State of Connecticut

Annual Progress and Services Final Report
2021

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.

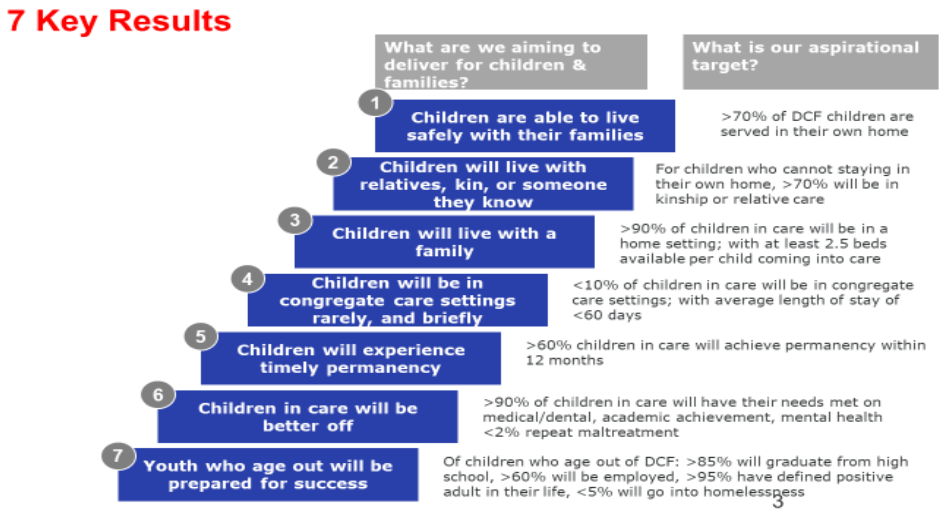
Mission

The Department's mission is: "*Partnering with communities and empowering families to raise resilient children who thrive*."

Building upon our Child and Family Services Plan (CFSP) and consistent with the Family First Prevention Services Act (FFPSA), the Department seeks to sharpen the safety lens through primary prevention across the child welfare system through 5 strategic goals:

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

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



The Department is aligning all efforts to these core set of 7 Key Performance Indicators shown above to ensure that the best outcomes are reached for all children. These key indicators drive the Department's strategic goals for how to best meet the needs and serve CT's children and families. The Department believes that children do best when living safely at home with their family of origin. When living at home with a parent is not reasonably safe, the best alternative is to live with relatives, kin, or someone that they know who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home or a setting that is able to meet their needs, while concurrently working towards a timely permanency outcome. Foster care should only be used as a short-term intervention. While in foster care, regular and ongoing contact with parents and siblings is maintained. Congregate care, such as group homes and residential treatment centers, should not be used for most children. If absolutely required, children who need to be in congregate care settings will have a brief stay. 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. All youth are to exit the Department's care with legal and/or relational permanency.

The Department has taken steps to ensure that a successful launch of the Family First Prevention Act (FFPSA) occurs by the federal deadline of October 2021. FFPSA and its' family centered policies will pave the way to allow more children to safely be served in their homes, families and communities. When and if a child is to enter the Department's care, the Department will work towards achieving timely permanency, ensure that their medical, dental, academic achievement and mental health needs are met, while at the same time ensuring that older youth are prepared to successfully transition out of the Department's care and assist in identifying a positive adult that could continue to provide support.

Listening Tours

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

1. Collaboration

The Department receives community input from several statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 17-member body appointed by the Governor, with 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 as well as youth with lived experience.

The primary duties of the Council are to: review policies; recommend programs, legislation or other matters that will improve services for children, youth and families; review and advise the Commissioner on the proposed agency budget; perform public outreach to educate the community regarding policies, duties and programs of the Department and issue any reports it deems necessary to the Governor and the Commissioner.

The SAC meets 12 times during the year. A designee from the Commissioner's Office, the Bureau Chief for External Affairs, attends every SAC meeting. The Commissioner attends the annual retreat and at least 3 meetings a year. A DCF update is provided at each meeting, focusing on key areas such as; current activities within the Department, legislative proposals, structural and organizational changes of key Agency personnel, CFSR/PIP

development, status of *Juan F. Consent* Decree outcome measures, Family First Prevention Services Act planning and caseload sizes and other data measures upon request. During this time, the Commissioner or representative also answers questions from the council members and receives input for future meeting agenda items.

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. The retreat took place in June 2019 and included Commissioners or their representatives from multiple state agencies, key legislators as well as youth representing the Youth Advisory Boards across the state. The agenda for the day included Commissioner Vannessa Dorantes presenting the DCF Vision and Organizational Structure and a panel discussion which centered around how collaborative relationships across disciplines can enhance the entire child welfare system. The Regional Advisory Councils and Youth Advisory Board then took part in breakout sessions to discuss and report back on the following questions:

During the breakout sessions and subsequent report outs, the following questions were addressed:

1. What will the RAC/YAB do to advance the partnerships in building a stronger child welfare system?
2. What actions steps do you plan to take?
3. What additional resources are needed to conduct your work?
4. How will success be measured?

CFSP Stakeholder Meetings

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

- State Department of Education
- Department of Developmental Services
- Department of Mental Health and Addictions Services
- Office of Early Childhood
- Department of Emergency Services and Public Protection
- Department of Housing
- Department of Labor
- Department of Public Health
- Department of Rehabilitation Services
- Department of Social Services
- Department of Veteran's Affairs

Each of the above-mentioned agencies also provided the Department a "Statement of Commitment" to their ongoing work towards achieving the goals outlined in the Child and Family Services Plan. Representatives from the stakeholder groups continued collaborating with the Department during their attendance on various subcommittees regarding the development of the Family First Preventions Services Act plan.

Family First

November 2019, the Connecticut Department of Children and Families (DCF) launched its planning activities to implement the title IV-E Prevention option in the Family First Prevention Services Act (Family First) beginning October 2021, with an emphasis on embedding its larger vision of shifting Connecticut to a more prevention-oriented child welfare system. Planning activities supported substantial, meaningful and ongoing collaboration with community partners, provider agencies, other state parties and persons with lived experiences. To assist in

the development of the state's fiscal plan, DCF contracted with Don Winstead Consulting, a national expert on federal financing to provide technical support and consultation required to establish the basis for the State's Maintenance of Effort (MOE) calculation, for the purpose of meeting legislative requirements relative to the Family First Prevention Service Act (FFPSA). To date, Mr. Winstead has conducted an initial review of Connecticut's CB-496 reports, fiscal materials, Maintenance of Effort information; engaged initial consultative conversations with fiscal staff; and completed initial work on a baseline context summary and fiscal presentation for the project.

After establishing initially five, and later a sixth, collaborative workgroups co-lead by an internal DCF lead and an external part lead, to engage the efforts of the statewide work, DCF also contracted with Chapin Hall at the University of Chicago to serve as lead consult of the programmatic components of the project. Focuses of the workgroup included an emphasis on Candidacy, Community Partnership, Fiscal and Revenue Enhancement, Kinship and Foster Care, Programs and Service Array and Intensive Treatment 247 (Qualified Residential Treatment Programs). Jointly with its partners, a diverse cross-sector group of stakeholders (e.g. other state agency partners, community providers, parent advocacy groups, youth with lived experiences, and private clinicians), the department stepped through the process of assessing agency strengths, areas needing improvement and opportunities to monitor progress toward identified goals. Over 434 stakeholders actively participated in the various workgroups and remained engaged during the pandemic to assist the Department in planning, offering specific recommendations around resuming normal operations.

Chapin Hall at the University of Chicago is a research and policy center focused on improving the well-being of children, youth, families, and their communities. Chapin Hall provides public and private decision makers with rigorous data analysis and achievable solutions to support them in improving the lives of people and communities facing adversity.

DCF/DMHAS Partnership

The Department has a positive collaboration with Department of Mental Health and Addiction Services (DMHAS) focusing on a 5-year strategic plan for the state's response to infants born substance exposed. DMHAS and DCF jointly fund a Statewide Coordinator to implement the strategic plan. As a part of this effort, the SEI Coordinator convenes a multi-disciplinary group of stakeholders including members of the medical community (pediatrics, obstetrics and gynecology), CT Hospital Association, persons with lived experience, treatment providers, other state agencies (Departments of Early Childhood, Education, Child Advocate, and Public Health) and other key stakeholders. This core group of stakeholders also includes sub-committees focusing on data, training and education, and screening and intervention.

Juvenile Court

DCF and the Judicial Branch continue to build upon their partnership in order to achieve safe, timely permanency for children in care. As outlined in DCF's 2019 Program Improvement Plan, a collaborative workgroup has been established with the Waterbury Juvenile Court. The Waterbury Juvenile Court was selected as it has the highest volume and longest average time from TPR filing to disposition, therefore, this transformation zone has been established. The workgroup has brought DCF together with stakeholders from the Judicial Branch, Attorney General's Office and Public Defenders. Activities over the past year have included:

- DCF and the court began conducting quarterly court collaborative meetings. The meetings are open to the Public Defenders, AAGs, and contract attorneys, as well as DCF and Judicial Branch staff. At the first meeting, which was held on February 19th, RRG staff presented on drug testing methods and substance abuse. The intent of these meeting is to provide training and information sharing opportunities. These meetings have continued to occur virtually during the COVID-19 pandemic. Joint meetings with the Chief

Juvenile Court Administration, AAG's office and the Public Defender's office were increased to weekly then biweekly meetings during the pandemic.

- Also, in February, the DCF Legal Director and three Assistant Legal Directors conducted legal rapid reviews with Waterbury area office staff. These reviews focused on children ages five and under with a permanency goal of termination of parental rights or reunification. The goal was to identify delays to attaining these goals. These reviews helped to identify themes that were preventing cases from moving forward, as well as to identify and troubleshoot obstacles in individual cases. Both area office staff and legal found these reviews to be beneficial in helping to move these cases closer to permanency.

- Additionally, DCF staff, including the area office attorneys were planning to conduct additional rapid permanency reviews in collaboration with Casey Family Services. These reviews were to focus on children up to age 18 for whom parental rights have been terminated and who had been in their current placement for at least six months. Unfortunately, these reviews are on hold due to the COVID 19 pandemic.

- The Waterbury Court made changes to its docket to expedite permanency. Now, when a permanency plan of Termination of Parental Rights has been made in a case, both the permanency plan and the petition for Termination of Parental Rights are filed simultaneously. The same is done in the case of a plan of Permanent Transfer of Guardian. Prior to the Transformational Zone, the court would wait for a hearing to see whether a party would object to the plan of TPR/PTOG. If there was an objection, a trial would be held. If there is an objection to the plan, the trial on the permanency plan and the TPR/PTOG can be combined, saving many months of delay.

Compared to 2019, the length of time to achieve permanency is trending downward. The pandemic resulted in SCJM prioritizing certain matters to be heard, specifically focusing on children requiring removal from home to ensure their safety. These adjustments increased the court's backlog which has impacted children achieving timely permanency. A subcommittee has been established, including representatives from DCF and the AAG's office to present recommendations to the court to address these concerns.

Children's Behavioral Health Implementation Advisory Board

Following the tragic events that occurred in Newtown Connecticut in December 2012, the Connecticut General Assembly passed Public Act 13-178 which specifically directed DCF to produce a children's behavioral health/mental health plan for the state of Connecticut. The public act pushed Connecticut to focus fully on child mental health and well-being. Public Act 13-178 is intended to address issues of screening, identification and access to supports and services related to children's mental health issues.

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

DCF has been implementing the children's behavioral health plan, in partnership with eleven other state partner agencies, numerous private agencies and the children and families of Connecticut. The DCF Commissioner renewed and invited the Tri-chairs, (Carl Schiessl, Ann Smith and Elisabeth Cannata) of the Children's Implementation Advisory Board to serve another 3 years.

The Tri-chairs also offered to convene and invite Board members to participate in an additional workgroup to monitor the Department's transition of Voluntary Services to Beacon Health Options. Additionally, the Tri-chairs have been very involved in the Family First work groups assisting CT in developing the CT Family First Plan. Finally,

the Board will provide another update to the state of CT legislators on October 1, 2020 on progress made to enhance Connecticut's children's behavioral health system.

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. Over time the membership has been expanded to ensure a balanced representation from all aspects of the early childhood delivery system. This has resulted in providing a vehicle for a dynamic, informed and compassionate group of champions to communicate, educate and advocate on behalf of young children, their families and the communities in which they live.

The Advisory Committee consists of well-known and respected representatives within the early childhood field. It operates under the auspices of the Office of Early Childhood and Child Development Infoline, a specialized call center of the CT United Way's 2-1-1 system. The membership is diverse and includes both state level and community-based entities. On the state level, in addition to the Office of Early Childhood and Child Development Infoline, members include the State Departments of Children and Families, Public Health, Education and Social Services. In addition to state agencies, the Advisory Committee also has representatives from the following state wide organizations, including but not limited to: the CT Chapter of the American Academy of Pediatrics; the CT Association for Infant Mental Health; Community Health Network of CT; the CT Dental Health Partnership; UCONN's Center for Excellence in Developmental Disabilities; the Child Health and Development Institute; the Center for Social Research at the University of Hartford; the Early Childhood Consultation Partnership; and the CT Family Support Network. Representatives from multiple community- based, direct service programs, and the state's national STRIVE Cradle to Career Initiatives, as well as a representative from the National Help Me Grow Center are in attendance. This year, the Committee has recruited parents to serve on the committee to ensure the parent voice is represented in all discussions. The Advisory Committee serves as a conduit for bringing state level work to specific geographic initiatives as well as to learn about their work for sharing and possible replication.

The goal of this Advisory Committee is to build, in partnership with families and entities that have a similar focus, a coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports. To carry out the goal and 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. Once all the products were finalized, Advisory Committee members helped to share and promote them throughout the state.

In follow up to a successful 2018 Screening to Succeed statewide conference and call to action promoting the establishment of community level of developmental screening systems for young children, a workgroup of the Advisory Committee has been working with a number of towns/cities that are planning or implementing a developmental screening system. Support has been offered through regionally based meetings and conference calls. Moving forward the focus will be on assisting these communities with cultural awareness/ sensitivity as well as sustainability.

Last year, in partnership with State Representative Robin Comey, the Advisory Committee was a co-sponsor of a legislative forum that featured a screening of the film, *Resilience: The Biology of Stress & The Science of Hope* followed by a facilitated discussion informed by a panel of experts on how CT can become a more trauma informed state. The Advisory Committee continues to work with Representative Comey, who is a leader in early childhood and serves as a liaison to the legislators.

The committee continues to function as an advisory group to the CONNECT grant, with a primary focus on early childhood. Moving forward the Advisory Committee will be addressing racial disparities and social determinants of health as well as monitoring the impact of COVID-19 on the families of young children, providers who serve them and the communities in which they live.

The Connecticut Parents with Cognitive Limitations Work Group (PWCL)

The PWCL was formed in 2002 to support parents with cognitive limitations and their families. Members include all a diverse group of private providers, as well as the major human services state agencies:

- Department of Children and Families (functions as the lead)
- Departments of Corrections;
- Department Social Services;
- Department of Developmental Services;
- Department of Public Health; and
- Office of Early Childhood

Although the number of families headed by a parent with cognitive limitations is uncertain and identification is challenging, it is estimated that at least one third of the families in the current child welfare system are families headed by a parent with cognitive limitations. This population needs to be recognized as distinctive and in need of specific services tailored to its needs.

To address these issues, the PWCL 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 training opportunities will continue to be offered each year. To date, the Workgroup has trained close to 4,000 service providers through the work of an interdisciplinary, interagency rotating training team. In addition to offering a conference for administrators and supervisors, as well as an international conference, the Workgroup also created an Interview Assessment Guide to assist workers in identifying parents with cognitive limitations. Additionally, the Workgroup drafted recommendations regarding the use of plain language when communicating with parents and developed a training on plain language.

Two PWCL trainings were held in the Fall of 2019, with an average of 30 participants attending each training session. Many participants have elected to attend the training a second time due to its popularity and relevance to their work. The Spring PWCL trainings planned for April and May 2020 were cancelled due to the COVID-19 Pandemic. Training sessions will be offered in the Fall of 2020, adhering to the Center for Disease Control (CDC) guidelines. The Workgroup's Annual meeting scheduled for November 2020 will continue to include a panel of family members discussing issues pertinent to them based on their experiences. The workgroup is currently exploring virtual meetings and identifying training topics that will continue to engage a wide variety of vested stakeholders. In the past four years, the annual PWCL meetings have exceeded 100 attendees.

Housing

Along with Connecticut's two leading Housing advocacy groups, The Partnership for Strong Communities and the CT Coalition to End Homelessness, DCF remains committed to addressing homelessness for families within our state with particular emphasis on (a) ending and preventing family homelessness, (b) promoting child and family well-being and (c) ensuring that CT's Supportive Housing for Families Program is recognized as a strategy to contribute to ending family homelessness. DCF continues to participate and engage with numerous state and community-based groups that focus on these areas. In 2019, the Partnership for Strong Communities embarked on restructure of their Collective Impact model that eliminated and condensed several workgroups. Of the

remaining areas of focus, DCF participates on the Prevention of Homelessness, Crisis Response – Family Focus and Coordinating Committee providing information, resources and strategies to help families find and retain stable housing. DCF assists with policy implementation and program planning that adhere to legislative priorities. Along with the advocacy and sustainability work, DCF is a member of the *Governor's Task Force on Housing and Supports for Vulnerable Populations* which is embarking on a mission to create system change through the analysis of 500 frequently encountered families across agencies. Additionally, DCF has been a long-standing member for over 15 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These monthly housing partnership meetings continue to occur virtually as a result of the COVID-19 pandemic.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider the Connection Inc., has joined over a dozen housing authorities in applying for Family Unification Program Vouchers (FUP). Memorandum of Understanding agreements solidifying this partnership of service, communication, and voucher subsidies have been established to serve the housing needs of DCF's most vulnerable families. This year DCF received 134 HUD's FUP vouchers. This award was announced in April 2020 and includes the continued partnership with Connecticut's Department of Housing and new partnerships with the City of Waterbury and town of West Haven. During this upcoming year, the Department will continue to focus on transitioning youth for success and incorporating specific strategies to reduce the number of youth aging out of foster care to homelessness.

The CT Behavioral Health Partnership (CT BHP)

The CT BHP is an integrated 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 provides coordinated behavioral health services and supports to children, adults and families enrolled in HUSKY Health benefits and DCF Limited Benefit programs. The State Agencies jointly contract with and manage Beacon Health Options as the Administrative Service 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 increase access by members to high quality services to and improve member outcomes via a coordinated, and effective system of community based behavioral health services and support. This recovery model is also informed by people with lived experiences. 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 to integrate the behavioral health delivery system with the medical community and thereby improving care coordination,
- Improve network access and quality,
- Recruit and retain traditional and non-traditional providers.

Within Medicaid, total youth membership ages 0-17 have remained stable. Adults with children have also remained stable. Within the youth membership, gender demographics have continued to show there is slightly more males than females. When looking at race and ethnicity, the number of those identifying as "unknown" has continued to increase. Medicaid eligibility is managed through ImpaCT system and race/ethnicity is not required through this application process. The continued increase in the "unknown" category minimizes researching outcomes that may be indicative of health disparities in the Connecticut Medicaid population. After unknown, the next largest category is Hispanic (23.5%), White (22.4%), Black (13.4%), other (2.7%), and Asian (2.5%). In CY 2018,

CT Medicaid youth population ages 0-17 (173,211) consisted of 29% of youth who identified as Hispanic. With the ability to opt out, it is hypothesized that this is occurring because of fear of how this information will be utilized or participants don't see themselves represented in the options identified.

To increase throughput within the behavioral health system from the Emergency Department (ED) to inpatient and PRTF (Psychiatric Residential Treatment Facility) remain a core objective of the Partnership. Monitoring and coordination of youth in the ED include use of in network out of state inpatient hospitals as well. Concurrent and alternate discharge planning occur for those youth who demonstrate stabilization while awaiting inpatient admission. There has also been the creation of a new inpatient by-pass program with a case mix adjustment which will be used as an incentive for inpatient units to accept admission of a more complex youth who may require a longer inpatient admission.

Discharge volume of inpatient psychiatric hospitals (excluding the state facility) has shown a decrease in discharge. The average length of stay increased to 13 days. There were longer lengths of stay noted for males and despite the slight decrease in the average length of stay for 13-17 years old, 3-12 years old have longer inpatient stays. The increase in acuity and complexity of behavioral issues is what is accounting for the pattern seen and is consistent with national trends. There has also been a decrease in PRTF beds for 3-12 years old equating to the longer wait times.

With the funding from the Autism Spectrum Disorder Advisory Council, an Intensive Response Team (IRT) was created to assist with discharge planning for individuals with Autism Spectrum Disorder, Developmental Disabilities and Intellectual Disability diagnoses who are in the ED with barriers that hinder discharge. The collaboration and better coordination across systems result in more of these youth discharging from the ED through connection to a broader array of community services.

ACCESS MENTAL HEALTH

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

From July 1, 2019 to March 31, 2020, utilization was as follows:

- Total youth served: 1,096 youth
    - Male: 52% (571 out of 1,096 youth)
    - Female: 48% (525 out of 1,096 youth)
- DCF Involved: 8% (92 out of 1,096 youth)
- Total Consultations: 4,751
- Direct PCP Contact: 39% (1,835 out of 4,751 consultations)
- There were 1,219 initial PCP consultations 66% (1,219 out of 1,835 consultations)
    - 1,202 were answered within the 30-minute target or 98.61% (1,202 out of 1,219 consultations)
- Care Coordination and Family Support: 59% (2,821 out of 4,751 consultations)
- PCP Satisfaction: 4.99 out of 5

Transitioning to DMHAS and DDS

DCF continues its collaborative partnerships to assist youth eligible and accepted for long term supports through the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Services (DMHAS) from the Department of Children and Families (DCF) on or around a youth's 18th birthday. In preparation for the transition of an eligible youth, DCF makes purposeful decisions regarding the youth's transition plan to include applying for Social Security Income (SSI) as well as federal reimbursement through IV–E claiming. As part of this decision-making process, DCF provides factual, clear and concise information while coordinating the process between the state agencies. This coordination is critical to the success of transitioning youth and ensures ongoing success as youth age out of their DCF placement and into the adult, long-term care support system. As described, this collaboration is available to all youth exiting care who are looking for a multi-system approach to their success. Connecticut has a plethora of services delivered through state agencies who are ready to help residents get on their feet and stay on their feet. An important part of coordination engaged is having a working knowledge of the state's Child Prevention System in order to connect families and youth who may need support and are open to short and/or long-term support. Connecticut thinks holistically in terms of family and youth, and as agencies work collaboratively to engage services and supports, the delivery of service systems build and strengthens the family/youth and family/youth network to be successful beyond what any one state agency can accomplish independently.

2. Assessment of Performance

At any point in time, DCF serves approximately 36,000 children and 15,000 families across its programs and service array. There are 2,550 investigations and 1,850 family assessments underway on any given day. Last year, the DCF Careline received 98,634 calls, 67,518 were reports of child abuse or neglect, and 29,127 were accepted and assigned to either an investigation or family assessment response track. The implementation of an online reporting pilot program by specific reporter types had a significant impact on the total calls to the Careline and allowed the Department to increase efficiency in the processing of referrals.

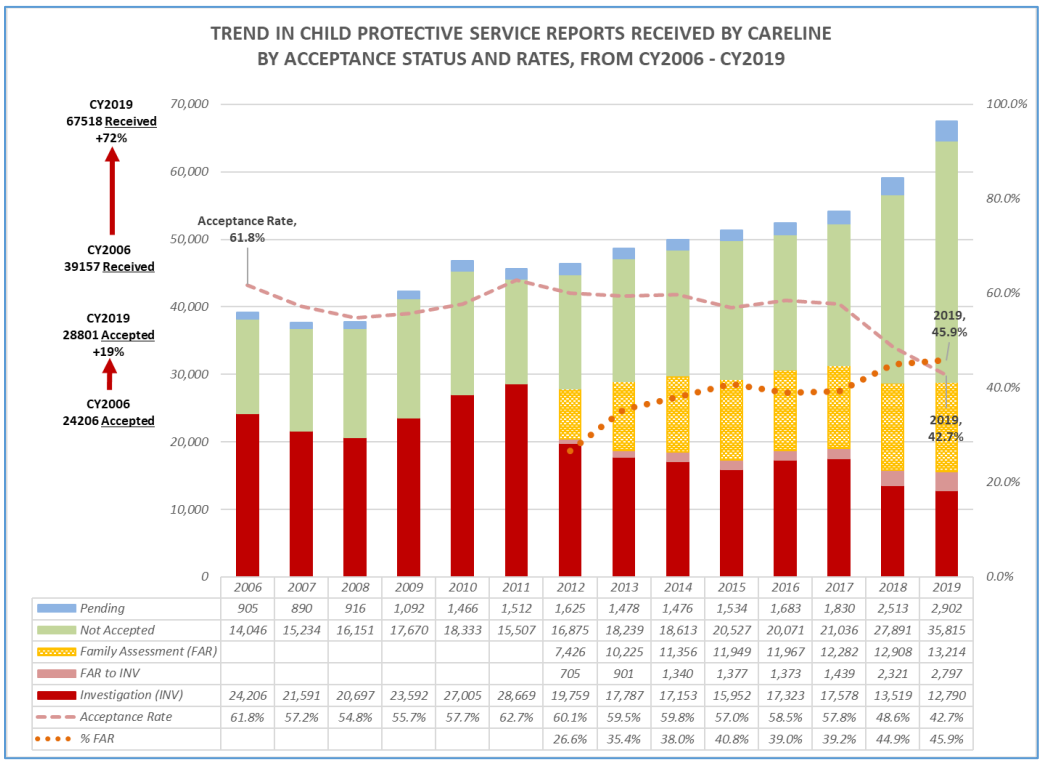
Many of the reports that are accepted by the Department include presenting problems such as complex mental health issues, substance use and/or abuse, intimate partner/domestic violence (IPV/DV) and housing insecurity. Generally, 53% of accepted reports include indication of mental health issues, 36% present with substance abuse indication, and 13% with housing/homelessness issues.

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 (+72% since Calendar Year 2006), although there have been significant changes in how we respond to those reports. In 2019, CT DCF also saw a significant increase in referrals of abuse and neglect, with nearly 8400 more submitted than the prior year. Referrals have continued to trend upward over the last 3 years, with a total of 13,500 more during that time (+25%). In the prior three-year period, DCF maintained a level of stability in the number of reports received, with an increase of only 5%. The agency attributes some of the increase in volume of reports for Calendar Years 2018 and 2019 to high-profile cases of failure to report in CT, resulting in criminal charges for those involved. These cases involved school personnel, which are the largest single category of reporters to the Department (37% of all reports in CY 2019).

Updates to DCF's Structured Decision-Making (SDM) Careline Assessment Tool, and associated training and Quality Assurance (QA) efforts, resulted in continued decline in CT's acceptance rate in CY19 (42.7%) 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 49% in CY19. Also, our

substantiation rate has seen steady increases from 27.4% in CY 2014, to 37.4% in CY2019, but the Department has held our rates of cases transferred for post-investigation services to 15.5% in CY 2014 to 15.4% in CY 2019.

The following chart reflects the calls received by Careline dating back to 2006 and includes acceptance rate and track designation through CY 2019.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Pending	905	890	916	1,092	1,466	1,512	1,625	1,478	1,476	1,534	1,683	1,830	2,513	2,902
Not Accepted	14,046	15,234	16,151	17,670	18,333	15,507	16,875	18,239	18,613	20,527	20,071	21,036	27,891	35,815
Family Assessment (FAR)							7,426	10,225	11,356	11,949	11,967	12,282	12,908	13,214
FAR to INV							705	901	1,340	1,377	1,373	1,439	2,321	2,797
Investigation (INV)	24,206	21,591	20,697	23,592	27,005	28,669	19,759	17,787	17,153	15,952	17,323	17,578	13,519	12,790
Acceptance Rate	61.8%	57.2%	54.8%	55.7%	57.7%	62.7%	60.1%	59.5%	59.8%	57.0%	58.5%	57.8%	48.6%	42.7%
% FAR							26.6%	35.4%	38.0%	40.8%	39.0%	39.2%	44.9%	45.9%

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

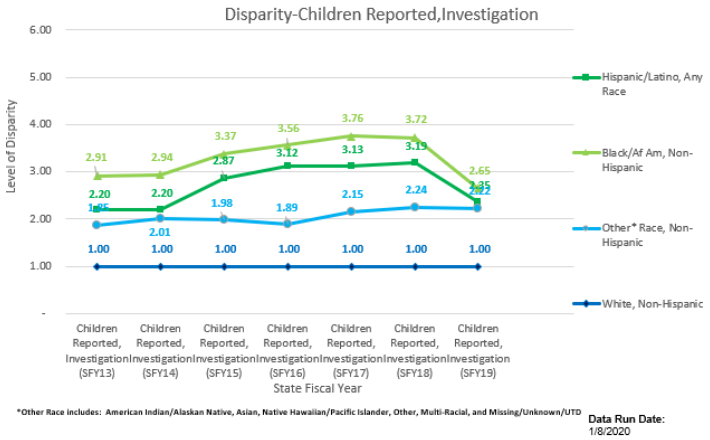
Despite a significant increase in call volume, the acceptance rate declined in 2018 and the percentage of reports desigated as FAR increased for the same time period.

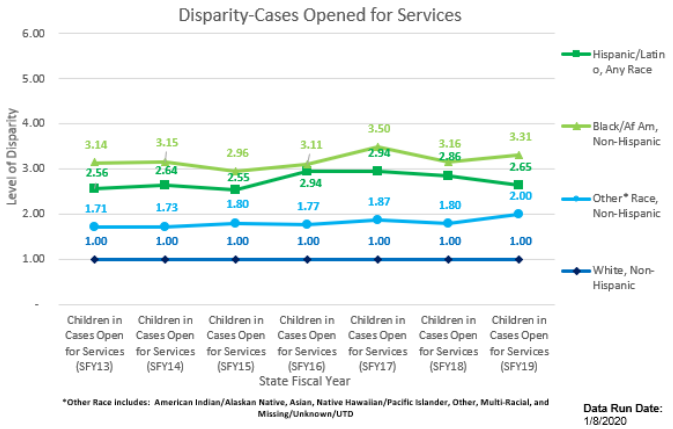
It is also important to note that children of color continue to be disproportionately over-represented in accepted DCF reports. In State Fiscal Year 2019, African American children were 3.5 times as likely as White children to be alleged victims in a report accepted for an Investigation response, and 2.6 times as likely for a FAR response. For the same period, Hispanic children were 2.9 times as likely for Investigation responses, and 2.4 times as likely for a FAR response.

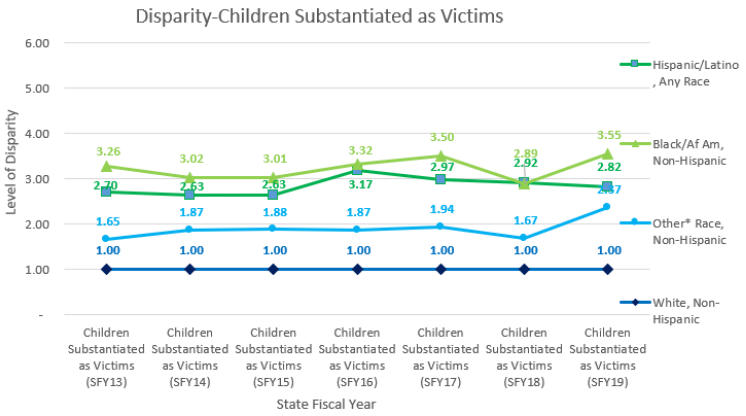
		Disparity Index		
STATEWIDE	Race/Ethnicity			
CW Pathway Steps	Hispanic/Latino, Any Race	Non-Hispanic, Black/Af Am Only	Non-Hispanic, Other* Race Only	Non-Hispanic, White Only
Total Child Population (2010 US Census)				
Children Reported, FAR (SFY19)	2.4	2.6	2.2	1.0
Children Reported, Investigation (SFY19)	2.9	3.5	2.5	1.0
Children Substantiated as Victims (SFY19)	2.8	3.5	2.4	1.0
Children in Cases Opened for Services (SFY19)	2.6	3.3	2.0	1.0
Children Entering DCF Care (SFY19)	3.0	4.3	2.2	1.0
Children In DCF Care (SFY19)	3.0	3.7	2.1	1.0
Children in Congregate Care (SFY19)	3.1	3.3	1.9	1.0

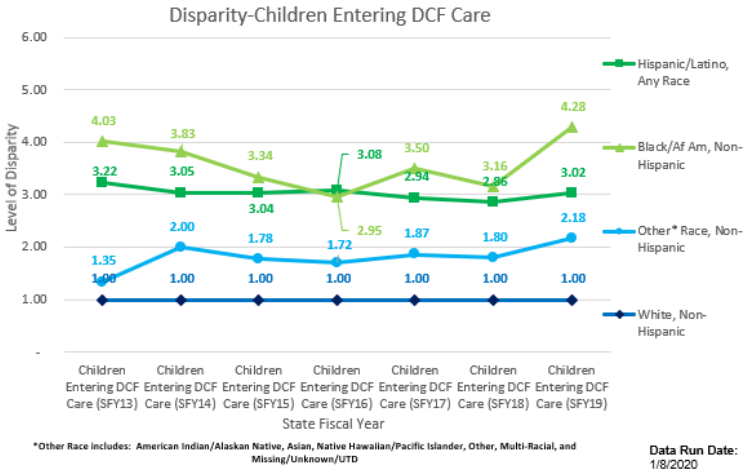
Trend data from SFY 2013 -SFY 2019, indicates that there has been uneven improvement in disparity rates. While some progress has been observed (i.e., Investigations + In Congregate Care), when it has occurred, it has been more often for Hispanic children, and less so for African American/Black and Multiracial/Other children (i.e., Substantiation, Opened for Services + Entering DCF Care). These data evidence that additional vigilance and efforts are necessary to lastingly reduce disparities for all children

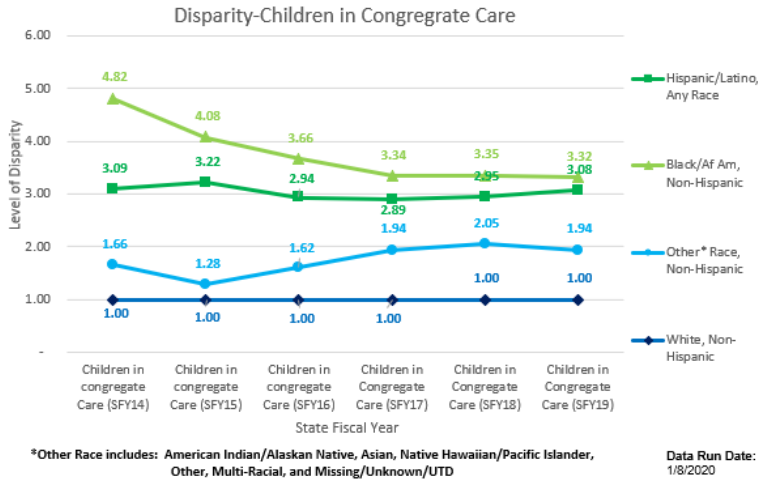
of color and their families. Relatedly, the impacts of COVID-19, especially with its disproportionate and disparate health and economic impacts on families of color, including families who are undocumented, will require further analysis within a racial justice lens.





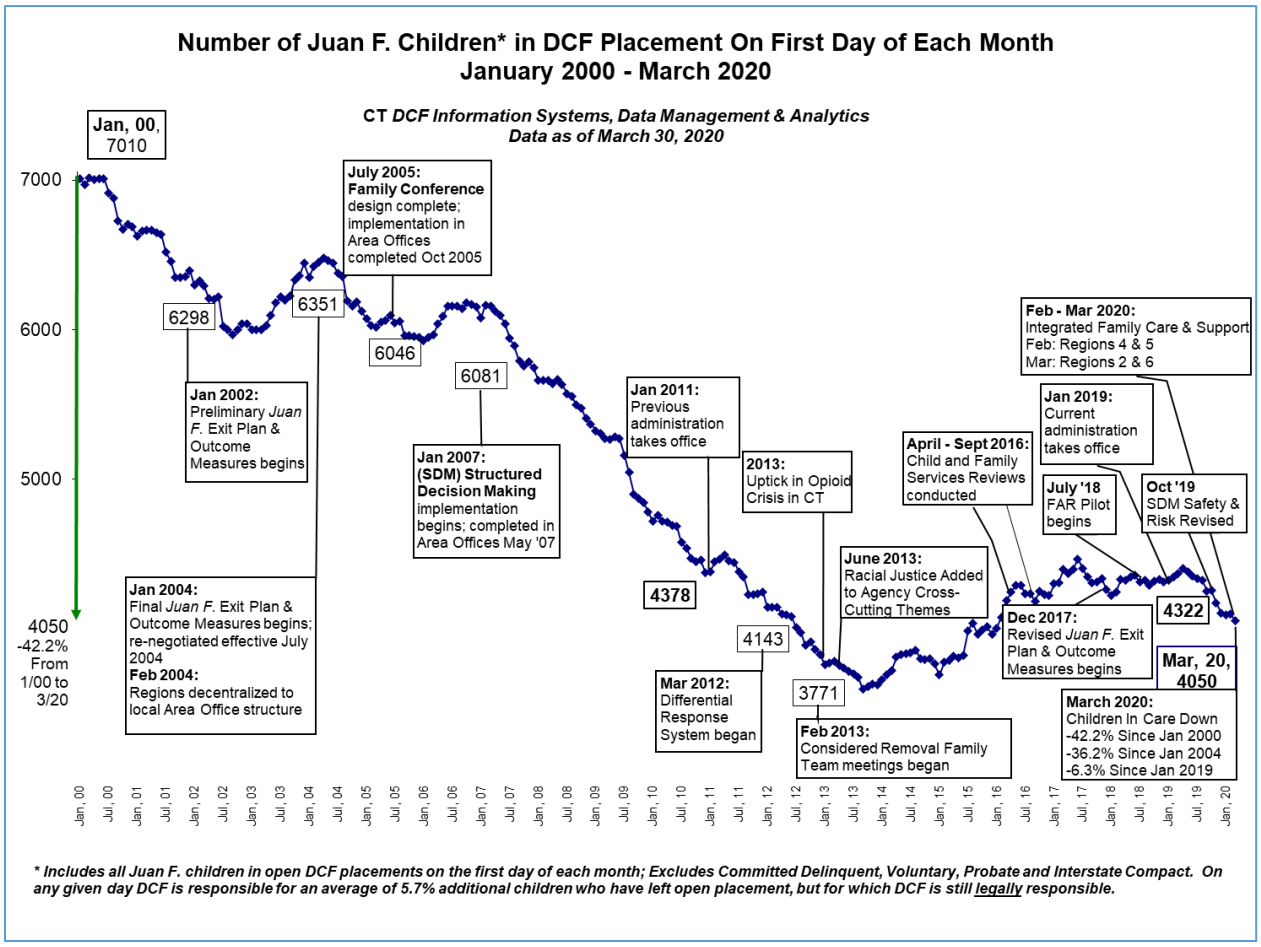






The chart below shows the trend in the number of children in DCF care on the first day of each month and is annotated with various sentinel events and practice/policy changes that may have had an impact on this population. Following a long period of decreasing volume of children in care, our numbers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

As can be seen in the annotations, the department continues to make advances in case practice, continuing quality improvement efforts, increasing effective cross-system collaborations and enhancing the depth and breadth of our service array to better serve the CT population. Further information can be found in this report to help illustrate these efforts.



The CFSR Round 3 Data Profile (updated version from February 2020) provided data on all of the seven national indicators. Risk-standardized results for Permanency in 12 Months for Children In Care >=24 Months and Re-entry to Foster Care show that CT is within the margin of error for achieving the national standard for the last two reporting periods available. Performance for Placement Stability indicated that CT was statistically better than national performance for 18B19A, but within the margin of error matching national performance for 19A19B (the most recent period available).

CT was also within the margin of error for achieving national performance for Maltreatment in Care for two of the most recent three periods (FFY15 - FFY16) but was below that level for the most recent period (FFY17) available. CT

has yet to show achievement on any of the remaining three measures that matches or exceeds national performance, though we did demonstrate improved performance on Recurrence of Maltreatment during the latest available period compared to the previous period. Achievement of Permanency in 12 Months from Entry remains our most significant challenge, with a gap of about 14% between current and expected performance.

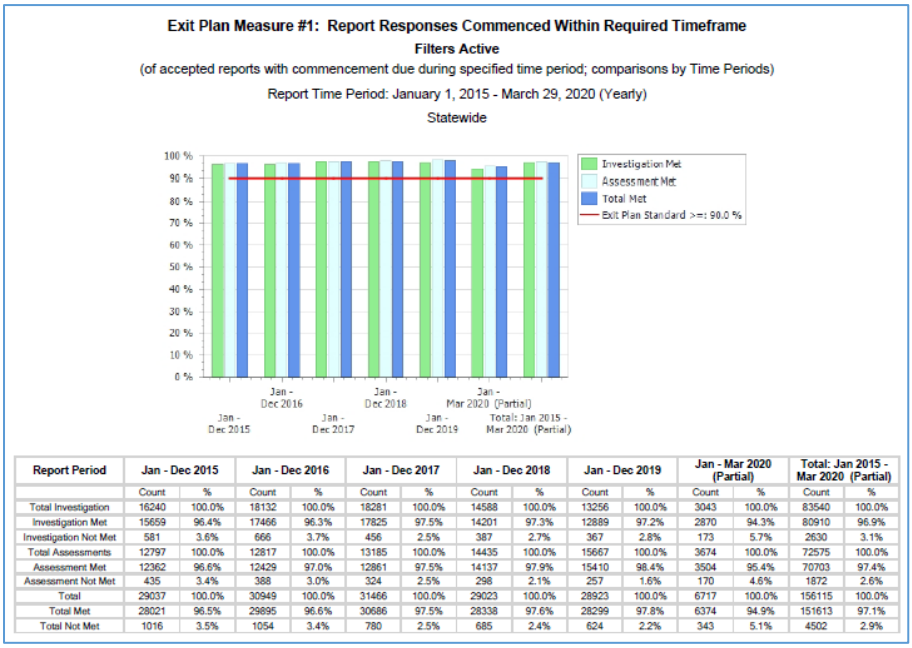
The automated Results-Oriented Management (ROM) system is what Connecticut utilizes to manage important aspects of child welfare practice and monitor the effects of systems/practice changes on agency performance over time. This system contains reports for these indicators built to federal specifications, but instead of being based on static submissions to AFCARS and NCANDS they are based on SACWIS (LINK) data updated daily. The results for the measures based on these reports are as follows:

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

The ROM results for Recurrence of Maltreatment, Maltreatment in Foster Care, Placement Stability and Permanency in 12 Months for Children in Care 12 - 23 Months 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 three 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. It is also important to note that we observe continued improvement in performance on the related Permanency in 12 Months and Re-Entry to Foster Care measures.

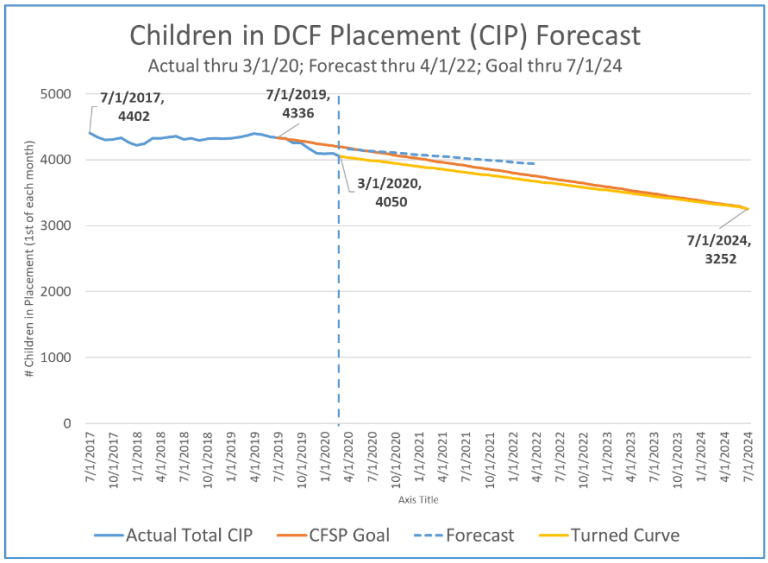
The below sets forth the Department's current performance on Safety, Permanency and Well-Being Items:

- Item 1
  - CFSR Result: n=41, 59% Strength, 41% ANI
  - PIP Status (Reporting Period 3): n=33, 64% Strength, 36% ANI; PIP Performance Goal not yet met
  - ROM EP#1 – CY15 – CY19: The following chart shows that our standard has been met, with improvement over one percentage point since CY15.



Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Mar 2020 (Partial)		Total: Jan 2015 - Mar 2020 (Partial)	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total Investigation	16240	100.0%	18132	100.0%	18281	100.0%	14588	100.0%	13256	100.0%	3043	100.0%	83540	100.0%
Investigation Met	15659	96.4%	17466	96.3%	17825	97.5%	14201	97.3%	12889	97.2%	2870	94.3%	80910	96.9%
Investigation Not Met	581	3.6%	666	3.7%	456	2.5%	387	2.7%	367	2.8%	173	5.7%	2630	3.1%
Total Assessments	12797	100.0%	12817	100.0%	13185	100.0%	14435	100.0%	15667	100.0%	3674	100.0%	72575	100.0%
Assessment Met	12362	96.6%	12429	97.0%	12861	97.5%	14137	97.9%	15410	98.4%	3504	95.4%	70703	97.4%
Assessment Not Met	435	3.4%	388	3.0%	324	2.5%	298	2.1%	257	1.6%	170	4.6%	1872	2.6%
Total	29037	100.0%	30949	100.0%	31466	100.0%	29023	100.0%	28923	100.0%	6717	100.0%	156115	100.0%
Total Met	28021	96.5%	29895	96.6%	30686	97.5%	28338	97.6%	28299	97.8%	6374	94.9%	151613	97.1%
Total Not Met	1016	3.5%	1054	3.4%	780	2.5%	685	2.4%	624	2.2%	343	5.1%	4502	2.9%

- Item 2
  - CFSP Objective:
    - # of children in foster care will be reduced by 25% through continued implementation of CR-CFTM meetings: The following chart shows a 6.6% decrease in the total number of children in DCF placement since the beginning of our CFSP on 7/1/19 as of 3/1/20



- CFSR Result: n=21, 57% Strength, 43% ANI
- PIP Status (Reporting Period 3): n=7, 57% Strength, 42% ANI; PIP Performance Goal achieved RP1
- CFSR National Data Indicator Results: *Re-entry to Foster Care in 12 Months* - the national standard for this measure is <=8.3%, and CT performance for FFY 2017 meets that expectation at 7.8%. Infants (15.6%) were the only age group that did not meet the standard. Performance for Black/African Americans and Hispanics (~6%) is better than that for White children (9.5%).

Observed performance on permanency indicators
Re-entry to foster care in 12 months

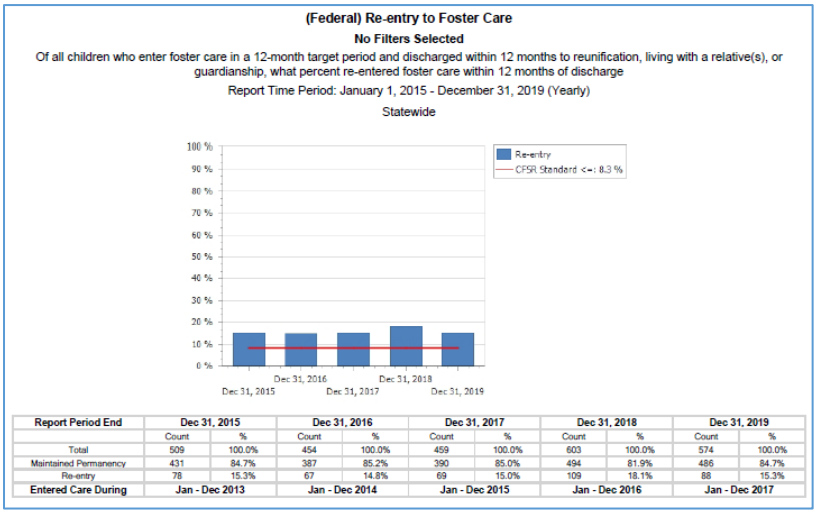
	Denominator			Numerator			Percentage		
	15A15B	16A16B	17A17B	15A15B	16A16B	17A17B	15A15B	16A16B	17A17B
Age at entry (prior episode)									
Total	**0**	**0**	**424**	**0**	**0**	**33**			**7.8%**
0 - 3 mos	0	0	64	0	0	10			15.6%
4 - 11 mos	0	0	16	0	0	1			6.2%
1 - 5 yrs	0	0	159	0	0	9			5.7%
6 - 10 yrs	0	0	96	0	0	6			6.2%
11 - 16 yrs	0	0	88	0	0	7			8.0%
17 yrs	0	0	1	0	0	0			0.0%
Race/Ethnicity									
Black or African American	0	0	90	0	0	5			5.6%
Hispanic (of any race)	0	0	162	0	0	10			6.2%
White	0	0	137	0	0	13			9.5%
Unknown/Unable to Determine	0	0	4	0	0	2			50.0%
Two or More	0	0	31	0	0	3			9.7%
County									
Fairfield County	0	0	47	0	0	1			2.1%
Hartford County	0	0	87	0	0	11			12.6%
Litchfield County	0	0	9	0	0	0			0.0%
Middlesex County	0	0	21	0	0	1			4.8%
New Haven County	0	0	131	0	0	8			6.1%
New London County	0	0	38	0	0	6			15.8%
Tolland County	0	0	35	0	0	1			2.9%
Windham County	0	0	56	0	0	5			8.9%

Note 1: Age, race/ethnicity, and county totals may not exactly match due to missing data.

Note 2: Counties with no placements in any of the qualifying years will not appear in the county table.

Note 3: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

- ROM Federal Re-Entry to FC – CY15 – CY19: The following chart shows that the standard was not met but improved in 2019 compared to the previous year.



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total	509	100.0%	454	100.0%	459	100.0%	603	100.0%	574	100.0%
Maintained Permanency	431	84.7%	387	85.2%	390	85.0%	494	81.9%	486	84.7%
Re-entry	78	15.3%	67	14.8%	69	15.0%	109	18.1%	88	15.3%
Entered Care During	Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017	

- CFSR National Data Indicator Results: *Recurrence of Maltreatment* - the national standard for this measure is <=9.1%, and CT performance for FFY 2017 is 10.1%. Infants (8.8%) and 17-year-olds

were the only age groups that met the standard. Performance for Black/African Americans (9%) and Hispanics (9.7%) are better than that for White children (10.9%).

Observed performance on safety indicators Recurrence of maltreatment									
	Denominator			Numerator			Percentage		
	FY 15	FY 16	FY 17	FY 15	FY 16	FY 17	FY 15	FY 16	FY 17
Age at initial victimization									
Total	**6,983**	**7,815**	**8,384**	**669**	**827**	**844**	**9.6%**	**10.6%**	**10.1%**
0 - 3 mos	542	620	669	52	47	59	9.6%	7.6%	8.8%
4 - 11 mos	349	459	395	37	51	44	10.6%	11.1%	11.1%
1 - 5 yrs	2,127	2,387	2,549	235	283	246	11.0%	11.9%	9.7%
6 - 10 yrs	1,862	2,084	2,186	176	238	235	9.5%	11.4%	10.8%
11 - 16 yrs	1,942	2,053	2,352	162	198	251	8.3%	9.6%	10.7%
17 yrs	161	212	233	7	10	9	4.3%	4.7%	3.9%
Race/Ethnicity									
American Indian/Alaskan Native	9	8	12	2	4	3	22.2%	50.0%	25.0%
Asian	59	44	59	5	1	6	8.5%	2.3%	10.2%
Black or African American	1,467	1,654	1,963	133	173	176	9.1%	10.5%	9.0%
Native Hawaiian/Other Pacific Islander	7	2	8	2	0	1	28.6%	0.0%	12.5%
Hispanic (of any race)	2,311	2,781	2,689	221	285	260	9.6%	10.2%	9.7%
White	2,536	2,660	2,915	245	301	317	9.7%	11.3%	10.9%
Two or More	379	452	482	46	46	61	12.1%	10.2%	12.7%
County									
Fairfield County	1,428	1,485	1,709	118	141	164	8.3%	9.5%	9.6%
Hartford County	1,433	1,676	1,496	95	158	124	6.6%	9.4%	8.3%
Litchfield County	158	189	270	13	29	37	8.2%	15.3%	13.7%
Middlesex County	330	270	386	40	20	27	12.1%	7.4%	7.0%
New Haven County	1,974	2,424	2,601	225	297	290	11.4%	12.3%	11.1%
New London County	703	793	851	92	86	87	13.1%	10.8%	10.2%
Tolland County	514	524	535	33	51	63	6.4%	9.7%	11.8%
Windham County	434	453	535	52	45	52	12.0%	9.9%	9.7%
County of report missing	9	1	1	1	0	0	11.1%	0.0%	0.0%
Note 1: Age, race/ethnicity, and county totals may not exactly match due to missing data.									
Note 2: Counties with no reports in any of the qualifying years will not appear in the county table.									
Note 3: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.									

- ROM Federal Recurrence of Maltreatment – CY15 – CY19: The following chart shows an improving trend and that the standard was met for CY 2019.

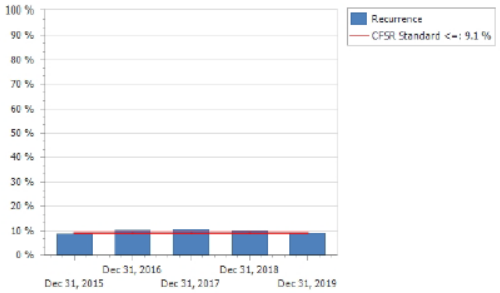
(Federal) Recurrence of Maltreatment

No Filters Selected

Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month target period, what percent were victims of another substantiated or indicated maltreatment allegation within 12 months of their initial report?

Report Time Period: January 1, 2015 - December 31, 2019 (Yearly)

Statewide



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%
Safe	6641	91.3%	6487	89.7%	7237	89.5%	7539	90.1%	7352	91.0%
Recurrence	629	8.7%	744	10.3%	853	10.5%	826	9.9%	731	9.0%
Total Child Victims	7270	100.0%	7231	100.0%	8090	100.0%	8365	100.0%	8083	100.0%
Initial maltreatment during	**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**		**Jan - Dec 2018**	

- CFSR National Data Indicator Results: *Recurrence of Maltreatment* - the national standard for this measure is <=8.5%, and CT performance for FFY 2017 is 9.1%. Performance for children between ages 6 and 16 did not meet the standard but did so for other groups. Performance for Black/African Americans (11.3%) and Hispanics (9%) also did not meet the standard but did for White children (7.2%).

Observed performance on safety indicators
Maltreatment in care

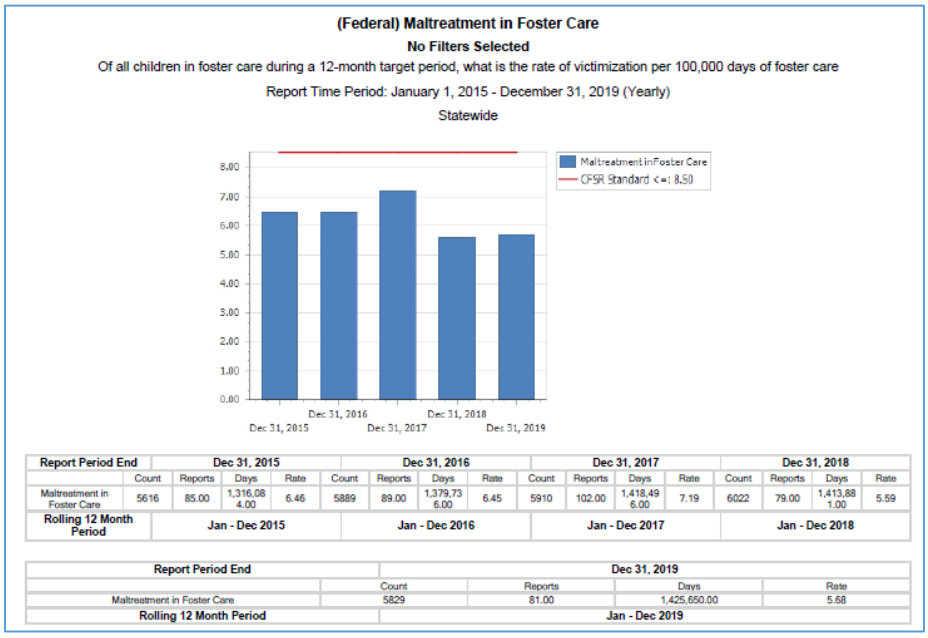
	Denominator			Numerator			Victimization/100,000 days		
	FY 15	FY 16	FY 17	FY 15	FY 16	FY 17	FY 15	FY 16	FY 17
Age at entry or on 1st day									
Total	**1,202,313**	**1,256,725**	**1,290,955**	**101**	**93**	**118**	**8.4**	**7.4**	**9.1**
0 - 3 mos	59,078	74,995	78,887	1	3	4	1.7	4	5.1
4 - 11 mos	64,887	82,715	81,790	3	1	6	4.6	1.2	7.3
1 - 5 yrs	370,709	388,787	422,352	24	23	21	6.5	5.9	5
6 - 10 yrs	205,390	237,166	258,297	24	30	24	11.7	12.6	9.3
11 - 16 yrs	431,358	404,822	394,436	44	28	60	10.2	6.9	15.2
17 yrs	70,891	68,240	55,193	5	8	3	7.1	11.7	5.4
Race/Ethnicity									
American Indian/Alaskan Native	2,698	2,712	942	1	0	0	37.1	0	0
Asian	4,150	4,520	3,538	0	0	0	0	0	0
Black or African American	281,685	267,008	274,684	25	30	31	8.9	11.2	11.3
Native Hawaiian/Other Pacific Islander	365	329	0	0	0	0	0	0	0
Hispanic (of any race)	426,865	463,808	475,757	36	35	43	8.4	7.5	9
White	390,976	409,848	429,643	26	25	31	6.7	6.1	7.2
Unknown/Unable to Determine	17,872	17,066	16,871	3	2	2	16.8	11.7	11.9
Two or More	77,702	91,434	89,520	10	1	11	12.9	1.1	12.3
County									
Fairfield County	175,309	202,181	146,082	18	25	21	10.3	12.4	14.4
Hartford County	289,589	275,695	300,269	27	27	32	9.3	9.8	10.7
Litchfield County	42,312	42,994	48,257	4	0	8	9.5	0	16.6
Middlesex County	35,086	35,378	40,678	1	2	0	2.9	5.7	0
New Haven County	347,391	366,481	410,050	31	24	32	8.9	6.5	7.8
New London County	135,168	139,781	143,163	8	7	6	5.9	5	4.2
Tolland County	89,559	90,853	104,566	7	4	13	7.8	4.4	12.4
Windham County	87,899	103,362	97,890	5	4	6	5.7	3.9	6.1

Note 1: Age, race/ethnicity, and county totals may not exactly match due to missing data.

Note 2: Counties with no placements in any of the qualifying years will not appear in the county table.

Note 3: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

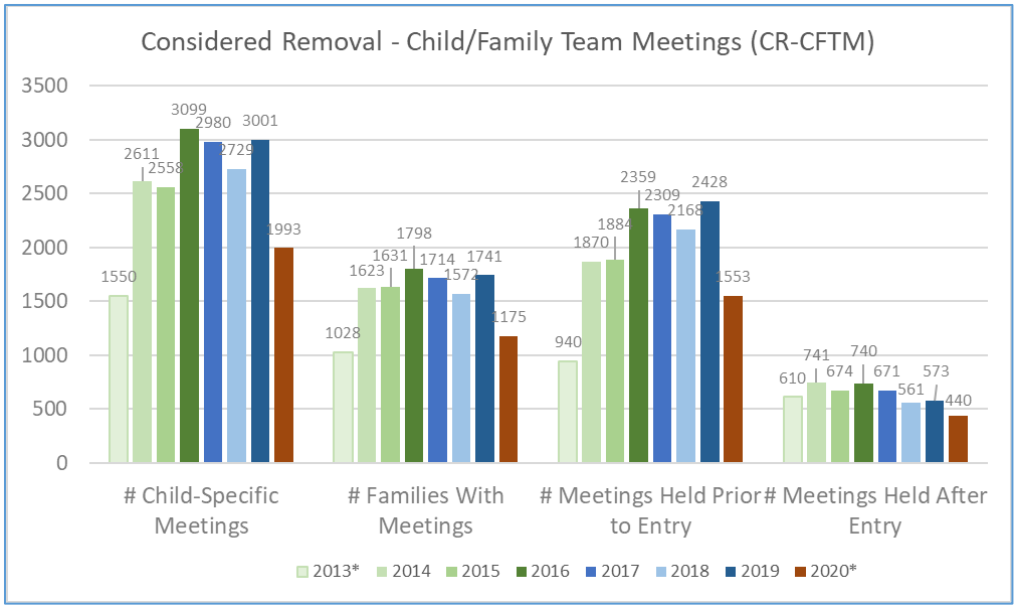
- ROM Federal Maltreatment in Foster Care – CY15 – CY19: The following chart shows that the standard continues to be met, and barely changed between CY 2018 and CY 2019.



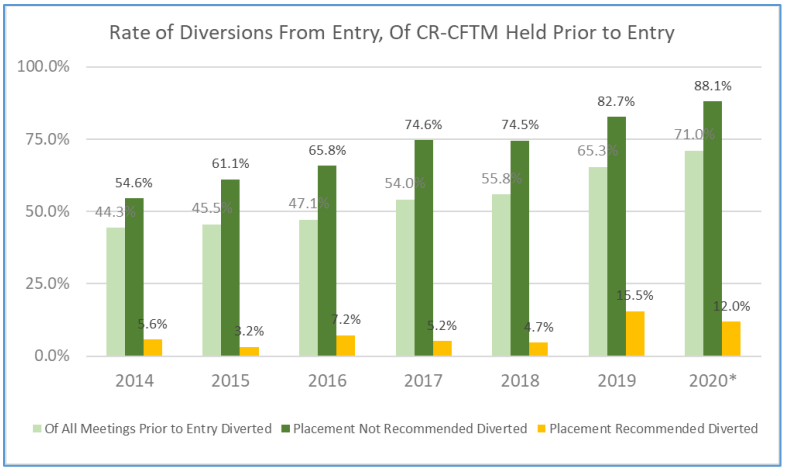
Report Period End	Dec 31, 2015				Dec 31, 2016				Dec 31, 2017				Dec 31, 2018			
	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate
Maltreatment in Foster Care	5616	85.00	1,316,084.00	6.46	5889	89.00	1,379,736.00	6.45	5910	102.00	1,418,496.00	7.19	6022	79.00	1,413,881.00	5.59
Rolling 12 Month Period	Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017				Jan - Dec 2018			

Report Period End	Dec 31, 2019			
	Count	Reports	Days	Rate
Maltreatment in Foster Care	5829	81.00	1,425,650.00	5.68
Rolling 12 Month Period	Jan - Dec 2019			

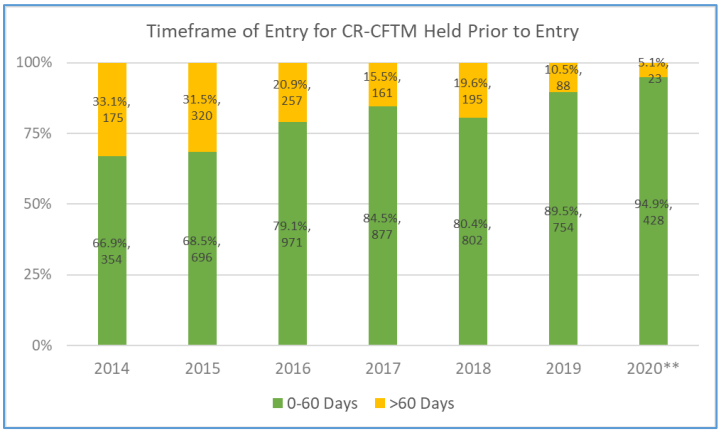
- CR-CFTM Data – SFY 2014 – 3Q20 (*2020 data is partial as of 3/27/20)
  - # Child Specific Team Meetings: 10% increase in SFY 2019 compared to SFY 2018
  - #/% Meetings Held Prior: Volume and proportion increased in SFY 2019, at 1.5 percentage points higher than SFY 2018



- #/% Children diverted from entering care: 9.5 percentage point increase in SFY 2019 in proportion of meetings held resulting in diversion from foster care compared to SFY 2018, and preliminary results for SFY 2019 so far show even higher rates of diversion



- #/% Children who Entered Care following CR-CFTM within 60 days: Increased from 80.4% in SFY 2018 to 89.5% in SFY 2019



- **Item 3**

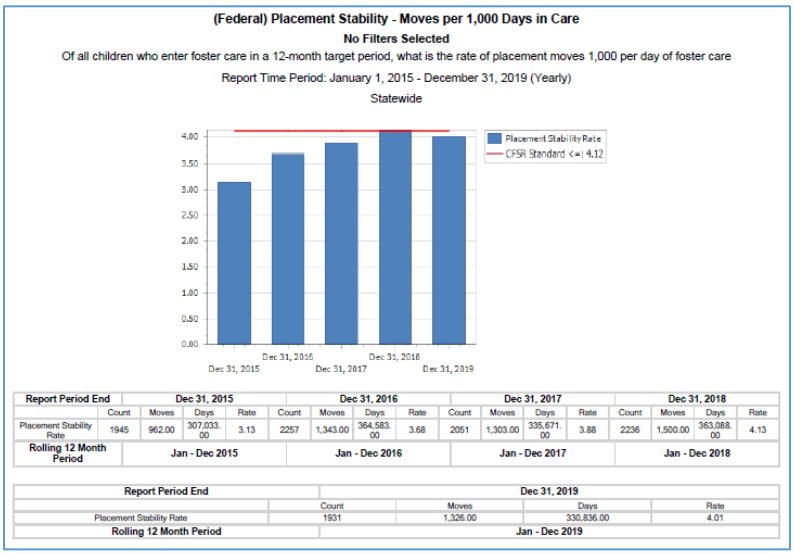
- CFSR Result: n=82, 51% Strength, 49% ANI
- PIP Status (Reporting Period 3): n=90, 68% Strength, 32% ANI, PIP Performance Goal Achieved RP1
- ACRI Case practice elements – Strength % - CY 2015 – 1Q 2020 annual aggregation; all comparisons made between CY 2015 and CY 2019
  - Risk & Safety – Child in Placement: 2 percentage point improvement since CY 2015
  - Risk & Safety – Child in Home: 3 percentage point decrease since CY 2015

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
10	Risk & Safety - Child in Placement	92%	90%	92%	93%	94%	94%
11	Risk & Safety - Children in Home	69%	64%	67%	70%	66%	62%
*2020 is partial data as of 4/2/20							

  - Timely Accurate SDM – Parents: 1 percentage point improvement since CY 2015
  - Timely Accurate SDM – Child: 9 percentage point decrease since CY 2015

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
22	Timely Accurate SDM - Parents	77%	77%	75%	76%	78%	77%
23	Timely Accurate SDM - Child	85%	78%	74%	77%	76%	72%
*2020 is partial data as of 4/2/20							

- Item 4
  - CFSR Result: n=42, 86% Strength, 14% ANI
  - PIP Status (Reporting Period 3): n=42, 90% Strength, 10% ANI, PIP Performance Goal achieved RP3
  - ROM Federal Placement Stability - CY14 – CY18: Standard continues to be met and improved since CY 2018 so our performance for CY 2019 is below the standard line at 4.01 moves/1k days.



Report Period End	Dec 31, 2015				Dec 31, 2016				Dec 31, 2017				Dec 31, 2018			
	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate
Placement Stability Rate	1945	962.00	307,033.00	3.13	2257	1,343.00	364,583.00	3.68	2051	1,303.00	335,671.00	3.88	2236	1,500.00	363,088.00	4.13
Rolling 12 Month Period	Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017				Jan - Dec 2018			

Report Period End	Dec 31, 2019			
	Count	Moves	Days	Rate
Placement Stability Rate	1931	1,326.00	330,836.00	4.01
Rolling 12 Month Period	Jan - Dec 2019			

  - Updated National Data Profile data indicator results: please note that the calculations are now based on revised syntax, and do not include risk adjusted scores. However, results are also provided for age and race/ethnicity groups, as well as home county. Please note that small numerators in several race/ethnicity groups must be considered when evaluating how meaningful the rate is for that group.

Connecticut **February 2020**

Child and Family Service Review (CFSR 3) Data Profile Context Data

Submissions as of 3-1-20 (AFCARS) and 12-1-19 (NCANDS) Calculations based on revised syntax (Verification completed July 2019)

Observed performance on permanency indicators
Placement stability

	Denominator			Numerator			Moves/1000 days		
	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B
Age entry									
Total	**317,742**	**311,015**	**334,056**	**1,519**	**1,497**	**1,459**	**4.8**	**4.8**	**4.4**
0 - 3 mos	55,625	52,033	57,880	171	166	169	3.1	3.2	2.9
4 - 11 mos	16,923	22,119	19,677	63	73	73	3.7	3.3	3.7
1 - 5 yrs	98,876	87,409	103,369	376	388	446	3.8	4.4	4.3
6 - 10 yrs	57,510	61,211	69,688	327	309	283	5.7	5	4.1
11 - 16 yrs	80,584	80,794	76,496	526	521	431	6.5	6.4	5.6
17 yrs	8,224	7,449	6,946	56	40	57	6.8	5.4	8.2
Race/Ethnicity									
American Indian/Alaskan Native	0	1,285	0	0	5	0	0.0	3.9	0.0
Asian	1,428	438	480	7	2	1	4.9	4.6	2.1
Black or African American	57,599	67,323	84,126	353	396	347	6.1	5.9	4.1
Native Hawaiian/Other Pacific Islander	0	215	84	0	1	2	0.0	4.7	23.8
Hispanic (of any race)	117,221	106,587	105,762	550	567	472	4.7	5.3	4.5
White	120,550	106,613	116,230	507	429	515	4.2	4.0	4.4
Unknown/Unable to Determine	3,442	8,870	6,156	13	20	32	3.8	2.3	5.2
Two or More	17,502	19,684	21,218	89	77	90	5.1	3.9	4.2
County									
Fairfield County	33,175	36,944	58,322	136	156	214	4.1	4.2	3.7
Hartford County	68,566	74,922	73,182	374	451	398	5.5	6	5.4
Litchfield County	11,336	11,248	10,026	60	67	53	5.3	6	5.3
Middlesex County	11,430	12,028	9,104	47	59	24	4.1	4.9	2.6
New Haven County	99,689	90,034	96,812	434	361	385	4.4	4	4

- Item 5

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

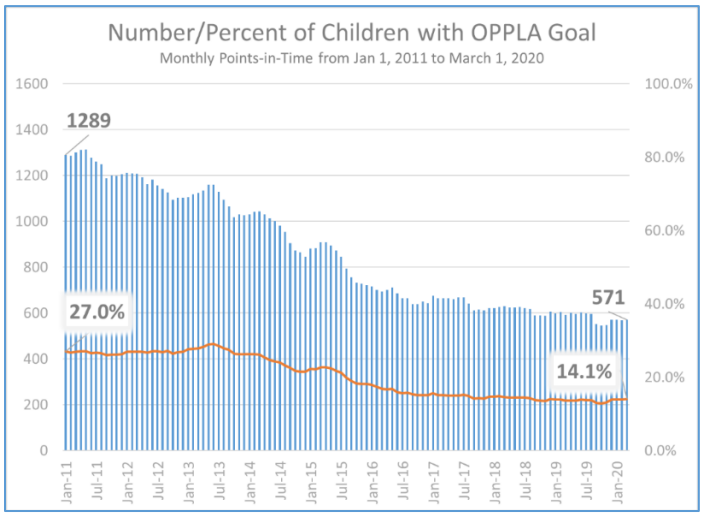
	Period of Entry to Care													
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Total Entries	3408	2853	2829	2628	2694	2297	1859	2005	1930	1990	2258	2081	2355	2102
In 1 yr	1262	1095	1098	1093	1025	707	560	535	499	427	566	542	488	
	37.0%	38.4%	38.8%	41.6%	38.0%	30.8%	30.1%	26.7%	25.9%	21.5%	25.1%	25.9%	20.7%	
In 2 yrs	1972	1675	1676	1582	1378	1052	857	841	791	754	903	790		
	57.9%	58.7%	59.2%	60.2%	51.2%	45.8%	46.1%	41.9%	41.0%	37.9%	40.0%	38.0%		
In 3 yrs	2324	1974	1943	1792	1676	1245	1035	1072	1000	972	1179			
	68.2%	69.2%	68.7%	68.2%	62.2%	54.2%	55.7%	53.5%	51.8%	48.8%	52.2%			
In 4 yrs	2500	2090	2033	1895	1780	1357	1119	1159	1111	1075				
	73.4%	73.3%	71.9%	72.1%	66.1%	59.1%	60.2%	57.8%	57.6%	54.0%				
To Date	2623	2174	2122	1953	1851	1436	1160	1213	1169	1094	1253	934	676	284
	77.0%	76.2%	75.0%	74.3%	68.7%	62.5%	62.4%	60.5%	60.6%	55.0%	55.5%	44.9%	28.7%	13.5%
Non-Permanent Exits														

	Period of Entry to Care													
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
In 1 yr	259 7.6%	263 9.2%	250 8.8%	208 7.9%	196 7.3%	138 6.0%	95 5.1%	125 6.2%	111 5.8%	95 4.8%	68 3.0%	62 25.9%	97 4.1%	
In 2 yrs	345 10.1%	318 11.1%	320 11.3%	267 10.2%	243 9.0%	188 8.2%	146 7.9%	182 9.1%	140 7.3%	124 6.2%	89 3.9%	88 4.2%		
In 3 yrs	401 11.8%	354 12.4%	363 12.8%	300 11.4%	275 10.2%	220 9.6%	190 10.2%	218 10.9%	157 8.1%	156 7.8%	112 5.0%			
In 4 yrs	449 13.2%	392 13.7%	394 13.9%	328 12.5%	309 11.5%	257 11.2%	218 11.7%	236 11.8%	176 9.1%	178 8.9%				
To Date	553 16.2%	468 16.4%	476 16.8%	408 15.5%	388 14.4%	304 13.2%	259 13.9%	280 14.0%	201 10.4%	184 9.2%	119 5.3%	101 4.9%	97 4.1%	59 2.8%

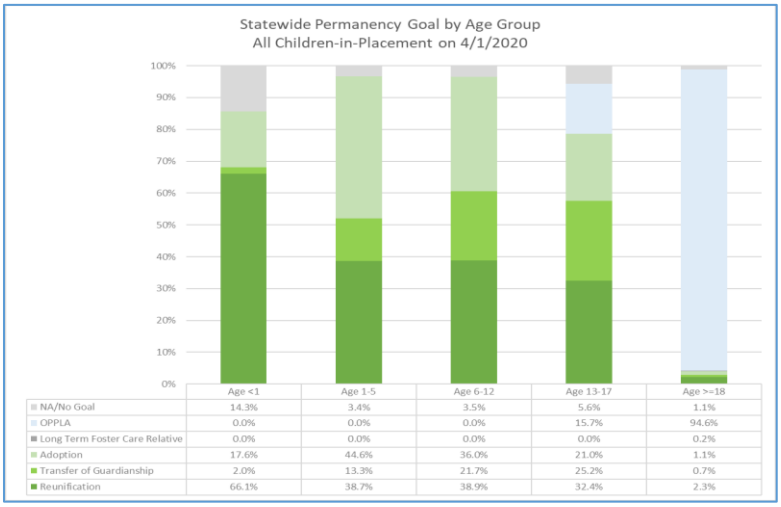
	Period of Entry to Care													
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Unknown Exits														
In 1 yr	76 2.2%	62 2.2%	60 2.1%	75 2.9%	127 4.7%	205 8.9%	133 7.2%	101 5.0%	112 5.8%	196 9.8%	250 11.1%	237 11.9%	316 13.4%	
In 2 yrs	117 3.4%	98 3.4%	91 3.2%	139 5.3%	303 11.2%	399 17.4%	254 13.7%	309 15.4%	341 17.7%	431 21.7%	499 22.1%	516 24.8%		
In 3 yrs	140 4.1%	124 4.3%	125 4.4%	192 7.3%	380 14.1%	475 20.7%	336 18.1%	396 19.8%	442 22.9%	530 26.6%	639 28.3%			
In 4 yrs	167 4.9%	156 5.5%	167 5.9%	217 8.3%	399 14.8%	499 21.7%	375 20.2%	442 22.0%	478 24.8%	572 28.7%				
To Date	225 6.6%	207 7.3%	214 7.6%	252 9.6%	438 16.3%	540 23.5%	418 22.5%	475 23.7%	497 25.8%	582 29.2%	663 29.4%	592 28.4%	468 19.9%	131 6.2%
Remain In Care														
In 1 yr	1811 53.1%	1433 50.2%	1421 50.2%	1252 47.6%	1346 50.0%	1247 54.3%	1071 57.6%	1244 62.0%	1208 62.6%	1272 63.9%	1374 60.9%	1240 59.2%	1465 62.2%	
In 2 yrs	974 28.6%	762 26.7%	742 26.2%	640 24.4%	770 28.6%	658 28.6%	602 32.4%	673 33.6%	658 34.1%	681 34.2%	767 34.0%	687 33.0%		
	543	401	398	344	363	357	298	319	331	332	328			

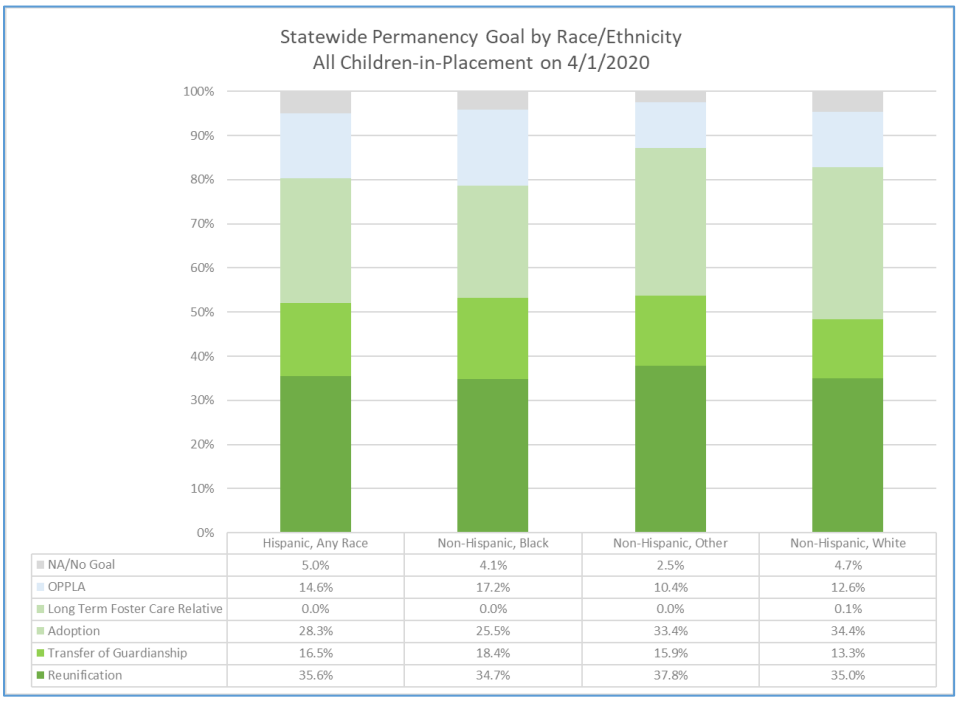
	Period of Entry to Care													
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
In 3 yrs	15.9%	14.1%	14.1%	13.1%	13.5%	15.5%	16.0%	15.9%	17.2%	16.7%	14.5%			
In 4 yrs	292 8.6%	215 7.5%	235 8.3%	188 7.2%	206 7.6%	184 8.0%	147 7.9%	168 8.4%	165 8.5%	165 8.3%				
To Date	7 0.2%	4 0.1%	17 0.6%	15 0.6%	17 0.6%	17 0.7%	22 1.2%	37 1.8%	63 3.3%	130 6.5%	223 9.9%	454 21.8%	1114 47.3%	1628 77.5%

- Trend in #/% of Children with OPPLA Goal: Continues to decline in volume and ending with 14.1% of the total population in March 2020.



- **Other Related Data**





- Judicial data re: approval of OPPLA Plans

APPLA/OPPLA Permanency Plans

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

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

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

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

(Name) _____, or

☐ Other _____

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

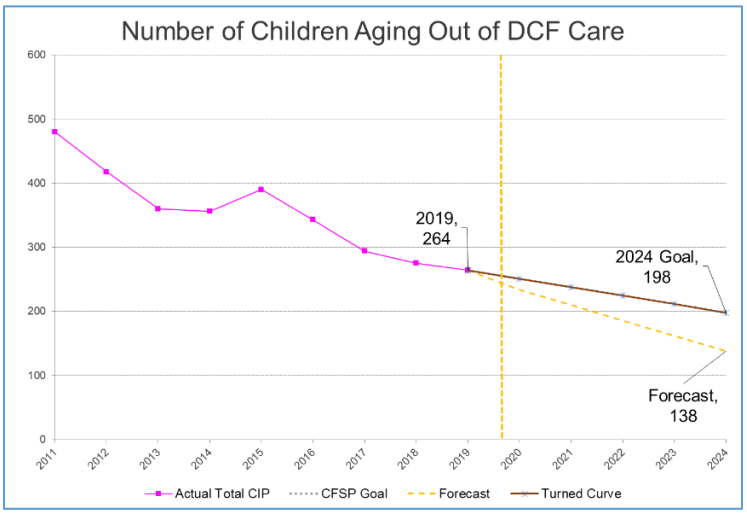
Cohort: Permanency Plans that were approved during FY19

APPLA/OPPLA Plans for FY19	
Total Number Of Permanency Plans Approved	4172
Number of APPLA/OPPLA Plans Approved	434
Number of ILP Approved	273
Number of Long Term Foster Care Approved	101
Number of Other Approved	60

- CFSR Result: n=41, 78% Strength, 22% ANI
- PIP Status (Reporting Period 3): 79% Strength, 21% ANI; PIP Performance Goal Achieved RP2

- **Item 6**

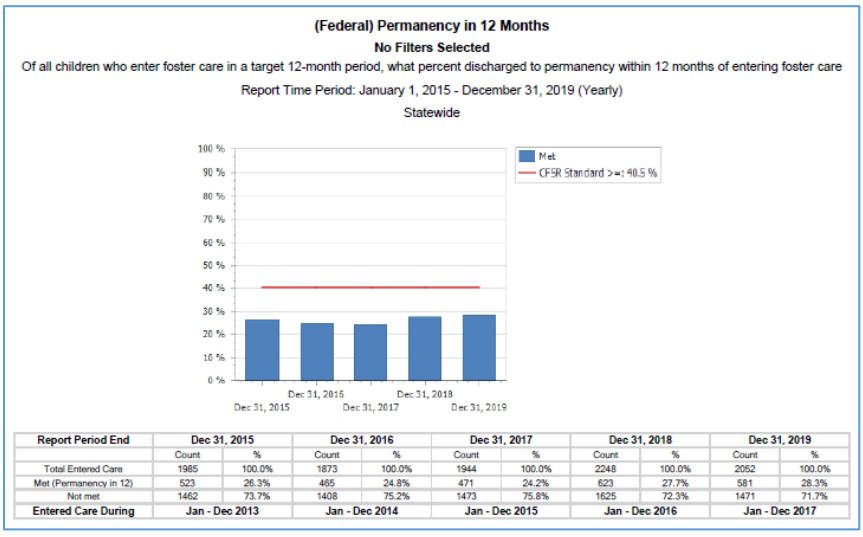
- CFSP Objective
  - Number of youth aging out of care without legal or relational permanency will be reduced by 25%.



- CFSR Result: n=42, 31% Strength, 69% ANI
- PIP Status (Reporting Period 3): n=42, 26% Strength, 74% ANI; PIP Performance Goal Achieved RP1
- CFSR National Data Indicator Results: *Permanency in 12 Months from Entry* - While performance could not be calculated due to error rates for earlier periods, below you will see results for FFY 2017. The national standard for achievement of permanency in 12 months from entry is 40.5%, and the context data provided by the Children's Bureau below shows most recent CT performance at 26.6% overall. CT rates for children entering between ages 1 and 10 are better than other age groups, and the difference between Hispanic, Black and White groups is less than 4 percentage points.

Observed performance on permanency indicators Permanency in 12 months (entries)									
	Denominator			Numerator			Percentage		
	15A15B	16A16B	17A17B	15A15B	16A16B	17A17B	15A15B	16A16B	17A17B
Age at entry									
Total	**0**	**0**	**1,630**	**0**	**0**	**434**			**26.6%**
0 - 3 mos	0	0	303	0	0	72			23.8%
4 - 11 mos	0	0	92	0	0	16			17.4%
1 - 5 yrs	0	0	482	0	0	159			33.0%
6 - 10 yrs	0	0	306	0	0	98			32.0%
11 - 16 yrs	0	0	386	0	0	88			22.8%
17 yrs	0	0	61	0	0	1			1.6%
Race/Ethnicity									
Asian	0	0	7	0	0	1			14.3%
Black or African American	0	0	323	0	0	91			28.2%
Hispanic (of any race)	0	0	594	0	0	164			27.6%
White	0	0	579	0	0	142			24.5%
Unknown/Unable to Determine	0	0	17	0	0	4			23.5%
Two or More	0	0	110	0	0	32			29.1%
County									
Fairfield County	0	0	174	0	0	48			27.6%
Hartford County	0	0	346	0	0	90			26.0%
Litchfield County	0	0	60	0	0	11			18.3%
Middlesex County	0	0	63	0	0	22			34.9%
New Haven County	0	0	521	0	0	132			25.3%
New London County	0	0	193	0	0	39			20.2%
Tolland County	0	0	138	0	0	35			25.4%
Windham County	0	0	135	0	0	57			42.2%
Note 1: Age, race/ethnicity, and county totals may not exactly match due to missing data.									
Note 2: Counties with no placements in any of the qualifying years will not appear in the county table.									
Note 3: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.									

- ROM Federal Permanency in 12 Months: While still not meeting the measure, performance continues to improve from 27.7% in CY 2018 to 28.3% in CY 2019.



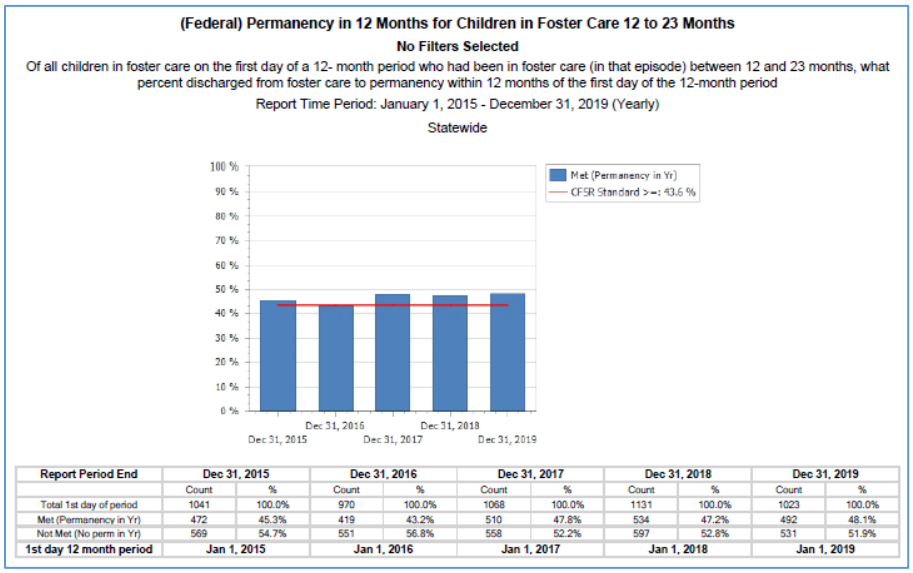
Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Entered Care	1985	100.0%	1873	100.0%	1944	100.0%	2248	100.0%	2052	100.0%
Met (Permanency in 12)	523	26.3%	465	24.8%	471	24.2%	623	27.7%	581	28.3%
Not met	1462	73.7%	1408	75.2%	1473	75.8%	1625	72.3%	1471	71.7%
Entered Care During	**Jan - Dec 2013**		**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**	

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP 12 - 23 Months* - the national standard for this measure is >=43.6%, and CT performance for FFY 2019 is 38.8%.

Performance for Black/African Americans is much lower (26.3%) than that for White or Hispanic groups, both of which are above 40%.

Observed performance on permanency indicators Permanency in 12 months (12-23 months)									
	Denominator			Numerator			Percentage		
	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B
Age on 1st day									
Total	**869**	**904**	**908**	**327**	**381**	**352**	**37.6%**	**42.1%**	**38.8%**
1 - 5 yrs	424	459	457	216	247	238	50.9%	53.8%	52.1%
6 - 10 yrs	174	191	196	65	75	68	37.4%	39.3%	34.7%
11 - 16 yrs	211	213	201	42	54	42	19.9%	25.4%	20.9%
17 yrs	60	41	54	4	5	4	6.7%	12.2%	7.4%
Race/Ethnicity									
American Indian/Alaskan Native	1	0	0	0	0	0	0.0%		
Black or African American	164	199	171	42	64	45	25.6%	32.2%	26.3%
Hispanic (of any race)	315	327	320	112	142	129	35.6%	43.4%	40.3%
White	305	302	346	132	138	145	43.3%	45.7%	41.9%
Unknown/Unable to Determine	16	12	12	10	7	6	62.5%	58.3%	50.0%
Two or More	68	64	59	31	30	27	45.6%	46.9%	45.8%
County									
Fairfield County	75	121	96	18	38	40	24.0%	31.4%	41.7%
Hartford County	217	197	195	82	96	68	37.8%	48.7%	34.9%
Litchfield County	33	46	34	13	23	9	39.4%	50.0%	26.5%
Middlesex County	34	20	33	17	7	18	50.0%	35.0%	54.5%
New Haven County	241	276	293	74	94	90	30.7%	34.1%	30.7%
New London County	104	99	117	54	59	54	51.9%	59.6%	46.2%
Tolland County	75	91	80	32	39	34	42.7%	42.9%	42.5%
Windham County	90	54	60	37	25	39	41.1%	46.3%	65.0%
Note 1: Age, race/ethnicity, and county totals may not exactly match due to missing data.									
Note 2: Counties with no placements in any of the qualifying years will not appear in the county table.									
Note 3: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.									

- ROM Federal Permanency in 12 Months for CIP 12-23 Months: While still meeting the measure, performance improved from 47.2% in CY18 to 48.1% in CY19



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total 1st day of period	1041	100.0%	970	100.0%	1068	100.0%	1131	100.0%	1023	100.0%
Met (Permanency in Yr)	472	45.3%	419	43.2%	510	47.8%	534	47.2%	492	48.1%
Not Met (No perm in Yr)	569	54.7%	551	56.8%	558	52.2%	597	52.8%	531	51.9%
1st day 12 month period	Jan 1, 2015		Jan 1, 2016		Jan 1, 2017		Jan 1, 2018		Jan 1, 2019	

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP >=24 Months* - the national standard for this measure is >=30.3%, and CT performance for FFY 2019 meets the standard at 33.7%. Performance for Black/African Americans is much lower (23.4%) than that for White or Hispanic groups, both of which are at/above 36%.

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

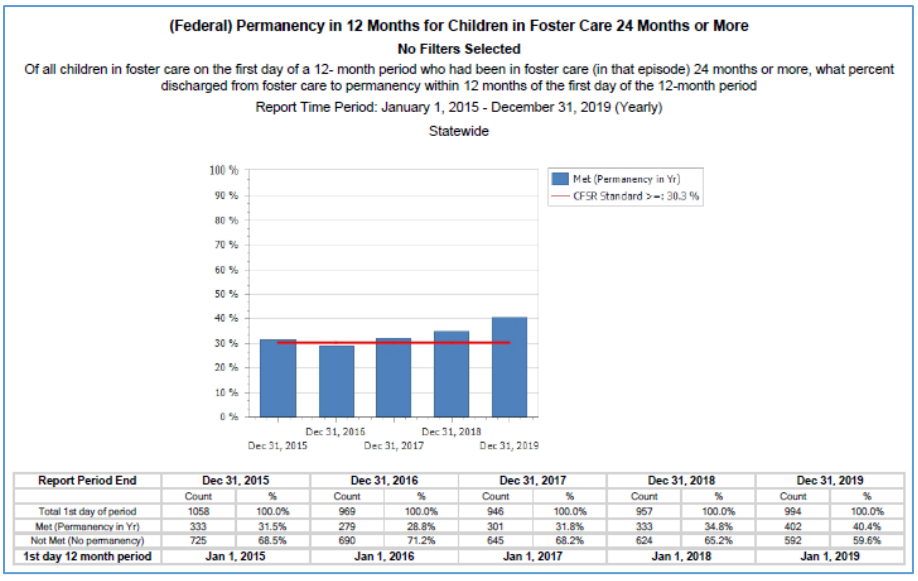
	Denominator			Numerator			Percentage		
	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B
Age on 1st day									
Total	**886**	**909**	**1,043**	**252**	**265**	**351**	**28.4%**	**29.2%**	**33.7%**
1 - 5 yrs	170	210	259	99	127	146	58.2%	60.5%	56.4%
6 - 10 yrs	172	192	255	76	72	107	44.2%	37.5%	42.0%
11 - 16 yrs	400	378	393	65	59	88	16.3%	15.6%	22.4%
17 yrs	144	129	136	12	7	10	8.3%	5.4%	7.4%
Race/Ethnicity									
American Indian/Alaskan Native	2	0	2	0	0	0	0.0%		0.0%
Asian	6	4	1	2	3	0	33.3%	75.0%	0.0%
Black or African American	250	233	261	61	47	61	24.4%	20.2%	23.4%
Hispanic (of any race)	310	321	369	81	92	133	26.1%	28.7%	36.0%
White	244	273	314	85	93	120	34.8%	34.1%	38.2%
Unknown/Unable to Determine	8	15	17	2	4	7	25.0%	26.7%	41.2%
Two or More	66	63	79	21	26	30	31.8%	41.3%	38.0%
County									
Fairfield County	90	81	190	21	17	54	23.3%	21.0%	28.4%
Hartford County	230	225	225	67	65	77	29.1%	28.9%	34.2%
Litchfield County	31	44	32	12	18	11	38.7%	40.9%	34.4%
Middlesex County	24	27	44	9	6	15	37.5%	22.2%	34.1%
New Haven County	310	306	314	86	78	88	27.7%	25.5%	28.0%
New London County	94	89	81	28	39	39	29.8%	43.8%	48.1%
Tolland County	59	72	82	14	21	39	23.7%	29.2%	47.6%
Windham County	48	65	75	15	21	28	31.2%	32.3%	37.3%

Note 1: Age, race/ethnicity, and county totals may not exactly match due to missing data.

Note 2: Counties with no placements in any of the qualifying years will not appear in the county table.

Note 3: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

- ROM Federal Permanency in 12 Months for CIP >=24 Months: Continued to meet the measure, and improved from 34.8% in CY18 to 40.4% in CY19



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total 1st day of period	1058	100.0%	969	100.0%	946	100.0%	957	100.0%	994	100.0%
Met (Permanency in Yr)	333	31.5%	279	28.8%	301	31.8%	333	34.8%	402	40.4%
Not Met (No permanency)	725	68.5%	690	71.2%	645	68.2%	624	65.2%	592	59.6%
1st day 12 month period	**Jan 1, 2015**		**Jan 1, 2016**		**Jan 1, 2017**		**Jan 1, 2018**		**Jan 1, 2019**	

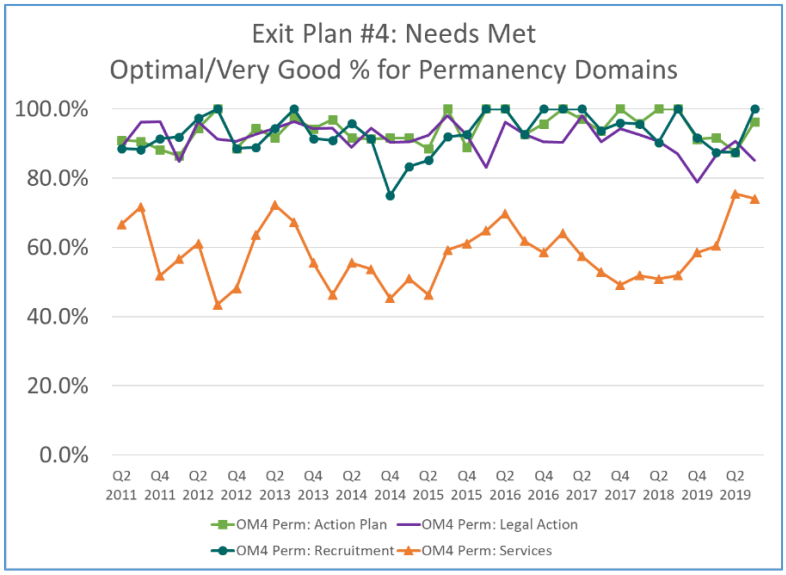
- Judicial Data concerning Time to Permanent Placement for SFY19

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.

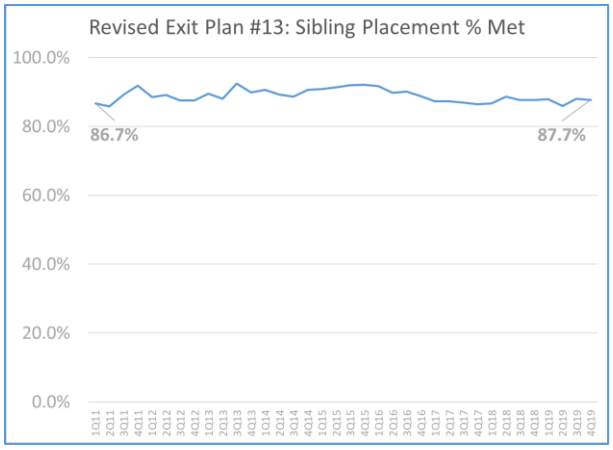
Cohort: Children who exited care by adoption, transfer of guardianship or reunification during FY19

FY19									
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	467	13	38	118	1079	935	3%	8%	25%
Transfer of Guardianship	118	42	61	86	599	539	36%	52%	73%
Reunification	566	374	442	505	324	220	66%	78%	89%

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



- **Item 7**
  - CFSR Result: n=21, 76% Strength, 24% ANI
  - PIP Status (Reporting Period 3): n=18, 89% Strength, 11% 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)
    - **43.1%** in Kinship Care on March 1, 2020 (37.6% in Relative only)
  - EP #10 CY11 – CY19 – 1% improvement in performance across time period



- Item 8
  - CFSR Result: n=28, 75% Strength, 25% ANI
  - PIP Status (Reporting Period 3): n=21, 90% Strength, 10% ANI
  - 2019 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 128 target children, who were under the care and custody of the Commissioner of DCF for at least one week between July 1, 2018 and June 30, 2019. 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 269 sibling pairs and 171 children with their parents.

Siblings:

Of the 269 sibling pairs, five had an expectation of "older youth facilitates his/her own visits" and were excluded from the measure because there wasn't a specific expectation. Of the remaining 264 sibling pairs the visitation frequency for 132 (50.0%) sibling pairs met or exceeded the expectation. There were 47 (17.8%) pairs in which it was unable to be determined whether the expectation was met due to lack of documentation regarding the frequency of the visitation. In previous state fiscal years, the percentage of sibling pairs that met the expectation were as follows: SFY2018 41.6%, SFY2017 49.0% and SFY2016 47.5%.

Documentation regarding the factors considered in making visitation determinations was in the child's plan of treatment (referred to as "case plan" within the Department) for 164 (62.1%) pairs. In the previous state fiscal year (SFY2018), information was found in the case plan for 53.3% of the sibling pairs. For 35 (13.3%) of the pairs, the information was located within the narratives. For 65 (24.6%) of the pairs, information regarding their visitation expectation could not be found in 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 (85) was "Child Refuses to Visit" (9, 10.6%). This was followed by "Other" (7, 8.2%). Other barriers included the parent/guardian refusing to allow visits and the visitation frequency left to the discretion of the caretakers. In most of the cases, the barrier was not able to be determined (55, 64.7%).

For the majority (55, 64.7%) of the pairs, the "Unknown/UTD" barrier was chosen. It included cases in which the frequency of visitation was known but didn't meet the expectation and there wasn't sufficient information in the record to identify a barrier. In 49 (18.2%) of the sibling pairs, there wasn't enough information to determine the frequency of visitation therefore it is not known if it met the expectation.

Of the 52 pairs that included an adult sibling, 23 (44.2%) did not meet the expectation compared to the 15 (28.8%) who did meet the expectation. Because these siblings are adults and usually do not live in the home, it may be more difficult for the agency to facilitate visits but there may also be missed opportunities to engage these adult siblings.

Parents:

The compliance determination for visitation with parents was based on 107 children of the 128 children who populated the sample, for a total of 171 child/parent pairs. Sixty-four children had two applicable parents and forty-three had one. Twenty-one of the children were not included in the measure because they did not have any parents who were applicable due to one of the following reasons: the parent's rights were terminated, the parents were whereabouts unknown, the parents were deceased for the entire period under review, or there wasn't anyone who met the definition of "parent" as outlined in the instructions. There was a clear visitation expectation identified in the case record for 155 (90.6%) child/parent pairs. There was documentation found in the Case Plan regarding the frequency for 133 (77.8%) of these pairs. Documentation of the expectation was found in Supervisory narratives or other narratives for 22 (12.9%) of the pairs. For 16 (9.4%) pairs, documentation could not be found regarding the visitation expectation.

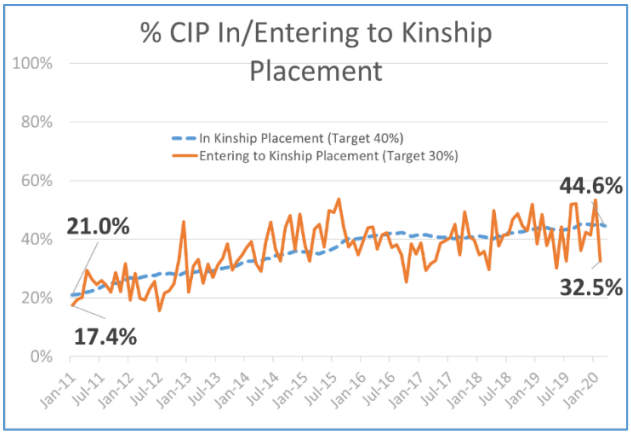
The visitation expectation was met for 95 parent/child pairs (61.3%) of the 155 pairs with a documented visitation expectation. The compliance for child/parent pairs that had an expected frequency determined by the department was based on whether the typical pattern of the visitation met or exceeded that expectation.

There were 48 (31.0%) child/parent pairs that did not meet the visitation expectation. Reviewers identified barriers to meeting the visitation expectation for 34 (70.8%) child/parent pairs for which the measure was not met. The reviewers determined that for 14 (29.6%) pairs, there was not sufficient documentation in the record to identify a barrier. The most often identified barrier was "Parents Cancelled, Refused or No Show to Visits" for 19 (39.6%) of the 48 pairs. The barrier was not identified and categorized as "Unknown" for 12 (25.0%) of the pairs.

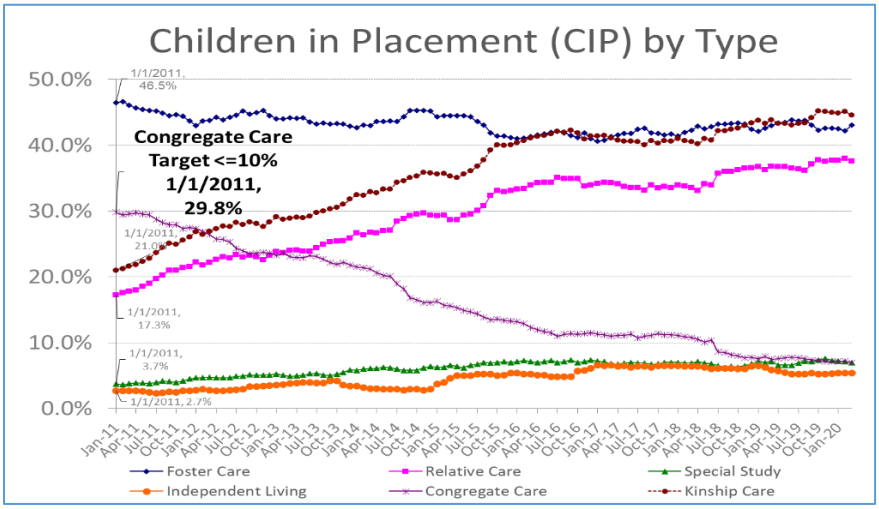
- Item 9
  - CFSR Result: n=42, 50% Strength, 50% ANI
  - PIP Status: n=42, 88% Strength, 12% ANI
  - Administrative Care Review Instrument (ACRI)- Case Practice Elements
    - Maternal Relatives: 2 percentage point improvement since CY 2015
    - Paternal Relatives: 2 percentage point improvement since CY 2015

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
34	Maternal relatives	93%	93%	93%	94%	95%	96%
35	Paternal relatives	90%	91%	90%	91%	92%	95%
*2020 is partial data as of 4/2/20							

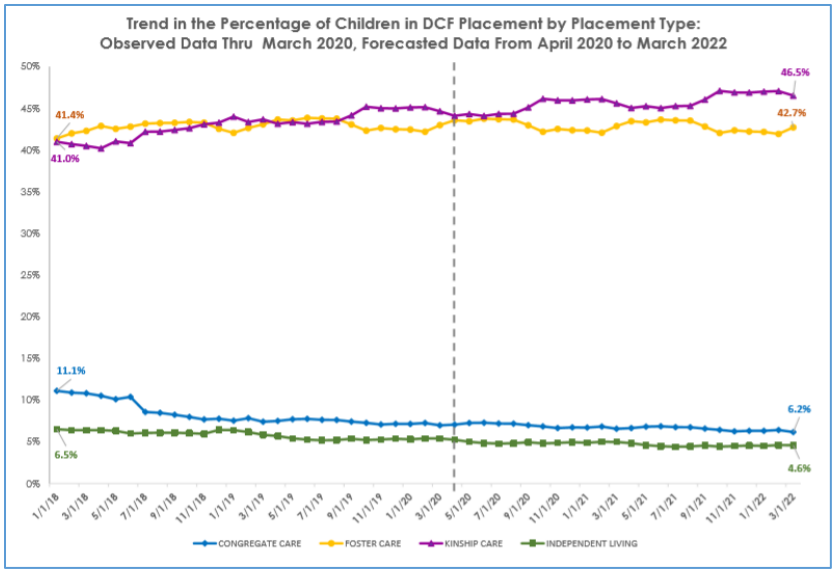
- Item 10
  - CFSP Objective:
    - 40% of all initial placements and 30% of overall placements will be with relatives and kin: As of April 1, 2019, 37.9% of initial placements were with kin, as well as 43.3% of overall placements, near or exceeding both our goals



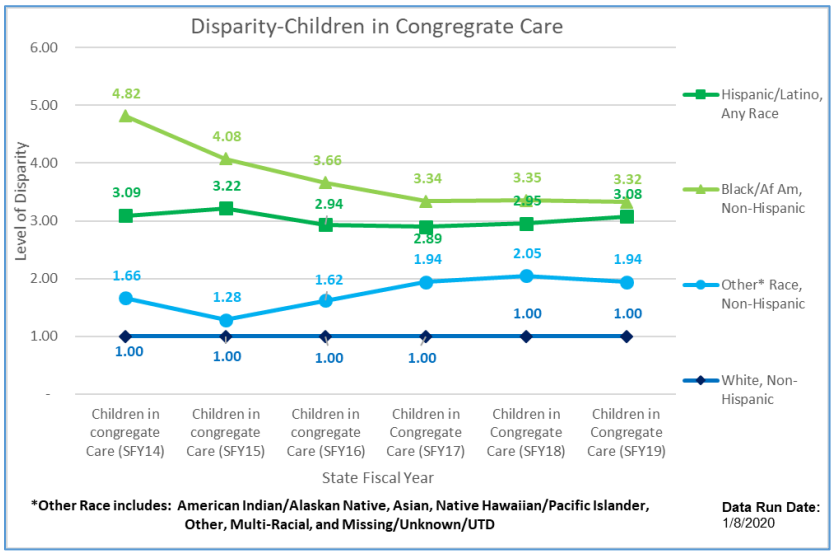
- Number of children in Congregate Care settings will be no more than 10% of total CIP: As of March 1, 2020, only 7 % of children in placement were in Congregate Care, exceeding our goal by 3%



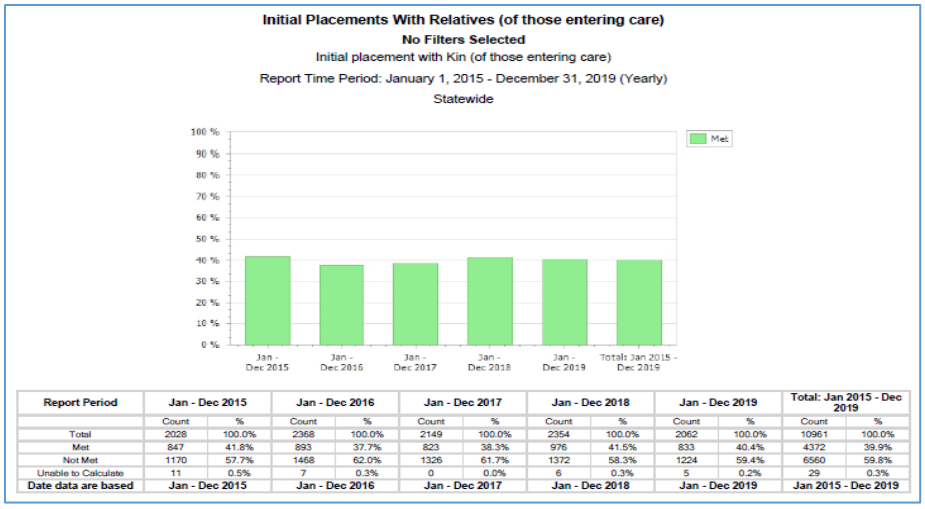
- CIP Placement Type Projections: Forecast shows we will continue to reduce the usage of Congregate Care, and continue to increase our use of Kinship placements



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

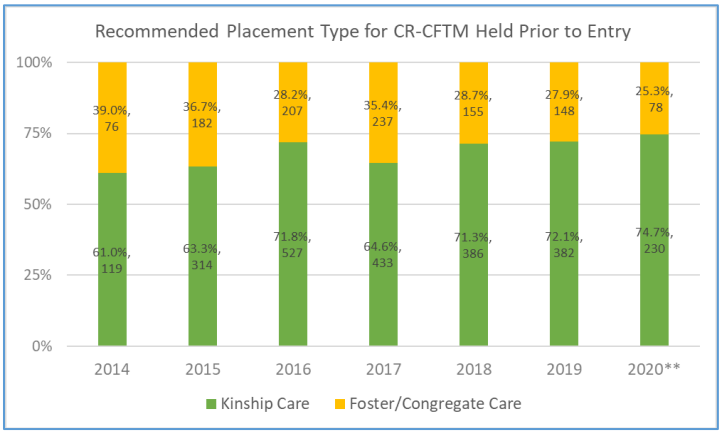


- CFSR Result: n=42, 62% Strength, 38% ANI
- PIP Status (Reporting Period 3): n=38, 87% Strength, 13% ANI
- ROM Initial Placement with Kin CY15 – CY 2019: annual results show a less than 1% decrease from CY 2018 to CY 2019, but are still above the CY 2017 level

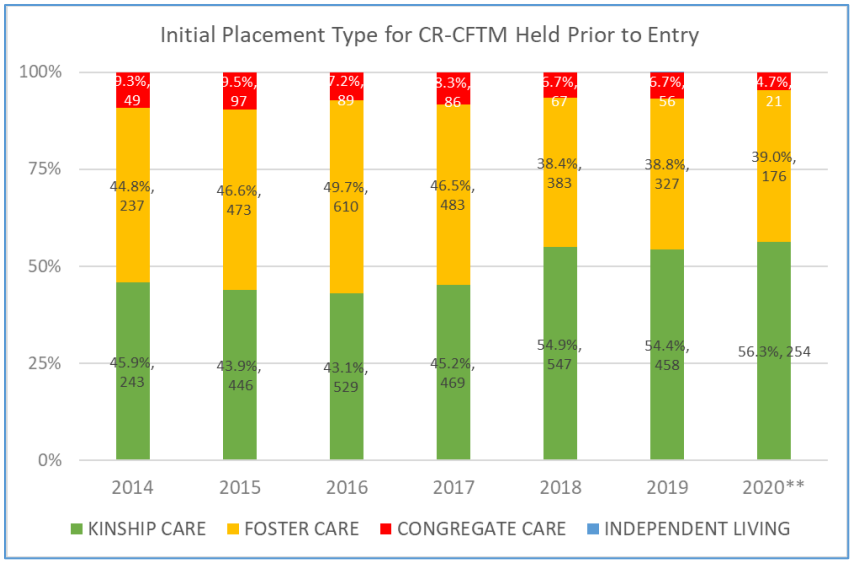


Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Total: Jan 2015 - Dec 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total	2028	100.0%	2368	100.0%	2149	100.0%	2354	100.0%	2062	100.0%	10961	100.0%
Met	847	41.8%	893	37.7%	823	38.3%	976	41.5%	833	40.4%	4372	39.9%
Not Met	1170	57.7%	1468	62.0%	1326	61.7%	1372	58.3%	1224	59.4%	6560	59.8%
Unable to Calculate	11	0.5%	7	0.3%	0	0.0%	6	0.3%	5	0.2%	29	0.3%
Date data are based	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan 2015 - Dec 2019	

- CR-CFTM Data (**2020 data partial as of 4/1/20):
  - % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation SFY 2015 – 2018: More recommendations made for Kinship placements in SFY 2019 (72.1%) compared to SFY 2018 (71.3%)



  - Of entries, #/% children placed with relatives/kin: Fewer actual initial placements with Kin during SFY 2019 (54.9%) compared to SFY 2018 (54.5%)

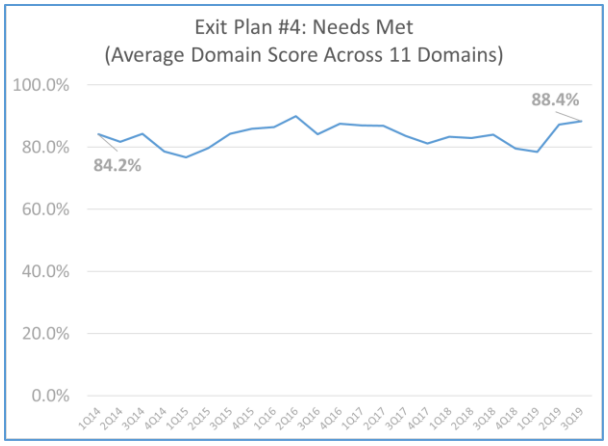


- Item 11
  - CFSR Result: n=24, 67% Strength, 33% ANI
  - PIP Status (Reporting Period 3): n=19, 84% Strength, 16% ANI
  - ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2019 and 1Q 2020
    - Continuity of Relationship – Child w/Parents: 3 percentage point improvement since CY 2015
    - Continuity of Relationship – Child w/Mothers: 3 percentage point improvement since CY 2015
    - Continuity of Relationship – Child w/Fathers: 3 percentage point improvement since CY 2015

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

**2020 is partial data as of 4/2/20*

- Item 12
  - CFSR Results for 12 (Overall) : n=82, 27% Strength, 73% ANI
    - 12A: n=82, 59% Strength, 41% ANI
    - 12B: n=73, 27% Strength, 73% ANI
    - 12C: n=41, 61% Strength, 39% ANI
  - PIP Status (Reporting Period 3):
    - 12 (Overall): n=89, 65% Strength, 35% ANI; PIP Performance Goal Achieved RP1
    - 12A: n=89, 88%% Strength, 12%% ANI
    - 12B: n=80, 65%% Strength, 35% ANI
    - 12C: n=40, 88% Strength, 12% 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)

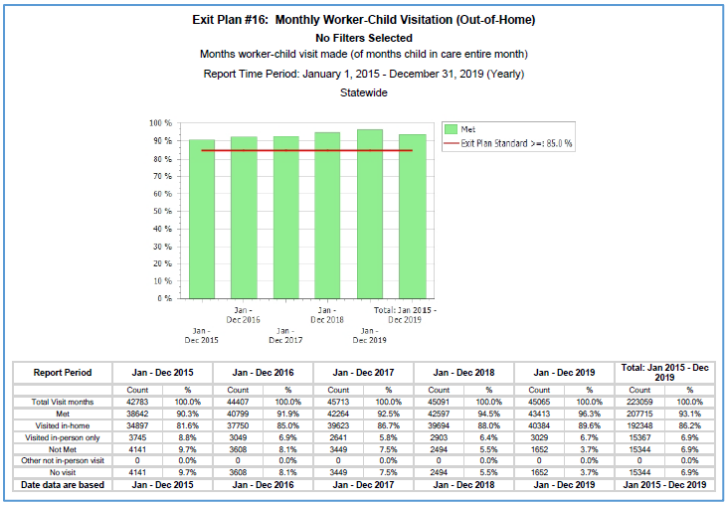


- **Item 13 – REFER TO SYSTEMIC FACTOR SECTIONS ON CASE REVIEW**

  - CFSR Result: n=81, 41% Strength, 59% ANI
  - PIP Status (Reporting Period 3): n=87, 70% Strength, 30% ANI; PIP Performance Goal Achieved RP1

- **Item 14/15**

  - CFSR Result Item 14: n=82, 55% Strength, 45% ANI
  - PIP Status (Reporting Period 3): n=90, 83% Strength, 17% ANI; PIP Performance Goal Achieved RP1
  - CFSR Result Item 15: n=72, 33% Strength, 67% ANI
  - PIP Status (Reporting Period 3), n=82, 66% Strength, 34% ANI; PIP Performance Goal Achieved RP1
  - ROM EP# 16 - CY 2014 – CY 2018: Continued (2%) improvement in CY 2019 (96.3%) year over year since CY 2015



Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Total: Jan 2015 - Dec 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total Visit months	42783	100.0%	44407	100.0%	45713	100.0%	45091	100.0%	45065	100.0%	223059	100.0%
Met	38642	90.3%	40799	91.9%	42264	92.5%	42597	94.5%	43413	96.3%	207715	93.1%
Visited in-home	34897	81.6%	37750	85.0%	39623	86.7%	39694	88.0%	40384	89.6%	192348	86.2%
Visited in-person only	3745	8.8%	3049	6.9%	2641	5.8%	2903	6.4%	3029	6.7%	15367	6.9%
Not Met	4141	9.7%	3608	8.1%	3449	7.5%	2494	5.5%	1652	3.7%	15344	6.9%
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	4141	9.7%	3608	8.1%	3449	7.5%	2494	5.5%	1652	3.7%	15344	6.9%
Date data are based	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan 2015 - Dec 2019	

  - ROM EP# 17 - CY14 – CY18: Improvement from CY 2018 (89%) compared to CY19 (91.3%)

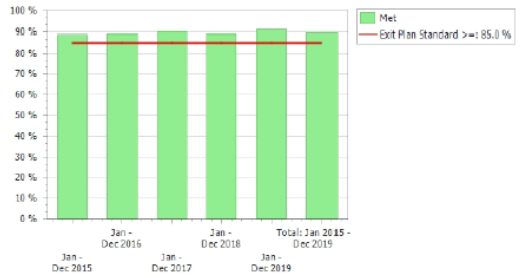
Exit Plan #17: Twice Monthly Worker-Family Visitation In-Home

No Filters Selected

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

Report Time Period: January 1, 2015 - December 31, 2019 (Yearly)

Statewide



Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Total: Jan 2015 - Dec 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total	30726	100.0%	34779	100.0%	37333	100.0%	39367	100.0%	34627	100.0%	176832	100.0%
Met	27272	88.8%	30921	88.9%	33547	89.9%	35032	89.0%	31625	91.3%	158397	89.6%
Not Met	3454	11.2%	3858	11.1%	3786	10.1%	4335	11.0%	3002	8.7%	18435	10.4%

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2019 and 1Q 2020
  - Visitation with Child and Parents: CY 2019 performance same as CY 2015
  - Frequency of Visits – Parents: 3 percentage point improvement since CY 2015
  - Frequency of Visits – Father: 2 percentage point improvement since CY 2015
  - Frequency of Visits – Mother: 5 percentage point improvement since CY 2015
  - Quality of Visits – Parents: 5 percentage point improvement since CY 2015
  - Quality of Visits – Father: 4 percentage point improvement since CY 2015
  - Quality of Visits – Mother: 6 percentage point improvement since CY 2015
  - Frequency of Visits – Child: 10 percentage point improvement since CY 2015
  - Quality of Visits – Child: 11 percentage point improvement since CY 2015

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
1	Visitation with Child and Parents	63%	65%	63%	63%	63%	65%
2	Frequency of visits - Parents	63%	66%	64%	65%	66%	67%
3	Frequency of visits - Father	57%	60%	55%	57%	59%	58%
4	Frequency of visits - Mother	68%	71%	72%	72%	73%	73%
5	Quality of visits - Parents	65%	70%	69%	69%	70%	68%
6	Quality of visits - Father	60%	64%	61%	62%	64%	60%
7	Quality of visits - Mother	70%	75%	76%	75%	76%	75%
8	Frequency of visits - Child	75%	81%	83%	84%	85%	87%
9	Quality of visits - Child	76%	82%	85%	86%	87%	89%

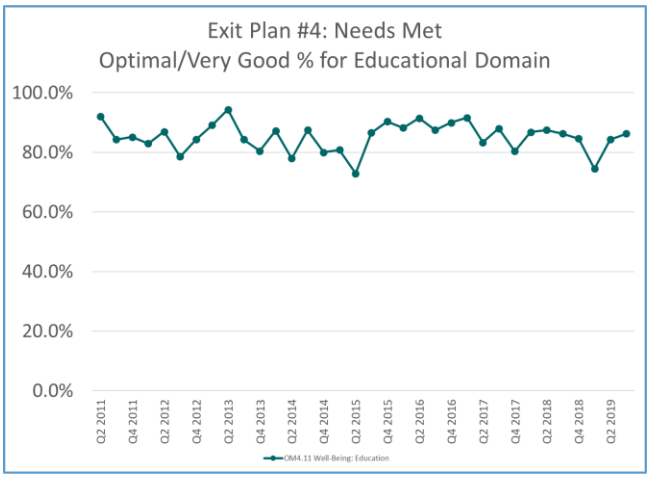
**2020 is partial data as of 4/2/20*

- **Item 16**

- CFSR Result: n=53, 85% Strength, 15% ANI
- PIP Status (Reporting Period 3): n=53, 91% Strength, 9% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2019 and 1Q 2020
  - Educational/development needs – Child: CY 2019 same as CY 2015
  - Educational/development needs assessed – Child: CY 2019 same as CY 2015
  - Educational/development needs addressed – Child: 1 percentage point decrease since CY 2015

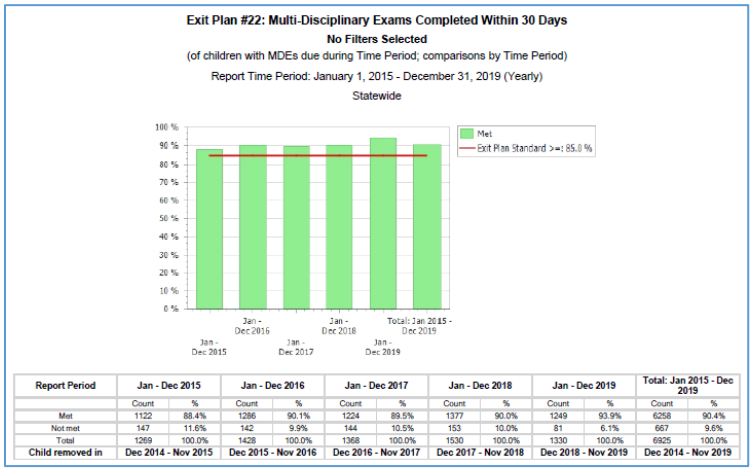
Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
26	Educational/development needs - Child	94%	94%	94%	94%	94%	94%
32	Education/development needs assessed - Child	95%	95%	95%	95%	95%	96%
33	Education/development needs addressed - Child	95%	95%	95%	95%	94%	94%
*2020 is partial data as of 4/2/20							

- Exit Plan #4 Needs Met – Educational Domain: little change since 3Q16 (3Q19 is the latest available quarter) but improving over last two quarters



- Item 17/18

- CFSR Result Item 17: n=58, 62% Strength, 38% ANI
  - PIP Status (Reporting Period 3): n=55, 87% Strength, 13% ANI
- CFSR Result Item 18: n=49, 45% Strength, 55% ANI
  - PIP Status (Reporting Period 3): n=55, 73% Strength, 27% ANI
- ROM EP#22 MDE - CY 2015 – CY 2018: Improvement in CY 2019 (93.9%) compared to CY 2018 (90%)

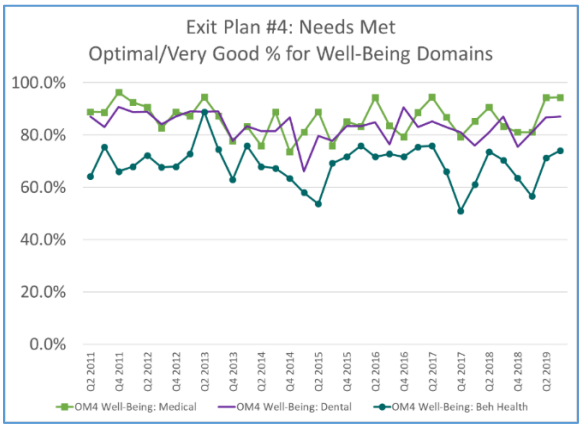


Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Total: Jan 2015 - Dec 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Met	1122	88.4%	1286	90.1%	1224	89.5%	1377	90.0%	1249	93.9%	6258	90.4%
Not met	147	11.6%	142	9.9%	144	10.5%	153	10.0%	81	6.1%	667	9.6%
Total	1269	100.0%	1428	100.0%	1368	100.0%	1530	100.0%	1330	100.0%	6925	100.0%
Child removed in	Dec 2014 - Nov 2015		Dec 2015 - Nov 2016		Dec 2016 - Nov 2017		Dec 2017 - Nov 2018		Dec 2018 - Nov 2019		Dec 2014 - Nov 2019	

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2019 and 1Q 2020
  - Physical Healthcare needs – Child: CY 2019 same as CY 2015
  - SA/Social Support/MH needs – Child: 1 percentage point improvement since CY 2015
  - Physical Healthcare needs assessed – Child: CY 2019 same as CY 2015
  - Physical Healthcare needs addressed – Child: 2 percentage point improvement since CY 2015
  - Dental Healthcare needs assessed – Child: 1 percentage point decrease since CY 2015
  - Dental Healthcare needs addressed – Child: 1 percentage point decrease since CY 2015
  - Vision needs addressed – Child: 1 percentage point decrease since CY 2015

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
24	Physical health care - Child	84%	83%	84%	83%	84%	85%
25	SA/Social Support/MH - Child	87%	88%	87%	88%	88%	88%
27	Physical health care needs assessed - Child	96%	95%	95%	96%	96%	96%
28	Physical health care needs addressed - Child	92%	92%	93%	93%	94%	94%
29	Dental health care needs assessed - Child	93%	92%	93%	92%	92%	92%
30	Dental health care needs addressed - Child	91%	90%	91%	90%	90%	90%
31	Vision needs - Child	95%	94%	95%	93%	94%	94%
*2020 is partial data as of 4/2/20							

- Exit Plan #4 Needs Met – Domains for Medical, Dental and Behavioral Health: Improvement noted over last two quarters for all three domains (3Q19 is latest available quarter)



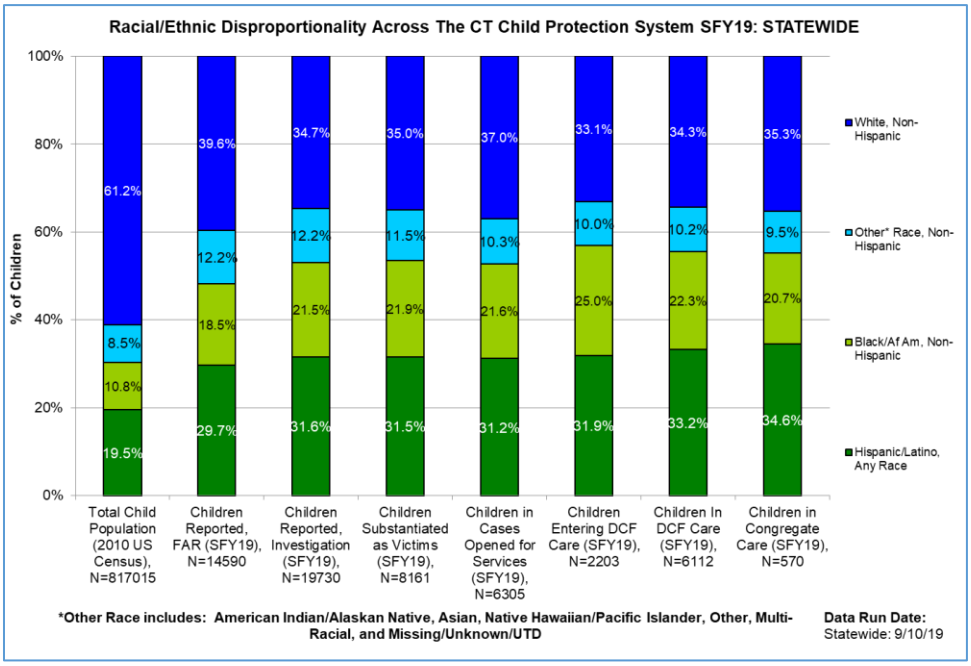
- **Item 19**

- 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%

- SFY19 Disproportionality Pathway (Statewide) Chart



The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department continues to have strong data suites that is accessible by all staff, to support the evaluation of its' practices and outcomes through a racial justice lens. This includes ensuring that there are reports, dashboards, data tools, and filters that allow the Department to disaggregate its data by race and ethnicity. Such analyses allow DCF to assess its progress in reducing disproportionality across its pathway (e.g., decision points/events). The Department is very fortunate to have multiple data suites related to racial justice that can assist the agency in looking at trends and can be used for consideration of strategies. Agency data indicates that the department continues to struggle with achieving timely permanency in 12 months for all children in care, but through increased placement with kin, hope to improve on this outcome.

- Federal Permanency in 12 Months for CY2019
  - Black - 27.1%
  - Hispanic - 30.6%
  - White - 26.2%
- Federal Permanency in 12 Months for CIP 12 - 24 Months
  - Black - 46.7%
  - Hispanic - 46.6%
  - White - 50.2%
- Federal Permanency in 12 Months for CIP > 24 Months
  - Black - 30.4%
  - Hispanic - 37.6%
  - White - 46.9%

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

The DCF racial justice journey has a deep history. This workgroup has afforded DCF and its partners the opportunity

to 'turn the mirror inward' on our own worldviews and how such personal experiences shape our daily decision making deliberately and at times, unconsciously. DCF continues to invite external stakeholders to examine their own understanding of the impact of internal, interpersonal, institutional and structural racism throughout our helping systems.

Placement/Permanency Monitoring Report: Children in placement on 4/1/20 by Age and Race

# CIP	Age Group					
Race by Gender	Age < 1	1 - 5	6 - 12	13-17	>=18	Grand Total
American Indian Or Alaskan Native		**1**	**2**	**2**	**1**	**6**
Female			2			2
Male		1		2	1	4
Asian	**1**		**2**	**4**	**9**	**16**
Female			2	4	7	13
Male	1				2	3
Black/African American	**78**	**361**	**271**	**250**	**141**	**1101**
Female	37	168	144	123	72	544
Male	41	193	127	127	69	557
Multi-Race	**43**	**156**	**112**	**79**	**29**	**419**
Female	22	83	55	35	13	208
Male	21	73	57	44	16	211
Native Hawaiian/Other Pacific Islander				**1**	**1**	**2**
Female				1	1	2
White	**170**	**693**	**653**	**475**	**257**	**2248**
Female	82	324	317	245	128	1096
Male	88	369	336	230	129	1152
Unknown	**9**	**41**	**25**	**22**	**6**	**103**
Female	3	19	12	14	5	53
Male	6	22	13	8	1	50
Grand Total	**301**	**1252**	**1065**	**833**	**444**	**3895**

- Placement/Permanency Report: Children in placement on 4/1/20 by Length of Stay (LOS) and Current Case Plan Goal

	LOS (Months)		
Current Case Plan Goal	<2	>=2	Grand Total
#			
Reunification	38	1340	1378
Transfer of Guardianship	5	612	617
Adoption	1	1173	1174
Long Term Foster Care Relative		1	1
OPPLA	2	549	551
(blank)	133	41	174
%			
Reunification	1.0%	34.4%	35.4%
Transfer of Guardianship	0.1%	15.7%	15.8%
Adoption	0.0%	30.1%	30.1%
Long Term Foster Care Relative	0.0%	0.0%	0.0%
OPPLA	0.1%	14.1%	14.1%
(blank)	3.4%	1.1%	4.5%
Total #	**179**	**3716**	**3895**
Total %	**4.6%**	**95.4%**	**100.0%**

- Placement/Permanency Report: Children in placement on 4/1/20 by Legal Status and Age Group

# CIP	Age Group					
Legal Status	Age < 1	1 - 5	6 - 12	13-17	>=18	Grand Total
96 Hour Hold	3	3	2	2		10
Order Of Temporary Custody	117	146	108	71		442
Commitment Abuse/Neglect/Uncared For	172	916	757	591		2436
Statutory Parent	8	179	191	146		524
Protective Supervision		1	1	4		6
Not Committed	1	7	6	17	444	475
DCF Custody Voluntary Services				1		1
Commitment FWSN				1		1
Grand Total	**301**	**1252**	**1065**	**833**	**444**	**3895**

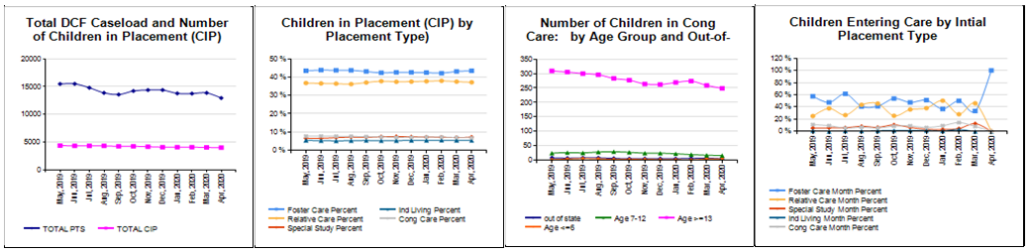
- CIP Dashboard: Children in placement on the 1st of each month from 5/1/19 – 4/1/20 by Placement Type, and Children entering placement during each month by Initial Placement Type

Total Caseload Points and Children-in-Placement (CIP) Distributions May, 2019 to April, 2020

Statewide

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

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	Caseload Points	Total CIP	Foster Care	Relative Care	Special Study	Independent Living	Congregate Care	Out of State	>=13	7-12	<6	During Period	Relative Care	Special Study	Foster Care	Congregate Care	Independent Living
05/01/2019	15,489	4,374	43.5 %	36.8 %	6.6 %	5.4 %	7.7 %	9	309	25	3	191	25.1 %	5.2 %	57.6 %	11.0 %	1.05%
06/01/2019	15,510	4,349	43.8 %	36.6 %	6.6 %	5.3 %	7.7 %	8	305	27	5	194	37.6 %	5.7 %	47.4 %	9.3 %	0.0%
07/01/2019	14,799	4,342	43.8 %	36.5 %	6.9 %	5.2 %	7.7 %	9	300	26	7	169	26.6 %	5.9 %	61.5 %	5.3 %	0.59%
08/01/2019	13,873	4,329	43.8 %	36.2 %	7.2 %	5.2 %	7.6 %	9	296	29	6	193	43.5 %	8.3 %	40.9 %	6.7 %	0.52%
09/01/2019	13,586	4,254	43.1 %	37.1 %	7.1 %	5.4 %	7.5 %	7	283	30	4	182	45.6 %	6.6 %	41.2 %	5.5 %	1.1%
10/01/2019	14,219	4,256	42.3 %	37.8 %	7.4 %	5.2 %	7.3 %	6	277	28	4	141	25.5 %	10.6 %	53.9 %	8.5 %	1.42%
11/01/2019	14,396	4,179	42.7 %	37.5 %	7.6 %	5.3 %	7.0 %	6	264	25	4	156	35.9 %	6.4 %	47.4 %	9.0 %	1.28%
12/01/2019	14,392	4,100	42.6 %	37.6 %	7.4 %	5.4 %	7.1 %	6	262	25	3	147	38.1 %	3.4 %	51.0 %	6.1 %	1.36%
01/01/2020	13,780	4,091	42.5 %	37.7 %	7.2 %	5.4 %	7.2 %	6	269	23	3	163	50.3 %	3.1 %	36.8 %	9.2 %	0.61%
02/01/2020	13,749	4,095	42.2 %	38.0 %	7.1 %	5.4 %	7.2 %	7	274	20	2	132	28.0 %	4.5 %	50.0 %	14.4 %	3.03%
03/01/2020	13,880	4,047	43.1 %	37.6 %	6.9 %	5.4 %	7.0 %	8	259	18	5	87	46.0 %	12.6 %	33.3 %	8.0 %	0.0%
04/01/2020	12,948	4,011	43.5 %	37.2 %	7.2 %	5.3 %	6.8 %	6	249	17	5	2	0.0 %	0.0 %	100.0 %	0.0 %	0.0%
% Change from 5/1/2019 to Latest	-16.4%	-8.3%	-8.4%	-7.3%	1.0%	-9.7%	-19.6%	-33.3%	-19.4%	-32.0%	66.7%	-99.0%	-100.0%	-100.0%	-98.2%	-100.0%	-100.0%



- Congregate Care & OPPLA Dashboard: Children in placement on 4/1/20 in Congregate Care, In out-of-state Congregate Care, in Congregate Care with an OPPLA goal, and All CIP with an OPPLA goal

Children in Congregate Care and/or with Other Permanent Planned Living Arrangement (OPPLA) Goal

DASHBOARD: SELECTED FACTS CONCERNING CHILDREN IN CONGREGATE CARE ON 04/01/2020

	Summary							
	CC CIP		CC CIP IN OOSP		CC CIP With OPPLA Count		All CIP With OPPLA Goal	
Region	#	%	#	%	#	%	#	%
Region 1	14	3.0%	0	0.0%	4	28.6%	54	11.7%
Bridgeport	9	2.9%	0	0.0%	3	33.3%	33	10.8%
Norwalk/Stamford	5	3.2%	0	0.0%	1	20.0%	21	13.6%
Region 2	41	6.5%	4	9.8%	16	39.0%	116	18.3%
Milford	18	6.0%	4	22.2%	10	55.6%	55	18.4%
New Haven	23	6.8%	0	0.0%	6	26.1%	61	18.2%
Region 3	77	9.8%	1	1.3%	36	46.8%	110	14.0%
Middletown	11	11.6%	0	0.0%	3	27.3%	13	13.7%
Norwich	35	8.5%	1	2.9%	15	42.9%	56	13.6%
Willimantic	31	11.2%	0	0.0%	18	58.1%	41	14.7%
Region 4	62	8.1%	1	1.6%	27	43.5%	115	15.1%
Hartford	41	8.8%	1	2.4%	20	48.8%	75	16.0%
Manchester	21	7.1%	0	0.0%	7	33.3%	40	13.6%
Region 5	39	4.7%	0	0.0%	19	48.7%	107	13.0%
Danbury	4	2.2%	0	0.0%	2	50.0%	14	7.7%
Torrington	15	11.0%	0	0.0%	3	20.0%	17	12.5%
Waterbury	20	4.0%	0	0.0%	14	70.0%	76	15.0%
Region 6	37	6.9%	0	0.0%	13	35.1%	71	13.2%
Meriden	7	7.2%	0	0.0%	1	14.3%	14	14.4%
New Britain	30	6.8%	0	0.0%	12	40.0%	57	12.9%
Grand Total	271	6.8%	6	2.2%	115	42.4%	573	14.3%

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

Time to Filing Termination of Parental Rights Petition

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

Cohort: All TPR petitions filed during FY19

FY19						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
667	323	518	18	15	48%	78%

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 FY19

FY19					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
549	738	700	40	282	483

- Item 20:
  - CFSR Result: ANI
  - ACRI Case Practice Element; annual aggregation from CY 2015 to CY 2019 and 1Q 2020.
    - Timely Case Plan - 2 percentage point improvement since CY 2015.

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
43	Timely Case Plan	95%	96%	96%	95%	96%	97%
*2020 is partial data as of 4/2/20							

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

Age Group	Count
<6	9
6-12	4
13-17	10
Grand Total	**23**

Total CIP on May 1, 2020 is 4,055. Thus only .57% of CIP with LOS >180 days appear to not have a Timely Case Plan. This performance is consistent with last year's data and reflects continued strength in timely case plan development.

  - ACRI Case Practice Element; annual aggregation between CY 2015 and CY 2019 and 1Q 2020
    - Family Engagement in Case Planning - 2 percentage point improvement since between CY 2015

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
49	Engagement	81%	75%	81%	81%	83%	81%
*2020 is partial data as of 4/2/20							

In Round 3 of the CFSR, item 20 was rated an ANI based upon information and data reflected in the Statewide Assessment as well as information gleaned through stakeholder interviews specifically related to engagement of children and families in case planning. The CFSR also identified that Connecticut's case review system performs well in the area of ensuring case plans for children in placement are timely. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter. To 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 2019 as well as Q1 and Q2 2020 of reflects that 94% of the case plans were completed timely. The "exception report" dated 5/20/20 reflects twenty-three (23) children/youth in care whose plans were not timely; this represents about 0.57% of the children in care on this date. The agency continues to consistently perform well in the area of timely case plans.

Sl.No	Measure	Statewide					
		2015	2016	2017	2018	2019	2020*
		Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%
42	ACR Meeting held on or before proposed date	75%	83%	84%	92%	94%	94%
*2020 is partial data as of 4/2/20							

Historically the agency has experienced some challenges with the consistent engagement of children and family in case planning and this was reflected in the CFSR final report data where only 41% of the cases were found to have strengths in this area. As part of the agency's PIP, there have been strategies implemented to positively impact family engagement in case planning and there are a number of targeted interventions specific to father engagement. The activities include the Fatherhood Engagement Specialists working with Area Office staff as well as the agency's participation in the Fatherhood Breakthrough series. The strategies and activities are detailed in the agency's PIP implementation and tracking report. PIP report data has continued to reflect improvement in the area of Family and Child engagement in Case Planning (Item 13). In reporting period one, the agency met and exceeded the PIP improvement goal of 47.7% when it achieved 61.4% strengths. In the most recent PIP reporting period, the agency's performance was improved again with 70.1% strengths. 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 2020 (partial) agency data reflects strengths in 81% of the reviewed cases, which is much improved from the data obtained during the CFSR reviews in 2016.

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 continue to 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
95.3%	4.7%	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 with minimal change as it has proven to be effective in timely scheduling. The ACR Office Assistants who schedule these reviews rely on the "Due" and "Anticipated" reports which provide them with sixty (60) days' notice of case plan reviews to be scheduled. This advanced notification also allows the agency to invite and notify participants in a timely fashion to reduce the number of meetings that would have to be rescheduled. As evidenced in the agency data for CY 2019, periodic reviews were held within the required 180 days about 95.3% of the time.

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

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

	Yes	No	Grand Total
Hearing within 12 Months	**96.9%**	**3.1%**	**100.0%**

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

	Yes	No	Grand Total
ThereAfter 12 months	**93.4%**	**6.6%**	**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 FY19, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY19				
# PP	# Within 365 Days	Average	Median	%Within 365 days
1974	1789	311	315	91%

- Item 23:
  - CFSR Result: ANI
  - Placement/Permanency Report – Chart XIII Pre-TPR Children In Placement (CIP) on 4/1/20 In Care >=15 Months by Permanency Goal and Status of TPR Filing

TPR Filed?	Permanency Goal		
		#	%
YES	Adoption	262	21%
	Transfer of Guardianship	29	2%
	Reunification	28	2%
	APPLA	6	0%
	TOTAL	325	26%
NO	Transfer of Guardianship	400	32%
	Reunification	223	18%
	Adoption	204	16%
	APPLA	78	6%
	(Blank)	10	1%
	TOTAL	915	74%
TOTAL		1,240	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 FY19

FY19						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
667	372	551	17	14	56%	83%

- Item 24:
  - CFSR Result: ANI
  - ACR Data- Notice of Hearing and Reviews to Caregivers

Notification of ACR in >=5 Days			
	Timely	Not Timely	Grand Total
Foster Parent + Guardian Notice	98.5%	1.5%	100.0%

Notification of ACR in >=21 Days			
	Timely	Not Timely	Grand Total
Foster Parent + Guardian Notice	70.9%	29.1%	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 2019 reflects that this occurred in 70.9 % of the time, which represents an increase in performance from 2018 (63.3%). The change in performance can be attributed to staffing that has remained stable and as a result, support staff has been able to process letters timely. Management continues to share data and have ongoing discussion with support staff related to timely letters generated.

While we do not currently track notices to foster parents for hearings, the court has developed a data entry program (CPMOH) that will capture information during the court hearing. As part of the program, court staff will note who is present during the hearing. It is expected this will assist in identifying hearings where foster parents have participated. This work continues to be underway with the courts but there is not yet a reporting capacity for

foster parent notifications. The agency will also continue to explore other strategies with our court partners as PIP implementation continues.

- Item 25:

See section 4. Quality Assurance System

- Item 26:

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

- **Item 27: Ongoing Training + Item 28: Foster Parents Training**

As a means to support training for foster parents, the Department has a contract with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) that includes a range of support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address and meet their needs, encourage and facilitate ongoing education and skill development, and allow foster children to live in safe and stable home settings. For families licensed by private agencies (e.g., Therapeutic Foster care), their training is tracked by their parent agencies. The Department engages in periodic random reviews during quality assurance site visits to assess each providers system and make recommendations for improvements. In 2019, the Department continued its partnership with CAFAF to develop additional elective post licensing training module for foster families and offered 13 new trainings that included topics such as Dads Matter Too, building and repairing family relationships, several on trauma, attachment, wellness and the impact of the ACES study on children . CAFAF provides 42 modules, 10 on-line course and additional online offering through Foster Parent College.

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 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 has continued.

In July 2019, the Therapeutic Foster Care Division, embarked upon a process to redesign how Therapeutic Foster Care services are delivered to children and families in the state of Connecticut. This process included both Administrative and Clinical Leaders from the 16 TFC Agencies as well as DCF staff. In addition, to the general advisory group two subcommittees were formed - Clinical Practice and Validated Tools and Instruments. Using the lens of Trauma informed practice, Racial Justice and Evidence Based Practice each subcommittee was tasked with identifying cutting edge practices nationwide that could potentially be replicated in Connecticut. After several months of work, the Clinical Practice Committee Subcommittee made the recommendation for an Evidenced Based Practice- Functional Family Therapy- Foster Care.

FFT-FC is a relationally based therapeutic intervention that views a child's behavioral health needs within the context of the family. The family is central to positive youth development with the goal of children healing from childhood trauma within the context of the family. FFT-FC works with both birth and foster families in the best interest of the child with reunification as the primary objective. FFT- FC is delivered to families in a 6 to 9-month time frame. At this time both the public and private sectors agree that FFT-FC should be the model to deliver high quality therapeutic foster care services in Connecticut.

Items 29 +30: Service Array and Resource Development

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

The Department uses a flexible funding approach to support children and youth to remain in stable family placements. These "wraparound funds" may be spent for both in-home and out-of-home youth on a range of services and concrete supports.
The top ten services purchased via wraparound funds for the period, July 2019-April 2020, are as follows:

SRVC-TYPE-DESC	Total
Supervised Visits	$2,944,112
Miscellaneous-Adoption	$1,657,001
Transportation Other	$1,428,133
Therapeutic Support Staff	$856,789
Camp-Foster Care	$851,116
Other Family Supports	$689,879
Miscellaneous-Foster Care	$462,681
DayCare-In Home	$244,622
Other Services USE	$237,180
Therapeutic Support Staff	$233,201
Grand Total	**$9,604,713**

The Department also makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service is individualized. The expenditures for July 2019 – April 2020 by Area Office are as follows:

Office	Total
Meriden Office	$50,883
Norwich Office	$50,228
Willimantic Office	$46,455

Bridgeport Office	$28,645
Waterbury Office	$20,151
New Britain Office	$14,675
Manchester Office	$11,469
Hartford Office	$9,205
Greater New Haven Office	$3,394
Danbury Office	$1,076
New Haven Metro Office	$1,000
Grand Total	**$237,180**

- Item 31 + Item 32:

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

- **Item 33:**

The Regional foster care units continue to build and refine systems for quality assurance to ensure that state licensing standards are complied with. This includes development of checklists and protocols, as well as review by staff (e.g., social worker and supervisor). Random audits of all cases by supervisors and managers also occur. Further, an electronic system was created that complements our State SACWIS system (eDocs). It requires the scanning and uploading of certain required background check documents and the entering of dates of completion for other required elements. In addition to being reviewed by DCF foster care staff, these required elements are also reviewed by the department's Revenue Enhancement Division.

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

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

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

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

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

The Contractor will maintain the capacity to provide all services identified in 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 Statewide Director of Foster Care, who is also required to review and approve the waiver request prior to submission to the Commissioner. Due to this comprehensive review and approval structure in the Regions, the waiver requests are sound in their rationale as they have already been viewed to be waivable by multiple levels of DCF staff.

Foster care policy (issued on January 2, 2019) reiterates that "No waiver shall be granted for non-compliance with a statutory requirement or a safety-related regulation". Foster care staff have been trained in this policy. Further, a 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 Foster Care Program Director.

- **Item 35:** See Section E. Updates to Targeted Plans

    - CAFAF Report section re: Post-Licensing Retention for most recent year/quarter available – **2Q CY2019**
    - CAFAF Retention Specialist attempted to contact 129 families who were approaching renewal of their license for the first time. 33 families were reached and agreed to complete our survey (25% response rate).
    - Of the 28 families that responded, 17 plan to renew their license, 5 were unsure, 3 plan to close when the child after their expected adoption is finalized and 3 will not renew.

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

	Foster Care Division CY 2019						
LICENSED HOME DATA	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**State**
Licensed- Core	31	30	28	25	63	17	**194**
Close- Core	3	0	3	1	3	1	**11**
ADOPTION DATA							
Licensed- Adopt	11	25	23	12	21	11	**103**
Close- Adopt	3	0	3	1	3	1	**11**
KINSHIP & FICTIVE KINSHIP DATA							
Licensed- Kin	105	140	149	100	374	107	**975**
Closed - Kin	80	83	140	118	151	92	**664**
INDEPENDENT DATA							
Licensed- IL	3	11	11	9	6	4	**44**
Closed- IL	9	3	11	5	39	4	**71**
Total Number of New Homes Licensed	**150**	**206**	**211**	**146**	**464**	**139**	**1316**
Total Number of Closed Homes	**95**	**86**	**157**	**125**	**196**	**98**	**757**

- **Item 36**
    - CFSR Result: **ANI**
    - ICO Data for CY 2015 – CY 2020 (partial)

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

<u>Statewide Information System:</u>

Connecticut's SACWIS system was determined by ACF to be out of compliance in 2014. Since that time the Department has continued to invest in the agency's SACWIS system to enable accurate federal reporting and meet case record requirements. Additionally, the Department has initiated the process of replacing the SACWIS system with a CCWIS system. Extensive planning and preparation activities have occurred since 2014, including ACF's approval of the Department's Advanced Planning Document. DCF will be using Agile Project Management and will be retiring the SACWIS system module by module and replacing it with new modules from the CCWIS system. Agile Project Management is a tool in software development, which software requirements and solutions evolve through the collaborative effort of self-organizing and cross-functional teams and the customer. In CY19, DCF started to develop the CCWIS software for the first statement of work. The CCWIS project is projected to decrease the current social worker documentation time by 20%. The system will be intuitive and will automate processes that are currently manual. The following is DCF's Roadmap for the replacement of the SACWIS system and the development of the CCWIS system.

April 2020 Update

DCF is completing the first module of the CCWIS project. The minimum viable product (MVP) for the Careline is in the testing phase and is being readied to go into production. The project staff is also creating training materials for video training to support the release. The Careline module will have a limited number of end users, with only 120 employees working in the call center but the new functionality in this module will impact all the Department users because of some universal features. The Department will reap the benefits of a greatly improved search feature that can be used in searches for all data points. The search feature will create matches and rate for the user how closely each match that is generated meets the search criteria. In the current SACWIS system, searching and matching is an exacting process that makes the system very difficult to use. There is other new functionality in the first module release that will improve the overall general user experience for both the SACWIS and CCWIS system and create efficiencies.

DCF began deploying tablets to improve worker mobility in the Fall of 2019. The specified use at that time was to allow workers to be more productive while offsite in court and at family homes. With the need to quarantine and the stay at home orders, deployment had to mobilized and expanded. The CCWIS assigned staff were instrumental in this distribution and then were dedicated to supporting the social workers and training them in the use of the tablet features. This proved vital in our ability to pivot to a virtual environment in March 2020 as a result of the pandemic.

In February of 2020, DCF issued the second statement of work for the Intake module and has been working with contractors to prepare proposals for consideration. The CCWIS Team had to pivot from on-site meetings to remote meetings.

The challenges of supporting telework under emergency circumstances and the difficulties related to changing the Agency's mode of communication for the request for proposal process has delayed the Intake statement of work award. The Department projects the start-up of the next module will be delayed. The Department is still working towards the goal of having an Intake MVP for the end of CY20 but may need to adjust that expectation if further production delays develop.

3. Plan for Enacting State Vision

The Department continues to build our Child Welfare System through strong state agency relationships, often formalized with memorandums of understanding/agreements, and developing strong collaborations with our provider network, ensuring the services provided are community based, racially and linguistically sensitive, as well as enhancing community awareness and understanding, and increasing access to services.

Consonant with the CFSR, *Juan F.* Strategic Plan, and Connecticut's PIP, key strategies and interventions have been developed to support positive, improved outcomes for children and families in the areas of safety, permanency and well-being.

Goals and Objectives:

Over the first two years year of our CFSP, we will utilize our PIP as the foundation of measurement of progress as it relates to safety, permanency, and wellbeing outcomes for the child welfare agency. Throughout these 2 years, our state leaders will refine the direction towards a child welfare system for Connecticut. Through the APSR process, we will collectively report on additional actions that solidifies the direction. The beginning step towards a child welfare system is relationship building and trust building across the state agencies. This foundation will be the bedrock to move our system forward. We must acknowledge that this will be a cultural shift for Connecticut, cultural shifts are not made through emails and memos, rather through relationships and trust. Below are our goals and objectives that will move us forward.

Strategic Goals:

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

Objectives:

a. Assess our current MOU/A's to determine effective partnerships and improved outcomes for children and families
b. Assess across state agencies, Task Forces and Committees that may be a support to this work
c. The first population to focus on will be families with children ages 0 – 5
d. Assess DCF service array system and increase timely access to services – PIP Goal 1 Strategy 4)
e. Focus on transitioning youth with disabilities to agencies with longer term supports. Uncover the areas of mutual support for youth and families verse the myth of "double dipping"
f. Implement revised SDM Safety and Risk Assessment tools and develop broad range of activities (training and QI) that promote model fidelity
g. Develop a safety framework approach and methodology to improve the quality of our assessments and enhance safety planning practices
h. Redesign of Adolescent Services to Transitioning Youth for Success in an effort to highlight the vulnerability of older youth in care

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

Objectives:

a. Define Connecticut's Safe and Sound Framework - Culture of Safety provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. Organizations with a well-developed culture of excellence find ways to successfully identify improvement opportunities, implement strategies for change, evaluate change over time, and hardwire what they learn. The Safe and Sound framework introduces anti-racist ideology into CT's DCF values. As a result of the Black Lives Matter movement, it has required the racial justice work evolve and an increased demand for system reform with a focus on justice beyond equity.
b. Work with our sister state agencies to introduce safety culture and touch points across agencies.

3. Connect systems and processes to achieve timely permanency.

Objectives:

a. Enhanced training and support to kinship and non-relative foster parents – PIP (Goal 2 Strategy 3)
b. Establishing a workgroup of leaders from state agencies to:
    i. Identify touch points of partnership and collaboration
    ii. Identify prevention activities, services, and innovations
c. Build bridges across state agencies
d. Develop a strategic plan that moves us to a Child Welfare System
e. Enhance partnership with the courts and judicial branch – PIP (Goal 2 Strategy 2)
f. Explore data sharing - PIP (Goal 2 Strategy 3)
g. Implement Rapid Permanency Reviews to address barriers for children in care achieving timely permanency
h. Implement Quality Parenting Initiative to foster relationships and build collaboration between caregivers and birth parents to minimize disruptions and promote timely permanency.

4. Contribute to child and family wellbeing by enhancing assessment and interventions

Objectives:

a. Meet with our Citizen Review Panels to frame out the FFPSA and moving to a child Welfare system. Determine their interest and roll they would be interested in playing
b. Emphasis on fatherhood services, resources, and support PIP (Goal 3 Strategy 1)
c. Collaborate with communities and state agencies to build a strong fatherhood engagement leadership teams PIP - (Goal 3 Strategy 2)
d. Build out system to support staff in service matching and need identification
e. Build out infrastructure to ensure service delivery is consistent with department expectation – Families are better off after receiving the service that matches the needs identified as a result of the Social Worker assessment
f. Conduct research to explore tools used in other jurisdictions to assess parent/child needs and help children in care achieve timely permanency
g. Redesign of the Therapeutic Foster Care program to ensure the behavioral health needs of children placed in OOH care are addressed
h. Restructuring and redesign of the Voluntary Services Program to better meet the emotional and behavioral health needs of children.

5. Eliminate racial and ethnic disparate outcomes within our Department.

Reduce the inequities/disparities seen not only in the 7 key results that is outlined at the onset of the document but specifically reduce disparities in the DCF decision point pathways data. The Department moving forward will be anchored in 4 guiding principles and foundations for our Racial Justice work: 1) Safe and Sound: Culture of Safety 2), Differentiating between equality, equity and justice 3) Moving from a racial justice lens to anti-racist action and 4) Striving for institutional transformation on how we work with children, families, the communities we serve and one another. Data will drive measurable strategies linked to the 7 key aspirational results.

Progress Made to Improve Outcomes

Measures of Progress:

As noted above, throughout the first and second year of our CFSP, we will utilize our PIP to measure progress as defined. This will provide an alignment and consistent focus and approach to our workforce and direction for our stakeholders. The PIP maintains a robust measurement system which includes oversight by the Children's Bureau. The United States Children's Bureau is a federal agency organized under the United States Department of Health and Human Services' Administration for Children and Families. The bureau's operations involve improving child abuse prevention, foster care, and adoption. Linking the various strategic plans, goals and objectives, activities and actions provides an opportunity for the CFSP to be the umbrella which brings focus and direction to our work. During the second year, the department with our stakeholders, will expand and develop measurements of progress to provide a standard approach of measurements as we build our Child Welfare System for the 3rd, 4th, and 5th year of this plan.

Progress Benchmarks

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

Racial Justice

Our Statewide Racial Justice Workgroup (SRJWG) and its four sub-committees are integral to informing and shaping the Child Welfare System, the statewide racial justice agenda, and serves as a vital advisory role to state leaders.

The SRJWG meets on a bi-monthly basis with leads from the Department representing every area office, region, facility and divisions across the state along with community stakeholders. These leads and stakeholders come together to share progress, identify challenges and barriers, and prioritize activities, practices, and next steps for continuing to advance the work. The Department continues to disseminate and use its data, routinely disaggregated by race, ethnicity and other demographics, to identify areas of strength and opportunities for improvement. This information is shared with the leads of the SWRJWG and the work done is based on what the data tells us.

In addition to coming together bi-monthly as a complete SRJWG, Racial Justice work is also led by four designated subcommittees: Workforce, Data, Service System and Policy and Practice. The chairs of the subcommittees are SRJWG members and each subcommittee has a broad array of members, including youth, family partners, community members, and providers, ensuring that multiple perspectives are infusing the work. The primary focus of each subcommittee was reconfigured to align with the legislative priorities identified in early 2019 and with the priorities that will be of primary focus in the coming year.

With Racial Justice being identified as one of the 5 bold strategic goals for DCF in early 2019, the Department took the latter part of 2019 to reflect, brainstorm, and priority map efforts done throughout the years. Intentional alignment of activities to the Legislative Priorities began as the Department is now required to report out annually on all efforts related to such priorities.

In 2020 and beyond, the goal of all Racial Justice work must surpass challenging conversations and activities. The goal is to move the needle on the outcomes for all children, youth, families, and staff. As the Department continues its journey, it is the hope that by focusing on goals collectively as an agency and streamlining the work that is being done across the state, that the trajectory for a child along the key decision points can be changed. The leaders of the SRJWG have created a structured template for locally based activities, have begun creating a structured logic model for the subcommittee work and continue to integrate Racial Justice in additional agency initiatives such as Culture of Safety and Family First Preservation and Support Act. As the Department continues to move Racial Justice forward the Department is looking to narrow its focus to 3 of the legislative priorities that appear to impact the areas along the key decision points the most. The following 3 strategies will be of primary focus for SFY 2020 year: (1): Comprehensive evaluation of DRS Fidelity, (2): Comprehensive Evaluation of Considered Removal –Child and Family Team meetings (CR-CFTM) and (3): Service System Pathways. These priorities will be evaluated and refined as needed to support integration and nexus with the proposed outcomes.

The data emerging from the Covid-19 pandemic related specifically to the impact of the disease on communities of color has underscored the critical urgency by which the goal of racial justice must be addressed. In response to this emergent data, DCF created a webinar series called " The Color of COVID-19 in CT" to raise awareness and to inspire a call to action. The webinar discussed the historical structures and current factors in our communities which have resulted in COVID-19 disproportionately affecting families of color. The initial launch of the webinar series reached over 100 of DCF Senior Leadership. The information shared during the webinar will serve as the platform for DCF and its Statewide Racial Justice Workgroup to build strategies for post pandemic work.

Leadership development strategies are currently underway to increase facilitation skills of Agency leaders in the wake of the Black Lives Matter movement. Child welfare leaders must be prepared to lead their workforce through this emotional time, but also reconcile the truths of institutional bias embedded within the field's policy and practices. Those structural changes will be necessary to move the needle on disparate outcomes for children and families being served by the Department.

PRACTICE ENHANCEMENTS

Function- specific workgroups have been established in key areas of our work to promote consistency in practice, address implementation issues in a timely manner, identify best practices and develop strategies to address

challenges/barriers. The following workgroups have been established: Area Office Directors, Intake Program Supervisors, Adolescent Services, Foster Care and Ongoing Services. Each group is led by an Assistant Chief of Child Welfare and Office Director and all regions are represented. These meetings will continue this upcoming year.

Fatherhood

In October 2019, DCF was awarded a three-year OJJDP grant to support the Connecticut state initiative, Families Supporting Reentry: A 2-Gen Approach (FSR). The project is designed to expand the service array for fathers in the custody of the Department of Corrections (DOC) incarcerated at the Willard-Cybulski Correctional Institution Re-Integration Center and returning to the Greater Hartford area upon release. FSR will target men who are fathers of children involved with the Department of Children and Families (DCF) due to child protection issues. The project will improve parent/child contact and visitation through agency programming and collaboration with community supports including distance-contact and technology, to strengthen the parent-child bond. This is an opportunity to impact the compounding effect where two systems, in which families of color are disproportionality served, intersect. Integrating child protection with reentry will help identify the needs of incarcerated fathers and their families at home to better address the impact of incarceration on children and families and offer additional skills and supports to those preparing for and reentering the community. Since the award, conference calls were held to facilitate formation of the Steering Committee and identification of additional members, including consumer representation. DCF Interdepartmental meetings were held to plan for creation of contracts and memorandums of agreement that are required with the participating agencies. Financial information and materials were obtained from the participating agencies to begin the development of contract documents. Due to the coronavirus crisis and social distance requirements next steps of group planning meetings and trainings were put on hold. DCF is working with OJJDP on a no-cost extension to allow for a delayed implementation, while still allowing for the full three-year project period. It is anticipated the project will resume activity in FFY 2021.

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

ACF contracted with Mathematica Research and the University of Denver to conduct this Breakthrough Series Collaborative. There are 6 jurisdictions in the project:

- Hartford, CT
- Wake County, NC
- LA County, Palmdale Office
- LA County, Vermont Corridor Office
- Denver County, CO
- Prowers County, CO

The goals of the project are to:

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

A Collaborative Change Framework (CCF) was developed by experts in the field of Child Welfare that guide the work of Fatherhood Engagement in the project. There are 5 domains and teams in the project are asked to come up specific strategies to address multiple domains.

The domains are:

1.) Support community, system and agency environments that value and respect all fathers and paternal relatives
2.) Cultivate racial equity for men of color in the child welfare system

3.) Identify and locate fathers and paternal relatives from the first point of contact with the family
4.) Assess and address the strengths and needs of and barriers for fathers and paternal relatives
5.) Continuously involve fathers and paternal relatives throughout the lives of their children

Below is the structure of the Team
Travel Team (attend in-person Learning Sessions in DC – Required to conduct Plan Do Study Act (PSDAs)

- Senior Leader
- Team Manager
- Social Work Supervisor
- Social Worker
- Community Partner
- Father or Paternal Relative

Improvement Team (in addition to the above work to spread change and now also testing via PDSAs)

- 2 Office Directors
- 2 Considered Removal Facilitators
- 1 Quality Improvement Program Supervisor
- 2 Social Work Supervisors
- 2 Social Workers

The Team is required to participate monthly infinity group calls based on the roll in the organization and/or on the team. All Team calls occur as well. Topics for calls include updates on PDSAs, racial inequities in the child welfare system, transformational leadership etc.

The Team is also required to utilize the Mathematical SharePoint site which contains the following:

- Conducted a Self-Assessment based on the 5 Domains in the CCF
- Implement and track PDSAs

Maintain Data Metrics on the following:

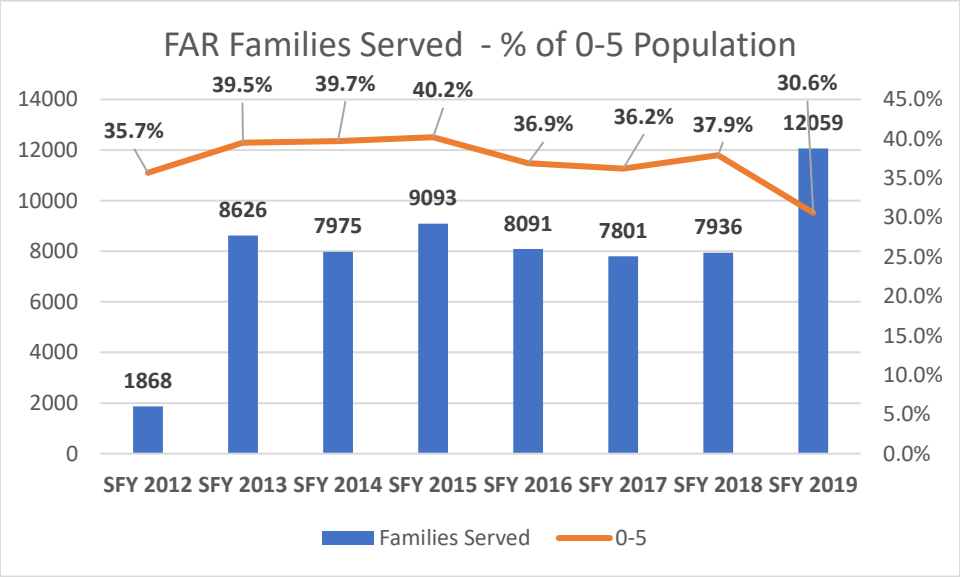
- Initial Father identification
- Identification of additional agencies and informants
- Placement options
- Family meetings
- Service planning
- Visitation
- Reunification

This project also provides funding to assist with implementing and testing change. The team is currently developing their budget and exploring ideas. Some of the PDSAs have been focused on improving the quality of supervised visitation with fathers, focusing on engaging paternal relatives and ensuring that both fathers and paternal relatives are invited to Considered Removal (CR) Meetings. The CR facilitators PDSA is called "Why not Father" meaning there is a focus on determining if the child(ren) can be cared for by father if non-custodial or exploring paternal relatives to be a placement resource or provide support. The team has been focused on peer to peer exchanges, meaning one of the workers on the teams carves out time in her week to talk with co-workers and/or she is given time in her unit meeting to discuss her work with fathers. Another area of focus includes ensuring that fathers are discussed. For the remainder of the BSC and upcoming year, the team intends to focus on collaboration with other systems, as well as ensuring racial equity for fathers of color.

Differential Response

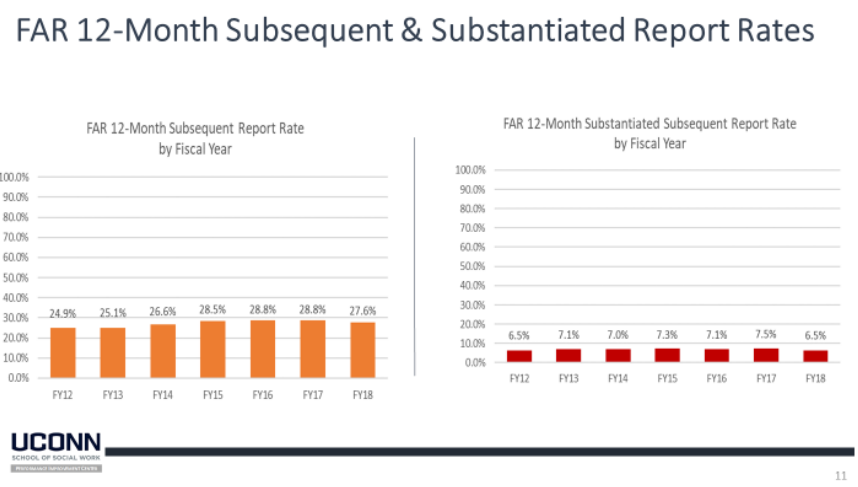
On March 5, 2012, the Department of Children and Families launched its Differential Response System (DRS). UCONN School of Social Work continues to function as our Performance Improvement Center, analyzing our Family Assessment Response data and that of our contracted service, Community Support for Families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

Family Assessment Response: In CY 2019, there were a total of 29,516 accepted reports of child abuse and neglect, a slight increase from last year (28,869). Of the total number of accepted reports, 45.4% were assigned to the FAR track, a decrease from the prior year (50.4%). The chart below represents unduplicated families who received a FAR since implementation (3/5/12) by SFY through 12/31/19. Since implementation, 59,667 families received a FAR, 89,517 children were identified as victims of abuse/neglect.



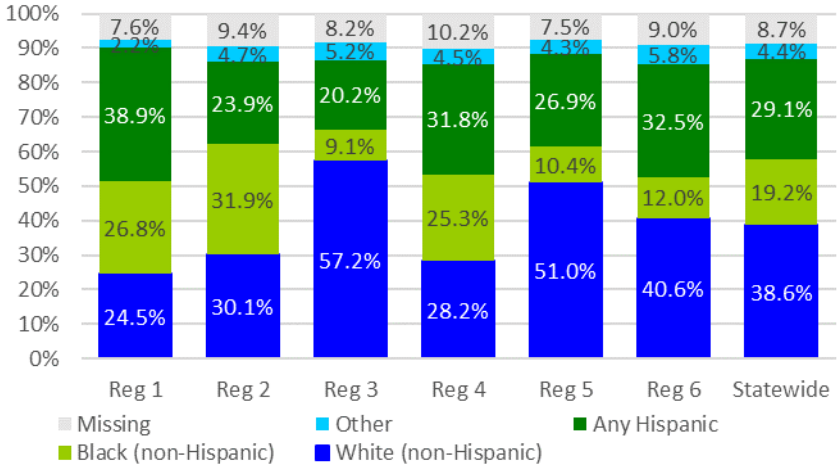
Although the Rule Out criteria changed in June 2014, reports designated as an investigation response continued to be the highest response type for accepted reports until 2018. Since implementation, 37% of reports involve children under the age of 5. This past year represents the lowest percentage of children, age 0-5, since implementation despite having the highest number of FAR reports received. Most reports come from mandated reporters (87%) with school personnel (40.9%) and police (16.3%) being the highest. As one would expect from a DRS population, 93.7% of the reports involve various forms of neglect, with only 13.5% involving physical abuse allegations. 74.3% of the families scored at low/very low risk upon completion of their FAR. 15.7% of FAR families had at least one prior accepted CPS Report and 2% had at least one prior substantiated report.

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



Statewide, 27.6% of FAR families had a subsequent report (SR) within a 12-month period following FAR disposition. This rate has been relatively stable over time with a high of 28.8% in FY16 and FY17 to a low of 24.9% in FY12. There was a 1.2% decrease from FY17 to FY 18. The SR report status varies slightly by region with a range of 25.3% - 29.2%. Statewide, 6.5% of FAR families had a Subsequent Substantiated Report (SSR) within a 12-month period following case disposition.

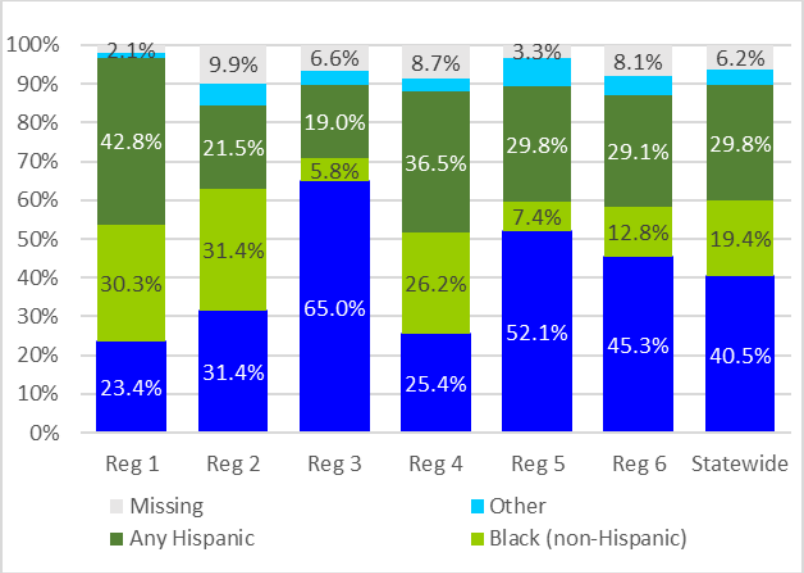
FAR 12-Month Subsequent Report Rate by Region and Race/Ethnicity



Of the FAR families that had a Subsequent Report, 38.6% were White, 19.2% were Black, 29.1% were Hispanic, and 4.4% were other. This varied regionally as expected since the population differs across the six regions.

Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. Of FAR families with prior CPS history, 36.6% had a subsequent report compared with 19.0% of families with no prior CPS history. As expected, families with low or very low risk assessment scores had fewer subsequent reports than those families who had higher risk scores. Of the families with a moderate/high risk assessment score, 40.0% had a subsequent report compared with 27.1% of families with a low risk assessment score, and 15.1% of families with a very low risk assessment score. As expected, families with low or very low risk assessment scores had a lower SSR rate (2.3% and 6.2% respectively) than those families with a moderate/high risk score (10.6%).

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



Of the FAR families that had a SSR, 40.5% were White, 19.4% were Black, 29.8% were Hispanic, and 4.2% were 'Other'.

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

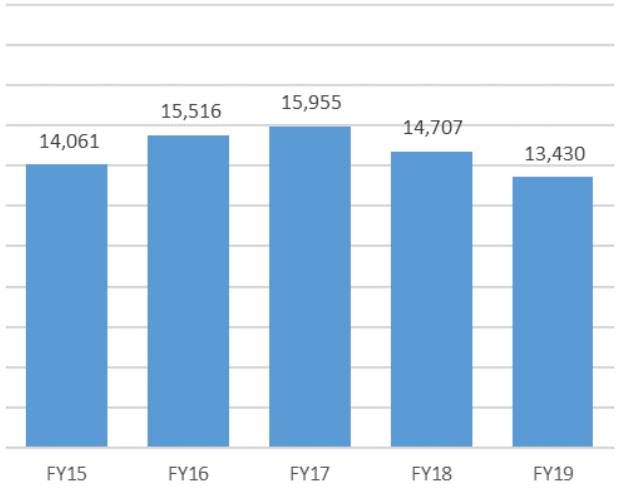
Children under 5 were 46.9% more likely to have a SSR; as the risk level increased, families were 96.7% more likely to have a SSR; two parent households were 14.6% less likely to have a SSR; and families were 21.2% more likely to have a SSR report for referrals generated by school personnel,.

Note: FY18 data was used for all SR/SSR analyses to allow enough time to capture a 12-month follow-up time period.

FAR Data continues to be routinely shared with central and regional office staff to help identify trends and inform practice and policy changes. The Department continues to assess the impact of the FAR pilot launched 7.1.18, that required all FAR assessments with substance use and intimate partner violence concerns be automatically transferred to investigations. This analysis will be completed this upcoming year to determine whether consideration should be given to establishing additional FAR Rule Out Criteria for intimate partner violence/domestic violence reports.

Investigations Response:

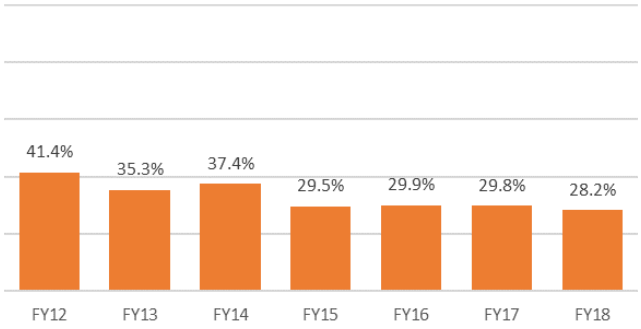
The chart below represents the number of families served in the investigations track since implementation of our Differential Response System, totaling 63,175 families and 107,822 children. A total of 13,430 families and 20,077 children were served in FY19. There has been a steady decrease in the number of Investigation families served since FY2017. This year, 41.8% of the investigations, involved children 0-5.



The response time for Investigations cases has fluctuated to some extent over time. While the proportion of same day responses has stayed stable, the proportion of 24-hour responses has decreased and the proportion of 72-hour responses has increased. In FY19, White families had the smallest proportion (29.1%) of same day response times, compared with Hispanic families at 30.5% for the same day response time.

The family composition of most investigation families are single parent households (41.3%), followed by two parent households at 37.6%. 23.6% of investigations families had at least one prior CPS Report and 4.2% had at least one prior substantiated report. 88.7% of the accepted reports were from mandated reporters, with school personnel (31.5%) and police (22.2%) the most prevalent reporters.

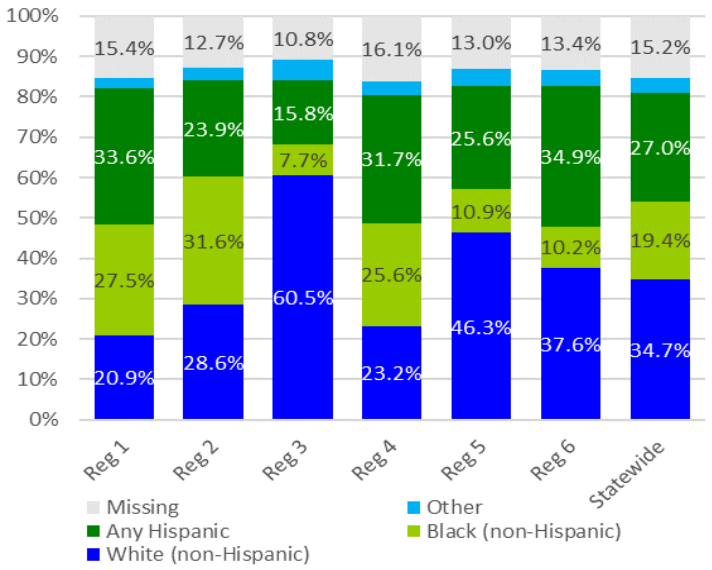
Investigations: 12-Month Subsequent Report Rate by Fiscal Year



Statewide, 28.2% of families had a subsequent report (SR). The SR rate has been trending down with a high of 41.4% in FY12 to a low of 28.2% in FY18. The FY18 SR report status varies slightly by region with a range of 32.4% - 25.0%.

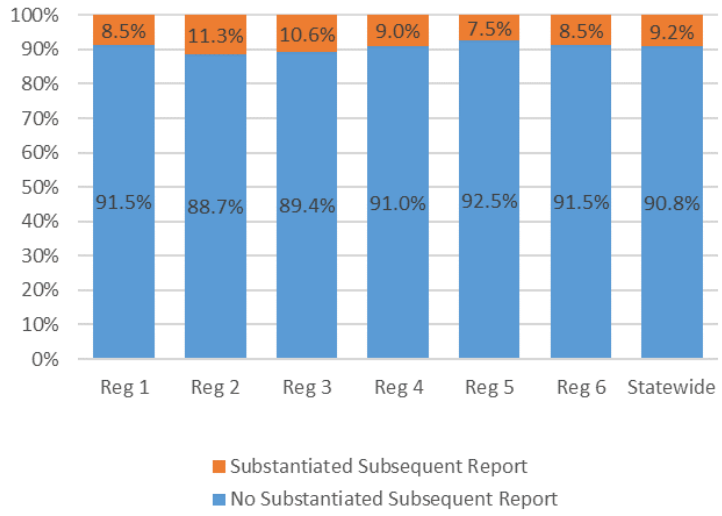
Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. For families with prior CPS history, 34.8% had a subsequent report compared with 17.4% of families with no prior CPS history. As expected, families with low or very low risk assessment scores had fewer subsequent reports than those families who had higher risk scores. Of the families with a moderate/high risk assessment score, 35% had a subsequent report compared with 25% of families with a low risk assessment score, and 12.9% of families with a very low risk assessment score.

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



Of the families that had a SR, 34.7% were White, 19.4% were Black, 27.0% were Hispanic, and 3.7% were other. This varied regionally as expected since the population differs across the six regions.

Investigations: 12-Month Substantiated Subsequent Report Rate by Region

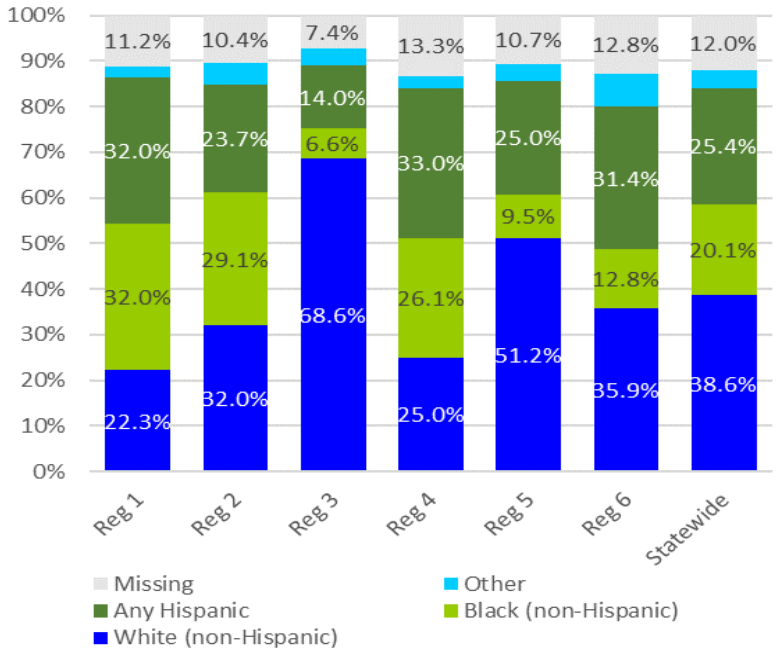


Statewide, 90.8% of families did not have a Subsequent Substantiated Report (SSR).

Prior CPS History: 12.0% had a SSR compared with 4.6% of families with no prior CPS history.

As expected, families with very low or low risk assessment scores had a lower SSR rate (1.7% and 6.5% respectively) than those families with a moderate/high risk score (13.7%).

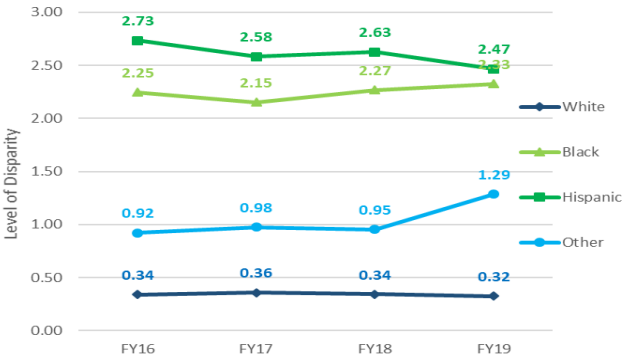
Investigations: 12-Month Substantiated Subsequent Report Rate by Region and Race/Ethnicity



Of the families that had a SSR, 38.6% were White, 20.1% were Black, 25.4% were Hispanic, and 3.9% were other.

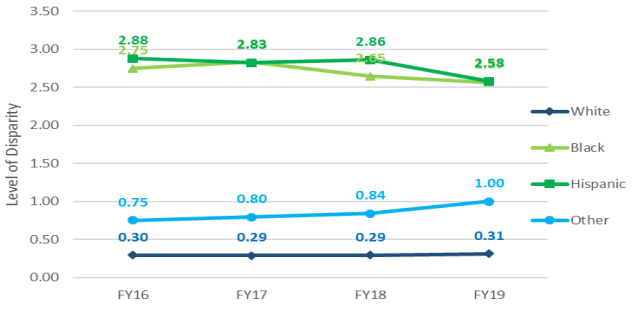
Through Survival Analysis, factors associated with subsequent reports included age of children, risk assessment score, family composition, region, and race. Children under 5 were 33.3% more likely to have a SSR; as risk level increases, families were 73.1% more likely to have a SSR; two parent households were 9.3% less likely to have a SSR; and families designated as Other were 23.9% less likely to have a SSR compared to white families.

Investigations (INV) Racial Disparity



In FY19 racial disparities occurred in referrals to INV and FAR. Hispanic families were referred to the INV track at a rate that is 2.47 times greater than the rate of all the other families. Similarly, Black families were referred to the INV track at a rate that is 2.33 times greater than all other families. Families with the race category 'Other' were referred to the INV track at a rate that is 1.29 times greater than all other families. However, White families were referred to the INV track at a rate that is only 0.32 times the rate of all other families.

FAR - Racial Disparity

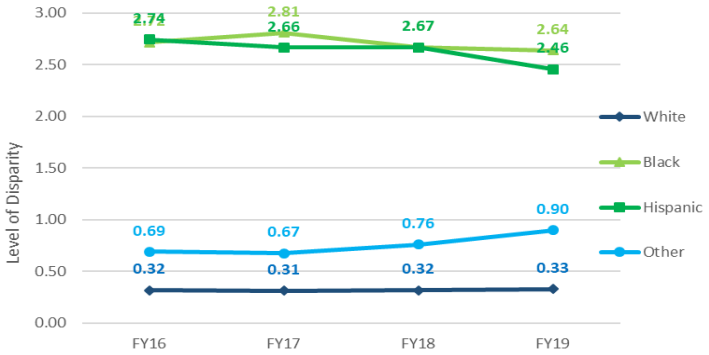


Hispanic and Black families were referred to FAR at a rate that is 2.58 times greater than all other families.

White families were referred to FAR at a rate that is only 0.31 times the rate of all other families.

Substantiated Reports

Further disparities were identified in substantiated report status for Black and Hispanic families.



Black families had substantiated reports at a rate that is 2.64 times greater than that of all other families in FY19.

Similarly, Hispanic families had substantiated reports at a rate that is 2.46 times greater than that of all other families. Families with the race category 'other' had substantiated reports at a rate 0.9 times that of all other families. White families had substantiated reports at a rate only 0.33 times that of all other families.

UCONN will be meeting with the Chief of Strategic Planning to identify the areas of focus for analysis/evaluation for our Differential Response System, inclusive of both tracks. Dashboards will be created to highlight regional and state performance. Further analysis and discussion are needed relative to the racial justice data. This will be an area of focus this upcoming year.

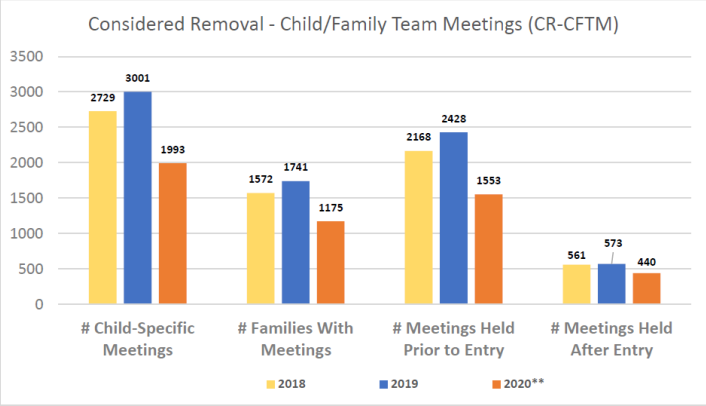
During the year, a workgroup was established to update and revise the investigations policy. The draft is nearing completion and will be shared with the Investigations Program Supervisors for vetting prior to the Executive Team's review. It is anticipated this policy will be finalized this upcoming year.

CT's Teaming Model

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

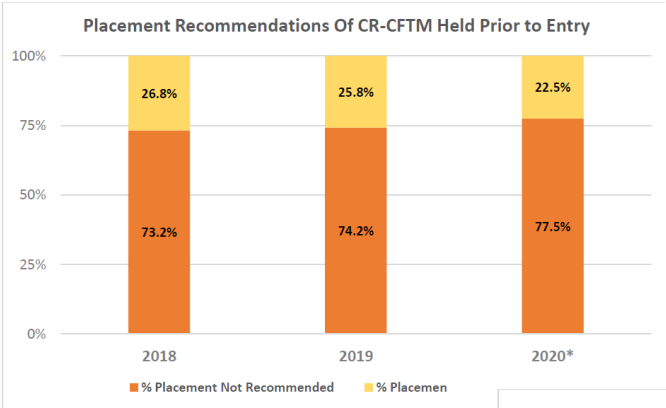
On February 11, 2013, as a key component of the continuum, the Department implemented Considered Removal – Child and Family Team Meeting (CR-CFTM) statewide. CR-CFTMs are held when a child is being considered for removal as a result of a safety factor being identified. Their purpose is to engage the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

Since 2013, there have been a total of 20,521 child-specific meetings held, involving 12,282 families. Overall, 74.7% of meetings (15,511) occurred prior to the child's removal and only 26% of the meetings recommended the child's removal. This year, 78% of meetings occurred prior to the child's removal, consistent from the prior year.



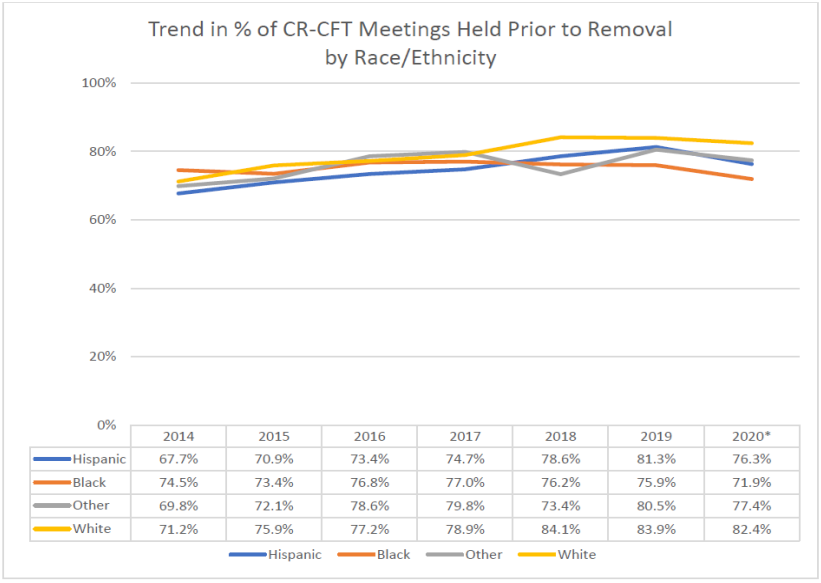
Note: ** Represents partial FY.
2020 reflects data from 7.1.19 through 3.27.20.

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



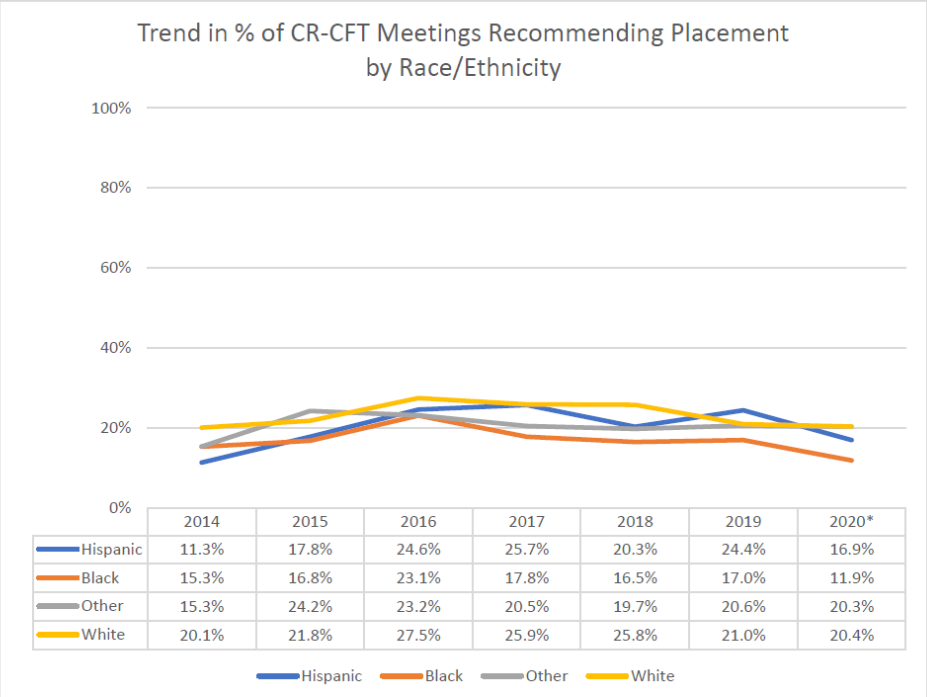
The data demonstrates the Department's ability to engage in safety planning efforts with families. This past year 78% of children were not recommended for removal, an increase from the prior year (74%).

This chart represents the percentage of CR meetings held prior to removal by race and ethnicity from 2014 through 3/27/20.



	2014	2015	2016	2017	2018	2019	2020*
Hispanic	67.7%	70.9%	73.4%	74.7%	78.6%	81.3%	76.3%
Black	74.5%	73.4%	76.8%	77.0%	76.2%	75.9%	71.9%
Other	69.8%	72.1%	78.6%	79.8%	73.4%	80.5%	77.4%
White	71.2%	75.9%	77.2%	78.9%	84.1%	83.9%	82.4%

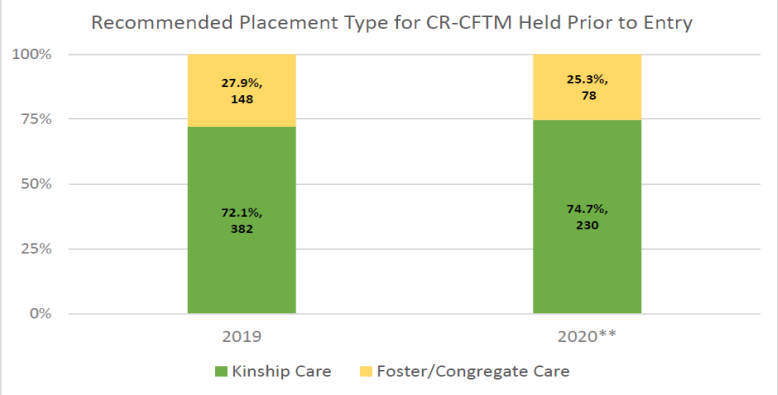
Overall, we have been fairly consistent in conducting CR meetings prior to a child's removal across all families.



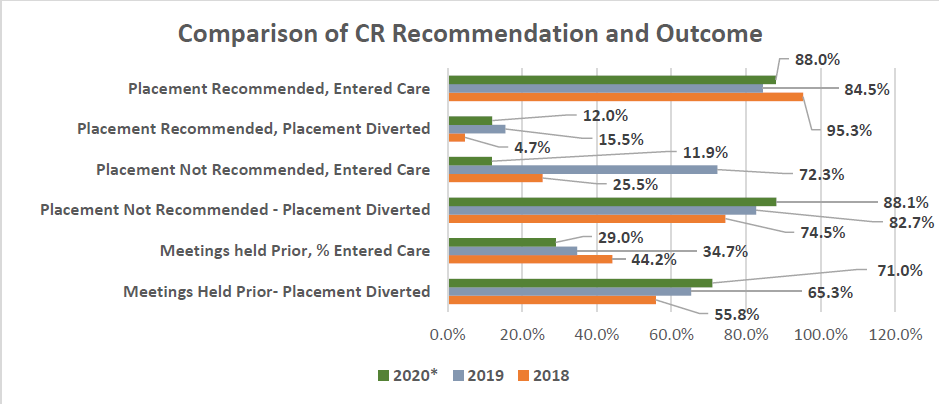
	2014	2015	2016	2017	2018	2019	2020*
Hispanic	11.3%	17.8%	24.6%	25.7%	20.3%	24.4%	16.9%
Black	15.3%	16.8%	23.1%	17.8%	16.5%	17.0%	11.9%
Other	15.3%	24.2%	23.2%	20.5%	19.7%	20.6%	20.3%
White	20.1%	21.8%	27.5%	25.9%	25.8%	21.0%	20.4%

This chart reflects CR meetings held prior to the child's removal where the decision of the meeting recommended child's placement by Race/Ethnicity.

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



This chart represents CR meetings held prior to removal for FYs 2019 and 2020. It 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 since implementation. This year, 75% of children were recommended for placement in kinship care, an increase over the prior year.



This chart reflects the CR meetings held prior to the child's removal and compares the recommendation of the meeting (removal) and whether the child entered care. For this year, 88% of the children with a recommendation to remove, entered care, a slight increase from prior year (85%). This has been consistent since implementation. Overall, the "live decision" made at the meeting appears consistent with what happens after the meeting.

Timeframe	2014	2015	2016	2017	2018	2019	2020
#							
Same Day	87	174	242	233	216	214	105
1 - 30 Days	236	457	650	588	521	473	296
31 - 60 Days	30	65	84	60	65	67	27
>=61 Days	194	361	297	283	195	88	23
%							
Same Day	15.9%	16.5%	19.0%	20.0%	21.7%	25.4%	23.3%
1 - 30 Days	43.1%	43.2%	51.1%	50.5%	52.3%	56.2%	65.6%
31 - 60 Days	5.5%	6.1%	6.6%	5.2%	6.5%	8.0%	6.0%
>=61 Days	35.5%	34.2%	23.3%	24.3%	19.6%	10.5%	5.1%
Total #	**547**	**1057**	**1273**	**1164**	**997**	**842**	**451**
Total %	**100.0%**	**100.0%**	**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. 89% of children entered care within 30 days of the CR meeting. Less than a quarter enter care the same day of the CR meeting.

The Department will continue to meet with the CR Facilitators on a quarterly basis. The focus of these meetings will include the following:

- Analysis of AO CR Data
- Review and update CR-CFTM Policy and Practice Guide to increase consistency in practice
- Review and finalize Family Arrangement Policy and Practice Guide (crosswalk with CR-CFTM policy/practice to ensure greater consistency in practice).

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

Rapid Permanency Reviews

The Adoption Call to Action bi-annual meeting was Initiated by the Children's Bureau as a convening of National Statewide Adoption Managers and National Statewide Foster Care Managers to address delays in permanency,

with an emphasis on adoption. Connecticut's data indicated the average time frame to adoption finalization after a child is legally free is approximately 12 months and the average length of stay is 3 years. The Children Bureau charged each state in attendance to implement a strategy to address the delay; the department chose Rapid Permanency Review (RPR) and enlisted the consultation services of Casey Family Services. RPR, through a case review process, identifies systematic barriers (internal and external) and with key stakeholders works to mitigate the barriers (systems, practice and policy) and replicates existing best practice.

In November 2019, the department met with key stakeholders to introduce the program. It established an Implementation Committee consisting of the Bureau Chief of Child Welfare, Bureau Chief of Strategic Planning, Information System Program Supervisor, Director of The Academy for Workforce Development, Quality Improvement Program Supervisor, Klingberg Family Center Therapeutic Foster Care Supervisor, Permanency Resource Exchange, Interstate Compact, & Subsidy Program Supervisor, Permanency Resource Exchange Supervisor and serving as project lead, the Foster Care Division Program Director. The team identified the Phase 1 implementation sites to be Hartford, Norwich and Waterbury Area Offices. The cohort would consist of children ages 0-18, in care 2 years or more (Long Stayers), whose parents rights were terminated, living with their identified resource and with a permanency plan of Adoption.

RPR's are led by a review team of three, Reviewer, Co-Reviewer and Observer. Instead of one team for the state, to build sustainability after consultation services end, the Implementation team assigned each site a designated team. The team consisting of the Permanency Resource Exchange Specialists, Quality Improvement Program Supervisor and Private Providers and Legal to offer their expertise and lens. The Reviewers received orientation and training to prepare for the March 2020 launch. In addition, the team convened a workgroup of Statewide Adoption Specialist to build consistency on the steps to permanency and identify barriers to permanency and action steps for the RPR review tool. The Statewide Adoption Specialist will continue post RPR as the group to establish the agencies best practice, policy and quality improvement measures. The process includes a mechanism for Accountability for Outcomes. In March, the Commissioners teams were in the process of finalizing the composition of the group and its protocols to resolve systems barriers, gaps and highlights. The department was in process of exploring the efficacy of Permanency Specialist Units as there is no consistency within the regions. Some regions have social workers with a mixed caseload of permanency and ongoing, while others specialize in Permanency only cases and some offices have permanency units. The department assigned a Master of Public Policy Intern to research and report the findings and recommendations. During March 10 through the 13th, the Project Lead conducted orientation with the Executive Team, Leadership and Permanency Staff in each site.
A total of 66 children were identified for the cohort; 23 Hartford, 13 Norwich and 30 Waterbury. The cohort included 12 sibling sets; 1 set with 4 children who were living with different caregivers; 1 set of 3 who were together; 2 sets of 2 with different caregivers and different area offices and the rest were pairs of 2. 38% were between the ages of 2 and 5. 58% were males and 42% females and had been in care between 2 to 9 years. 41% of the children had between 3 to 5 different households since entering care; 21% had 2 household changes, 18% had 1 household change; and 12% had 6 or more household changes. 48% had between 3 to 5 Ongoing Services Social Workers. This process prompted the exploration around the effectiveness of having Permanency Specialist Social Workers, Permanency Specialist Units or social workers with mixed caseload.

RPR reviews were scheduled in several Area Offices in March, as well as multiple debriefing sessions with various teams. COVID-19 has postponed all activities. However, discussion to explore a transition to a virtual environment have occurred.

Quality Parenting Initiative (QPI)

The Youth Law Center (YLC) developed the Quality Parenting Initiative (QPI) in 2008 as a unique model for strengthening foster care and improving permanency and wellbeing for children placed in out-of-home care by

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

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

The recruitment and retention of caregivers who provide quality care and excellent parenting, are those who are part of decision making, informs the systems continuous quality improvement and builds supportive long-term relationships with the birth parents towards the attainment of timely and sustainable permanency. Expectations are clearly articulated and include identifiable supports.

The implementation consists of a series of focus groups, workshops and training and interagency meetings. The deliverables include assistance in the brand creation; review and creation of policies and best practice that align with the approach; assembling and establishing QPI champions, a Caregiver Advisory Council - and Train the Trainers. Due to the COVID-19 pandemic, the launch of the campaign has been delayed. From June to early fall 2020, the department will focus on the implementation of QPI in three regions while simultaneously, equipping identified QPI Champions to complete the implementation of the remaining regions (tentative end of year).

The region will participate in a series of sessions called assessment, engagement, alignment, implementation and broadcast. The session/meetings are described as follows.

Assessment-

- **Initial Meeting:** Introduction to Senior Leadership
- **Initial Assessment:** Review of policy, practice, pre-existing data and recruitment material

Engagement

- **Facilitate Focus Groups:** Caregivers, birth parents, youth, foster care workers, foster care support, providers, legal and community
- **Facilitate**
    - Meeting 1**:** Introduction to QPI group meeting and orientation
    - Meeting 2: What does great parenting in foster care look like. What do great foster parents do?
    - Meeting 3: Creating a brand statement, how do we articulate and communicate expectations for foster parenting?

Alignment

- **Develop the Implantation plan:** What practice changes and action items are needed to overcome? Identify partners and resources needed?

Implementation

- **Establish Meeting Cadence and Agenda:** Clear action plan disseminated, plan executed, data collected and analyzed and performance management
    - **Consultation Follow Up:** QPI conducts a 90 day statewide follow up meeting and Quarterly review

In addition, the department will establish a **Statewide Caregiver Advisory Council.** The membership will consist of those who share a common goal of transforming the foster care system and long-term viability of QPI for the benefit of Connecticut's children entering care. They represent various stakeholders within the caregiver community such as foster parents, current and retired; adults who were children in care; birth parents of children who were in care and, DCF staff. Given their experience and perspective, the council will provide strategies, ideas, feedback and recommendations to inform the department's foster care redesign, policy, practice, recruitment, support and retention efforts pre, ongoing and post services. The Statewide Council will have representatives from the Regional Advisory Councils and will meet monthly and participate in the national peer networks.

The QPI Champions will serve as members of the council and the implementation team. Each region will have local QPI Champions who are DCF staff members, foster parents, birth parents and youth. The QPI Champion will be equipped for full implementation through four training *three-one and a half to 2-day workshops) sessions and apprenticeship with the QPI consultant group. The sessions are described as follows:

- **First workshop:** Basic child development and attachment, basics of branding, basics of the organizational change model/community-based change.
- **Second workshop:** Following meetings 1 through 3, review and discuss meetings; practice conducting meetings
- **Third workshop:** Following observation of third meeting, tools for organizational change, policy resources, using the network, observe training pairs conducting 1 session either on-site or remotely.
- **Champions participate**
    - Individually in monthly phone calls with QPI staff to review “homework” assignments
    - Monthly group call (in state)
    - Monthly calls with champions from other area (after completing training)
    - Receive supervision from QPI will continue to provide supervision and assistance while CT participating in QPI and part of the national network.
    - Attend national conference

Relative/Kinship Care

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

Relative and fictive kin placements have increased by nearly 25% between January 2011 and June 2019. As of June 1, 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).

Structured Decision Making

The Department continues to partner with the National Council on Crime and Delinquency (NCCD) via the Children's Research Center (CRC) to implement the updated Structured Decision Making (SDM) Safety and Risk Assessment Tools. Following the change in administration, the Department made the decision to not move forward with implementing the updated SDM tools utilized by ongoing services staff beyond the Safety Assessment tool.

The following represents a summary of SDM activity this past year:

Training & Support**:**

- Beginning in May 2019 and through July, intake staff (all levels from Social Worker to Program Supervisor) were trained on the revised Safety and Risk Assessment Tools, totaling 545 participants.
    - The training provided an overview of the SDM model, as well as changes made to the SDM tools – specifically highlighting the new sections within each tool, changes in definitions and policy, as well as areas in our SDM practice that have been challenging.
    - The training also included basic SDM safety and risk data and a summary of the Risk Validation Study process and findings.
    - A component of the intake training was focusing on our safety planning practices, specifically on the creation of Safety Plans and the need for monitoring these plans within specified review dates.
    - Questions raised during the training sessions were gathered and responses were shared with intake staff prior to release of the revised tools.
- Additional training sessions were held to ensure the CR-Facilitators, QA Managers, and Ongoing Services Program Supervisors receive training prior to release of the tools.
- Responses to the Parking Lot questions raised during the training sessions were disseminated to all intake staff for review.
- Prior to deployment of the intake tools, an SDM call was held on 9/19/19 with all intake staff to highlight the themes that emerged from the questions raised during the training. A total of 165 participants were on the call. Areas of discussion included the following: household completion, identification of primary and secondary caregivers, safety planning, including circumstances requiring managerial oversight, protective capacities and definitions requiring greater clarity.
- The Safety and Risk Assessment tools were implemented on October 5, 2019. Following release of the tools, an SDM call was held on October 25th, targeting Program Supervisors. Representatives from CT KIND and staff who completed the risk validation study were also on the call. A total of 15 staff participated.
    - Since the release of the tools, staff are observing an increase in cases designated as moderate and high-risk cases. This would be expected given the findings of the risk validation study – moving to a 3-level system and the changes in weights on particular risk factors.
- SDM is a standing agenda item during monthly meetings with Intake Program Supervisors to address questions, clarify practice, and address issues/concerns in a timely manner.
- The Safety Assessment tool was released in ongoing services in November 2019. The Academy created an on-line Safety Assessment PowerPoint presentation with voice over for ongoing services, mirroring the information included in the intake training. 1037 staff completed the training.
- Regional SDM Facilitated Discussions were held with Supervisors and Managers for Ongoing Services in preparation for the release of the Safety Assessment Tool. The primary focus of these discussions was utilization of the tool, safety planning, and to share and develop strategies for supervision around the use

of the tool. All offices engaged in the facilitated discussions with 228 staff participating.

- SDM Safety and Risk Assessment Practice Tips were created and disseminated to all Intake Program Supervisors. These tips highlighted the changes made to each tool, procedures for accessing the tools in LINK, and general SDM practice challenges.
- SDM will be a standing agenda item for the Ongoing Services Program Supervisors Meetings. Initial discussion focused on safety planning practice, interventions, and monitoring of safety plans.

Technical

- Weekly calls were held with CRC to address technical issues in preparation for the deployment of the tools.
- User Acceptance Testing was held for both the Safety and Risk Assessment tools to elicit feedback from intake staff around the technical aspects of accessing and completing the tools.
- Existing LINK reports were modified to include SDM information, including safety decision, risk level and use of overrides, as well as identifying the length of time a child has been identified as conditionally safe. This helps to identify the cases in which a safety plan is in effect, the need to monitor the safety plan, and highlight the need to update the Safety Assessment when safety factors have been mitigated or when case circumstances change.
- A Maintenance release is scheduled for May 2020 to add enhancements for the end user, specifically adding spellcheck, increased tool validation, and security.

Implementation

- To prepare for the implementation of the tools, the SDM Leadership Implementation Team was established in June 2019 consisting of the following individuals:
    - Chief of Child Welfare
    - 3 Assistant Chiefs of Child Welfare
    - Director of Strategic Planning
    - Careline Director
    - Academy Director
    - Representatives from CT KIND
    - Director of Implementation & Support
    - SDM Central Office Lead

  This group is charged with planning and supporting SDM implementation. Beginning in July 2019, the team meets on a bi-weekly basis. Agenda items have included status of deployment, training and support, and planning for CQI activities.

CQI

- CRC developed case reading tools for the Careline and Intake staff to assess our implementation of the revised SDM tools. In August 2019, CRC conducted Case Reading training for Careline Supervisors and Program Supervisors. The Case Reading tool goes beyond completion of the tool and includes and assessment of the following:
    - Customer Service;
    - Information Gathering;
    - Documentation;
    - Supervision; and
    - Decision

- In November 2019, CRC conducted a 2-day site visit to review a statewide sample of completed intakes utilizing the case reading tool. Staff from the Academy and regional CQI (QIPS) attended and assisted in the case reviews. The tool assesses family engagement, timely commencement and accurate completion of both the safety and risk tools. CRC provided summary feedback of their findings relative to the tools. Primary issue of concern was the utilization of definitions.
- As a result of COVID-19, CRC was unable to conduct the case reading activities as scheduled. Recognizing the importance of this activity to enhance our SDM practice, regional QIPS and ACR reviewers sampled 327 cases, utilizing the Case Reading tool created by CRC. These reviews were completed in early May. Reviewers entered results into a Survey Monkey. CRC compiled results and information gleaned from the reviews were shared during the training.
- The Supervisor/Managerial training curriculum was finalized by CRC in March 2020 and was designed to integrate the SDM tools into supervision and case practice in a meaningful way, utilizing a coaching approach. The training modules will also include the use of informal assessments.
- CRC delivered the training virtually with Academy staff on 5/15/20. Following the TOT, Area Office Supervisors and Managers were trained virtually, ending early June 2020.
- The Academy is in process of developing a team-based learning opportunity focusing on SDM. Sessions will be held locally. This training is still in development.
- CRC's contract with the Department is scheduled to end in September 2020. CRC will continue to support the Department to improve our SDM practice through the duration of their contract.

The Department is in process of developing a safety framework that would help support the utilization of the SDM tools to enhance our safety methodology and practice. To this end, we mapped out what we currently do to assess safety and risk for both intake and ongoing services operations. In addition, research is being conducted to identify best practices in other jurisdictions and to explore tools to help identify strengths/needs of the family to target service interventions and help us achieve timely permanency. A workgroup will be established to continue this research and provide recommendations to the executive team for consideration. This will be an area of focus this upcoming year.

Integrated Family Care and Support Program (IFCS)

The Department of Children and Families, in partnership with Beacon Health Options, established a new program to empower and strengthen families as well as remove the stigma of DCF involvement for families accessing DCF funded services to address their needs. The development of the program was a result of a budget option submitted under DCF's prior administration following a review of data, specifically looking at the high rate of unsubstantiated case transfers to ongoing services. The program was developed in the belief that families would be better served in their own community without DCF involvement and aligns well with the Family First Legislation and our prevention mandate. Integrated Family Care and Support (IFCS) was designed to engage families while connecting them to concrete, traditional and non-traditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach.

Each Family Care and Support Coordinator (FCSC) will serve a minimum of 20, to a maximum of 30 families at any given time and annually, each FCSC will serve a range of 30 - 60 families. The length of service provided is 6-9 months based on the family's level of need and willingness to engage in services with an opportunity to extend the length of service if needed. Families who meet the eligibility criteria described below can be referred to the program:

- Current investigation with an unsubstantiated finding (Families may have prior substantiated history or prior court involvement);
- Family presents with level of need that requires a family care coordination approach to address their

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

DCF is the only referral source for the program. The family is **ineligible** for the program under the following conditions:

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

Following the transition to IFCS, ongoing case management will be provided by Beacon and the Department will close its case, following a joint meeting with the family, IFCS and DCF.
Each family will be assigned a Family Care and Support Coordinator (FCSC) who will assume responsibilities with the family including:

- Maintaining direct contact with the family
- Assembling and coordinating Family Team meetings
- Connecting families to resources and services within their own community;
- Developing and completing the family's Plan of Care
- Administering the North Carolina Family Assessment Scale for General Services (NCFAS-G) to identify strengths and needs to help inform service delivery; and
- Family Satisfaction Survey to gather feedback from the family around service delivery

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

During the first five weeks, IFCS will have weekly visits with families and then every other week thereafter as well as maintain regular phone contact with the family and their respective team, including community providers involved with the family. Outcome Measures for the program have been established that focus on engagement, family satisfaction, reduction in child maltreatment and several performance indicators. The outcomes of the program are as follows:

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

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

A 3-day LEAN event was held in July 2019 in which 45 people were in attendance, the largest LEAN event ever held. All regions and functions within the agency were represented, as well as our Beacon partners. This event was unique in that it was designed to frame out the Scope of Service and solicit feedback from front-line staff around service delivery. Many of the recommendations made during the LEAN event were embedded into the Scope of Service. Prior to implementation, weekly meetings were held with Beacon to develop and finalize the Scope of Service, develop an implementation plan, prepare materials for DCF and community presentations, develop a training plan for IFCS staff, and establish Wrap Guidelines for families to access wrap funding to help meet their basic needs. As this program represented a significant change in our practice, we opted to utilize a staggered implementation approach to work through implementation issues, stagger the hiring of staff, build and enhance current system/structure for collection and analysis of data, and time to prepare regions for implementation. Data informed the roll out plan based on the rate of unsubstantiated transfers to ongoing services. Statewide presentations were conducted to Area Office Leaders to ensure they were educated and informed about the program. The program was implemented in Regions 4 and 5 in February 2020 following regional presentations. Intake staff (all levels), Office Directors, RRG, Staff Attorneys and Systems Program Directors were in attendance. Questions raised during these workshops were documented and shared with regional office staff. The program was subsequently rolled out in Regions 2 and 6. Initially, statewide implementation was scheduled for April 1,2020 but due to the pandemic, roll out of the remaining two regions was delayed. The presentation for Region 1 staff occurred virtually on 4/28/20 and the program began accepting referrals the following day. The presentation for Region 3 was conducted on May 5th with referrals beginning the following day. The Central Office Program Lead continues to meet with Beacon staff on a weekly basis to review referrals, address implementation issues, review data, and develop specific data reports and determine their frequency. Local DCF/IFCS staff meet on a biweekly basis to foster relationships between DCF/IFCS staff, address case specific concerns, promote communication, and ensure the needs of families are addressed during the COVID-19 pandemic. To date, over 200 families have been referred to the program.

The Department will continue to work closely with Beacon and regional staff to assess and evaluate service delivery, child and family outcomes, as well as outcomes through a racial justice lens. The Department will continue to monitor rates of unsubstantiated transfers and substantiations within the regions as these impact family's access to the program.

Voluntary Services

Starting May 1, 2020, the Beacon Health Options Voluntary Care Management program assumed the responsibility of administering the Voluntary Services program from DCF.

Voluntary Care Management is a DCF funded program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. The Voluntary Care Management Program emphasizes a community-based approach and attempts to coordinate service delivery across multiple agencies.

Parents and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth. The Voluntary Care Management Program promotes positive development and reduces reliance on restrictive forms of treatment and out-of-home placement.

The Voluntary Care Management is designed for children and youth who have behavioral health needs and who need services that they do not otherwise have access to. The participation of parents in both treatment planning and treatment is both welcome and expected. Also, if a child is placed outside the home to address the child's behavioral health needs, the treatment plan will outline a comprehensive plan for the return home.
Beacon Health Options may provide on a voluntary basis (at the request of the family), casework, community referrals and treatment services for children who are not system involved with the Department. These are youth

who do not require protective services intervention but may benefit from the community based behavioral health system.

Families can initiate an application by calling DCF's Careline. Referrals received by the Careline will be forwarded to Beacon Health Options along with the Office of the Health Care Advocate to ensure all insurances have been optimized.

Eligible Families:
Eligible families for this program are identified through a referral process with the Careline staff. Families are identified as having a child or youth:

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

Virtual presentations are being scheduled in the community to educate them about the new program. As of 6/26/20, 44 referrals were made to the program. This will continue to be an area of focus for the Department this upcoming year.

Community Partnerships

The Office of Early Childhood worked with a marketing firm to develop messaging to promote healthy child development. These messages were pushed out via social media channels to ensure OEC is connecting with families where they are seeking communication. Key messages were focused on driving awareness for programs that assist families and providers, such as, but not limited to, Home Visiting, Birth To Three, Care4Kids, ASQ Home Screening and WIDA Online Learning Modules. Simple messaging promoting safe sleep practices, as well as a campaign promoting positive parenting and Child Abuse Prevention awareness, also supported Connecticut's families. This effort to support families has continued with a variety of positive and informative communication during the COVID-19 emergency. To see all messaging, please view OEC's Facebook page here.

Office of Early Childhood Prevention Services Continuum:
Strengthening families through primary prevention of child maltreatment involves a broad array of support services across community partners, nonprofits, state agencies, and federally funded programs. According to Connecticut's 2018 ALICE Report, forty percent of households in the state struggle to afford basic necessities including: housing, food, child care, health care, technology, and transportation. Improving coordination across stakeholders serving vulnerable families is critical to strengthening CT's prevention efforts. As a first step in this work, the newly established CFSP working group, which includes representatives from all state human service agencies, will continue to identify prevention activities, services, and innovations across stakeholders.

Current primary prevention efforts identified in the state include:

- Care4Kids, Connecticut's Child Care Subsidy Program
- Evidence-based, home visiting services for vulnerable families. Each year, over 2,000 children and families receive weekly home visits designed to improve child health, prevent child abuse and neglect, encourage positive parenting and attachment, and promote child development and school readiness. (i.e. OEC Home Visiting Programs which include the following evidence-based home visiting models: Parents as Teachers, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby, Child First.)
- CT's Birth to Three system includes statewide early intervention services for infants and toddlers with disabilities and their families. The program currently serves about 10,000 children annually.
- Two-generational initiatives that support early care and education, health, and workforce readiness and self-sufficiency across two generations in the same household. Ongoing pilot projects include:

- Family Homeless Diversion Initiative- Partnership between OEC and DOH. Rewards community providers for their work to prevent emergency shelter stays for families with young children, and thereby reduce childhood trauma
- Connecting parents in specific educational training programs with the childcare they need to reduce barriers to program participation, and ultimately, increase employment
- Home Visiting outcomes rate card
- Pilot project between OEC Home Visiting and Department of Labor- The Hartford area Jobs First Employment Services (JFES/American Job Center) orientations include a presentation from an OEC Home Visiting program. This is followed by an opportunity for eligible participants to voluntarily enroll in a home visiting program.

- School Readiness
- Early Head Start/Head Start programs in the state
- 2-1-1 Program: provides connections to local services, including: housing, food, utility assistance, healthcare, mental health services, employment, crisis interventions, clothing, substance use/abuse and addiction services, legal assistance, home visiting programs, and early care and education programs
- Pyramid Framework- OEC is partnering with communities around the Pyramid framework for ECE providers and public schools, to support children's social and emotional health
- The Early Childhood Consultation Partnership (ECCP) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children.
- Women, Infants, and Children (WIC) Program
- SNAP E&T

As the state transitions to a focus on prevention, the following chart represents OEC's service array, reflective of primary prevention efforts, early intervention and diversion programs that align with Family First legislation.

Prevention (Primary prevention, early intervention, diversion)	**Intervention/Treatment**
Home Visiting Services (Including Pre-natal Services and Supports)	DCF/Head Start/Birth to Three Partnership
CT's Birth to Three System	
Care4Kids, CT's Child Care Subsidy Program	
School Readiness	
2-1-1 Infoline	
Head Start/Early Head Start	
Two-generational initiatives (i.e. Family Homeless Diversion Initiative)	
SNAP E&T	
Women, Infants, and Children (WIC) Program	
Early Childhood Consultation Partnership (ECCP)	
Trainings: Pyramid framework, Infant mental health, dual language learners	
Family Resource Centers	
Prevent Child Abuse CT	

DCF/Head Start/Birth to Three Partnership:

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

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

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

Community Based Grants for the Prevention of Child Abuse Program (CBCAP):

Since 2014, OEC has been the lead entity for the state's Community Based Grants for the Prevention of Child Abuse Program (CBCAP), under Title II of the Child Abuse Prevention and Treatment Act (CAPTA). Through this funding source, OEC will continue to develop, operate, expand, and enhance programs and initiatives designed to prevent child abuse and neglect. The 2019 application submitted in June, includes the following activities:

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

OEC and DCF will continue to work together to coordinate and share information related to these prevention activities during the CFSP State planning team quarterly meetings.

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

Governor's Task Force – Children's Justice Act:

Consistent with the FFPSA, the state of Connecticut is moving from a sole focused child welfare agency to a Child Welfare System Response and is using the Child and Family Services Plan (CFSP) as a vehicle to map out our plan. The Governor's Task Force (GTF), with its diverse membership, is uniquely positioned to contribute and partner in a developing child welfare system with several key stakeholders already engaged around the task force table. After review of the CFSR and PIP, there are several linkages between the work that GTF is currently engaged in and the future initiatives of GTF.

Three key areas of focus:

a. Safety:
   Multi-Disciplinary Teams (MDT) enhance the capacity for children and families to achieve positive outcomes through support, services, and resources. This will aid in the decrease of recurrence of maltreatment. Complex cases can be teamed by Connecticut professionals with expertise in a variety of areas. This support is offered to any child, youth, or family in the state. Over the next year reports of sexual abuse including child trafficking will automatically be sent to the appropriate MDTs to be reviewed.

The GTF also evaluates the 17 MDTs in the state of Connecticut. In 2002, in accordance with Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols, monitor and evaluate the performance of multidisciplinary teams. The MDT Evaluation Committee is a permanent GTF committee and is charged with reviewing the protocols of all multidisciplinary teams, monitoring, and evaluating teams, and making recommendations for modifications to the system of multidisciplinary teams. These evaluations have identified gaps in the system, universal trends as well as areas of strength. The evaluations can be used to indicate additional training needs for professionals, identify potential policy updates across systems and highlight best practices in order to ensure improved child safety and uniform practice across the state.

In addition, GTF has submitted to DCF a draft of a policy on the agency-wide use of Minimal Facts when initially investigating cases involving sexual abuse. This would limit the number of tines the child discusses their abuse and ultimately speaks to the timely response to ensure safety for children.

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

b. Permanency:
MDT/Children Advocacy Centers (CAC) provide support for non-offending caregivers (advocacy, services, treatment) and provide assistance to preserve/maintain permanency for children within their homes. These services also aid in the decrease of recurrence of maltreatment.

c. Family Well Being:
Children Advocacy Centers (CAC) provide advocates to youth and families who are available throughout the process and access to Mental Health Providers. GTF is exploring the development of a forum regarding mental health to be conducted in conjunction with the 17 MDTs throughout the state.

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

Court Appointed Special Advocates (CASA) volunteers are assigned in the court process. They can serve to improve participation in the Administrative Case Review (ACR) for the child and ensure that children have jointly developed case plans. These activities speak to engagement and case plans to be beneficial to the child.

The above illustrates the first step in defining the GTF role as part of the child welfare system.
The GTF as a stakeholder has been engaged as part of the CFSP development. GTF member participation occurred in the initial stakeholder meeting on May 30, 2019. The GTF Coordinator has offered to provide support during any point in time to our sister state agencies as it relates to this work and will continue to explore all the possible linkages based on the areas identified in the PIP and the CFSP. GTF Will Develop Statewide Training for Professionals:

- Erin's Law Implementation -- legislation that requires an age-appropriate sexual abuse and assault awareness and education program for students in kindergarten through 12th grade.
- Develop training opportunities for child welfare professionals to increase skills to meet the needs of children and families (Topic area driven. Community based training delivered through MDTs)
- Create and/or implement training for Judges, lawyers, DCF, advocates for improvement in court responses (can be topic area driven. Minimal Facts, Working with Parents with Limitations, Children with Disabilities, FI process, etc.)
- Explore the potential of developing training for youth to be reporters of suspected abuse, possibly delivered through the school system.

Training and Technical Support

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

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

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

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

Professional Development - Internship Programs

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

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

MSW Field Program

The MSW Field Program grew out of a need for additional staff development opportunities for those DCF employees seeking an MSW degree. The intent of the program is to foster support of our social workers by

allowing them to meet their university requirements for 20 hours of field instruction within their regular 40-hour work week.

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

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. All of this is accomplished by adhering to a strength-based perspective in keeping with the agency’s mission.

The 2019 - 2020 cohort consisted of (2) 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 2019 participating students and the DCF task supervisor attended a half day online 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; exploring as a treatment worker, her lack of knowledge and understanding of the foster care and adoption unit. Although treatment workers rely on FASU services for children who need permanency services, she recognizes the lack of collaboration amongst the FASU staff and treatment workers. Hence, her field placement was designed to participate in all of the TIPS - MAPS and FASU training. This included writing up a foster care study and facilitating a training for children of prospective foster and adoptive parents. Another student selected several permanency cases as an Investigations worker and identified the gap in permanency training for workers. She partnered with Jewish Family Services and received training and coaching on Lifebook work to facilitate the work she is doing with a sibling group and work with children that recently disrupted from a pre-adoptive placement. The field instructor stated; "both students took full advantage of our supervision time and very consistent in keeping their internship schedule despite the challenges that they experienced on their existing cases".

Given the state of affairs and high levels of anxieties across our global world as we experience the coronavirus in our personal, education and work lives, in May 2020, two virtual learning seminars will be held for the DCF employed students and their assigned supervisor on relevant topics; such as, "Reflective Supervision: Going Beyond the Surface” and "The Child Welfare System After Coronavirus: What To Expect". These seminars were developed by utilizing the grief model and trauma framework and will be offered to all DCF employed students and non-DCF employee stipend students. These seminars will provide 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.

During this fiscal year, and before the coronavirus restrictions, our traditional Reflective Supervision seminars were 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 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 2019 - 2020 cohort included eight employees who participated in an internal and external internship experience separate from their regular work.

UCONN/DCF 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 and graduated 35 MSW students, with 80% currently working at DCF and the other 20% working in private child welfare agencies. 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. As the grant concluded in June 2019, the DCF and UConn SSW continues 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 non-DCF 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. 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.

In January 2020, the first UCONN/DCF MSW Cohort started with fourteen DCF employees who were selected through a competitive interview process to pursue an MSW degree at the UConn SSW and participate in the DCF MSW Field Internship program. The MSW coursework begins in the Spring Semester with online, in-person, and

hybrid classes. Adjustments had to be made to the course delivery due to Covid-19, requiring all classes to move to an online format. The UConn faculty reports; "the students are doing very well adapting to the Covid-19 changes and continue to add shared experiences and rich conversation to support academic learning". Field Internships begin the following Fall Semester. Year one field internship reflects guidelines of GES program: employees allowed to work 32 hours and use 8 hours paid educational leave towards internship hours; no compensatory time or overtime granted beyond the allotted 8 hours. During year one internship, students coordinate with management to adjust workload to accommodate work hours. Year two field internship: employees can use place of employment as 20 hours/week field education experience while maintaining current caseload within current unit; no additional field instruction hours are required outside of the regular work week. In year two field internship, DCF identifies a Master's level field instructor outside the student's chain of command to ensure a separation of work and learning responsibilities. Students look for opportunities to provide service "above and beyond the norm", identify gaps in service delivery and provide solutions, gain better holistic understanding of DCF and do clinical work in a public child welfare setting.

Recruitment efforts for the 2020 - 2021 cohort are underway; sending out initial recruitment flyer via statewide email, identified school and agency program contacts to assist students with the application process, pre-recorded webinar made available, and conduct a question and answer session no later than May 15, 2020. Interested employees may apply to the UConn SSW March 1, 2020 - November 1, 2020. Simultaneously, employees will apply for the DCF Internship program to support DCF employed students fulfill their internship hours in coordination with the educational requirements. The unpredictability of COVID-19 may require a shift to virtual interviewing to select the next cohort which may be capped at 10. This will allow the DCF to better be able to maximize resources and align with other educational support programs being offered.

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. Students also participate in group seminars for students and/or field supervisors. This year's stipend program added two learning seminars for the students and/or the field supervisors on relevant topics, "Reflective Supervision: Going beyond the surface" and " The Child Welfare System After Coronavirus: What To Expect." 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 2019 - 2020 cohort will successfully graduate 9 BSW / MSW students. Several students have requested to defer employment for a year as they enrolled in an Advanced Standing program seeking an MSW. The remaining students are in process of applying for social worker trainee positions at the department. The impact of COVID-19 and the ability for the State to hire new child welfare social workers is uncertain at this time.

Pre-Service Training Program

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

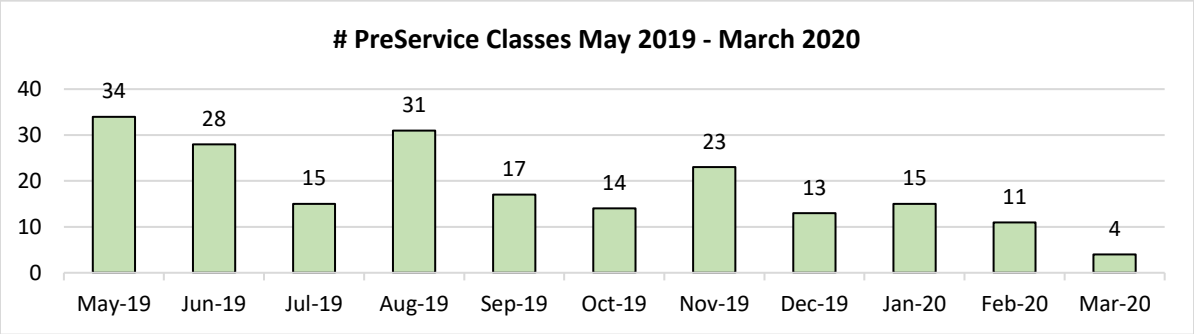
- Professional development as a child welfare social worker
- Accurate assessment of safety and risk
- Engagement of individuals and families
- Assessment of individuals and families
- Interventions and services with individuals and families
- Legal
- Documentation

The pre-service training program involves 23 courses offered during a period of five months, with a significant number of courses "front loaded" into the social workers' first six weeks of employment; and the remaining coursework scheduled intermittently to allow for gradual case assignment and workload increase. The courses are largely facilitated by the Academy's Child Welfare Trainers, supervisory-level employees with recent field experience; as well as numerous "adjunct" facilitators, including but not limited to agency attorneys, quality assurance staff, medical and educational consultants, and fiscal representatives.

In addition to in-person, traditional classroom-based courses, social workers in the pre-service training program participate in numerous structured shadowing activities in their local offices; on-line trainings; a virtual discussion board; home visit simulation practice with parent advocacy partners; and two unique experiential activities: 1) touring State of Connecticut correctional facilities and 2) navigating public transportation (*CT Transit*) to enhance their ability to be empathetic. The pre-service training program integrates these various approaches to ensure all participants' varied learning styles are met.

Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" examination; and each group of program participants are assigned a Child Welfare Trainer Liaison to offer 1:1 and group support/guidance. Formal feedback is provided to the participants' supervisors via "*Observation Forms*" at two distinct times during the program; and a modest graduation ceremony is facilitated by the Liaison to mark the participants' accomplishment of completion. Finally, to encourage partnership, communication, and learning, bi-monthly meetings occur between the Academy staff, Human Resources, and supervisors / managers from the 14 area offices.

During the current period, there were 184 social workers who completed the pre-service training program. Currently, there are two groups of participants engaged in the program, totaling an additional 36 employees. Below is a summary of the number of classes held per month. The program is impacted by hiring practices and trends, which are governed largely by statewide caseload sizes and fiscal considerations.



Seven complete groups graduated from the pre-service training program during the current period and their progress / scores in their testing are reflected in the table below. On average, participants during this current period improved their scores between "pre-" and "post-" test by 13.21%.

Group	Pre-Test Average	Post-Test Average
D-2019	70.63 %	83.47 %
E-2019	68.07 %	81.98 %
F-2019	69.38 %	82.05 %
G-2019	68.70 %	80.44 %
H-2019	65.76 %	75.64 %
A-2020	71.14 %	89.41 %
B-2020	69.32 %	82.53 %

Evaluations are conducted at the conclusion of each course, and available data from the evaluations during the current period was overwhelmingly positive. Particularly, participants remarked that the trainers' subject matter knowledge; the engagement of the groups; and the use of various teaching strategies (videos, group activities, etc.) was most helpful. During this current period efforts were employed to begin utilizing electronic evaluations. This work will continue in the coming months, as new employees' access to state-issued technology is a barrier to full implementation.

In April and May of the current period, efforts to facilitate the pre-service training program for the two current groups were significantly impacted by the COVID-19 pandemic. Beginning in April, courses were moved to a virtual format with participants engaging via Microsoft Teams. Course length, content, and interactive activities were re-designed to more appropriately fit a virtual delivery. At the time of this report, participants have been engaged in Teams meetings to orient them to the changes, virtual classes scheduled, on-line training assigned, and written independent assignments created to support independent distance learning. The DCF Academy remains committed to providing the pre-service training program virtually until such time that in-person learning can resume.

Social Work Case Aides

During the current period, 13 Social Work Case Aides (SWCA) were hired by the agency. At the time of their hire, these employees participate in specifically identified courses of the social worker pre-service training program that align with their duties and responsibilities. Additionally, they participate in three days of job-specific training which

includes information on best case practice; supervised visitation; documentation; and legal-related concepts about their role. The classes include the following:

- SWCA-Specific Training
- Introduction to Best Case Practice
- Racial Justice
- Trauma
- Worker Safety
- Car Seat Installation and Use
- Legal
- Intimate Partner Violence
- Substance Use
- Sexual Abuse

During this current period, in-service learning opportunities for SWCA were expanded. Academy Child Welfare Trainers surveyed the approximately 115 SWCA statewide, as well as convened a statewide conference call for all their supervisors, to identify their training needs and interests. As a result of these two surveying activities, an in-service training plan was devised. The plan involves offering SWCA-specific courses each quarter, focusing in the areas of behavioral health, trauma, car seat safety, CPR / First Aid, and other topic areas.

Central Transportation Unit

In February 2020, the agency established the Central Transportation Unit (CTU) to support children and families' transportation needs while they are being serviced by DCF. In close collaboration with the Safety & Security Unit of the agency's Engineering Division, a customized two-week pre-service training program was developed for the six newly hired drivers and two supervisors. The training program blended classroom and on-line learning and was facilitated by Academy and Safety & Security staff, and one external training group. Additional staff are expected to be hired for the CTU and the training program will be replicated.

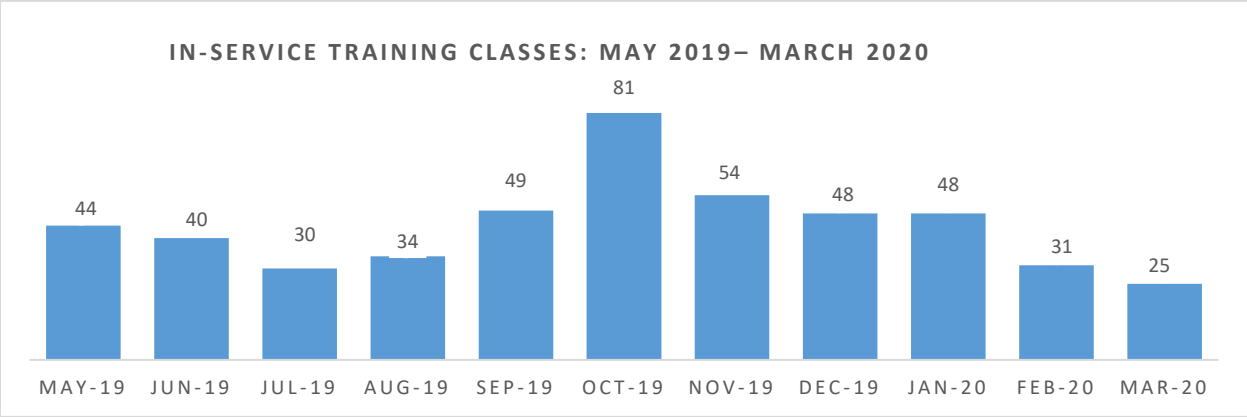
The classes include the following:

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

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 March 2020, the Academy offered 484 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.



Number of Classes By Class Length

Duration	Number Classes
1.5 Hours	17
2 Hours	153
Half Day (3 Hours)	95
4 Hours	5
Full Day (6 Hours)	214
Total:	**484**

Training evaluations were handed out manually. This fiscal year, the Academy for Workforce Development is requesting participant from all in-service trainings complete their evaluation virtually by utilizing scanning the Secure Quick Response (SQR) codes from their mobile device. The purpose of evaluating virtually is to assist the Academy for Workforce Development in measuring and collecting data and understanding the skill acquisition and training needs of our participants in a concise format.

<u>Improving Observation and Documentation Skills though Practice</u>

A new course addition in 2019, was the Improving Observation and Documentation Skills though Practice. In its pilot offerings, the class served a total of 11 participants. Participants were challenged to enhance their observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. They visited real-life settings, Superior Court or a local shopping mall, and practiced observing human behavior in those settings for about an hour. Afterward they returned to the Academy to interpret their observations through writing. Participants integrated their observations into written documentation, focusing on the environment they were in and one interaction they observed between at least two people. Some instruction was provided related to writing clearly, concisely, and in a meaningful way. They conducted peer-reviews on each other's work and submitted a final draft of their documentation to the trainers for review. The trainers reviewed the work using a standardized feedback form and provided critique to the participant and his or her supervisor. We hope to expand the offering this year by expanding the observation sites and target the course offerings to specific groups, i.e. trainees and social work case aids.

Feedback from participants was positive. They enjoyed the unique observation activity, and indicated the class was "very informative". Participants also noted the peer review being an element they liked. Participants reported they would recommend the class to their peers and supervisors.

Tablet Deployment, Configuration and Basic Training

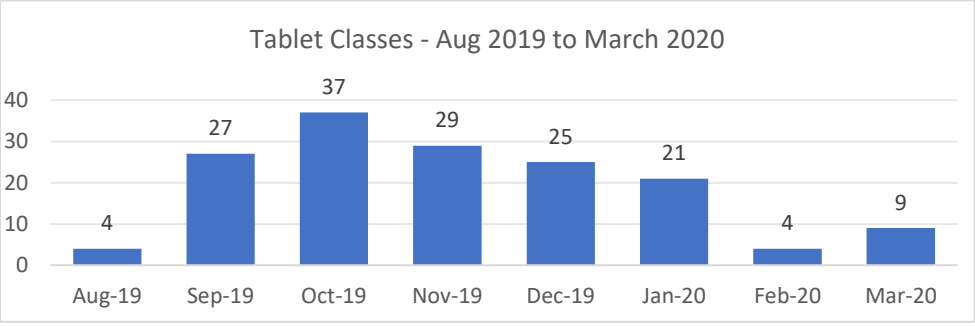
During the current period, the Academy and I/T division worked in close partnership to deploy tablet devices (Dell 3190) to identified staff; guide them through configuration of the device; and provide basic training on its use. The project has been a significant collaboration between the two divisions, requiring extensive resources; and considering the COVID-19 pandemic, an increased urgency.

The tablet devices have begun to and will continue to dramatically alter the ways in which DCF staff conduct their business, allowing for a range of mobility and remote access to information previously not allowed. The majority of DCF staff who attended the sessions exhibited excitement and optimism about the new technology, while some were anxious or uncomfortable about using a new form of technology.

Beginning in the summer 2019, Academy Child Welfare Trainers participated in a Training of Trainers (TOT) with the I/T division to become oriented to the device, and aware of the configuration and basic training curriculum. Additionally, each Trainer was assigned a device to "pilot" and use for enhanced knowledge and comfort. DCF staff were identified by job function (Intake, Ongoing Services, Social Work Case Aides, etc.) to receive a device and begin attending the sessions.

Two-hour deployment/training sessions began in August 2019; and from September 2019 to January 2020 were facilitated twice per day, almost daily. In February 2020, routine deployment slowed a bit as the initially identified staff to receive the devices began to conclude. During this period (August 2019-February 2020), 1,428 DCF staff received a device and participated in a deployment / training session.

In March 2020, considering the COVID-19 pandemic, the approach, process, and volume of deployment / training was altered significantly. Rapid deployment sessions that were consistent with social distancing guidelines were implemented; coupled with virtual configuration training and technical remote phone support provided by the Academy and I/T representatives. There were fewer "sessions" held, but a far more significant number of staff receiving tablets. During the month of March 2020, 406 employees participated in a deployment / training session; and as of the writing of this report, the Academy staff have assisted 383 employees via remote technical support.



This chart represents the number of deployment / training sessions held per month during the above described timeframe; and in total, involves 1834 agency employees.

For future technology training offerings, the Academy for Workforce Development will be providing an interactive webinar on Microsoft Teams. Microsoft Teams is the hub for team collaboration in Office 365 that integrates the people, content, and tools DCF staff need to be more engaged and effective in caring out daily task in meeting the needs of children and families.

SDM Safety and Risk Assessment Training

The Academy for Workforce Development, in significant partnership with other divisions of the agency, and the National Council on Crime & Delinquency's (NCCD) with the Children Research Center (CRC), redesigned the Structured Decision Making (SDM) Safety and Risk Assessment tools. These tools are used by DCF staff to guide decisions on safety and risk. From this collaboration, a one-day SDM training was developed and rolled out statewide during the 2019 summer months to 451 DCF Intake Staff, Supervisors and Programs Supervisors. After the summer statewide in-person SDM training rollout, in October of 2019, the Academy for Workforce Development offered the "SDM Safety Assessment Tool Facilitated Discussion "to 225 selected DCF staff from each area office.

In addition to these in-person trainings and facilitated conversations, the Academy for Workforce Development offered one session of SDM – Continuous Quality Improvement (CQI) that took place on July 30, 2019 to 16 DCF staff. On September 19, 2019, The Academy offered a teleconference entitled "SDM - Safety and Risk Tools for Intake: Ready, Set, Let's Go!!! ", and 162 DCF staff members participated. Finally, during Sept 1, 2019 through April 20, 2020, 1,084 staff completed the mandatory "SDM Safety Assessment Online Training".

Focus: Center of Autism

The Academy embarked on a new partnership with the Focus Center for Autism in order to provide a training to staff. Often at times, the children served by the department are diagnosed on the spectrum and staff are not aware of their needs nor are they familiar with the resources. The newly formed partnership with Focus will provide clear information on ways to assist and advocate for the children on the spectrum who are receiving services from the agency.

The Focus Center of Autism is an organization which offers strategies for Coping with Trauma and Anxiety dedicated to helping children and adults with autism spectrum disorder achieve their full potential. The Focus Fresh Start Program provided an educational learning session to DCF participants to address academic, social learning and clinical needs for youth who are on the autism spectrum. Participants learned the Power of Relationships and strategies to develop relationships while on the spectrum, they were introduced to the Circle of Anxiety and were informed about the symptoms and ways to cope and manage. On March 5, 2020 the FOCUS: Center of Autism training was offered to 12 DCF staff. Due to the COVID 19 pandemic, further offerings of this training have been postponed.

Medical Trainings

For the period under review, Cardiopulmonary Resuscitation (CPR) has been offered to both the DCF employees as well as providers. Over 300 participants have been trained in the use of CPR and the Automated External Defibrillator (AED). The Basic First Aid course was added in late fall of 2019 to enhance existing skills and assist those requiring medical assistance. To date, 125 participants have successfully completed the program. Feedback for both courses continues to be supportive and encouraging. Such quotes as,

- "This class was great. Should be mandatory for all DCF staff, front line as well as non- front-line workers"
- "It is a necessary skill to have as you never know when you may be required to assist someone during an emergency - not just co-workers but, family and friends"
- "This course validated my need to know as I utilized a choking technique and wondered if I performed it correctly" and " The class was well paced, allowed time to ask questions, practice on the mannikins to perfect skill level and the video was engaging"

As a result of these two trainings, many DCF staff requested more specific trainings be offered in the future. Based on the inherent interest from participants, the Academy developed two new courses entitled, "Bloodborne Pathogens" and "Medical Situations for the Workplace".

"Bloodborne Pathogens" will offer participants the ability to learn ways in which pathogens can enter the body, review and reduce risks and take measures to prevent the spread of disease and potential exposures to pathogens. "Medical Situations for the Workplace" will focus on workplace illnesses or illnesses that could be encountered when out in the field with our children and families, recognize signs and symptoms of illnesses to chemical intoxication and withdrawal. These trainings will be made available in the Summer 2020 Academy's catalog and open to all DCF staff and private providers.

LGBTQ Trainings

This fiscal year, two new in-person trainings were offered by True Colors, which is 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. "Talking with all your Youth About SOGIE (Sexual Orientation, Gender Identity and Expression)", was a one day, in-person training that assisted DCF staff in how to talk to their youth in care, about sex, sexuality, gender and relationships. Additionally, the two day, in-person training, "Conducting Culturally Component Home Studies with the LGBTQ + Prospective Parents", focused on how personal bias and values influence outcomes for LGBT youth, the importance of parental acceptance to foster healthy LGBTQ 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.

In addition to these two in-person trainings, the Academy for Workforce Development offered the "Achieving Stability for LGBTQ Youth in DCF Care: Gender Inclusive Language" webinar. This 2-hour webinar focused on the importance of using “person centered” language to be more inclusive of diverse populations, and how to increase awareness about the ways that language often unconsciously makes assumptions about people, and unintentionally reinforces dominant norms around gender and sexual orientation.

Fatherhood Engagement Training

Fatherhood engagement continues to be crucial and important aspect of the work performed by DCF staff. In February 2020, the Academy for Workforce Development contracted with My Peoples Clinical Services, Inc. who offered the" Fatherhood Engagement" training to 14 DCF staff. This in-person, one day training, articulated the importance of not only engaging fathers but working with fathers beyond engagement, viewing fathers as possible placement options and identifying paternal family resources for children in DCF custody. This training included a unique opportunity for staff to participate in a half day simulation where DCF staff had the opportunity to practice, through roll-play, how to address their views on fathers, concerns as it pertains to fathers' abilities to parent effectively and their fears associated with making a mistake in placing a child with his or her father. Staff from My Peoples Clinical Services Inc. served as the role-playing participants in the simulated learning. Due to the COVID 19 outbreak, the May 2020 in-person training was converted to a webinar training. The Academy for Workforce Development looks forward to continued collaboration with My Peoples Inc. in order to provide staff with additional learning opportunities on this topic.

Racial Justice Trainings

The Department of Children and Families has moved from acknowledging the problem of racial and ethnic disproportionality and disparity in our child welfare system to formulating and implementing possible solutions. Educating DCF staff on racial and ethnic disproportionality and disparity has been one of the many solutions in addresses these issues. During the fiscal year, the Academy for Workforce Development offered the "Implicit Bias" half day training and the "Moving the Work Forward: Implementing Equitable Change Training Series" for Social Work Supervisors, Program Supervisors and Office Directors.

The goal of the Implicit Bias training was to teach staff on implicit bias, to measure their implicit bias based on race, religion, gender and a vast array of other areas and to discuss how their own bias's impacts case decision

making. For future planning in 2020, the Academy for Workforce Development will be offering a Training of Trainers (TOT) on the Implicit Bias curriculum to identified staff to the area office and facilities. Those who successfully complete the requirements of the TOT will then be expected to provide ongoing training to staff within their respective area office and/or facility.

The Academy for Workforce Development collaborated with the Region 5 supervisory staff to develop a 5-day training series, titled "Moving the Work Forward: Implementing Equitable Change Training Series". This training series focused on assisting participants to sharpen their supervisory and management skills and develop strategies to address structural racism, advance racial equity, and to explore how race and diversity plays a role in major case decisions. This five-day training series offered specific topics on the following:

- Introduction and Dialogue-to- Change
- Who Are We Racially?
- Exploring Your Own Bias and Implicit Bias
- Privilege, Power, Equity and Equality
- Historical Trauma and Micro –Aggression

During this offering, 33 Social Work Supervisors, 5 Program Supervisors and 3 Office Directors attended this series. Overwhelming positive results from this series has motivated leadership to offer this series to their social workers within the region.

Transitional Aged Youth Series

During this period under review, The Academy for Workforce Development revamped the Adolescent Training Series and renamed it, "The Transitional Aged Youth Series". This titled change reflected the new Transitional Aged Youth Division within Central Office. This five -full day, in-person training series, was mandatory for all DCF staff who specializes within the adolescent population. In addition to the five full day, in-person trainings, this series also offered two webinars, that were two hours each, titled, "Working with the LGBTQ Youth" and "Adolescent's Educational Rights and Partnerships". It was also recommended participants from this series also enrolled in the "Teen Dating" and the "Child Trafficking" full day in-service trainings. For the 2020 winter offering, 20 Social Workers, 4 Social Work Supervisors and 1 Program Supervisor participated in this series. This training series assisted staff in building competencies to support partnership with adolescents and their families, develop and maintain connections, and identify and enhance adolescent supports to ensure their needs are met. Specific attention was also placed on the adolescent's need for legal and relational permanency. This training series also included a focus on the evolution in philosophy of supporting youth from independent living to interdependent living as well as policy and legislation that supports and gives momentum to this transition. Participants were informed on the adolescent development in the context of trauma informed practice and risk taking. Topics within this series included, normative adolescent experiences such as educational planning and support, sexuality and relationships, adolescent parenting, legal and criminal issues, life skills, and planning for adolescent transition from DCF services with supports. When this series is reoffered, there will be an addition to the curriculum which will include a tour of the Manson Youth Institution for incarcerated youth under the age of 21 years old.
Feedback received from this series consisted of the following:

- "The entire training was helpful. I am new to this unit and looking to learn as much as possible."
- "They trainers are very knowledgeable"
- "I learned a lot about adolescent life skills"

Youth Transition

In addition to the Academy's revised Transitional Youth Series, the DCF Academy identified a need to develop a course devoted to the challenges for youth in DCF care during the holidays, celebrations, and transitions. This

course was named the Youth Transition training. The course development process included consultation with a clinical director, adolescent supervisor, and adolescent social workers to ensure that the perspective of the youth was accurately represented. In addition, these professionals also brought rich personal experiences as kin and non-kin foster and adoptive parents, and as a partner to an alumnae of the CT foster care system. As a result, the curriculum contains needed information about rites of passage, cultural identities, and the impact of Adverse Childhood Experiences' (ACEs) on children's behaviors. The curriculum is also infused with the experiences and voices of both youth and foster families. The training was piloted to a small group of 6 DCF staff members in October 2019, in time for the upcoming holiday season. Interest in the course was so strong that an abbreviated version was presented to a group of approximately 25 therapeutic foster parents that same month. Both trainings resulted in dynamic discussions of the challenges to both children in foster care and their caregivers. The course is now offered on a quarterly basis and attendance continues to grow! The most recent offering included both 10 DCF staff members and one of our provider partners.

Early Childhood Training Series

During the period under review, the Academy for Workforce Development offered two sessions of the Early Childhood Trainings series for a total of 27 participants. As a way of demonstrating some of the skills and competencies learned in the series, a simulation component was added. This approach was to skill development with training participants in attending our simulation lab and being provided with various scenarios. Foster Parent Liaisons were 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:

- "Speakers were very informative"
- "I really enjoyed the presenter regarding shaken baby syndrome"
- "Excellent training"

As an extension of the simulation component of this training, the Academy for Workforce Development and the Office of Early Childhood are in collaboration to develop and provide a simulation lab at identified Headstart Learning Centers for DCF staff and providers. This simulation will provide staff and providers a unique opportunity to observe and document in real time the interactions that occur between a childcare provider and a young child. Ideally, the staff within the Learning Centers can assist in providing insight to the age appropriate developmental target that each child should be meeting. Documenting these observations will assist in strengthening their written skills in a way that clearly paints a picture for the reader to have full understanding of the child's developmental trajectory.

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 99 unique staff completing it. A fourth offering of the Series is currently occurring, with 23 staff registered and currently participating with the last class being offered on April 27, 2020. Due to the COVID-19 situation, staff have been telecommuting since late March, necessitating the final three classes to be offered via Microsoft Teams platform. Participants were able to successfully access and absorb the course material and interact with trainers and adjuncts. Participants stated the following after taking the first course online - DRS - Intimate Partner Violence (IPV):

- "With the current conditions and training from home this was well done"
- "Awesome class. Thank you"
- "Polly was awesome, so full of knowledge"

- "The tech issues made it challenging, however, overall was informative and useful"

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

There were 99 Unique Participants took at least 1 DRS Course. This includes 4 Cohorts.

Start Date	# Participants
April 2019	21
July 2019	23
Oct 2019	20
Jan 2020	23

With input from area office social workers, supervisors and managers, the Academy trainers assigned to delivering the DRS courses, are in the process of revising/updating the DRS training. Initial thoughts include, revising Best Case Practice FAR/Intake, adding simulation to bolster assessment skills/promote worker safety and adjust the schedule to fold genograms into a revised Best Case Practice (2-day training), allowing for a full day in its place that will include Special Qualitative Reviews (infant fatality, chronic neglect, fatherhood) and Racial Justice.

The Academy for Workforce Development have received feedback around a need to strengthen assessments skills, improve documentation and promote critical thinking. In order to accomplish this, there is a necessity to discontinue the bifurcation of FAR and Intake in the DRS series. The Academy for Workforce Development will continue to cover the nuances between the response types, but the revision will chart a course from call to disposition, emphasizing the requirements of a good assessment regardless of response type.

The Academy for Workforce Development will focus on the appropriate utilization of SDM at key decision-making points throughout an intake case and the documentation that should accompany both safety and risk assessments. Trainers will incorporate more opportunities to practice documentation and provide feedback throughout the series. Currently there are two opportunities; Participants review a case and complete a disposition on Day 2 and participants provide descriptions on injuries during Health and Wellness.
There has been a positive response to simulation opportunities that have been embedded into the pre-service trainings. Therefore, the trainers are hoping to replicate the efforts through the development of simulation to enhance assessment skills around drugs/drug paraphernalia and worker safety.

Lastly, the Academy for Workforce Development are looking to fold the Genograms into the revised, 2-day Best Case Practice Intake, creating space for a day of training that will include Special Qualitative Reviews (infant fatality, chronic neglect, fatherhood) and Racial Justice.

<u>Wellness Trainings</u>
As a child protection agency, we are charged with the care of children and families and we often forget to care for ourselves. Due to this, the Academy for Workforce Development felt the need to create trainings that promoted

wellness and focused on wellbeing for our DCF employees. "The Wellness - Taking Care of You" curriculum was developed in 2018 and addressed the needs of our staff as well as those not directly on the front lines but, diligently work behind the scenes to ensure our children and families are safe and have the resources necessary to foster healthy relationships and allow children to thrive. During this period under review, the Academy has offered two sessions of the "The Wellness - Taking Care of You" trainings and in total, 27 participants attended. For this training, The Academy for Workforce Development partnered with the Employee Assistance Program (EAP) to explain all the services available to employees, how to assess programs and what can be expected from the interactions with the folks dedicated to assisting those that seek information. In addition, the Academy for Workforce Devolvement partnered with the grocery chain, "Shop Rite" to utilize their Registered Dieticians which offer meal plans specific to medical concerns, healthy meal ideas and nutritional food values. Finally, there was a relaxation component to the class which offers participants the ability to regroup and revitalize themselves throughout the course of the workday.

Feedback from this training has been tremendous. Participants are asking for the course to be offered on a more frequent basis with quotes such as:

- "The class was amazing. I never knew EAP offers so many programs that are designed for use on a personal level",
- "I thought I knew so much regarding healthy foods and eating better. I am thankful for the Dieticians information as I can make even more informed decisions for myself and family".
- "Great recipes I can pass along to my client families"
- "Enjoyed the entire day. Knowledgeable, well thought out, provocative and necessary for all staff to attend. Should be mandatory".

Secondary to the end of class surveys, there was an expectation that another important piece of Wellness be incorporated into this category. The concern for many was their financial futures and how to establish viable plans prior to retirement. To this end, a Financial Coaching component course will be added in late summer early fall 2020 to address the need for participants to meet and discuss with a Financial Coach and a Certified Public Accountant that can address the issues of financial challenges, retirement, debt consolidation and forming sound financial habits. This course will be available to all employees.

In May of 2020, the Academy for Workforce Development will offer the "Psychological First Aid" training through the Justice Research Institute from Massachusetts, which offers to organizations, an approach in providing concrete tools to support staff when working with vulnerable populations focusing on human stress, vicarious trauma and in the moment self - care strategies in the workplace.

Clerical Trainings

During this fiscal period, The Academy of Workforce Development added to the Clerical Training series. In addition to the "DCF 101, Conflict Resolution"," Interviewing Skills/Mock Interviews" and "Clerical Excel" training courses, the following clerical trainings were added, "Finding your Voice thru Team Building", "Managing and Leading Change, Growth and Development", "Managing Data Bases and Teamwork". These new training offerings gave clerical staff a better understanding of how to foster innovation, creativity and networking to promote stronger performance outcomes, increase engagement in the workplace and legitimize one's contributions, increase morale, improve problem-solving skills and build job satisfaction thru teamwork, cooperation and collaboration. Feedback received consisted of the following:

- " This course is long overdue. As much as it is difficult for us to get away for any length of time based on the demands of the work and those staff members that rely on us, it was much appreciated, needed and enjoyable".
- "A fun and relaxing day. Offered different perspectives on how to manage ourselves better, speak up, be heard and be a part of the office Team".

- "I am not usually comfortable when I have to address and issue but, this class showed me how to do this and I am a bit more comfortable but, it takes some getting used to".
- "This class was enjoyable, humorous and made me feel valued".
- "The most important aspect of my work is that I take pride in it and want those that I work for to notice and appreciate the work I do. This class taught me to speak up and share my ideas even if I am not asked. I want to be inclusive of the process".

The Academy will be adding an additional clerical course offering entitled, "Drive Your Journey". This course will focus on participants gaining confidence in their ability to present well in an interview setting (identifying and managing feelings about the process), build a toolbox of tips and techniques in order to prepare for and use in an interview, improve interviewing skills through a mock interview process, identify communication styles and update your resume and cover letter.

Yale Supervision Training

At the request of DCF, Yale organized coaching and training across multiple locations with each session lasting anywhere from 30 to 60 minutes. Staff at all sites were encouraged to participate in at least one coaching and/or training session. The purpose of these sessions was to provide a private setting in which Program Supervisors and Supervisors could explore issues related to supervision of their staff. All slots were filled on a first come, first served basis. The coaching was provided by Scott Migdole, LCSW, faculty of the Yale Program on Supervision. Comments about the content covered during these sessions are captured below.

Individualized Coaching Themes:

- Supervisors universally believe that the acuity in referred cases is now greater stating “there are no longer any low risk cases”
- Supervisors discussed the challenge of helping to build the social worker’s independence, autonomy, and critical thought versus managing safety and accountability.
- Supervisors discussed how to establish supervisory roles and responsibilities within the context of having been colleagues/friends with staff previously (dual relationships)
- Supervisors discussed grappling with the importance of balancing their desire to support staff with ensuring accountability for the completion of work.
- Supervisors discussed grappling with the issue of managing from the middle and maintaining their role as “supervisors” versus “sliding down” and helping staff to complete their work.
- Supervisors described the importance of a clear chain of command to help ensure social worker’s do not bypass them and get alternative direction from someone higher up the administrative structure
- Supervisors discussed the importance of race/power/privilege and how to integrate this information into supervision and practice

Universally, supervisors and program supervisors across DCF reported that supervision at DCF is largely supportive, focused on quality and adjusts for frequency dependent on the staff person’s needs. Additionally, most staff believe that time with their supervisors was valuable and necessary and reported they receive supervision regularly and there is a positive culture related to supervision across most area offices. While the work remains challenging, supervisors remain committed to the families receiving services and in ensuring that their staff feel supported and safe in the work that they do every day.

Mastering the Art of Child Welfare Supervision

The Academy continues to offer “Mastering the Art of Child Welfare Supervision” to newly promoted supervisors. During this current period, the series was offered on two occasions, with 31 supervisors participating.

The training content includes the following:

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

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

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

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:

- DMHAS Substance Use Service Array - Understanding the Adult Substance Use Treatment System
- Excel's VLOOKUP Function Webinar
- Overview of Pivot Tables in Excel 2013
- Shortcuts for Working with Excel 2013
- Shortcuts for Working with Outlook 2013
- Shortcuts for Working with Word 2013
- Medical Marijuana in CT

A total of 117 people 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.

Online Trainings

During this fiscal year, the Academy for Workforce Development added onto the online offering catalog which included:

- Active Shooter
- Child in Care/Sibling in Care Bill of Rights and Expectations
- Link Twilight CPS reports
- The Intersection of Reasonable Efforts and the ADA
- URF- For Providers
- URF Statewide Rollout
- URF-MVP Initial Rollout

Mandated Reporter Online Training

Mandated Reporter Online Training for Community Providers and Educational Employees continues to be the most viewed on-line trainings due to their legal responsible to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. In January 2020, the Academy for Workforce Development updated the Mandated Reporter Online curriculum to reflect the changings in legislation. Below is the most current data pertaining to our Mandated Reporter Online Trainings for this fiscal year:

Online Training from May 2019 to March 2020

Type of MRT:	**# Participants**	**# Sessions**
Community Providers	18,854	16,060
School Employee	65,007	47,233
Total	83,861	63,293

Future Offerings and Planning

In response to the uncertainties presented by Covid-19, new Connecticut state policies has left many DCF employees telecommuting and separated from each other for the first time. In May 2020, The Academy for Workforce Development will be offering the "Together We Learn Series" which is a series of discussions that involve the recognition and engagement of different perspectives and skills on emerging themes from COVID-19 pandemic as it relates to our virtual child welfare workforce. This series will elicit voices from all DCF staff throughout the state to highlight their personal experiences of teleworking while assisting families during a pandemic.

TOPICS TO BE DISCUSSED:

- Claiming Success Through Telework: Introduction to The Series
- Virtual Supervision: Being Available Remotely
- Assessing Safety: Through A Virtual Lens
- Virtual Visitation: Out of Home CIP and Parent and Child
- Supporting Our Adolescents Virtually

Additionally, The Academy for Workforce Development will also be adding on to the professional development curriculum to offer "So You Want to be a Program Supervisor? " training. This training will focus on the move from social work supervisor level to program supervisor level and how to plan for this type of transition. Finally, the Academy for Workforce Development will be collaborating with DAS and Connecticut State Colleges to offer our DCF staff writing courses to assist and improve their case writing skills.

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

- Total Department expenditures are assigned to Cost Pools that combine similar expenditure types. This procedure also includes the allocation of expenditures into multiple pools when they do not belong in any single pool. When an allocation needs to be made within a single department to multiple cost pools funded through the same federal award, the allocation is typically made based on staff counts or salary amounts determined based on the judgments of the responsible supervisor. If salary allocations need to

be made across more than one federal award or between a federal and non-federal cost pool, appropriate personnel activity reports are used to make that allocation. If an allocation is made based on the salary of staff, an additional allocation is made for fringe benefits and other expenses. The allocation of fringe benefits and other expenses are calculated by applying the same percentage allocation used for salaries, (i.e., there is not an attempt to identify the actual fringe or other expense costs associated with the salaries).

- Claiming for the Academy and its services contract for third-party training contracts include as training costs the salary allocations from other functional units when individuals (DCF training adjuncts) from those units perform training activities related to their functional responsibilities. When this occurs, signed time records are maintained to support these allocations.
- The Academy courses and hours of instruction are accumulated. This step summarizes hours of instruction that qualify for 75%, 50% and 0% reimbursement. On average, the total cost of training at the DCF Training Academy is over $3.9 million per year. Approximately 88% of the Academy pre-service courses are reimbursable at 75% while approximately 12% are reimbursable at 50%. Approximately 56% of The Academy's in-service courses are reimbursable at 75% while approximately 43% are reimbursable at 50%, and 1% not reimbursable.
- The Department will claim for reimbursement, at 75%, expenditures related to salaries, fringe benefits, travel, per diem, tuition, books, registration fees and the development of training as those expenses are related to any training, or the cost of training, that increases the ability of the Department to provide support and assistance to foster and adopted children and children living with relative guardians wither incurred directly by the State or by contract.
- Federally reimbursable expenditures are calculated based on allowable costs (from cost pools and The Academy curriculum), allowable children (from eligibility schedules) and allowable activities (from RMTS).

Technical Assistance

The University of Maryland School of Social Work National Technical Assistance Center for SAMHSA Systems Of Care grant provided three technical assistance sessions to CT regarding Family First and potential intersections with the CT DSS 1115 Substance Abuse Waiver grant, the Integrated Care CMS grant, the SAMHSA System of Care grant. Those technical assistance sessions were very helpful.

The Department continues to receive technical assistance and support from Casey relative to our work in the areas of Family First, Rapid Permanency Reviews and QI Parenting.
Since 2017, the Department has benefitted from ongoing technical assistance from the Harvard Kennedy School Government Performance Lab (GPL). This partnership has helped support DCF in improving outcomes for families served by ensuring that services focus on their individualized needs. An extension has been granted and will continue this upcoming year. See Service Coordination for more information.

Technical assistance (TA) was provided by Chapin Hall at the University of Chicago. Miranda Lynch, Policy Fellow, served as Lead Consultant/Project Director. The intent of the TA was to build on Connecticut's initial preparation for implementation of the Title IV-E Prevention option in the Family First Prevention Services Act.

Activities that occurred since the submission of the CFSP included a statewide kick-off in November 2019 and the successful launching of the Family First project initiative in early in December 2019. The kick-off event described the opportunities in Family First and invited partners to participate in five working groups: Candidacy, Programs & Service Array, Kinship and Foster Care, Fiscal and Revenue Enhancement and Community Partnerships & Family and Child Engagement. DCF chose co-leads to direct the work generally, supported by the consultative efforts of Chapin Hall.

Continuing in the planning phase of work, the impact on performance has not yet been evaluated, but will be done so following the implementation phase next fiscal year. Activities for the upcoming year include identifying data informed and best-practice approaches to improving kinship and foster care and congregate care, consistent with related Family First provisions; co-creating an evaluation and continuous quality improvement approach for recommended prevention services; co-creating a comprehensive roadmap of implementation activities related to the Prevention Plan; and co-creating a roadmap and implementation plan with DCF to support the QRTP and out-of-home care strategy.

Additional technical assistance was provided by Don Winstead Consulting. Don Winstead is the principal investigator/consultant for the fiscal component of Connecticut's Family First Initiative. The primary area of focus for Mr. Winstead's assistance is to provide consultation and support to Connecticut's Family First internal workgroups and several DCF fiscal personnel responsible for addressing the Maintenance of Effort for DCF, for inclusion in the State's Prevention Plan.

Since the submission of the CFSP, Mr. Winstead has completed the initial review of Connecticut's CB-496 reports, fiscal materials, Maintenance of Effort information; engaged initial consultative conversations with fiscal staff; and completed initial work on the baseline context summary and fiscal presentation for Connecticut's Family First Imitative. Due to a delay in activities predicated by COVID-19, there has not been an impact to performance to date. Post COVID-19 in compliment to Connecticut's efforts, Mr. Winstead will resume the previously contracted services/activities geared toward the analysis and development of the fiscal components needed for Connecticut's Prevention Services Plan.

4. Quality Assurance System

Case Review System:

In Round 3 of the CFSR, Connecticut was not in substantial conformity with the systemic factor of Case Review System. Two of the five items comprising this systemic factor were identified as strengths, while three were identified as areas needing improvement.

In the statewide assessment prepared as part of Connecticut's Round 3 CFSR review, Connecticut was identified as having a well-functioning administrative review process for the periodic review (Item 21) of the status of each child in care both within 60 days of entry to care as well as at least every 6 months thereafter. The agency received an overall rating of strength for Item 21 based on information from the statewide assessment and stakeholder interviews. Periodic administrative reviews were found to have occurred timely in most cases and the agency has an effective process for manually identifying cases that are not automatically scheduled for a review to ensure periodic reviews are held timely.

As noted above the most recent data for FY 2019 reflects that timely periodic reviews continue to be an area of strength for the state. Connecticut intends on sustaining this progress through the continued use of scheduling reports and exception reports available to the ACR Office Assistants who are responsible for the scheduling of case reviews. Data is reviewed by the ACR Program Supervisors and shared with the ACR team routinely.

Connecticut also received a strength rating for Item 22, Permanency Hearings, in CFSR Round 3 as it was determined that permanency hearings were occurring no later than twelve (12) months from the date the child entered foster care and no less frequently than every twelve (12) months thereafter. Agency administrative data reflects this to be a continued area of strength for the agency. Our Court Improvement data reflects that for the children who exited care in FY19, 91% of the permanency plan dispositions were held within 365 days of the prior permanency plan disposition.

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

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

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

As evidenced by current data, these areas continue to be in need of improvement, particularly as related to timely TPR filing and disposition. Data for FY19 reflects 56% of the TPR filed during that timeframe were filed within 15 months, with an average time of 17 months which remains the same as last year's reported performance.

Where reunification has not been achieved, the average time from filing of the original petition to filing of the petition to terminate parental rights is 18 months which represents a slight improvement from last year's reported performance at 19 months.

To address the concerns about the filing of TPR in accordance with the required provisions, Connecticut has developed strategies and associated activities, in partnership with the court, as part of the PIP which Connecticut began implementing April 1, 2019. Goal 2, Strategy 2, Activity 2.2.1 of Connecticut's PIP outlines the partnership between the agency and the court in addressing the timely filing of TPR petitions. This includes the use of the court's web-based Child Protection automated system which will provide data and reports to the agency to assist with timely filing. While TPR petitions are not yet able to be filed electronically, these are the next petitions scheduled to be released for electronic filing across the state. Additionally, TPR and adoption petition filing due dates and hearing dates are the next reports to be developed. If the TPR petition is not filed, the system will notify the agency that a compelling reason must be documented. These reports will be reviewed by the agency and the courts to monitor and document progress monthly. CPS supervisors will utilize these reports as a guide to assist staff in prioritizing next steps toward achieving timely permanency. Given the current COVID-19 pandemic and the timing at when it hit CT, these activities have been delayed as resources have had to shift to addressing the pandemic and operational needs during this time. As the agency and court continues to partner through the work of the Transformational Zone, the timeframes for the key activities will be adjusted to reflect the updated timelines.

In an effort to address performance related to parent engagement in case planning, particularly father engagement, Connecticut identified two key strategies in the PIP under Goal 3, strategies 1 + 2, which focus on fatherhood engagement. Strategy 1 focuses on the expansion of the breadth and array of fatherhood services, resources and supports to promote the positive involvement and interactions of fathers with their children by providing fathers with the skills and supports they need to be fully involved in their children's lives. Strategy 2 outlines key activities to improve engagement with fathers and non-custodial parents by providing guidance, coaching and consultation to workers and supervisors about best practices for working with fathers. As of 5/14/20, all Fatherhood Engagement Services (FES) contractors are fully servicing fathers, providing case

management and 24/7 Dad curriculum. Regions are reporting a strong collaborate relationship with FES contractors. Specialists are reporting an increase in invites to fathers for meeting participation and the agency has continued to see improvement in PIP data as related to fathers. Program outcomes have been identified in the FES scope of service (contract) and contractors are required to submit monthly reports with data for regional team reviews. Due to the COVID-19 pandemic, DCF contractors ceased in-person operations mid-March 2020, but all FES programs continue to operate remotely, accepting new referrals, conducting intakes and providing case management services as well as 24/7 Dad, which is offered individually and in groups. Programs are accessing in-house resources and redirecting programming funds from such areas as travel and vehicle costs, to provide fathers with essential needs. This includes food, gift cards and other materials to meet basic needs. Statewide contracts team call are being conducted every two weeks to assess emerging needs and trends.

Although not a part of the agency's initial PIP, as previously noted and explained in detail, in October 2019, DCF was awarded a three-year OJJDP grant to support the Connecticut state initiative, Families Supporting Reentry: A 2-Gen Approach (FSR). FSR will target men who are fathers of children involved with the Department of Children and Families (DCF) due to child protection issues.

As highlighted earlier in the APSR, DCF, along with 5 other jurisdictions, is also participating in the Breakthrough Series Collaborative (BSC)- Engaging Fathers and Paternal Relatives in Child Welfare. This work directly connects to the agency's PIP goals and activities as it is designed to impact and improve father engagement.

Some of the PDSAs have been focused on improving the quality of supervised visitation with fathers, focusing on engaging paternal relatives and ensuring that both fathers and paternal relatives are invited to Considered Removal (CR) Meetings. The CR facilitators PDSA is called "Why not Father" meaning there is a focus on determining if the child(ren) can be cared for by father if non-custodial or exploring paternal relatives to be a placement resource or provide support. The team has been focused on peer to peer exchanges, meaning one of the workers on the teams carves out time in her week to talk with co-workers and/or she is given time in her unit meeting to discuss her work with fathers. Another area of focus includes ensuring that fathers are discussed. For the remainder of the BSC and upcoming year, the team intends to focus on collaboration with other systems, as well as ensuring racial equity for fathers of color.

Quality Assurance System:

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

DCF's quality management infrastructure has allowed leadership and field staff to review practice in the context of both qualitative and quantitative data, including CFSR findings, Court Monitor review findings, Administrative Case Reviews (ACR), In-home visitation reviews, Investigation Reviews and Rapid Legal Reviews. As part of the PIP process, court partners conducted case file reviews as a mechanism to assess the court's role in timely permanency, however, this did not provide valuable information. After further discussion and collaboration, the agency moved to exploring Rapid Permanency Reviews (RPR) to assist with identify and addressing barriers to permanency for children (post-TPR) in care two or more year who are in a permanent home but have not yet achieved legal permanency. A steering committee was developed, and the agency was ready to implement RPR, however, the week RPR was set to launch in the first office, the pandemic hit and all meetings were canceled. Although delayed, the agency does intend to move forward with RPR and is now exploring how to do so in a virtual environment.

Over the last year, the Bureau of Strategic Planning which includes Quality Improvement, has continued to develop. The six regional Quality Improvement Program Supervisors remain in place and report centrally to the

Quality Improvement Program Director. As the division gets fully staffed, the framework for quality improvement and performance management will continue to be defined. This division will refine and enhance our quality management systems to deliver on the agency's strategic goals, by developing innovative strategies, learning from past performance and designing and implementing data-driven organizational change.

With respect to Quality Assurance, staff training is another means by which the Department will be improving outcomes.

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

5. Service Descriptions

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

Adolescent Community Reinforcement Approach / Assertive Continuing Care (ACRA-ACC) – This is an evidence-based outpatient behavioral therapy for substance using adolescents and their caregivers. When the recovery goals are attained through ACRA, the adolescents can then be referred to the recovery support ACC portion of the service. ACC also provides case management services to assist with accessing other needed services. Category: Family Support service Population Served**:** Substance using youth between 12-17 years old Geographic Area**:** Statewide Annual Unduplicated Children/Families Served**:** 312
Adopt A Social Worker - This is a statewide, faith based outreach service linking an "adopted" DCF Social Worker with a faith-based or other "covenant organization" to assist with meeting the basic material needs of DCF involved families (those with protective service Social Workers as well as foster, adoptive and kinship care families). Meeting the needs of children with, for example, beds, cribs, clothing and household furnishings, will help achieve stabilization of families and permanency for the children. Category: Family Support and Family Preservation services. Population served: All DCF involved Families Geographic area served: Statewide. Annual Unduplicated Children/Families Served: 28,890
Care Coordination - This service provides high fidelity "Wraparound" through the use of the Child and Family Team process. Wraparound is defined as an intensive, individualized care planning and management process for youths with serious or complex needs and is a means for maintaining youth with the most serious emotional and behavioral problems in their home and community. The Wraparound process and the written Plan of Care it develops are designed to be culturally competent, strengths based and organized around family members' own perceptions of their needs, goals, and vision. Category: Family Support Services service. Program uses the 4 family focused fluid stages of Hello, Help, Healing and Hope. There will training this year in this new construct. Population served: Families with a youth with a behavioral health diagnosis for whom DCF is not involved. Geographic area served: Statewide. Annual Unduplicated Children/Families Served: Approximately 1,312
Care Management Entity (CME): designed to serve children and youth, ages 10-18, with serious behavioral or mental health needs who are returning from congregate care or other restrictive treatment settings (emergency departments/in-patient hospitals) or who are at risk of removal from home or their community. The CME will provide direct services and administrative functions. At the direct service level, the CME employs Intensive Care Coordinators (ICCs) and Family Peer Specialists (FPS) who use an evidence based wraparound Child and Family Team process to develop a Plan of Care for each child and family. At the administrative level, the CME assists DCF in developing local and regional networks of care, which includes the CONNECT federal System of Care grant activities. Category: Family Support Services and Family Preservation service. Population: Any child residing in a congregate care setting and child and youth who are frequent users of Emergency Departments and In-Patient settings. Geographic Area served: Statewide Annual Unduplicated Children/Families Served: 150 to 160
Child First Consultation and Evaluation - This service ensures provider fidelity to the Child First model which provides home-based assessment and parent-child therapeutic interventions for high-risk families with children under six years of age. To that end, the service delivers training, provides reflective clinical consultation, analyzes data, provides technical assistance, insures continuous quality improvement, and certifies sites that have met Child First model standards. Service Category: Family Support Population(s) to be served -Children ages 0-6 Geographic areas: Statewide Annual Unduplicated Children/Families Served: Not available

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

Community Support for Families - This service will engage families who have received a Family Assessment Response from the Department and connect them to concrete, traditional and non-traditional resources and services in their community. This inclusive approach and partnership, places the family in the lead role of its own service delivery. The role of the contractor is to assist the family in developing solutions, identify community resources and supports based on need and help promote permanent connections for the family with an array of supports and resources within their community.
Service Category: Family Preservation , Family Support,
Population(s) to be served -Children ages Birth-17
Geographic areas: Statewide
Annual Unduplicated Children/Families Served: 2,340

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

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 , Family Support
Population(s) to be served -Children in out of home care
Geographic areas: Middletown, Norwich, Willimantic
Annual Unduplicated Children/Families Served: 80

Connecticut ACCESS Mental Health: is a consultative pediatric psychiatry service to be made available to all pediatric and family physician primary care provider practices ("PCPPs") treating children and youth, under 19 years of age irrespective of insurance coverage. The purpose is to improve access to treatment for children with behavioral health or psychiatric problems, and to promote productive relationships between primary care and child psychiatry to support selective utilization of scarce resources. The program is designed to increase the competencies of Primary Care Providers to identify and treat behavioral health disorders in children and adolescents and to increase their knowledge/awareness of local resources designed to serve the needs of children and youth with these disorders.
Category: Family Support and Family Preservation
Target Population: All children and youth under 19 regardless of insurance coverage
Geographic Area: Statewide
Estimated Families Served: 5,000 calls/year

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

Early Childhood Services - Child FIRST - This service provides home based assessment, family plan development, parenting education, parent-child therapeutic intervention, and care coordination/case management for high-risk families with children under six years of age in order to decrease social-emotional and behavioral problems, developmental and learning problems, and abuse and neglect.
Service Category: Family Support
Population(s) to be served – High risk DCF involved children ages 0-6 with social-emotional, behavioral developmental and learning problems
Geographic areas where the services will be available -Statewide
Annual Unduplicated Children/Families Served: 493

Extended Day Treatment (EDT) - This service is a site-based behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to six months, a comprehensive array of clinical services supplemented with psychosocial rehabilitation activities are provided to maintain the child or youth in his or her home. The purpose of this service is to provide the clinical treatment and supports necessary to successfully stabilize and maintain children/youth in their own homes and communities. These efforts focus on: the prevention of hospitalization and out-of-home placement, unless clinically necessary; the provision of clinical treatment and specific behavioral assistance; and the engagement and support of families and caregivers. The primary goals include but are not limited to: stabilizing the child/youth's symptoms and behavior; improving the child/youth's mental, emotional, and social well- being, thus increasing the level of overall functioning in the community setting, both at home and school; and strengthening the family by enabling the family/caregiver to manage the behaviors of the child/youth more effectively.
Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Population served: Ages 5-17
Geographical Area: Statewide (15 sites)
Annual Unduplicated Children/Families Served: 826

Family and Community Ties - This service is a foster care model that combines a wraparound approach to service delivery with professional parenting for children with serious psychiatric and behavioral problems. This service is differentiated from other foster care services by (a) the frequency and intensity of clinical contact and (b) flexibility in providing "whatever it takes" to preserve the placement of a child in a family setting. Within this program, foster parents will serve as full members of the treatment team and will complete intensive training in behavior management.
Category: Adoption Promotion and Support Services service.
Population served: Children with serious psychiatric and behavioral problems
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 60

Family Based Recovery - This service is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.
Category: Family Support Services and Family Preservation service.
Population served: An infant (birth – 3 years) who is at risk of an out-of-home placement due to parental substance abuse. A parent who has used substances within past 30 days
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 216

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

Fatherhood Engagement Services – This service provides intensive outreach, case management services and 24/7 Dad© group programming to fathers involved with an open DCF case, as such services and service frequency are defined herein. The purpose of this program is to enhance the level of involvement of fathers in their DCF case planning, provision of services and positive parenting.
Category: Family Preservation
Population served: DCF-involved fathers and DCF-involved incarcerated fathers
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 340

First Episode Psychosis - This service identifies, refers, and follows-up on youth and young adult Medicaid clients ages 16-26 who have experienced a First Episode Psychosis (FEP) to provide early identification of FEP, rapid referral to evidence-based and appropriate services, and effective engagement and coordination of care which are all essential to pre-empting the functional deterioration common in psychotic disorders. Additionally, through trained FEP Peer Specialists, this service identifies, refers, and connects youth potentially experiencing FEP to specialty providers.

Foster and Adoptive Parent Support Services - This service, through a private statewide agency, provides support and training to foster and adoptive parents. Services include, but are not limited to: a buddy system; post licensing training; a quarterly newsletter; an annual conference; periodic workshops; respite care authorization; and a fiduciary role for open adoption legal services. In addition, support staff (i.e. "Liaisons") are posted in most of the DCF Area Offices in order to assist foster and adoptive families who call with questions or require resolution of individual issues. The Liaisons also assist DCF staff with area recruitment and retention activities and serve on committees where a foster / adoptive parent perspective is needed. Childcare is also provided to the licensed families at these support groups
Category: Adoption Promotion and Support Services service.
Population served: All licensed families (all license types)
Geographic area served: All areas of the state
Annual Unduplicated Children/Families Served: All licensed families (all license types)

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

Foster Family Support - This service provides a variety of support services to children in DCF care who are living with foster and relative families in Bloomfield. The support services include, but are not limited to: individual, group and / or family counseling; crisis intervention, social skills development; educational activities; after school and weekend activities.
Category: Adoption Promotion and Support Services.
Population served: All licensed families (all license types)
Geographic area served: Hartford
Annual Unduplicated Children/Families Served: 88.

Foster Parent Support for Medically Complex - This service, largely through the organization of a group of volunteers, provides foster care recruitment, respite and support focused on maintaining and growing the number of foster and adoptive parents who work with medically complex children in the Waterbury and Torrington area office towns. There is a child care/activity component to the program and a limited amount of money is available for participating foster parents. There are two yearly celebrations, a holiday party and annual picnic.

Functional Family Therapy (FFT) - This service provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and

management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence based model known as Functional Family Therapy (FFT). 25% of the capacity is available to youth involved with DCF Juvenile Service - Parole. Length of service averages 4 months per youth served. Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.
Category: Family Support and Family Preservation service.
Population served: Service is for DCF and non DCF involved youth ages 11-18 for whom there is a behavioral health diagnosis.
Geographic area served: All areas of the state except for the New Britain catchment area.
Annual Unduplicated Children/Families Served: 645

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

Intimate Partner Violence (IPV-FAIR) - The goal of the service is to establish a comprehensive response to intimate partner violence that offers meaningful and sustainable help to families that is safe, respectful, culturally relevant and responsive to the unique strengths and concerns of the family. This four (4) to six (6) month service provides a supportive service array of assessments, interventions and linkages to services to address the needs of families impacted by intimate partner violence. The service will respond to both caregivers and the children. The Fathers for Change Promising Practice Model will also be offered through the IPV-FAIR Service. This service will offer intervention to fathers of children under age 10 who have been an offender of intimate partner violence and have co-occurring substance use issues. Safety planning will be at the center of the IPV-FAIR service provision.
Category: Family Preservation, Family Support, Time-limited Family Reunification service.
Population Served: DCF families and Community Support for Families Program families impacted by Intimate Partner Violence.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 455

Intensive Family Preservation - This service provides a short-term, intensive, in-home service designed to intervene quickly in order to reduce the risk of out of home placement and or abuse and/or neglect. Services are provided to families 24 hours per day, seven days a week with a minimum of 2 home visits per week including a minimum of 5 hours of face to face contact per week for up to 12 weeks. Staff work a flexible schedule, adhering to the needs of the family. A Standardized assessment tool is used to develop a treatment plan. As needed families are linked to other therapeutic interventions and assisted with basic housing, education and employment needs including making connections with non-traditional community supports and services.
Category: Family Preservation service.
Population Served: The target population for this service includes DCF active in-home cases only. This service is delivered when there is an emerging removal concern for children from birth through 17 years of age.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 831

Intensive In-Home Child and Adolescent Psychiatric Services IICAPS - (Consultation and Evaluation) - This service provides program development, training, consultation, and clinical quality assurance for all Department of Children and Families (DCF) approved Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS) service providers. The IICAPS statewide providers work with children and youth who have returned or are returning home from out-of-home care and who require a less intensive level of treatment, or are at imminent risk of placement due to mental health issues or emotional disturbances.
Category: Family Preservation and Family Support. and Adoption Promotion and Support Services
Target Population**:** Children and adolescents ranged in age from 4-18 years with complex psychiatric disorders
Geographic Area: Statewide
Number of families to be served: 2100-2250 annually

Juvenile Review Board (JRB)
The Juvenile Review Boards (JRB) are organized groups of community volunteers such as police, youth service bureaus, schools, and agency professionals that work to divert children and youth from the juvenile justice system. Children and youth between the age of 7 and 17 that are first time misdemeanor offenders or that qualify under the Families with Service Needs (FWSN) statutes are eligible for JRB services.
Service type: Family Support, Family Preservation
Target Population: Ages 7 through 17 who have been referred to the Juvenile Review Board (JRB), are first-time offenders and have committed a misdemeanor offense or referred to court for behaviors under a Family with Service Needs ("FWSN") petition.
Geographic Area: Hartford, New Haven and Bridgeport
Annual Unduplicated Children/Families Served: 600

Juvenile Review Board Support and Enhancements
Juvenile Review Board Support and Enhancement provides funding to local Juvenile Review Boards to create, support and enhance services delivered to youth served by the Juvenile Review Board (JRB).
Service type: Family Support, Family Preservation
Target Population: Ages 7 through 17 who have been referred to the Juvenile Review Board (JRB), are first-time offenders and have committed a misdemeanor offense or referred to court for behaviors under a Family with Service Needs ("FWSN") petition
Geographic Area: Norwich, Willimantic, Middletown, New Britain, Meriden, Waterbury, Torrington, Danbury
Estimated Families Served: Not Available

Mental Health Consultation to Childcare - This service promotes and facilitates the early identification of behavioral challenges and mental health needs in children who participate in daycare and early childhood education settings. Once needs are identified, strategies which prevent children from disrupting from their homes and day care

settings are implemented. Families are given opportunities to partner as active participants at multiple levels including: home visits, center-based planning, child specific intervention strategies and collaborative planning and implementing strategies and activities within the classroom.
Category: Family Preservation; Family Support
Population(s) to be served - Early childcare and education staff, DCF-involved biological parents, foster, and adoptive parents, and any other caregivers in a child's life providing services to families and children ages Birth to 60 months (5 years old) and Birth to 72 months (6 years old) for DCF children in Foster Care, with challenging behaviors and/or social and emotional needs. Services may also be provided to DCF-involved women and their children housed in substance abuse residential programs.
Geographic area served – Statewide
Estimated number of individuals and families to be served – 150 early childcare centers, 400 teachers and assistant teachers, 90 Core Classrooms, 1,200 children within the Core Classrooms, 120 "at risk of expulsion/suspension" children and 400 service visits to involved families per quarter.

Mobile Crisis - EMPS Crisis Intervention Service (EMPS) is a mobile, crisis intervention service for children experiencing behavioral health or psychiatric emergencies. The service is to be delivered through a face-to-face mobile response to the child's home, school or location preferred by the family, or in rare situations through a telephonic intervention.
Category: Family Support Services and Family Preservation service.
Population: Any child 0-18 residing in the state of CT.
Geographic Area served: Statewide
Number of children and families served: over 18,000 calls and over 12,000 episodes of care

Mobile Crisis - Statewide Call Center - This service is the entry point for access to the Emergency Mobile Psychiatric Service System for children and youth in the State of Connecticut. The Statewide Call Center receives calls, collects relevant information from the caller, determines the initial response that is needed, and links the caller to the information or service required. In addition to these primary functions, the Statewide Call Center also collects data regarding calls received, triage responses and referrals to EMPS contractors. The Call Center analyzes data and compiles reports for use by DCF, the Statewide Call Center, EMPS contracted service providers, and other entities as determined by DCF. The Statewide Call Center operates 24 hours per day, 365 days per year.
Category: Family Support Services and Family Preservation service.
Population served: Any child 0-18 residing in the state of CT.
Geographic Area served: Statewide
Number of children and families served: over 18,000 calls.

Multidimensional Family Therapy (MDFT) - This service provides intensive home based clinical interventions for children, ages **11 - 18**, with significant behavioral health service needs who are at imminent risk of removal from their home or who are returning home from a residential level of care. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. Staff work a flexible schedule, adhering to the needs of the family. Average length of service is 3 - 5 months per family. Family-based intensive in-home treatment for children & adolescents (aged 9 – 18 years) with significant behavioral health needs and either alcohol or drug related problems, or are at risk of substance use.
Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs
Geographic Area – Statewide
Annual Unduplicated Children/Families Served: 780

Multidimensional Family Therapy (MDFT) ASSERT- This service supplements 4 existing MDFT Teams and blends three (3) evidence-based models, ATM works with youth who are or maybe using opioid drugs by providing comprehensive services to address this use and promote their on-going recovery. ATM offers a continuum of services for the youth and his/her family, including Multidimensional Family Therapy (MDFT), access to Medicated Assisted Treatment (MAT) if needed, & Recovery Management Check-ups and Support (RMCS) following the completion of the MDFT services.
Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs
Geographic Area – Middletown, Norwich, Willimantic, Danbury, Torrington, Waterbury, Meriden and New Britain
Annual Unduplicated Children/Families Served: 240

Multidimensional Family Therapy (MDFT) Quality Assurance - This service provides program development, training, clinical and programmatic consultation to statewide DCF funded Multidimensional Family Therapy (MDFT) providers that integrates the standards and practices consistent with MDFT requirements and MDFT quality improvement programming. In addition, this service provides program development, training and clinical consultation for the Family Substance Abuse Treatment Services (FSATS) teams who serve the former Emily J class members.
Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs
Geographic Area – Statewide
Estimated Individuals and Families to be served: 1,020

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

Multidisciplinary Examination (MDE) Clinic - This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening for children placed in DCF care for the first time. A comprehensive summary report of findings, compiled from the multidisciplinary team and written by the Foster Clinic Coordinator is completed on each child referred for service. As appropriate, referral(s) to a specialized service are made.
Category – Family Preservation / Family Support

Population served – each child placed in an out of home setting
Geographic area – Statewide
Number of children served: 1673

Multidisciplinary Team – This service promotes the coordination of investigations of and interventions for cases of child abuse/neglect among agencies, including DCF, police, medical, mental health, victim advocates, and prosecutors. Cases are referred to the regularly scheduled team meetings by DCF, law enforcement or other agency members of the team. A team Coordinator assumes the coordination and administrative responsibilities in addition to being an active member of the team. Training in aspects of child abuse and the investigation process is provided to the team members.
Service Category: All service Categories
Population served: Any child in Connecticut that is a victim of sexual abuse including child sex trafficking, severe physical abuse or death of a child.
Geographic area: Statewide, There are 15 MDT's throughout the state of Connecticut serving the entire state.
Number of children being served: The number is fluid; all cases of sexual abuse including child sex trafficking, severe physical abuse and death of a child is reviewed.

Multi-systemic Therapy (MST) - This service, using a national evidence-based treatment model, provides intensive home bases services to children who are returning or have returned from a residential level of care or are at imminent risk of removal due to mental health issues. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. This service promotes change in the natural environments … i.e. home, school and community. Interventions with families promote the parent's capacity to monitor and intervene positively with each child and/or youth. The clinical supervisor and therapists have daily contact with each family served including providing 24 hour a day, 7 day a week access. Average length of service is 3 - 5 months per family.
Category: Family Support and Family Preservation service.
Target Population: Youth between 12-17 years old who have returned or are returning home from out-of-home care or who are at imminent risk of placement due to substance use, risk of substance use, or conduct disorders
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Milford, New Britain, New Haven, Norwich, Waterbury, and Willimantic
Annual Unduplicated Children/Families Served: 201

MST - Building Stronger Families - This service, using a national evidence-based treatment model, provides intensive family and community based treatment to families that are active cases with (DCF) due to the physical abuse and/or neglect of a child in the family and due to the abuse of or dependence upon marijuana and/or cocaine by at least one caregiver in the family. Core services include: clinical services, empowerment and family support services, medication management, crisis intervention, case management and aftercare. Average length of service is 6 - 8 months per family.
Category: Family Support and Family Preservation service.
Target Population: Families who have A child between 6 - 17 years old. An allegation of abuse or neglect within past 180 days, and at least one caregiver with alcohol or drug abuse related problems.
Geographic Area: Bridgeport, Norwalk, Norwich, Manchester, New Britain, Waterbury, New Haven
Annual Unduplicated Children/Families Served: 126

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

MST- Emerging Adults - This service provides intensive individual and community based treatment to transition-aged youth with multiple co-occurring disorders and extensive system involvement with the goal of reducing the young adult's substance use and mental illness symptoms, and promote gainful activity such as school, work, housing, and positive relationships. In addition to clinical work with a therapist, a MST-EA coach serves as a positive mentor and engages the young adult in prosocial, skill building activities. Treatment duration averages 7-8 months, with an additional 2-4 months (average) with the MST-EA coach. Sessions with the client occur 3-5 times weekly, depending upon the client's.
Category: Family Support and Family Preservation.
Target Population: Youth aged 17-20 years inclusive. Serious mental health condition and/or substance abuse disorder, and Involvement with JJ or CJ system
Geographic Area: Bridgeport, Hartford, Manchester, New Britain, Milford, New Haven, Waterbury
Annual Unduplicated Children/Families Served: 66

MST-Intimate Partner Violence - This service is an intensive, in-home clinical treatment program for families with active involvement in DCF due to physical abuse and/or neglect of a child in the gamily due to the impact of intimate partner violence within the family. MST-IPV is a treatment model that follows a set of 9 principles and a structured analytic process for assessing drivers of referral behaviors (intimate partner violence and child maltreatment), prioritizing risk factors, and implementing evidence-based interventions that directly address these risk factors. Importantly, MST-IPV maintains a strength focus and commitment to ongoing engagement with families and stakeholders. Key to the safety of children is intensive and ongoing safety assessments and interventions. In this atmosphere of focus on family strengths, engagement, safety, and sustainability of progress, MST-IPV implements interventions that are research supported for specific problems, and stem from behavioral, cognitive-behavioral, and family systems perspectives.
Category: Family Support Services and Family Preservation service.
Population served: Any DCF-involved family at a high risk of child safety due to previous intimate partner violence within the family
Geographic area served: New Britain
Annual Unduplicated Children/Families Served: 21

MST - Problem Sexual Behavior- This service provides clinical interventions for youth who be returning home from the Connecticut Juvenile Training School (CJTS) or a residential treatment program after having been identified as being sexually abusive or displaying sexually reactive and/or sexually aggressive behaviors and who have been assessed to need sexual offender specific treatment. The service is based upon an augmentation of the standard MST team model, an evidence based clinical model with an established curriculum, training component and philosophy of delivering care. The average length of service is 6-8 months per youth / family. All clients referred receive a comprehensive evaluation resulting in a multi-axial diagnosis and individualized treatment plan.
Category: Family Support and Family Preservation.
Target Population: Adolescents 10-17.5 years (exceptions for older youth on a case-by-case basis). Convicted and committed to DCF as delinquent due to a sexually abusive offense and who require sex offender specific treatment; or Convicted and committed to DCF as delinquent and who display sexually aggressive/inappropriate behavior and

who require sex offender specific treatment; or Not convicted for sexual abuse specific offenses but this issue has been identified and other inclusion/ exclusion criteria are met.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 96

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

One on One Mentoring (OOMP) - This service contracts with local service providers statewide to supply adult mentors to DCF involved adolescents ages 14-17 and 18-21 who remain involved with DCF following their commitments. The providers recruit, screen and train eligible candidates to become mentors, partner with DCF social workers then match approved mentors with DCF committed adolescents and young adults. The goal of the mentoring program is to provide an important and long lasting relationship to adolescents who are placed outside of their homes. Mentors are involved in the adolescent's life as a guide, a positive role adult model and a confidant. Mentors maintain weekly contact with their mentees and visits face to face at a minimum of three times a month. The program aims at maintaining these relationships on a long term basis. Ideally, the relationships evolve into permanent, life-long friendships.
Category: Family Support and Family Preservation service.
Population to be served: DCF involved adolescents ages 14-17 and 18-21 who remain involved with DCF following their commitments. Exceptions are made for younger youth or youth are not committed to DCF on a case by case basis.
Geographic location: Statewide
Annual Unduplicated Children/Families Served: 24

Outpatient Psychiatric Clinic for Children (aka Child Guidance Clinic) - This service provides a range of outpatient mental health services for children, youth and their families. Services are designed to promote mental health and improve functioning in children, youth and families and to decrease the prevalence of and incidence of mental illness, emotional disturbance and social dysfunction. DCF-involved children; referred through local systems of care, care coordinators, and Emergency Mobile Services; children who are the victims of trauma and/or physical and/or sexual abuse and/or neglect and/or witness to violence in the home or external to the home and/or who have experienced multiple separations from loved ones; children who are at risk of psychiatric hospitalization or placement into residential treatment; children being discharged from psychiatric hospitals or residential treatment; children with severe emotional disturbances such as conduct disorders and oppositional defiant disorders; children with significant, persistent psychiatric conditions; children who are court involved; children whose families are financially unable to obtain mental health services elsewhere in the community; children experiencing Reactive Attachment Disorders; children who experience Post Traumatic Stress Disorder; children who exhibit sexually reactive behaviors and children who exhibit sexually predatory behavior.
Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Target Population: Children 3-17
Geographical area: Statewide (25 sites)
Annual Unduplicated Children/Families Served: 13,327

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

Parenting Support Services - This service utilizes the evidenced-based models of Triple P (Positive Parenting Program®) of the University of Queensland, and Circle of Security to provide an in-home parent education curriculum along with support and guidance so that parents will become resourceful problem solvers and will be able to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Within the multi-tiered Triple P system, this service will use Triple P's Level 4 Standard and Level 4 Standard Teen courses. In addition to Triple P, this service will provide short term case management supports to help parents fully utilize the parenting services.
Category: Family Preservation; Family Support
Population(s) to be served - Parents with children 0-17 years of age. Priority is given to parents involved with DCF or Community Support for Families. Caseload permitting and in consultation with the DCF area office, providers may serve parents referred by other community providers.
Geographic area served – Statewide
Annual Unduplicated Children/Families Served: 1,845

Performance Improvement Center - This service, Performance Improvement Center (PIC), supports and sustains the delivery of high quality Mobile Crisis Services and, Care Coordination (CC) throughout the state of Connecticut by directing and implementing quality improvement activities and standardized training and workforce development activities to Mobile Crisis, and Care Coordination contractors. Quality Improvement activities include the collection, analysis, and reporting of quality improvement data provided by the Mobile Crisis Call Center (211) and Mobile Crisis contractors (and sub-contractors) and the care coordination contractors. Monitoring and supporting Mobile Crisis and Care Coordination quality is provided by a combination of consultation, satisfaction surveys, fidelity ratings, and other activities. Training and workforce development activities for Care Coordination and Mobile Crisis include the provision of pre-service, in-service and special topic training in the core competencies necessary to operate a quality service. Additionally, on-going monthly quality oversight through coaching and mentoring is provided for Care Coordination providers.
Category: Family Support and Family Preservation service.
Population: The contractors who provide Mobile Crisis and Care Coordination services to children and families in CT
Geographic Area served: Statewide
Annual Unduplicated Children/Families Served: Mobile Crisis serves over 12,000 episodes of care and care coordination serves over 1,200 to 1,600 families annually.

Permanency Placement Services Program (PPSP) - This is a permanency placement service for DCF committed children who are considered difficult to place in adoption due to special needs. Services include: completion of documents to legally free a child for adoption through Juvenile Court; recruitment, screening, home studies and evaluations; pre and post adoption placement planning and finalization services and reunification services with biological parents. A written service agreement, mutually developed between DCF and the provider, is made prior to the commencement of services, and includes the type(s) of service(s) to be provided and time to be spent on each service.
Category: Family Support and Adoption Promotion and Support Services Service.
Population served: any child in DCF care for whom adoption recruitment & preparation or child and family permanency work is necessary.
Geographic area served: Statewide.

Annual Unduplicated Children/Families Served: 100. This number is fluid based upon the requested contracted service.

Reunification and Therapeutic Family Time – Reunification Readiness Assessment, Reunification Services, and Therapeutic Family Time are designed for families with children (from birth to age 17) who were removed from their home due to protective service concerns. These three service types are available to families as three separate components based on the needs of the family. Families can be referred for this service immediately following a child's removal from the home or at any time during their placement.

Reunification Readiness Assessment uses a standardized assessment tool to develop service plan. Therapeutic Family Time is made available for families and assists the provider in assessment by using the Visit Coaching model. This component provides feedback and recommendations to the Department regarding the family's readiness for reunification

Reunification Services also uses a standardized assessment tool to develop the service plan, delivers a staged reunification model to support families throughout the reunification process, adopts the Wraparound Model design to engage the family and build their networks of support, delivers Therapeutic Family Time component using the Visit Coaching model and offers a Step Down option, if families require additional supports.

Therapeutic Family Time – Uses the Visit Coaching Model, uses the Keys to Interactive Parenting Scale (KIPS), an evidence based tool to effectively measure parent child interaction and parenting behaviors, preserves and restores parent/child attachment and facilitates permanency planning and emphasizes a continuity of relationships.

Category: Time-Limited Family Reunification and Family Support service.

Population Served – The target population includes only those families whose children are in imminent danger of out of home placement or cannot return home without intense services. Families to be served include biological and adoptive families referred by DCF and includes DCF active families only. For all services except Therapeutic Family Time, the permanency goal for the referred child must reunification.

Geographic Area – Statewide

Annual Unduplicated Children/Families Served – 890.

SAFE Family Recovery – This program provides three (3) evidence-based approaches in order to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use. The three services are:

Screening, Brief Intervention, and Referral to Treatment (SBIRT) identifies adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment;

Multidimensional Family Recovery (MDFR) addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement;

Recovery Management Check-ups and Support (RMCS) provide support and ongoing assessment, facilitate involvement with pro-recovery peers and activities, detect return to use and other concerns, assertively link to services as needed, and promote positive family relationships

Category: Family Preservation and Family Supports.

Target Population: DCF involved substance using parents and caregivers with children at home but at risk of removal

Geographic Area: Statewide

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

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

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

Category: Family Support and Family Preservation.

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

Geographic Area: Statewide

Annual Unduplicated Children/Families Served: 80

Short Term Assessment and Respite Home (STAR)- This service is a temporary congregate care program that provides short-term care, evaluation and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances. Staff provide empathic, professional child-care, and develop and maintain a routine of daily activities similar to a nurturing family structure. The children and youth receive assessment services, significant levels of structure and support, and care coordination related to family reunification, or matching with a foster family or a congregate care setting, as appropriate. DCF currently has a 36 bed capacity through 6 separate programs throughout the state

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

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

Statewide Family Organization - Statewide Family Organization - The Statewide Family Organization will provide three levels of service and supports to families who have children with serious behavioral or mental health needs. At the direct service level, there are "Community Family Advocates" who provide brief and long term support to parents and caregivers using a wraparound Child and Family Team meeting approach and a peer support and assistance framework. At the regional level, "Family System Managers" are responsible for working closely with DCF Regions and the Connecticut Behavioral Health Partnership (CT BHP) to assist them in developing linkages between local community groups and identifying and supporting informal support and service networks for families. At the statewide level, "Citizen Review Panels" are responsible for giving feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the public to enhance the ways families can positively impact the child protection and child treatment systems.
Category: Family Support and Adoption Promotion and Support Services.
Population served: They work with non DCF involved families in CT.
Geographic area served: One contract Statewide for non DCF involved families
Annual Unduplicated Children/Families Served: 206

Supportive Housing for Families - This service provides subsidized housing and intensive case management services to DCF families statewide for whom inadequate housing jeopardizes the safety, permanency, and well-being of their children. Intensive case management services are provided to assist individuals to develop and utilize a network of services in the following areas: economic, social, and health. Housing is secured in conjunction with the family and the Department of Housing (DOH) provides a Section VIII voucher. Priority access is determined by the chronological order of referrals.
Service Category: Family Support
Population to be served: DCF involved families with housing barriers who are homeless or at risk of homelessness.
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 500

Supportive Work, Education & Transition Program (SWETP) - This service is a community-based stand alone, staffed apartment program that serves adolescents, age 16 and older, who are committed to DCF. The program focuses primarily on the developmental issues associated with the acquisition of independent living skills, including but not limited to: inter-personal awareness; community awareness and engagement; knowledge and management of medical conditions; and maximization of: 1) education, 2) vocation, and 3) community integration. There is on site, awake supervision, 24 hours a day, and seven days a week. Activities involving resident youth are supervised and managed at a level consistent with the nature of the activity and the individual needs of the involved youth.
Service Category: Family Support
Target Population: Youth16 or older and Committed Abused, Neglected or Uncared For or Dually Committed to DCF
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 16 Beds

Survivor Care – This program is an intensive community-based program designed to help youth and their families/caregivers understand, respond to, and recover from the impact of human trafficking/commercial sexual exploitation (HT/CSE) victimization. This program provides Long-Term Therapeutic Case Management services including but not limited to: information and referral services, crisis intervention and safety planning, individual counseling, and advocacy and accompaniment to medical, law enforcement, court, and academic appointments. The program also offers Rapid Responses which are one-time interventions that provide children and caretakers with information, safety planning, and referral services related to HT/CSE

Therapeutic Child Care - This service offers a range of support services for children in a child care facility, including parent-child programs and an after school program. The target population is children ages birth to 8 years old. The primary activity is the teaching of parenting skills as parents participate with their child in the child care setting. With new understanding and skills on the part of the parents, DCF is less likely to become involved and children are less likely to be removed from the home.
Category: Family Support, Family Preservation ,Time-Limited Family Reunification categories
Population(s) to be served: Children aged 0-5 with behavioral issues transitioning to regular day care or kindergarten
Geographic area to be served: Bridgeport.
Annual Unduplicated Children/Families Served: 42

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

Therapeutic Foster Care - This service is an intensive, structured, clinical level of care provided to children with serious emotional disturbance (SED) within a safe and nurturing family environment. Children in TFC receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. TFC families receive support and supervision from private foster care agencies with the purpose of stabilizing and/or ameliorating a child's mental/behavioral health issues, and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan, and facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living).
Category: Family Support, Family Preservation ,Time-Limited Family Reunification categories
Population(s) to be served: Children with serious emotional disturbance (SED).
Geographic area to be served: Statewide.

Therapeutic Group Home - This service is a small (4-6 bed) staffed home within a local community designed for youth with psychiatric/behavioral issues (must have an Axis I diagnosis of a particular kind). Youth entering these homes come primarily from larger residential facilities. Therapeutic techniques/strategies are utilized in the relationship with the child/family, primarily through group, milieu experiences. The service provides an intensive corrective relationship in which therapeutic interactions

are dominant, thereby assisting the youth in improving relationships at school, work and/or community settings. Appropriate linkages with alternative or transition services are in place prior to a youth's discharge. DCF currently has a 135 bed capacity through 26 separate programs throughout the state.
Transitional Supports for Emerging Adults - The goal of this program, operated under the Youth Village LifeSet model is to assist Emerging Adults with; securing suitable and stable housing, completing vocational and/or educational programs, obtaining sustainable employment, developing and maintaining loving, supportive, and permanent adult relationships, and developing the necessary life skills to successfully transition from DCF services. Category: Family Support Target Population: Committed youths ages 17 to 21. Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich, Bridgeport, Danbury, Torrington, New Britain, Waterbury, Milford and New Haven Annual Unduplicated Children/Families Served: 86
Voluntary Care Management - The Voluntary Care Management program is a program for children and youth with serious emotional disturbances (SED), mental illnesses and/or substance use disorders. The Voluntary Care Management program emphasizes a community-based approach and attempts to access necessary services in the local community to prevent out of home placement or other disruptions within the family environment. Parents/caregivers and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth. The Voluntary Care Management program promotes positive development and reduces reliance on restrictive forms of treatment that take children out of homes and away from their communities. Category: Family Support Target Population: non-DCF involved youths through age 18. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 780
Work To Learn Youth Program - This is a youth educational/vocational program providing supportive services to assist youth, ages 14 - 23, to successfully transition into adulthood. The program provides training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Youth also have the opportunity to take part in on site, youth run businesses. The program provides youths with training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Category: Family Support and Adoption Promotion and Support Services. Target Population: Committed youths ages 14 to 23. Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich Annual Unduplicated Children/Families Served: 295
Zero to Three – Safe Babies – the Zero to three Safe Babies Project, provides for the coordination of services to parents and children younger than 36 months in order to help speed reunification or another permanency goal when the children have been placed by court order outside of their homes for the first time. These coordination efforts involve facilitating communication and cooperation among a "zero to three team" of stakeholders (e.g. court services, infant mental health, protective services, developmental screening) and the parent(s) to develop and expedite a case specific plan of action. Category: Family Preservation; Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support Services Population(s) to be served - parents, foster parents, and adoptive parents in the New Haven and Milford DCF area office service areas. Geographic area served - New Haven and Milford . Estimated number of individuals and families to be served – 40 children 0-3 years of age annually

Service Coordination:

The service coordination process also involves considerable input from stakeholders at all levels. The Department hosts statewide service provider meetings to gather input from contracted and credentialed providers. The Department meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array.

The Contract Management Unit in the Department's Fiscal Services Division provides an array of support services to aid the Department's Program Leads who are responsible for the oversight of the program components of the 94 Purchase of Service (POS) contracts, encompassing 340 community programs the Department funds. Purchase of Service contracts deliver direct social services through private agencies to children and/or their families that are served by the Department. Additionally, the Contract Management Unit in partnership with program staff, supports a variety of other Department units and is responsible for additional activities as described below.

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

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

The Service Array Workgroup (SAW) was operational for a 12-month period. During that time, as originally envisioned, the group was presented each month with a bundled service array of 3-4 individual service types to be

reviewed and analyzed. SAW completed its review of all 81 service types under contract with the Department and made high-level recommendations as to modifications to the Department's service array. The over-arching recommendation from SAW was to continue the SAW structure, within a more granular viewpoint.

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

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

Operating under the current pandemic has delayed kick-off of SOAC. It is currently the Department's intent to begin this work over the summer of 2020, with a target completion timeframe of December 2021.

Since 2017, the Department has benefitted from ongoing technical assistance from the Harvard Kennedy School Government Performance Lab (GPL). This partnership has helped support DCF in improving outcomes for families served by ensuring that services focus on their individualized needs. GPL's technical assistance has helped to design and implement strategies developed with input from a series of 2017 focus groups that included over 700 agency staff at all levels, community service providers and other partners.

In November 2017, the Department, with support from the GPL, launched an initial pilot in DCF's Region 5 to test some of the recommendations made through the 2017 focus groups and this served as the launch of the "Enhanced Service Coordination" (ESC) model. A second pilot in Region 6 was launched in April 2018. The ESC model has enabled DCF to develop a structure and processes to better match families to services based on their individual needs. The model is designed to improve screening for services and referral decisions by regional staff, collect data around service demand and utilization trends, and enhance the partnership and collaboration between DCF staff and community providers when addressing challenges in service delivery. More specifically, the launch of ESC has enabled DCF to engage in ongoing systems' improvement activities that are intended to improve outcomes for children and families.

In June 2019, DCF was granted an additional year of TA from the GPL to support continued expansion of ESC and help guide further systems' improvement activities. In July 2019, under Commissioner Dorantes, and guided by the GPL support to DCF's 2019 reorganization, the Department launched a new Division of Systems and Organizational Development under the larger Administration Division. This new Division would be focused on guiding ongoing system's improvement activities, including the launch of ESC statewide with continued support from the GPL with an extension of their TA. Since July 2019, these activities have included:

- Continued evaluation and redesign of DCF's service referral process with an intentional focus on a more effective assessment of families' needs and matching them to the right service;
- Statewide launch of ESC with one dedicated Enhanced Service Coordinator hired for each Region. To support this launch, each Enhanced Service Coordinator received:
    - 3 months of onboarding and specialized "hands on" training with DCF's ESC pilot sites;
    - Broad knowledge of the service array within their respective region;
    - Guidance and protocols to participate in consults with regional social workers and clinical staff to help assess client needs and best service matches based on identified needs;

    - Facilitated introductions with ESC providers to support service coordinators as a primary point of contact for DCF/providers to address issues in a timely manner.
- Support for the initial launch of an automated Universal Referral Form (URF), a streamlined referral form ultimately intended for referrals across all service type;
    - The automated URF has reduced the burden of front-line staff initiating referrals on behalf of families and streamline the referral process which was largely paper-driven;
- Build ongoing collaboration with DCF's clinical teams to help target case reviews where clinical programs may be ideal and participate in multidisciplinary case consultations, where needed;
- Implementation of a referral log and dashboard to identify referral trends and delays in service provision. As the automated URF development continues, this log and dashboard will become integrated into CT-KIND
- Promotion of consistent use of data to improve practice and identify service gaps to guide procurement and service expansion decisions across the Operations and Fiscal Divisions;
- Collaboration to ensure we focus on data driven approaches and strategies with DCF and providers to address service delivery issues in a timely and identify opportunities for enhancement.

Many of these developments are building off the strong foundation of work resulting from the longstanding partnership with the GPL that extends back to 2017. The Systems and Organizational Development Division will continue to support efforts within the Department to expand on this TA. For specific service types, DCF implemented principles of active contract management with an intensive Family Preservation Services program and a clinical substance use program for adolescents. These experiences will help guide broader efforts within the Department expand to the collaborative, data-driven strategies to other service types while building collaboration within DCF at the statewide and local level.

This work will also help promote more timely, accurate, and consistent service referrals and improve data collection through the continued expansion of the automated URF. This will allow for the Department to more effectively measure qualitative outcomes such as reducing entries into foster care, reducing repeat maltreatment and increasing timely permanency.

The model of Enhanced Service Coordination has helped DCF maintain a clear focus on developing an internal quality assurance structure to evaluate whether we are referring the right clients to the right service. With ESC now launched statewide, there has been an intentional focus on assessing lessons learned from this work that can inform how we ca better eliminate racial and ethnic disparate outcomes for families served by DCF, one of Commissioner Dorantes' strategic goals in achieving the agency's vision of partnering with communities and empowering families to raise resilient children who thrive It is important that families of color have equitable access to these services as we have seen national trends reflect that families of color are more likely to experience removals of children into foster care versus white families who are provided with access to in home services that avoid removals.

<u>Credentialed Services:</u>
The Department has selected a group of services that are most frequently purchased through wrap around funds for which providers must be credentialed. "Wrap funding is flexible funding to be used to maintain a child in their home, with a relative, or assist with maintaining a child with their foster family. The credentialing process is handled through a 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
- Animal Assisted Intervention
- Assessment
- Assessment: Perpetrator of Domestic Violence
- CHAP Case Management (open to current CHAP providers only)
- Community-based Life Skills
- Supervised Visitation
- Support Staff
- Temporary Care Services
- Therapeutic Support Staff
- Transportation: General Livery
- Transportation: School

Each provider must sign a Provider Agreement and abide by its terms and the set fee schedule. 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.

Within the last year, the Department restructured the school transportation serviced 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. The service continues to utilize the credentialed pool of providers, but the ASO coordinates all trips, monitors through GPS in real time, and operates a quality assurance component for every vehicle and driver, as well as verifying all billing.

Most recently, the Department established its newest credentialed services- Animal Assisted Interventions. This service provides time-limited, non-clinical, therapeutic, animal-assisted activities and interventions to provide aid to children and youths who have experienced trauma and loss.

The Contract Management Unit Website (Share Point):
The Contract Management Unit developed and launched a website for Department staff featuring a thorough description of the areas of work that the Contract Management Unit manages: Purchase of Service Contracts, Personal Service Agreements, the Contract Management Library, Credentialed Services, Procurements and Requests for Proposals, Amendments, and Budgets. The website also contains a wealth of information in links, documents, forms, and lists for all of the above services to assist Department staff with the necessary tools to navigate their work as it relates to contracts. The Contract Management Unit is currently in the process of reconfiguring this website as well as performing a Program Inventory to ensure the accuracy of the Contract Library.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES – SUBPART I- FFY2020

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 2019 and FFY 2020. Individuals occupying the positions supported by grant funding were selected through an interview process. Data Soli Solutions were selected through a procurement process. The Connection Inc. and CCMC were selected based on their level of expertise.

Services/Activities	Funding
Office Assistant Positions (Meriden/Norwalk)	$178,032
CCMC	$220,500
Central Office Staff (Contract Management) (100%)	$127,687
Solnit North Positions (70%)	$1,221,553
The Connection	$100,000
CT PWCL-Annual Meeting/Conference	$4,000
Data Silo Solutions	$60,000
Total:	**$1,911,772**

Service Descriptions

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

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

Central Office Staff Position:
Funding was utilized to support a staff position within the Departments Fiscal Division.

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

The Connection: The Supportive Housing for Families program provides permanent housing and intensive case management services to DCF families. The program began over 20 years ago, to help families recovering from substance use. DCF contracts with the Connections, Inc. to provide intensive case management services to assist families to develop and utilize a network of services in the following areas: economic (financial support, employment assistance), social (housing, transportation, family support, parenting education, child care) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). The Connections, Inc. has five sub-contracted agencies to provide these services statewide. Permanent housing is established through DCF's partnership with the Department of Housing (DOH). The DOH provides a Housing Choice Voucher (formally "Section 8" - federal program) or Rental Assistance Program (RAP-state program) Certificate. DCF's Supportive Housing for Families Model has been recognized as a promising model of housing assistance and family support by the Child Welfare League of America, The National Alliance to End Homelessness and the National

Center for Social Research. This additional federal funding is used to develop a specialized unit to assess and serve the waitlisted reunification families who have children less than five years of age in order to expedite permanency. Services are also provided to families where housing is a barrier to the reunification process.

Parents with 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.

Data Silo Solutions: Data Silo Solutions (formerly known as 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:

- Fully integrated the Evidence-Based Practice Tracker (EBPT) system functionality into the PIE system. This functionality allows extensive data entry of assessments and other data for OPCC providers utilizing specific EBP treatment modalities.
- Added the capacity to collect data at the Project level (so is not tied to specific clients) for Monthly Medication Administration program supervision required for placement settings authorized to dispense prescription medication to residents
- Added pop-up alerts to Intake forms when TANF questions are left blank to improve data quality, and enhancements to allow filtering of TANF reports
- Added age-based conditional logic to improve data quality on data entry of person and age-restricted assessments data
- Added data collection for all Referrals to ten programs not previously utilizing it
- Added data collection for two new programs (Community Housing Apartment Program and the Fatherhood Engagement Services Program)
- Added and/or edited numerous data elements for multiple programs' data collection models
- Expanded/enhanced numerous program fidelity and outcome measure reports, including a user-configurable demographic pivot table report, user-specified time periods for the Caseload Flow report, a new Racial Disproportionality Pathway report, and continued modifications to Results-Based Accountability Report Card and outcome report functionality
- Enabled the ability for providers to submit Activity records by Batch submissions

Stephanie Tubbs Jones Child Welfare Services Projected Spending Plan FFY 2021

The following is the projected spending plan for the above-named grant for FFY 2021.

Services/Activities	Funding
Office Assistant Positions (Meriden/Norwalk) (100%)	$178,032
CCMC	$220,500
Central Office Staff (Contract Management) (100%)	$127,687
Solnit North Positions (70%)	$1,221,553
The Connection	$100,000
CT PWCL-Annual Meeting/Conference	$4,000
Total:	**$1,851,772**

Services for Children Adopted from other Countries

Children adopted from other countries have access to the array of services available through the DCF Voluntary Services Program if the children meet eligibility criteria, as well as services through the Adoption Assistance Program (AAP) outlined below and in our APSR. The Department has no tracking mechanism for disrupted, out of country adoptions.

The Department of Children and Families contracts with the University of Connecticut Health Center to provide postadoption services to families who have adopted children from DCF's custody. It also provides service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. AAP also manages the post finalization services from a program that DCF offers for children following adoption finalization. Each child adopted from DCF's foster care system is eligible for services through the Permanency Placement Services Program (PPSP), which provides an additional 132 hours of support services from 16 Connecticut Child Placing Agencies. The PPSP is funded by both state and federal funds.

Services for Children under 5

In 2013, Implementer Legislation was passed requiring the Department to ensure that children, age 3 or younger, who are substantiated victims of abuse/neglect are screened for both developmental and social/emotional delays using validated assessment tools. In addition, children age 3 or younger served by the Department's Differential Response System be assessed for developmental and social/emotional delays. For any child exhibiting developmental or social/emotional delays, the Department is required to refer to Birth to Three Program, through the Child Development Infoline (CDI). Children who are not found eligible for Birth to Three Services, can be referred to the Help Me Grow prevention program for continued monitoring/tracking of their child's development. Beginning July 2014, the Department is required to provide annual reports to the legislature that demonstrates our compliance with this legislation. In response to CAPTA legislation, the Department of Children and Families and the Office of Early Childhood (OEC), the agency responsible for administering Birth-to-Three Services, established a MOU that promotes the partnership and collaboration between the two state agencies. The MOU clarifies the roles and responsibilities of each agency and clarifies the process for screening and accessing services, consistent with the requirements of the Implementer legislation, for children in-home and placed in out of home care. OEC is required to submit data to the Department for any child referred to Birth to Three by DCF.

CT Association for Infant Mental Health

The Connecticut Association for Infant Mental Health provided an intensive series of 8 trainings. These trainings are designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. An average of 50-60 DCF staff and community partners have attended each series.

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

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

The CT-AIMH and the Department are planning to offer two statewide training 8 session training series in the coming year which will likely be done virtually in the summer.

DCF- Headstart Partnership

For over 19 years the CT Headstart State Collaborative Office (HSSCO) has staffed, funded and co-convened this valuable collaboration to work better together in support of families. DCF, and Head Start staff from the 14 local DCF Area teams from across the state come together quarterly with their key partners, ECCP and Supportive Housing for Families, and more recently Part C/Birth to Three, Child First, and a statewide representative of the CANS (Coordinated Access Network) to support existing work of the Supportive Housing programs, to receive training, strengthen their understanding of the various programs and foster working relationships to better support families. Attendance at the Collaborative meetings are nearly 100 participants. Training topics for this past year included Childhood Poverty, Immigration- Policy, Resources and Best Practice Techniques, Opioid and Substance misuse, REACH, CAPTA, and Substance Use Services and Resources. Our April 2020 Collaborative meeting was cancelled due to the COVID-19 Pandemic. We are scheduled to have two more quarterly meetings in July and October 2020 but will adhere the Center for Disease Control (CDC) guidance if there are limitations to the number of individuals who can gather at once. We are currently exploring virtual meetings and training topics that will continue to engage and inspire our network through this difficult time.

Services

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

Child First

Child First is a two-generation, intensive, home-based, early childhood intervention serving the most vulnerable young children and families, prenatal through age five years. Health and Human Services (HHS) had designated Child First as one of the 17 nationally recognized, approved, evidence-based home visiting models. Scientific research demonstrates that trauma and adversity, including maternal depression, substance abuse, domestic violence, and homelessness, lead to child abuse and neglect, as well as poor child development and mental health outcomes. The Child First model directly addresses these risks through (1) comprehensive assessment and treatment planning for the parent/child relationship and supports 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), 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.

In 2020, Child First served 920 children and their families in Connecticut (CT) through MIECHV, DCF, federal grants, and philanthropy. Across all CT sites, 42% of cases are currently DCF involved, and an additional 25% 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. The average length of stay of Child First families is 8.6 months. Despite the complexities presented with DCF-involved children, significant improvement (.5 SD or greater) is noted: 86% show improvement in at least one area that was marked as problematic at intake, 65% show improvement in at least two areas, and 42% 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 $d = 0.79$)
- Improvement in child social skills ($p < .0001$, Cohen's $d = 1.36$)
- Improvement in child language development ($p < .0001$, Cohen's $d = 0.61$)
- Strengthening of the parent-child relationship ($p < .0001$, Cohen's $d = 1.16$)
- Decrease in maternal depression ($p < .0001$, Cohen's $d = 0.80$)
- Decrease in parenting stress ($p = .0004$, Cohen's $d = 1.42$)

Child First Inc. has begun to incorporate a review of outcomes by race and ethnicity into annual analysis. Other areas of Child First focus are military families, families in shelters, and in assessing Child First's impact in preventing child removal. Recently, Child First obtained designation by the California Evidence-Based Clearinghouse as being highly relevant for Child Welfare, and as being supported by research evidence for preventing child abuse and neglect.

Child First started its second randomized trail (RCT) in May 2019. This study includes a broader age range (to age six years), across multiple sites in Connecticut and North Carolina, as well as including additional outcomes, and will be following children and families longitudinally with administrative data. This is an independent RCT funded by philanthropy. Child First has continued to receive multiple inquiries from states across the country interested in working with these very vulnerable young children and their families. Child First also have a strong presence at the national platform for home visiting and more broadly trauma-informed care and presents at multiple national conferences throughout the year.

Since January 2020, the Child First National Program Office (NPO) and the Child First Clinical Directors have been working collaboratively with the DCF Enhanced Service Coordinators. The Enhanced Services Coordinators serve as link to the DCF regional leadership team to provide strategic communication to improve services and system referrals to better meet the needs of the Child First families. Collaboration between the Child First Clinical Directors and the Enhanced Service Coordinators has been reported to be positive. Child First's priorities over the next year will be given to coordinating service delivery with the Enhanced Service Coordination team and with increasing capacity of services.

Child First, along with many other home visiting programs across the country, has adapted our interventions to best meet the needs of our families during the COVID-19 crisis. The Child First National Program Office (NPO) is supporting affiliates through a variety of means including, but not limited to, adjustments to service delivery (including telehealth), resource sharing, affinity groups, accommodations to data collection, as well as treatment and supervision adaptions. NPO will continue to modify this support to best meet the needs of our affiliates as they support Connecticut families through this crisis.

The Trauma-Informed Therapeutic Child Care, (TI-TCC) operating within a licensed childcare program, is designed to promote, develop, and increase the social, emotional development and cognitive capacities of young children, ages 2.9-5, affected by abuse and neglect and who have serious behavioral issues. These childcare programs provide specialized therapeutic and trauma-informed programs for these young children and their families. The Department currently funds two therapeutic childcare programs in Bridgeport (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 https://www.cssp.org/reform/strenghteningfamilies/2018, The-Strengthening –Families- Approach-and-Protective-Factors-Framework_ Branching –Out-and Reaching-Deeper.pdf and the Attachment, Self-Regulation and Competency (ARC) treatment framework (Blaustein & Kinniburgh, 2010; Kinniburgh et al., 2005). These therapeutic childcare settings take a family-centered approach in which families and professionals collaborate to improve outcomes for children, and most importantly, facilitate children's transition to a less intensive early care environment.

While both programs collectively have the capacity to serve 42 children and their families annually, this year as many as 50 children and their families were provided services. Currently, the Bridgeport (ABCD) and New Britain (Wheeler/YWCA) programs use a maximum classroom capacity to meet the needs of children in the most intensive service classrooms. Both programs use the DECA to access the child's baseline and progress upon intake and throughout their involvement in the early care environment. And, it appears that the support that families have received through this family-centered approach has contributed to parents striving to make positive changes that will benefit their families (e.g. obtaining driver's license, etc.).

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 21 full time mental health consultants, including 3.0 FTE funded by the CT Office of Early Childhood. The ECCP service model is 12 weeks long, with 4 to 6 hours of classroom-based consultation per week provided by one of several supervised masters-level consultants supported by ECCP, plus one and 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).

In SFY 2019 438 Child Specific cases were served, and 232 Core Classrooms cases were served. 282 unduplicated centers were served: of these, of which, 55 centers were newly opened in the fiscal year. There were a total of 823 Child Specifics and Core Classrooms waitlist cases throughout the year.

Summary of Standardized Tests

- Pre-K CLASS Tool Results for SFY 19 based on classrooms that have had a completed pre and post CLASS assessment showed 94% demonstrated meaningful improvement in at least 1 Dimension and 81% in 2 or more Dimensions. 73% showed improvement in at least one of the two primary Domains, "Emotional Support" and "Classroom Management."

- Toddler CLASS Tool Results for SFY 19 based on classrooms that have had a completed pre and post CLASS assessment showed 94% demonstrated meaningful improvement in at least 1 Dimension and 94% in 2 or more Dimensions. 85% showed improvement in at least one of the two primary Domains, "Emotional and Behavioral Support" and "Engaged Support for Learning."

Circle of Security Parenting (COSP)

Circle of Security Parenting© is a manualized, DVD-based, eight-session, attachment-centered parent reflection-building intervention and is being provided in English, Spanish, and French. Circle of Security Parenting (COSP) is designed to build, support, and strengthen parents' reflective capacity so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. This is crucial because it is within quality relationships that various capacities needed by kids to thrive in life are built. These capacities include curiosity, self-regulation, and perseverance, joy of learning, connectedness, empathy, self-motivation, impulse control, comfort using power, and trust. Parents, educators, and caregiver learn to view children's behavior from a secure base and safe haven perspective and then identify the children's underlying need being communicated by the child's behavior. COSP equips parents, teachers, and caregivers to reflect on children's behavior, reflect on their reaction to the children's behavior, and reflect on the parenting they received in their own childhood.

The population served includes parents with children 0-17 years of age. Priority is given to parents involved with DCF. In SFY 2019 784 families received COSP.

Over 2,000 staff from a wide variety of disciplines and settings in CT have been trained in COSP since 2010. Interest continues to grow and will result in three trainings being offered in CT in SFY 2020. A COSP training in Spanish was offered in SFY 2019. 195 people were trained in COSP in SFY 2019.

Progress includes the following:

Communities

- Communities are becoming interested in building capacity to offer COSP in their communities. New Haven and Middletown continue to serve as the best examples of building community-wide capacity to offer COSP.
- The Waterbury Bridge to Success (BTS) initiative has adopted a focus of building capacity to offer COSP to parents, teachers, and caregivers in Waterbury.
- Enfield, CT is including a focus on COSP as part of a community effort to address the issue of kids beginning kindergarten not being socially-emotionally ready to learn.

Education

- Barbara Stern has developed a one-day day training to help teachers gain and apply an attachment perspective to students' classroom behavior and learning. Over 1000 teachers have been trained, and many teachers are reporting it is changing their teaching.

- Approximately 25% of the teachers receiving this training request participation in a COSP group in order to get more relationship tools.
- Barbara Stern has also developed a coaching model to help preschool teachers apply COSP concepts in their classrooms and to apply them in challenges they encounter with students, parents, and classroom routines.

Licensed Family Child Care

- All Our Kin initially took 34 licensed family 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 COSP. In SFY 2019 they began to have licensed child care providers attend the 4-day COSP training so they can offer COSP groups to parents.

Child Welfare

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

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

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

Birth to Three (statewide early intervention program)

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

Integration within Agencies

- Klingberg Family Centers has 30-35 mental health clinicians trained to offer 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 COSP.
- Several other agencies that are working to have all staff complete a COSP group so they have a shared attachment perspective of parent-child relationships and children's behavior and a shared attachment-rich language for communicating about family struggles and child behavior.
- 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. Two of the office staff has been trained in COSP and are offering a COSP group in their office to parents. They were recently funded by the Child Health and Development Institute of CT to replicate their model with five pediatric practices in the greater Hartford area.
- Middletown is letting local pediatricians know about COSP and availability of COSP 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 COSP. Sites are offering COSP to parents on their wait lists.

Other Innovations

- EMERGE, a New Haven transitional work training program with the goal of providing recently released ex-offenders in the Greater New Haven area with the opportunity to end the pattern of recidivism, has incorporated COSP into their treatment program. They are reporting that the relationships tools gained from COSP are being used at job sites to help the ex-offenders create better quality relationships at work. They also report that ex-offenders become more open to seeking mental health support after completing COSP.
- Several staff from the state Court Appointed Special Advocates (CASA) program have been trained in COSP. We are exploring the idea of collaborating with them so more parents involved in probate court can receive COSP.
- 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.

Systems Work

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

Family Based Recovery

In 2006, The State of Connecticut (CT) DCF recognized the need to address the dual challenges of parenting and achieving recovery if the child placement rate in CT was to decrease. DCF brought together faculty members at Johns Hopkins University, the University of Maryland and the Yale Child Study Center (YCSC) to develop a treatment model that integrated contingency management substance use disorder treatment with in-home, attachment-based parent-child therapy.

The integrated model, Family-Based Recovery (FBR), is based on two foundational principles: attachment is critical to healthy development and substance use treatment works. FBR recognizes that the parent-child relationship cannot wait until a parent achieves abstinence and can be a powerful motivator for change. Joining treatment modalities addresses the interrelatedness of parenting and recovery. Each treatment team is composed of two master's level clinicians and one bachelor's level support staff that provide in-home contingency management substance use treatment, individual therapy, attachment-based parent-child therapy, developmental screenings, group therapy, on-call services and case management. No matter the treatment component, it is the team's responsibility to focus the parent on the child's experience. Each team has access to a psychiatrist or APRN for evaluations and pharmacotherapy as needed.

A team's caseload is 12 families. A family is defined as a parent(s) and a child under the age of 36 months (will expand to 0-6 in July 2020). Treatment consists of three sessions as week, can last up to 12 months. The team and client complete a variety of tools and measures to inform and guide the clinical work in addition to providing data on outcomes.

Home-based treatment affords a unique opportunity for the team to experience how the environment impacts parenting and recovery. FBR recognizes that abstinence is only the start of the recovery process. Parents need support in learning how to live life in recovery, treatment for underlying psychological issues and opportunities to process how recovery impacts parenting.

Program to date FBR teams have treated over 2,000 families. At discharge, 81% of children were living with a biological parent. Data reveals statistically significant changes in several pre-post change scores for index parents in depression scores, parenting stress and parental bonding. Toxicology results show a steady increase in negative screens after the first 15 weeks in FBR, suggesting a primary goal of the project is being met. FBR is currently undergoing a randomized control trial with funding from a social impact bond project in collaboration with Social Finance, LLC, CT DCF and the University of Connecticut. FBR is currently adapted in Allegheny County, PA and Ocean County, NJ in a partnership with child protective services and behavioral health providers.

During the past year, the Department has entered into the last year of service delivery for the randomized control trial, called the Family Stability Project (FSP). This Pay for Success project, also known as a Social Impact Bond, has enabled the Department to service over 300 additional families and will continue to serve families through December 31, 2020. While the results of the randomized control trial will not be available this year, there are three especially noteworthy positive outcomes from this project:

1. The project included piloting FBR for children aged 3-6 and effective July 1, 2020, the entire statewide network of FBR will begin to serve children aged 0-6, demonstrating the success of this piloted adaptation;
2. Lessons learned from this project included that the Quality Assurance component of FBR needed improvement to be able to provide data requests to help assess quality and functioning. The data base has been upgraded to meet this need; and
3. This project demonstrated that additional capacity was needed and utilized during the project. The Department's Region 5, which serves a large geographical region of the state with both rural and urban settings, especially, has FBR eligible families, therefore one of the teams will remain intact at the conclusion of FSP to continue to serve families annually.

The following offers some additional outcomes for FBR services for the period 7/1/19 to 3/31/20. The state has:

- Served 242 families, a total of 510 family members
- Family Composition: mother only 80%, father only 9% and couple 11%
- Outcomes demonstrate statistically significant changes in depression (Edinburgh screening tool 61% improved)
- Parenting Stress Index-Short Form: 64% improvement in parental stress
- Reduction in substance use, as demonstrated by toxicology screens with 48% positive screen at week 1, reduced to 16% positive screen at week 20
- Child living with index parent at discharge: 80%

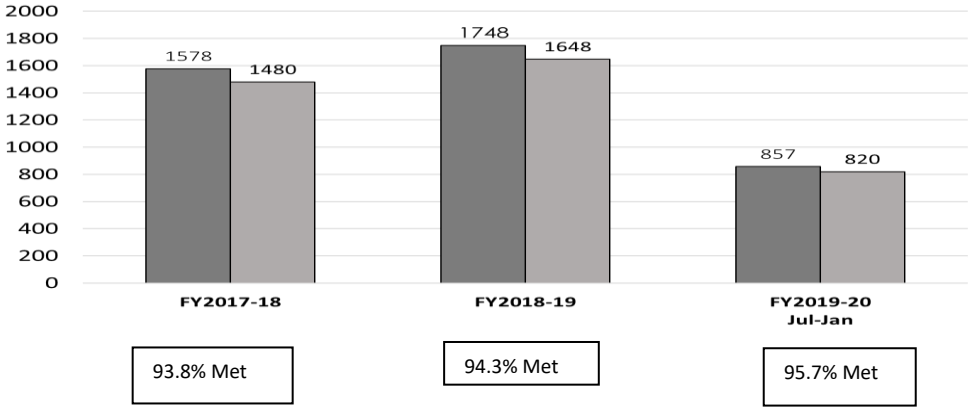
Children in Placement

When children are placed in DCF care, a Multidisciplinary Evaluation (MDE) is conducted by contracted community providers to ensure that children entering care receive a comprehensive screen of their physical, behavioral and dental health, as well trauma within 30 days of the child's placement.

The following chart represents the array of assessment tools that are completed as part of the MDE process for children entering DCF care.

Measure	Domain: What needs are being identified	Age Range
Peabody Picture Vocabulary Test-Fourth Edition (PPVT-4)	Cognitive: Verbal	2 years-6 months to adult
Test of Non-verbal Intelligence-Fourth Edition (TONI-4)	Cognitive: Non-Verbal	6 years to adult
Ages and Stages Questionnaire - 3	Developmental-General Designed to identify children who are at risk for health issues, developmental concerns, and/or disabling conditions and who may need to receive helpful intervention services as early as possible.	1 to 66 months
Battelle Screen	Developmental. Can help determine child readiness for school or special education	0-8 years
Ages and Stages Questionnaire : SE	Developmental: Social-emotional	3-66 months
M-CHAT-R/F	Developmental: Autism Spectrum	16-30 months
BASC-III Parent	Behavioral: Pre-school	2-5 years
BASC-III Parent	Behavioral: Child	6-11 years
BASC-III Parent	Behavioral: Adolescent	12-21 years
BASC-III Self Report	Behavioral	8-25 years
GAIN Short Screener (domain 3 only)	Substance Abuse	12 years to adult
Mental Status Exam	General	All
Child Trauma Screen (CTS)	Trauma	7 years to adult
Youth Child Trauma Screen (CTS-YC)	Trauma	3-6 Years

The chart below includes the MDEs completed dating back to FY2018. The most recent data reflects the MDEs that were completed from July 2019 through January 2020. The data reflects the percentage of MDEs that were completed within the 30-day timeframe. The column to the left represents the total # of MDEs completed and the column to the right represents the number completed within 30 days of the child's placement.



The chart below represents the MDEs that were completed for children, ages 0-3 and need for Birth-3 intervention.

	FY 2017-18	FY 2018-19	FY 2019-20 JUL-JAN
Total MDEs performed children ages B-3	479	485	265
Referred to B-3	175	169	92
B-3 referral previously made	89	97	54
Not referred to B-3	215	219	119
Total referred to B-3 (referred & prev. ref.)	264	266	146
% Referred B-3	55%	55%	55%

The chart below represents the number of children, by age, who received trauma screens and the percentage recommended for further assessment.

		FY 2017-18			FY 2018-19			FY 2019-20 JUL-JAN		
		Total Screens	Further Assess. Recom.	%	Total Screens	Further Assess. Recom.	%	Total Screens	Further Assess. Recom.	%
CTS	ages 7+	733	413	56.3%	792	485	61.2%	390	244	62.6%
CTS-YC	ages 3-6	13	2	15.4%	402	134	33.3%	190	68	35.8%
Total number of trauma screens		746	415	57.0%	1,194	619	51.8%	580	312	53.8%

CTS YC (3-6) included as of 3Q FY2017-18

The Health and Wellness division is focusing on the utility of information gleaned from the MDE to enhance the quality of the assessment of needs throughout the life of a case as opposed to the assessment being used compulsorily at the beginning of placement. This will be an area of focus this upcoming year.

Office of Early Childhood:

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

- Care4Kids, Connecticut's Child Care Subsidy Program
- CT's Birth to Three system of early intervention services for infants and toddlers with disabilities and their families.
- Evidence-based, home visiting services for vulnerable families. Each year, over 2,000 children and families receive weekly home visits designed to improve child health, prevent child abuse and neglect, encourage positive parenting and attachment, and promote child development and school readiness. (OEC Home

Visiting Programs include the following evidence-based models: Parents as Teachers, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby and Child First.)

- The Early Childhood Consultation Partnership (ECCP) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children.
- School Readiness
- Early Head Start/Head Start programs in the state

Efforts to Track and Prevent Child Maltreatment Deaths

The Department collects and tracks data pertaining to fatalities and life-threatening events reported to and accepted by the Department. Through this process, the Department can generate data regarding the number of fatalities reported to the Department and disaggregate such data by whether they are a result of maltreatment. Further, the Department can evaluate this data by categories of current, past or no Connecticut DCF history/involvement. To support the Department's goal to keep children safe, focusing on the most vulnerable populations, DCF collects key demographic data, including age.

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

Calendar Year of Incident	Child Deaths Due to Maltreatment			DCF Involved But Death Not Due to Maltreatment	Not DCF Involved and Not Due to Maltreatment	Total
	Open DCF Case	Prior DCF Case	No DCF Involvement			
2006	1	1	1	13	9	25
2007	2	2	0	15	5	24
2008	2	5	4	12	14	37
2009	1	2	4	12	12	31
2010	0	3	2	12	17	34
2011	4	4	3	14	17	42
2012	1	5	4	11	15	36
2013	5	5	6	13	12	41
2014	7	7	2	21	12	49
2015	4	4	4	15	14	41
2016 *	2	5	6	17	13	43
2017	3	7	4	19	29	62
2018	2	1	3	14	19	39
2019	4	1	1	15	18	39
2020	0	0	0	5	4	9
Totals	**38**	**52**	**44**	**208**	**210**	**552**

Eckerd Rapid Safety Feedback (ERSF):

In December 2019, the Department's MOU with Eckerd Rapid Safety Feedback® (ERSF) was terminated as scheduled. Since its inception, ERSF was only deployed in three of six regions and given fiscal and staffing constraints, was not going to be able to be explained statewide without doubling the resources. After reviewing agency data along with data provided by ERSF to assess for positive impact, the results did not indicate significant impact between regions with ERSF and those without particularly since the maltreatment to be prevented occurred at such a small rate prior to ERSF implementation. The Department will continue to explore predictive analytics in child welfare.

Special Qualitative Review Forums

Since 2004, the Department has implemented a specialized process for reviewing critical incidents and child fatalities. These reviews are called the Special Qualitative Reviews (SQR). These Special Qualitative Reviews are part of the Department's overarching quality assurance and continuous qualitative improvement vision and continuum. The Special Qualitative Review (SQR) is one of many qualitative case review activities the Department currently and routinely does, and/or receives (e.g. ACR; Juan F.; CFSR/PIP). SQRs may be implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse or neglect). This event on an open DCF case, or a case that had relevant DCF involvement within the past 12 months, may trigger an SQR. This case-level review focuses on effectiveness of practice, decision making, internal and external service delivery; compliance with policy and best practices; the role of systemic factors; and strengths of the case. SQR reports are developed to assist Senior Leadership to recognize and reinforce strengths; and identify and implement needed practice, policy, relational, service related and/or systemic changes to support positive outcomes.

Through a national project sponsored by Casey Family Services, Chapin Hall began a partnership for the use of the Safe System Improvement Tool (SSIT) in 11 states. This tool developed by Michael Cull and the Praed Foundation is an effective assessment tool for use in critical incident review (e.g., child fatalities, child near fatalities). The SSIT provides structure to the output of a review process. It organizes the reviewers' learnings, shares the "system's story" of a critical incident, and advocates for targeted system reform efforts to lessen the likelihood of the problem occurring again. The purpose of this instrument is to support a culture of safety, improvement, and resilience. Completion of this instrument is accomplished to allow for effective communication at all levels of the system. Chapin Hall conducted training on the use of the tool in the fall of 2019. It is now in use with the fatality reviews that have occurred since that time. Quality assurance has been provided by staff from the national partnership on the usage of the tool to ensure fidelity of its use.

The SQR reports completed are the foundation of the SQR Learning Forums. Cases of similar type are bundled together (e.g. Infants, Chronic Neglect, Work with Fathers) and reviewed to determine themes among these cases. These themes and the case practice history are shared and discussed at the Learning Forums. DCF staff statewide are the target audience of the learning forums. Additionally, these forums have been offered to community providers in the Academy for Workforce Development catalogs. The purpose of the Learning Forums is to focus on the sharing of information learned from fatality cases and the practice implications. The Learning Forums topics have also been built into the Academy for Workforce Development to better support dissemination to social work and clinical staff at all levels of the agency. Last year over 340 staff attended learning forums on the topics of Infant Fatalities, Chronic Neglect, and Work with Fathers.

DCF and Connecticut Medical Examiner Partnership:

The Bureau Chief of External Affairs is the Commissioner's designee to Child Fatality Review Panel (CFRP). On a monthly basis, these DCF representatives attend a meeting, co-chaired by the Office of the Child Advocate and a Pediatrician from Yale New Haven Hospital, to review all deaths of children in the State of Connecticut. The Medical Examiner is a standing member of this Fatality Review Panel. The Director of the DCF SQR/Safety Science Unit also attends the CFRP meetings.

On a consistent basis, the Bureau Chief of External Affairs, Department Medical Director and local Regional Resource Group Nurses have contact with the Office of the Chief Medical Examiner to receive updates on the cause and manner of death of children and to ensure that the Medical Examiner who conducted the autopsy on a child, has any required departmental records so a full assessment can be made of the circumstances leading up to the child's death if the family had prior or current involvement with our agency.

Mary Lee Allen Promoting Safe and Stable Families – Subpart II – FFY 2020

The figures provided in the table below reflect anticipated expenditures. The programs are funded at levels that exceed the award amount. These programs are being supported through multiple year awards, including FFY 2019 and FFY 2020. 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, Chapin Hall, Don Winstead, and CT Association for Infant Mental Health were selected by the Department based on their expertise, the nature and scope of work and their ability to provide the service as described below. The Reunification and Therapeutic Family Time providers were selected through a procurement process.

Services/Categories	Total Funding	Family Support	Family Preservation	Family Reunification	Adoption	Other-Planning
Reunification & TFT Services	$1,173,248	347,147	337,185	488,916		
Community Collaboratives	$284,700				$284,700	
FAVOR	$50,000	$16,668	$16,666	$16,666		
UCONN -Adoption Assistance Program	$300,000				$300,000	
Easter Seals Support Group	$20,000	$10,000			$10,000	
Adopt a SW program	$95,275	$31,758	$31,758	$31,758		
UCONN SSW PIC	$129,420	$64,710	$64,710			
CT Association for Infant Mental Health	$39,652		$19,826	$19,826		
NCCD – CRC SDM Work	$357,066	$119,022	$119,022	$119,022		
Family Life Lifters	$96,000			$48,000	48,000	
Harvard GPL	$87,500					$87,500
Chapin Hall - Technical Assistance	$162,926					$162,926
Don Winstead - Technical Assistance	$50,000					$50,000
Travel/Conferences/State Planning	$10,433					$10,433
JRA Consulting	$20,000	$5,000	$5,000	$5,000	$5,000	
The Connection, Inc	$100,000	$20,000	$40,000	$40,000		
Totals	**2,976,220**	**614,305 26.8%**	**634,167 21.9%**	**769,188 26.6%**	**647,700 22.4%**	**310,859 10.4%**

Service Description

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

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

- Review/explore safety concerns and risk factors that may impact child safety with the family and DCF;
- Assess family functioning, skills, parental capabilities, and parent's motivation to change;
- Identify family strengths and needs;
- Provide Family Time/Therapeutic Family Time services
- In collaboration with the family Identify family resources and informal/formal supports and how they may be used in safety planning;
- Observe family interactions;
- Provide a minimum of weekly visits with the parent and child.
- Identify problems and barriers that may be impacting reunification; and
- Complete initial (North Carolina Family Assessment Scale for General Services and Reunification (NCFAS- G+R) within 14 days of referral.

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

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

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

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

Community Collaboratives: The Department has been supporting Community Collaboratives designed to recruit, strengthen and support neighborhood-based culturally competent foster/adoptive resources for children for many years. Collaboratives have been established to serve some of the Area Offices and are responsible for engaging new partners to broaden community ownership for planning and implementing activities that recruit and support foster and adoptive families.

FAVOR: FAVOR, Inc., a statewide family advocacy organization that includes Family System Managers (FSM) who work in partnership with the DCF Regional teams and the CT Behavioral Health Partnership (BHP), with formal

reporting and supervision provided through the Contractor. They are required to promote family driven and youth guided practices throughout the local and regional service system and to support the identification, recruitment, and participation of families in behavioral health system analysis, advocacy, planning and service provision. They provide leadership in the local and regional behavioral health system development from the family perspective while providing technical assistance and support to local systems of care including their governance.

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

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

UCONN Adoption Assistance Program: DCF contracts with the University of Connecticut Health Center to provide post-finalization services to families who have adopted children from DCF's custody or achieved legal permanency through a transfer of guardianship. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of challenges that may or may not be directly related to adoption/guardianship. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. This program is funded by both state and federal funds.

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

Adopt a Social Work Program: This statewide program assists children and families (birth, foster and adoptive) that are DCF involved with supports and donations of goods to help families' secure needed resources. 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 included 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 2019, the primary focus was launching the SDM Safety and Risk Assessment tools, the provision of training and support to the Academy and Area Office staff relative to these tools, and quality improvement efforts to improve fidelity to the SDM model for Careline and Intake staff. Additionally, CRC developed a training curriculum for Supervisors and Managers to integrate SDM into practice and supervision. The training will be delivered virtually by CRC and Academy staff to Intake Supervisors and Program Supervisors in May and will be completed in early June. Unfortunately, due to the pandemic, CRC was unable to conduct case reading activities as originally outlined in their contract. The Department has decided not to implement the tools for ongoing services and will be ending CRC's contract in September 2020.

Family Life Lifters: As a means to engage the faith-based community in foster participation, the Department contracted with Family Life Lifters to provide training to our staff and other urban community providers on their model and effective engagement strategies to expand faith-based foster recruitment in the state. The provider was selected based on the high percentage of foster parents engaged from the faith-based community in that area and there was a direct correlation to the partnership between a local non-profit (Family Life Lifters) and some of the churches in the community, resulting in a much higher than average engagement rate of foster parents from the Bloomfield faith-based community.

Harvard Government Performance Lab: The Department continues its relationship with Harvard GPL and recently amended their MOA to continue to support DCF in the following areas: improvements to procurement and contracting processes, use of data to inform service delivery and referral systems, piloting of new services or service-delivery models, establishing active contract management systems between governments and service providers, pay for success and performance-based contracts, optimizing resource allocation, and other initiatives designed to improve government performance and make government programs more effective.

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

Don Winstead: The Contractor will provide technical support and consultation required to establish the basis for the State's Maintenance of Effort (MOE) calculation, for the purpose of meeting legislative requirements relative to the

Family First Prevention Service Act (FFPSA). The Contractor will provide consultation and support to FFPSA internal workgroups or fiscal personnel responsible for addressing the MOE to support the State's Prevention Plan. The Contractor will also provide consultation services to support the development of Connecticut's Family First Prevention Services Plan.

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, including the CWLA and federal convenings.

JRA Consulting: JRA Consulting, Ltd has been under contract with the Department since 2012. The Department has continued its commitment to focus on areas of inequities in all areas of our practice with a focus on key decision points, alignment to 7 key performance indicators and to the legislative priorities that were previously codified in 2018. The services offered by JRA consulting, Ltd has been instrumental in guiding the Department through the journey of becoming a racially just organization. Funding for JRA Consulting has offered consultation and technical assistance to DCF Leadership and several divisions across the state. JRA Consulting, Ltd has assisted the Department in creating frameworks and restructuring priorities and practices to assist the Department in meeting the necessary outcomes for children and families. During the period of October 2017-September 2019, JRA Consulting, Ltd has worked with approximately 800 participants from across the state and has facilitated dialogues with divisions (legal, careline) and regions across the state (Region 2, 3, 5 and Region 6). In October 2018, the Department held a racial justice summit comprised of DCF staff along with outside stakeholders and partners from across the state. JRA Consulting, Ltd helped with planning, coordinating and facilitating the event. JRA Consulting has participated in numerous meetings, planning calls, created agendas and other relevant training materials and documents for the Statewide group, as well for the 4 sub-committees within the Statewide Racial Justice Workgroup.

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

MaryLee Allen Promoting Safe and Stable Families Projected Spending Plan FFY 2021

The following is the projected spending plan for the above-named grant for FFY 2021.

Services/Activities	Funding
Reunification & TFT Services	$1,173,248
ABH-Community Collaboratives	$284,700
JRA Consulting	$20,000
The Connection	$100,000
FAVOR	$50,000
UCONN -Adoption Enhancements	$300,000
Easter Seals Support Group	$20,000
Adopt a SW program	$95,275
Harvard GPL	$87,500
FFPSA – Faith based training (one-time expense)	$96,000
toFFPSA – Chapin Hall	$162,926
FFPSA- fiscal Don Winstead	$50,000
UCONN SSW PIC (FAR/Intake)	$129,420
CT Association for Infant Mental Health	$39,652
Total	**2,608,721**

Family First Prevention Services Act Transition Grant

The Department is in the process of developing plans for the utilization of these funds.

Population at Greatest Maltreatment

Analysis of the Department's SACWIS data indicates that children ages 0 -3 are at the greatest risk for maltreatment. While the Department knows that young children, as national data supports, have a greater risk for maltreatment, the agency is mindful of the possible interpretation/misinterpretation and meaning of these data when cross-tabulated by race and ethnicity. That is, children of color are overrepresented in Connecticut's child welfare system, including at the referral/reporting stage of the child welfare pathway.

AGE GROUP	DEMOGRAPHIC	VICTIMS	POPULATION	RATE/1000
0 - 3	ALL	2475	159583	15.51
	MALE	1240	81626	15.19
	FEMALE	1218	77957	15.62
	Hispanic	732	37658	19.44
	Non-Hispanic, Black	584	17597	33.19
	Non-Hispanic, White	847	87513	9.68
	Non-Hispanic, Other	312	16815	18.55
4 - 17	ALL	5626	657432	8.56
	MALE	2698	336570	8.02
	FEMALE	2891	320862	9.01
	Hispanic	1847	122482	15.08
	Non-Hispanic, Black	1195	71506	16.71
	Non-Hispanic, White	1990	412201	4.83
	Non-Hispanic, Other	594	51243	11.59
0 - 17	ALL	8096	817015	9.91
	MALE	3937	418196	9.41
	FEMALE	4105	398819	10.29
	Hispanic	2576	160140	16.09
	Non-Hispanic, Black	1777	89103	19.94
	Non-Hispanic, White	2837	499714	5.68
	Non-Hispanic, Other	906	68058	13.31

Consistent with the Department's commitment towards building a coordinated child welfare system, this is a cohort that is equally significant to our partners, whether it be the Office of Early Childhood, the Department of Social Services or the Department of Mental Health and Addiction Services and others. To that end, increased collaboration on issues of social and emotional development, screening, early identification, workforce development and access to services and supports are essential. Efforts have continued this year through various forums including the Connecticut Children's Behavioral Health Partnership, the Early Headstart Collaborative, and partnership with Office of Early Childhood specific to safe sleep campaign and through our collaborative CAPTA work across agencies.

The Department recognizes that identifying and understanding high risk populations is essential to developing and targeting effective prevention programs and services. The Department currently utilizes SACWIS data to understand which Connecticut populations are at the greatest risk for maltreatment. Additionally, over the course of the next 12 months, the Department will continue to collaborate with leaders from other state agencies serving children and families, including but not limited to the Office of Early Childhood, the Department of Social Services and the Department of Mental Health and Addiction Services, to understand the risk factors that each agency considers when defining high risk populations, identify the universe of prevention services currently being deployed throughout the state, and capture best practices for family outreach and retention. Developing a shared understanding of high-risk populations across agencies will support better alignment of prevention programs and services.

Interagency cooperation to define high risk populations will also support implementation of the Family First Prevention Services Act (FFPSA). Defining the children who are at imminent risk of entering foster care but who can remain safely in their home or kinship placement as long as title IV-E prevention services are provided is essential to implementing FFPSA. The Administration for Children and Families has stated that it will not further define the term "imminent risk" of entering foster care. Therefore, to determine eligibility for title IV-E prevention services, each state must define this population for themselves. The Department will utilize the information gathered through the collaborative process described above as it develops the state's "imminent risk" definition.

Specific Activities around Data Sharing

- Continue to work with other state agencies to identify additional indicators of child safety and wellbeing. The commonly used metrics of CPS reports, investigations, and substantiations are imperfect measurements of child safety and family stability. In consultation with other agencies and community stakeholders, the Department will identify additional measurable indicators that can be used to understand the preventative effect of wide-ranging programs and services.
- Continue to develop standardized interagency data-sharing protocols. While ensuring client confidentiality, the Department will explore and work towards developing a standardized process for sharing administrative data with other state agencies for the purposes of understanding the child welfare impact of various state administered programs and services.
- Understanding Home Visiting outcomes. The Department will continue to work with the Office of Early Childhood to measure and track the impact that its state and federal Home Visiting programs have on child safety. This work will inform the Department's future implementation of FFPSA title IV-E prevention services.
- Identifying the demand for a new Care 4 Kids priority group for DCF families. Using integrated administrative data, the Department will work with the Office of Early Childhood to identify the demand for subsidized childcare among the different sub-categories of DCF families.

Kinship Navigator Funding

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

In 2019, there was a 36% increase in families served with an 86% treatment completion rate.

	Families Served	Completed Treatment
2018	779	85%
2019	1060	86%

The Department used federal funds to partner with the Center for Trauma Training, Inc. who provided a training called, "ARC Grow: Application of the ARC Framework as a Caregiver Skill Building Intervention" for all 70 CST staff members statewide as well as their respective DCF liaisons located in the six DCF regions. The 3-day training was held May 21, 2019 and was delivered in two three-day cohorts. The training supports resilience in trauma-impacted families. In addition, there was a train the trainer session held in February 2020 for the CST Teams supervisors which will allow sustainability of this model approach.

Child Trends, Inc. is in the process of performing a comprehensive evaluation of the CST service and the impact ARC Grow training has on the families. The evaluation began in September 2019 and continues. However, due to COVID 19, the evaluation process has slowed. The Child Trend's evaluation will continue until March of 2021.

Monthly Caseworker Visitation

Policy requires all children and families with whom the Department of Children and Families are involved, shall be visited regularly by the assigned Social Worker to assess progress and to assure that appropriate, effective services are provided to achieve the case goal and the needs of the family. Every interaction with a child and family shall be purposeful and derive from the case plan. Concerted efforts are made to see the child individually as well as their caregiver. Visits shall be frequent enough to effectively address the child's safety, permanency and well-being and achievement of case goal. For children in out-of- home care, the policy requires the social worker to visit the child on a monthly basis. The Department has been quite successful in achieving the federal standards relative to worker child visitation. Funding is equally distributed to each region. Plans are currently underway to allocate funding to enhance the quality of our assessments, as well as improve our safety planning practice.

Adoption and Legal Guardianship Incentive Payments

Connecticut received a total of $896,000 incentive payments ($766,00 in 2017 and $12,000 in 2018 and $118,000 in 2019). Expenditure of these funds is documented in a budget spending plan. Funds have been utilized for training purposes (pre and post licensing, adoptive families and workforce development) and recruitment strategies (marketing and promotional campaigns, Heart Gallery, vocational skills for adolescence). In 2019, the Department allocated funding for each of six (6) Regions to conduct an innovative condensed pre-licensing training opportunity (W4LT) for prospective foster and adoptive families. In 2020, the funding is earmarked towards the implementation of Quality Parenting Initiative, conducting 6 W4LT, subsidy family information session, recruitment campaign and modernization of information session, training offering (virtual platform).

Adoption Savings

FFY 2019 Reporting

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

Reporting Line Title	DCF Program	Total Funding	Less Title IV Claimed	Less TANF Claimed	Amount Available	4/1/18-6/30/18	7/1/19-3/31/19	Total	Percentage
Post-Adoption or Post-Guardianship Services	UCONN - Adoption Assistance	$ 482,012	$ -	$ -	$ 482,012	$ 133,886	$ 348,126	$ 482,012	
	Functional Family Therapy	$ 1,431,261	$ -	$ -	$ 1,431,261	$ 292,126	$ 1,139,135	$ 1,431,261	
	CAFAP - Foster & Adoptive Family Support	$ 2,030,859	$ (341,440)	$ -	$ 1,689,419	$ -	$ 1,689,419	$ 1,689,419	
TOTAL					$ 3,602,692	$ 426,012	$ 3,176,680	$ 3,602,692	34.41%
Services For Children At Risk of Foster Care	Favor - Statewide Family Organization	$ 925,748	$ -	$ -	$ 925,748	$ 215,910	$ 709,838	$ 925,748	
	Family Based Recovery	$ 3,151,574	$ -	$ -	$ 3,151,574	$ 792,285	$ 2,359,289	$ 3,151,574	
TOTAL					$ 4,077,322	$ 1,008,195	$ 3,069,127	$ 4,077,322	38.94%
Other Title IV-B or Title IV-E Allowable Services	Daycare (16135)	$ 13,252,240	$ (6,548,425)	$ -	$ 4,786,004	$ -	$ 2,790,121		
					$ -	$ -	$ -		
TOTAL					$ 4,786,004	$ -	$ 2,790,121	$ 2,790,121	26.65%
						$ 1,434,207	$ 9,035,928	$ 10,470,135	100.00%

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

Functional Family Therapy provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence-based model known as Functional Family Therapy (FFT). Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.

CAFAF provides various services, including a range of recruitment, retention, support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address their needs, encourage and facilitate ongoing education and skill development, and promote safe and stable home settings for foster children. This service also increases the pool of foster and adoptive families who are available to serve children in the care of the Department of Children and Families

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

Family Based Recovery is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.

Connecticut is one of only three states where the Department doesn't receive these funds directly into the Department's budget. Adoption Savings Funds go directly to the States' General Fund and are made available to the Agency through quarterly allotments.

Chafee

Connecticut is a state-administered child welfare agency organized in six geographic regions. Oversight of private service contracts is primarily a centralized function that ensures services are available across the state to all youth. Centralized teams work in partnerships with regional directors to establish statewide consistency and expectations. Unique services can also be purchased locally through wrap-around funding if there are local gaps in the service array for youth. Connecticut's Chaffee services serve youth through the age of 22. While pursuing permanency for all youth in care, DCF has statutory authority to keep young people voluntarily in the care of DCF past their 18th birthdays and makes needed services available to transition-aged youth to achieve self-sufficiency. There are no systemic barriers in the state that preclude DCF from serving youth of various ages and at various states of achieving independence.

In the 2015-2019 implementation period, DCF adopted a new independent living assessment and curriculum that is also used by the adult Department of Mental Health and Addiction Services (DMHAS). This assessment is administered to all youth before they participate in Independent Living Skills training and post-training to help prepare youth for success.

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

CFCIP Program Improvement Efforts

The Department continues to have a strong network of Youth Advisory Boards (YABs) that operate in each of its six regions. The YABs are comprised of young people in the Department's care who meet on a regular basis to provide feedback and recommendations about DCF's service array and practices. Regional YABs, organized by designated Coordinators, meet monthly for planning and information sharing. Events and activities are facilitated to support the development of leadership skills and offer input to improve the Department's practice. Representatives from the regional YABs convene quarterly at a statewide meeting with senior leadership at the Department, including the Commissioner, and engage in statewide subcommittee projects and activities throughout the year. In response to the coronavirus crisis, the YAB has transitioned to virtual meetings. Regional YAB Coordinators meeting held in April 2020 focused on the development of virtual activities to maintain engagement and offer support and growth opportunities. In May 2020, the quarterly YAB Commissioner's meeting was held instead as a virtual Town Hall focusing on the impact of the pandemic on youth. Co-facilitated by a youth, DCF personnel and a private provider, the Town Hall was attended by youth from across the state, DCF's Commissioner and leadership team, DCF central office and regional social work personnel, several Legislators and community stakeholders. Youth shared their experiences, offered advice on coping with the effects of stress and social isolation and had opportunity to present their questions and suggestions to the Commissioner. Several suggestions focused on how DCF can incorporate COVID-related protocols into daily practice. One young woman highlighted the department's practice of twice-weekly check ins, done by phone, text and facetime, as a great support. The group developed several ideas for connecting virtually for activities and committed to exploring ways to recognize youth's milestones, such as graduations and birthdays, in times of social distancing.

2020 saw the implementation of the YAB-developed, *Transition Extension Application,* which allows youth in care graduating from postsecondary educational programs to apply to extend their supportive transition window into independent living (and out of the foster care system) from three months to up to six months. Several youth benefited from this extension to date. We anticipate increasing numbers of youth to take advantage of this in 2021.

YAB youth participated in the 8th annual *Youth at the Capitol Day*, an event hosted by community partner and advocacy agency *Connecticut Voices for Children*, in which youth were provided an opportunity to address meeting the unique needs of youth with developmental delays, physical challenges and mental health needs as well as to provide their ideas on how to improve the foster care system. We are learning and the entire "system" is learning how to support youth with specific needs. This requires DCF, Courts, Schools, caregivers, Attorneys and our partners to be creative and inclusive. To this end, DCF has increased partnerships with state agencies as well as the private not for profit sector to ensure smooth transitions of youth from one agency to the next. DCF began dedicating an entire "Spotlight on What's Right" newsletter to celebrating youth in care and their role and activities in system advocacy.

Among additional efforts made in 2020, the statewide YAB has been working simultaneously to increase youth voice and feedback as part of the Department's ongoing Racial Justice Initiative. The annual DCF Black History Celebration was co-hosted by a Youth in care along with a community partner. Regional YABs continue to participate in local activities to elevate the needs to youth in care as well as to give back. Older YAB youth collected toys for younger children with inspirational notes attached.

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

2020 saw continued efforts by YAB youth to lend their expertise in recruiting quality foster and adoptive parents. The goal of the collaboration is to break down myths and misconceptions about the needs of youth, as well as the stigma of who is eligible to be a foster parent, to hopefully recruit additional highly qualified families to become foster and adoptive care providers. This project, done in partnership with the local Work To Learn program, will continue in 2021 and result in the development of recruitment and training materials.

Additionally, in 2020 the statewide YAB began working in partnership with the Department's Academy for Workforce Development on several projects to improve the training of DCF Social Workers in engagement of adolescents. This included the creation of a Youth Consultant to the Academy. Two youth were selected who will advise the Academy on the development of training topics, messaging and engagement strategies. In 2020, the Academy expanded it's array of Simulation trainings to include the area of working with Adolescents. YAB youth participated in listening sessions and offered advice on effective engagement strategies and contributed to scripts to be used in role play. YAB youth further participated in the development of content and were featured in training videos concerning the above mentioned, Public Act (PA) 19-44, An Act Concerning a Children in Care Bill of Rights and Expectations and the Sibling Bill Rights. We hope to build on this partnership between the YAB and the Academy to expand the opportunities for youth to advise the department on training needs and content with respect to engaging adolescents.

The regional and statewide boards have continued to partner with the *DCF Wilderness School* to provide teambuilding and leadership days. YAB members have opportunities to participate in life-changing 5-day or 20-day expedition courses in which youth hike and camp overnight with experienced instructors working on life skills and engaging in self-reflection. A representative of the Wilderness School is a member of the Statewide YAB and provides support to Regional YAB, offering facilitated activities. Each DCF Office has a Wilderness School liaison to recruit participants and facilitate registration.

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

2019 saw the first annual YAB Leaders in Training Summit. The daylong event was attended by youth in care from across the state, the DCF Commissioner as well as all facets of senior leadership, DCF staff and community partners, most notably our Work to Learn providers. DCF youth were featured as keynote speakers. Breakout sessions consisted of youth-developed, youth-lead presentations including the following topics: Race and Equity; Public Speaking; I'm New Here, covering rights of children and youth in care; and Wellness. 70% of youth attending were new to the YAB experience and overwhelmingly committed to continued participation. Following the Summit, local YAB saw a rise in membership. The 2020 YAB Summit is scheduled for August 13. Due to the coronavirus crisis, discussions are taking place to hold the Summit as a virtual event. DCF has committed to maintaining the event yearly. A 2021 event is anticipated.

2021 will see efforts made by the statewide YAB to sustain the vast progress in honoring the value and impact of youth voice. Plans for the statewide YAB work into the next fiscal year include building upon the relationship with the DCF Academy for Workforce Development to inform all aspects of staff training in the area of adolescents, continuing to strengthen the partnership between the YABs and the state's contracted *Work to Learn* providers, development of policy to ensure youth in care have access to driver's license and savings accounts, and facilitating the 2nd Annual statewide *Youth Summit* to highlight youth leadership opportunities and capacities. The YABs, with the support of Federal funding and a supportive administration, remain well positioned to continue actively engaging youth in care and producing high-impact deliverables. As such, the YABs are well equipped to continue to provide input to the state's Program Improvement Plan and to ensure compliance with Federal Child and Family Services Review (CFSR) recommendations.

<u>How CT provides youth with certain documents when they age out of foster care:</u>
The department provides youth 18 and older who are discharging from care copies of the following documents: educational records; medical records including medical history of family members, to the extent known and obtained from the case records, as the law allows; original birth certificate and an extra copy; original social security card and an extra copy; passport; immigration and/or citizenship papers.

Extensive efforts were made to inventory the needs of older youth specific to COVID-19 (returning from college campuses mid semester, ensuring technology needs for remote coursework etc.). The Department instituted an Emergency Executive Order to have a moratorium on 'aging out' during the pandemic, as well as relaxing the standards for reentry and issuing 800s due to non-compliance, recognizing the need for stability during these perilous times.

<u>How CT includes youth age 14 and over more fully in case planning:</u>
The department invites and encourages youth to participate and if possible, to attend the Administrative Case Review (ACR). Accommodations are made to hold the review at a time and location that is convenient to the youth. At age 16, the department develops a Transitional Plan for each youth in the department's care for the purpose of permanency planning and preparation for discharge from care. The plan is youth-driven and based on the youth's identified needs prior to and at the time of discharge. The Transition Plan is reviewed at the first Administrative Case Review after the youth's 16th birthday and reviewed and revised at subsequent ACRs as long

as the youth remains in care. Efforts in 2020 will be to explore the use of technology to offer greater accessibility to youth participating in ACR.

Planned use of funds (Chaffee) to support engagement in age or developmentally appropriate activities
The Department builds into the Chaffee grant funding for developmentally appropriate activities as well as annually providing funding to each Regional Youth Advisory Board for such activities. Regions utilize these funds to sponsor activities such as regular meetings, college fairs, holiday parties and graduation celebrations.

National Youth in Transition Database (NYTD)
This year's work continued to focus on improving data quality and reporting accuracy. The Federal Reporting Team's main goal for this year was to review and revise mapping for the Baseline population to ensure all eligible youth were identified and surveyed during FFY 2020. Additionally, the team review and revise the mapping for Independent Living Services in order to more accurately report youth who were receiving such services.

The Department continues to review and analyze data available on the NYTD Portal to identify subsequent efforts needed to improve data quality and reporting. Interventions are developed, categorized and prioritized based on available resources and administrative directives. NYTD Independent Living Services data is available on the portal and has been shared with internal stakeholders to demonstrate the limitations to the current system. The Department presently utilizes service codes and/or payments made to reflect Independent Living Services provided. This system does not include reporting youth who may be receiving a contracted service thus underreporting the Departments served population. The Department is currently developing a new comprehensive child welfare information system and this issue will be corrected in the new system so that accurate data on independent living services provided will be collected and reported. Development in this area includes plans to be utilize the data to improve service delivery and including outside stakeholders for a system's perspective.

The "snapshot" data provided on the NYTD Portal continues to be used with agency staff working with adolescents to help staff identify possible additional services and interventions available to assist youth in care develop the skills necessary to successfully transition to adulthood.

Outside stakeholders continue to obtain Connecticut's NYTD data and share with legislators and interested parties at the yearly "Youth Day at the Capitol" and at other venues. As a result of presenting NYTD outcome data in various forums, and with youth testimony, policies and programs continue to be developed to further assist youth in care to transition more successfully to adulthood.

The Department continues to utilize the Children's Bureau's "Guide to the NYTD Review" to prepare for Connecticut's review. A detailed project document has been developed identifying child welfare data collection system modifications necessary to collect quality data and increased compliancy standards.
The Department continues to utilize its Regional and Statewide Youth Advisory Boards to provide and disseminate information regarding issues related to adolescents in care. More emphasis is being placed on participation in local or "regional" Youth Advisory Boards and with increased youth involvement will come more feedback to support the Department moving towards NYTD Plus and this will in allow for more rich and detailed outcome data collection.

The Department continues to partner with other federally funded programs serving older youth as well as other State agencies who provide services to youth and young adults. Connecticut is fortunate to have a large network of service providers who continue to work closely and collaboratively with the Department to provide services to youth that will assist them while in care as well as when they transition from care and into adulthood. The Department continues to partner with the University of Connecticut and the University of Connecticut's School of

Social Work to partner on projects that will assist current and former foster care youth to transition more successfully to adulthood. UCONN has recently begun to offer social and support opportunities to University students who have been touched by the foster care system. Thanksgiving dinner and options for housing during breaks are a couple of examples of what is being offered that benefit transition age youth. The Department continues to collaborate on initiatives with UCONN's experts in the area of transition age foster care youth, foster care youth outcomes and educational achievements for foster care youth that include college graduation. Possible initiatives will focus on identifying and providing supports or services that will assist PSE youth to maximize their educational opportunities. Additional initiatives being considered include tracking educational attainment by collecting and analyzing data on youth who have participated in the Department's PSE program.

Pregnancy Prevention

The Department continues to partner with the Connecticut Department of Public Health as part of their federal Personal Responsibility Education Program (PREP) with the goal to reduce the rates of pregnancy, STD/STI's and HIV among foster youth and at-risk youth in Connecticut. The program will continue to focus on providing evidence-based interventions to youth in and aging out of foster care, high risk youth in the community as well as youth involved with the juvenile justice system. Program interventions also include providing much needed training to caretakers of foster youth, service providers for youth in and transitioning from foster care as well as educators and providers for youth at risk in the community.

Programming was extended to the Department's PRTF (Solnit North) staff and youth. Staff received training on the topic area as well as the opportunity to become a trainer in the main curricula utilized, "Be Proud, Be Responsible". Several staff were trained as BPBR trainers and will begin to conduct groups in the fall. Presently, the curricula are being offered to the residents of the facility and facility staff is co-training with existing private provider staff.

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

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

The Virtual Academy

The Virtual Academy was established by Unified School District (USD#2) in February 2016 to serve secondary youth in the care (inclusive of Juvenile Justice Youth) of Department of Children and Families. This creation was based on 2015 standardized assessment results in the state of Connecticut. The 11th grade results (Connecticut only takes standardized assessments in grades 3-8, and 11) saw over 95% students fail to meet the achievement level in math and over 90% fail to meet the achievement level in reading. The Virtual Academy provides these youth an online opportunity at remedial courses in Math and English Language Arts. There are credit recovery options for all content areas (Math, English Language Arts, Social Studies, and Science), elective course offerings, career pathway classes, and SAT/ACT prep classes. Since the inception of the Virtual Academy, students have earned over 250 academic credits that have been applied to high graduation requirements. To date, the Virtual Academy has assisted 79 students in earning a high school diploma.

Chafee Foster Care Independence Program - FFY 2020

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

Following guidance from the Children's Bureau DCF has modified case practice in several areas, utilizing Chafee funds to fill gaps and meet needs which presented subsequent to the coronavirus crisis. Moratoriums were issued preventing the discontinuation of supports to youth who were out of compliance with eligibility requirements or who had reached the age of 23, which is the maximum age for services post majority in CT. DCF has facilitated housing arrangements for youth displaced from college or in response to other disruptions caused by coronavirus, as well as provided for expenses including but not limited to relocation, food, utilities, and clothing. Where the school system was unable, DCF has supplied computers and tablets to youth for teleschooling. Planning is underway to provide cellphones to youth to allow for continued contact and connection to supports and services. New distance contact standards were implemented for youth 18 and older, increasing the contact to twice per week and including a wellness check in. A contact monitoring system was added to identify youth for whom contact has been problematic. Service codes were developed for the department's LINK payment system to track coronavirus-related expenses. The impact to Chafee from these extraordinary expenses will be monitored and assessed throughout the crisis.

Service Description	Funding
Personnel Expenses	$ 43,575
Mentoring	$105,000
Summer Youth Employment	$200,000
Youth Advisory Board	$65,000
Work to Learn	$440,760
YV Lifeset	$40,000
Manufacturing Career Prep for Girls	$124,000
PSE preparation and support; Mini Supports	$75,000
Total	$1,093,335

Service Descriptions - Chafee Foster Care Independence Program

Personnel Expenses: The grant supports one Pupil Services Position established to assist youth in their transition from high school to vocational programming or college. Other responsibilities include the administration of the state's Education and Training Vouchers program (ETV). The specialists routinely meet with youth, social workers, program staff, Job Corps staff and educational personnel to review, coordinate and develop an appropriate educational plan for our youth. (USD II)

Mentoring: In 2018 DCF transitioned to Mentoring services utilizing two providers with demonstrated expertise focusing on the LGBTQI adolescent population and a specialty service to youth who are victims of child sex

trafficking. Both mentoring providers' serve adolescents ages 14 and older, who are committed to the Department and residing in out of home care.

Work to Learn: The Department continues to support Connecticut's Work to Learn model for the five (5) Work to Learn sites in the state. The Work to Learn (WTL) model was designed to ensure that youth aging out of foster care have increased opportunities for a successful transition to adulthood in the following areas: youth leadership, youth engagement, employment, housing and improved physical and mental health functioning. In response to the coronavirus crisis W2L has begun providing services remotely via shared materials and virtual contact.

- *Our Piece of the Pie* (OPP): A comprehensive work/learn model located in Hartford that helps youth access and attain a combination of educational, employment and personal development opportunities that promote success. OPP is also operating a second Work/Learn site in Norwich.
- *Boys and Girls Village*: This Bridgeport program partners youth with technical experts and role models in a youth-centered small business. They develop transferable skills, identify goals and reinforce the personal skills needed for successful employment.
- *Marrakech Inc.:* Located in New Haven and Waterbury, these sites offer a comprehensive work/learn model that helps youth access and attain a combination of educational, employment and personal development opportunities that promote success.

Youth Advisory Boards: DCF staff work in partnership with and solicit input from local Youth Advisory Boards around the state and the statewide Youth Advisory Board (YAB). The boards empower children and youth to directly participate in and advocate for system changes and development. Approximately 135 children and youth in care participate on the boards throughout Connecticut over the course of a year, with an additional 210 youth participating in YAB sponsored events for a total 345 youth served. Over the past year, the YAB members facilitated the 1st annual YAB Leaders in Training Youth Summit, participated in a forum for youth in care to discuss meeting special needs of youth in care, provided experiences and input in the development of training materials to improve social worker knowledge and skills. Numerous regional and statewide activities, geared skill attainment and system improvement were held. Additionally, recreational and recruitment events were held to support engagement in the YAB. Events and activities are being held remotely and virtually in response to the coronavirus crisis.

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

Youth Villages (YV) Lifeset: In 2019 DCF contracted with two prominent providers to administer this program in DCF regions 3,4 and 6. Program is running well and capacity is up to 86 youth annually for both programs combined. Providers, selected through a competitive process, will utilize the YVLifeSet model to provide outcome focused, comprehensive case management services to emerging adults involved with the Department. YVLifeSet aims to assist emerging adults with the following: securing suitable and stable housing; completing vocational and/or educational programs; obtaining sustainable employment; developing and maintaining loving, supportive, and permanent adult relationships, and; developing the necessary life skills to successfully transition from DCF services. In response to the coronavirus crisis YV Lifeset transitioned to remote contact with the youth.

Manufacturing Career Prep for Girls: Training Program is designed to develop job related learning opportunities in collaboration with Touchstone Residential Center staff and faculty. These learning experiences complement the formal academic program in relation to career skills. Content of career enhancement training focuses on areas such

as customer service, office support, personal finance, computer aided design, manufacturing principles, allied health opportunities career skills.

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

Chafee Projected Spending Plan FFY 2021

Service Description	Funding
Personnel Expenses	$ 43,575
Mentoring	$105,000
Summer Youth Employment	$200,000
Youth Advisory Board	$65,000
Work to Learn	$440,760
YV Lifeset	$40,000
Manufacturing Career Prep for Girls	$124,000
PSE preparation and support; Mini Supports	$75,000
Total	$1,093,335

Education and Training Vouchers

The Connecticut Department of Children and Families Post-Secondary Education (PSE) Consultants collaborate and assist Social Work staff, community providers, foster youth and foster families, former foster youth who have had transfer of guardianship or have been adopted after the age of 16, with educational transitional services. This includes the partnership with educational institutions that have youth in the foster care system as part of their population. When requested, the Post-Secondary Education Consultants provide trainings regarding the services provided, educational opportunities and challenges and the needs for this specialized population. Professional Development trainings and certification through the Department Academy for Workforce Development are one of the ways the PSE Consultants can educate the workforce staff and other institutions that work directly with foster youth who are transitioning to independence. The Post-Secondary Education Consultants continue to expand and provide community outreach, consultation and program services for foster youth through the age of 23.

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

Data collection and maintenance for PSE in Connecticut DCF has remained a challenge for the department. Last year DCF began discussing this issue with a University of State of Connecticut professor who specializes in this area. He has not been able to do much in terms of this data, due to his availability, however is working with one of DCF's college preparation programs held at the University of Connecticut. No ETV funding has been utilized for

this. 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 DCF 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 future through the Clearing House.

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 continues to focus on expansion of these services and funds for eligible youth by collaborating with the adoption, subsidized guardianship and foster and adoptive units, youth who have been in the Connecticut foster care system, as well as the Connecticut Alliance of Foster and Adoptive Families (CAFAF) to help identify resources and eligible youth. The new requirement of extending services to age 26 has been brought to the administration's attention. Although there has not been a solid plan yet to implement, the fiscal department has assisted with getting funding to a couple ETV requests. Currently, DCF has serviced 2 requests from former youth over the age of 23.

The ETV grant was awarded to 404 recipients from July 1, 2018 to June 30, 2020. During this time period (July 1, 2019 to June 30, 2020) there were 111 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, subsidized guardians, or foster parents and remain eligible for services.
5. Young adults up to the age of 26 who were formerly in foster care at the age of 18, adopted after the age of 16, and subsidized transfer of guardianship after the age of 16 and continue to meet the criteria above.

Nationally, the college graduation rate among foster youth continues to be a struggle and has not surpassed 3% in many years; Connecticut's foster youth continue to do slightly better with graduation rates from college and increases if vocational school graduations are included. In an effort 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. Under new leadership, Central Connecticut State University continues to provide the program *CARES (Central's Academic Readiness & Engagement Scholars)* Scholars for foster youth on campus, Eastern Connecticut State University has created the *Academic Support Program* for foster and adoptive youth on campus. Southern Connecticut State University has taken a slightly different approach to this work, however, continue to advocate and support youth in this population. At Southern Connecticut State University, there continues to be a Social Worker on campus who assists foster and adoptive students with issues and challenges that may arise while on campus. The Department of Children and Families Administration's goal is to increase the Connecticut's graduation rate among this very vulnerable population by

collaboration with the CSCU office. Being aware of the implementation and expanding of support services across all Connecticut State Colleges, Universities, and Connecticut's Community Colleges in a systematic way will benefit the students in foster care and adopted throughout of the many college campuses in Connecticut.

The ETV grant continues to assist the Department of Children and Families with the supporting direct student costs and incentives associated with the development of these types of programs on Connecticut state colleges and universities. Last year, Central Connecticut State University identified 93 eligible students, however, some youth did not return to the program this year after change in leadership and other support service programs available on campus, and CCSU reports they have been working with 52 students this academic year. In the 2019-2020 academic year, Eastern Connecticut State University worked with 22 eligible students, however, during this academic year the program has serviced only 5-10 interested youth thus far. The thought in the decrease in both programs is thought to be the change in administration in the programs and the youth's dedication to particular staff. The PSE Consultants have been available for students and programs to work through some of these changes and challenges. The Department serviced approximately 75 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 also continuing working to create a systematic approach with the collaboration of DCF and CSCU.

New this academic year, DCF has partnered with SUN Scholars, run by a former adopted youth and his mentor to support foster youth all over Connecticut while on college campuses. SUN Scholars provides advocacy, mentoring and tutoring support to youth who are current and former foster program, adopted and guardian transfer. This year the new program has serviced 36 students at Central Connecticut State University, Gateway Community College, Capitol Community College and the University of Connecticut. ETV can provide additional financial support directly for youth who demonstrate and unmet need toward the cost of attendance and meet the ETV grants criteria.

From July 1, 2018 – June 30, 2019 only 2 ETV grants were awarded to repeating students who applied for the grant. Both recipients were return ETV awardees. Last year, there were over 122 applications mailed for this population to apply for the ETV grants. Again, for this academic year, there will be close to 125 ETV applications mailed out to youth who were adopted, subsidized guardianship transfers after the age of 16. Due to the COVID-19 pandemic, the PSE Consultants along with many of the Department of Children and Families staff, are telecommuting and the ETV applications have not been mailed yet. However, any student that contacts the Department via email receives an electronic version of the application. The plan is for the ETV grant applications to be mailed immediately upon return to the office and the deadline date for the applications will also be extended. Last year, the ETV application was mailed in June to help eligible students plan financially closer to their enrollment period and it will be the same time frame for this year. Again this year, the ETV application process will be mail to applications to every eligible youth from 2016 to 2020. It is estimated that there will be at least 200 mailings for the 2020 year. The application deadline date this year was originally scheduled for August 3, 2020 however, due to the COVID-19 pandemic, the application deadline will be extended to August 24, 2020. Even though there is a deadline, the PSE Consultants except ETV applications up to the middle of September and will continue to do so again this year to support students. To educate, advertise and expand the ETV grants, the PSE Consultants continually work to provide information, training and applications to High School Counselors, CAFAF, current and foster youth, Adoption and Guardianship transfer units, Foster and Adoptive Parent trainings, DCF staff, and College Support programs.

As a student identified barrier to successful completion of programs, graduation rates, and retention, CT DCF ETV grants continue to be available to cover winter and summer tuition. Additionally, offer assistance with outstanding student financial debts. In an effort to expand the ETV grants, the Department made available for students who had an unmet cost of attendance need, student loans, and specialized requests. In the period from July 1, 2019-

June 30, 2020 12 youth were awarded funding for winter course funding. Thus far only 3 students have requested summer funding through ETV. Due to COVID-19, some students are waiting to hear if their school will offer summer courses. Due to this, it is anticipated that 15-25 youth will request funding for the next winter session (2021), as more Social Workers and foster students become aware of the opportunity will request ETV tuition for winter and summer courses.

The Department has always provided ETV funding for post-secondary education expenses outside of the student's individual 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. In funding period from July 1, 2018 to June 30, 2019, only one request was made and funded. In the funding period from July 1, 2019 to June 30, 2020, 3 requests were made for special funding or for an unmet cost of attendance need.

In Connecticut, 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 is the second year of this process and has proven to be successful in helping to eliminate the excess of spending on computers for youth who become ineligible. Foster youth are able to purchase a computer, printer and supplies based on their school recommendation and specifications for their majors. The funding budget for computer purchase is based off the number of post-secondary education plans the PSE Consultant receive and review each year. However, if a youth's Social Worker has not submitted a PSE plan for review, the youth is not penalized for this, and is still provided the ETV funding, while the PSE Consultants work with the Social Worker to get the necessary plan documented. Youth who do not receive a computer, printer and supplies following their senior year usually become in eligible for various reasons such as: not graduating from high school, did not complete their GED, remained in their Individualized Education Plan (IEP) for another year or two, left DCF care to return home to biological parents, adoption, guardianship transfers, did not enroll in Post-Secondary Education institutions following high school graduation, or entered into DCF's youth work program. In the summer and fall of 2019, the PSE Consultants distributed 80 computers. During the academic year 2019-2020 the Department has budgeted out of ETV to provide funding for 150 foster youth, to purchase of computer, printer and supplies needed to begin post-secondary education. The Department is anticipating issuing 125-150 new ETV grants cover the cost of computers for foster youth who will enroll into post-secondary education institutions during the fall of 2021.

Thus far, during the academic year 2019-2020, there were 146 PSE plans reviewed for youth in foster care planning to graduate high school in June 2020 and enroll in a Post-Secondary Education institution in the fall 2020. Additional, PSE plans are expected for youth entering care during their senior year of high school or have not made decisions regarding post-secondary education yet. Not having a PSE plan reviewed does not affect a student's eligibility for receiving the ETV grant funds. Last year's graduate cohort of foster high school students that graduated in 2019, the Post-Secondary Education Consultants reviewed more than 166 PSE plans. 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 each year. It is estimated through the Department of Children and Families LINK data and the State Department of Education student data, approximately 150-175 PSE plans for foster youth graduating cohort 2021.

In the reporting period July 1, 2018 – June 30, 2019 227 ETV grants have been awarded thus far with 167 being new grants. For this reporting period of July 1, 2019 – June 30, 2020, there have been 177 ETV grants awarded with 111 being new recipients. All requests granted after May 15, will be included in the next reporting term. The decrease in PSE plans for review has been to better permanency plans for foster youth, such as transfer of guardianship, and adoption. The continued goal of the Department is to expand the number of ETV grants through a variety of opportunities for the Education Training Vouchers. Since the federal government has

extended the ETV grants eligibility to age 26. The Department will continue to review its policies and practices to determine how to cover eligible youth up to the age of 26, since the CT Department of Children services youth and their families in college up to the end of the academic year of a foster youth's 23 birthday.

6. Consultation and Coordination Between States/Tribes

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The State has maintained open communication with the tribes over the years since their original federal recognition and launch of casino enterprises in the 1990's.

Formal activity with the tribes is most often initiated after an accepted child maltreatment report to the Department of Children and Families central reporting CARELINE. The volume of reports on tribal families and children accounts remains small in comparison to the volume of reports received on non-tribal children, most often being just a handful of cases per year.

The MPTN has a formal reservation that includes some tribal housing; the Mohegan Tribe does not. Screening is done at the Careline, and 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 lives on the MPTN reservation; a warm hand off for jurisdiction is made between the State and Tribal authorities. When there is activity regarding a MPTN family with an off-reservation address, the State maintains jurisdiction, providing notice to Tribal child protection, up to including occasions when the matter may be litigated in state juvenile 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 is provided timely notice. Virtually all CT MT and MPTN (non-reservation) reports are serviced by the Norwich Area Office in DCF's Region 3. Upon initial face to face contact, every accepted report of child abuse and neglect is screened for race and ethnicity demographics, capturing any ICWA information not initially indexed by CARELINE. Tribal affiliation is also screened and noted at this time. Results are stored in the State CCWIS system (LINK).

Most ICWA activity in Connecticut has centered on the State's federally recognized resident tribes. On occasion there is activity regarding tribes in the neighboring states of Rhode Island (Narragansett), Massachusetts, (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 known occasions over the past year of failures to follow ICWA provisions

Native American status is captured in the Connecticut CCWIS under "person management". Case Plans also serve as an additional forum for addressing tribal status and Native American racial identity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation/ FAR/ongoing services) and revised by ongoing State social workers in the formulation and revision of case plans; Multi-Disciplinary Conferences to address service needs; Permanency Team Meetings (convened with in-home and out of home cases to identify natural supports and helping community), as well as canvassing of all parties if court involved.

There is a longstanding Memorandum of Understanding (MOU) between the State and the MT. While there remains no formal agreement with the MPTN, there were two meetings were held in recent years between DCF Commissioner's Office staff, local office staff, and tribal representatives as a renewed effort to formalize a

MOU. The State is awaiting word from the MPTN to formalize a MOU pending the approval of the MPTN Tribal Council. In spite of there being no formalized agreement in place, the relations between the tribes and the local DCF office (Norwich) have remained positive and characterized by good communication. The more recent conversations with the MPTN has included discussion sharing of some State contracted services such as Intensive Family Preservation.

Contact with the Mohegan Tribe is governed by the MOU. This includes confidential meetings of case specific discussion of State interventions of MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in meetings at tribal offices. The meetings are also used as an opportunity to advise the Tribe of new State initiatives; recent past and present discussions have included Structured Decision Making, Differential Response System and Considered Child and Family Team Meetings for Considered Removals and Permanency Team Meetings. The contact liaison in the local DCF office remains Intake Social Work Supervisor, John Little. Regarding the MPTN, while no formal arrangement is in place for regular meetings, there has been a single point of contact for many years, Director of Child Protection, Valerie Burgess.

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 (the MPTN initially had some foster care/group care resources but changing economic times shuddered these services many years ago). In 2013, the State adopted Considered Removal Child and Family Team meetings and in 2014, Child and Family Permanency Teamings were implemented. For tribal families, there is explicit instruction offered by the State that the family is welcome to invite tribal resources to these meeting forums. When Indian children do require placement into care, commensurate with behavioral health level of care needs, the first option, is to identify family or fictive kin options in lieu of entry into traditional foster care. 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 short term risk/safety issues (less than 30 days). Family arrangements can also serve to keep Native American children with their own cultural/familial connections during brief times of hardship/need.

When there are circumstances requiring CPS litigation, The MT does not seek to transfer cases to its own court system and prefers to partner with the State in the Superior Court for Juvenile Matters. Conversely, the MPTN may exercise the option of jurisdiction moving to its Tribal Court, or keep the matter is the State court system.

There have been no known ICWA compliance issues identified with the MPTN or MT over the last eight years, or with other federally recognized tribes across the nation. Newly hired Social Workers are trained on ICWA during pre-service training. Additionally, when local training/conference opportunities arise, invitations are often issued to the tribes.

There have not been any recent negotiations with the MT or MPTN specifically as it relates to determining eligibility, benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Program (CFCIP).

The Department routinely has outreach to both tribes requesting their participation in the various activities pertaining to CFSR results and the development of the PIP. While the tribes have in the past participated in stakeholder groups for the CFSR, neither was able to send representatives to meetings pertaining to the PIP. They

are, however, part of the PIP distribution list and will be provided with any PIP updates and materials. Similarly, a copy of the State's most recent Annual Report will be provided to both tribes post submission.

Section D: CAPTA

There have not been any substantive changes to any laws or regulations that would impact CT's eligibility for CAPTA.

The CRP Reports are currently under review and have been forwarded as a separate attachment.

CAPTA Spending Plan 2020:

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/Activities			Funding
Triple P Provider Training			$120,306
Multidisciplinary Teams			$187,500
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			$29,259
Substance Exposed Infant (see description below)			$625,583
FBR Yale Services QA	$	60,092	
UNITED WAY 211	$	300,000	
UNITED WAY POSC	$	100,000	
POSC BABY KITS	$	40,498	
O'DONNELL	$	32,500	
UConn Eval	$	92,094	
Total Allocated	**$**	**625,583**	

Service Descriptions

Parenting Support Services (formerly Triple P): Parenting Support Services (PSS) is a statewide program for families with children 0-17 years-of-age to support and enhance positive family functioning. 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. In SFY 2019 646 families received Triple P, and 784 families received Circle of Security Parenting. 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 (COSP) 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 22 new PSS staff members were trained and accredited in SFY 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.

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
- Sexual Assault Crisis Center of Eastern CT – Norwich/Willimantic
- 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 MaryLee Allen Promoting Safe and Stable Families.

Intimate Partner Violence: Funding was allocated for the continuation of a research project for the Multi-systemic Therapy for Intimate Partner Violence (MST-IPV) clinical intervention. This intensive home based empirically supported intervention for families that have engaged in child physical abuse and/or neglect plus intimate partner violence (IPV). Critical to the implementation of this model is the evaluation of outcomes. Towards this effort, a quasi-experimental research pilot has been underway. This pilot examines changes in mental health functioning for children and parents referred to the MST-IPV program. In addition, MST-IPV families and matched comparison families are being compared on re-abuse, out of home placement, and new incidents of IPV. In addition to funding the research project, Advanced Behavioral Health (ABH) is funded as the fiduciary for the MST Training and Certification. In FFY 2020, the MST-IPV clinical program served 14 families and 47 children.

DCF is also partnering with the Women's Consortium to offer a two (2) day training focusing on Solution Focused Treatment and Couples Therapy for Domestic Violence – Finding Safe Solutions. Solution Focused Brief Therapy (SFBT) is a goal-directed approach focusing on addressing what clients want to achieve exploring the history and provenance of problem(s). SFBT therapy sessions focus on the present and future, focusing on the pasty only to the degree necessary for communicating empathy and accurate understanding of the client's concerns. Participants to include DCF staff, clinical community stakeholders and others interested in treating families impacted by intimate partner violence. The funding is all inclusive and covers all costs including, training curriculum, travel, continuing education credits, registration and evaluation. The training will train 50. The training has been postponed to September 2020.

DCF expanded upon the state funded contract with Dr Carla Stover, model developer of Fathers for Change and Mothers and More, through Yale University. This contract expansion would be to increase the training and consultation with the Intimate Partner Violence-Family Assessment Intervention Response (IPV-FAIR), DCF contracted in-home providers. Dr Stover would provide technical support as well as fidelity monitoring of the *Fathers for Change* Emerging Best Practice model, and the complementary model of Mothers and More. The goal of both of these treatment interventions is to reduce repeat maltreatment and to improve the well-being of the children effected by the IPV. DCF also purchased equipment (Em-Wave monitor) for emotion regulation utilized within the Fathers for Change and Mothers and More models. IPV-FAIR serves 340 families and 468 children a year (FY19). Funding also utilized for participation in two conferences "Navigating the intersection of Race, Culture and Adoption" and "IPV assessment and engagement" during FFY20.

National Council on Crime and Delinquency: See description under MaryLee Allen Promoting Safe and Stable Families.

Substance Exposed Infant: Family-Based Recovery (FBR), is based on two foundational principles: attachment is critical to healthy development and substance use treatment works. FBR recognizes that the parent-child relationship cannot wait until a parent achieves abstinence and can be a powerful motivator for change. Joining treatment modalities addresses the interrelatedness of parenting and recovery. Each treatment team is composed of two master's level clinicians and one bachelor's level support staff that provide in-home contingency

management substance use treatment, individual therapy, attachment-based parent-child therapy, developmental screenings, group therapy, on-call services and case management. During the past year, the Department has entered the last year of service delivery for the randomized control trial, called the Family Stability Project (FSP). This Pay for Success project, also known as a Social Impact Bond, has enabled the Department to service over 300 additional families and will continue to serve families through December 31, 2020. The Family Stability Project also demonstrated efficacy of an enhancement to this model: serving children aged 3 to 6. This was a significant service gap in Connecticut's system, with no in-home community-based service available to parents with substance misuse and children in this age group. As a result of this project, the FBR statewide system will convert its treatment teams to be able to serve caregivers with children from birth to age six. These funds will allow for the clinical consultation, training, and data collection required to sustain this enhancement.

The Department continues to contract with United Way 2-1-1, the state's repository for all services for Connecticut's residents. United Way 2-1-1 has developed a Plan of Safe Care web page which hosts information on Connecticut's CAPTA Notification and Plans of Safe Care process; has e-books on all need areas that may get identified on a POSC; a "myplanofsafecare" screener and account, which allows for the creation of portable, individualized electronic POSCs that can be updated at any time; and informational materials for providers and families. These efforts will continue to be expanded to include the development of PSAs, additional educational materials, and other activities that are determined from the CAPTA portal data.

Additional funds have been given to United Way 2-1-1 to complete the "myplanofsafecare" following piloting and focus groups by and with mothers with substance use disorder. This feedback will be used to make Information Technology corrections to the system to ensure that the "myplanofsafecare" component is user friendly and easy to use.

Additional funds have been reserved for a vendor (TBD) to create Plans of Safe Care kits. These kits will be available to mothers with infants born substance exposed at the time of delivery and to families who are engaged in DCF contracted services and did not receive one from the hospital at the birthing event. These kits will be used to de-stigmatize the POSC notification process while simultaneously providing useful information and items for the infant and her family. Examples of items contained in the kit will be determined based on CAPTA notification portal data and include information on the items that are most commonly identified on the POSC (such as behavioral health counseling, pediatric medical care, and welcomed items to return home with, such as a bottle, bib, diaper and other useful items).

O'Donnell group has designed Connecticut's very effective "LiveLoud" campaign, which has been designed to offer both critical and de-stigmatizing information about opioid use disorder for individuals, youth and families. These funds will be specifically used to expand the "LiveLoud" campaign to include mothers, fathers, pregnant women, and families with infants.

The University of Connecticut School of Social Work (UCONN SSW) will evaluate the CAPTA Notification and Plan of Safe Care process to determine the impact of this system. This will include determining the impact of this system on infants born with prenatal exposure, referrals investigations, removals and length of DCF involvement for this population. In addition, the CAPTA portal data will be reviewed, which includes the ability to review health disparity outcomes, hospital activities, and other meaningful data. UCONN SSW findings will be used to amend the CAPTA Notification process as indicated.

CAPTA Projected Spending Plan FFY 2021

The following is the projected spending plan for the above-named grant for FFY 2021.

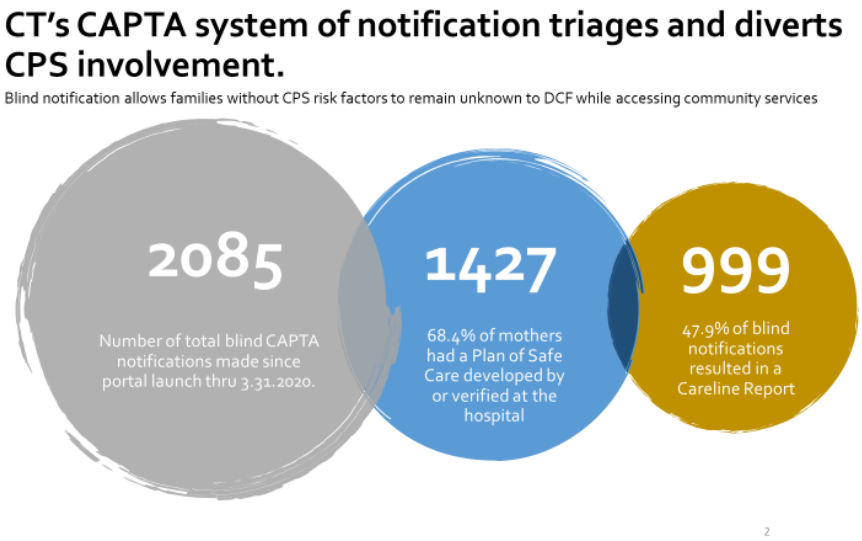
Services/Activities	Funding
Triple P Provider Training	$120,306
Multidisciplinary Teams	$187,500
Favor- (Stipends for CRP Work)	$36,828
CT Association for Infant Mental Health (Spring/Fall 8-week series)	$39,652
Intimate Partner Violence	$100,000
Substance Exposed Infant - Plans of Safe Care	$625,583
Total	**$ 1,109,869**

Supporting Infants born Substance Exposed

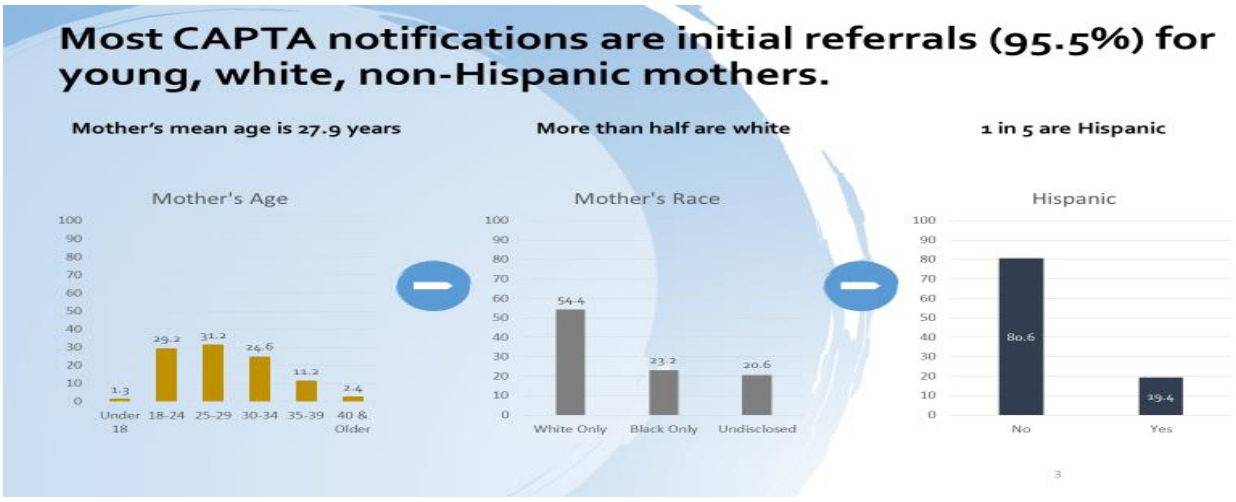
The Department will continue its current policy and practice regarding implementation of POSC. With the commencement of evaluation of these efforts by University of Connecticut School of Social Work, we anticipate learning more about the impact and outcomes of CT's CAPTA Notification and Plans of Safe Care for Infants Born Substance Exposed and will make any revisions from a data driven lens.

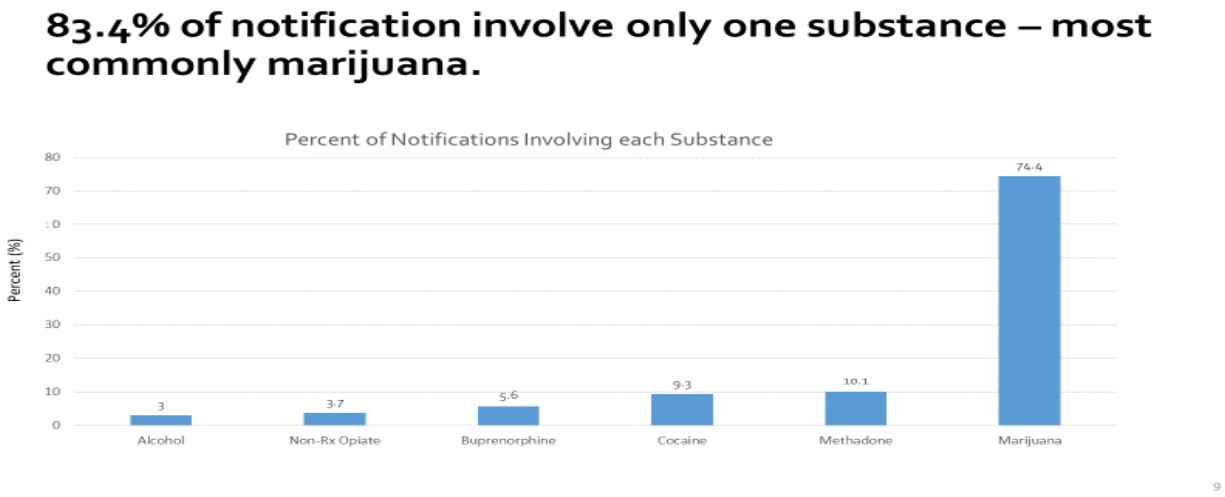
The Department continues working in concert with key stakeholders involved with this population, namely Department of Mental Health and Addiction Services (the State's Substance Abuse Authority), CT Hospital Association, Office of Early Childhood, CT Chapter of Obstetrics and Gynecology and Pediatrics, The Child Advocate, service providers, and -most importantly- persons with lived experience. This network remains as engaged and committed to the effort as they did at the onset of this work.

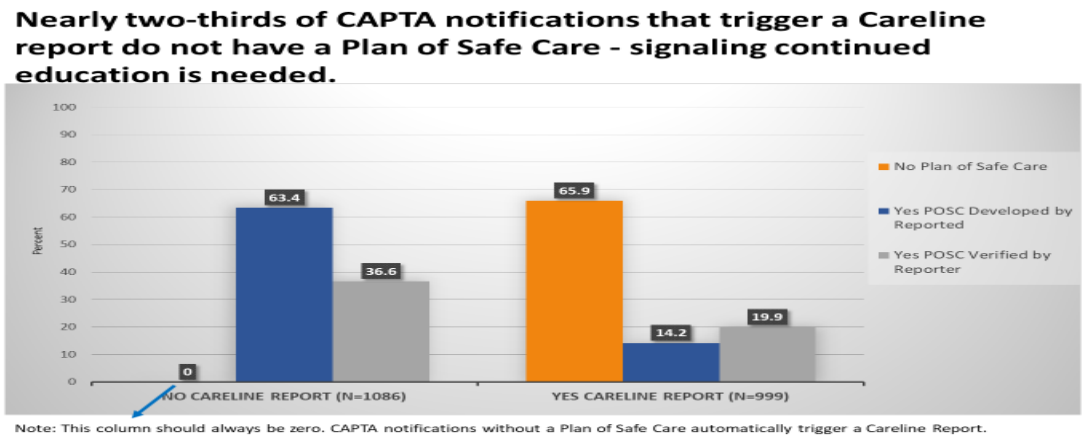
Connecticut has not had a Children's Bureau site visit regarding the development of Plans of Safe Care. To date, the portal has provided a level of data that exceeds that which is federally required. The portal obtains information on race/ethnicity, type of community the family will reside in, type of infant substance exposure, type of drug testing (if any) conducted, and needs identified on the POSC. From this data, here is a snapshot of the first year of the CAPTA Notification portal, which went live on March 15, 2019:



From CT's CAPTA portal data, the following data and information has been learned from the first year of the project. Data reflects the period from March 15, 2019 launch date through March 31, 2020 and will be used to continue to build a system that can respond to the needs of the families.



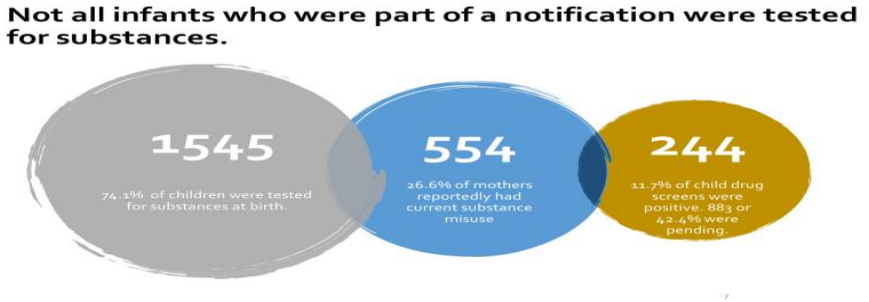




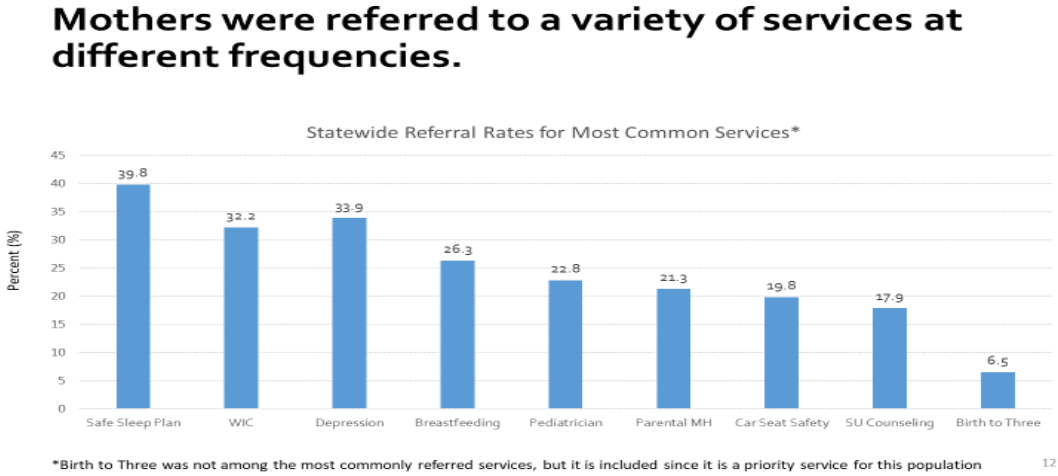
In the coming year, the Department will be working in collaboration with University of Connecticut School of Social Work, who will be evaluating the notification portal process that has been established and reviewing the data that

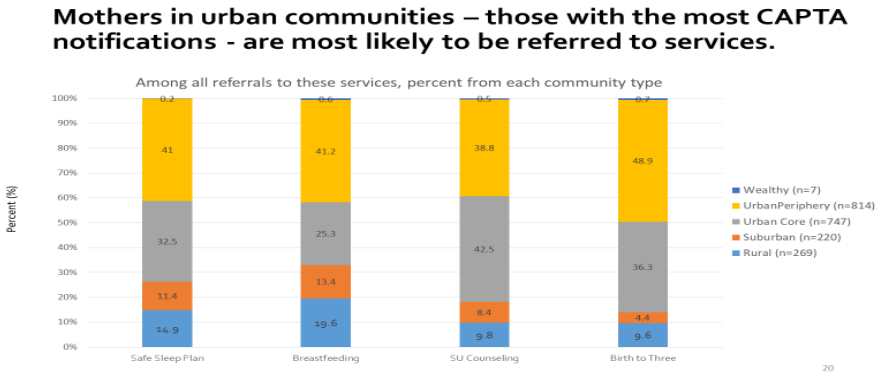
has been collected. The research, data, and evaluation questions are currently under development and will guide revisions and course corrections that may be needed as we assess the State's first year of the notification process.

United Way will continue to develop and expand upon its Plan of Safe Care 211 webpage to expand on the information made available, continued enhancement of the Plan of Safe Care upon feedback from mothers who have used it, and continued marketing strategies to promote that Plans of Safe Care are of benefit to all women, infants and their families, in an effort to decrease stigma associated to infants born substance exposed.



76.7% of the newborns tested for substances were conducted on newborns whose mothers reside in urban areas

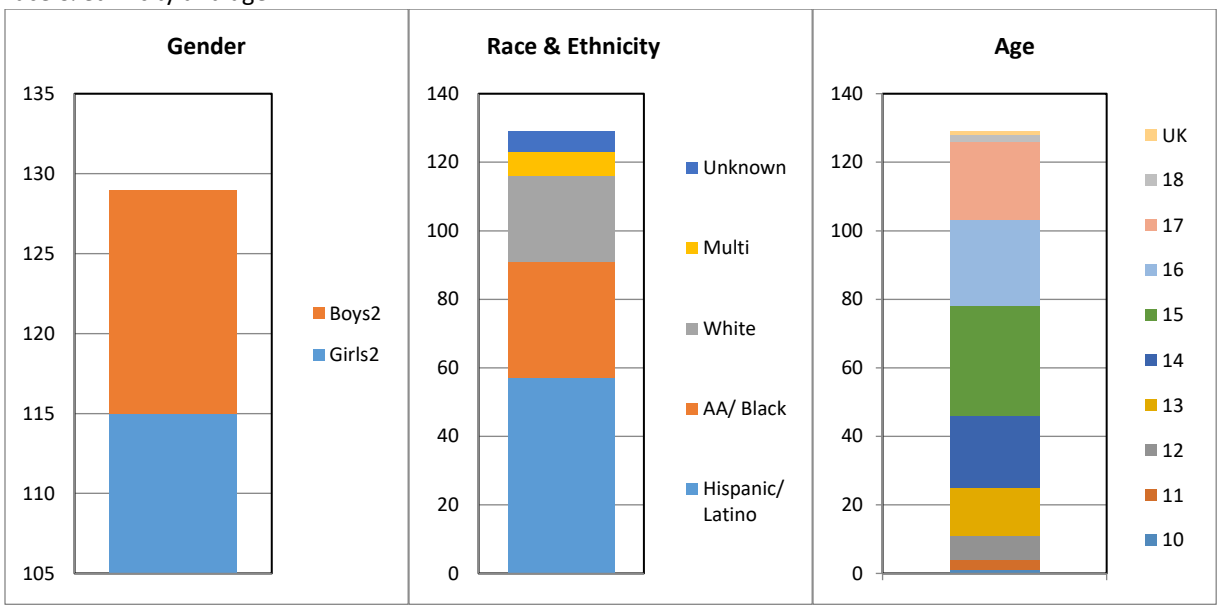




Mothers were referred to a variety of services and supports, such as: safe sleep planning, mental health and substance use, and birth to three services.

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

The Connecticut Department of Children and Families (DCF) includes child trafficking under mandated reporting. DCF continues to be the receiver of all possible child trafficking cases in the state. Calls go through the DCF Careline and/or are identified through DCFs everyday casework. In 2019 there were 129 suspected victims reviewed by the DCF Human Anti-trafficking Response Team (HART). Below the 2019 data is broken out by gender, race & ethnicity and age.



Connecticut's HART is coordinated by the DCF and includes various partners including but not limited to state agencies, law enforcement at every level, courts, states attorneys, public defenders, probation, medical providers, service providers, faith-based organizations, etc. Public Awareness is a key component of the work conducted through HART. Over the past five years, trained facilitators provided 700 trainings and reached over 16,000 individuals. The Department currently offers 10 human trafficking training curricula for professionals, community members and youth. The Department has also offered 28 Training of Trainers (TOTs) in various curricula resulting in over 250 trainers in the State to ensure training capacity for the entire state reaching a variety of interested professionals, community members and youth.

Over the last 5-years training outcomes were monitored by a Pre and Post test developed in partnership with the Department of Health and Human Services (HHS), Administration for Children and Families (ACF). The questions related to the knowledge of child trafficking by specific cohorts, individual beliefs related to the dynamics of victimization and comfort working with victims of trafficking. ICF Incorporated, LLC analyzed the data which demonstrated positive outcomes for the thousands of trainees reached over the 5-year time period. Below is overall data from the Pre and Post Tests administered to 6,256 training participants. All the data changed in the positive direction based on the type of responses to the various questions.

Overall Scores (n=6,256)

Construct	Average BEFORE the Training	Average AFTER the Training
Average Knowledge**	2.1 A Little Knowledge	3.5 Advanced Knowledge

Construct	Average BEFORE the Training	Average AFTER the Training
Average Beliefs**	2.6 False	2.1 Completely False
Average Comfort**	4.8 A Little Uncomfortable	6.6 Very Comfortable

**Indicates the difference between means is statistically significant, p <.01

Connecticut's Human Anti-trafficking Response Team (HART) Project grant funded by HHS, ACF ended on September 30, 2019. Although the grant has ended the HART continues to meet quarterly and the various subcommittees continue to move the work forward. Due to the large number of certified trainers in the state the trainings continue and are increasing due to renewed interest from professions legislatively mandated to be trained.

The Governor's Task Force on Justice for Abused Children (GTFJAC) continues to prioritize child trafficking as an area of importance. All MDTs in the state are trained and child trafficking cases are referred to the MDTs to ensure victim support and services as well as law enforcement collaboration. In 2019 the MDTs reviewed 84 cases of child sex trafficking. The Connecticut Children's Alliance (CCA) utilizes the National Children's Alliance (NCA) Outcome Measurement Survey (OMS) and has incorporated two child trafficking specific questions. Below is the response data for 2019:

- 86% of MDT partners felt there were enough services to support DMST victims in CT
- 74% of MDT partners felt they had a clear understanding of the system set up to respond to DMST victims in CT.

The DCF HART webpage continues to ensure state and national sharing of information and direct connections to the teams doing this work daily. A new School Resource tab is now included on the HART webpage specifically for teachers looking for resources.

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Section E: Updates to Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

The Department of Children and Families (DCF) emerging vision and strategy is to partner with communities and to empower families to raise resilient children who thrive. Strategic goals include:

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

The Foster and Adoptive Parent Diligent Recruitment plan embraces the vision and strategies of the Department and will focus on partnering with communities and families in the Department's efforts to recruit and retain a diverse population of families that reflect the ethnic and racial diversity of children entering and in DCF care. Foster care and adoption is a critical function of the department, with a primary focus in ensuring children entering care are safe while in care, their well-being needs are met, and that foster and adoptive parents are engaged in timely permanency of their foster or pre-adoptive children. In order to accomplish this, the Department must recruit, train, license, and support family resources to care for the regional and statewide demand of placement requests.

The Connecticut 2016 Child and Family Services Reviews (CFSR), indicated that the Diligent Recruitment of Foster and Adoptive Homes (item 35) was rated as an area needing improvement. Feedback from the CFSR indicated that the recruitment and retention activities lacked clear oversight and coordination and that the State does not assess progress on recruitment efforts and adjust accordingly. The Department is undergoing an organizational change with the foster care structure, which in addition to utilizing a data informed assessment of recruitment needs, will lead to improved recruitment outcomes and compliance with the CSFR standards regarding diligent recruitment.

The Department utilizes various strategies to recruit foster and adoptive families, including but not limited to:

- **Awareness** activities
    - Various local and statewide private and public community events
    - Internal education and information sharing
- **Media**
    - Print
    - Social- Facebook, Twitter and Webpage
    - Radio
    - News outlets
    - DCF Television Show - "Doors to Hope and Healing"
    - Store Front at CT Post Mall
- **Information** Sessions (groups and private sessions)
- **Events** (various)
    - Statewide and Regional
    - Targeted i.e. Heart Gallery
    - Connecticut Family Day Events
    - Weekend For A Lifetime
- **Partnerships**
    - Connecticut Alliance for Foster and Adoptive Families
    - Annie C Courtney Foundation
- **Media Campaign**- Cashman and Katz

Support/Retention Activities:

- Ongoing
    - Support Groups
    - Post Licensing Course Offerings
    - Partnership with Community Collaboratives
    - Monthly contact
    - Ice breakers
- Appreciation Events
    - Statewide and Local organized events
        - Adoption Awareness Month
        - Foster Care Awareness Month
    - Spotlight- special interest stories

- Strategies/ Initiative
    - Quality Parenting Initiative
    - ARC Grow- Caregiver Support Team

DCF continued to recruit on the web via a Google ad. Key words entered into a Google Search including "adoption" and other related phrases connecting a viewer directly to the Department's website – www.CTFosterAdopt.com. 2019 saw a 13% increase in pageviews with an average time spent on the site of 2 minutes 9 seconds:

Google Ad	2018	2019	2018 to 2019 Change
Search	204, 140	230,805	13%

The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and DCF partner to recruit and support foster and adoptive families. CAFAF operates the statewide foster care inquiry phone number - 888-KID-HERO, in addition to tracking the inquiries and source of inquiry/interest. According to CAFAF, there were 1499 inquiries from January to December 2019.

	2018	2019	
Interest	**Inquires**		**% change**
Adoption	159	165	4%
Foster Care	1085	789	-38%
Combination	452	419	-8%
Respite	42	37	-14%
Unsure	131	87	-51%
Total	**1869**	**1497**	**-25%**

	2018	2019	
Region	**Inquires**		**% change**
1	288	212	-36%
2	250	209	-20%
3	277	201	-38%
4	473	386	-23%
5	323	298	-8%
6	258	193	-34%
Total	**1869**	**1499**	**-25%**

According to the data, inquiries are received evenly throughout the regions, with the most coming from region 4, located in central Connecticut.

Connecticut Alliance For Foster and Adoptive Families

Based on the inquiry data, 55% of prospective licensing candidates identify web-based information as the referral and information source, followed by 30% word of mouth. From 2018 to 2019, the number inquiries dropped by 20%.

Source of Inquiry	2018	2019	2018 to 2019 Change
Internet- Web Based	**1157**	**826**	-29%
Email	578	419	-28%
Internet	467	319	-32%
Website	112	88	-21%
Print Media	**23**	**25**	9%
Billboard	3	4	33%
Brochure (Flyer)	12	18	50%
Newspaper	8	3	-63%
Media	**23**	**22**	-4%
Television	10	16	60%
Radio	13	6	-54%
Word of Mouth	**457**	**449**	-2%
Work	36	15	-58%
Family/friend – Non-FP	90	39	-57%

	Word of mouth	138	293	112%
	Social Worker	147	84	-43%
	Telephone	19	13	-32%
	Foster Parents	15		

	Source of Inquiry	2018	2019	2018 to 2019 Change
	Liaison	5	5	0%
	DCF	6		
	CAFAF	1		
Campaigns		**22**	**59**	168%
	Adopt US Kids	12	59	392%
	Wednesday's Child	2		

Licenses Issued

While the inquiry data saw a reduction, the number of foster and adoptive caregiver licenses issued remained the same at 23%. Overall, the state saw a 30% increase in licenses (1013 compared to 1316). This year, 74% of all Caregivers licensed were Relative and Fictive Kin.

License Issued	2018	%	2019	%	2019 to 2020 change
Foster Care	143	14%	**194**	**15%**	36%
Adoptive	95	9%	**103**	**8%**	8%
Independent	54	5%	**44**	**3%**	-19%
Kin/Fictive Kin	721	71%	**975**	**74%**	35%
Grand Total	1013	**100%**	**1316**	**100%**	**30%**

Licenses Closed

The department had a net gain of approximately 327 families or 25%. In 2019, 989 families closed their licenses. 38% were due to achieving permanency (reunification, adoption or guardianship). There were no significant changes in the reasons for closing due to retirement in good standing and relocation or transferring to different agency.

License Closed	2018	%	2019	%	2019 to 2020 change
Permanency Achieved	464	46%	**500**	**38%**	-8%
Retired	133	13%	**146**	**11%**	-10%
Relocation/Agency Transfer	191	19%	**196**	**15%**	-3%
Unfavorable	65	6%	**147**	**11%**	126%
Grand Total	853	**84%**	**989**	**100%**	**16%**

The following table reflects the closing reasons by license type. Of the families holding a kinship license, 71% closed due to permanency and 17% due to unfavorable reasons. For families holding a foster care licensed, 55% retired in good standing, 25% due to permanency, 25% due to unfavorable reason and 18% relocated out of state or transferred to another agency. Of the adoptive families, 53% closed due to permanency and 18% due to unfavorable reasons.

Reasons for Closing						
Foster Care		**2018**	**%**	**2019**	**%**	**2018 vs 2019**
Permanency Achieved	**Permanency Sub Tot**	**31**	**24%**	**32**	**25%**	**3%**
	Adopted	26	84%	**22**	71%	-18%

	Guardianship	4	13%	5	16%	0%
	Reunified	1	3%	5	16%	80%
Retired		73	57%	71	55%	-3%
Relocation/Agency Transfer		18	14%	23	18%	28%
Unfavorable		7	5%	32	25%	357%
Adoptive		**2018**	**%**	**2019**	**%**	**2018 vs 2019**
Permanency Achieved	**Permanency Sub Tot**	**37**	**59%**	**42**	**53%**	**14%**
	Adopted	37	100%	41	98%	10%
	Guardianship	0	0%	0	0%	0%
	Reunified	0	0%	1	2%	100%
Retired		18	29%	20	25%	11%
Relocation/Agency Transfer		7	11%	4	5%	-43%
Unfavorable		1	2%	14	18%	1300%
Kin/Fictive Kin		**2018**	**%**	**2019**	**%**	**2018 vs 2019**
Permanency Achieved	**Permanency Sub Tot**	**381**	**77%**	**404**	**71%**	**6%**
	Adopted	143	38%	139	34%	-2.8%
	Guardianship	136	36%	148	37%	8.8%
	Reunified	102	27%	117	29%	15%
Retired		36	7%	46	8%	28%
Relocation/Agency Transfer		27	5%	21	4%	-22%
Unfavorable		53	11%	96	17%	81%

Characteristics of children in need of foster care and adoptive homes

In order to identify the children in need of foster care, a point in time report was pulled from the Children in Placement (CIP) dashboard. As of March 25, 2020, there were 4051 children in DCF care. The data reviewed was separated by:

1. Number of children in placement
2. Placement Type
3. Age of the children in placement
4. Race and ethnicity of the children in placement
5. Sibling Placements
6. Pre-Adoptive family requests

Number of children in Placement

According to the CIP dashboard, there were 4051 children placed in out of home care as of March 25, 2020. Most children placed in out of care are located in Regions 3, 4, and 5 (59%). Regions 3 and 5 cover the eastern and western areas of the state and cover a wide geographical area, as compared to the rest of the State.

Region	CIP	%	CIP 2020	%	2019 to 2020 change
Region 1	480	11%	**467**	**12%**	-3%
Region 2	667	15%	**639**	**16%**	-4%
Region 3	883	20%	**786**	**19%**	-11%
Region 4	835	19%	**780**	**19%**	-7%
Region 5	930	22%	**836**	**21%**	-10%
Region 6	567	13%	**543**	**13%**	-4%
Grand Total	4362	100%	**4051**	**100%**	**-7%**

Placement Type

The Department continues to prioritize kinship placements. There was no change in the relative and fictive kin placements rate of 44%, from last year to this year. There was a 7% decrease in the number of children with core families. Despite the department's success with kinship placements, there is still a need to ensure a pool of resources for children placed in non-relative core foster homes, which was at 43%.

Placement Type	Count	%	CIP 2020	%	2019 to 2020 change
Congregate Care	326	7%	**282**	**7%**	-13%
Foster Care	1878	43%	**1746**	**43%**	-7%
Independent Living	257	6%	**222**	**5%**	-14%
Relative Care (Kinship)	1593	37%	**1521**	**38%**	-5%
Special Study (Fictive Kin)	308	7%	**280**	**7%**	-9%
Grand Total	4362	100%	**4051**	**100%**	-7%

Age of the children in placement

The largest number of children in placement are 6 years old and under. This represents 43% of the total children in placement in the state, followed by youth 13 to 17 years (23%). There may be less adolescents in placement than children 6 and under, but experience has shown that the adolescent population is the most challenging to place due to several factors, including mental and behavior health, involvement in the criminal justice system, and lack of interest by families to accept older youth

Age	CIP	%	CIP 2020	%	2019 to 2020 change
<6	1891	43%	**1757**	**43%**	-7%
7-12	965	22%	**928**	**23%**	-4%
13-17	1002	23%	**917**	**23%**	-8%
>=18	504	12%	**449**	**11%**	-11%
Grand Total	4362	100%	**4051**	**100%**	-7%

Race and ethnicity of the children in placement

A statewide look of the race/ethnicity of the children in placement shows that White and Hispanic children make up the largest population of children in placement in the state, with Black/African American children representing 24%.

Race/Ethnicity	Count of CIP	%	CIP 2020	%	2019 to 2020 change
Hispanic, ANY RACE	1439	33%	**1336**	**33%**	-7%
AMERICAN INDIAN OR ALASKAN NATIVE	7	0%	**6**	**0%**	-14%
ASIAN	12	0%	**13**	**0%**	8%
BLACK/AFRICAN AMERICAN	1025	24%	**982**	**24%**	-4%
MULTI-RACE	342	8%	**314**	**8%**	-8%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	3	0%	**2**	**0%**	-33%
UNKNOWN	50	1%	**44**	**1%**	-12%
WHITE	1484	34%	**1354**	**33%**	-9%
Grand Total	4362	100%	**4051**	**100%**	**-7%**

Siblings placed together Of those with siblings in out-of-home placement in March 2020, the Results Orient Management (ROM) report indicated that out of 1638 siblings in placement in March 2020, 27.4% were not placed together. Despite 72.7% sibling placed together, there continues to be a need to recruit foster families that can take sibling groups.

Statewide ROM Report	March 2018		March 2020	
	Count	%		%
With sibs in placement	**1805**	**100.00%**	**1638**	
Met	**1313**	**72.70%**	**1190**	**77%**
With all siblings	925	51.20%	916	56%
With some siblings	388	21.50%	274	17%
Not Met	**492**	**27.30%**	**448**	**27.4%**
Not with sibs	469	26.00%	425	26%
In group care	16	0.90%	13	.85
Runaway	7	0.40%	10	.8%

Permanency - Adoption Registry

Feedback from the regions indicate that there continues to be a need for pre-adoptive families for children under the ages of 5 years, all races; sibling groups of 2 or more, specifically families who can accommodate opposite gender matches; and children over the age of 10; all races.

Matching for Adoption

There were 503 requests for matches. 261 of these were single children; 188 were part of 94 sibling groups of 2 and 54 children were part of 18 sibling groups of 3.

Request separated by sibling groups:

Sibling Groups	2018	2019	% change 2018-2019
Single	254	261	3%
Group of 2	214	188	-12%
Group of 3	48	54	13%
Group of 4	24		

Of the 503 requests, 44% of matches resulted in registry families declining the match. 26% were teamed for placement and the match is going forward. 10% had no families identified for a match. 20% remained with their foster families or the regions chose not to move forward with a permanency planning team meeting.

Matches	2019	
Accepted	130	26%
No Matched	49	10%
Family Declined	223	44%
Remained with Existing Caregiver	101	20%
Total Request	503	

Matching Requests	2018	2019	Race	2018	2019	Age	2018	2019
Region 1	36	14	**Black/African-AM**	86	87	**0<6**	348	293
Region 2	97	79	**White**	235	186	**7-12**	155	161
Region 3	172	169	**Hispanic**	81	85	**13-17**	37	49
Region 4	46	52	**Multi-Race**	138	145	**8<**		
Region 5	89	107						
Region 6	100	79						
Total	**540**	**503**						

Adoption Registry:

112 out of the 127 families received were registered on the Adoption registry in CY 2019. 52% of the families welcomed into their family a child, a pre-adoptive placement. 36% are waiting for a match. 12% are on hold because a child has been identified from a permanency planning team and 4% are on hold for "other" reasons (family issues, new jobs, etc.).

Registered Families	2019	%
Pre-Adoptive Placement	58	52%
Waiting for Match	36	32%
Matched	13	12%
Hold (other)	5	4%
Total	112	

AdoptUSKids

The Department has a contract with the nationally recognized AdoptUsKids, where DCF features waiting children on the AdoptUsKids web site. DCF Permanency Exchange Specialists use this web site, the Department's website, and A Family for Every Child's website/Heart Gallery, and other web-based sites highlighting the children for whom they provide specific recruitment.

Photo-listing

The Department utilizes web-based sites for the purpose of securing permanent adoptive resources. DCF features waiting children on the AdoptUSKids web site. The children are also photo listed on the DCF intranet and internet. The framed still photographs and stories are displayed throughout CT in public venues such as department stores, shopping malls, libraries, post offices, theaters, and hospitals. The photographs are also downloaded via an app called Live Portrait, where the children's video's come to life through the photograph. DCF Permanency Exchange Specialists are the contact person for children for whom they provide specific recruitment on this web site and on the Department's website. The statewide foster care and adoption recruiter is responsible for ensuring that the photographs are displayed and updated within the community.

Wendy's Wonderful Kids

A private foster care agency (Klingberg Family Center) was awarded the Wendy's Wonderful Kids (WWK) grant sponsored by the Dave Thomas Foundation in 2006. Via a child specific referral with DCF, they provide services to achieve permanency for children in state foster care programs nationwide. The WWK recruiter has a caseload of 15-20 children and youth in need of legal permanency. They work with the PRE-Supervisor for referrals to their program. This resource was expanded in 2014 and 2016 and there are now five (5) full time Recruiters in CT doing this work. Three (3) of the recruiting positions are funded by the Dave Thomas foundation, and two (2) are funded by DCF. The program operates at a consistent capacity of at least 65 active cases statewide.

In 2019 saw a 55% increase in new referrals and 200% increase in accepted referrals. 59 new referrals were made compared to 38 in 2018. 47 compared to 15 were accepted for services in 2019. In 2018, the program ended the year with 85 open cases and 1 youth on the waitlist, 38 new referrals were made to the WWK program and of these, 15 were accepted for services. In 2019, the program ended the year with 63 open cases and 11 youth on the waitlist.

WWK	2018	2019	% change 2018 to 2019
New Referrals	38	59	55%
Accepted	15	47	213%
% accepted	39%	80%	

There are currently 108 children/youth being served by the Wendy's Wonderful Kids program. 59 new children were referred for services in 2019. Of these; 47 were accepted for services, 10 were not appropriate for the program and their referral was closed and 1 remains in the wait list.

Permanency Placement Support Program (PPSP)

The Permanency Planning Services Program (PPSP) provides core contracts with 16 clinical agencies in Connecticut. In addition to providing specialized recruitment services, an array of other permanency services include the following: pre-placement planning for the child or sibling group, assessment and a written home study for a potential adoptive family, transition and placement planning, post placement supervision, post finalization services, assessment services in reunifying a child with family, and assessment services after a child has returned to their identified family. All of these assist the Area Office staff in actualizing the child's permanency plan. Services are accessed using a service agreement with the private child placing agency. In 2014, supports were expanded to cover transfer of guardianship families.

Heart Gallery

From 2005 to present (2020), over 475 children have been featured in the Heart Gallery. Currently there are twenty (20) children featured in the Heart Gallery. Since the last report, nineteen (19) children have left the Heart Gallery. 79% or fifteen, have a permanent resource was identified due to HG exposure and their permanency has been secured. 16% or three children were removed due to wishes to no longer be adopted or they became clinically unable to be featured. 5% or one child was removed due to passing away as a result of her significant medically complex issues.

	2019
Permanent Resource Identified	79%
Removed from list	16%
Other-Medically Complex Loss	5%

Adult Adoption Search

In CY 2019; there were 295 adoption search inquiries.

Lighthouse Family Model

At the beginning of 2019, the department began its work to launch the Lighthouse Family Campaign. The campaigns focus is on identifying foster care homes to be used exclusively for emergency placements - for an overnight placement during the weeknights and/or a weekend placement. As a result of organizational changes and the COVID 19 environment, the project was placed on hold until 2021.

Media Campaign for Recruit Caregiver:

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 Cashman & Katz to develop and deliver a targeted media campaign. The campaign sought to increase caregivers for adolescent living with therapeutic level of care families. With the centralization of the Foster Care division and a goal of coordinating and integrating recruitment efforts, the department pivoted towards a more generalized campaign. A campaign that

incorporates the principles of parenting (licensed) as a support to children, and their families, entering care. Two campaigns were presented. Concept 1 is child focused- "That's upside down, Help right it"
Campaign Webpage: RightTheirWorld.org. Concept 2 is parent focused- "It's a big ask. That's why we're asking you." COVID 19 suspended the launch of the campaign.

Weekend for a Lifetime Activities
In 2019, the Department initiated an innovative approach to getting families licensed through compressed delivery of pre-licensing training, coined "A Weekend for a Lifetime." 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. From April to September, each region hosted a weekend with a total of 230 candidates; 66 from Therapeutic Foster Care agencies and 164 families from the department. To date, 76% have been licensed and 15% are pending licensing. The withdrawal/ denial rate is 14%. The average time frame to achieve licensing is 3.7 months compared to the 150 days required to complete a license, a 25% reduction.

	Event Date	#DCF	Licensed-DCF	Average Days to License
Region 3	**4/7/2019**	32	26	94
Region 6	**4/28/2019**	28	20	124
Region 2	**6/30/2019**	23	23	133
Region 4	**8/25/2019**	22	14	158
Region 1	**9/15/2019**	29	20	73
Region 5	**9/15/2019**	30	21	90
	Total	**164**	**124**	**112**
			Months	**3.73**

Transformation Management Teams
The team is led by two Foster Care Regional Supervisors, overseen by a Program Supervisor and the teams have regional representation from all levels. Each committee represents and area of work in foster care (placement, recruitment, training, support, kinship, retention and fiscal). The teams are charged with building statewide consistency and improve overall practice for the benefit of the children who come into care. As a collective, they will build inter-region relationships, identify gaps in services and supports and find solutions, review and assess practice and policy to align with national standards, permanency standards , recommend updates, changes or additions to policy and practice, identify Workforce Development agenda and develop Quality Improvement and Quality Assurance Standards. COVID 19 suspended further implementation

Permanency Resource Exchange Specialist (PRES)
The departments PRES continue focusing on identifying permanency resources for "long stayers." The assist with permanency round tables, are the identified reviewer for RPR's and review cases history aka "case mining" to identify resources.

- **While You Are Waiting Events-** ongoing training opportunities for pre-adoptive families with topics understanding legal risk issues in adoption, open adoption, managing behaviors which result from the effects loss and trauma experienced by children placed via the state's foster care system, adopting adolescents, and other related parenting topics related to adoption.
- **Rapid Permanency Reviews**
- **Permanency Round Tables**
- **Family Search- case mining**

The following represents a summary of our accomplishments this year (descriptions can be found throughout this section):

- **W4LT:** Planned and delivered an alternative pre-licensing training option for prospective foster parent – Weekend for a Lifetime – intended to attract families unable to attend traditional 13-week courses and shorten timeframes to licensure.
- **Comprehensive Assessment:** Contracted with a National expert, Denise Goodman, to provide training, consultation and coaching on current recruitment and retention strategies and on how to engage in comprehensive and thoughtful assessments of prospective foster families and how to write better home studies
- **ARC Grow:** Training to enhance the services being delivered to foster parents and ensure that the service is trauma informed.
- **Child Trends**: Contracted to evaluate the CST service
- **Doors of Hope**: Ongoing Launched a television show, Doors to Hope and Healing to educate viewers about the department, dispel myths and misconceptions and create a statewide level of awareness of the services offered and foster care/adoption needs.
- **Allison Maxon-Davis** - Permanency training for 100 staff and 75 post adopt/guardianship families held September 2019
- **Adoptions**: 589 adoptions and 320 guardianships in 2019
- **National Adoption Month:** 79 children were adopted on Adoption Day which was shared with our legislators and the media

Future

- **Offering Virtual Platforms**
  - Information Session
  - Pre-Licensing Training
  - Post Licensing Training
  - Support Group
- **Quality Parenting Initiatives**
  - Co-Parenting (Caregiver & Birth Parent)
  - Systems changes
- **Consolidation of Kinship Navigator Functions**
- **Rapid Permanency**
- **Media Campaign**
- **Transformation Team**
  - Policy, Practice & Protocol Updating and Streamlining
  - Statewide Consistency
  - Updating Regulations
  - Fiscal Overhaul (allocation, tracking and monitoring)
  - Continuous Quality Improvement
- **Division Reorganization**
- **Therapeutic Redesign**
- **Data Agenda & Technological Updates**
  - Foster Care Division
  - Subsidy Division
  - ICPC Division
  - Permanency Resource Exchange Division
- **November Adoption Awareness Month:** "April Dinwoodie," adult adoptee transracial placement, to speak to staff and post adopt/guardian families
- **Subsidy-College Information Session**

Disaster Plan

The Department was required to fully implement the Agency's Disaster Plan in March of 2020, in response to the COVID-19 Pandemic. In the past several years the Disaster Plan had been used to lead the Department through weather- related disasters, that resulted in the closure of offices due to flooding, loss of electricity, and presented difficulties related to transportation. These events impacted each region differently in the State, with some areas experiencing little impact and others having a high level of impact. The longest period of time the Department had previously needed to activate its Disaster Plan was 2 weeks.

In February of 2020, it became apparent the Department would need to activate a response to COVID-19 and began updating the Pandemic Planning section of the Disaster Plan.

The changes that were made to the plan were to make it align with the necessary responses to a pandemic incident, that included the acquisition of infection control supplies, the need to allow employees to telework when possible due to social distancing requirements, and the need to support families for an extended period of time due to school closures. The Agency's Disaster Plan did provide a good template to work from due to the documentation related to the "continuous business activities" of the Department. The detail in the plan was sufficient to allow the Agency to determine essential level activities that could not be interrupted during the event. The Department then held Tabletop exercises to outline the Agency's response and prepare to execute that response. Due to the duration of the event the Department has been able to refine the information in the Disaster Plan document and further tailor the response necessary for a long duration pandemic event. The Disaster Plan template document made pivoting from the typical weather -related event to a pandemic response an achievable task in less than a week.

The Pandemic Disaster Plan response has put the focus on reducing the rate of infection, potential illness of caregivers, children being out of school for months and needing to be cared for during the school day, employees needing to telework when possible, potential financial crisis and the need to work within a network of partners and providers that may not be able to provide services in the traditional manner. The workforce has needed to take a new approach to their work to ensure the families we serve remain safe while maintaining the necessary public health precautions.

Management assessed all duties performed by the child welfare workforce and rated each activity as follows:

Level 1 - Uninterruptible Functions (Response Time - Less Than 1 Day)
Level 2 - Critical Functions (Response Time - 2 to 5 Days)
Level 3 - Ongoing Functions (Response Time 1 to 2 weeks)

This analysis allowed Management to determine quickly where to focus their efforts and determine the viability of non-contact interventions and when a non-contact intervention was not possible to make contact as safely as possible.

This event has been a good test of the Agency's preparedness and to date the response has been adequate to support families and ensure their safety. As the stages of the event response transition from preparation, activation, stabilization to conclusion, the Department will conduct retrospectives to analyze what worked well and what can be improved upon to make for a more seamless response in the future if the Department needs to respond to similar events. These retrospectives will inform revisions to the Agency's Disaster Plan.

Training Plan

There are no new updates from the 2020 CFSP.

Health Care and Oversight Plan

The Health and Wellness Division of DCF supports children and families' wellbeing by continuing to enhance health assessments and intervention with a focus on the most vulnerable populations and empowering families to meet the medical needs of children in care. The division continues to incorporate lessons learned from the past and works with families and communities to keep children healthy while in the custody of their parents or their foster family.

The Health and Wellness Division of DCF supports children and families' wellbeing by continuing to enhance health assessments and intervention with a focus on the most vulnerable populations and empowering families to meet the medical needs of children in care. The division continues to incorporate lessons learned from the past and works with families and communities to keep children healthy while in the custody of their parents or their foster family.

Guided by the AAP, CWLA and AACAP best practice, DCF Health and Wellness Division collaborated with community stakeholders in establishing a system of health care services and support. Specifically, success and sustainability require effective collaboration and partnering with other state agencies including the state's Departments of Public Health (DPH), Social Services (DSS), Mental Health and Substance Abuse Services (DHMAS) and Developmental Services (DDS). DCF is also working with the American Academy of Pediatrics (AAP) Connecticut Chapter, American Academy of Child and Adolescent Psychiatrists (AACAP) Connecticut Council and community providers including hospitals, clinics and private providers. Collaboration with families served by the Department and with foster parents is being enhanced through partnerships with CT Association of Foster and Adoptive Families (CAFAF) and DPH's Medical Home Advisory Council (MHAC).

Connecticut's on-going Health Oversight and Coordination Plan builds on the principles outlined above and on strategic partnerships. The below activities are the route to achieve the agency's goals as well as meeting "Fostering Connections" expectations. The efforts focus on three components: 1) program development, 2) policy and practice: development, refinement, implementation and education, and 3) outcomes and results-based accountability: data development and continuous quality improvement.

As described below, DCF relies on both internal and external professionals to achieve the goals of improving outcomes and optimizing the health of children in care. Key internal resources include:

- Regional resource group (RRG) nurses who are available in each DCF Area Office (AO) and Region to support offices in addressing child specific issues as well as AO education and support;
- Central Office nurses who, in additional to supporting AOs, provide training to foster parents and congregate care facilities on safe medication administration and caring for children with complex medical needs;
- Health Advocates who assist with issues relating to health insurance and accessing services;
- Substance Abuse experts who support both child specific and AO practice;
- Psychologists and Clinical Social Workers with expertise in trauma;
- Centralized Medication Consent Unit (CMCU) APRNs and Psychiatrists who oversee all psychotropic medications for children in care (additional detail below);
- Clinicians in the RRGs who assist with planning for children with behavioral health needs;
- Developed a comprehensive contract tracing methodology in response to COVID-19 and child-specific follow up to monitor the status of COVID positive children and caregivers;
- Helped to determine PPE needs and assisted facilities in strengthening infection control protocols, inclusive of isolation and quarantine preparedness; and
- Assisted providers to stand up testing protocols for children placed in congregate care settings, as well as testing for asymptomatic staff.

Health and Wellness Education Initiatives

Training of AO staff: DCF Health and Wellness nurses continue to partner with DCF's Academy of Workforce Development in the provision of education as part of routine training of social workers in preservice and investigators in-take training. The content reviews: attending to health, review of the "Standards and Practice Regarding the Health Care of Children in DCF's Care" practice guide, children with complex medical needs, identification of developmental delays (Birth to 3 and Info Line), and the Child Abuse Pediatrician's consultation. For fiscal year 2019, the H & W nurses have completed 15 regional training in topics as listed above. The Health and Wellness Division has also partnered with CT's Child Abuse Pediatricians (CAPs) on an education initiative focused on child abuse prevention and early identification. This involves ongoing training to DCF nurses and RRG Nursing/CAP partnerships in education to Area Offices/Regions on prevention and early recognition of child abuse.

Health and Wellness Division's Quarterly Nursing Seminar's topics for nursing have been: Legal issues in health care including medical neglect, asthma, Putting on Airs and Healthy Home Programs. The whole division has received focused trainings on Racial Justice and its impact on health disparities and inequities.

Training of Foster Parents and Caregivers: The Health and Wellness Division has continued to present its training series to prepare caregivers to safely manage and care for DCF's unique population. The training includes core courses of *Fostering Health for Children in Foster Care* and *Medication Safety for Foster Parents (*available in Spanish for both in-person and on-line trainings). Foster families who choose to foster children with complex medical needs additional trainings offered are: *Strategies and Resources for Managing Health Care* and *Medically Complex Certification Course*. Brief course descriptions:

- *Fostering Health for Children in Foster Care* is a requirement for all foster parents and is mandatory. It is taught both by DCF staff in-person and on-line.
- *Medication Safety for Foster Parents* is an on-line training. It covers topics on how to read a medication label, how to measure medication, safe storage and control of medication, keeping track of medication doses administered, and what to do if their child as a side effect to a medication.
- *Strategies and Resources* is provided for relative and kin foster parents and is a pre-requisite for any non-relative foster parent wanting to become a medically complex foster parent. This is both done in a typical classroom setting and as a 1:1 training upon request.
- *Medically Complex Certification Course* training is for non-relative foster parents interested in caring for children with complex medical needs. The course is in-person and led by nurses in the Complex Medical Unit of the Health and Wellness Division. It explores the unique needs of this population and components which contribute to a child's medical complexity.
- *Age appropriate CPR:* All foster parents are currently required to take CPR.
- *Child Specific Medical Training; A*ll foster parents who care for children with complex medical needs are mandated to take child specific medical training specific to that child's medical needs prior to placement.

Additional foster parent trainings from the health advocates has been on accessing Medicaid services and the health advocate role and how they can assist families with barriers to services. All courses have continued however plans are in place to create online training that would be self-directed for foster parents to help remove barriers to accessing training.

Training for youth in care: "Health Asset Training" with DCF committed youth (adolescents), including but not limited to importance of good nutrition, exercise, importance of follow up with MD, dentist, GYN, information about HUSKY, how to establish care with a PCP/dentist, other providers, dangers of smoking, alcohol, drug use, family history of certain diseases and what to watch out for with a question and answer session

Training for Congregate Care providers: Health and Wellness Division provides training (per State statute) that certifies non-licensed staff in congregate care settings to administer medications. The course content and testing are offered on-line with skills testing and practicums in-person at the congregate care settings. Trainings offered to nurses working in the congregate care settings include: Endorsed Instructor training (the nurse's role in the medication administration certification of non-licensed staff) and New Congregate Care Nurse Orientation (an orientation to DCF expectations on the medical management of DCF youth in congregate care settings). 340 participants have completed the DCF Medication Administration Training for fiscal year 2019 to date and 69 new nurse/supervisors have completed the Endorsed Instructor training.

Claims Health Profile

DCF, in collaboration with DSS, receives and review claims data to inform health oversite and to identify gaps in healthcare. The program was piloted in 2 region and was extended to the entire state in January 2020. A work group was created in August 2019 and developed training around the claims health profile (CHP). 35 trainings were completed across the state for a total of 1,100 social workers and Foster and Adoption Service Unit workers were train during the months of October, November and December 2019. During the third quarter of fiscal year 2019, 265 CHPS was received for children who entered care.

DCF's Health and Wellness Division plans to create an online training library of all its in-person training as well as for any new training for staff and clients. This library would allow access at the staff convenience and offers refreshers as well as updates on multiple health topics.

DCF's Enhanced Multidisciplinary Evaluations (MDEs)

DCF began requiring a Multidisciplinary Evaluation (MDE) within 30 days for children entering care in 1985. Over time this process has evolved from a pilot project to a statewide contracted service. MDEs include medical, dental, mental health, developmental and trauma screening components and are performed by contracted providers serving each of the agency's Regions and Area Offices. Expansion of MDE criteria to include all children entering care including those re-entering DCF and, if appropriate, voluntary services. In the last year, DCF and its MDE clinic contracted providers collaborated and developed standard online teaching tool for new medical and behavioral health providers as well as a guideline for clinic coordinators. Also, monthly meeting to continue and enhance the process that best supports children, caregivers and biological parents and DCF and leads to a quality report that informs case planning. Specific strategies included in the MDE practice guide and new teaching tool:

- Standardization of the MDE report across the all MDE providers;
- Expansion and standardization of mental health and developmental screens e.g. Ages and Stages, and trauma screenings, which includes a trauma screen for children 3 years old and older;
- Standardization of recommendations to facilitate their integration into a child's case plan and utilization at ACR;
- Protocols for ensuring communication of MDE summary findings and recommendations to a child's primary care provider (PCP) and his/her placement/caregiver;
- Rigorous QI/QA system with RBA outcomes and the development of a mechanism for standardized data collection;
- Training of AO staff by DCF MDE liaisons and MDE clinic providers.

An online training for medical providers of MDEs was developed and implemented in July 2019 and the training for mental health provider was developed in September 2019. To date 48 contracted provider have completed the medical training and 22 have completed the mental training. Training for clinic coordinators and DCF staff are currently being created and will be implemented for the upcoming fiscal year.

MDEs Completed

There has been 857 MDE completed for the first half of FY 2019 with 95.7% completed within 30 days of the youth entering DCF care. Please see total number of MDE completed by region and FY below:

Reg.	Area Office	FY2017-18	FY2018-19	FY2019-20 Jul-Jan		
		# MDEs	# MDEs	# MDEs	Within 30 Days of Placement	% Met
1	Bridgeport AO	127	147	71	62	87.3%
	Norwalk AO	50	81	41	40	97.6%
	Region 1 Total	**177**	**228**	**112**	**102**	**91.1%**
2	Milford AO	109	155	66	63	95.5%
	New Haven AO	117	128	72	72	100.0%
	Region 2 Total	**226**	**283**	**138**	**135**	**97.8%**
3	Middletown AO	52	39	17	17	100.0%
	Norwich AO	187	198	71	68	95.8%
	Willimantic AO	103	114	59	59	100.0%
	Region 3 Total	**342**	**351**	**147**	**144**	**98.0%**
4	Hartford AO	184	215	109	100	91.7%
	Manchester AO	127	105	71	69	97.2%
	Region 4 Total	**311**	**320**	**180**	**169**	**93.9%**
5	Danbury AO	60	58	43	43	100.0%
	Torrington AO	59	58	34	33	97.1%
	Waterbury AO	200	249	97	95	97.9%
	Region 5 Total	**319**	**365**	**174**	**171**	**98.3%**
6	Meriden AO	53	44	23	23	100.0%
6	New Britain AO	150	157	83	76	91.6%
	Region 6 Total	**203**	**201**	**106**	**99**	**93.4%**
		1578	**1748**	**857**	**820**	**95.7%**

The following chart represents the assessment tools that are completed as part of the MDE process for children entering DCF care.

Measure	Domain: What needs are being identified	Age Range
Peabody Picture Vocabulary Test-Fourth Edition (PPVT-5)	Cognitive: Verbal	2 years-6 months to adult
Test of Non-verbal Intelligence-Fourth Edition (TONI-4)	Cognitive: Non-Verbal	6 years to adult
Ages and Stages Questionnaire - 3	Developmental-General Designed to identify children who are at risk for health issues, developmental concerns, and/or disabling conditions and who may need to receive helpful intervention services as early as possible.	1 to 66 months

Battelle Screen	Developmental. Can help determine child readiness for school or special education	0-8 years
Ages and Stages Questionnaire : SE	Developmental: Social-emotional	3-66 months
M-CHAT-R/F	Developmental: Autism Spectrum	16-30 months
BASC-III Parent	Behavioral: Pre-school	2-5 years
BASC-III Parent	Behavioral: Child	6-11 years
BASC-III Parent	Behavioral: Adolescent	12-21 years
BASC-III Self Report	Behavioral	6-25 years
GAIN Short Screener (domain 3 only)	Substance Abuse	12 years to adult
Mental Status Exam	General	All
Child Trauma Screen (CTS)	Trauma	7 years to adult
Youth Child Trauma Screen (CTS-YC)	Trauma	3-6 Years

Children from birth to 3 years old are at risk for undiagnosed developmental delay. The table below shows the number of children from birth to three who were screen and the percentage who was refer for further evaluation by fiscal year.

Birth to Three MDEs	FY 2018-19	FY 2019-20 Jul-Jan
Total MDEs Performed Children ages B-3	485	265
Referred to B-3	169	92
B-3 referral previously made	97	54
Not Referred to B-3	219	119
Total Referred to B-3	266	146

Trauma screens are also completed as part of the MDE for children ages 3 and older. The table shows the total number of children in this age group who were screen and the percentage that was refer for further evaluation.

Trauma Screens (CTS) CTS Young Child		FY 2018-19			FY 2019-20 Jul-Jan		
		Total Screens	Further Assess. Recomm.	%	Total Screens	Further Assess. Recomm.	%
CTS	Ages 7+	792	485	61.2	390	244	62.6
CST-YC	Ages 3-6	402	134	33.3	190	68	35.8
Total # of Trauma Screens		1194	619	51.8	580	312	53.8

MDEs will continue to be done to children coming into care. Plans are currently underway to review and update the process for consistency across the state. Including new processes for the DCF statewide coordinator to ensure quality and consistency and for the implementation of new and/or updated screening tools.

"Healthy Mouths, Healthy Kids" Initiative

The "Healthy Mouths, Healthy Kids" initiative is a cooperative interagency project among DCF, DSS and the Connecticut Dental Health Partnership [note: CTDHP is DSS' ASO for dental care]. The objective of the project is to ensure that children in DCF care receive oral health care services at an established dental home beginning at age one but no later than age three to achieve optimal oral health. Through regular oral health evaluations the prevalence of dental disease and adverse oral habits can be reduced. This also will be accomplished through routine dental check-ups every six months.

There are two parts to this project as follows:

1. DCF Health Advocates and CTDHP collaborated on the development of a presentation to heighten awareness of AO staff about the oral health needs of children in DCF care. The presentation is a total of 15 minutes: 8-10 minutes of content followed by a brief question and answer period. Information is also provided on resources available to AO staff;
2. Reporting to Senior Leadership the percentage of children in care who have routine, recommended, oral healthcare in the last six months. A database developed through an MOU with CTDHP will identify children who are overdue for routine dental care (not having had a dental check-up every six months). The database identifies the date of the last exam and dental office name and phone number.

Information for the current fiscal year is not available currently. DCF plans to expand its partnership with DSS through a MOI to provide information on health care oversite for children in care biannually. The new MOI will provide information on well child visits, developmental screening and lead testing. The department intend to use this information to identify and close gaps in medical and dental care.

DPH Medical Home Care Coordination Collaborative (HCCC):

For the last nine years DCF has been a member of the Connecticut Care Coordination Collaborative (HCCC), a DPH-funded medical home initiative focused on care coordination, efficiency and a holistic approach to health and well-being. The HCCC mission is to serve families and child health care providers in the greater Hartford area by:

- Identifying and maximizing the full range of resources available;
- Supporting care coordinators in obtaining the care and services needed by children and their families.

The HCCC also seeks to understand health and human service delivery systems in order to: promote wellness, support the medical home, assist families in negotiating these systems and document the gaps and barriers that families experience. Participants from DCF include AO social workers and RRG nurses, Health Advocates and members of the Central Office Medically Complex Unit. Community-based participants include: representatives from CHN, the Behavioral Health Partnership (BHP), and the CTDHP (DSS's Medicaid ASOs for medical, mental health and dental care). Additional partners include CT Family Support Network, Connecticut Children's Medical Center's Special Kids
Support Center (SKSC) and the United Way 2-1-1/Child Development Infoline (CDI). Discussions from these meetings have:

- Led to the identification of resources and strategies to improve services to better meet the needs of children and families in DCF care;
- Facilitated communication across sectors that have provided effective and efficient linkage to services for children and families;
- Resulted in the development of partnerships that assist beyond the collaborative.

Future strategies include:

- Continued participation by CO and RO representatives on the Regional Care Collaboratives;
- Partner with Regional Care Collaboratives to develop shared care coordination models across agencies.

ACCESS-Mental Health CT

ACCESS-MH CT is a model that will provide telephonic psychiatric consultations by child and adolescent psychiatrists to Primary Care Physicians in the state for all children under 19 years of age regardless of insurance coverage. The program allows for face-to-face consultations when a telephone consultation with a child psychiatrist and/or clinician is not able to completely address the PCP's questions. This program is scheduled to begin in June 2014. Three "hub" providers have been contracted to provide the services; the program will be managed by Beacon Health Options with DCF oversight. Each hub will be comprised of a child psychiatrist, behavioral health clinician, family peer specialist and a care coordinator. The hours of operation will be from 9 a.m. - 5 p.m. Monday through Friday.

Information from Access Mental Health for the current fiscal health is not currently available. The department intends to continue Access-MH CT partnership.

Centralized Medication Consent Unit (CMCU)

The CMCU, staffed by nurse practitioners and child psychiatrists, is responsible for making decisions on all psychotropic medications recommended by a provider for a DCF-committed child/youth. In addition, the unit maintains the policies, practice requirements and guidelines regarding the use of all psychotropic medications in DCF-committed children. These guidelines and requirements are developed in collaboration with the Psychotropic Medication Advisory Council (PMAC), a DCF organized council composed of public and private physicians, clinicians, nurses, family members and pharmacists. PMAC meets regularly to: recommend psychotropic medication dosing and monitoring guidelines and requirements; collect and review adverse drug reaction reports; and beginning in 2014, conduct routine pharmacy utilization reviews.

The following data reflects CY2019, and those youth for whom DCF has legal authority to provide informed consent 'in loco parentis' (including OTCs where we have a court order to do so).

1. Total # of unique youth treated with psychotropic medication: 699
2. Total # of unique youth treated with 4 or more psychotropic medications: 84
3. Intraclass polypharmacy (more than one medication in one medication class):
    a. ADHD medications: 154
    b. Anti-anxiety medications: 0
    c. Antidepressants: 40
    d. Antipsychotics: 10
    e. Hypnotics: 0
    f. Mood stabilizers: 0

The CMCU will continue to the following activities:

- Ongoing review of the medication request forms to include the new mandatory monitoring requirements;
- Update the CMCU website;
- Drug utilization studies will be reviewed in PMAC and any ramifications for DCF policies/protocols will be managed by the CMCU staff;
- As ACCESS-MH CT begins consulting with PCPs on psychotropic medication management issues, CMCU will work closely with the consultation teams to ensure that the requirements for DCF-committed youth are followed.
- CMCU plans to correct data on BMI to inform psychotropic medication management.

Licensure and Certification Workgroup:
This initiative is a multi-agencies collaboration established by the state legislature that requires the Office of Policy and Management to convene a workgroup to conduct a review of the certification and licensure processes of certain non-profit community providers, and study potential efficiencies. Membership consists of six representatives of non-profit community providers and representatives from the DCF, Developmental Services and Public Health. The DCF medication administration program is included in this initiative as the workgroup to looks to develop one state-wide program for the certification of non-licensed staff to administer medications.
Next Steps

- Develop uniform statewide training for non-licensed staff to administer medication.
- Develop and implement joint oversight and reports.

Health Information and Documentation: The "Health Passport" and Health Reports
It is important that DCF maintains current health records for all children in its care and that they are readily available to best support children. The revised policy and practice guide requires that all placements maintain current health passports which consist of a Medical Alert (LINK Medical Icon), Report of Health Visits, Caregiver Log of Visits to Provider, the child's Medicaid Insurance Card, a copy of the Consent for Routine Care with the instruction sheets explaining the DCF consent process, and immunization records. As developed, the Health Passport system, including the process for updates through the report of health visits forms, facilitates the monitoring and oversight of all aspects of a child's health including medication details. As envisioned, the new Statewide Automated Child Welfare Information System (SACWIS) system will further support documentation through inclusion of a "health report" system that captures the elements of the Health Passport including the health summary (Medical Alert), report of health visit, and immunization record. DCF is in the process of developing its new SACWIS system. The Health and Wellness Division is currently working with the IT department to develop health components of the SACWIS including information contained in the Health Passport. The expectation is that all placements will have a readily accessible, portable copy of the Health Passport which accompanies the child on every visit and whenever he/she travels.

The foundation of the Health Passport is the "Medical Alert" builds on work of Health Resource and Services Administration's (HRSA) Maternal Child Health Bureau Title V aimed at improving outcomes for children and youth with special health care needs (CYSHCN). Notably, the AAP considers all children in foster care to be children with special health needs. The goal of the Medical Alert is to provide a format for capturing information about a child's current medical issues, treatments, medications, as well as provider names and contact information. As with CYSHCN, the goal is to ensure that children get the care they need. AO social workers and nurses are responsible for ensuring that the Medical Alert is current.

The "Report of Health Visit" completed by providers at each health visit informs the placement and AO social worker of any changes in care. Changes in care may require further follow-up, modification of the "health summary" or other action steps. Completed for all health visits, the Report of Health Visit ensures that DCF is informed of all changes and permits tracking of medications, referrals, status of conditions and any necessary follow-up.

The DCF ongoing plan for enhancing medical information and documentation includes:

- Educating stakeholders about the Health Passport including immediate strategies for using the existing Medical Alert;
- Informing DCF planning on the new SACWIS/CTKind program and planned "Health Report". Elements include:
    - Incorporation of Health Passport elements including Health Medical Alert and Report of Health Visits;

    - A secure portal to permit community providers to make updates to the Health Report and Report of Health Visits;
- Completing development of a data development plan that will ensure a mechanism of ongoing tracking of child specific health information and population health data and outcomes;
- The Development of Regional Systems of Care: Partnership with Connecticut's Chapter of the American Academy of Pediatrics (AAP)

Section F: Statistical and Supporting Information

Information on Child Protective Workforce

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

Social Worker Trainee

- Minimum requirement for this classification is possession of a Bachelor's 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 as follows: 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 disseminated a staff survey to capture this data. In-service training of personnel is tracked by the Academy for Workforce Development through our Learned Management System.

This year, a survey was sent out to all staff members asking about their educational background. The response rate was quite low, only 552 people completed the survey.

MSW/BSW?	# Staff
Both	72
MSW Only	168
BSW Only	35
Neither	277
	552

Each newly hired social worker fills out a demographic survey.

Pre-Service Survey - since July 2019

Group	# Surveys	# MSW	# BSW	Other**
A-2020	34	9	10	15
B-2020	25	5	3	17
C-2020	15	4	1	10
D-2020 *	10	1	2	7

Group	# Surveys	# MSW	# BSW	Other**
A-2020	34	27 %	29 %	44%
B-2020	25	20 %	12 %	68 %
C-2020	15	26 %	7 %	67 %
D-2020 *	10	10 %	20 %	70 %

* Note 1: This is as of Monday April 20th. Group D is still entering their data, total group size is 24.
** Note 2: Question asked Is highest degree received. Many people just wrote bachelor/masters with, but no specifics on program. This made it impossible to determine if they did/did not have MSW or BSW.

How skill development of new and experienced staff is measured

Training evaluations are distributed at the end of each training offered through the DCF Academy to gather specific information regarding overall feedback, relevance and application of class content. The DCF Academy also accepts and encourages requests for one-to-one training to be provided to staff when skill development or another area of concern arises.

Academy staff also partner with supervisors and managers of new employees to coordinate the learning process. Bi-monthly meetings are held to discuss skill development and to trouble-shoot any barriers to the learning process. Transfer of learning activities are also built into the pre-service training programs to ensure content is applied to practice.

Demographic Information - Child Protective Services Personnel

Staffing by Race/Ethnicity:

Classification	AMERICAN INDIAN	ASIAN	BLACK	HISPA	NON-SPECIFIED	PACIF	TWO	WHITE	Grand Total
C&F Area Director/C&F Program Director			8	7				26	41
C&F Program Supervisor	1	2	22	17		1		58	101
Social Work Supervisor		6	108	63				208	385
Social Worker	3	16	438	240	13		1	543	1254
Social Worker Trainee	1	1	54	26	7			55	144
Social Work Case Aide			54	36			1	37	128
Grand Total	**5**	**25**	**684**	**389**	**20**	**1**	**2**	**927**	**2053**

Staffing by 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			8	25	8		41
C&F Program Supervisor			35	57	9		101
Social Work Supervisor		21	175	153	33	3	385
Social Worker	11	327	500	349	66	1	1254
Social Worker Trainee	25	90	23	6			144
Social Work Case Aide	2	24	39	46	17		128
Grand Total	**38**	**462**	**780**	**636**	**133**	**4**	**2053**

Staffing by Gender:

Classification	F	M	Non-Specified	Grand Total
C&F Area Director/C&F Program Director	32	9		41
C&F Program Supervisor	69	32		101
Social Work Supervisor	297	88		385
Social Worker	995	257	2	1254
Social Worker Trainee	122	21	1	144
Social Work Case Aide	85	43		128
Grand Total	**1600**	**450**	**3**	**2053**

Caseload Report Guide

CT DCF Electronic case management system (**LINK)** utilizes assignments to determine how many points, if any, each Worker assigned to a case receives depending on their role. The following is a summary of the **LINK** caseload reporting process:

The assignment combinations listed below in fig 1 generate **ONE** caseload point for each open assignment. There are 132 different combinations of Type/Responsibility/Role in the Assignment Category table. **ONLY** these fourteen assignment combinations will generate a caseload point.

Any worker with an open assignment of **CPS OOH, N/A, Primary** where no lead assignment exists, will also receive a point for each case participant with an open, approved placement.

Any worker with an open assignment of **Permanency Services, N/A, Primary**, where no lead assignment exists, will receive a point for each case participant with an open, approved placement.

If an open **Lead Worker** assignment outlined in **fig. 1.1** exists for a case participant who is in an open, approved placement, then that worker will receive **ONE** point. We have added an assignment combination of **CPS In-Home, N/A, and Primary** that is to be used to designate **In-Home** cases. This assignment combination will carry **ONE** case point and no additional placement points.

Fig 1.1 - Assignment Category Table

Assignment Type	Assignment Responsibility	Assignment Role	Case Points	Placement Points	Maximum Points	Percentage Utilization
Adolescent Services	N/A	Primary	1	0	20	5.0%
Adolescent Services	N/A	Lead Worker	1	0	20	5.0%
CPS In-Home	N/A	Primary	1	0	15	6.7%
CPS OOH	N/A	Primary	1	1	20	5.0%
CPS OOH	N/A	Lead worker	1	0	20	5.0%
ICO	N/A	Primary	1	0	49	2.0%
ICO	N/A	Lead worker	1	0	49	2.0%
Family Assessment Response	Area Office	Primary	1	0	17	5.9%
Family Assessment Response	Area Office	N/A	1	0	17	5.9%
Investigation	Area Office	Primary	1	0	17	5.9%
Investigation	Area Office	N/A	1	0	17	5.9%
Permanency Services	N/A	Primary	0	1	20	5.0%
Permanency Services	N/A	Lead	1	0	20	5.0%
Probate	N/A	Primary	1	0	35	2.9%
Probate	N/A	Lead	1	0	35	2.9%
Voluntary	N/A	Primary	1	0	49	2.0%
Voluntary	N/A	Lead	0	1	20	5.0%
FWSN	N/A	Primary	1	0	49	2.0%
FWSN OOH	N/A	Lead	0	1	20	5.0%
Last amended March, 2012						

Juvenile Justice Transfers

Since 2018 all responsibility for delinquency proceedings lies with the Court Support Service Division of the Judicial Branch. For any youth under the care and custody of the Department of Children and Families, who is subsequently adjudicated delinquent, DCF retains custody/commitment/guardianship and continues to provide case management services. Such youth have access to the full array of DCF supports and services throughout and following the period of delinquency.

Education and Training Vouchers

Annual Reporting of Education and Training Vouchers Awarded 2020

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

Academic Year	Total ETVs Awarded	Number of New ETVs
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) =167
2019-2020 Academic School Year (July 1, 2019 to June 30, 2020)	80 computers distributed for 2019 cohort of students (August 2019) +4 ETV grants adoption/subsidized guardianship transfers (2 repeat +2 new) +3 specialized funding & unmet needs (1 new) +12 winter tuition funding (6 new and 6 repeat) +3 summer tuition funding requests- thus far (2 new and 1 repeat) Approximately 75 foster/adoptive students served on campus programming (estimate 20 new & 55 repeat) = 177	New recipients: (80 computers + 2 ETV grants +1 specialized funding +6 winter tuition grants +2 summer funding requests + 20 new college campus program students) =111
2020-2021 Academic School anticipated projections for the next school year	Anticipate up to 125-150 computer funding (2021 cohort) through ETV; Continue funding for 2-3 Pupil Services Specialist positions, up to 10-50 ETV grants for adoption/subsidized guardianship transfers; Anticipate up to 75 summer/winter course funding, Mailing of 200+ ETV applications for eligible youth who have been adopted or subsidized guardianship transfers after 2016; service up to 5 support programs of up to 100 youth on college campuses through support service programs. The goal to continue to promote ETV to young adults up to age 26. Goal of 5 ETV grants awarded to those who are between the ages of 23-26.	Goal of up to 150 new ETV grants

Comments: For the cohort of foster high school students that graduated in 2019, the Post-Secondary Education Consultants reviewed more than 166 PSE plans. The State of Connecticut Department of Children and Families (DCF), continues to utilize funding from the Education Training Vouchers to support the positions of 2 Pupil Services Post-Secondary Education Consultant positions. One position since 2006 is full time and the other since 2008 is part time. 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. An application process has begun for this position, however due to COVID-19 pandemic; the interviewing process has been put on hold.

Inter-Country Adoptions

At this time, the Department is not able to identify the number of Children who were adopted from other countries and entered state custody.

Monthly Caseworker Visitation

The Department will submit the monthly caseworker visitation data by 12/15/20 as required.

Maintenance of Effort

Payment Limitations - Title IV-B, Subpart 1:

- The Department did not expend Federal Title IV-B, Subpart I funds for child care, foster care maintenance, and adoption assistance payments in either FY 2005 or 2020.

- Therefore, no non-Federal funds expended for foster care maintenance were applied as a match for the Title IV-B, Subpart I program in FY 2005.

Payment Limitations - Title IV-B, Subpart 2:

State of Connecticut - Department of Children and Families
Maintenance of Effort
Child and Family Services Plan for June 30, 2020 submission

	FY 2018	FY 1992
Program Type	State Expenditures	State Baseline
Family Preservation	288,928,214	12,983,241
Family Support	192,618,809	5,278,088
Totals	481,547,023	18,261,329

State share of Title IV-B, subpart 2 expenditures for comparison to 1992 base as required for evidence of compliance with non-supplantation requirements in Section 432 (a) (7) (A) of the Social Security Act

Reallotment Request

The Department respectfully requests $450,000 to pursue the following:

1. Establish community-based prevention networks
2. Expand our faith-based partnerships to include prevention and kinship care support.
3. Support to the post-secondary support programs for youth in care transitioning to adulthood.

CFS 101- Part II

Category: Protective Services	Population to be Served	Geographical Area(s)Served
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
Intimate Partner Violence	Providers & Families	Statewide
JRA Consulting	DCF Staff & Providers	Statewide

CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Parents with Cognitive Limitations	Agency and Community Providers	Statewide
CT-AIMH Regional Training	DCF Staff & Community Providers	Statewide
Triple P America	Contracted Triple P Providers	Statewide
FAVOR (CRP)	CRP Members	Statewide
NCCD (SDM)	DCF Staff	Statewide
Substance Exposed Infants	Community, Providers, & Families	Statewide
Central Office Positions	DCF Staff & Providers	Statewide
UCONN School of SW (PIC)	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide
Data Silo Solutions	DCF & Providers	Statewide

Category: Family Preservation Services	Population to be Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers	Statewide
Community Collaboratives	Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
Substance Exposed Infants	Families, Providers, Community	Statewide
Area Office Assistant Positions	DCF Area Office staff	Norwalk, Meriden
The Connection	Families in need of stable housing	Statewide
Data Silo Solutions	DCF & Providers	Statewide
CT Association Infant MH	DCF Staff & Community Providers	Statewide
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Intimate Partner Violence	Providers & Families	Statewide
NCCD (SDM)	DCF Staff	Statewide
Covenant to Care-Adopt a SW	Families	Statewide
JRA Consulting	DCF Staff/Providers/Families	Statewide
UCONN School of SW (DRS)	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide

Category: Family Support Services	Population to be Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Data Silo Solutions	DCF & Providers	Statewide
The Connection	Families in need of stable housing	Statewide
CT Association for Infant Mental Health	DCF staff/Community Providers	Statewide

CT Parents with Cognitive Limitations	Families/Providers	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
UCONN - Adoption Assistance Program	Adoptive Families	Statewide
Covenant to Care-Adopt a SW program	DCF involved families	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Statewide
NCCD (SDM)	DCF staff	Statewide
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
FAVOR	Families	Statewide
Substance Exposed Infants	Families/Provider/Community	Statewide
JRA Consulting	DCF staff/Providers	Statewide
Community Collaboratives	Families	Statewide
Family Life Lifters	Families/Community	Statewide

Category: Time-Limited Family Reunification Services	Population to be Served	Geographical Area(s)Served
Family Life Lifters	Families/Community	Statewide
Office Assistant Positions	DCF Staff	Statewide
The Connection	Families who need stable housing	Statewide
UCONN School of SW - PIC	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide
Data Silo Solutions	DCF & Providers	Statewide
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
Covenant to Care-Adopt a SW program	Families	Statewide
CT Association for Infant Mental Health	DCF Staff/Providers	Statewide
NCCD (SDM)	DCF staff	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Community Collaboratives	Families	Statewide
JRA Consulting	DCF Staff/Providers	Statewide

Category: Adoption-Promotion and Support Services	Population to be Served	Geographical Area(s)Served
UCONN -Adoption enhancements	Adoptive Families	Statewide
CT Association for Infant Mental Heath	DCF Staff/Community Providers	Statewide
JRA Consulting	DCF Staff/Community Providers	Statewide
Family Life Lifters	Families	Statewide
Data Silo Solutions	DCF & Providers	Statewide

Community Collaboratives	Families	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Statewide

Category: Other Services Related Services	Description of Population	Geographical Area(s)Served
Chapin Hall	DCF, Community, & Families	Statewide
Don Winstead	DCF Agency Leadership	Statewide
Harvard GPL	DCF Staff & Providers	Statewide
Foster Care Maintenance	**Description of Population Served**	**Geographical Area(s)Served**
A) Foster Family & Relative Foster Care	Children (ages 0-21) Placed in OOH care	Statewide
B) Group/Institutional Care	Children (ages 0-18) requiring OOH with 24 hour supervision	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
Adoption-Subsidy Payments	**Description of Population Served**	**Geographical Area(s)Served**
	Families who have adopted children from DCF's custody.	Statewide
Guardianship Assistance Payments	**Description of Population Served**	**Geographical Area(s)Served**
	Families who have been granted legal guardianship of children from DCF's custody.	Statewide
Independent Living Services	**Description of Population Served**	**Geographical Area(s)Served**
Independent Living Services	Youth making a transition from foster care to self-sufficiency	Statewide
Education & Training Vouchers	**Description of Population Served**	**Geographical Area(s) Served**
	Youth through the age of 21 pursuing secondary education and or vocational training.	Statewide
Child Care Related to Employment Training	**Description of Population Served**	**Geographical Area(s) Served**
	Adolescent parents and expecting adolescent parents.	Statewide

CAPTA	Population to be Served	**Geographical Area(s)Served**
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Substance Exposed Infants	Providers, Families, Community	Statewide
Triple P America	Contracted Triple P Providers	Statewide

FAVOR (CRP)	CRP Members	Statewide
CT-AIMH Regional Training	DCF Staff & Community Providers	Statewide
NCCD (SDM)	DCF Staff	Statewide

Chafee	Description of Population	Geographic Area
Personnel Expenses	Staff who support youth in their transition to vocational programming and ETVs	Statewide
Mentoring	Eligible youth who reside in OOH care	Statewide
Summer Youth Employment	DCF involved youth	Statewide
Youth Advisory Board	Youth who are members of the YAB	Statewide
Work to Learn	Provides support to youth transitioning to adulthood	Hartford, Norwich, Bridgeport, New Haven, Waterbury
YV Lifeset	DCF Involved youth	Regions 3,4,6
Manufacturing Career Prep for Girls	Youth	Statewide
PSE preparation and support; Mini Supports	Transitioning Youth	Statewide

CFS 101 - Part III -Subpart I

Office Assistant Positions	Area Office Staff	Norwalk/Meriden
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide
Data Silo Solutions	DCF Staff & contracted community-based services providers	Statewide
Triple P America	Contracted Triple P Providers	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers	Statewide

CFS 101 - Part III -Subpart II

Reunification & TFT Services	Families with children in OOH Care	Statewide
Community Collaboratives	Families and Individuals wanting to be a foster and or adoptive resource.	Statewide
FAVOR	DCF Staff & Families	Statewide
UCONN -Adoption enhancements	Families who have adopted children from DCF's custody or the state's subsidized guardianship program.	Statewide

Easter Seals Support Group	Families that have adopted children with special needs.	Waterbury
Covenant to Care- Adopt a SW program	DCF Staff & Families	Statewide
UCONN SSW PIC	Families who have an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide
CT Association for Infant Mental Health	Agency staff and Community Partners	Statewide
National Council on Crime & Delinquency	DCF Staff	Statewide