis.

The development and response outcome of the annual Foster Parent Training Survey has yielded beneficial input and the results have helped CAFAF and DCF to better meet the training needs of our licensed foster and adoptive families. The number one training preference on this year's survey was how to "deal with difficult behaviors" in children and youth. As a result of this request, CAFAF held a two-day symposium in October (part 1) and in December (part 2) on Adverse Childhood Experiences (ACEs) and created a shorter, in-person training module on the subject for parents to take in different towns throughout the year.

CAFAF has been very responsive to the increasing focus on placing children with kinship families and in maintaining those placements through the services of assigned Buddies (peer mentors who undergo training throughout the year) 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. Buddies provide weekly telephone support from veteran foster parents, including relative foster parents, for the first 6 months that children are welcomed into each foster home. Additionally, CAFAF has streamlined its exit survey given to families (core, relative and fictive kin) when they voluntarily end their licensure. The results continue to capture elements related to permanency, training and support needs.

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 provides 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) The Department has developed a training program in conjunction with the Probate Court Administration regarding the roles and responsibilities of the Department in Probate Court Cases. This training is offered to both DCF staff and Probate Court staff and is presented on a quarterly basis.
4) DCF has incorporated judicial participation in various activities including the Children's Behavioral Health Plan Implementation Advisory Board.
5) 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.
6) DCF staff participated in a series of trainings offered to attorneys by the Office of the Public Defender and the Superior Court for Juvenile.
7) 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 use provider community on the redesign of the RSVP program to introduce evidence models into the intervention.
8) The Department continues to work with the Judicial Branch to support the statewide roll-out of electronic access to court records and electronic filing of petitions, motions and appearances for child protection proceedings.

DCF- Headstart Partnership

For over 18 years the CT Headstart State Collaborative Office (HSSCO) has staffed, funded and co-convened this valuable collaboration. DCF and Head Start staff from the 14 local DCF Area teams meet quarterly with their key

partners, Early Childhood Consultation Partnership (ECCP), Supportive Housing for Families, Part C/Birth to Three Programs 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: Infant Mental Health, Substance Use, Autism, Diversity and Culture, and Childhood Poverty. Head Start staff were given priority status in the last DCF funded Infant Mental Health training series. Headstart contributes funding 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 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 training on plain language.

Three trainings have been held to date with an average of 28 participants attending each training and two additional trainings are scheduled to be completed by the end of 2019. The topic of the annual meeting in 2018 focused on sexual trauma and abuse of parents and people with cognitive limitations, with over 100 attendees who participated.

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 had been co-chaired by CT's Lieutenant Governor and the Commissioner of the Office of Early Childhood until the recent election. Membership is diverse and represents both state and local agencies, early care educators and providers, and foundations. The Cabinet meets on a quarterly basis. The primary focus of the Cabinet this year has been the OEC's Early Care and Education Action Plan, consisting of four key areas: licensing requirements and enforcement, access and rates, workforce, technical assistance, and training, and communication, information, and collaboration.

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. In March, the new OEC Commissioner shared her plan for creating one community-driven home visiting system. This would create greater consistency in programs regardless of whether they are OEC or MIECHV funded. OEC intends to gain input from the community to better understand the needs of families with the goal of procuring these services in 2020.

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.

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.

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 mental health and well-being. As of late 2018, there were approximately 800,000 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. Public Act 13-178 is intended to address issues of screening, identification and access to supports and services related children's mental health issues.

The public act required the behavioral health plan to be comprehensive and integrated and meet the behavioral health needs of all children in the state, and to prevent or reduce the long-term negative impact for children of mental,

DCF has been implementing the children's behavioral health plan, in partnership with eleven other state partner agencies, numerous private agencies and the children and families of Connecticut. This past year, the Implementation Advisory Board prioritized fiscal mapping and early identification and screening activities and submitted the fourth annual report and highlighted a number of areas where the 12 state partner agencies have

worked well regarding the seven thematic areas as well as identifying areas requiring additional attention. A number of steps remain to be taken in achieve the goals of the plan, ensuring that Connecticut's children and families have full access to quality behavioral health care in support of achieving social, emotional, and behavioral well-being.

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.

Connecticut Collaborative on Housing and Child Welfare (CCHCW)

The Project Advisory Board - *Connecticut Collaborative on Housing and Child Welfare* (CCHCW) has remained intact. On June 15th 2018, the CCHCW hosted an event on the grant's data and outcome analysis on ISHF findings. This event convened a group of stakeholders concerned with homelessness in the State of Connecticut, with particular emphasis on (a) ending and preventing family homelessness, and (b) promoting child and family well-being and (c) ensuring that ISHF/SHF is recognized as a strategy to contribute to ending family homelessness. The event disseminated findings related ISHF to key stakeholders and decision-makers and facilitated future-oriented conversations to seek input and buy-in from targeted guests and participants. There was also a focus was on sustaining the Collaborative and multi-system approach to serving families at the intersection of child welfare involvement and homelessness. The goal was for stakeholders to understand the grant demonstration's added value in ending family homelessness, keeping families together and supporting families involved in the child welfare system. Speakers included then Department of Housing Commissioner Evonne Klein and then Deputy Commissioner Kristina Stevens (Also CCHCW Co-Chair) and National Center for Housing and Child Welfare Executive Director Ruth White. Joining speakers was a presentation from our ISHF evaluation team, Dr. Anne Farrell and Dr. Preston Britner highlighting early findings, what has been learned so far with DCF and TCI data, QRAFT data and how these learnings/data will inform coordinated care efforts. Also presented was a video of an ISHF family participant providing their perspective of being involved in the ISHF program. Materials on previous reports and studies on the ISHF and SHF models were also provided.

Families with Children (CCHCW Workgroup)

Additionally, over the last six months the Families with Children (FWC) workgroup under CCHCW and the Partnership for Strong Communities has continued to meet monthly. The FWC continued to work towards ending family homelessness by the end of 2020. During this period, the workgroup focused on strategies for serving Hurricane Maria evacuee families with less impact on the family homelessness system, coordinating with the Crisis Response Retooling Workgroup – Family Focus Workgroup to enhance the Family CAN system and the unique needs of serving pregnant and parenting youth facing homelessness.

FEMA sponsored TSA provided hotels for evacuees with nowhere else to stay. Much of the focus has been on finding housing solutions for this group who were told their TSA benefit would end soon. As a result, the number of TSA families was decreasing but it is expected that the next wave of greatest need will be families who are doubled or tripled up temporarily. For a variety of reasons, many evacuee families who initially doubled or tripled up with family are now planning to stay in Connecticut permanently. Recently, the legislature allocated funding to help divert families from having to seek homeless services. State dollars combined with a private donations from local foundations and United Ways are supporting a system of disaster case management to help families' secure permanent housing.

Although the goal for families is to avoid shelter, we recognize that sometimes the choice is shelter or outside. Shelters, especially in large cities, are often full. At times families are turned away for lack of space. The Crisis Response Retooling Workgroup – Family Focus is trying to address this issue and developed a document on Unsheltered Families and Access to Shelter. This document was shared with the Families with Children workgroup for feedback. Much of our discussion was around CAN transfers to other areas where there is space. All agree shelter is better than unsheltered but that is ultimately the family's choice on where to live. The Crisis Response Retooling Workgroup – Family Focus continues work on refining the system so that no family is turned away and the system can accommodate all types of families.

Pregnant and parenting youth are one of the types of families that can be hard to accommodate. Currently, there is limited data about best practices for working with young families when they are facing homelessness. With pregnant women, it was unclear which system, individual or family, should provide services. A policy clarification from HUD recently provided guidance that a pregnant woman is considered a family when they reach the third trimester of their pregnancy. Both the Youth Workgroup and the Families with Children Workgroup are working on identifying the supports and interventions that can help young families and young pregnant women gain and maintain stable housing long term. A subgroup with members from both workgroups was formed to explore strategies for supporting pregnant and parenting youth families.

<u>Coordinate services with other Federal and State programs for Youth:</u>

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

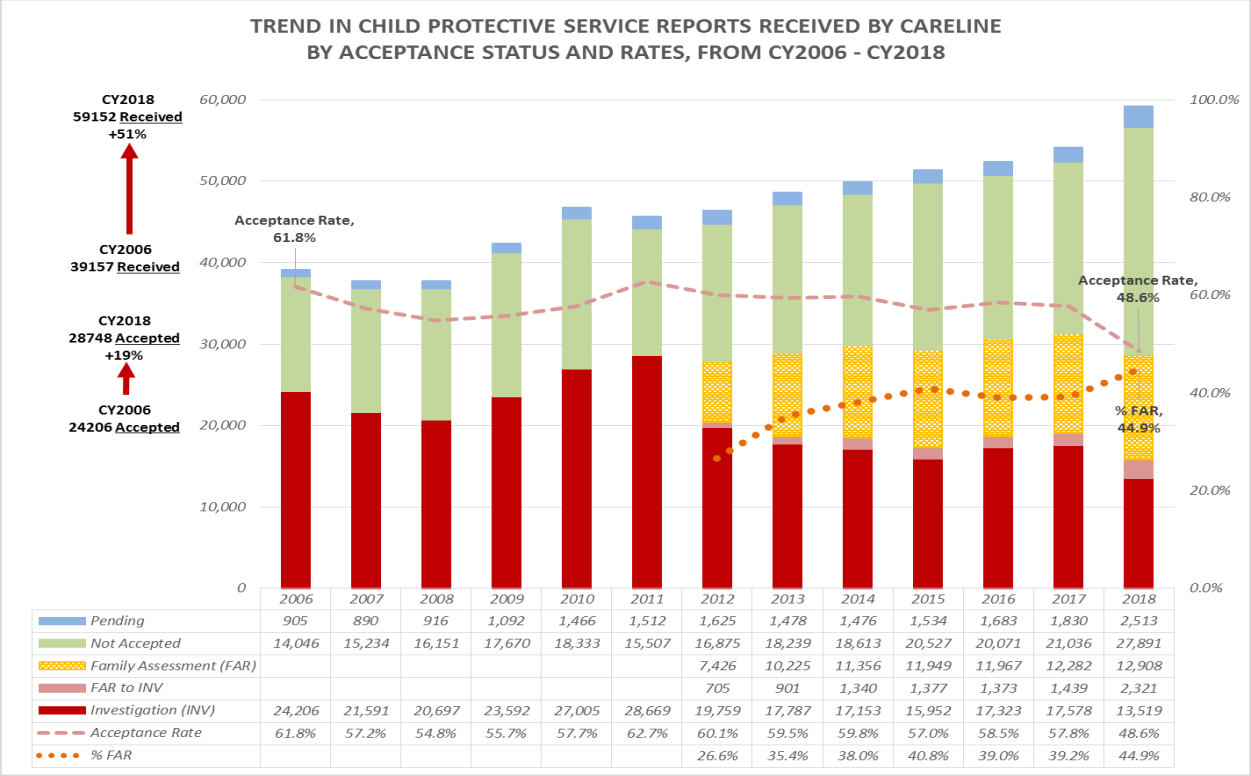
Charitable Trust and the Institute for Community Research (ICR) program evaluation underway, the DOH transferred management of the program to DCF under a Memorandum of Understanding (MOU) until 2020 when the Program's contract expires with DCF and the evaluation study is completed. The goals of the evaluation 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 the 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 integral role in the planning and implementation of this grant. 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 child welfare context in Connecticut (CT), as well as across the nation, is evolving from year to year. CT DCF continues to see increases in child abuse and neglect reporting (+51% since Calendar Year 2006), although there have been significant changes in how we respond to those reports. The agency attributes some of the increase in volume of reports received during Calendar Year (CY) 2018 to high-profile cases of failure to report in CT that resulted in criminal charges for those involved. These cases involved school personnel, which are the largest single category of reporters to the Department (34% of all reports in CY 2018).

Updates to DCF's Structured Decision-Making (SDM) Careline Screening instrument, and associated training and Quality Assurance (QA) efforts, resulted in a significant decline in CT's acceptance rate in CY18 (48.6%) compared to previous years. At the same time, the proportion of accepted reports that received a Family Assessment Response (FAR) rather than traditional Child Protective Services (CPS) Investigation increased to almost 45% in CY18. Also, our substantiation rate has seen steady increases from 27.4% in CY 2014, to 32.9% in CY2018, but the Department has held our rates of cases transferred for post-investigation services to 15.5% in CY 2014 to 16.8% in CY 2018.

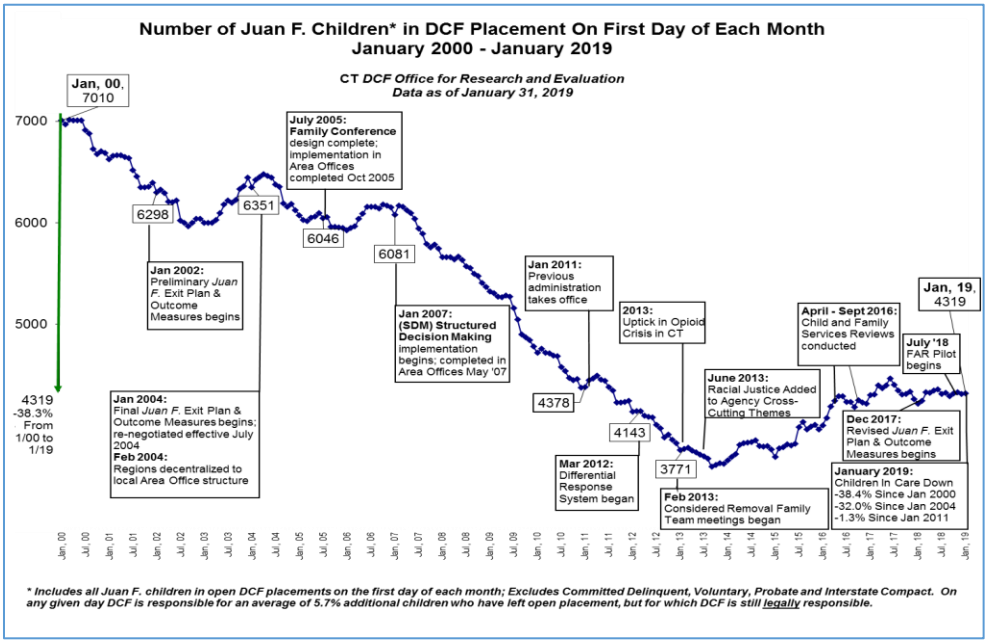


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Pending	905	890	916	1,092	1,466	1,512	1,625	1,478	1,476	1,534	1,683	1,830	2,513
Not Accepted	14,046	15,234	16,151	17,670	18,333	15,507	16,875	18,239	18,613	20,527	20,071	21,036	27,891
Family Assessment (FAR)							7,426	10,225	11,356	11,949	11,967	12,282	12,908
FAR to INV							705	901	1,340	1,377	1,373	1,439	2,321
Investigation (INV)	24,206	21,591	20,697	23,592	27,005	28,669	19,759	17,787	17,153	15,952	17,323	17,578	13,519
Acceptance Rate	61.8%	57.2%	54.8%	55.7%	57.7%	62.7%	60.1%	59.5%	59.8%	57.0%	58.5%	57.8%	48.6%
% FAR							26.6%	35.4%	38.0%	40.8%	39.0%	39.2%	44.9%

It is also important to note that children of color have been increasingly disproportionately over-represented in reports to DCF accepted for response. In State Fiscal Year (SFY) 2018, African-American children were 3.7 times as likely as White children to be alleged victims in a report accepted for an Investigation response, and 2.5 times as likely for a FAR response. For the same period, Hispanic children were 3.2 times as likely for Investigation responses, and 2.3 times as likely for a FAR response. We, have however seen improvements to disparity rates for children substantiated, and for those involved in cases that opened for post-investigation services. Disparity rates for children entering DCF care, and for those in-care, had been improving over the past several years, but unfortunately all increased in CY18 compared to CY17.

The following chart shows the trend in the number of children in DCF care on the first day of each month, and is annotated with various sentinel events and practice/policy changes that may have had an impact on this population. Following a long period of decreasing volume, our numbers were generally increasing from late 2013 until early 2018 when it leveled out. Since that time however, the numbers have increased to over 4400 children in care as of 4/1/19, though we are hoping that increase is simply part of a normal seasonal increase.

As can be seen in the annotations, the Department continues to make advances in case practice, continuing quality improvement efforts, increasing effective cross-system collaborations and enhancing the depth and breadth of our service array in an effort to better serve the CT population. The following discussion of outcome performance will illustrate some of the results of those efforts.



The CFSR Round 3 Data Profile (updated version from February 28, 2019) provided data on five of the seven national indicators: Permanency in 12 Months (for both 12-23 and >=24 Month lengths of stay), Placement Stability, Maltreatment in Care, and Recurrence of Maltreatment. Risk-standardized results for Maltreatment in Care show that CT is within the margin of error for achieving the national standard for the last two reporting periods available. The measure for Placement Stability indicated that CT was statistically better than national performance with this measure from 13B14A through 16A16B, was within the margin of error for 16B17A, but has exceeded it in the last three periods ending with 18A18B.

Risk-standardized results for all three of the other measures showed that CT has been statistically worse than national performance. The remaining two 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 six 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 (18B) 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 CT utilizes to manage important aspects of child welfare practice, and monitor the effects of systems/practice changes on agency performance over time. This system contains reports for these indicators built to federal specifications, but instead of being based on static submissions to AFCARS and NCANDS they are based on SACWIS (LINK) data updated on a daily basis. The

results for the measures based on these reports are as follows:

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

The ROM results for Maltreatment in Foster Care, Placement Stability and both Permanency measures reported are quite different when compared to the figures shown in the Data Profile. The ROM report shows that CT has consistently met the national standard on Maltreatment in Foster Care and Placement Stability, and in the two most recent years for the two Permanency measures, while the Data Profile does not. Further exploration of the relevant datasets will be required in order to interpret the differences.

The ROM report also provides an indication of our performance for Permanency in 12 Months, where the Data Profile was unable to do so. Unfortunately, the report shows that we have not achieved the standard, though results did improve in CY 2018 compared to CY 2017. For the same cohort of children reunified, however, their rate of Re-Entry to Foster Care rose over 3 percentage points compared to CY 2017 and now is more than twice the national standard.

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 – CY18: The following chart shows that our standard has been met, with improvement of almost two percentage points since CY14.

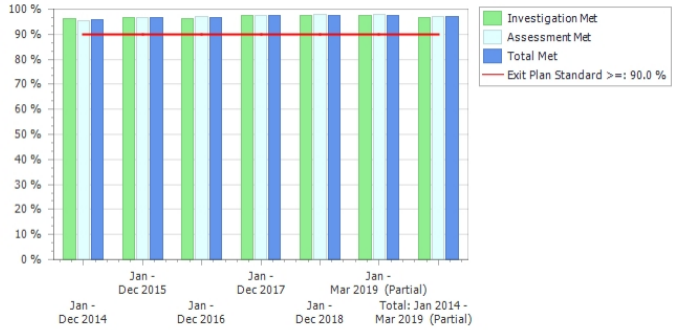
Exit Plan Measure #1: Report Responses Commenced Within Required Timeframe

Filters Active

(of accepted reports with commencement due during specified time period; comparisons by Time Periods)

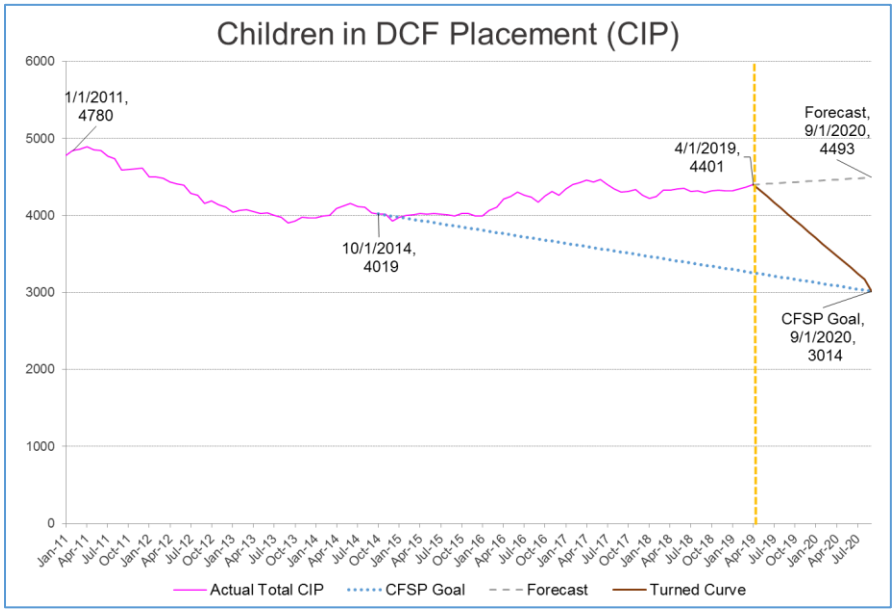
Report Time Period: January 1, 2014 - March 31, 2019 (Yearly)

Statewide

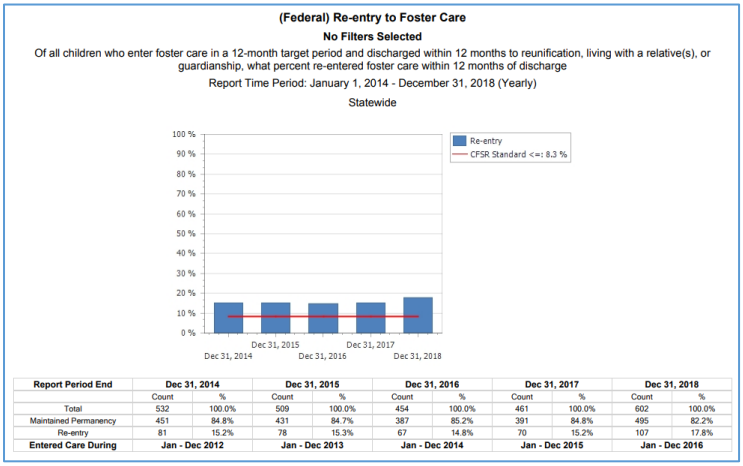


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Mar 2019 (Partial)	
Total Investigation	16857	100.0%	16685	100.0%	18130	100.0%	18284	100.0%	14591	100.0%	3544	100.0%
Investigation Met	16218	96.2%	16090	96.4%	17464	96.3%	17828	97.5%	14201	97.3%	3451	97.4%
Investigation Not Met	639	3.8%	595	3.6%	666	3.7%	456	2.5%	390	2.7%	93	2.6%
Total Assessments	12042	100.0%	12807	100.0%	12817	100.0%	13187	100.0%	14434	100.0%	4277	100.0%
Assessment Met	11464	95.2%	12372	96.6%	12429	97.0%	12863	97.5%	14136	97.9%	4189	97.9%
Assessment Not Met	578	4.8%	435	3.4%	388	3.0%	324	2.5%	298	2.1%	88	2.1%
Total	28899	100.0%	29492	100.0%	30947	100.0%	31471	100.0%	29025	100.0%	7821	100.0%
Total Met	27682	95.8%	28462	96.5%	29893	96.6%	30691	97.5%	28337	97.6%	7640	97.7%
Total Not Met	1217	4.2%	1030	3.5%	1054	3.4%	780	2.5%	688	2.4%	181	2.3%

- **Item 2**
  - CFSP Objective:
    - # of children in foster care will be reduced by 25% through continued implementation of CF-CFTM meetings: The following chart shows a 1.3% increase in the total number of children in DCF placement since the 5/1/18 data provided in our previous APSR

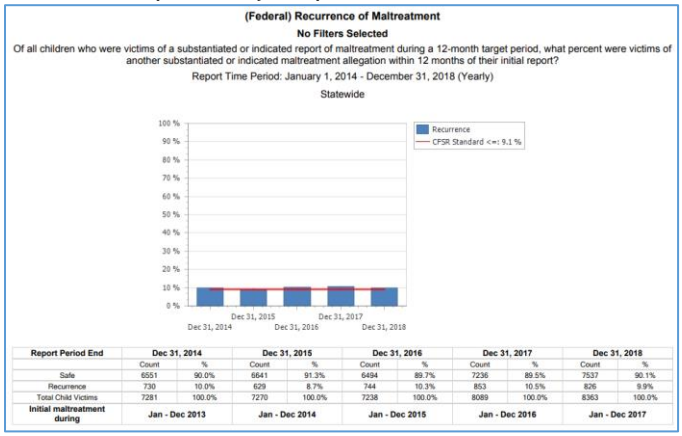


  - CFSR Result: n=21, 57% Strength, 43% ANI
  - ROM Federal Re-Entry to FC – CY14 – CY18: The following chart shows that the standard was not met, and has been declining over the past two years.



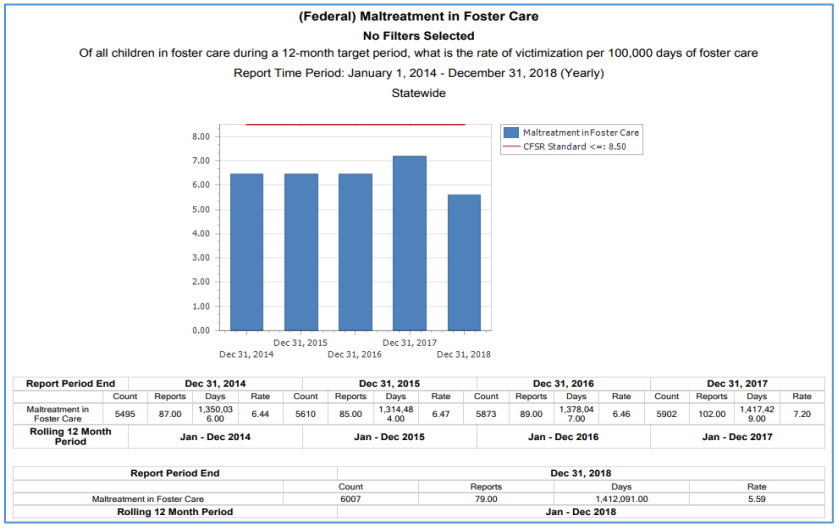
Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total	532	100.0%	509	100.0%	454	100.0%	461	100.0%	602	100.0%
Maintained Permanency	451	84.8%	431	84.7%	387	85.2%	391	84.8%	495	82.2%
Re-entry	81	15.2%	78	15.3%	67	14.8%	70	15.2%	107	17.8%
Entered Care During	**Jan - Dec 2012**		**Jan - Dec 2013**		**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**	

- ROM Federal Recurrence of Maltreatment – CY14 – CY18: The following chart shows that the standard was not met, but improved by .6% points since CY 2017.



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Safe	6551	90.0%	6641	91.3%	6494	89.7%	7236	89.5%	7537	90.1%
Recurrence	730	10.0%	629	8.7%	744	10.3%	853	10.5%	826	9.9%
Total Child Victims	7281	100.0%	7270	100.0%	7238	100.0%	8089	100.0%	8363	100.0%
Initial maltreatment during	**Jan - Dec 2013**		**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**	

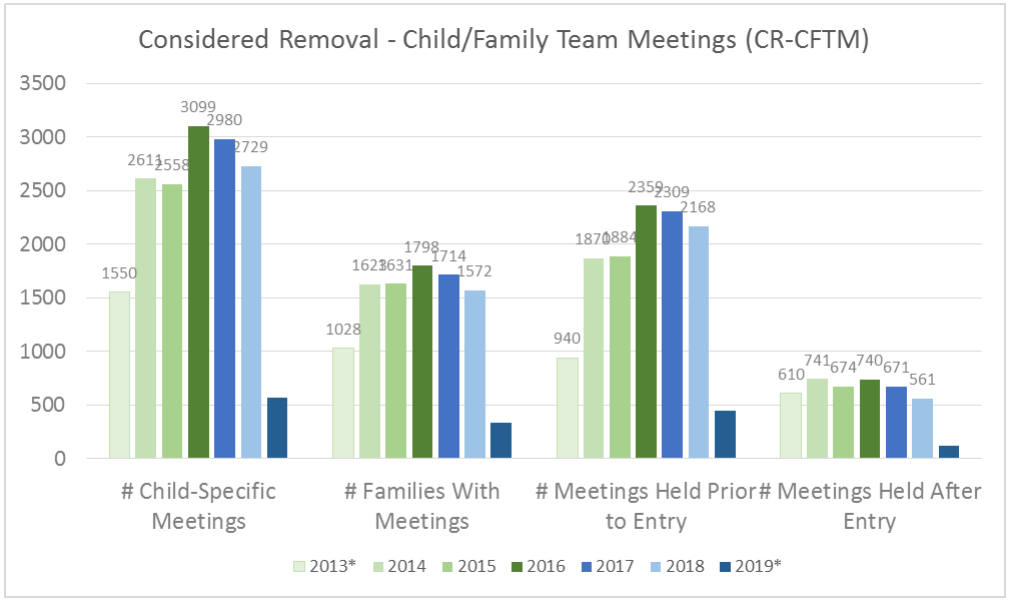
- ROM Federal Maltreatment in Foster Care – CY14 – CY17: The following chart shows that the standard continues to be met, and improved by 1.61 victims/100k days in care between CY 2017 and CY 2018.



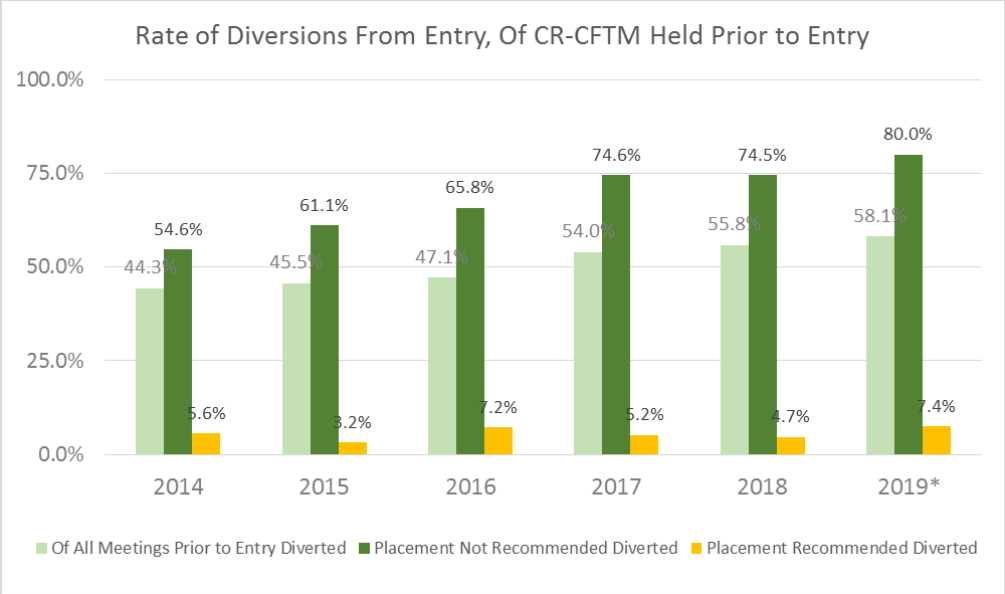
Report Period End	Dec 31, 2014				Dec 31, 2015				Dec 31, 2016				Dec 31, 2017			
	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate
Maltreatment in Foster Care	5495	87.00	1,350,036.00	6.44	5610	85.00	1,314,484.00	6.47	5873	89.00	1,378,047.00	6.46	5902	102.00	1,417,429.00	7.20
Rolling 12 Month Period	Jan - Dec 2014				Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017			

Report Period End	Dec 31, 2018			
	Count	Reports	Days	Rate
Maltreatment in Foster Care	6007	79.00	1,412,091.00	5.59
Rolling 12 Month Period	Jan - Dec 2018			

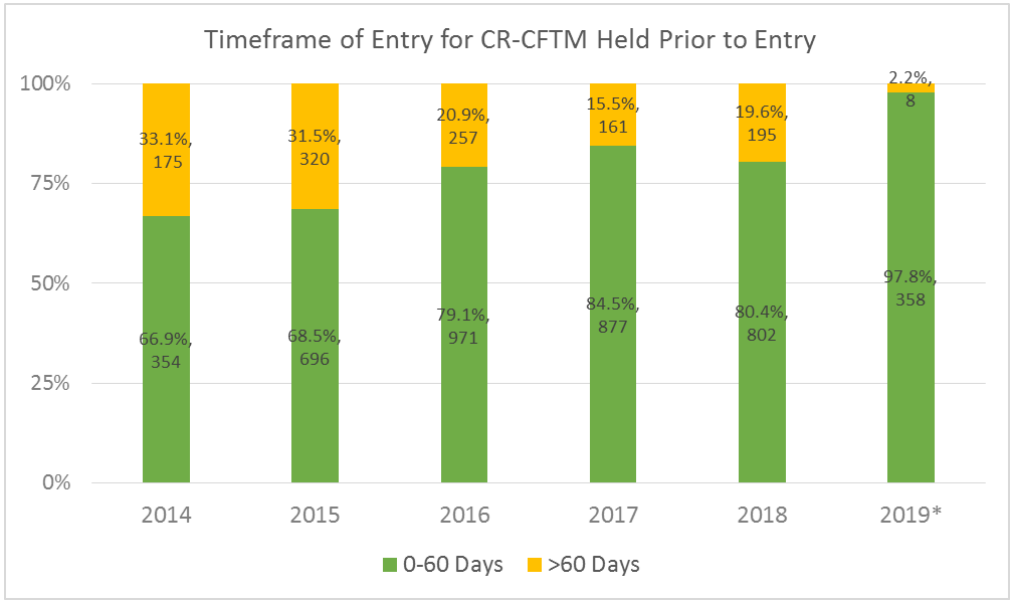
- CRCFTM Data – CY14 – 1Q19 (*2019 data is partial as of 5/1/19)
  - # Child Specific Team Meetings: 4.2% decrease in CY18 compared to CY17
  - #/% Meetings Held Prior: Volume continues to decline, but proportion is actually 1.9 percentage point higher in CY18 (79.4%) compared to CY17



- #/% Children diverted from entering care: 1.8 percentage point increase in CY18 in proportion of meetings held resulting in diversion from foster care compared to CY17



- #/% Children who Entered Care following CR-CFTM within 60 days: Decreased from 84.5% in CY17 to 80.4% in CY18



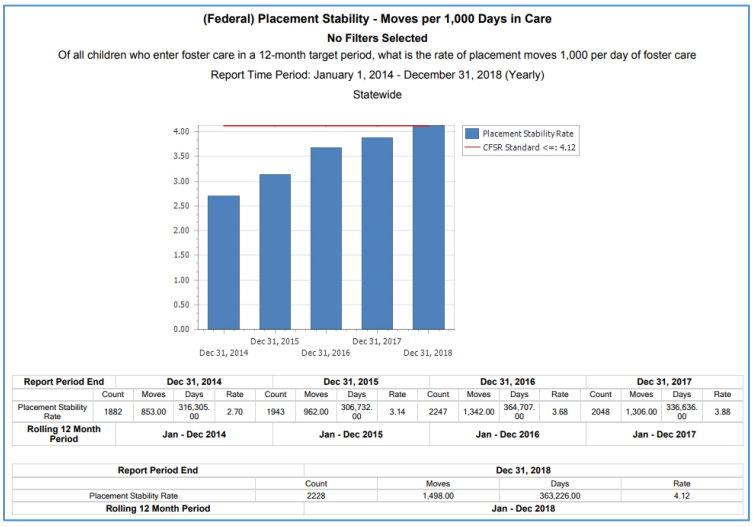
- **Item 3**
  - CFSR Result: n=82, 51% Strength, 49% ANI
  - ACRI Case practice elements – Strength % - CY15 – 2Q 2019 quarterly aggregation
    - Risk & Safety – Child in Placement: 5 percentage point improvement since 1Q17
    - Risk & Safety – Child in Placement: 7 percentage point improvement since 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	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	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%	92%	93%	92%	92%	96%
11	Risk & Safety - Children in Home	74%	67%	64%	69%	70%	65%	65%	57%	61%	70%	66%	70%	66%	69%	70%	73%	70%	66%

- Timely Accurate SDM – Parents: 6 percentage point improvement since 1Q17
- Timely Accurate SDM – Child: 5 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	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	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%	77%	75%	76%	75%	80%
23	Timely Accurate SDM - Child	87%	87%	79%	83%	77%	80%	82%	72%	74%	66%	80%	76%	77%	75%	79%	75%	77%	79%

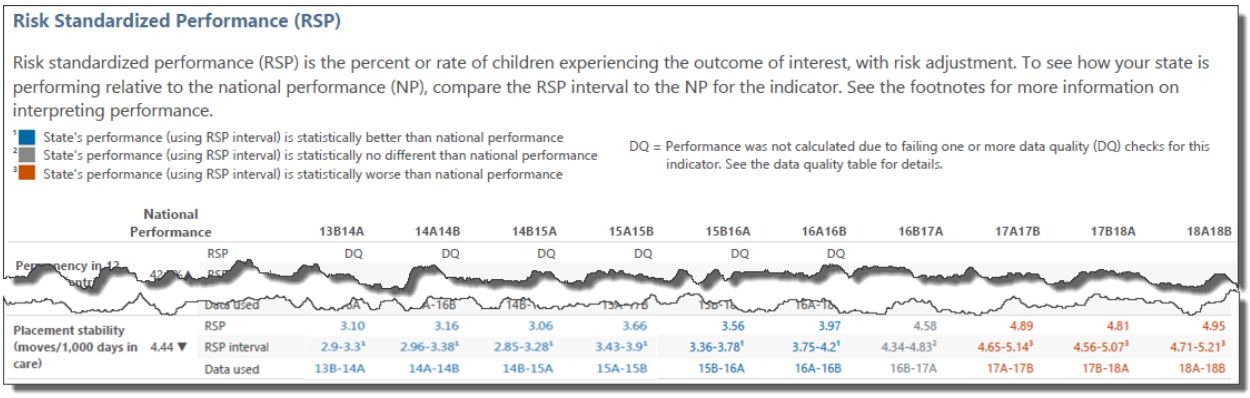
- **Item 4**
  - CFSR Result: n=42, 86% Strength, 14% ANI
  - ROM Federal Placement Stability - CY14 – CY18: Standard continues to be met, but with an increase of 0.24 moves/1k days since CY 2017 our performance is now right at the standard line of 4.12 moves/1k days.



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	1882	853.00	316,305.00	2.70	1943	962.00	306,732.00	3.14	2247	1,342.00	364,707.00	3.68	2048	1,306.00	336,636.00	3.88
Rolling 12 Month Period	Jan - Dec 2014				Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017			

Report Period End	Dec 31, 2018			
	Count	Moves	Days	Rate
Placement Stability Rate	2228	1,498.00	363,226.00	4.12
Rolling 12 Month Period	Jan - Dec 2018			

- Updated National Data Profile data indicator results

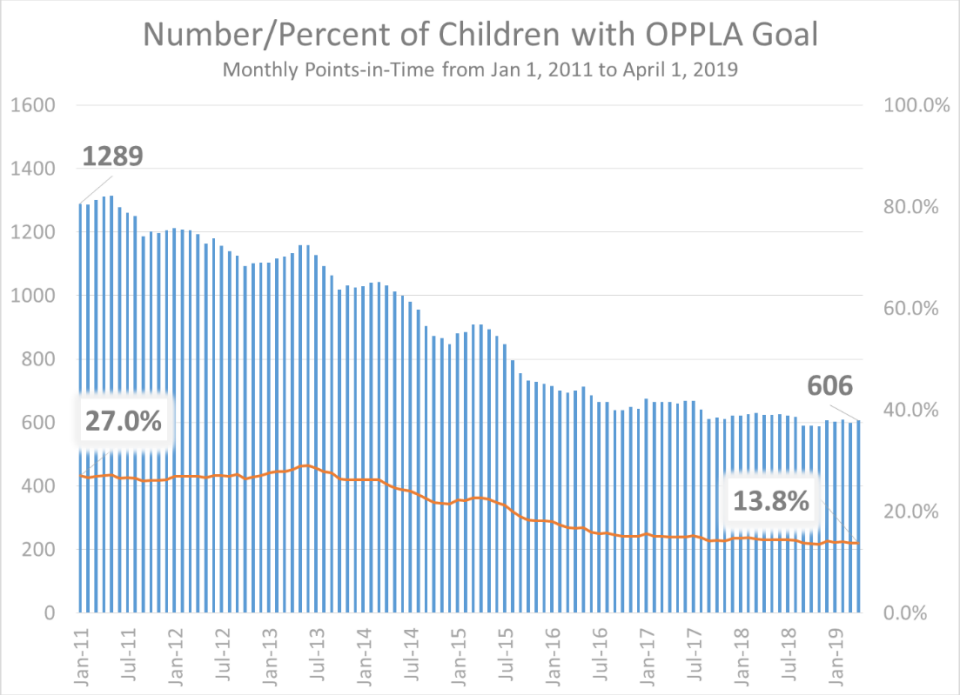


- **Item 5**
  - CFSP Objective:
    - Permanency Teaming will be implemented to improve the likelihood of permanency for all children and to reduce the use of APPLA by 50%

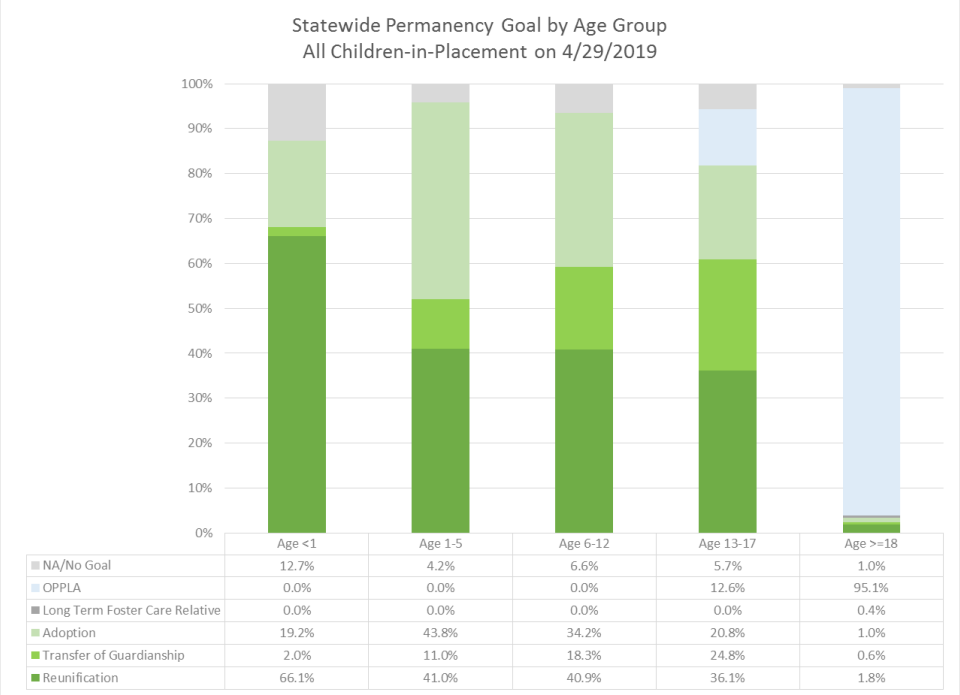
	Period of Entry to Care													
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Total Entries	3408	2853	2829	2627	2693	2298	1859	2005	1929	1990	2261	2082	2358	541
In 1 yr	1262	1095	1098	1092	1025	707	560	535	499	427	565	540		
	37.0%	38.4%	38.8%	41.6%	38.1%	30.8%	30.1%	26.7%	25.9%	21.5%	25.0%	25.9%		
In 2 yrs	1972	1675	1676	1581	1378	1052	857	841	790	754	902			
	57.9%	58.7%	59.2%	60.2%	51.2%	45.8%	46.1%	41.9%	41.0%	37.9%	39.9%			
In 3 yrs	2324	1974	1943	1791	1676	1245	1035	1072	999	972				
	68.2%	69.2%	68.7%	68.2%	62.2%	54.2%	55.7%	53.5%	51.8%	48.8%				
In 4 yrs	2500	2090	2033	1894	1780	1357	1120	1159	1110					
	73.4%	73.3%	71.9%	72.1%	66.1%	59.1%	60.2%	57.8%	57.5%					
To Date	2621	2171	2121	1951	1848	1436	1158	1208	1141	1050	1107	696	394	18
	76.9%	76.1%	75.0%	74.3%	68.6%	62.5%	62.3%	60.2%	59.1%	52.8%	49.0%	33.4%	16.7%	3.3%
Non-Permanent Exits														
In 1 yr	259	263	250	208	196	138	95	125	111	95	68	62		
	7.6%	9.2%	8.8%	7.9%	7.3%	6.0%	5.1%	6.2%	5.8%	4.8%	3.0%	3.0%		
In 2 yrs	345	318	320	267	243	188	146	182	140	124	90			
	10.1%	11.1%	11.3%	10.2%	9.0%	8.2%	7.9%	9.1%	7.3%	6.2%	4.0%			
In 3 yrs	401	354	363	300	275	220	190	218	157	156				
	11.8%	12.4%	12.8%	11.4%	10.2%	9.6%	10.2%	10.9%	8.1%	7.8%				
In 4 yrs	449	392	394	328	309	257	218	236	176					
	13.2%	13.7%	13.9%	12.5%	11.5%	11.2%	11.7%	11.8%	9.1%					
To Date	553	467	476	406	382	300	254	268	195	175	107	80	74	5
	16.2%	16.4%	16.8%	15.5%	14.2%	13.1%	13.7%	13.4%	10.1%	8.8%	4.7%	3.8%	3.1%	0.9%

	Period of Entry to Care													
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Unknown Exits														
In 1 yr	76	61	60	75	127	205	133	102	113	197	257	253		
	2.2%	2.1%	2.1%	2.9%	4.7%	8.9%	7.2%	5.1%	5.9%	9.9%	11.4%	11.9%		
In 2 yrs	117	97	91	139	303	399	254	311	344	432	507			
	3.4%	3.4%	3.2%	5.3%	11.3%	17.4%	13.7%	15.5%	17.8%	21.7%	22.4%			
In 3 yrs	140	123	125	192	381	475	335	398	446	533				
	4.1%	4.3%	4.4%	7.3%	14.1%	20.7%	18.0%	19.9%	23.1%	26.8%				
In 4 yrs	167	155	167	217	400	499	374	444	483					
	4.9%	5.4%	5.9%	8.3%	14.9%	21.7%	20.1%	22.1%	25.0%					
To Date	224	206	214	252	437	534	415	471	491	562	612	457	196	7
	6.6%	7.2%	7.6%	9.6%	16.2%	23.2%	22.3%	23.5%	25.5%	28.2%	27.1%	22.0%	8.3%	1.3%
Remain In Care														
In 1 yr	1811	1434	1421	1252	1345	1248	1071	1243	1206	1271	1371	1227		
	53.1%	50.3%	50.2%	47.7%	49.9%	54.3%	57.6%	62.0%	62.5%	63.9%	60.6%	59.2%		
In 2 yrs	974	763	742	640	769	659	602	671	655	680	762			
	28.6%	26.7%	26.2%	24.4%	28.6%	28.7%	32.4%	33.5%	34.0%	34.2%	33.7%			
In 3 yrs	543	402	398	344	361	358	299	317	327	329				
	15.9%	14.1%	14.1%	13.1%	13.4%	15.6%	16.1%	15.8%	17.0%	16.5%				
In 4 yrs	292	216	235	188	204	185	147	166	160					
	8.6%	7.6%	8.3%	7.2%	7.6%	8.1%	7.9%	8.3%	8.3%					
To Date	10	9	18	18	26	28	32	58	102	203	435	849	1694	511
	0.3%	0.3%	0.6%	0.7%	1.0%	1.2%	1.7%	2.9%	5.3%	10.2%	19.2%	40.8%	71.8%	94.5%

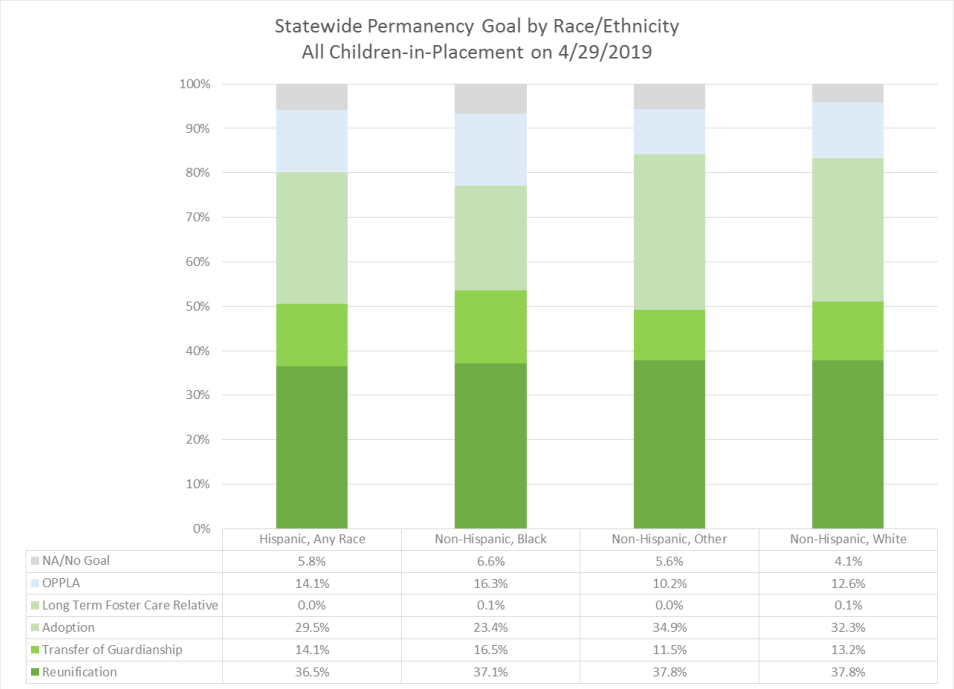
- Trend in #/% of Children with OPPLA Goal: Declined in volume by 59 children since April 2017, and in proportion from 14.9% in April 2017 to 13.8% in April 2019



- **Other Related Data**



	Age <1	Age 1-5	Age 6-12	Age 13-17	Age >=18
NA/No Goal	12.7%	4.2%	6.6%	5.7%	1.0%
OPPLA	0.0%	0.0%	0.0%	12.6%	95.1%
Long Term Foster Care Relative	0.0%	0.0%	0.0%	0.0%	0.4%
Adoption	19.2%	43.8%	34.2%	20.8%	1.0%
Transfer of Guardianship	2.0%	11.0%	18.3%	24.8%	0.6%
Reunification	66.1%	41.0%	40.9%	36.1%	1.8%



	Hispanic, Any Race	Non-Hispanic, Black	Non-Hispanic, Other	Non-Hispanic, White
NA/No Goal	5.8%	6.6%	5.6%	4.1%
OPPLA	14.1%	16.3%	10.2%	12.6%
Long Term Foster Care Relative	0.0%	0.1%	0.0%	0.1%
Adoption	29.5%	23.4%	34.9%	32.3%
Transfer of Guardianship	14.1%	16.5%	11.5%	13.2%
Reunification	36.5%	37.1%	37.8%	37.8%

- Judicial data re: approval of OPPLA Plans

APPLA/OPPLA Permanency Plans

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

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

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

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

(Name) _____, or

☐ Other _____

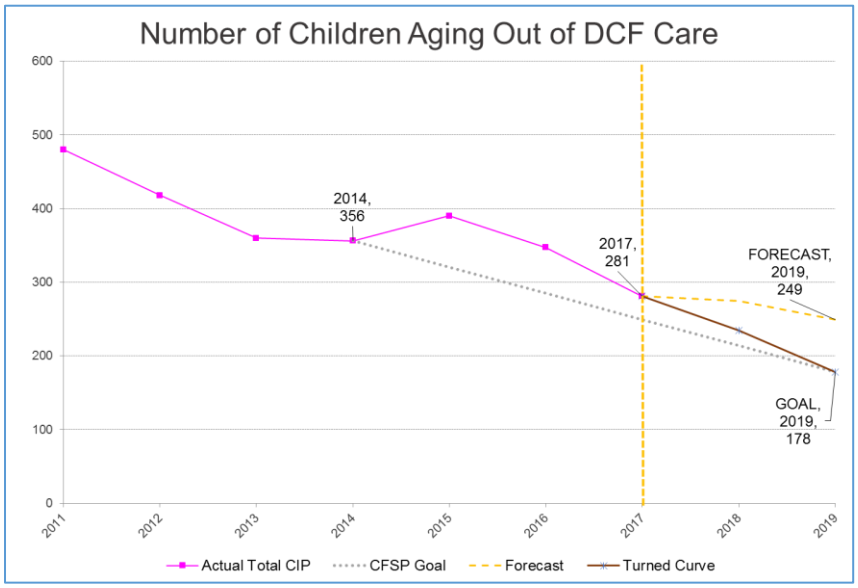
Explanation: The chart displays the total number of permanency plans approved and also displays the number of those approved that had APPLA/OPPLA goals that were approved by the court during calendar year. Based on a code that is entered, the type of permanency plan goal can be determined.

Cohort: Permanency Plans that were approved during FY18

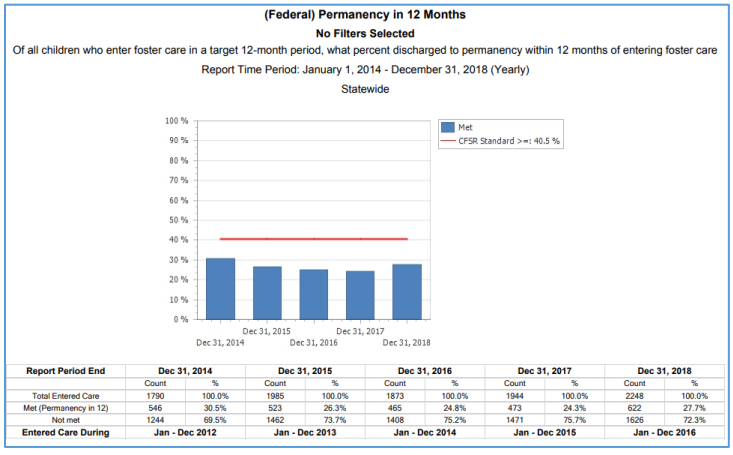
APPLA/OPPLA Plans for FY18	
Total Number Of Permanency Plans Approved	3973
Number of APPLA/OPPLA Plans Approved	708
Number of ILP Approved	301
Number of Long Term Foster Care Approved	132
Number of Other Approved	275

- 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%.

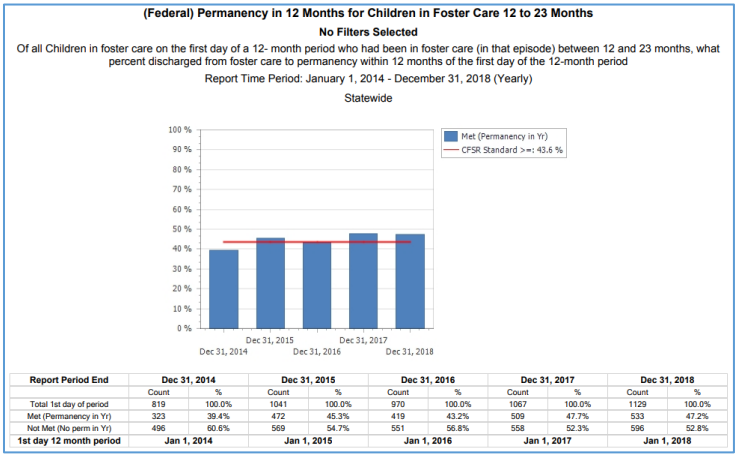


  - CFSR Result: n=42, 31% Strength, 69% ANI
  - CFSR National Data Indicator Results: The permanency measure was unable to be calculated due to a data quality issue with a single data element, discharge reason, for the measurement periods required for each measure. It should be noted that this data quality problem has already been resolved in the subsequent submission of FFY16B AFCARS data.
  - ROM Federal Permanency in 12 Months: While still not meeting the measure, performance improved from 24.1% in CY 2017 to 27.7% in CY 2018



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Entered Care	1790	100.0%	1985	100.0%	1873	100.0%	1944	100.0%	2248	100.0%
Met (Permanency in 12)	546	30.5%	523	26.3%	465	24.8%	473	24.3%	622	27.7%
Not met	1244	69.5%	1462	73.7%	1408	75.2%	1471	75.7%	1626	72.3%
Entered Care During	Jan - Dec 2012		Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016	

  - ROM Federal Permanency in 12 Months for CIP 12-23 Months: While still meeting the measure, performance slightly declined from 48.2% in CY17 to 47.2% in CY18



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

No Filters Selected

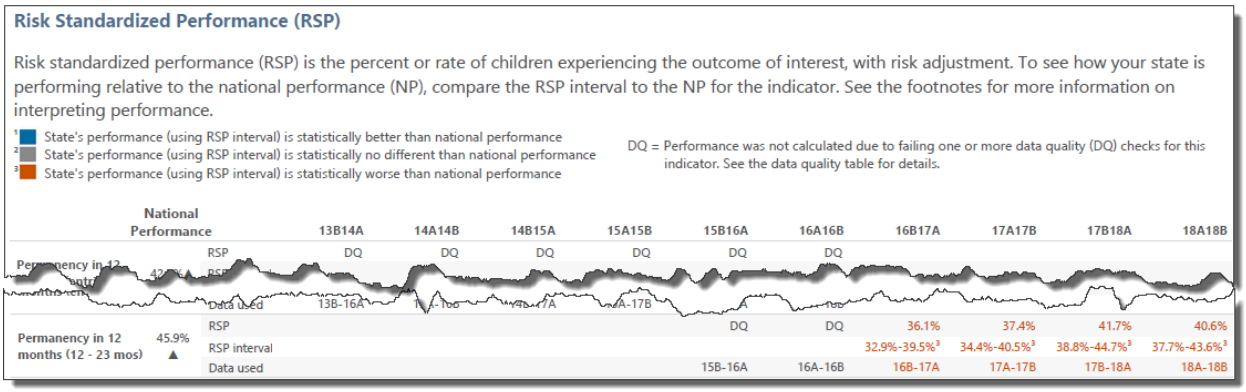
Of all Children in foster care on the first day of a 12- month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide

Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total 1st day of period	819	100.0%	1041	100.0%	970	100.0%	1067	100.0%	1129	100.0%
Met (Permanency in Yr)	323	39.4%	472	45.3%	419	43.2%	509	47.7%	533	47.2%
Not Met (No perm in Yr)	496	60.6%	569	54.7%	551	56.8%	558	52.3%	596	52.8%
1st day 12 month period	**Jan 1, 2014**		**Jan 1, 2015**		**Jan 1, 2016**		**Jan 1, 2017**		**Jan 1, 2018**	

- Updated National Data Profile data indicator results: while risk-adjusted results on this measure do not meet the standard, the trend showing continuing improvement is similar to that observed on the related ROM report above.



Risk Standardized Performance (RSP)

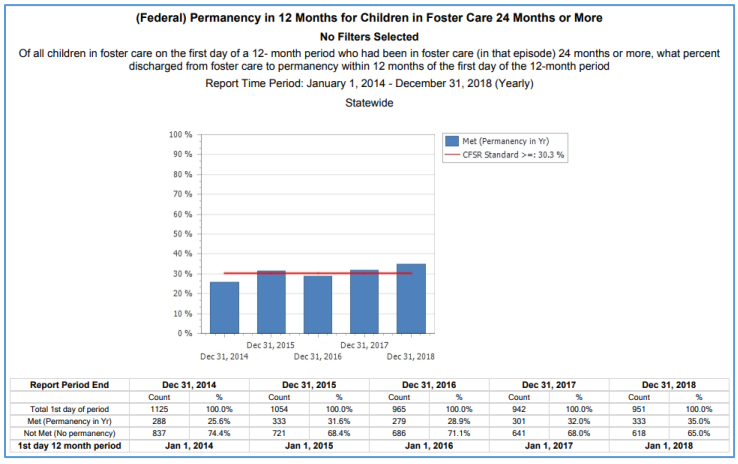
Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information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

[1] State's performance (using RSP interval) is statistically better than national performance
[2] State's performance (using RSP interval) is statistically no different than national performance
[3] State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

	National Performance		13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A	17A17B	17B18A	18A18B
Permanency in 12 months (12 - 23 mos)	45.9% ▲	RSP	DQ	DQ	DQ	DQ	DQ	DQ	36.1%	37.4%	41.7%	40.6%
		RSP interval							32.9%-39.5%[3]	34.4%-40.5%[3]	38.8%-44.7%[3]	37.7%-43.6%[3]
		Data used					15B-16A	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B

- ROM Federal Permanency in 12 Months for CIP >=24 Months: Continued to meet the measure, and improved from 32% in CY17 to 35% in CY18



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

No Filters Selected

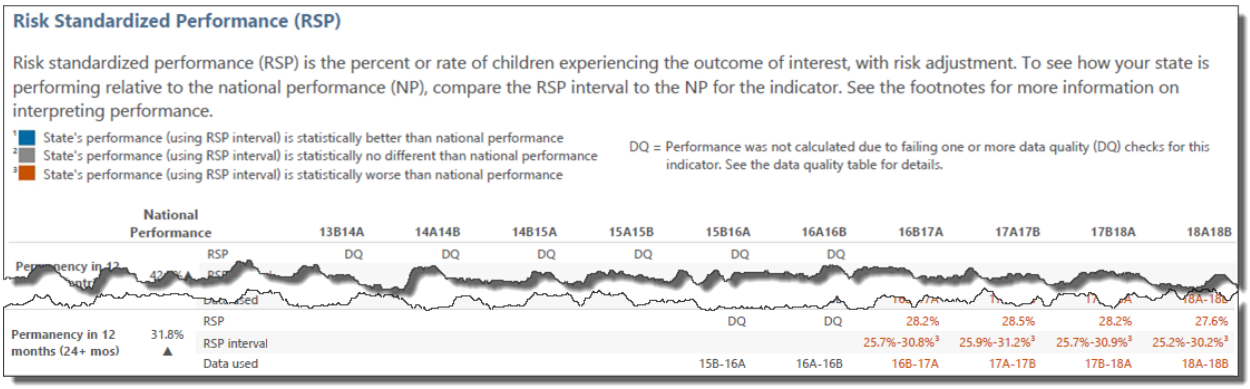
Of all children in foster care on the first day of a 12- month period who had been in foster care (in that episode) 24 months or more, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide

Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total 1st day of period	1125	100.0%	1054	100.0%	965	100.0%	942	100.0%	951	100.0%
Met (Permanency in Yr)	288	25.6%	333	31.6%	279	28.9%	301	32.0%	333	35.0%
Not Met (No permanency)	837	74.4%	721	68.4%	686	71.1%	641	68.0%	618	65.0%
1st day 12 month period	**Jan 1, 2014**		**Jan 1, 2015**		**Jan 1, 2016**		**Jan 1, 2017**		**Jan 1, 2018**	

- Updated National Data Profile data indicator results: risk-adjusted results on this measure do not meet the standard, and in contrast to the improving trend shown in the related ROM report above, the trend here is flat with a decline in the latest period.



- Judicial Data concerning Time to Permanent Placement for SFY18

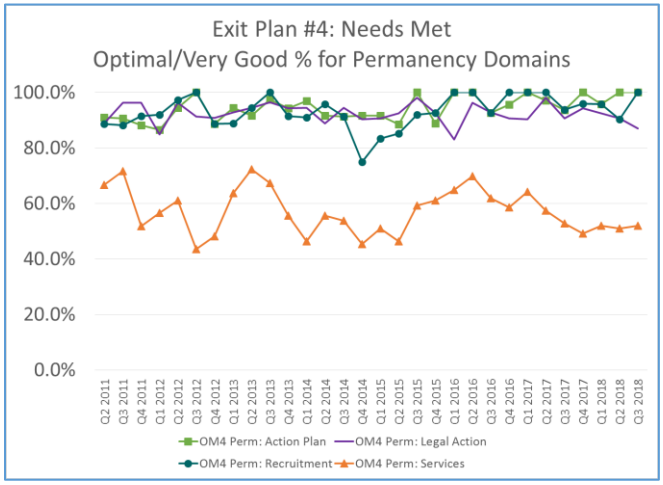
Time to Permanent Placement

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.

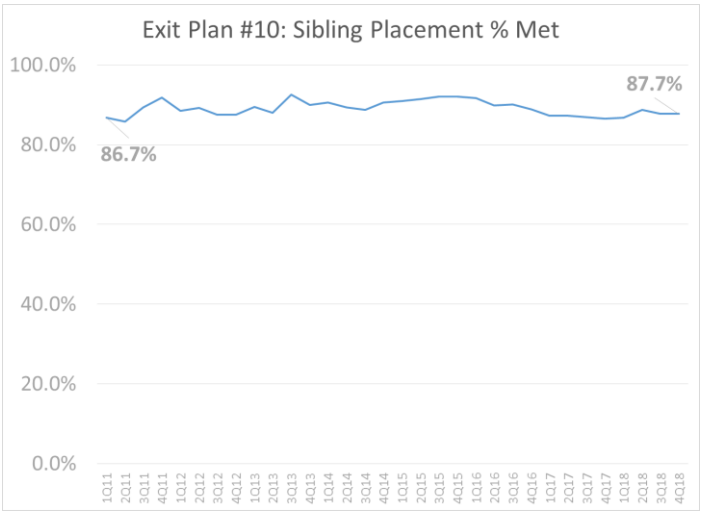
Cohort: Children who exited care by adoption, transfer of guardianship or reunification during FY18

	FY18								
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	501	13	43	164	1207	893	3%	9%	33%
Transfer of Guardianship	114	42	69	92	471	448	37%	60%	80%
Reunification	659	451	536	605	313	236	68%	81%	92%

- **Other Related Data**
  - Exit Plan (EP) #4 Needs Met: selected Permanency domains: slight declines, or little change, since 3Q 2016 (3Q 2017 is the latest available quarter)



- **Item 7**
  - CFSR Result: n=21, 76% Strength, 24% ANI
  - CIP Dashboard Since 2011 - % CIP In Kin Placement Jan 2011 – April 2019
    - **21.0**% in Kinship Care on Jan 1 2011 (17.3% in Relative only)
    - **43.2**% in Kinship Care on April 1 2018 (36.6% in Relative only)
  - EP #10 CY11 – CY18 – 1% improvement in performance across time period



- **Item 8**
  - CFSR Result: n=28, 75% Strength, 25% ANI
  - 2018 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, 2017 and June 30, 2018. 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 332 sibling pairs and 133 children with their parents.

Siblings:

Of the 332 sibling pairs, the frequency of visitation for 138 (41.6%) of the sibling pairs met or exceeded the expectation. In the previous state fiscal year (SFY2017), the frequency of visitation for 49.0% of the sibling pairs met the expectation. In SFY 2016, 49.5% of the sibling pairs met the expectation and in SFY2015, 41.4% met the expectation. Of the 332 pairs, twelve (12) had a visitation expectation of "none" with documentation that indicated visitation between the siblings was not in the best interest of the child. Of the remaining 320 sibling pairs with a visitation expectation other than "none," the visitation frequency for 126 (39.4%) sibling pairs was met or exceeded. In SFY2017, 47.2% of the sibling pairs with a visitation frequency other than "none" met the expectation.

Documentation regarding the factors considered in making visitation determinations was located in the child's plan of treatment (refer to as "case plan" within the Department) for 177 (53.3%) pairs. In the previous state fiscal year (SFY2017), information was found in the case plan for 58.3% of the sibling pairs. For 31 (9.3%) of the pairs, the information was located within supervisory conference notes, case or other narratives. For 124 (37.3%) of the pairs, information regarding their visitation frequency could not be found in the electronic case record. For 35 (10.5%) of the pairs, their visitation frequency was less than weekly. 29 (82.9%) of those 35 sibling pairs had information documented in the case plan regarding the factors used to determine the frequency. The remaining 6 (17.1%) sibling pairs had information documented in other areas of the electronic case record.

Barriers to meeting the visitation expectations were identified. The most often identified barrier for the sibling pairs for whom DCF did not meet the visitation expectation was "Parent/Guardian Refuses to Allow Visits" (20, 10.3%). It 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 barrier was followed by "Child Refuses to Visit" (17, 8.8%). Other barriers included "Sibling refuses visits" (16, 8.2%), "Child AWOL/Runaway" (10, 5.2%) and "Sibling's Schedule" (7, 3.6%).

For the majority (89, 45.9%) of the pairs, the "Unknown/UTD" barrier was chosen. It 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 caregivers, 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 wasn't information about the frequency, duration or assessments of these visits. Similar information was lacking in cases in which the target child is an adolescent and/or visiting with adult siblings. Of the 194 sibling pairs that did not meet the expected frequency, 48 (64.9%) 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. That is, once parental rights are terminated, they have less contact with their siblings. The 2016 report also demonstrated this point. Unlike previous years, in the current review, 122 (40.3%) of the 303 target children whose parental rights had not been terminated met the visitation expectation compared to 16 (55.2%) of the 29 whose parents rights had been terminated. Although this is the reverse of previous years, the numbers of children whose parent's rights had been terminated is relatively low and therefore may not be a valid comparison.

Parents:

The compliance determination for visitation with parents was based on 133 children of the 150 children who populated the sample, for a total of 234 unique child/parent pairs. Seventeen 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. Some of the reasons parents were not applicable included the parent's rights were terminated, the parents were whereabouts unknown or that the parents were deceased for the entire period under review. There was a clear visitation expectation identified in the case record for 184 (78.6%) child/parent pairs. There was documentation found in the Case Plan regarding the frequency for 149 (80.9%) of these pairs. Documentation of the expectation was found in Supervisory narratives or other narratives for 35 (19.0%) of the pairs. For 50 (21.4%) pairs, documentation could not be found for the visitation expectation.

The expected frequency of visitation was met for 106 (57.6%) child/parent pairs which is a decrease from 68.2% in the 2017 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.

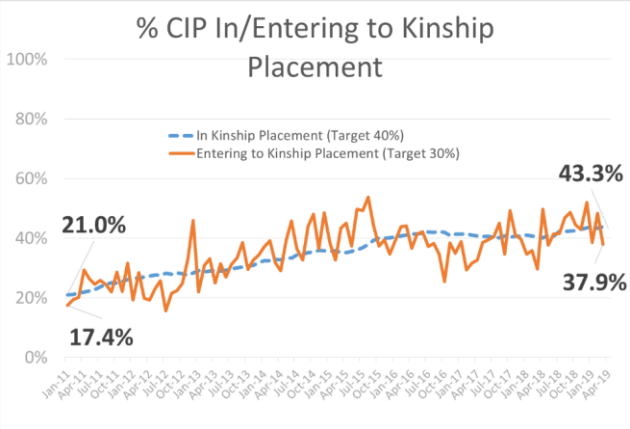
There were 78 (42.4%) child/parent pairs that did not meet the visitation expectation. Reviewers identified barriers to meeting the visitation expectation for 49 (62.8%) child/parent pairs for which the measure was not met. The "Unknown/UTD" category 29 (37.2%) included pairs in which the visitation 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. The most often identified barrier was "Parent's Whereabouts Unknown/No Contact" which was present for 20 (25.6%) of the pairs.

- **Item 9**
  - CFSR Result: n=42, 50% Strength, 50% ANI
  - Administrative Care Review Instrument (ACRI)- Case Practice Elements
    - Maternal Relatives: 4 percentage point improvement since 1Q17
    - Paternal Relatives: 5 percentage point improvement since 1Q17

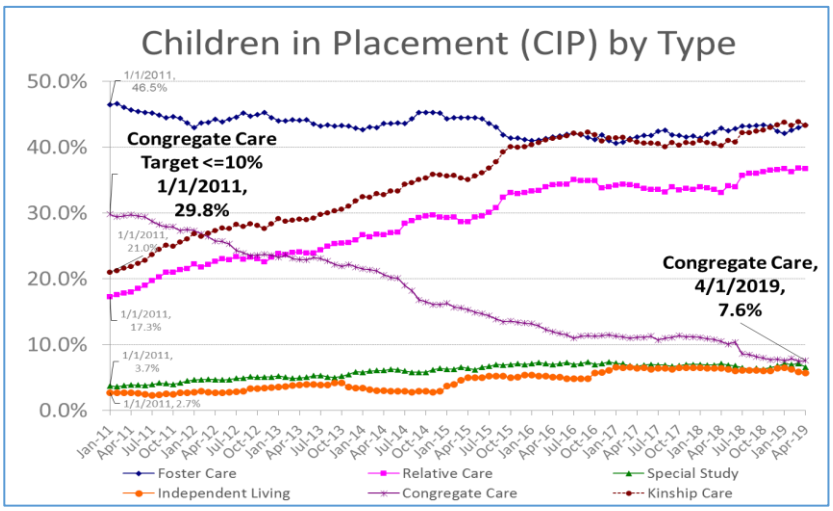
		Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
34	Maternal relatives	94%	92%	92%	94%	93%	94%	93%	92%	92%	93%	93%	95%	94%	95%	94%	95%	94%	96%
35	Paternal relatives	91%	90%	89%	91%	91%	92%	91%	88%	88%	89%	90%	91%	91%	90%	92%	91%	91%	93%

- **Item 10**
  - CFSP Objective:

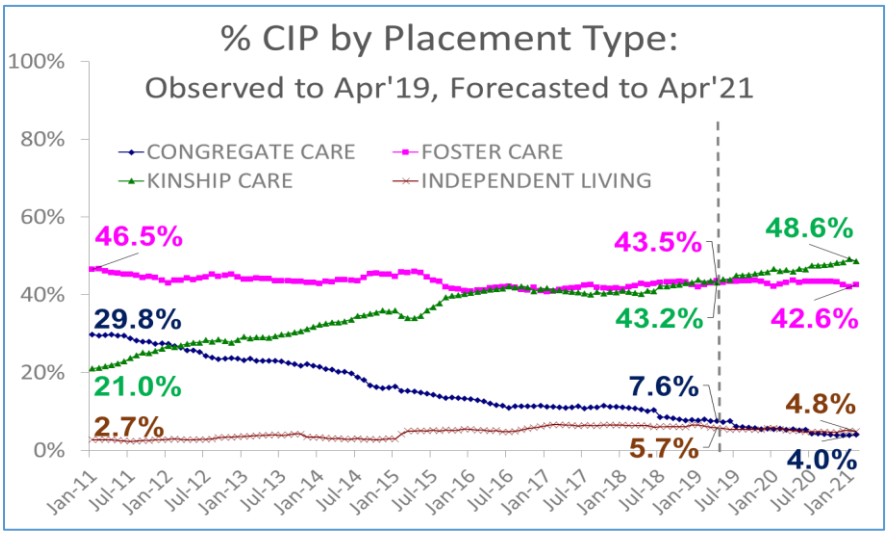
- 40% of all initial placements and 30% of overall placements will be with relatives and kin: As of April 1, 2019, 37.9% of initial placements were with kin, as well as 43.3% of overall placements, near or exceeding both our goals



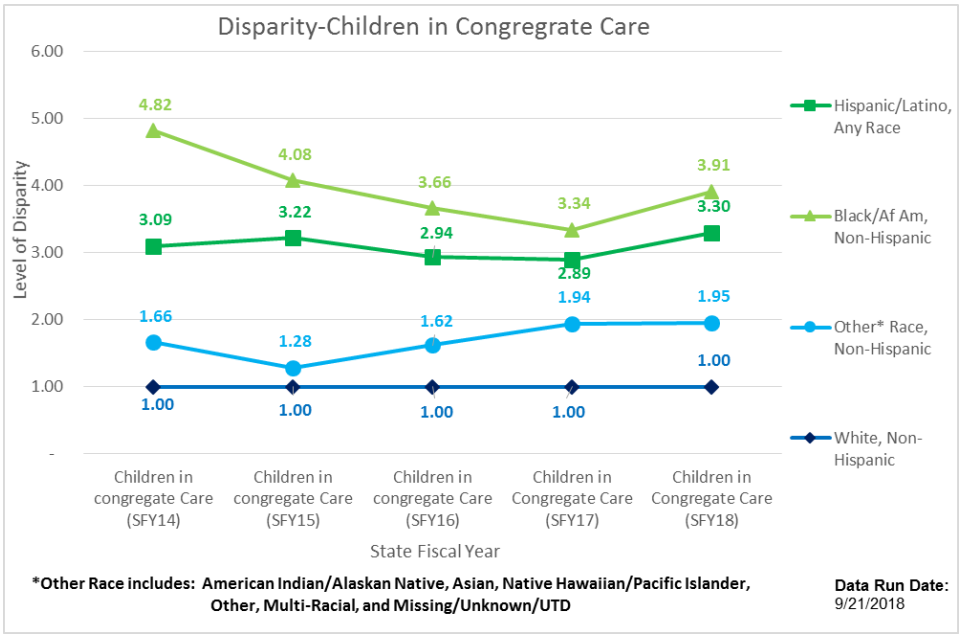
- Number of children in Congregate Care settings will be no more than 10% of total CIP: As of April 1, 2019, only 7.6% of children in placement were in Congregate Care, exceeding our goal by 2.4%



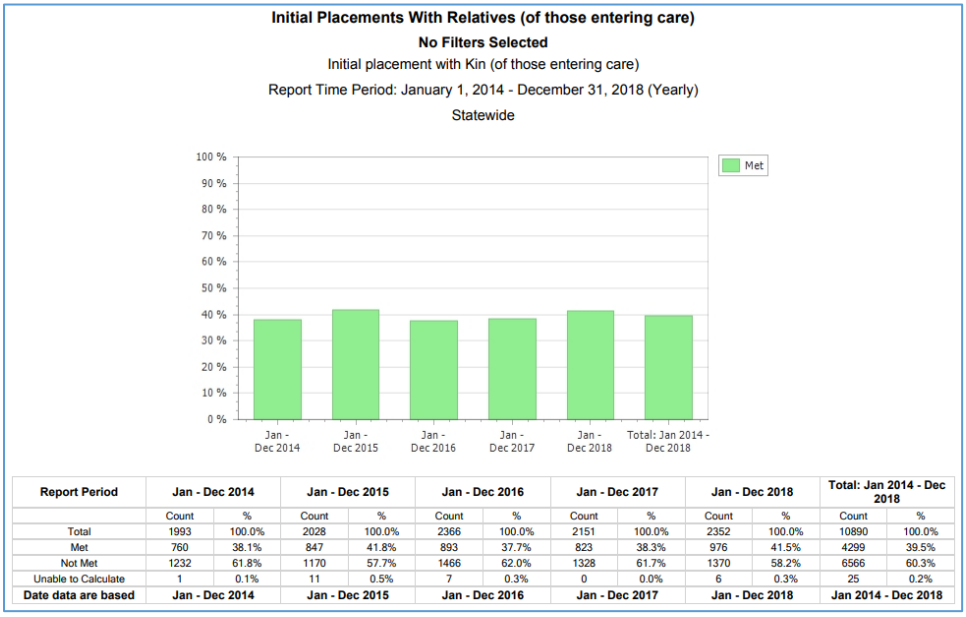
- CIP Placement Type Projections: Forecast shows we will continue to reduce the usage of Congregate Care, and continue to increase our use of Kinship placements



- 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

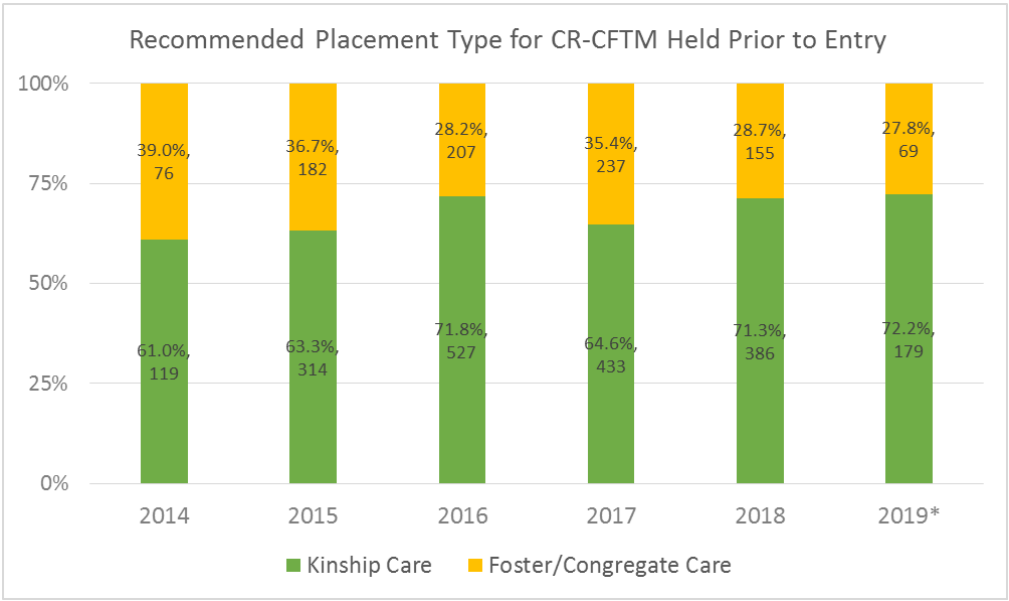


- CFSR Result: n=42, 62% Strength, 38% ANI
- ROM Initial Placement with Kin CY14 – CY 2018: annual results show 3.2% increase from CY 2017 to CY 2018

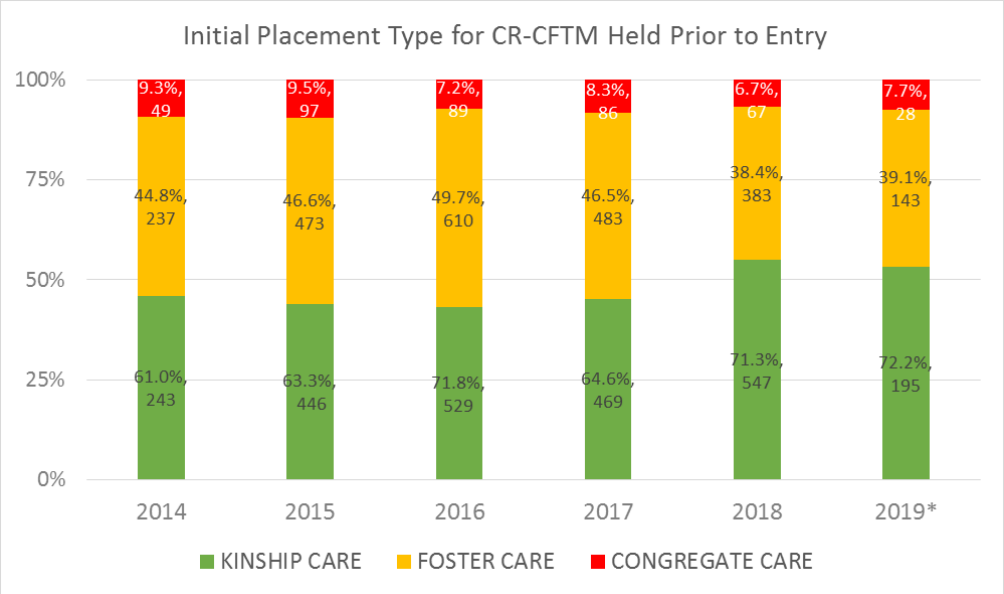


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total	1993	100.0%	2028	100.0%	2366	100.0%	2151	100.0%	2352	100.0%	10890	100.0%
Met	760	38.1%	847	41.8%	893	37.7%	823	38.3%	976	41.5%	4299	39.5%
Not Met	1232	61.8%	1170	57.7%	1466	62.0%	1328	61.7%	1370	58.2%	6566	60.3%
Unable to Calculate	1	0.1%	11	0.5%	7	0.3%	0	0.0%	6	0.3%	25	0.2%
Date data are based	**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**		**Jan - Dec 2018**		**Jan 2014 - Dec 2018**	

- CR-CFTM Data (*2019 data partial as of 5/1/19):
  - % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation CY15 – 18: Fewer recommendations made for Kinship placements in CY18 (71.3%) compared to CY17 (64.6%)



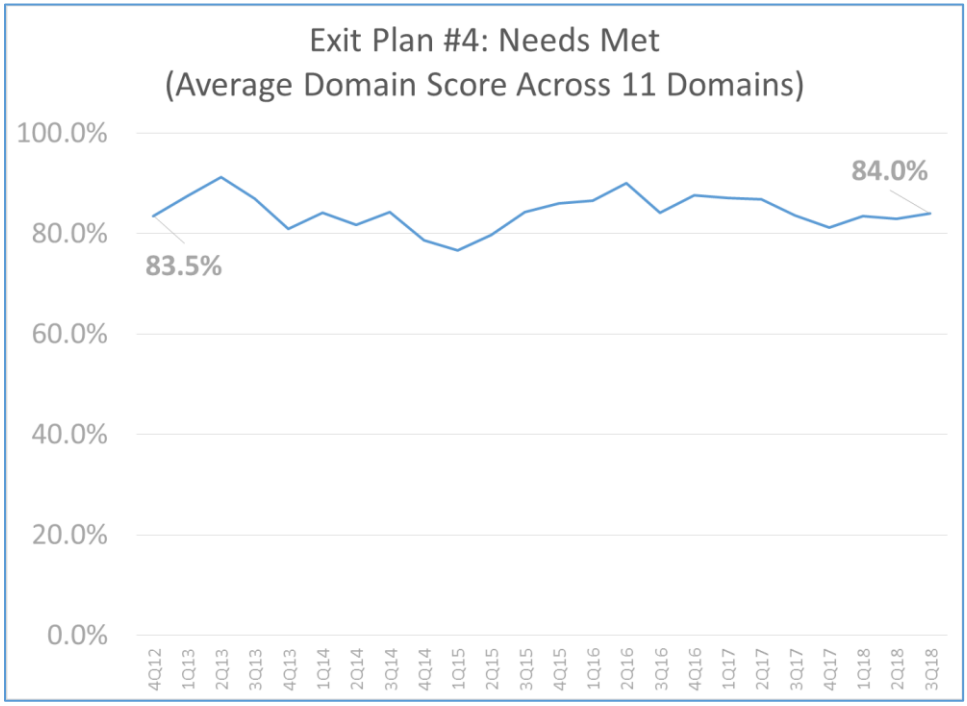
  - Of entries, #/% children placed with relatives/kin: Fewer actual initial placements with 2018 (71.3%) compared to CY 2017 (64.6%)



- **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

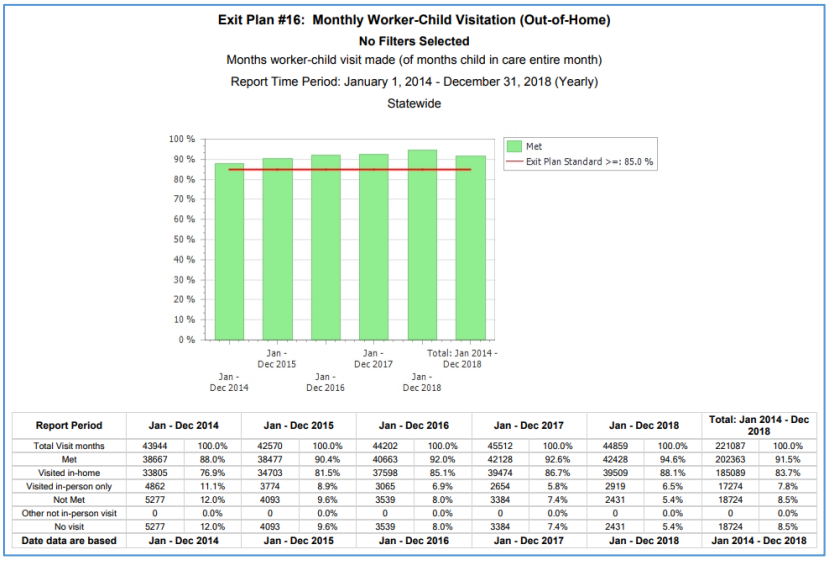
Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	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 #4 Needs Met – CY 2015 – CY 2018 Quarterly Aggregation for average domain scores across the 11 domains included in this measure: .5% improvement since 4Q12, as of 3Q18 (latest available data)



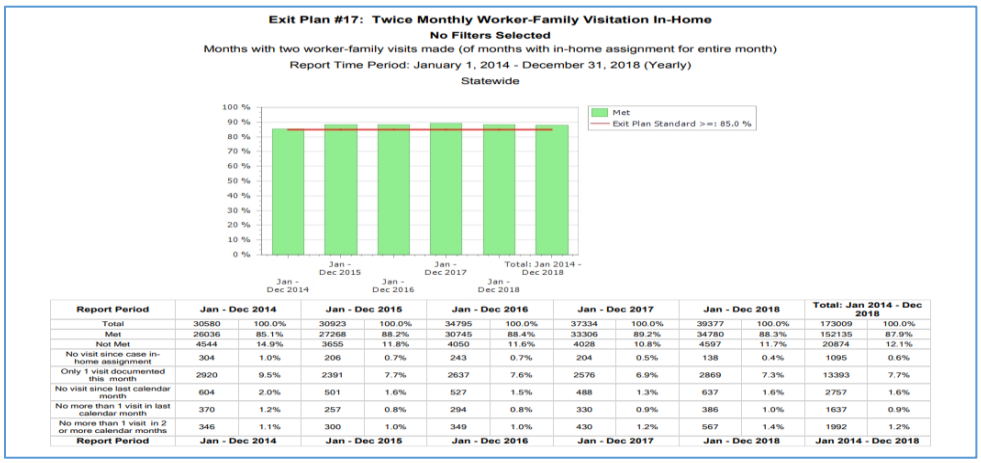
- **Item 13 – REFER TO SYSTEMIC FACTOR SECTIONS ON CASE REVIEW**
  - CFSR Result: n=81, 41% Strength, 59% ANI

- **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 - CY 2014 – CY 2018: Continued (2%) improvement in CY 2018 (94.6%) compared to CY 2017 (92.6%)



Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
Total Visit months	43944	100.0%	42570	100.0%	44202	100.0%	45512	100.0%	44859	100.0%	221087	100.0%
Met	38667	88.0%	38477	90.4%	40663	92.0%	42128	92.6%	42428	94.6%	202363	91.5%
Visited in-home	33805	76.9%	34703	81.5%	37598	85.1%	39474	86.7%	39509	88.1%	185089	83.7%
Visited in-person only	4862	11.1%	3774	8.9%	3065	6.9%	2654	5.8%	2919	6.5%	17274	7.8%
Not Met	5277	12.0%	4093	9.6%	3539	8.0%	3384	7.4%	2431	5.4%	18724	8.5%
Other not in-person visit	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No visit	5277	12.0%	4093	9.6%	3539	8.0%	3384	7.4%	2431	5.4%	18724	8.5%
Date data are based	**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**		**Jan - Dec 2018**		**Jan 2014 - Dec 2018**	

- ROM EP# 17 - CY14 – CY18: Minor decrease in CY18 (88.3%) compared to CY17 (89.2%)



Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
Total	30580	100.0%	30923	100.0%	34795	100.0%	37334	100.0%	39377	100.0%	173009	100.0%
Met	26036	85.1%	27268	88.2%	30745	88.4%	33306	89.2%	34780	88.3%	152135	87.9%
Not Met	4544	14.9%	3655	11.8%	4050	11.6%	4028	10.8%	4597	11.7%	20874	12.1%
No visit since case in-home assignment	304	1.0%	206	0.7%	243	0.7%	204	0.5%	138	0.4%	1095	0.6%
Only 1 visit documented this month	2920	9.5%	2391	7.7%	2637	7.6%	2576	6.9%	2869	7.3%	13393	7.7%
No visit since last calendar month	604	2.0%	501	1.6%	527	1.5%	488	1.3%	637	1.6%	2757	1.6%
No more than 1 visit in last calendar month	370	1.2%	257	0.8%	294	0.8%	330	0.9%	386	1.0%	1637	0.9%
No more than 1 visit in 2 or more calendar months	346	1.1%	300	1.0%	349	1.0%	430	1.2%	567	1.4%	1992	1.2%
Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan 2014 - Dec 2018	

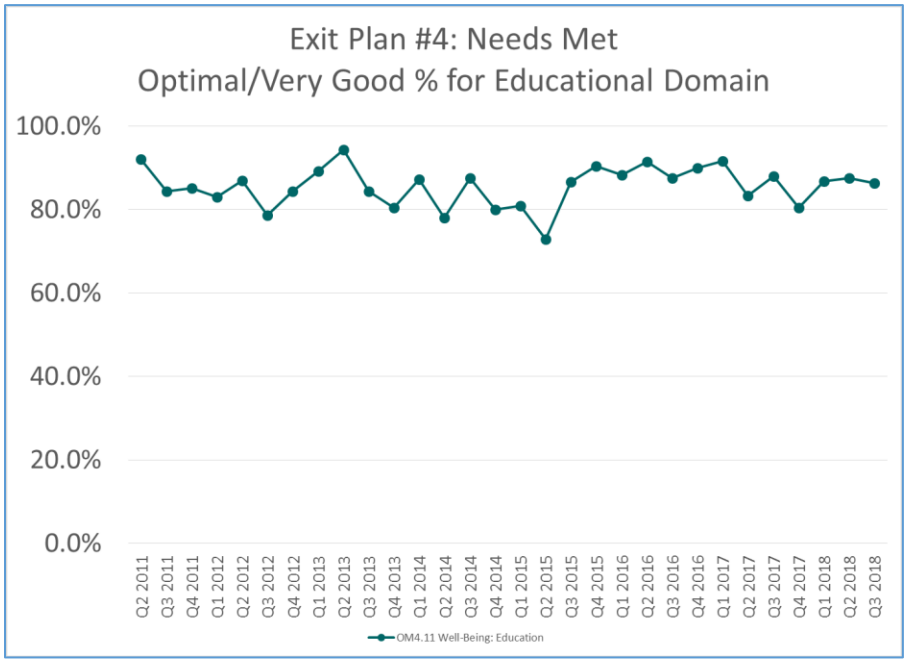
- ACRI Case Practice Elements – CY 2015 – 2Q 2019
  - Visitation with Child and Parents: 6 percentage point improvement since 1Q 2017
  - Frequency of Visits – Parents: 11 percentage point improvement since 1Q 2017
  - Frequency of Visits – Father: 7 percentage point improvement since 1Q 2017
  - Frequency of Visits – Mother: 14 percentage point improvement since 1Q 2017
  - Quality of Visits – Parents: 9 percentage point improvement since 1Q 2017
  - Quality of Visits – Father: 8 percentage point improvement since 1Q 2017
  - Quality of Visits – Mother: 10 percentage point improvement since 1Q 2017
  - Frequency of Visits – Child: 5 percentage point improvement since 1Q 2017
  - Quality of Visits – Child: 7 percentage point improvement since 1Q 2017

		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	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
1	Visitation with Child and Parents	67%	61%	60%	64%	68%	69%	65%	58%	61%	62%	67%	63%	64%	62%	63%	64%	61%	67%
2	Frequency of visits - Parents	68%	60%	60%	65%	70%	69%	67%	59%	61%	65%	65%	66%	65%	63%	65%	67%	65%	72%
3	Frequency of visits - Father	62%	54%	54%	59%	65%	63%	61%	51%	53%	57%	55%	56%	56%	56%	57%	58%	57%	60%
4	Frequency of visits - Mother	72%	65%	64%	70%	74%	74%	71%	66%	68%	72%	74%	73%	72%	70%	72%	75%	71%	82%
5	Quality of visits - Parents	68%	62%	63%	68%	73%	73%	71%	64%	67%	70%	70%	70%	69%	68%	69%	71%	69%	76%
6	Quality of visits - Father	64%	56%	58%	61%	68%	67%	65%	56%	60%	62%	61%	61%	62%	61%	62%	63%	61%	68%
7	Quality of visits - Mother	72%	67%	68%	73%	76%	77%	75%	70%	73%	76%	79%	76%	75%	74%	74%	77%	75%	83%
8	Frequency of visits - Child	76%	71%	76%	78%	81%	83%	83%	77%	80%	83%	85%	84%	84%	83%	84%	84%	82%	85%
9	Quality of visits - Child	76%	72%	77%	80%	82%	85%	84%	77%	82%	85%	89%	86%	86%	86%	85%	87%	85%	89%

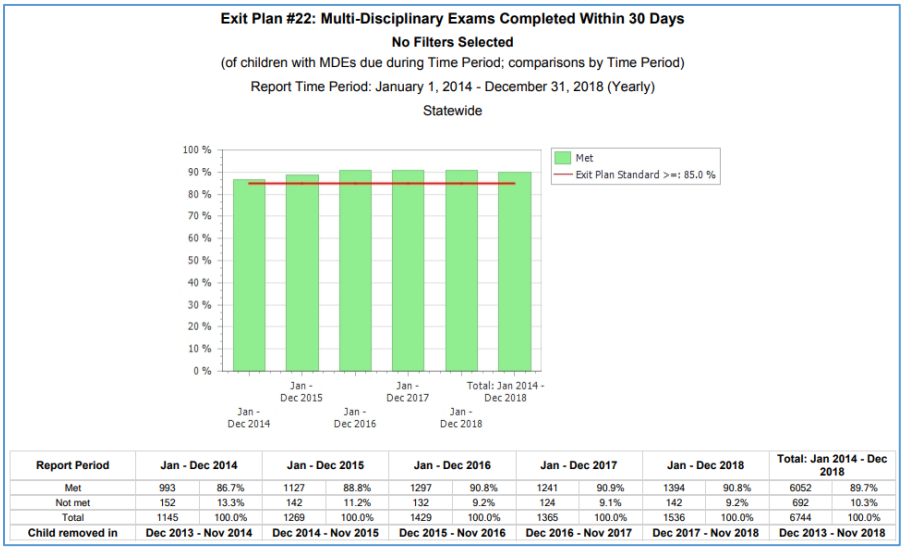
- **Item 16**
  - CFSR Result: n=53, 85% Strength, 15% ANI
  - ACRI Case Practice Elements – CY 2015 – 2Q 2019
    - Educational/development needs – Child: 1 percentage point improvement since 1Q17
    - Educational/development needs assessed – Child: 1 percentage point improvement since 1Q17
    - Educational/development needs addressed – Child: 1 percentage point improvement since 1Q17

		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	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
26	Educational/development needs - Child	93%	93%	94%	94%	94%	95%	93%	94%	93%	94%	95%	95%	96%	94%	94%	93%	94%	94%
32	Education/development needs assessed - Child	95%	95%	96%	96%	95%	97%	94%	95%	94%	95%	96%	96%	97%	95%	95%	94%	96%	95%
33	Education/development needs addressed - Child	95%	94%	95%	95%	94%	96%	94%	94%	95%	94%	96%	95%	96%	95%	95%	94%	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 - CY 2015 – CY 2018: Slight (0.1%) decrease in CY 2018 (90.8%) compared to CY 2017 (90.9%)



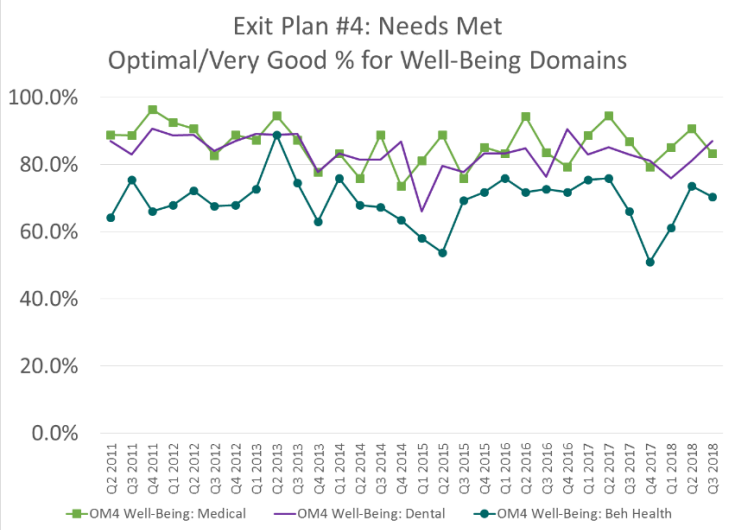
Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
Met	993	86.7%	1127	88.8%	1297	90.8%	1241	90.9%	1394	90.8%	6052	89.7%
Not met	152	13.3%	142	11.2%	132	9.2%	124	9.1%	142	9.2%	692	10.3%
Total	1145	100.0%	1269	100.0%	1429	100.0%	1365	100.0%	1536	100.0%	6744	100.0%
Child removed in	Dec 2013 - Nov 2014		Dec 2014 - Nov 2015		Dec 2015 - Nov 2016		Dec 2016 - Nov 2017		Dec 2017 - Nov 2018		Dec 2013 - Nov 2018	

  - ACRI Case Practice Elements – CY 2015 – 2Q2019
    - Physical Healthcare needs – Child: 5 percentage point improvement since 1Q 2017
    - SA/Social Support/MH needs – Child: 2 percentage point improvement since 1Q17

- Physical Healthcare needs assessed – Child: 3 percentage point improvement since 1Q 2017
- Physical Healthcare needs addressed – Child: 5 percentage point improvement since 1Q 2017
- Dental Healthcare needs assessed – Child: no change since 1Q 2017
- Dental Healthcare needs addressed – Child: 1 percentage point improvement since 1Q 2017
- Vision needs addressed – Child: 1 percentage point decline since 1Q17

		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	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
24	Physical health care - Child	86%	82%	83%	85%	84%	86%	81%	82%	82%	84%	84%	86%	82%	83%	83%	84%	82%	87%
25	SA/Social Support/MH - Child	90%	84%	84%	88%	88%	91%	88%	86%	86%	86%	89%	88%	88%	87%	88%	87%	88%	88%
27	Physical health care needs assessed - Child	96%	96%	95%	96%	95%	97%	93%	94%	94%	96%	96%	96%	95%	96%	96%	96%	96%	97%
28	Physical health care needs addressed - Child	93%	92%	92%	93%	93%	93%	91%	91%	91%	93%	93%	94%	92%	94%	94%	93%	93%	96%
29	Dental health care needs assessed - Child	94%	91%	92%	94%	92%	94%	91%	91%	92%	93%	94%	93%	91%	92%	92%	92%	91%	92%
30	Dental health care needs addressed - Child	92%	89%	91%	91%	91%	92%	89%	90%	91%	91%	90%	91%	89%	90%	90%	90%	88%	92%
31	Vision needs - Child	95%	94%	95%	94%	94%	95%	92%	93%	95%	94%	95%	96%	94%	94%	94%	93%	94%	96%

- Exit Plan #4 Needs Met – Domains for Medical, Dental and Behavioral Health: mixed results noted for all domains, with little change comparing latest quarter to 3Q16 (3Q18 is latest available quarter)

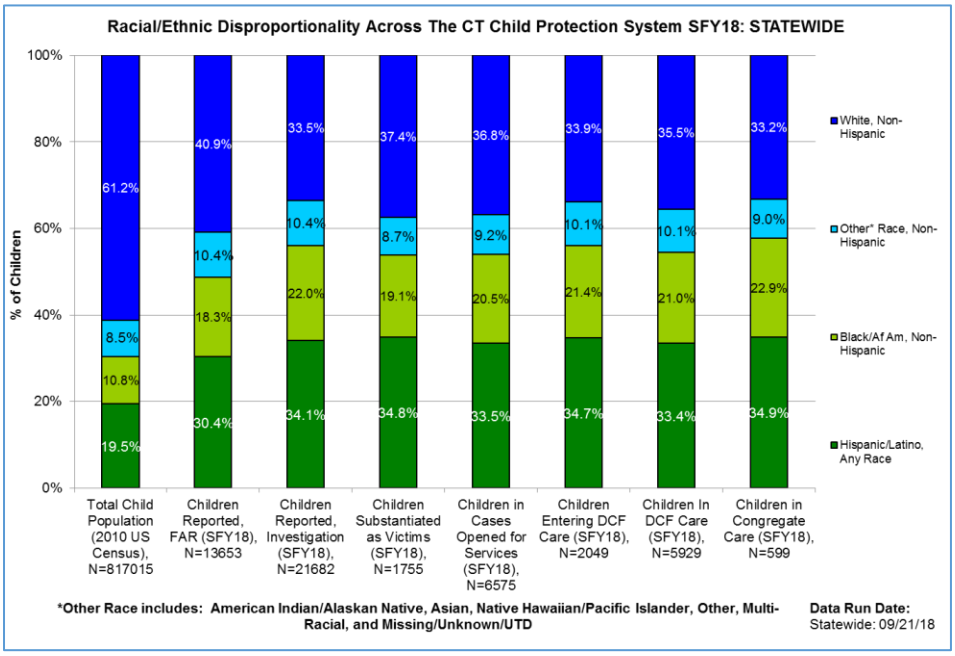


- **Item 19**
  - CFSR Result: **ANI**
  - AFCARS Data Quality Checks (most recent): All checks continue to meet standard since FFY 2016A.

AFCARS Data Quality Checks

		Limit	MFC	Perm	PS	13B	14A	14B	15A	15B	16A	16B	17A	17B	18A	18B
AFCARS IDs don't match from one period to..	>	40%	•	•	•	25.9%	17.1%	18.0%	18.7%	19.4%	17.7%	22.7%	17.6%	22.6%	18.5%	
Age at discharge greater than 21	>	5%	•	•	•	0.0%	0.4%	0.2%	0.1%	0.0%	0.4%	0.0%	0.5%	0.2%	0.2%	0.7%
Age at entry is greater than 21	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	>	10%	•	•	•	9.2%	4.6%	5.0%	6.2%	6.3%	5.5%	8.1%	5.6%	7.8%	6.1%	
Enters and exits care the same day	>	5%	•	•	•	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	>	5%	•	•	•	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	>	5%	•	•	•	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	>	10%		•		13.8%	23.1%	23.2%	27.0%	29.5%	26.9%	0.0%	0.0%	0.1%	0.0%	0.1%
Missing number of placement settings	>	5%			•	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	>	95%	•	•	•	80.8%	81.7%	81.5%	82.5%	83.6%	83.9%	84.6%	85.6%	85.7%	85.6%	86.2%

- SFY18 Disproportionality Pathway (Statewide) Chart



- Placement/Permanency Monitoring Report (Chart IX): Children in placement on 4/29/19 by Age and Race

#	Age Group					
Race by Gender	<1	1 - 5	6 - 12	13-17	>=18	Grand Total
American Indian Or Alaskan Native		**1**	**2**	**2**		**5**
Female			2			2
Male		1		2		3
Asian		**1**	**1**	**5**	**10**	**17**
Female		1	1	4	7	13
Male				1	3	4
Black/African American	**84**	**363**	**282**	**284**	**165**	**1178**
Female	40	173	146	139	86	584
Male	44	190	136	145	79	594
Multi-Race	**40**	**182**	**125**	**90**	**37**	**474**
Female	22	94	54	44	21	235
Male	18	88	71	46	16	239
Native Hawaiian/Other Pacific Islander		**1**	**1**	**1**	**1**	**4**
Female			1	1	1	3
Male		1				1
White	**166**	**809**	**692**	**547**	**279**	**2493**
Female	79	373	327	270	152	1201
Male	87	436	365	277	127	1292
Unknown	**17**	**47**	**22**	**18**	**2**	**106**
Female	10	22	6	11	1	50
Male	7	25	16	7	1	56
Grand Total	**307**	**1404**	**1125**	**947**	**494**	**4277**

- Placement/Permanency Report (Chart XII): Children in placement on 4/29/19 by Length of Stay (LOS) and Current Case Plan Goal

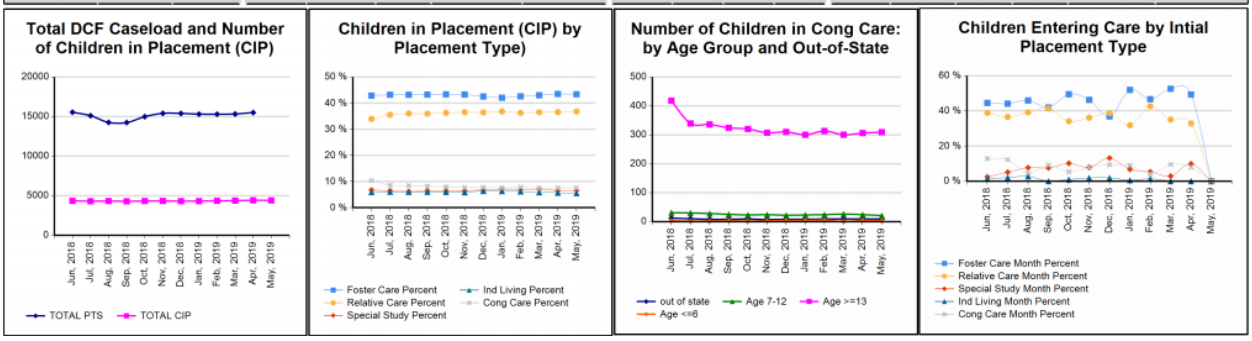
	LOS (Months)		
Current Case Plan Goal	<2	>=2	Grand Tot
#			
Reunification	77	1503	1580
Transfer of Guardianship	1	588	589
Adoption	1	714	715
OPPLA	2	90	92
(blank)	211	11	222
%			
Reunification	2.4%	47.0%	49.4%
Transfer of Guardianship	0.0%	18.4%	18.4%
Adoption	0.0%	22.3%	22.4%
OPPLA	0.1%	2.8%	2.9%
(blank)	6.6%	0.3%	6.9%
Total #	**292**	**2906**	**3198**
Total %	**9.1%**	**90.9%**	**100.0%**

- Placement/Permanency Report: Children in placement on 4/29/19 by Legal Status

Current Case Plan Goal	#
96 Hour Hold	5
Order Of Temporary Custody	623
Commitment Abuse/Neglect/Uncared For	2515
Commitment Dual	1
Probate Court Custody	3
Protective Supervision	5
Not Committed	46
Grand Total	**3198**

- CIP Dashboard: Children in placement on the 1st of each month from 6/1/18 – 5/1/19 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
06/01/2018	15,543	4,352	42.9 %	34.0 %	6.8 %	6.0 %	10.4 %	12	418	31	3	211	38.9 %	2.4 %	44.5 %	12.8 %	1.4 %
07/01/2018	15,106	4,299	43.2 %	35.5 %	6.5 %	6.1 %	8.6 %	10	339	30	2	197	36.5 %	5.1 %	44.2 %	12.2 %	2.0 %
08/01/2018	14,255	4,322	43.2 %	36.0 %	6.2 %	6.1 %	8.5 %	8	336	28	2	222	39.2 %	7.7 %	45.9 %	4.5 %	2.7 %
09/01/2018	14,237	4,284	43.3 %	36.0 %	6.4 %	6.1 %	8.2 %	8	324	25	4	186	41.4 %	7.5 %	41.9 %	9.1 %	0.0 %
10/01/2018	14,985	4,319	43.4 %	36.3 %	6.3 %	6.0 %	8.0 %	9	320	23	2	208	34.1 %	10.1 %	49.5 %	5.3 %	1.0 %
11/01/2018	15,407	4,332	43.3 %	36.5 %	6.5 %	6.0 %	7.7 %	7	307	24	3	216	36.1 %	7.9 %	46.3 %	7.9 %	1.9 %
12/01/2018	15,398	4,304	42.5 %	36.4 %	6.8 %	6.4 %	7.8 %	8	310	22	4	160	38.8 %	13.1 %	36.9 %	9.4 %	1.9 %
01/01/2019	15,302	4,315	42.1 %	36.8 %	7.1 %	6.4 %	7.6 %	8	300	23	4	179	31.8 %	6.7 %	52.0 %	8.9 %	0.6 %
02/01/2019	15,292	4,344	42.6 %	36.3 %	7.0 %	6.2 %	7.9 %	9	313	24	5	150	42.7 %	5.3 %	46.7 %	4.0 %	1.3 %
03/01/2019	15,320	4,369	43.0 %	36.5 %	7.0 %	5.9 %	7.5 %	9	300	26	1	211	35.1 %	2.8 %	52.6 %	9.5 %	0.0 %
04/01/2019	15,498	4,410	43.5 %	36.6 %	6.6 %	5.7 %	7.6 %	9	306	24	4	152	32.9 %	9.9 %	49.3 %	7.9 %	0.0 %
05/01/2019	N/A	4,392	43.4 %	36.8 %	6.6 %	5.6 %	7.6 %	9	309	21	3	0	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
% Change from 6/1/2018 to Latest	-100.0%	0.9%	2.2%	9.3%	-1.7%	-6.1%	-26.3%	-25.0%	-26.1%	-32.3%	0.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%



- 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	19	3.8%	0	0.0%	7	36.8%	59	11.9%
Bridgeport	15	4.7%	0	0.0%	6	40.0%	41	12.9%
Norwalk/Stamford	4	2.3%	0	0.0%	1	25.0%	18	10.2%
Region 2	50	7.5%	3	6.0%	19	38.0%	112	16.9%
Milford	22	6.7%	3	13.6%	11	50.0%	53	16.2%
New Haven	28	8.4%	0	0.0%	8	28.6%	59	17.6%
Region 3	86	9.9%	5	5.8%	26	30.2%	106	12.1%
Middletown	16	12.7%	0	0.0%	4	25.0%	14	11.1%
Norwich	35	7.4%	3	8.6%	14	40.0%	60	12.7%
Willimantic	35	12.8%	2	5.7%	8	22.9%	32	11.7%
Region 4	70	8.2%	1	1.4%	22	31.4%	129	15.1%
Hartford	42	8.1%	1	2.4%	17	40.5%	80	15.4%
Manchester	28	8.5%	0	0.0%	5	17.9%	49	14.8%
Region 5	48	5.2%	0	0.0%	17	35.4%	115	12.4%
Danbury	5	2.6%	0	0.0%	2	40.0%	18	9.2%
Torrington	18	12.4%	0	0.0%	1	5.6%	18	12.4%
Waterbury	25	4.2%	0	0.0%	14	56.0%	79	13.4%
Region 6	58	10.1%	0	0.0%	23	39.7%	90	15.6%
Meriden	16	12.3%	0	0.0%	4	25.0%	25	19.2%
New Britain	42	9.4%	0	0.0%	19	45.2%	65	14.6%
Grand Total	333	7.6%	9	2.7%	114	34.2%	611	13.9%

- 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 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 FY18

FY18					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
525	743	702	29 (5.5%)	289 (55%)	452 (86%)

- 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 FY18

FY18						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
613	343	517	17	14	56%	84%

- 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 FY18

FY18					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
525	743	702	29 (5.5%)	289 (55%)	452 (86%)

- **Item 20:**
  - CFSR Result: **ANI**
  - ACRI Case Practice Element - Timely Case Plan – CY15 – 2Q19 quarterly aggregation. 2 percentage point improvement since 1Q17.

		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	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
43	Timely Case Plan	95%	95%	95%	95%	96%	96%	95%	96%	95%	96%	96%	96%	96%	94%	96%	95%	96%	97%

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

Age Group	Count
<6	4
6-12	3
13-17	6
18+	10
Grand Total	**23**

Total CIP on May 20, 2019 is 4,369. Thus only .53% of CIP with LOS >180 days appear to not have a Timely Case Plan

- ACRI Case Practice Element – Family Engagement in Case Planning. 2 percentage point improvement since 1Q17

		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	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
49	Engagement	81%	81%	0%	100%	0%	100%	0%	67%	83%	79%	81%	82%	81%	82%	81%	81%	80%	85%

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 2018 reflects that 95% of the case

Measure	Statewide 2018 Strength %
ACR Meeting held on or before proposed date	95%

plans were completed timely. The "exception report" dated 5/20/19 reflects twenty-three (23) children/youth in care whose plans were not timely; this represents about 0.53% 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 CY 2018 agency data reflects strengths in 81% 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 used this data to further enhance their conversations related to engagement in case planning. These reviews began in January 2017.

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

Meeting <= 180 Days	Meeting >180 Days	Total
96.5%	**3.5%**	**100.0%**

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

The scheduling process remains consistent and unchanged as it has proven to be effective in timely scheduling. The ACR Office Assistants who schedule these reviews rely on the "Due" and "Anticipated" reports which provide them with sixty (60) days' notice of case plan reviews to be scheduled. This advanced notification also allows the agency to invite and notify participants in a timely fashion to reduce the number of meetings that would have to be rescheduled. As evidenced in the agency data for FY 2018, periodic reviews were held within the required 180 days about 96.5% of the time.

  - Foster Home Quality and Satisfaction Survey: Wave 2 still in planning stages, but we expect implementation before the end of CY19.

- **Item 22:**
  - CFSR Result: **Strength**
  - ACR #/% Timeliness of Permanency Hearings (within first 12 months or not)
  - ACR #/% Timeliness of Ongoing Permanency Hearings (thereafter 12 months or not)

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

	Column Labe		
	Yes	No	Grand Total
Hearing with in 12 Months	96.0%	4.0%	100.0%

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

	Column Labe		
	Yes	No	Grand Total
ThereAfter 12 months	93.5%	6.5%	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 FY18, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY18				
# PP	# Within 365 Days	Average	Median	%Within 365 days
1811	1749	268	273	97%

- **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)

Current Case Plan Goal	#	%
YES	**245**	**22%**
Reunification	15	1%
Transfer of Guardianship	21	2%
Adoption	204	19%
OPPLA	4	0%
(blank)	1	0%
NO	**856**	**78%**
Reunification	222	20%
Transfer of Guardianship	330	30%
Adoption	239	22%
OPPLA	62	6%
(blank)	3	0%
Grand Total	**1101**	**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 FY18

FY18						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
613	343	517	17	14	56%	84%

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

Notification of ACR in >=5 Days			
	Not Timely	**Timely**	**Grand Total**
Foster Parent + Guardian Notice	4.2%	95.8%	100.0%

Notification of ACR in >=21 Days			
	Not Timely	**Timely**	**Grand Total**
Foster Parent + Guardian Notice	36.7%	63.3%	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 2018 reflects that this occurred in 63.3 % of the time, which represents a decrease in performance from 2017 (65.7%). 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 "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 improves 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. 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 in-depth analyses of provider program data.

As a means to support training for foster parents, the Department has a contract with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) that includes a range of support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address and meet their needs, encourage and facilitate ongoing education and skill development, and allow foster children to live in safe and stable home settings. For families licensed by private agencies (e.g., Therapeutic Foster care), their training is tracked by their parent agencies. The Department engages in periodic random reviews during quality assurance site visits to assess each providers systems and 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. In 2018, the Department started a pilot of training to support kin/relative placements through the Caring for Our Own curriculum. The pilot ended at the end of 2018 and a decision was made not to pursue expansion of the pilot statewide due to lack of resources – both financial and staffing.

The Statewide pre-service training curriculum for foster and adoptive parents used in CT is called: Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (TIPS-MAPP). TIPS-MAPP is used by both the Department and private Child Placing Agencies (CPAs). This ensures

consistency in that all prospective parents receive the same training and carry the same expectations. Since December 2014, over 180 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 trained in cultural humility, Six Core Strategies (Violence prevention), permanency preparation work and current strategies to recruit foster and adoptive families. Ongoing coaching and consultation in permanency work continued in 2018 and 2019.

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). Select congregate care providers were trained in restorative justice in 2018. These providers continued to integrate restorative justice practices into their programs in 2019. Training in permanency work was made available to all congregate providers throughout 2018 and 2019 as well. In 2019, 3 providers of residential care were selected to receive ACRA training intended to support workforce capacity that would result in greater integration and treatment of youth with co-occurring mental health and substance use issues.

Items 29 +30: Service Array and Resource Development

Please see the "Service Coordination" section for additional information regarding current and emerging mechanisms for ensuring and monitoring the breadth and effectiveness of the service system. Throughout this report, the Department describes the various services and supports that are available in response to the assessment of the child and families strengths and needs, and those that enable children to remain safely with their parents.

The Department uses a flexible funding approach to support children and youth to remain in stable family placements. These "wraparound funds" may be spent for both in-home and out-of-home youth on a range of services and concrete supports. The top ten services purchased via wraparound funds is as follows:

SRVC-TYPE-DESC	Total	
Camp-Foster Care	$	846,804.60
DayCare-In Home	$	345,462.11
Miscellaneous-Adoption	$	1,422,381.63
Miscellaneous-Foster Care-CPS	$	476,587.86
Other Family Supports	$	658,985.46
Other Services USE	$	426,988.46
Supervised Visits - Foster Care	$	2,479,929.19
Therapeutic Support Staff - Foster	$	824,954.61
Therapeutic Support Staff In-Home	$	264,973.75
Transportation Other-Foster care CPS	$	1,268,245.14
Grand Total	**$**	**9,015,312.81**

The Department also makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service are individualized. The

expenditures for July 2018 – April 2018 by Region are below:

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total
$118,772.00	$72,320.54	$269,552.73	$65,364.07	$178,852.13	$39,096.07	$743,957.54

- **Item 31 + Item 32:** Please see the "Collaboration" section for an overview of the Department's various Community Partnerships

- **Item 33:**

The Regional foster care units continue to build and refine systems for quality assurance to ensure that state licensing standards are complied with. This includes development of checklists and protocols, as well as review by staff (e.g., social worker and supervisor). Random audits of all cases by supervisors and managers also occur. Further, an electronic system was created that complements our State SACWIS system (eDocs). It requires the scanning and uploading of certain required background check documents and the entering of dates of completion for other required elements. In addition to being reviewed by DCF foster care staff, these required elements are also 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, 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 engages in recruitment efforts to develop a skilled, caring and diverse pool of foster families and adoptive families that demonstrate the ability, willingness and commitment to meet the safety, emotional and permanency needs of children in out of home care. The Contractor utilizes innovative, comprehensive and best practice strategies to recruit families committed to being a resource for children in the care of the Department of Children and Families. Efforts also relate to the private foster care agencies at the discretion of DCF. The Contractor engages in targeted efforts to increase the number of families available to care for children in the following categories:

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

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

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

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

- **Item 34**

All waiver requests pertaining to criminal and child protective service history require Commissioner review and approval. Such requests are thoroughly vetted by the Regional Offices prior to submission to the Commissioner. The waiver is generated through a collaboration between foster care staff and the ongoing services staff working with the child's case. The waiver must be reviewed and signed off on by the Program Supervisors of Foster Care and the Ongoing Services team. It is then forwarded up the chain of command to the Regional Administrator, who was also required to review and approve the waiver request prior to submission to

the Commissioner. Due to this comprehensive review and approval structure in the Regions, the waiver requests are sound in their rationale as they have already been viewed to be waivable by multiple levels of DCF staff.

Foster care policy (issued on 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, 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
  - CAFAF Report section re: Post-Licensing Retention for most recent year/quarter available – **1Q CY19**
  - CAFAF Retention Specialist attempted to contact 100 families who were approaching renewal of their license for the first time. 30 families were reached and agreed to complete our survey (30% response rate).
  - Of the 30 families that responded, 17 plan to renew their license, 5 were unsure, 5 plan to close when the child and 3 will not renew and 5 families plan to close after their expected adoption is finalized.

FASU Quarterly Status Report for most recent year/quarter available – **1Q CY19**

Jan-Dec Statewide Summary 2018 By REGION

	Licnese Home DATA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
1	Number of Foster Homes Licensed During Jan-Dec	24	22	29	18	33	17
2	Number of Foster Homes Closed During Jan-Dec	5	20	26	32	26	22
	Net Gain/loss	*19*	*2*	*3*	*-14*	*7*	*-5*
	ADOPTION DATA						
1	Number of Adoptive Homes Licensed During Jan-Dec	11	11	22	20	18	13
2	Number of Adoptive Homes Closed During Jan-Dec	8	7	27	17	7	6
	Net Gain/loss	*3*	*4*	*-5*	*3*	*11*	*7*
	FICTIVE KIN DATA						
1	Number of Fictve Kin Homes Licensed During Jan-Dec	16	14	28	32	23	20
2	Number of Fictve Kin Homes Closed During Jan-Dec	15	16	35	15	17	18
	Net Gain/loss	*1*	*-2*	*-7*	*17*	*6*	*2*
	INDEPENDENT DATA						
1	Number of Independent Licensed During Jan-Dec	12	4	7	12	11	8
2	Number of Independent Closed During Jan-Dec	6	4	14	17	4	9
	Net Gain/loss	*6*	*0*	*-7*	*-5*	*7*	*-1*
	KINSHIP DATA						
1	Number of Relative Homes Licensed During Jan-Dec	70	86	94	165	98	75
2	Number of Relative Homes Closed During Jan-Dec	79	68	98	188	53	101
	Net Gain/loss	*-9*	*18*	*-4*	*-23*	*45*	*-26*
	Total Number of New Homes Licensed	**133**	**137**	**180**	**247**	**183**	**133**
	Total Number of Closed Homes (Jan-Dec)	113	115	200	269	107	156
	Net Gain/loss	*20*	*22*	*-20*	*-22*	*76*	*-23*

- **Item 36**
  - CFSR Result: **ANI**
  - ICO Data for CY15 – CY19 (partial)

	CY2015	CY2016	CY2017	CY2018	CY 2019 (Partial Q1)
Requests for Inbound Children	427	498	684	636	376
Requests for Outbound Children	367	338	345	313	143
Average time from referral submission to placement (in months)			9	9	9
Licensed Independent Foster Homes			74	63	58
Newly Licensed Independent Foster Homes	69	51	55	54	11
Average Time to License (in months)			6	6	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 were multiple communities of practice composed of representatives who came together either based on their function within the organization or their role relative to a specific initiative. The work of Change Management is currently suspended, given the change in Administration. Prior to this, there were six (6) communities of practice (CsOP) including:

- **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.

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

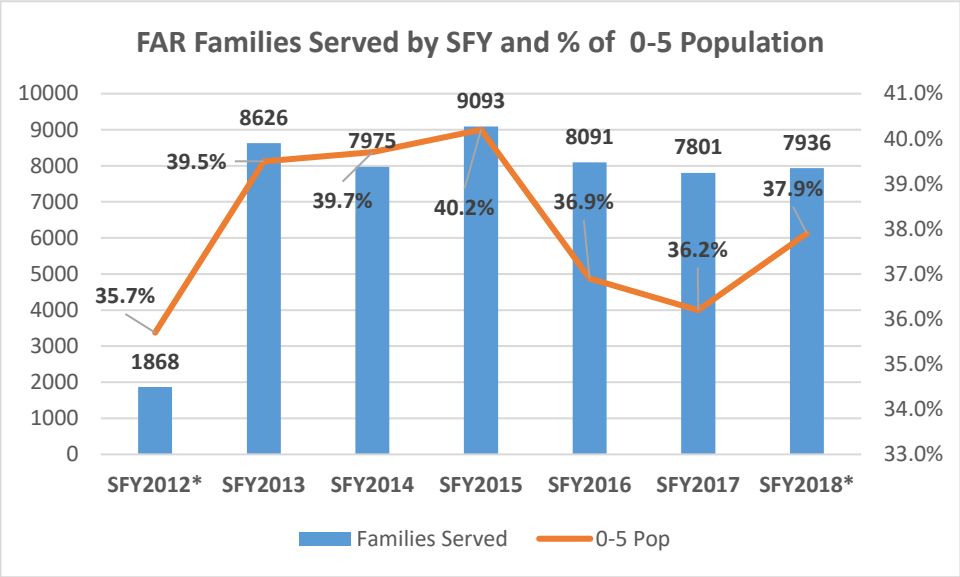
The Change Management Committee together with the Communities of Practice were instrumental in offering critical feedback and recommendations relative to practice and system changes, informing the timing and staging of implementation and supporting sustainability of key initiatives and system reform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

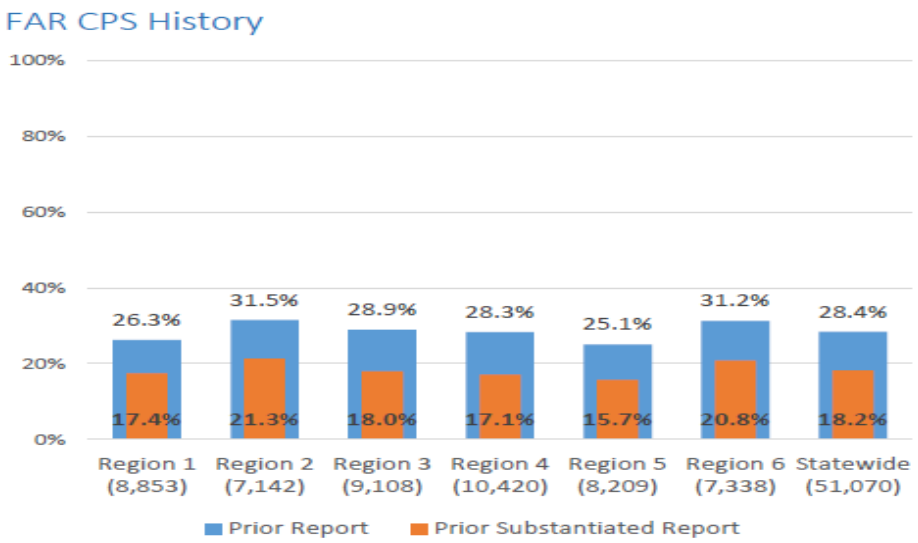
Differential Response

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.

As noted, the MOA with UCONN was modified to include investigations data which allows us the opportunity to evaluate our overall intake practice (inclusive of both tracks: Investigations and our Family Assessment Response (FAR).

In CY 2018, there were a total of 28,869 accepted reports of child abuse and neglect, a decrease from last year (31,236). Of the total number of accepted reports, 50.4% were assigned to the FAR track, an increase from last year (42.4%) and a significant increase from the prior year (39%). This chart represents unduplicated families who received a FAR since implementation (3/5/12) by SFY through 12/31/18. Although the Rule Out criteria changed in June 2014, reports designated as an investigation response continued to be the highest response type for accepted reports until 2018. Since implementation, close to 44% of reports involve children under the age of 5. A total of 51,390 (unduplicated) families have been served by our FAR since implementation. 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 and police. 42% of the FAR reports received are single parent households and 84% of the families scored at low/very low risk upon completion of their FAR.

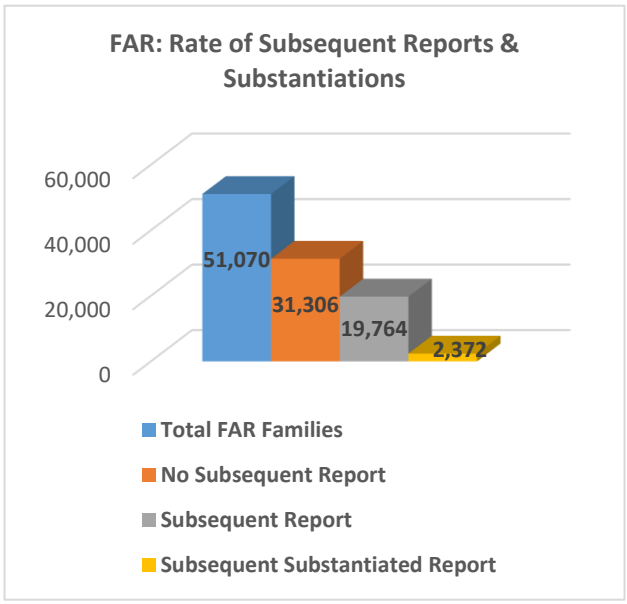




This chart represents families who have received a FAR by their prior history (including substantiated history). Data: 3/5/12-12/31/18.

About 72% of FAR families have no prior history with DCF. 28% of families have had at least 1 prior report and 18% had at least 1 prior substantiated report. Of the families that had a prior CPS report, 70% occurred at least a year before their first accepted FAR report.

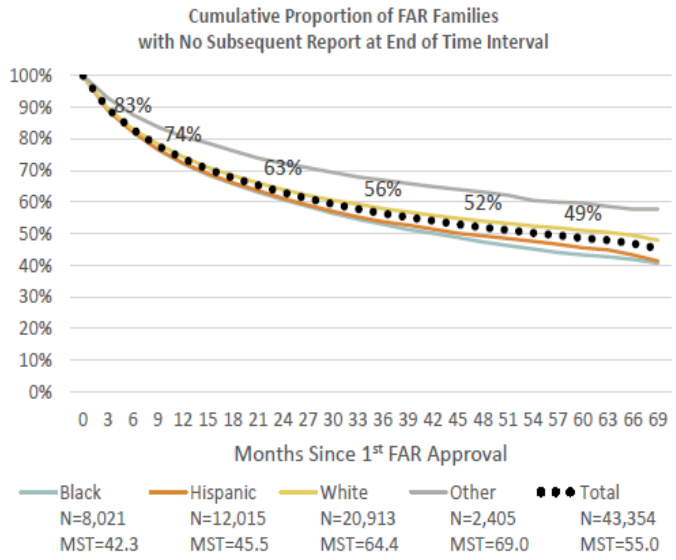
The following chart represents FAR families who received a subsequent report and substantiation. Of all the families who received a FAR, 61.3% have not experienced a subsequent report, about 44% of the subsequent reports involve children age 5 and under. Families with a two parent household were less likely to have a subsequent report than other types of family composition.



Most of the subsequent reports occurred within 6 months of case closure (41%). Consistent with national literature, families with prior CPS history were more likely to have subsequent reports. Of the FAR families with prior history, 57% had a subsequent report compared with 32% of families with no prior CPS history. Overall, 88% of FAR families, did not have a subsequent substantiated report. Of the 19,764 families who received a subsequent report, 12% were substantiated, slightly higher than the prior year (11.8%). Most subsequent substantiated reports occurred within 6 months of case closure.
Data: 3/5/12-12/31/18.

Included in our legislative CY 2018 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.

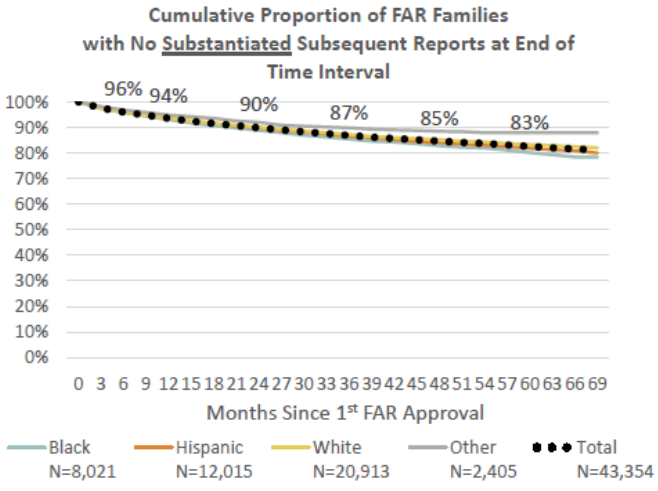


(N=43,354; 3,895 missing Race/Ethnicity)

Survival Analyses indicated:

- 83% of FAR families have not received a subsequent report within **6 months** of their first FAR approval date.
- 74% of FAR families have not received a subsequent report within 12 **months** of their first FAR approval date.
- 63% of FAR families have not received a subsequent report within **two years** of their first FAR approval date.
- 56% of FAR families have not received a subsequent report within **three years** of their first FAR approval date.
- 52% of FAR families have not received a subsequent report within **four years** of their first FAR approval date.
- 49% of FAR families have not received a subsequent report within **five years** of their first FAR approval date.
- Unadjusted survival rates to the first subsequent report indicate that there are statistical differences among race/ethnicity groups. FAR families whose race/identity is identified as "Other" had the best subsequent report rate when compared to all other groups (Median Survival Time (MST)=69 months). FAR families identified as "Black" had the worst subsequent report rate when compared to all groups. Survival rates for Black, Hispanic, and Other differed significantly from White.

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



(N=43,354; 3,895 missing Race/Ethnicity)

Survival Analyses indicated:

- 96% of FAR families have not received substantiated subsequent reports within **6 months** after their first FAR approval date.
- 94% of FAR families have not received substantiated subsequent reports within **12 months** after their first FAR approval date.
- 90% of FAR families have not received substantiated subsequent reports within **two years** after their first FAR approval date.
- 87% of FAR families have not received substantiated subsequent reports within **three years** after their first FAR approval date.
- 85% of FAR families have not received substantiated subsequent reports within **four years** after their first FAR approval date.
- 83% of FAR families have not received substantiated subsequent reports within **five years** after their first FAR approval date.
- Unadjusted survival rates to the first substantiated subsequent report indicate that are statistical differences among race/ethnicity groups: FAR families identified as Other had a better and FAR families identified as Black had a worse substantiated subsequent report rate than those identified as White. Although the substantiated subsequent report rate between black and white was statistically significant, the difference was small.

Summary of Findings:

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 after adjusting for significant predictors Risk factors that play a substantive role in predicting the outcome of ***substantiated*** subsequent reports include:

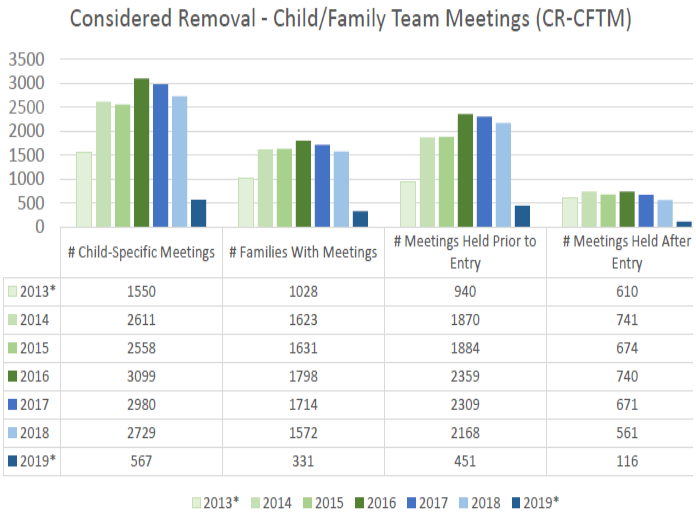
    - Age of victim is under five
    - Higher risk category level
    - Single parent families
    - Homelessness
    - Number of prior investigations (3)
    - Primary caregiver has alcohol/drug problem
    - Child is medically fragile

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. On 7.1.18, the Department launched a statewide FAR pilot requiring all FAR assessments with substance use and intimate partner violence concerns be automatically transferred to investigations. Further assessment of the pilot and family outcomes will be necessary.

CT's Teaming Model

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

On February 11, 2013, as a key component of the continuum, the Department implemented Considered Removal – Child and Family Team Meeting (CR-CFTM) statewide. Central Office and CR facilitators meet regularly to review CR-CFTM practice and provide regional updates. Since 2013, there have been a total of 16,094 child-specific meetings, involving 9,697 families. Overall, 74% of meetings (11,981) occurred prior to the child's removal.

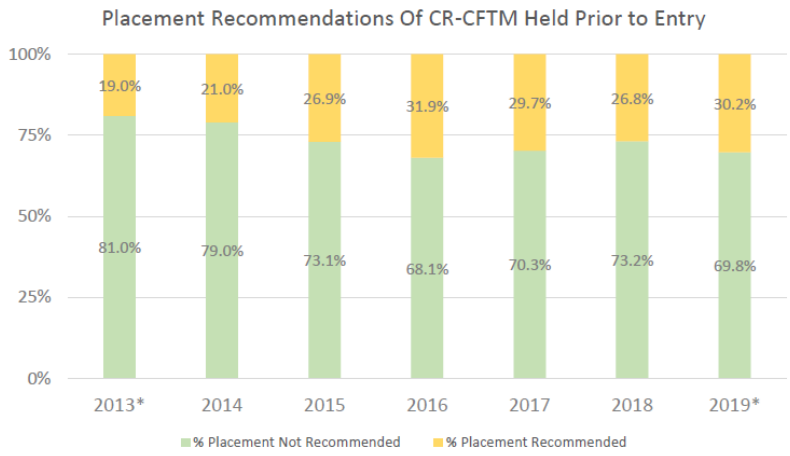


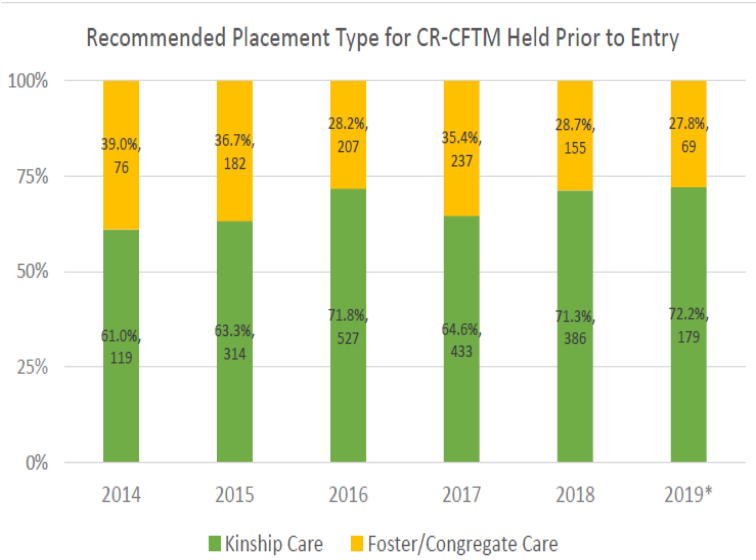
	# Child-Specific Meetings	# Families With Meetings	# Meetings Held Prior to Entry	# Meetings Held After Entry
2013*	1550	1028	940	610
2014	2611	1623	1870	741
2015	2558	1631	1884	674
2016	3099	1798	2359	740
2017	2980	1714	2309	671
2018	2729	1572	2168	561
2019*	567	331	451	116

This year, 79% of meetings occurred prior to the child's removal, consistent from the prior year.

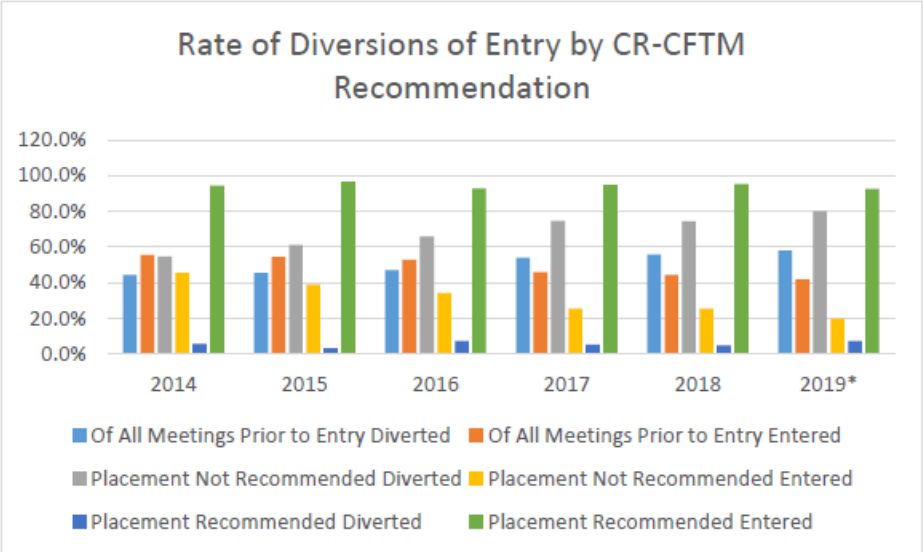
Note: * represents partial FY. 2019 reflects data through 5.1.19.

This chart represents Considered Removal (CR) Meetings held prior to removal and the recommended outcome of the meeting. The data demonstrates the Department's ability to engage in safety planning efforts with families. This past year 70% of children were not recommended for removal, a decrease from the prior year (74%).





This chart represents CR meetings held prior to removal since 2014 and depicts the recommended placement for those children who were recommended for removal. Kinship care continues to be the primary placement recommended for children who are the subject of a CR meeting. This year, 72% of children were recommended for placement in kinship care.



Of Meetings Prior to Entry		2014	2015	2016	2017	2018	2019*
Of All Meetings Prior to Entry	Diverted	44.3%	45.5%	47.1%	54.0%	55.8%	58.1%
	Entered	55.7%	54.5%	52.9%	46.0%	44.2%	41.9%
Placement Not Recommended	Diverted	54.6%	61.1%	65.8%	74.6%	74.5%	80.0%
	Entered	45.4%	38.9%	34.2%	25.4%	25.5%	20.0%
Placement Recommended	Diverted	5.6%	3.2%	7.2%	5.2%	4.7%	7.4%
	Entered	94.4%	96.8%	92.8%	94.8%	95.3%	92.6%
*2013 data represents a partial year from initial implementation in April, to the end of the calendar year in December; 2019 is partial from 1/1 - 4/30							

This chart reflects the CR meetings held prior to the child's removal and compares the recommendation of the meeting (removal) and whether the child actually entered care. For this year, 93% of the children with a recommendation to remove, entered care, a slight decrease from prior year (95%). This has been fairly consistent since implementation.

Since 2014, there has been a decline in the percentage of children who entered care

but removal was not recommended, from 45% in 2016 to 20% in 2019. Overall, the "live decision" made at the meeting appears fairly consistent with what happens after the meeting.

	SFY Meeting Held				
Timeframe for Entry	**2014**	**2015**	**2016**	**2017**	**2018**
#					
Same Day	87	174	242	233	216
1 - 30 Days	236	457	650	588	521
31 - 60 Days	30	65	84	60	65
>= 61 Days	194	361	297	283	195
%					
Same Day	15.9%	16.5%	19.0%	20.0%	21.7%
1 - 30 Days	43.1%	43.2%	51.1%	50.5%	52.3%
31 - 60 Days	5.5%	6.1%	6.6%	5.2%	6.5%
>= 61 Days	35.5%	34.2%	23.3%	24.3%	19.6%
Total #	**547**	**1057**	**1273**	**1164**	**997**
Total %	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

This chart reflects the entry timeframe for children who were the subject of a CR meeting. 74% of children entered 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 and PIP. Documentation of our permanency teaming practice continues to present challenges given our current LINK system. As a result, the process of quantitative review continues to presents challenges. Permanency Roundtables continue to be held regionally for children who are delayed achieving permanency.

Structured Decision Making

The Department continues to work 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. Membership of the SDM workgroup was updated as we transitioned to revising the SDM tools, definitions and policies, used by ongoing services. The Steering Committee approved the Family Strength and Needs Assessment and Risk Reassessment Tools in December 2018. The Reunification Assessment Tool remains pending at this time. During this process, the Department identified the need to establish practice guidance relative to permanency planning and as such, a workgroup was established charged with developing practice guidance in the following areas: parent/child visitation, concurrent planning, supervising to permanency and legal. Initial drafts have been completed but have yet to be finalized. Given the recent changes in DCF administration, a new Steering committee will be established to oversee the SDM work moving forward. The Office for Research and Evaluation continues to receive technical assistance, focused on establishing a baseline

SDM report, as well as evaluation of our Reunification Assessment. Much of the work this past year was focused on automating the Safety and Risk Assessment tools. User Acceptance Testing (UAT) begins in June 2019 with a deployment of these tools scheduled for mid-July. A TOT was held by CRC with all Academy trainers. Training of all intake staff has begun and will continue through the end of June. The Department is in process of updating our Intake reports, inclusive of SDM. Inter-rater reliability testing of the Reunification Assessment is occurring in June 2019 to test the utility of the tool, specifically assessing whether the proposed changes informs timely decisions around permanency. All regions will be represented in this effort. Quality assurance activities will begin this summer inclusive of coaching and case reading activities for Careline and Intake Supervisors/Managers. A training curriculum is currently being developed targeting supervisors to actively use the tools during supervision. It is anticipated the curriculum will be finalized this summer.

Reducing Out of State Placements

The Department has made and sustained the gains in keeping children in-state when a congregate care setting is clinically needed. As of May 2019, only 9 children are placed in out of state residential facilities.

Effective Use of Congregate Care

In May 2019 the percentage of children in congregate settings is at 7.6%, surpassing the Department's goal of 10%. The department remains committed to supporting children and their families at home and in their communities.

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 July 2011 to June 2019:

- The Department has experienced a 9.3% reduction in children in placement
- The percentage of children in Congregate Care decreased 72.6%
- The number of children in congregate care has stabilized at 10% or less
- The percentage of children age 7-12 in a congregate care placement has reduced by 79%
- The percentage of children 6 and under in a congregate care placement has reduced by 88.9%
- The percent of youth in state care who live with a relative or kin has increased from 21% to 44%.

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, 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
- 3-5-7 Model permanency training was offered to congregate care and private foster care providers, 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 staff working in congregate care settings and regional offices.
- 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. The grant was designed to build on early efforts to become a more trauma informed system. As the grant came to an end the activities associated with the grant met the intended outcomes and solidified key elements of practice and services to support long term sustainability. Key results included:

- DCF trained all of our staff in the NCTSN Child Welfare Trauma Training and has incorporated the training in pre-service 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. Where indicated, a recommendation for referral for therapeutic intervention will occur for children and youth. A trauma screen for children ages 3-6 years old, the CTS Young Child (CTS-YC), was developed and also added to the MDE in July 2018.
- 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) and Bounce Back (BB). CBITS/BB has been disseminated in multiple communities 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

The Department adopted a coordinated approach and expectations to focus on identification, engagement and licensing of relatives and kin for children who may be in need of an out of home placement.

Relative and fictive kin placements have increased by nearly 25% between January, 2011 and June, 2019. As of June 1, 2019, 44% 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 2019, on average, 44.5% 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, 2019, from 669 to 997. This is a slight drop from a high of 1071 licensed relative and fictive kin homes in 2017. The largest reason for closure of a relative or fictive kin home continues to be because a child has achieved permanency (child is reunified, adopted or guardianship is transferred).

Permanency Resource Exchange (PRE)

In 2015 there were 53 pre adoptive families available, in 2016 there were 51 pre adoptive families available and in 2017 there were 48 pre adoptive families available. At the end of FY '17-'18 there were 34 families available to children in need of an adoptive resource off the Permanency Resource Exchange registry. The Department attributes these numbers dropped 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.

In 2018 the PRE was requested to match for 544 children. 269 of these were single children; 222 were part of 111 groups of 2 siblings; 33 were part of 11 groups of 3 siblings and 20 were part of 5 sibling groups of 4.

The continual decline of family resources is in contradiction to the increased number of matching requests. The disparity between the two entities is being addressed by the ongoing education around the need for these resources in tandem with a plan to place emphasis on licensing more families who wish to foster with the intent to adopt children from the child welfare system.

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. The funding for this opportunity continues and has garnered statewide attention.

3. Update on Service Description

The Connecticut Department of Children and Families has statutory responsibility for prevention, child welfare, children's behavioral health and education. As such, the state's service array includes a full array of programs including child abuse and neglect prevention and diversion treatment services, foster care, family preservation services, reunification support services, mental health and substance use services, independent living, services to support other permanent living arrangements and a continuum of congregate care settings.

The following chart represents our ***Services Continuum***:

Adolescent Community Reinforcement Approach / Assertive Continuing Care (ACRA-ACC) This service is an evidence-based substance use outpatient treatment program for substance-using adolescent's ages 12 through 17 years and their caregivers. The model provides a combination of clinic, community and home-based services, based on the individualized need of the youth and family served. Category: Family Support service Population Served**:** Youth between 12-17 years old with a substance use problem Geographic Area**:** Statewide Number of Families Served**:** 438
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.

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 (specially trained case managers) 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 following a 7-8 month course of 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 (before 21st birthday at the time of referral)
Geographic Area**:** Areas Offices in Hartford, Manchester, Danbury, Torrington, Waterbury, Norwich, Willimantic, Meriden, and New Britain
Estimated Families Served: TBD Pilot. Program Funding: Federal

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. Specifically, two evidence-based and one evidence-informed sexual health curriculums will be offered to identified youth. Be Proud, Be Responsible (BPBR) will continue to be implemented in detention/juvenile justice settings as well as in foster care agencies, clinical day schools, group care facilities and community based youth service agencies. Streetwise to Sexwise will be added to this service and will be implemented in detention/juvenile justice settings where the length of stay is less than two weeks. Love Notes will also be added to this service and will be implemented in foster care agencies, group care agencies and community based youth service agencies.

Target population: Youth ages 13-19
Geographic Area: Statewide
Children served: Minimum of 250 youth; 5-20 participants in each group held one-two times per week for up to six weeks.

Care Coordination - Care Coordination – This evidence-based service provides high fidelity "Wraparound" care through the use of the Child and Family Team process. Wraparound is defined as an intensive, individualized care planning and management process for youths, ages 0-18, with serious or complex need. The primary goal of Care Coordination is to support and maintain youth exhibiting 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; Families (2017) 744 - Children (2017) 1,295; Estimated Families (2018) 1,101 – Actual Children (2018) 1,208
Projected to be Served 2019: 1,044 Families and 1,154 children.
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 provides direct services and administrative functions. At the direct service level, the CME employs Intensive Care Coordinators (ICCs) and Family Peer Specialists (FPS) who use an evidence based wraparound Child and Family Team process to develop a Plan of Care for each child and family. At the administrative level, the CME assists DCF in developing local and regional networks of care, which includes the CONNECT federal System of Care grant activities.

Category: Family Support and Support Services and Family Preservation service
Target Population: Any child residing in a congregate care setting and child and youth who are frequent users of Emergency Departments and In-patient settings.

Geographic Area: Statewide
Numbers of children served: 150-160

Career Enhancement Training - This service is a training program, known as, **Manufacturing in Motion**. It is designed to develop job-related learning opportunities in a collaboration between Goodwin College and Touchstone School staff and faculty. These learning experiences will complement the formal academic program by adding career building skills and vocational education. The content of this career enhancement training will focus on areas such as customer service, office support, and 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: Statewide
Numbers of children served: 30 students
Funding: Federal

Caregiver Support Team - This service is designed to prevent the disruption of foster placements and increases stability and permanency by providing timely in-home interventions involving the child (ages 0-18) and their caregiver/family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family. The service is available at critical points for the duration of the placement as additional supports are deemed necessary.
Category: Family Support and Support Services and Family Preservation service
Target Population: Foster or kinship families for any child residing in foster home
Geographic Area: Statewide
Numbers of families served: 762

Child Advocacy Centers (CACs) – A Child Advocacy Center (CAC) is a child-focused, facility-based program where professionals from many disciplines, many whom are members of the MDT (see below) including child protection, law enforcement, prosecution, forensic interviewing, mental health, medical professionals, and victim advocates work together as a team to provide coordinated and well-informed decisions about services and supports to child victims and non-offending family members. All of Connecticut's CACs are legislatively required to meet the National Children's Alliance (NCA) Standards. Best practice includes both the Forensic Interview and Medical at the same site to support the family; Connecticut is working toward this best practice. When the MDT effectively collaborates on the investigation the potential substantiation/ prosecution of child abuse cases increase.

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 served – CY 2018 - 1759
Funding – State

Child and Family Traumatic Stress Intervention (CFTSI) - This service focuses on two key risk factors (poor social or familial support, and poor coping skills in the aftermath of potentially traumatic events) with the primary goal of preventing the development of PTSD. CFTSI seeks to reduce these risks in two ways: (1) by increasing communication between the affected child and his caregivers about feelings, symptoms, and behaviors, with the aim of increasing the caregivers' support of the child; and (2) by teaching specific behavioral skills to both the caregiver and the child to enhance their ability to cope with traumatic stress reactions

Child FIRST (Early Childhood Services)- –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 2019 - 557

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

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, and cognitive restructuring.

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: Outpatient Clinics and Schools (53)
Estimated number of individuals served: CY18 – 495; Projected CY19 - 809

Community Support for Families - This service engages families who have received a Family Assessment Response from the Department and helps connect them to concrete, traditional and non-traditional resources and services in their community. This collaborative approach and partnership, places the family in the lead role of its own service delivery. The provider assists the family in developing solutions, identify community resources and supports based on need and helps promote permanent connections for the family with an array of supports and resources within their community.
Service Category: Family Preservation and Family Support
Population(s) to be served – Children ages birth – 17 years old
Geographic areas: Statewide
Number of children/families served: 2, 340

Community Support Team - This service is provided in conjunction with the DCF New Haven Area Office and focuses on assessment, treatment and support for children and youth in out-of-home levels of care transitioning back to the community. Services include but are not limited to: in home clinical interventions and supports; delivery of therapeutic services that facilitate and support family problem solving; family education and guidance; and linkage to natural support systems.
Service Category: Family Preservation and Family Support
Population(s) to be served – Children in out of home care
Geographic areas: Milford, New Haven and Meriden
Number of children served: 20

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.
Service Category: Family Preservation and Family Support
Population(s) to be served – Children in out of home care
Geographic areas: Middletown, Norwich and Willimantic
Number of children served: 8

Connecticut ACCESS Mental Health: is a consultative pediatric psychiatry service 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 primary goal of the service is improve access to treatment for children with behavioral health or psychiatric problems, and to promote productive, ongoing relationships between primary care and child psychiatry increasing the access to a scarce resource of child psychiatry. 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: 7,000 calls/year

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

Early Childhood Consultation Project (ECCP)/Mental Health Consultation to Childcare - The ECCP provides statewide mental health consultation program to pre-schools, Head Start, and service providers funded by DCF. The service is designed to meet the social/emotional needs of children birth to five by offering support, education and consultation to those who care for them to promote optimal outcomes for young children. This includes the early identification of young children's social emotional needs and intervention with appropriate services and referrals. 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. All CT towns and cities have access to this consultation. ECCP is backed by three random control trials contributing to an evidence base for preschool, as well as Infant/toddler Early Childhood Mental Health Consultation (ECMHC) (Gilliam 2007 & 2010).
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.

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 5 year grant was awarded to help 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 program 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 uses 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: 2018 = 19,965 calls and 14,585 episodes of care
Projected to be Served: 2019 & 2020 = Over 20,000 calls, 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: 2018 = 19,965 calls.
Projected to be Served: 2019 & 2020 = Over 20,000 calls, 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), CY19 (Projected 1006)
Number of Families Served: CY15 (555) CY16 (558) CY17 (565) CY18 (520), CY19 (Projected 517)

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
Number of families served: Approximately 50

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 use. 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 with the parent-child dyad. Some of the model's components include the use of a safety plan when the client is at high risk of relapse or is in crisis; random drug testing; vouchers for negative drug screens; case management services; weekly relapse prevention group; and collaboration with DCF to implement this program. Average length of service is 6-7 months, which can be extended up to 12 months.

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 use. The child's must have 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 Support - This service provides coordination and facilitation of five parent support groups with goals of peer support, information on appropriate parenting skills, and education on the development of effective coping strategies. The five groups consist of (1) the CT Chapter of the National Alliance for the Mentally ILL, (2) a support group for mothers who have experienced a sexual assault in their pre-parenting years, (3) a parent education group, "Parents Night Out", (4) a parent /child play group for parents with children age birth to three years old that includes an "in home" education component, and (5) a Gamblers Anonymous support group.

Fatherhood Engagement Services (FES) – In late FY2019, the Department contracted with 6 private agencies to offer this service across the state. FES provides intensive outreach, case management services and 24/7 Dad© group programming to fathers involved with an open DCF case. The service works to engage fathers in case planning and in achieving more timely permanency.

Category: Family Support and Adoption Promotion and Support Services.
Population served: any child receiving DCF case management services.
Geographic area served: Statewide.
Number of families to be served: FY 20 – Projected 340

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, respite care authorization as well as a fiduciary role for open adoption legal services 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 Care and Adoptive Family Support Groups – This service provides both avenue and child care support group meetings for foster care and adoptive families as a means to aid in retention of foster homes and placement stability within foster and adoptive family settings. Childcare is also provided to licensed families at these support groups.
Category: Adoption Promotion and Support Services.
Population served: All licensed families (all license types)
Geographic area served: Torrington, Waterbury
Number of families to be served: Approximately 20 individuals at a given time

Foster Family Support - This service provides a variety of support services to children in DCF care who are living with foster and relative families in Bloomfield. The support services include, but are not limited to: individual, group and / or family counseling; crisis intervention, social skills development; educational activities; after school and weekend activities.
Category: Adoption Promotion and Support Services.
Population served: All licensed families (all license types)
Geographic area served: Bloomfield
Number of families to be served: 88 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 money available for participating foster parents as well as two yearly celebrations fostering a peer community for the families.

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: 2017 = 520; 2018 = 450.
Projected to be Served: 2019 = 500; 2020 = 520
Funding: State

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 for the first weeks of the service. Based on family needs amount of contacts per week can vary. Staff work a flexible schedule, adhering to the needs of the family. A Standardized assessment tool is used to develop a treatment plan in conjunction with the family. 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 – SFY (2015) 861; (2016) 890; (2017) 813, (2018) 816
Projected to be Served – (2019) 800
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 5-18 years with complex psychiatric disorders

Geographic Area: Statewide
Estimated Families Served: 2100-2369 annually

Intimate Partner Violence Family Assessment Intervention Response (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
Number of families served: FY18 – 201; FY19 – Projected 260

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 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 – FY2015 – 1288; FY2016 – 1664; FY2017 – 1671; FY2018 – 1545; FY19 Projected - 1540
Funding source – State

Multidisciplinary Team (MDT's)– This service ensures the child and non-offending caregiver(s) receive a coordinated response, limited interview(s) and appropriate services for the child(ren) and non-offending caregivers. The MDT leads the coordination of the investigation and interventions for cases of child abuse/neglect among the various agencies including but not limited to 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. Additional meetings can be scheduled to address cases of immediate concern. 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 by multiple sources including the Governor's Task Force on Justice for Abused Children (GTFJAC) and Connecticut Children's Alliance (CCA).

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 CY 2018 the MDTs reviewed 1783 referrals (some referrals from one team are missing but is being addressed). During the first 6-months of the current reporting year (7/1/18 – 6/30/19) 926 referrals (some referrals from one team are missing but is being addressed) have been reviewed.

Multidimensional Family Therapy (MDFT) - This service provides intensive home based clinical interventions for children, ages 9- 18, exhibiting 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. The treatment objective is to eliminate the adolescent's substance use, crime, and delinquency to improve mental health, school and family functioning. After a comprehensive evaluation, a strength-based individualized service plan is developed to include goals, interventions, services and supports that specifically address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. Random on-site urine screens that offer immediate results are done as needed with parental knowledge of the results. Staff work a flexible schedule, adhering to the needs of the family. The majority of services are to be offered in the client's home, community agencies, schools and other natural settings. Average length of service is 3-5 months per family.

Family-based intensive in-home treatment for children & adolescents (aged 9 – 18 years) with significant behavioral health needs and either alcohol or drug related problems, or are at risk of substance use.
Category: Family Preservation service.
Population Served: Youth ages 9-18 years with complex substance abuse and mental health service needs who have at least one parent/guardian, or parental figure to be able to participate in treatment and are not actively suicidal or psychotic.
Geographic Area – Statewide
Estimated Individuals and Families to be served: 1080

Multidimensional Family Therapy (MDFT) Consultation and Evaluation - This service provides program development, training, clinical and programmatic consultation to MDFT providers statewide which integrate the standards and practices consistent with MDFT requirements and quality improvement programming. Additionally, this service provides program development, training and clinical consultation for the Family Substance use Treatment Services (FSATS) teams serving youth who are criminally involved.

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: 204

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 are provided to all family members as needed, including: 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 who has had 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: 147

MST-Consultation and Evaluation - This service provides for clinical consultation to State-wide Court Support Services Division (CSSD) and DCF funded Multi-systemic Therapy (MST) providers in order to integrate the standards and practices consistent with MST Network Partnership requirements and MST quality improvement programming. In addition, the service provides training in the theory and application of MST for clinicians, supervisors, administrators, policy makers employed by DCF, CSSD and their contracted MST providers.

MST- Emerging Adults (MST-EA) – This service provides intensive individual and community based treatment to transition-aged youth with multiple co-occurring disorders and extensive system involvement with the goal of reducing the young adult's substance use and mental illness symptoms, and promote gainful activity such as school, work, housing and positive relationships. In addition to clinical work with a therapist, a MST-EA coach serves as a positive mentor and engaged the young adult in prosocial, skill building activities. Treatment duration averages 7-8 months, with an additional 2-4 months (average) with the MST-EA coach. Sessions with the client occur 3-5 times weekly, depending upon the client's needs. In addition to increasing positive transition-age role functioning, this approach seeks to reduce symptoms of SMHC, and seek abstinence or reduction of substance misuse.
Category: Family Support and Family Preservation service
Target Population: Serves youth between their 17th and 21st birthdays who (1) are aging out of foster care or involved in the child welfare system; (2) have been referred to DMHAS by DCF for adult behavioral health services; and (3) have a behavioral health condition(s) (i.e., serious mental health and/or substance use disorders).
Geographic Area: DCF Area Offices: Milford, Bridgeport, Waterbury, Hartford, Manchester and New Britain.
Number of Families Served: FY19 – Start Up Year = served 2 YTD; contract # = 66 annually.

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
Number of Families Served: FY18 – 10; FY19 – Projected 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, evidence based clinical model with an established curriculum, training component and philosophy of delivering care. Treatment includes comprehensive risk assessment and safety planning; strengthening family relationships and empowering families to manage youth behavior; increasing accountability; addressing any denial of the family and youth; identifying and addressing aspects of the youth's environment that contribute to antisocial and problem sexual behaviors; helping parents or caregiver to build support networks; and assisting families in proving unambiguous guidance and support that enable the youth to develop the social skills to establish healthy peer relationships and develop normative sexual behavior trajectory 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: 96

New Haven Trauma Network - The New Haven Trauma Network is a collaboration led by Clifford Beers Clinic that has four (4) components: Care Coordination, Short term assessment, screening, and direct service for children; Trauma informed training & workforce development. These Four Components will be a trauma-informed collaborative network of care to address adverse childhood experiences (ACE). The network will involve the Greater New Haven community and its focus aims to: a) Create a safer, healthier community for children and families; b) Reducing community violence; c) Reduce school failure and dropout rates; d) Reduce incarceration rates; e) Improving overall health of children and families; and f) Coalition or network infrastructure support.

One on One Mentoring (OOMP) – 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. DCF transitioned to specialized One on One Mentoring services with two specialty providers. In September 2018 the department contracted with a specialized service provider focusing on the LGBTQI adolescent population. A second provider is in the final stage of contracting for specialty services to youth that are victims of child sex trafficking; expected to officially start providing services by the end of May 2019. Both mentoring providers' service adolescents ages 14 and older, whom are committed to the Department and residing in out of home care.

Category: Family Support and Family Preservation service.
Population to be served: DCF involved adolescents ages 14-17 and 18-23 that 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 (Rise Mentoring for LGBTQI youth) and Bridgeport, New Britain and Waterbury (Child Trafficking).
Capacity: Rise 24 and Child Trafficking 12
Estimated number of individuals served July 1, 2018 to June 30, 2019: Rise 16

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. DCF referrals receive priority consideration. The severity of each referral determines whether an appointment be given that same day, within 3 business days, within 14 calendar days or within 30 calendar days.

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: CY17 - 24,000; CY18 – 25,331; CY19 (Projected 25,216)

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.

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 (PSS) – This service is for families with children 0-17 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. The PSS program was procured in the Spring of 2019 and will result in each area office having one PSS provider.

Category: Family Preservation service.
Population Served: Priority is given to parents involved with DCF and who have children ages 0-17. Caseload permitting and in consultation with the DCF area office, providers may serve parents referred by other community providers.
Geographic Area: Statewide
Number of Families Served – (2015) 1354; (2016) 1380; (2017) 813 ; (2018) 825
Projected to be Served – (2019) 2087
Funding – State

Performance Improvement Center – This service, Performance Improvement Center (PIC), supports and sustains the delivery of high quality Emergency Mobile Psychiatric Services (EMPS) and Care Coordination (CC) throughout the state of Connecticut by directing and implementing quality improvement activities and standardized training and workforce development activities to EMPS, and Care Coordination contractors. Quality Improvement activities include the collection, analysis, and reporting of quality improvement data provided by the EMPS Call Center (211) and EMPS contractors (and subcontractors) and the care coordination contractors. Monitoring and supporting EMPS and Care Coordination quality is provided by a combination of consultation, satisfaction surveys, fidelity ratings and other activities. Training and workforce development activities for Care Coordination and EMPS include the provision of pre-service, in-service and special topic training in the core competencies necessary to operate a quality service. Additionally, on-going monthly quality oversight through coaching and mentoring is provided for Care Coordination providers.

Category: Family Support and Family Preservation service.
Population Served: The contractors who provide EMPS and Care Coordination services to children and families in CT
Geographic Area: Statewide
Number of Families Served – EMPS services over 12,000 episodes of care and Care Coordination serves over 1,600 families.

Permanency Placement Services Program (PPSP) – This is a permanency placement program dedicated to DCF-committed children to support placement through adoption or guardianship. Services include: Completion of documents to legally free a child for adoption through juvenile court; recruitment, screening, home studies and evaluations; pre- and post-adoption, guardianship placement planning and finalization services or reunification services with biological parents. A written service agreement, mutually developed between DCF and the provider, is made prior to the commencement of services, and includes the type(s) of service(s) to be provided and time to be spent on each service.

Category: Family Support and Adoption Promotion and Support Services
Population Served: Any children in DCF care for whom adoption recruitment and preparation or child and family permanency work is necessary.
Geographic Area: Statewide
Number of Families Served – 100. This number is fluid based upon the requested contracted service.

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 with their mother or guardians.

Project SAFE FR– This is a statewide program that provides priority access to substance use evaluations, outreach and engagement and outpatient substance use treatment to parent/caregivers who are involved in an open DCF case. Additional services include assisting families to gain access to mental health, medical, social, educational, vocational, housing and other services essential to meeting basic human needs. Service ended on 12/31/18, redesigned to Safe Family Recovery to increase partnership between providers and DCF staff and implement evidence based screening and treatment.

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, and can include random observed alcohol and drug screenings for parents and caregivers with a substance use problem by facilitating treatment and increasing recovery. Service ended on 1/31/19, redesigned to Safe Family Recovery supporting evidence based treatment.

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. Service ended on 1/31/19, redesigned to Safe Family Recovery supporting evidence based treatment.

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).

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 (SFY 2015); 1032 Children (SFY2015); 1595 Families (SFY2016); 2066 Children (SFY 2016); 1020 Families (SFY 2017); 1481 Children (SFY 2017); 1170 Families (SFY 2018); 1639 Children (SFY 2018)
Number Projected to be Served – 1120 Families (SFY 2019); 1600 Children (SFY 2019)
Funding - State and Federal

SAFE Family Recovery – This is a statewide program that provides three (3) evidence-based approaches in order to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use. The three (3) services are: (a) Screening, brief intervention and referral to treatment (SBIRT) identifies adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment; (b) Multidimensional Family Recovery (MDFR) addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement; (c) Recovery Case Management Check-Ups and Support (RMCS) provide support and ongoing assessment, facilitate involvement with pro-

recovery peers and activities, detect return use and other concerns, assertively link to services as needed, and promote positive family relationships. This program began on 1/1/19.

Category: Family Support.
Target Population: DCF involved adult parents and caregivers
Geographic Area: Statewide
Estimated Families Served: 4680 SBIRTs, 810 MDFR, 1080 RMCS

Sexual Treatment (JOTLAB)- This is a comprehensive community based rehabilitative specialized day 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; biweekly individual psychotherapy; monthly family/caretaker counseling; psycho-educational therapy groups as well as twice weekly social skill building groups. This service is a specialized extended day treatment program. Program re-design is in process.

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: CY18 – 71; CY19 – Projected 33.

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 indicated. DCF currently has a 30 bed capacity through five separate programs throughout the state.

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. DCF currently has a 58 bed capacity through five separate programs throughout the state.

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. The 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 Children Served: 88; 43 Sibling Groups

Statewide Family Organization – FAVOR – An umbrella statewide family advocacy organization that has been created to educate, support and empower families. FAVOR's mission is to provide family-focused, advocacy-based, and culturally sensitive community services that improve outcomes and family wellbeing. The Statewide Family Organization provides three levels of service and support to families who have children with serious behavioral or mental health needs. At the direct service level: Community Family Advocates provide brief and long term support to parents and caregivers using a wraparound Child and Family Team meeting approach and a peer support/assistance framework. At the regional level: Family System Managers work closely with DCF Regional Offices 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 provide feedback to DCF regarding child protection services and provide training and disseminate 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 use of a subsidized voucher from the Department of Housing (DOH), HUD-Family Unification Program or vocational/employment services provided by the program

Service Category: Family Support
Target Population: 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 2019- over 500
Funding Source: State

START – The START program will provide an array of services for youth ages 16-24 who are at-risk of homelessness. Services will include outreach and survival supports for homeless youth in crisis or youth who have unstable housing in the Hartford area for up to two years with intensive case management support.

Target Population: Youth 16-24 who are homeless or at risk of becoming homeless
Geographic area served: Statewide
Estimated Youth Served: 252 youth annually; 21 per month; 70 youth for 2 year transitional track.

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 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.

Category: Family Support, Family Preservation ,Time-Limited Family Reunification categories
Population(s) to be served: Children aged 2.9 to -5 with behavioral health issues needing support in transitioning to regular day care or kindergarten
Geographic area to be served: Bridgeport, New Britain
Estimated number of families to be served: 42 – 60 Annually
Funding Source: State

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.
Estimated number of children to be served: 75

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 a TFC placement 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 guardianship).

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.
Estimated number of children to be served: 789

Therapeutic Group Home - This service is a congregate-care behavioral health treatment setting for children and youth. This service is a small (4-6 bed) staffed home within a local community designed for youth with psychiatric/behavioral issues (must have a specific Axis I diagnosis). Youth entering these homes come primarily from larger residential facilities. Therapeutic techniques/strategies are utilized in the relationship with the child, youth and family, primarily through group and milieu experiences. The service provides an intensive corrective relationship in which therapeutic interactions are dominant, thereby assisting the children and youth in improving relationships at school, work and/or community settings. Appropriate linkages with alternative or transition services are in place prior to a child or youth's discharge. DCF currently has a 135 bed capacity through 26 separate programs throughout the state.

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.
Category: Adoption Promotion and Support Services.
Population served: Youth in DCF care in need of permanency
Geographic Area: Statewide
Children Served: 81

Work To Learn Youth Program - This youth educational/vocational program provides supportive services to assist youth and young adults, ages 16-23, to successfully transition into adulthood. The program provides training and services in the following areas: Employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Youth also have the opportunity to take part in onsite, youth run businesses.

Category: Family Support and Adoption Promotion and Support Services.
Target Population: Committed youths ages 16 to 23.
Geographic Area: Statewide
Families Served: CY2018 - 375 unique clients, July 1, 2018 to present - 272 averaged utilization

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 coordination of services to parents and children younger than 36 months in order to speed reunification or facilitate another permanency goal. The children involved in the program have been placed outside of their home for the first time via court order. The service coordination involves 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 toward reunification.

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 Milford DCF area office.
Geographic area served - Milford DCF area office.
Estimated number of individuals and families to be served – 40 children 0-3 years of age annually

Service Grid

Service Type	Family Preservation	Family Support	Time-Limited Family Reunification	Adoption Support
Adolescent Community Reinforcement Approach / Assertive Continuing Care		X		
Adopt a Social Worker (Covenant to Care)	X	X	X	X
Care Coordination		X		
Care Management Entity (CME)	X	X		X
Caregiver Support Team	X	X		
Child Abuse Centers for Excellence	X	X		
Cognitive Behavior Intervention for Trauma in Schools (CBITS)	X	X	X	X
Community Support for Families	X	X		
Community Support Team	X	X		
Community Transition Program	X	X		
Connecticut Access Mental Health	X	X		
Crisis Stabilization	X	X	X	
Early Childhood Services (Child First)	X	X		
Elm City Project Launch		X		
EMPS	X	X		
EMPS - Statewide Call Center	X	X		
Extended Day Treatment	X	X	X	X
Family and Community Ties				X
Family Support		X		
Fatherhood Engagement Services	X	X		
First Episode Psychosis Program	X	X		
Foster and Adoptive Parent Support				X
Foster Care and Adoptive Family Support Group				X
Foster Family Support				X
Foster Parent Support Medically Complex				X
Functional Family Therapy	X	X		X
IICAPS - Consultation and Evaluation	X	X		X
Intensive Family Preservation	X			
Intimate Partner Violence	X	X	X	
Juvenile Sexual Treatment	X	X		X
MDFT	X	X		
MDFT: ASSERT	X			
MDFT Residential			X	
MDFT: QA	X	X		
Mental Health Consultation to Child Care	X	X		
MST	X	X		
MST: Building Stronger Families	X	X		
MST: Consultation and Evaluation	X	X		
MST: Emerging Adults	X	X		
MST: Family Based Recovery	X	X		
MST: Intimate Partner Violence	X	X		
MST: Problem Sexual Behavior	X	X		
Multidisciplinary Examination (MDE) Clinic	X	X		
Multidisciplinary Teams (MDT)	X	X	X	
New Haven Trauma Coalition	X	X	X	X
One on One Mentoring	X	X		
Outpatient Psychiatric Clinic for Children	X	X	X	X
Parenting Class	X	X		
Parenting Support Services	X	X		
Performance Improvement Center	X	X		
Permanency Placement Services Program - PPSP		X		X
Project Safe Fetal Alcohol Spectrum Disorder (FASD)	X	X	X	
Recovery Management Checkups & Supports	X	X		
Reunification and Therapeutic Family Time		X	X	
SAFE Family Recovery	X	X	X	
Sexual Health Training Program / Be Proud Be Responsible		X	X	

Service Type	Family Preservation	Family Support	Time-Limited Family Reunification	Adoption Support
Short Term Assessment Respite (STAR)	X		X	
Short-term Family Integrated Treatment (S-FIT)		X	X	
Sibling Connections	X	X		
Start Program for Youth and Young Adults			X	
Statewide Family Organization	X			X
Supportive Housing for Families		X		
Supportive Work Education & Transition Program		X		
Survivor Care			X	
Therapeutic Child Care	X	X	X	
Therapeutic Foster Care	X	X	X	
Therapeutic Foster Care Medically Complex	X	X	X	
Therapeutic Group Home	X	X		
Work Learn/Youth Program	X	X		X
Zero to Three	X	X	X	X

Spending Plans 2020

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES – SUBPART I- FFY2020

Services/Activities	Funding
Triple P Provider Training	$120,306
Office Assistant Positions (Meriden/Norwalk)	$178,032
JRA Consulting- Racism	$20,000
CCMC	$220,500
Central Office Staff (Contract Management)	$127,687
Solnit North Positions	$1,219,134
The Connection	$200,000
KJMB Solutions	$115,000
CT-AIMH Membership	$540
CT Parents with Cognitive Limitation-Annual Meeting/Conference	$4,000
Travel/Conferences	$14,000
Total:	**$2,219,199**

PROMOTING SAFE AND STABLE FAMILIES – SUBPART II – FFY 2020

Services/Activities	Funding
Reunification & TFT Services	$1,173,248
ABH-Community Collaboratives	$284,700
FAVOR	$50,000
UCONN -Adoption Enhancements	$300,000
Easter Seals Support Group	$20,000
Adopt a SW program	$95,275
UCONN SSW PIC (FAR/Intake)	$164,420
CT Association for Infant Mental Health	$39,652
NCCD – CRC SDM Work	$110,879
Total	**$2,203,174**

During this year, the Department will likely make some adjustments to the spending plans in support of the Family First Prevention Services Act. There are no current changes to the spending plan at this time. Any modifications to the plans will be submitted as required.

Chafee FFY 2020

Service Description	Funding
Personnel Expenses	$ 43,575
One on One Mentoring	$82,000
Summer Youth Employment	$400,00
Youth Advisory Board Stipends	$65,000
Work to Learn	429,385
YV Lifeset	$40,000
Post-secondary Ed preparation and support	$75,000
Total	$1,134,960

ETV (See Attachment F)

Service Coordination

Connecticut's service array is further examined through groups designed to review, assess and support the development of a robust service system best able to meet the needs of children and families. 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 also informs the procurement process, including reviewing Requests for Proposals and making decisions about how to invest our resources to improve the service array. The group of Senior Leaders meets regularly 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.

SARA, and the service coordination process is informed by staff across the agency., This group is represented by regional staff, social workers, system program directors, program coordinators, fiscal staff, contract management staff, Academy for Workforce Development staff, clinical staff and various other staff throughout the Department. The body is responsible for performing in depth analysis of each contracted service type to include review of statistics, performance measures, capacity and utilization trends, effectiveness of services, fiscal analysis and anecdotal information from workers who use the programs, determining what works within the level of care and what could be done better and submitting those recommendations to SARA for review.

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. The Department also meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array.

The Contract Management Unit in the Department's Fiscal Services Division provides an array of support services to aid the Department's Program Development and Oversight Coordinators (PDOCS) who are responsible for the oversight of the program components of the 96 Purchase of Service (POS) contracts, encompassing 353 community programs the Department funds. Purchase of Service contracts deliver direct social services through private agencies to children and/or their families that are served by the Department. Additionally, the Contract Management Unit 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 examine the inclusion of performance measures in each scope of service, and to catalog those performance measures by the type of measure. This review is on-going and will continue as the Department has undertaken this review with the intent of standardizing measures within like-service arrays and consistently measure them in meaningful ways.

Active Contract Management:

The Department has continued to receive 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 models, Intensive Family Preservation (IFP) and Adolescent Community Reinforcement Approach/Assertive Continuing Care (ACRA-ACC). The DCF PDOCs assigned to these program models are 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 services throughout SFY19.

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 addition, the network of credentialed providers is subject to monitoring and oversight by the DCF Credentialing Committee, comprised of various Department staff, chaired by a member of the Division of Contracts Management. This Committee is responsible for addressing system wide issues, provider specific issues and for establishing the protocols and schedule for site visits.

Most recently, the Department restructured the Transportation: School service type through implementation of an Administrative Services Organization (contracted by the Department) to be responsible for the receipt of all referrals and the dispatch of all transportation under this service. While the service will continue to utilize the credentialed pool of providers, the ASO will coordinate all trips, monitor through GPS in real time, quality assure every vehicle and driver being utilized and verify all billing.

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. The Contract Management Unit is currently in the process of reconfiguring this website as well as performing a Program Inventory to ensure the accuracy of the Contract Library.

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 greater risk for maltreatment, the agency is mindful of the possible interpretation/misinterpretation and meaning of these data when cross-tabulated by race and ethnicity. That is, children of color are overrepresented in Connecticut's child welfare system, including at the referral/reporting stage of the child welfare pathway. Further, while Connecticut has adopted a Differential Response System (DRS) approach, DCF data indicates that families of color are not referred to the Family Assessment Response (FAR) track to the same degree they are to traditional Investigation pathway. This has implications with respect to determinations of maltreatment based upon rates of substantiation.

AGE GROUP	DEMOGRAPHIC	VICTIMS	POPULATION	RATE/1000
0 - 3	ALL	2504	159583	15.69
	MALE	1281	81626	15.69
	FEMALE	1194	77957	15.32
	Hispanic	794	37658	21.08
	Non-Hispanic, Black	561	17597	31.88
	Non-Hispanic, White	829	87513	9.47
	Non-Hispanic, Other	320	16815	19.03
4 - 17	ALL	5606	657432	8.53
	MALE	2660	336570	7.90
	FEMALE	2887	320862	9.00
	Hispanic	1900	122482	15.51
	Non-Hispanic, Black	1204	71506	16.84
	Non-Hispanic, White	1956	412201	4.75
	Non-Hispanic, Other	546	51243	10.66
0 - 17	ALL	8102	817015	9.92
	MALE	4077	418196	9.75
	FEMALE	3937	398819	9.87
	Hispanic	2689	160140	16.79
	Non-Hispanic, Black	1765	89103	19.81
	Non-Hispanic, White	2783	499714	5.57
	Non-Hispanic, Other	865	68058	12.71

Further, a review of High Risk Newborn (HRN) data indicated that the changing of tracks from FAR to traditional Investigation occurred at a statistically significant higher rate for families of color versus white families. In addition, as white families and their children may be under reported to DCF, the Department continues to assess its work and data through a racial justice lens. Additionally, the Department piloted some adjustments to track assignment in 2018 that are currently being assessed to better determine impact on this cohort. Therefore, Connecticut recognizes that there are myriad factors that may contribute to the below data, and thus must be thoughtful in terms of the inferences and conclusions that may be drawn.

A 2018 analysis of Department data assessing the contributors that increase the odds of recurrent maltreatment reveals similar factors as was found in the 2015 case control study. That is, children with developmental or physical disabilities, caregiver alcohol abuse, caregiver substance use, 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.

Next, the Department continues to implement the Eckerd Rapid Safety Feedback® (RSF) model. RSF is a quality assurance and coaching approach that utilizes predictive analytics to support timely intervention and support for cases identified to have specified dress of match to cases that had poor outcomes. This model was highlighted in the 2016 report by the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF).

Predictive analytics provided by Eckerd's technology partner, Mindshare Technology, identifies cases that have a specified match based on CT's problem statement, to similar cases that had a poor outcome. These data are used to support real time case reviews by licensed clinicians, within DCF's Office of Research + Evaluation, to ensure accountability for identified safety actions and supports. Further, as RSF involves a coaching component through "staffings" with case workers and their supervisors, the model is intended to produce broader, lasting practice improvements.

To date, since RSF's start on 10/03/2016, over 1400 cases have been identified for a review. Five Clinical Social Work Associates and two managers are part of the review process outlined by the model. DCF is also participating in a formal evaluation process through Casey Family Programs, which includes other states implementing the RSF 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 examines trends for open cases or cases closed within the last 12 months, where a critical event (e.g., fatality or severe abuse) has occurred. Two Learning Forums, focused on practice as it pertains to infants and young children. Other Learning Forums were convened on practice pertaining to cases with Substance Use, and those with Chronic Neglect. The Learning Forums topics have also been built into the DCF Workforce Academy to better support dissemination to social work and clinical staff at all levels of the agency.

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

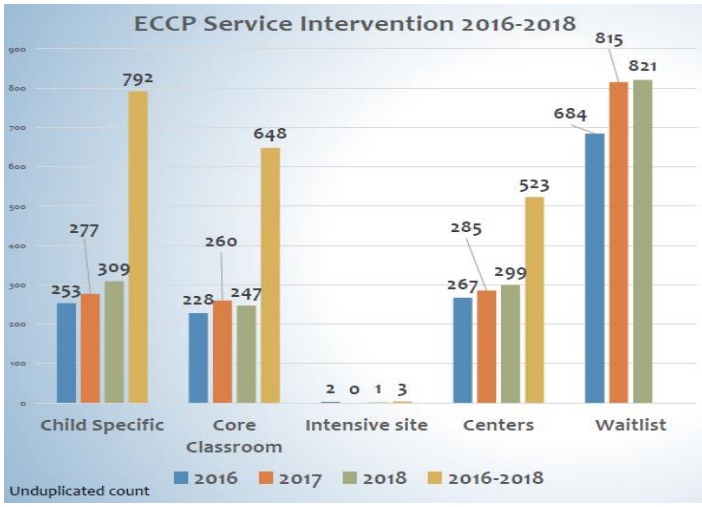
Response System be assessed for developmental and social/emotional delays. For any child exhibiting developmental or social/emotional delays, the Department is required to refer to Birth to Three Program, through the Child Development Infoline (CDI). Children who are not found eligible for Birth to Three 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.

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

The following charts represent ECCP data for the past 3 years.



- Child Specific Services has consistently been the highest utilized ECCP intervention.
- 76% referrals are generated by the schools; 16% by parents; 4% by community providers; and 4% by DCF.
- All programs maintain a waitlist
- Core-Classroom – 98% of referrals are generated by the school/educational program
- Over the last 3 years, ECCP has served 523 centers in the state. In FY 2018, 56 new centers served – 1207 served since 2002-92% of available centers
- Over past 3 years, 8% did not complete the Child-Specific service

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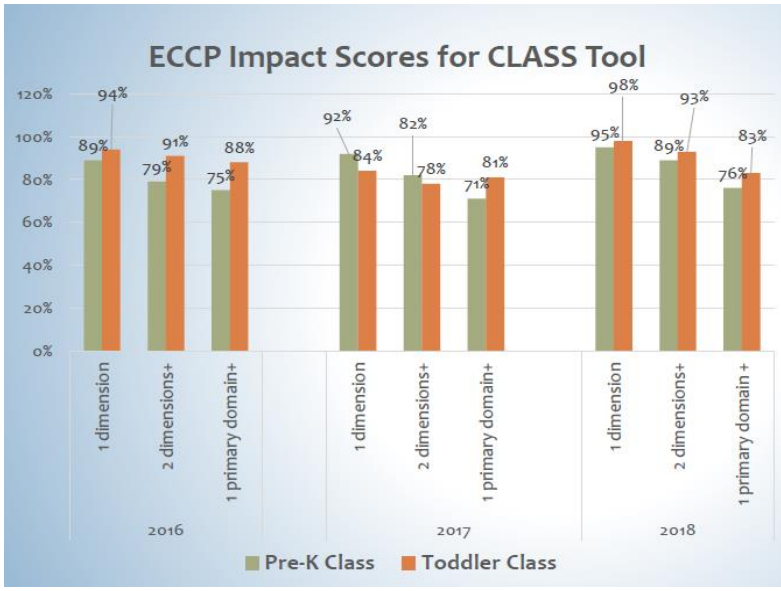

CLASS Tool measures teacher-child interactions that promote positive academic & social outcomes for children. Used in the Core Classroom Intervention to create Action Plan. Completed on 2nd visit & end of service. Post test is completed by a different MH consultant to maintain objectivity.

Pre-K Classroom Domains: Emotional Support, Instructional Support, Classroom Management.

Toddler Classroom Domains: Emotional/Behavioral Support, Engaged Support for Learning.

Based on results of the CLASS Tool, ECCP has been very effective improving the quality of interactions and relationships within the classroom.

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Child Specific Services - # Expelled/Suspended at 1 & 6 Month Follow Ups by Race/Ethnicity by FY

	White	Black	Hispanic	Bi-racial	Asian	Other	Total
	2016 N=427						
# Expelled/Suspended @ 1 mo	0	0	0	0	0	0	0
# Expelled/Suspended @ 6 mo	3	1	1	2	0	1	8
	2017 N=457						
# Expelled/Suspended @ 1 mo	1	0	1	2	0	0	4
# Expelled/Suspended @ 6 mo	0	1	0	1	0	0	2
	2018 N= 468						
# Expelled/Suspended @ 1 mo	0	1	0	2	1	0	4
# Expelled/Suspended @ 6 mo	2	0	1	3	0	0	6

In 2016, <2% of children were suspended/expelled during these time periods. Of the 8 children who were suspended/expelled, 62% were children of color; 38% were white.

In 2017, < 1% of children were suspended/expelled at 1 & 6 month intervals. Of those children suspended at 1 month (4), 75% were children of color, 25% were white; and at 6 months (2), all were children of color.

In 2018, < 1% of children were suspended at 1 month follow up. Of the 4, all were children of color. Of the children suspended at 6 months, 67% were children of color and 33% were white.

Of the 1352 children who received ECCP services over the last 3 years, 24 or less than 2% were suspended/expelled at 1 or 6 month follow ups. None were DCF involved. ECCP continues to experience very low suspension/expulsion rates for children receiving ECCP intervention.

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ECCP ® Program Highlights

- Nationally recognized, evidence-based early childhood mental health program designed to meet the social emotional needs of infants, toddlers, and preschoolers
- Helps reduce need for more intensive service intervention for children in the future
- Solidly backed by 3 rigorous Random Control Trial Evaluations conducted by Walter Gilliam, PhD, Yale University yielding significant and meaningful impact upon children served
- Rigorous & intensive training & orientation program for all new MH consultants (3 months & competency based)
- Strong community connections & collaborations
- Comprehensive data collection system
- Program achieves intended outcomes

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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 the 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.

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 4 of the grant.

Screening and Assessment in a Range of Child-serving Settings

LOCAL-LEVEL: The primary approach has been through workforce development and capacity building. In FY4, CT-ECPL has focused solely on training community organizations on how to integrate developmental and social emotional screenings into their services. CT-ECPL provided training to 11 staff members at Christian Community Action (CCA) on how to conduct and score ASQ and CES-D screenings (March 2018). The staff at CCA continue to work toward integrating developmental and mental health screenings into their intake process.

STATE-LEVEL: Promote the United Way of Connecticut/2-1-1 Child Development Infoline (CDI) as the central point of access for early childhood resources and services as well as the central data entry system for capturing Ages & Stages Questionnaire (ASQ) and ASQ-E developmental screening data. As a part of the promotion efforts of Healthy from Day One public awareness campaign, two brochures, were developed -one brochure focused on the five pillars of family wellness, the other on developmental screening. The materials were featured at the Screening to Succeed Conference. The *Screening to Succeed Conference* was held on June 19, 2018, in Rocky Hill, CT. This event was financially supported by the CT LEND Project of the University of Connecticut Center for Excellence in Developmental Disabilities, the Connecticut Department of Public Health, and CT-ECPL. This conference was a Call-to-Action to ensure the success of all young children through promotion of early screening, developmental awareness and the power of community connections. The objective of this conference was to equip participants with the knowledge, resources and tools needed for effective coordination and community-wide implementation of early childhood screening using evidence based tools. This conference addressed:

- The importance of developmental screening
- The role of families in developmental screening
- Examples of community best practices in early childhood screening and identification
- Availability of screening tools and training to utilize the tools
- Linkage to community resources

112 people attended, representing more than 98 agencies

- Partner with state-wide advisory groups and workgroups related to early childhood screening and assessment, such as the Connecticut Department of Public Health's State Health Improvement Plan (SHIP) Initiative through the Maternal, Infant and Child Health (MICH) Coalition and Developmental Screening Workgroup as well as the Help Me Grow Advisory Committee which was the states previous former Early Childhood Systems grant. The Help Me Grow (HMG) Advisory Committee agreed to be partners with and to serve as an Early Childhood Advisory Committee to the Systems of Care Network in Connecticut. Submitted recommendations to the Children's Behavioral Health Plan and oversight committee a second year in a row.

- Collaboratively 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.

Integration of behavioral health into primary care settings

LOCAL-LEVEL: Local level activity has been discontinued for FY4-5. Utilizing an embedded-clinician model for screening in pediatric settings was CT-ECPL's original plan for sustainability; however, the model is not currently financially viable. Clifford Beers Clinic continues to explore other models of integrated care.

STATE-LEVEL: A Memorandum of Agreement was signed between Wheeler Clinic and Child Health Development Institute (CHDI) on April 18th, 2018 to update the existing Education Practices In the Community (EPIC) Modules with current health disparities data. The EPIC Modules were updated with health disparities content on June 30th, 2018 and presented to the State Young Child Wellness Council on September 24th, 2018.

Enhanced home visiting through increased focus on social and emotional well-being

LOCAL-LEVEL: LAUNCH is supporting the development of an infant mental health (IMH) curriculum for home visiting (HV) professionals and training of local HV professionals to increase knowledge of infant social and emotional development. This training is for HV that work with children ages 0-6 years, and their families. Additional trainings have been developed and are offered through CT-AIMH in partnership with LAUNCH and other state partners, such as: Child First to provide Child Parent Psychotherapy (CPP) and Reflective Supervision. Additionally, a scholarship has been developed using LAUNCH funding to pay for the fee(s) associated with applying for Infant Mental Health Endorsement (IMH-E). The 4th HV training series was from August 22-Sept 21, 2018. 14 individuals registered for this training, 13 attended, representing 9 agencies/programs, from 7 different towns. CT-AIMH has worked with Child First to provide Child Parent Psychotherapy (CPP) training to master-level clinicians in New Haven. By increasing the number of trained clinicians, we are enhancing the ability of the home visitor to meet the needs of families they serve/refer.

STATE-LEVEL: State level staff have worked to support collaboration and enhancement across the statewide home visiting system through active participation and development of resources. Much of this work has been coordinated through the CT Home Visiting Consortium, which has restructured and reconvened in 2018. Specific strategies include development of a draft document that aims to promote health outcomes for children and families participating in home visiting programs through better home visitor and primary care provider communication. Staff have also participated in the development of a training to address infant mental health as part of the state's home visiting MIECHV Innovations grant. As a result of the grant, a survey was developed and distributed by home visiting staff across programs to highlight their current practices around communication with primary care providers. For IMH Endorsement®, the CT-AIMH has the online process in place for those meeting infant mental health competencies and seeking endorsement. CT-AIMH is ready to provide consultation and assistance from the CT-AIMH Endorsement Coordinator to help applicants prepare their portfolios for Endorsement®. CT-AIMH has a contractual Endorsement Coordinator. The Endorsement Coordinator has been available to discuss the Endorsement process and offer support. This quarter, five more have submitted scholarships for Endorsement. By February 2018, twenty-eight (28) scholarships for endorsement have been submitted and accepted. Three (3) of those have obtained IMH-Endorsement®.

- With non-LAUNCH funding, CT-AIMH Piloted an Early Childhood MH Endorsement® in 2018 for those who work primarily with children 3-6 years and their families. It will be available to all in 2019.
- Secured foundation funding (non-LAUNCH) for 6-day HV training series in Hartford that ran from March-June 2018.
- Have had multiple meetings with leaders at OEC to begin conversations about sustaining IMH training series for HV. CT-AIMH worked with OEC to create an Introduction to IMH on-line training module for HV that is being piloted in CT in 2018, then may be released more widely in 2019.

- CT-AIMH provided two state-wide conferences in 2018 to present on the topic of IMH and how it intersects with culture, families, communities, diversity and implicit bias.
- CT-AIMH helped to develop an IMH course for the newly developed Early Childhood Studies and Infant/Toddler Mental Health Bachelor's degree program at CCSU. This will provide IMH content to those who wish to go into the IMH field, in the roles of home visitors, social workers and teachers.
- Completed draft document of "Promoting Child and Family Health Outcomes in Home Visiting"
- Participated and contributed to training module on Infant Mental Health for the state's MIECHV Innovations grant
- Developed and distributed survey of home visitors to gather information about current practices around communication with PCPs.

Mental health consultation in early care and education: The Early Childhood Consultation Partnership (ECCP®) is an evidence based, best practice model providing Early Childhood and Child Mental Health Consultation. There are no changes to the type of program model being used but the focus is extending the age range of ECCP services. The ECCP model is being used in Early Care and Education Centers as an Elementary school in New Haven.

ECCP Intensive Site:

- West Rock STREAM Academy – Grammar School (PreK to Grade 4)
- Core Classroom #2, service completed
- Biweekly participation in the school's existing team to address social emotional goals (SSST).
- Provided Social Emotional Training for school staff

ECCP Child-Specific service provision: Catholic Charities Child Development Center

  - Two (2) Child-Specific Services provided: 2 children, 2 parents, 2 head teachers (services provided weekly)

Family Strengthening and parent skills training

LOCAL LEVEL: The Local Young Child Wellness Parent Council (LYCWPC) continues to meet monthly, using Strengthening Families Approach. FAVOR Inc. has conducted trainings such as How to Be Your Child's Best Advocate.

- The LYCWPC has partnered with the New Haven Early Childhood Council (NHECC) to focus on Parent Engagement within the council, creating a *Partnering with Parents* curriculum. The group will have the curriculum finalized by Spring 2019. Once the curriculum is complete, the parents with start training the NHECC School Readiness providers.
- CT-ECPL and the NHECC co-facilitated a Circle of Security Racial Equity Training. This training was in response to the COS-P providers who attend the Secure Start Network meetings. The discussion focused on the need to build in cultural awareness when conducting the COS-P groups. An additional training will occur in May 2019.
- CT-ECPL Parent Jeremiah Haruna is on the slated Membership list for the New Haven Early Childhood Council. Memberships will be announced in January 2019.
- LYCWC obtained 3 free spots for the Circle of Security Parenting training for a care coordinator staff at Clifford Beers Clinic, a staff member from New Reach Inc., Christian Community Action and Clifford Beers Clinic.

- LYCWC and a local parent from the LYCWPC facilitated a COS-P group. Group started April 2018 and 5 participants completed the group.

STATE LEVEL: The YCWE and a parent lead, Caroline Austin from the State Young Child Wellness Council have continued to participate in the building of the National Early Childhood Family Network by serving on the Steering Committee. CT –ECPL contributed to the establishment of the National Early Childhood Family Network Mission, Vision, Values and By-Laws.

Additional Highlights:

- Local YCWC conducted a *Racial Equity in Early Childhood* training for 30 school readiness providers.
- Local YCWC created a *Cultural Humility* Training for COS-P Providers. Two trainings are currently scheduled for FY5.
- The *Healthy from Day One* campaign has three primary print components: a parent-focused brochure, a developmental screening brochure, and three posters. All materials are available in both English and Spanish.

The Press Release took place on April 24th, 2018. The event was hosted by Mayor Toni Harp of New Haven, Commissioner Katz of the Department of Children and Families and Commissioner Wilkinson of the Office of Early Childhood, additional speakers included representation from Clifford Beers and United Way.

A *Healthy from Day One* Community Wellness Fair was held in New Haven at the Reggio Mayo Early Child Learning Academy on June 16th, 2018.

- 14 different vendors were present at the event, providing information and resources for attendees
- Over 200 people attended the event

Healthy from Day One materials have been promoted and distributed at numerous community events including:

- Together We Will and Childhood Conversations Conference
- Screening to Succeed Conference
- East Hartford Crossroads Community Wellness Fair
- Town of Bloomfield Baby Shower
- Kohl's Start Childhood Off Right Family Celebration

Since the launch of the campaign there have been 515 webpage views. *Healthy from Day One* materials have been requested by 81 organizations across 17 towns.

As we move to the final year of ECPL, the primary focus will be on sustainability efforts of the five core strategies highlighted above.

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 1,000 children and their families per year in CT through MIECHV, DCF, federal grants, and philanthropy. Across all CT sites, 46% of open cases are currently DCF involved, with an additional 24% 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 300 children statewide. 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: 74% show improvement in at least one area that was marked as problematic at intake, 53% show improvement in at least two areas, and 34% show improvement in at least three areas.

Additionally, 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 $d=0.74$)
- Improvement in child social skills ($p<.0001$, Cohen's $d=0.98$)
- Improvement in child language development ($p<.0001$, Cohen's $d=0.78$)
- Strengthening of the parent-child relationship ($p<.0001$, Cohen's $d=0.84$)
- Decrease in maternal depression ($p=.0001$, Cohen's $d=1.0$)
- Decrease in parenting stress ($p<.0001$, Cohen's $d=1.39$)

Child First Inc. has begun to incorporate a review of outcomes by race and ethnicity into annual outcomes analysis. Child First is also interested in assessing our impact in preventing child removal and will be reporting on

this data. Other populations that are a special focus in some areas are military families and families in shelters. One of our teams is co-located at a hospital and that too has opened up many possibilities in collaborating with primary care for a more integrated service delivery.

Child First is starting its second randomized trial (RCT) in May 2019. This study will include a broader age range (up to age six), across multiple sites in CT and North Carolina, as well as including additional outcomes, and will be following children and their families longitudinally with administrative data.

Child First has also been recently notified that a number of its affiliate sites were successful in obtaining additional funding from the CT Office of Early Childhood and will therefore be able to increase capacity and towns served. Although still not covering the entire state, those additional teams will be a welcome addition in the towns where waitlists have been a deterrent for many referrals. The training department is in the planning phase and is poised to launch a new Child First learning collaborative.

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.

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.

Circle of Security Parenting (COS P)

Circle of Security Parenting© is a manualized, DVD-based, eight-session, attachment-centered parent education intervention and is being provided in English, Spanish, and French. Circle of Security Parenting (COS P) is designed to build, support, and strengthen parents' reflective capacity so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. This is crucial because it is within quality relationships that various capacities needed by kids to thrive in life are built. These capacities include curiosity, self-regulation, and perseverance, joy of learning, connectedness, empathy, self-motivation, impulse control, comfort using power, and trust. Parents, educators, and caregiver learn to view children's behavior from a secure base and safe haven perspective and then identify the children's underlying need being communicated by the child's behavior. 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 population served includes parents with children 0-17 years of age. Priority is given to parents involved with DCF. Through March 31, 2019, 617 families with infants and children and 38 families with adolescents have received COS P.

Over 1,700 staff from a wide variety of disciplines and settings in CT have been trained in COS P since 2010. Interest continues to grow and will result in three trainings being offered in CT this year. A COSP training in Spanish is being offered in SFY 2020.

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 Waterbury Bridge to Success (BTS) initiative has adopted a focus of building capacity to offer COSP to parents, teachers, and caregivers in Waterbury.

Education

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

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

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

- The DMHAS Prevention and Parenting Services, has had over 100 staff trained to offer COSP to parents in the Young Adult Services program. This includes several doulas. DMHAS YAS has a Perinatal Support Team (consisting of certified Doulas and in-home parent educators) as well as parenting peer mentors that are trained and deliver the COS-P intervention. The DMHAS Women & Children's program is training nearly 20 staff in COSP in SFY 2020.

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.
- NFN has also been invited to offer COSP groups to mothers in one of the women's prisons and to fathers in one of the men's prisons.

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.
- A clinician is offering a COSP group to pediatric and internal medicine residents at Middlesex Hospital in Middletown.

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.

- Five pediatric practices in CT have added COSP groups to their practices or are exploring the possibility of doing that.

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.
- Staff from prison reentry programs are being trained in COSP in SFY 2019 and planned for SFY 2020.
- People from a variety of disciplines (mental health, education, child welfare, occupation therapy, home visitation, higher education) with a shared interest in attachment have formed the Attachment Network of CT (ANCT) to help promote a focus on secure attachment.
- The Attachment Innovators of CT was started in SFY 2019 to provide a quarterly meeting for attachment innovators and champions in CT to share about their work and to learn from others.
- There are current efforts underway to develop and co-sponsoring a one-day conference on attachment and childhood obesity. The impressive results in preventing childhood obesity achieved by Minding the Baby will be highlighted.

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.
- 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.
- 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.

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. Overall, there are 47 adoption competent therapists in the agency's resource guide.

Currently there are over 583 adoptive parents and professionals who have requested inclusion on the community network email distribution list. The network hosts quarterly meetings which bring adoptive parents and professional together to talk about current issues and trends in adoption and share information about resources.

The Adoption Assistance Program maintains and updates the Adoption Community Network's website. The statewide calendar is utilized to highlight adoption events throughout the year and the Facebook page has 648 "friends." These resources were utilized to advertise and promote over 40 adoption events statewide.

4. 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 2018 – 2019 cohort consisted of (9) MSW students participating in the internship program. The students are provided with an outside LCSW field instructor to bridge the gap between what's learned in the classroom and connecting to the field placement. Through the internship placements, students were provided with weekly supervision and identified gaps in service delivery to work on throughout the 9 month program. In August 2018

participating students and the DCF task supervisor attended a half day orientation to review requirements of the program. The student interns are also provided with theoretical articles and treatment interventions to support their work in the field. The interns provide regular process recordings to evaluate their work in the field. Themes in supervision have focused on the interns looking at their cases through a trauma lens and their professional use of self through a social work framework. Supervision includes identifying several cases on their caseloads and using the 3-5-7 model, conceptualizing their cases using trauma theory when working with the children, parents, and caregivers on their caseloads. Supervision also includes their willingness to work through their clients' resistance and acknowledge their own resistance and countertransference when doing this work.

The MSW students grappled with several gaps in service delivery including; examine the risk aversion practices of their office leading to high transfer of cases to treatment, hypothesizing that workers are not confident of in-service providers to provide quality service to DCF referred clients and therefore are reluctant to close cases. In another office, two interns worked together to work on permanency planning with a sibling group of 5 that includes the 3-5-7 model. The field instructor stated; "as a fairly new worker of two years, I find my student to have a level of empathy that allowed her to do complex treatment work given her caseload responsibilities. She focused on conceptualizing her cases through a trauma lens, which allowed her to not personalize the aggression that she often experienced with several of her clients whose rights were being terminated." Other identified gaps in service delivery were; focused on looking at the racial justice work in the office and reviewing the climate survey results and examine the data to come up with strategies; evaluating father engagement and the role fathers play in the treatment process; and as a foster care alumnus, her focus has been on policy making and the rights of foster youth and is working on a training resource that she wishes to share and complement the existing training for working with adolescents.

In addition, two learning seminars were held for the employed students and their assigned supervisor on relevant topics; "Reflective Supervision: Going Beyond the Surface" and "Exploring Trauma: It's Impact on the Child Welfare Workforce." The seminars provided an opportunity for students and supervisors to gain knowledge and practice skills to build their framework in child welfare and have a lasting impact on their practice working with families. Participants commented that the trauma training was "a great training for social workers to understand empathy when working with traumatized families." The Reflective Supervision seminar was received favorably. Some of the feedback from the students and supervisors was; "it mirrors current DCF practice and helped me recognize ways in which I can make supervision more beneficial." 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.

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 2018-2019 cohort included two employees who participated in an internal internship experience separate from their regular work.

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 five years. In 2018-2019 we entered into the final year of the five year grant. The partnership focused 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 provided 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.

The CT Partnership graduated 35 master's level social workers to employment in public and private child welfare settings. The Partnership targeted recruitment of males, males of color, bilingual individuals, and DCF employees. The Partnership enhanced the UConn SSW curriculum with trauma-informed content and relevant child welfare cases.

Of the 35 graduates:

- 89% graduates employed in public and private child welfare settings (fully expect to be at 100% once this year's (7) graduates are hired)
- 77% graduates of color
- 26% male graduates
- 34% bi-lingual graduates

Work Settings	Graduates
DCF employee	23
private agency	4
Other State agency	1
Pending	5
left DCF	2
Grand Total	**35**

In the 2018-2019 two of the eight graduate students have recently been hired by the department and one student was already a DCF employee. The remaining five graduate students are in the pipeline for hire and anticipate being offered positions in the next hiring group. In an effort to continue to support graduates as they transition from student to employee at DCF 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 Peer to Peer Mentoring Program is intended to last for one year, with the hope that the supportive relationship will continue past that time. Following the NCWWI mentoring program pilot in 2017; the Academy collaborated with the regional office training supervisors to provide a peer mentoring opportunity to all newly hired social work trainees to provide support as trainees move to acclimate themselves to the workforce and potentially increase retention.

The DCF employed NCWWI grads had the opportunity to apply for the DCF Formal Employee Mentoring Program. Two NCCWI graduates applied, one was accepted and completed the 2017-2018 cohort and one is currently participating in the 2019-2020 cohort. The recent MSW graduates are matched with a senior leader in the department as a mentor. As a mentee, they have the opportunity to set goals and activities with their mentor focusing on increased retention and how to navigate and negotiate within DCF and the community. There is 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 Academy will continue to participate in group supervision to promote practice change through focused activities around Racial Justice, Teaming, Structured Decision-making and Family Centered Practice.

As the grant concludes in June 2019, the DCF and UCONN SSW is planning for future collaboration, establishing lasting pathways for field placement opportunities, strengthening and supporting a field supervision model and specialized child welfare curricula. In true Partnership, the DCF and UConn SSW, will provide shared stipend opportunities ($2000 from DCF and $2000 from UConn) for MSW students, entering their final year, to complete an internship at DCF and upon successful completion of the program will be required to apply for a position at DCF and agree to work for at least two years. This opportunity will continue to build on the NCWWI traineeship program and provide support to the students through group supervision, participation in seminars for students and field instructors, and enhanced child welfare curricula to improve the quality of public child welfare practices and outcomes. Additionally, the UConn SSW and DCF will build a pathway for DCF employed students to obtain an MSW degree through the development of an employed student unit. This new pathway will potentially provide 20-25 DCF staff the flexibility to attend classes' online, evenings, weekends and possibly classes held at the agency location. The school will identify child welfare designated electives such as Substance Abuse, Child and Adolescent Trauma, and Women, Children and Families studies to support cross-training in current child welfare practices.

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.

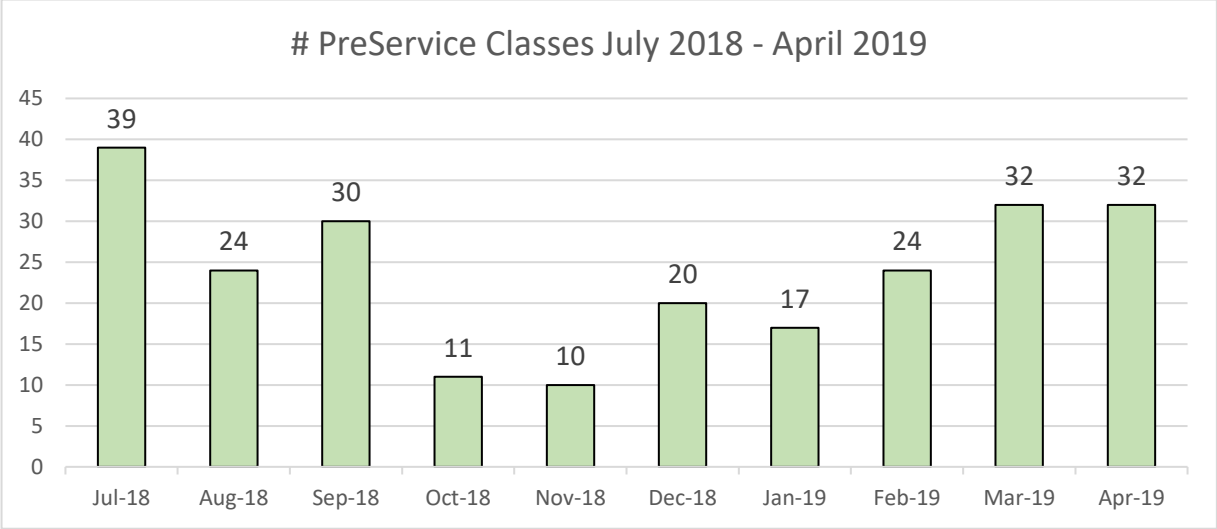
DCF Stipend Program

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 added two learning seminars for the students and the field supervisors on relevant topics, "Exploring Trauma: It's Impact on the Child Welfare Workforce" and "Reflective Supervision: Going beyond the surface." Continuing Education Credits (CEC's) were provided for the DCF field supervisors as a means to offer them a contingent reward for their dedication to the professional development of future social workers. The stipend students are provided with a $5000 stipend to offset the cost of their education. Upon graduation and receiving a recommendation from their field supervisor, students must repeat a background check 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 2018-2019 cohort successfully graduated 8 BSW / MSW students. Three students have requested to defer employment for a year as they enrolled in an Advanced Standing program seeking an MSW. The remaining 6 students are in process of applying for social worker trainee positions at the department.

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 32 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 171 new social workers and 7 case aides hired by the agency. During the past year several enhancements to pre-service have been made to improve the structure of the model and improve the learning opportunities for the new staff.

In an effort to streamline the training process, provide structured shadowing opportunities that comport with the training courses, the Academy has developed an onboarding process for pre-service training. This was developed and initiated during this period under review. The model affords the new trainees the opportunity to participate in a full week of structured shadowing in their assigned area offices. Week two-six, they participate in shadowing one day a week typically on a Monday, and then attend trainings Tuesday-Friday. This model provides the staff with an opportunity to participate in specific activities that align with the time period the course content is offered.

During this period of training, the trainees complete approximately 20 out of the 32 days of training covering 16 topic areas. After the sixth week, they return back to their area offices for a few weeks, at which time they begin to receive cases. They return to the Academy approximately three –four times a month for the next four months. In order to ensure the success of this new process, it was vital for the Academy to collaborate with the area office training managers and supervisors to ascertain their feedback in order to develop a model that would be adhered to. Their input was valuable when developing the shadowing activities and thinking through the visibility of this new model. The ongoing partnership and collaboration developed with this group, has aided in the success of the implementation of the onboarding process.

The onboarding process has been in effect since February 2019. To date, the training supervisors and training managers, appreciate the fact that the staff complete their training process sooner. This affords them the opportunity to be thoughtful and deliberate about case assignments and additional learning opportunities for the trainees. In turn, the trainees, are grateful for the opportunity to focus on their learning in a consistent and

uninterrupted manner. Many have commented on the fact that having the shadowing experiences align with particular classes allows them to understand their role in a clearer manner. They have found the shadowing opportunities to be meaningful and helpful in the classroom as they have a point of reference for the topics at hand.

In 2017-2018, the Academy staff spent an incredible amount of time revamping the pre-service final test and developing quizzes to reinforce the learning of staff intermittingly throughout the training, while also being more poignant in their teaching about specific topic areas that require additional reinforcement. With that being said, in 2018-2019, the test scores of the staff have increased from the pre-test to the final test. Please see the chart below. On average, the test scores increased for the trainees, 10-17 points.

Name	Pre Test Average	# Post Tests	Post Test Average
A-2019	66.70%	19	83.93 %
B-2019	68.65%	24	82.54 %
C-2019	66.55 %	18	84.41 %

New Pre-Service Trainings

The continuation and enhancement of the simulation trainings has occurred throughout this year.
The Academy staff have been extremely diligent in their efforts to ensure that various training courses offered at the Academy have a simulation component built in to foster a lens of empathy for the families and children served. As well as provide an avenue of practice that mimics real life situations that the trainees may possibly face in the field. The Academy continues to offer the Empathy Simulation Bus Experience, Prison tours, and the Engaging Families Training. For the simulation activities to garner a level of success, the Academy continues to walk in partnership with the area offices, the Connecticut Correctional system and our family advocacy group. All for the purposes of utilizing space, coordination of tours and enhancements to the case scenarios used in the simulation. The trainees continue to indicate that their perspective on current issues facing the children and families served has been enlightening, and humbling. The staff are reflective about the feedback the advocacy group provides to them during the debriefing session. Trainees have reported that the information is internalized in a way that allows them to recall the skills from class and the feedback provided during the simulation in a way that allows them to be cognizant of their approach towards a family.

It should be noted, that in April 2019, The Academy was asked to showcase the simulation training during a press conference related to safe sleep practices. In one of the simulations, the policy and practice of safe sleep was discussed, reviewed and demonstrated. The news media and various s were amazed at the layout of the house,

and the intricacy and detail placed into simulating a scenario related to safe sleep. This proved to be a wonderful opportunity to highlight the positive practices used by the Department as a whole.

Most recently, the simulation training has extended to the Worker Safety pre-service course. This course focuses on the importance of maintaining the physical safety when social workers are out in the field. The development of the simulated scenarios included expanding the role of our parent advocacy group to participate as role players as it relates to this topic area. The Academy also partnered with a few individuals within the agency who had expertise working with incarcerated youth, and adults, and currently have insight into the type of threats made against the agency staff. The establishment of this partnership allowed for better understanding of some of the verbal and physical threats often made against the staff. These elements were woven into the simulations providing staff with an opportunity to practice de-escalation, engagement, and assessment techniques learned in class.

Social Work Case Aides

In 2018-2019 the agency hired 7 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:

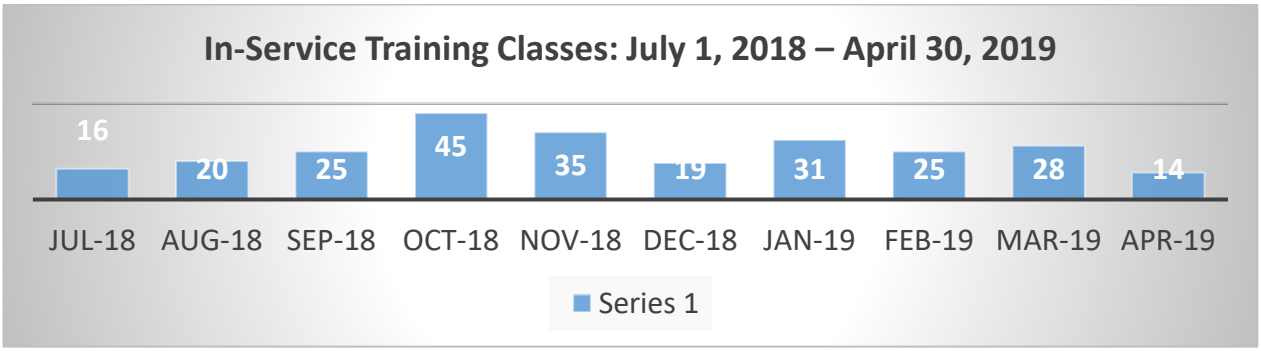
- Introduction to Best Case Practice
- Worker Safety
- Car Seat
- Racial Justice
- Trauma
- Legal
- Documentation/Testifying/Supervised Visits
- The Role of the Case Aide
- Intimate Partner Violence
- Substance use
- Sexual abuse
- Online Mandated Reporter Training

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 April 30, 2019, the Academy offered 258 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.

During this fiscal year, the Academy successfully created a mechanism for staff to print their own certificate of completion for trainings held within the agency. This certificate also denotes the amount of CEU's offered for a particular course. Providing staff with this feature enables them to track their own training hours more effectively. It also provides an opportunity for directors, managers and supervisors to track compliance with policy. In the coming months, the Academy will focus its efforts on how staff can gain training credit for courses taken outside of the agency.

Of particular note this fiscal year related to in-service training, the Department devoted significant effort on two particular topics: 1) working with youth and families who identify as Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) and 2) use of Structured Decision Making (SDM) tools.

This fiscal year, two new course offerings were developed by the Academy regarding work with youth and families who identify as LGBTQ. Through partnership with True Colors, a private non-profit agency in Connecticut whose mission is to ensure that the needs of sexual and gender minority youth are both recognized and competently met, a two-day in-person class was developed, as well as a 90-minute webinar. The Executive Director of True Colors, assisted and provided guidance and feedback in the curriculum development process. Both course offerings include best practice guidance, as well as participation from youth and adults who identify

as LGBTQ. Additionally this fiscal year, the Academy partnered with a professor from the University of St. Joseph to facilitate virtual consultation groups for staff to further explore case-related questions and examples related to working with youth and families who identify as LGBTQ. Two cohorts of participants were involved in the virtual consultation groups to date, and ongoing efforts to build staff's capacity in this area of practice will be employed.

The DCF Academy, in significant partnership with other divisions of the agency and the National Council on Crime & Delinquency's (NCCD) Children Research Center (CRC), participated in efforts to redesign the Structured Decision Making (SDM) tools used by agency staff to guide decisions; and developed a 1-day training that will be rolled out to all Intake staff of the agency in the summer months of 2019. Throughout the fiscal year, DCF Academy staff participated in a workgroup charged with reviewing and enhancing the SDM tools. Review of data, definitions, structure and policy were components of the workgroup. In April 2019, training staff from the Academy participated in a 3-day Train the Trainer and pilot of the training for Intake staff. The training focuses on two of the six SDM tools used at the agency; and as previously mentioned, will involve approximately 500 staff from across our Intake operation.

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 and completed on three occasions to date this fiscal year, with 50 unique staff completing it. A fourth offering of the Series is currently occurring, with 21 staff registered and currently 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". This training series is comprised of several external partners from the Office of Early Childhood, Meriden Head Start, Family Based Recovery, Care for Kids, and subject matter experts internal to the department. They have all been giving of their time in order to serve as guest presenters within the series. The experience they bring forth in the classroom allows for information sharing, and provides the participants with an enriching experience. The series was offered and completed one time during this fiscal year. Fourteen providers, and DCF staff successfully completed the training. There is an offering of the Series currently occurring, with 23 participants consisting on DCF staff, Head Start, and substance use providers. Training topics include 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 last fiscal year. This approach to skill development has continued this year, with training participants attending our simulation lab and being provided with various scenarios. Foster Parent Liaisons are used as role players with the training participants. The various scenarios allow the staff to role-play situations where they need to assess appropriate safe sleep, identify developmental milestones and delays as well as assess the needs of the caregivers and their ability to parent an infant. This component has proven to be a valuable learning opportunity for staff and providers. Participants have been vocal about their experience during this training session and have stated the following:

- I plan to go back and revisit the ages and stages of development
- I plan to focus more on documentation – how to document developmental information
- I found that the resources discussed by guest speakers, such as Head Start and Care 4 Kids was useful.
- I gained more insight from new material presented, such as Purple Crying

The Academy will continue to offer the training over the next several months.

LIST: Assessing and Teaching

The Academy for Workforce Development continues to offer training aimed at preparing adolescents for adulthood. This fiscal year, the Academy supported the provision of training for community providers to ensure that the process for administering the LIST (Learning Inventory of Skills Training) is properly followed. This year, the "LIST Training" was hosted at the Academy on four occasions, with 53 community providers participating. Additionally, the Academy supported the provision of a "Train the Trainer" (TOT) course for community providers

to learn how to train their employees to administer the LIST. This TOT was hosted at the Academy on three occasions, with approximately 16 community providers attending. To ensure that DCF staff are aware of the process, information about LIST is also included in the Academy's pre-service training program.

Probate Matters:

In 2018, the Academy received several requests from staff across the state seeking more information related to probate court, policy and procedures. The Academy formed a partnership with the agency legal division, a manager from probate court, a recently retired Probate Court Judge and several area office staff to look more closely at the development of a training that could be provided to DCF supervisors and social workers, and probate court staff. With the input from these various entities, a one day training was developed and offered in June 2018 and three additional times during this period under review. Some of the components of the training included: an overview of the Probate Court system in Connecticut, in contrast with Juvenile Court Matters, approaches to making well informed assessments and recommendations to Probate Court. Participants discuss ways to clearly and consistently communicate with Probate Court to support the courts ability to reach conclusions that are in the best interest of the children and their families being served. Finally, participants will also receive instructions on how to present during testimony at Probate Hearings. To date 53 people from the department and probate court have participated in this training. Participants have remarked that the training has been instrumental in deepening their understanding of the probate court process, and procedures necessary assisting the children and families they serve.

Assessing Children with Development Disabilities:

This course was developed in response to a need and request for the departments' staff to be more versed in their understanding of assessing the needs of children who have developmental disabilities. It was important for staff to have a stronger understanding of how to assess children with developmental disabilities and mechanisms to refer to appropriate services to ensure that this volatile population receives the assistance that they need. The creation of this training was done in partnership with agency staff who have expertise in working directly with this vulnerable population and who have served as advocates around their mental health needs and educational needs. The Office of the Child Advocate was consulted through the development and also participated in the first offering. To date 47 people have participated in this training.

Clerical:

A focus group for clerical support staff was developed in November of 2018 requesting the ability for career development including Upward Mobility, Understanding DCF and Child Protection, Time Management and Stress Management courses. A survey was generated and distributed to clerical support staff and the results were

tallied and based on the overwhelming response from the survey, the Academy for Workforce Development currently offers a series of courses which have been determined to best fit the needs of clerical staff focusing on improved engagement, relationship building, net – working opportunities, Interpersonal skill building and career development. This cohort consists of DCF 101, Conflict Resolution, Interviewing Skills/Mock interviews and Excel courses. In the near future, the Academy will be adding more courses to compliment the Training series including: Finding your Voice thru Team Building, Managing and Leading Change, Growth and Development, Managing Data Bases and Teamwork.

Webinars

The DCF Academy has continued to advance in its approach to offer interactive web-based learning as an option for our staff. Specifically, the Academy facilitated webinars on the following topics throughout this fiscal year:

- Fatherhood Engagement:
    - Working with Incarcerated Fathers
    - Fathers and Children, The Effects on Each Other's Development
    - Engaging Fathers – The Leadership Role
- Hoarding Disorder and Child Welfare Webinar
- Intimate Partner Violence
- CAPTA: Substance Exposed Newborns
- Word Editing Tools (*two offerings*)
- Getting Ahead of Secondary Trauma: A Webinar for Supervisors
- Achieving Stability for LGBT Youth in DCF Care: Gender Inclusive Language (*two offerings*)
- Shortcuts for Working with Excel 2013

A total of 80 people have participated in these various webinars during this period under review.
Given this relatively new platform of training, it is the hope that the Academy will be able to advance in the area of technology which will allow for a deeper level of sophistication with the creation of the webinars. The Academy will also research ways to gain more participation from staff in order to increase their participation level.

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 21 supervisors participating. A new Series is scheduled to begin in May 2019, with 13 staff currently registered. 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 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.

Participants from the most recent cohort expressed their enjoyment of the class and impact the content has made to them:

- "This training is very helpful in guiding this position and the work moving forward."
- "The things most helpful were the group discussions in reference to pitfalls of being a new supervisor, the powerbase inventory was helpful to see my strengths and weaknesses."
- "The things most helpful is the open discussions on strategies, gather ideas on suggestions."
- "It is helpful to talk with other sups about ideas to implement in unit, and it was helpful to reflect on how my unit is functioning currently and the role I play in that."

As an enhancement to the Series, during this past fiscal year the Academy began developing and piloting a Supervisory Coaching Program for newly promoted supervisors. The primary goal of the Program is to support and develop newly hired supervisors with their transition to the supervisory role. Participants will be assigned to a Child Welfare Trainer who will serve as a Coach. Through self-assessment and joint planning, participants in the Program will identify areas of their supervisory practice they feel they would benefit from focused work around, in the areas of quality of service, administration, professional development, and / or support / "work life." Through observation, demonstration, analysis, reflection, and feedback, Coach and participant will meet over the course of three to six months on three to six occasions to enhance supervisory skill and ease the transition to the role. The pilot of the program is currently occurring, with three newly promoted supervisors participating.

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, 20 supervisors completed the two-day training. Additionally, Yale consultants provided customized coaching and consultation to supervisory and managerial staff in numerous area offices and two administrative divisions, Legal and Office for Research & Evaluation (ORE).

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)

During this fiscal year, the Department completed 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.

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 cohort included 14 supervisory staff from across the entire agency, representing local Area Offices, Central Office, and the Albert J. Solnit Children's Center. Participants included 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, was 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 were once again LAMM alumni and middle / senior managers throughout the agency. Full-day, in-person LASLN sessions were conducted throughout the LAS to support the on-line learning participants completed, and to allow for interaction, discussion, and networking across the participants.

The third cohort of the LAS graduated in October 2018, with four participants presenting at the graduation regarding their Individual Change Initiatives:

- DCF / Hartford Board of Education: Collaboration
- Caring for Our Own
- Morning Cake
- Benefits to Supervisors Conducting Quarterly Visits with Social Workers

The following are statements from the most recent LAS cohort:

- "The program provided me with the nuts and bolts. It gave me all the parts necessary to be a better leader."
- "I developed a level of self-awareness around how my language, state of mind and performance impacted my staff"
- "I learned how to be a better support to my staff and I learned what being a support meant."
- "Leadership is not a title but a behavior."
- "LAS empowered me and allowed me to empower my staff."
- "It reinforced to me what I did well and what could be done better."

To date, 52 DCF supervisors have graduated from the program over the course of three cohorts, with five graduates having been promoted to managerial positions.

Leadership Academy for Middle Managers (LAMM) -

During this period under review, a second professional development training session was offered to past and recent LAMM graduates. The title of this session was "Leading through Understanding the Role of Life Stories" This session focused on the importance of listening to the stories and experiences of others in a way that may help to guide the work. Three senior leaders within the department were asked to participate as part of a panel discussion. Questions were posed that encouraged them to think about the stories heard from their staff and the children and families served that influenced their leadership and vision for the work. This additional opportunity provided the graduates with a natural way to reconvene and discuss learning and growth incurred since their participation in the program. Staff appreciate this opportunity to come together periodically as way to reacquaint themselves with the tenants of the program, become reinvigorated about their change initiatives and become inspired and motivated by those around them. LAMM and the professional development days have become the safe haven for the middle managers. A place to be vulnerable about weaknesses, and a place to explore higher learning in order to deepen their understanding of leadership.

With the recent change in the executive team of the agency, the Academy is awaiting the final placement of key staff who play an integral part in the CT version of LAMM before a fifth cohort is offered.

It should be noted, that during this brief LAMM hiatus, the Academy leadership worked closely with a contracted provider to create an electronic manual, which memorialized the process taken to implement and fully execute the CT LAMM. This manual outlines all of the steps from the application process to the closing ceremony. It is the

hope that this manual will serve as a guide to other entities interested in replicating a leadership program for staff.

NEW TRAINEE GROUPS:

In addition to the training offered to new workers and the in-service training provided to caseworkers and supervisory and managerial staff, the Academy welcomes the opportunity to train external stakeholders. External stakeholders include; other state agencies personnel, prospective parents, guardians, institutions, state-approved and licensed child welfare agencies, judicial staff, attorneys as advocates to provide support and assistance to foster and adopted children, and children living with relative guardians, (hereinafter "New Trainee Groups or NTG), for short-term trainings. Training is provided to these groups whether the relationship is established directly through the State agency relationship or by contract. These training may be organized to provide training directly to NTGs, or prepared to integrate NTGs into instruction offered to pre-service and in-service participants.

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

- Total Department expenditures are assigned to Cost Pools that combine similar expenditure types. This procedure also includes the allocation of expenditures into multiple pools when they do not belong in any single pool. When an allocation needs to be made within a single department to multiple cost pools funded through the same federal award, the allocation is typically made based on staff counts or salary amounts determined based on the judgments of the responsible supervisor. If salary allocations need to be made across more than one federal award or between a federal and non-federal cost pool, appropriate personnel activity reports are used to make that allocation. If an allocation is made based on the salary of staff, an additional allocation is made for fringe benefits and other expenses. The allocation of fringe benefits and other expenses are calculated by applying the same percentage allocation used for salaries, (i.e., there is not an attempt to identify the actual fringe or other expense costs associated with the salaries).
- Claiming for the Academy and its services contract for third-party training contracts include as training costs the salary allocations from other functional units when individuals (DCF training adjuncts) from those units perform training activities related to their functional responsibilities. When this occurs, signed time records are maintained to support these allocations.
- The Academy courses and hours of instruction are accumulated. This step summarizes hours of instruction that qualify for 75%, 50% and 0% reimbursement. On average, the total cost of training at the DCF Training Academy is 4,000,000 per year. Approximately 85% of the Academy pre-service courses are reimbursable

at 75% while approximately 15% are reimbursable at 50%. Approximately 54% of The Academy's in-service courses are reimbursable at 75% while approximately 45% are reimbursable at 50%, and 1% not reimbursable.

- The Department will claim for reimbursement, at 75%, expenditures related to salaries, fringe benefits, travel, per diem, tuition, books, registration fees and the development of training as those expenses are related to any training, or the cost of training, that increases the ability of the Department to provide support and assistance to foster and adopted children and children living with relative guardians wither incurred directly by the State or by contract.
- Federally reimbursable expenditures are calculated based on allowable costs (from cost pools and The Academy curriculum), allowable children (from eligibility schedules) and allowable activities (from RMTS).

Research Agenda and Institutional Review Board (IRB)

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 for CY2018:

- More Than Just Family: Factors that contribute to role ambiguity and role conflict for licensed kinship foster parents
- Treatment of Justice-Involved Emerging Adults with Substance Use Disorders
- Relationship between prn psychotropic medications and incidents of seclusion and restraint
- Standardizing utilization of the child protection team for children less than 1 year of age presenting to emergency rooms with injury
- Youth Voice in Policy Advocacy: Examination of a Multi-State Foster Care Youth Coalition
- The Wilderness School: Exploring the Impact of a Therapeutic Wilderness Program on Youth and Family Functioning for DCF-Involved Youth
- QIC-CT New Haven/Milford Court Teams
- Evaluation of the Connecticut Network of Care (CONNECT) Expansion Implementation
- Documenting DCF's Racial Justice Initiative
- Effectiveness Trial of Treatment to Reduce Serious Antisocial Behavior in Emerging Adults with Mental Illness
- Effectiveness Trial of Treatment to Reduce Serious Antisocial Behavior in Emerging Adults with Mental Illness
- The Geographic Placement Stability of Children in Foster Care
- The Impact of Mobile Crisis Services on Rates of Emergency Department Utilization Among Children
- Multisystemic Therapy - Intimate Partner Violence (MST-IPV)
- Multisystemic Therapy - Intimate Partner Violence (MST-IPV)
- Evaluation of Eckerd Rapid Safety Feedback (ERSF) Implementation & Outcomes
- MOBILITY-Metformin for Overweight & Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics

- MOBILITY-Metformin for Overweight & Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics
- Agency, Reporter and Parent Perspectives on Child Protective Services
- Agency, Reporter and Parent Perspectives on Child Protective Services
- Evaluation of the Connecticut Trauma Focused CBT Dissemination
- Family-Based Treatment for Parental Substance Abuse & Child Maltreatment
- Community Support for Families Performance Improvement Center
- Community Support for Families Performance Improvement Center
- Community Support for Families Performance Improvement Center
- Evaluation of the Family-Based Recovery Program
- Intensive Supportive Housing Grant Program
- Steps for Youth Mental Health (CT MATCH)
- CT Collaboration on Effective Practices for Trauma (CONCEPT) Implementation Phase Evaluation
- Child Abuse and Neglect in Home Visiting: Accounting for Surveillance Bias
- Foster Home Placement Quality & Satisfaction Survey
- The Spatial Concentration of Child Maltreatment in CT
- CTDCF Human Anti-trafficking Response Team (HART) Evaluation

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.

Over the course of the last five years, 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 Special Qualitative Review (SQR) is one of many qualitative case review activities the Department currently and routinely does, and/or receives (e.g. ACR; Juan F.; CFRS/PIP). SQRs may be implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse or neglect). This event on an open DCF case, or a case that had relevant DCF involvement within the past 12 months, may trigger a SQR. This case-level review focuses on effectiveness of practice, decision making, internal and external service delivery; compliance with policy and best

practices; the role of systemic factors; and strengths of the case. SQR reports are developed to assist Senior Leadership to recognize and reinforce strengths; and identify and implement needed practice, policy, relational, service related and/or systemic changes to support positive outcomes.

The SQR reports completed are the foundation of the SQR Learning Forums. Cases of similar type are bundled together (e.g. Infants, Chronic Neglect, Substance Use) and reviewed to determine themes among these cases. These themes and the case practice history are shared and discussed at the Learning Forums. DCF staff statewide are the target audience of the learning forums. Additionally, these forums have been presented to community partners when requested (e.g. Statewide Fatality Review Panel, Center for Children's Advocacy). The purpose of the Learning Forums are to focus on the sharing of information learned from fatality cases and the practice implications.

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 continues to receive 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.

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 supports the work of 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 dedicated Enhanced Service Coordinator positions 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.

5. 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 a 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 off to the 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. For the time period, a total of 33 cases required ICWA related Legal Notifications from the Norwich Area Office (which has the closest interactions by proximity to the two federally recognized tribes). Of these 33 case notifications, just 36% were in relation to the two local tribes. This may be related to the hiring practices past or present with the local gaming enterprises.

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 held in the time period 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.

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.

6. Adoption and Legal Guardianship Incentive Payments

Connecticut received $171,250 in 2015, $955,000 in 2016, $74,054 in 2017 and $12,000 in 2018 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 support for licensing adoptive families, vocational skills for adolescence in care and targeted campaign to recruit for foster and adoptive resources. In the Fall of 2018, the Department completed production on promotional videos developed by and featuring foster youth intended to aid in recruitment of foster and adoptive families for teenagers. In 2019, the Department allocated funding for each of six (6) Regions to conduct an innovative condensed pre-licensing training opportunity for prospective foster and adoptive families. The availability of Adoption and Legal Guardianship Incentive Payments have been instrumental in funding a myriad of activities and initiatives all targeted at preparing children for permanency, finding and licensing forever families and achieving permanency outcomes for children in the Department's care.

7. Child Welfare Waiver Demonstration Activities

Connecticut has no Child Welfare Demonstration Activities.

D. Child Abuse Prevention and Treatment Act (CAPTA)

CHILD ABUSE AND PREVENTION TREATMENT ACT (CAPTA) FFY 2019

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 2018 and FFY 2019.

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 - CRP	$36,828	$7,368	$7,365	$7,365	$7,365	$7,365		
CT Association for Infant Mental Health	$42,239	$49,239						
Intimate Partner Violence	$100,000	$30,000	$30,000		$30,000			$10,000
NCCD – SDM	$29,259	14,630	$14,629					
Substance Exposed Infants	$625,183	$187,273	$186,728		$186,182			$65,000
Total	**$1,008,509**							

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 multicultural statewide Family Advocacy Organization for Children's Behavioral Health. Their mission is to enhance mental health services for children with serious emotional disorders by increasing the availability, accessibility, cultural competence and quality of mental health services for children through Caregiver Peer supports. This organization agreed to act as fiduciary

for the Citizen Review Panel (CRP) and supports and encourages participation of a more diverse group of CT citizens. The Department has agreed to allocate funding for participants to receive stipends for transportation and daycare costs, as well as to assist the panels for associated meeting costs. The State Advisory Council (SAC) receives funding from the Department to support its CRP work and FAVOR also functions as the fiduciary for the SAC. The Citizen Review Panels are responsible for providing feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the general public to enhance the ways families can positively impact the child protection and child treatment systems. Funding is used to support CRP activities.

Connecticut has seven CRP's (one for each of the six DCF regions and one for the SAC). This was done to create regional plans based on regional needs and assessments and to utilize existing citizen groups to create the CRP's. Each region created a CRP by utilizing existing work groups or creating new ones. In this second 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.

Intimate Partner Violence: Funding was allocated for the Assertive Engagement training, coaching calls and technical assistance and support for IPV-FAIR staff provided by Chestnut Hill Services. In addition, funding supports quality assurance and evaluation of MST-IPV program and the fiduciary for the program through Advanced Behavioral Health (ABH) for MST Training and Certification. A bi-annual conference is being planned for 2019 as well as additional training for trauma informed interviewing for families impacted by IPV. Funding also supported conference costs for attendance at the International Summit on Violence, Abuse and Trauma in September 2018 and presentation of the IPV-FAIR program at a conference in Tampa in March 2019.

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

Substance-Exposed Infant - The Department, in partnership with other service systems, plans to develop, implement and monitor plans of safe-care to improve Connecticut's response to families and infants impacted by substance use by targeting four priority areas:

1) Public Awareness/Prevention;
2) Family Resources;
3) Workforce Development; and
4) System Enhancement.

These four priority areas have been determined through focus groups with mothers as well as input from stakeholders from other systems and disciplines who work closely with this cohort.

By targeting these areas, the Department will achieve the following outcomes:

1) Develop and delivery public awareness campaign that accurately informs the public about the prevention, treatment of and recovery from substance use disorders and reduces stigma;
2) Provide families with meaningful resources to improve safety and well-being for both infant and caregivers;
3) Adequately prepare the workforce with the knowledge needed to successfully support families and infants impacted by substance use disorders; and
4) Identify and improve system gaps to respond effectively to these families and gather data to measure outcomes.

Child Abuse and Prevention Treatment Act (CAPTA) FFY 2020

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
Intimate Partner Violence	$100,000
NCCD – SDM	$16,764
Substance Exposed Infant	$500,000
Total	**$$868,244**

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 reporting Public Awareness is a key component of the work conducted through HART. Over the past four years, DCF has provided 570 trainings and reached over 13,000 individuals. The Department have also offered 19 TOTs in various curriculums resulting in over 200 trainers in the State. The Department currently offers 10 training curricula for professionals, youth and community members.

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 data has been analyzed. A final round of stakeholder assessment and survivor interviews are being conducted this year to inform the impact of our HART efforts and to help inform our work moving forward. In addition, funds have been designated to enhance DCF's

data collection system, Provider Information Exchange. (PIE). The PIE system went live in October of 2016 and our HART Liaisons are now entering data into this system on a regular basis.

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 on the *Introduction to Child Trafficking in Connecticut* curriculum. In addition to the rollout of the training the Tri-Chair of the GTFJAC visits 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. MDTs continue to report monthly on the number of associated cases and outcomes to the Governor's Task Force: of the 210 unique child trafficking referrals in 2018 to DCF 76 referrals were reviewed by an MDT, a substantial increase from the prior years with a goal of 100 percent.

The HART Leadership Team continues to include all the DCF HART Liaisons, 2 MDT Coordinators and the Director of the Connecticut Children's Alliance (CCA) with specialty membership based on current team efforts. The HART team has a tri-chair structure which includes one DCF HART Liaison and the 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.

The DCF HART webpage continues to ensure state and national sharing of information and direct connections to the teams doing this work on a daily basis.

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

Senate Bill 884 - AN ACT CONCERNING THE ADMINISTRATION OF EPINEPHRINE AT THE DEPARTMENT OF CHILDREN AND FAMILIES WILDERNESS SCHOOL.

The Department of Children and Families (DCF) Wilderness School is a prevention, intervention, and transition program for youth located in East Hartland, Connecticut and licensed as a youth camp by the Office of Early Childhood (OEC).

This bill authorizes qualified wilderness school employees (i.e., appropriately trained employees over age 18) to administer epinephrine by a premeasured commercially prepared auto-injector (e.g., EpiPen) for emergency first aid purposes to a student who experiences a presumed allergic reaction and does not have a prescription from a qualified medical professional. The injector may only be used if a parent or guardian has previously provided written authorization.

The bill requires the school director to keep injectors on the premises for emergency purposes. He must also ensure that the injectors are stored and labeled, and records concerning injector use are maintained, in a manner consistent with OEC youth camp regulations.

No qualified employee who administers an injector as permitted by the bill may be held liable to the student or the student's parent or guardian for any personal injuries that result from acts or omissions that may constitute ordinary negligence in administering the injector. The immunity does not extend to acts or omissions that constitute gross, willful, or wanton negligence.

EFFECTIVE DATE: Upon passage

In order to be "appropriately trained" for the bill's purposes, an employee must successfully complete:

1. youth camp staff member training requirements, as prescribed by OEC youth camp regulations on administering medication to a student attending camp, and
2. training within the last 12 months conducted by a pharmacist, physician, physician assistant, advanced practice registered nurse, or registered nurse.

The latter training must cover (1) how to identify the common cause of allergic reactions, (2) signs and symptoms of mild and severe allergic reactions, (3) the ways anaphylaxis differs from other medical conditions, and (4) appropriate follow-up and reporting procedures after a child has experienced a presumed allergic reaction.

Senate Bill 929 - ACT CONCERNING THE INCLUSION OF ADDITIONAL MANDATED REPORTERS, THE DURATION OF CHILD ABUSE AND NEGLECT INVESTIGATIONS AND THE REPEAL OF CERTAIN REPORTING REQUIREMENTS OF THE DEPARTMENT OF CHILDREN AND FAMILIES.

This bill adds to the statutory list of mandated reporters of suspected child abuse and neglect:

1. individuals who have regular contact with and provide services to or on behalf of children through a contract with or credential from DCF,
2. victim services advocates employed by the Judicial Department's Office of Victim Services, and
3. employees of a Court Support Services Division (CSSD)-operated or -contracted juvenile justice program.

The bill expands requirements for DCF to check the state child abuse and neglect registry for individuals employed by certain DCF licensed facilities. It also requires DCF to (1) check the child abuse and neglect registry in any state in which various individuals resided in the previous five years and (2) comply with any request from a child welfare agency of another state to check the child abuse and neglect registry.

The bill modifies, from 45 calendar days to 33 business days, the time DCF has to complete a child abuse or neglect investigation.

The bill also repeals a law requiring DCF to (1) annually report to the Children's Committee on certain at-risk children and youth in its care, including the number and age of children who are living in psychiatric hospitals, who are runaways or homeless, and (2) conduct case and service reviews for such children. Lastly, the bill repeals a law requiring DCF to provide written notification to the guardian and attorney of a child committed to DCF care as a delinquent (1) within 10 days of the receipt of a report of suspected abuse or neglect of such a child, and (2) within 10 days of the conclusion of a DCF investigation substantiating abuse or neglect. This report is obsolete because DCF no longer serves this population due to the state transferring the jurisdiction of juvenile justice from DCF to the Judicial Branch.

EFFECTIVE DATE: July 1, 2019, except that the mandated reporter provision takes effect October 1, 2019.

Existing law requires DCF to check the state child abuse and neglect registry for the names of DCF vendors or contractors and their employees who have access to DCF records or clients. The bill specifies that this requirement applies to employees who have access to these records or who provide direct services to children or

youths in DCF care and custody. It additionally requires DCF to check the child abuse and neglect registry in any state in which any such vendor, contractor, or employee resided in the previous five years. Existing law already requires these vendors, contractors, and employees to submit to state and national criminal history records checks. Foster and Adoptive Parents The bill requires DCF to check, for any person applying for licensure or approval to accept placement of a child for foster care or adoption, and for any person 16 or older living in the applicant's household, the child abuse and neglect registry in any state in which the applicant or person resided in the previous five years. Existing law requires (1) any such applicant and any person 16 or older living in the household of such applicant to submit to a state and national criminal history records check, and (2) DCF to check the state child abuse and neglect registry for the name of these individuals. The bill specifies that persons a licensed child placing agency approves to adopt are subject to the same requirements as those approved to provide foster care. DCF-Licensed Child Care Facility Employees Under existing law, DCF must require applicants for DCF-licensed child care facilities and child placing agencies to submit to state and national criminal history records checks. The bill extends this requirement to employees age 18 or older of DCF-licensed child care facilities. (This does not include day care facilities which are licensed by OEC.) The bill additionally requires DCF to check, for any such person, the child abuse and neglect registry in any state in which the person resided in the previous five years.

Senate Bill 892 - AN ACT CONCERNING THE PROVISION OF CERTAIN INFORMATION PERTAINING TO CONGREGATE CARE FACILITIES LICENSED OR ADMINISTERED BY THE DEPARTMENT OF CHILDREN AND FAMILIES.

This bill calls for DCF, in consultation with the Office of Child Advocate (OCA) and its children's services provider network, develop a framework for publishing critical safety and quality information regarding all child-serving treatment facilities online. The bill also ensures that parents and guardians are notified when the state takes an action with regard to a facility as a result of concerns regarding children's health or safety.

In this way, parents, consumers, the public and legislators can access critical and timely information about the efficacy and safety of child-serving treatment programs in the state. The amendment ensures that the process for creating this essential framework is done in consultation with essential stakeholders.

House Bill 6403 - AN ACT CONCERNING A CHILDREN IN CARE BILL OF RIGHTS AND EXPECTATIONS AND THE SIBLING BILL OF RIGHTS.

SUMMARY

This bill establishes a bill of rights and expectations for children placed by DCF in out-of-home care pursuant to a temporary custody or commitment order. It ensures certain rights for such children, absent extraordinary circumstances related to the child's health or safety or unless otherwise indicated in his or her case plan. It requires each such child's caseworker, if the child is of an appropriate age, to meet with the child in private and provide and explain these rights annually and at any time the child is placed in a new out-of-home placement. (The bill does not specify what constitutes "appropriate age" for these purposes.)

The bill also requires the caseworker, when applicable and appropriate, to provide and explain the Sibling Bill of Rights annually and at any time the child is placed in a new out-of-home placement, beginning January 1, 2020. Caseworkers must certify their compliance with the bill's requirements.

The DCF Sibling Bill of Rights was developed by DCF's Youth Advisory Board and lists ways to protect the relationships of siblings separated as a result of DCF intervention. This bill of rights, which is incorporated in DCF policy, gives siblings certain rights, absent extraordinary circumstances or certain exclusions in law. It includes the right to:

- placement with siblings,

- consistent and regular contact with siblings, and
- notification of a sibling's change of placement.

EFFECTIVE DATE: July 1, 2019

Children in care bill of rights and expectations

The Children in Care Bill of Rights and Expectations that the bill establishes gives children placed by DCF in out-of-home care certain rights and assigns certain responsibilities to their guardians. These provisions apply unless (1) there are extraordinary circumstances related to the child's health or safety or (2) the child's care plan indicates otherwise.

Children's Rights

The bill of rights gives these children the right to:

1. develop and maintain their own values, hopes, goals, religion, spirituality, and identity, including racial, sexual, and gender identity, in a safe and caring environment;
2. visitation or ongoing contact with their parents, siblings, extended family and friends, and assistance in connecting or reconnecting with their birth family, if desired;
3. placement in a safe environment in their home community, and preplacement visits to such placement when possible;
4. meaningful participation in the development of their case and permanency plans, including the ability to select individuals to participate in meetings about those plans;
5. meaningful and regular in-person contact with their caseworker, who must respond to their phone calls and correspondence in a timely manner; and
6. stability and support in all aspects of their education.

Guardian Responsibilities

The bill of rights requires guardians of these children to:

1. emphasize trust, understanding, empathy, and communication to maintain a healthy relationship with the child;
2. set appropriate boundaries with respect to curfews, homework, and household responsibilities to provide a stable living environment;
3. assist the child in building life skills, including grocery shopping, cooking meals, personal financial management, and washing laundry;
4. assist the child in obtaining legal documents and licenses, including a birth certificate, Social Security card, state identification card, and driver's license;
5. assist the child in participating in extracurricular and enrichment activities and obtaining networking and employment skills;
6. apply the same age-appropriate household rules and provide the same opportunities to all children residing in the home, including participation in family activities and vacations;
7. participate in therapy sessions with the child upon request or when appropriate;
8. participate in additional foster parent training programs when possible; and
9. allow the child to have age-appropriate personal privacy and privacy with respect to personal items and communications, including journals, letters, emails, phone calls, and text messages.

Caseworker responsibilities

During the meetings between a child and his or her caseworker required under the bill, the caseworker must:

- provide the child with a copy of the Children in Care Bill of Rights and Expectations and, starting January 1, 2020, the Sibling Bill of Rights, if applicable and appropriate (current law requires DCF to share the Sibling Bill of Rights with such children);
- review the rights with the child;
- explain to the child that he or she may contact the caseworker, his or her attorney, the DCF regional or ombudsman's office, or the Office of the Child Advocate if the child feels that his or her rights have not been met or have been violated and provide the necessary contact information; and
- explain to the child that he or she may dial or send a text message to 9-1-1 if he or she is in physical danger or experiences a medical emergency.

The caseworker must certify to the commissioner on a form she prescribes that he or she complied with the bill's requirements. The form must include (1) an acknowledgement for the child to sign, if appropriate, that the caseworker provided him or her with copies of the rights and reviewed the rights with them and (2) notice that if the child refuses to sign the acknowledgement, the caseworker must indicate that on the form.

House Bill 7001 - AN ACT CONCERNING THE NOTIFICATION OF CERTAIN EMPLOYERS OF THE PLACEMENT OF AN EMPLOYEE ON THE CHILD ABUSE OR NEGLECT REGISTRY.

SUMMARY

By law, the DCF commissioner must recommend that an individual be added to the child abuse and neglect registry if, after an investigation, the commissioner finds that he or she abused or neglected a child and poses a risk to the health, safety, or well-being of children. This bill requires the commissioner, after making such a recommendation, to make a reasonable effort to determine whether the individual's employment requires him or her to have regular and direct contact with, and provide services to or on behalf of, children. If so, the commissioner may notify the individual's employer of his or her placement on the registry.

By law, individuals placed on the registry have the right to (1) request an internal investigation and (2) appeal the investigation's results in an administrative hearing (the results of which may also be appealed in Superior Court) (CGS § 17a-101k).

House Bill 7389 - AN ACT CONCERNING CONFIDENTIALITY IN THE CASE OF A DISCRETIONARY TRANSFER OF A JUVENILE'S CASE TO THE REGULAR CRIMINAL DOCKET AND IMPLEMENTING THE RECOMMENDATIONS OF THE JUVENILE JUSTICE POLICY AND OVERSIGHT COMMITTEE.

This bill makes various changes in the juvenile justice laws. Principally, it does the following:

1. allows the adult court to return an automatically transferred juvenile case back to juvenile court if the charges are reduced (§ 1);
2. generally makes the proceedings and records of cases transferred from juvenile to adult court confidential (§ 1);
3. requires the Department of Correction (DOC) commissioner and Court Support Services Division (CSSD) executive director to ensure that independent ombudsperson services are available at their juvenile detention centers or correctional facilities where individuals younger than age 18 are detained and makes these ombudspersons and certain other facility employees mandated reporters of child abuse and neglect (§§ 6 & 7);
4. requires the Juvenile Justice Policy and Oversight Council (JJPOC) to (a) review methods other states use to detain and transfer children ages 15 to 17 from juvenile to adult court and (b) devise a plan to

implement changes in Connecticut by July 1, 2021 (§ 2);

5. requires the DOC commissioner and CSSD executive director, in consultation with the DCF commissioner, to develop best practices in juvenile detention centers and correctional facilities where individuals age 17 and younger are detained and provide monthly reports to JJPOC on each instance when chemical agents or prone restraints were used on detained children (§§ 3 & 4);
6. requires an official from state agencies and municipalities that detain juvenile offenders to certify that they comply with federal Prison Rape Elimination Act (PREA) standards to the Office of Policy and Management's (OPM) Criminal Justice Policy and Planning Division (§ 5); and
7. postpones by one year, from June 30, 2019, to June 30, 2020, the deadline by which a party (e.g., a parent or police officer) may file a family with service needs (FWSN) petition (§§ 8-10).

EFFECTIVE DATE: Various, see below

§ 1 — transferred cases

Return to Juvenile Court

Under existing law, the juvenile court must automatically transfer a delinquency case to the adult criminal court docket if the child is at least age 15 and charged with murder with special circumstances, a class A felony, or certain class B felonies. Otherwise, transferring a case where a juvenile is charged with a felony is at the court's discretion and may occur only if the prosecutor makes a motion and the court makes certain findings at the transfer hearing.

The bill allows the adult court to return an automatically transferred juvenile case back to juvenile court if the charges are reduced to a charge that would have allowed the transfer to be discretionary. It subjects such returns to existing law's requirements for returns of discretionary transfers (i.e., the return must be for good cause shown and done before the court or jury renders a verdict or the defendant pleads guilty).

Confidentiality

Under the bill, when a case is transferred from the juvenile delinquency court to the adult criminal docket, the transferred proceeding must be private and conducted separately and apart from the other parts of the court that are being used for proceedings involving adult defendants. The records generally must remain confidential, as required for juvenile records under existing law, unless and until a guilty plea or verdict is entered in the case on the regular criminal docket.

The bill makes an exception to these confidentiality requirements for victims of such crimes. It allows victims to access the records or any part of them to the same extent that a victim may access the records of an adult defendant in a criminal proceeding. In such circumstances, the court must designate an official from whom the victim may request the records. Any such records disclosed under the bill to a victim may not be further disclosed.

EFFECTIVE DATE: October 1, 2019

§§ 6 & 7 — independent ombudsperson and mandated reporters

The bill requires the DOC commissioner and CSSD executive director to ensure that independent ombudsperson services are provided and available at any juvenile detention center or correctional facility they operate or oversee where individuals age 17 and younger are detained.

Under the bill, "independent ombudsperson services" include:

1. receiving complaints from individuals detained in such centers or facilities, and their parents or guardians, regarding the center's or facility's decisions, actions and omissions, policies, procedures, rules, and regulations;
2. touring each such center or facility;
3. investigating each of the above complaints, rendering a decision on the complaint's merits, and communicating the decision to the complainant;
4. recommending to the agency head who oversees or operates the center or facility a resolution of any complaint with merit; and
5. recommending policy revisions to the head of the center or facility.

Mandated Reporters

The bill adds to the list of professionals who are mandated reporters of child abuse and neglect the above ombudspersons and any person who (1) is employed or contracted at juvenile detention facilities or other facilities where children younger than age 18 are detained and (2) has direct contact with children as part of such employment.

As mandated reporters, they must report to DCF when, in the ordinary course of their employment or profession, they have reasonable cause to believe or suspect that a child younger than age 18 has been abused, neglected, or placed in imminent risk of serious harm (CGS § 17a-101a). A mandated reporter who fails to report may be subject to criminal penalties.

EFFECTIVE DATE: July 1, 2020

§ 2 — JJPOC requirements

The bill requires JJPOC to review methods other states use to transfer juvenile cases to the adult criminal docket and detain children ages 15 through 17 whose cases are transferred to that docket. The review must consider:

1. transfers of juvenile cases to the adult docket and outcomes associated with these transfers, including the impact on public safety and the effectiveness in changing juveniles' behavior, and
2. pre-and post-adjudication detention, including an examination of organizational and programmatic alternatives.

By January 1, 2020, JJPOC must submit the review to the Judiciary Committee and include a plan for implementing any recommended changes, with cost options where appropriate, by July 1, 2021.

EFFECTIVE DATE: October 1, 2019

§§ 3 & 4 — DOC and CSSD requirements

Best Practices Policy

The bill requires the DOC commissioner and the CSSD executive director, by July 1, 2020, and in consultation with the DCF commissioner, to develop a best practices policy in juvenile detention centers and correctional facilities where individuals age 17 and under are detained. The practices must address:

1. suicidal and self-harming behaviors, including developing a screening tool to determine which detained individuals are at risk for those behaviors;
2. negative impacts of solitary confinement;
3. harmful effects of using chemical agents and prone restraints on detained individuals, including limiting

and documenting the use of such agents and limiting the use of prone restraints; and
4. programming and services for detained individuals, including (a) implementing behavior intervention plans for those whose behavior interferes with other detained individuals' safety or rehabilitation and (b) providing trauma-responsive rehabilitative, pro-social, and clinical services in their schedule.

The policy must additionally provide developmentally healthy and appropriate activities and recreational opportunities for the detained individuals and their families during visitation periods that are designed to strengthen family bonds and minimize separation trauma. The visitations must include contact visits, unless such a visit creates a risk of harm to anyone.

The DOC commissioner and CSSD executive director must implement the above policy by July 1, 2021, in juvenile detention centers and correctional facilities they oversee or operate where individuals age 17 and under are detained.

Reporting Requirement

The bill also requires the DOC commissioner and CSSD executive director to annually report to JJPOC, no later than January 15 for the previous calendar year, on the following information regarding facilities they oversee or operate where individuals age 17 and younger are detained:

1. suicidal and self-harming behaviors that detainees exhibit;
2. uses of force against, and imposing physical isolation on, detainees; and
3. any educational or mental health concerns for detainees.

The bill also requires the DOC commissioner and CSSD executive director to report monthly to JJPOC, starting by August 1, 2020, on each instance in which chemical agents or prone restraints were used on anyone age 17 or younger who is detained in such a facility.

EFFECTIVE DATE: Upon passage, except that the chemical agent or prone restraint reporting provision is effective July 1, 2020.

§ 5 — PREA compliance

By law, state agencies and municipalities that incarcerate or detain adult or juvenile offenders must, within available appropriations, adopt and comply with the applicable standards recommended by the National Prison Rape Elimination Commission (i.e., PREA standards) for preventing, detecting, monitoring, and responding to sexual abuse in prisons, jails, correctional facilities, juvenile facilities, and lock-ups.

The bill requires any state agency head or the chief elected official or governing legislative body of any municipality that detains juvenile offenders to annually certify, by January 15, that it complies with the PREA standards to OPM's Criminal Justice Policy and Planning Division.

EFFECTIVE DATE: July 1, 2020

§§ 8-10 — Family with service needs (FWSN) petitions

The bill postpones by one year, from June 30, 2019, to June 30, 2020, the deadline by which a party (e.g., a parent or police officer) may file a FWSN petition with the juvenile court for a child who (1) commits certain status offenses, such as running away from home, or (2) is out of the control of his or her parent or guardian. It also makes related conforming changes.

By law, a court that adjudicates a child as being from a FWSN can take various actions, such as referring the child to DCF for voluntary services or placing the child on probation.

EFFECTIVE DATE: July 1, 2019

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.

Following extensive planning, community conversations and design, DCF launched an online portal on 3.15.19 intended to receive both notifications or referrals for infants born substance exposed. A dedicated website was established to include access to the portal and material specific to the provisions including; FAQ's, the federal and state legislation, plan of safe care templates and community resources. Since the launch over 400 online submissions have been made with the majority being notifications.

Connecticut's State Liaison Officer:

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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
- DCF launched their own television show on Nutmeg Television. The purpose of the show is to educate the viewers about the department, dispel myths and misconceptions and create a statewide level of awareness of the services offered and foster care/adoption needs. The show is called "Doors to Hope and Healing" and reaches 88,000 in home viewers and is show on social media platforms, including YouTube.
- Outreach to the nursing community through the CT Nurses Association.

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.

During calendar year 2018, the Department successfully licensed 1013 new foster and adoptive homes. The breakdown of those new licenses is as follows:

- Foster homes - 143
- Adoptive homes - 95
- Fictive Kin homes - 133
- Independent homes - 54
- Relative homes – 588

The Department will continue to move towards placing children with relative/kin throughout 2019.

In 2014, the Department implemented Caregiver Support Teams (CST) in all six regions to serve and provide in-home clinical support to kinship and non-kinship foster families. CST services are also available on a case by case basis to support adoptive families, families transferring to a therapeutic level of foster care, and families who may have children exiting out of Congregate Care, and Hospital settings and are returning home. In State Fiscal Year (SFY) 2017, 772 families were served by this service and in SFY 2018, 779 families were served. Based on the success of CST (85% of families met their treatment outcome in SFY 2018) and rate of utilization, the Department increased the statewide capacity from 676 to 762 slots in August 2018.

Kinship Navigation (Title IV-B, Subpart 2)

In October 2018, CT DCF was awarded funds from ACF (Administration for Children and Families) to enhance our kinship navigator system. The kinship navigator language is highlighted in the Family First Prevention Services Act (FFPSA) as part of the new law to help establish, evaluate, or maintain kinship navigator programs. As such, the Department is using these funds to partner with the Center for Trauma Training, Inc. who will be providing a training called, "Grow: Application of the ARC Framework as a Caregiver Skill Building Intervention" to all 70 CST

staff members statewide as well as their respective DCF liaisons located in the six DCF regions. This 3-day training begins May 21st and will be divided into two three-day cohorts. The training will support resilience in trauma-impacted families. In addition, a contract has been approved to partner with Child Trends, Inc. to perform a comprehensive evaluation of the Caregiver Support Team service as a whole inclusive of the impact ARC Grow training has on the families who engage in CST services. In consonance with these deliverables, enhancements to the Department's Provider Information Exchange (PIE) database are underway to ensure that data elements are congruent with the updated Caregiver Support Team Scope of Service and a deeper dive analysis of individual and family outcomes, placement stability, and overall satisfaction of the service can be achieved.

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, 2018, the Heart Gallery has been on display in eight locations, most of which 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. The Heart Gallery continues to use video storytelling as a vehicle for child to tell 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 present (2019), over 450 children have been featured in the Heart Gallery. Currently there are twenty (20) children featured in the Heart Gallery. Since the last report, twenty-four (24) children have left the Heart Gallery. Sixteen of them (67%) did so because a permanent resource was identified and their permanency plan was achieved.

GOOGLE and Technology based recruitment:

DCF continued to recruit on the web via a Google ad. Key words entered into a Google Search including "adoption" and other related phrases connecting a viewer directly to the Department's website – www.CTFosterAdopt.com. In 2018, there were 204,140 page views of the CTFosterAdopt site. The visitors spent an average of 1 minute and 55 seconds on the site. As a result, in part, of the "Google" search result, in 2018 a monthly average of 150 families called the CT Alliance for Foster and Adoptive Parent's Kid Hero line, inquiring

about the process to foster or 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.

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. In 2018, WWK

served 81 children and identified 413 resources and connections for them.

Lighthouse Family Model:

On February 1, 2019, the Department launched the Lighthouse Family Campaign to identify foster care homes to be used exclusively for emergency placements - for an overnight placement during the weeknights and/or a weekend placement.

Media Campaign to recruit foster and adoptive families for teenagers:

The Department of Children and Families, in partnership with (16) Therapeutic Foster Care agencies, engaged the services of advertising, public relations and integrated communications firm CashmanKatz to develop and deliver a targeted media campaign for the Department. This campaign is intended to increase foster care placement resources for teens in Connecticut who are in need of foster care and adoptive families with an emphasis on families who will serve youth in need of a therapeutic level of care. CashmanKatz will develop branding, produce deliverables, buy media time, and guide the Department over a six-month period of time. The campaign will end with a "Weekend for A Lifetime" [an intensive weekend training for foster parents to become licensed resources with a pre/post component to meet regulations]. The project goal is to recruit and license 50 families who will provide a foster home for a CT teen in DCF care.

Weekend for a Lifetime Activities

The Department initiated an innovative approach to getting families licensed through compressed delivery of pre-licensing training. Over the course of a weekend, families receive nearly 20 hours of training and support toward the overall requirement of 30 hours. This licensing weekend is designed to make it more convenient and less time consuming for families to get licensed to be foster and/or adoptive families. Over the course of a six (6) month period, each of the Department's six (6) Regions will hold a Weekend for a Lifetime. Two Regions have already held their event and 94 new families were trained. The goal is to have them all licensed within 90 days of the event.

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. Collaboration also includes a partnership with Gay Parent magazine and Jordan's Furniture to showcase children who have given their permission for public recruitment. Adoption recruitment tables are on display at 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. In SFY 2019, a national consultant affiliated with Casey Family Programs was engaged to provide training, coaching and consultation to DCF and private foster care provider staff on current recruitment strategies and best practices of foster and adoptive families.

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. The Department's Central Office provided support and oversight to this initiative through the development of a standardized referral process, identification of priority cohorts, and collection of data on a quarterly basis. In early 2019, the Department further infused this work into the fabric of the TFC provider agencies through a requirement that the majority of all recruitment efforts of these agencies be targeted and child specific with the Department providing greater partnership in

overall general recruitment efforts. One way in which this is actuated is via the media campaign with CashmanKatz which has a goal of bringing in 50 new families for teenagers. It is expected that many of these families will be appropriate to provide therapeutic level care and will be directed to the private foster care network for licensing and support.

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 2018, the Permanency Exchange Specialists from PRE provided child specific recruitment for 58 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 FY2018-19 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 continues.

Permanency Planning Services Program (PPSP):

The Permanency Planning Services Program (PPSP) provides core contracts with 16 clinical agencies in Connecticut. In addition to providing specialized recruitment services, an array of other permanency services include the following: 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 uses data to inform its recruitment efforts and has repeatedly identified the need to target recruitment efforts towards prospective foster families of diverse races and ethnicities. To achieve this the Department regularly outreaches to organizations that represent the broader socio-economic diversity that exists in communities of color and specifically the African American and Latino populations.

During the summer and fall of 2018, the Department built on work begun in the prior State Fiscal Year with National expert Joyce James to address racial inequities in child welfare and other child and family serving systems. The work included analyzing data and engaging private foster care providers to build effective strategies intended to lead to greater systems accountability and improve outcomes for all populations.

Foster/adoptive provider training:

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, 1,385 Core foster parents have completed one or more mandatory trainings with 937 foster parents completing training in 2018. The system is frequently assessed to add functionality to make it possible to generate additional reports and to improve data quality.

Achievements/progress in foster and adoptive parent recruitment and training since 2016 have 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:

- Brought to fruition an initiative to identify and support foster families willing to be used exclusively for immediate and short-term placements – Lighthouse Homes.
- Planned and delivered an alternative pre-licensing training option for prospective foster parent – Weekend for a Lifetime – intended to attract families unable to attend traditional 13 week courses and shorten timeframes to licensure.
- Partnered with the Youth Advisory Boards to launch an awareness and recruitment campaign called "Meet Me Where I'm At" to increase foster care and adoptive resources for teens
- Contracted with a National expert, Denise Goodman, to provide training, consultation and coaching on current recruitment and retention strategies and on how to engage in comprehensive and thoughtful assessments of prospective foster families and how to write better home studies
- Worked with a media consultant to conduct a campaign intended to recruit foster and adoptive families for LGBTQ youth
- Delivered ARCGrow training to Caregiver Support Team staff to enhance the services being delivered to foster parents and ensure that the service is trauma-informed.
- Contracted with ChildTrends to evaluation the Caregiver Support Team service

- Launched a television show, Doors to Hope and Healing to educate viewers about the department, dispel myths and misconceptions and create a statewide level of awareness of the services offered and foster care/adoption needs.
- Launched a targeted media campaign to increase foster care and adoptive resources for teenagers.

Section E. Statistical and Supporting Information

Information on Child Protective Workforce

The official job classifications developed by the State of Connecticut, Department of Administrative Services for child protective service professionals include Social Worker, Social Worker Trainee, Social Work Supervisors, Program Supervisor; the minimum requirements are as follows:

- Social Worker Trainee
    - Minimum requirement for this classification is possession of a Bachelor's 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 for interview. The Social Worker Trainee is the gateway to an automatic promotion to Social Worker after successful completion of a two-year training period.
- Social Worker

  Minimum requirement for this classification is possession of a Master's or Bachelor's Degree in Social Work or a Master's in 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. As with the Social Worker Trainee, the Department screens applicants for this classification and prioritizes applicants with a MSWs for interview.

- Social Worker Supervisor
    - Minimum requirements for entry to the Social Worker Supervisor examination are: Master's Degree in Social Work or a closely related field two (2) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning OR a Bachelor's Degree in Social Work or a closely related field plus techniques and counseling to sustain or restore client functioning. Closely related fields are: applied sociology, child development, child welfare, clinical psychology, counseling, human development and family

studies, human service, marriage and family therapy, nursing, social and/or human services, education and criminal justice. Social Work Supervisor opportunities filled through internal promotions.

- Program Supervisor
    - Minimum requirements for the Program Supervisor classification are: eight (8) years of professional experience in the field of child welfare, children's protective services, foster services, adoption or social and human services; one (1) year of the General Experience must have been in a supervisory capacity over professional staff responsible for planning, developing or implementing administrative or program services in child welfare, children's protective services, children's mental health or juvenile justice; this is interpreted at the level of Social Worker Supervisor

Data on the education, qualifications, and training of such personnel

The minimum experience and training requirements for child protective workforce are as outlined above. The Department verifies required credentials through official transcripts and employment verification obtained through the recruitment process. Although the Department verifies the educational credentials of its workforce upon hire, there is no current system in place to track when staff confer degrees beyond a Bachelor's level. The Department is in the process of disseminating a staff survey to capture this data.

In-service training of personnel is tracked by the Academy for Workforce Development through our Learned Management System. A listing of in-service training held in this reporting period is included as Appendix 1.

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.

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.

Demographic Data – Child Protective Service Personnel

Race/Ethnicity

CLASSIFICSTION	AMERICAN INDIAN	ASIAN	BLACK	HISPANIC	WHITE	NON-SPECIFIED	Grand Total
C&F Area Director/ C&F Program Director	0	0	5	5	14	0	24
C&F Program Supervisor	0	1	15	13	34	0	63
Social Work Supervisor	0	7	96	49	183	0	335
Social Worker	3	14	326	202	474	5	1024
Social Worker Trainee	1	6	134	64	130	15	350
Social Work Case Aide	1	0	49	36	38	1	125
Grand Total	**5**	**28**	**625**	**369**	**873**	**21**	**1921**

Age

Classification	18 to 25	26 to 36	37 to 47	48 to 58	59 to 69	70 and Above	Grand Total
C&F Area Director/ C&F Program Director	0	0	3	17	4	0	24
C&F Program Supervisor	0	1	29	31	2	0	63
Social Work Supervisor	0	30	172	111	21	1	335
Social Worker	6	243	460	275	40	0	1024
Social Worker Trainee	63	205	62	19	1	0	350
Social Work Case Aide	1	26	36	48	14	0	125
Grand Total	**70**	**495**	**762**	**501**	**82**	**1**	**1927**

Gender

Classification	F	M	Grand Total
C&F Area Director/ C&F Program Director	16	8	24
C&F Program Supervisor	45	18	63
Social Work Supervisor	258	77	335
Social Worker	797	227	1024
Social Worker Trainee	300	50	350
Social Work Case Aide	82	43	125
Grand Total	**1481**	**423**	**1921**

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

Connecticut saw significant changes to the juvenile justice system in recent years which were aimed at reducing the numbers of youth entering all levels of the criminal Justice system which improving the helping systems. The completed implementation of raise the age legislation meant that crimes involving 16 and 17 year-olds were handled in the juvenile court system where staff and services are better equipped to address the needs of adolescents. Reforms were enacted removing status offenses from the juvenile courts and other measures were emphasized to increase the diversion from arrest/courts of youth to community based supports and services. Diversion efforts across the systems were effective in creating significant reductions to the numbers of youth served across the juvenile justice systems and from 2013 to 2018 the department saw a 40% decrease in numbers of youth served under commitment to DCF. As a result of these positive reforms however, the department saw a rise in the average age of youth served under commitment as well as an increase in the seriousness of crimes resulting in commitment, challenging the programs serving the youth. This was coupled with the closing of the Connecticut Juvenile Training School, the state's only secure juvenile justice residential program for boys. Admissions ended January 1, 2018 and the last residents discharged in April 2018. In an effort to consolidate efforts and services, in October of 2017, the State budget was approved by the legislature calling for a transfer of all funding for DCF juvenile justice programming to the Judicial Branch, to be effective July 1, 2018. Public Act 18-31 followed which structured the transfer of supervision on July 1st 2018 of the 175 youth from DCF commitment to Judicial Branch- Probation Supervision. DCF Parole Services worked with Judicial Branch Probation Services to effectuate the transfer in supervision.

Education and Training Vouchers:

Attachment F

Annual Reporting of Education and Training Vouchers Awarded 2019

Name of State: State of Connecticut Department of Children and Families

Academic Year	Total ETVs Awarded	Number of New ETVs
2017 – 2018 Academic School Year (July 1, 2017 to June 30, 2018)	112 Computers distributed for 2017 cohort of students (August 2017)	New recipients 114 (112 computers + 4 ETV grants)

	+ 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	
2018-2019 Academic School Year (July 1, 2018 to June 30, 2019)	110 Computers distributed for 2018 cohort of students (August 2018) +2 ETV grants adoption/subsidized guardianship transfers (2 repeats +0 new) + 3 Special funding (2 new) +8 Winter tuition funding (3 repeat +5 new) +1 current Summer funding +103 pse students served on campus programming (50 new +53 repeat) =227	New recipients: (110 computers + 2 special funding +5 new summer tuition funding +50 pse students on campus)
2019-2020 Academic School anticipated projections for the next school year	Anticipate 150-175 computer funding (2020 cohort) through ETV; Continue partial funding for 2-3 Pupil Services Specialist positions, up to 15-50 ETV grants for adoption/guardianship transfers; Anticipate up to 75 summer/winter course funding, Mailing of 100+ ETV applications for eligible youth who have been adopted or subsidized guardianship transfers after 2015; service up to 100 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. Currently the Superintendent of Unified District #2 (USD #2) is exploring utilizing funding from ETV to support a part time position of another Pupil Services Specialist to assist with expanding PSE in the state.

The Connecticut Department of Children and Families Post-Secondary Education (PSE) Consultants collaborate and assist 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. This includes the partnership with educational institutions who have youth in the foster care system as part of their population. When requested, the Post-Secondary Education Consultants provide training for professional

development and certification through the Department Academy for Workforce Development. The Post-Secondary Education Consultants continue to expand and provide community outreach, consultation and program services for foster youth through the age of 23. The Post-Secondary Education Consultant monitor and maintain expense logs for ETV funding to avoid duplication of ETV awards each year.

Data collection and maintenance for PSE in Connecticut DCF has remained a challenge for the department and not much has changed in this area since last year due to the change in administration. To address this need, the Department has connected with the University of Connecticut professor to assist with data; however, this request was tabled by the Department's former administration due to the change in leadership. The topic of data has recently been bought back for further discussion. Additional progress for data sharing has been with the collaboration of the State of Connecticut's Department of Education and the Board of Regents. Currently, there is limited data captured through the LINK computer system. Educational Data dashboards of foster youth have been maintained through the Department since 2016. The goal is to budget for data collection for post-secondary education students in the next ETV spending plan.

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, subsidized guardianship and foster and adoptive units as well as the Connecticut Alliance of Foster and Adoptive Families (CAFAF) to help identify resources and eligible youth. The three work units and CAFAF continue to have regular communication regarding policy, funding, student needs etc. The new requirement of extending services to age 26 has been brought to the administrations attention and we are currently waiting direction as to how this will be put into practice.

The ETV grant was awarded to 840 recipients from July 1, 2015 to June 30, 2019. During this time period (July 1, 2015 to June 30, 2019) there were 548 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 3 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 Connecticut foster youth who live outside of Connecticut 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 3 of the 4 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 *Academic Support Program*. Southern Connecticut State University is new in developing their support for this population on campus. Although there is not a formal program in place, there is a case manager on campus who assists students with issues and challenges that may arise. SCSU case manager is a part time position, just like CCSU. The goal is to have the CSCU office implement and expand these types of support services across all Connecticut State Colleges, Universities, and Connecticut's Community Colleges in a systematic way; to increase the Connecticut's graduation rate among this very vulnerable population. A program model design was created by the Post-Secondary Education Consultants and has been provided to the Department's administration. It 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 each college campus, that focus on transition, academic and retention supports, the model design is available for other Connecticut Universities and Community Colleges to implement. The ETV grant will continue to 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 93 eligible students this year. Eastern Connecticut State University is directly currently working with 22 eligible students again this year. This past year the Department serviced over 115 youth through ETV funding who participated in these program events offered through SCSU, ECSU and CCSU. The Department continues to focus on the goal of expanding 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, 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. From July 1, 2018 – June 30, 2019 only 2 ETV grants were awarded to repeating students who applied for the grant. There were over 122 applications

mailed for this time period. This year the ETV application will be mailed out in June to help eligible students plan financially closer to their enrollment period. The plan is to mail out applications to every eligible youth from 2015 to 2019. At present count that is over 200 mailings. The application deadline date this year is scheduled for August 2, 2019.

As a student identified barrier to successful completion of programs, graduation rates, and retention, CT DCF continues to offer funding to cover winter and summer tuition and assistance with outstanding student financial debt, for foster youth who register and attend post-secondary education programs. From July 1, 2017- June 30, 2018 49 youth have applied and 46 were awarded summer funding thus far. The 3 applicants, who were not awarded funding, did not complete the application process or withdrew from the summer course. This year in an effort to expand and reach more students, the ETV grant was made available for students who had an unmet cost of attendance need. The summer course application for funding deadline has been pushed to August 2019. At the present, there has been one application for summer funding. The total amount of awards for the summer will be included in next year's APSR. As a response to the identified student need, the Department offered winter course funding for the first time in December 2017. In the period from July 1, 2018 – June 30, 2019 8 youth were awarded funding for winter course funding. It is anticipated that 15-25 youth will request funding for the next winter session (2020).

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 by the Post-Secondary Education team and based on individual need, legal status, cost of attendance and circumstance. 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. In this funding period form July 1, 2018 to June 30, 2019, only one request was made and funded.

The ETV funding provides funding to purchase necessary computers, software, printers and supplies for eligible foster youth that have graduated from high school and are enrolled in a Post-Secondary Education program. Again this year, the funding will continue to be available for students to purchase computers and supplies with the guidance of their school and assistance of each of their Social Workers. This will also help to eliminate the excess of spending on computers for youth who become ineligible. The funding of computers is based off the number of post-secondary education plans the PSE Consultant receive and review each year. Youth who do not receive a computer, printer and supplies following their senior year usually become in eligible for various reasons such as: not graduating from high school, did not complete their GED, remained in their Individualized Education Plan (IEP) for another year, left DCF care to return home to biological parents, adoption, guardianship transfers, did not enroll in Post-Secondary Education institutions following high school graduation, or entered into DCF's

youth work program. In the summer and fall of 2017, the Post-Secondary Education Consultants issued 112 computers to youth in the foster care system and enrolled in a post-secondary education institution. In the summer and fall of 2018, the PSE Consultants distributed 110 computers. This summer and fall of 2019, the Department is expecting to issue ETV grants to over 100 foster students. This will also eliminate any surplus of computers this year as the Department will switch to stipends for the purchase of computers instead of ordering in bulk. This can be attributed to student informed need and request, as well as review from the Department of how to be more fiscally responsible.

For students expected to graduate in 2019, the Post-Secondary Education Consultants have thus far reviewed 166 pse plans to date. More are expected for review as youth enter into care during their senior year of high school. In addition, there are 10 known foster youth who have not had a final post-secondary education (pse) plan submitted for reviewed by the Post-Secondary Education Consultants due to the Social Worker request of current academic records from local school districts. Not having a pse plan reviewed does not affect a student's eligibility for receiving the ETV grant funds. 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. 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 were 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, approximately 100-125+ pse plans for graduating cohort 2020. The decrease in pse plans for review has been attributed to better permanency plans for foster youth, such as transfer of guardianship, and adoption.

In the reporting period of July 1, 2017 – June 30, 2018, there were a total of 233 grants awarded with 114 being new recipients. In this period July 1, 2018 – June 30, 2019 227 ETV grants have been awarded thus far with 167 being new grants. All requests granted after May 15, will be included in the next reporting term. The goal of the Department is to expand the number of youth who the Department serves with the Education Training Vouchers. Since the federal government has extended the ETV grants eligibility to age 26, the Department is reviewing its policies and practices to determine how to cover eligible youth up to the age of 26, since the CT Department of Children services youth in college up to the end of the academic year of a foster youth's 23 birthday.

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.

Monthly Caseworker Visit Data

The Department will submit our monthly caseworker visitation data by 12/16/19 as required.

CFS 101: Part II 10.1.19-9.30.20

Category: Protective Services	Population Description	Geographical Area Served
Substance Exposed Infant	Community, families, staff, infants	Statewide
Multidisciplinary Teams (MDT)	Alleged victims of sexual abuse including exploitation and/or serious physical abuse and/or death of a child 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
Intimate Partner Violence	CPS workforce involved with Individuals affected by Intimate Partner Violence	Statewide
JRA Consulting	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		Statewide

	DCF Staff & contracted community-based services providers	
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
Area Office Assistant Positions	Clerical support for Area Office staff	Meriden, Norwalk
One on One Mentoring	Youth (LGBTQI and/ or Sex Trafficked), ages 14 -21, who are committed to the Department and residing in foster care.	Statewide
Work to Learn	Committed youths ages 16 to 21.	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 Consulting	Agency Staff and Community Partners addressing disparity and disproportionality.	Statewide
UCONN School of SW (DRS)	DCF Intake and CSF Provider Staff	Statewide
Substance Exposed Infant	Community, families, staff, infants	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
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

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	Statewide
JRA Consulting	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
Substance Exposed Infant	Community, families, staff, infants	Statewide

Category: Time-Limited Family Reunification Services	Population Description	Geographical Area(s)Served
Substance Exposed Infant	Community, families, staff, infants	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
CT Parents with Cognitive Limitations	Agency and Community Providers who participate in training	Statewide
Area Office Assistant Positions	Clerical support for Area Office staff	Meriden, Norwalk
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
NCCD (SDM)	DCF Staff & families	Statewide
FAVOR	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
Area Office Assistant Positions	Clerical support for Area Office staff	Meriden, Norwalk
CT-AIMH Membership	Agency Staff	Statewide
KJMB Solutions	DCF Staff & contracted community-based services providers	Statewide
Easter Seals Support Group	Families that have adopted children with special needs	Statewide
JRA Consulting	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	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– 10.1.17-9.30.18

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/Joyce James	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– 10.1.17-9.30.18

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
Child First	Caregivers and their children –prenatal through age 5.	New Britain
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

State of Connecticut - Department of Children and Families

Maintenance of Effort

Child and Family Services Plan for June 30, 2019 submission

	FY 2017	FY 1992

Program Type	State Expenditures	State Baseline
Family Preservation	302,894,035	12,983,241
Family Support	201,929,356	5,278,088
Totals	**504,823,391**	**18,261,329**

State of Connecticut - Department of Children and Families

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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

Attachments:

Appendix 1: Training Plan

CF Classes Given July 1, 2018 – June 30, 2019

Appendix 1 DCF Staff = DCF Employees / Subject Matter Experts
Academy Staff = DCF Employees in the DCF Academy division
Consultants = University and/or Paid Consultants

In Service Classes:

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Assessing Children with Developmental Disabilities 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, 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.	Yes	Held in house	Academy Staff and DCF Staff	6	All Staff
Basic First Aid The purpose of this class is to provide any non-medically trained individual with basic First Aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards and Personal safety)	No	Held in house	Academy Staff	3	All 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
Car Seat Refresher	Yes	Held in house	Academy Staff	3	Social Work Staff

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.					
Case Planning: Boosting Your Understanding Of The Practice The goal of this one-day refresher course is to strengthen participant's skills in case planning practice, documentation, and development of the case plan document for families and children in placement. Participants will explore their role as social workers or supervisors in completing and/or reviewing case planning work including the alignment of case work, documentation, supervision, and case plans. Participants will be able to describe and identify the elements of the family and child in placement case plans, including consideration of cultural factors, assessment domains, summary assessment, and action plans. Participants will articulate the importance of securing and including family feedback and the child's perspective in the development and documentation of the case plan and ongoing assessment. Participants will also accurately complete a SDM FSNA, write portions of a case plan assessment for both a family plan and child in placement plan, and develop an action plan.	Yes	Held in house	Academy Staff	6	Social Work Staff
Child Trafficking: What it is; How to see it; & How to respond to it. This two day curriculum will provide the fundamentals of both understanding the issue of child trafficking and best practices in working with a youth and family affected by it. This course has something for all levels of knowledge and experience. Participants will be able to identify potential child trafficking issues with existing families, will understand when to contact the DCF Careline, and to know how to manage the complexities of a case involving a child trafficking survivor. Participants will practice engagement techniques including the use of case scenarios that will bring this work to life. Participants will also have an opportunity to hear from a panel of experts in the field.	Yes	Held in house	Academy Staff	12	All Staff
Clerical Staff - Advanced Excel Are you very comfortable using Excel? This course, specifically designed for clerical staff, will go beyond the basics, and focus on some of the more advance features this program has to offer, including o Excel Tables o Advanced Sorting and Filtering o Formulas and Function with Text and Dates o Data Entry using Excel Forms o Custom Number Formatting o Pivot Tables The training will be a combination of hands-on instruction and "open time," where participants can spend time on their own Excel document projects with the support of the instructor. Tips and tricks of using Excel will be shown, as well as topics brought up by the class.	No	Held in house	Academy Staff	6	Clerical Staff
Clerical Staff - Conflict Resolution This class is designed to support clerical staff when interacting with upset or agitated clients. Staff will explore de-escalation techniques that can be helpful when dealing with clients over the phone and in person. The class will also offer opportunities to explore ways to constructively handle conflict with co-workers. The Principles of Partnership will be utilized to connect the values of DCF to the hands-on tools of conflict resolution.	No	Held in house	Academy Staff	6	Clerical Staff

Clerical Staff - DCF 101: The Foundations of CT Child Welfare Practice This course will provide clerical staff an opportunity to gain a broad understanding of the fundamentals of child protective services across agency functions. This course will stress the value and importance of the roles of DCF staff at all levels. Additionally, recent initiatives to improve the agency's practice will be reviewed. Clerical staff will also receive mandated reporter training to understand their own and other's obligations with regards to reporting instances of suspected child abuse or neglect	No	Held in house	Academy Staff	6	Clerical 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), 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	6	Designated Staff who perform background checks
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	Held in House	Consultants	4.5	Designated Staff who perform background checks
Conducting Effective Home Studies with LGBTQ+ Prospective Foster Parents DCF has been actively recruiting LGBTQ+ foster parents and the LGBTQ+ community has responded. More than one hundred new families stepped up to provide loving homes for youth in out-of-home care. The next step is training, the home study and placement of children in these homes. This half session will consider the following questions: When and to what extent is your applicant's sexual orientation or gender identity relevant? What kinds of questions can you (should you) ask about their identities? What if another foster parent makes a disparaging remark during your training? How do you respond? How do you share information about the families with children who might be placed in their homes? This half day, interactive session will explore those questions and more.	Yes	Held in House	Consultants	3	All Staff

Considered Removal Teaming Facilitator Training Through this three-day course, attendees will learn the skills necessary to facilitate a Considered Removal Child and Family Team Meeting. Facilitators will learn the skillful balance of authority and how the appropriate or inappropriate use of it can affect removal-related decision making and interactions between child protective staff and families. Facilitators will review some of the components of strength-based facilitation: self-awareness and cultural responsiveness; using family strengths in the development of safety plans; and how to manage emotions, disagreements and conflict. The course will teach to the key elements of purposeful pre-, during- and post- debriefings. Facilitators will be able to identify how domestic violence impacts the process and demonstrate several in-the-moment strategies. Facilitators will become familiar with their roles and responsibilities, and with the Considered Removal Child and Family Team model, policy, procedures and documentation.	Yes	Held In House	DCF Staff and Academy Staff	18	Considered Removal Facilitators
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.	No	Held In House	Academy Staff	6	All Staff
Cultural Diversity and Inclusion for New Hires To develop a self-awareness about our own culture, race, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations.	Yes	Held In House	Academy and DCF Staff	3	Newly Hired Non Social Work Staff
Domestic Minor Sex Trafficking (DMST) This two day curriculum will provide the fundamentals of both understanding the issue of domestic minor sex trafficking (DMST) and best practices in working with a youth and family affected by DMST. This course has something for all levels of knowledge and experience.	Yes	Held In House	Academy Staff	12	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 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.	Yes	Held in house	Academy Staff and DCF Staff	51	Investigation Social Work Staff
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
Engaging the Generations within our Workforce This one day course will offer insights into productively engaging Millennials in the workplace, legitimize their contributions and offer concrete strategies to manage and foster inclusion within your departments and develop successful outcomes for all. Participants	Yes	Held in house	Academy Staff	6	All Staff

will leave the training with a better understanding of how to achieve stronger performance outcomes from the millennial workforce and build job satisfaction.					
Enhanced Service Coordination – Staff Capacity Building The Enhanced Service Coordination Model aims to improve existing DCF systems to better meet the needs of families & children by driving a systems change and mindset shift across DCF that helps us unlock better outcomes for children & families by focusing on needs first. This 3 day learning opportunity for DCF staff is intended to "build capacity" among a cross section of roles and disciplines across three key learning areas	Yes	Held in house	Consultants and DCF Staff	18	All Staff
Exploring Trauma: The Impact of Trauma in Child Welfare The Department of Children and Families is committed to becoming a trauma-informed workforce while ensuring permanency for the children that they serve. Unfortunately, many child welfare workers have to negotiate their role as a child welfare worker with their professional training as a social worker because of the increasing demands in the child welfare system to improve permanency outcomes. At the same time, we must remind ourselves that many of the children and families we serve experienced various forms of trauma. This, in itself impacts our service delivery and how we view our work. This workshop is designed to revisit the trauma that our children and families have experienced through the lens of trauma theory and how it impacts the lives of child welfare workers. The child welfare workforce will address the critical issues that impact our service delivery through a trauma lens.	Yes	Held in house	Consultants	6	All Staff
From Cultural Competence To Cultural Humility: Developing 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 definitions of cultural competence and a number of related concepts such as Intersectionality, Implicit Bias and Cultural Humility. Participants will become familiar with practice principals and skills for culturally responsive child welfare practice.	Yes	Held in house	Consultants	3	All Staff
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

Genograms Genograms are an essential tool within the field of child welfare. They assist staff in uncovering the many facets of a family's life. Our agency is requiring that genograms be used in our practice. This two hour training will provide staff with the skills necessary to complete a comprehensive genogram. This training allows time for a review of the legend, as well as an opportunity to practice applying genograms with participants' current cases. Participants will also explore when it is appropriate to utilize ecomaps, as well as the importance of the use of both the genograms and ecomaps in child welfare. Additionally, participants will have an opportunity to practice creating genograms via the "GenoPro" software.	Yes	Held in house	Academy Staff	2	All Staff
Harassment and Discrimination Prevention Training for New Hires The objective of this training is to inform you about harassment and discrimination, so that your awareness of this issue will help prevent it in the workplace. By the end of the session, you should be able to: • Recognize and address harassment /discrimination; including Sexual Harassment; • Differentiate between the two main kinds of harassment; • Understand and follow workplace policy regarding harassment/discrimination; • Report incidents and cooperate in investigations of harassment/discrimination; • Help promote and maintain a comfortable, productive work environment.	Yes	Held In House	Academy and DCF Staff	3	Newly Hired Non Social Work 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
Infant Mental Health - Understanding Infants / Toddlers and Their Families and the Challenges of Unresolved Loss and Trauma This class is designed to work towards deeper integration between DCF and Head Start, including the following specific areas: developmental issues of infants/toddlers and their families and what attachment looks like given this unresolved trauma, including the potency of disruption and repair; what happens when families' strategies break down: punishment, shame, control, including strategies to break the cycle and the importance of safety and validation; recognizing our own triggers and vulnerabilities, managing reactivity, and moving from reactivity to reflection; fine tuning observation skills using multiple video case presentations for viewing and learning.	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,	Yes	Held in House	Academy Staff	6	Investigation Social Work Staff

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.					
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 support of the instructor. Participants in this course are required to bring materials to work on while the course is provided. Participants will learn everyday shortcuts in navigation and data entry, enhance their ability to analyze data with filtering, sorting, quick analysis' and charts, learn to use Printing and Copy/Paste features to enhance presentation of data, increase their ability to retrieve and use data.	Yes	Held in House	Consultants	3	All Staff
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, Learn to find specific messages quickly using various methods (i.e. search, categories, flag), and become more familiar with the Calendar feature to be proficient in adding/sharing/planning.	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. The creation of tables and numbered lists, as well as the use of track changes and mail merge, will be specific areas of focus in this course.	Yes	Held in house	Consultants	3	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 , as well as how to choose the fields to be included. Participants will understand how to select from the summarize results in a Pivot Table, and how this tool can be used to enhance their use of data.	No	Held in House	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. Social workers will also learn about the "common" emotional reactions to	Yes	Held in house	Consultants	6	All Staff

death for young children and how young children "understand" death related to their current stage of development. 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.					
Making the Most of Your Time: Effective Time Management and Organizational Tools Training The goal of this training is to enable DCF social workers to maximize their use of their time to accomplish critical work tasks; and to offer participants methods to decrease deadline related stress and reduce the need for paperwork related overtime. This will be accomplished by offering participants the opportunity to reflect on how they are currently using their time, and explore options to increase their productivity through a better understanding of their inner and outer environments. The training will offer concrete tools and methods to increase the effective use of their time.	Yes	Held in house	Academy Staff	6	All Staff
Mandated Reporter Train the Trainer (MR-TOT) The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This two-day course will develop and enhance participants' presentation and training skills, and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach-back" a component of the curriculum on the second day, and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	Yes	Held in House	Academy Staff	12	Social Work Staff
MDFR Introductory Training for SAFE-FR This course is a 2-day introduction to the Multidimensional Family Recovery (MDFR) service being offered through the new SAFE Family Recovery program. Attendees will be able to describe the purpose of the MDFR program, the frequency, and the duration of contact with DCF clients. Attendees will learn how to begin delivering the MDFR intervention and family education modules. Attendees also will learn about the content and frequency of client progress reports to DCF, their role in cases involving the courts, and how to assist clients to develop and implement their personal recovery support plans. Attendees also will learn about the MDFT data portal, certification and ongoing quality assurance requirements.	Yes	Held in house	Consultants	10	All Staff
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. It 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

Neice Training Academy Overview The National Electronic Interstate Compact Enterprise (NEICE), is a Web-based electronic case-processing system. NEICE supports the Interstate Compact on the Placement of Children (ICPC) by electronically exchanging data and documents across the states. NEICE sends data nearly instantly and expedites the placement of children quicker and more efficiently because it reduces time by cutting down on paper work and wait times. The purpose of this training is to familiarize DCF employees with the NEICE system. After this training employees will know how to fully create an interstate case electronically using the NEICE web-based system. They will learn how to complete forms 100A and 100B, create and use electronic signatures; review and transpose documents i.e. foster care studies, reports, medical and educational documents all electronically.	Yes	Held in house	DCF and Academy Staff	3	All Staff
New Resource for Achieving Permanency for Children Whose Cases Cross State or National Borders An increasing number of children in Connecticut have family resources in another state or in another country. The Connecticut Department of Children and Families has contracted with International Social Service-USA (ISS-USA) to provide critical services for cases in which the ICPC cannot be invoked and when the family resource is in a another country. ISS-USA will also provide you with technical support on managing these complex cases. This training will include how to refer cases to ISS-USA, what services they offer, how to work with ISS-USA to achieve permanency, understanding the ISS-USA model of family finding and engagement, and how to identify all children who have potential family resources outside of the United States.	Yes	Held in house	Consultants	3	All Staff
Office 2013 Learning Lab 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.	Yes	Held in house	Consultants	2	All Staff
Orientation to Recovery Management Checkups and Support (RMCS) This session will introduce DCF staff to the Recovery Management Checkups and Support (RMCS) model. The audience will learn about the purpose of RMCS, how it is implemented, and how RMCS staff are trained and monitored.	Yes	Held in house	Consultants	1.5	All Staff
Overview of Multidimensional Family Recovery (MDFR) This session will introduce DCF staff to Multidimensional Family Recovery (MDFR) intervention approach. The audience will learn about the purpose of MDFR and the problems it is designed to address, its evidence-base, its core interventions, how MDFR specialists collaborate with DCF staff to jointly protect children and support family functioning.	Yes	Held in house	Consultants	1.5	All Staff

Probate Matters This one day course is designed to assist ongoing Social Workers assigned to Probate Court cases and Family Specialist of the Probate Court to perform expected roles and tasks. Participants will receive a foundational framework for understanding the legal context of Probate Court cases. Participants are provided an overview of the Probate Court system in Connecticut, in contrast with Juveniles Court Matters, learn the importance of making well informed assessments and recommendations to Probate Court. Participants will understand the need to provide clear and consistent communication with Probate Court to support the courts ability to reach conclusions that are in the best interest of the children and their families being served. Finally, participants will also receive instructions on how to present during testimony at Probate Hearings.	Yes	Held in house	Academy Staff	6	All Staff
Reducing Risk Factors to Improve Permanency for LGBT Youth Many LGBT youth often engage in high risk behaviors at a higher rate than heterosexual youth. However, with appropriate supports and services that are beneficial to lowering risk factors and improving permanency, outcomes improve for this population. The objectives for this training will focus on how personal bias and values influence outcomes for LGBT youth, the importance of parental acceptance to foster healthy LGBT youth development, how to use appropriate language in written documents to identify LGBT people, how to identify and address barriers that LGBT youth experience because of bias, discrimination, the relationship between trauma and poor outcomes for many LGBT youth, and how to utilize the six principles of gay affirmative social work.	Yes	Held in house	Academy Staff	12	All Staff
RMCS Initial Training for SAFE-FR This introduction to the Recovery Management Checkups and Support (RMCS) service is being offered to providers of the new SAFE Family Recovery program, and designated DCF staff. Attendees will be able to describe the purpose of the RMCS program, and the type, frequency, and duration of contact with DCF clients. Attendees will learn how to conduct RMCS checkups with their clients, and how to assist clients to develop and implement their personal Recovery Support Plans. Attendees also will learn about the content and frequency of client progress reports to DCF, certification and quality assurance requirements.	Yes	Held in house	DCF Staff and Consultants	10	All Staff
SDM Safety & Risk Assessment Training – 2019 During this six-hour training, participants will gain an understanding of the revised Structured Decision Making (SDM) Safety and Risk Assessment tools. Upon completion, participants will be able to recognize and understand the importance of using the SDM definitions and referencing policy and procedures when completing assessments; describe the SDM safety and risk assessment tools and their purpose; understand how and when they are used; recognize and understand the importance of narrative support in case documentation for SDM tool completion; and understand that the SDM assessment tools are a prompt for practice in partnership with children, youth, and families.	Yes	Held in house	DCF Staff	6	All Staff
Secrets to Amazing Curriculum	Yes	Held in house	Consultants	12	Academy Staff

Through didactic presentation, group work, and interactive activities, this two-day course will help participants to become aware of the importance of comprehensive curriculum for achieving training goals, and the multiple components of amazing curriculum. Adult learning concepts will be explored, as well as time devoted to the assessment of a training system; collaboration with subject matter experts; and the importance of transfer of learning in curriculum design.					
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	3	All Staff
Special Qualitative Review (SQR) Learning Forum – Infant Fatalities – 2017 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	3	All Staff
Special Qualitative Review (SQR) Learning Forum – Infant Fatalities – 2018 The goal of this interactive forum is to focus on what has been gleaned / learned from the infant fatalities during 2018. This forum will focus on handling HRNB FAR cases, safety planning, and variations in our practice for substantiations. Again this year, unsafe sleep resulted in the majority of fatalities for children, therefore we will have a discussion on talking with families about Safe Sleep. Regional / Office promising practices will also be highlighted.	Yes	Held in house	DCF Staff	3	Academy Staff
Special Qualitative Review (SQR) Learning Forum – Substance Use The goal of this interactive forum is to focus on what has been gleaned / learned from critical incident cases involving parental substance use during Special Qualitative Reviews. The discussion will focus on societal impact of substance use, assessing parents for substance use, their functioning and capacity to parent, the Substance Use evaluation process, and a values discussion.	Yes	Held in house	DCF Staff	3	All Staff
Strength Based Approach to Engaging Families This full day course was adapted from the Pre-Service Family Engagement Course and re-designed to meet the needs of experienced Social Work staff. Participants will review concepts of Critical Thinking, Interviewing Children, Developing an Assessment and Solution Focused Techniques in order to engage families. Participants will also be able to practice these techniques through the use of skill building simulated case scenarios with resistant clients. The first half of the training day will take place at the Academy for Workforce Development in Central Office and the second half of the day will focus on simulation scenarios held at the Department of Veterans Affairs (VA) campus in Rocky Hill.	Yes	Held in house and off site	Academy Staff	3	All 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 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	All Staff
Supervision in Generational Aspects: Enhancing the Work in our Workforce This one day course will offer insights into productively engaging Millennials in the workplace, legitimize their contributions and offer concrete strategies to manage and foster inclusion within your departments and develop successful outcomes for all. Participants will leave the training with a better understanding of how to achieve stronger performance outcomes from the millennial workforce and build job satisfaction.	Yes	Held in house	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, not an evaluation of the facts, and learn the fundamentals of the court process.	Yes	Held in House	Academy Staff	18	Newly Hired Social Worker Case Aides
SWCA - Car Seat Safety This one-day course provides social worker case aides with the knowledge of the regulations regarding car seats, and hands on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam and hands on training for installing car seats while observed by a certified instructor.	Yes	Held in House	Academy Staff	6	Social Worker Case Aides
SWCA - 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	Social Worker Case Aides
SWCA - 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. It 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	Yes	Held in House	Academy Staff	8	Social Worker Case Aides

participants that successfully complete the training receive a three year certification as a "Mental Health First Aider."					
Teen Dating Violence Through group activity, lecture, and supplemental video clips, participants explore and discuss trends, barriers, and impact of Teen Dating Violence. With the support of concepts drawn from the Safe Date curriculum, participants will deepen their knowledge of Teen Dating Violence and receive information on additional available resources. By the way of the "In Their Shoes" teen dating violence Simulation participants will round out the day with an activity intended to promote dialog about teen dating violence and healthy relationships with young people in a class setting.	Yes	Held in House	DCF Staff	8	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. Using a variety of media, attendees will gain insight and be given strategies to use for effective planning around visitation.	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 as well as an opportunity for an individual mock interview at a later scheduled date for participants interested.	Yes	Held in house	Academy Staff	6	All Staff
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
Understanding The Numbers To Enhance Case Practice This one day course will provide participants with an overview of the role data plays in our agency. Participants will gain an introductory understanding of how Federal Legislation and the Child and Family Service Reviews (CFSR) relates to our day to day work as well as the priorities and processes set by leadership. Participants will be provided an overview of how policy and practice guides can inform our understanding of that work. Additionally, participants will explore the various data reporting systems used within the department, the various organizational tools	Yes	Held in house	Academy Staff	6	All Staff

available, and options for developing systems to prioritize and manage casework demands and enhance casework practice. Using both lecture and direct computer application, students will be provided information regarding the data collected by LINK and the resulting ROM and LINK Reports.					
Universal Referral Form (URF) - Phase 1 Training DCF staff will be provided with a 3 hour training with information pertaining to the roll out and use of the URF (Universal Referral Form), through CT-KIND. Participants will be provided with information as to why the URF was created and background as to how it was created. Additionally, participants will obtain information on how to utilize the URF. Facilitators will incorporate PowerPoint as well as hands on training of the URF. Finally, participants will be provided with information as to who to contact in the event in need of technical assistance after the URF is available for use.	No	Held In house	DCF Staff	3	All Staff
Wilderness School Adult Wellness Programs Wilderness School Wellness Programs are intended for health and wellness of staff. We strive to develop a climate of safety, trust and containment of high emotionality. The purpose of the day is to validate the intensity of child welfare work and the need to build resiliency in the midst of adversity. We work to cultivate a climate that encourages clear and timely communication, inclusive participation, internalized empowerment and healthy professional relationships.	Yes	Off Site	DCF Staff	6	All Staff
Wilderness School Adult Leadership Program These courses are designed as opportunities to develop leadership skills, strengthen group cohesiveness, and practice decision-making skills. The intention is for each group to return to the office with a better understanding of each other, a better team approach and improved communication. Activities include problem-solving initiatives, team-building activities, and group challenges.	Yes	Off Site	DCF Staff	6	All Staff
Working with Transgender and Gender-Diverse Youth and their Families This group will deepen your knowledge and skill in work with trans youth and their families. Each 1 ½ hour session, comprised of 4- 6 staff will explore case vignettes and actual case material participants bring to the group to help participants apply the material from trainings on practice with trans/LGBTQ youth, as well as illustrate more complex practice concerns.	Yes	Held in house	Consultants	1.5	All Staff
Working with Youth Who Engage in Sex Offending Behaviors This training provides am understanding of what the common contributing factors are for some adolescents that engage in sex offending behaviors. Participants will understand why caregivers and youth express denial, family system approaches to clarification work, addressing impact and accountability, and safety planning in the home and community. The training will end with a brief review of treatment options that may be available in your area.	Yes	Held in house	Consultants	6	All Staff
Youth Mental Health First Aid 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. Topics covered include	Yes	Held in house	Consultants	9	All Staff

anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.					

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
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 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. • 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.	Yes	Held in House	Consultants	12	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	Yes	Held in house	Academy Staff	6	Supervisors

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
transfer of learning activities. The afternoon will also include a presentation from Human Resources followed by question and answer.					
Team Building And Group Supervision This training course integrating group supervision and team building. This program explores the essentials that team members and leaders need to understand for team success. Included is discussion around the four stages of team development and how to understand and deal with different personalities on the team. 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	Off site	Academy Staff	6	Supervisors

Audience: Managers

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Enhancing the Professional Development of LAMM Participants- Leading through Understanding the Role of the Life Stories Understanding the personal journey or context that leads people to a career in child welfare is an important part of being an effective leader. Through the use of a panel discussion, this class will aim to provide LAMM graduates with an insight look into leaders within the agency who have successfully tapped into the personal journey of their staff. Participants will also have an opportunity to think critically about ways they too can connect with their staff in order to assist them on their journey of becoming an effective leader.	Yes	Held in house	Academy Staff	3	Managers
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 to the work of a Child Welfare Manager. They will 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. Orchestrate conflict as well as to integrate and defuse opposition to create partnerships. Demonstrate commitment to continuous learning as a leader and address systems change issues. It will allow managers the distribution of decision-making & leadership responsibilities; manages human, cultural, social & economic capital and encourages purposeful action.	Yes	Held in House	Academy and DCF Staff	42	Middle Managers

Online Trainings

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
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	Academy Staff	45 min	All Staff
Early Childhood Practice Guide On-Line Training The CT Department of Children and Families "Early Childhood Practice Guide" was designed to build 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	No	Online Training	Academy Staff	30 min	All Staff
Intimate Partner Policy and Practice Guide The Working with Families Impacted by Intimate Partner Violence (IPV) on-line training was designed to provide clear and concrete information and guidance to support comprehensive engagement and assessments with families impacted by intimate partner violence. The information and tools presented reflect current data, trends and research. This brief course supports information contained in the IPV Policy and Practice Guide. Upon completion, you will be better prepared to articulate the indictors of IPV; explain the impact of IPV on the non-offending partner, the offending partner and the children; the warning signs of teen dating violence; the importance of engagement and a thorough assessment; the cultural considerations in IPV; the importance of fostering a supportive and collaborative working relationship with IPV providers; the importance of safety planning; and the role of the RRG Intimate Partner Violence Specialists.					
Mandated Reporter On-Line Training 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

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
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
Overview Of Immigration Policies, Protocols, And Practice Web Training The purpose of this training is to provide legal and practice guidance to all case carrying, and support staff, working with 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.	No	Online Training	Academy Staff	30 mins	All Staff
Reasonable Prudent Parent Standard (RPPS) On-Line Training 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

Webinars

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Engaging Fathers Webinar, The Leadership Role One out of every three children in America – over 24 million in total – lives in a home without their biological father present. Data show that low-income men from communities of color are significantly more likely to be nonresident fathers than resident fathers. Roughly one out of every three Hispanic children and more than half of African-American children grow up in homes without their fathers present. The presence and involvement of a child's parents protects children from a number of vulnerabilities. More engaged fathers—whether living with or apart from their children—can help foster a child's healthy physical, emotional, and social development. The Department of Children and Families' Supervisory staff play a key role in the learning model of their social work staff. The goal of this webinar is to provide DCF Supervisors with tools to guide their staff in how to encourage and support fatherhood engagement. This webinar will promote and assist in creating positive opportunities for DCF Supervisors by providing intellectual and courageous conversations regarding fatherhood engagement and the possible barriers they or their staff may be experiencing.	No	Webinar	DCF Staff	2 Hours	All Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Fatherhood Webinar, Fathers And Children, The Effects On Each Other's Development Enhancing father involvement, increases parental competency, improves parent-child and co-parent relationships, and promotes healthy child development. The goal of this training is to provide information regarding the developmental effects fathers have on their children. This training will also explain the developmental and physical changes fathers go through in becoming a parent. It provides an understanding in how fathers can be successful nurturers, how DCF staff can support the father and child relationship and how to assist fathers' involvement in their child's life.					
Fatherhood Webinar, Working with Adolescent Fathers The adolescent male has been ignored in previous reviews and discussions of adolescent pregnancy since teenage pregnancy and childbearing has traditionally been viewed as a female issue. This state of affairs is part of a larger phenomenon, namely the relative prior neglect of males in pregnancy, birth, and childrearing in general, among all age groups. This training will discuss the implications and consequences of teenage pregnancy and childbearing from an adolescent male's perspective. To achieve this aim, we will examine the male partners of teenage mothers in their role as parents and explore the determinants of assuming this role, and the consequences for the male, his partner and child.	No	Webinar	DCF Staff	2 Hours	All Staff
Fatherhood Webinar, Working with Incarcerated Fathers The goal of this webinar is to offer tips, data, and resources on how DCF staff can work to improve outcomes for incarcerated fathers and their children. A prison tour will be offered to those who are interested.	No	Webinar	DCF Staff	1.5 Hours	All Staff
Getting Ahead of Secondary Trauma. A Webinar for Supervisors This webinar will provide supervisors with strategies to increase worker resilience and minimize the impact of secondary trauma on the workers in their units. Supervisors will explore their own personal connection to secondary trauma and the ways it can impact their ability to support workers around this issue. Supervisors will also learn tools to be able to respond effectively to workers who are experiencing symptoms of secondary trauma.	No	Webinar	DCF Staff	2 Hours	All Staff
Hoarding Disorder and Child Welfare This webinar will focus on the underlying mental illness associated with hoarding behavior, the clinical definition of hoarding disorder and its impact in child welfare. Explore potential safety and risk factors in homes with hoarding conditions. Participants will be exposed to simple screening tools for use when hoarding is a concern. Suggestions for interacting with individuals with hoarding behaviors will be examined in order to enhance engagement and motivation for initial and long-term behavior change. Guest speakers from state and municipal agencies will discuss laws and how to partner to collaboratively safety plan to mitigate issues related to issues including egress and fire hazards. Other local and state resources for intervention and treatment of hoarding disorder will also be explored.	No	Webinar	DCF Staff	1.5 Hours	All Staff
Words Do Hurt: Achieving Stability For LGBT Youth In DCF's Care Through Gender Inclusive Language Many LGBT youth often experience bias and discrimination as a result of their gender identity. LGBT youth benefit from supports that affirm their identity as normal. This training focuses on the importance of using "person centered" language to be more inclusive of diverse populations, and how to increase your awareness about the ways that language often unconsciously makes assumptions about people, and unintentionally reinforces dominant norms around gender and sexual orientation. A guest	No	Webinar	Academy Staff	2 Hours	All Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
panel of transgender adults will be participating in this webinar as subject matter experts who will share highlights from their life experiences.					
Word Editing Tools This one-hour webinar for Supervisory staff will familiarize them with the editing tools available in the Word program when reviewing their staff's written work. Specific focus will be placed on the benefits of and functions for using Track/Changes and Comments. The webinar will walk participants through the technical process of using these tools. There will also be a discussion regarding the ways Supervisory staff may use these tools with their unit members. Following the webinar, participants will be able to request technical support or coaching to enhance the application of the processes covered.	No	Webinar	Academy 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
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
Car Seat Safety This one-day course provides social workers with the knowledge of the regulations regarding car seats, and hands on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam and hands on training for installing car seats while observed by a certified instructor.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
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	Yes	Held in house	Academy Staff	12	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
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 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.					
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
PS - 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. It speaks about racism, economic injustice and the patterns of historical development as a nation — economic, social, cultural, political, and environmental — which are embedded in a transportation system many people take for granted, such as our DCF social workers. 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. Empathy is particularly important to social work practice. Client 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.	Yes	Held in house	Academy Staff	4	New Social Worker Staff
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. During the second day, 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.	Yes	Held in house and off site	Academy Staff and Consultants	12	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 delivery to children and families.	Yes	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
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.					
Harassment and Discrimination Prevention Training for New Hires The objective of this training is to inform you about harassment and discrimination, so that your awareness of this issue will help prevent it in the workplace. By the end of the session, you should be able to: • Recognize and address harassment/discrimination; including Sexual Harassment; • Differentiate between the two main kinds of harassment; • Understand and follow workplace policy regarding harassment/discrimination; • Report incidents and cooperate in investigations of harassment/discrimination; and • Help promote and maintain a comfortable, productive work environment.	Yes	Held in house	DCF Staff	2	New Social Worker Staff
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
Intimate Partner Violence (IPV) 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. 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
Introduction to Substance Use Disorders 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. 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	Yes	Held in house	Academy Staff	12	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
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 explored. Day one focuses on the impact of addiction, the diagnostic criteria and the behaviors associated with the disease. Day 2 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.					
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 primary focus of the afternoon portion of the training, and includes exploration of the petition document, jurisdictional facts, and the summary of facts. Legal 2 is a two-day course, co-trained with representatives from the legal division. 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.	Yes	Held in house	Academy Staff and DCF Staff	18	New Social Worker Staff
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, 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	Yes	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
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.					
Meeting the Healthcare Needs of Children in DCF The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and wellbeing issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care. This training will also orient participants to the Health & Wellness Division within DCF.	Yes	Held in house	DCF Staff	6	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
Permanency Teaming This 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
Prison Tour The objectives of the prison tour will be: Recognize the barriers of the incarcerated parents who are involved with the Department; for example, after DCF intake, many inmates do not have further contact with the ongoing social worker	Yes	Off Site	Consultants	1	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
• Inmates are receiving 96 hour holds, OTC's , and TPR documentation without any verbal conversations from DCF staff • ACR schedules do not accommodate inmates • Case plans, social studies, probate studies or any other study that requires information from the incarcerated parent should be done at the prison face to face as phone call interviews cannot exceed over 20 minutes • Unsentenced inmates are offered limited services and long waiting lists for services offered to sentenced inmates • Ratio of Correctional Counselor is approximately between 100-120 inmates per unit and have additional DOC duties					
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
Sexual Abuse 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. Sexual Abuse Day 2 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
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
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	Yes	Held in house	Academy Staff	12	New Social Worker Staff

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
provide insight on the retention of knowledge from the classroom and field experiences as well as a demonstration of their individual skills. The results of and feedback stemming from the final test day is provided to and can be used by supervisors and participants to identify further training needs and areas that need increased proficiency for successful completion of the job.					
Trauma Toolkit The Trauma Toolkit training was developed to educate child welfare professionals about the impact of trauma on the development and behavior of children. This program will explore the impact of child traumatic stress on attachment, cognitive development, behaviors, and relationships. Specific focus is placed on understanding the effect of chronic and complex trauma on brain development and the long-term impact of adverse childhood experiences. Participants will also develop strategies for considering and addressing the psychological safety of children in the wake of traumatic experiences as well as building resilience for children and the caregivers with whom they live.	Yes	Held in house	Academy Staff	6	New Social Worker Staff
Understanding the Numbers to Enhance Case Practice The goal of this training is for participants to gain an understanding of the various types and applications of data created within the department and an understanding of how to use that data in their everyday work.	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

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