State of Connecticut

ANNUAL PROGRESS AND SERVICES REPORT
2024

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

By:
Department of Children and Families

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Commissioner

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

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Section A: Priorities

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 $855 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.

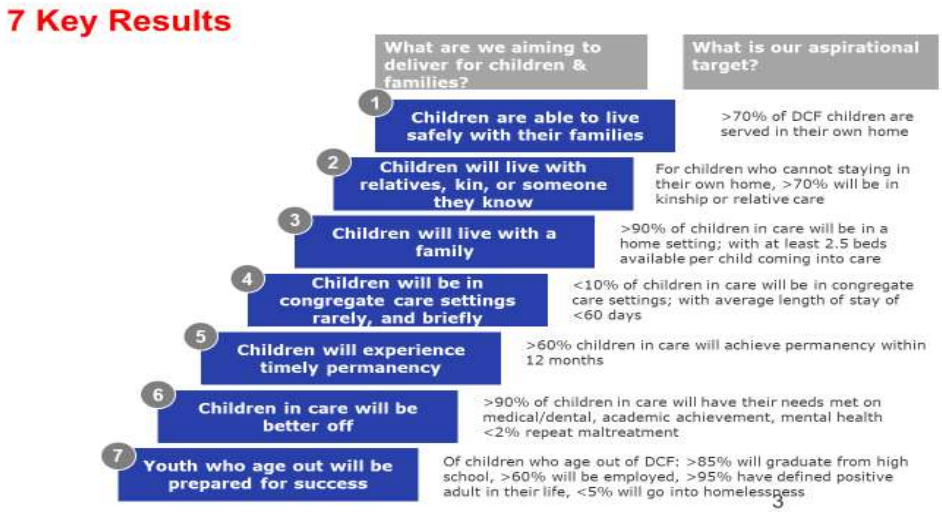
Section B: Mission

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 disparate outcomes across all racial and ethnic groups served by 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 are reflected in the following graphic, inclusive of the Department's aspirational goals:



The Department is aligning all efforts to these core set of 7 Key Performance Indicators shown above to ensure that the best outcomes are reached for all children. These key indicators drive the Department's strategic goals for how to best meet the needs and serve CT's children and families. The Department believes that children do best when living safely at home with their family of origin. When living at home with a parent is not reasonably safe, the best alternative is to live with relatives, kin, or someone that they know who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home or a setting that is able to meet their needs, while concurrently working towards a timely permanency outcome. Foster care should only be used as a short-term intervention. While in foster

care, regular and ongoing contact with parents and siblings is maintained. Congregate care, such as group homes and residential treatment centers, should not be used for most children. If absolutely required, children who need to be in congregate care settings will have a brief stay. Congregate care settings are designed to address specific treatment needs rather than serve as long term placement options. For older youth, treatment in congregate care is expected to be used in a targeted manner with extensive family involvement built into the treatment process. Further, the Department has implemented the Qualified Residential Treatment Program (QRTP) process required under the Family First Prevention Services Act (FFPSA). All youth are to transition from the Department's care with legal and/or relational permanency.

The Department has taken steps to ensure a successful approval of the State of Connecticut's Family First Prevention Plan occurred by the Federal deadline. Full approval of our plan was granted in January 2022. The FFPSA and its' family centered policies will pave the way to allow more children to remain safely in their own homes, families, and communities. When and if a child is to enter the Department's care, the Department will work towards achieving timely permanency while children are preferably placed with kin, ensure their medical, dental, academic achievement and mental health needs are met, while at the same time ensuring older youth are prepared to successfully transition out of the Department's care and assist in identifying a positive adult that could continue to provide support.

Section C: Requirements

1) Collaboration

The Department receives community input from several statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 17-member body appointed by the Governor, with representation from all six DCF Regional Advisory Councils, to advise the Commissioner on all matters pertaining to services for children and families. The membership includes persons representing a variety of sectors and professions, including attorneys, a physician, psychiatrist as well as other community partners, some of which are contracted providers. The SAC also includes parents and youth with lived expertise.

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

The SAC meets 12 times during the year. A designee from the Commissioner's Office, the Bureau Chief for External Affairs, attends every SAC meeting. The Commissioner attends the annual retreat and at least 3 meetings a year. A DCF update is provided at each meeting, focusing on key areas such as current activities within the Department, legislative proposals, structural and organizational changes of key Agency personnel, CFSR/PIP development, Family First Prevention Services Act planning and caseload sizes and other data measures upon request. During this time, the Commissioner or representative also answers questions from the council members and receives input for future meeting agenda items.

DCF has engaged FAVOR Inc., a statewide family advocacy organization for children's behavioral health, but also agreed to serve as fiduciary for the SAC/RACs and Citizen Review Panels. Please see entries for FAVOR in the service descriptions below, and in the attached Statewide Citizen Review Panel (CRP) June 2023 Report, for further information.

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 Prevention Services Act

Connecticut's Family First Prevention Services Plan is now in the final steps of Phase Two in implementation. In Phase One, we developed the business process for the Known-to-DCF Candidacy Population, identifying the touch points and responsible persons to initiate the Child-Specific Prevention Plan. The involvement of parents, caregivers, and youth with lived experience informed many aspects of the Phase One process, as well as the Department's child welfare policy and practice. In Phase Two, the request for proposals for the Prevention Care Management Entity (PCME) was released late 2022. A service provider has been identified, and contract negotiations are almost complete. The PCME will be a centralized hub for the assessment/referral, care coordination, and case monitoring of children and families defined under Connecticut's Family First Candidacy Populations: Behavioral Health (formerly Voluntary Care Management), Known-to-DCF referrals to the Integrated Family Care and Support (IFCS) Program, and the Community Pathways Candidacy population. Characteristics of the Community Pathways group include:

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

Upon finalization of the contract, we envision engaging the family and youth voice as a significant component in Phase Three of our Family First Prevention Services installation, the Community Pathways Candidacy Population's access to prevention services. We will support the formation of a Prevention Care Management Entity (PCME) Governance Committee with representation from our Community Pathways Candidacy Population to inform the PCME's ongoing decision-making as well as how programs and policies play out for their family and in their community to ensure that services are delivered through a racial justice and trauma-informed lens to meet the unique needs of the Community Pathways population. However, this means that efforts to keep parents, caregivers, and youth engaged will be intentional and purposeful. Plans are underway to develop strategies to engage parents, youth, and others with lived experience to serve.

Child Abuse Prevention Treatment Act (CAPTA) Partnership

As noted in the prior year's report, CT's CAPTA initiative is embedded in a larger state effort to increase identification of substance exposed infants (SEI), disseminate information about SEI prevention and best intervention practices, and make recommendations for a continuum of SEI care through the Governor's Alcohol and Drug Policy Council (ADPC), Prevention Subcommittee, and a SEI statewide strategic plan. In 2016, Connecticut established the Substance Exposed Infant/Fetal Alcohol Syndrome Disorder (SEI/FASD) initiative with a full-time SEI Coordinator; a position that is jointly funded with state monies from DCF and the Department of Mental Health and Addiction Services (DMHAS, the state's Substance Abuse Authority). The SEI Coordinator is responsible for the regular convening of several working groups that inform the state's SEI Strategic Plan development and implementation. In addition, DCF and DMHAS has partnered this year during our Policy Academy work as well was granted this year In-depth technical assistance to continue enhancing our SEI CAPTA initiatives. DCF/DMHAS partnership has grown in the last year as we collaborate and sit together on maternal mortality review committee, perinatal quality collaborative, Woman Opioid Work group, NASCENT advisory committee, Child Fatality Review Panel and they support DCF Regional Partnership grant CT Strengthening Families together that offers services to pregnant and parenting parents that have substance use concerns.

DCF/CT Data Collaborative Partnership

DCF has developed a partnership with CT Data collaborative, in assisting the department in bringing CAPTA data forward for the public to view in full transparency. This allows for further technical assistance to offer by our Family care plan coordinator to all birthing hospitals or other entity's needing support in understanding the CAPTA requirements.

DCF/ CCADV Partnership

Another partnership the department has been able to establish is with CT Coalition Against Domestic Violence lifting and educating community on the effects of Intimate Partner Violence on children and the lasting traumatic affects it has on the individual and the family. This partnership has supported DCF in looking at stigma, language, understanding the intersection of IPV and Substance use and how to support survivors with keeping their children safe.

Juvenile Court

DCF and the Judicial Branch continue to build upon their partnership in order to achieve safe, timely permanency for children in care. As described in the 2020 APSR, a collaborative workgroup was established with the Waterbury Juvenile Court. The Waterbury Juvenile Court was selected as the transformation zone as it had the highest volume and longest average time from TPR filing to disposition. The workgroup brought DCF together with stakeholders from the Judicial Branch, the Office of the Attorney General (OAG) and Public Defenders. In 2021, the Department worked with these stakeholders to expand the transformation zone to include the Bridgeport Juvenile Court. The Waterbury Transformation Zone met through May 2022 and the Bridgeport Transformation Zone continued to meet through November 2022. During that time, the teams collaboratively reviewed relevant agency and court data in an effort to better understand performance related to timely permanency. The teams also developed strategies to help improve the overall permanency for children in care. In lieu of these transformation zone meetings, the courts in Waterbury and Bridgeport are instead now hosting court collaborative meetings to continue to focus on data and timely permanency.

DCF/AAG Collaboration

DCF's in-house Legal Division continues to partner with the Office of Attorney General's (OAG) Child Welfare Division to fortify the collaboration between the two agencies. Throughout 2022, the OAG and Department have partnered to navigate legal challenges, which benefits the children and families we serve. In keeping with those efforts, area office attorneys meet with their local Assistant Attorneys General (AAGs) biweekly and the managers for the DCF Legal and OAG Child Welfare Divisions meet on a weekly basis. Ongoing collaborative efforts have included the following:

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

- Training: The OAG and Department Legal Division have partnered on training for staff on such topics as preparing to testify in court and pre-service training for new staff on the administrative hearing process. The OAG has also invited Department attorneys to monthly "lunch and learn" presentations at which a member of the OAG presents on a child welfare matter relevant to both in-house and trial practitioners.
- Administrative/Court Appeals: Final Decisions from Administrative Hearings may be appealed to Superior Court, the Appellate Court, and the CT Supreme Court. AAGs represent the Department, in consultation with CO legal staff, throughout this appeal process including by negotiating at prehearing conferences, drafting legal briefs, and presenting oral arguments before the Court. Legal Managers also collaborate with AAGs on Juvenile Court appeals by reviewing legal briefs and participating in practice arguments (moots).

DCF/Judicial Collaboration

On a monthly basis, the DCF Commissioner meets with the Chief Administrative Judge for Juvenile Matters and on a bi-monthly basis, the DCF Assistant Legal Director meets with the Chief Clerk for Juvenile Matters to streamline processes, such as e-filing, that impact the timely filing and processing of petitions and motions. These meetings facilitate collaboration with the Judicial Branch to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases.

On a quarterly basis, a related group also meets to address Racial Justice issues within the child welfare Courts. The group includes the DCF Commissioner, Deputy Commissioner and Chief of Strategic Planning, the Superior Court for Juvenile Matters Chief Administrative judge, a presiding SCJM judge, Chief Clerk (also CIP Coordinator), Chief Public Defender, representatives from the Attorney General's Office and advocacy group Children's Rights. This group has developed a disproportionality pathway for children involved with the SCJM and collaborate to develop strategies to reduce/eliminate this issue across the system.

Children's Behavioral Health Implementation Advisory Board

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

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

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

Since May of 2021 and the children's behavioral health summit entitled: ***"Advancing the Children's Behavioral Health System"***, Connecticut has implemented several activities to improve the children's behavioral health system.

These activities were a result of both long-term planning since the Newtown tragedy and the tremendous increase in the demand for children's mental health services because of the pandemic. These activities included:

- Added capacity at the statewide ***Crisis Call Center*** to handle increased call volume and have implemented 988 crisis call center;
- Enhanced ***Mobile Crisis Services*** to be available for face-to-face assessment 24-hours a day, 7-days per week;
- Developed and implemented twelve statewide ***Intensive Crisis Care Managers*** along with two ***Outreach and Peer Support Crisis Specialists***, who are assigned to work with children and their families who are stuck in hospital emergency departments.

- Developed and procured four, 23-hour ***Urgent Crisis Centers*** as an alternative to the use of emergency departments for children' mental health crisis assessment; with an accompanying plan for four, ***Sub-Acute Crisis Stabilization Centers,*** with twelve to sixteen beds and short term (14 day) stay.
- Developed and implemented five ***Regional Suicide Advisory Boards*** to support suicide prevention and postvention at the local level and to support the statewide Connecticut Suicide Advisory Board.
- Developed and implementing an ***Urban Trauma Network*** of eight provider agencies who will receive specialized training and consultation in order to provide enhanced mental health treatment to children and youth of color (and their families) who have been exposed to racial and urban trauma.
- Developed and implemented a mental health promotion project using the ***Gizmo Pawesome Guide to Mental Health*** for children in elementary schools who completed ***Bounce Back,*** which is a school-based, evidence-based group treatment for children who have been exposed to trauma.

Help Me Grow Advisory Committee

Connecticut's Help Me Grow (HMG) system, which has been in existence for 20 years, ensures that families with young children at risk for negative outcomes have access to information, support and resources. The goal of this advisory group is to build, in partnership with families and entities that have a similar focus, a coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports. The Advisory Committee consists of well-known and respected representatives within the early childhood field. It operates under the auspices of the Office of Early Childhood and 2-1-1 Child Development, a specialized call center of the CT United Way's 2-1-1 system. The membership is diverse and includes both state level and community-based entities. The Advisory Committee also has representatives from the state's national STRIVE Cradle to Career Initiatives, which are focused on enhancing the lives of the under-resourced. Despite its small size, CT boasts four STRIVE Initiatives, all of which have a representative from their early childhood component serving on the HMG Advisory Committee. The Strive Initiatives are located in the cities of Bridgeport, Norwalk, Stamford, and Waterbury. The Advisory Committee serves as a conduit for bringing state level work to these specific geographic initiatives as well as providing opportunities to share, learn and potentially replicate best practices in other locations throughout the state. The Advisory Committee also has representative from the National Help Me Grow Center which complements state participants and helps to ensure that CT is aware of and invited to join National Center's efforts, which include webinars, special projects, and an annual forum.

This past year, the HMG Advisory Committee continued in its role as the mandated stakeholders' group for a federal grant from the Association of University Centers on Disabilities (AUCD) and the Centers for Disease Control and Prevention that was awarded to UCONN's Center for Excellence in Developmental Disabilities (UCEDD). This grant supports COVID-19 recovery and is designed to strengthen resilience skills, behaviors and resources for children, families, and communities. The grant required that a needs assessment be done to identify current (during COVID-19) barriers and opportunities to the four key steps of early identification: 1) parent engaged developmental monitoring; 2) developmental and autism screening; 3) referral, and 4) receipt of early intervention services for children birth to 5, across early childhood systems. Based on the results of the needs assessment and under the guidance and support of the HMG Advisory Committee, the following areas were identified and are being addressed:

- Broadly disseminate a parent survey;
- Conduct parent facilitated focus groups for families;
- Focus on the 0-3 population via Early Head Start, infant toddler programs, family childcare, etc.;
- Educate around the importance of screening and social emotional support;
- Support the Office of Early Childhood's (OEC) Sparkler app, that families can use as a developmental screening tool, a source for activities to support child development, and making connections with professionals. Note: Information on and support for Sparkler is being done throughout the Department of Children and Families' (DCF) system;
- Work with the Department of Mental Health and Addiction Services (DMHAS) in outreaching to the Department's Specialty Programs for Women & Children;
- Target outreach efforts to include community health centers, pediatric practices, and COVID testing sites;
- Ensure consistent messaging in English and Spanish;

- Provide materials to hospital newborn units that include the brochure to sign up for the Ages and Stages Questionnaire (ASQ-3); and
- Develop an early childhood monitoring playbook for families.

The needs of families were gathered through a broadly disseminated survey and focus group sessions held throughout the state. The Developmental Playbook for Families, Monitoring Your Child's Developmental Progress and the Sparkler app, which is a mobile app that helps parents to check in on how their child is doing against key milestones and provides activities to spark their early learning were shared and disseminated through a variety of targeted sources, including all the organizations represented on the Advisory Committee, the CT Diaper Bank and the Reach Out and Read program at the Community Health Center located in Hartford. This grant also supported a partnership with DCF resulting in the training of staff in all regions of the state and piloted in region 4.

The UCEDD received additional funding to continue supporting COVID-19 recovery and strengthen resilience skills, behaviors and resources for children, families, and communities. In addition to continuing the work under the current grant described above, UConn received a federal OSEP (Office of Special Education Programs) grant award, known as CT Family Support, Tracking and Referral System (STARS). The purpose of this grant is to develop, demonstrate, evaluate, and replicate a model interagency system to identify, screen, refer, and track infants and toddlers at risk for developmental delays or a disability. Grant activity included developing a pilot CT Family STARS system which will be implemented in Hartford along with expanding to two replication sites. The model elements of CT Family STARS complement the work being done under the UCEDD grant and align with HMG Advisory Committee's role and focus. The model elements are:

- An integrated data system for tracking and screening children from birth or system entry
- Promotion and use of the ASQ and Sparkler
- Parent to parent outreach for family participation for identifying, screening, referral, and evaluation for services.

Work was also done to strengthen the Advisory Committee's relationship with the National Help Me Grow Center. With guidance from the Advisory Committee's representative from the National Center, a meeting was dedicated to reviewing the history of HMG both in CT and nationally and the four components of a HMG system, which are a centralized access point, family and community outreach, child health provider outreach and data collection and analysis. The Advisory Committee is working to ensure that the CT's HMG system is fully captured within the core components, reflected on the national level, and shared with HMG affiliates. The alignment with the National Help Me Grow Center was reinforced by CT's participation in a new HMG workgroup, the Coordinated and Integrated Data Systems for Early Identification (CIDSEI). The CIDSEI project is seeking ways to improve the collection, management, interpretation, and dissemination of data related to the four steps of early identification of young children with developmental delays or disabilities.

This past year the HMG Advisory Committee again demonstrated its unique role in being positioned to build, in partnership with families, an equitable and coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports.

Parents with Differing Cognitive Abilities (PWDCA, formally Parents with Cognitive Limitations):

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

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

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

The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Differing Cognitive Abilities" trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting". The trainings were developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and are delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department's Academy for Workforce Development, CEUs are available to social workers. To date, the Workgroup has trained over 4,000 service providers through the work of an interdisciplinary, interagency rotating training team. In addition to offering a conference for administrators and supervisors, as well as an international conference, the Workgroup also created an Interview Assessment Guide to assist workers in identifying parents with cognitive limitations. Additionally, the Workgroup drafted recommendations regarding the use of plain language when communicating with parents and developed a training on plain language.

The PWDCA Workgroup has maintained a solid interest from community providers, state agencies, and stakeholders through participation in virtual quarterly Workgroup meetings. However, in 2022 there were several changes in key members. While these changes have impacted the momentum of the work, the PWDCA, which has always maintained the value of the collaboration of partner agencies, providers, and parents, the Workgroup aimed to re-structure and re-invigorate the mission of the work. In addition to reinforcing the key goals, founding members wanted to ensure there would be a way to continue popular PWDCA training for community providers and stakeholders. The PWDCA Chair was able to secure a commitment from the DCF Workforce Development Division to dedicate at least one staff person to become a PWDCA trainer. The original PWDCA Training Team met throughout the previous fiscal year to edit and complete all training materials and handouts for both in-person and virtual Training environments. There continues to be work to solidify ongoing members and identify a DCF lead to chair the workgroup. Once finalized, trainings will be scheduled in order to provide this well received and frequently requested training to providers and key stakeholders in the community. In addition, PWDCA quarterly meetings will resume, and an in-person annual meeting is being planned.

Housing

Along with Connecticut's two leading Housing advocacy groups, The Partnership for Strong Communities, and the CT Coalition to End Homelessness, DCF remains committed to addressing homelessness for families within our state with particular emphasis on (a) ending and preventing family homelessness, (b) promoting child and family well-being and (c) ensuring that CT's Supportive Housing for Families Program is recognized as a strategy to contribute to ending family homelessness. DCF continues to participate and engage with numerous state and community-based groups that focus on these areas. Additionally, DCF has been a long-standing member for over 17 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These bi-monthly housing partnership meetings continue to occur virtually.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider 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. During this upcoming year, the Department will await the opportunities from the federal Department of Housing and Urban Development (HUD) for upcoming FUP and Foster Youth to Independence vouchers to apply for DCF families and youth. DCF will also continue to focus on transitioning youth for success and incorporating specific strategies to reduce the number of youths aging out of foster care to homelessness.

The CT Behavioral Health Partnership (CT BHP)

The Connecticut Behavioral Health Partnership consists of the Departments of Children and Families (DCF), Social Services (DSS) and Mental Health and Addiction Services (DMHAS). They jointly manage the contract with Carelon

Behavioral Health (formerly Beacon Health Options) as the Administrative Services Organization (ASO). While DSS, DMHAS and DCF remain the parties to the contract, the CT BHP collaborates with many other state agencies with an interest in addressing behavioral health issues, including the State Department of Education, the Department of Correction, the Department of Developmental Services, Judicial (Court Support Services Division), and the Offices of the Healthcare Advocate and the Child Advocate.

The Connecticut Behavioral Health Partnership has prioritized equity in all aspects of its work. They have adopted the CLAS Standards (Culturally and Linguistically Appropriate Services) and embedded it into workforce culture. Community meetings are utilized to engage members in community conversations and promote health literacy. Additionally, HUSKY Health members participate in co-facilitating sub-committees, as well as provide feedback on surveys and in focus groups. Information is collected on programs and services looking at it through a diversity, equity, and inclusion lens.

We are fortunate to have affiliated with the work of the Partnership, the Consumer and Family Advisory Council (CFAC). It is a HUSKY Health member and family driven committee that is inclusive and culturally diverse. Given their lived experience, this group advocates on behalf of HUSKY health members by partnering with various agencies on behavioral health initiatives which promote the member and family perspective. The CFAC group also increase their ability to advocate by learning from behavioral health system providers and experts. Each year this group plan and implement an annual conference, iCAN, which focuses on relevant themes in behavioral health from advocacy, to partnership, trauma, addiction, and recovery, just to name a few.

There are a number of initiatives which exemplify collaboration in the Partnership. One example of that is the expansion of the Changing Pathways Initiative. The program was created to address the high incidence of alcohol and opioid addiction and overdose. Key for this objective was introducing components of the Changing Pathway model outside of the Free- Standing Withdrawal Management and inpatient psychiatric facility to other points of access for members such as emergency departments and medical units in hospital settings. Carelon leveraged provider meetings to advance the practice of initiating medications for opioid use disorder (MOUD), medications for alcohol use disorder (MAUD), and educate providers on ensuring that clients connected to care from inpatient psychiatric units and emergency departments to outpatient providers. To further support best practices, the CT Behavioral Health Partnership collaborated with the Connecticut Hospital Association and hosted an educational forum which focused on prevention and treatment of substance use disorders in youth and young adults. Not only did it consist of keynote speakers but also a panel discussion and it was well attended. Additionally, there was collaboration with external partners to hold a Substance Use Disorder (SUD) Health Equity forum and a workgroup meeting for Free Standing Withdrawal and Methadone Maintenance providers.

ACCESS Mental Health

ACCESS Mental Health for Youth is a statewide program funded by the Department of to ensure that all youth and young adults under 22 years of age, irrespective of insurance coverage, have access to psychiatric and behavioral health services. Their relationships with the PCPs (Primary Care Providers) are leveraged to support that connection. The design of the program is to increase primary care providers' knowledge of behavioral health and substance misuse. It also affords them the opportunity to expand knowledge of local area behavioral health resources.

Carelon Behavioral Health (formerly Beacon Health Options) contracts with three behavioral health organizations to act as Hub teams which provide support across the state. Yale Child Study Center, Hartford Hospital and Wheeler Clinic each have teams which consists of a Board-Certified child and adolescent psychiatrists, a behavioral health clinician, a program coordinator, and a family peer specialist. The teams are responsible for providing real-time psychiatric consultation and individualized, case-based education to PCPs over the phone. Those consultations may entail diagnostic clarification, psychopharmacology recommendations, counseling recommendations, and care coordination supporting youth and their family in connecting to community resources. With the HRSA funding to support the program’s expansion to young adults, collaboration continues to occur with the Department of Mental Health and Addiction Services and the Department of Public Health, the Title V agency.

Transitioning to Adult Services (Mental Health/Addiction and/or Developmental Services)

The Department of Children and Families (DCF) has continued to maintain a collaborative partnership with our sister agencies, the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Services (DMHAS). This collaborative partnership affords all youth exiting DCF care a multi-system approach to supporting their success. DCF works at appropriately identifying youth who may be eligible for ongoing services based on level of need, then works together with DDS and DMHAS around eligibility. Those youth who are identified as having a diagnosis of Autism Spectrum Disorder, or an Intellectual Developmental Disability are referred upon being screened as having one or both these diagnoses. For youth who are deemed in need of mental health support, those with serious mental illness are referred upon turning 16 to DMHAS's Young Adult Services division for eligibility. Once eligibility has been determined, there is ongoing case discussion in preparation for the transition of the case, typically around the youth's 21st birthday. As part of this joint work, DCF meets regularly with DDS and DMHAS where we provide factual, clear, and concise information while coordinating the process between the state agencies. Purposeful joint planning is done so that the state agencies can come together to best support youth and families. This coordination is critical to the success of transitioning youth as they age out of their DCF placement and into the adult, long-term care support system. By collaborating with other state agencies, DCF can coordinate and wrap families with services and connect them to resources that can support their success. Connecticut continues to think holistically in terms of family and youth, and as agencies work together, families/youth can build resiliency.

2) Assessment of Performance

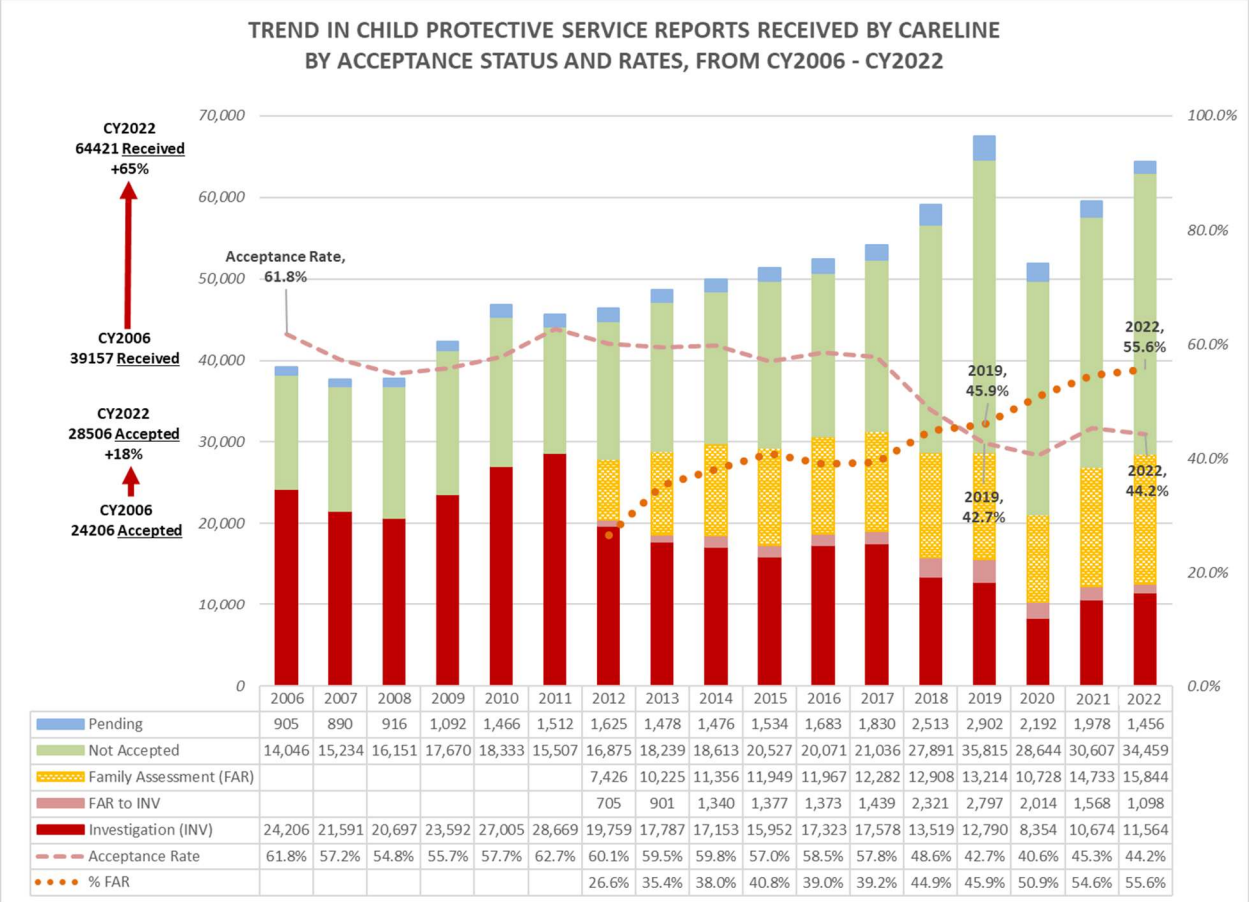
At any point in time during Calendar Year (CY) 2022, DCF served approximately 19,100 children and 8,600 families across its programs and service array. During CY22 the DCF Careline received 109,566 calls, of which 65,131 were reports of child abuse or neglect, and 29,027 were accepted and assigned to either an investigation or family assessment response track. There were 1,500 investigations and 2,260 family assessments underway across our Differential Response System (DRS) on any given day. Please note there had been a problem with the reporting system during this year during two months of the year, so an estimate of call volume for that period is included in the total figure provided above. The Careline also received almost 12,000 additional calls from internal staff strictly related to Supervisory issues/questions that are not included in the total calls figure provided above.

Many of the abuse/neglect reports accepted by the Department include presenting problems such as complex mental health issues, substance use and/or abuse, intimate partner/domestic violence (IPV/DV) and housing insecurity. During CY 2022, 44% of accepted reports include indication of mental health issues, 26% present with substance abuse indication, 13% with intimate partner violence, and 8% with housing/homelessness issues.

The volume of child abuse/neglect reporting in Connecticut (CT), as well as across the nation, continues to evolve. DCF experienced the highest call volume reported during CY 2019, in part due to high profile criminal prosecution of failure to report abuse/neglect by school personnel. The pandemic brought with it a considerable and swift decline in the volume of abuse/neglect reports made to our Careline, largely due to the reduced contact of children with school personnel who had historically been our biggest single group of mandated reporters. As pandemic restrictions eased, abuse/neglect reporting volume has been increasing again. In 2022, CT DCF saw a significant increase in referrals of abuse and neglect, with over 5500 more submitted than the prior year and almost back to the volume received during CY 2019. The agency attributes some of the increase in volume of reports to continued normalization of COVID-19 pandemic response efforts, as well as to the expansion of our online mandated reporter portal in June 2022 to all types of mandated reporters for non-emergent reports of abuse/neglect. This portal was initially only for use by school personnel, then Judicial Family Relations were added later in 2019, as well as the CAPTA/CARA Notification portal for birthing hospital staff that same year. Careline staff review each form submitted online, follow-up with the reporter for more information as needed, and otherwise use the same process for determining acceptance as reports made by calling the Careline. Completion of the online submission is an acceptable substitute to filing the traditional paper form DCF-136, so is therefore a more efficient method of providing the information to DCF for a large proportion of reports received by the agency. DCF receives an average of 611 reports through the portal per month, ranging between about 400 to 800 reports depending on the month.

At the same time, the proportion of accepted reports that received a Family Assessment Response (FAR) rather than traditional Child Protective Services (CPS) Investigation increased to almost 56% in CY 2022. Also, our substantiation rate has seen steady increases from 27.4% in CY 2014, to 32.3% in CY 2022 (a 10%-point decline since CY2020 however), but the Department has somewhat reduced our rate of cases transferred for post-investigation services to 15.5% in CY 2014 to 9.8% in CY 2022. We believe that the continued increase in reports handled through FAR, as well as handling of many unsubstantiated investigations through our contracted Integrated Family Care and Support (IFCS) program, are the main factors contributing to the decrease in our transfer rate.

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



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

Despite a significant increase in call volume, the acceptance rate declined in 2018- 19, and the percentage of reports designated as FAR increased for the same time period. Call volume dropped precipitously in CY 2020 due to the COVID lockdown and closing, and later reduced in-person contact, of schools and courts that comprise some of the most common mandated reporters of child abuse and neglect in Connecticut. The acceptance rate continued to decline as well, dropping by over 2 percentage points from 42.7% in CY 2019 to 40.6% in CY 2020. However, the acceptance rate increased in CY 2022 for the first time in four years, likely due to an increase in the volume of QA reviews of non-accepted reports that began on 1/1/2022. These reviews generated corrections in how certain elements of the SDM Screening instrument were being applied to acceptance decisions, resulting in a somewhat higher rate of accepting reports. The rate settled back down slightly in CY 2022 to 44.2%.

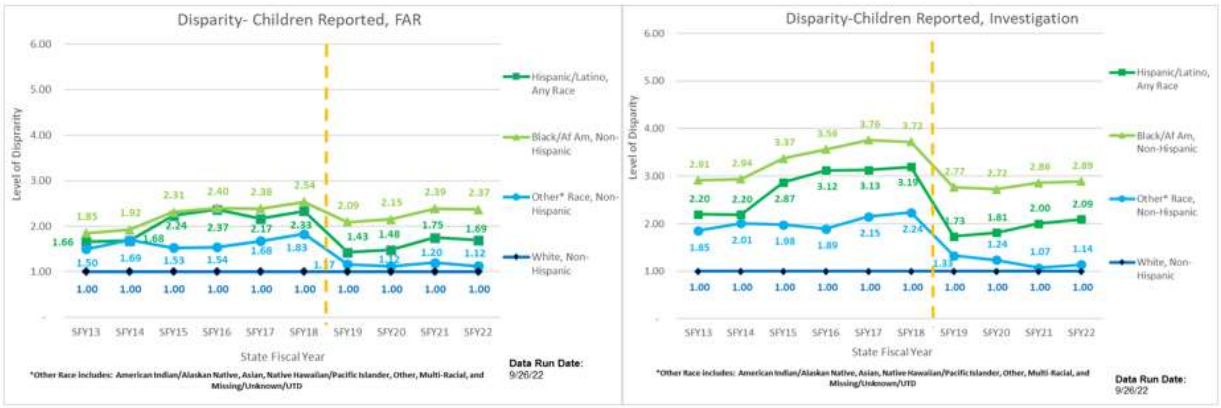
It is also important to note that children of color continue to be disproportionately over-represented in accepted abuse/neglect reports. In State Fiscal Year (SFY) 2022, African American children were 2.9 times as likely as White children to be alleged victims in a report accepted for an Investigation response, and 2.4 times as likely for a FAR

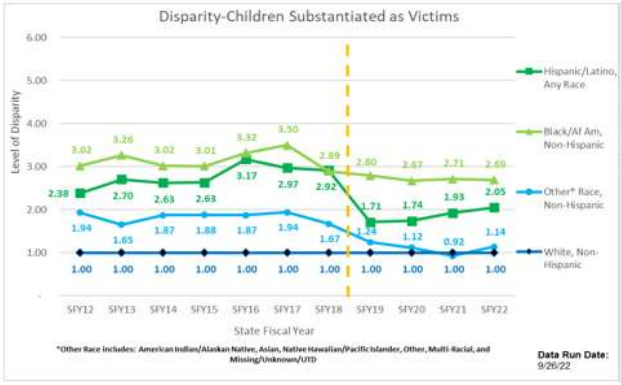
response. For the same period, Hispanic children were 2.1 times as likely for Investigation responses, and 1.7 times as likely for a FAR response. These rates are now based on 2020 US Census data.

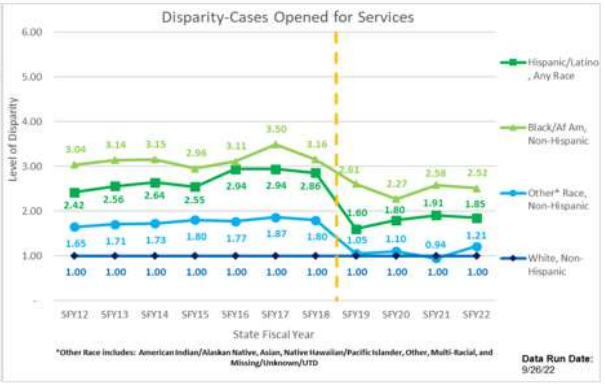
		Disparity Index		
STATEWIDE	Race/Ethnicity			
CW Pathway Steps	Hispanic/Latino, Any Race	Black/Af Am, Non-Hispanic	Other* Race, Non-Hispanic	White, Non-Hispanic
Total Child Population (2020 US Census)				
Children Reported, FAR (SFY22)	1.7	2.4	1.1	1.0
Children Reported, Investigation (SFY22)	2.1	2.9	1.1	1.0
Children Substantiated as Victims (SFY22)	2.1	2.7	1.1	1.0
Children in Cases Opened for Services (SFY22)	1.9	2.5	1.2	1.0
Children Entering DCF Care (SFY22)	1.9	2.7	1.4	1.0
Children In DCF Care (SFY22)	2.1	3.2	1.1	1.0
Children in Congregate Care (SFY22)	1.8	3.1	1.1	1.0

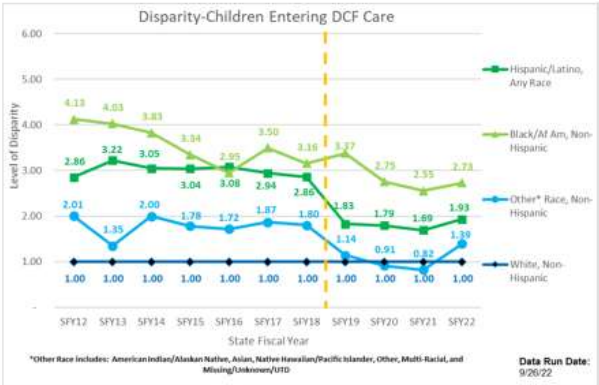
Trend data from SFY 2013 - SFY 2022, indicates that there has been uneven improvement in disparity rates. While some progress has been observed (i.e., Substantiations and Entries), when it has occurred, it has been more often for Hispanic children, and less so for African American/Black.

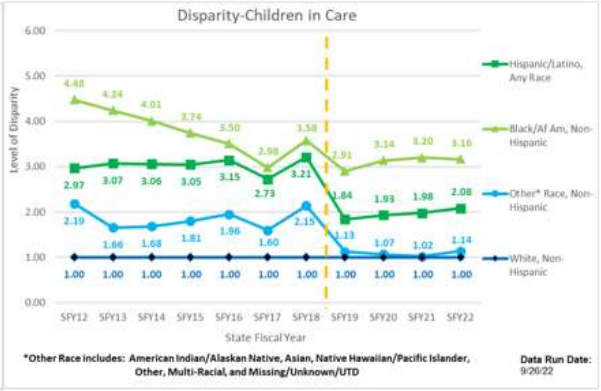
In the previous year, the most progress has been seen for the Multiracial/Other children, who were the same or below White children for all measures but FAR and Investigation. However, this year there is an increase in rates for all measures, except FAR. DCF is committed to continued vigilance and efforts necessary to reduce disparities for all children of color and their families. Relatedly, the impacts of COVID-19, especially with its disproportionate and disparate health and economic impacts on families of color, including families who are undocumented, will require further analysis within a racial justice lens. Please note that the following charts contain a dotted vertical line between the years (2018 - 2019) for which 2010 Census data was used as the base, and when 2020 Census figures were used.

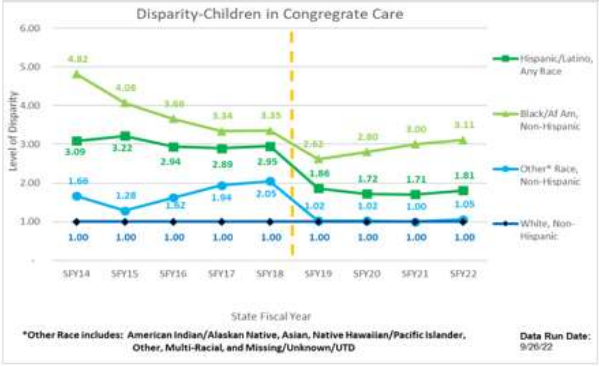






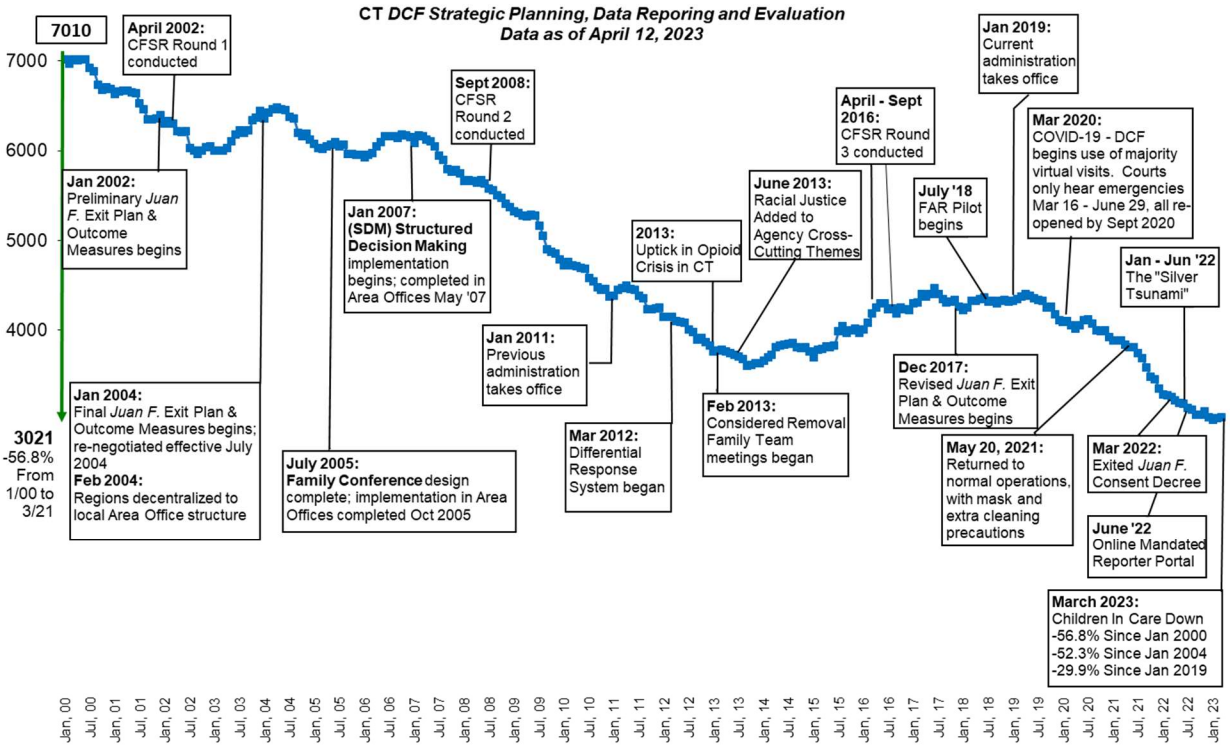






The next chart shows the trend in the number of children in DCF care on the first day of each month and is annotated with various sentinel events and practice/policy changes that may have had an impact on this population. Following a long period of decreasing volume of children in care, our numbers were generally increasing from late 2013 until early 2018 when this leveled out, but then began and continued decline from mid-2019 to now. We attribute the beginning of the decline to updated SDM Safety and Risk Assessment tools, but then of course the COVID-19 pandemic response had a major impact on both entries and exits that has continued the decline. It does appear that the decline has leveled off over the past six months as of this writing.

Number of Juan F. Children* in DCF Placement On First Day of Each Month
January 2000 - March 2023



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

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

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

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

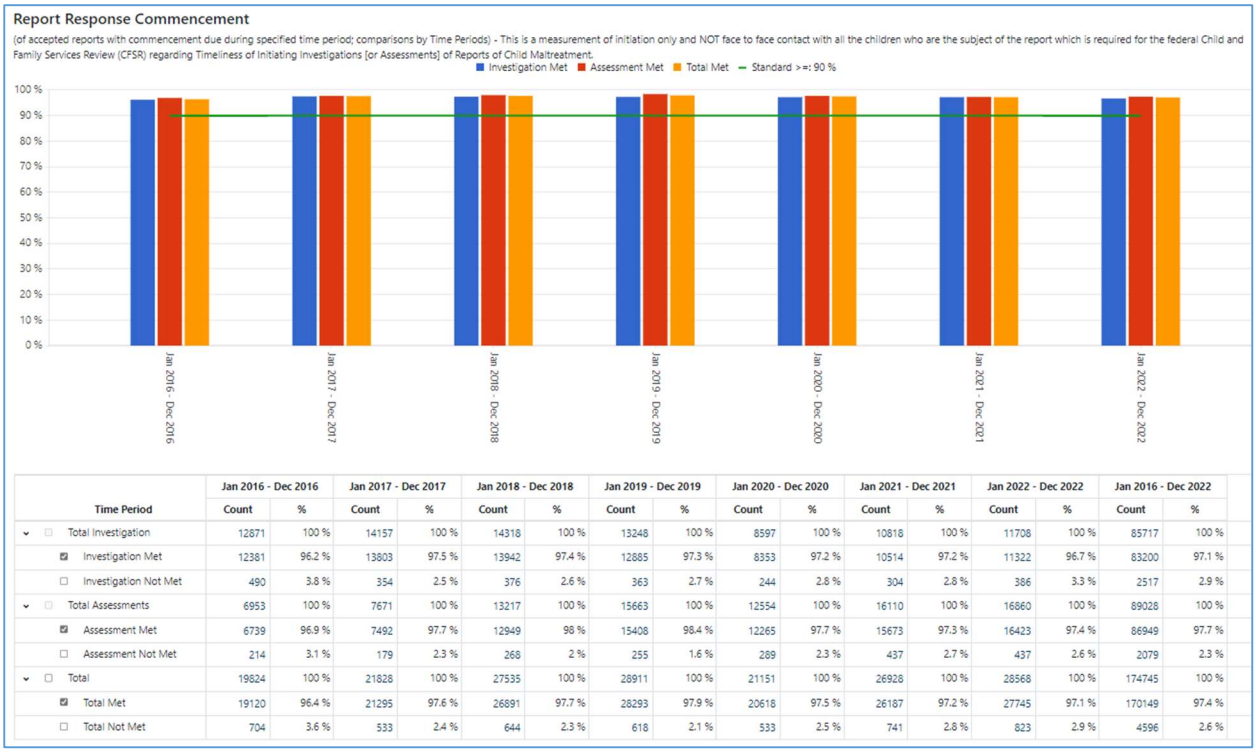
FEDERAL MEASURE	CY11	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21	CY22	TREND
Recurrence of Maltreatment (<=9.7%)	9.7	9.1	9.2	10.1	8.7	10.2	10.5	9.9	9.0	8.2	8.0	7.6	
Maltreatment in Foster Care (<=9.07 victims/100k days)	5.0	5.3	5.5	6.6	6.4	6.5	6.9	5.6	5.7	3.3	5.9	6.2	
Placement Stability (<=4.48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

The ROM reports shows that CT has consistently met the national standard on Recurrence of Maltreatment, Maltreatment in Foster Care and Placement Stability for at least the latest four years. Declines observed in Permanency in 12 Months for Children In Care for both 12 - 23 and >=24 Months during the COVID-19 response period reversed in CY 2021 and 2022 to points exceeding the standard, and achievement of Permanency in 12 Months from Entry improved in CY 2022 compared to 2021 though is still not meeting the standard. Multiple logistic regression studies of all three Permanency measures are nearing completion as of this writing, and we hope to incorporate results into ongoing CQI initiatives that may improve our performance in this area. It is also important to note that performance on the related Re-Entry to Foster Care measures declined in CY 2022 compared to 2021, and we have not yet met the standard for this measure. We have also noted the difference between our ROM report on this measure, and the related Federal measure reported in the National Data Indicators, and will be conducting further study to determine the source of the discrepancies.

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

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

- CFSR Result: n=41, 59% Strength, 41% ANI
- CT CQI Result (CY22 Reviews): n=45, 62.2% Strength, 37.8% ANI
- ROM EP#1 – CY 2016 – CY 2022: The following chart shows that our standard has been met, with improvement of one percentage point since CY15.

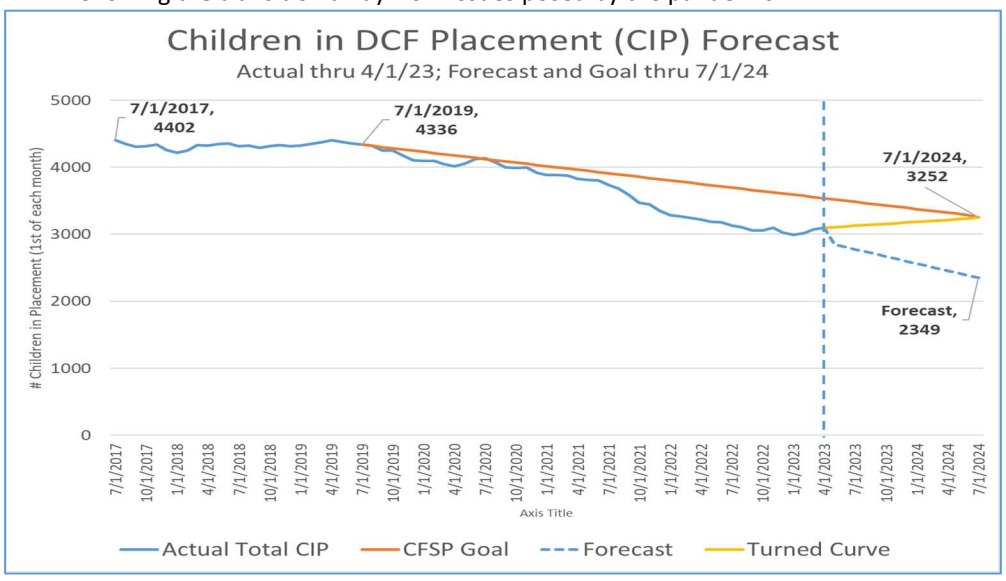


Time Period	Jan 2016 - Dec 2016		Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019		Jan 2020 - Dec 2020		Jan 2021 - Dec 2021		Jan 2022 - Dec 2022		Jan 2016 - Dec 2022	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total Investigation	12871	100 %	14157	100 %	14318	100 %	13248	100 %	8597	100 %	10818	100 %	11708	100 %	85717	100 %
Investigation Met	12381	96.2 %	13803	97.5 %	13942	97.4 %	12885	97.3 %	8353	97.2 %	10514	97.2 %	11322	96.7 %	83200	97.1 %
Investigation Not Met	490	3.8 %	354	2.5 %	376	2.6 %	363	2.7 %	244	2.8 %	304	2.8 %	386	3.3 %	2517	2.9 %
Total Assessments	6953	100 %	7671	100 %	13217	100 %	15663	100 %	12554	100 %	16110	100 %	16860	100 %	89028	100 %
Assessment Met	6739	96.9 %	7492	97.7 %	12949	98 %	15408	98.4 %	12265	97.7 %	15673	97.3 %	16423	97.4 %	86949	97.7 %
Assessment Not Met	214	3.1 %	179	2.3 %	268	2 %	255	1.6 %	289	2.3 %	437	2.7 %	437	2.6 %	2079	2.3 %
Total	19824	100 %	21828	100 %	27535	100 %	28911	100 %	21151	100 %	26928	100 %	28568	100 %	174745	100 %
Total Met	19120	96.4 %	21295	97.6 %	26891	97.7 %	28293	97.9 %	20618	97.5 %	26187	97.2 %	27745	97.1 %	170149	97.4 %
Total Not Met	704	3.6 %	533	2.4 %	644	2.3 %	618	2.1 %	533	2.5 %	741	2.8 %	823	2.9 %	4596	2.6 %

- DRS Case Reviews: Face to face with child victim within required response time (CY 2022, 68.9%)

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

- CFSP Objective:
  - # of children in foster care will be reduced by 25% through continued implementation of CR-CFTM meetings: The following chart shows a 26.5% decrease in the total number of children in DCF placement since the beginning of our CFSP on 7/1/19 as of 5/1/22, so as of this writing we have achieved our goal. Some of the reduction can be attributed to COVID-19 pandemic response effects, but we still believe that we will meet/exceed our goal by 7/1/24 even if there is a rebound following the transition away from issues posed by the pandemic.



- CFSR Result: n=21, 57% Strength, 43% ANI
- CT CQI Result (CY22 Reviews): n=38, 44.7% Strength, 55.3% ANI
- CFSR National Data Indicator Results: Re-entry to Foster Care in 12 Months - the national standard for this measure is <=5.6%, and CT performance for FFY 2019 - 2020 is within the interval for equivalence with national risk-standardized performance (RSP), and performance for FFY 2021 is better than national performance at 3.7% RSP. Based on observed performance, DCF did not meet standard for Children <1 year old during FFY19 - 21. We had met the measure for children ages 1 - 5 in FFY19 and 21 but missed doing so in FFY20 by 0.2%. The measure was met for children >= 6 years old in FFY19 - 21. Performance for all race/ethnicity groups improved from FFY20 to FFY21, and all groups meet the standard.

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

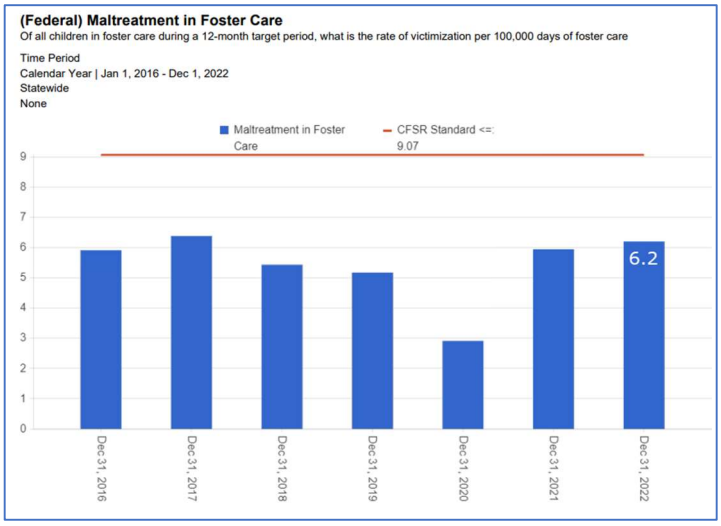
	National Performance		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Reentry to foster care	5.6% ▼	RSP		6.1%	4.6%	5.5%	5.8%	4.1%	3.7%		
		RSP interval		4.7%-7.8%[2]	3.5%-6.0%[2]	4.3%-7.0%[2]	4.5%-7.5%[2]	3.0%-5.6%[2]	2.8%-5.1%[1]		
		Data used		18B-20A	19A-20B	19B-21A	20A-21B	20B-22A	21A-22B		

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

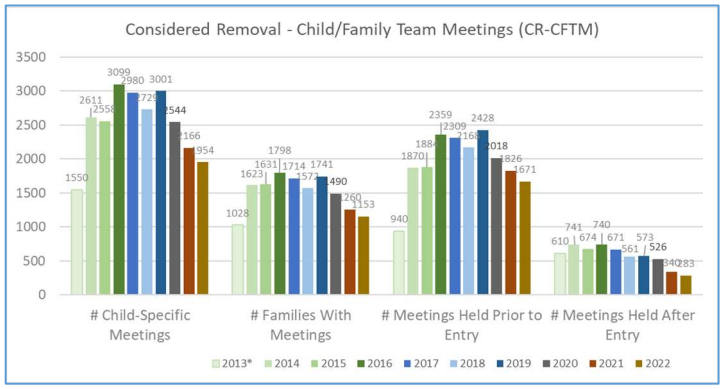
	Denominator (exits)			Numerator (reentries)			Percentage			Percent of total (exits)	Percent of total (reentries)
	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	21A21B	21A21B
Age at exit											
Total	**1,064**	**875**	**963**	**44**	**47**	**30**	**4.1%**	**5.4%**	**3.1%**	**100.0%**	**100.0%**
0 - 3 mos	31	20	16	6	3	1	19.4%	15.0%	6.3%	1.7%	3.3%
4 - 11 mos	49	28	27	4	3	4	8.2%	10.7%	14.8%	2.8%	13.3%
< 1 yr subtotal	**80**	**48**	**43**	**10**	**6**	**5**	**12.5%**	**12.5%**	**11.6%**	**4.5%**	**16.7%**
1 - 5 yrs	401	343	378	12	20	17	3.0%	5.8%	4.5%	39.3%	56.7%
6 - 10 yrs	289	227	250	12	12	2	4.2%	5.3%	0.8%	26.0%	6.7%
11 - 16 yrs	260	225	259	10	8	5	3.8%	3.6%	1.9%	26.9%	16.7%
17 yrs	34	32	33	0	1	1	0.0%	3.1%	3.0%	3.4%	3.3%
Race/ethnicity											
American Indian/Alaska Native	3	1	0	0	0	0	0.0%	0.0%		0.0%	0.0%
Asian	1	0	5	0	0	0	0.0%		0.0%	0.5%	0.0%
Black or African American	231	211	208	9	10	1	3.9%	4.7%	0.5%	21.6%	3.3%
Hispanic (of any race)	360	320	371	20	15	10	5.6%	4.7%	2.7%	38.5%	33.3%
Native Hawaiian/Other Pacific Islande	0	3	1	0	0	0		0.0%	0.0%	0.1%	0.0%
White	366	278	306	12	22	17	3.3%	7.9%	5.6%	31.8%	56.7%
Two or More	72	50	66	3	0	2	4.2%	0.0%	3.0%	6.9%	6.7%
Unknown/Unable to Determine	31	12	6	0	0	0	0.0%	0.0%	0.0%	0.6%	0.0%
Locality											
Fairfield County	192	172	209	12	12	1	6.3%	7.0%	0.5%	21.7%	3.3%
Hartford County	229	217	220	6	10	12	2.6%	4.6%	5.5%	22.8%	40.0%
Litchfield County	26	29	20	2	1	3	7.7%	3.4%	15.0%	2.1%	10.0%
Middlesex County	46	18	28	0	0	1	0.0%	0.0%	3.6%	2.9%	3.3%
New Haven County	287	228	286	12	11	9	4.2%	4.8%	3.1%	29.7%	30.0%
New London County	110	81	66	5	6	3	4.5%	7.4%	4.5%	6.9%	10.0%
Tolland County	113	72	61	1	3	1	0.9%	4.2%	1.6%	6.3%	3.3%
Windham County	61	58	73	6	4	0	9.8%	6.9%	0.0%	7.6%	0.0%

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

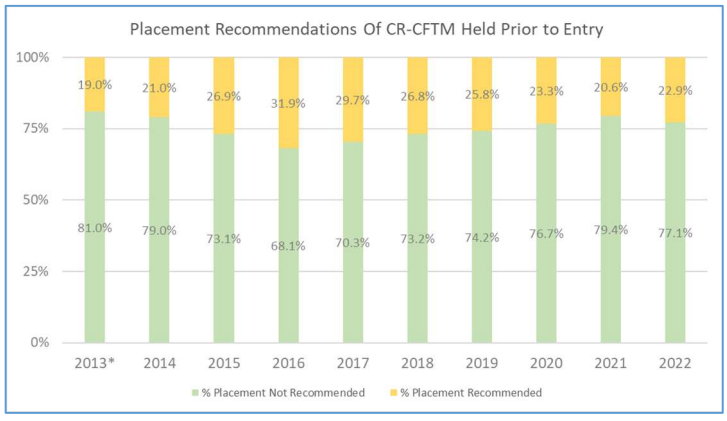
Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.



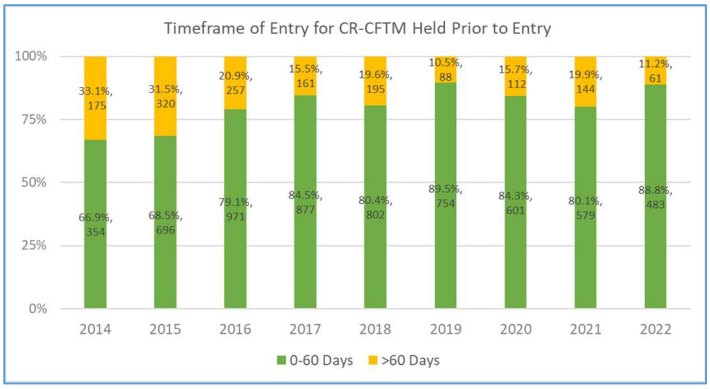
• Federal Maltreatment in Foster Care – CY16 – CY22: The following chart shows that CY22 performance declined slightly in CY22 compared to the previous four years but continues to meet the standard at 6.2.



• CR-CFTM Data – SFY 2014 – 2Q23 (**2023 data is partial as of 5/15/23)
• # Child Specific Team Meetings: 9.8% decrease in volume for SFY 2022 compared to SFY 2021
• #/% Meetings Held Prior: Volume decreased in SFY 2022, but proportion at highest rate yet observed at 85.5%



•#/% Children diverted from entering care: 2.3 percentage point decrease in SFY 2022 in proportion of meetings held resulting in diversion from foster care compared to SFY 2021



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

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

- CFSR Result: n=82, 51% Strength, 49% ANI
- CT CQI Result (CY22 Reviews): n=64, 40.6% Strength, 59.4% ANI
- ACRI Case practice elements – Strength % - CY 2015 – 1Q 2023 annual aggregation; <u>all comparisons made between CY 2015 and CY 2022</u>
- Risk & Safety – Child in Placement: 5 percentage point increase since CY 2015
- Risk & Safety – Child in Home: 9 percentage point increase since CY 2015

		Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
SI.No	Measure	%	%	%	%	%	%	%	%	%
10	Risk & Safety - Child in Placement	92%	90%	92%	93%	94%	95%	96%	97%	97%
11	Risk & Safety - Children in Home	69%	64%	67%	70%	66%	68%	80%	78%	73%

**2023 is partial data as of 5/10/2023*

- Timely Accurate SDM – Parents: 5 percentage point increase since CY 2015
- Timely Accurate SDM – Child: 5 percentage point decrease since CY 2015

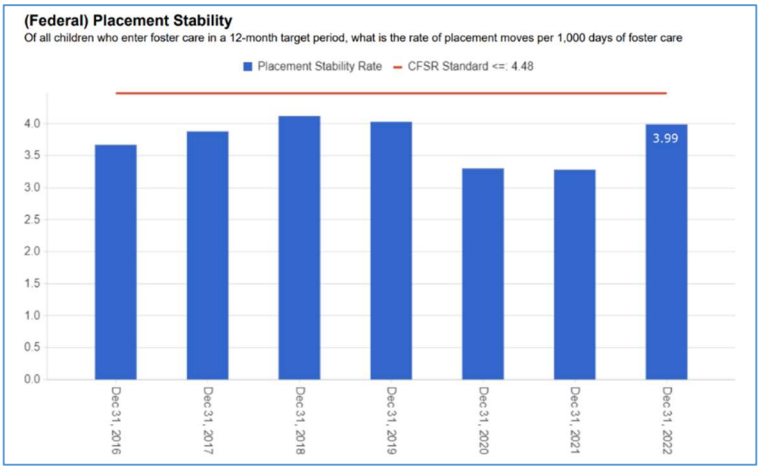
		Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
SI.No	Measure	%	%	%	%	%	%	%	%	%
22	Timely Accurate SDM - Parents	77%	77%	75%	76%	78%	79%	79%	83%	79%
23	Timely Accurate SDM - Child	84%	78%	74%	77%	76%	72%	79%	79%	59%

**2023 is partial data as of 5/10/2023*

- CY 2022 DRS Case Reviews: Timely Risk SDM, 96.6%; and Safety SDM, 94%
- CY 2022 DRS Case Reviews: Accurate Risk SDM, 89.7%; and Safety SDM, 90.1%
- CY 2022 DRS Case Reviews: Appropriate Safety Plan, monitored and updated: 82%
- CY 2022 DRS Case Reviews: Ongoing informal assessments (accurate): 80.5%

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

- CFSR Result: n=42, 86% Strength, 14% ANI
- CT CQI Result (CY22 Reviews): n=33, 72.7% Strength, 27.3% ANI
- ROM Federal Placement Stability - CY16 – CY22: Standard continues to be met but declined since last year with CY 2022 performance below the standard line at 3.99 moves/1k days.



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

	National Performance		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Placement stability (moves/1,000 days in care)	4.48 ▼	RSP				3.96	3.61	3.99	3.47	3.76	4.33
		RSP interval				3.74-4.19[1]	3.38-3.87[1]	3.71-4.29[1]	3.22-3.74[1]	3.49-4.06[1]	4.05-4.63[2]
		Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B

Observed performance on permanency indicators
Placement stability

	Denominator (days in care)			Numerator (moves)			Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	22A22B	22A22B
Age entry											
Total	**233,096**	**193,629**	**198,735**	**813**	**658**	**856**	**3.49**	**3.40**	**4.31**	**100.0%**	**100.0%**
0 - 3 mos	51,432	40,933	41,013	101	63	79	1.96	1.54	1.93	20.6%	9.2%
4 - 11 mos	17,376	17,183	14,156	55	55	44	3.17	3.20	3.11	7.1%	5.1%
< 1 yr subtotal	**68,808**	**58,116**	**55,169**	**156**	**118**	**123**	**2.27**	**2.03**	**2.23**	**27.8%**	**14.4%**
1 - 5 yrs	65,319	48,184	56,051	248	152	203	3.80	3.15	3.62	28.2%	23.7%
6 - 10 yrs	41,681	35,059	32,959	151	129	127	3.62	3.68	3.85	16.6%	14.8%
11 - 16 yrs	51,023	47,352	49,397	236	233	366	4.63	4.92	7.41	24.9%	42.8%
17 yrs	6,265	4,918	5,159	22	26	37	3.51	5.29	7.17	2.6%	4.3%
Race/ethnicity											
American Indian/Alaska Native	20	0	997	0	0	16	0.00		16.05	0.5%	1.9%
Asian	183	543	148	1	1	0	5.46	1.84	0.00	0.1%	0.0%
Black or African American	54,700	38,976	39,759	236	133	227	4.31	3.41	5.71	20.0%	26.5%
Hispanic (of any race)	78,848	68,570	69,670	278	248	296	3.53	3.62	4.25	35.1%	34.6%
Native Hawaiian/Other Pacific Islande	14	0	0	0	0	0	0.00			0.0%	0.0%
White	79,398	68,025	65,739	227	214	217	2.86	3.15	3.30	33.1%	25.4%
Two or More	17,995	16,132	20,452	58	58	99	3.22	3.60	4.84	10.3%	11.6%
Unknown/Unable to Determine	1,938	1,383	1,970	13	4	1	6.71	2.89	0.51	1.0%	0.1%
Locality											
Fairfield County	49,000	27,909	23,708	176	87	68	3.59	3.12	2.87	11.9%	7.9%
Hartford County	49,324	41,010	42,979	190	124	173	3.85	3.02	4.03	21.6%	20.2%
Litchfield County	6,608	8,546	7,418	21	40	35	3.18	4.68	4.72	3.7%	4.1%
Middlesex County	5,626	6,186	10,322	19	19	43	3.38	3.07	4.17	5.2%	5.0%
New Haven County	61,738	61,961	53,821	201	212	218	3.26	3.42	4.05	27.1%	25.5%
New London County	21,193	17,493	28,585	60	61	161	2.83	3.49	5.63	14.4%	18.8%
Tolland County	20,346	16,167	21,795	70	59	117	3.44	3.65	5.37	11.0%	13.7%
Windham County	19,261	14,357	10,107	76	56	41	3.95	3.90	4.06	5.1%	4.8%

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

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

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

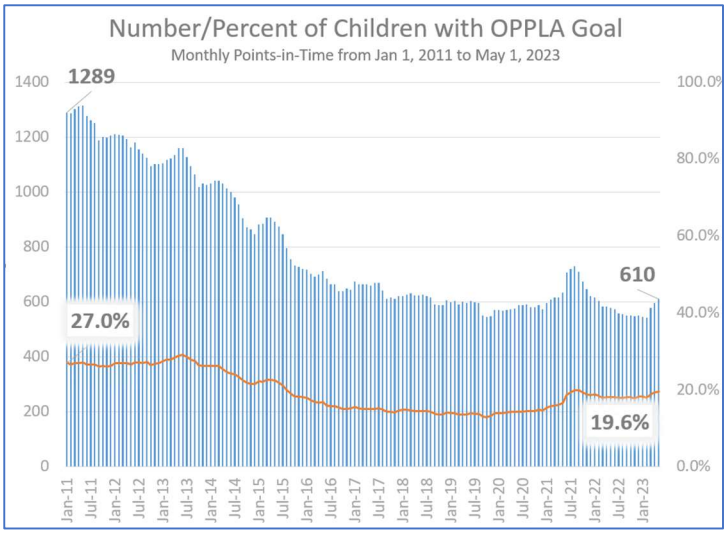
Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

- 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%
- ACRI Case Practice element – Strength % - CY 2018 – 1Q 2023 annual aggregation; <u>all comparisons made between CY 2015 and CY 2022</u>

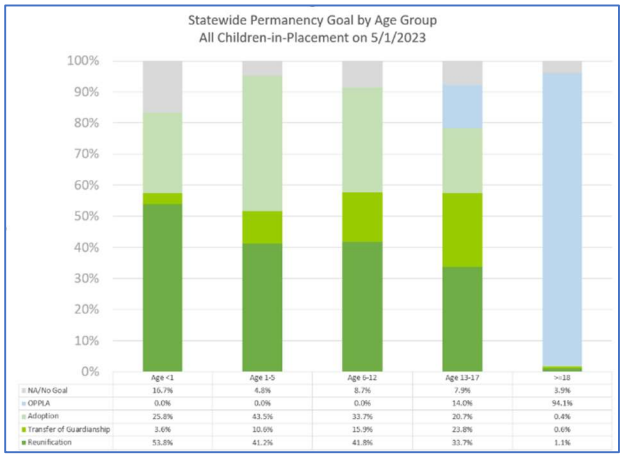
- Planning for Permanency (case plan contains appropriate permanency and concurrent goals): 2 percentage point increase since 2018

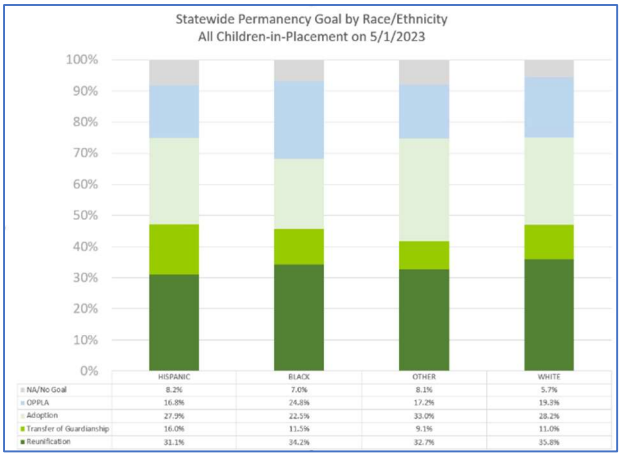
Sl.No	Measure	Statewide				
		2018	2019	2020	2021	2022
		Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%
54	Planning for Permanency	93%	94%	95%	95%	95%

- Trend in #/% of Children with OPPLA Goal: Volume and proportion up slightly compared to last year, ending with 19.6% of the total population in May 2023.



- **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.

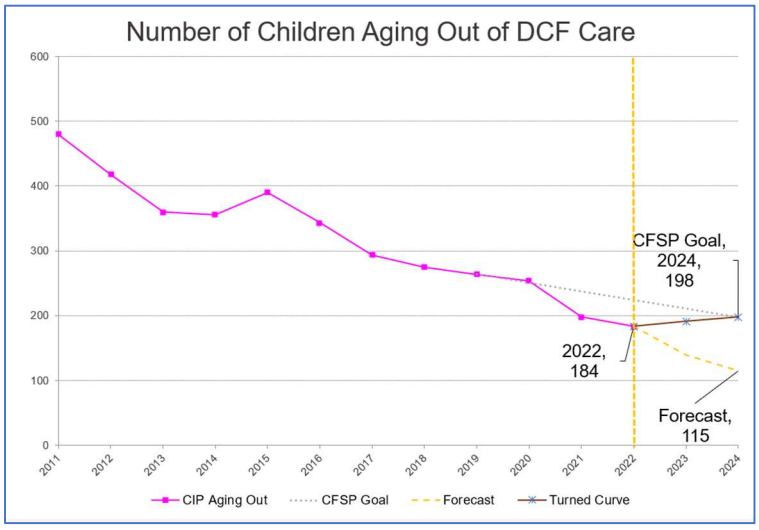
Cohort: Permanency Plans that were approved during FY22

APPLA/OPPLA Plans for FY22	
Total Number of Permanency Plans Approved	3579
Number of APPLA/OPPLA Plans Approved	697
Number of ILP Approved	214
Number of Long-Term Foster Care Approved	417
Number of Other Approved	64

- CFSR Result: n=41, 78% Strength, 22% ANI
- CT CQI Result (CY22 Reviews): n=33, 72.7% Strength, 27.3% ANI

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

- CFSP Objective: Number of youths aging out of care without legal or relational permanency will be reduced by 25%. We surpassed our goal last year and are forecasted to continue to decrease over time.



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

- CFSR National Data Indicator Results: *Permanency in 12 Months from Entry* - The national standard for achievement of permanency in 12 months from entry is >=35.2%, and the data for FFY 20B-21A shows most recent CT RSP at 22.6% overall. Observed performance for children of all ages and race/ethnicity groups did not meet the standard.

	National Performance		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 months (entries)	35.2% ▲	RSP	22.9%	22.2%	21.9%	22.0%	23.2%	22.6%			
		RSP interval	21.0%-24.8%[3]	20.4%-24.0%[3]	20.1%-23.8%[3]	20.1%-24.1%[3]	20.9%-25.7%[3]	20.2%-25.3%[3]			
		Data used	18A-20A	18B-20B	19A-21A	19B-21B	20A-22A	20B-22B			

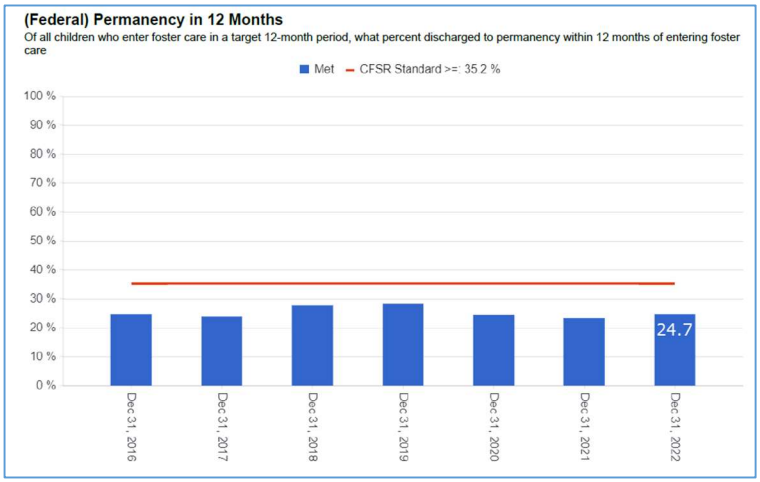
Observed performance on permanency indicators
Permanency in 12 months (entries)

	Denominator (entries)			Numerator (exits)			Percentage			Percent of total (entries)	Percent of total (exits)
	18B19A	19B20A	20B21A	18B19A	19B20A	20B21A	18B19A	19B20A	20B21A	20B21A	20B21A
Age at entry											
Total	**2,033**	**1,657**	**1,120**	**438**	**344**	**229**	**21.5%**	**20.8%**	**20.4%**	**100.0%**	**100.0%**
0 - 3 mos	330	308	273	84	51	62	25.5%	16.6%	22.7%	24.4%	27.1%
4 - 11 mos	122	109	82	26	22	9	21.3%	20.2%	11.0%	7.3%	3.9%
< 1 yr subtotal	**452**	**417**	**355**	**110**	**73**	**71**	**24.3%**	**17.5%**	**20.0%**	**31.7%**	**31.0%**
1 - 5 yrs	606	509	289	124	118	70	20.5%	23.2%	24.2%	25.8%	30.6%
6 - 10 yrs	429	313	195	110	80	40	25.6%	25.6%	20.5%	17.4%	17.5%
11 - 16 yrs	489	360	245	87	67	46	17.8%	18.6%	18.8%	21.9%	20.1%
17 yrs	57	58	36	7	6	2	12.3%	10.3%	5.6%	3.2%	0.9%
Race/ethnicity											
American Indian/Alaska Native	4	0	1	1	0	0	25.0%		0.0%	0.1%	0.0%
Asian	3	3	3	1	0	1	33.3%	0.0%	33.3%	0.3%	0.4%
Black or African American	474	372	229	91	69	36	19.2%	18.5%	15.7%	20.4%	15.7%
Hispanic (of any race)	697	571	397	138	118	79	19.8%	20.7%	19.9%	35.4%	34.5%
Native Hawaiian/Other Pacific Islande	0	3	0	0	3	0		100.0%		0.0%	0.0%
White	669	569	398	167	112	95	25.0%	19.7%	23.9%	35.5%	41.5%
Two or More	154	120	88	27	29	17	17.5%	24.2%	19.3%	7.9%	7.4%
Unknown/Unable to Determine	32	19	4	13	13	1	40.6%	68.4%	25.0%	0.4%	0.4%
Locality											
Fairfield County	346	324	185	76	80	46	22.0%	24.7%	24.9%	16.5%	20.1%
Hartford County	438	365	238	98	74	48	22.4%	20.3%	20.2%	21.3%	21.0%
Litchfield County	64	43	34	12	5	2	18.8%	11.6%	5.9%	3.0%	0.9%
Middlesex County	54	38	39	16	7	11	29.6%	18.4%	28.2%	3.5%	4.8%
New Haven County	611	459	342	119	100	55	19.5%	21.8%	16.1%	30.5%	24.0%
New London County	221	149	106	55	20	19	24.9%	13.4%	17.9%	9.5%	8.3%
Tolland County	149	140	87	34	31	18	22.8%	22.1%	20.7%	7.8%	7.9%
Windham County	150	139	89	28	27	30	18.7%	19.4%	33.7%	7.9%	13.1%

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

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

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



- ROM Federal Permanency in 12 Months: While the agency did experience some improvement related to this measure from CY 2018 to CY 2019, performance decreased from 28.4% in CY 2019 to 24.7% in CY 2020 and in CY 2022. These results largely mirror those from the national data indicator described above.

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP 12 - 23 Months* - the national standard for this measure is >=43.8%, and CT RSP for FFY 2022 is as good as national performance at 43%%. Observed performance for children < age 11 all met the standard. Observed performance for Black (42.9%) and Hispanics (40.1%) did not quite meet the standard and are less than Whites (50.2%) who did meet it.

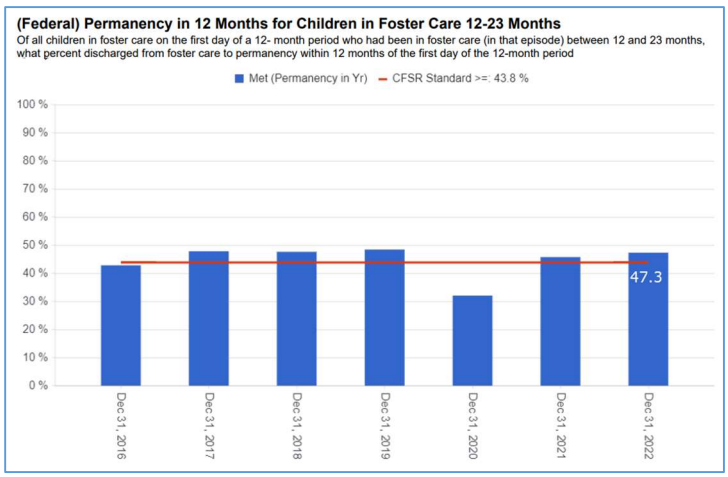
	National Performance		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 months (12-23 mos)	43.8% ▲	RSP				44.1%	34.4%	32.5%	37.1%	42.8%	43.0%
		RSP interval				41.2%-47.1%[2]	31.8%-37.2%[3]	29.9%-35.2%[3]	34.5%-39.8%[3]	39.9%-45.8%[2]	39.6%-46.4%[2]
		Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B

Observed performance on permanency indicators
Permanency in 12 months (12-23 months)

	Denominator (in care)			Numerator (exits)			Percentage			Percent of total (in care)	Percent of total (exits)
	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	22A22B	22A22B
Age on 1st day											
Total	**1,099**	**1,182**	**710**	**375**	**446**	**317**	**34.1%**	**37.7%**	**44.6%**	**100.0%**	**100.0%**
1 - 5 yrs	526	599	405	217	250	198	41.3%	41.7%	48.9%	57.0%	62.5%
6 - 10 yrs	231	265	122	74	107	61	32.0%	40.4%	50.0%	17.2%	19.2%
11 - 16 yrs	273	267	161	78	82	55	28.6%	30.7%	34.2%	22.7%	17.4%
17 yrs	69	51	22	6	7	3	8.7%	13.7%	13.6%	3.1%	0.9%
Race/ethnicity											
American Indian/Alaska Native	3	0	1	1	0	1	33.3%		100.0%	0.1%	0.3%
Asian	4	3	2	0	2	0	0.0%	66.7%	0.0%	0.3%	0.0%
Black or African American	246	286	175	66	103	75	26.8%	36.0%	42.9%	24.6%	23.7%
Hispanic (of any race)	417	408	242	156	163	97	37.4%	40.0%	40.1%	34.1%	30.6%
Native Hawaiian/Other Pacific Islander	1	0	0	0	0	0	0.0%			0.0%	0.0%
White	325	392	235	119	156	118	36.6%	39.8%	50.2%	33.1%	37.2%
Two or More	88	90	53	30	22	26	34.1%	24.4%	49.1%	7.5%	8.2%
Unknown/Unable to Determine	15	3	2	3	0	0	20.0%	0.0%	0.0%	0.3%	0.0%
Locality											
Fairfield County	148	195	132	45	64	59	30.4%	32.8%	44.7%	18.6%	18.6%
Hartford County	268	248	153	100	110	82	37.3%	44.4%	53.6%	21.5%	25.9%
Litchfield County	36	34	22	12	12	13	33.3%	35.3%	59.1%	3.1%	4.1%
Middlesex County	29	29	23	12	17	12	41.4%	58.6%	52.2%	3.2%	3.8%
New Haven County	352	353	193	108	122	72	30.7%	34.6%	37.3%	27.2%	22.7%
New London County	112	143	67	45	58	25	40.2%	40.6%	37.3%	9.4%	7.9%
Tolland County	73	79	58	30	23	20	41.1%	29.1%	34.5%	8.2%	6.3%
Windham County	81	101	62	23	40	34	28.4%	39.6%	54.8%	8.7%	10.7%

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

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



• ROM Federal Permanency in 12 Months for CIP 12-23 Months: Performance improved from 31.9% in CY 2020 to 52.7% in CY 2022, which again meets the standard and shows that poor performance in CY 2020 can largely be attributed to pandemic response delays.

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP >=24 Months* - the national standard for this measure is >=37.3%, and CT RSP for FFY 2022 is as good as national performance at 39%. Observed performance for children ages <=10 met the standard with a wide margin, but for 11 - 16-year-olds we are well under the standard at 28.7%, and far under it for 17-year-old youth (7.7%). Observed performance for

Black/African Americans (40.6%) and Hispanics (40.2%) are very similar, and meets the standard, but are much lower than that for White (46.4%) children.

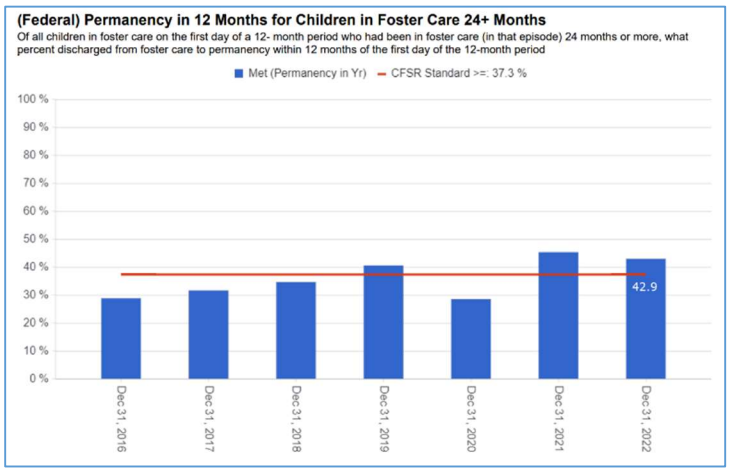
	National Performance		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 months (24+ mos)	37.3% ▲	RSP				36.8%	31.0%	26.6%	39.0%	38.8%	39.0%
		RSP interval				34.2%-39.5%[2]	28.5%-33.6%[3]	24.1%-29.2%[3]	36.6%-41.5%[2]	36.5%-41.1%[2]	36.7%-41.4%[2]
		Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B

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

	Denominator (in care)			Numerator (exits)			Percentage			Percent of total (in care)	Percent of total (exits)
	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	22A22B	22A22B
Age on 1st day											
Total	**1,040**	**1,223**	**1,265**	**327**	**508**	**539**	**31.4%**	**41.5%**	**42.6%**	**100.0%**	**100.0%**
1 - 5 yrs	294	351	414	169	196	246	57.5%	55.8%	59.4%	32.7%	45.6%
6 - 10 yrs	244	317	313	82	171	163	33.6%	53.9%	52.1%	24.7%	30.2%
11 - 16 yrs	368	438	421	65	132	121	17.7%	30.1%	28.7%	33.3%	22.4%
17 yrs	134	117	117	11	9	9	8.2%	7.7%	7.7%	9.2%	1.7%
Race/ethnicity											
American Indian/Alaska Native	0	2	1	0	1	0		50.0%	0.0%	0.1%	0.0%
Asian	1	4	1	0	3	0	0.0%	75.0%	0.0%	0.1%	0.0%
Black or African American	248	298	311	81	108	127	32.7%	36.2%	40.8%	24.6%	23.6%
Hispanic (of any race)	382	438	445	125	189	180	32.7%	43.2%	40.4%	35.2%	33.4%
Native Hawaiian/Other Pacific Islander	0	1	0	0	1	0		100.0%		0.0%	0.0%
White	316	362	377	90	160	175	28.5%	44.2%	46.4%	29.8%	32.5%
Two or More	80	104	123	25	37	55	31.3%	35.6%	44.7%	9.7%	10.2%
Unknown/Unable to Determine	13	14	7	6	9	2	46.2%	64.3%	28.6%	0.6%	0.4%
Locality											
Fairfield County	171	187	206	56	78	92	32.7%	41.7%	44.7%	16.3%	17.1%
Hartford County	230	270	256	89	121	110	38.7%	44.8%	43.0%	20.2%	20.4%
Litchfield County	48	48	46	18	20	21	37.5%	41.7%	45.7%	3.6%	3.9%
Middlesex County	29	41	32	5	17	11	17.2%	41.5%	34.4%	2.5%	2.0%
New Haven County	345	414	436	86	158	167	24.9%	38.2%	38.3%	34.5%	31.0%
New London County	92	109	132	37	47	70	40.2%	43.1%	53.0%	10.4%	13.0%
Tolland County	77	80	77	22	37	31	28.6%	46.3%	40.3%	6.1%	5.8%
Windham County	48	74	80	14	30	37	29.2%	40.5%	46.3%	6.3%	6.9%

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

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



- ROM Federal Permanency in 12 Months for CIP >=24 Months: Performance improved from 28.6% in CY 2020 to 42.9% in CY 2022, which again meets the standard and shows that poor performance in CY 2020 can largely be attributed to pandemic response delays.

- Judicial Data concerning Time to Permanent Placement for SFY22

Time to Permanent Placement

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

Cohort: Children who exited care by adoption, transfer of guardianship or reunification during FY22

FY22									
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	504	19	49	100	1163	1049	4%	10%	20%
Transfer of Guardianship	163	30	53	83	770	706	18%	33%	51%
Reunification	433	209	279	332	473	384	48%	64%	77%

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

- CFSR Result: n=21, 76% Strength, 24% ANI
- CT CQI Result (CY22 Reviews): n=20, 65% Strength, 35% ANI
- CIP Dashboard Since 2011 - % CIP In Kin Placement Jan 2011 – April 2023
  - **21.0%** in Kinship Care on Jan 1, 2011 (17.3% in Relative only)
  - **40.4%** in Kinship Care on May 1, 2022 (33.2% in Relative only)

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

- CFSR Result: n=28, 75% Strength, 25% ANI
- CT CQI Result (CY22 Reviews): n=27, 55.6% Strength, 44.4% ANI
- 2022 Child Visitation Study Results

DCF Quality Improvement reviewers conducted a study of 149 target children, who were under the care and custody of the Commissioner of DCF for at least one week between July 1, 2021, and June 30, 2022. Each child's visitation with their parents, and each of their identified siblings were evaluated. Compliance with the statute was operationalized at the target child and sibling level, resulting in a measurement for 286 sibling pairs. Of the 286 sibling pairs, the most common visitation expectation was at least weekly. There were 76 sibling pairs in which the visitation expectation was "None" or "Unable to Determine (UTD)" and are excluded from the sample because the expectation is not known. In the remaining 210 sibling pairs, the expectation was met for **136 (64.7%)** sibling pairs.

The most common barrier throughout the years continues to be parent/guardians refusing to allow visitation or canceling or simply not attending scheduled visits. Visitation among siblings, parents and children in placement is currently facilitated by multiple providers in addition to DCF. In consultation with DCF, congregate care facilities routinely arrange and often supervise visitations between their residents and family members. Additionally, DCF foster parents, therapeutic foster parents and child placing agencies have a role in facilitating visitation. Credentialed providers of visitation services also play a role in this activity. Visitation facilitated directly by DCF Social Workers and Case Aides, and assuming adequate information can be obtained from such providers and entered in the DCF case management system, help to ensure compliance with the statute.

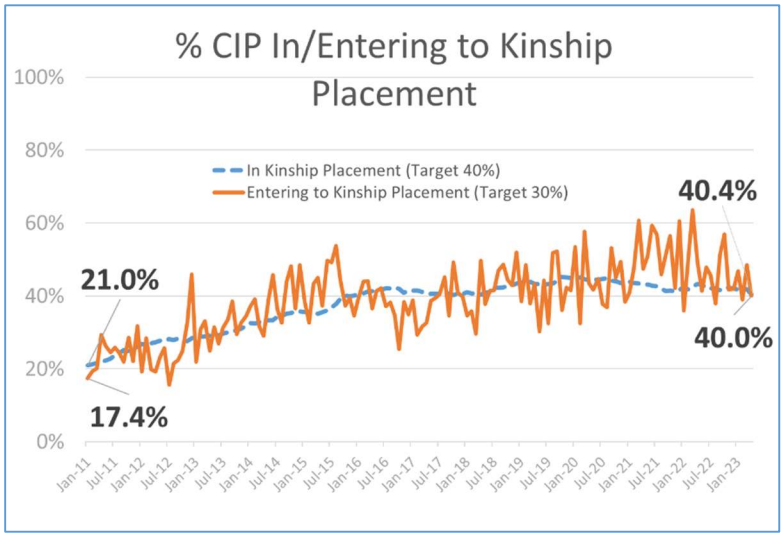
Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

- CFSR Result: n=42, 50% Strength, 50% ANI
- CT CQI Result (CY22 Reviews): n=33, 48.5% Strength, 51.5% ANI
- Administrative Care Review Instrument (ACRI)- Case Practice Elements
- Maternal Relatives: 4 percentage point improvement since CY 2015
- Paternal Relatives: 6 percentage point improvement since CY 2015

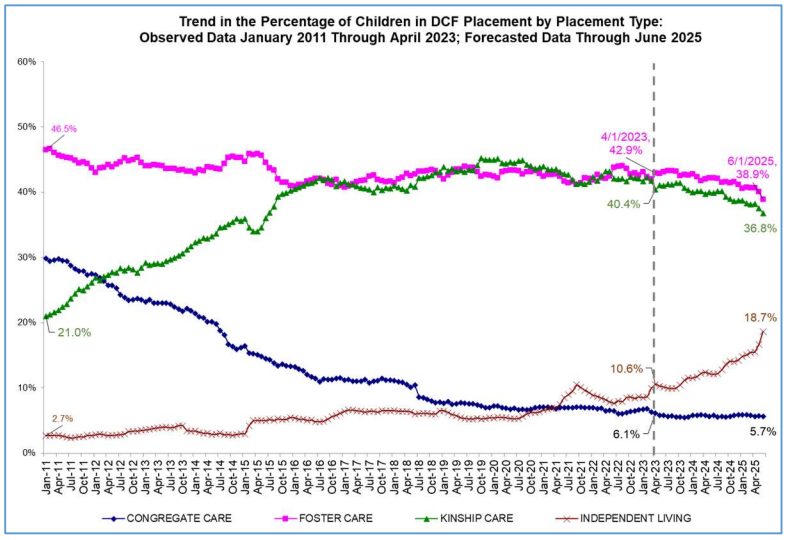
Sl.No	Measure	Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%
34	Maternal relatives	93%	93%	93%	94%	95%	96%	96%	97%	98%
35	Paternal relatives	90%	91%	89%	91%	92%	95%	95%	96%	97%

*2023 is partial data as of 5/10/2023

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

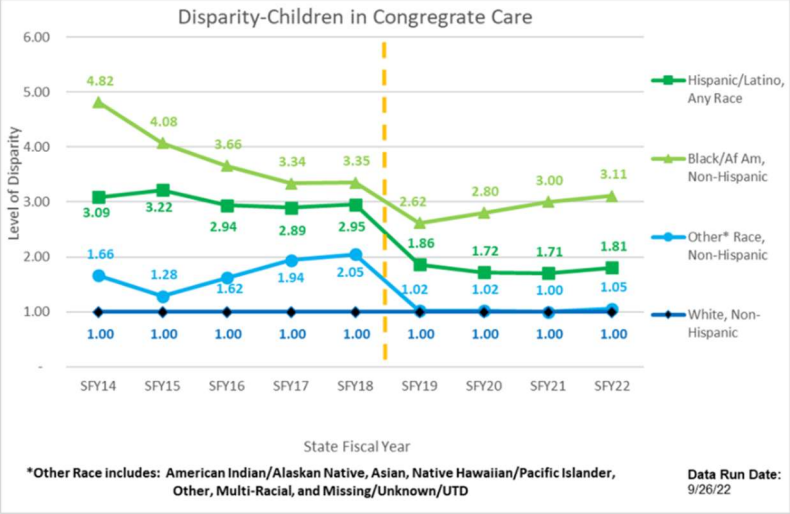


- CFSP Objective: 40% of all initial placements and 30% of overall placements will be with relatives and kin: During the month of April 2022, 49.2% of initial placements were with kin, and on May 1, 2022, 43.5% of children were in kinship placements, exceeding both our goals. Also, while monthly initial kinship placement rates are volatile there is a clearly increasing trend in this rate since late 2016.



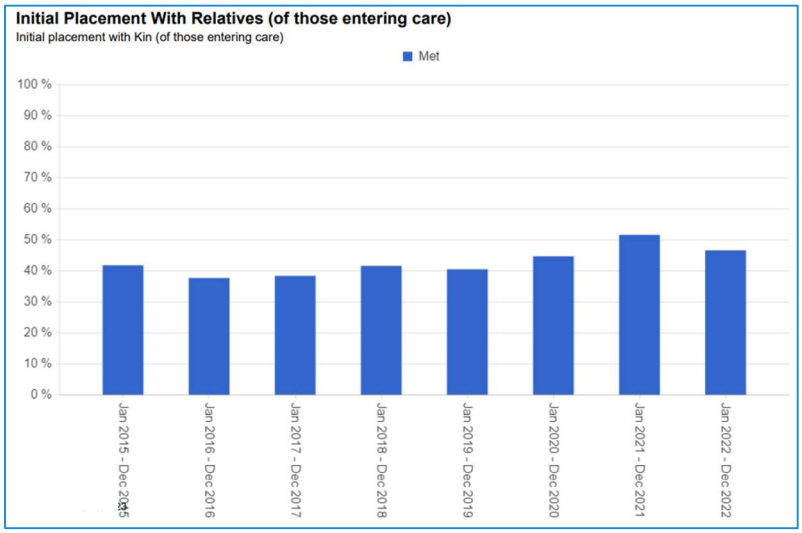
- Number of children in Congregate Care settings will be no more than 10% of total CIP: As of April 1, 2023, only 6.1% of children in placement were in Congregate Care, exceeding our goal by 3.9%

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

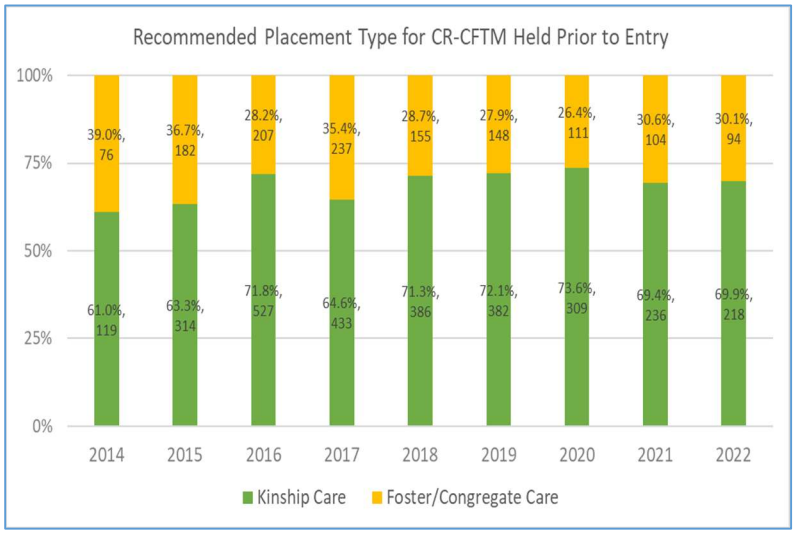


- SFY Comparison in CIP in Congregate Care Disparity Rates: Shows incline in disparity for Hispanic, Black, and Other race children. It is important to note that there is a minimal disparity gap between Other and White children in Congregate Care

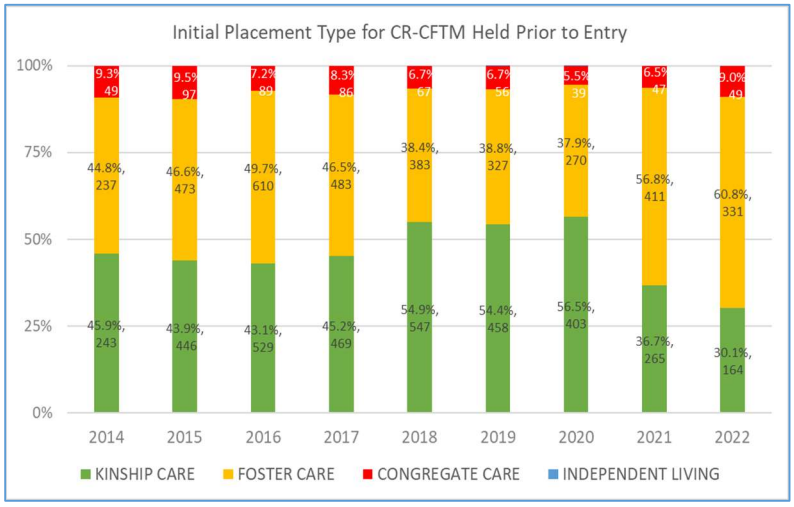
- CFSR Result: n=42, 62% Strength, 38% ANI
- CT CQI Result (CY22 Reviews): n=33, 90.9% Strength, 9.1% ANI



- ROM Initial Placement with Kin CY15 – CY 2022: annual results show an almost 7% increase from CY 2020 to CY 2021, to the highest proportion since CY 2015.



- CR-CFTM Data: % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation SFY 2014 – 2022: Slightly more recommendations made for Kinship placements in SFY 2022 (69.9%) compared to SFY 2021 (69.4%)



- Of entries, #/% children placed with relatives/ kin: Decrease in actual initial placements with Kin during SFY 2022 (30.1%) compared to SFY 2021 (36.7%)

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

- CFSR Result: n=24, 67% Strength, 33% ANI
- CT CQI Result (CY22 Reviews): n=24, 41.2% Strength, 58.3% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2022 and 1Q 2023
  - Continuity of Relationship – Child w/Parents: 4 percentage point improvement since CY 2015
  - Continuity of Relationship – Child w/Mothers: 6 percentage point improvement since CY 2015
  - Continuity of Relationship – Child w/Fathers: 4 percentage point improvement since CY 2015

		Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%
12	Continuity of Relationship - Child w/ Parents	91%	92%	91%	92%	94%	94%	95%	95%	94%
13	Continuity of Relationship - Child w/ Fathers	88%	90%	88%	89%	91%	91%	92%	94%	93%
14	Continuity of Relationship - Child w/ Mothers	93%	94%	94%	95%	96%	95%	97%	97%	95%

**2023 is partial data as of 5/10/2023*

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

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

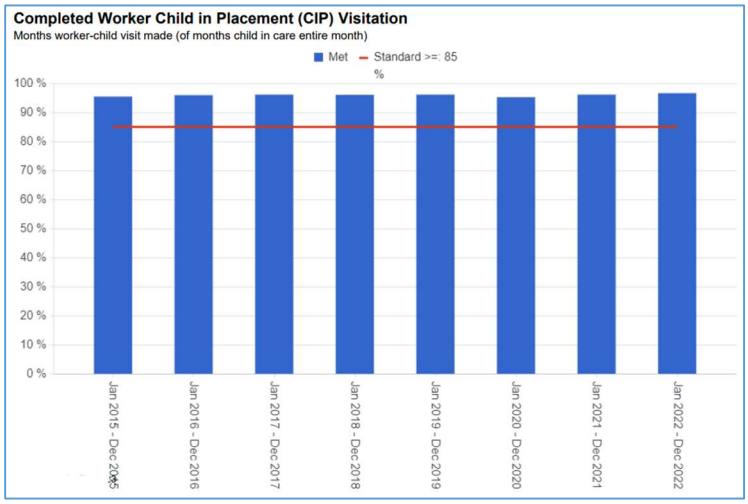
Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
REFER TO SYSTEMIC FACTOR SECTIONS ON CASE REVIEW

- CFSR Result: n=55, 41% Strength, 59% ANI

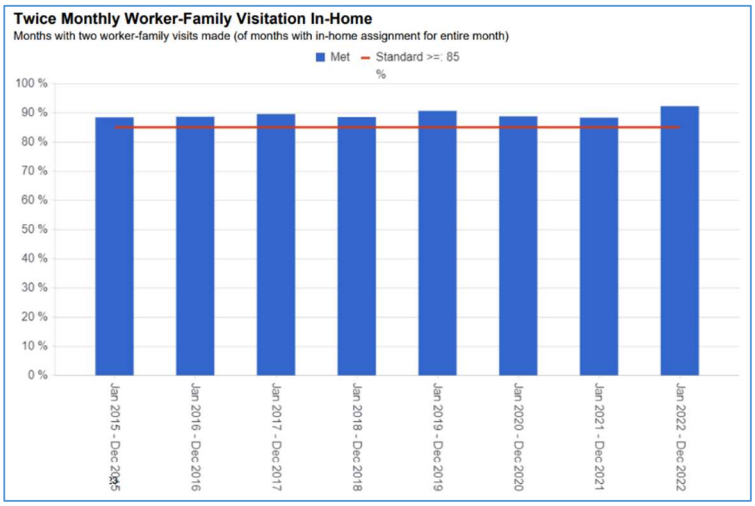
- CT CQI Result (CY22 Reviews): n=59, 33.9% Strength, 66.1% ANI

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

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



- ROM CIP Visitation - CY 2015 – CY 2022: 6.1% increase in CY 2020 (96.3%) year since CY 2015



- ROM EP# 17 - CY 2015 – CY 2022: 0.4% decline in CY 2021 (88.3%) from CY 2020 (88.7%)

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2022 and 1Q 2023
- Visitation with Child and Parents: 9 percentage point improvement since CY 2015
- Frequency of Visits – Parents: 7 percentage point improvement since CY 2015
- Frequency of Visits – Father: 7 percentage point improvement since CY 2015
- Frequency of Visits – Mother: 6 percentage point improvement since CY 2015
- Quality of Visits – Parents: 11 percentage point improvement since CY 2015
- Quality of Visits – Father: 11 percentage point improvement since CY 2015
- Quality of Visits – Mother: 9 percentage point improvement since CY 2015
- Frequency of Visits – Child: 15 percentage point improvement since CY 2015
- Quality of Visits – Child: 16 percentage point improvement since CY 2015

Sl.No	Measure	Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%
1	Visitation with Child and Parents	63%	65%	63%	63%	64%	68%	69%	72%	69%
2	Frequency of visits - Parents	63%	66%	64%	65%	66%	69%	70%	70%	65%
3	Frequency of visits - Father	58%	60%	55%	57%	59%	61%	64%	65%	60%
4	Frequency of visits - Mother	68%	71%	72%	72%	73%	76%	76%	74%	69%
5	Quality of visits - Parents	65%	70%	69%	69%	70%	72%	74%	76%	71%
6	Quality of visits - Father	60%	64%	61%	62%	64%	65%	68%	71%	67%
7	Quality of visits - Mother	70%	75%	76%	75%	76%	78%	79%	79%	75%
8	Frequency of visits - Child	75%	81%	83%	84%	85%	87%	89%	90%	89%
9	Quality of visits - Child	76%	82%	85%	86%	87%	90%	91%	92%	91%

**2023 is partial data as of 5/10/2023*

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

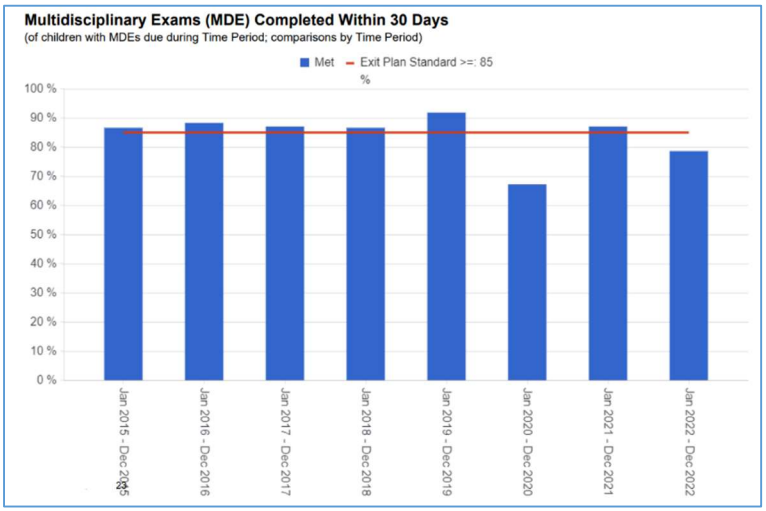
- CFSR Result: n=53, 85% Strength, 15% ANI
- CT CQI Result (CY22 Reviews): n=43, 81.4% Strength, 18.6% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2022 and 1Q 2023
  - Educational/development needs – Child: 2 percentage point improvement since CY 2015
  - Educ/development needs assessed – Child: 2 percentage point improvement since CY 2015
  - Educ/development needs addressed – Child: 2 percentage point improvement since CY 2015

Sl.No	Measure	Statewide								
		2015	2016	2017	2018	2019	2020	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%
26	Educational/development needs - Child	94%	94%	94%	94%	94%	94%	94%	96%	96%
32	Education/development needs assessed - Child	95%	95%	95%	95%	95%	95%	95%	97%	97%
33	Education/development needs addressed - Child	95%	95%	95%	95%	94%	95%	95%	97%	96%

**2023 is partial data as of 5/10/2023*

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

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



- ROM Multidisciplinary Exams (MDE) Completed Within 30 Days CY 2015 – CY 2022: Improvement in CY 2021 (87.5%) compared to CY 2020 (67.3%) due to COVID-19 restrictions on in-person contact during much of CY 2020 and continuing into CY 2021. The requirement for MDE completion within 30 days was waived by Executive Order 7M effective 3/25/20, which did not expire until 4/19/21. Providers struggled with maintaining adequate staffing during CY22 which led to a decline in performance on this indicator. This coming fiscal year DCF has implemented a revised statewide standardization process that includes more

clear expectations for sending of referrals, specifies appropriate follow-up measures and timelines for taking those steps as well.

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2022 and 1Q 2023
  - Physical Healthcare needs – Child: 1 percentage point increase since CY 2015
  - SA/Social Support/MH needs – Child: 2 percentage point increase since CY 2015
  - Physical Healthcare needs assessed – Child: 1 percentage point increase since CY 2015
  - Physical Healthcare needs addressed – Child: 3 percentage point increase 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	2021	2022	2023*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%
24	Physical health care - Child	84%	83%	84%	83%	84%	84%	84%	85%	81%
25	SA/Social Support/MH - Child	87%	88%	88%	88%	88%	89%	89%	89%	87%
27	Physical health care needs assessed - Child	96%	95%	95%	96%	96%	95%	95%	97%	96%
28	Physical health care needs addressed - Child	92%	92%	93%	93%	94%	94%	94%	95%	93%
29	Dental health care needs assessed - Child	93%	92%	93%	92%	92%	90%	91%	92%	90%
30	Dental health care needs addressed - Child	91%	91%	91%	90%	90%	89%	88%	90%	88%
31	Vision needs - Child	95%	94%	95%	93%	94%	93%	93%	94%	92%

**2023 is partial data as of 5/10/2023*

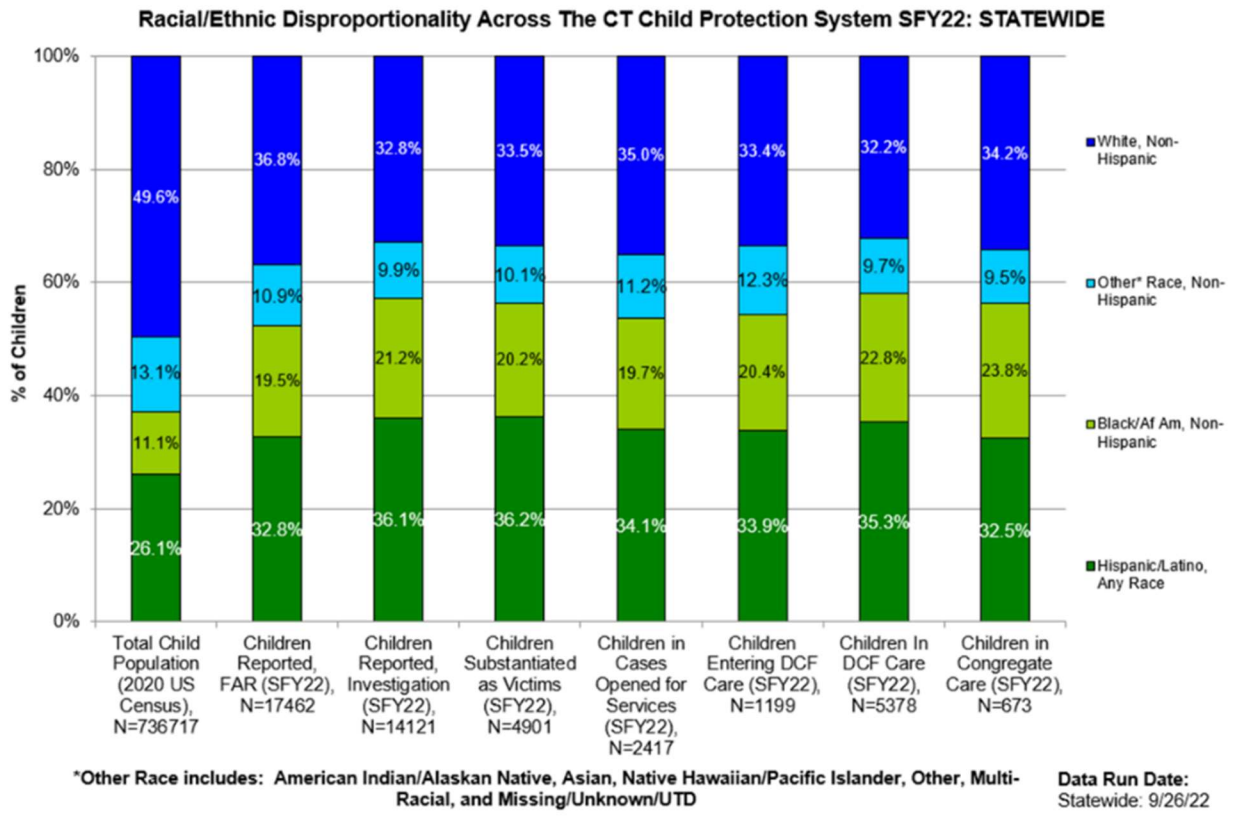
Item 19: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

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

AFCARS Data Quality Checks

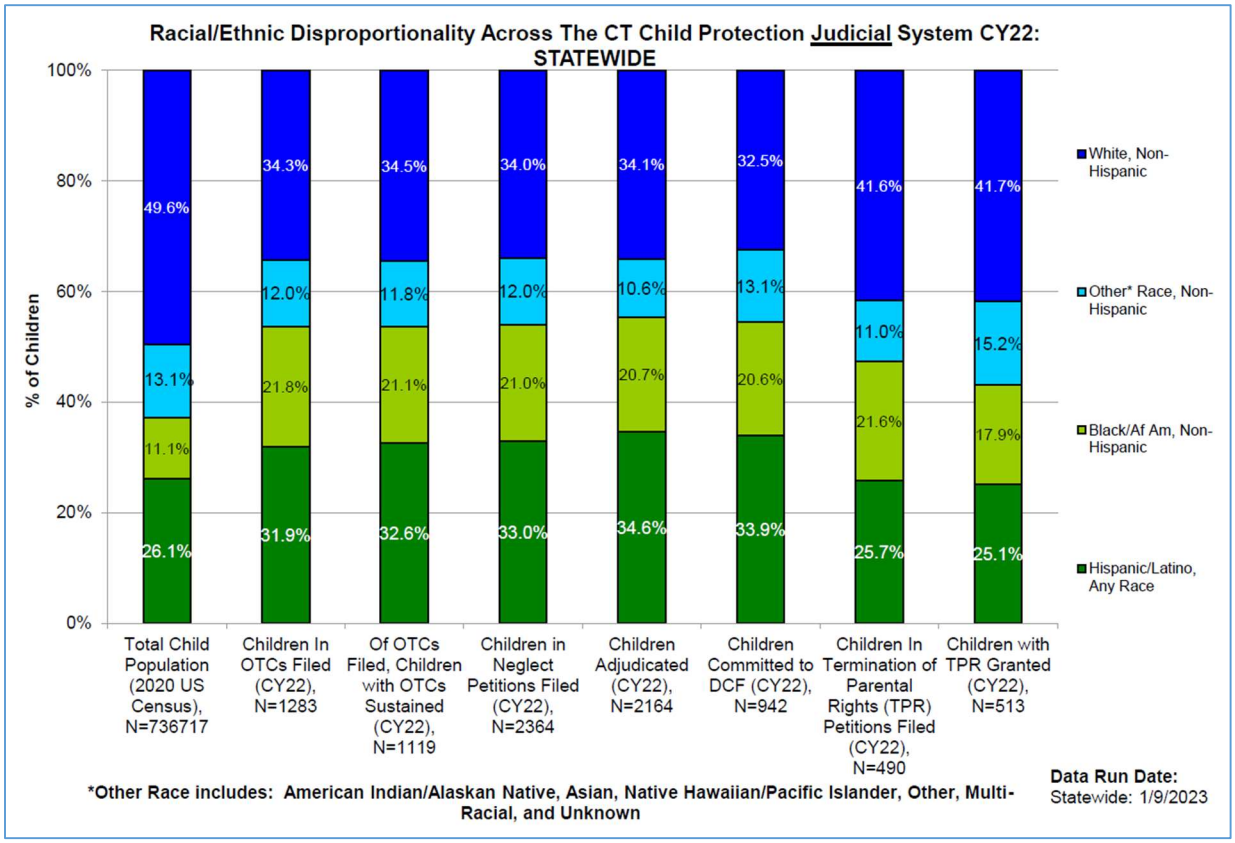
	Limit	MFC	Perm	PS	18A	18B	19A	19B	20A	20B	21A	21B	22A	22B
AFCARS IDs don't match from one period to next	> 40%	•	•	•	18.5%	19.1%	18.1%	19.8%	20.4%	13.0%	18.1%	21.9%	20.5%	
Date of birth after date of entry	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	>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

- SFY 2022 Disproportionality Pathway (Statewide) Chart: Please note a change in the base population to the Census 2020 results, rather than the previously utilized Census 2010 population.



The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department continues to have strong data suites that are accessible by all staff, to support the evaluation of practice and outcomes through a racial justice lens. This includes ensuring that there are reports, dashboards, data tools, and filters that allow the Department to disaggregate its data by race and ethnicity. Such analyses allow DCF to assess its progress in reducing disproportionality across its pathway (e.g., decision points/events). The Department is very fortunate to have multiple data suites related to racial justice that can assist the agency in looking at trends and can be used for consideration of strategies. Agency data indicates that the department continues to struggle with achieving timely permanency in 12 months for all children in care, but through increased placement with kin, we anticipate demonstrating improvement on this outcome. We have demonstrated progress on the two point-in-time measures however, with significant improvements since CY 2020 for all race/ethnicity groups. However, the outcomes for both Black and Hispanic children on those measures are less than that for those who are White. These data are used by the Statewide Racial Justice Workgroup, a partnership between DCF and many external stakeholders including people with lived experience, the Statewide and Regional Advisory Councils, and individual Area Office Diversity Action Teams, to inform initiatives intended to reduce or eliminate racial disparities across the child welfare system.

The Department has also engaged in collaboration with the CT Superior Court for Juvenile Matters to support their efforts to understand racial disparity by developing a similar pathway highlighting decision points across child welfare court decision points. This nascent work is expected to continue and expand throughout the next year. The following chart shows the draft pathway for child welfare cases in the court.



- Federal Permanency in 12 Months for CY2022
  - Black - 21%
  - Hispanic – 25.5%
  - White – 26.1%
- Federal Permanency in 12 Months for CIP 12 - 24 Months for CY2022
  - Black – 49.4%
  - Hispanic – 45.1%
  - White – 59.4%
- Federal Permanency in 12 Months for CIP > 24 Months for CY2022
  - Black - 38%
  - Hispanic – 42.1%
  - White – 46.6%

The work of the DCF Statewide Racial Justice Workgroup 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.

#CIP	AGE GROU					
RACE/ETHNICITY AND SEX ASSIGNED AT BIRTH	<1	1 - 5	6 - 12	13-17	>=18	Grand Total
Hispanic (any Race)	**59**	**324**	**242**	**251**	**160**	**1036**
Female	28	149	119	143	88	527
Male	31	175	123	108	72	509
White (Non-Hispanic)	**91**	**306**	**213**	**208**	**159**	**977**
Female	48	156	86	111	71	472
Male	43	150	127	97	88	505
Black/African American (Non-Hispanic)	**48**	**189**	**160**	**153**	**168**	**718**
Female	25	97	82	77	81	362
Male	23	92	78	76	87	356
Multi-Race (Non-Hispanic)	**9**	**83**	**77**	**54**	**29**	**252**
Female	7	38	33	30	16	124
Male	2	45	44	24	13	128
Unknown (Non-Hispanic)	**4**	**11**	**6**	**6**	**2**	**29**
Female	2	7	2	4	2	17
Male	2	4	4	2		12
Asian (Non-Hispanic)			**1**	**2**	**7**	**10**
Female				1	6	7
Male			1	1	1	3
American Indian Or Alaskan Native (Non-Hispanic)		**2**	**3**		**2**	**7**
Female		1	2			3
Male		1	1		2	4
Grand Total	**211**	**915**	**702**	**674**	**527**	**3029**

- Placement/Permanency Monitoring Report: Children in placement on 5/22/23 by Age, Race/Ethnicity and Sex Assigned at Birth

	LOS (MONTH		
PERMANENCY GOAL	<2	>=2	nd Total
#CIP			
Reunification	50	961	1011
Transfer of Guardianship	4	402	406
Adoption	1	840	841
Another Planned Permanent Living Arrangeme	4	586	590
(blank)	154	27	181
%CIP			
Reunification	1.7%	31.7%	33.4%
Transfer of Guardianship	0.1%	13.3%	13.4%
Adoption	0.0%	27.7%	27.8%
Another Planned Permanent Living Arrangeme	0.1%	19.3%	19.5%
(blank)	5.1%	0.9%	6.0%
Total #CIP	**213**	**2816**	**3029**
Total %CIP	**7.0%**	**93.0%**	**100.0%**

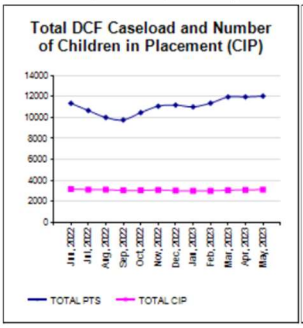
- Placement/Permanency Report: Children in placement on 5/22/23 by Length of Stay (LOS) and Current Case Plan Goal

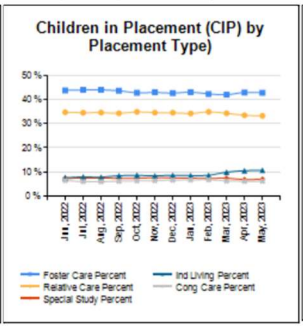
	AGE GROUP					
LEGAL STATUS	<1	1 - 5	6 - 12	13-17	>=18	Grand Total
#CIP						
96 Hour Hold			2	1		3
Order Of Temporary Custody	106	125	111	85		427
Commitment Abuse/Neglect/Uncared For	95	638	477	455	1	1666
Statutory Parent	9	144	111	123		387
Protective Supervision	1	3	1			5
Probate Court Custody				1		1
Not Committed		5		9	526	540
%CIP						
96 Hour Hold	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%
Order Of Temporary Custody	3.5%	4.1%	3.7%	2.8%	0.0%	14.1%
Commitment Abuse/Neglect/Uncared For	3.1%	21.1%	15.7%	15.0%	0.0%	55.0%
Statutory Parent	0.3%	4.8%	3.7%	4.1%	0.0%	12.8%
Protective Supervision	0.0%	0.1%	0.0%	0.0%	0.0%	0.2%
Probate Court Custody	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Not Committed	0.0%	0.2%	0.0%	0.3%	17.4%	17.8%
Total #CIP	**211**	**915**	**702**	**674**	**527**	**3029**
Total %CIP	**7.0%**	**30.2%**	**23.2%**	**22.3%**	**17.4%**	**100.0%**

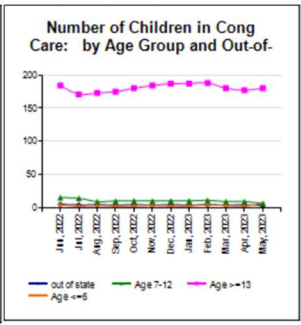
- Placement/Permanency Report: Children in placement on 5/22/23 by Legal Status and Age Group

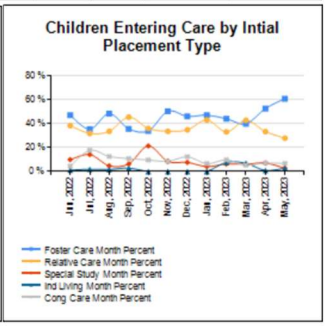
- CIP Dashboard: Children in placement on the 1st of each month from 6/1/22 – 5/1/23 by Placement Type, and Children entering placement during each month by Initial Placement Type

CIP DASHBOARD			% of Total Children-in-Placement (CIP)					# in Congregate Care Subgroups				# and % of Children Entering Placement During Time Period					
			Family Foster Care						Age Group				Kinship Care				
Observation Date	Total Caseload Points	Total CIP	Foster Care	Relative Care	Special Study	Independent Living	Congregate Care	Out of State	>=13	7-12	<6	Entries During Period	Relative Care	Special Study	Foster Care	Congregate Care	Independent Living
06/01/2022	11,354	3,177	43.8 %	34.7 %	7.4 %	7.6 %	6.5 %	6	184	16	5	92	38.0 %	9.8 %	46.7 %	4.3 %	1.1 %
07/01/2022	10,663	3,126	44.0 %	34.5 %	7.5 %	8.0 %	6.0 %	5	171	15	3	114	31.6 %	14.0 %	35.1 %	17.5 %	1.8 %
08/01/2022	10,001	3,107	44.0 %	34.6 %	7.5 %	7.9 %	6.0 %	5	173	10	4	129	33.3 %	4.7 %	48.1 %	12.4 %	1.6 %
09/01/2022	9,772	3,055	43.6 %	34.3 %	7.4 %	8.5 %	6.2 %	5	175	11	3	113	45.1 %	6.2 %	35.4 %	10.6 %	2.7 %
10/01/2022	10,465	3,054	42.7 %	34.9 %	7.4 %	8.6 %	6.4 %	5	180	11	3	137	35.8 %	21.2 %	33.6 %	9.5 %	0.0 %
11/01/2022	11,077	3,094	43.0 %	34.6 %	7.6 %	8.4 %	6.4 %	5	184	11	4	96	33.3 %	8.3 %	50.0 %	8.3 %	0.0 %
12/01/2022	11,183	3,027	42.6 %	34.6 %	7.5 %	8.7 %	6.6 %	5	187	11	3	107	34.6 %	7.5 %	45.8 %	12.1 %	0.0 %
01/01/2023	11,017	2,993	43.1 %	34.2 %	7.5 %	8.5 %	6.7 %	5	187	11	3	124	42.7 %	4.0 %	46.8 %	6.5 %	0.0 %
02/01/2023	11,371	3,015	42.3 %	34.9 %	7.4 %	8.6 %	6.8 %	5	188	12	5	146	32.9 %	6.2 %	43.8 %	9.6 %	7.5 %
03/01/2023	11,957	3,074	42.0 %	34.3 %	7.4 %	10.0 %	6.3 %	5	180	10	4	134	42.5 %	6.0 %	39.6 %	5.2 %	6.7 %
04/01/2023	11,965	3,097	42.9 %	33.5 %	6.9 %	10.6 %	6.1 %	5	177	10	3	130	33.1 %	6.9 %	52.3 %	6.9 %	0.8 %
05/01/2023	12,043	3,126	42.8 %	33.2 %	7.0 %	10.7 %	6.2 %	4	180	7	7	76	27.6 %	2.6 %	60.5 %	6.6 %	2.6 %
% Change from 6/1/2022 to Latest	6.1%	-1.6%	-3.9%	-5.8%	-6.4%	38.3%	-5.4%	-33.3%	-2.2%	-56.3%	40.0%	-17.4%	-40.0%	-77.8%	7.0%	25.0%	100.0%









- Congregate Care & OPPLA Dashboard: Children in placement on 5/1/23 in Congregate Care, In out-of-state Congregate Care, in Congregate Care with an OPPLA goal, and All CIP with an OPPLA goal

DASHBOARD:SELECTED FACTS CONCERNING CHILDREN IN CONGREGATE CARE ON 05/01/2023

	Summary							
	CC CIP		CC CIP IN OOSP		CC CIP With OPPLA Count		All CIP With OPPLA Goal	
Region	#	%	#	%	#	%	#	%
Region 1	16	4.5%	0	0.0%	7	43.8%	69	19.5%
Bridgeport	7	3.5%	0	0.0%	3	42.9%	38	19.0%
Norwalk/Stamford	9	5.8%	0	0.0%	4	44.4%	31	20.1%
Region 2	33	6.4%	4	12.1%	14	42.4%	131	25.4%
Milford	18	7.3%	4	22.2%	8	44.4%	68	27.4%
New Haven	15	5.6%	0	0.0%	6	40.0%	63	23.5%
Region 3	40	6.1%	0	0.0%	21	52.5%	127	19.4%
Middletown	8	7.8%	0	0.0%	5	62.5%	22	21.6%
Norwich	17	4.6%	0	0.0%	7	41.2%	63	16.9%
Willimantic	15	8.4%	0	0.0%	9	60.0%	42	23.5%
Region 4	50	8.4%	0	0.0%	20	40.0%	123	20.7%
Hartford	27	8.5%	0	0.0%	12	44.4%	72	22.8%
Manchester	23	8.2%	0	0.0%	8	34.8%	51	18.3%
Region 5	23	3.8%	0	0.0%	7	30.4%	89	14.8%
Danbury	2	1.6%	0	0.0%	1	50.0%	6	4.9%
Torrington	6	6.6%	0	0.0%	2	33.3%	18	19.8%
Waterbury	15	3.9%	0	0.0%	4	26.7%	65	16.8%
Region 6	31	7.7%	0	0.0%	9	29.0%	73	18.1%
Meriden	6	7.9%	0	0.0%	0	0.0%	10	13.2%
New Britain	25	7.6%	0	0.0%	9	36.0%	63	19.3%
Grand Total	194	6.2%	4	2.1%	78	40.2%	612	19.6%

- 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

Time to Filing Termination of Parental Rights Petition Judicial Data

Explanation: Where reunification has not been achieved, Average (median) time from filing of the original petition to filing of the petition to terminate parental rights. This is a Court Performance measure that is calculated for or State Court Improvement Grant. Cohort: All TPR petitions filed during FY22

FY22						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
559	243	379	628	543	43%	68%

Time to Termination of Parental Rights Judicial Data

Explanation: The number of days from filing of the neglect/uncared for/abuse petition to the time the termination of parental rights is granted. Both the median and the average have been calculated. This is a Court Performance measure that is calculated for or State Court Improvement Grant. Cohort: All TPR petitions disposed during FY22

FY22					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
550	931	914	40	181	381

Item 20: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

- CFSR Result: ANI
- ACRI Case Practice Element; annual aggregation from CY 2016 to CY 2022 and 1Q 2023.
  - Timely Case Plan - 1 percentage point improvement since CY 2016

Statewide Measure	2016 Strength %	2017 Strength %	2018 Strength %	2019 Strength %	2020 Strength %	2021 Strength %	2022 Strength %	2023* Strength %
Timely Case Plan	**96%**	**96%**	**95%**	**96%**	**96%**	**95%**	**97%**	**96%**

***2023 is partial data as of 5/1/23**

- ACR Exception Report – CIP >180 Days LOS with no Case Plan in LINK breakout by age group, 5/1/23

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

Total CIP<18 on May 1, 2023, is 2,727 and based on the ACR Exception report, only 2 children with a LOS >180 days appears to be missing a Timely Case Plan. This performance reflects continued strength in timely case plan development.

- ACRI Case Practice Element; annual aggregation between CY 2016 and CY 2022 and 1Q 2023
  - Family Engagement in Case Planning - 14 percentage point improvement since CY 2016

Statewide Measure	2016 Strength %	2017 Strength %	2018 Strength %	2019 Strength %	2020 Strength %	2021 Strength %	2022 Strength %	2023* Strength %
Engagement	**75%**	**81%**	**81%**	**83%**	**84%**	**86%**	**89%**	**88%**

***2023 is partial data as of 5/1/23**

In Round 3 of the CFSR, item 20 was rated an ANI based upon information and data reflected in the Statewide Assessment as well as information gleaned through stakeholder interviews specifically related to engagement of children and families in case planning. The CFSR also identified that Connecticut's case review system performs well in the area of ensuring case plans for children in placement are timely. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter. To ensure case plans are timely and each child in care has a plan, the agency has an "exception" report which is a management report that identifies any children in care without a current case plan. This "exception" report is accessible to all staff through the agency's LINK data reports and is consistently used to monitor the agency's performance in the area of timely case plans. Data for CY 2022 as well as Q1 2023 reflects that 95% or more of the case plans were completed timely. That reflects a 1% improvement from CY 2021. The "exception report" dated 5/1/23 reflects only (2) children/youth in care whose plans were missing. The agency continues to consistently perform well in the area of timely case plans for children and youth in placement.

Statewide	2022	2023*
	Strength	Strength
Measure	%	%
Timely Case Plan	97%	96%

***2023 is partial data as of 5/1/23**

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 agency has continued developing the local and Statewide FELT teams, modeled after the Breakthrough Series Collaborative, based on lessons learned and have kicked off the newly structured FELT teams. These strategies and activities are a continuation of strategies that were part of the PIP.

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

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

Item 21: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

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

Measure	Statewide							
	2016	2017	2018	2019	2020	2021	2022	2023*
	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
ACR Meeting held on or before proposed date	83%	84%	92%	94%	95%	94%	95%	95%

***2023 is partial data as of 5/1/23**

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

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

Item 22: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

- 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	**95.9%**	**4.1%**	**100.0%**

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

	Yes	No	Grand Total
Thereafter 12 months	**94.3%**	**5.7%**	**100.0%**

Time to Subsequent Permanency Hearing - Judicial Data

Explanation: Average (median) length of time in days from when the child has their first permanency hearing to the second/third etc. until final permanency is achieved. This is a Court Performance measure that is calculated for our State Court Improvement Grant. Cohort: For the children who exited care in FY22, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY22				
# PP	# Within 365 Days	Average	Median	%Within 365 days
1863	1567	313	315	84%

Item 23: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

- CFSR Result: **ANI**

TPR Filed?	Permanency Goal	#	%
YES	Adoption	191	24%
	Reunification	15	2%
	TOG REL SUB	9	1%
	APPLA	3	0%
	TOG NREL SUB	3	0%
	TOTAL	221	28%
NO	TOG REL SUB	144	18%
	Reunification	141	18%
	Adoption	135	17%
	TOG NREL SUB	77	10%
	APPLA	59	7%
	TOG REL NONSUB	6	1%
	TOG NREL NONSUB	4	1%
	(Blank)	1	0%
	TOTAL	567	72%
TOTAL		788	100%

- Placement/Permanency Report – Chart XIII Pre-TPR Children In Placement (CIP) on 5/22/23 In Care >=15 Months by Permanency Goal and Status of TPR Filing

Time to Filing of Parental Rights Petition from Removal Date - Judicial Data

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 FY22

FY22						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
559	281	412	580	467	50%	74%

Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

- 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	99.8%	0.2%	100.0%

Notification of ACR in >=21 Days			
	Timely	**Not Timely**	**Grand Total**
Foster Parent + Guardian Notice	66.3%	33.7%	100.0%

The agency expectation is that caretakers are notified of the ACR no later than 21 days prior to the meeting. ACRI data for CY 2022 reflects that this occurred in 66.3% of the time, which represents a 4.4% decrease in performance from 2021 (70.7%). Management continues to share data and have ongoing discussion with support staff related to timely letters generated, while also recognizing the impact office assistant staffing shortages may have had. It is also noted that in 99.8% of the time, caretakers were notified of an ACR within at least 5 days of the meeting. This demonstrates a 6% increase in performance from CY 2021 (93.8%). With staff working from home for approximately 80% of the time throughout most of CY 2022, notifications were sent by mail by office assistants who are responsible for the meetings and by ACR supervisors communicating directly with child welfare staff ensuring notifications to foster parents and guardians were often done by phone or e-mail.

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 continue to assist in identifying hearings where foster parents have participated. This work continues to be underway with the courts but there is not yet a reporting capacity for foster parent notifications. The agency CIP has reported that work on these reports has begun. Progress had been

delayed as a result of the pandemic which required pivoting of CIP resources to address the needs for telework and virtual hearings. There is a commitment to moving forward with these reports and the agency continues to receive updates.

Item 25: **How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?**

See section 4. Quality Assurance System

Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

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

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

To support post licensing skill development for foster parents, the Department contracts with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) that includes a range of support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address and meet their needs, encourage and facilitate ongoing education and skill development, and allow foster children to live in safe and stable home settings. For families licensed by private agencies (e.g., Therapeutic Foster care), their training is tracked by their parent agencies. The Department engages in periodic random reviews during quality assurance site visits to assess each provider's system and make recommendations for improvements.

In 2022, the Department continued its partnership with CAFAF to develop additional elective post licensing training modules for foster families and offered 60 courses included topics such as *Circle of Security Parenting with Foster Parents*; *What is QPI?; Dealing with Stress in Uncertain Times; Trafficking; Parent Partnering; and Adapting to Changes and Transition in the Foster Home*. In the reporting year, 1,117 individuals attended 203 courses offered by CAFAF.

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

CAFAF provides CAFAF liaisons in each DCF Office that works with the local Foster Care divisions. They help maintain the placement, provide services to the foster family and child(ren) and to collaborate with DCF on achieving permanency. Buddies provide weekly telephone support from veteran foster parents, including relative foster parents, for the first 6 months that children are welcomed into each foster home. Additionally, CAFAF has streamlined its exit survey given to families (core, relative and fictive kin) when they voluntarily end their licensure. The results continue to capture elements related to permanency, training, and support needs.

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. During the report year, the Department continued to offer the modified pre-licensing training on virtual platform. In addition, the Department finalized updates to the Kinship Pre-licensing curriculum; however, the pilot was delayed and rescheduled for the summer of 2023 with full implementation in the fall.

Functional Family Therapy Foster Care (FFT FC) contracts were awarded to nine Child Placing Agencies on 8/15/2022. The contract start date was 9/1/2022. Since 9/1/22 all nine Child Placing Agencies have received the initial FFT FC training and are working toward certification in the model. Each dyad, or FFT FC team, receive weekly clinical consultation in accordance with implementing an Evidenced Based Practice. Each of the FFT FC programs have had at least two site visits with FFT FC clinical consultants. Sites visits are opportunities for therapists and clinical supervisors to receive direct consultation with consenting families and youth.

FFT FC tracks data on six Key Performance Indicators- 1. Learning and Training, 2. Service Delivery 3. Case Completion and Outcomes 4. Clinical Decision-making Tools and Utilization, 5. Model Fidelity, 6. System Level Reporting. To date two quarters of reports have been reviewed. While there are variables among all Child Placing Agencies in general the system is transforming from a "placement" system into a "treatment" system. Where clinical intervention is happening youth and foster parents report good satisfaction with the service being provided. With respect to recruitment and retention of specialized therapeutic foster homes Child Placing Agencies continue to struggle with recruitment.

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.

Top ten services purchased via wraparound funds for the period, July 1, 2021-June 30, 2022	
Sum of AMT-RQST	
SRVC-TYPE-DESC	Total
Camp-Foster Care	$447,507.64
Daycare-In Home	$97,832.55
Extended Credentialed Services-USE	$172,555.43
Miscellaneous-Adoption	$1,221,254.26
Miscellaneous-Foster Care-CPS	$343,122.00
Other Family Supports	$165,480.08
Other Services USE	$272,473.11
Supervised Visits - Foster Care	$714,979.91
Transportation Other-Foster care CPS	$180,615.30
Transportation Other-In Home	$96,326.88
Grand Total	$3,712,147.16

Top ten services purchased via wraparound funds for the period, July 1, 2022-April 30, 2023	
Sum of AMT-RQST	
SRVC-TYPE-DESC	Total
Camp-Foster Care	$419,156.61
Extended Contract Services-USE	$62,115.74
Extended Credentialed Services-USE	$180,115.00
Miscellaneous-Adoption	$1,257,573.14
Miscellaneous-Foster Care-CPS	$391,747.69
Other Services USE	$200,035.18
Respite Care-Foster Care CPS	$86,244.05
Supervised Visits - Foster Care	$797,823.31
Therapeutic Support Staff - Foster	$187,078.25
Transportation Other-Foster care CPS	$152,349.95
Grand Total	$3,734,238.92

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

Expenditures for July 1, 2021 – June 30, 2022, by Area Office	
Sum of AMT-RQST	
OFFC-NME	**Total**
Bridgeport Office	$265,625.77
Danbury Office	$168,276.10
General Administration	$864,520.45
Greater New Haven Office	$376,294.47
Hartford Office	$239,851.15
Manchester Office	$330,853.74
Meriden Office	$153,598.12
Middletown Office	$176,276.95
New Britain Office	$284,721.00
New Haven Metro Office	$351,922.99
Norwalk Office	$189,781.99
Norwich Office	$249,200.59
Torrington Office	$97,172.63
UNKNOWN FUNC	$1,698.50
Waterbury Office	$285,484.76
Willimantic Office	$308,324.12
Grand Total	**$4,343,603.33**

USE expenditures for the period July 1, 2022, through April 30,2023 by service description		
Sum of AMT-RQST		
SRVC-TYPE	**SRVC-TYPE-DESC**	**Total**
634	Extended Credentialed Services-USE	$180,115.00
635	Assessment & Planning for USE	$3,514.80
636	Intensive Individual Support for USE	$8,132.40
637	Extended Contract Services-USE	$62,115.74
638	Difficulty of Care Payment for USE Class	$13,680.00
639	Other Services USE	$200,035.18
Grand Total		**$467,593.12**

Item 31 + Item 32: Agency Responsiveness to the Community

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

Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child-care institutions receiving title IV-B or IV-E funds?

Recognizing the need to refine a continuous quality improvement plan for the division, the Foster Care Division's (FCD) Central Office and Regional operations received a part-time Quality Improvement Program Supervisor (QIPS). The QIPS was assigned to the division in September 2022 and dedicated the fall to meet with the staff, review existing data management tools, conduct an overall needs assessment. The QIPS provided technical assistance and support for the division first formal ChildStat presentation. In the 2023, the QIPS will coordinate the implementation of focus Foster Care Division Continuous Quality Improvement (FCD-CQI) teams. The FCD-CQI will include members of the Caregiver Advisory Council.

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

The Caregiver Practice Model (CPM) identified engagement, inclusion, and partnership with licensed caregivers as an area needing attention. In the fall of 2022, FCD reviewed and refined its contact standards to address the need

for improved engagement and inclusion. Guidance was developed outlining natural opportunities for inclusion, ensuring caregivers receive accurate, timely and relevant information and providing clear expectation that caregivers contribute and offer recommendations throughout the planning period. The guidance includes documentation standards in the electronic record, offers links to data management tools to measure progress and establishes frequency standards based on critical case junctions, i.e., entering care, change in care, allegations of abuse or neglect, regulatory violations, permanency etc.

FCD has incorporated the Department's Safety Practice Model "ABCD" paradigm to assess safety concerns which is incorporated in the 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.) In addition, the Department has a contract with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) to develop and carry out recruitment and retention activities across the state. Key provisions from the CAFAF contract that speak to the expectations with respect to diverse staffing and recruitment are as follows:

> The Contractor must ensure that they have a culturally and linguistically diverse staff that is reflective of the community they are to serve. This staffing constellation must demonstrate:
>
> a. experience providing services to diverse populations.
> b. multi-lingual capabilities that are relevant to the families to be served; and
> c. knowledge of the cultural, linguistic, or experiential backgrounds of the families to be served.
>
> The Contractor will maintain the capacity to provide all services identified in the contract in both English and Spanish. At a minimum, three (3) Bi-Lingual staff will be employed to meet this requirement. The Contractor engages in recruitment efforts to develop a skilled, caring, and diverse pool of foster families and adoptive families that demonstrate the ability, willingness, and commitment to meet the safety, emotional and permanency needs of children in out of home care. The Contractor utilizes innovative, comprehensive, and best practice strategies to recruit families committed to be a resource for children in the care of the Department of Children and Families. Efforts also relate to the private foster care agencies at the discretion of DCF. The Contractor engages in targeted efforts to increase the number of families available to care for children in the following categories:
>
> - children aged 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.

Finally, there are Foster Care Program Supervisors in all 6 DCF Regions and 2 in Central Office who meet regularly. In addition, adoptive placements are registered through a statewide DCF body – The Permanency Resource Exchange. Members of this team spend several days each week in the Area Offices working closely with regional staff to advance permanency outcomes for children and youth in care.

Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

The Foster Care Pre-Licensing standards includes the opportunity to request waiver requests pertaining to criminal, and child protective service history. This request is submitted for review and approval by the Commissioner or their designee. The request is thoroughly vetted by the Regional Offices prior to submission to the Commissioner. The waiver is generated through a collaboration between the assigned licensing foster care and child protective services staff. The waiver must be reviewed and signed by the FCD and CPS Program Supervisors and Office and Program Directors. 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. During the reporting year, 120 request for waiver of protective service or criminal history were submitted for approval. 88% were approved and 12% were withdrawn.

Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

In 2022, CAFAF responded to 1,580 inquires through Kid Hero, of which 43% were assigned to the regional FCD office for follow up. Region 4 received 19% inquiries, compared to previous year 23% inquiries. Region 3 received 18%, followed by Region's 1 and 5 who received 17%, Region 2 receiving 16% and Region 6 receiving 13%.

FCD issued 483 caregiver licenses. 70% were issued to Kinship and Fictive Kin caregivers; 15% to Pre-Adoptive caregivers; 10% to Core caregivers; and 5% to Interstate Compact caregivers.

CAFAF supported licensed caregivers via training, surveys, and buddy assignment. CAFAF was able to reach 129 out of 385 families in the process of renewals. CAFAF Retention Specialist attempted to contact families whose license closed and reached 22%.

FASU Quarterly Status Report for most recent year/quarter available –**CY22**

Foster Care Division CY 2022								
LICENSED HOME DATA	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**State**	
Licensed- Core	6	9	10	14	0	8	**47**	**10%**
Close- Core	21	16	18	18	16	13	**102**	**16%**
ADOPTION DATA								
Licensed- Adopt	14	11	7	9	24	7	**72**	**15%**
Close- Adopt	7	12	12	13	7	6	**57**	**9%**
KINSHIP & FICTIVE KINSHIP DATA								
Licensed- Kin	32	34	34	102	68	69	**339**	**70%**
Closed - Kin	81	61	50	84	89	93	**458**	**73%**
INDEPENDENT DATA								
Licensed- IL	0	3	3	11	1	7	**25**	**5%**
Closed- IL	9	3	1	6	2	0	**21**	**3%**
Total Number of New Homes Licensed	52	57	54	136	93	91	**483**	
Total Number of Closed Homes	118	81	81	121	114	112	**627**	

Please also see Section E. Updates to Targeted Plans for the Foster and Adoptive Parent Diligent Recruitment Plan.

Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

- CFSR Result: **ANI**
- ICO Data for CY 2015 – CY 2023 (partial)

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
Requests for Inbound Children	427	498	684	636	774	732	325	242	66
Requests for Outbound Children	367	338	345	313	323	185	143	165	87
Average time from referral submission to placement (in months)			9	9	9	9	9	9	9
Licensed Independent Foster Homes			74	63	60		61	65	45
Newly Licensed Independent Foster Homes	69	51	55	54	46	29	41	32	13
Average Time to License (in months)			6	6	6	6	6	6	6

Statewide Information System

Statewide Automated Child Welfare Information System (SACWIS)

DCF is in the process of replacing Connecticut's child welfare case management system, LINK, as this system was implemented in 1996 and has antiquated technology. LINK was deemed non-SACWIS compliant by the Administration for Children and Families (ACF) in 2014 and DCF began developing a plan for the replacement of LINK to comply with state and federal regulations and mandates around child welfare systems, promote efficiency for DCF staff to effectively work with the families served in CT, and to receive the maximum reimbursement from ACF. In 2016, ACF revised system requirements and implemented regulations for a Comprehensive Child Welfare Information System (CCWIS). DCF's planning for a new CCWIS, named CT-KIND, included: bringing on business and technical staff for the project, securing funding through IT Bond Investment Funds and issuing a Request for Proposal (RFP) to establish a vendor pool. The Scaled Agile Framework for enterprises (SAFe) agile methodology was selected and staff were trained to be able to run agile teams.

In 2018, the project was officially launched. Along with the DCF staff noted above, community partners and agencies will be included in the design and development of CT-KIND to collaborate on the shared client population and incorporate the data exchanges/interfaces needed to comply with CCWIS and Family First regulations and guidelines. The CT-KIND Project has been underway, and several components of the system have been implemented, however, there have been significant challenges with staffing, vendors, and changes in technology, as well as difficulties and delays due to the pandemic. In the interim, several components of CT-KIND were implemented between 2018 and 2023 including the CARA/CAPTA Newborn Portal, the Mandated Reporter Portal, the Careline Background Check Unit Portal, SDM Tool Updates, the Universal Referral Form (URF), Careline Five9 Call Center, Community Relations Youth Chat and AFCAR 2.0 Upgrades have been completed by the internal project team and business owners, as well as further enhancements, software and hardware upgrades to improve reporting and functionality. During this transition, the staff have been able to work seamlessly between LINK and CT-KIND.

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

3) Plan for Enacting State Vision

The Department continues to build our Child Welfare System through strong state agency relationships, often formalized with memorandums of understanding/agreements, and developing strong collaborations with our provider network, ensuring the services provided are community based, racially and linguistically sensitive, as well as enhancing community awareness and understanding, and increasing access to services. In order to further enact the state's vision, the Department will continue to rely on the collective thinking and collaboration with child welfare contributing agencies, providers, community partners and the families we serve as we reimagine the system. CT

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

As outlined in our CFSP, CT's key strategies and interventions have been developed to support positive, improved outcomes for children and families in the areas of safety, permanency, and well-being. These strategies and interventions have been implemented, assessed, and were refined throughout the course of the PIP implementation and although the Department has successfully completed its PIP implementation and achieved the established performance goals, the work relative to strategies and interventions continues. In several areas, strategies and activities that were implemented in transformation zones or single offices for the PIP are now being scaled up based on positive results.

Following our PIP implementation, CT has sustained court and agency collaboration on improvement as we continue to build this partnership. Quarterly meetings with leadership at the agency level, including the DCF Commissioner, along with several judges, CIP staff, leadership from the Office of the Chief Public Defenders office and DCF Legal representation, continue to occur. This group continues to review permanency data, disaggregated by race and ethnicity, to identify key improvement areas and strategies.

Racial Justice remains a key agency strategic goal and our Statewide Racial Justice Workgroup (SWRJWG) and its committee members are integral to informing and shaping the Child Welfare System, the statewide racial justice agenda and serve as a vital role to agency leaders. CT routinely uses data to assess performance and outcomes and is deliberate in disaggregating all reports by race and ethnicity in our analyses and expects this from providers and partners as well. CT has also worked in partnership with our Court Improvement Program staff to provide support in disaggregating and court data by race and ethnicity to allow for analyses of key decision points. The effort to reduce and eliminate disproportionality and disparity in the Child Welfare System requires collaboration with and from various agencies and multiple stakeholders.

CT completed an agency CQI self-assessment with the support of the Capacity Building Center for States in preparation for further building out the agency's CQI framework. Recognizing internal capacity and resource limitations, CT began working with Chapin Hall who is leading the CQI framework development with the agency and connecting this work to the Prevention Plan implementation. This technical assistance will benefit the agency as we look to expand the breadth and scope of CQI activities across the agency, ensuring that CQI is embedded in all divisions and is sustainable. The agency continues to prioritize CQI through both qualitative and quantitative measures.

Goals and Objectives:

Over the first two years year of our CFSP, we utilized our PIP as the foundation of measurement of progress as it relates to safety, permanency, and wellbeing outcomes for the child welfare agency. Our Strategic Goals and objectives have largely remained unchanged since the development of our CFSP and although CT has achieved its PIP goals and successfully implemented all the strategies and key activities, we continue to scale up several strategies and continue implementing those that have resulted in positive outcomes. CT DCF intends on maintaining our foundational mandate to keep children safely in families, but strives to further evolve our mission, vision, and strategies to become an agency that empowers families to thrive by walking in partnership alongside them. Expanding access to prevention services and fostering community and coalition building will allow us to reimagine our system with the collective thinking and contributions of families, sister agencies, providers, and community partners.

Through the APSR process, we will collectively report on additional actions that solidifies the direction. The beginning step towards a child welfare system is relationship building and trust building across state agencies. Interagency collaboration, partnership and communication has been a key priority for CT, and we have

seen increased interagency initiatives as a result. This foundation will continue to be the bedrock to move our system forward. Below are our goals and objectives that will move us forward.

Strategic Goals:

1. **Keep children and youth safe with a focus on most vulnerable populations.**
   Objectives:
   a. Assess our current MOU/As to determine effective partnerships and improved outcomes for children and families
   b. Assess across state agencies, Task Forces and Committees that may be a support to this work
   c. The first population to focus on will be families with children ages 0 – 5
   d. Assess DCF service array and increase timely access to services
   e. Focus on transitioning youth with disabilities to agencies with longer term supports. Uncover the areas of mutual support for youth and families verse the myth of "double dipping"
   f. Train to and implement our newly developed safety framework to improve the quality of our assessments and enhance safety planning practices
   g. Enhance safety planning policy and QA activities to ensure policy fidelity and appropriate oversight
   h. Implement CT's Prevention Plan

2. **Engage our workforce through an organizational culture of mutual support.**
   Objectives:
   a. Continue to support and message Connecticut's Safe and Sound Framework - Culture of Safety provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. The Safe and Sound framework introduces anti-racist ideology into CT's DCF values. As a result of the Black Lives Matter movement, it has required the racial justice work to evolve and an increased demand for system reform with a focus on justice beyond equity.
   b. Work with our sister state agencies to introduce safety culture and touch points across agencies.

3. **Connect systems and processes to achieve timely permanency.**
   Objectives:
   a. Establish a Kinship Navigation Model to support caregivers
   b. Establishing a workgroup of leaders from state agencies to:
      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 more effectively integrated Child Welfare System
   e. Enhance partnership with the courts and judicial branch
   f. Explore ongoing data sharing across state agency datasets to identify factors related to successful timely permanency, as well as those that prevent this outcome
   g. Implement Quality Parenting Initiative to foster relationships and build collaboration between caregivers and birth parents to minimize disruptions and promote timely permanency.

4. **Contribute to child and family wellbeing by enhancing assessment and interventions**
   Objectives:
   a. Meet with our Citizen Review Panels (CRP) to frame out the FFPSA and moving to a more effectively integrated child Welfare system. Determine their interest and role(s) they would desire to play
   b. Emphasize fatherhood services, resources, and support PIP
   c. Collaborate with communities and state agencies to build strong fatherhood engagement leadership teams
   d. Build out system to support staff in service matching and need identification
   e. Build out infrastructure to ensure service delivery is consistent with department expectations – Families are better off after receiving the service that matches the needs identified as a result of the Social Worker assessment

f. Conduct research to explore tools used in other jurisdictions to assess parent/child needs and help children in care achieve timely permanency
g. Redesign of the Therapeutic Foster Care program to ensure the behavioral health needs of children placed in OOH care are addressed
h. Restructuring and redesign of the Voluntary Services Program to better meet the emotional and behavioral health needs of children.

5. Eliminate disparate outcomes across all racial and ethnic groups served by the Department

Objective:

Reduce the inequities/disparities seen not only in the 7 key results that 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
4) Striving for institutional transformation on how we work with children, families, the communities we serve and one another. Data will drive measurable strategies linked to the 7 key aspirational results.

Progress Made to Improve Outcomes

CT has continued to measure progress against the Federal National Data Indicators and have continued to implement ongoing CQI reviews using the OSRI, inclusive of case related interviews. This supports ongoing alignment and consistent focus and approach to our workforce and direction for our stakeholders. Linking the various strategic plans, goals and objectives, activities and actions provides an opportunity for the CFSP to be the umbrella which brings focus and direction to our work. As we implement our Prevention Plan, ongoing CQI and measurement will be critical and will certainly have a nexus to our CFSP and APSR going forward.

As previously stated, CT has continued implementing case reviews following successful exit of the PIP in the same way, inclusive of case-related interviews and OMS data entry. This has allowed us to maintain ongoing review of key outcomes through the federal lens, in addition to our administrative data and focused practice reviews. Continued use of OMS further allows our staff to review and share key data reports as part of our ongoing CQI activities. As data is collected in OMS, findings help to inform a need to dive more deeply into specific items. OMS data is used along with ROM data, LINK reports and the CFSR statewide data indicators which helps the state get underneath the numbers to identify those areas where we are most challenged in our performance in order to better inform strategies for improvement.

Consistent with last year's APSR report, CT continues to struggle with timely permanency as reflected in Item 6. This data is also consistent with what we know through our internal ROM reports and administrative data, as well as what our CFSR Statewide Data Indicators reflect. Permanency in 12 months continues to be the greatest challenge where CT has not made progress and continues to perform statistically worse than the national performance. However, CT has made progress with permanency in 12 months (12-23 months) and permanency in 12 months (24+ months), performing statistically no different than the national performance. In our efforts to further understand permanency delays and timeliness challenges, beyond what we know has been impacted by the pandemic, the agency continues to partner with our courts, judges, advocates, and CIP leadership to better understand our data and root cause of the delays. The agency's data scientist reviewed administrative data and has prepared a report that will be reviewed with agency leadership to help identify strategies for improvement. The agency has paused the transformation zone work after improvements based on the data seemed to have plateaued. Using the permanency reports and analysis as foundational to our discussion, the agency will be partnering with our key stakeholders to further identify strategies for improvement related to permanency and we will engage in statewide discussions as permanency in twelve months is a challenge for each of the fourteen agency area offices.

Practice Enhancements

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

Racial Justice

DCF has remained committed to being an Anti-Racist child welfare system whose beliefs, values, policies, and practices eliminate racial and ethnic disparities. The Department is responsible for elevating the focus on racial equity and support for children and families of color, who have been historically and systemically disadvantaged, underserved, or marginalized. We continue to examine and redesign the Department as an authentically Anti-Racist and trauma-informed agency. Our progress in fair assessment and equitable responsiveness is evident across the Department's structures, policies, practices, norms, and values. DCF has acknowledged that children and families of color (Black, Latino) are disproportionately overrepresented system-wide and experience disparate outcomes at all levels in comparison to White children and families. DCF also understands that disparities are not solely a result of race or ethnicity; therefore, differences across groups can be explained by biases, systemic inequity, and structural racism (*i.e.,* the design and operation of policies, practices, and programs).

As the agency continues its efforts to move the needle forward towards its strategic goal of Racial Justice (eliminate racial and ethnic disparate outcomes within our Department), DCF recognizes that intentional action is needed to identify disparities in areas of decision-making (e.g., service delivery and outcomes); foster inclusion of those with lived experiences; engage in partnership with community providers and ensure they represent those they are serving; address the function that policies, practices, and programs may play in contributing to those disparities; and implement system-wide action plans to advance racial equity and justice. We continue to navigate the global pandemic which impacted people of color the hardest and at alarmingly disproportionate rates, especially related to economic status and healthcare. This disparate impact only served to exacerbate the persistent and long-standing racial inequities that existed well before the pandemic in the areas of education, health, and economic/income inequities, along with unequal access to social resources. These times have elevated the need to address these inequities, not only in the child welfare system, but in other systems across society as well. As a department, we will continue to assess the impact of the pandemic on the children and families we serve and ensure that we identify ways of addressing their needs.

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

Our Statewide Racial Justice Workgroup, along with its four subcommittees (Workforce, Data, Service Systems, and Policy and Practice), continues to be integral to informing and shaping the broader child welfare system and the statewide racial justice agenda, and serves in a vital advisory role to state leaders. The SRJWG meets on a bi-monthly basis with an average of 60 to 80 invested individuals present in attendance. The SRJWG Tri-chair Leads facilitate the meetings in which the participants are diversely representative of each of the Department's Area Offices, Central Office divisions, our operated facilities, community stakeholders, system partners, and the families we serve. This cross-system alignment creates opportunities for participants at all levels to connect, share progress, identify

challenges and barriers, and prioritize activities, practices, and next action-oriented steps to continue to advance our Anti-Racist work.

The most concrete example of the impact of this cross-disciplinary work has been infusing the DCF ABCD Paradigm (Child Safety Practice Model) practice guidance development with the expertise of the Statewide Racial Justice Workgroup (SRJWG) Subcommittee Chairs. With an existing infrastructure for the ABCD Paradigm anchored in a statewide cross-agency Implementation Team, the Chairs of each SRJWG Subcommittee were named as standing members of this team. In this role they were not only asked to review and provide feedback on all written practice guidance documents, but they participated as full members in the bi-monthly review discussions. This collaboration of diverse perspectives provided opportunities to review the guidance, line by line, and openly discuss the opportunities for disrupting and addressing potential implications for biases in engagement, assessment, and decision-making. This partnership was further deepened through the active leadership of the Bureau Chief of Child Welfare together with the Director of the Academy for Workforce Development. These two leaders were able to ensure the discussions within this group were intentionally infused into practice and training for all DCF staff, just as the Subcommittee Chairs were able to bring these critical discussions and decisions back to their respective subcommittees.

In addition to the intentional integration with this foundational practice model (the ABCD Paradigm), the Data and Quality Improvement Teams continue to inform all areas of performance and discussions related to disparities and progress at DCF. Data is not only disaggregated by decision-point, but also by individual Area Office and plotted over time. Regular discussions are held regarding trends, progress, and concerns, and these discussions form the basis for determining priorities within individual offices as well as across the state.

Becoming an Anti-Racist organization is a key part of our identity. As an Anti-Racist organization, DCF will decisively identify, discuss, and challenge issues of race, culture, and biases and the impact(s) they have on our agency, our families, our community, and ourselves. CTDCF continues to actively engage leaders of all offices, divisions, and programs to evaluate their racial justice/anti-racism efforts. During this period of review the RJ leads offered coaching and support to leaders across the state to assist in moving their change initiatives forward. As this year continues to unfold the Racial Justice Leads in partnership with division leaders will do a deeper review and analysis of the 2022 Data Pathways. The purpose of this data analysis is to support each respective division in their own critical assessment and understanding of the disparities seen and to generate possible hypotheses why data for the children and families they serve. Additionally, several of the change initiatives that were previously implemented have become day to day case practice and another area for improvement will be identified.

Fatherhood

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

In the spring of 2021 DCF embarked on a partnership with My People, a Hartford agency with expertise in fatherhood engagement, to advance the FELT structure, modeled after the Fathers and Continuous Learning in Child Welfare Breakthrough Series Collaborative (BSC). Guided by the Collaborative Change Framework (CCF) the FELTs have begun functioning in the Plan Do Study Act (PDSA) process, initiating small tests of change to effectuate improved

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

Related but adjacent to the FELT work, DCF offices continue to elevate father importance in other ways including the hosting of a father forum, provider open house where a father with lived experience addressed the audience, outreach to incarcerated fathers for input and perspective. The Hartford Office, using private dollars commissioned a mural for the building depicting fathers.
The focus for 2023 is the creation of operational strategies for each office to ensure continues focus on advancing fatherhood practice. This is supported by consultation made available to each Office Director. To codify best practice a steering team was formed to create a Fatherhood Practice Guide in 2023.

In October 2019, DCF was awarded a three-year OJJDP grant to support the Connecticut state initiative, Families Supporting Reentry: A 2-Gen Approach (FSR). The project is designed to expand the service array for incarcerated fathers whose children are involved with the Department of Children and Families (DCF) due to child protection issues. The project was on hold due to the COVID 19 crisis and a no cost extension was granted. Department of Corrections continues to see restrictions to visitation and professional visitors. The project steering committee continues to meet biweekly to redesign and implement a flexible program which can adapt to restrictions in programming in the facilities.

<u>Engaging Fathers and Paternal Relatives in Child Welfare: Breakthrough Series Collaborative (BSC)</u>
In 2019, CT participated in the Breakthrough Series Collaborative to develop specific strategies in engaging fathers in child welfare. The goals of the project were to learn more about how BSC approach works in the child welfare setting, test whether using the BSC approach strengthens engagement of fathers and paternal relatives; and build the knowledge base for strategies to engage fathers and paternal relatives. The BSC concluded in March 2021. Borrowing from the CCF, each DCF office, as well as the contracted Fatherhood Engagement Services sites, have completed the Fatherhood Self-Assessment and are engaged in the development of initiatives to address areas to strengthen. In July 2021 the Department committed to a Phase 2 Evaluation. The evaluation, conducted by Mathematica, is designed to help agencies maintain focus on the strategies as they seek to scale them, and examine the linkage between these strategies: engagement, placement stability and permanency outcomes. The evaluation will describe promising strategies for engaging fathers and paternal relatives, assess the promise of the BSC as a continuous quality improvement framework for addressing challenges with fatherhood engagement, and how the framework can be applied to other child welfare challenges. Two surveys of staff members were completed by email and a site visit was completed in August 2022, during which DCF staff, providers, fathers, and other stakeholders were interviewed. DCF met regularly with Mathematica, providing updates and information regarding ongoing practice development efforts. DCF provided monthly a dataset from the Hartford and Manchester offices, which were the focus of the original BSC. The study concluded in April 2023. There will be a convening in June 2023 to review preliminary outcomes from the study.

Prevention

In 2021, DCF launched a prevention services unit pilot program to partner with specific schools in one of Connecticut's cities to assist in providing services and other resources to families in need of support where these families do not warrant involvement with "child welfare". A review of agency data revealed that while school reports account for about 40% of the referrals to the agency's abuse and neglect Careline, less than 5% of all school reports filed result in a substantiation.

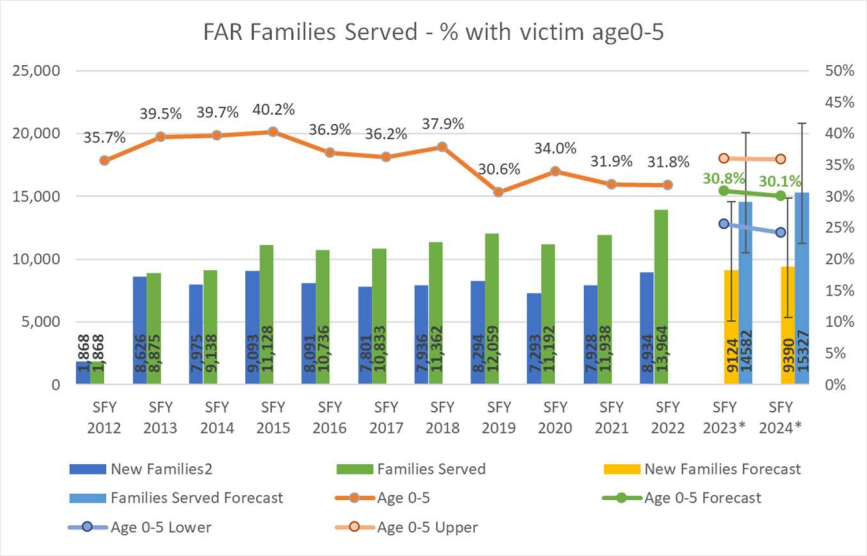
Since the launch of the pilot, and throughout the recovery from COVID, there have remained recurring chronic needs for families that historically, have resulted in a call to DCF's Careline: chronic absenteeism and attendance issues, behavioral and mental health needs for children and parents/caregivers, basic needs like housing supports and medical services, and transportation challenges. Based on the data manually collected in each pilot site, these needs persist. In addition, we have seen an increase in mental health and behavior challenges in young children beginning in kindergarten to sixth grade, resulting in the need to ensure caregivers and school staff are aware and have access to supports and resources that can stabilize the behaviors in the home and at school. We have also seen the need to continue to partner with the school district to educate staff on when to call the Careline vs when a family need supports, and to also check their biases when considering calling the DCF Careline.
This pilot has enabled DCF to assess this type of an approach for upstream intervention that can ensure that families can be safely supported with services in their communities without child welfare involvement when the safety of a child(ren) is not a concern.

Following an assessment of the pilot from the 2021/22 academic year, preliminary data shows a decrease of calls to the DCF Careline, including a decrease of not-accepted calls. The not-accept calls are those that do not meet the statutory criteria of abuse/neglect, but a child or caregiver may need support. It is believed that the pilot school staff are making the right calls to the DCF Careline and utilizing local resources and supports to address needs that could lead to DCF involvement if not addressed. An end of school year survey demonstrated both school staff and caregivers were overwhelmingly satisfied with the pilot and the supports it offers. The Family Support Liaisons continue to offer the schools staff and caregivers, support, guidance, consultation, and access to services.
The pilot school district has expressed an interest in expanding the Family Support Liaisons into additional pilot school locations. Pending staffing resources, DCF will assess whether to expand this approach where these support roles can benefit additional communities throughout Connecticut.

Differential Response

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

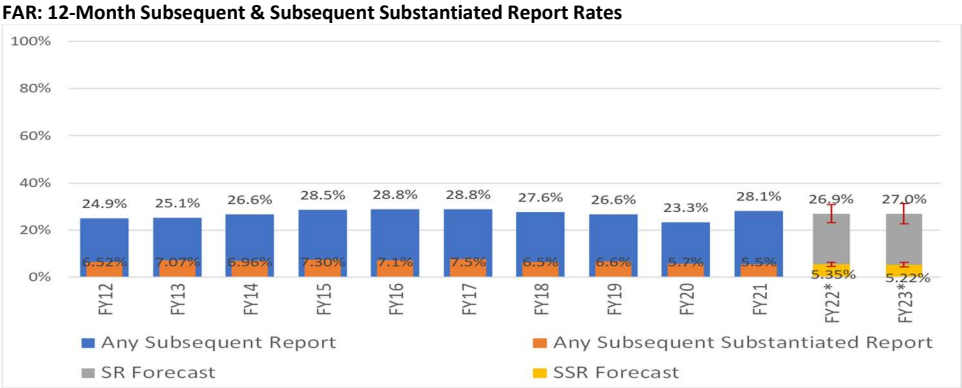
Family Assessment Response: In SFY 2022, there were a total of 26,235 accepted reports of child abuse and neglect, an increase from last year (23,970). Of the total number of accepted reports, 57.8% were assigned to the FAR track, an increase from the prior year (53.7%). The chart below represents unduplicated families who received a new FAR as well as the total number of families served within the fiscal year since implementation (3/5/12). Since FY18, 83,389 families have received a FAR, 131,214 children have been reported as victims of abuse/neglect.



Although the Rule Out criteria changed in June 2014, reports designated as an investigation response continued to be the highest response type for accepted reports until 2018. Since implementation, 30.9% of reports involve children under the age of 5. This past year represents one of the lowest percentages of children, age 0-5, since implementation despite having the highest number of FAR reports received. Most reports come from mandated reporters (85%) with school personnel (38.3%) and police (19.9%) being the most common. As one would expect from a DRS population, 90.8% of the reports involve various forms of neglect, with only 12.7% involving physical abuse allegations. 37.4% of the families scored at low/very low risk. 15.6% of FAR families had at least one prior accepted CPS Report and 1.6% had at least one prior substantiated report.

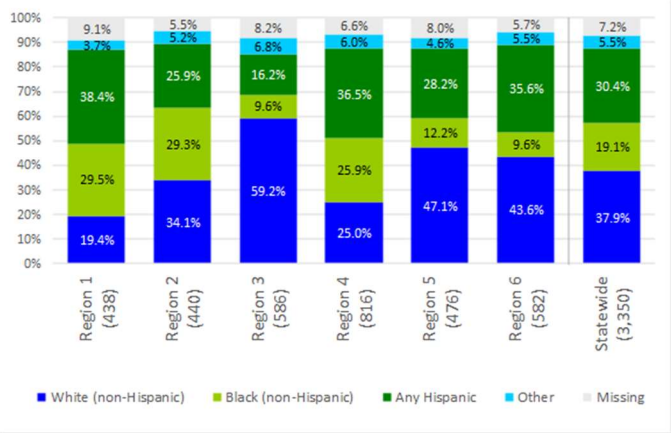
Beginning in FY 2019, the Performance Improvement Center (PIC) at the UCONN School of Social Work modified their methodology to calculate subsequent reports and substantiations. Historically they used a cumulative approach which evaluated subsequent reports and substantiations since implementation, i.e.,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

FAR: 12-Month Subsequent & Subsequent Substantiated Report Rates



To allow for the 12m follow-up period, subsequent rates are reported through the prior fiscal year. For FY21, 28.1% of FAR families had a subsequent report (SR) within a 12-month period following FAR disposition. This rate has been relatively stable over time with a high of 28.8% in FY16 and FY17 to a low of 23.3% in FY20. There was a 1% decrease in the SR rate from FY 18 to FY 19. The SR rate declined another 3.3% in FY20 but increased in FY21. The SR report status varies slightly by region with a range of 23.3% - 28.8%. Statewide in FY21, 5.5% of FAR families had a Subsequent Substantiated Report (SSR) within a 12-month period following case disposition. This is the lowest SSR rate reported since FAR started.

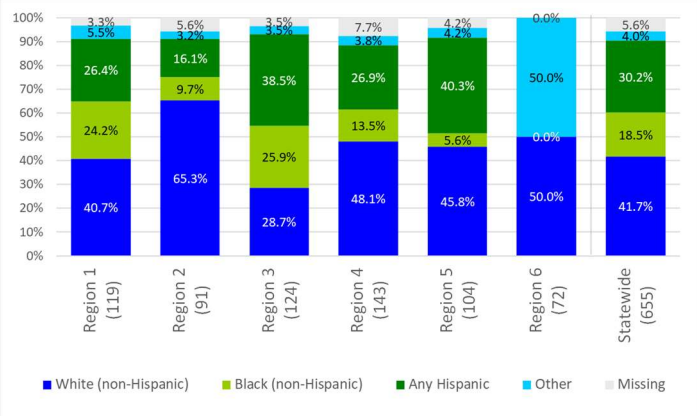
FAR 12-Month Subsequent Report (SR) Rate by Region and Race/Ethnicity



Of the FAR families that had a Subsequent Report, 37.9% were White, 19.1% were Black, 30.4% were Hispanic, and 5.5% were other. This varied regionally as expected since the population differs across the six regions.

Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. Of FAR families with prior CPS history, in FY21, 44.6% had a subsequent report compared with (25.8%) of families with no prior CPS history. As expected, in FY21, fewer families with low risk assessment scores had subsequent reports (17%) than those families with moderate (30.6%) or high (45.9%) risk scores. As expected, families with low risk assessment scores had a lower SSR rate (2.6%) than those families with a moderate (6.0%) or high-risk score (9.8%).

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

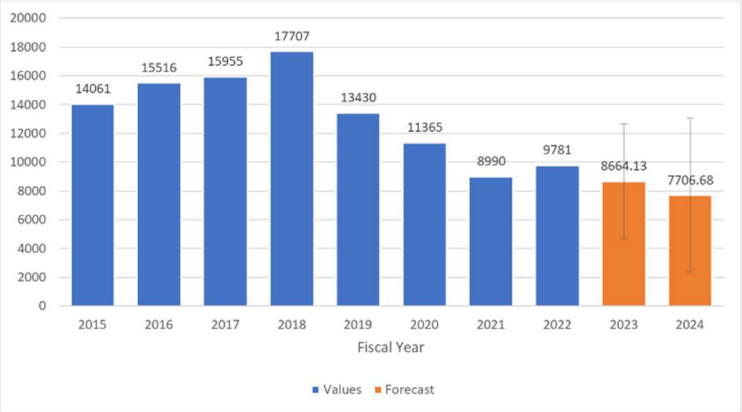


Of the FAR families that had a SSR, 41.7% were White, 18.5% were Black, 30.2% were Hispanic, and 4.0% were 'Other'. Through Survival Analysis[1], factors associated with substantiated subsequent reports (SSR) within 12 months included more prior investigations, multiple domestic violence incidents in the household in the past year, 4+ children involved in CAN incident, age of children, risk assessment level, PC has a drug, mental health, alcohol problem or their own CAN history, region.

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

Investigations Response:

The chart below represents the number of families served in the investigations track since FY15 of our Differential Response System, totaling 62,650 families and 109,857 children. A total of 9,781 families and 14,180 children were served in FY22. There has been a steady decrease in the number of Investigation families served since FY18. The additional decrease in FY20 was likely exacerbated by the coronavirus pandemic. This year, 40.9% of the investigations, involved children 0-5.

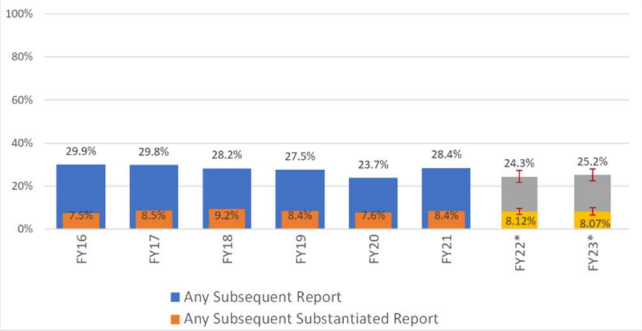


Blue line: IFCS Started (included) and Covid started 3/2020)

The response time for Investigations cases has fluctuated to some extent over time. The proportion of same day responses increased in FY22. White families had the smallest proportion (11%) of same day response times, compared with Hispanic families at 16.5% or Black families (16.0%) for the same day response time.

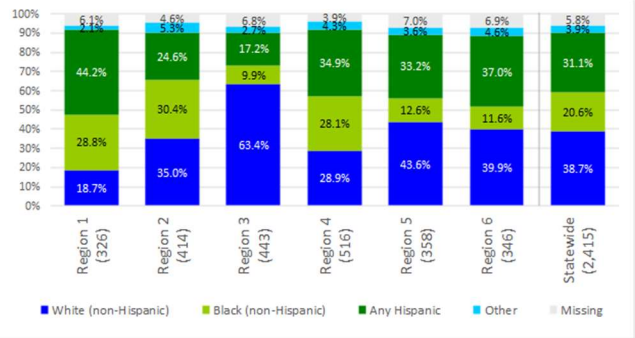
The family composition of most investigation families in FY22, was two parent households at 37.6%, followed by single parent households (34.0). One quarter of investigations families (24.9%) had at least one prior CPS Report and 4.0% had at least one prior substantiated report. 90.2% of the accepted reports were from mandated reporters up from 77%, with school personnel (30.6%) and police (25.4%) the most prevalent reporters.

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



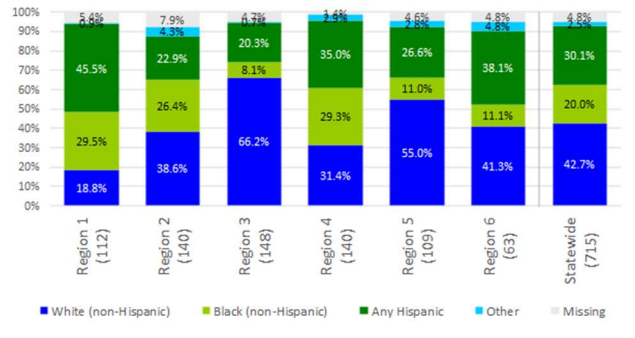
Statewide, 28.4% of families had a subsequent report (SR). The SR rate has been trending down with a high of 41.4% in FY12[2] to the FY20 low but increased for FY21. The FY21 SR report status varies slightly by region with a range of 31.3% - 24.5%. Statewide in FY21, 91.6% of families did not have a Subsequent Substantiated Report (SSR). The FY21 SSR report status varies slightly by region with a range of 89.7% - 94.3% with no SSR. Families with prior CPS History had an SSR rate of 11.8% compared with 7.4% of families with no prior CPS history. As expected, families with low risk assessment scores had a lower SSR rate (2.9% respectively) than those families with a moderate or high-risk score (8.1% and 12.3% respectively).

Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. For families with prior CPS history, 36.8% had a subsequent report compared with 26.0% of families with no prior CPS history. As expected, fewer families with low risk assessment scores had subsequent reports (15.0%) than families who had moderate or high-risk scores (28.5% and 36.7% respectively).



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

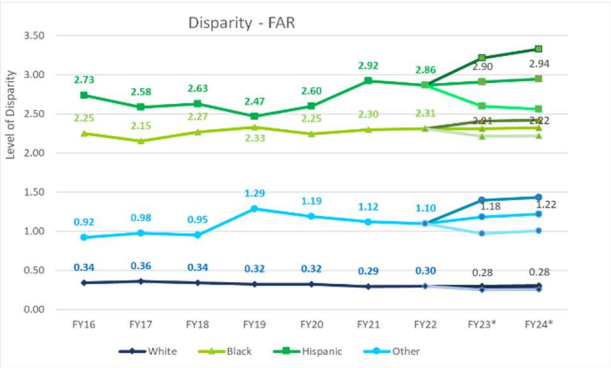
Of the families that had a SR, 38.7% were White, 20.6% were Black, 27.6% were Hispanic, and 3.9% were categorized as 'other'. This varied regionally as expected since the population differs across the six regions.



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

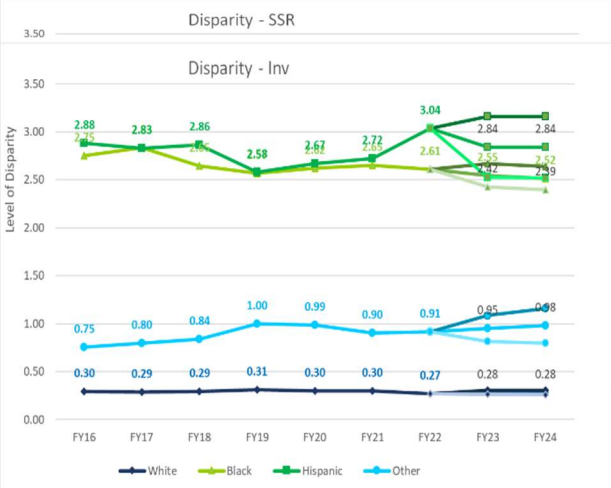
Of the families that had a SSR, 42.7% were White, 20.0% were Black, 30.1% were Hispanic, and 2.5% were another race.

FAR Racial Disparity



In FY21 racial disparities occurred in referrals to INV and FAR. Hispanic families were referred to the FAR track at a rate that is 2.86 times greater than the rate of all the other families. Similarly, Black families were referred to the FAR track at a rate that is 2.31 times greater than all other families. Families with the race category 'Other' were referred to the FAR track at a rate that is 1.10 times greater than all other families. However, White families were referred to the FAR track at a rate that is only 0.30 times the rate of all other families.

Investigation (INV) - Racial Disparity: Substantiated Reports

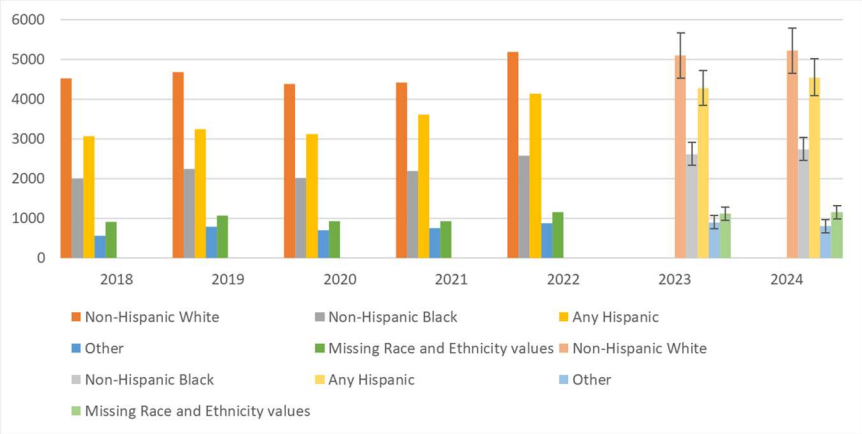


Hispanic and Black families were referred to INV at a rate that is more than 2.6 times greater than all other families. White families were referred to INV at a rate that is only 0.27 times the rate of all other families.

Further disparities were identified in substantiated report status for Black and Hispanic families. Black and Hispanic families had substantiated reports at a rate that is 2.85 and 2.45 times greater than that of all other families in FY22, respectively. Families with the race category 'other' had substantiated reports at a rate 0.78 times that of all other families. White families had substantiated reports at a rate only 0.31 times that of all other families.

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

Additional projection charts: FAR Race



CT Child Safety Practice Model

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

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

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

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

Three Practice Profiles were created as follows:

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

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

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

This year, all the documents were finalized and approved by the statewide Implementation Team. As we move toward enhancing our implementation efforts, subcommittees will be established in the following key areas:

- Data (to develop a CQI structure, including key safety decisions to ensure we're not contributing to disparities)
- Policy/Practice Guidance (to ensure the ABCD Paradigm is fully embedded in our current policies/safety planning practices)
- Workforce
- Systems/External training

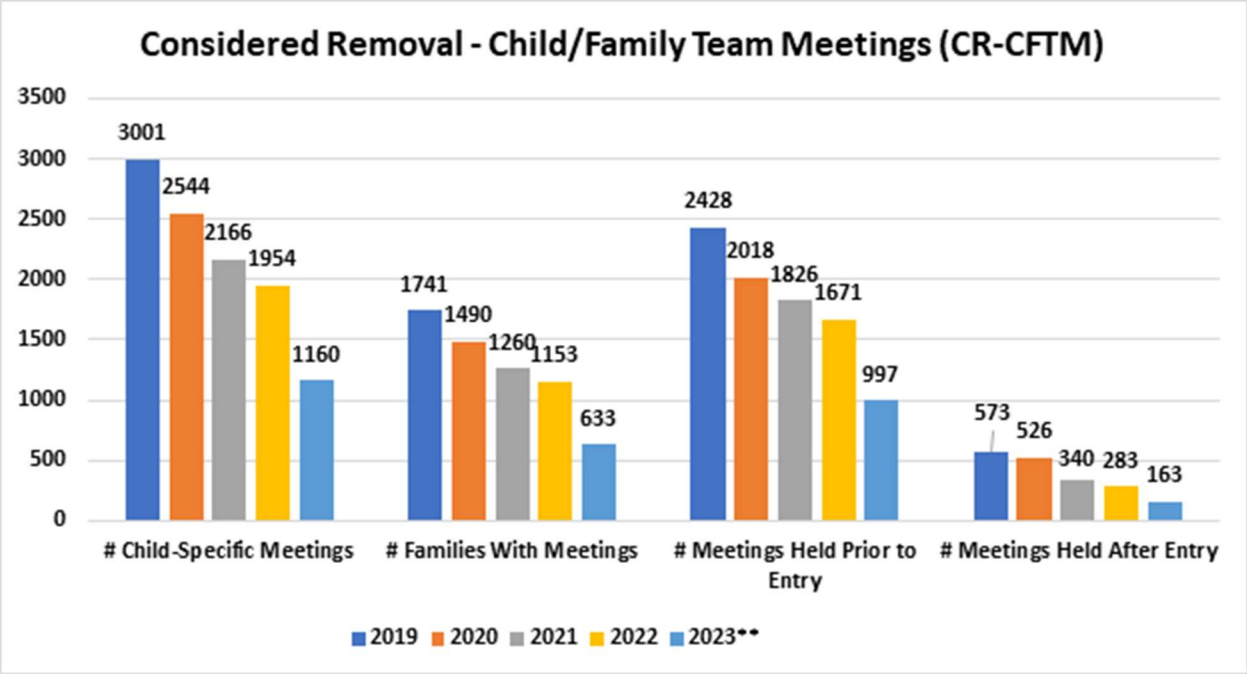
In addition, the Department intends to align the model with our racial justice/equity work as we know it is essential to ensure this collective work is explicitly and intentionally integrated at all levels. An initial meeting is scheduled the end of May to engage in a co-design process that will ultimately help staff implement the principles of the model in ways that demonstrate our anti-racist values while always holding child safety paramount. Specific deliverables will be developed for each subcommittee. This will continue to be an area of focus 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.

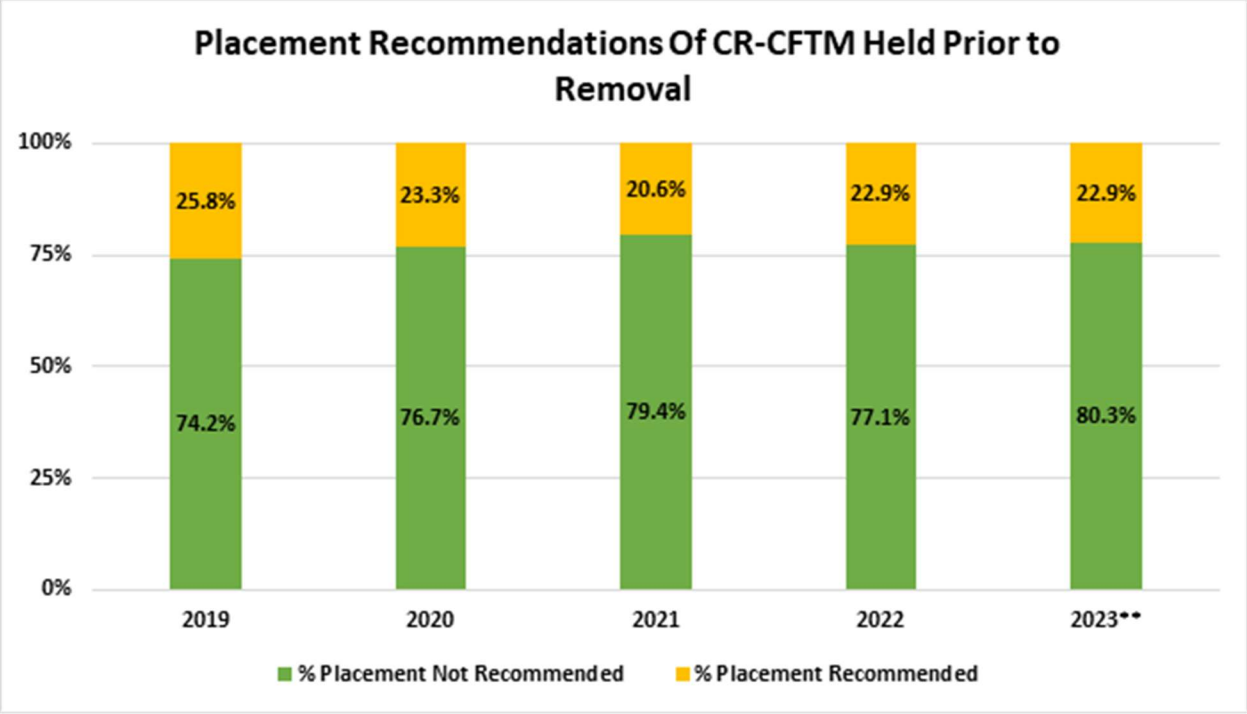
Since 2013, there have been a total of 26,352 child-specific meetings held, involving 15,643 families. Overall, 77.2% of meetings (20,470) occurred prior to the child's removal and only 24.6% of the meetings recommended the child's removal.



Note: ** Represents partial FY. 2023 reflects data from 7.1.22 through 12.31.22

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

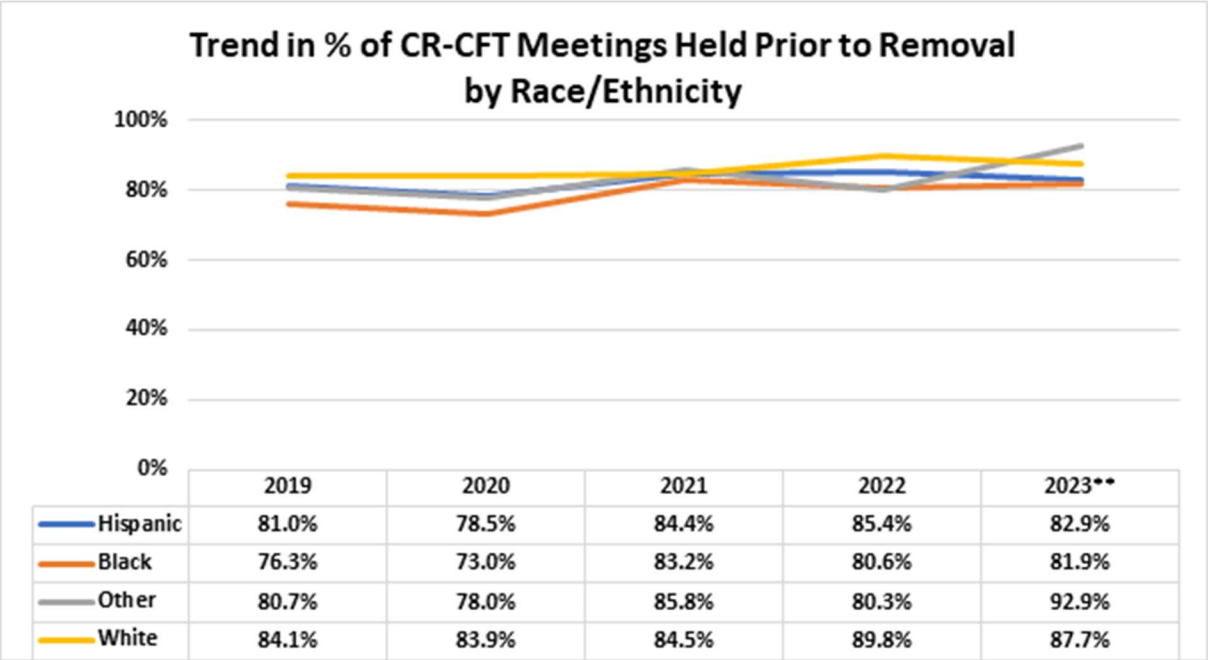
The chart below represents Considered Removal (CR) Meetings held prior to removal and the recommended outcome of the meeting.



Note: ** Represents partial FY. 2023 reflects data from 7.1.22 through 12.31.22

The data demonstrates the Department's ability to engage in safety planning efforts with families. Of the meetings that were held prior to removal during the first half of this FY, there were 997 (80.3%) children not recommended for removal, a 3.2% percentage point increase from FY 2022 (77.1%).

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

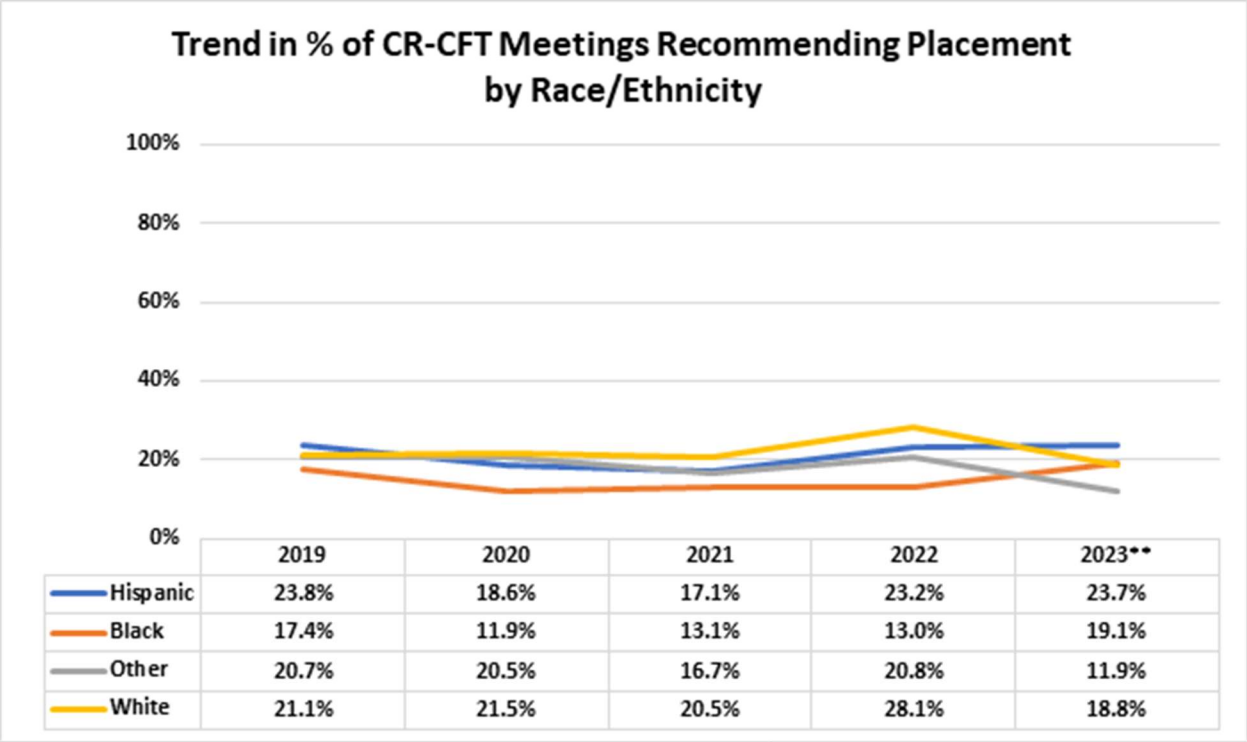


	2019	2020	2021	2022	2023**
Hispanic	81.0%	78.5%	84.4%	85.4%	82.9%
Black	76.3%	73.0%	83.2%	80.6%	81.9%
Other	80.7%	78.0%	85.8%	80.3%	92.9%
White	84.1%	83.9%	84.5%	89.8%	87.7%

Note: ** Represents partial FY. 2023 reflects data from 7.1.22 through 12.31.22

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

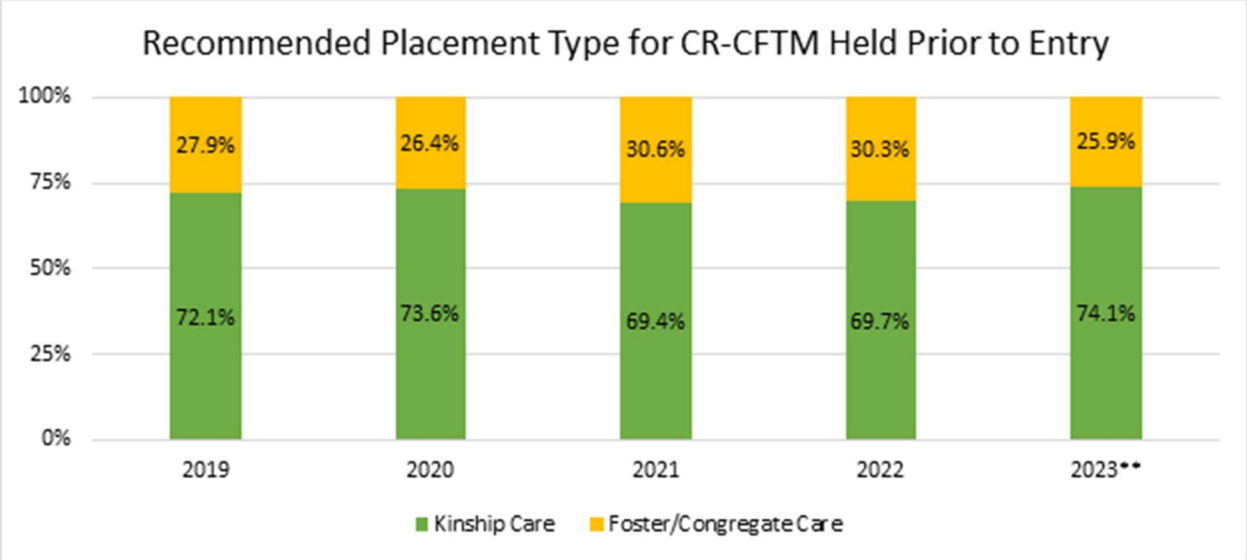
This below chart reflects the Considered Removal Meetings held prior to removal where the decision of the meeting is recommending placement of the child by Race/Ethnicity since 2019.



	2019	2020	2021	2022	2023**
Hispanic	23.8%	18.6%	17.1%	23.2%	23.7%
Black	17.4%	11.9%	13.1%	13.0%	19.1%
Other	20.7%	20.5%	16.7%	20.8%	11.9%
White	21.1%	21.5%	20.5%	28.1%	18.8%

Note: ** Represents partial FY. 2022 reflects data from 7.1.22 through 12.31.22

Overall, there appears to be some differences in decisions across racial groups from year to year for children who were the subject of a CR meeting. Black children typically have the lowest percentage of removal recommended when compared to all racial groups. However, this increased by 6.1 percentage points during the first half of this FY. During the first half of this FY, Other (predominantly Multi-Race) children have had the lowest percentage of recommended removal. White children had the largest percentage decrease recommending removal from 2022.



Note: ** Represents partial FY. 2023 reflects data from 7.1.21 through 12.31.22

The above chart represents CR meetings held prior to removal since 2019. It depicts the recommended placement for children who are recommended for removal. Kinship care continues to be the primary placement recommended

for children who are the subject of a CR meeting. This trend has been consistent since implementation. During the first half of this FY, 74.1% of children were recommended for placement in kinship care, a significant increase from the prior year.

The chart below reflects the CR meetings held prior to the child's removal and compares the recommendation of the meeting (removal) and whether the child entered care. The CR meetings have been successful in diverting children from entering DCF care. During FY 2022, 93.2% of the children with a recommendation for removal entered care, a slight increase from prior year (92%). This has been a consistent practice since implementation. Overall, the "live decision" made at the meeting appears consistent with what happens after the meeting.

Comparison of CR Meeting Recommendation and Actual Outcome					
		2019	2020	2021	2022
Of All Meetings Prior to Entry	Placement Diverted	63.5%	62.9%	59.5%	65.6%
Of All Meetings Prior to Entry	Entered Care	36.5%	37.1%	40.5%	35.4%
Placement Not Recommended	Placement Diverted	81.1%	79.5%	72.9%	75.6%
Placement Not Recommended	Entered Care	19.0%	20.5%	27.1%	24.4%
Placement Recommended	Placement Diverted	13.1%	7.9%	8.0%	6.8%
Placement Recommended	Entered Care	86.8%	92.1%	92.0%	93.2%

The chart below reflects the entry timeframe for children who were the subject of a CR meeting. During FY 2022, 88.8% of children entered care within 60 days of the CR meeting; 14.7% of children entered care on the same day of the CR meeting; and 66.9% of children entered care between 1 and 30 days of the meeting.

Timeframe for Entry into Care from CR Meeting				
	2019	2020	2021	2022
0-60 Days	754	601	579	483
>60 Days	88	112	144	61
Total #	842	713	723	544
0-60 Days	89.5%	84.3%	80.1%	88.8%
>60 Days	10.5%	15.7%	19.9%	11.2%
Total %	100.0%	100.0%	100.0%	100.0%

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

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

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

Caregiver Practice Model

The Connecticut Caregiver Practice Model (CPM) demonstrates the department's commitment to achieving optimal outcomes for children, youth, families, and communities. CPM is an organizing framework that describes and guides the work of DCF and its contracted providers related to caregivers in Connecticut. It focuses our work on all parents and caregivers but has a specific emphasis and nuance for foster parents, kinship foster parents, fictive kin, relatives, and adoptive parents given their unique relationship to DCF, parents of origin and the children in their care.

The mission statement of the CPM is nested within the existing mission statement of CT's practice model Strengthening Families Connecticut: "Partnering with communities and empowering families to raise resilient children who thrive." CPM's mission statement is: Partnering with caregivers to ensure consistency, quality, and equity in practice towards improved child and family well-being. CPM is integrated in the Department's prevention, safety, permanency, and quality improvement initiatives. In the reporting year, FCD prioritized strategies to address six of the eight underlying problems identified through the theory of change.

1. *Inadequate strategy for recruitment of core/foster caregivers to ensure readiness and understanding of the role*
2. *Insufficient communication to broader audience creates a negative image of CTDCF*
3. *Lack of trust and intentional engagement in approach to caregivers*
4. *Stigmas, myths, and insufficient understanding of a family's situation*
5. *Insufficient focus on relationship between caregivers and parents of origin*
6. *Insufficient and inconsistent statewide practice regarding kinship care*

The Foster Care Division (FCD) is also focused on the design and development of the Kinship Navigation Model, installation of the Faith Based Initiative and strengthening its Quality Parenting Initiative (QPI).

Rapid Permanency Reviews

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

In November 2021, the department began statewide implementation of RPR. The cohort consisted of children ages 0-18, in care 2 years or more (Long Stayers), whose parents rights were terminated, living with their identified resource and with a permanency plan of Adoption. A total of 128 children were identified for the cohort. The children were 51% male and 49% female. The average age was 9.8 years old with the oldest being 17 years old and the minimum 1 year old. The children racially identified at 37% White, 30% Latinx, 22% Black and 10% Multi-racial. Their time in care averaged 3.6 years and termination of parental rights occurring 2.5 years post initial entry into care. The results of the review identified the following barriers:

- Covid related delays (i.e., court delays and availability of services)
- Caregiver and youth readiness/indecision
- Children with complex needs

Consistent with the pilot RPR, the subsidy approval process was identified as an area for improvement. The department continues its ongoing training in the Area Offices, reinforcing the use of the subsidy guides, ongoing review of all forms to streamline and eliminated redundant and no longer relevant material and providing focus area office support. To date, 49% of the children in the cohort have achieved permanency. During CY2022, these reviews did not occur but will resume during the CY2023.

Quality Parenting Initiative (QPI)

The Youth Law Center (YLC) developed the Quality Parenting Initiative (QPI) in 2008 as a unique model for strengthening foster care and improving permanency and wellbeing for children placed in out-of-home care by refocusing policy and practice to focus on the quality of relationships. QPI has become a national movement transforming the foster care system one judication at a time. Connecticut joined the movement in 2021. A core principle of QPI is children entering care thrive and grow by having consistent and meaningful relationship with caregivers. Relationships that are built, consistent and sustained with their parents, caregivers, and community but also amongst their parents, caregivers, and community. In addition, children thrive and grow when the child welfare system, its policy, practice, and services promote excellent parenting and lasting relationships for children and when power is shared by involving those most affected by policies and practices to work within the system to transform the system. It supports the skill development of not only caregivers, but also staff and community by insuring they are understanding and informed on the latest research related to child and brain development, trauma, and mental well-being.

Implementation and integration of QPI into the fabric of the agency is ongoing and the penetration rate is slow and steady. Local QPI Regional Steering committees have had starts and stops and in different stages of implementation. Comfort calls and icebreakers are taking root and growing with QIPS assistance having developed a data management tool. The Caregiver Advisory Council is active, led and staffed by caregivers and adults formerly in care. They have no issues challenging institutional norms and language, have made recommendations on policy, are poised to be a part of the FCD CQI process and meet with area office leadership.

Connecticut Kinship Navigation Model (CKIN)

In 2022, the Department continued the design and development of its Kinship Navigation Model with the technical support of the University of Chicago, Chapin Hall team and co-created with caregivers. During the reporting year, model development activities included conducting focus groups with kin caregivers that were co-facilitated by kin caregiver consultants, convening workgroups related to data, it, workforce and training, communication, development of core mode components, practice guides, drafted training plans, position descriptions, modified contracted providers scope of services, and established the evaluation advisory boards. The model is family driven, voluntary and geared to be delivered by those with live experienced. The Department is poised to complete usability testing early summer 2023 and launch the program in the fall of 2023.

Relative/Kinship Care

The Department adopted a coordinated approach and expectations to focus on identification, engagement and licensing of relatives and kin for children who require an out of home placement. As of April 1, 2023, 40% of children in placement are with relatives and fictive kin. The Department has also been monitoring the rate of initial placements with relatives and fictive kin – in 2011 24.3% of children entering care had an initial placement with a relative or fictive kin. In Calendar Year 2022, on average 47% of children entering care had an initial placement with a relative or fictive kin. Between January 2011 to April 2019, the Department also saw an increase in the total number of licensed relative and fictive kin homes from, from 669 to 997. However, as of this writing, the number has dropped back down to 638 due to the pandemic and the reduction of children entering care. The largest reason for closure of a relative or fictive kin home continues to be because a child has achieved permanency (child is reunified, adopted or guardianship is transferred).

Structured Decision Making

The National Council on Crime and Delinquency (NCCD) via the Children's Research Center's (CRC) contract with the Department ended in September 2020. The Department continues to utilize the revised SDM Safety and Risk Assessment Tools. Specific SDM questions have been embedded in our case review tools to assess our SDM practice. Findings indicate consistently timely completion of both Safety (94%) and Risk (95.3%) instruments in CY2022, though both dropped by about 1 percentage point compared to CY2021. Accuracy of completing these tools also dropped by about 1 percentage point each this year compared to last but are both about 90% so the work is relatively good but continues to need improvement. New ROM reports concerning SDM instrument content are in development now, and SDM will continue to be an area of focus in supervision and CQI efforts. The Academy continues to offer SDM refresher courses to the regions as requested. As we have shifted our focus to the

implementation of our Child Safety Practice Model, which is inclusive of our SDM Safety Assessment, we will continue to assess and monitor our utilization and application of SDM.

Integrated Family Care and Support Program (IFCS)

In partnership with Carelon Behavioral Health (formerly Beacon Health Options), DCF established a program in early 2020 to empower and strengthen families as well as remove the stigma of DCF involvement for families accessing DCF funded services to address their needs. The development of the program was a result of a budget option submitted under DCF's prior administration following a review of data, specifically looking at the high rate of unsubstantiated case transfers to ongoing services. The program was developed in the belief that families would be better served in their own community, without DCF involvement, and aligns well with the FFPSA and our prevention mandate. Integrated Family Care and Support (IFCS) was designed to engage families while connecting them to concrete, traditional and non-traditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach. The length of service provided is 6-9 months based on the family's level of need and willingness to engage in services, with an option to extend the length of service if needed. Families who meet the eligibility criteria can be referred to the program. Outcome Measures for the program focus on engagement, family satisfaction, reduction in child maltreatment and several performance indicators.

From April 1, 2022, through March 31, 2023, IFCS received 1,307 referrals serving 4,664 family members.
IFCS Key Outcome Measures as identified in their contract:

- Engagement: 80% of accepted families develop a Plan of Care within 45 days
- Family Satisfaction: 80% of families who engaged in program & discharged are satisfied
    - Repeat Maltreatment: 85% of families engaged & discharged will not have a subsequent substantiated report within 6 months of discharge

Engagement - Initial Plans of Care (POC): The plan of care is completely family driven and directs the interventions, referrals, and services the family receives. IFCS staff work with families to develop a plan of care following a comprehensive assessment of the family's strengths, resources, supports and needs as identified by the family and their support network. Once families create a plan of care with IFCS, they are considered engaged in the program. Families are included in this measure if they were scheduled to have a plan of care developed during the reporting period. Families who were discharged before a care plan was due are not included. Care plans are defined as "on time" if they are completed within 45 business days of the transition meeting and "late" if they are not completed within this timeframe. From April 1, 2022, to March 31, 2023, the rate for on-time completion of the initial plan of care was 85.1%.

Family Satisfaction: Carelon Behavioral Health gathers family feedback on engagement, service satisfaction, and perceived benefits of the program through a family satisfaction survey administered by the Administrative Liaisons. Administrative Liaisons reach out to those families within 30 days of closing to assist with its completion. Only families who developed a plan of care are included in this measure. From April 1, 2022, to March 31, 2023, IFCS received 238 surveys from members of which 91.2% (217) indicated they were satisfied with IFCS services.

Repeat Maltreatment - Subsequent Substantiated Reports: In collaboration with the University of Connecticut, Carelon Behavioral Health is monitoring the rates of families who have children who remain safely in their homes 6-months post discharge, as evidenced by no new substantiated reports. As families need to be discharged 6-months before being included in this measure, this report contains families discharged from April 2020-June 2022. There were 1,168 families who were engaged, discharged, and reached the entire 6-months post-discharge period. Of these families, 95.5% (1,116) did not have a new substantiated report within 6-months post-discharge from the program. This exceeds the performance expectation of 85% of families not having a subsequent substantiated report 6-months post-discharge.

The Central Office Program Lead continues to meet with Carelon Behavioral Health staff on a monthly basis to review referrals, address programmatic issues, and review data. Local DCF/IFCS staff meet regularly to foster relationships between DCF/IFCS staff, collaborate, address case specific concerns, promote communication, and ensure the needs

of families are being addressed. IFCS reports progress on key outcomes and other performance measures to DCF every quarter. Reports include an analysis of the outcomes by race and ethnicity. In addition, the Child & Family Division under Carelon Behavioral Health has a Health Equity Steering Committee, which includes IFCS that is assessing IFCS outcomes through a racial justice lens.

IFCS Future Plans and Projected Activities through September 30, 2023

Carelon Behavioral Health has maintained consistent, positive outcomes in the area's engagement, family satisfaction, and repeat maltreatment. Many of the successes over the past year have been due to enhanced staff coaching as well as implementing processes for chart auditing and outcomes monitoring. While Carelon Behavioral Health and DCF expect to see similar outcomes through September 2023, both agencies plan to enhance existing services in the following ways:

1. Focusing on increasing family engagement. IFCS Supervisors will continue collaborating with DCF regional quality assurance staff and Office Directors to improve social worker training on IFCS, ensure 100% participation by DCF social workers in transition meetings, and review information used by DCF and IFCS to encourage family engagement in the program.
2. Supporting housing stability for families. Stable housing remained one of the most significant family needs in IFCS. IFCS provided families with housing resources in the community and funding, when appropriate, to assist with housing needs. Care Coordinators will continue to receive additional training on helping families create attainable housing-related goals to ensure families are better off after their involvement with IFCS. Supervisors will continue to build partnerships with housing programs in each region, enabling strong referrals to any available housing resources.
3. Partnering to support the work outlined in CT's Family First Prevention Plan, to transform the care management system and implement evidence-based and promising practices that will respond to the needs of children and families we serve. Carelon Behavioral Health, as the DCF care management entity, will work with DCF to provide workforce training, develop workflows, determine data collection guidelines, and identify reporting requirements to ensure quality and equitable services are provided, and that identified outcomes are achieved.

Voluntary Services

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

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

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

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

For state fiscal year 2023, the Voluntary Care Management Program has received 447 individual referrals, and 1,259 individual referrals since program inception on May 1, 2020. The staffing model has been modified to include a triage coordinator and six Voluntary Care Manager Clinicians, and Supervisor who consult with the medical director and psychiatrist, to create the least restrictive plan of care.

Community Partnerships

As previously stated, the Department is committed to engaging community partners and stakeholders in operating and improving a quality child welfare system. The following are updates from a number of these ongoing partnerships.

Office of Early Childhood Prevention Services Continuum:

The Office of Early Childhood has continued to promote healthy child development. Utilizing social media channels, the OEC is connecting with families where they are seeking communication. Key messages have focused on driving awareness for programs that assist families and providers, such as, but not limited to, Home Visiting, Birth To Three, Care4Kids, ASQ Home Screening and WIDA Online Learning Modules. Simple messaging promoting safe sleep practices, as well as a campaign promoting positive parenting and Child Abuse Prevention awareness, also supported Connecticut's families. To see all messaging, please view OEC's Facebook page here.

Strengthening families through primary prevention of child maltreatment involves a broad array of support services across community partners, nonprofits, state agencies, and federally funded programs. Improving coordination across stakeholders serving vulnerable families is critical to strengthening CT's prevention efforts. As a first step in this work, the CFSP working group, which includes representatives from all state human service agencies, will continue to identify prevention activities, services, and innovations across stakeholders.

Current primary prevention efforts identified in the state include:

- Care4Kids, Connecticut's Child Care Subsidy Program
- Evidence-based, home visiting services for vulnerable families. Each year, over 2,000 children and families receive weekly home visits designed to improve child health, prevent child abuse and neglect, encourage positive parenting and attachment, and promote child development and school readiness. (i.e., OEC Home Visiting Programs which include the following evidence-based home visiting models: Parents as Teachers, 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 and supports 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. OEC and DCF will continue to work together to coordinate and share information related to these prevention activities during the CFSP State planning team quarterly meetings.

Prevention (Primary prevention, early intervention, diversion)	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	

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

Consistent with the FFPSA, the state of Connecticut has moved from a solely focused child welfare agency to a Child Welfare System Response. It continues to use the Child and Family Services Plan (CFSP) as a vehicle to map out our plan. The Governor's Task Force on Justice for Abused Children (GTFJAC), with its diverse membership, is uniquely positioned to contribute and partner with the child welfare system with several key stakeholders engaged around the task force table. There are several linkages between the work that GTFJAC is currently involved in that align with child welfare work. Three key areas of focus are Safety, Permanency, and Family Well Being

Safety: Multidisciplinary Teams (MDT) enhance the capacity of 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 various disciplines. This support is offered to any child, youth, or family in the state. Currently, reports of child trafficking are automatically sent to the appropriate MDTs to be reviewed.

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

the state. On average six MDTs are evaluated each year, six evaluations will occur during this reporting year. In addition to these evaluations every MDT is part of a Child Advocacy Center that is also reviewed every five years to maintain accreditation, a requirement under state law.

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

There are two versions of training on Minimal Facts: 1) First Responders for investigators such as law enforcement and child welfare and 2) Discovers for other mandated reporters. These trainings were developed by GTFJAC and is provided to law enforcement officers, social workers, health care providers, educators, daycare providers, foster parents, and others who are obligated to make a mandated report. The goal of the training is to ensure individuals know what to do when a child discloses abuse and know how to respond and support the child.

GTFJAC has provided trainers to conduct training for community members, organizations, schools, and state agencies. As part of the Children's Welfare system, we also offer this training to all the partner state agencies. Over the past year, this training was available in-person and online to increase the number of trained participants. There have been several in-person offerings provided throughout the state. Data is collected to monitor the number of trainings in Connecticut and the specific professions accessing the training. It is estimated that approximately 30 trainings will occur during this reporting year.

Permanency: MDT/Children Advocacy Centers (CAC) support child victims and their non-offending caregivers (advocacy, services, treatment) and provides aid in preserving/maintaining permanency for children within their homes. These services also aid in the decrease of recurrence of maltreatment.

Family Well Being: Children Advocacy Centers (CAC) provide advocates to children and families who are available throughout the process. The CAC provides direct mental health services and referrals to programs, supports, and services as indicated. Services often remain in place after a case is closed. Understanding recovery is a process that does not end when the legalities of the case are resolved. The CACs conduct caregiver surveys that assess the families' treatment and services. The data collected is valuable and enables the state to create changes in the system based on user feedback. These Outcome Measurement Surveys (OMS) can be updated to research a specific service and help inform the direction of the child welfare system. The last round of OMS results (calendar year 2022):

Satisfaction Survey Caregiver Results: This survey captures a caregiver and child's satisfaction with services provided at the Child Advocacy Center (CAC) during their first visit.

- 93.2% of parents felt their child's questions were answered to their satisfaction.
- 31.6% of parents felt they would have liked additional services available for their child.
- 91% of parents felt the CAC staff made sure they understood the reason for their visit to the CAC.
- 93.5 % of caregivers felt the CAC staff provided them with resources to support their child and respond to his or her needs in the days and weeks ahead.

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

Training: GTFJAC develops and supports Statewide Training for Professionals:

- Training opportunities for child welfare professionals to increase skills to meet the needs of children and families. Over the last year, in-person and virtual workshops were provided across the state that were accessible to child welfare and all partner agencies.
- The annual Response to Recovery Conference will go back to in person in May of this reporting period providing numerous workshops to support the work of DCF and partners engaged in the MDT/ CAC efforts.

- Training for Judges, lawyers, DCF, and advocates for improvement in court responses continues to be provided.
- Training for professionals in the educational setting is being provided during this reporting period.
- Training for professionals in mental health private nonprofits is being provided during this reporting year.

Racial Equity and Implicit Bias: The GTFJAC conducted a statewide assessment of Connecticut's systems in 2021 and has been focused on the priorities identified in the assessment process during the current reporting year. Key GTFJAC stakeholders participated in the assessment process. Several participants raised systemic racism, racial inequity, and implicit bias as important areas to address during the following three years. Language and cultural barriers impact the experience of some victims, their families, and the character and quality of the interactions families have with professionals doing this work. The task force developed a recommendation in this area for the subsequent three years. As part of the recommendation, the Task Force and CCA will continue to support the MDT/CACs in the state. Through the work of existing and new committees and engaging key stakeholders, the task force is developing strategies to address systems that contribute to the lack of culturally competent services in Connecticut.

The Task Force developed a request for proposal (RFP) for a Diversity, Equity, & Inclusion consultant to help audit, recommend and implement policies, practices, programs, and organizational behaviors that foster authentic diversity, equity, and inclusion within the areas of Task Force jurisdiction and its programs. During the current reporting year, the contractor was selected and started its work with the Task Force. The outcome of the work should position the task force internally and externally for greater engagement and impact with diverse communities. This includes helping to increase racial, ethnic, gender, sexual orientation, ability, and ideological diversity across our membership while expanding our culture of inclusion within the task force. The work with the consultant will build the capacity of the task force to systematically reduce and eliminate disparities and inequities, increase access to and utilization of services by children and families who are members of historically underserved racial, ethnic, and linguistically diverse groups.

Human Trafficking: The Governor's Task Force on Justice for Abused Children (GTFJAC) continues to prioritize child trafficking as an area of importance. All MDTs in the state are trained on child trafficking including the DCF Policy and Practice Guide. All child trafficking cases are automatically referred to the MDTs to ensure timely review. The MDT ensures all children that are screened as high-risk or above receive services appropriate for their situation. During the current reporting period it is estimated that the MDTs will review 123 cases of child sexual exploitation and trafficking.

The above illustrates the importance of the GTFJAC's role as part of the child welfare system. The GTFJAC as a stakeholder, was engaged as part of the CFSP development, and review the APSR annually. The GTF is committed to continuing its role in the development of the CFSPs and the annual APSR reviews.

Urban Trauma Network and Racial Justice

The Department has partnered with The Urban Trauma Provider Network (UTPN), a program specifically developed to provide educational and training support to providers regarding the deleterious effects of racial trauma on youth of color across Connecticut's urban areas. In partnership with DCF the Urban Trauma (UT) organization is leading a transformative movement to educate and provide a community-based approach to understanding the effects of racism, discrimination, and inequalities for urban youth throughout Connecticut.

The Department has contracted with eight nonprofit community provider organizations to become a part of the Urban Trauma Provider Network (UTPN). These providers each received seed funding to hire an additional clinician and they have begun receiving training, support, technical assistance and fidelity monitoring from the Urban Trauma-Performance Improvement Center or UT-PIC. The UT-PIC will help ensure that the clinical services are delivered consistent with the UTPN model of care, which is built on Dr. Maysa Akbar's Urban Trauma Framework as well as on Dr. Steven Kniffley's' Racial Trauma Treatment intervention.

There are three service components: (1) general outpatient mental health treatment for children and their families (2) specific outpatient treatment to a select target population of Black, Indigenous, Latinx, Asian, and or multi-racial

and other minority children and their families and (3) community-based organizational activities to support the treatment and recovery of children who have been exposed to urban and racial trauma. The organizations provide will provide basic outpatient mental health services to children and their families. Minimally, the available services include individual therapy, family therapy, group therapy, multi-family groups and/or other mental health modalities.

Through Connecticut's CONNECT (The Connecticut Network of Care Transformation) grant, the state supported 6-month individual training, support, and coaching to assist and support community-based entities in the development of their own Health Equity Plan to reduce and eliminate disparities as they relate to ACEs and trauma. Connecticut developed a curriculum called Difficult Conversations: Introduction to the National CLAS Standards for use by contracted provider agencies to promote culturally appropriate language services. Finally, Connecticut is contracting with a community provider to implement a Racial Justice Provider Academy that will work with all contracted behavioral health providers to enhance their progress toward racial justice within their organizations and in their work with families and communities.

Urgent Crisis Centers and Subacute Crisis Stabilization Centers

Recent years have seen a significant increase in young people with behavioral health conditions presenting to hospital emergency departments (ED) for evaluation and treatment. These numbers were exacerbated during the COVID-19 pandemic and have not receded to pre-pandemic levels, frequently overwhelming the capacity of EDs. Connecticut is making an investment in building out its crisis response system by implementing two new service types: Urgent Crisis Centers and Subacute Crisis Stabilization Centers. These programs are currently under development, with Urgent Crisis Centers slated to open during Spring '23 and the first Subacute Crisis Stabilization programs slated for Summer '23.

Urgent Crisis Centers will provide on-site assessment and stabilization services with linkage to ongoing appropriate supports and services. The UCC will be able to accept youth 24 hours per day and will serve as an alternative to Emergency Department for youth who otherwise might have been referred to an ED but do not require that level of care. These are non-residential programs. The UCC will: triage youth based on risk and needs; provide de-escalation and crisis stabilization services; offer a thorough assessment to determine appropriate level of care; develop a crisis safety plan collaboratively with the family; and based on assessment results, coordinate care for youth/young adults and their families to receive the appropriate level of care and type of services to meet their needs.

The Subacute Crisis Stabilization programs will provide a resource for youth who need to be out of their home to stabilize safely but who do not require hospitalization. The Sub-Acute will provide a safe facility for youth experiencing a sub-acute behavioral health crisis (mental health and/or substance use crisis), with length of stay expected to be no longer than 14 days. The Subacute program will: engage the youth in de-escalation and stabilization techniques; provide a full diagnostic evaluation and assessment; provide medication administration and management as needed; provide individual and group treatment to prepare the youth/young adult to return to home, school and the community; work collaboratively with the family, school and other professional and informal supports to support the youth/young adult's discharge; and based on assessment results, coordinate care for youth and families to receive the appropriate level of care at discharge.

Mobile Crisis Expansion and 988

Connecticut has expanded its crisis response system to include 24/7 availability of in-person mobile clinical response to youth and families in crisis. Through the statewide centralized call center, accessed via 211 or 988, families can be connected in real time to a clinician and if needed they can respond to the youth's home, school, or other community location within 45 minutes. (Previously this was not available 24/7.)

Connecticut has enhanced its support of regional suicide advisory boards, and through them provides training and consultation to provider organizations and community members regarding suicide prevention, screening, and intervention. The statewide implementation of 988 will increase awareness and access to crisis services. And Connecticut developed and implemented an extensive awareness and outreach campaign - the 1Work, 1 Voice, 1

Life - Be the One to Start the Conversation Suicide Prevention Health Promotion Awareness campaign - through the statewide Suicide Advisory Board.

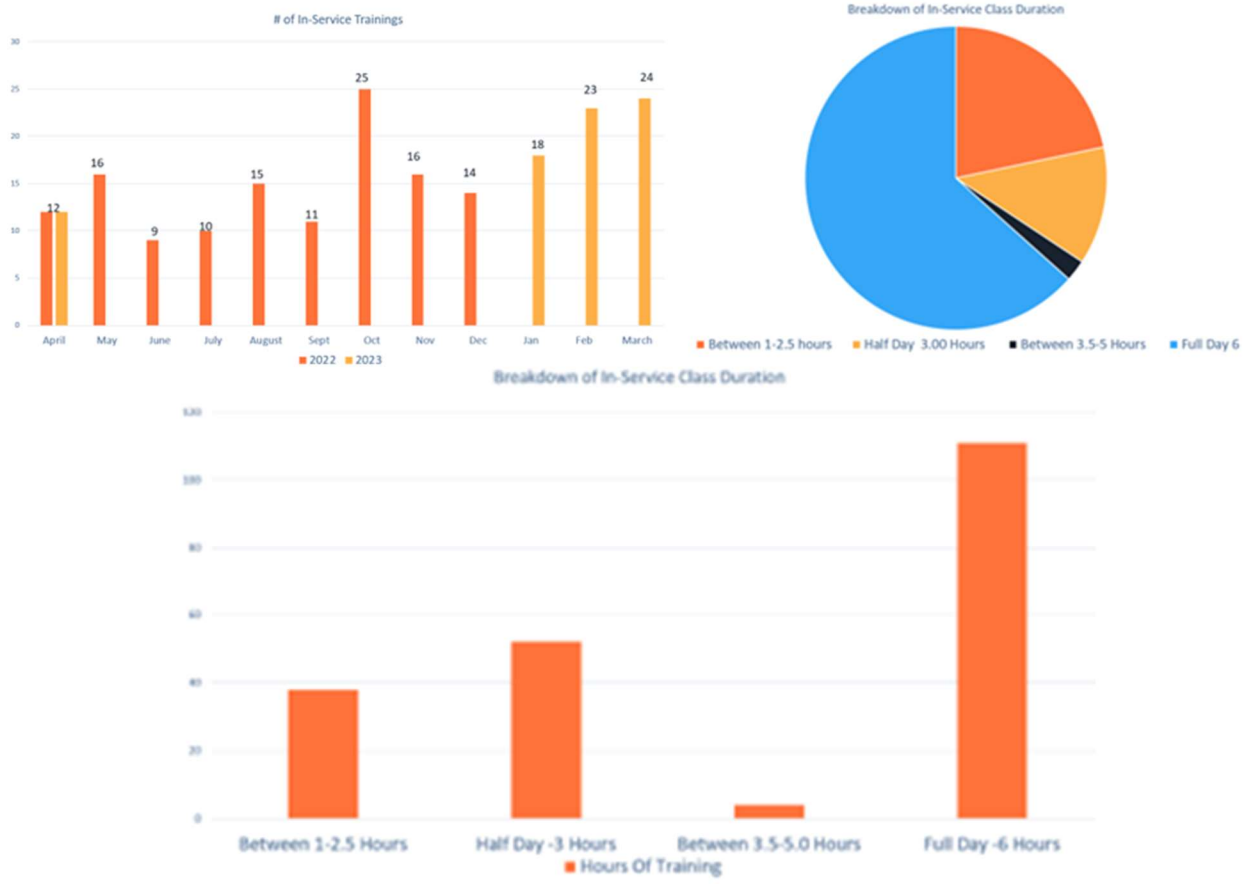
Training and Technical Support

The Department continues to be committed to ensuring a well-trained and prepared workforce fully capable of addressing the most complex child welfare cases that we face. The following is a summary of our efforts towards that goal.

IN-SERVICE TRAINING FOR STAFF

The Academy continues to provide relevant and timely learning opportunities to enhance the child welfare practice. All in-person and virtual in-service training classes are posted in a quarterly online catalog, and staff can "self-register" with supervisory approval. Many in-service classes are open to non-DCF staff, inclusive of non-profit community providers, parent advocacy groups, other state agency employees, and others. These cross-training opportunities strengthen the child welfare practice in Connecticut by bringing together representatives from numerous disciplines; and allow for richer conversation in the classroom from varying perspectives. The Academy has significantly increased the numbers and types of training offered to experienced staff. During this 2022-2023 fiscal year, the Academy offered 205 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.

THE TOTAL OF IN-SERVICE TRAININGS PER MONTH:



Training evaluations were distributed electronically by utilizing scanning the Secure Quick Response (SQR) codes from their mobile device or adding the evaluation link into the chat box. The purpose of evaluating electronically is to assist the Academy for Workforce Development in measuring and collecting data and understanding the skill acquisition and training needs of our participants in a concise format.

CULTURAL TRAININGS:

- EXPLORING THE GENDER VERSE: TRANSGENDER AND NON-BINARY YOUTH IN CHILD WELFARE SETTINGS: The Academy for Workforce Development and contracted LBGTQIA specialist, Robin McHaelen, to provide both DCF providers and DCF staff the "Exploring the Gender Verse: Transgender and Non-Binary Youth in Child Welfare Setting" training. This training explored the origins of gender the emerging complexity of determining biological sex, and then focus on the unique concerns and considerations for trans and non-binary in child welfare. This training used discussions and case studies, topics on DCF policies regarding placement and gender affirming care; supporting families when their child comes out; building resilience in youth and advocating for our clients with schools and/or other providers.
  Feedback from participants were positive, for example,
  - "The training discussions and case examples were extremely helpful"
- CONDUCTING EFFECTIVE HOME STUDIES WITH LGBTQ+ PROSPECTIVE FOSTER PARENTS: "Conducted Effective Home Studies with LBGTQ+ Prospective Foster Parents" was presented by the Academy and contracted LBGTQIA specialist, Robin McHaelen, to both DCF providers and DCF staff. Within this training, the following questions were explored: When and to what extent is your applicant's sexual orientation or gender identity relevant? What kinds of questions can you (should you) ask about their identities? What if another foster parent makes a disparaging remark during your training? How do you respond? How do you share information about the families with children who might be placed in their homes?
  Feedback from participants were positive, for example,
  - "This should be mandatory training to all FASU staff"
  - "I believe this was discussion was very helpful in my role licensing foster parents, as it gave me tools on how to ask questions appropriately related to the applicant, relate that to their desire to foster, what information is needed, and what is not"
- UNDERSTANDING THE WORK WITH CHILDREN AND FAMILIES WITHIN THE DEAF AND HARD OF HEARING POPULATION: The Academy offered four sessions of the "Understanding the Work with Children and Families within the Deaf and Hard of Hearing Population" training. This 3-hour virtual interactive webinar was designed to support staff in developing and/or boosting an awareness on the specialized needs related to work within the Deaf and Hard of Hearing Population. This training also included subject matter expert to provide a deeper understanding on the Deaf and Hard of Hearing community. During this period under a review, 52 participants were able to attend this training.
  Feedback from this training included,
  - "This training was phenomenal, and I believe everyone should be required to take this training to gain knowledge about working with the deaf and hard of hearing population"
  - "I strongly suggest that this training be mandatory. Shaneka and Rosa did a wonderful job, and this population impacts all the staff here at DCF"
  - "Great training, should be mandatory for staff considering new legislation passed in May 2022"
  - "Very engaging, informative and useful. I enjoyed this training very much"
  - "This was a very good and informative training that I think should be required for all employees. While I am not a social worker and so maybe won't need to use this knowledge quite as much as workers in the field, this is important information if I ever participate in a hearing with a Deaf or hard of hearing person. It is also useful information just to have as a person"
  - "I would have liked a little more detail on the new CT statute that was mentioned - but I understand this wasn't a legal training so that wasn't the focus"
- LEADING DIFFICULT CONVERSATIONS ABOUT SOCIAL JUSTICE: In 2022, the Academy for Workforce Development partnered with researchers from the University of Connecticut School of Social Work to develop and administer a comprehensive training needs and preferences survey of this workforce. A consistent training need request was for the Academy to offer a training to assist supervisory staff in leading and facilitating difficult conversations in social justice. In April, May and June of 2023, the Academy will be offering the "Leading Difficult Conversations About Social Justice" training for supervisory staff. This training perspective promotes the role of the supervisor as a leader in establishing a culture within their team that is responsive to and inclusive of the positionalities and unique experiences of clients and colleagues. This training focuses on when, where and who; on preparation, leadership and follow up. It includes practice through role play and knowing the procedure if an

injustice is identified. Supervisors are encouraged to remain vigilant in their commitment to social justice by leading their teams and organizations in achieving truly inclusive diversity. In addition to this training, there will also be a training of the trainer component in June of 2023. Participants will be individually selected to learn this curriculum and then assist their respective area/division in moving this work forward in leading the difficult conversations in social justice.

CLINICAL TRAININGS:

Another consistent training need request from this 2022 Training Needs Survey was for the Academy to offer more clinical/theory base trainings. Due to this high request, the Academy offered seven in-service clinical/ theory-based trainings.

- DIAGNOSTIC DEVELOPMENTS IN THE DSM: A 3-PART SERIES: The Academy for Workforce Development partnered with Dr. Greg J. Neimeyer from the American Psychological Associations to offer 52 DCF participants the "Diagnostic Development in the DSM V: A 3 Part Training Series". This series covered the following topics:
  - Part 1: Contemporary Diagnostic Developments: The Evolving Relationship Between the ICD and the DSM
  - Part 2: Serious Mental Illness
  - Part 3: Context is King: Understanding Psychopathology Developmental and Socio-Cultural Considerations in Psychodiagnosis

  Feedback from participants were positive, for example,
  - "This training helped me understand the self-harming behaviors and provided more insight of the history of the DSM -V"
  - " What was helpful to learn was explicitly calling out some of the nuances with wording under the gender dysphoria diagnostic category but how impactful it is in our work. Outlining the additives with suicidal behavior and non-suicidal self-injury"
  - "This training was very informative and detailed. I loved the examples of real-life events and people who have lived with these diagnoses"
  - "It was very interesting to learn about the considerations of cultural context of symptoms when diagnosis. The ICD being in control of where the DSM is going"
  - " The information provided gave a new viewpoint on how to engage and assess the individual that I may interact with"
- MULTISYSTEM THERAPY MODEL AND OVERVIEW, MULTISYSTEMIC THERAPY- BUILDING STRONGER FAMILIES PART 1 AND MULTISYSTEMIC THERAPY- BUILDING STRONGER FAMILIES PART 2: These three trainings took a deeper dive into the Multisystemic Therapy- Building Stronger Families Model. The Academy for Workforce Development partnered with MST-BSF, to provide 19 participants with information regarding the intensive home-based treatment approach for families with children ages 6-17 involved with the CT Department of Children and Families protective services due to neglect and physical abuse concerns. In addition, these trainings covered the full range of other evidence-based treatments to adult and child family members to address concerns such as trauma symptomatology, anxiety, depression, externalizing problems, family conflict, school problems and low parenting skills.
- UNDERSTANDING CONNECTICUT'S FAMILY BASED RECOVERY MODEL AND PROGRAM: This training was conducted by the Family-Based Recovery team in conjunction with the Academy to provide 12 participants an overview of the Family-Based Recovery model with a focus on referral criteria; referral process; and how FBR provided substance use treatment as well as what the parent-child work looks like. Family-Based Recovery is an intensive home-based substance use and attachment-focused treatment model for parents who have a recent substance use history and are parenting a child under the age of 72 months. FBR treats both single parents and couples who are struggling with the dual challenges of substance use recovery and parenting a young child.

WELLNESS, SELF CARE AND SAFETY TRAININGS:

For the 2023 Spring quarter that Academy for Workforce Development partnered with an agency titled Transformative Leadership Strategies. This agency specializes in offering self- care techniques to the field of social work. During this period under review, they offered two new self-care trainings.

- THE ROLE OF STAFF-CARE IN EFFECTIVE LEADERSHIP: Within the 2023 Spring Catalog offering, the Academy, and the Transformative Leadership Strategies team, will offer DCF supervisory staff with "The Role of Staff-Care in

Effective Leadership" training. During this training, DCF supervisors will examine the role of staff-care within their organizations and teams, beginning with a focus on self-care and an examination of their own core values. They will then explore the ways that 'staff-care' supports healthy and effective teams and identify ways to assess how the team prioritizes 'self/staff-care'. Finally, they will brainstorm strategies for incorporating this important element into the culture of their organization as well as their teams.

- MAINTAINING COMPOSURE IN THE FACE OF HOSTILITY: Also, within the 2023 Spring Catalog offering, the Academy, and the Transformative Leadership Strategies team, will be offering all DCF staff the "Maintaining Composure in the Face of Hostility" training. In this training DCF participants will learn how to recognize and regulate their emotional reactions when faced with emotionally charged (anger, rage, rudeness) situations and people. They will explore the role their nervous system plays, identify specific triggers, and learn to respond instead of reacting in these situations. Skills utilized will include centering, grounding and calming techniques based in mindfulness and emotional intelligence principles.
- WORKER SAFETY DISCUSSION WITH THE POLICE DEPARTMENT: During the period under review, the Academy partnered with the Waterbury Police Department to provide 104 staff the Worker Safety Discussion with the Police Department. This was a customized facilitated discussion between DCF staff and the Waterbury Police Department on the topic of worker safety within the field. DCF staff were provided information, tips, and skills to enhance their physical safety when conducting field work. This discussion enhanced staff's knowledge in recognizing safety concerns when engaging families.
  The feedback from this facilitated discussion included,
  - "Having police officers teach the training was helpful"
  - " This was a great reminder; new workers should be required to have this training"

IPV TRAININGS

For the 2023 spring and summer training catalog, the Academy, DCF Clinical Behavioral Health Division and the Connecticut Coalition Against Domestic Violence partnered together to bring the Domestic Violence Lecture Series. This series will include the following lectures:

- Understanding Teen Dating Violence and Stalking
- Understanding Trauma in the Context of Domestic Violence
- The Impact of Exposure to Domestic Violence on Children
- The Intersection of Domestic Violence and Substance Use
- Cultural Consideration that Influences Victims of Domestic Violence
- Understanding the Role of Culture in Intimate Partner Violence
- Intimate Partner Violence Compassion Fatigue, Self-Care, and Resilience

LEGAL/POLICY/PRACTICE:

- THE SAFETY PLANNING PRACTICE GUIDANCE OVERVIEW: The Academy facilitated and assisted the Safety Planning Practice Guidance Overview discussions for all the DCF area offices. The Safety Planning Practice Guidance Overview is one aspect of the CT Child Safety Practice Model, which incorporates, the ABCD paradigm, the Discussion Guides, and the Practice profiles. These are all tools that are used to assist staff assess and determine safety.
- CHILD PROTECTION: TESTIFYING 101 TRAINING: The Academy, the Office of the Attorney General and the Legal Division collaborated to bring 102 clinical and nursing staff the Child Protection: Testifying 101 Training. This training, which will be provided an overview of juvenile court proceedings and their role in the process. The training also provided guidance on preparing to testify in court.
- INTERSTATE COMPACT ON PLACEMENT OF CHILDREN (ICPC) DROP-IN CONSULTS SESSIONS: The Academy and the ICPC Division partner together to provide staff with monthly drop in consults on the well-being and permanency of children and youth when they move or are placed across state lines. Interstate Compacts are voluntary agreements between two or more states on a particular policy issue that becomes law in each state. These sessions provide answers to ICPC questions and provide guidance on all things connected to ICPC.

0 TO 5 POPULATION TRAININGS

- SENTINEL INJURIES TRAINING: The UCONN School of Medicine provided 458 DCF staff with the Sentinel Injuries Training. Infants are at greatest risk of severe and fatal physical abuse, yet they sometimes present for medical care multiple times with abusive injuries prior to being diagnosed with abuse and having protective actions taken. This training provided information about marks that matter and sentinel injuries, including why they are significant, who is at risk, and what to do if staff suspect abuse. Efforts to identify these infants in a timely manner are critical to prevent repeated, escalating abuse and subsequent harm. Increasing the identification and evaluation of sentinel injuries has been highlighted as a strategy for improving timely detection of abuse in infants.
- EARLY CHILDHOOD DEVELOPMENT: UNDERSTANDING THE SCIENCE OF ATTACHMENT AND ENGAGEMENT: The Academy for Workforce Development has provided the Early Childhood Development: Understanding the Science of Attachment and Engagement Training this period under review for DCF staff. Understanding the theory of attachment and the impact of this important developmental process in early childhood is crucial to the DCF worker's casework and other providers working with child and family; as well as documentation, and the decision-making process at every point of the case involvement: Removal and placement, Case planning, Court appearances, Father Engagement, Visitation and family time, Reunification, Adoption & Termination. Participants learned how to be upon previously gained knowledge of attachment theory as it applies to working with young children and their families involved with the DCF system. Participants will be introduced to the concept of the Circle of Security Parenting and how the Circle is "always taking place" in the lives of children and adults.

EARLY CHILDHOOD CONSULTATION PARTNERSHIP TRAININGS

The Early Childhood Consultation Partnership and the Academy for Workforce Development has partnered together to bring DCF staff and community providers with a catalog of new trainings on the 0 to 5 population. The following trainings will be offered during the 2023 Spring and Summer:

- HOW TO EFFECTIVELY SUPPORT A YOUNG CHILDREN BIRTH TO AGE FIVE DURING AN ACTIVE DCF INVESTIGATION: ACES, TRAUMA INFORMED CARE AND STRATEGIES: When child welfare is investigating a complaint of abuse or neglect in a family unit, chances are, that is just one more stressor that the family and child(ren) of the family may be experiencing. Typically, a family who comes into care has several different events or situations that can overwhelm them and their family unit. These stressors also impact children of these families. It is important for all providers who work with young children to be aware of how multiple and/or long terms stressors impact children's social emotional wellbeing in a variety of ways. The ACEs study will be reviewed. The attendees will also learn about trauma informed care and strategies to support children and families in their care.
- THE IMPORTANCE OF CREATING SUPPORTIVE RELATIONSHIPS FOR THE YOUNG CHILDBIRTH TO AGE FIVE: This training will explore the importance of creating supportive relationships for the child, which include during any child welfare investigations phases, post placement and amongst providers. Caring for young children can be challenging, particularly when they are going through the trauma of a child welfare investigation or even a removal from the home. Children's behaviors can be all over the place. Learning how to collaborate and work together can break down barriers to communication, bringing the caregivers together. Working together provides the consistency and support that children need to succeed.
- SOCIAL EMOTIONAL & BEHAVIORAL MILESTONES FOR CHILDREN BIRTH TO AGE FIVE AND THE EFFECTS OF COVID-19: This training will explore the social emotional & behavioral milestones for children and the effects of the COVID-19 Pandemic on the various typical and atypical developmental milestones of children up to five years old. Typical development will be discussed, as well as challenges within families and early childhood programs who may have dealt with increased stressors, less peer interactions and some children not having the social interactions due to center closures and isolation at the beginning of the pandemic. This training will also provide social workers with the resources and strategies to help support caregivers of young children as they provide the support to the children in their care.
- TEACHING AND SUPPORTING SELF-REGULATION FOR YOUNG CHILDREN BIRTH TO AGE FIVE: This training will explore the importance of social emotional regulation in young children birth to age five. This is a skill, which is learned over time. To build their success in self-regulation, young children need to be given opportunities to

learn. Children must learn what emotions are, what is acceptable behaviors and learn to be empathetic to others. This training will help the attendee understand the long-term impact of these skills for the children as they age. There will also be various social emotional resources that will be shared during this training to help support the early childhood provider to support children in their care.

SUBSTANCE USE TRAININGS

- DEMYSTIFYING FENTANYL: REDUCING HARM, PREVENTING OVERDOSE AND PROMOTING TREATMENT: The Academy for Workforce Development partnered with the Opioid Response Network to bring DCF staff and community providers with the Demystifying Fentanyl: Reducing Harm, Preventing Overdose and Promoting Treatment Training. During this virtual training, participants became familiar with the pharmacologic aspects of fentanyl; including, how it affects the brain, signs of toxicity, signs of overdose, myths and facts surrounding fentanyl exposure and how it is being mixed with other prescription or illicit drugs. Participants were provided with Connecticut data of fentanyl overdose rates, including types of fentanyl analogues seen in the community. Finally, participants were introduced to the concept of harm reduction, including opioid overdose prevention, naloxone (Narcan) administration and fentanyl test strips.
  Feedback from this training included:
  - "The trainer was able to present the information in simple language. Because of the recent surge of cases with concerns or use, the training was well timed"
  - " Information will provide support with assessing the needs of families, information was presented in simple language that was easy to understand"
  - "Hearing not only the facts of the disease (how it manipulates the brain) but hearing from others that the disease does not always kill the user, as in my case, helped me want to engage more with families struggling with and in opiate addition"
  - " The slides were most helpful, and the presenter was well versed regarding the topic"
- ASSESSING AND RESPONDING TO CANNABIS LEGALIZATION: The Academy for Workforce Development provided 39 DCF staff with the Assessing and Responding to Cannabis Legalization Training during this period under review. During this training, participants gained a better understanding of recent legalization of Cannabis, and the impact to case practice. Current information on cultivation, potency, and usage methods was reviewed. This discussion-based training included learning about the impact these changes have on child protection and parenting.
  Feedback from this training included:
  - "I appreciate the honesty in regard to the questions we were asking about the legality of marijuana use around children in cars. It was also helpful that Adina shared some jokes throughout the training. I think that helps especially when doing a virtual training. Laura was also great! I love how direct she is regarding what really matters when looking at things from a CPS lens-great job!"
  - "Trainer did well with the information she had available to her. Having another person who has more knowledge on the subject"
  - "It was helpful learning about the legalities of having cannabis in the home/on person, and that juveniles cannot be prosecuted most of the time."
  - " Clarification regarding the laws and the topic on protective capacities and safety were helpful"
- THE FACES AND VOICES OF RECOVERY TRAININGS: For the 2023 spring and summer training catalog, the Academy, DCF Clinical Behavioral Health Division and the Faces & Voices of Recovery partnered together to bring the Substance Use Trainings. The trainings will cover the following topics:
- MOTIVATIONAL INTERVIEWING: As Recovery Support Service Providers, we are not immune to the effects of stress and secondary trauma. This exceptional session will provide an overview of the skills necessary to maintain your ability to respond to peers with empathy and compassion, create healthy boundaries, develop a concrete self-care plan, and learn valuable warning signs of STS and Compassion Fatigue.
- THE SCIENCE OF ADDICTION AND RECOVERY: The Science of Addiction and Recovery (SOAR) is a curriculum developed in collaboration with the National Institute on Drug Abuse (NIDA). This training provides individuals with a better understanding of the science behind addiction and recovery. While experience changes beliefs, the facts about how substances dramatically affect the brain are a key component in helping the public understand the recovery process.

- COMPASSION FATIGUE AND SECONDARY TRAUMA: As Recovery Support Service Providers, we are not immune to the effects of stress and secondary trauma. This exceptional session will provide an overview of the skills necessary to maintain your ability to respond to peers with empathy and compassion, create healthy boundaries, develop a concrete self-care plan, and learn valuable warning signs of STS and Compassion Fatigue.
- ASSISTING THE RE-ENTRY COMMUNITY: Re-Entry begins with community. Participants of this session will learn to incorporate supportive programs and services to assist re-entering parents, utilize community connections to eliminate common barriers around employment, housing, and education opportunities to limit recidivism, and offer resources to enhance recovery capital.

INTAKE SPECIFIC TRAININGS

- DRS MICRO LEARNING LABS: In response to the overload of newly appointed intake social workers, the Academy revised the DRS Micro Learning Series to meet the training needs of all intake staff. The revised DRS Micro Learning Labs will consist of six labs that will be one hour each, in a shared learning environment that fosters skill building and promotes application. All will be offered in the Spring and Summer of 2023.
  - SDM: ASSESSING SAFETY: A solid review of SDM Safety, Risk, with the connection to the Child Safety Practice Model/ ABCD Paradigm and Safety Planning.
  - ASSESING THE BIRTH TO THREE POPULATION: With a focus on Birth to Three, this MLL will demonstrate how existing resources and guides can be used to strengthen the assessment and documentation in a protocol.
  - INTERVIEWING CHILDREN: This MLL focuses on the uniqueness of interviewing children, emphasizing the important developmental considerations in planning the child interview, and delineating some age-appropriate interviewing techniques.
  - ASSESSING SAFETY FROM A SWS LENS: Supervisors who attend this MLL will become more familiar with their supervisory roles and responsibilities as it relates assessing safety. Supervisors will practice applying the SDM and ABCD Paradigm tools.
  - SUPERVISION IN THE VIRTUAL POPULATION: Supervisors who attend this MLL will review the Four Quadrants of Supervision and be provided resources in how to navigate supervision in the virtual environment.
- INTAKE SOCIAL WORK SUPERVISOR TRAINING: FUNCTION SPECIFIC LEARNING FOR NEW SUPERVISORS: This training is intended for DCF Supervisors who are newly promoted and/or newly transitioned to the Intake function. The 25 Supervisors who attended this training became more familiar with their supervisory roles and responsibilities as it relates to the Differential Response System (DRS) as well as supervising Investigations and Family Assessment Responses in accordance with DCF Policy and Practice.

  This training included the following topics:
  - How data informs DRS
  - Routine and field supervision
  - Case trajectory from the call to careline to the case disposition
  - Intake specific LINK tasks
  - Safety and Risk assessment with utilization of SDM tools and the Child Safety Practice Model
  - Integration of policies, operational definitions, and practice guides into supervisory oversight of DRS case work
  - Advancing anti-racism in DRS work
  - How cognitive bias impacts case decisions

  Feedback from participants were positive, for example,
  - " The training was helpful. The discussions and topics and resources can all be used daily"
  - " Helpful training. Would be beneficial just before starting the new position or just after"
  - "Great Training, Thank you!"
  - "Useful training, especially it being in person"

TRAINING SERIES

The Academy continues to be successful in ensuring that our key trainings series, such as, DRS, and the Transitional Aged Youth Series were delivered to the staff who depended on them for workforce development.

- THE 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 four occasions to date this fiscal year, with 115 unique staff completing it. Participants stated the following after taking this series-
    - " This was an extremely interesting training. I have learned things that is going to help me in my investigation career."
    - " This was a wonderful training. very helpful!"
    - " Entire training was helpful"
    - "Guest speakers were helpful"
    - "Awesome Series. Thank you"
    - "The trainers are very knowledgeable"
    - " This training was so full of knowledge"
    - "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

- TRANSITIONAL AGED YOUTH SERIES: PARTNERING WITH TRANSITION AGE YOUTH: During the 2023 -2023 fiscal year, the Academy for Workforce Development, in conjunction with the Transitional Supports and Success Division offered the Transitional Aged Youth Series TO 18 DCF Staff. There are 6 Training Modules within 7 training dates, that focused on the new Vital Practice Model. This series was available to all DCF staff; however, priority seating was offered to the DCF staff newly assigned to the TSS units and workgroups.
    - The 6 module topics were:
    - Module 1: Adolescent Brain Development (2 Days)
    - Module 2: Engaging Empowering and Supporting TAY in their Identity Development
    - Module 3: Building the Team for a Successful Launch
    - Module 4: Skill Development, Natural Supports, and Permanency: Fostering the TAY's Launch into Adulthood
    - Module 5: Case Planning & Re Entry: Launch Pad
    - Module 6: Transitional Support Services Division: Exploring the Array of Services and Supports Available

- Mastering the Art of Child Welfare Supervision now known as Leading from a Supervisory Perspective: The Academy continued to offer “Mastering the Art of Child Welfare Supervision” to newly promoted supervisors. During this reporting period the Mastering the Art of Child Welfare Supervision was offered once, fully in-person over the summer of 2022 with eight participants.

  The training content included 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

In January 2023, the series title was changed to Leading from a Supervisory Perspective and content was updated to reflect the most current practice trends, best practice in child welfare supervision, and input from stakeholders. The

series began in February 2023, with 16 participants. It is a fully in-person offering. The curriculum was expanded and now includes the following topics:

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

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

STATEWIDE ROLLOUTS

During 2022-2023 fiscal year the Academy for Workforce Development partnered with Plummer Youth Promise: Family for Everyone to bring the Department two trainings on kinship and permanency: The Unique Dynamics of Kinship Care and Permanency Training and the Achieving Permanence Through Reunification training.

- The Unique Dynamics of Kinship Care and Permanency: This training addressed the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples were used to assist participants apply key best practice approaches and strategies. Special topics included differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency. This training was mandatory training for Program Supervisors, Social Work Supervisors, Intake Staff, Ongoing Social Workers FASU and ACR Staff. There were over 367 participants who attended this training.

  Feedback from this training included:

  - The class was very informational, and I learned a lot. The videos and PowerPoint were useful.
  - The stories and the videos were great.
  - Engaging the audience in conversation throughout as well as relating personal experiences to training
  - Being mindful of how the family perceives and interprets our language/tone and making sure to validate feelings
  - of others.
  - Videos, following the same stories throughout the class, multiple break out room opportunities
  - Hearing from Others/ trainers regarding their own perceptions to this Tricky subject matter. Great discussions.
  - Different opinions and perspectives.
  - The honest conversations about the needs of our kinship families
- Achieving Permanence Through Reunification: This training focused on the potential of most families to care for their children, if properly and urgently assisted. It also addressed the impact of separation and loss on both child and parent and the involvement of family members and significant others to support timely reunification. It was also discussed the importance of early concurrent planning conversations, the role of meaningful visitation as well as the working partnership required between parent and foster parent to achieve timely permanence. There were 110 participants who attended this training.

  Training Feedback included,

  - "Everything was helpful"
  - "Wonderful conversations"
  - " This was an engaging and informative training. It will be a wonderful foundation as I continue to advocate for developing informal supports for adolescents in congregate care to support their success post-DCF"

    - " The trainers were engaging, interactive, and facilitated a day of dialogue that was supported by the PowerPoint, videos, breakout sessions and large group discussions"
- CT CHILD SAFETY PRACTICE MODEL: During the 2021 and 2022 timeframe, over 1400 DCF staff were trained in CT Child Safety Practice Model. During this fiscal year, the Academy continued workforce development efforts and facilitated dialogues with agency employees on various nuanced aspects of the Safety Practice Model; supervisory training; and focused attention on supporting social workers' proficiency and use of the Discussion Guides and Practice Profiles.
- THE PRACTICE PROFILES TRAINING The Practice Profile Training focused on skills development and critical thinking. The Practice Profiles are useful for staff to self-assess each of their skills and serve as a basis for discussions with their supervisors to identify strengths and areas for development and growth. No matter what level of experience or proficiency any staff can self-assess, anyone can identify goals for advancing skills within any of the practice skills. There were 342 DCF staff who attended these trainings. Within the upcoming 2023 fiscal year, DCF staff will be receiving trainings and facilitated dialogues on the CT CSPM Discussion Guides.
- ACADEMY FOR WORKFORCE DEVELOPMENT YOUTH TRAINING CONSULTANTS: During the 2022-2023 fiscal year, there is currently only one Academy for Workforce Development Youth Training Consultant. This year's AWD Youth Training Consultant will be reviewing the Academy's pre-service and in-service trainings to ensure staff are receiving the tools and information needed to meet the youth LBGTQIA+ population.

Mentoring Program

The mentoring program provides an opportunity to assist P-2 staff in their professional development. Applicants who are accepted into the one-year voluntary program are paired with a mentor, a DCF staff person in a Program Supervisor position and above. Throughout the program, mentor and mentee participate in numerous activities that are designed to expose the mentee to new information, systems, or perspective which will enhance their career in child protection. Mentees are strongly encouraged to design and implement a project throughout the program, with the support and guidance of their mentor.

The 2022-2023 mentoring program cohort began on September 14, 2022, with 18 mentees and 18 mentors. The composition of the mentee group was: 15 females and 3 males, 14 social workers, 3 social work supervisors and 1 children's services consultant. During this cohort 1 mentee has left the program due to personal reasons; 3 mentors have stepped out of the program, 2 for personal reasons and 1 left the agency. It was early enough in the cohort to re-match the mentees with a mentor in order to continue in the program. The cohort will end in June 2023.

The theme for this year's cohort is "Where Do I Fit" as the department continues to lose staff due to retirements which may provide opportunities for staff to move into positions either laterally or vertically. The mentoring process allows for the mentees to set personable attainable professional goals and identifying strategies for reaching those goals with their mentors.

The opportunities within the program are:

- Mentees meet minimally monthly with their mentor
- Participation in professional development days
- Shadow senior leaders to gain an administrative perspective
- Exposure to several divisions
- Mock interviews
- Understanding of the legislative process

Several mentees have selected to work on a project during the 2022-2023 cohort. Selected projects will be presented at the closing ceremony. Some of the topics include:

- Employees Wellness
- DCF Organizational Change
- Aligning DCF's Mandated Reporter Training with the agency's new initiatives
- Data In-Service Development for social workers

ACP Academy for Community Partners (ACP)

The purpose of the ACP is to provide individualized trainings that reflect or inform the providers about DCF's initiatives as well as to provide requested trainings to enhance the skill and knowledge of providers. The Academy for Community Partners is currently staffed with one Program Director, one Program Supervisor and one Community Trainer. The Program Supervisor and Community Trainer serves as a liaison to the community provider network for the purposes of addressing their training needs. The Program Supervisor and Community Trainer work within the community as needed to provide training. The curriculum is created and housed by the Academy for Community Partners. This supports quality assurance in that the ACP has continuity of training and information sharing within the provider network. It allows for the ACP to provide expedited training, as well as training resources and materials to the provider network.

The ACP has multiple avenues to identify training needs. The agency develops training plans related to new initiatives such as Family First and CT ABCD Child Safety Practice Model to train the provider network in our language, tools, and focus, so as to better partner around child safety and service delivery. There is also an internal connection within the Systems and Contracts departments to respond to individualized requests for training needs that may be related to new service delivery or identified trends in provider training needs.

From June 1, 2022, to Present the ACP has provided the following trainings:

- **The ABCD Child Safety Practice Model:** This two-hour virtual course will orient participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.
  Feedback from Participants: "This was a great training it could easily go for another hour; it would be great to have more time for discussion, Carleen and Raenette were great and very knowledgeable. I will definitely have my staff register for the training in the near future".
- **Implicit Bias:** Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. The goal of this training is to learn about implicit bias and to measure our implicit bias based on race, religion, gender, and a vast array of other areas.
  Feedback from Participants: "Wonderful job of engaging a diverse group of profession and pulling in child welfare and education". "Great trainer for this must needed topic would recommend this training for all workplace and academic institutions". "Amazing job making a tough topic very digestible, loved all the interactive activities."
- **DCF 101 presentation:** An Overview of a Changed DCF was created to provide constituents across the state a more in-depth look into The Department of Children and Families. This two-hour presentation will cover information regarding the agency's mission and values, cross cutting themes as well as basic statistical data relevant to the work. The training will also attempt to have participants look at their values and bias that they may harbor around the families served by the agency and or the work of the department. This is done to engage in deeper and meaningful conversations related to the changing perception of the agency.
  Feedback from participants: "Great job presenting and making sure our questions are answered". "Instructor was engaged, knowledgeable and took the time to answer questions."
- **Worker Safety**: It is important to understand the need to be safe in any situation. There are potential safety issues inherent with this job. There can be safety concerns in our client's home and within the office environment. This training should provide you with skills that you can use to effectively deal with crisis and make you aware of safety concerns.
  Feedback from participants: "Raenette was highly engaged and charismatic, greater presenter, encouraged dialogue, approachable and great energy". "Raenette was very knowledgeable, learned a lot from this training".
- **Trauma/De-escalation:** A trauma-informed child welfare system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children,

caregivers, and service providers. Participants will: recognize the relationship between a child's lifetime trauma history and their behaviors and responses Understand how cultural factors influence how a child may identify, interpret, and respond to traumatic events Understand how traumatic experiences affect development throughout the lifespan

Feedback from participants: "Raenette did an excellent Job reading he group, engaging the participants across provider types and had great energy".

- **Child Development:** As children grow physically, they also develop in their knowledge, skills, and behaviors. This 2-hour virtual course gives some basic development and infant care tips in learning more about how children grow and develop.
  Feedback from participants: "Amazing Trainer, with great updated information. Glad class size was small as it allowed for more interaction". "Greats Training!! Super resourceful".
- **Advancing Anti-Racism in Child Welfare:** Providing participants with a shared language and understanding of howe to move towards anti-racist practices, to develop an understanding of privilege and implicit bias and discuss strategies for engaging in facilitating difficult race discussions.
  Feedback from participants: "The trainer was passionate and provided a different prospective." "Trainer was very informative and look forward to training to be longer".
- **Mandated Reporter TOT:** The training is designed to provide participants with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are reviewed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training to enhance participants' global understanding of the child welfare system.
- **Mandated Reporter Recertification:** This Refresher virtual Mandated Reporter Training course is designed to provide participants with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices is also contained in the training program to enhance participants' global understanding of the child welfare system.
- **Mandated Reporter Training for DCF Caregivers:** The training is designed to provide CDCF Caregivers with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are reviewed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training to enhance participants' global understanding of the child welfare system.
- **Unique Dynamics of Kinship Care:** Recognition of the importance of safe family relationships to ensure children's success and well-being. Recognizing the critical role family plays, child welfare systems must strive to identify, locate, and engage kin to support children at all stages of the casework process. This training addresses the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples will be used to assist participants in applying key best practice approaches and strategies. Special topics include differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency.
- **Permanency:** Define child/youth permanency for children in their home and children in placement. Define legal permanency and preferred/non-preferred permanency plans. Recognize the importance of building multiple permanency pathways for children, in home and in care. Describe the value and process of permanency work and the permanency teaming model. Describe timely permanency and concurrent planning. Recognize the importance of family connections, including sibling visitation. Identify different ways to bring each child's voice into the process.

Training	Number of Participants	Community Providers/DCF
ABCD Child Safety Practice Model	390	Klingberg, Boys & Girls Village, CMHA, FCA, UCFS, Head Start, Yale Child Center, United Way, Wheeler Clinic, Trinity Health, Intercommunity, Children family Agency, Clifford Beers, Behavioral Health, Catholic Charities, CHR

Implicit Bias	189	Midstate, Trinity Health, FCA, Boys & Girls Village, Klingberg, Waterbury Youth Services, HT Taskforce, CCP
DCF 101	276	The Bridge, Beacon Health, Wheeler Clinic, Midstate, United Way, The Village, Favor, CMHA, FCA, CT Children Alliance, UCONN SSW, QPC, New Opportunities, Faith Base Organizations
Worker Safety	186	QPC, OEC, RTFT, IFP
Trauma/ De-Escalation	90	ABH/CTU
Anti-Racism	70	Youth Continuum, Boys and Girls Village, GBAPP, NAFI, CHR Health, Wheeler Clinic, Noank CSS, Clifford Beers, Carelon Healthcare, Beacon Health
Mandated Reporter Train the Trainer	12	DCF Staff
Mandated Reporter Recertification	11	DCF Staff
Mandated Reporter Training for DCF Caregivers	18	DCF Caregivers
Child Development/ Infant Care	45	QPC
Unique Dynamics of Kinship Care	**3**	CMHA, Intercommunity, Trinity Health NE
Permanency	4	DCF Staff
Total Trained	**1294**	

Currently planned upcoming trainings through September 2023 include the following: Community Child and Family Teaming, CPR, Quality Parenting Initiative (QPI), Working with Parents with Cognitive Limitations, Human Trafficking

Mandated Reporter Online Training: The Mandated Reported Training reviews the roles and responsibilities of a Mandated Reporter. This does include the legal responsibility to report or cause a report to be made when, in the ordinary course of their employment or profession, if they have reasonable cause to suspect or believe a child under the age of 18 has been abused, neglected, or is placed in imminent risk of serious harm. The training is designed to provide participants with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are reviewed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training to enhance participants' global understanding of the child welfare system. The Academy continues to offer the MRT Training online in English, Spanish as well as in American Sign Language. All online training was updated in June 2022 and will be updated again soon. This mode of training has been the most popular. We continue to offer the MRT in person or virtual for groups as requested by the community.

Mandated Reporter Training Data Asynchronous Trainings Completed Date Range: June 1, 2022 – April 5, 2023

Type of MRT	**# of Sessions**
Connecticut Mandated Reporter Training ASL Version	187
Connecticut Mandated Reporter Training Community Providers	23,924
Connecticut Mandated Reporter Training School Employees	62,323
Connecticut Mandated Reporter Training Spanish Version	347
Total	**86,781**

Mandated Reporter Trainings In -Person and Virtual

Type of MRT:	# Sessions	# Participants	Median Class Size
In Person Synchronous Virtual Trainings	37	1,661	46
In Person On-Site Trainings	112	3,850	35

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. Employees must have at least two years of employment with the agency to apply. A major component of the program is that it allows the social workers to use their place of employment as their field placement, 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 they are given the opportunity to keep the caseload, they are familiar with yet provides opportunities to learn to service their clients more effectively with predictably better outcomes.

  Participants are provided with an 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 are provided with weekly supervision. In addition to reading assignments for their respective academic programs, the interns are provided with theoretical articles and treatment interventions to support their work in the field. Examples of this include attachment, psychodynamic theory, trauma theories, family systems, CBT interventions. The interns provide regular process recordings to evaluate their work in the field and classroom assignments as they relate to their field experiences at DCF. They are required to integrate psychological and social theories in their case formulations versus their daily case management tasks and how they report their cases. They were required to produce process recordings and case narratives that highlight their level of engagement in their various stages during the treatment process. The interns pay closer attention to countertransference and transference in their relational work. There were four participants accepted in the MSW Field Program for the 2022-2023 academic year (one Hispanic male, two Black females, one Asian female).

- **Graduate Education Support (GES):** The Graduate Education Support (GES) Program is an educational program to assist DCF employees with two or more years of employment in obtaining either an undergraduate or graduate degree in the field of Social Work/Child Welfare. This program offers employees the opportunity to work a 32-hour work week and 8 hours of paid educational leave to devote to their internship. The internship placement can be either external to the Department or at a DCF location other than the current worksite. GES recipients are obligated to complete two months of employment of service for every month of participation in the GES program, equivalent to eighteen months. The 2022-2023 cohort included three employees (one White male, one Black female, and one "other" female). One participated in an external internship experience the other two were placed within the agency. They all reported having positive and valuable experiences in their respective internships.

- **DCF Employee/UCONN MSW Cohort Program:** This educational pathway originated in 2019. The pathway provides the DCF staff accepted to UCONN School of Social Work the opportunity to complete their degree in this work-friendly cohort model. Participants are guaranteed registration in online, weekend, and evening course offerings so there is no conflict with the workday. They also complete field education requirements following the employee internship program models described above. The first year of field follows the GES model. The second year of field follows the MSW Field model. Students complete their degree in five semesters. The second cohort consists of five DCF staff (all female, two Black, two White, one Hispanic). They began

coursework in January 2021 and in May 2022 completed their first placement using their current roles and caseloads in the agency as their placement. They started their external placements in the fall 2022 and are expected to graduate in May 2023. The third cohort consists of five employees (all female, one Black, one Hispanic, one Indian, two White). They began classes in January 2022 and their first year of field in fall 2022 with external placements. Both current cohorts acknowledge the challenges related to balancing work, school, and personal demands responsibilities. They wish they had more time to devote to any one thing. In spite of this, they find great camaraderie and support with their other cohort members and are finding the connections between classroom learning and field work. The fourth cohort consists of four employees (one Black male, and three Hispanic females. They began classes in January 2023 and will start their first year of field in fall 2023 with external placements.

- **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.

- **Unpaid Regular Internship Program:** The Department of Children and Families offers unpaid internship opportunities for students pursuing a degree in social work or a related field, and for which the internship is an academic requirement. On average, the internship program provides field placements to over 40 unpaid interns during the academic year, in fourteen area offices. Interns are assigned a field instructor to provide weekly supervision. Field instructors are expected to provide students with activities that meet the students' learning objectives as outlined in a learning contract and/or class syllabus. At times, schools may require the field instructor be certified via the Seminar in Field Instruction (SIFI) course. The field instruction seminar is an opportunity to enhance the instructor's professional development and designed to provide field instructors with the knowledge and skills to facilitate a quality educational field experience for students.

- **UCONN/DCF MSW Stipend Program:** In true Partnership, the DCF and UConn School of Social Work (SSW), provides shared stipend opportunities ($2000 from DCF and $2000 from UConn) for up to 5 non-DCF UCONN MSW students, entering their final year, to complete an internship at DCF. Upon successful completion of the program, interns are required to apply for a position at DCF and agree to work for at least two years. This opportunity supports the students through group supervision, participation in seminars for students and field instructors, and enhanced child welfare curricula to improve the quality of public child welfare practices and outcomes. The 2021/2022 cohort had four students (all female, one Black, one Hispanic, two white). All four students successfully completed the placement and were hired following graduation, in August 2022. There are currently four students participating in the 2022-2023 cohort, with an anticipated graduation date in May 2023. These students are all female, one who identifies as African, and three White.

  In partnership with the Butler Institute at the University of Denver, the Academy piloted the use of the Intercultural Development Inventory (IDI) with the current cohort and their field instructors. "The Intercultural Development Inventory®, or IDI®, is a research-based, reliable and validated assessment instrument that provides group and individualized results regarding capacity to connect and bridge across cultures. The results of the IDI show an individual's perceived orientation and developmental orientation on intercultural capacity. These provide a measure of where people or groups believe they are developmentally versus where they actually are developmentally" (Butler Institute). This group was selected for participation in an effort to prime them for positively contributing to the agency's anti-racism work when they become employees after graduation. The participants completed the tool and received an individualized debrief to review the results. They later participated in two Learning Exchange Forums. The first was facilitated by the Butler Institute and the second by the Academy. Feedback from participants was positive. They found the tool useful in understanding their developmental orientation and were able to engage in thoughtful conversations with one another and their field instructors about how to use this knowledge in social work practice and actively strive for further development. The Academy is considering how to sustain and grow the implementation of this tool with future groups.

- **DCF Child Welfare Stipend Program:** The Department of Children and Families also offers up to 10 paid internship opportunities for external students pursuing a BSW or MSW degree from local colleges and universities. In this competitive program, students in their final year of a BSW or MSW program are selected to participate in an internship in an area office where they receive orientation, training, supervision, and real-time experience handling child welfare activities. Students also participate in group seminars. During this reporting period, interns focused on the following topics/trends: Shifting child welfare practices, applying a clinical lens to child protection and anti-racism. The stipend students are provided with a $4000 stipend to offset the cost of their education. Upon graduation and receiving a recommendation from their field instructor, students must repeat a background check. If successfully completed, students are prioritized in the hiring process. If no positions are available within three months after their graduation date, students are released from any obligation to wait for employment or repay the stipend. The Academy continues to work collaboratively with the Human Resource Business partners to identify and prioritize the stipend students when employment opportunities at the level of social worker and social worker trainee are available. Like the UCONN DCF Partnership, the goal is to increase the number of BSW/MSW students who apply to the Department and increase the number of qualified applicants being considered for employment. The 2021 - 2022 cohort included nine students one male Hispanic, eight females - two Black, one Hispanic, four white, and one did not identify. Eight successfully graduated, one Black female left the program after the fall semester for an employment opportunity. Four students deferred employment as they enrolled in an MSW program. They are expected to apply for employment, in May 2023, upon graduation from their MSW program. During this reporting period, four students from 2020 and 2021 cohorts were hired by the agency.

- **UCONN/DCF BSW Child Welfare and Protection Track:** Amid Covid-19, the Academy in partnership with UCONN School of Social Work developed an additional educational pathway for their Spanish speaking BSW students to explore. The program was designed to prepare those students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Hispanic/Latinx families served by DCF. This partnership serves as a pipeline for students who have an interest in working for the DCF in the future. Students complete their senior field internship at DCF which satisfies their field internship requirements. Students who successfully complete all requirements of the program receive a stipend at the end of their senior year. Those in the first cohort were given priority hiring status. Starting with the 2022 cohort, those students are required to apply for a position at DCF and agree to work for at least two years. The second cohort began with three students. They started the program in March 2022, three female Latinas. For personal reasons one withdrew from the program in the fall of 2022. The other two are preparing for graduation and reported they are excited to begin working for the agency. They provided a compelling presentation to senior leadership and university leadership in which they demonstrated their high level of learning through training and field experiences. 2023 marks the beginning of the third cohort. Two female Latina students applied and were accepted and began in March 2023.

- **CCSU/DCF BSW Child Welfare Experiential Learning Program:** A new program launched in January 2023 with one male Hispanic student. The BSW Child Welfare Experiential Program is a partnership between the Central Connecticut State University (CCSU) Social Work Program and the Department of Children and Families (DCF). It is designed to prepare BSW Spanish speaking students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Latino families served by DCF. This partnership serves as a pipeline for students who have an interest in working for DCF in the future. Participants will complete a 70-hour volunteer placement at DCF in the second semester of their junior year. During this placement they will participate in 70 hours of shadowing in an area office and participate in two workshops related to child welfare practice, to be co-facilitated by DCF and the school. Participants will earn a $250 (cost split by DCF and CCSU) stipend for successful completion of this. Participants will then enroll in senior year field and complete an internship at DCF for their senior year. They may apply for the child welfare stipend program noted above and/or a regular internship. This program will accommodate up to six students per year. The current student reported "My semester is going great. I enjoy my placement…a lot. [My supervisor] and the other social workers have given me many opportunities. To experience the work that DCF workers encounter

on the day to day [,] I am learning a lot from this experience, and I am grateful to have been a part of it. I [am] looking forward to do[ing] my senior field [with DCF].

- **UCONN School of Public Policy - Internship and Professional Practice Program:** The Academy continued their partnership with the UCONN School of Public Policy through participation in the Internship and Professional Practice Program (IPP). The program matches the School of Public Policy's second-year Master of Public Administration (MPA) and Master of Public Policy (MPP) graduate students with DCF for paid internship experience within the Bureau of Strategic Planning. Two interns completed an internship for the 2022-2023 academic year. They were involved in projects related to Racial Justice and CFSR/Childstat. Both reported having a positive experience. In addition to their assigned work, they were able to participate in intern and in-service training opportunities, which they found valuable. It is anticipated that the agency will support two more interns for the 2023-2024 academic year.

Pre-Service Training Program

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

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

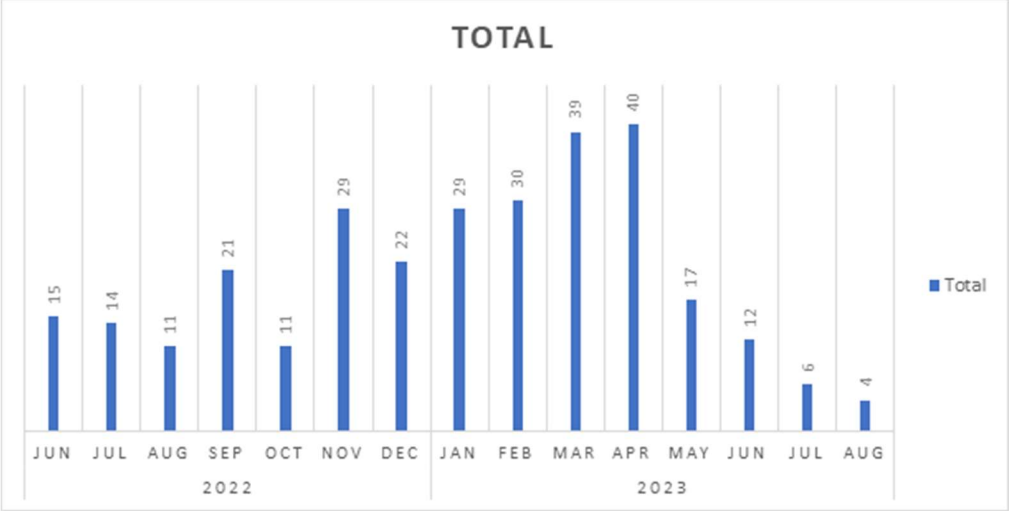
The pre-service training program currently involves 20 unique courses over 32 days of training offered during a period of five to six months, with a significant number of courses "front loaded" into the social workers' first seven to eight weeks of employment; and the remaining coursework scheduled intermittently to allow for gradual case assignment and workload increase. The courses are largely facilitated by the Academy's Child Welfare Trainers, supervisory-level employees with recent field experience; as well as numerous "adjunct" facilitators, including but not limited to agency attorneys, quality assurance staff, medical and educational consultants, and fiscal representatives.

In addition to the 20 synchronous facilitator-led courses, social workers in the pre-service training program participate in numerous structured shadowing activities in their local offices; asynchronous self-guided trainings; and a home visit simulation practice with parent advocacy partners. Two unique experiential activities, 1) touring State of Connecticut correctional facilities and 2) navigating public transportation (*CT Transit*) to enhance their ability to be empathetic, continue to be temporarily paused while visitation and the impact of the pandemic slowly return to previous states. The pre-service training program integrates these various approaches to ensure all participants' varied learning styles are met.

Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" examination; and each group of program participants are assigned a Child Welfare Trainer Liaison to offer 1:1 and group support/guidance. Formal feedback is provided to the participants' supervisors via "*Observation Forms*" at two distinct times during the program; and a modest graduation ceremony is facilitated by the Liaison to mark the participants' accomplishment of completion. Finally, to encourage partnership, communication, and learning, bi-monthly meetings occur between the Academy staff, and supervisors / managers from the 14 area offices.
During the current period, pre-service training program activities were conducted both virtually and in-person. Though most classes, including the final test have returned to in-person learning based on feedback from participants about the benefits of being in-person.

An additional enhancement to the program that was maintained during this current period to further support participants in their initial learning and onboarding were the "Learning Lofts". These were routinely scheduled during the program for participants to have increased opportunities to discuss areas of practice they were struggling with; network with each other and share experiences; and clarify aspects of previous formal training classes. "Lofts" were well-received by the participants and customized with their input. Additionally, check-in meetings with the supervisors and program supervisors of the respective group members, were routinely scheduled. This provided more frequent and group specific communication between the Academy and area office training leadership. These sessions anecdotally led to improved identification of learning needs and training themes and subsequent support to staff in addressing these needs.

During the current period, there were 131 employees enrolled in pre-service training, with an additional training group of approximately 16 participants anticipated for the next few months. 138 social workers are expected to complete the pre-service training program during this reporting period. As of April 30, 2023, 76 participants completed the pre-service training program since June 1, 2022. Currently, there are four groups of participants engaged in the program, totaling an additional 76 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. Classes for May-August 2023 are still being scheduled for incoming pre-service groups.



Five groups graduated from the pre-service training program during the current review period and their progress/scores in their testing are reflected in the table below. On average, participants during this current period improved their scores between "pre-" and "post-" test by 16.96%, which is slightly higher than last year. It is worth noting that Group A-2023 was comprised solely of stipend interns and their pre-test scores averaged higher than all other groups, supporting the hypothesis that stipend interns are better prepared at the start of their employment than their non-intern counterparts.

Group	Pre-Test Average	Post-Test Average
D-2022	66.97	79.07
E-2022	66.98	80.80
F-2022	64.20	78.21
A-2023	71.69	80.83
B-2023	66.89	74.96
C-2023	68.37	Group in Progress
D-2023	67.21	Group in Progress
E-2023	66.24	Group in Progress

F-2023	68.76	Group in Progress
G-2023	66.39	Group in Progress

Evaluations are conducted at the conclusion of each course, and available data from the evaluations during the current period was overwhelmingly positive. Particularly, participants remarked that the trainers' subject matter knowledge; the engagement of the groups; and the use of various teaching strategies was most helpful. A sampling of comments regarding the most helpful aspects of the trainings include:

- "Two things that were most helpful were videos and connect[ing] learning subjects to real case examples".
- "The sincerity and honesty from the presenters. The presenters giving real life experiences and making it a safe space to converse".
- "Learning about multidimensions of privileged and Learning about how my own implicit bias and subconscious mind can influence how I see people".
- "I like the role playing and the examples given to explain concepts".
- "I can't just choose two because the information overall was invaluable".
- "Group breakouts and hearing different perspectives on how individuals respond to trauma & learning about the different types of traumas as social workers that we need to keep in our back pocket as we conduct home visits".

The survey and focus groups conducted in the previous review period were used to support a collaborative effort led by the area offices to develop a standard of practice around onboarding new social workers. The SW/T Onboarding Plan was finalized in September 2022. The plan includes guidelines for orientation, teleworking, caseload assignment, mentoring, and supervision. It focuses on increased in person and face to face contact between supervisors and trainees, as well connections with others in the office to support the feeling of connectedness and overall retention.

The Academy has focused efforts this year around strengthening training evaluation. For the pre-service program additional essay questions were added to the final test. These open-ended questions are aimed at capturing how participants have integrated their classroom learning into their case practice. The questions focus on these key areas of practice: ABCD Safety Practice Model, Fatherhood Engagement, and Racial Justice. The use of these questions was successfully piloted in April 2023. It will continue to be utilized and the qualitative data collected and analyzed by the Academy. Below is an example of one response:

In at least 2 paragraphs describe how you apply the following concept you learned in the classroom to your case practice. Provide specific examples: ABCD Safety Practice Model.

"In working in the ABCD paradigm I find it easier to assess the home and situations on home visits. I felt when I had questions about certain situations, I could look at the ABCD paradigm and see how that situation would fit in. I found this essential in the beginning of our time at DCF when we would go out and observe with the intake unit. We would review the incident later with our supervisor and discuss the ABCD paradigm and see how it relates to the case.

I recently had an issue on one of my cases where the mother who recently had lapsed some in her engagement with her substance misuse treatment and when she finally reengaged, she tested positive for cocaine. My supervisor sent me out to evaluate the home and I will admit this is not a strong part of my work in detecting if someone may be under the influence. So, in consulting with my supervisor in looking for specific signs to assess the home. I also referred to the ABCD paradigm in meeting with the child and observing the home as a whole at that time to determine if it was safe at the time and determine if further intervention was needed."

Centralized Transportation Unit (CTU) Orientation Series

In the current period, the Academy continued to provide newly hired members of the agency's CTU with a formalized orientation/on-boarding training program to the Department. The CTU Orientation Series is composed of facilitator lead and self-guided courses that are intended to align with CTU employees' specific duties and responsibilities. The CTU drivers are becoming familiar with the youth and families due to frequent transports, organic professional

relationships are developing. With that in mind, in the coming months, more information will be added to the series to help enhance their engagement and assessment skills. During the current period, 25 newly hired CTU employees participated in the Orientation Series. Below is a list of the trainings included in the series.

- DCF 101
- Mandated Reporter Training
- Implicit Bias & Cultural Diversity for New Hires
- Substance Misuse
- Trauma Toolkit
- Crisis Intervention
- CPR/AED & First Aid/Blood Borne Pathogens
- Car Seat Safety

Regional Resource Group Orientation Series

In the current period, enhanced efforts were employed to provide newly hired members of the agency's Regional Resource Group (RRG) with a formalized orientation/on-boarding training program to the Department. The RRG Orientation Series is composed of facilitator lead and self-guided courses that are intended to align with RRG employees' specific duties and responsibilities. Additional classes were added to the series. An * next to the class title below denotes a newly added class. During the current period, ten newly hired RRG employees participated in the Orientation Series.

The classes include the following:

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

New Legal Employee Orientation Series

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

- Mandated Reporter Training
- Supporting the LGBTQ+ Population Self-Guided Training
- DCF 101
- LINK for Non- Caseload Carrying Staff
- Advancing Anti-Racism within Child Welfare Practice Day 1 & 2
- Structured Decision Making (SDM)/Child Safety Practice Model (CSPM) Day 1 & 2
- Legal 1, 2, & 3
- Permanency: Day 1, 2, & 3
- Intimate Partner Violence (IPV) Day 1 & 2

- Education
- Introduction to Substance Use Disorders Day 1 & 2
- Sexual Abuse Day 1 & 2
- Child Trafficking Day 1 & 2
- What You Need to Know About Serving Children with Developmental Disabilities
- Immigration Practice at DCF

Leadership Development Programs

Leadership Academy for Middle Managers (LAMM)

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

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

In February 2022, the Academy launched the 6th cohort to move through the program and the 2nd cohort to participate virtually. 8 managers (see below grid for the breakdown of position title, race/ethnicity, and gender) from across the agency participated.

Position	Race	Gender
Office Director	Hispanic	F
Office Supervisor	Black/African American	F
Program Supervisor	White	F
Program Supervisor	Black/African American	M
Program Supervisor	Hispanic	F
Program Supervisor	Hispanic	F
Program Supervisors	Black/African American	F
Director	Other	F

In February 2023, the Academy launched the 7th cohort to move through the program returned to an in-person format. 7 managers (see below grid for the breakdown of position title, race/ethnicity, and gender) from across the agency are currently participating. Most of the participants in the current cohort are from Central Office. In years past the area office representation was more prevalent.

Position	Race	Gender
Program Supervisor	White	F
Payroll Officer	White	F
Clinical Manager	Hispanic	M

Fiscal Admin Manager	White	F
Program Supervisor	Asian	F
Program Supervisor	White	M
Program Supervisor	Black/African American	M

Leadership Academy for Supervisors (LAS)
The Leadership Academy for Supervisors (LAS) is a leadership training for experienced child welfare supervisors. The curriculum is based on the National Child Welfare Workforce Institute (NSWWI) Leadership Model. The LAS provides 36 hours of self-directed online learning, with two tracks to enhance learning transfer: a personal learning plan to develop leadership skills and a change initiative project to contribute to a system change within the agency. In addition to the self-directed learning, participants engage in facilitator lead "Learning Networks" to discuss the material, apply it to their function, and network with other supervisors. Additionally, participants are paired with a Coach, who are middle managers and Directors within the agency who have graduated from the Leadership Academy for Middle Managers (LAMM). There was not a 2022 LAS cohort due to staffing changes at the Academy. However, planning for a 2023 cohort is in process.

Admired Leadership
In July 2022, the Academy for Workforce Development collaborated with the Bureau of Child Welfare and CRA/Admired Leadership to craft a 3-month leadership training for Director level staff within the Bureau. The emphasis was placed on reinforcement of competencies that were prioritized by the bureau along with skill acquisition. Adapted from the Executive Fellowship Program, the sessions consisted of presentations, group dialogue, self-study, and one-on-one coaching. The group dialogues allowed participants to learn from one another, discuss shared challenges and opportunities, and deepen relationships across the cohort, while the individual coaching and self-study allowed them to apply the content and practice behaviors in a way that is most appropriate for their individual context and goals. The program proved beneficial to the staff. The leadership program will be replicated for other groups in the months to come.

Deborah Reidy Leadership series
To continue supporting and advancing the leadership skills of the Directors within the Bureau of Child Welfare, The Academy partnered with the Bureau to enlist the assistance of Deborah Reidy- nationally known consultant in the area of leadership. From March 2023 to July 2023, Deborah Reidy will host 6 sessions with the bureau leadership in order to focus topics including but not limited to: System Thinking, Growth Mindset, Positivity, Skillful Communication and Leading in Whitewater. Her sessions are a combination of lecture, and group activities which allow the audience to apply concepts and techniques to current issues being handled within the division and the agency.

IV-E Reimbursement

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

- Total Department expenditures are assigned to Cost Pools that combine similar expenditure types. This procedure also includes the allocation of expenditures into multiple pools when they do not belong in any single pool. When an allocation needs to be made within a single department to multiple cost pools funded through the same federal award, the allocation is typically made based on staff counts or salary amounts determined based on the judgments of the responsible supervisor. If salary allocations need to be made across more than one federal award or between a federal and non-federal cost pool, appropriate personnel activity reports are used to make that allocation. If an allocation is made based on the salary of staff, an additional allocation is made for fringe benefits and other expenses. The allocation of fringe benefits and other expenses are calculated by applying the same percentage allocation used for salaries, (i.e., there is not an attempt to identify the actual fringe or other expense costs associated with the salaries).
- Claiming for the Academy and its services contract for third-party training contracts include as training costs the salary allocations from other functional units when individuals (DCF training adjuncts) from those units perform

training activities related to their functional responsibilities. When this occurs, signed time records are maintained to support these allocations.

- The Academy courses and hours of instruction are accumulated. This step summarizes hours of instruction that qualify for 75%, 50% and 0% reimbursement. On average, the total cost of training at the DCF Academy is over $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 guardian's 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).

Chapin Technical Assistance (TA)

DCF is committed to refining and operationalizing an organized Bureau of Strategic Planning that leads and supports integrated planning and Continuous Quality Improvement (CQI) in CT. This Bureau, which serves as the CQI headquarters for the agency, is currently receiving TA from Chapin Hall at the University of Chicago regarding the completion of a continuous quality improvement (CQI) plan. Previously, DCF received TA from the Capacity Building Center for States by way of coaching and consultation which included assistance with the completion of a CQI self-assessment tool. This assistance was very helpful, and it was determined that additional TA was needed to assist our Bureau with the development and completion of the state-wide CQI plan, inclusive of the infrastructure and implementation process, utilizing the results from the CQI self-assessment. By developing a CQI infrastructure and applying CQI methods to daily practice as a bureau, DCF will have increased capacity to support CQI throughout the organization to achieve agency strategic goals and innovations. The goal will be a completed CQI plan that supports workforce development, racial justice, and actions that improve the safety, permanency, and well-being outcomes for children and families through a culture of continuous quality improvement. Additionally, the CQI plan will help to develop and solidify the Bureau infrastructure grounded in a CQI framework inclusive of clear roles and expectations, feedback loops, stakeholder involvement, and mechanisms/plans to monitor and evaluate the operation and efficacy of the Bureau. It is expected that the CQI plan and framework will also contribute to DCF's larger vision of empowering families to raise resilient children by fostering community-based programs and services.

As Connecticut continues the implementation phase of its Family First work, the Department will continue to contract with Chapin Hall and Don Winstead Consulting to assist with developing the Continuous Quality Improvement (CQI) data and reporting requirements related to the Family First Prevention Services and Programs. Efforts to build the CQI Measurement Plan involved identifying metrics in four domains: Outcomes, Reach, Fidelity, and Capacity, the operationalizing of the Distal and Proximal Outcomes. Upon completion of the Measurement Plan, a CQI improvement cycle will be developed detailing how data will be used to identify areas of improvement and implementation and test the changes.

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

4) Quality Assurance System

In March 2022, CT successfully exited the Juan F. Consent Decree after the Department achieved certification of all outcome measures and the Court Monitor voiced his confidence in the Department's infrastructure to continually improve performance and outcomes following this exit. The Department has continued to invest in a robust Quality Management and CQI environment. The Bureau of Strategic Planning, which includes Quality and Performance Improvement, Administrative Case Review, Special Qualitative Review, CT-KIND (CCWIS), and Data, Reporting and Evaluation, leads the CQI activities specific to case practice service delivery and is also leading CQI activities related to the implementation of CT's Prevention Plan. DCF has made critical and sustained investments in ongoing Continuous Quality Improvement, including the maintenance and allocation of necessary staff and the implementation of new CQI structures and processes.

Within the Quality and Performance Improvement division, a new Case Practice Review Unit was established this year as one centralized unit to provide quality practice reviews, both ongoing and ad hoc. The recent establishment of this unit allows for consistency in staff completing quality practice reviews as well as consistent managerial oversight of these processes. This unit will continue to complete monthly reviews of our Intake practice, monthly in-home case reviews, and other case reviews as needed. The QI data reports for these reviews are regularly shared with DCF staff including but not limited to the Executive Team, the Child Welfare Bureau staff, the area office CQI teams, and other staff as necessary to ensure clear and continuous information and feedback regarding the practice as part of a true CQI cycle. The Bureau has also continued the practice of QI Program Supervisors and staff in each region, as well as the Careline and Foster Care Divisions, to collaborate with the regional and division staff on CQI activities. The division will continue to 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. The Department has the foundation and competencies to effectively monitor and improve its performance.

Consistent with DCF's commitment to being a learning organization to improve outcomes, CQI relies on both qualitative and quantitative data to guide improvement efforts and recognizes the importance of partnership with the field staff, child welfare leadership, and key stakeholders. In CY 2022, the Strategic Planning division staff conducted over 1900 case practice reviews using internal case review tools and 9,470 Administrative Case Reviews. The agency also completed over 60 comprehensive case reviews (including case record review and case-related interviews) using the CFSR On-Site Review Instrument (OSRI) and utilizing the federal Online Monitoring System (OMS) for data entry. Partway through the year our CFSR reviewers switched from the Round 3 OSRI to Round 4 to begin preparation and evaluation for the upcoming CFSR review starting in 2024. We are also in the process of hiring two new Program Supervisors that will each lead a team of four reviewers and one first-level QA staff to expand our capacity to perform these reviews. This is important as the requirements for ensuring a sufficient number of applicable cases for certain items has increased with Round 4, and we want to avoid having to conduct extra item-only reviews as they are not an efficient use of time/resources. Each of these managers will also be responsible for oversight of at least one review team staffed by external stakeholders that will be trained in the review process. In this way we will enrich the results of the reviews with more diverse experience and perspective by engaging those across the child welfare system in the process of the reviews themselves, and not just in planning and/or considering results/recommendations.

Through the ongoing quality data collection, in conjunction with case record reviews and review of administrative data, national indicators and research, the agency has made practice and policy changes in an effort to improve performance. For example, quality reviews identified improvement opportunities related to the safety planning practice including the need for improvement related to timeframes and documentation of oversight. Following a review of the safety planning practice in Q1-22, a diverse planning team inclusive of Child Welfare, Legal, Clinical and Community Consultation, Academy for Workforce Development, Strategic Planning, and other divisions was formed to develop the Safety Practice Guidance as a supplement to the overall Child Safety Practice Model. This guidance was provided in August of 2022, and in November 2022 a Safety Summit was held with all DCF leaders to reinforce

and discuss the Child Safety Practice Model. Since the promulgation and implementation of the Safety Practice Guidance, there has been ongoing training and dialogue to review aspects of the Child Safety Practice Model; this includes facilitated discussions in each area office co- facilitated by the Office Directors and Staff Attorneys, as well as virtual statewide meetings facilitated by the Academy for Workforce Development. Additionally, in October 2022 a protocol was implemented specific to cases with parents impacted by fentanyl use. In December 2022, a subsequent comprehensive review was conducted regarding cases with implemented Safety Plans and/ or Family Arrangements. This review provided an updated assessment of the practice related to the utilization and implementation of safety plans and family arrangements for children and provided an opportunity to offer quality feedback to DCF child welfare leadership to inform ongoing CQI efforts relative to safety planning with families. This work represents continuous quality improvement (CQI) work in action, through the identification of opportunities for improvement, the steps taken to address and improve the practice, and follow up reviews to assess the efficacy of the steps and strategies as well as the practice.

Data quality continues to be an area of focus for CT, particularly as we continue to develop our CCWIS solution. We have been working with a contracted Project Management Office (PMO) for our CCWIS development and staff on the project have been using the federal self-assessment tools. Ensuring alignment across initiatives, policies, programs, and technology is critical and this is an area we will look to improve upon this next year. CT is also finalizing a contract with a new vendor that will provide an end-to-end CCWIS solution. During the initial discovery phase of that work, the team will assess the vendor's data quality capabilities and determine whether additional purpose-built data quality software will need to be procured. Regardless of that decision, DCF will be establishing a small unit of data stewards this year who will be integral to all aspects of data quality going forward.

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

While much of the case reviews and data collection are completed through CQI, data is shared routinely with area office staff as well as with agency leadership. All area offices have active QI Teams that are facilitated and organized in partnership between QI and Child Welfare staff. The next phase for CQI improvement is the development of our statewide model that includes a larger statewide committee with representatives across and outside of the agency, as well as key stakeholders with lived experience, youth, and adults. This model will improve and formalize consistent feedback loops to key stakeholders and partners external to the Department in order to demonstrate full transparency in agency performance as well as information related to system improvement efforts. The model is being completed in collaboration with the Chapin Hall Center for Children and will also be implemented this year.

To further our CQI agency and development, the Bureau of Strategic Planning is partnering with the Academy for Workforce Development to create a set of trainings focused on understanding and using data for decision-making for Social Workers, and separately, for Social Work Supervisors and Program Supervisors. We are also updating existing data trainings with more current content and ensuring that all practice requirements evaluated in the CFSR process have been incorporated into existing pre/in-service trainings where relevant. Finally, Bureau staff are also collaborating with Academy staff to create ongoing trainings for new CFSR Reviewers, as well as for CFSR Quality Assurance team members. This will be especially important as we begin outreach to various external stakeholder groups soliciting participation in our CFSR review process as review team members.

Another aspect of our continuous quality improvement work is the ChildStat process which was launched in April 2021. This is a CQI and management process to assess agency performance which allows staff to review and present data specific to key outcome measures and discuss strategies for improvement. The ChildStat presentations are attended by statewide Leadership and offer opportunities for communication related to practice, performance and strategies for improvement. Each office and/or division presents on the same performance measures which align with our operational Key Results, which are also consistent with the Federal Performance Measures. ChildStat has

pushed agency leadership to take a critical look at performance and conduct further reviews to understand the story behind the data, and improvement strategies are tracked to assess efficacy and practice improvement. If the strategies do not appear to be working, then the strategies are revised; this is part of the PDSA cycle that is utilized by DCF. While this has been challenging at times, it is clear that this process has further developed our collective understanding of the data and has assisted in making connections across the larger system to identify other areas that impact performance and outcomes, including service availability, quality of service, service match and staffing. The ChildStat meetings will continue and in true CQI form, this process will be iterative, and adjustments continue to be made based on lessons learned along the way.

Program Leads are assigned to all DCF 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. Most contracted services that deliver episodic treatment/supportive services to children/families are required to enter services data into our Provider Information Exchange (PIE) system, which our Program Leads use for contract monitoring and evaluation. All other such services have been using a mixture of monitoring and reporting methods, but will all be incorporated into PIE this year. Further, some of our services benefit from contracted evaluation and/or Performance Improvement Center (PIC) evaluation and technical assistance that helps ensure and improve service delivery.

5) Update on Service Descriptions

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

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

Adolescent College Mentoring- This program is designed to improve educational equity and college graduation rates for youth who have experienced the foster care system. The program offers youth an array of services to support their post-secondary educational, career and social-emotional goals through a four-domain framework that includes: academic mentoring, career development, advocacy, and alumni networking supports. Category: Family Support service Population Served: College age youth who are or were in foster care in Connecticut Geographic Area**:** Statewide Annual Unduplicated Children/Families Served**:** 60
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. Population served: Families with a youth with a behavioral health diagnosis for whom DCF is not involved. Geographic area served: Statewide. Annual Unduplicated Children/Families Served: 1,026

Care Management Entity (CME): designed to serve children and youth, ages 10-18, with serious behavioral or mental health needs who are returning from congregate care or other restrictive treatment settings (emergency departments/in-patient hospitals) or who are at risk of removal from home or their community. The CME will provide direct services and administrative functions. At the direct service level, the CME employs Intensive Care Coordinators (ICCs) and Family Peer Specialists (FPS) who use an evidence based wraparound Child and Family Team process to develop a Plan of Care for each child and family. At the administrative level, the CME assists DCF in developing local and regional networks of care, which includes the CONNECT federal System of Care grant activities. Category: Family Support Services and Family Preservation Service. Population: Any child residing in a congregate care setting and child and youth who are frequent users of Emergency Departments and In-Patient settings. Geographic Area served: Statewide Annual Unduplicated Children/Families Served: 150 to 160
Caregiver Support Team - This service is designed to help prevent the disruption of foster placements and increase stability and permanency by providing timely in-home interventions with a child and family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family. The service will be available at critical points for the duration of the placement when additional supports are deemed necessary. Category: Family Support Services and Family Preservation service. Population: Any child residing in a foster home. Geographic Area served: Statewide Annual Unduplicated Children/Families Served: 762
The Child Abuse Centers of Excellence - this service provides an array of expert medical services to children who are suspected of being victims of abuse or neglect and to their families by acting as expert consultants to the Department of Children and Families staff to help ensure the safety and well-being of children Category – Family Preservation / Family Support Population served-Any child who is suspected of being victims of abuse or neglect Geographic area – statewide Annual Unduplicated Children/Families Served: 500
Child First Consultation and Evaluation - This service ensures provider fidelity to the Child First model which provides home-based assessment and parent-child therapeutic interventions for high-risk families with children under six years of age. To that end, the service delivers training, provides reflective clinical consultation, analyzes data, provides technical assistance, ensures continuous quality improvement, and certifies sites that have met Child First model standards. Service Category: Family Support Population(s) to be served -Children ages 0-6 Geographic areas: Statewide Annual Unduplicated Children/Families Served: Not available
Community Support for Families - This service will engage families who have received a Family Assessment Response from the Department and connect them to concrete, traditional and non-traditional resources and services in their community. This inclusive approach and partnership, places the family in the lead role of its own service delivery. The role of the contractor is to assist the family in developing solutions, identify community resources and 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
Connecticut ACCESS Mental Health: is a consultative pediatric psychiatry service to be made available to all pediatric and family physician primary care provider practices ("PCPPs") treating children and youth, under 19 years of age irrespective of insurance coverage. The purpose is to improve access to treatment for children with behavioral health or psychiatric problems, and to promote productive relationships between primary care and child psychiatry to support selective utilization of scarce resources. The program is designed to increase the competencies of Primary Care Providers to identify and treat behavioral health disorders in children and adolescents and to increase their knowledge/awareness of local resources designed to serve the needs of children and youth with these disorders. Category: Family Support and Family Preservation Target Population: All children and youth under 19 regardless of insurance coverage Geographic Area: Statewide Estimated Families Served: 5,000 calls/year
Early Childhood Services - Child FIRST - This service provides home based assessment, family plan development, parenting education, parent-child therapeutic intervention, and care coordination/case management for high-risk families with children under six years of age in order to decrease social-emotional and behavioral problems, developmental and learning problems, and abuse and neglect. Service Category: Family Support Population(s) to be served – High risk DCF involved children ages 0-6 with social-emotional, behavioral developmental and learning problems Geographic areas where the services will be available -Statewide Annual Unduplicated Children/Families Served: 1,200

Extended Day Treatment (EDT) - This service is a site-based behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to six months, a comprehensive array of clinical services supplemented with psychosocial rehabilitation activities are provided to maintain the child or youth in his or her home. The purpose of this service is to provide the clinical treatment and supports necessary to successfully stabilize and maintain children/youth in their own homes and communities. These efforts focus on the prevention of hospitalization and out-of-home placement, unless clinically necessary; the provision of clinical treatment and specific behavioral assistance; and the engagement and support of families and caregivers. The primary goals include but are not limited to stabilizing the child/youth's symptoms and behavior; improving the child/youth's mental, emotional, and social well- being, thus increasing the level of overall functioning in the community setting, both at home and school; and strengthening the family by enabling the family/caregiver to manage the behaviors of the child/youth more effectively.
Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Population served: Ages 5-17
Geographical Area: Statewide (15 sites)
Annual Unduplicated Children/Families Served: 858

Family Based Recovery - This service is an intensive, in-home clinical treatment program for families with a child under the age of six years old (birth to 72 months6 years old) who are at risk for abuse and/or neglect, poor developmental outcomes, and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.
Category: Family Support Services and Family Preservation service.
Population served: An infant (birth – 3 years) who is at risk of an out-of-home placement due to parental substance abuse. A parent who has used substances within past 30 days
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 204

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

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

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

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

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

Foster Family Support - This service provides a variety of support services to children in DCF care who are living with foster and relative families in Bloomfield. The support services include, but are not limited to individual, group and / or family counseling; crisis intervention, social skills development; educational activities; after school and weekend activities.
Category: Adoption Promotion and Support Services.
Population served: All licensed families (all license types)
Geographic area served: Hartford
Annual Unduplicated Children/Families Served:25

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

Functional Family Therapy (FFT) - This service provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance, or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence-based model known as Functional Family Therapy (FFT). 25% of the capacity is available to youth involved with DCF Juvenile Service - Parole. Length of service averages 4 months per youth served. Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.
Category: Family Support and Family Preservation service.
Population served: Service is for DCF and non DCF involved youth ages 11-18 for whom there is a behavioral health diagnosis.
Geographic area served: All areas of the state except for the New Britain catchment area.
Annual Unduplicated Children/Families Served: 720

Functional Family Therapy Foster Care (FFT-FC) - This service is an intensive, structured, clinical level of care provided to children with serious emotional disturbance (SED) within a safe and nurturing family environment. Children in FFT-FC receive clinical FFT services while in care and daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. Children then receive FFT interventions with their biological family prior to reunification.
Category: Family Support, Family Preservation, Time-Limited Family Reunification categories
Population(s) to be served: Children with serious emotional disturbance (SED).
Geographic area to be served: Statewide.
Annual Unduplicated Children/Families Served: 555

Intimate Partner Violence (IPV-FAIR) - The goal of the service is to establish a comprehensive response to intimate partner violence that offers meaningful and sustainable help to families that is safe, respectful, culturally relevant, and responsive to the unique strengths and concerns of the family. This four (4) to six (6) month service provides a supportive service array of assessments, interventions, and linkages to services to address the needs of families impacted by intimate partner violence. The service will respond to both caregivers and the children. The Fathers for Change Promising Practice Model will also be offered through the IPV-FAIR Service. This service will offer intervention to fathers of children under age 10 who have been an offender of intimate partner violence and have co-occurring substance use issues. Safety planning will be at the center of the IPV-FAIR service provision.
Category: Family Preservation, Family Support, Time-limited Family Reunification service.
Population Served: DCF families and Community Support for Families Program families impacted by Intimate Partner Violence.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 475

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

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

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

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

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

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

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

Multidimensional Family Therapy (MDFT) - This service provides intensive home-based clinical interventions for children, ages **11 - 18**, with significant behavioral health service needs who are at imminent risk of removal from their home or who are returning home from a residential level of care. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. Staff work a flexible schedule, adhering to the needs of the family. Average length of service is 3 - 5 months per family. Family-based intensive in-home treatment for children & adolescents (aged 9 – 18 years) with significant behavioral health needs and either alcohol or drug related problems or are at risk of substance use.
Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs
Geographic Area – Statewide
Annual Unduplicated Children/Families Served: 630

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

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

Multidisciplinary Examination (MDE) Clinic - This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening for children placed in DCF care for the first time. A comprehensive summary report of findings, compiled from the multidisciplinary team and written by the Foster Clinic Coordinator is completed on each child referred for service. As appropriate, referral(s) to a specialized service are made.
Category – Family Preservation / Family Support
Population served – each child placed in an out of home setting
Geographic area – Statewide
Number of children served: 1673

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

Multi-systemic Therapy (MST) - This service, using a national evidence-based treatment model, provides intensive home bases services to children who are returning or have returned from a residential level of care or are at imminent risk of removal due to mental health issues. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. This service promotes change in the natural environments … i.e., home, school, and community. Interventions with families promote the parent's capacity to monitor and intervene positively with each child and/or youth. The clinical supervisor and therapists have daily contact with each family served including providing 24 hour a day, 7 day a week access. Average length of service is 3 - 5 months per family.
Category: Family Support and Family Preservation service.
Target Population: Youth between 12-17 years old who have returned or are returning home from out-of-home care or who are at imminent risk of placement due to substance use, risk of substance use, or conduct disorders
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Milford, New Britain, New Haven, Norwich, Waterbury, and Willimantic
Annual Unduplicated Children/Families Served: 90

MST - Building Stronger Families - This service, using a national evidence-based treatment model, provides intensive family and community-based treatment to families that are active cases with (DCF) due to the physical abuse and/or neglect of a child in the family and due to the abuse of or dependence upon marijuana and/or cocaine by at least one caregiver in the family. Core services include clinical services, empowerment and family support services, medication management, crisis intervention, case management and aftercare. Average length of service is 6 - 8 months per family.
Category: Family Support and Family Preservation service.
Target Population: Families who have A child between 6 - 17 years old. An allegation of abuse or neglect within past 180 days, and at least one caregiver with alcohol or drug abuse related problems.
Geographic Area: Bridgeport, Norwalk, Norwich, Manchester, New Britain, Waterbury, New Haven
Annual Unduplicated Children/Families Served: 147

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

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

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

MST - Problem Sexual Behavior- This service provides clinical interventions for youth who will be returning home from the Connecticut Juvenile Training School (CJTS) or a residential treatment program after having been identified as being sexually abusive or displaying sexually reactive and/or sexually aggressive behaviors and who have been assessed to need sexual offender specific treatment. The service is based upon an augmentation of the standard MST team model, an evidence based clinical model with an established curriculum, training component and philosophy of delivering care. The average length of service is 6-8 months per youth / family. All clients referred receive a comprehensive evaluation resulting in a multi-axial diagnosis and individualized treatment plan.
Category: Family Support and Family Preservation.
Target Population: Adolescents 10-17.5 years (exceptions for older youth on a case-by-case basis). Convicted and committed to DCF as delinquent due to a sexually abusive offense and who require sex offender specific treatment; or convicted and committed to DCF as delinquent and who display sexually aggressive/inappropriate behavior and who require sex offender specific treatment; or not convicted for sexual abuse specific offenses but this issue has been identified and other inclusion/ exclusion criteria are met.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 96

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

Outpatient Psychiatric Clinic for Children (aka Child Guidance Clinic) - This service provides a range of outpatient mental health services for children, youth, and their families. Services are designed to promote mental health and improve functioning in children, youth, and families and to decrease the prevalence of and incidence of mental illness, emotional disturbance, and social dysfunction. DCF-involved children; referred through local systems of care, care coordinators, and Emergency Mobile Services; children who are the victims of trauma and/or physical and/or sexual abuse and/or neglect and/or witness to violence in the home or external to the home and/or who have experienced multiple separations from loved ones; children who are at risk of psychiatric hospitalization or placement into residential treatment; children being discharged from psychiatric hospitals or residential treatment; children with severe emotional disturbances such as conduct disorders and oppositional defiant disorders; children with significant, persistent psychiatric conditions; children who are court involved; children whose families are financially unable to obtain mental health services elsewhere in the community; children experiencing Reactive Attachment Disorders; children who experience Post Traumatic Stress Disorder; children who exhibit sexually reactive behaviors and children who exhibit sexually predatory behavior.
Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Target Population: Children 3-17
Geographical area: Statewide (27 sites)
Annual Unduplicated Children/Families Served: 13,327

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

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

Permanency Placement Services Program (PPSP) - This is a permanency placement service for DCF committed children who are considered difficult to place in adoption due to special needs. Services include completion of documents to legally free a child for adoption through Juvenile Court; recruitment, screening, home studies and evaluations; pre and post adoption placement planning and finalization services and reunification services with biological parents. A written service agreement, mutually developed between DCF and the provider, is made prior to the commencement of services, and includes the type(s) of service(s) to be provided and time to be spent on each service.
Category: Family Support and Adoption Promotion and Support Services Service.
Population served: any child in DCF care for whom adoption recruitment & preparation or child and family permanency work is necessary.
Geographic area served: Statewide.
Annual Unduplicated Children/Families Served: Not available. This number is fluid based upon the requested contracted service.

Prevention Care Management Entity- The Prevention Care Management program works with families, local providers, and DCF to ensure access for Connecticut's children and their families to parenting services, behavioral health services and other services that prevent instances of child abuse and neglect. The Contractor will provide assessment and intensive care coordination using a wraparound approach to achieve optimal outcomes for children, youth, and families through comprehensive needs assessments and the use of care management, service referral, and monitoring of ongoing progress of families for 3 distinct populations of children and families with no direct nexus to DCF oversight: Community Pathways Population: defined as children and families experiencing specific behaviors, conditions, or circumstances that are likely to have an adverse impact on a child's development or functioning, who do not fall under a Behavioral Health diagnosis and who do not meet the Target Population parameters for the Known to DCF cohort but are at increased risk for maltreatment, involvement with the child welfare system, or out-of-home placement; Known to DCF Population: defined as children and families for whom a DCF abuse and neglect investigation was unsubstantiated, but who are experiencing specific behaviors, conditions, or circumstances that could be mitigated by the provision of direct service intervention; and Behavioral Health Voluntary Population: defined as children and youth, with no nexus to DCF, who have a serious mental/behavioral health or Serious Emotional Disturbance (SED) diagnosis, who require services/supports to meet those needs for the primary purpose of receiving mental health or behavioral health related services.
Category: Family Support
Target Population: non-DCF involved youths through age 18.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 2,650

Quality Parenting Centers- This service provides a site-based supervised parent/child visitation program (Family Time) designed to provide a safe and comfortable place for parents to interact with their children. The Contractor utilizes coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent/child relationship
Category: Family Reunification and Family Support service
Population(s) to be served - Families with children (from birth up to age 12) who were removed from home due to protective service concerns. Sibling groups in which one or more children are over the age of 12 may still be served through this program, at the discretion of DCF.
Geographic area served – Bridgeport, Norwalk, Milford, New Haven, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, New Britain
Annual Unduplicated Children/Families Served: 250

Residential Treatment Centers- This service is a congregate model of care that provides a diverse array of integrated behavioral and mental health treatment and rehabilitative support services for youth who have significant and complex emotional and behavioral disorders and their families/caregivers. DCF currently has a 143-bed capacity through 6 separate programs throughout the state

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

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

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

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

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

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

Geographic Area – Statewide

Annual Unduplicated Children/Families Served: 914.

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

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

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

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

Category: Family Preservation and Family Supports.

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

Geographic Area: Statewide

Annual Unduplicated Children/Families Served: 1004

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

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

Category: Family Support

Population Served**:** homeless/at-risk of homelessness youth between 16-24 years old

Geographic Area**:** Hartford

Substance Screening Treatment & Recovery for Youth (SSTRY) – this service provides two (2) distinctive services using three (3) evidence-based approaches in order to identify, engage in substance use treatment, and recovery support for adolescents and young adults impacted by substance use. The two services are Screening, Brief Intervention, and Referral to Treatment (SBIRT)- an evidence-based public health approach to identifying risky alcohol and other substance use and when appropriate using motivational interviewing to build a client's readiness to accept a referral to treatment; and

Community Reinforcement Approach (CRA) Assertive Continuing Care (ACC)- an evidence-based behavioral therapy and recovery support intervention that seeks to use social, recreational, familial, school, or vocational reinforcers and skill training to replace substance use by emphasizing engagement in positive social activity, positive peer relationships, improved family relationships, and case management.

Category: Family Support service

Population Served**:** Substance using youth between 12-18 years old

Geographic Area**:** Statewide

Annual Unduplicated Children/Families Served**:** 180

Statewide Family Organization - Statewide Family Organization - The Statewide Family Organization will provide three levels of service and supports to families who have children with serious behavioral or mental health needs. At the direct service level, there are "Community Family Advocates" who provide brief and long-term support to parents and caregivers using a wraparound Child and Family Team meeting approach and a peer support and assistance framework. At the regional level, "Family System Managers" are responsible for working closely with DCF Regions and the Connecticut Behavioral Health Partnership (CT BHP) to assist them in developing linkages between local community groups and identifying and supporting informal support and service networks for families. At the statewide level, "Citizen Review Panels" are responsible for giving feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the public to enhance the ways families can positively impact the child protection and child treatment systems.
Category: Family Support and Adoption Promotion and Support Services.
Population served: They work with non DCF involved families in CT.
Geographic area served: One contract Statewide for non DCF involved families
Annual Unduplicated Children/Families Served: 364

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

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

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

Therapeutic Child Care - This service offers a range of support services for children in a childcare 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 childcare setting. With new understanding and skills on the part of the parents, DCF is less likely to become involved and children are less likely to be removed from the home.
Category: Family Support, Family Preservation, Time-Limited Family Reunification categories
Population(s) to be served: Children aged 0-5 with behavioral issues transitioning to regular day care or kindergarten
Geographic area to be served: Bridgeport.
Annual Unduplicated Children/Families Served: 42

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 107-bed capacity through 21 separate programs throughout the state.

Transitional Supports for Emerging Adults - The goal of this program, operated under the Youth Village LifeSet model is to assist Emerging Adults with; securing suitable and stable housing, completing vocational and/or educational programs, obtaining sustainable employment, developing, and maintaining loving, supportive, and permanent adult relationships, and developing the necessary life skills to successfully transition from DCF services.
Category: Family Support
Target Population: Committed youths ages 17 to 21.
Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich, Bridgeport, Danbury, Torrington, New Britain, Waterbury, Milford, and New Haven
Annual Unduplicated Children/Families Served: 86

Work To Learn Youth Program - This is a youth educational/vocational program providing supportive services to assist youth, ages 14 - 23, to successfully transition into adulthood. The program provides training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Youth also have the opportunity to take part in on site, youth run businesses. The program provides youths with training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Category: Family Support and Adoption Promotion and Support Services. Target Population: Committed youths ages 14 to 23. Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich Annual Unduplicated Children/Families Served: 295
Youth Link Mentoring- Youth Link Mentoring is defined as a supportive long-term relationship with a caring adult who has attributes and qualities in common with LGBTQIA+ adolescents which may include gender identity, gender expression, race, and ethnicity. The program aims at maintaining these relationships on a long-term basis. Ideally, 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: 50
Zero to Three – Safe Babies – the Zero to three Safe Babies Project, provides for the coordination of services to parents and children younger than 36 months in order to help speed reunification or another permanency goal when the children have been placed by court order outside of their homes for the first time. These coordination efforts involve facilitating communication and cooperation among a "zero to three team" of stakeholders (e.g., court services, infant mental health, protective services, developmental screening) and the parent(s) to develop and expedite a case specific plan of action. Category: Family Preservation; Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support Services Population(s) to be served - parents, foster parents, and adoptive parents in the New Haven and Milford DCF area office service areas. Geographic area served - New Haven and Milford. Estimated number of individuals and families to be served – 40 children 0-3 years of age annually

Service Coordination

The service coordination process also involves considerable input from stakeholders at all levels. The Department hosts routinely scheduled statewide service provider meetings to gather input from contracted and credentialed providers. The Department meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array. These meetings continued throughout the COVID pandemic, migrated to virtual platforms.

The Contract Management Unit in the Department's Fiscal Services Division provides an array of support services to aid the Department's Program Leads who are responsible for the oversight of the program components of the 99 Purchase of Service (POS) contracts, encompassing 330 community programs the Department funds. Purchase of Service contracts deliver direct social services through private agencies to children and/or their families that are served by the Department. Additionally, the Contract Management Unit in partnership with program staff, supports a variety of other Department units and is responsible for additional activities as described below.

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

The Department is committed to ensuring all contracts have RBA performance outcome metrics (POMs) in each scope of service. Once embedded in each contract, review of POMs and ongoing monitoring occurs through the efforts of the Service Outcomes Advisory Committee (SOAC). SOAC also includes the development of strategic performance outcome measures to work in conjunction with RBA metrics. This initiative is inclusive of provider partners, key stakeholders, and consumers, as well as DCF staff from multiple Divisions that have a nexus to the contracted service array. It is the goal of SOAC to implement POMs that are inclusive of not just metrics or data points, but also clearly establish programmatic goals with measurable objectives for providers to meet for each service type while also ensuring that there are cross-cutting themes across bundled service arrays (e.g., substance use services) that incorporate a defined link to at least one of the DCF Key Results.

The work of the SOAC Committee has had a series of starts and stops due to agency wide staff turnover and new assignments within several of the divisions doing the work related to SOAC. In 2022, the Committee completed the POMS development process for 3 of DCF's contracted services. These test runs have provided insight into the time commitment required for the process in addition to training and orientation needs for the team members. With new leadership, the SOAC committee will be launching development processes for multiple contracted service types by mid-June 2023.

Systems Division

The Systems Division was established in July 2019 through the agency reorganization under Commissioner Dorantes and has remained focused on enhancing our service system to better meet the needs of children and families. Members of the Division are assigned in each of DCF Regions with a focus on promoting strong engagement and collaboration within DCF, and with our community partners to ensure we are matching families with the right service to meet their identified needs. The Systems Division began this work with the expansion of "Enhanced Service Coordination (ESC)", as a needs-based consultation model resulting in more informed service referrals that better match the identified needs of the family. The ESC model was expanded statewide in January 2020 following successful pilots in regions 5 and 6 revealed the benefits of ESC. The 2020 expansion was supported with technical assistance from the Government Performance Lab (GPL) at the Kennedy School of Government to streamline the referral process for four of the Department's parenting support services: Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First.

Since the wind-down of technical assistance from the GPL in 2021, the Systems Division has supported enhanced service coordination as a best practice to manage referrals for services with a needs-focused lens. The Division has worked in collaboration with other Divisions to incorporate some of the principles of the ESC model into the gatekeeping of other services and provided a blueprint to expand the ESC model to other service types. Pending staffing resources and a technical solution to replace the manual ESC logs in each Region, this approach will help DCF to track timeliness of service provision, assess alignment of service matches and address service barriers in real-time in partnership with our provider partners.

The Division also played an integral role in supporting the statewide launch of an automated Universal Referral Form (URF) to initiate the service provision with the providers. The URF is an important tool to support the expansion of ESC to additional services. Through ESC, manual data collection populates data dashboards that include service performance metrics on timeliness of service provision, service match, utilization data and support real-time, data-driven conversations and troubleshoot issues arising in service provision. Additional development is needed to add additional services to the automated URF and support the data collection and reporting under the ESC model of managing referrals. Due to COVID-related issues and competing IT-development priorities, the full-scale up of the URF to include additional services has slowed, but additional services have been added including Integrated Family Care and Support (IFCS) and Fatherhood Engagement Services (FES). The Division continues to work with the CT-KIND team to support the automation and reporting functions that will benefit other service types and inform performance management of contracted services under SOAC, which ultimately, will include monitoring service trends by race and ethnicity.

In January 2023, the Systems Division celebrated three years of Enhanced Service Coordination (ESC) being implemented to all DCF Regions. The Systems Division remains committed to ensuring that families' service needs are prioritized and where barriers have emerged, work collaboratively with DCF staff and providers to ensure there is timely service provision. Staffing and vacancies have presented challenges across all service types and waitlists remain an ongoing concern. In 2021, as the GPL technical assistance was winding down, the Division completed a logic model exercise to create a Quality Assurance framework, in collaboration with other Divisions. This QA framework is helping DCF to evaluate whether we are referring the right clients to the right service with overarching goals of reducing entries into foster care, reducing repeat maltreatment, and improving timely permanency.

Credentialed Services:

The Department has selected a group of services that are most frequently purchased through wrap-around funds for which providers must be credentialed. Wrap funding is flexible funding to be used to maintain a child in their home, with a relative, or assist with maintaining a child with their foster family. The credentialing process is handled through a DCF contracted agent who assures that all providers have passed criminal background checks and Child Protective Services checks, as well as ensuring that they meet the training and experience qualifications for each service type. Current credentialed services include:

- After School Services: Clinical Support for Children

- After School Services: Clinical Support for Youth
- After School Services: Traditional
- After School Services: Youth
- Animal Assisted Intervention
- Assessment
- Assessment: Perpetrator of Domestic Violence
- CHAP Case Management (open to current CHAP providers only)
- Community-based Life Skills
- Supervised Visitation
- Support Staff
- Temporary Care Services
- Therapeutic Support Staff
- Transportation: General Livery
- Transportation: School

Each provider must sign a Provider Agreement and abide by its terms and the set fee schedule. Each provider and every staff person under each provider (approximately 300) 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.

In SFY's 2022-2023, spear-headed by the Division of Contracts Management through the DCF Credentialing Committee, the Department finalized the revision of all of its Provider Agreements to strengthen the requirements of credentialed service providers, clarify billing and payment expectations, ensure adherence to state policy and to evaluate each of the 15 credentialed service types for revision and enhancement.

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

Stephanie Tubbs Jones Child Welfare Services – Subpart I

The figures provided below reflect anticipated expenditures for FFY 2023. 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 2022 and FFY 2023. Individuals occupying the positions supported by grant funding were selected through an interview process. The Connection Inc. and CCMC were selected based on their level of expertise.

Services/Activities	Funding
Office Assistant Positions (Meriden/Norwalk) (4@100%)	$339,196
CCMC	$220,500
Central Office Staff (Contract Management) (1@100%)	$149,669
Solnit North Positions (10 @70%)	$932,650
The Connection	$100,000
CT PWCL-Annual Meeting/Conference	$4,000
Total:	**$1,746,015**

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, childcare) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). The Connections, Inc. has five sub-contracted agencies to provide these services statewide. Permanent housing is established through DCF's partnership with the Department of Housing (DOH). The DOH provides a Housing Choice Voucher (formally "Section 8" - federal program) or Rental Assistance Program (RAP-state program) Certificate. DCF's Supportive Housing for Families Model has been recognized as a promising model of housing assistance and family support by the Child Welfare League of America, The National Alliance to End Homelessness and the National Center for Social Research. This additional federal funding is used to develop a specialized unit to assess and serve the waitlisted reunification families who have children less than five years of age in order to expedite permanency. Services are also provided to families where housing is a barrier to the reunification process.

Parents with Differing Cognitive Abilities (formally Parents with Cognitive Limitations): The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Differing Cognitive Abilities" trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting". The trainings were developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and are delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department's Academy for Workforce Development, CEUs are available to social workers.

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 aged 3 or younger served by the Department's Differential Response System be assessed for developmental and social/emotional delays. For any child exhibiting developmental or social/emotional delays, the Department is required to refer to Birth to Three Supports Program, through the 211 Child Development. Children who are not found eligible for Birth to Three Supports, can be referred to the Help Me Grow or Sparkler prevention program for continued monitoring/tracking of their child's development. Beginning July 2014, the Department is required to provide annual reports to the legislature that 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 Supports, established an MOU that promotes the partnership and collaboration between the two state agencies. The MOU clarifies the roles and responsibilities of each agency and clarifies the process for screening and accessing services, consistent with the requirements of the Implementer legislation, for children in-home and placed in out-of-home care. OEC is required to submit data to the Department for any child referred to Birth to Three by DCF.

CT Association for Infant Mental Health

The Connecticut Association for Infant Mental Health (CT-AIMH) provided an intensive Infant Mental Health (IMH) 8-topic training series. This training is designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. An average of 80-100 DCF staff and community partners attended the virtual training series in 2023 (March-June). The training's focus is on working with young children and their families who are dealing with unresolved loss and trauma and how that impacts relationships, particularly their relationships with their infants and toddlers. Topics include:

- Understanding and Observing Infant-Toddler Development; Using Screening Tools to Make Appropriate Referrals, & Collaborating with Early Child Programs to Best Support Very Young Children and Their Families
- Attachment, and Unresolved Trauma and Loss
- Integrating a Trauma Lens into Infant Mental Health Practice 1
- Integrating a Trauma Lens into Infant Mental Health Practice 2
- Family Time: Promoting Parent-Child Relationships in the Context of Child Welfare Visitation
- Culturally Responsive Practice and Racial Equity in Infant and Early Childhood Mental Health
- Observing Parents/Caregivers-Child Relationships
- Reflective Practice, How Infant Mental Health Principles Can be Integrated in the Workplace

The Academy of Workforce Development has offered NASW Continuing Education Credits to DCF staff and community partners. In addition, monthly Reflective Supervision/Consultation (RS/C) group session participation was offered (for 12 months) by CT-AIMH, and the opportunity to apply for CT-AIMH's Infant or Early Childhood Mental Health Endorsement® was reviewed. All three of these experiences (IMH training, RS/C, and Endorsement)

are offered together to help create a competent multi-disciplined Infant and Early Childhood Mental Health workforce. CT-AIMH is part of the Alliance for the Advancement of Infant Mental Health, an international organization that includes 32 other states, and 2 other countries.

DCF- Headstart Partnership

For over 20 years the CT Head Start State Collaborative Office (HSSCO) has staffed, funded, and co-convened this valuable collaboration to work in partnership to support families. Each of the 14 DCF area offices have local collaboratives that work together, and the DCF and Head Start staff from these 14 local collaboratives from across the state come together on a quarterly basis. During these statewide quarterly meetings, DCF and Head Start staff meet with their key partners inclusive of the Early Childhood Consultation Program, Supportive Housing for Families, Birth to Three, Child First, and a statewide representative of the CANS (Coordinated Access Network). During these quarterly meetings, teams come together to receive training, strengthen their understanding of the various programs and foster working relationships to better support families. During the meetings, training topics have included the ABCD Paradigm and Child Safety Practice Model, Housing Resources, and other program-specific discussions. In addition to focused training topics, the Collaborative meetings have allowed for break-out groups where each local area teams come together to discuss program practices, how best to support, and ways to move the work forward by sharing resources and information about supports available in local communities.

Services Descriptions

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, birth to age 5:

Child First

Child First is a two-generation, intensive, home-based, early childhood intervention serving the most vulnerable young children and families, prenatal through age five years. Health and Human Services (HHS) has designated Child First one of the 17 nationally approved, evidence-based home visiting models. The Child First model directly addresses risks of child abuse and neglect, as well as poor child development and mental health outcomes through (1) comprehensive assessment and treatment planning for the parent/child relationship and supports for the whole family, (2) a home-based, parent-child intervention which builds a nurturing relationship, protects the developing brain from chronic stress, and optimizes the child's social-emotional development, learning, and health, and (3) comprehensive, wraparound services and supports for all members of the family, to decrease the stress which is toxic to the developing brain. The primary method of treatment is the use of trauma-informed Child-Parent Psychotherapy (CPP), as developed by Dr. Alicia Lieberman, in order to strengthen the attachment between the parent and child and thereby increase the capacity of parents to nurture and support their children's development. Furthermore, the model works to build parental executive functioning capacity. Child First includes broad collaboration among early childhood and adult providers, parents, and other stakeholders, which promotes an integrated system of community-based services and supports. Child First affiliate sites were strategically placed in DCF Regions such that there is an affiliate serving each DCF Area Office. Collaboration between Child First and the DCF Enhanced Service Coordinators has been essential. By working together, Child First has been able to ensure that services are provided in a timely manner to as many families as possible while upholding the fidelity of the Child First model.

Mental Health Consultation to Childcare

CT's Early Childhood Consultation Partnership (ECCP®), through Advanced Behavioral Health, Inc., funded by DCF, and the Office of Early Childhood, is a nationally recognized, evidence-based infant and early childhood mental health consultation program. It is a service offering mental health consultation by offering support and education to promote enduring and optimal outcomes for young children. The consultation program aims to build the capacity of families, caregivers, and systems in order to meet the social-emotional and behavioral health needs of infants, toddlers, and preschoolers, 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. ECCP has been accepted into the California Evidence-Based Registry as a Promising Practice in 2022.

ECCP has three primary levels of intervention, the Core Classroom service, the Family Child Care Provider service, and the Child Specific service. The Core Classroom service provides classroom-specific consultation, focusing on social emotional support, improving teacher-child and teacher-teacher interactions, classroom behavior management, and overall program quality, including teacher and director supports. This service runs for approximately three months, with up to three hours of on-site consultation per week. All services are provided by masters' level mental health Consultants supported by ECCP. Each intervention is manualized and menu-driven, based on the individualized needs of teachers and classrooms.

The **Family Child Care Provider** service was introduced in SFY 22. This service focuses on the Family Child Care Provider and their staff to support social emotional climate, improving provider-child interactions, behavior management, and overall program quality, including provider supports. This service runs for approximately two months, with up to three hours of on-site consultation per week.

The **Child Specific** service focuses on improving teacher classroom behavioral and social-emotional strategies, parent partnerships, and community service referrals for follow-up clinical or behavioral needs. This service runs for up to six weeks long, with up to two hours of on-site consultation per week, followed by one month and six-month follow-up contacts.

ECCP currently operates with twenty-one ECCP Consultants who are funded by both the Connecticut Department of Children and Families and the Connecticut Office of Early Childhood. In Fall 2021, ECCP was awarded additional funding from the Office of Early Childhood to hire seven bi-lingual preferred ECCP Consultants, one Assistant Program Manager, and one Program Coordinator. Challenges in recruitment have led to delays in hiring, however, they are in the process of exploring a no cost extension with OEC.

In SFY 2023, as of April 2023, 281 Child Specific, 175 Core Classrooms and 10 Family Child Care Program Services were provided in 252 unduplicated centers. ECCP expects to provide an additional 120 Child Specific and 80 Core Classroom services through September 30, 2023.

Circle of Security Parenting (COSP)

Circle of Security Parenting© is a manualized, DVD-based, eight-session, attachment-centered parent reflection-building intervention that can be provided in English, Spanish, and 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, perseverance, the joy of learning, connectedness, empathy, self-motivation, impulse control, comfort using power, and trust. Parents, educators, and caregivers learn to view children's behavior from a secure base and then identify the children's underlying needs being communicated by the child's behavior. COSP equips parents, teachers, and caregivers to reflect on children's behavior, reflect on their reaction to the children's behavior, and reflect on the parenting they received in their own childhood.

The population served includes parents with children 0-17 years of age who are referred to the Parenting Support Services Program which uses a combination of COSP and Triple P Parenting. Priority is given to parents involved with DCF. Over 2,000 staff from a wide variety of disciplines and settings in CT have been trained in COSP since 2010. The training offered has continued to be provided virtually and there continues to be strong interest from providers in a wide variety of settings and disciplines in being trained in COSP. Those being trained in COSP have included educators from various school programs including pre-school teachers to be able to apply the concepts in a classroom setting, childcare providers from licensed family childcare providers, pediatricians, and the staff and clinicians from various DCF-funded programs such as Child First, Intensive Family Preservation, Family-Based Recovery, and Reunification and Therapeutic Family Time. Training has also been offered to state partners including those from the Department of Mental Health and Addiction Services, and the Office of Early Childhood. Within DMHAS, COSP has been provided to Perinatal Support Teams, Peer Mentors, and various people from the DMHAS Women's & Children's Programs. Within OEC, several staff from Birth to Three Programs have been trained in COSP.

Family Based Recovery (FBR)

Family-Based Recovery (FBR) is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes, and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.

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

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

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

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

Data for State Fiscal Year (SFY) 2022 7/1/21-6/30/22 analyzed from the Department's Provider Information Exchange (PIE) data system include:

- FBR admitted 152 new distinct clients and their family members.
    - Annual capacity is 312 distinct clients and their family members annually.
    - FBR teams admitted 127 female clients (84%) and 25 male clients (16%), 28 African American clients (18%), 28 Hispanic (18%), 77 Caucasian clients (51%), and 2 clients that identified as Other (11%). An additional 17 clients (11%) did not identify a race/ethnicity.
    - Marijuana, Alcohol, and Cocaine were the primary 3 substances reported prior to admission. Some clients report using multiple substances. Remain the same from previous SFY.
    - 45% (n=85) of the clients completed treatment,
    - 22% (n=42) the family discontinued services,
    - 29% (n=55) the agency discontinued services,
    - 1% (n=2) the child required other out of home care,
    - 2% (n=4) of the clients needed a different level of care.
- As July 1, 2021, completed treatment was re-defined as:
    - Case open at least 5 months,
    - Index parent attending 2/3 of scheduled sessions,

- Index parent completing all intake tools/measures,
- Index parent completing 90-day tools/measures, and
- Index parent completing 80% of valid substance use screens.

- Some clients not completing treatment were discharged due to obtaining a medical marijuana card. This data is captured in the FBR Quality Assurance Reports.
- 37% (n=13) of African American clients, 36% (n=12) of Hispanic clients, 49% (n=51) of Caucasian clients, 83% (n=5) of clients who identified as Other, and 40% (n=4) of clients without an identified race/ethnicity completed treatment.
- 37% (n=10) of male clients and 47% (n=75) of female clients completed treatment.

Caseload Highlights:

- There were 73 clients active in FBR as of June 30, 2022. The statewide capacity is 156.
- Utilization as of June 30, 2022, was at 47%.
- Utilization was affected by staffing capacity and in some areas reduced referrals.

Performance Measures Highlights: July 2021 through June 2022

- 88% (n=75) of clients who completed treatment were abstinent within the last 30 days of treatment.
- 98% (n=83) of clients who completed treatment had children living at home at discharge.
- 98% (n=83) of clients who completed treatment met all or most treatment goals.
- 99% (n=84) of clients who completed treatment were compliant with the index child's medical care.
- 94% (n=80) of clients who completed treatment did not have a new abuse/neglect report during treatment

Trauma-Informed Therapeutic Child Care, (TI-TCC)

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

These two programs collectively have the capacity to serve 42 children. Currently, the Bridgeport (Alliance) and New Britain (Wheeler/YWCA) programs use a maximum classroom capacity to meet the needs of children in the most intensive service classrooms. Both programs use the DECA to access the child's baseline and progress upon intake and throughout their involvement in the early care environment. And it appears that the support that families have received through this family-centered approach has contributed to parents striving to make positive changes that will benefit their families. Efforts are well underway this past year to train all staff at the Alliance agency in a new family intervention. ARC trainers were unavailable to train their new staff so Noni - developed by Teaching Strategies Inc. was chosen as a model. Noni is yet another effective classroom intervention. Noni was specifically developed as a solution for helping teachers to mitigate the negative impact of trauma and ACEs on young children in preschool up to grade 4. Noni provides a digital training app to provide real time support and strategies for teachers based on their input. It supports them in building a trauma sensitive classroom where they can better manage and predict dysregulated child behaviors that stem from exposure to trauma, toxic stress, and ACEs. https://teachingstrategies.force.com/portal/s/noni-product-documentation

Multidisciplinary Evaluations for Children in Placement

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

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

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.

In January of 2021 DCF began tracking Critical Incident reports with a focus on abuse and neglect associated most often with a report of abuse or neglect. The outcome of the investigation or assessment related to a Critical Incident Report are reviewed by a Quality Assurance Manager who completes the Updates/Findings section of the Risk Management Database and tracks the disposition, allegations, and additional data elements in a separate database. Not all Critical Incident reports are part of this review process as they do not meet the criteria to be included in the Risk Management database, are not associated with a new report, or do not meet the focus of this level of review. Additional reviews are also conducted by our Quality Improvement and Special Qualitative Review units in separate processes. Finally, DCF is an ex officio member of the CT Statewide Child Fatality Review Panel.

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	15	38
2009	1	2	4	12	12	31
2010	0	3	2	12	17	34
2011	4	4	3	14	17	42
2012	1	5	4	11	15	36
2013	5	5	6	13	12	41
2014	7	7	2	24	12	52
2015	4	4	4	15	14	41
2016 *	2	5	6	18	13	44
2017	3	7	4	19	30	63
2018	2	1	3	14	19	39
2019	3	1	2	16	18	40
2020	0	1	1	26	10	38
2021	2	5	6	18	10	41
2022	2	3	9	15	17	46
2023	2	0	6	2	5	15
Totals	**43**	**61**	**67**	**269**	**250**	**690**

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, DCF representatives attend a meeting, co-chaired by the Office of the Child Advocate and a Pediatrician from Yale New Haven Hospital, to review all deaths of children in the State of Connecticut. The Medical Examiner is a standing member of this Fatality Review Panel. The Program Director of the DCF Special Qualitative Reviews also attends the CFRP meetings. On a consistent basis, the 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.

Special Qualitative Review (SQR) Forums

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

The Department is part of the National Collaborative led by the University of Kentucky. The National Partnership offers the opportunity to learn from other states and jurisdictions how they have made systemic improvements in while promoting the sharing of ideas to learn from others' experience. The University of Kentucky has assisted with providing ongoing trainings and provide technical assistance as needed in utilizing the Safe Systems Improvement Tool (SSIT) and conducting debrief interviews, as well as collecting data.

The SSIT provides structure to the output of a review process. It organizes the reviewers' learnings, shares the "system's story" of a critical incident, and advocates for targeted system reform efforts to lessen the likelihood of

the problem occurring again. The purpose of this instrument is to support a culture of safety, improvement, and resilience. Completion of this instrument is accomplished to allow for effective communication at all levels of the system. Quality assurance in the form of training and individual case support has been provided by the national partnership in usage and fidelity of the tool. The reviewers all received the SSIT tool training to ensure fidelity of its use. The Department began to enter review findings to include the SSIT tool within Redcap (Research Electronic Data Capture) in October 2021 to effectively capture and study the systemic and family needs associated with these cases.

The SQR reports completed are the foundation for creating SQR Learning Forums for the staff. Cases with similar areas of improvement are bundled together, (Fentanyl Use, Death by Suicide) and reviewed to determine themes among these cases. These themes and the case practice history are shared and discussed at the Learning Forums. The learning forums also provide staff with helpful tips on best case practice and use of systemic supports to build upon. Cross collaboration occurs with subject matter experts within the Department around agency activities that can support the learning themes. DCF staff statewide are the target audience of the learning forums with a special focus on front line decision makers at the Supervisor and Program Supervisor level. Learning forums were held for Fentanyl Use and Implications for Child Protection Work on 11/2/22, 11/4/22, 1/4/23, 1/18/23, 1/25/23, 2/6/23, 2/10/23, 3/9/23. A total of 1038 staff participated in these learning forums. The feedback from staff attending was very positive and below are examples of some of the survey quotes:

- "Excellent comprehensive and thoughtful presentation that generated some really great discussions".
- "The videos were very thought provoking and helpful".
- "The discussions to understand challenges and identify strategies to overcome those challenges, and the application of our safety practice model (ABCD paradigm) was very helpful".
- "Information on lethality of fentanyl and dispelling misinformation that is pertaining to the drug was very helpful".
- "The insight provided by this was helpful and valuable in the work and how critical incidents are viewed and contribute to learning and sharing".
- "Learning about the Naloxone and where to access/Nora App".

The focus of the next learning forum tentatively scheduled for 6/2023 will be on Death by Suicide. The Learning Forum topics have also been built into the curriculum at the Academy for Workforce Development to better support staff at all levels and areas of the agency.

The SQR Governance team began in May 2021 and continues to meet monthly. The members of this Governance group include the Deputy Commissioner of Administration, the Bureau Chief of Strategic Planning, Bureau Chief of Child Welfare, Director of the Academy for Workforce Development, SQR Director and Program Supervisor, staff from the regional offices to include Office Director, Program Supervisors, Supervisors, Social Work Supervisors, and Social Workers from the field as well as subject matter experts from various Departments (legal, quality assurance, systems, etc.) During the monthly meetings they review and analyze the aggregate data obtained from the SQR-SSIT case reviews. The Governance team will recommend consideration of policy revisions, and practice improvement suggestions for approval of the Executive Team and follow up on any authorized systemic improvement plan. This year the group has conducted two system mappings related to Fentanyl Use in Families and Death by Suicide. They assist in informing and improving all aspects of the SQR process to include development of the learning forums.

From June 1, 2022, to November 1, 2022 there have been 14 SQR's completed. Since then, there are two reviews already in progress and two more are pending review. Current themes emerging include suicidality among children in the home, with recent discharge from hospitalization or congregate care experiencing service delivery challenges. The children all had prior history of trauma as well as were experiencing challenges with other supports such as school or peers, and caregiving adults were experiencing their own mental health needs/either untreated or undertreated. While using the tool staff have felt comfortable in discussing worker related stress and fatigue which is also emerging as a theme related to staffing challenges/inadequate staffing levels. In the coming months we intend to further explore, and process map out challenges related to worker stress/fatigue and retention as well as inflicted injuries in very young children.

Mary Lee Allen Promoting Safe and Stable Families – Subpart II

The figures provided in the table below reflect anticipated expenditures for FFY 2023. These programs are being supported through multiple year awards, including FFY 2021 and FFY 2022. The Community Collaboratives, FAVOR, The University of Connecticut's Adoption Assistance Program, Easter Seals Adoption Support Group, Adopt a Social Work Program, and Don Winstead were selected by the Department based on their expertise, the nature and scope of work and their ability to provide the service as described below. The Reunification and Therapeutic Family Time providers were selected through a procurement process.

Services/Categories	Total Funding	Family Support	Family Preservation	Family Reunification	Adoption	Other- Planning
Reunification & TFT Services	$1,173,248	347,147	337,185	488,916		
Community Collaboratives	$284,700				$284,700	
FAVOR	$50,000	$16,668	$16,666	$16,666		
UCONN -Adoption Assistance Program	$300,000	$30,000			$270,000	
Easter Seals Support Group	$20,000	$10,000			$10,000	
Adopt a SW program	$95,275	$31,758	$31,758	$31,758		
UCONN SSW PIC	$129,420	$64,710	$64,710			
Don Winstead - Technical Assistance	$50,000					$50,000
JRA Consulting	$34,925	$8,730	$8,735	$8,730	$8,730	
The Connection, Inc	$100,000	$20,000	$40,000	$40,000		
Totals	**$2,237,568**	**529,013 23.6%**	**499,054 22.3%**	**586,070 26.2%**	**573,430 25.6%**	**50,000 2.3%**

Service Descriptions

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

- **Reunification Readiness:** A 30-day assessment to determine a family's readiness for reunification which includes:
  - Review/explore safety concerns and risk factors that may impact child safety with the family and DCF;
  - Assess family functioning, skills, parental capabilities, and parent's motivation to change;
  - Identify family strengths and needs;
  - Provide Family Time/Therapeutic Family Time services
  - In collaboration with the family Identify family resources and informal/formal supports and how they may be used in safety planning;
  - Observe family interactions;
  - Provide a minimum of weekly visits with the parent and child.
  - Identify problems and barriers that may be impacting reunification; and
  - Complete initial (North Carolina Family Assessment Scale for General Services and Reunification (NCFAS- G+R) within 14 days of referral.
- **Reunification Services:** A 4-6-month intervention focused on planning the safe return of children in out of home care through a staged process which includes:
  - Utilizes the NCFAS - G+R to inform service delivery
  - Delivers a Staged Model to support families throughout the reunification process
  - Adopts a Wrap Model philosophy to engage the family and build their network of 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 which includes:
    - Implementation of the Visit Coaching Model
    - Preserves and restores the parent/child attachment, and reduces the child's sense of abandonment and loss
    - A family driven service that is, culturally and linguistically sensitive, individualized, and occurs in 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 as well as a learning forum for families providing care to this population. Specific topics are requested, and trainers are secured to educate and present information to participants. Funding supports associated meeting costs.

Adopt a Social Work Program: This statewide program assists children and families (birth, foster, and adoptive) that are DCF involved with supports and donations of goods to help families secure needed resources. The program has covenants with 102 faith-based organizations that provide goods for families and has served over 849,214 children and families since inception. 6,634 kids were served in SFY 2022 with a value of $291,860 for the donated goods. 1,629 DCF social workers used this program in SFY 2022 to support families. Outcomes for FY 23 through Q3 has already exceeded FY 22.

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.

Chapin Hall: Leveraging Chapin Hall's expertise in child welfare and working knowledge and experience in other jurisdictions on Family First planning, Chapin Hall provided consultation to DCF towards the implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act. Chapin Hall will provide guidance and implementation support with a focus on the implementation of the community pathway to prevention via the Care Management Entity, the development and implementation of a continuous quality improvement process and will promote and support the seamless coordination between the interrelated efforts of Family First implementation and the design and implementation of the kinship navigation model.

Don Winstead: The Contractor will provide technical support and consultation required to establish the basis for the State's Maintenance of Effort (MOE) calculation, for the purpose of meeting legislative requirements relative to the Family First Prevention Service Act (FFPSA). The Contractor will provide consultation and support to FFPSA internal workgroups or fiscal personnel responsible for addressing the MOE to support the State's Prevention Plan. The Contractor will also provide consultation services to support the development of Connecticut's Family First Prevention Services Plan.

JRA Consulting: JRA Consulting, Ltd has been under contract with the Department since 2012. The Department has continued its commitment to focus on areas of inequities in all areas of our practice with a focus on key decision points and alignment to 7 key performance outcomes. The services offered by JRA consulting, Ltd has been instrumental in guiding the Department through the journey of becoming a racially just and anti-racist organization. Funding for JRA Consulting has offered consultation and technical assistance to DCF Leadership and several divisions and staff across the state. JRA Consulting, Ltd has assisted the Department in creating frameworks and restructuring priorities and practices to assist the Department in meeting the necessary outcomes for children and families. JRA Consulting has participated in numerous meetings, planning calls, created agendas and other relevant training materials and documents for the Statewide Racial Justice Workgroup (SRJWG), as well for the 4 sub-committees within the Statewide Racial Justice Workgroup. The partnership with JRA continues to be essential in moving the racial justice and equity work forward.

JRA Consulting, Ltd has reached well over 350 participants from across the state and external partners from other jurisdictions. JRA facilitated dialogues and provided technical assistance to several of the Central Office divisions as well as all regions across the state (Regions 1, 2, 3, 4, 5 & 6). JRA Consulting, Ltd continues to play an integral role in the structure of the Statewide Racial Justice Workgroup (SRJWG). As one of the Tri-Chair leads, JRA Consulting, Ltd supports the SRJWG and the other Racial Justice leads in planning, attending, and co-facilitating bi-monthly meetings as well as meetings related to the sub-committees and summits. JRA Consulting, Ltd supports the alignment of Racial Justice work at all levels of DCF along with system and community partners and is able to provide guidance with trends and information seen at the national level. Under the period of review, JRA Consulting, Ltd has co-led efforts that include intentional coaching to divisions, review and analysis of the racial and ethnic disproportionality data and ensure that the Department is intention in fully implementing anti-racist practices throughout all efforts. JRA Consulting, LTD supported, planned and assisted in the integration and alignment of the ABCD Child Safety Practice Model with Racial Justice Workgroups and the Safe and Sound model.

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

Promoting Safe and Stable Families - Supplemental Award Spending Plan

The figures provided in the table below reflect anticipated expenditures for FFY 2023.

Services/Activities	Funding
Chapin Hall	$340,140
Chapin Hall Renewal	$58,000
Dr Elliot/Visit Coaching	$26,800
Mindshare	$108,000
ASPHA/CWLA Conference Fees	$8,487
Total	**$541,427**

Service Descriptions:

Chapin Hall & Renewal: Chapin Hall at the University of Chicago is a research and policy center focused on improving the well-being of children, youth, families, and their communities. Chapin Hall provides public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of people and communities facing adversity. Leveraging Chapin Hall's expertise in child welfare and working knowledge and experience in other jurisdictions on Family First planning, Chapin Hall provided consultation to DCF towards the implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act.

Dr Elliot/Visit Coaching: Funding was allocated for training, technical assistance, and support to staff within the Quality Parenting Centers (QPCs) to implement the Visit Coaching model with fidelity. The QPCs are a new service type developed this year that provide a safe, comfortable, and home-like setting for parents to interact with their children. The QPCs utilize the Visit Coaching model to assist parents in focusing and meeting the needs of their children during Family Time. This approach provides parents with opportunities to learn and practice new skills, as well as maintain the parent/child relationship.

Mindshare: DCF has contracted with Mindshare Technology to provide data reports, data tools and analysis to complement our existing internal reporting systems. DCF has executed Data Sharing Agreements to allow for our obfuscated child welfare data to be shared with Mindshare through an automated data exchange to produce reports and data dashboards, to develop and enable data collection in review instruments (i.e., rapid permanency review tool), and conduct other data analysis as requested. These reports, tools and analysis are useful as they cannot be easily created in the current SACWIS system (the LINK system) during the ongoing conversion to our CCWIS system. The funding allows for continued provision of data and reports necessary to assist with assessment of our child welfare practice and performance management, with the goal of continually improving our outcomes for children and families.

APHSA/CWLA Conference Fees: Funding was allocated to support agency leadership attending the APHSA Leadership Conference, as well as the CWLA 2022 Conference.

Population at Greatest Risk of Maltreatment

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

AGE GROUP	DEMOGRAPHIC	VICTIMS	POPULATION	RATE/1000
0 - 3	ALL	1432	159583	8.97
	MALE	751	81626	9.20
	FEMALE	693	77957	8.89
	Hispanic	470	37658	12.48

	Non-Hispanic, Black	344	17597	19.55
	Non-Hispanic, White	503	87513	5.75
	Non-Hispanic, Other	145	16815	8.62
4 - 17	ALL	3533	657432	5.37
	MALE	1595	336570	4.74
	FEMALE	1920	320862	5.98
	Hispanic	1278	122482	10.43
	Non-Hispanic, Black	753	71506	10.53
	Non-Hispanic, White	1204	412201	2.92
	Non-Hispanic, Other	298	51243	5.82
0 - 17	ALL	4993	817015	6.11
	MALE	2346	418196	5.61
	FEMALE	2611	398819	6.55
	Hispanic	1747	160140	10.91
	Non-Hispanic, Black	1097	89103	12.31
	Non-Hispanic, White	1706	499714	3.41
	Non-Hispanic, Other	443	68058	6.51

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. To that end, the Department continues to support data sharing activities including:

- Continue to work with other state agencies to identify additional indicators of child safety and wellbeing. The commonly used metrics of CPS reports, investigations, and substantiations are imperfect measurements of child safety and family stability. In consultation with other agencies and community stakeholders, the Department will identify additional measurable indicators that can be used to understand the preventative effect of wide-ranging programs and services.
- Continue to develop standardized interagency data-sharing protocols. While ensuring client confidentiality, the Department will explore and work towards developing a standardized process for sharing administrative data with other state agencies for the purposes of understanding the child welfare impact of various state administered programs and services. One example of this effort is active participation in our state P20WIN data-sharing process that facilitates research and evaluation on state and educational agency data efficiently administered and matched across multiple datasets. Another important example will be data sharing between DCF and Office of Early Childhood programs that are services included in the Families First Prevention Services Act (FFPSA) plan that are now eligible for federal IV-E reimbursement.
- Understanding Home Visiting outcomes. The Department will continue to work with the Office of Early Childhood to measure and track the impact that its state and federal Home Visiting programs have on child safety. This work will inform the Department's future implementation of FFPSA title IV-E prevention services.

Kinship Navigator Funding

Since 2014, the Department implemented Caregiver Support Teams (CST) in all six regions to serve and provide in-home clinical support to kinship and non-kinship foster families. The service is designed to prevent the disruption of foster placements and increases stability and permanency by providing timely in-home interventions involving the child (ages 0-18) and their caregiver/family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family. The service is available at critical points through the duration of the placement as additional supports are deemed necessary. In 2022, the families referred to CST totaled 662. Of which, 48% completed the services and 18% discontinued services.

	Families Served	Completed Treatment
2018	779	85%
2019	910	48%
2020	768	45%
2021	661	49%
2022	662	48%

In 2022, the Department received Title IV-B, subpart 2 Kinship Navigation funding to support activities related to the design, enhancement, and evaluation of our CT DCF's Kinship Navigation Model which aspires to meet the Title IV-E Prevention Services Clearinghouse standard. CT DCF collaborated with the University of Chicago's Chapin Hall to design, implement, and evaluate our CT Kinship Navigator Program

Monthly Caseworker Visitation

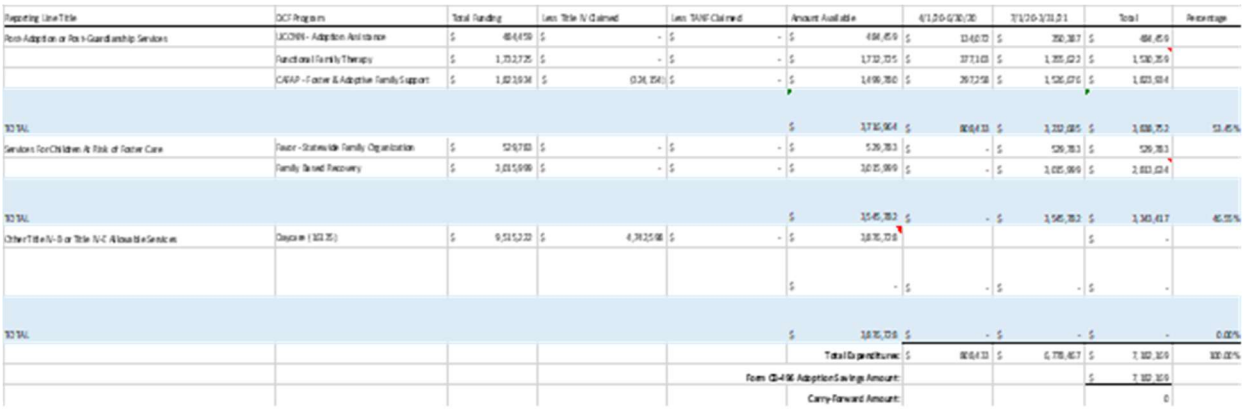
Policy requires all children and families with whom the Department of Children and Families are involved, shall be visited regularly by the assigned Social Worker to assess progress and to assure that appropriate, effective services are provided to achieve the case goal and respond to the needs of the family. Every interaction with a child and family shall be purposeful and derive from the case plan. Concerted efforts are made to see the child individually as well as their caregiver. Visits shall be frequent enough to effectively address the child's need for safety, permanency, and well-being. For children in out-of- home care, the policy requires the social worker to visit the child on a monthly basis. The Department has been quite successful in achieving the federal standards relative to worker child visitation. When COVID restrictions were lifted and staff were returning to in-person work, the Department utilized funding towards staff appreciation events, as well as enhancing our permanency practice through training and consultation opportunities.

Adoption and Legal Guardianship Incentive Payments

Connecticut received the following incentive payments ($766,00 in 2017 and $12,000 in 2018 and $118,000 in 2019, $1,183,000 in 2020, $116,000 in 2021 and $1,824,000 in 2022). Expenditure of these funds is documented in a budget spending plan. Funds have been utilized for training purposes (pre and post licensing, adoptive families, and workforce development) and recruitment strategies (marketing and promotional campaigns, Heart Gallery, vocational skills for adolescence). In 2022, the funding was earmarked to support the design and implementation of Kinship Navigator programming in Lifting Up Families First Clearinghouse, the ongoing installation of Quality Parenting Initiative, Faith Based Recruitment and Retention, and media and marketing recruitment and awareness campaign and modernization of information session, training offering (virtual platform).

Adoption Savings

FFY 2022 Reporting - The Department has identified the following service types that are supported by the Adoption Savings funding which offers support services to families post adoption and is open to both DCF and private adoptive families. Connecticut is one of only three states where the Department doesn't receive these funds directly into the Department's budget. Adoption Savings Funds go directly to the States' General Fund and are made available to the Agency through quarterly allotments.



Service Descriptions:

UCONN Adoption Assistance Program (AAP): is a confidential assessment, education, brief counseling, and referral service available to adoptive and guardianship families, and to professionals seeking support for their client families. The program is staffed by licensed clinical social workers with specialized training and experience working with families formed through adoption and guardianship. Using an EAP (Employee Assistance Program) model of service delivery, the program offers clients the opportunity to consult with a social worker around any concern that is placing stress on the family. (Please see under *Services for Children Adopted from Other Countries* for additional information)

Functional Family Therapy (FFT): provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance, or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence-based model known as Functional Family Therapy (FFT). Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.

CAFAF: provides various services, including a range of recruitment, retention, support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address their needs, encourage, and facilitate ongoing education and skill development, and promote safe and stable home settings for foster children. This service also increases the pool of foster and adoptive families who are available to serve children in the care of the Department of Children and Families. (Please see *Foster and Adoptive Parent Diligent Recruitment Plan* for additional information)

FAVOR: Statewide Family Organization provides multiple levels of service and supports to families who have children with serious behavioral or mental health needs. (Please see *Mary Lee Allen Promoting Safe and Stable Families – Subpart II* for additional information)

Family Based Recovery (FBR) is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to six years) who are at risk for abuse and/or neglect, poor developmental outcomes, and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad. (please see *Services for Children Under 5* section for additional information.)

Daycare: Financial assistance with daycare expenses to prevent children from being placed in Foster Care.

Family First Prevention Services Act Transition Grant

Connecticut continues to utilize its Family First Prevention Services Act Transition Grant funds to support activities directly related to installing its Family First Prevention Services Plan. A Family First Director will continue to lead this effort through the expiration of the grant. The Transition Act spending plan funds will be used to support the Family First installation in several areas:

- The launching of Connecticut's planned public-private partnership with a Prevention Care Management Entity (PCME) to deliver Connecticut's Strengthening Families and Communities Prevention Vision which encompasses Family First.
- The contractual design of the system's front end, implementation of the developed infrastructure, ongoing operational cost, and all the associated information technology needs, including start-up, system upgrades, and ongoing maintenance.
- Family First -specific training of department staff, community service providers, and the Prevention Care Management Entity.
- Chapin Hall's technical assistance, consultation, and ongoing support related to the remaining installation activities to claim for candidacy populations.
- Provider training in approved evidence-based services and programs approved in the Plan to ensure greater family access.
- Installation of an entity comprised of the voice of parents and youth with lived expertise to inform quality improvement efforts.

Family First Prevention Services Act Transition Grant Spending Plan -FFY2023

Services/Activities	Funding
Family and Community Services Director	$200,000
Chapin Hall	$295,000
Family First Infrastructure	$789,378
Information Technology Enhancements	$972,000
Qualified Residential Treatment Program: Parent Organization	$215,482
Staff Training	$200,000
Provider Support, Training and Certification	$150,000
Total	**$2,821,860**

Service Description:

Family and Community Services Director: will be responsible for the implementation of Connecticut's Family First Prevention Service Plan, policies supporting the services and programs established by the plan to support the populations we serve, and the evaluative measures to analyze the outcomes of the services prescribed in the plan

Chapin Hall: As a consultant to the Connecticut Department of Children and Families (DCF) to ensure the successful implementation of a sustainable federally approved five-year Title IV-E prevention services plan related to the Family First Prevention Services Act (Family First). Chapin Hall provides guidance and support to the DCF team on implementing the community pathway to prevention via the Care Management Entity (CME) and Family First continuous quality improvement (CQI) processes. Furthermore, the Chapin Hall team will consult on the seamless coordination between the interrelated efforts of Family First implementation and the design and implementation of the kinship navigation model.

Family First Infrastructure: There are modifications/additions, as appropriate to current policy, practice, and internal infrastructure to align with the prevention-focused model of case under Family First

Information Technology Enhancements: The development of a community portal will allow for the interface with CTDCF in order for the Prevention Care Management Entity (PCME) to track all relevant Family First data elements.

Qualified Residential Treatment Program: Parent Organization: The provider community will receive an overview and orientation to the QRTP model.

Staff Training: To support Family First implementation CTDCF workforce, the PCME and the provider workforce will be trained on the unique Family First requirements.,

Provider Support, Training and Certification: As appropriate, training will be delivered on the EBP model requirements to ensure fidelity and long-term stability.

John H. Chafee Foster Care Independence Program (CFCIP)

Connecticut is a state-administered child welfare agency organized in six geographic regions. Oversight of private service contracts is primarily a centralized function that ensures services are available across the state to all youth. Centralized teams work in partnership with regional management and the Contract division to ensure service availability and efficacy. Unique services can also be purchased locally through wrap-around funding if there are local gaps in the service array for youth. Connecticut's Chaffee services serve youth through the age of 23. While pursuing permanency for all youth in care, DCF has statutory authority to keep young people voluntarily in the care of DCF past their 18th birthday and makes needed services available to transition-aged youth to achieve self-sufficiency. There are no systemic barriers in the state that preclude DCF from serving youth of various ages and at various states of achieving independence. Through a policy initiative, transitioning youth may also request an extension of benefits to ensure stability of the transition plan.

CFCIP Program Improvement Efforts:

Youth Advisory Boards (YAB): 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 and Case Management partners from our community Work to Learn programs, 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 the Department's senior leadership, including the Commissioner, and engage in statewide subcommittee projects and activities throughout the year.

As of August 2022, the regional and statewide YAB's have resumed in person meetings while taking necessary health precautions to prevent spread of coronavirus infections. This decision to resume in person meetings was made primarily through feedback received from youth involved in boards across the state, who desired to have the in-person connection with peers and staff on a more regular basis. While the agency has encouraged monthly in person meetings, we are also finding that our older youth who are college involved and wish to remain connected with YAB, are benefitting from a hybrid option of signing into meetings virtually when they are not able to attend in person. This hybrid model offers an updated and innovative way to keep our older adolescents connected to their regional advisory boards and often serve as a mentor to newly joined YAB members.

Following the reconvening of in person meetings, there has been intentional steps taken toward restructuring of Youth Advisory Boards to include a heavier emphasis on advocacy efforts related to shared interest for current youth in care. Together, our statewide YAB's have developed a shared macro level advocacy initiative for YABs statewide. The initiative is a theme chosen by our youth and young adults and relates to YAB's contribution toward the agency's key strategy #7- preparing transitional age youth for successfully launching into adulthood.

In September 2022, YAB's came together with Youth Coordinators and Work-To-Learn Partners to discuss the statewide initiative. Break out groups were held by region, and our young people developed a list of potential topics for the overall initiative theme. In October 2022, our young people voted, and chose the theme of ***Financial Wellness: improved financial supports and increased budget/savings planning for youth in care***. With this identified topic, each local YAB has chosen an individual project related to the improving financial wellness for youth in care in their respective regions. This project will take place over the course of one year. In October 2023, the goal

is for each local YAB to present an achieved outcome that demonstrates how they have improved financial literacy and wellness for youth in care in their respective region.

YAB representatives have continued partnership with the Department's Academy for Workforce Development on several projects to improve the training of DCF Social Workers in engagement of adolescents. In December 2022, two new regional youth in care were chosen to serve as Youth Consultants with the Academy. The role of these youth consultants is multifaceted and will include tasks such as reviewing and observing training curriculums and offering feedback from the youth perspective; developing scenarios for training simulations from the youth perspective; participating in the roleplays during training simulations; attending quarterly Statewide YAB meetings to solicit input from other youth on how to improve our DCF and community trainings. In 2022, the CT YAB Designees of the New England Youth Coalition (NEYC) attended the NEYC summer conference and attended two days of workshops related to professional development and interfacing with child welfare Commissioners and Directors across New England, to identify common project that would be shared across all New England states. NEYC has committed as a shared coalition to focus a project on improving LGBTQIA+ policy and services in each state.

2022 was a year dedicated to the reconvening of our youth and young adults serving on our advocacy boards and reinstituting shared leadership and advocacy projects targeted at improving experiences and opportunities for all youth in care. At the heart of this process, was honoring the value and impact of youth voice. Plans for the statewide YAB work into the next fiscal year continue to focus on strengthening the relationship with the DCF Academy for Workforce Development to inform all aspects of staff training around adolescent programming, shifting our partnership between the YABs to allow for our state's contracted Work to Learn providers to assume a more involved role in engaging youth to participate in YAB, as well as facilitating our local and statewide meetings. WTL Partners will collaborate with DCF Coordinators to oversee projects related to the statewide initiative on improved financial literacy for youth in care. Youth Advisory Boards are also in the process of preparing for our 2023 Youth Summit Conference in July 2023. This conference will include a day filled with professional development, activities, fun and learning about community resources that are available to help once we have successfully completed our services with DCF.

Our YABs, along with the support of Federal funding and a dedicated administration, remain well positioned to continue actively engaging youth in care and producing high-impact deliverables. As such, the YABs are well equipped to continue to provide input to the state's Program Improvement Plan and to ensure compliance with Federal Child and Family Services Review (CFSR) recommendations

Documentation After DCF: The department provides youth 18 and older who are discharging from care copies of the following documents: educational records; medical records including medical history of family members, to the extent known and obtained from the case records, as the law allows; original birth certificate and an extra copy; original social security card and an extra copy; passport; immigration and/or citizenship papers. Extensive efforts were made to inventory the needs of older youth specific to COVID-19 (returning from college campuses mid semester, ensuring technology needs for remote coursework etc.). The Department instituted an Emergency Executive Order to have a moratorium on 'aging out' during the pandemic, as well as relaxing the standards for reentry and issuing 800s due to non-compliance, recognizing the need for stability during these perilous times.

Case Planning Partnership: The department invites and encourages youth aged 14 and over 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.

Pregnancy Prevention: The Department partnered with the Connecticut Department of Public Health (CT DPH) as part of their federal Personal Responsibility Education Program (PREP) with the goal to reduce the rates of pregnancy, STD/STI's and HIV among foster youth and at-risk youth in Connecticut. The program focused on providing evidence-based interventions to youth in and aging out of foster care, high risk youth in the community as well as youth involved with the juvenile justice system. Program interventions also included providing much needed training to caretakers of foster youth, service providers for youth in and transitioning from foster care, as well as educators and providers for youth at risk in the community. Programming was extended to the Department's 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. The Partnership with CT DPH ended in September 2021. Currently, the Department is looking to partner with a community provider to continue this work.

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

V.I.T.A.L Practice Model: According to the National Foster Youth Institute, approximately 23,000 young adults in the United States exit foster care without achieving permanency each year. 20% of these youth become instantly homeless and less than 3% go on to earn a college degree at any point in their lives. Only one out of two foster youth who age out of the system will have some form of gainful employment by the age of 24. Youth who leave foster care without achieving permanency are at increased risk for several adverse adult outcomes, including homelessness, high unemployment, lower educational attainment, incarceration, and early or unintended pregnancies. If youth exiting foster care without permanency had the same outcomes as youth who didn't age out of the child welfare system, there would be 4 billion dollars of total annual savings (The Economic Potential of Successful Transitions from Foster Care to Adulthood, Annie E. Casey Foundation, 2019).

National Youth in Transition Database (NYTD): Connecticut-specific data from the National Youth in Transition Database (NYTD) indicates that 17% of experience homelessness, 11% experience incarceration, and 18% receive a substance abuse referral by age 21. To change these outcomes and ensure lifelong wellbeing and success for young adults, the Transitional Supports and Success (TSS) Division began work with several partners to shape a new approach for Transitional Age Youth (TAY, young person's 16 years- 23 years). The work began at the end of August 2020. The purpose was to establish a consistent and recognizable approach to adolescent practice that would improve outcomes. The shared focus of the team was driven to ensure that all youth, have relationships, supports, and opportunities to thrive as they launch into adulthood. Over several months, stakeholder feedback was incorporated into a framework that embeds shared values and aspirations into the work with TAY. The approach is abbreviated V.I.T.A.L. (Voice and Choice, Innovative, Thorough and Accountable, Authentic Youth Engagement, Life Launch).

Our work focused on impacting four broad areas cited as barriers to successful transitions of youth out of care: Lack of supportive relationships, educational challenges, housing instability, and economic challenges (i.e., employment, financial capability). Policy revisions focused on removing barriers that prevent the most vulnerable cohorts of young adults from achieving success. New policy adjustments accounted for the inevitability that all youth at one point or another make big mistakes and those systems and policies will protect them when those mistakes happen. The new practice guide has an intentional focus on increasing tangible competencies as well as soft skills young adults need to thrive as adults. The framework was influenced by more than three decades of psychology research that shows that a focus on process instead of intelligence or ability is essential to lifelong success. Four specific areas of practice were bolstered: Improving functional assessments of TAY, integrating that assessment into case planning, enhancing coaching, and improving living arrangement planning. Capturing youth voice in individual case planning and to fuel Department efforts was the bedrock of V.I.T.A.L. To inform this process the TSS Division collected feedback through

surveys, 15 sets of staff stakeholder interviews, youth advisory board interviews, an electronic mailbox, and young adult alumni conversations. Approach development was also discussed within a standing group of adolescent program supervisors and through a four-month fiscal taskforce. A structured review of all young adults in private foster care (n=102) and in congregate care (n=101) provided context as did phone contact with youth who exited the Department between January 1, 2020-March 1, 2020 (n=35). A data snapshot of approximately 900 youth in DCF care provided an important baseline. The result is a supportive system that is youth directed, focused on permanency, informed by brain development research, and advances inclusion and equity. Through the V.I.T.A.L approach, youth walk towards becoming civically engaged, having a career, maintaining connections to others, and becoming lifelong learners. Support and planning efforts are organized across four case management stages: Engagement and Assessment, Youth Driven Transition Preparation, Launch, and Re-entry.

This year's efforts to improve NYTD data quality and reporting accuracy have remained steadfast. The agency has continued to work in conjunction with our Federal Reporting Team to troubleshoot needs, as well as enhance our current data collection and reporting system to provide the most accurate representation of independent living services offered to the adolescent and young adults served by our agency. Over the past year, we have made advancements in our project completion for NYTD work, and we have continued evaluating the effectiveness of our overall system to maintain the components that prove most effective, and brainstorm strategies for enriching the components needing improvement.

The process for evaluation and completion of NYTD completion has continued to advance, lending to increased accuracy and reliability of our outcomes. In 2022, along with our IT team, as well as partnership with CTKIND, the agency completed additional NYTD enhancements to make our survey tool more user friendly, update the wording on our survey tool to more closely match that federal guidance offered by Administration for Children and Families (ACF), and provide ongoing support and training for staff completing NYTD surveys. Our newest link build includes conditional responses to questions that do not apply for the respondent. This automatic disabling of questions that do not apply, has contributed to a major decline in errors in survey responses, making data collected significantly more accurate.

Our NYTD team collaborated with CT-KIND to develop updated training materials for NYTD. This includes a new step-by-step user guide on how to access and accurately complete NYTD surveys. An online non-mandatory training has also been completed and now accessible to agency staff at any time on the Academy for Workforce Development website. These updated training tools can use utilized as refreshers, or new training materials for staff who are unfamiliar or completing NYTD surveys for the first time.

The NYTD Portal through the Administration for Children and Families (ACF) is our main source of data review. On a national level, ACF has made recent improvements on the data snapshot reports generated for each state. The upgrades in the data report include more detailed outcomes information that is easier to understand; the intent is for data presented to be utilized regularly by each state to guide in routine case decision making, service identification and provision, and ultimately lead to better outcomes for youth at later stages development. CT has been able to data collected to share results, outcomes, trends in completed cohorts. Within the past year, data gathered from the portal continues to be instrumental in informing various areas of our agency's functioning. For example, data has been used to identify common areas of need for our Transitional Age Youth. Regions across the state continue to access and utilize NYTD data to inform their Citizen Review Panels (CRP). NYTD Data snapshots at the end of each cohort are shared with staff agencywide as a way to review results and outcomes for our surveys. Overview of NYTD data has been presented in leadership forum and discussions across the state.
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 into adulthood. The Department maintains its partnership with state colleges to include the University of Connecticut and the University of Connecticut's School of Social Work, as well as Wesleyan University. Also, the Department has developed partnerships with two new agencies including Boys and Girls Village and the New Haven Gay Alliance who are providing mentoring services for our transitional age youth. The collaborative work with state colleges and other

community agencies will offer services and support to assist current and former foster care youth to transition more successfully to adulthood.

All efforts have contributed to enhancing CT's usage of NYTD surveys and data collected, to make this a tool that provides both point in time data, as well as a longitudinal study that evaluates the outcomes and wellbeing for our youth and young adults once they have launched from our care at later stages in life. The process to completing and ensuring reliability and accuracy of NYTD data will continue over the next year. National NYTD federal reviews have been re-instituted for 2023 and will be kicking off in the state of Wisconsin. CT will continue to consider ways to be prepared for ACF for when our state is chosen for federal review.

Chaffee Training: Workforce development presentations were posted and made available to all staff and vendors in the adolescent practice approach. This approach focuses on youth transitioning to adulthood and is rooted in both positive youth development (5-C model) and the adolescent brain development. Sections of the material focus on LGBTQIA+. Please see Updates to Targets Plans - Training Plan for additional training information.

The Virtual Academy: The Virtual Academy was established by Unified School District (USD#2) in February 2016 to serve secondary youth in the care (inclusive of Juvenile Justice Youth) of Department of Children and Families. This creation was based on 2015 standardized assessment results in the state of Connecticut. The 11th grade results (Connecticut only takes standardized assessments in grades 3-8, and 11) saw over 95% students fail to meet the achievement level in math and over 90% fail to meet the achievement level in reading. The Virtual Academy provides these youth an online opportunity at remedial courses in Math and English Language Arts. There are credit recovery options for all content areas (Math, English Language Arts, Social Studies, and Science), elective course offerings, career pathway classes, and SAT/ACT prep classes. All students are assigned a certified educator to assist them with their academic work and help them to come up with a plan to reach their goals. Since the inception of the Virtual Academy, students have earned over 475 academic credits that have been applied to high school graduation requirements. To date, the Virtual Academy has assisted 142 students in earning a high school diploma.

Chafee Foster Care Independence Program Spending Plan - FFY 2023

Service Description	Funding
Personnel Expenses	$ 43,575
Youth Milestone Celebrations- Normalcy	$150,000
Youth Ambassadors/ Youth Training Consultants Stipends	$13,350
Restorative Justice Project	$23,000
Summer Youth Employment	$200,000
Youth Advisory Board	$50,000
YAB Youth Summit	$15,000
Work to Learn	$449,385
YV Lifeset	$25,000
Manufacturing Career Prep for Girls	$49,354
PSE preparation and support; Mini Supports	$37,000
Youth in care-Emergency Funds	$48,000
DCF Wilderness School Yurt Installation	$30,000
Mentoring Youth Link	$62,500
NYTD Gift Cards	$8,275
Fathering Conference	$2500
4 What's Next	$600
Total	**$1,207,539.00**

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)

Youth Milestones- Normalcy: Offer normalcy by celebrating 2 significant milestone events (e.g., Quincenera, graduation). Youth is allowed to propose a celebration activity guided by their assigned Social Worker, including development of plan and budget.

Youth Ambassadors/ Youth Training Consultants Stipends: Youth with lived FC experience engaged to provide advocacy, advisement, and support to youth in care. May include community Engagement (e.g., Homelessness Board, Youth at the Capitol Day). Training consultation. This offers youth voice to guide the development and implementation of trainings by DCF's Academy for Workforce Development. Two youth are selected at a time. They receive stipends for providing feedback in several venues. Activities include reviewing training materials, attending trainings, offering suggestions to curriculum. These fall under the umbrella of the Youth Advisory Board.

Restorative Justice Project: Support, technical assistance, and consultation on statewide implementation of restorative justice circles in temporary placements (Short Term Assessment and Respite). The goal was to reduce arrests in these temporary settings (6 programs, statewide, each program exclusively serving adolescents in care). After implementation of restorative justice circles arrests was reduced.

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

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 participation declined significantly. Youth indicated they were less interested in remote activities. In April of 2022 in-person activities were approved. Throughout, some youth remained in contact with TAB leaders and participated in ancillary activities.

YAB Youth Summit: The statewide Youth Advisory Board is hosting at 2023 youth summit day for current and alumni foster youth. This summit will be conducted at a local community college, and include a full day filled with professional development, activities, fun and learning about community resources that are available to youth and young adults when they launch from DCF foster care. The conference theme was identified and chosen by our youth members of each advisory board, and they chose the topics of financial literacy and wellness and learning about how to prepare for the journey into adulthood.

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 Villages (YV) Lifeset: Program is running well, and capacity 86 youth annually for both programs combined. Providers, selected through a competitive process, utilize the YV LifeSet model to provide outcome focused, comprehensive case management services to emerging adults involved with the Department. YV LifeSet 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; Positive, supportive, and permanent adult relationships, and developing the necessary life skills to successfully transition from DCF services.

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.

Youth in Care Emergency Funds: Unanticipated, extraordinary expenses for youth whose legal status is either committed or statutory parent and youth remaining in under DCF services voluntary after reaching the age of majority.

Wilderness School: The Wilderness School is a prevention, intervention, and transition program for adolescents from around Connecticut. The Wilderness School offers high impact wilderness programs intended to foster positive youth development. Designed as a journey experience, the program is based upon the philosophies of experiential learning and is considered therapeutic for the participant. Studies have documented the Wilderness School's impact upon the self-esteem, personal responsibility, and interpersonal skill enhancement of adolescents attending the program

Youth Link: The Youth Link Mentoring is a mentoring program that promotes long-term relationships between youth and caring adults who have attributes and qualities in common with LGBTQIA+ youth (including gender identity, gender expression, race, and ethnicity). Youth Link Mentoring matches are one mentor connected to one youth for a period of one (1) year. The contract was awarded to New Haven Pride and to Boys and Girls Village.

NYTD Participation Incentives: As part of incentivizing adolescents to participate in follow up surveys, the department continues to provide gift cards supported by this grant.

4 What's Next: Suicide Prevention Curriculum.

Fathering Conference: Two-and-a-half-day conference, attended by dads, family service providers, social workers, health professionals, educators, program directors, state and federal representatives, father advocates and other stakeholders. The conference features a diverse array of speakers, including fathers with lived experience, and presenters focusing on a variety of topics impacting young fathers such as paternity and permanency.

Chafee Foster Care Independence Program Projected Spending Plan - FFY 2024

Service Description	Funding
Personnel Expenses	$ 43,575
Youth Milestone Celebrations- Normalcy	$150,000
Youth Ambassadors/ Youth Training Consultants Stipends	$13,350
Restorative Justice Project	$23,000
Summer Youth Employment	$200,000
Work to Learn	$449,385
YV Lifeset	$25,000
Manufacturing Career Prep for Girls	$123,936
Upward Bound (Formerly PSE preparation and support; Mini Supports)	$37,000
Youth in care-Emergency Funds	$48,000
Imagine Me workshops for sexual abuse survivors	$200,000
Mentoring Youth Link	$221,200
NYTD Gift Cards	$8275
LGBTQIA Advisory Body	$100,000
Fathering Conference	$2500
4 What's Next	$600
Total	**$1,645,821**

Division X COVID relief funds:

DCF received Division X COVID relief funds. In 2021 and continuing into 2022, DCF has offered additional supports and financial relief in different forms. Flexibilities for such things as age up to 27 and work requirements were in place through FFY 21. Youth in care over the age of 18 received a one-time $500 stimulus in 2021. An additional stimulus will occur in 2022. Additionally, youth in care with extraordinary expenses resulting from COVID were eligible to request funding for such emergency and urgent expenses things as credit card bills, utilities, food, and

services supporting their physical and emotional health. Responding to increased mental health needs, additional programing was introduced including positive youth development, restorative justice circles, LGBTQI supports.

There was a moratorium on youth leaving care through 2021. Following the lifting of the moratorium, any youth exiting care was provided additional anticipated direct supports to ease their transition. DCF contracted with a private provider to assist foster care alumni who are homeless or at risk of homelessness with support and emergency housing. Youth are eligible for housing and a full range of case management services. In 2021, the contractor administered a one-time stimulus to any former foster youth. A second stimulus was issued in 2022 to all youth ages 18 and older that were continuing to receive DCF services post-majority. This payment was made for the purpose of combatting financial hardship and debt accrued as a result of the COVID 19 pandemic. The program is able to assist with back bills and other pandemic-related extraordinary expenses. Youth may request a "light-touch" intervention which may consist of stimulus payment only, up to full case management and housing assistance. Regardless of the original request, youth are screened for other needs and offered supports and services as indicated. Youth may engage with the provider beyond Division X services for up to three years of housing supports, including HUD voucher.

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

Chaffee Division X Spending Plan 2022 (Funding Ended 9/30/22)

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 after the coronavirus crisis. Through 2022, DCF 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. This including expanding an existing DCF contract, to provide case management and emergency housing to Chafee-eligible homeless youth. Early in the pandemic regular Chafee funds were used to provide additional support. With the addition of Division X funds, the department developed a separate spending plan, further below, to address the impact of the pandemic, including social and emotional challenges, housing, disruption of income sources. In the spirit of the Division X funding, DCF has committed to bolstering its support of youth in care who are experiencing financial setbacks and challenges related to social and emotional issues.

Service Description	Funding
LGBTQ Supports	$211,600
Positive Youth Development and Authentic Youth Engagement	$450,000
Reentry Housing Supports	$1,033,333
Youth In Care Support Payments (Stimulus) and Emergency Funding	$1,600,000
Sexual Abuse Support	$100,000
Total	**$3,394,933**

Service Descriptions

LGBTQ Supports: Pandemic heightened isolation and loneliness in young adults. This cohort has an elevated risk for anxiety, depression, victimization, future homelessness. Support designed to combat those issues. Peer mentor and augmented support for the population

Positive Youth Development and Authentic Youth Engagement: Designed to combat escalating mental health issues in TAY; this involves providing stipends to youth directly to create a manual based on lessons learned, on AYE

and PYD. Guiding and coaching youth in the development of a practice manual focusing on AYE and development of life skills

Reentry Housing Supports: Emergency housing and case management to navigate reentry process for homeless youth; 12 beds statewide and Case management services.

Youth In Care Support Payments: Stimulus payments to youth in care

Sexual Abuse Support: Support for sexual abuse survivors through an organization of adults with lived experience in child welfare. Youth workshops on empowerment, self-worth, and self-care.

Access to Medicaid for Former Foster Youth

Former foster youth from CT that move to other states have remained eligible for CT Husky coverage prior to the effective date of the SUPPORT Act. No changes have been made to that coverage at this time, but DCF is consulting with Medicaid managers at CT DSS to coordinate a plan that ensures that eligibility criteria are updated to meet all other SUPPORT Act requirements as delineated in IM 23-04. DCF and DSS staff have also collaborated to produce a media announcement concerning the changes (see below for more details).

DCF Health Advocate staff provide information on eligibility criteria to DCF social work staff, who pass that information along to foster youth as they approach, and after achieving, their age of majority. This includes information on continued eligibility if/when they move out of the state of CT. Health Advocates encourage social workers to always consult with them when a young adult moves out of state so that they can help review health insurance options the youth have when moving. Such information is also posted on our external website in the "For Teens" area concerning health insurance and provides contact information for the Health Advocates. Staff from the Health Advocates unit also recently met with CT Association of Adoptive and Foster Families Foster Parent buddies and included this information in the training content presented. Finally, DCF and DSS staff have already collaborated with Access Health CT (our state's official health insurance marketplace) and marketing consultants at Cashman & Katz to produce a one-page flyer concerning the changes that will be distributed to foster youth and foster parents through multiple information channels.

Education and Training Vouchers (ETV)

DCF continues to directly distribute and monitor Education Training Vouchers and does not contract out to outside providers. The State of Connecticut Department of Children and Families (DCF), continues to utilize funding from the Education Training Vouchers (ETV) to support the positions of 2 Pupil Services Post-Secondary Education (PSE) Consultant positions. The third PSE Consultant is not funded with ETV funding and is supported through the State of Connecticut General fund. The goal over the next five years is to move PSE Consultants salaries to the state fund. Each PSE Consultant supports 2 - 2.5 regions. The Post-Secondary Education Consultants continue to provide professional trainings to agency staff, community service providers, foster/adoptive parents, and youth. Their duties include consulting with the Department's staff and students in care regarding their education, transitional services, post-secondary education planning and funding supports available. The PSE Consultants are responsible for developing partnerships with post-secondary educational institutions who educate current and former students in the foster care system on their campuses. These partnerships include vocational and college campuses throughout the state of Connecticut. The PSE Consultant serve as contract liaisons for the Department's SUN Contract. SUN is a contracted provider that provides academic coaching to youth in care who need added supports outside case management and campus supports.

To avoid duplication of services and spending of ETV funding, the Post-Secondary Education Consultants and the Department’s fiscal unit continue to work together monitoring and maintaining expense logs. ETV requests are received, reviewed for eligibility, and processed by one PSE Consultant. There are quarterly meetings between the assigned PSE Consultant and the Department's Grants and Accounting Unit Supervising Accountant to review spending plan budgets and maintaining compliance for all ETV grant spending.

The Department of Children and Families USD #2 PSE Unit and Superintendent remain in the process of creating a Memorandum of Understanding (MOU) with the University of Connecticut (UCONN). The MOU will allow UCONN researchers to analyze PSE data on current and former foster youth obtained through the National Clearing House

(NCH). The MOU has been approved and was funded through the ETV- Covid Supplemental grant. The Department is in the process of working with the NCH to finalize data points for analysis and completing all necessary forms to ensure confidentiality for all students involved in the analysis. The data analyzed by the UCONN researchers will inform the Department of trends and needs of this specialized population over several cohorts in the effort to improve policy and practice.

The ETV-C Supplemental grant was contracted out to Waterbury Youth Services (WYS) to ensure youth who were no longer in the system and youth who were in another state child welfare system had access to funding. All reporting for ETV - C supplemental funds will be reported separately. Waterbury Youth Services (WYS) and one PSE Consultant assess eligibility of funding requests, the needs of this population regarding case management, educational and all cost of attendance needs, services, and funding.

To identify resources and eligible youth, DCF continues to focus on expansion of ETV funds for eligible youth by collaborating with the adoption, subsidized guardianship and foster and adoptive units, youth who are identifying as part of the Connecticut foster care system, Connecticut DCF Youth Advisory Boards, Connecticut secondary schools, the Connecticut Alliance of Foster and Adoptive Families (CAFAF), Community Service Providers, SUN Scholars, Connecticut Colleges, Universities, Vocational Schools, and the UConn Adoption Assistance Program. Connecticut state statute allows DCF to serve youth into young adulthood up to the age of 23; therefore, although 23 – 26 year-old young adults formerly in foster care are eligible for ETV funds, CT DCF is not able to financially support this population as their cases close at 23 or younger. DCF is currently exploring options to support these young people through private sector agencies. CT DCF Transitional Supports and Success Division continue to process waivers to service foster youth aged 21-23. The process includes needs-based summary request and approval by the CT DCF Commissioner.

In Connecticut, the Department of Children and Families utilizes the ETV grant funding to support youth currently or formerly in the foster care system. The funding it made available for youth who have obtained permanency through Adoption or Subsidized Guardianship transfer and youth who are currently in the foster care system. The ETV grant funding supports, the purchase of computers for youth who are in post-secondary institutions, winter, and summer tuition needs not covered by the annual state budget or financial aid awards. ETV funding is awarded to youth who have an unmet financial or loan reimbursement financial need. These students have utilized financial aid awards, exhausted their annual state post-secondary education budget, and remained with a balance. ETV funding in Connecticut continues to support college and vocational on campus programs that service current and former foster youth on campus.
The eligible populations served with the Education Training Vouchers, statewide are:

- Current and former foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program and remain with CT DCF for services post majority. The ETV funding is available to those who reside both in and out of state
- Former foster youth who have been adopted or subsidized guardianship transferred after the age of 16. Current and former Connecticut foster youth who live outside of Connecticut with their adopted parents, subsidized guardians, or foster parents, remain eligible for services.
- 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 with their cost of attendance needs. Housing expenses are covered for youth transitioning into adulthood are provided through state funding.

DCF continues to explore avenues to expand the knowledge and awareness of ETV grant to the foster care population, service providers and care givers. The ETV grant continues to be capped at of a rate up to $5,000 per academic year. Any youth who requested additional funding over the $5,000, were supported through ETV-Covid Supplemental grants until 9-30-22.

CT DCF has partnered with Eastern Connecticut State University, Southern Connecticut State University, Central Connecticut State University, the University of Connecticut, and a couple vocational schools to enhance services on campus for youth/students who come from the foster care system and are currently or will enter the campus. The collaborative efforts include, but are not limited to gatherings, workshops, tutoring services, food pantries,

networking opportunities, student activities, student orientation, graduation celebrations etc. Services on college and vocational services continue to be expanded and include youth who identify as being part of the Child Welfare system, from in and out of state. During the national pandemic, schools and the Department continued to service youth and provide ETV, and ETV-C supplemental grants as requested. Youth who were able to continue their academic studies or employment training programs virtually were provided computers, software and other identified supplies and needs through ETV grants.

The Department continues to provide ETV funding for post-secondary education expenses in addition to the student's individual annual state budget. The state funding for post-secondary education expenses continues to be available to foster and adoptive students through the end of the academic year of a youth's 21st birthday this year and for current foster youth up to their 23rd birthday with a Commissioner waiver. Each recipient's needs are assessed by the Post-Secondary Education unit for individual need, legal status, cost of attendance and requests. All eligible current and former foster youth ETV grant requests were awarded and all requests requested after the depletion of ETV grant funds were awarded through state funding due to the pandemic.

ETV-C COVID Emergency Funding

The following represents the spending plan for these funds:

Service Description	Funding
Waterbury Youth Services	$432,000
UCONN	$50,000
Purchase Orders/LINK Recodes	$25,455
Total	$507,455

Service Descriptions

Waterbury Youth Services: Contract was established with Waterbury Youth Services to function as a fiduciary to provide funding to current and former foster youth who meet ETV eligibility requirements and demonstrate a need for tuition, housing, cost of attendance assistance; emergency funding; and unmet needs, etc. This funding will service youth up to the age of 27. Contractor is responsible for determining youth's eligibility for funding. UCONN: MOA was established with UCONN to collect and analyze PSE data. Purchase Orders/LINK Recodes: Prior to the execution of the fiduciary contract, funding was provided to current foster youth who meet ETV eligibility requirements and demonstrate a need for tuition, housing, cost of attendance assistance; emergency funding; and unmet needs, etc.

The Department of Children and Families received funding to support current and former foster youth in their pursuit of post-secondary education and vocational training as part of The Supporting Foster Youth and Families through the Pandemic Act (Division X of P.L. 116-260). These funds are intended to assist youth who had been on track to attend or were attending post-secondary institutions or programs but had their education interrupted due to the COVID-19 pandemic. Additionally, this funding is to be used to support and engage youth to explore when and how they can reconnect to their educational goals and to remove any barriers for attendance. This funding may also be used for expenses that are not part of the cost of school attendance.

DCF has contracted with a well-established community provider partner, with a long history of providing adolescent services, to administer most of this funding. As part of their contract, provider partner staff will assess each youth's needs and provide direct and indirect support individually tailored to meet youth's needs. Case management and educational or vocational assessments will be provided to youth as needed. If additional community resources are needed, provider partner will connect youth to such. Any funding requests will be expeditiously issued directly to youth, or to the institution and/or vendor identified ensuring that youth's needs are met in a timely manner. Obstacles for youth beginning, continuing, or finishing an educational or vocational program will be assessed and will also be remedied in a timely manner. This service will be provided to youth throughout the state of Connecticut in person, by phone, or through other forms of electronic communication. Additionally, this provider partner will be providing funding to each of the four Connecticut State Universities and to the State's University so they too can remove any educational obstacles eligible students may have while attending their institution.

UCONN: Funding is also being utilized to partner with two University of Connecticut faculty, with expertise in transition age youth, to provide evaluative data on educational outcomes for post-secondary education youth. Enrollment and completion rates for a cohort of DCF foster youth will be analyzed and analysis will include examining disparities in outcomes based on youth characteristics and foster care experience. Connecticut has a long history of providing a robust post-secondary education program for foster youth and such analysis will inform program staff to needed adjustments or revisions to policy and practice to further increase youth's successes.

Purchase Orders: DCF has also provided funding directly to eligible youth in foster care for items that are not part of the cost of school attendance but needed to ensure youth's continuation in their post-secondary educational or vocational training program. Lastly, DCF has identified funding from this grant for outreach and advertising efforts designed to reach potentially eligible youth in the community. Through our community private partner, funding has been made available, as needed, to other community providers for advertisement and outreach efforts throughout the state. DCF Post-Secondary Education staff are responsible for administering all components of this plan and are involved with determining funding eligibility as needed.

6) Consultation and Coordination Between States/Tribes

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The State has maintained open communication with the tribes over the years since their original federal recognition and launch of casino enterprises in the 1990's. Formal activity with the tribes is most often initiated after an accepted child maltreatment report to the Department of Children and Families central reporting CARELINE. The volume of reports on tribal families and children accounts remains small in comparison to the volume of reports received on non-tribal children, most often being just a handful of cases per year.

The MPTN has a formal reservation that includes some tribal housing; the Mohegan Tribe does not. Screening is done at the Careline, and is secondarily reviewed on the local level, for a home address that may be on the MPTN reservation, which is limited to a selected number of streets. Cases that have such addresses are deferred to MPTN tribal authorities for jurisdiction. On other occasions, the State may identify, after commencing activity, that the family lives on the MPTN reservation, and a transfer of the case is made between the State and Tribal authorities. When there is activity regarding a MPTN family with an off-reservation address, the State maintains jurisdiction, providing notice to Tribal child protection, up to including occasions when the matter may be litigated in state juvenile courts, if the Tribe declines jurisdiction, or an objection to Tribal jurisdiction is raised.

Unlike the MPTN, the Mohegan Tribe does not have any residential homes on reservation/tribal land. As such, all reports taken and accepted by the CARELINE are investigated (either a traditional Investigation or Family Assessment Response) by the State and the MT is provided timely notice. Virtually all CT MT and MPTN (non-reservation) reports are serviced by the Norwich Area Office in DCF's Region 3. Upon initial face to face contact, every accepted report of child abuse and neglect is screened for race and ethnicity demographics, capturing any ICWA information not initially indexed by CARELINE. Tribal affiliation is also screened and noted at this time. Results are stored in the State SACWIS system (LINK). Most ICWA activity in Connecticut has centered on the State's federally recognized resident tribes. On occasion there is activity regarding tribes in the neighboring states of Rhode Island (Narragansett), Massachusetts (Wampanoag), Maine (Passamaquoddy) and New York. Also notable is the practice of both casinos to exercise Native American hiring preference in their gaming and hospitality enterprises, which has resulted all required ICWA notices being filed with tribes across the nation and with the BIA.

Native American status is captured in the Connecticut SACWIS under "Person Management". Case Plans also serve as an additional forum for addressing tribal status and Native American racial identity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation/ FAR/ongoing services) and revised by ongoing State social workers in the formulation and revision of case plans; Multi-Disciplinary Conferences to address service needs; Permanency Team

Meetings (convened with in-home and out of home cases to identify natural supports and helping community), as well as canvassing of all parties if court involved.

There is a Memorandum of Understanding (MOU) between the State and the MT that has been in effect since 2006. Contact with the Mohegan Tribe is governed by the MOU. The Department and MT are in the process of updating the MOU and completion is expected over the summer of 2023. Contact with the tribe includes confidential meetings of case specific discussion of State interventions of MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in meetings at tribal offices. The meetings are also used as an opportunity to advise the Tribe of new State initiatives; recent past and present discussions have included Structured Decision Making, Differential Response System and Child and Family Team Meetings for Considered Removals and Permanency Team Meetings. The contact liaison in the local DCF office is a Social Work Supervisor who is available to attend meetings with Tribal representatives, to provide a familiar point of contact with the Agency, and to facilitate open communication with the Mohegan Tribe.

In 2021, the Department initiated separate quarterly meetings with the MT and MPTN. As noted above, since most of the cases involving members of these tribes are serviced in the Norwich area office, attendees include the Norwich Office Director and members of the SW team, a representative from the Judicial Branch, and members of the Department's Legal Division, and the Department's Director of Multicultural Affairs. These meetings serve as opportunities to discuss any issues and continue to strengthen collaboration in addressing child welfare matters that implicate the tribes. Consistent with ICWA, all tribes are notified of State legal activity in writing, by USPS certified mail for every step of the litigation process. For the States' two federally recognized tribes, by working convention and courtesy, telephone notice precedes any written notification.

Common Juvenile Court practice finds representatives of the two local tribes present, at least for initial proceedings. Neither tribe has a fully developed complement of placement resources (foster/host homes/group care) that allows for a divergent path from State care, should removal from home become necessary (the MPTN initially had some foster care/group care resources but changing economic times shuttered these services many years ago). When Indian children do require placement into care, commensurate with behavioral health level of care needs, the first option, is to identify family or fictive kin options in lieu of entry into traditional foster care. Placement with Native American kin is a primary objective and is pursued whenever possible.

When there are circumstances requiring CPS litigation, The MT does not seek to transfer cases to its own court system and prefers to partner with the State in the Superior Court for Juvenile Matters. The Tribe often provides support and services to its members, and Agency staff partners with the Tribe to meet the needs of Tribal families. Conversely, the MPTN may exercise the option of jurisdiction moving to its Tribal Court or keep the matter in the State court system. In 2022, the Department initiated a recruitment effort with both Tribal Nations. In keeping with this effort, the Department's Foster Care unit coordinated provided foster parent education and training to tribal members to increase the number of licensed tribal foster care members available for foster care placements. There have been no known ICWA compliance issues identified with the MPTN or MT over the last several years, or with other federally recognized tribes across the nation. Newly hired Social Workers are trained regarding the requirements of ICWA during pre-service training. Additionally, when local training/conference opportunities arise, invitations are often issued to the tribes. There have not been any recent negotiations with the MT or MPTN specifically as it relates to determining eligibility, benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Program (CFCIP). The Department routinely has engaged in outreach to both tribes requesting their participation in the various activities pertaining to CFSR results. Similarly, a copy of the State's most recent Annual Progress and Services Report will be provided to both tribes' following submission.

Section D: CAPTA Requirements and Updates

There have not been any substantive changes to any laws or regulations that would impact CT's eligibility for CAPTA.

CAPTA Spending Plan 2023:

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 2022 and FFY2023.

Services/Activities		Funding
Triple P Provider Training	$136,618	$427,750
Multidisciplinary Teams	$175,000	
Favor- (Stipends for CRP Work)	$36,828	
CT Association for Infant Mental Health (Spring/Fall 8-week series)	$79,304	
Total	$427,750.00	
Intimate Partner Violence		$88,000
MST IPV Evaluation (ABH)	$37,500	
IPV-FAIR - Yale - Dr Stover	$36,000	
Family Centered Services	$15,000	
Total IPV	$88,500.00	
Substance ExFCPed Infant - Plans of Safe Care		$445,184
CHR -FBR Team Region 4 extension	$162,500	
FBR - Training/QA	$120,184	
CMHA(FBR)	$162,500	
Total SEI	$445,184.00	
	Total	**$960,934**

Service Descriptions

Parenting Support Services (formerly Triple P): Parenting Support Services (PSS) is a statewide program for families with children 0-17 years of age to support and enhance positive family functioning. PSS offers the evidenced-based model, Level 4 Triple P (Positive Parenting Program®), and the Circle of Security Parenting© interventions. Families receive one or both PSS interventions along with case management services using the Wraparound philosophy and process. Triple P is a behavior management intervention that helps parents become resourceful problem solvers and to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Circle of Security Parenting (COSP) is a parent reflection intervention designed to build, support, and strengthen parents' reflective capacity about kids' behavior and about their reaction to kids' behavior. COSP also provides attachment-based relationship tools to help parents, caregivers, teachers, and other adults who have a relationship with kids, so they are better equipped to provide a quality of relationship that is more supportive of secure attachment.

Federal funds were allocated to PSS to offer Level 4 Standard and Standard Teen Triple P trainings. Training also includes an accreditation process, and new PSS staff members were trained and accredited in SFY 2021 and SFY 2023. No trainings were offered during SFY 2022 due to a contract change that year. This allocation supports ongoing training opportunities for provider staff to ensure no interruption in the provision of services and supports the training needs of provider staff.

Multidisciplinary Teams (MDT): The Governor's Task Force on Justice for Abused Children (GTFJAC), first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention and prosecution of child sexual abuse, sexual exploitation, child trafficking, serious physical abuse cases, and death of children. The development of multidisciplinary teams (MDTs) that coordinate the early stages of an investigation has provided a means of maximizing community resources that strengthen and improve interagency response and interventions. Additionally, the GTFJAC has the task of evaluating each MDT in Connecticut on a regular basis.

The purpose of Multidisciplinary Teams is to minimize secondary trauma to the child and family while improving the investigation and prosecution of the cases. Connecticut has continued to recognize the inherent value of this collaborative effort. These teams have a positive impact on the quality of work provided to child victims throughout the member disciplines, legislatively requiring that all teams utilize accredited Child Advocacy Centers ensuring all services meet national best practice standards. There are 17 Multidisciplinary Teams in Connecticut, one team in every judicial district in Connecticut, all with access to a forensic interviewer(s), medical provider(s), and advocate(s). Connecticut utilizes state and Children's Justice Act Grant funding to support our MDTs. The following teams are federally funded under the CAPTA:

- Community Health Center, Inc. – Stamford
- Middletown Police Benevolent Association – Middlesex County
- Sexual Assault Crisis Center of Eastern CT – Norwich/Willimantic
- Charlotte Hungerford Hospital – Torrington
- Waterbury Youth Services – Waterbury
- Clifford Beers Clinic – New Haven County

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

FAVOR: There are several parent advocacy groups in the state that are designed to review Department practices specifically in the areas of behavioral health. FAVOR is a multicultural statewide Family Advocacy Organization for Children's Behavioral Health. Their mission is to enhance mental health services for children with serious emotional disorders by increasing the availability, accessibility, cultural competence, and quality of mental health services for children through Caregiver Peer supports. This organization agreed to act as fiduciary for the Citizen Review Panel (CRP) and encourages participation of a more diverse group of CT citizens. The Department has agreed to allocate funding for participants to receive stipends for transportation and daycare costs, as well as to assist the panels for associated meeting costs. The State Advisory Council (SAC) receives funding from the Department to support its CRP work and FAVOR also functions as the fiduciary for the SAC. The Citizen Review Panels (CRP) are responsible for providing feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the general public to enhance the ways families can positively impact the child protection and child treatment systems. Funding is used to support CRP activities. Connecticut has seven CRP's (one for each of the six DCF regions and one for the SAC). This was done to create regional plans based on regional needs and assessments and to utilize existing citizen groups to create the CRP's. Each region created a CRP by utilizing existing work groups or creating new ones. The CRP Reports are included as an attachment to this report.

CT Association for Infant Mental Health: The Connecticut Association for Infant Mental Health (CT-AIMH) was contracted to provide the Infant Mental Health (IMH) 8-topic training series. This training is designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. Presenters known nationally for their work in child welfare offered their expertise on observations of young children and their families in child welfare, attachment, and unresolved trauma and loss, integrating a trauma lens into work with very young children and their families, on making child welfare visitations a relationship-focused experience for parents and young children. Local presenters added their competencies in reflective practice, cultural sensitivity, and assessment/referral.

Training Intimate Partner Violence (IPV)

CCADV Webinar Trainings: The Connecticut Coalition Against Domestic Violence put together a series of eight trainings to address the impact that COVID-19 had on IPV, Intimate Partner Violence resources and education, substance misuse and IPV and the overall impact on children and families around the state. The trainings are based

on best and promising practices that are grounded in a trauma-informed approach in response to intimate partner violence. Training topic areas are meant to offer community providers such as child welfare personnel, domestic violence advocates, social workers, and community-based providers to build community awareness, stakeholder capacity and available resources to increase safety within families. Each session is designed to encourage participants' self-awareness, as well as skill-building in working with individuals who have been impacted by domestic violence and substance misuse. **Training Sessions:** CCADV offered a series of eight one-hour IPV focused webinars with a start date in February 2023 and an end date in August 2023. The trainings have had very good attendance numbers. The first training in February 2023 had 112 participants, while the March training had 216 and 86 participants in April 2023. We project that the next five trainings will also have between 80-200 participants, demonstrating Connecticut community providers interest in building their knowledge base to help individuals impacted by IPV.

Adam Dodge: End Technology Abuse Training (End Tab): During the Covid Pandemic individuals were left isolated and dependent on technology for school, work, counseling services and overall communication. With the increase in the use of technology for overall contact and communication, this also left individuals experiencing IPV very vulnerable to digital abuse and limited with information and guidance on how plan around it. In addition to using this training for our Advanced IPV Training Series, we will also be able to use it for any other IPV trainings we set up as the purchase included the recorded webinar series to be used ongoing. Technology safety planning is imperative in IPV situations. Tech Enabled Abuse is a 3.5-hour training that provides a presentation on technology-enabled abuse and coercive control through a 2.5-hour pre-recorded training session and 1 hour of breakout exercises (questions, scenarios, etc.). After purchasing the Webinar Series in the Fall 2022, we launched the training on 12/09/22 and 12/10/22 and had approximately 35 participants. The next scheduled training date for this course is on 05/25/23 and will have approximately 30 participants.

Intimate Partner Violence with Dr. Carla Stover: The Department continued to contract with Dr. Carla Stover, model developer of Fathers for Change and Mothers and More, through Yale University to support the IPV-FAIR programs statewide. Dr Stover continues to 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 treatment interventions is to reduce repeat maltreatment and to improve the well-being of the children effected by IPV. During this reporting period, Dr Stover conducted two full Fathers for Change Basic Trainings for clinicians from the 6 IPV-FAIR agencies across the state of CT to allow teams to implement Fathers for Change. 20 staff trained across the 2 dates. Dr Stover also conducted two full Mothers and More Basic Trainings for the 6 IPV-FAIR agencies across the state of CT. Dr. Stover meets twice monthly with each of the 6 IPV Fair teams, providing IPV-FAIR (12 team consultation calls every month) to provide fidelity consultation. Dr. Stover reviews recorded treatment session per year, per clinician for further fidelity monitoring and meets once a month with each IPV-FAIR team clinical supervisor and then runs a once-a-month IPV Fair, All Collaborative meeting with all six IPV-FAIR Provider teams to provide reflective supervision and implementation of strategies. IPV-FAIR served 238 families, which includes 407 children in FY 22 and 274 families, which includes 507 children for FY 23 to date.

Family Navigator Training: FY 7/1/22-9/30/2023 The Department funded the development of an IPV-FAIR Family Navigator manual and curriculum for new family navigators joining the 6 DCF funded IPV-FAIR community agencies. The Department continues to fund Family Centered Services of Connecticut to maintain/update and conduct the 18-hour training, based on the manual. The training combined didactic material and interactive exercises. The goal for FY 22 and FY 23 training was to outreach to other organizations that utilize case managers and make the training available to more people. During FY 22, this training was offered to the six DCF funded IPV-FAIR agencies and other outside community agencies that were interested in building their knowledge base on IPV to better service children and families impacted by such violence. During the fiscal year 2022-2023 the first Family Navigator training began on 9/16/22, consisting of three 3.5-hour long trainings. All meetings were held via Zoom. At the start of each training recipients each received a manual that was developed for this training and updated for each training. A total of 21 people attended the September 2022 Family Navigator training. The next Family Navigator training is scheduled to start on 05/19/23, consisting of three sessions and then we will have an additional three-day training in September 2023. The long-term sustainability plan for a continued Family Navigator training series is to record the next sessions to then be used as an ongoing training that we can offer several times a year to the IPV-FAIR staff and community

providers as well as using it as a Train the Trainer series for IPV-FAIR Program Staff to be able to internally train their Family Navigators. These training can be offered along with the series of trainings our Injury Prevention team provides to DCF staff, IPV-FAIR staff and other community providers interested in learning about Intimate Partner Violence.

Multi-systemic Therapy – Intimate Partner Violence (MST-IPV): Funding was allocated for the continuation of a research project for the Multi-systemic Therapy for Intimate Partner Violence (MST-IPV) clinical intervention which is to be completed in June 2023. This intensive home based empirically supported intervention is 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. By January 2022, all families that were participants in the study had been enrolled and all pre-treatment assessments were complete. By December 2022, all except 2 families had completed their post-treatment assessment. A total of 68 adults are enrolled in the study representing 36 families. MST-IPV expected to do research with a larger number of families but was delayed due to COVID and resulting staffing issues.

MST-IPV served 10 families in 2022, and the treatment included multiple interventions for multiple adults and multiple children (minimum 3 persons per family). All 10 families successfully completed treatment, 0 children were placed out of home, 100% of parents or caregivers and 100% of the children receiving MST-IPV services showed improvement in their mental health functioning. There was 1 parent arrest noted in 2022. All were served a minimum of three sessions per week with on-call crisis availability 24/7. Racially, among primary aggressors that participated in the research in the 10 families, 7 identified as White, 1 as Polish, 1 as African American, and 1 as Native American. Ethnically, three families identified as Latinx.

In FFY 23, the MST-IPV clinical program is estimated to serve 16 families with the two current therapists they have. If they fill the third clinical therapist position that is currently vacant, the model developer projected that they would then be able to serve 20 families by September 2023. The model developer noted that each family has two parents and at least one child. Post-treatment assessments will be completed with the last two families in April. Data on new abuse reports, new IPV incidents, and out-of-home placement for participants in IPV and comparisons will be collected. Adult participants receiving MST-IPV will also have their names searched in the CT Justice Branch Criminal Arrest data base, which is publicly available online information. Data pertaining to arrests, restraining orders, and court sentences will be extracted and used in data analyses. All data analyses will be conducted, and a final report written for June 2023. A manuscript including the data from the quasi-experimental study will be prepared and submitted for publication.

Family Based Recovery (FBR): Funding was also allocated to support the Family Based Recovery Team in Region 5. Family Based Recovery 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.

Family Based Recovery Training and Quality Assurance: The Department contracts FBR Services for training, fidelity, and quality assurance for all Family Based Recovery (FBR) teams. The Department currently funds 11 FBR teams throughout the state. In addition, there are two FBR teams funded through COBHRA and CAPTA funds. The agencies delivering FBR through these grants are Community Health Resources (CHR) and Community Mental Health Affiliates (CMHA). FBR Services provided the following data.

- CMHA treated 4 families from 7/1/22 – 3/17/23. Three cases consisted of a mother/child dyad and one case was a couple and their child. The team discharged three cases and all three index children were living

with at least one biological parent. The team was closed to admissions for a few months due to lack of staff which resulted in the low census. The team has hired clinical staff and is now accepting admissions.

- CHR treated 12 families from 7/1/22 – 3/17/23. Eleven cases involved the mother/child dyad while one case involved a father/child dyad. No couples were treated during the eight-month period. The team discharged two families. At discharge, one index child was living with their mother and the other index child was living with a relative.

FBR Services provides weekly case consultations with the clinical team and supervisor to monitor model fidelity. CHR hired a clinician in October 2022. CMHA hired a Family Support Specialist in February 2023. In addition, CMHA selected an internal candidate to supervise the team. She had been a clinician in a DCF funded FBR team for many years and will provide clinical care as clinicians are hired and onboarded. All three attended the initial model 18+ hour training conducted virtually. CHR team members attended a Risk and Safety booster training in March 2023. All staff attended network quarterly meetings with topics ranging from Motivational Interviewing, parent-child interventions, and the Birth to Three program.

CAPTA Projected Spending Plan FFY 2024

Services/Activities		Funding
Multidisciplinary Teams		$175,000
Triple P Provider Training		$136,618
Favor- (Stipends for CRP Work)		$36,828
CT Association for Infant Mental Health (Spring/Fall 8-week series)		$79,304
Intimate Partner Violence		$36,000
Substance Exposed Infant		$169,000
RPG (CT SFT)	$20,000	
Hospital Family Care Plan Kits	$10,000	
CAPTA Conference	$10,000	
SEPI CT (FCP coordinator & Marketing)	$129,000	
	Total	**$632,750.00**

CAPTA - American Rescue Plan FFY 2023 Spending Plan

The following spending plan was developed for 10/1/2022-9/30/23

Services/Activities	Funding
CT Data Collaborative	$36,000
Wheeler Clinic (SEI Coordinator/Marketing	$258,000
Yale- SCAN/DART	$125,000
CCMC - SCAN/DART	$0
Family Life Lifters	$ 50,000
Helping our People Excel	$50,000
Boys & Girls Village - Youth Link	$33,333
New Haven Community Center - Youth Link	$33,333
QA -Chestnut Health System (ACRA)	$19,212
UCONN Evaluation	$200,000
Adam Dodge (Ending Digital Abuse training)	$5,000
CT Coalition Against Domestic Violence (CCADV)	$5,750
Vanguard Direct Prevention materials for NPW (SAMHSA)	$1238
O'Donelle Group (Safe Storage Campaign)	$2,000
Total	$818,866.00

CAPTA - American Rescue COVID Supplemental Projected FFY2024 Spending plan

Services/Activities	Funding
CT Data Collaborative	$36,000
Yale- SCAN/DART	$125,000
QA -Chestnut Health System (ACRA)	$19,212
UCONN Evaluation	$200,000
Wheeler Clinic (SEI Coordinator/Marketing	$258,000
Total	**$638,212.00**

Service Descriptions

CT Data Collaborative: Funding for the CT Data Collaborative activities was obligated during this reporting period and only $11,000 was spend during this FY23. Under this scope of work, the CT Data Collaborative has created and publishing Community Profiles Reports on its website to publicly disseminate information about substance exposed infants. These reports also include information from other public health data sources to provide additional context to the data on infants born substance exposed. The Department encourages communities to use this data to inform local efforts to provide services and supports to birthing persons and infants born exposed. In the next phase CT Data Collaborative will be finalizing the hospital dashboard to add CT hospital associations, Department of Mental Health and Addiction Services and our substance exposed pregnancy initiative in sharing and providing technical assistance to hospitals on their own individual data.

Wheeler Clinic - SEI Coordinator/Marketing: The SEPI-CT Program Specialist also known as the Family Care Plan Coordinator is responsible for increasing awareness and use of Family Care Plans and CAPTA Notifications throughout the state. This role works under the direction of the SEPI-CT Program Manager in collaboration with funders and key stakeholders across the state. The Family Care Plan Coordinator has been in her role since January of 2022 and has had success in conducting outreach and engagement with birthing hospitals, as well as providing training and technical assistance around CAPTA and Family Care Plans to hospital staff and social workers, as well as community health care providers. Marketing funds were allocated to the building of a website that went live on 12/1/22 and has been open to the public since then. The website is being promoted through meetings with hospitals, at CAPTA trainings, and at all meetings the SEPI-CT program manager and FCP coordinator attend. Three videos on Substance Use and Pregnancy and Family Care Plans for providers and patients were also completed and are on the website.

Campaigns: From July 1, 2022-May 24, 2023, five campaigns were disseminated across social media on Twitter, Instagram, and Facebook through the CT Clearinghouse, Women's Consortium, DMHAS, and United Way. The campaigns were also distributed broadly through the Core Team listserv, the DHMAS Women's Services system of care listserv, the DCF system of care listserv, and the CT Clearinghouse listserv. Collectively on social media, there were 6,410 people reached (total number of people who saw or clicked on content on social media platforms). The number of impressions (number of times content is displayed) totaled 2,587. The number of likes totaled 69 and engagement (comments, shares) totaled 167. We plan to disseminate three more campaigns by September 2023 and predict that likes, engagement, reach and impressions will increase by 30% based on our plan to repeat the dissemination of campaigns multiple times through the CT Clearinghouse listserv.

Website: Website launched December 1, 2022. From December 1, 2022-May 24, 2023, the website experienced 581 users (those who have initiated at least one session on the site). The website experiences a total of 898 sessions (period time a user is actively engaged with the website, app, etc.). All usage data **(Screen Views, Events, Ecommerce, etc.)** is associated with a session. The website experienced a total number of 3,650 pageviews (the total number of pages viewed; repeated views of a single page are counted). We expect the number of users, sessions, and pageviews to double by September 2023 as we market the website resources through future campaigns that use links and QR codes to increase ease of access.

Yale/CCMC Scan/DART: A budget option was submitted to increase funding for CT's two Child Abuse Center of Excellence (CACE) at Yale Hospital and Connecticut Children's Hospital to increase consultation services to hospitals staff as well as education. During the 2022 fiscal year, the CACE completed 1,454 consultations from hospital and DCF referrals. Ten percent of these consultation were from hospital staff that resulted in no DCF Careline call. Funds were used to support additional medical staff by providing salary and benefits for one additional Child Abuse physician per center.

Helping Our People Excel /Family Life Lifters: Contractors provide consultation, assistance, and support with the design and implementation of DCF's Faith Based Recruitment and Retention program for foster care recruitment within the faith-based communities across the state. This includes planning, training, supporting, and promoting the program with a focus on creating and expanding a network of faith-based organizations (FBO's) committed to the

recruitment, retention, support and institution of a collective of caregivers of color focused on restoring, affirming and supporting children who are separated from their parents due to safety concerns. The two anchor churches responsible for the implementation of the Queen Esther Faith Based Recruitment and Retention program for the state are Helping Our People Excel (HOPE) from New Hope Baptist Church located in New Haven and Family Life Lifter from First Cathedral. HOPE covers the southern Regions 1, 2, & 3 and Family Life Lifters covers the northern Regions 4, 5, & 6.

The network of churches consists of over twenty pastors who are working to identify a contact person, QE Liaisons, to carry out the local effort of recruiting, supporting, and working with the Department's Regional Foster Care divisions and CPS teams. Five families are in the preliminary process of licensing. In 2022, the program convened a statewide kick-off in February 2022. Onboarding curriculum was developed for the pastors and a modified version for the liaison. Pastors received a DCF (CPS and FC) orientation in May 2022 and the liaison are to receive the extended version which includes licensing requirements, pre-licensing training overview and recruitment process is scheduled for June 2022.

With assistance from Cashman & Katz, the anchor churches partnered with the department to develop the "Starting Today" campaign. Starting Today is a concentrated marketing and media prevention campaign focused on neighborhoods and communities where the highest volume of abuse and neglect reports are made to the Careline. The campaign will focus on reducing the occurrences of child maltreatment and abuse related to three types, 1) Physical Abuse, 2) Intimate Partner Violence and 3) Sexual Abuse.

Youth Link: The Youth Link Mentoring is a mentoring program that promotes long-term relationships between youth and caring adults who have attributes and qualities in common with LGBTQIA+ youth (including gender identity, gender expression, race, and ethnicity). Youth Link Mentoring matches are one mentor connected to one youth for a period of one (1) year. The contract was awarded to New Haven Pride and to Boys and Girls Village.

Chestnut Health System Training and Quality Assurance for Substance Screening, Treatment, and Recovery for Youth (SSTRY): Chestnut Health Systems is the model developer, trainer, and quality assurance entity for the treatment and recovery models used in SSTRY. SSTRY uses Community Reinforcement Approach (CRA) for substance use treatment and Assertive Continuing Care (ACC) with Recovery Monitoring Supports (RMS) techniques for recovery supports. The state currently funds three SSTRY teams to cover the state after re-bidding the service in the Fall of 2021. Additional funding was needed to train and certify newly hired staff in ACC and RMS as well as adding training for supervisors and therapists on two procedures in ACRA for the young adult population.

As of April 2022, Chestnut trained one new therapist at an CRA initial training and five CRA therapists in the two additional young adult procedures. They have conducted 3 fidelity checks on already certified CRA therapists. Chestnut also trained two Recovery Support Specialists (RSS) and two supervisors in ACC/RMS. All have now been trained how to use the online system to upload recordings, and the first fidelity checks are currently underway. Chestnut continues to offer monthly coaching calls.

CAPTA Evaluation: The University of Connecticut, School of Social Work (UCONN SSW) is concluding its evaluation of the CAPTA Notification Portal and Plan of Safe Care process. The evaluation is based on data collected by the online CAPTA Portal notification, the DCF administrative record system, LINK, Department of Public Health (DPH) administrative birth records, and a survey to be completed by mothers who have given birth in the last 12 months and for whom a Plan of Safe Care was developed. The evaluation assesses the status of CAPTA, and Plan of Safe Care implementation and the experiences of mother and infants affected by this policy, including whether subsequent foster care placement occurred following a hospital notification.

During Fiscal Year 2022-2023, the UConn Research Team collected survey data from mothers with Plans of Safe Care. After an invasion of the survey by fraudulent respondents in March 2022, the Research Team paused data collection to make changes to the screening criteria, survey questions, information sheet, and procedures related to the survey. These changes were made to be better able to differentiate between authentic and fraudulent survey responses and make it clear to participants that they will not be paid if the research team determines their responses are

fraudulent. After receiving IRB approval for these changes, translating the changes from English to Spanish, and implementing the changes, the Research Team relaunched the survey in October 2022 and has continued to collect data and engage with community partners to request their help advertising the study to potential participants. An IRB amendment was also submitted to revise procedures related to the administrative data portion of the study. These changes include expanding the time frame of the administrative data and the use of DPH administrative birth data. These changes were approved by the UConn IRB and the DCF Committee for the Protection of Human Subjects (CPHS). A data request and IRB application were submitted to DPH regarding use of DPH birth data. Changes and clarification were requested by DPH, and this data request was approved in November 2022, at which time we received DPH data and were able to conduct our analyses examining DCF outcomes on a per 1,000 births basis.

During this final period of the project, the Research Team will conclude data collection with mothers and will complete its planned analyses of the administrative data. The Research Team will submit a final report to DCF in September 2023. This report will outline how the CAPTA policy has impacted rates of accepted referrals, rates of foster care placements, and racial disparities in maltreatment reports.

The research team met internally on a regular basis for the purposes of project planning and responded regularly to project-related communications. The research team also met with DCF on a weekly/bi-weekly basis to coordinate data collection procedures, review the survey project, discuss recruitment for the survey project, and discuss any revisions made to the IRB protocol. The Research Team drafted a manuscript titled "Novel Implementation of State Reporting Policy for Substance-Exposed Infants", which was published in Hospital Pediatrics in October 2022. A Poster presentation titled "Trends in polysubstance-exposed infants: Findings from Connecticut CAPTA" was presented at the 2022 annual American Public Health Association (APHA) Conference in November 2022. A paper titled "Factors associated with child welfare diversion for substance-exposed infants" was presented at the annual Society for Social Work & Research (SSWR) Conference in January 2023. A paper titled "Connect: Plans of safe care for substance-exposed infants" was presented at the SSWR Conference in January 2023. A manuscript titled "Connecticut: Plans of Safe Care for substance-exposed infants" was drafted and submitted to Child Welfare Journal in July 2022 and will be published in the coming months.

O'Donelle Group (SAFE Storage Social Media Campaign): The Connecticut Department of Children and Families (DCF) partnered with the Department of Mental Health and Addiction Services (DMHAS) to raise awareness of the need for "Safe Environments" when using drugs. The fatal overdose of children who accidentally ingested fentanyl was the catalyst to drive awareness for this important issue and media campaign. Campaign Creatives The "Safe Environment" traffic campaign leveraged existing LiveLOUD Phase 5 "Please Stay Safe" imagery with new copy addressing the need to make your home a safe environment if you use drugs. The message was non-judgmental in tone and reinforced the core campaign message. The campaign was co-branded with DMHAS, DCF, and LiveLOUD logos. English language social posts were leveraged across Facebook & Instagram as paid traffic ads. Campaign Results Measurement/Metrics And here is a reminder about the metrics and what they mean. ● Impressions - the number of times your ad appeared on screen. ● Reach - the number of times it reached a unique person in the target audiences. ● Engagement - any action someone took, including likes, comments, shares. ● Clicks - how many times an ad was clicked on. ● Link Clicks - the number of clicks on a link within the ad that led to a destination - LiveLOUD. org/harm-reduction. ● Click-through rate (CTR): a measure of how many people who viewed your social post, ad, or other piece of content clicked through to read more or take an action. Facebook & Instagram: Traffic Ads Social creatives were also used as paid ads on Facebook and Instagram. This means that even if a person doesn't follow your page or your account, they may see the paid ads in their feed. We reached our intended target audience using their social and digital data including their interests and other similar content that they view and interact with. **The** Facebook and Instagram ads ran for a period of two and a half weeks and delivered 69,949 impressions. The ads reached 36,329 unique viewers and resulted in 34,738 engagements. This is an interesting and positive result because the engagement came from people who were not necessarily already following DMHAS or part of the LiveLOUD community. The "Safe Environment" post resulted in 1,581 link clicks to harm reduction information. The post achieved a 2.26% click-through rate which is more than 2x the industry average of .90%.

Supporting Infants Born Substance Exposed

CT's CAPTA initiative remains embedded in a larger state effort to increase identification of substance exposed infants (SEI), disseminate information about SEI prevention and best intervention practices, and make recommendations for a continuum of SEI care through the Governor's Alcohol and Drug Policy Council (ADPC), Prevention Subcommittee, and a SEI statewide strategic plan. The 5-Year Plan continues to drive outreach, trainings, and engagement across the state.

DCF and its partners remain focused on improving CAPTA implementation, particularly Family Care Plans, and refining the state's CAPTA data collection practices, as well as commencing the CAPTA evaluation. DCF has led this effort with DMHAS using a data-driven process with the community partners. These efforts have included presentations and education sessions about CAPTA and Faily Care Plans throughout the state to providers of pregnant and parenting women's substance use treatment services, early childhood services, and hospital social workers. Many of these sessions continue on a virtual platform, as many hospitals settings have found this to be easier for their staff to access. In addition to providing key community stakeholders with information about CAPTA and Family Care Plans, DCF and DMHAS were able to gather information about the challenges and successes of CAPTA implementation among the community partners. This information was used to inform the five-year strategic plan.

Family Care Plan (FCP) Coordinator: The SEPI-CT Program Specialist also known as the Family Care Plan Coordinator is responsible for increasing awareness and use of Family Care Plans and CAPTA Notifications throughout the state. This role works under the direction of the SEPI-CT Program Manager in collaboration with funders and key stakeholders across the state. This role is responsible for:

· Conducting outreach and engagement activities across multiple community sectors on the topic of CAPTA and Family Care Plans
· Creating, disseminating, and tracking marketing activities to increase awareness, understanding, and development of Family Care Plans
· Training and providing technical assistance to hospitals, community providers, and other state agency staff on the CAPTA notification system and Family Care Plans
· Creating a database to track trainings on Family Care Plans and CAPTA and creating reports to demonstrate initiative progress
· Attending regular administrative meetings and other meetings with DCF and DMHAS, stakeholders, and partners, as required, to report on accomplishments, challenges, progress, and next steps

Funding Update:
The Family Care Plan Coordinator has been in her role since January 2022. Below is a summary of major initiative accomplishments from July 1, 2022-September 30, 2023.

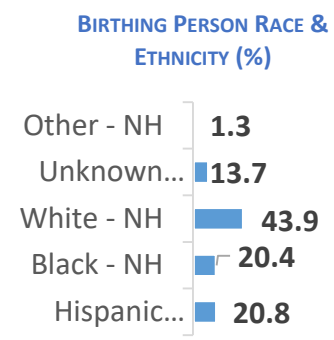
Month	Accomplishment
July 2022	• Attended all executive team and SEPI-CT workgroup meetings of the month • SEPI-CT staff became members of CT's 2023 Policy Academy team · Created FY22 Digital Campaign Report • Created email template for hospital outreach • Worked with Web solutions to finalize SEPI-CT logo, name, and website content • Started discussion with Web solutions of creation of future virtual Family Care Plan too that will be housed on SEPI-CT website • Presented with program manager on SEPI-CT Initiative at July's Help Me Grow Coalition Meeting • Met with DMHAS to work on transitioning CAPTA training over to Family Care Plan Coordinator • Met with CHA, DMHAS, and DCF to plan initial outreach to hospitals, group consensus was to hold virtual conference in December • Attended following meetings: WSPIC, Women and Opioids • Attended following professional development trainings: Prevention 201: Foundations of Harm Reduction

August 2022	• Attended all executive team and SEPI-CT workgroup meetings of the month • Completed draft of SEPI-CT website content • Started planning with CHA, DCF, and DMHAS on half-day virtual CAPTA conference to be held in December • Created Hospital outreach list, FQHC outreach list, and outside agency outreach list for CAPTA trainings • Created virtual Resource Folders that are sent to all providers and professionals who take CAPTA trainings/attend SEPI-CT presentations • Attended following professional development trainings: DMHAS Virtual Supporting and Empowering Women in Recovery Conference CAPTA/FCP Trainings Delivered: CT Clearinghouse (Wheeler Clinic's Prevention, Wellness, and Recovery Office)
September 2022	• Attended all executive team and SEPI-CT workgroup meetings of the month • Presented on SEPI-CT Initiative at Regional Early Childhood Alliance Meeting (RECA) • Presented on SEPI-CT, CAPTA and Family Care Plans at CHA's Social Work meeting • Met with 211 and Websolutions to begin discussions of Virtual Family Care Plan tool on SEPI-CT website • Attended following meetings: Maternal and Child Health Coalition, One Key Question Refresher, Women and Opioids, WSPIC CAPTA/FCP Trainings Delivered: Every Woman CT Collaborative, Optimus Health Care Emme Coalition • Attended following professional development trainings: Substance Use and Mental Health: Supporting Kinship Families, Substance Use and Veterans, Maine Maternal and Child Health and Substance Exposed Infant Virtual Conference
October 2022	• Attended all executive team and SEPI-CT workgroup meetings of the month • Attended CHA Follow-up meeting to plan out December CAPTA conference • Attended first Policy Academy meeting and subsequent Academy orientation meeting • Completed Family Care Plan videos for website, FCP coordinator added subtitles to videos • CAPTA outreach to community organizations • Attended following professional development trainings: CT Racial Disparities in Maternal Morbidity and Mortality Conference (promoted role of FCP Coordinator), Drug-Related Deaths: Fentanyl, Xylazine, Cocaine, and Opiates forum
November 2022	• Attended all executive team and SEPI-CT workgroup meetings of the month • SEPI-CT staff became members of the Reproductive Justice Alliance Coalition • Finalized planning with CHA on SEPI-CT presentation and CAPTA training for CHA Half Day CAPTA Conference • Finalized all edits and documents to go on SEPI-CT website • Attended Policy Academy Virtual Plenary 1 • Provided SEPI-CT presentation at CPQC and NASCENT Meetings • Met with Next Day animations to start process on creating Secure Storage video • Met with following agencies to discuss CAPTA training: Wheeler Clinic's Lifeline Program • CAPTA/FCP Trainings Delivered: CCADV, CCAR
December 2022	• Attended all executive team and SEPI-CT workgroup meetings of the month • Presented on SEPI-CT and gave CAPTA and Family Care Plan Training at CHA's Virtual Half Day CAPTA Conference • Attended Policy Academy Plenaries 2 and 3 • Launched SEPI-CT website launched • Met with Exposure (formerly Web solutions) to continue talks of Virtual Care Plan tool for website • Met with following birthing hospitals to discuss CAPTA and Care Plan needs: Yale New Haven • Met with following agencies to discuss CAPTA training: WIC CAPTA/FCP Trainings Delivered: Virtual CHA CAPTA Conference attended following meetings: Maternal and Child Health Coalition Attended following professional development trainings: Substance Use Disorder in Pregnancy and Stigma Webinar
January 2023	• Attended all executive team and SEPI-CT workgroup meetings of the month • Took responsibility for Program Manager duties and functions for the month until new Program Manager was hired • FCP Coordinator planned agenda and facilitated SEPI-CT Core Team on 1/4/23 • New Program Manager hired, start date 1/23/23 • Finalized Secure Storage video script for Next Day Animations • Updated all contact lists for SEPI-CT workgroups and Core Team Finalized contracts from United Way, DMHAS and Exposure for work on virtual care plan tool • Began hospital outreach by calling all hospital birthing units and leaving messages • Created certificate of attendance template for CAPTA trainings • Worked with DCF to create CAPTA Portal training that is now ready to be delivered to hospitals • Added stigma and resource content and updates to CAPTA and Family Care Plan Training • Distributed SEPI-CT wallet cards to REACH staff • Attended Policy Academy team meeting and convening from 1/24-1/26 • Provided CAPTA technical assistance to Yale New Haven Hospital • Met with following birthing hospitals to discuss CAPTA and Care Plan needs: Bristol Hospital • Met with following agencies to discuss CAPTA trainings: CHNCT, DPH, CHC Inc. and UCFS • Attended following meetings: Women and Opioids, WSPIC, NASCENT, Reproductive Justice Alliance • CAPTA/FCP Trainings Delivered: WIC, Bristol Hospital Birthing Unit · Attended following professional development trainings: Doing Right at Birth Webinar, Substance Use in Gen Z

February 2023	• Attended all executive team and SEPI-CT workgroup meetings of the month • Sent outreach emails and calls to all birthing hospitals after receiving contact list from CHA • Met with Women's Health CT to discuss future CAPTA training Provided consultation and technical assistance on Family Care Plan to Bristol Hospital • Met with following birthing hospitals to discuss CAPTA and Care Plan needs UConn Health, Manchester Memorial, Yale New Haven, Griffin, Hartford, Hospital of CC, Waterbury, Lawrence and Memorial, Charlotte Hungerford • CAPTA/FCP Trainings Delivered: Wheeler's Lifeline Program, Bristol Hospital birthing unit, CHC Inc. • Attended following meetings: TAG LC, CPQC, Policy Academy
March 2023	• Attended all executive team and SEPI-CT workgroup meetings of the month • Presented on SEPI-CT's work and accomplishments at MAPOC meeting on 3/13 • Worked with DMHAS and Next Day animations to complete Secure Storage video • Provided consultation to Norwalk, Saint Francis, and Lawrence and Memorial hospitals on CAPTA notifications and helped troubleshoot CAPTA Portal ID ME technical issues • Made list of all FQHCs in state to start outreach • Sent follow-up emails and calls to birthing hospitals who did not respond to original outreach • Met with following agencies to schedule CAPTA trainings: Staywell's Nurturing Families Program • Met with following birthing hospitals to discuss CAPTA and Care Plan needs: St. Mary's, Midstate Medical, Middlesex, Bridgeport, Saint Francis, Greenwich, Norwalk • CAPTA/FCP Trainings Delivered: Lawrence and Memorial OBGYN Department meeting, CHNCT Intensive Care Management Team, UCFS, Yale New Haven's Women's Ambulatory Council • Attended following meetings: MAPOC, WSPIC, Women and Opioids, Policy Academy, Reproductive Justice Alliance Coalition, NASCENT Attended following professional development trainings: Help and Hope Problem Gambling webinar

CT's Web-based CAPTA Notification Portal

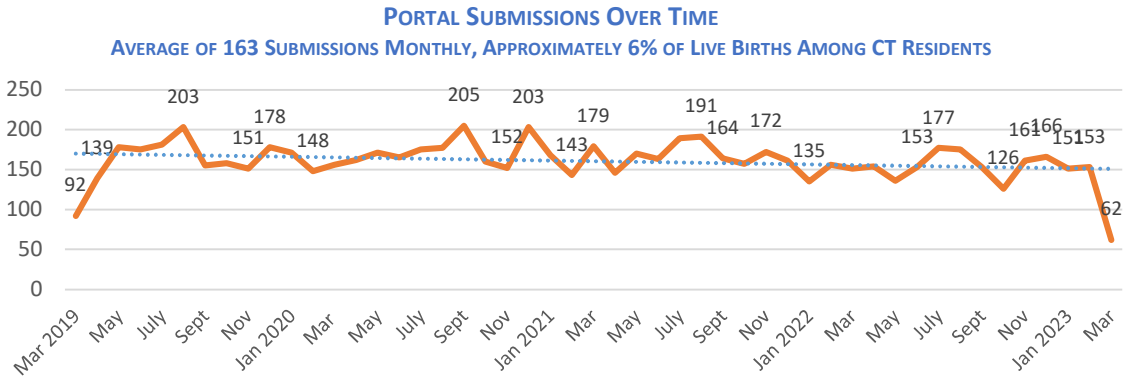
March 2023 marked the end of the third year of Connecticut's implementation of its web based CAPTA Notification Portal. The portal captures de-identified or "blind" information submitted by the state's birthing hospitals on infants identified as born exposed to substances in utero and their birth mothers. In the last year, (April 2021 – April 25,2023), 8046 CAPTA notifications were submitted to this portal in addition to how many were referred to the DCF careline. (Figure 1b). While all notifications are "blind," the portal does collect information on demographic characteristics that help the state to identify health disparities and the geographic distribution of needs among the CAPTA population. These demographic data include the race and ethnicity of the infant and birth mother, birth mother's age, and town and zip code of residence. This information in combination with portal information on the types of exposure by substance(s) and the documented needs of birthing person and babies helps DCF and its partners target outreach and prevention programs and services in high need areas of the state and increases the likelihood that they match the needs of mothers and their babies.



CAPTA Portal Data Points to Early Success

Over the last three years of implementing the CT CAPTA portal, DCF averaged receiving 163 CAPTA notifications per month. During this reporting period specifically, CAPTA notices have remained consistent with an average of 163 notifications per month (Figure 1a). These early numbers coincide with an SEI identification rate of 6%of the state's live births (reporting period of March 2019 - April 2023). Figure a. below shows that CAPTA notifications picked up quickly soon after implementation and have remained steady, signaling that pre-implementation outreach and education efforts were successful in helping the state's birthing hospitals adopt practices that support CAPTA notification.

Figure 1a. CAPTA Notifications Submitted to the DCF Portal by Month and Year that have received a DCF report.



Not surprisingly, CAPTA notifications continue to track closely with Connecticut's population centers.

Most notifications continuing to come from the state's largest birthing centers located in our most populous cities particularly Hartford and New Haven (Figure 2).

Figure 1b. Number of notifications and how many were reported to DCF careline

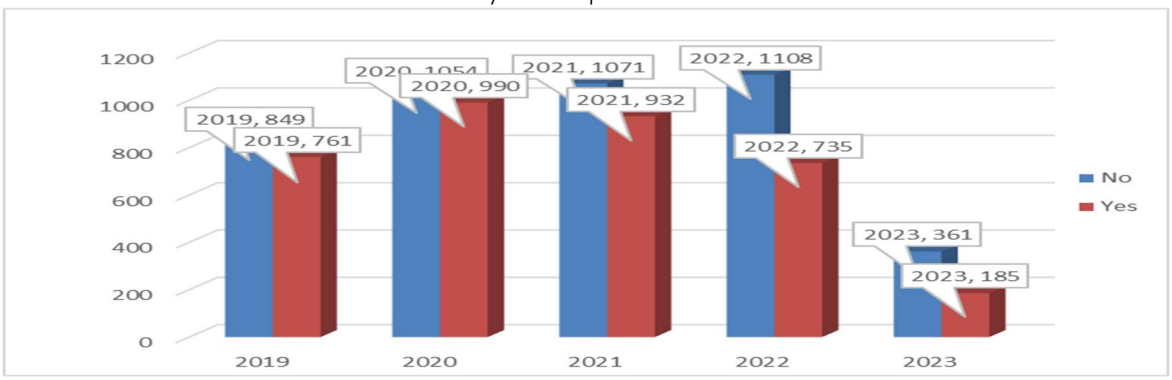
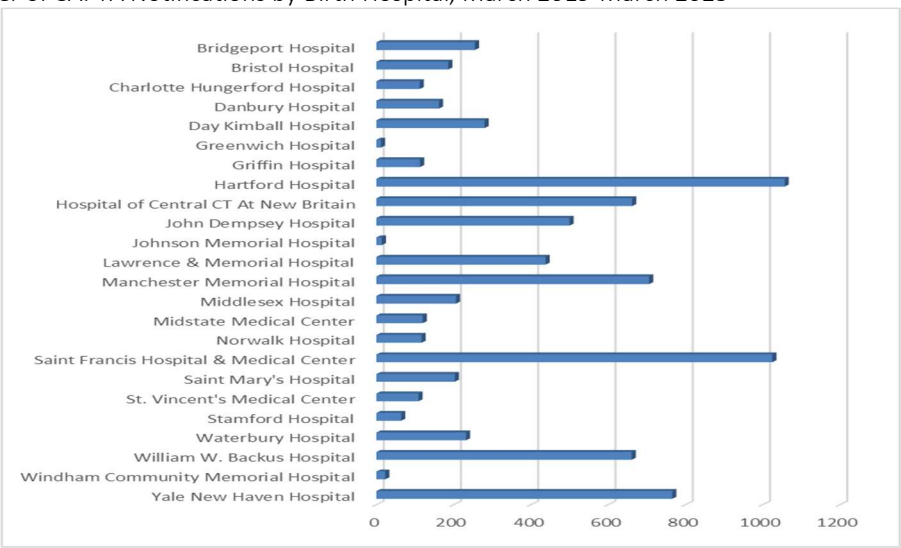


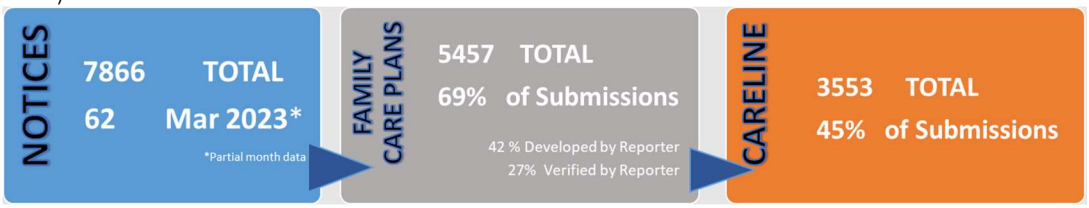
Figure 2. Number of CAPTA Notifications by Birth Hospital, March 2019-March 2023

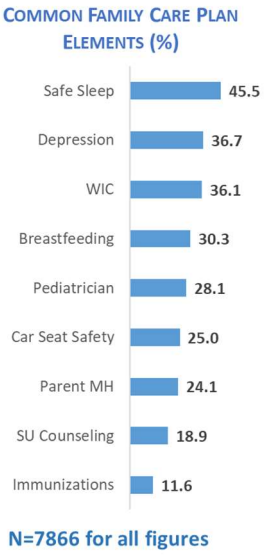


Since the development of the portal in March 2019-March 2023, a total of 7866 notifications were made to DCF and 5487 had a Family Care Plan (better known as FCP) completed prior to leaving the hospital (69% of submissions) (Figure 3).

DCF's implementation of a blind notification process resulted in 45% (3553) Careline reports to the Department of Children and Families, between March 2019-March 2023.

Figure 3. CAPTA Notifications, Plans of Safe Care and Careline reports for Child Protective Services. (Mar 2019 – March 2023)





As part of the notification process, hospitals also document in the portal areas in which mother or child need support, resources, or education. These areas of need inform the Family Care Plan and support the connection of the birthing person and their infant to services in their community. The next chart shows that of the portal notifications identified at least one service, support or education for the birthing person or the child, however the selection of multiple needs is common. Safe Sleep education and depression are most common single items noted by the portal regarding potential services, support or education for the birthing person and baby. Also holding steady are the rates for WIC at (36.1%) and breast feeding (30.3%) – a more general indicator of behavioral health problems and needs, suggesting that many birthing persons could benefit from a referral to perinatal navigator with lived experience to assist in their care and pathway of being a healthy parent for their child. Since more than half of birthing persons who are part of a CAPTA report are diverted from child welfare services, follow-up on mental health needs, and perinatal support after birth is an important consideration for community providers with whom birthing persons may be linked after discharge from hospital.

Family Care Plan

Despite early success launching the CAPTA notification portal, portal data show that adoption of the practice of completing Family Care Plan (FCP) could be improved. In the last three years, (68%) of notifications also had a FCP completed at the time of notification. While this rate is a FCP early sign, FCP completion has peaked at this level and continues to remain below the benchmark of 80% that the state would like to achieve. Hospitals continue to be great partners in the state's CAPTA implementation and data shows that ongoing education of hospitals and community-based providers is needed to improve the number of mothers with a FCP.

The Department participated in a Policy academy this year and was granted in-depth technical assistance for the state to continue enhancing our work around CAPTA and meeting the needs of birthing individuals earlier during pregnancy.

In the last year the state has continued to work on the following strategies to move this work along:

1). Ongoing educational opportunities for providers and systems that touch birthing people and families to remain current on accurate CAPTA reporting practices and statewide progress and opportunities within CAPTA. After nearly 3 years of CAPTA portal and FCP implementation, there was unanimous agreement that continued system and practice improvements would be necessary to ensure accurate reporting practices and FCP positive outcomes for families. Increased and ongoing provider education on CAPTA and FCP fundamentals will be

necessary to not only provide a consistent flow of current information, but a channel for providers to voice reporting questions or concerns. We anticipate that the new complimentary Family care plan coordinator (FCP Coordinator) will provide the additional capacity and data to support this work. In addition, providing broader education on CAPTA and FCP will also be necessary across agencies and organizations that work with and serve birthing people impacted by a SUD. It will important that the individuals that work with this population understand the fundamentals and the practice so that they can continue to promote transparency and education on CAPTA and FCP.

2). Explore the ethical, stigma, and health equity themes that surround CAPTA reporting practices
- Individualized work with birthing hospitals will be vital to understanding their unique strengths and opportunities within reporting, work with them on ongoing quality improvement efforts, and promote understanding of health equity as it applies to CAPTA.
- Development of a presentation on CAPTA and the intersection of reporting bias will be important to educate broadly on biases that may result in selective reporting practices and disproportionate community impact.

3). Normalize and destigmatize the Family care plan as a tool for anyone who is thinking about becoming pregnant, currently pregnant, or has recently given birth and provide individualized FCP support to empower mothers to reach their goals
- It is important that the FCP continues to be broadly marketed among birthing people. This includes marketing via community outreach as well as digital marketing via social media and other media outlets. Additionally, efforts will be made to train "non-traditional" birthing person facing entities to ensure the information is readily available and understood. For birthing people who are struggling with a substance use disorder, it is critical that we empower them to utilize the FCP as a tool to reach their goals while also providing transparency on CAPTA reporting processes at the time of delivery.
- The initiative will explore opportunities for standardized FCP discussions within medical appointments, including OBGYN or after birth, that would ensure no birthing person misses the information and avoids an unnecessary Careline report due to a missing FCP.
- Per federal legislation, the initiative will also explore opportunities to create a follow up mechanism for people who have developed a FCP to provide them with support in meeting their goals.

4). Explore continued opportunities to enhance CAPTA portal data
- Continued monitoring and quality improvement efforts will be necessary to ensure the portal data is informing the work to the highest degree. There is also still much to learn about how marijuana legalization will impact the data.
- Screening and Referral: Improve substance misuse and substance use disorder screening, interventions, treatment referrals through provider education and enhancement of local and statewide systems
- Though universal screening is a long-term goal, we recognize that providers and healthcare systems have varying levels and capacities to implement comprehensive substance misuse and use disorder screenings. Creating awareness and visibility around the importance and best practices of substance misuse and use disorder screening through provider education and outreach remains a high priority for the initiative. Utilizing new and emerging data related to screening practices, we hope to identify champions within health care settings to understand and/or enhance screening, brief intervention, and/or referral to treatment within their systems and grow this work by sharing these lessons learned with other systems.
- Providing broadly available SBIRT/screening trainings, including education on SBIRT reimbursement and stigma as it applies to screening, will be important to continue to enhance screening practices, including moving upstream from primarily case finding to identifying risky use and opportunities for early intervention.
- The recent state legalization of cannabis also presented further opportunity to educate providers on the potential implications of use during pregnancy as well as best practices screening and intervention.

5). Promote strategies that enhance brief intervention and referral to treatment practices and understanding of community and state SUD treatment and recovery resources.
- It is critical that providers feel confident providing appropriate resources and referrals after an FCP screen, as well as doing so in a supportive nonjudgement manner. The state has readily available treatment and recovery resources for birthing people who are struggling with a substance use disorder. Broad and targeted

efforts will be made to ensure providers and healthcare systems able to readily identify referral pathways and are aware of the resources available at the state level.

- Marketing and Training: Create and enhance opportunities for FASD-SEI professional development and promote statewide awareness and knowledge
- Increase knowledge, awareness, and professional development opportunities regarding the FASD and SEI and other topics that are related to and impact substance use and recovery such as: stigma, trauma informed care, adverse childhood experiences, and other overlapping public health topics
- Overview or "101" trainings on FASD and SEI have been standardized for the purposes of this initiative. While information on the topics are widely available, live trainings with consolidated information and state specific resources will not only continue to raise FASD and SEI awareness and knowledge broadly, but also promote the work of this initiative and further recruit stakeholders.
- The initiative will maintain a website with updates, resources, and other relevant content.
- Recent cannabis legislation also prompts the need for increased outreach and education efforts for both the birthing person population and providers.
- It will be important to continue highlighting how SUDs, FASDs, and SEI intersect with other comorbidities and other related work in the state. This will be accomplished by continuing our monthly digital campaign series as well as collaborative work with new and existing partners in other domains of public health as opportunities are identified.
- Treatment, Recovery, and Wellness Support: Ensure birthing people, children and families have access to FASD-SEI and SUD treatment, recovery, and support resources

6). Maximize the use of existing CT resources available to birthing people, children, and families including substance use treatment and recovery supports, health care, developmental assessments, etc.

- The state has resources available to individuals and families impacted by SUDs. Efforts will be made to ensure this information is broadly available and to continue enhancing and growing these systems of care as needed. However, less information is readily available on state specific resources available for children impacted by FASD-SEI. Not only will efforts be made to consolidate information on existing child resources, but the initiative will further explore the successes and challenges that families experience when navigating these systems.

7). Enhance opportunities for priority SUD treatment entry for minority birthing people

- National data (and limited state data) has noted the disproportionate impacts of substance use and mental illness on minority communities, including the LGTBQIA+ community. Our systems of care have a responsibility to provide accessible and respectful services to minority communities and to also ensure there are pathways in place for immediate treatment and recovery support. Because there is limited data on the LGTBQIA+ community and their utilization/engagement with CT treatment and recovery services, efforts must be made to identify strengths and opportunities for system improvements.

8). Continue to support, enhance, and/or create opportunities for family centered interventions

- Social supports are critical to navigating recovery. The state has programs such as PROUD, REACH, Youth Recovery CT, SAFE-FR, Access mental health, home visiting, Doula services and Women's Specialty Programs that factor in the needs of families, partners, and/or significant others. The initiative will continue to collaborate with the latter programs as well as create new partnerships with other programs that serve fathers and other support people.

9). Empower individuals to work with their provider and/or local community resources to gain support with alcohol use and/or substance use disorder treatment

- In addition to systems level work, we must continue to empower individuals to seek assistance with their substance use and share the recovery friendly resources that are available in the state. This will be accomplished through continued collaborations with public and private agencies that serve our population and through community outreach via print and digital campaigns.
- When individuals are introduced to CAPTA and FCP, either pre or FCP delivery, they should be provided with resources that help to facilitate their understanding and trust, as well as next steps if treatment needs are identified. It is important that birthing people and families feel supported in their parenting and recovery journey.

FCP Website

The enhanced SEPI-CT website has been finalized. This site is hosting marketing, training and educational materials for family and community providers. This is also the landing page for families to have access to Family Care Plan information and how to complete a Family Care Plan video. https://www.sepict.org/

SEI Strategic Plan

During the past year, the FCP Coordinator began implementing the five-year strategic plan developed with input from stakeholders statewide. This included statewide outreach to birthing hospitals, community engagement and internal processes to strengthen the implementation of Family Care Plans.
In addition, the SEI work has participated in the Policy Academy that provided us with technical assistance around FCP and data resources in addition we were granted for another round of in-depth technical assistance as a way to move this work forward for the state.

Children's Bureau Site Visit

The state of CT has participated in a Children's Bureau site visit during the month of April 11-14, 2023, regarding our Regional Partnership Grant CT Strengthening Families Together.

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 or are identified through DCF's everyday casework. In addition, the Governor's Task Force on Justice for Abused Children has focused efforts on the critical issues of Child Trafficking beginning in 2013. The CAC and MDT teams continue to be trained on human trafficking, including sex and labor trafficking and high-risk populations such as LGBQ/ GNCT and BIPOC children. The Statewide HART team has a four-chair structure which includes the HART Director, one DCF HART Lead, the CCA Chapter Director, and a service provider. HART membership consists of the HART Leads and Liaisons, MDT Coordinators and membership, all levels of law enforcement, medical and mental health providers, service providers, states attorneys, public defenders, legal services, and the faith-based community. In all, HART has over 1,500 member partners with over 500 active participants at various meetings and activities. HART works tirelessly to spread awareness and eradicate child trafficking.

The number of referrals to the department of high-risk, suspected and confirmed child victims of trafficking has increased by 29-percent in 2022, ending the year with 310 new referrals, the highest reporting year since data has been tracked. In the first quarter of the calendar year 2023, DCF received 81 new referrals, keeping us on track for over 300 new referrals for the current reporting year. The continued increase in the number of referrals can likely be attributed to 1) DCF HT Policy and Practice Guide, 2) continued training efforts, and 3) the increased number of children having access to technology, internet and social media required during the pandemic.

1. Updated DCF HT Policy and Practice Guide:

HT Policy 21-14 and Practice Guide 21-14 PG went into effect on August 19, 2021.

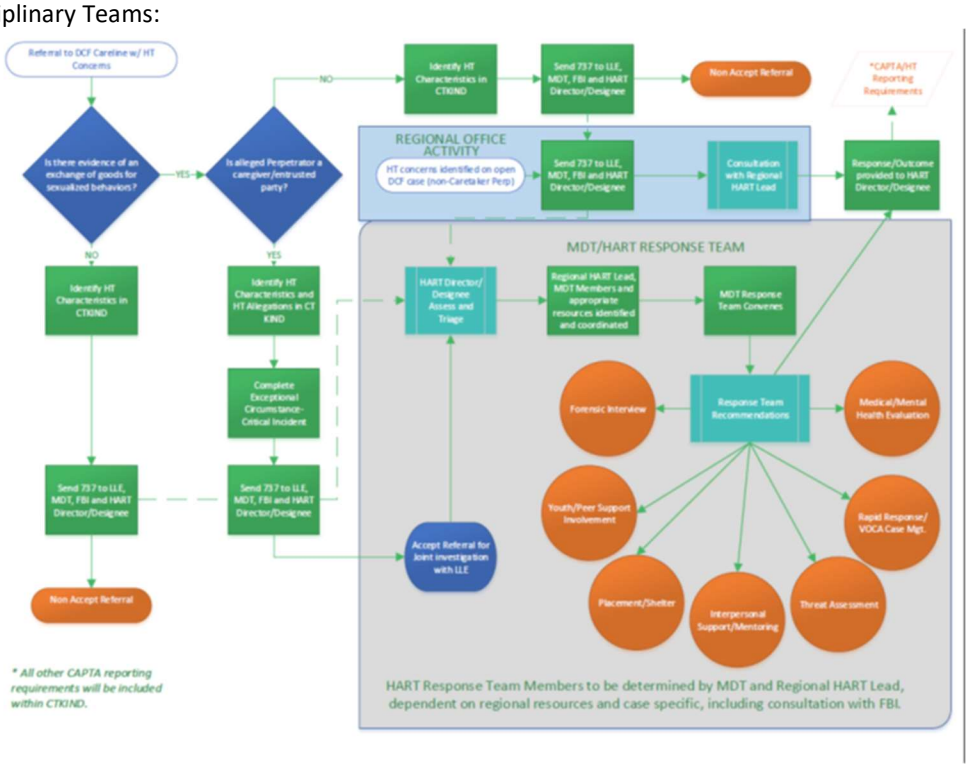
Key Highlights

- DCF Careline and/or DCF Area Offices automatically notify respective local law enforcement, Statewide Human Antitrafficking Response Team (HART) Lead, FBI, Office of the Chief State's Attorney, and Multi-Disciplinary Team (MDT) via DCF-737.
- DCF Social Workers collaborate with the Multi-Disciplinary Team(s) (MDT), sharing the outcome of the HART consult and participating in the MDT Case Review Meeting(s), to identify appropriate recommendations for intervention and investigation.
- All DCF Regional/ Area Offices must have a local HART Team. The HART Lead leads the local HART team, and Liaison(s) focused on individual child trafficking case response, local service delivery, and community education. Partners on the local HART Team include the MDT Coordinators, local law enforcement, and service providers.
- For any child case with human trafficking red flags/ indicators, the assigned Intake Social Worker will

outreach within 48-hours to the Area Office HART Liaison for a HART Consult that should occur within 72 hours.

- DCF Social Worker must request a HART Consult within two business days when a child is missing for more than 72 hours to assess the child for risk factors of child sex trafficking or labor trafficking. HART Consult will occur within 72 hours of the request.
- DCF now requires any child missing from care to be called into the National Center for Missing and Exploited Children (NCMEC) within the first 24-hours.

The chart below represents how cases move through DCF and the HART partners, including law enforcement and the Multi-disciplinary Teams:



2. HART Trainings:

HART has over four hundred certified trainers in thirteen specialized curricula on Human Trafficking. Training on various aspects of human trafficking continues to be provided regularly. HART trains close to 10,000 individuals each year. During 2022, HART provided 380 training courses reaching 9,195 individuals, as reported in our Training Report system. Direct correlations of human trafficking training to Careline calls were noticed in reports.

Below are charts breaking out the training data by Audience Type:

2022 HART Training Statistics		
Audience Type	**Number of Trainings**	**Total Number of People Trained**
Clinicians/Providers	9	113
Community Program Staff	7	179
EMT, EMS, Medics, and Fire Fighters/First Responders	257	4,657
Foster Parents	1	12
Government Employees	16	1,427
Hospital/Medical Staff	7	230
Law Enforcement	51	509
Lodging Staff	1	22

Other	3	170
Parents/Community/Public	2	25
School Staff	17	1771
Youth/Students	9	80
Grand Total	**380**	**9,195**

Important Note: The above data reflects a statewide initiative to train Emergency Medical Services across the state. The DCF in collaboration with the many HART partners will continue to strive for the eradication of child trafficking in Connecticut.

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Section E: Updates to Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

The Department 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 Care Diligent Recruitment plan embraces the vision and strategies of the Department and will focus on partnering with communities and families in the Department's efforts to recruit and retain a diverse population of families that reflect the ethnic and racial diversity of children entering and currently in DCF care. Foster care is a critical function of the department, with a primary focus in ensuring children entering care are safe while in care, their well-being needs are met, and that licensed caregivers are engaged in co-parenting leading to timely permanency of children entrusted to their care. To accomplish this, the Department must recruit, train, license, and support family resources to care for the regional and statewide demand of placement requests.

In early 2021, the Foster Care Division, guided by Chapin Hall of the University of Chicago, began an analysis of its systems resulting in the CPM framework. It focuses on ensuring that family search, engagement, partnership, and the delivery of comprehensive supports exist throughout the child welfare continuum of care. The analysis included a process called a theory of change that identified inadequacies with recruitment of core/ foster caregivers. The CPM offers the pathway to organizational and systemic changes to address recruitment needs, outcomes and compliance with the CFSR standards regarding diligent recruitment.

- **Organizational Staffing changes** to support **consistent practice**
    - In the fall of 2022, the Department centralized its recruitment and pre-licensing functions for core and pre-adoptive caregivers. Two units are designated to lead recruitment efforts and complete all licensing activities. It established a pool of caregivers who co-facilitate trainings. It meets monthly and works with CAFAF and two community collaboratives to coordinate inquiries, information sessions and licensing activities. It collaborates with regional area office to create awareness and establish community networks for potential recruitment opportunities.

- **Community Network Efforts**
  The Department, as part of the recruitment and retention strategy, established partnerships with
    - The faith community to recruit families for children entering care with Black families/ individuals as a prioritized population
    - Tribal Nation with a special emphasis on kinship care
    - Medically Complex division to develop a plan to recruit individuals and families for children with specialized medical needs
    - Youth Advisory Board to assist with practices, recruitment and vetting of pre-licensing candidates
    - Grassroot community organization to create awareness, conduct information sessions, and assist with the assessment of families for licensing.
    - Contracted providers to coordinate and streamline inquiry data
    - Caregiver Advisory Council to inform practice, policy and communication.

- **Communication and Marketing Efforts:**
  To create consistent and improved messaging and recruitment, the Department re-envisioned its brand, messaging, and material. It contracted a media and marketing firm to
    - Clarify the FCD goals and objectives,
    - Identify the target population,
    - Communicate the need
    - Identify outreach opportunities.

  In 2022, FCD began the process to create an overarching brand platform to improve communications and tie together all the programs and efforts creating a unified voice and shared mission. It began the development of a campaign and outbound communication with a plan to have paid media. During 2022, the firm assisted with public relations, monthly social media post, newsletters, and other print material.

- **Pre and Post Training Curriculum Assessment:**
  The post pandemic era created a need to reassess the existing pre-licensing curriculum, both virtual and in-person offerings to ensure it aligns with the latest research and meets the changing needs of children entering care. Therefore, the plan for 2023 includes a QI assessment of the curriculum in partnership with CAFAF, the Caregiver Advisory Council, community partners and the CQI teams. The Youth Law Center began a review of the Department staff training through a QPI lens and for potential opportunity to make courses available as part of post-licensing curriculum.

- **Consistent practice to establish ongoing supportive** relationships between licensed caregivers and parents of origin
    - FCD is in the process of **redefining support** and actively being a part of the permanency goals, bridging gaps between parent and caregivers, shifting from transactional approach to relational, revisiting transition practice and assessing caregivers for retirement
    - **Local QPI Regional Steering committees** have had starts and stops and in different stages of implementation. Comfort calls and icebreakers are becoming embedded in practice. With QIPS support, FCD is developing data management tool to track and gauge effectiveness
    - **The Caregiver Advisory Council** (The Council) was established in late fall 2022. The Council is active, led and staffed by caregivers and adults formerly in care. They have no issues challenging institutional think and language. They made recommendations for policy changes and poised to be a part of the FC CQI process.
  - **Retention through Appreciation Events**
    FCD sponsor several signature events to create awareness and acknowledge licensed caregivers. Such as National Foster Care, Adoption, Kinship and Reunification months activities. In 2022, FCD, in partnership with the Fatherhood Engagement Leadership Team, sponsored an event spotlighting foster father, fathers and sons.

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, 897 inquiries were logged from January to December 2022, a decrease from 2021 of 19%.

	2018	2019		2020		2021		2022	
Interest	**Inquires**		**% Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**
Adoption	159	165	4%	144	-13%	162	13%	152	-6%
Foster Care	1085	789	-38%	424	-46%	429	1%	373	-13%
Combination	452	419	-8%	366	-13%	458	25%	337	-26%
Respite	42	37	-14%	9	-76%	21	133%	16	-24%
Unsure	131	87	-51%	23	-74%	31	35%	19	-39%
Total	**1869**	**1497**	**-25%**	**966**	**-35%**	**1101**	14%	**897**	-19%

According to the data, inquiries are distributed evenly throughout the regions, with Region 2 and Region 5 appearing to have a higher interest pool.

	2018	2019		2020		2021		2022	
Region	**Inquires**		**% Change**	**Inquires**	**%Change**	**Inquiries**	**% Change**	**Inquiries**	**% Change**
1	288	212	-36%	144	-32%	95	-34%	132	39%
2	250	209	-20%	140	-33%	64	-54%	111	73%
3	277	201	-38%	167	-17%	88	-47%	127	44%
4	473	386	-23%	206	-47%	115	-44%	159	38%
5	323	298	-8%	165	-45%	82	-50%	138	68%
6	258	193	-34%	144	-25%	63	-56%	90	43%
Total	**1869**	**1499**	**-25%**	**966**	**-36%**	**507**	-48%	757	49%

Connecticut Alliance For Foster and Adoptive Families

Based on the data, 68% of prospective licensing candidates identify web-based information as the referral and information source, followed by 28% word of mouth. From 2021 to 2022, the number of inquiries decreased by 19%.

Source of Inquiry	2018		2019		2018 to 2019 Change	2020		2019 to 2020 Change	2021		2020 to 2021 Change	2022		2021 to 2022 Change
	#	%	#	%		#	%		#	%		#	%	
Internet- Web Based	1157	**69%**	826	**60%**	-29%	586	**62%**	-29%	886	80%	51%	**517**	**68%**	**-42%**
Print Media	23	1%	25	2%	9%	6	1%	-76%	6	1%	0%	**6**	1%	**0%**
Media	23	1%	22	2%	-4%	11	1%	-50%	1	0%	-91%	**4**	1%	**300%**
Word of Mouth	457	**27%**	449	**33%**	-2%	328	**35%**	-27%	151	14%	-54%	**215**	**28%**	**42%**
Campaigns	22	1%	59	4%	168%	16	2%	-73%	59	5%	269%	**6**	1%	**-90%**
FBO		0%										**4**	1%	
Walk In		**0%**										**4**		
Total	**1682**	100%	**1381**	100%	**-18%**	**947**	100%	**-31%**	**1103**	100%		**756**	100%	**-31%**

Licenses Issued

Recruitment and License have not completely recovered from the impact of the pandemic. In 2022, FCD transitioned to centralized recruitment and licensing activities. The number of foster and adoptive licenses issued also reduced by 39%. In 2022, the state saw a 9% decrease in licenses (529 to 483). This year, 70% of all Caregivers licensed were Relative and Fictive Kin.

License Issued	2019	%	2019 to 2020 Change	2020	%	2019 to 2020 Change	2021	%	2020 to 2021 Change	2022	%	2021 to 2022 Change
Foster Care	194	15%	36%	87	14%	-55%	**102**	**15%**	17%	47	10%	-54%
Adoptive	103	8%	8%	69	11%	-33%	**92**	**8%**	33%	72	15%	-22%

Independent	44	3%	-19%	29	5%	-34%	**21**	**3%**	-28%	25	5%	19%
Kin/Fictive Kin	975	74%	35%	427	70%	-56%	**314**	**74%**	-26%	339	70%	8%
Grand Total	1316	100%	30%	612	100%	-53%	**529**	**100%**	**14%**	**483**	**100%**	**-9%**

Licenses Closed

In 2022, 638 families closed their licenses. 60% closed because of permanency (reunification, adoption, or guardianship). There were no significant changes in the reasons for closing due to retirement in good standing and relocation or transferring to different agency.

License Closed	2019	%	2020	%	2021	%	2020 to 2021 change	2022	%	2021 to 2022 change
Foster Care	145	18%	106	22%	121	22%	14%	102	16%	-16%
Adoptive	69	8%	54	11%	46	9%	-15%	57	9%	24%
Independent	27	3%	230	47%	15	3%	-93%	21	3%	40%
Kin/Fictive Kin	574	70%	103	21%	358	66%	248%	458	72%	28%
Grand Total	815	100%	493	100%	540	100%	10%	638	100%	18%

License Closed	2019	%	2020	%	2021	%	2020 to 2021 change	2022	%	2021 to 2022 change
Permanency Achieved	541	66%	280	57%	361	67%	29%	385	60%	7%
Retired	133	16%	109	22%	99	18%	-9%	169	26%	71%
Relocation/Agency Transfer	44	5%	24	5%	12	2%	-50%	14	2%	17%
Unfavorable	97	12%	80	16%	68	13%	-15%	70	11%	3%
Grand Total	815	100%	493	100%	540	100%	10%	638	100%	18%

Characteristics of children in need of foster care and adoptive homes

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 2023, there were 3,020 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 3,020 children placed in out of home care as of March 2023. Most children placed in out of home care are in Regions 3, 5, and 4. (in that order). 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 2019	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change	CIP 2023	%	2022 to 2023 change
Region 1	480	11%	**467**	**12%**	-3%	429	11%	-8%	330	**9%**	-23%	328	11%	-1%
Region 2	667	15%	**639**	**16%**	-4%	649	17%	2%	495	**13%**	-24%	469	16%	-5%
Region 3	883	20%	**786**	**19%**	-11%	786	20%	0%	699	**18%**	-11%	652	22%	-7%
Region 4	835	19%	**780**	**19%**	-7%	691	18%	-11%	602	**16%**	-13%	558	18%	-7%
Region 5	930	22%	**836**	**21%**	-10%	814	21%	-3%	679	**18%**	-17%	605	20%	-11%
Region 6	567	13%	**543**	**13%**	-4%	499	13%	-8%	433	**11%**	-13%	408	14%	-6%
Grand Total	4362	100%	**4051**	**100%**	**-7%**	3868	100%	-5%	**3238**	**100%**	**-16%**	**3020**	**100%**	**-7%**

Placement Type

The Department continues to prioritize kinship placements. There was no significant change in the relative and fictive kin placements rates of 42%, from last year to this year. 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.

Placement Type	Count	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change	CIP 2023	%	2022 to 2023 change
Congregate Care	326	7%	282	7%	-13%	270	7%	-4%	**225**	**6%**	**-17%**	189	6%	-16%
Foster Care	1878	43%	1746	43%	-7%	1654	43%	-5%	**1372**	**35%**	**-17%**	1293	43%	-6%
Independent Living	257	6%	222	5%	-14%	266	7%	20%	**268**	**7%**	**1%**	256	8%	-4%
Relative Care (Kinship)	1593	37%	1521	38%	-5%	1394	36%	-8%	**1140**	**29%**	**-18%**	1054	35%	-8%
Special Study (Fictive Kin)	308	7%	280	7%	-9%	284	7%	1%	**233**	**6%**	**-18%**	228	8%	-2%
Grand Total	4362	100%	4051	100%	-7%	3868	100%	-5%	**3238**	**100%**	**-7%**	**3020**	**100%**	**-7%**

Age of the children in placement

The largest number of children in placement are 6 years old and under who represents 42% of the total children in placement in the state, followed by youth 13 to 17 years (24%). There may be less adolescents in placement than children 6 and under, but experience has shown that the adolescent population is the most challenging to place due to several factors, including mental and behavior health, involvement in the criminal justice system, and lack of interest by families to accept older youth

Age	CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change	CIP 2023	%	2022 to 2023 change
<6	1891	43%	**1757**	**43%**	-7%	**1676**	**43%**	-5%	**1384**	**36%**	-17%	1255	42%	-9%
12-Jul	965	22%	**928**	**23%**	-4%	**845**	**22%**	-9%	**647**	**17%**	-23%	450	15%	-30%
13-17	1002	23%	**917**	**23%**	-8%	**810**	**21%**	-12%	**718**	**19%**	-11%	710	24%	-1%
>=18	504	12%	**449**	**11%**	-11%	**537**	**14%**	20%	**489**	**13%**	-9%	605	20%	24%
Grand Total	4362	100 %	**4051**	**100%**	-7%	**3868**	**100%**	**-5%**	**3238**	**84%**	**-16%**	**3020**	**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 children representing 23%.

Race/Ethnicity	Count of CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change	CIP 2023	%	2022 to 2023 change
HISPANIC, ANY RACE	1439	33%	1336	**33%**	-7%	1273	33%	-5%	1096	**28%**	-14%	1038	34%	-5%
AMERICAN INDIAN OR ALASKAN NATIVE	7	0%	6	**0%**	-14%	4	0%	-33%	6	**0%**	50%	6	0%	0%
ASIAN	12	0%	13	**0%**	8%	17	0%	31%	11	**0%**	-35%	10	0%	-9%

Race/Ethnicity	Count of CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change	CIP 2023	%	2022 to 2023 change
BLACK/AFRICAN AMERICAN	1025	24%	982	**24%**	-4%	943	24%	-4%	745	**19%**	-21%	706	23%	-5%
MULTI-RACE	342	8%	314	**8%**	-8%	320	8%	2%	305	**8%**	-5%	271	9%	-11%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	3	0%	2	**0%**	-33%	3	0%	50%	1	**0%**	-67%	1	0%	0%
UNKNOWN	50	1%	44	**1%**	-12%	21	1%	-52%	10	**0%**	-52%	21	1%	110%
WHITE	1484	34%	1354	**33%**	-9%	1287	33%	-5%	1064	**28%**	-17%	967	32%	-9%
Grand Total	4362	100%	**4051**	**100%**	**-7%**	3868	100%	**-5%**	3238	**100%**	**-16%**	**3020**	**100%**	**-7%**

Siblings placed together of those with siblings in out-of-home placement in March 2023, the Results Orient Management (ROM) report indicated that out of 1130 siblings in placement in March 2023, 26% were not placed together. Despite 74% sibling placed together, there continues to be a need to recruit foster families that can take sibling groups.

Statewide ROM Report	2019-Mar		2020-Mar		2021-Mar		2022-Mar		2023-Mar	
	Count	%		%		%		%		%
With sibs in placement	**1805**	**100.00%**	**1638**		**1559**		**1223**		**1130**	
Met	**1313**	**72.70%**	**1190**	**77%**	**1091**	**70%**	**856**	**70%**	**837**	**74%**
With all siblings	925	51.20%	916	56%	831	53%	660	54%	653	58%
With some siblings	388	21.50%	274	17%	260	17%	196	16%	184	16%
Not Met	**492**	**27.30%**	**448**	**27.40%**	**468**	**30%**	**367**	**30%**	**293**	**26%**
Not with sibs	469	26.00%	425	26%	450	39%	355	29%	273	24%
In group care	16	0.90%	13	0.85	17	1.1	6	0.005	9	0.08%
Runaway	7	0.40%	10	0.80%	1	0.10%	6	0.50%	11	1.00%

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 294 requests for matches. 164 of these were single children; 96 were part of a sibling groups of 2 and 30 children were part of a sibling groups of 3.

Request separated by sibling groups:

Sibling Groups	2018	2019	% Change 2018-2019	2020	%Change 2019-2020	2021	%Change 2020-2021	2022	%Change 2021-2022
Single	254	261	3%	140	-46%	146	-1%	164	15%
Group of 2	214	188	-12%	112	-40%	56	-50%	96	71%
Group of 3	48	54	13%	27	-50%	12	-56%	30	150%
Group of 4	24					1		4	300%

Of the 294 requests, 20% of matches resulted in registry families declining the match. 61% were teamed for placement and the match is going forward. 2% had no families identified for a match. 2% remained with their foster families or the regions chose not to move forward with a permanency planning team meeting.

Matches	2019	%	2020	%	2021	%	2022	%
Accepted	130	26%	84	30%	86	31%	179	61%
No Matched	49	10%	43	15%	21	8%	5	2%
Family Declined	223	44%	91	33%	56	20%	59	20%
Remained with Existing Caregiver	101	20%	11	4%	7	3%	6	2%
Kinship came Forward			24	9%	15	5%	19	6%
Match withdrawn			26	9%	29	10%	26	9%
Total Request	**503**	**100%**	**279**	**100%**	**214**	**77%**	294	1

Matching Requests	2018	2019	2020	2021	2022	Race	2018	2019	2020	2021	2022	Age	2018	2019	2020	2021	2022
Region 1	36	14	8	22	19	**Black/African-AM**	86	87	45	37	65	**0<6**	348	293	152	125	160
Region 2	97	79	53	47	62	**White**	235	186	109	74	108	**7-12**	155	161	102	59	96
Region 3	172	169	84	63	87	**Hispanic**	81	85	25	28	29	**13-17**	37	49	25	30	38
Region 4	46	52	26	26	30	**Multi-Race**	138	145	100	75	150						
Region 5	89	107	51	33	44												
Region 6	100	79	26	23	52												
Total	**540**	**503**	**248**	**214**	294												

Adoption Registry:

434 families were registered on the Adoption registry in CY 2022. 48% of the families welcomed into their family a child, a pre-adoptive placement. 23% are waiting for a match. 11% are on hold because a child has been identified from a permanency planning team and 11% are on hold for "other" reasons (family issues, new jobs, etc.).

Registered Families	2019	%	2021	%	2022	%
Pre-Adoptive Placement	58	52%	23	12%	207	48%
Waiting for Match	36	32%	54	28%	98	23%
Matched	13	12%	59	30%	49	11%
Hold (other)	5	4%	59	30%	80	18%
Total	**112**	**100%**	**195**	**100%**	**434**	**100%**

AdoptUSKids

The Department has a contract with the nationally recognized AdoptUsKids, where DCF features waiting children on the AdoptUsKids web site. DCF Permanency Exchange Specialists use this web site, the Department's website, and A Family for Every Child's website/Heart Gallery, and other web-based sites highlighting the children for whom they provide specific recruitment.

Photo-listing

The Department utilizes web-based sites for the purpose of securing permanent adoptive resources. DCF features waiting children on the AdoptUSKids web site. The children are also photo listed on the DCF intranet and internet. The framed still photographs and stories are displayed throughout CT in public venues such as department stores, shopping malls, libraries, post offices, theaters, and hospitals. The photographs are also downloaded via an app called Live Portrait, where the children's videos come to life through the photograph. DCF Permanency Exchange Specialists are the contacts for children for whom they provide specific recruitment on this web site and on the Department's website. The statewide foster care and adoption recruiter is responsible for ensuring that the photographs are displayed and updated within the community.

Wendy's Wonderful Kids

A private foster care agency (Klingberg Family Center) was awarded the Wendy's Wonderful Kids (WWK) grant sponsored by the Dave Thomas Foundation in 2006. Via a child specific referral with DCF, they provide services to achieve permanency for children in state foster care programs nationwide. The WWK recruiter has a caseload of 15-20 children and youth in need of legal permanency. They work with the PRE-Supervisor for referrals to their program. This resource was expanded in 2014 and 2016 and there are now five (5) full time Recruiters in CT doing this work. Three (3) of the recruiting positions are funded by the Dave Thomas foundation, and two (2) are funded by DCF. The program operates at a consistent capacity of at least 65 active cases statewide.

In 2022, the decrease of referrals from previous year was at 59%. In 2022, the program experienced a 43% decrease. Of the new referrals, all were accepted.

WWK	2019	2020	2021	%	2022	%
# New Referrals	59	24	23	*-4% change from 2020*	13	*-43% change from 2022*
Accepted	47	19	10	42%	13	30%
Closed	10	5	11	46%	0	
Waitlist	1	9	0	0%	0	
Total in Program	**117**	**57**	**44**		**26**	

Permanency Placement Support Program (PPSP)

The Permanency Planning Services Program (PPSP) provides core contracts with 16 clinical agencies in Connecticut. In addition to providing specialized recruitment services, an array of other permanency services includes the following: pre-placement planning for the child or sibling group, assessment and a written home study for a potential adoptive family, transition and placement planning, post placement supervision, post finalization services, assessment services in reunifying a child with family, and assessment services after a child has returned to their identified family. All of these assist the Area Office staff in actualizing the child's permanency plan. Services are accessed using a service agreement with the private child placing agency. In 2014, supports were expanded to cover transfer of guardianship families. As a result of inconsistency in service delivery and varied utilization of PPSP services throughout the state, the Department has focused efforts this year on redesigning the program and is determining whether to make this a credentialed or contracted service.

Heart Gallery

From 2005 to present (2022), over 475 children have been featured in the Heart Gallery. Currently there are 30 children featured in the Heart Gallery. Since the last report, 3 children were matched from the Heart Gallery.

Heart Gallery	2019	2020	2021	2022
Active and waiting	20	20	17	21
New entries	14	14	8	9
Matched with a family	15	6	7	3
Removed for other reason	4	6	4	4

Permanency Resource Exchange Specialist (PRES)

The departments PRES continue focusing on identifying permanency resources for "long stayers." They assist with facilitating permanency round tables, are the identified reviewer for RPR's and review cases history through "case mining" to identify resources. In 2022, the role was modified to contribute to the achieving of timely permanency and ensuring 70% of children entering care are placed with Kin. They will make efforts to locate and secure resources both relative and adoptive. They will provide family search and engagement, be active participants with permanency teaming markers, provide consultation and support related to permanency and perform other duties to further the departments' goals. They report locally to the Regional Placement Search Foster Care Supervisor who provides daily regional assignment. They provide quarterly reports to their respective area office team meetings (leadership, management etc.) to include:

- **While You Are Waiting Events- ongoing** training opportunities for pre-adoptive families with topics understanding legal risk issues in adoption, open adoption, managing behaviors which result

from the effects loss and trauma experienced by children placed via the state's foster care system, adopting adolescents, and other related parenting topics related to adoption.

- **Rapid Permanency Reviews**
- **Permanency Round Tables**
- **Family Search- case mining**

Health Care and Oversight Plan

The Health Management and Oversight 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.

Policy and Practice Standards

The Health and Wellness Division's policy and practice guide entitled "Standards and Practice Regarding the Health Care of Children in DCF's Care" includes healthcare standards and practice for the health and medical oversight of children in care - including those placed in the congregate care setting. Since May of 2021, the practice guide has been under revision with a workgroup of nurses and health advocates reviewing each current standard as well as develop new standards in order to advance better health outcomes for children in DCF's care. This group continued to work throughout the COVID-19 pandemic in addition to the increased demand of monitoring children and youth in care exposed to COVID 19.

Health Oversight of Children and Youth in Congregate Care Settings

Medication Administration in Congregate Care Setting

DCF Licensed child caring facilities provide health and medical care including specific requirements around administration of medication as required thorough DCF Regulations and CT State Statutes: *Section 17a-145-75. Health and medical treatment. Connecticut General Statutes 370 Section 20-14h – j, and DCF regulation 17a-6(g)-12-16, Facilities* shall only permit the administration of medication by licensed medical professionals or staff certified by the Department pursuant to the Department's medication administration guidelines. At the request of the State of Connecticut Governor's Taskforce on streamlining state functions, the Department, in partnership with the Department of Public Health and the Department of Developmental Services have created a unified statewide medication administration training process that consists of an online curriculum and exam, (Phase 1) and agency-specific certification and the onsite practicum. (Phase 2)

The overarching goals of the Statewide Medication Administration Program include:

- Standardization of the process, curriculum, and select policies and procedures concerning medication administration across all three agencies.
- Development of an automated training program that would be accessed through a web-based system.
- Reciprocity of Phase 1 of the medication administration certification across agencies, recognizing that individuals are often dually employed, facilitating employment and training across agencies; and
- Development of a central registry that would track certification status of persons approved to administer medications that can be accessed by all three agencies.

The Medication Administration Training Program processed certifications for 130 employees working in our DCF Licensed Child Caring facilities since the initiation of the new medication certification program through CT Train in November 2022.

Congregate Care Health Oversight

The Health and Wellness Division nurses in the Department's Central Office also provide consultation to DCF's Licensing Unit who provides regulatory oversight of the residential childcare facilities. These nurses also provide consultation to the residential programs related to medical issues and medication errors. Licensing activity, including

site visits, chart review and investigations, has returned to being conducted fully in-person, with virtual consultations available as needed.

Regional Resource Group Nursing Health Oversight
The Health and Wellness Division nurses have been developing nursing standards of practice covering areas of consultation with regional child protective services social workers, including: procedures for approving surgeries and procedures, assisting with critical incidents (e. g. fatalities, abuse and neglect, significant incidents), domestic minor sex trafficking, children with complex medical needs, hospital support and visitation plan, multidisciplinary evaluations and nursing consultation process. The nurses also assisted in the development of the Department's "Regional Resource Group Best Practice Guide" and "Criteria for Consults with RRG".

Medically Complex Certification Training Program
10-15% of children in DCF care are classified as Children with Complex Medical Needs. These children have medical needs that require specialized caregivers who understand the child's diagnoses, understand the increased care needs, and are placed in a home that is capable of safely caring for their advanced needs. The Medically Complex Training Program provides caregivers and their back-up caregivers the required certification to allow them to have a child placed in their care. They also require additional child specific training by a qualified health care provider to ensure they understand the child specific medical condition and care needs.

Our nurses in the Medically Complex Program continued to provide training and certification for these caregivers even throughout the pandemic often meeting one on one via virtual platforms to make sure the parents met the required training needs and were able to be a placement option. 44 caregivers were certified through our Medically Complex Certification program between 7/31/22 and 3/31/23. The program nurses are currently working on creating a statewide database of all certified caregivers to assist is finding placements that match the child's specific care needs

Health Advocate
The Health and Wellness Division's Health Advocates help facilitate access to healthcare services and improve health outcomes of the children/youth and families. They assist in resolving barriers to health care services (emergency, urgent and routine medical, dental, vision, mental health, and transportation services). The Department of Social Services made several temporary changes during the pandemic and the health advocates played an integral role in providing this information timely to the DCF Area Office staff. The health advocate in collaboration with the regional nurses have developed a practice to connect children with asthma to the Medicaid medical ASO to ensure that these children are assigned an Intensive Case Manager.

DCF's Enhanced Multidisciplinary Evaluations (MDEs)
DCF's Multidisciplinary Evaluations continue to ensure that children entering care receive a comprehensive screen of their physical, behavioral, and dental health as well as trauma within 30 days of placement.

MDE clinics continue to meet the needs of the Department and to provide examinations within 30 days of a child's entering care. The COVID-19 pandemic has impacted the percentage of MDE completed within 30 days especially for fiscal year 2020-2021, however, this has shown recovery in the last fiscal year. The percentage of children entering care who had a MDE within 30 days was 80.7% for fiscal year 2020-2021, 91.2% for fiscal year 2021-2022 and 89.5% for from July 2022 to March 2023.

The MDE program continues to partner with the CONCEPT trauma grant team to enhance trauma screening of children entering care. The MDE clinics complete the Connecticut trauma screen (CTS) as part of the MDE for all children ages 7 and older and the CTS Young Child for children 3 to 6 years old. Children receive referrals for therapeutic intervention when indicated. 551 children who entered DCF care from July 2022 to March 2023 had a trauma screen. 73% of children ages 7+ and 40% of children ages 3-6 were recommended for further assessment.

DCF has developed trainings for the MDE providers. Training for: Medical Providers in contracted MDE Clinics on the MDE tool, Clinic Behavioral Health providers in the MDE Clinics on the new behavioral health scales and an Orientation for New Clinic Coordinators on their role and responsibilities.

Total MDEs Performed

Area Office	FY2020-21			FY2021-22			FY2022-2023 Jul-Mar		
	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met
Bridgeport AO	53	32	60.4%	35	31	88.6%	54	53	98.1%
Norwalk AO	38	27	71.1%	28	26	92.9%	37	27	73.0%
Region 1 Total	**91**	**59**	**64.8%**	**63**	**57**	**90.5%**	**91**	**80**	**87.9%**
Milford AO	80	69	86.3%	39	37	94.9%	56	50	89.3%
New Haven AO	43	42	97.7%	50	44	88.0%	60	52	86.7%
Region 2 Total	**123**	**111**	**90.2%**	**89**	**81**	**91.0%**	**116**	**102**	**87.9%**
Middletown AO	29	25	86.2%	34	32	94.1%	24	20	83.3%
Norwich AO	66	63	95.5%	113	101	89.4%	95	78	82.1%
Willimantic AO	60	51	85.0%	42	42	100.0%	36	34	94.4%
Region 3 Total	**155**	**139**	**89.7%**	**189**	**175**	**92.6%**	**155**	**132**	**85.2%**
Hartford AO	99	64	64.6%	90	82	91.1%	96	85	88.5%
Manchester AO	86	66	76.7%	74	70	94.6%	55	48	87.3%
Region 4 Total	**185**	**130**	**70.3%**	**164**	**152**	**92.7%**	**151**	**133**	**88.1%**
Danbury AO	45	37	82.2%	27	26	96.3%	45	44	97.8%
Torrington AO	39	35	89.7%	37	36	97.3%	19	17	89.5%
Waterbury AO	116	97	83.6%	66	62	93.9%	106	101	95.3%
Region 5 Total	**200**	**169**	**84.5%**	**130**	**124**	**95.4%**	**170**	**162**	**95.3%**
Meriden AO	27	18	66.7%	19	16	84.2%	23	23	100.0%
New Britain AO	85	73	85.9%	68	64	94.1%	84	75	89.3%
Region 6 Total	**112**	**91**	**81.3%**	**87**	**80**	**92.0%**	**107**	**98**	**91.6%**
	866	**699**	**80.7%**	**722**	**669**	**92.7%**	**790**	**707**	**89.5%**

Information Technology:
DCF continues its progress of developing the new child welfare information system (CT-Kind). The Health and Wellness Division members anticipate participating in this project as the IT team moves to those elements of the system that involved the medical health of children in DCF's care.

The Division has also embraced the use of Microsoft TEAMs for most aspects of division work including:

- Meetings and day to day communication
- Data collection
- Document storage and revision
- Calendars for daily staffing and meetings

This allows for all activity to be readily available and reviewed for reports, supervision, and meeting information.

Health and Wellness Education Initiatives
Training of AO staff: DCF nurses continue to partner with DCF's Academy of Workforce Development in the provision of education as part of routine training of social workers in preservice and investigators in-take training. The content reviews: attending to health, review of the "Standards and Practice Regarding the Health Care of Children in DCF's Care" practice guide, children with complex medical needs, identification of developmental delays (Birth to 3 and Info Line), COVID related education including PPE training and the Child Abuse Pediatrician's consultation. The Health and Wellness Division has also partnered with CT's Child Abuse Pediatricians (CAPs) on an education initiative focused on child abuse prevention and early identification. This involves ongoing training to DCF nurses and RRG Nursing/CAP partnerships in education to Area Offices/Regions on prevention and early recognition of child abuse.

Health and Wellness Division's Quarterly Nursing Seminar's topics for nursing have been: Intimate Partner violence, Screening for substance in newborns, health care for youth with Gender Dysphoria, developmental Disabilities, Adolescent Access to Health and Rights, Neonatal Drug screening, Childhood Asthma and Medical-Legal Topics in Child Welfare. The Division has also received focused 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*.

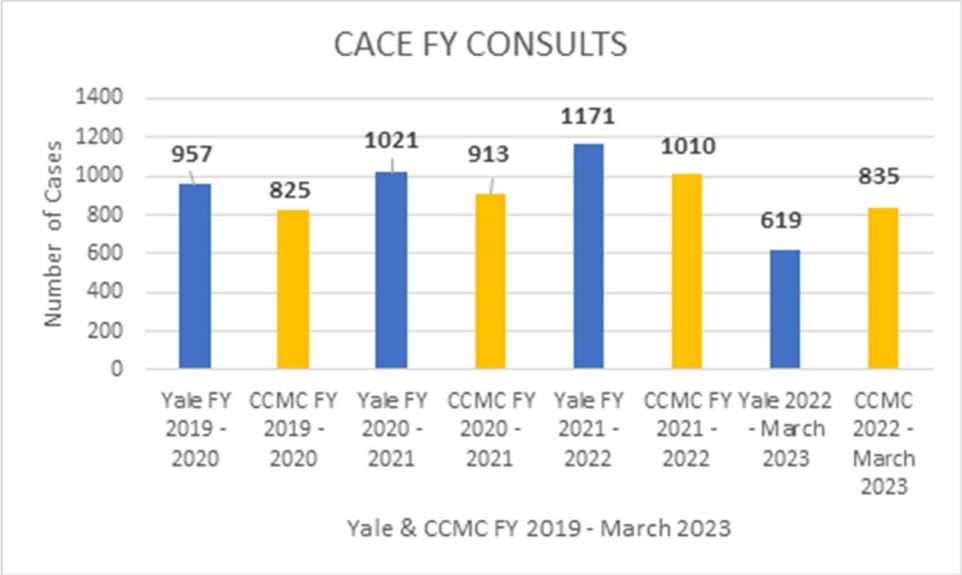
- *Fostering Health for Children in Foster Care* is a requirement for all foster parents and is mandatory. It is taught both by DCF staff in-person and on-line.
- *Medication Safety for Foster Parents* is an on-line training. It covers how to read a medication label, how to measure medication, safe storage, and control of medication, keeping track of medication doses administered, and what to do if their child as a side effect to a medication.
- *Strategies and Resources* is provided for relative, and kin foster parents and is a pre-requisite for any non-relative foster parent wanting to become a medically complex foster parent. This is both done in a virtual setting during the pandemic and as a 1:1 training upon request.
- *Medically Complex Certification Course* training is for non-relative foster parents interested in caring for children with complex medical needs. The course is currently given virtually and led by nurses in the Complex Medical Unit of the Health and Wellness Division. It explores the unique needs of this population and components which contribute to a child's medical complexity.
- *CPR:* All foster parents are currently required to take age-appropriate CPR.
- *Child Specific Medical Training; A*ll foster parents who care for children with complex medical needs are mandated to take child specific medical training specific to that child's medical needs prior to placement.

Additional foster parent trainings provided by the health advocates has been on accessing Medicaid services and the health advocate role and how they can assist families with barriers to services.

Training for Congregate Care providers: Health and Wellness Division provides training (per State statute) that certifies non-licensed staff in congregate care settings to administer medications. The course content and testing are offered on-line with skills testing and practicums in-person at the congregate care settings. Trainings offered to nurses working in the congregate care settings include Endorsed Instructor training (the nurse's role in the medication administration certification of non-licensed staff) and New Congregate Care Nurse Orientation (an orientation to DCF expectations on the medical management of DCF youth in congregate care settings).

Coordination with State and Community Partners

Child Abuse Center of Excellence: The Department partners with CACE providers for Connecticut Children's Medical Center and Yale New Haven Hospital to provide consultation and evaluation of children with suspected abuse and neglects. The CACE providers provide consultation to DCF staff and medical providers outside of their hospital networks. Case consultations are listed below.



"Healthy Mouths, Healthy Kids" initiative**:** The mission of this cooperative project is to ensure that every child served by DCF and enrolled in the HUSKY Health (Medicaid) Program will receive oral health care services at an established dental home no later than age one in order to achieve optimum oral health conditions. Part of the project is a data sharing agreement between DCF and the CT Dental Health Partnership quarterly. The information provided is whether children have had an exam or cleaning in the last 6 months. Progress on the oral health initiative is presented to agency leadership. The health advocates have also offer trainings on this oral health initiative to foster parents and directors at congregate care settings. The Connecticut statewide utilization rate of dental services for children in DCF care from July 1, 2022 - April 1, 2023, was 64.6% of the targeted population were up to date with preventative dental services.

Claims Health Profile: DCF partners with Department of Social Services to create a claims health profile for children entering care and this initiative was implemented statewide in January 2020. The claims health profile provides a snapshot of health and is provided within 24 hours of request. Information collected include identification of PCP and one year of claims diagnoses, identification of any other providers and two years of claims diagnoses, pharmacy information including medication, date last filled, prescriber and pharmacy, immunization information based on two years of claims, inpatient admissions including hospital, dates, and diagnoses for two years and emergency department visits including dates and diagnoses for two years. This information besides being available to DCF is also share with the child's caregiver. CHP received are listed in the below by region and statewide.

	Total # of CHPs		
Region	**FY 20-21**	**FY 21-22**	**FY 22-23 (Mar)**
1	71	57	96
2	120	91	90
3	146	200	161
4	164	159	130
5	204	155	166
6	109	118	101
Total	**814**	**780**	**744**

Licensure and Certification Workgroup**:** This initiative is a multi-agency collaboration established by the state legislature that requires the Office of Policy and Management to convene a workgroup to conduct a review of the certification and licensure processes of certain non-profit community providers, and study potential efficiencies.

Membership consisted of six representatives of non-profit community providers and representatives from the DCF, Developmental Services, Mental Health and Addiction Services, and Public Health. The DCF medication administration program is included in this initiative as the workgroup looks to have one state-wide program for the certification of non-licensed staff to administer medications.

DCF continues to work on efforts to enhance outcomes for children in care through improved coordination and collaboration. In addition to encouraging and promoting partnering with community providers as part of routine care and practice, DCF continues to work with other agencies and stakeholders on focused initiatives. These include:

- Health Care Cabinet: The Cabinet was established to the Governor, Lt. Governor and the Office of Health Reform & Innovation on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.
- Health Information and Documentation: Work continues to ensure access and ready availability of reliable health information to inform practice and planning and improve outcomes of children in care. These efforts include:
- Nursing Standards and Practice workgroup: The guideline for nursing documentation is developed by the Nursing Standards and Practice Workgroup has been implemented and to standardized and improve practice. The workgroup has created different documentation guides related to the nursing activity involved and what elements should be in the note that represents best nursing practice.

Centralized Medication Consent Unit (CMCU): The CMCU is staffed by child psychiatrists and APRNs who are responsible for reviewing psychotropic medications recommended by community psychiatric practitioners for DCF-committed children/youth. A Psychotropic Medication Advisory Council is a DCF-organized council of public and private physicians, clinicians, nurses, family members and pharmacists who advise the CMCU in establishing and maintaining practice guidelines for the use of psychotropic medications in DCF-committed children/youth. The Council meets regularly to recommend dosing parameters and monitoring guidelines; review adverse drug reaction reports; consider changes to the CMCU medication formulary.

CMCU outcome data highlights for 2022:
485 unique youth were prescribed at least one standing psychotropic medication for psychiatric purposes.
Intraclass polypharmacy:

1. "ADHD medications" includes stimulants, alpha-agonists, and atomoxetine
   - 105 unique youth were approved to be prescribed 2 concurrent ADHD medications, no youth were approved for more than 2 concurrent ADHD medicines
2. "Antianxiety medications" include benzodiazepines and buspirone. Antidepressants not included in this class even if prescribed primarily for anxiety
   - Zero youth were approved for concurrent medications in this class
3. "Antidepressant medications" includes SSRIs, SRNIs, TCAs, trazodone, and bupropion (Wellbutrin) but does not include atomoxetine (which is included in the ADHD class)
   - 25 unique youth were approved to be prescribed 2 concurrent antidepressants (the combinations were either an SSRI/SNRI plus bupropion, an SSRI/SRNI plus trazodone, or bupropion plus trazodone)
   - 1 unique youth was approved to be prescribed 3 concurrent antidepressants (the combination was SSRI/SNRI plus bupropion plus trazodone)
4. "Antipsychotic medications" includes both typical and atypical antipsychotics as well as clozapine
   - 2 unique youth were approved to be prescribed two concurrent standing antipsychotics
   - of note, both youths were eventually able to be reduced to antipsychotic monotherapy
5. "Hypnotics" includes Z-class sedative-hypnotics
   - 0 youth were approved for any medicine in this class
6. "Mood stabilizers" includes anticonvulsants like Depakote, Tegretol, Lamictal, and lithium prescribed primarily for psychiatric reasons

- 4 unique youth were approved to be prescribed 2 concurrent mood stabilizers. 3 of these youth had epilepsy, and one of the two mood stabilizers used concurrently for each of these three youth was for the purposes of both psychiatric symptoms as well as epilepsy management.

7. Youth on 4 or more standing psychiatric medications:
   - 67 unique youth were approved to be prescribed 4 concurrent standing psychiatric medications. Of these, 4 youth were approved to be prescribed 5 standing psychiatric medications. None were approved for more than 5 concurrent psychiatric medications.

Next Steps:

1. Continue to actively address the prescribing of two or more anti-psychotic medications concurrently and four or more psychotropic medications concurrently to children/youth committed to DCF.
2. Continue to closely monitor the requests to prescribe psychotropic medications for children aged five and under. Work collaboratively with regional staff to identify non-medication treatment alternatives and fully integrate these into the care plans.
3. Continue to monitor the prescribing of pro renata (PRN) medications, analyze data in PMAC and develop guidelines as needed.

Disaster Plan

The Department's disaster plan was fully activated, tested, and revised as necessary over the past 12 months. The preparation in developing a comprehensive plan was instrumental in guiding the agency through the COVID 19 pandemic. The plan allowed the Department to continuously meet all the needs of the families we serve. The Plan has been and continues to be updated for non-pandemic disasters, based on what we learned during the pandemic and to reflect current practices and mobility efficiencies gained during the pandemic, specifically the expansion of telework capabilities.

Training Plan

Please see Section I Appendix A for the complete Training Plan.

Section F: Statistical and Supporting Information

CAPTA Annual State Data Report Items

Information on Child Protective Workforce

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

Social Worker Trainee

- Minimum requirement for this classification is possession of a bachelor's or master's degree in social work or a closely related field. Closely related field is defined as applied sociology; child development; child welfare; clinical psychology, counseling; human development and family studies; marriage and family therapy; nursing; social and/or human services; education; criminal justice. In practice, the Department screens applicants for this classification and prioritizes applicants with either a BSW or MSW for interview. The Social Worker Trainee is the gateway to an automatic promotion to Social Worker after successful completion of a two-year training period.

Social Worker

- Minimum requirement for this classification is possession of a master's degree in social work or a closely related field and one (1) year of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning OR a bachelor's degree in social work or a closely related field

and two (2) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning. Closely related fields are: applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education and criminal justice Qualifying experience at this level must include the use of professional interviewing techniques, provision of skilled counseling to an assigned client caseload and assessment of basic client needs (nutritional, environmental, financial, medical, protective service) through continuing personal observation during visits, intervention and evaluation. As with the Social Worker Trainee, the Department screens applicants for this classification and prioritizes applicants with a MSWs for interview.

Social Worker Supervisor

- Minimum requirements for entry to the Social Worker Supervisor examination are master's degree in social work or a closely related field and two (2) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning OR a bachelor's degree in social work or a closely related field and three (3) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning. Closely related fields are applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education, and criminal justice. Qualifying experience at this level must include the use of professional interviewing techniques, provision of skilled counseling to an assigned client caseload and assessment of basic client needs (nutritional, environmental, financial, medical, protective service) through continuing personal observation during visits, intervention, and evaluation. Qualifying experience must be at the full working level above the level of Social Worker Trainee. Social Work Supervisor opportunities are filled through internal promotions.

Program Supervisor

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

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.

How skill development of new and experienced staff is measured

Training evaluations are distributed at the end of each training offered through the DCF Academy to gather specific information regarding overall feedback, relevance, and application of class content. The DCF Academy also accepts and encourages requests for one-to-one training to be provided to staff when skill development or another area of concern arises. Academy staff also partner with supervisors and managers of new employees to coordinate the learning process. Bi-monthly meetings are held to discuss skill development and to trouble-shoot any barriers to the learning process. Transfer of learning activities are also built into the pre-service training programs to ensure content is applied to practice.

Degree Totals: A-2022, B-2021, B-2022, C-2022, D-2022, E-2022, F-2022

Degree Totals: Groups A-G-2023

All Groups	Count	Percentage of Total
BSW	24	18.32%
MSW	33	25.19%
Other bachelor's degree	51	38.93%
Other master's degree	15	11.45%
Not Reported	8	6.1%

Degree by Group	A-2023	B-2023	C-2023	D-2023	E-2023	F-2023	G-2023	Grand Total
BSW	3	1	2	3	6	6	3	24
MSW	6	1	8	4	11	1	2	33
non BSW/MSW	1	10	22	8	12	11	9	73
Not Reported						1		1
Grand Total	**10**	**12**	**32**	**15**	**29**	**19**	**14**	**131**

- Of note, group A-2023 was comprised almost fully of our stipend interns

Demographic Information - Child Protective Services Personnel (as of 5.1.2023)

Staffing by Racial/Ethnic Group:

Count of Name	Column Labels									
Row Labels	AMIND	ASIAN	BLACK	HISPA	NSPEC	PACIF	TWO	WHITE	(blank)	Grand Total
Chil&FamAreaDir2RC			1							1
Chil&FamDirFosterCareSvs				1						1
ChildrenServicesConsultant		1	11	7				20	1	40
Chld&FamProgDir			11	8				20		39
Chld&FamProgSup	1	4	22	21		1		47		96
SocialWorkCaseAide			33	30				23		86
SocialWorkCaseAideRC			2							2
SocialWorkSupervisor	1	4	94	60				174		333
SW-Socl&HumanSvcs	3	15	396	197	6			473	6	1096
SWTrne-Socl&HumanSvcs		1	55	27	1		5	49	7	145
Grand Total	**5**	**25**	**625**	**351**	**7**	**1**	**5**	**806**	**14**	**1839**

Staffing by Age:

Count of Name	Column Labels						
Row Labels	18-25	26-36	37-47	48-58	59-69	70 and Above	Grand Total
Chil&FamAreaDir2RC				1			1
Chil&FamDirFosterCareSvs				1			1
ChildrenServicesConsultant		4	12	22	2		40
Chld&FamProgDir			9	27	3		39
Chld&FamProgSup		3	41	47	5		96
SocialWorkCaseAide	1	11	25	41	8		86
SocialWorkCaseAideRC			1		1		2
SocialWorkSupervisor		27	121	173	10	2	333
SW-Socl&HumanSvcs	3	262	392	387	52		1096
SWTrne-Socl&HumanSvcs	42	66	24	12	1		145
Grand Total	**46**	**373**	**625**	**711**	**82**	**2**	**1839**

Staffing by Gender:

Count of Name	Column Labels			
Row Labels	F	M	U	Grand Total
Chil&FamAreaDir2RC		1		1
Chil&FamDirFosterCareSvs	1			1
ChildrenServicesConsultant	30	10		40
Chld&FamProgDir	28	11		39
Chld&FamProgSup	67	29		96
SocialWorkCaseAide	54	32		86
SocialWorkCaseAideRC	1	1		2
SocialWorkSupervisor	258	75		333
SW-Socl&HumanSvcs	871	224	1	1096
SWTrne-Socl&HumanSvcs	118	27		145
Grand Total	**1428**	**410**	**1**	**1839**

Caseload Report Guide

CT DCF Electronic case management system (**LINK)** utilizes assignments to determine how many points, if any, each Worker assigned to a case receives depending on their role. The following is a summary of the **LINK** caseload reporting process: The assignment combinations listed below in fig 1 generate **ONE** caseload point for each open assignment. There are 132 different combinations of Type/Responsibility/Role in the Assignment Category table. **ONLY** these fourteen assignment combinations will generate a caseload point.

- Any worker with an open assignment of **CPS OOH, N/A, Primary** where no lead assignment exists, will also receive a point for each case participant with an open, approved placement.
- Any worker with an open assignment of **Permanency Services, N/A, Primary**, where no lead assignment exists, will receive a point for each case participant with an open, approved placement.
- If an open **Lead Worker** assignment outlined in **fig. 1.1** exists for a case participant who is in an open, approved placement, then that worker will receive **ONE** point. We have added an assignment combination of **CPS In-Home, N/A, and Primary** that is to be used to designate **In-Home** cases. This assignment combination will carry **ONE** case point and no additional placement points.

Fig 1.1 - Assignment Category Table

Assignment Type	Assignment Responsibility	Assignment Role	Case Points	Placement Points	Maximum Points	Percentage Utilization
Adolescent Services	N/A	Primary	1	0	20	**5.0%**
Adolescent Services	N/A	Lead Worker	1	0	20	**5.0%**
CPS In-Home	N/A	Primary	1	0	15	**6.7%**
CPS OOH	N/A	Primary	1	1	20	**5.0%**
CPS OOH	N/A	Lead worker	1	0	20	**5.0%**
ICO	N/A	Primary	1	0	49	**2.0%**
ICO	N/A	Lead worker	1	0	49	**2.0%**
Family Assessment Response	Area Office	Primary	1	0	17	**5.9%**
Family Assessment Response	Area Office	N/A	1	0	17	**5.9%**
Investigation	Area Office	Primary	1	0	17	**5.9%**
Investigation	Area Office	N/A	1	0	17	**5.9%**
Permanency Services	N/A	Primary	0	1	20	**5.0%**
Permanency Services	N/A	Lead	1	0	20	**5.0%**
Probate	N/A	Primary	1	0	35	**2.9%**
Probate	N/A	Lead	1	0	35	**2.9%**
Voluntary	N/A	Primary	1	0	49	**2.0%**
Voluntary	N/A	Lead	0	1	20	**5.0%**
FWSN	N/A	Primary	1	0	49	**2.0%**
FWSN OOH	N/A	Lead	0	1	20	**5.0%**

Last amended March 2012

Since 2018 all responsibility for delinquency proceedings lies with the Court Support Service Division of the Judicial Branch. For any youth under the care and custody of the Department of Children and Families, who is subsequently adjudicated delinquent, DCF retains custody/commitment/guardianship and continues to provide case

management services. Such youth have access to the full array of DCF supports and services throughout and following the period of delinquency.

Education and Training Vouchers

Attachment C - ETV
Annual Reporting of Education and Training Vouchers Awarded 2023
Name of State: State of Connecticut Department of Children and Families

Academic Year	Total ETV s Awarded	Number of New ETVs
2021-2022 Academic School Year (July 1, 2021, to June 30, 2022)	73 Computers awarded cohort 2021 (August 2021) - (all new) 5 ETV grants adoption/ Subsidizes Guardianship transfers over 16 (Sept 21) - (2 new +3 repeats) 10 Winter 2021 funding (5 new +5 repeat) 5 Summer funding thus far (2 new + 3 repeats) anticipating 3 more (new) 7 Unmet financial Need/loan - 2022 (5 repeats + 2 new) anticipating 3 more new. 200 College/University Campus and Support Mentor Program (111 new + 89 repeats)	New Recipients: 73 new computers (2021 cohort) +2 new adoption/ Subsidized Guardianship Transfers (STOG), + 5 new winter funding, + 2 new summer funding (thus far), + 2 new unmet need/loan, + 111 (new college campus support) = 195 (new ETV grants supported) 3 former foster youth received ETV C funding
2022-2023 Academic School year (July 1, 2022, to June 30, 2023)	1. 64 computer funding (2022 cohort). 2. 3 Pupil Services Specialist positions, 3. 4 ETV grants for adoption/subsidized guardianship transfers; 200 mailings of ETV Applications (for May 2023) 4. 40 summer/winter course funding, 5. 13 Unmet Needs/Loan reimbursement Needs 6. Funding to assist with 4 college/universities student support programs and 1 College Mentor support program that will service foster/adoptive youth on campus throughout the entire state of Connecticut. The PSE Unit's goal is to continue to work with fiscal department to resolve the Connecticut DCF's inability to services eligible persons whose cases are closed in the DCF system and are past the age of 23 but not older than 26. Goal of 10 ETV grants awarded to those who are between the ages of 23-26 through contract service, if possible.	New Recipients: 62 new computers (2022 cohort) +2 new adoption/Subsidized Guardianship Transfers (STOG) over age 16 + 6 new Unmet Needs/Loan Reimbursements +15 new Summer Tuition payments 4 new Winter Tuition Payments = 89 new recipients (new ETV grants supported). This does not include the new ETV grants that were funded through college and vocational support programs on campus because this funding was moved from ETV grant to the ETV-Covid Supplemental grant and will be reported with that Outcomes report. 3 former foster youth received ETV C funding
2023-2024 Academic School Year anticipated projections for the next school year.	Anticipate up to: 1. 125 computer (2024 cohort of new ETV recipients) 2. 3 Pupil Services Specialists (2 on ETV grant and the 3rd general funding) 3. 20 ETV grants for adoption/Subsidized Guardianship Transfers; 200+ mailings of ETV applications (3 years past of legal status) 4. Winter & Summer course funding available for 50 youth. 5. Provide ETV funding to students who have an unmet/loan reimbursement financial need not covered by CT DCF Annual Post-Secondary Education budget. 6. Continue to work on the issues of having the state of CT provide ETV vouchers from ETV for age 23-26. Currently the state of CT fiscal department does not allow because it is not in state statue.	Goal of up to 125 new ETV grants for next academic school year.

Summary of Attachment C chart for Academic Year 2022: 7/1/2021 - 6/30/2022:
ETV funding was available to all eligible youth who requested funding. During the final quarter journal, it was determined that the state of Connecticut spent a significant amount more than was allotted by the ETV grant spending plan. The deficit was covered by state funds and did not affect the number of students receiving financial assistance during the pandemic. According to the chart above, there were 73 computer grants awarded through ETV funding. All 73 ETV grants were new recipients. There were 5 ETV grants awarded from the 200 + applications mailed; 2 were newly awarded ETV grants and 3 were repeat recipients. There was a total of 10 ETV grant recipients awarded for winter tuition funding; 5 new and 5 repeat recipients. There were 2 new and 3 repeat ETV grant recipients for summer tuition funding out of a total of 5. There was a total of 7 ETV grant awarded for unmet needs/loan reimbursement and tuition needs; 2 new and 5 repeat recipients. In addition, 111 new recipients of the ETV grant received support from the college and vocational programs. Total Youth served from ETV was approximately 290 current and former foster youth with 195 being new ETV grant recipients.

Summary of Attachment C chart for Academic Year 2023: 7/1/2021 - 6/30/2022:
The Department awarded 62 new ETV grants for youth who were entering into PSE during the fall of 2022 to purchase computer and equipment. The PSE Consultants are again preparing a mass mailing of ETV grants applications for youth who have been adopted or Subsidized Guardianship Transfer after the age of 16. To expand outreach to current and former foster youth, the PSE Consultant will mail ETV information and applications to all eligible youth in this population, which is estimated to be 250+ in late May and early June 2023. To help with flexibility in serving youth, the PSE Consultants accept ETV funding applications/requests throughout the entire year. To educate, advertise and expand the ETV grants, the PSE Consultants continually train and provide information to High School Counselors, Colleges, Vocational Schools, Connecticut Alliance of Foster and Adoptive Families (CAFAF), current and foster youth, Adoption and Guardianship transfer units, Foster and Adoptive Parents, DCF staff, DCF Youth Advisory Boards, College and Vocational campus Support programs, SUN Scholars, and Think of Us agency.

There have been 5 ETV adoption and STOG grant requested and awarded since June 2022. More ETV grant applications are expected once the mass mailing is completed. There were 2 new ETV grant adoption/ STOG out of 5 grants awarded with 3 repeat recipients. ETV grant awards for winter 2021/22 totaled 10; 4 being new awards and 6 repeat recipients. The summer (2022) tuition ETV funding was provided to 30 youth; 15 bring new recipients and 15 were repeat grants. There were 13 Unmet Needs/Loan reimbursement ETV grants awarded; 11 ETV grants were awarded for unmet financial cost of attendance needs, with 4 new grants awarded and 7 repeat. There were also 2 new loan reimbursement ETV grants awarded, both being new awards. Information regarding opportunities for ETV grants is distributed statewide to DCF Adolescent/Transitional Social Workers and staff several times during the year. During the national Covid health pandemic, all youth who requested ETV funding were awarded; the ETV grant was exhausted, and the state covered the remaining awards through state funding.

Due to the ETV-C Supplemental funding provided, the Department has been able to utilize a portion this funding and a portion of ETV funding to directly support current and former foster youth on Connecticut vocational, college and university campuses across the state. Currently, there are 4 colleges that have developed and expanded on campus supports for current and former foster youth, and 1 Support Agency dedicated to the population to provide academic coaching. ETV and ETV-C funding grants are directly supporting current and former foster youth in post-secondary education programs on Connecticut campuses. These programs provide enhanced supports on campus, mentoring supports, academic supports, career and job trainings, retention services, community providers partnerships for this population.

In summary, there is a total of 300 ETV grants awarded with 195 new recipients from 7-1-2021 to 5-1-22. Thus far, there are 124 ETV grants awarded for the academic year of 2022-2023 (July 1, 2022, to June 30, 2023). There is an estimated 80 -100+ more ETV grants (summer, adoption, and computers) to be awarded by the end of this academic year. All ETV grants funded after this APSR is submitted will be recorded in next year's report. The total amount of ETV grants awarded this year is less than last year because the ETV-C Supplemental funding provided grant funding to the schools to enhance and continue servicing students on their campuses. The continued goal of the Department is to expand the number of ETV grants through a variety of opportunities for the Education Training Vouchers and to continue to provide the necessary services identified as student needs.

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 through the AFCARS system on a biannual basis as specified in AFCARS 2020 requirements, and aggregate information in December 2023 as detailed in the Program Instruction.

Section G: Financial Information CFS 101 Part I, II, III

Reallotment of FFY 2023 Request

The Department respectfully requests $450,000 to pursue the following:

1. Establish community-based prevention networks
2. Expand our faith-based partnerships to include prevention and kinship care support.
3. Support to the post-secondary support programs for youth in care transitioning to adulthood.

CFS 101 - Part I: Annual Budget Request for Title IV-B

Payment Limitations - Title IV-B, Subpart 1:

- The Department did not expend Federal Title IV-B, Subpart I fund for childcare, foster care maintenance, and adoption assistance payments in either FY 2005 or 2022.
- 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, 2022, submission		
	FY 2022	FY 1992
Program Type	State Expenditures	State Baseline
Family Preservation	264,496,211	12,983,241
Family Support	176,330,808	5,278,088
Totals	440,827,019	18,261,329
State share of Title IV-B, subpart 2 expenditures for comparison to 1992 base as required for evidence of compliance with non-supplantation requirements in Section 432 (a) (7) (A) of the Social Security Act		

CFS 101 - Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Category: Protective Services	Description of Population Served	Geographical Area(s)Served
ASPHA/CWLA Conference Attendees	DCF Leadership	Hartford
Dr. Elliott Visit Coaching	Contracted Quality Parenting Center Staff	New Haven, Milford, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, Torrington, New Britain
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
CCMC DART Scan	Families & DCF Staff	Statewide
Yale DART Scan	Families & DCF Staff	Statewide
UCONN -CAPTA Evaluation	Families, Community Providers & DCF Staff	Statewide
Mindshare	DCF Staff	Statewide
Substance Exposed Infants	Community, Providers, & Families	Statewide
Central Office Position	DCF Staff & Providers	Statewide
UCONN School of SW (PIC)	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide

Category: Family Preservation Services	Description of Population Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers	Statewide
Community Collaboratives	Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
Substance Exposed Infants	Families, Providers, Community	Statewide
Area Office Assistant Positions	DCF Area Office staff	Norwalk, Meriden
The Connection	Families in need of stable housing	Statewide
CT Association Infant MH	DCF Staff & Community Providers	Statewide
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Intimate Partner Violence	Providers & Families	Statewide
UCONN Adoption AAP	Providers & Families	Statewide
Covenant to Care-Adopt a SW	Families	Statewide
Easter Seals support group	Adoptive Families caring for medically complex children	Waterbury
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	Description of Population Served	Geographical Area(s)Served
Triple P America	Contracted Triple P 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
Visit Coaching	Contracted Quality Parenting Center Staff	New Haven, Milford, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, Torrington, New Britain
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 / Helping our people	Families/Community	Statewide

Category: Time-Limited Family Reunification Services	Description of Population Served	Geographical Area(s)Served
Community Collaboratives	Families	Statewide
Covenant to Care-Adopt a SW program	Families	Statewide
CT Association for Infant Mental Health	DCF Staff/Providers	Statewide
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Family Life Lifters / Helping our people	Families/Community	Statewide
Intimate Partner Violence	Providers & Families	Statewide
JRA Consulting	DCF Staff/Providers	Statewide
Office Assistant Positions	DCF Staff	Statewide
Reunification & TFT Services	Families with children in OOH care	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
Visit Coaching	Contracted Quality Parenting Center Staff	New Haven, Milford, Norwich, Willimantic, Hartford, Danbury, Manchester, Waterbury, Torrington, New Britain

Category: Adoption-Promotion and Support Services	Description of Population Served	Geographical Area(s)Served
Community Collaboratives	Families	Statewide
CT Association for Infant Mental Heath	DCF Staff/Community Providers	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Statewide
Family Life Lifters / Helping our people	Families	Statewide
JRA Consulting	DCF Staff/Community Providers	Statewide
UCONN -Adoption enhancements	Adoptive Families	Statewide

Category: Other Services Related Services	Description of Population Served	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	Youth (ages 0-21) Placed in OOH care	Statewide
B) Group/Institutional Care	Youth (ages 0-18) requiring OOH with 24-hour supervision	Statewide
Associate Chaplin	Staff who provide support to children requiring specialized care and treatment	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
Adoption-Subsidy Payments	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	Description of Population 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
Family Life Lifters / Helping our people	Providers & Families	Statewide
Yale DART/SCAN	Providers & Families	Statewide
CCMA DART/SCAN	Providers & Families	Statewide
Boys & Girls Village - Youth Link	DCF Involved youth	Statewide
NH Community Center - Youth Link	DCF Involved youth	Statewide

CFS 101 - Part III: Annual Expenditures for Title IV-B Subpart I

Description	Description of Population Served	Geographical Area(s)Served
Office Assistant Positions	Area Office Staff	Norwalk/Meriden
Central Office Position - Contract Management	Contracted Providers	Statewide

Description	Description of Population Served	Geographical Area(s)Served
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers	Statewide

CFS 101 - Part III: Annual Expenditures for Title IV-B Subpart II

Description	Description of Population Served	Geographical Area(s)Served
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 and families who have engaged in the Community Support for Families Program	Statewide
Family Life Finders	Community	Statewide
CT Association for Infant Mental Health	Agency staff and Community Partners	Statewide
National Council on Crime & Delinquency (SDM)	DCF Staff	Statewide
JRA Consulting	Agency Staff and Community Partners	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide
Chapin Hall	DCF, Community, & Families	Statewide
Don Winstead	DCF Agency Leadership	Statewide
Harvard GPL	DCF Staff	Statewide

CFS 101 - Part III: Chafee Program

Chafee	Description of Population Served	Geographical Area(s)Served
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	Transitioning Youth	Statewide

CFS 101 - Part III: Education and Training Vouchers

ETV	Description of Population Served	Geographical Area(s)Served
ETVs awarded	Former Foster Youth enrolled in post-secondary education	Statewide

Section H: Attachments

1. Statewide Regional CRP June 2023 Report
2. CFS 101 - Part I, Part II, Part III
3. CFS 101 - Part I: Reallotment Request

Section I: Appendices

Appendix A: Training Plan

CF Classes Given June 1, 2022 – April 30, 2023

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

For AWD Staff:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Achieving Permanence Through Reunification TOT					
Trainers will be providing the information train the following information- Family reunification must be seen as a flexible, dynamic process that seeks to meet the individualized needs of children and their families. This training will focus on the potential of most families to care for their children, if properly and urgently assisted. It also addresses the impact of separation and loss on both child and parent and the involvement of family members and significant others to support timely reunification. Discussed will be the importance of early concurrent planning conversations, the role of meaningful visitation as well as the working partnership required between parent and foster parent to achieve timely permanence.	75%	Online Training	Academy Staff	All Staff	6

In-Service Classes:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Achieving Permanence Through Reunification					
Family reunification must be seen as a flexible, dynamic process that seeks to meet the individualized needs of children and their families. This training will focus on the potential of most families to care for their children, if properly and urgently assisted. It also addresses the impact of separation and loss on both child and parent and the involvement of family members and significant others to support timely reunification. Discussed will be the importance of early concurrent planning conversations, the role of meaningful visitation as well as the working partnership required between parent and foster parent to achieve timely permanence	75%	Online Training	Academy Staff	All Staff	6
AHA - Building Staff Capacity/Promoting Excellence in Performance					
In this session of the AHA series, participants will explore the importance of Trust, Openness, and Respect in developing and managing relationships with their staff. Highlighting the role of empathy and assessing staff's developmental stages, participants will focus on performance management, to include establishing clear expectations, providing effective feedback, and responding to performance problem. Participants will complete personality profiles that help to identify their empathy and learning styles.	50%	Held in House	Academy Staff	Supervisors	6
AHA - Building the Foundation for Unit Performance - Day 2					
In this session of the AHA series, participants will explore the various elements involved in developing and managing a unit of staff. Participants will become familiar with supportive supervision and the importance of creating a positive organizational climate. The stages of team development will be explained with guidance offered for how to assess and move the unit through those stages. Through use of a conflict style assessment, participants will explore the inevitability of conflict, the sources of that conflict and how to apply their natural conflict resolution style to managing challenges that happen within their team.	50%	Online Training	Academy Staff	Supervisors	3
AHA - Case Consultations and Clinical Supervision					
In this final session of the AHA series, participants will become familiar with the supervision agenda and the role of clinical supervision in building staff capacity and carrying out the agency's practice model. Consideration of the ladder of inference and the importance of increasing one's own self-awareness will be explored and strategies for increasing staff's critical thinking skills will be shared. Participants will	50%	Held in House	Academy Staff	Supervisors	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
also be walked through the group supervision model and provided with an overview of coaching skills to utilized within supervision.					
AHA - Case Consultations and Clinical Supervision - Day 2					
In this final session of the AHA series, participants will become familiar with the supervision agenda and the role of clinical supervision in building staff capacity and carrying out the agency's practice model. Consideration of the ladder of inference and the importance of increasing one's own self-awareness will be explored and strategies for increasing staff's critical thinking skills will be shared. Participants will also be walked through the group supervision model and provided with an overview of coaching skills to utilized within supervision.	50%	Held in House	Academy Staff	Supervisors	3
AHA: Building the Foundation for Unit Performance					
In this session of the AHA series, participants will explore the various elements involved in developing and managing a unit of staff. Participants will become familiar with supportive supervision and the importance of creating a positive organizational climate. The stages of team development will be explained with guidance offered for how to assess and move the unit through those stages. Through use of a conflict style assessment, participants will explore the inevitability of conflict, the sources of that conflict and how to apply their natural conflict resolution style to managing challenges that happen within their team.	50%	Held in House	Academy Staff	Supervisors	6
AHA: Effective Leadership					
Enrollment into the first class gets you automatically enrolled into the remainder of training dates The Academy for Workforce Development is now offering four modules of the AHA: Mastering the Art of Child Welfare Supervision program. This training program is available to newly promoted supervisors across the agency's divisions. AHA training builds off the agency's supervision model and allows staff to explore their development as a supervisor using various tools. In addition, this training content also serves as a compliment to the Leadership Academy for Supervisors (LAS) in setting the foundation for understanding the theory behind supervision. Topics To Be Discussed in this Series Are The Following: • Effective Leadership • Building Staff Capacity • Foundations of Unit Perf. • Case Consul. & Clinical Super. Participants will be required to attend all s	50%	Held in House	Academy Staff	Supervisors	6
Assessing and Responding to Cannabis Legalization					
Participants will gain a better understanding of recent legalization of Cannabis, and the impact to case practice. Current information on cultivation, potency, and usage methods will be reviewed. This discussion-based training will include learning about the impact these changes have on child protection and parenting as a whole.	75%	Online Training	Consultants	All Staff	3
Balance is a 'Verb' - Creative Approaches to Work/Life Challenges					
Participants will identify ways that unpredictable and persistent challenges to routines and schedules may be contributing to higher levels of emotional, mental, and physical exhaustion and lead to a sense of being 'out of balance'. They will explore how to bring 'out of the box' thinking into the process of identifying simple strategies for finding greater balance in life	50%	Online Training	Consultants	All Staff	3
Beginner Excel					
Do you work with other people's spreadsheets, but wish you could create your own? This hands-on one-day course will give you the skills needed to do so! Participants will learn about the distinct parts of a spreadsheet; tips to navigate and search through an existing workbook; as well as the tools needed to create a simple workbook with data, formulas, and basic functions. Time will be allotted during the class for participants to work on their own Excel documents with the support of the instructor.	50%	Held in House	Consultants	All Staff	3
Case Planning: Boosting Your Understanding of the Practice					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The goal of this refresher course is to strengthen participant's skills in case planning practice, documentation, and development of the case plan document for in-home and out of home cases. Participants will explore their role as social workers or supervisors in completing and/or reviewing case planning work including the alignment of case work, documentation, supervision, and case plans. Participants will be able to describe and identify the elements of the family and child in placement case plans, including consideration of cultural factors, assessment domains, summary assessment, and action plans. Participants will be able to articulate the importance of securing and including family feedback and the child's perspective in the development and documentation of the case plan. Through a transfer of learning activity participants will practice writing part of a case plan assessment and develop an action plan related to an identified participant need for a parent, based on a case scenario	75%	Held in House	Academy Staff	All Staff	5
Certified Workplace Mediator and Trainer (CMT) in Conflict Resolution					
This course establishes the core competencies of conflict resolution and how to think strategically about conflict, rather than react blindly to it. It will discuss strategies for Successful Conflict Conversations, with the self as a mediator and also Third Part Resolution with a manager as a mediator. The key to conflict is to stop it before it starts or at its lowest level. This course will teach participants how to proactively manage workplace conflict. Through a combination of classroom discussion around the Necessary Knowledge to understand and solve conflict and classroom skills training, participants will have the opportunity to learn and practice a unique communication tool that can be used in all workplaces to stop conflict before it escalates. Third-Party Resolution is a unique option because it produces voluntary cooperation, not just compliance. Third-Party Resolution is a template with which you can apply to your current skills once you understand the tool.	50%	Held in House	Consultants	Managers	30
Changes to the Protective Order Registry (POR)					
Review recent policy changes and how the data from this system can be retrieved or shared	75%	Online Training	Consultants	All Staff	1
Child Protection: Testifying 101 Training for Nursing Staff					
This training, which will be cofacilitated by the DCF Legal Division and Office of the Attorney General, will provide clinical staff with an overview of juvenile court proceedings and their role in the process. The training will also include guidance on preparing to testify in court.	75%	Online Training	DCF Staff and Consultants	Nursing Staff	2
Child Trafficking - What it is; how to see it, and how to respond to it: Day 1					
This online child trafficking curriculum will provide the fundamentals of both Child Sex and Child Labor Trafficking, as well as best practices in working with impacted youth and families. This training will occur over two days, three hours for each session. This course will help you to understand the dynamics of trafficking relationships that heighten barriers to disclosure; and to identify red flags for child trafficking, both overt and subtle signs in children and their families. This course will help you to gain skills to manage the complexities of a case involving child trafficking. Staff will participate in activities designed to develop engagement techniques with children and youth who may not be ready to accept help. Consideration will also be given to re-conceptualizing safety in a trafficking scenario and participants will explore the use of a safety contract with youth who are engaging in risky behavior. Finally, staff will be provided with information about trafficking	75%	Online Training	Academy Staff	All Staff	6
Child Trafficking - What it is; how to see it, and how to respond to it: Day 2					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This online child trafficking curriculum will provide the fundamentals of both Child Sex and Child Labor Trafficking, as well as best practices in working with impacted youth and families. This training will occur over two days, three hours for each session. This course will help you to understand the dynamics of trafficking relationships that heighten barriers to disclosure; and to identify red flags for child trafficking, both overt and subtle signs in children and their families. This course will help you to gain skills to manage the complexities of a case involving child trafficking. Staff will participate in activities designed to develop engagement techniques with children and youth who may not be ready to accept help. Consideration will also be given to re-conceptualizing safety in a trafficking scenario and participants will explore the use of a safety contract with youth who are engaging in risky behavior. Finally, staff will be provided with information about trafficking	75%	Online Training	Academy Staff	All Staff	6
Clerical Staff - Navigating Conflict					
A 3-hour training, to develop knowledge and skills necessary for handling conflict that may arise in the workplace. Through a series of guided discussions, videos and simulations, participants will learn the conflict is inevitable in the DCF landscape, develop engagement skills to support de-escalation, gain insight on how to recognize behavioral shifts/change during conflictual situations and acquire and understanding as to when it is appropriate to reach a common ground.	50%	Held in House	Academy Staff	Clerical Staff	3
Clerical Staff – Nuts and Bolts					
Training will provide an overview with practice opportunities specifically related to common clerical duties performed as a support to child protective social work. Through this training, participants will become familiar with the policies and rules that govern how and when to perform background checks including LINK, criminal and protective order checks, how to complete legal forms needed to support the petitions and motions filed by the Department, how to navigate the Superior Court for Juvenile Matters electronic filing system, making payments and the proper maintenance of the DCF hard copy case record.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff - One Note					
Come to this class to review basic functions of One Note and get hands-on practice on setting it up for a more efficient workday	50%	Held in House	Academy Staff	Clerical Staff	3
Clerical Staff - Working Smarter Not Harder; Tips and Tools of the Trade					
This training is designed to enhance the knowledge and technology skills of clerical staff as they support the work of the Department. Additionally, participants will learn techniques to maximize the use of their time in order to accomplish critical work tasks on time. Some of the focus will be on an overview of Microsoft Office suite including outlook, word, one note, one drive and excel.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff - Your Piece to the Puzzle; Becoming a Part of the Team					
An Overview of the Department of Children and Families including the agency's mission and values, cross cutting themes as well as basic statistical data relevant to the work. The training will facilitate dialogues to enhance knowledge of the different departmental functions and how it connects to the role of clerical staff, clarify myths and misperceptions of the Department. Lastly, this training will explore how clerical staff are the glue that holds the Department together.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff: Know Your Village					
A 3-hour training is the conclusion of the clerical series with a focus on the group dynamic. The training will offer participants an opportunity to brainstorm with a panel of seasoned clerical staff. The panel will offer real time advise to challenges faced in their current roles including career mobility, navigating conflict, and working the transforming DCF landscape. Participants will also be provided an opportunity to deepen the group connection with other clerical staff around the state build a support network through team building activities. A graduation ceremony for participants that have completed the series will be held at the end of this session.	50%	Held in House	Academy Staff	Clerical Staff	3
Compassion Fatigue & Secondary Trauma					
As Recovery Support Service Providers, we are not immune to the effects of stress and secondary trauma. This exceptional session will provide an overview of the	50%	Online Training	Consultants	All Staff	3

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
skills necessary to maintain your ability to respond to peers with empathy and compassion, create healthy boundaries, develop a concrete self-care plan, and learn valuable warning signs of STS and Compassion Fatigue.					
Conducting Effective Home Studies with LGBTQ+ Prospective Foster Parents					
DCF has been actively recruiting LGBTQ+ foster parents and the LGBTQ+ community has responded. More than one hundred new families stepped up to provide loving homes for youth in out-of-home care. The next step is training, the home study and placement of children in these homes. This half session will consider the following questions: When and to what extent is your applicant's sexual orientation or gender identity relevant? What kinds of questions can you (should you) ask about their identities? What if another foster parent makes a disparaging remark during your training? How do you respond? How do you share information about the families with children who might be placed in their homes? This half day, interactive session will explore those questions and more.	75%	Online Training	Consultants	FASU Staff	3
Considered Removal Teaming Facilitator Training - Day 1					
Through this three-day course, attendees will learn the skills necessary to facilitate a Considered Removal Child and Family Team Meeting. Facilitators will learn the skillful balance of authority and how the appropriate or inappropriate use of it can affect removal-related decision making and interactions between child protective staff and families. Facilitators will review some of the components of strength-based facilitation: self-awareness and cultural responsiveness; using family strengths in the development of safety plans; and how to manage emotions, disagreements, and conflict. The course will teach to the key elements of purposeful pre-, during- and post- debriefings. Facilitators will be able to identify how domestic violence impacts the process and demonstrate several in-the-moment strategies. Facilitators will become familiar with their roles and responsibilities, and with the Considered Removal Child and Family Team model, policy, procedures, and documentation.	75%	Held in House	DCF and Academy Staff	CRM Facilitators	6
Considered Removal Teaming Facilitator Training - Day 2					
Through this three-day course, attendees will learn the skills necessary to facilitate a Considered Removal Child and Family Team Meeting. Facilitators will learn the skillful balance of authority and how the appropriate or inappropriate use of it can affect removal-related decision making and interactions between child protective staff and families. Facilitators will review some of the components of strength-based facilitation: self-awareness and cultural responsiveness; using family strengths in the development of safety plans; and how to manage emotions, disagreements, and conflict. The course will teach to the key elements of purposeful pre-, during- and post- debriefings. Facilitators will be able to identify how domestic violence impacts the process and demonstrate several in-the-moment strategies. Facilitators will become familiar with their roles and responsibilities, and with the Considered Removal Child and Family Team model, policy, procedures, and documentation.	75%	Held in House	DCF and Academy Staff	CRM Facilitators	6
Considered Removal Teaming Facilitator Training - Day 3					
Through this three-day course, attendees will learn the skills necessary to facilitate a Considered Removal Child and Family Team Meeting. Facilitators will learn the skillful balance of authority and how the appropriate or inappropriate use of it can affect removal-related decision making and interactions between child protective staff and families. Facilitators will review some of the components of strength-based facilitation: self-awareness and cultural responsiveness; using family strengths in the development of safety plans; and how to manage emotions, disagreements, and conflict. The course will teach to the key elements of purposeful pre-, during- and post- debriefings. Facilitators will be able to identify how domestic violence impacts the process and demonstrate several in-the-moment strategies. Facilitators will become familiar with their roles and responsibilities, and with the Considered Removal Child and Family Team model, policy, procedures, and documentation.	75%	Held in House	DCF and Academy Staff	CRM Facilitators	6
COVID 19 Myth Busters Online Self-paced course					
Online Presentation Showing Myths about COVID 19 and the facts that dispel them.	75%	Online Training	Consultants	All Staff	0.5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
CP E-Filing Online Training					
A Walk through of the CP E-Filing System	75%	Online Training	DCF Staff	Social Work Staff	1
CPR/First Aid Certification					
CPR/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, aid a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety).	50%	Held in House	Academy Staff	All Staff	6
CTU - Car Seat Installation					
This one-day course provides participants with the knowledge of the regulations regarding car seats, and hands on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam, and hands on training for installing car seats while observed by a certified instructor.	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - CPR/FIRST/AED Refresher					
First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, aid a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety. This session will focus on those who have jobs in the Centralized Transportation Unit	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	6
CTU - Crisis Intervention					
In this training, participants will learn basic skills to recognize behaviors of concern and offer strategies to de-escalate disruptive situations when transporting children and adults. Topics covered in this training include Know who we are Transporting/Identify Behaviors of Concern, Universal Principles & Practices, Prevention Concepts, De-Escalation Strategies and how to Improve Intervention Judgment	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	6
CTU - DCF 101 and Mandated Reporter Training (MRT)					
Two portions of this training. The DCF 101 training will describe the advances within the Department of Children and Families to maintain the safety, permanence, and well-being of the children and families the Department serves. This training provides an overview of current child welfare best practice social work case practice. The Mandated Reporter training will review the current requirements and responsibilities of being a mandated reporter.	0%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - Implicit Bias & Cultural Diversity					
To develop a self-awareness about our own culture, race, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Participants will: • Define Cultural Competence. • Define Racism and Structural Racism. • Discuss how diversity, race, and racism impact the work we do with our families. • Explore the benefits and challenges associated with diversity in the workplace. • Become familiar with the diverse makeup of the workforce in relation to the community we serve. • Discuss the factors causing a disproportionate representation of minorities involved in child protective services and the outcomes for children placed in foster care based on race. • Relate how our own culture impacts our perceptions and	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
assessments. • Increase awareness of how biases and discriminatory practices impact the lives of people					
CTU - Substance Misuse					
This training was created to expose CTU staff to an overview of the subject of substance misuse, including a definition of substance use/misuse, relapse, and recovery. The course provides information about the substances most prevalent in child welfare cases. Key elements of this training include identifying indicators of substance misuse, recognizing biases and prejudices pertaining to addiction, and identifying how safety and risk factors associated with substance misuse impact children at their different ages and developmental milestones.	75%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - Trauma Toolkit					
The Trauma Toolkit training was developed to educate child welfare professionals about the impact of trauma on the development and behavior of children. This program will explore the impact of child traumatic stress on attachment, cognitive development, behaviors, and relationships. Explore strategies for addressing physical and psychological safety in the wake of childhood trauma. Key domains for building resilience in response to past and future traumas will be outlined.	75%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU CPR/First Aid/AED					
First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, aid a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety. This session will focus on those who have jobs in the Centralized Transportation Unit	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	6
Cultural Diversity and Inclusion for New Hires					
To develop a self-awareness about our own culture, race, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Participants will: • Define Cultural Competence. • Define Racism and Structural Racism. • Discuss how diversity, race, and racism impact the work we do with our families. • Explore the benefits and challenges associated with diversity in the workplace. • Become familiar with the diverse makeup of the workforce in relation to the community we serve. • Discuss the factors causing a disproportionate representation of minorities involved in child protective services and the outcomes for children placed in foster care based on race. • Relate how our own culture impacts our perceptions and assessments. • Increase awareness of how biases and discriminatory practices impact the lives of people who identify	75%	Held in House	Academy Staff	New Employees	3
Diagnostic Developments in the DSM: Part 1 of 3					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
3-part series- must attend all three parts Part 1: Contemporary Diagnostic Developments: The Evolving Relationship Between the ICD and the DSM (and its Very Practical Implications) This workshop addresses the key relationships between the most recent versions of each system (the ICD-10-CM and the DSM-5-TR) and underscores the significant advantages of understanding both systems, and their future developments, in the service of more effective clinical diagnosis. I. Overview II. Dual Diagnostic Systems III. Understanding ICD Codes in the DSM IV. Recent Revisions in the DSM-5-TR A. Who, What, When Where and Why (Now) C. Key Additions and Revisions 1. Prolonged Grief Disorder 2. Suicidal Behavior and Non-Suicidal Self-Injury 3. Unspecified Mood Disorder 4. Selected Criteriological Changes 5. Gender Dysphoria 6. Cultural Revisions and Affirmations V. "To Infinity and Beyond": Future Considerations with the DSM and ICD	75%	Online Training	Consultants	RRG	3
Diagnostic Developments in the DSM: Part 2 of 3					
3-part series- must attend all three parts Part 2: Serious Mental Illness I. Overview II. Serious Mental Illness: Understanding the Impact III. Neurodevelopmental Disorders: Not What They Used to Be A. Autism Spectrum Disorder B. Intellectual Developmental Disorder IV. Depressive Disorders: Depression, Dysregulation and Dysfunction V. Trauma and Stress Disorders: Clinical Developments and Implications VI. Summary and Q & A	75%	Online Training	Consultants	RRG	3
Diagnostic Developments in the DSM: Part 3 of 3					
3-part series- must attend all three parts Part 3: Context is King: Understanding Psychopathology Developmental and Socio-Cultural Considerations in Psychodiagnosis I. Co-morbidity, Substance Use, and Other Addictive Behaviors II. Personality Disorders: Every Patient Has a Personality III. The Cultural Formulation Interview IV. Social Determinants of Health: Social and Cultural Context in Diagnoses and Treatment V. Summary and Q & A	75%	Online Training	Consultants	RRG	3
DRS - Best Case Practice Day 1					
Enrollment into the first class gets you automatically enrolled into the remainder of training dates The Academy for Workforce Development is responsible for the provision of in-service training for Differential Response System staff that includes skill-building techniques to enhance their investigative and assessment skills. The Academy offers a ten-day certificate program for newly assigned DRS Unit staff, as well as those staff interested in pursuing positions in a DRS unit / workgroup. Best practice principles are discussed for both Intake and Family Assessment Response, along with strategies for assessing safety, safety planning, critical thinking, involving families in the assessment of their own needs, and numerous other areas. All classes are taught by academy staff and adjunct trainers who specialize in certain topic areas. Topic To Be Discussed in This 10 Part Series Will Be The Following: • Best Practice - Far •	75%	Online Training	Academy Staff	Newly assigned Investigation Social Work Staff	6
DRS - Best Case Practice Day 2					
The second day of training will complete the continuum to case disposition. The day will start a focus on documentation, supervision and follow up. Case disposition is guided by the SDM Risk Assessment. The Risk Assessment tool with be reviewed and keys to appropriate use provided. This orientation the DRS will be concluded with case disposition (substantiation/un-substantiation, referral to services, open or close). This training will be delivered virtually through Microsoft Teams.	75%	Online Training	Academy Staff	Newly assigned Investigation Social Work Staff	6
DRS - Child Trafficking					
This course provides the fundamentals of both understanding the issue of child trafficking and best practices in working with a youth and family affected by it. The emphasis is on the intake worker. Participants will be able to identify potential child trafficking issues with existing families, will understand when to contact the DCF Careline, and to know how to manage the complexities of a case involving a child trafficking survivor. Participants will practice engagement techniques including the use of case scenarios that will bring this work to life.	75%	Online Training	Academy Staff	Newly assigned Investigation Social Work Staff	4
DRS - CT Drug Threat and Drug Endangered Children					
This half day training is delivered in partnership with the CT State Police. During course students will learn most up to date information around substances treating or clients/communities and the efforts to confront these challenges through	75%	Online Training	Consultants	Newly assigned Investigatio	3

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
collaboration between the Department and law enforcement. This training will be delivered virtually through Microsoft Teams.				n Social Work Staff	
DRS - Health and Wellness					
The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and well-being issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care.	75%	Online Training	DCF Staff	Newly assigned Investigation Social Work Staff	4
DRS - Intimate Partner Violence					
This course provides participants with information on Intimate Partner Violence (IPV) and how it will apply to an intake worker. Through group activity, lecture, and supplemental video clips, participants explore and discuss commonly held myths pertaining to IPV; gain an understanding of the various terms being used within the field; and discuss the numerous warning signs and types of abusive behavior that are present in relationships characterized by IPV.	75%	Online Training	DCF and Academy Staff	Newly assigned Investigation Social Work Staff	4
DRS - Legal Issues					
This training will assist DRS staff in further understanding the OTC process, as well as address rules of evidence in CPS investigations. The training is also designed to assist DRS staff in conducting investigations and Family Assessment Responses in a manner that is acceptable for judicial review and becoming more familiar with the different court systems	75%	Online Training	DCF and Academy Staff	Newly assigned Investigation Social Work Staff	4
DRS - Racial Justice					
The Racial Justice training has been developed to address disproportionality in the Child Welfare System. Intake workers set the tone for a family's experience with the Department and need to the have the tools to engage case participants regardless of race in a respectful and productive manner. This training will explore themes associated with disproportionally and how to overcome them as we work toward to becoming a racially just organization.	75%	Online Training	DCF and Academy Staff	Newly assigned Investigation Social Work Staff	3
DRS - Sexual Abuse - Minimal Facts for First Responders					
The "Minimal Facts for First Responders" curriculum is designed to assist DRS staff in the investigation of childhood sexual abuse. Defining "Minimal Facts," discussion of dynamics of childhood sexual abuse, and the importance of collaboration between law enforcement and DCF will be discussed. Skill-building related to interviewing will be a focus of this training.	75%	Held in House	Academy Staff and Consultants	Newly assigned Investigation Social Work Staff	5
DRS - Special Qualitative Review					
We have partnered with Special Qualitative Review (SQR) team to bring participants a training to include infant fatality, chronic neglect, and fatherhood. Through this training participants will become aware of the themes contributing to infant fatality and chronic neglect to build their assessments around highlighting and addressing these concerns effectively and without delay. This training will be offered virtually through Microsoft Teams.	75%	Online Training	Academy Staff	Newly assigned Investigation Social Work Staff	3
DRS - Substance Abuse					
This course is designed to enhance the participants' investigative and assessment skills related to substance use in adults and adolescents. Substance use or misuse plays a critical role in child welfare and impacts decisions related to maintaining a child safely at home and timely reunifications, as well as recurrence of maltreatment and re-entry into out of home care. Participants will be exposed to validated tools used to screen adults and adolescents. Techniques on increasing insight and awareness regarding substance use and motivation toward behavioral change will be shared and practiced. The course will conclude with a discussion on statewide resources and DCF funded services. This training will be delivered virtually through Microsoft Teams.	75%	Held in House	Academy Staff	Newly assigned Investigation Social Work Staff	6
DRS - Worker Safety					
This ½ day training is designed to help DRS staff tune into good, safe investigation practice and to recognize potentially dangerous situations. Practical tips to enhance personal safety will be discussed. This training will be delivered virtually through Microsoft Teams.	50%	Held in House	Academy Staff	Newly assigned Investigatio	1

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
				n Social Work Staff	
Early Childhood Development: Childhood Development Milestones and Basic Baby Care					
The growth and development milestones of children birth through five years of age will be explored as well as some of the factors that may impact typical/atypical development. This training will also consider what can cause the derailment of a child's development; and how a parent/caregiver can manage some of the challenging behaviors of young children. Do you want to know or refresh your memory and skills on how to care for an infant, change a diaper, feed, hold, or burp an infant? Then, this course is designed to demonstrate those tasks as well. Understanding why the early years are critical and the importance of providing the proper and practical care of our young children will aide participants in this training to better assess the basic needs of children.	75%	Online Training	Consultants and Academy Staff	All Staff	3
Engaging Fathers and Other Men Who Offend					
This training will focus on engaging fathers and other men who perpetrate patterns of coercive control in their intimate relationships. Participants will discuss intimate partner violence perpetrators. Participants will also discuss how to assess safety within families and how to safety plan with fathers and other men who offend. Participants will ensure they are engaging with children in a safe manner accounting for their mental health needs. Participants will also discuss ensuring safety and well-being of the non-offending parent. Also, during this course there will be an opportunity to practice and build skills around engaging fathers and other men who offend.	75%	Online Training	Academy Staff and DCF Staff	Social Work Staff	4
Engaging Fathers and other Men Who Use Violence					
This training will focus on engaging fathers and other men who use patterns of coercive control in their intimate relationships. Participants will discuss people who use violence. Participants will also discuss how to the socialization of men impacts the use of violence in adulthood. Participants will ensure they are engaging with children in a safe manner accounting for their mental health needs. Also, during this course there will be an opportunity to practice and build skills around engaging fathers and other men who offend.	75%	Online Training	DCF and Academy Staff	All Staff	4
Exploring the Gender Verse: Transgender and non-binary youth in child welfare settings					
This training assumes that participants have already completed when pink and blue is not enough and DCF 101 Asynchronous trainings and are ready for a deeper dive. We will briefly explore the origins of gender the emerging complexity of determining biological sex, and then focus on the unique concerns and considerations for trans and non-binary in child welfare. Using discussion and case studies, topics will include: DCF policies regarding placement and gender affirming care; supporting families when their child comes out; building resilience in youth and advocating for our clients with schools and/or other providers.	75%	Held in House	Consultants	All Staff	3
Finding Calm in the Chaos: Decreasing Stress through Mindfulness					
Participants will explore the connection between how worry creates a feeling of anxiety in the body and how to begin to shift negative thinking patterns through mindful attention and intention. They will also practice various centering and breathing exercises to deepen their awareness of how to create a sense of calm and peacefulness in their body, mind, and heart. No prior experience in mindfulness practice is required!	0%	Online Training	Consultants	All Staff	3
FOCUS – Center for Autism					
The Focus Fresh Start program provides experiences and educational learning to address academic, social learning and clinical needs. Participants will learn first-hand about autism, anxiety, and the effects of trauma. Participants will learn the Power of Relationships and strategies to develop relationships while on the spectrum, learn about the Circle of Anxiety and recognize symptoms of anxiety, learn Sensory Needs strategies for managing them.	75%	Held in House	Consultants	All Staff	3
Get to the Point: Skill Development for Clear & Concise Presentations					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course is designed to help participants develop confidence and skills in presenting information clearly and concisely. Participants will review basic presentation and communication skills. Using a case example, participants will practice organizing relevant information in order to give a brief presentation for a variety of purposes or audiences, for example, a RRG consultation or multidisciplinary meeting. Each participant will have the opportunity integrate new skills with a short presentation to the group. They will receive feedback from trainers and other participants.	75%	Held in House	Academy Staff	All Staff	6
Getting Ahead of Secondary Trauma. A Webinar for Supervisors					
This webinar will provide supervisors with strategies to increase worker resilience and minimize the impact of secondary trauma on the workers in their units. Supervisors will explore their own personal connection to secondary trauma and the ways it can impact their ability to support workers around this issue. Supervisors will also learn tools to be able to respond effectively to workers who are experiencing symptoms of secondary trauma.	50%	Online Training	Consultants	Supervisors	2
Improving Observation & Documentation Skills through Practice					
In this course participants will enhance their observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. Participants will visit real-life settings, such as Hartford Hospital, Criminal Court, and Bushnell Park and practice observing human behavior in that setting. They will be encouraged to take notes, but not interact with others, only observe. After the observation time, participants will return to the Academy and interpret their observations through writing, using an unbiased and objective lens. Participants will integrate their observations into written documentation and practice writing in a clear and accurate manner. They will conduct peer-reviews on each other's work. Finally, participants will submit their documentation to the trainers for review. The trainers will review the work and provide feedback to the participant and his or her supervisor.	75%	Held in House	Academy Staff	All Staff	6
Intake Booster					
This training is provided as a booster training for current Intake Staff. The training will increase the knowledge base for Intake staff with respect to cornerstone elements of our Investigation/FAR practice. The definitions of Safety, Risk, Engagement, Assessment, Commencement, and Completion will be explored. Purposeful visitation, meeting with children alone, documentation elements, and barriers for engagement with children and Families will be at the forefront of the discussion. The training will increase the knowledge base of staff regarding the importance of using critical thinking skills during the Investigation/FAR process. Having an open mind and avoiding Confirmation Bias with respect to assessments and practice will be discussed. The completion of the "Differential Response System Training Series" is a pre-requisite.	75%	Online Training	Academy Staff	Investigation Social Work Staff	4
Intake Social Work Supervisor Training: Function Specific Learning for new Supervisors					
"Build a strong Unit! This training is intended for DCF Supervisors who are newly promoted and/or newly transitioned to the Intake function. Supervisors who attend this training will become more familiar with their supervisory roles and responsibilities as it relates to the Differential Response System (DRS) as well as supervising Investigations and Family Assessment Responses in accordance with DCF Policy and Practice. This training includes the following topics: • How data informs DRS • Routine and field supervision • Case trajectory from the call to careline to the case disposition • Intake specific LINK tasks • Safety and Risk assessment with utilization of SDM tools and the Child Safety Practice Model • Integration of policies, operational definitions, and practice guides into supervisory oversight of DRS case work • Advancing anti-racism in DRS work • How cognitive bias impacts case decisions	75%	Held in House	Academy Staff	Supervisors	6
Intermediate Excel					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This hands-on is a unique opportunity for participants to be provided with a detailed overview of a wide range of Microsoft Excel functions, while allowing them to complete their own projects, data reports, or other with the support of the instructor. Participants will learn everyday shortcuts in navigation and data entry, enhance their ability to analyze data with filtering, sorting, quick analyses and charts, l and enhance their ability to use data entry sheets via drop down lists, conditional formatting and removing duplicate data.	50%	Held in House	DCF Staff	All Staff	3
Interstate Compact on Placement of Children (ICPC) Drop-In Consults Sessions					
The Department of Children and Families is responsible for the operation and administration of three (3) distinct Interstate Compacts to promote the safety, well-being and permanency of children and youth when they move or are placed across state lines. Interstate Compacts are voluntary agreements between two or more states on a particular policy issue that becomes law in each state. This session will provide answers to ICPC questions and provide guidance on all things connected to ICPC.	75%	Online Training	DCF Staff	All Staff	2
Introduction to Pivot Tables					
A Pivot Table report is an interactive table that quickly combines and compares large amounts of data. This hand-on course will introduce participants to this useful tool and create an opportunity for practice using Pivot Tables. Participants will discover how Pivot Tables can be created and used with data from existing DCF reporting areas (ROM/LINK/ETC), as well as how to choose the fields to be included. Participants will understand how to select from the Functions that are available to summarize results in a Pivot Table, and how this tool can be used to enhance their use of data.	50%	Held in House	Consultants	All Staff	3
IPV-ATS - Session 1: Social Determinant of Health and Racial Justice: Locating IPV / Trauma-Informed Interventions for IPV					
This course will focus on the consequences of trauma exposure for both victims and perpetrators of intimate partner violence. This includes a review of important models for understanding violence and its impacts, and an exploration of factors that can increase the risk of violence. This training will also highlight how trauma and IPV intersect with the veteran population and specific strategies for integrating a trauma informed approach to working with people who use violence. At the end of this course, participants will be able to: 1. Explain the social information processing and survival models for violence for survivors of trauma and their partners. 2. Address contributing factors that can increase risk for intimate partner violence among survivors of trauma and their partners. 3. Describe three ways anger is expressed among survivors of trauma and their partners. 4. Review challenges to violence prevention and strategies for overcoming these challenges. 5. Discuss strategies	75%	Online Training	Consultants	RRG and Providers	3.5
IPV-ATS - Session 2: IPV, Mental Health, and Substance Misuse / IPV For Undocumented Communities					
This course will provide participants with an understanding of culture and the importance of cultural considerations when working with families where IPV is present. In this training, participants will delve deeper into The Adverse Childhood Experiences Study and will be able to define and explain social determinants of health, and how social factors shape health and well- being, particularly with relation to experiences of and with violence. Because inequality, racism and structural inequalities operate as social determinants of health, this training will also explore IPV a social justice issue. At the end of this course, participants will be able to: 1. Explain and understand intimate partner violence as a social determinant of health 2. Understand the domestic violence risk and protective factor framework 3. Identify how structural inequalities sustain/inform experiences of abuse	75%	Online Training	Consultants	RRG and Providers	3.5
IPV-ATS - Session 3: CT Fatherhood Initiative, Office of the Victim Advocate and Following an IPV Case					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course will introduce participants to the Connecticut Fatherhood Initiative, as well as to innovative tools to assess for IPV and its impacts. It will also provide and in-depth look as the department's primary programs for families impacted by IPV: IPV-FAIR (Intimate Partner Violence- Family Intervention and Response) and MST-IPV (Multisystemic Therapy-Intimate Partner Violence). The session will include group work and role playing to enable participants to build their skills in using new tools.	75%	Online Training	Consultants	RRG and Providers	3.5
IPV-ATS - Session 4: Strangulation, Brain Injury, and Lethality					
This course will provide an in-depth look at brain injury, particularly within the context of strangulation and IPV. Participants will learn the mechanisms of brain injury and the consequences associated with those mechanisms. The training will introduce participants to the Acquired Brain Injury program at DMHAS, how to screen for a brain injury, and what to do if someone screens positively including how to refer clients to the program and what resources the program is able to provide to people who may have a brain injury. At the end of this course, participants will be able to describe: 1. mechanisms of brain injury including strangulation 2. what deficits a person with brain injury may present with 3. how to evaluate a person's functionality and independence 4. special issues unique to victims of IPV living with brain injury 5. where to obtain information pertaining to ABI resources in Connecticut	75%	Online Training	Consultants	RRG and Providers	3.5
IPV-ATS - Session 5: IPV and its Impact of Children/Assessment Tools					
This course will focus on the impact of intimate partner violence (IPV) on children's health and development. Aspects of children's exposure to physical and psychological forms of violence across development and risk for co-occurring forms of deprivation- and threat-related adversities will be discussed. Psychological consequences of IPV exposure, including posttraumatic stress disorder (PTSD), anxiety, depression, and disruptive behavior problems will be reviewed, including how to identify and assess violence-related impairment in children at different stages of development. Another topic will focus on the difficulties of effective parenting in the context of IPV, with implications for prevention and intervention. Factors associated with resilience and recovery from violence exposure will be reviewed, with an emphasis on how advocates, caseworkers, and other professionals can promote resilience in IPV impacted families. Finally, evidence-based interventions for addressing IPV-related	75%	Online Training	Consultants	RRG and Providers	3.5
IPV-ATS - Session 5B: Assessment Tools; IPV-FAIR and MIST-IPV					
This course will introduce participants to the innovative tools to assess for IPV and its impacts. It will also provide and in-depth look as the department's primary programs for families impacted by IPV: IPV-FAIR (Intimate Partner Violence- Family Intervention and Response) and MST-IPV (Multisystemic Therapy-Intimate Partner Violence). The session will include group work and role playing to enable participants to build their skills in using new tools. At the end of this course, participants will be able to: 1. Understand differences and applicability of multiple assessment tools 2. Understand and apply innovative IPV screening and assessment strategies 3. Describe the department's two primary interventions for families impacted by IPV: IPV-FAIR and MST-IPV	75%	Online Training	Consultants	RRG and Providers	3
IPV-ATS - Session 6: Teen Dating Violence					
This course will introduce participants to innovative techniques specific to engaging families impacted by imitate partner violence, including specific strategies to engage and involve partners who use violence. Family engagement means building relationships with families that support family well-being and strong parent-child relationships. This training will offer engagement strategies tailored to the unique needs of families impacted by IPV.	75%	Online Training	Consultants	RRG and Providers	3.5
IPV-ATS - Session 7: IPV in LGBTQ+ Populations, Homelessness and IPV, and IPV and People living with HIV					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course will provide participants with a nuanced understanding how intimate partner violence intersects with various identities and social issues. This includes how IPV is both a cause and consequence of HIV and a critical risk factor for homelessness, differences, and implications of IPV in older adults and the disabled population, how IPV manifests in the LGBTQ community, and special considerations for working with undocumented clients. As intimate partner violence is not one phenomenon but intersects with different communities in important ways that have clear implications for how victims and perpetrators present to the department, this training will position participants to understand and address violence at these intersections. At the end of this course, participants will be able to describe: 1. IPV as both a cause and consequence of HIV 2. How IPV contributes to homelessness, including VAWA housing requirements 3. IPV in older and other vulnerable adults 4. Particular	75%	Online Training	Consultants	RRG and Providers	3.5
IPV-ATS - Session 8: Collaboration with Advocacy Community, Connecticut Coalition Against Domestic Violence and the Alliance to End Sexual Assault					
This course will identify and describe the important role of the advocacy community in engaging in IPV work, specifically with the Connecticut Coalition Against Domestic Violence and the Alliance to End Sexual Violence. Participants will review the work of these agencies, as will develop important strategies engaging with these agencies. Participants will also be introduced to the role of the Office of the Victim Advocate. At the end of this course, participants will be able to: 1. Describe the roles and responsibilities of the sexual assault and domestic violence victim advocates at the Connecticut Coalition against Domestic Violence and the Alliance to End Sexual Violence 2. Utilize strategies to build relationships with the advocacy community and identify clear benefits of these relationships 3. Understand the role of and resources available through the Office of the Victim Advocate	75%	Online Training	Consultants	RRG and Providers	3.5
Kronos - 24/7 Location Supervisors - End of Pay Period Timecard Review					
This training is designed as a pop in session for DCF Supervisors to ask a Kronos Experts question on reconciling timecards for the current pay period. Supervisors can also join in to listen to questions others have and how these questions are answered.	50%	Online Training	DCF Staff	Supervisors	1
Kronos - Employee Guide					
This is an e-learning session on how to use Kronos from an employee perspective.	50%	Online Training	DCF Staff	All Staff	0.5
Kronos - Supervisor Guide					
This is an e-learning session on how to use Kronos from a supervisor perspective.	50%	Online Training	DCF Staff	Supervisors	1
Kronos- Supervisors - End of Pay Period Timecard Review					
This training is designed as a pop in session for DCF Supervisors to ask a Kronos Experts question on reconciling timecards for the current pay period. Supervisors can also join in to listen to questions others have and how these questions are answered.	50%	Online Training	DCF Staff	Supervisors	1
Kronos Video - Supervisors					
This e-learning session will review some of the processes of how to use Kronos from a supervisor perspective	50%	Online Training	DCF Staff	Supervisors	1
LAMM - Orientation					
Participants are provided with an overview of LAMM	50%	Online Training	Academy Staff	Managers	3
LAMM: Leading Change - Day 1					
LAMM Day 1	50%	Online Training	Consultants	Managers	6
LAMM: Leading Change - Day 2					
LAMM Day 2	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading for Results - Day 4					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
LAMM Day 4	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading for Results - Day 5					
LAMM Day 5	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading in Context - Day 3					
LAMM - Day 3	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading People - Day 6					
LAMM Day 6	50%	Online Training	Academy Staff	Managers	6
Leading From a Supervisory Perspective: Making the Transition to Supervisor					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: The Human Relationships of Supervision					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: The Process of Supervision					
This course addresses the following topics: Overview of the Yale Supervision Model, four quadrants of supervision and explore themes to apply to each quadrant, learning styles, finding balance, and developing strategies, review of narratives, LINK work, and tracking systems to inform supervision, writing the supervision note, and using Group supervision to assess and educate and deepen their understanding of casework.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading the Next Generation					
Effective leadership promotes the well-being of all members of an organization and facilitates better outcomes for families and children served by the agency. The goal of this training is to support emerging child welfare leaders in their preparation for promotion to middle management leadership roles in ways that align with child welfare leadership competencies. The course will explore effective leadership styles and strategies, use of agency data to support outcomes, and interviewing skills. This training will also include a middle management mock interview to be scheduled following participation in the class.	75%	Held in House	Academy Staff	Supervisors	6
Learning Lab - Microsoft Office					
Are you having a hard time getting some peace and quiet to focus on a large project that is due? Would you like the support of an IT professional to turn that Power Point presentation or Excel spreadsheet into something extraordinary or more user-friendly? If you answered “yes!” to either of these questions, the “Learning Lab – Microsoft Office 2013” course is a perfect opportunity for you. Designed as an “open lab” where participants bring their own work materials, it is an opportunity to accomplish work on a specific project or presentation with the support of the DCF Academy IT Consultant. Registration in advance is necessary, and class size is limited due to the nature of the course.	50%	Held in House	Academy Staff	All Staff	2

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Let's Talk Tuesday: Kick Off					
This virtual meeting will discuss the Connecticut ABCD Child Safety Practice Model. The agenda will include review of the paradigm, as well as a dialogue with participants to any early successes or changes faced while implementing in the field.	75%	Online Training	Academy Staff	All Staff	1
Let's Talk Tuesday: Discussion Guides					
This virtual meeting will discuss the Connecticut ABCD Child Safety Practice Model. The agenda will include review of the paradigm, as well as a dialogue with participants to any early successes or changes faced while implementing in the field.	75%	Online Training	Academy Staff	All Staff	1
Let's Talk Tuesday: Practice Profile Demo					
This virtual meeting will discuss the Connecticut ABCD Child Safety Practice Model. The agenda will include review of the paradigm, as well as a dialogue with participants to any early successes or changes faced while implementing in the field.	75%	Online Training	Academy Staff	All Staff	1
LINK for Non-Caseload Carrying Staff					
During this course, participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS) also known as LINK as it relates to their role and function as a non-caseload carrying staff. Participants will learn the general functions of LINK, including search functions, general tab functions, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice searching cases, individuals, placements, legal status, and providers; entering narratives with accurate narrative type selection.	75%	Held in House	Academy Staff	All Staff	3
Making the Most of Your Time: Effective Time Management and Organizational Tools					
The goal of this training is to enable DCF social workers to maximize their use of their time to accomplish critical work tasks; and to offer participants methods to decrease deadline related stress and reduce the need for paperwork related overtime. This will be accomplished by offering participants the opportunity to reflect on how they are currently using their time and explore options to increase their productivity through a better understanding of their inner and outer environments. The training will offer concrete tools and methods to increase the effective use of their time. Educational Objectives: OBJECTIVES • Participants will be able to identify the critical tasks of their work and be able to estimate the average amount of time needed for priority tasks. • Participants will be able to identify methods for decreasing distractions and minimizing interruptions. • Participants will be able to identify ways to create a personal environment that supports productivity	50%	Held in House	Academy Staff	All Staff	6
Medical Marijuana in CT					
This webinar will provide an overview of CT Medical Marijuana Law by Department of Consumer Protection (DCP). This webinar will provide information on the current legislation, covered conditions, how to obtain a medical marijuana card, what a medical marijuana card looks like, CT dispensaries, and other information that is relevant to understanding Medical Marijuana in Connecticut.	75%	Online Training	Consultants	All Staff	0.5
Mentee Orientation					
The orientation training will provide mentees with an overview and understanding of the history of the program, mentoring relationships, program requirements, and the mentoring process. There will be a panel discussion from previous mentees discussing their experience in the program.	50%	Online Training	DCF and Academy Staff	All Staff	3
Mentor Orientation					
The orientation training will provide mentors with an overview and understanding of the history of the program, understanding mentoring vs. supervision, effective mentoring relationships, program requirements, and the mentoring process, examples of mentoring activities, and general guidelines. Participants who have previously mentored may be asked to provide insight as to their experiences being a mentor.	50%	Online Training	DCF and Academy Staff	All Staff	3

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Mentoring Professional Development -- Leading From Your Seat					
The session will be an opportunity for the Mentees and Mentors to learn about Leadership skills and different leadership styles. Utilizing different behavioral self-assessment tools attendees will learn about their leadership style, working as part of a team, and be provided insight to their personality type and decision-making style. A panel of DCF staff with talk about their career paths and why they chose a particular route and attributes that helped them lead in their role.	50%	Online Training	DCF and Academy Staff	All Staff	3
Mentoring Professional Development Day 1 at the Wilderness School					
Professional Development Day 1. The morning will be an opportunity for the Mentees and Mentors to learn about the agency's Safe and Sound Culture, a presentation on Authentic Leadership and group discussions. The afternoon will be an opportunity for building the relationship between mentee/mentor.	50%	Held in House	DCF and Academy Staff	All Staff	6
Mentoring Program - Closing Ceremony					
A time for the mentors and mentees to come together, present and reflect on their experiences together over the last 9 months.	50%	Held in House	DCF and Academy Staff	All Staff	3
Mentoring Program - Legislative Process					
Mentees will have an opportunity to learn about the legislative process and the departments' role, how lobbying works, relationship building with the legislatures and upcoming bills affecting the department.	50%	Held in House	DCF and Academy Staff	All Staff	2
Mentoring Program Kick Off					
The Kick-off will provide mentees and mentors an opportunity to learn of the expectations during the upcoming cohort, overview of the program, their roles and responsibilities in the mentee/mentor relationship, upcoming activities, and reviewing of forms. Mentees and mentor will be connected with their match. Ice breaker activities will occur. Break-out sessions will occur to provide an opportunity for introductory meet and greet between the mentee and their mentor.	50%	Held in House	DCF and Academy Staff	All Staff	3
Mindfulness					
In this course, we will explore the definition of mindfulness and delve into the benefits of developing a mindfulness practice. We will learn about the Buddhist roots of mindfulness and how it became a secular wellness strategy in the United States. In this course, we will explore the use of mindfulness in therapeutic modalities. We will also learn and practice several different mindfulness activities that can be easily incorporated into our busy and stressful DCF lives!	50%	Online Training	Academy Staff	All Staff	2
Motivational Interviewing					
Persuasion vs. Empowerment! This session will be an overview of the skills and techniques that give peers in recovery the tools and confidence to make their own healthy choices. Participants will gain an understanding of dynamic techniques such as reflective listening, using open-ended and meaningful questions, and the guiding principles of motivational interviewing.	75%	Online Training	Academy Staff	All Staff	3
Multisystemic Therapy- Building Stronger Families PART 1					
Multisystemic Therapy-Building Stronger Families (MST-BSF) program is an intensive home-based approach for families with children ages 6-17 involved with the Connecticut Department of Children and Families (DCF) protective services due to neglect and physical abuse concerns and where there is also concern about the impact of parental substance abuse on the family. A central part of the model is intensive, empirically supported treatment focused on monitoring and treating parental substance abuse. In addition, MST-BSF provides a full range of other evidence-based treatments to adult and child family members to address concerns such as trauma symptomatology, anxiety, depression, externalizing problems, family conflict, school problems and low parenting skills. During this training, participants will receive an overview of the MST-BSF model including background, supporting research, referral criteria and an overview of how the BSF team works closely and effectively with DCF.	75%	Online Training	Consultants	All Staff	2
Multisystemic Therapy Model and Overview					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The training will focus on disseminating information about the Multisystemic Therapy (MST) model, target population and quality assurance process. The presentation will highlight youth who are most appropriate for the MST program. Highlighting MST as a substance use treatment program, the presentation will provide information around how the team approaches adolescent use, testing protocols recovery and relapse. Participants will gain an understanding of how MST therapists engage caregivers who have a history of low participation in treatment, how therapists collaborate with multiple systems to leverage strengths in the family's ecology to motivate change, and how treatment goals are consistently assessed, reevaluated, and ultimately attained in a sustainable way. The presentation will also highlight the many layers of quality assurance protocols and means of evaluating therapist skill set for growth and development.	75%	Online Training	Consultants	All Staff	1.5
No Place like Home: Permanency Planning for Lesbian, Gay, Bisexual and Transgender Youth (LGBT) in Care					
LGBT youth are coming out earlier – the average age in now 13 -- and in greater numbers. As a result of the stresses that sometimes arise in a family when a child comes out, of number of LGBT youth end up in various forms of out of home care, including detention, foster homes, group homes, shelters, residential treatment, etc. Numerous studies indicate that these children have greater difficulty in care – more frequent placements, more disruptions, etc. For most of these youth, permanency planning translates into independent living. But is that really the best or the only option? This workshop will explore barriers to permanency planning for sexual and gender minority youth and identify strategies that participants can use to help these youth find their way home	75%	Online Training	Consultants	All Staff	3
Now and Zen: A Time for Autumn					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath, and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect The week's practice offers at time for autumn.	0%	Online Training	DCF Staff	All Staff	0.25
Now and Zen: A Time for Empathy					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath, and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect The week's practice offers at time for empathy.	0%	Online Training	DCF Staff	All Staff	0.25
Now and Zen: A Time For Gratitude					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath, and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect The week's practice offers at a time for gratitude.	0%	Online Training	DCF Staff	All Staff	0.25
Now and Zen: A Time for Liberation					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath, and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect The week's practice offers at time for liberation.	0%	Online Training	DCF Staff	All Staff	0.25
Now and Zen: A Time For Peace					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath, and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect the week's practice offers at time for peace.	0%	Online Training	DCF Staff	All Staff	0.25

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Now and Zen: A Time to Relax					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath, and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect The week's practice offers at time to relax.	0%	Online Training	DCF Staff	All Staff	0.25
Observation and Documentation Activity					
This activity is part of the Observation and Documentation Class	50%	Online Training	Academy Staff	All Staff	0.25
One on One - Car Seat Refresher					
This course provides social workers with a refresher of the regulations regarding car seats, and hands on training for the proper installation of car seats.	50%	Held in House	Academy Staff	All Staff	3
One on One Coaching - Ongoing Social Workers					
This training is provided as a support to Ongoing Social Workers who require support/refresher training in the role and responsibility of the Social Worker position. Coaching is provided around organization, time management and to reinforce or increase the knowledge of SDM tools with focus on Safety Assessment, Safety Planning, Family Strengths and Needs Assessment, Risk Reassessment and Reunification Assessment as requested by the assigned Supervisor or as needed.	50%	Held in House	Academy Staff	All Staff	1.5
One on One Coaching - Time Management					
This 1:1 coaching will focus on assisting DCF staff in organizational skills to help reduce anxiety and frustration about being overwhelmed. The following are objectives of the training: • Participants will understand the importance of organization • Participants will be able to plan effectively • Know how to prioritize tasks • Know how to effectively schedule your time at work • Develop filing system • Work space planning • Develop work systems • Learn Microsoft Outlook tools: Calendar, Share Calendar with Supervisor, Reoccurring Task Reminders, Folders in Email, Quick Step and Delayed Delivery • Develop effective ways to balance and manage your time • Describe various prioritizing techniques • Identify habits of procrastination and how to avoid them • Categorize environmental and self-imposed time wasters • Review new ideas for more effective Time Management	50%	Held in House	Academy Staff	All Staff	1
Overview of Immigration Policies, Protocols, and Practice Online Training					
The purpose of this training is to provide legal and practice guidance to all case carrying, and support staff, working with immigrant and refugee families with varying legal statuses and needs in the State of Connecticut. This training is developed to support the DCF Immigration Policy and Practice Guide 31-8-13(Released May 2017). The information contained in this presentation is based on current federal and state statutes.	75%	Online Training	DCF Staff	All Staff	1
Probate Matters					
This course is designed to assist ongoing Social Workers assigned to Probate Court cases to perform expected roles and tasks. Participants will receive a foundational framework for understanding the legal context of Probate Court cases. Participants are provided an overview of the Probate Court system in Connecticut, in contrast with Juveniles Court Matters, learn the importance of making well informed assessments and recommendations to Probate Court. Participants will understand the need to provide clear and consistent communication with Probate Court to support the courts' ability to reach conclusions that are in the best interest of the children and their families being served. Finally, participants will also receive instructions on how to present during testimony at Probate Hearings.	75%	Held in House	Academy Staff	All Staff	6
QPR (Question, Persuade, Refer) Suicide Prevention Training					
QPR is a suicidal thinking, behavior, attempts prevention training for participants to be able to recognize the warning signs of Suicidal Thinking, Behavior, Attempts and question, persuade, and refer people at risk for Suicidal Thinking, Behavior, Attempts for help. Participant will be trained in the following:	75%	Held in House	Academy Staff	All Staff	2
Recertification First Aid/ CPR Adult, Child, and Infant AED					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Recertification First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, aid a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals with basic first aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards, and Personal Safety	50%	Held in House	Academy Staff	All Staff	3
SDM Revisited					
This is a solid review of SDM Safety, Risk, with the connection to the Child Safety Practice Model/ABCD paradigm and Safety Planning.	75%	Online Training	Academy Staff	All Staff	3
SDM Safety and Safety Planning					
The Covid-19 Pandemic required the Department to reimagine how child protection services are delivered. The Academy for Workforce Development aims to provide relevant and timely learning opportunities to enhance the child welfare practice. Along the way, lessons have been learned, process refined, and innovation welcomed. The DRS Microlearning Lab is a continuum of the agility required to achieve safety, permanency, and wellbeing for children in an increasingly virtual environment. The MLL will consist of five labs that will be one hour each, in a shared learning environment that fosters skill building and promotes application. Learners are encouraged to participate in all five labs but that is not a requirement. Using examples specific to IPV and S/A, this MLL will drill down on how to incorporate the assessment of child vulnerabilities, parental characteristics/behaviors, protective capacities, and the family's resources to create a specific plan to mitigate the immediate safety	75%	Online Training	Academy Staff	All Staff	3
SDM Structured Decision Making - Safety Assessment Tool Online Training					
This self-paced module will introduce the Safety Assessment tool and the benefits that will occur by it being used by the agency.	75%	Online Training	DCF and Academy Staff	All Staff	0.5
Special Qualitative Review (SQR) Learning Forum - Fentanyl Use in Families and Child Protection Implications					
The forum will explore the themes found in SQR cases around the impact fentanyl is having on the families the department serves and the community. • Participants will be able to understand the signs and risks associated with fentanyl use. • Participants will the explore a case utilizing the Safety Practice Model / ABCD paradigm. Participants will be able to plan with families on securing treatment and mitigating risks of exposure to children and youth.	75%	Online Training	Academy Staff	All Staff	3
Strategies for Addressing Disproportionality & Disparity: A Data Driven Approach					
This course is aimed at enhancing participants' knowledge of and access to meaningful data regarding disproportionality and disparate outcomes for children and families of color and developing new practice strategies to positively improve those outcomes. Participants will reflect on the impact implicit biases have on key decision points and service delivery for families. Participants will have the opportunity to explore reports relevant to case practice. They will learn introductory excel skills to sort and filter the data to make it meaningful to each user. Participants will be called to action and encouraged to implement newly learned strategies in support of the agency's strategic goal of Racial Justice.	75%	Held in House	Academy and DCF Staff and Consultants	All Staff	6
Strengthening Case Planning through Supervision					
This is a leadership course aimed at exploring the role social work supervisors and program supervisors have in case planning. Participants will review the difference between case planning and the case plan document. The class will explore ACR practice themes and myths. Participants will also examine supervision strategies for supporting case planning practice, which will ultimately aid in achieving the agency's key performance indicators and strategic goals.	75%	Held in House	Academy Staff	All Staff	4
Supervising Trainees: Developing the Workforce					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course is designed to provide DCF supervisors with knowledge needed to perform the duties of a training unit supervisor. The class will explore how meeting the unique needs of newly hired social work staff fits into the Department's existing supervision model, specifically coaching and communication. We will define the various processes and responsibilities surrounding preservice training including; academy policy, training curriculum, role of liaison, pre & post testing, trainee observations and transfer of learning activities.	50%	Held in House	Academy Staff	Supervisors	4
Supporting LGBTQ+ Youth					
All youth in care need nurturing homes that provide them with a safe place to process their feelings of grief and loss, freedom to express who they are, and structure to support them in becoming responsible, healthy adults. Creating a welcoming foster home for LGBTQ youth is not much different from creating a safe and supportive home for any youth. This virtual training will provide information on recognizing Sexual Orientation, Gender, Identity, and Expression (SOGIE) Diversity. In addition, this virtual training will also provide information on behavioral risks and protective factors pertaining to the LGBTQ+ population.	75%	Online Training	Consultants	All Staff	1
Teen Dating Violence					
This training is being brought to DCF by the Connecticut Coalition Against Domestic Violence and the DCF' Behavioral Health Division. This interactive training provides an overview of teen dating violence including the scope, nature and dynamics of the problem, and its impact. Through this training, participants will learn about the dynamics of teen dating violence, risk, and protective factors for teen dating violence, making healthy relationship choices, teen dating violence as a bullying behavior, model teen dating prevention projects and curriculum, and resources for teens.	75%	Online Training	Consultants	All Staff	1.5
The Cost of Caring: What Matters					
Supervisors play a vital role in workplace productivity and organizational health and are at the forefront of improving the capacity of the child welfare workforce (McCrae, et.al, 2015). At the same time, they are under extreme pressure to improve outcomes for children and families but seldom focus on their self-care. In order to prevent burnout, supervisors will be asked to revisit and reflect on their reasons and motivation for entering the child welfare field while reviewing several traumata -informed care and Winnicottian concepts that include vicarious trauma, transference, and countertransference. Participants will engage in discussion and various case vignettes that include the challenges and pressures that supervisors and managers experience in a post-covid environment. Lastly, the participants will focus on identifying and practicing self-care strategies to improve their capacity to care for others in their supervisory roles.	50%	Held in House	DCF Staff	Supervisors	3
The Next Step: Exploring the Transition toward Supervisor while Enhancing your Leadership					
Ready for the next step? Is it the right time to make the transition to Supervisor? What can you do now to showcase your leadership skills today and build on them for the future? Preparation for the role of supervisor should start well before you apply for the position. This in-service training will discuss the roles, responsibilities, and competencies of being a supervisor. You will have the opportunity to explore your learning and leadership style, as well as discuss the roles they play. The process toward becoming a supervisor will be examined to include exam preparation, interviewing, and what qualities and experience are valued in the process. The class will include a virtual mock interview as well as an opportunity for an individual virtual mock interview at a later scheduled date for participants interested.	50%	Held in House	Academy Staff	All Staff	6
The Office of Immigration Practice at DCF					
DCF serves all families in Connecticut, regardless of immigration status. The foundation of DCF's immigration policy is that DCF never reports immigration status to the federal government (Immigration and Customs Enforcement, aka ICE). In this three-hour virtual training, participants will review and receive information on DCF Policy 21-13, Immigration. In addition, immigration terms will be defined, immigration data will be analyzed, and immigration law will be discussed. Immigration and issues related to social work practice with our transitional aged youth population and unaccompanied minors will be reviewed. We will also	75%	Held in House	DCF Staff	All Staff	2.5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
consider the impact of complex trauma on immigrant children and their families, and how professionals might develop trauma-sensitive practices with immigrants. Finally, we will talk about benefits, services, current challenges, and new developments within the immigrant population of Connecticut.					
The Professional Business Writing Workshop					
The following topics will be discussed during this workshop: o Quality and effectiveness of written communications o Ways to make business documents powerful, persuasive & professional o Up-to-date references for correct writing strategies o How to master practical writing tasks o Ways to apply workshop skills to on-the-job writing tasks o Basics of sentence structure and punctuation in writing o Understanding and profiling your audience o Using the active voice in writing o Gaining impact with visuals o Communicating sensitive, negative, or personal messages o The Three C's – Clear, Concise and Complete **This training will occur at Tunxis Community College, Bristol Branch 430 North Main St. Bristol, CT 06010	50%	Held in House	Consultants	All Staff	6
The Trauma of Homelessness: The Impact on Very Young Children and Families					
This training opportunity is for individuals who are seeking to broaden their knowledge on the topic of the impact of trauma and homelessness in early childhood. Training Objectives: • Understand the Relationship Between Homelessness & Trauma • Learn How Homelessness Impacts Attachment Relationships, Early Development & Learning • Understand the Definition of Homelessness & the Basics of the McKinney Vento Law • Learn Successful Strategies for Engaging Families	75%	Held in House	Consultants	All Staff	3
Transgender/Non-binary Youth: When Pink and Blue are Not Enough – Meeting the Needs of Gender Non-Conforming and Transgender Children and Youth					
Although DCF policy requires non-discrimination on the basis of gender identity and expression, there are few opportunities for DCF workers and Congregate Care Providers to build their understanding and skills in this area of culturally competent programming in an interactive training	75%	Held in House	Consultants	All Staff	3
Transitional Aged Youth Online Training					
A self-directed training that is the 'kick off' for the Transitional Support Services training series. It covers the basics of the VITAL policy and practice guide.	75%	Online Training	Academy Staff	Social Work Staff	0.5
Transitional Aged Youth Series -Module 1 - Adolescent Brain Development Day 1					
This two-day class focuses on the brain development of adolescents and the correlation between that process and behaviors and challenges often experienced in work with adolescents in the child welfare system. This class will help participants understand how their own current beliefs and attitudes about adolescence impact our work and to consider socio-cultural assumptions and implicit biases when working with young people. The activities explore the impact of trauma and racism and provide guidance on how to employ effective practices to help young people understand their experiences and to heal and grow. Embedded in the materials are strategies for engaging in youth-adult partnerships and promotion of positive youth development.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 1: Adolescent Brain Development Day 2					
This two-day class focuses on the brain development of adolescents and the correlation between that process and behaviors and challenges often experienced in work with adolescents in the child welfare system. This class will help participants understand how their own current beliefs and attitudes about adolescence impact our work and to consider socio-cultural assumptions and implicit biases when working with young people. The activities explore the impact of trauma and racism and provide guidance on how to employ effective practices to help young people understand their experiences and to heal and grow. Embedded in the materials are strategies for engaging in youth-adult partnerships and promotion of positive youth development.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 2: Engaging Empowering and Supporting TAY in their Identity Development					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Participants will be guided through an exploration of key factors in the development of individual identity that occurs in adolescence. The conversation that began in session 1 regarding the impact of racism on development will continue with focus on strategies to promote positive development of self and of a supportive community, with the conversation expanding to the importance of actively supporting racial identity for all youth. The importance of inclusive identity development will expand to our work with LGBTQIA+ youth. The class will round out with the role of positive youth development activities and program in building competence, confidence, connections, caring, and character in our youth.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 3: Building the Team for a Successful Launch					
In this session, participants will learn to build a partnership with our Transitional Aged Youth based on knowledge of adolescent emotional development. The class will explore the value of youth self-determination, understand how trust is built, and provide the opportunity for youth to explore goals in a supportive environment to launch the youth toward adulthood. Time will be afforded to consider the unique type of support needed for our youth in populations traditionally minimized in our culture. The importance of inviting the youths voice through authentic engagement will be present throughout the training day.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 4: Skill Development, Natural Supports, and Permanency: Fostering the TAY 's Launch into Adulthood					
This class focuses on the crucial role of securing permanency for the youth we work with an emphasis on a rounded sense of permanency, to include relational permanency. Agency expectations and legal standards regarding permanency and addressing barriers to permanency is explored. Also explored are the considerations to take when assessing the roles individuals in a youth's lives can play, both in formal permanency plans and in supporting the youth's acquisition of permanency through other relationships. Participants will be introduced to the Foster Club Permanency Pact. The vital importance of keeping the youth's voice at the center of our permanency work will be discussed throughout the session.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 5: Case Planning & Re Entry: Launch Pad					
In this session of the TAY series, participants will connect information from adolescent brain development to promote successful launch from DCF services. Through exploration of the case planning process, ACRs, and the new Omega process, participants will explore key considerations for preparing youth to launch from DCF care into adulthood. Use of the 800, the avenue toward re-entry, and the importance of holding a Vital Summit to clarify youth's plans will also be explored.	75%	Held in House	Academy Staff	Social Work Staff	6
Trauma and Resiliency in Young Children Birth to Age Five					
This training will explore trauma in the lives of young children, focusing on Birth - Age 5. Trauma will be defined as it relates to young children and how it may affect typical child development. Resiliency will be also defined, exploring different resiliency factors in young children and the role they play in children's responses to traumatic events. This training will also provide social workers with the tools to know when to make a referral for a child on their case load, and what type of referrals to make. Social workers will also learn about the "red flags" to be aware of when working with traumatized children, and how to respond appropriately to them. Social workers will be prepared to discuss the effects of trauma on young children with biological, foster, and adoptive families, and provide them with some tips and strategies to support these children in their homes. This training will also explore vicarious traumatization from the perspective of the social worker, and	75%	Held in House	Academy Staff	All Staff	6
Understanding Connecticut's Family Base Recovery Model and Program					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Family-Based Recovery (FBR) is an intensive home-based substance use and attachment-focused treatment model for parents who have a recent substance use history and are parenting a child under the age of 72 months. FBR treats both single parents and couples who are struggling with the dual challenges of substance use recovery and parenting a young child. The program offers parents reinforcement-based substance use treatment along with a focus on bolstering the parent-child relationship. With the support of the Department of Children and Families (DCF), the FBR model is currently implemented in 12 sites across Connecticut and is currently being adapted in other states. This presentation will provide an overview of the FBR model with a focus on referral criteria; referral process; and how FBR provides substance use treatment as well as what the parent-child work looks like. Learning Objectives: 1. Participants will become familiar with the FBR model 2. Participants will recognize	75%	Online Training	DCF Staff	Social Work Staff	3
Understanding Our Work With Children and Families Within the Deaf and Hard of Hearing Population					
Given Social Work Staff have a legal and ethical obligation to address the needs of diverse clients through nondiscriminatory stands and with a culturally competent lens this 3-hour interactive webinar was crafted to support staff in developing and/or boosting an awareness on the specialized needs related to work within the Deaf and Hard of Hearing Population. The goal of for staff to gain insight and an understanding of the Deaf and Hard of Hearing Community to strengthen their ability to appropriately assess and meet their needs. Through interactive case scenarios and stimulation, participants will be able to: Recognize unique struggles and needs affecting Deaf and Hard of Hearing individuals Clarify departmental expectations based on ADA requirements Identify the differences in cross cultural communication between the hearing and Deaf community Know the importance of appropriate language when classifying Deaf and/or Hard of Hearing individuals Identify cultural nuances to ensure	75%	Online Training	Academy Staff	All Staff	3
Understanding Trauma in the Context of Domestic Violence					
This training is being brought to DCF by the Connecticut Coalition Against Domestic Violence and the DCF' Behavioral Health Division. This webinar will provide a holistic and integrated framework for responding to trauma and mental health in the context of domestic violence. It will look at the critical role of trauma-informed care in supporting healing and resiliency, both individual and community; and how a trauma-informed approach can strengthen and enhance advocacy work by increasing understanding of the psychological consequences of individual, collective and historical trauma and how this understanding and awareness supports survivors' access to and experience of services	75%	Online Training	Consultants	All Staff	1.5
Unique Dynamics of Kinship Care and Permanency – Day 1					
At the national and state level there is increasing recognition of the importance of safe family relationships to ensure children's success and well-being. Recognizing the critical role family plays, child welfare systems must strive to identify, locate, and engage kin to support children at all stages of the casework process. This training addresses the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples will be used to assist participants in applying key best practice approaches and strategies. Special topics include differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency.	75%	Held in House	Academy Staff	All Staff	3.5
Unique Dynamics of Kinship Care and Permanency – Day 2					
At the national and state level there is increasing recognition of the importance of safe family relationships to ensure children's success and well-being. Recognizing the critical role family plays, child welfare systems must strive to identify, locate, and engage kin to support children at all stages of the casework process. This training addresses the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples will be used to assist participants in applying key best practice approaches and strategies. Special topics include differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency.	75%	Held in House	Academy Staff	All Staff	3.5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Unique Dynamics of Kinship Full Day Training					
At the national and state level there is increasing recognition of the importance of safe family relationships to ensure children's success and well-being. Recognizing the critical role family plays, child welfare systems must strive to identify, locate, and engage kin to support children at all stages of the casework process. This training addresses the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples will be used to assist participants in applying key best practice approaches and strategies. Special topics include differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency.	75%	Online Training	Academy Staff	All Staff	6
Unleashing the Trainer Within: Developing Skills to Engage the Adult Learner					
This one day in person event will help to prepare new trainers, and enhance the skills of current trainers, for the role of facilitating training. Through the use of lecture, group discussion, and live practice, participants will be walked through the key elements of training facilitation. Time will be spent on the following key elements: adult learning principles, learning your curriculum, classroom set up, use of the PowerPoint and handouts, posing and responding to questions, setting up and processing activities, and classroom management. Throughout the day, participations will be provided opportunity to practice various skills being covered. Active participation and wiliness to volunteer will be key to the success of this event.	50%	Held in House	Academy Staff	Supervisors	6
URF- For Providers					
This training will provide providers with an overview of the URF creation and use.	50%	Online Training	DCF Staff	Providers	0.25
Using Microsoft Publisher					
Microsoft Publisher is a desktop publishing software application capable of producing greeting cards, certificates, newsletters, and other printed publications. In this course, you will create, format, and edit publications.	50%	Held in House	Consultants	All Staff	1
Virtual Supervision: Assessing Your Staff's Needs and Providing Support in the Virtual Work Environment					
It is important for supervisors to support and guide their staff in navigating the hybrid world of telework. Traditional methods for supervision need to be adapted and creative solutions built for some of the challenges staff face in a virtual environment. In this 2.5 hour facilitated dialog, supervisory staff will be asked to share their successes, barriers, and ideas on how to be present for their staff, assess their needs, and create opportunities for support and guidance.	50%	Held in House	Academy Staff	Supervisors	3
What You Need to Know About Serving Children with Developmental Disabilities within Child Protection					
The purpose of this course is to enhance participant's capacity to engage, assess, advocate, and ensure appropriate service provision for children with developmental disabilities and their families. Participants will strengthen their understanding and language regarding developmental disabilities while exploring their own implicit biases regarding persons living with disabilities. Specific laws and policies will be reviewed, as well as techniques for interviewing children with developmental disabilities. Participants will leave with a deeper understanding of the four most common developmental disabilities encountered in the child welfare field.	75%	Held in House	DCF and Academy Staff	All Staff	6
Worker Safety Discussion with the Local Police Department					
This is a customized facilitated discussion between DCF frontline staff and the area office's local Police Department on the topic of worker safety within the field. DCF staff will be provided information, tips, and skills to enhance their physical safety when conducting field work. In addition, DCF staff will leave this discussion with an enhanced knowledge in recognizing safety concerns when engaging families.	50%	Online Training	Academy Staff	All Staff	2
Youth with Problem Sexual Behavior: The Child Protection Response					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Cases involving youth with problem sexual behavior are often complex and assessing the strengths and needs of the youth and family, while ensuring safety, can be a difficult task. This curriculum is designed to dispel myths and misconceptions about youth who display problem sexual behaviors, provide strategies to positively support children and families dealing with issues of problem sexual behaviors and build the capacity of staff to accurately assess a family's safety needs, with particular attention to the assessment of family systems, sibling separation and parental protective capacities. Participants will also gain insight into current understandings of and options for treatment.	75%	Held in House	Academy Staff	All Staff	4

Mandated Reporter Trainings:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Mandated Reporter - 2022					
The Mandated Reporter Training course is designed to provide participants with information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices is also contained in the training program to enhance participants' global understanding of the child welfare system.	0%	Online Training	Academy Staff	All Staff	1
Mandated Reporter - Train the Trainer (TOT) - Day 1					
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This two-day course will develop and enhance participants' presentation and training skills and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach-back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	6
Mandated Reporter - Train the Trainer (TOT) - Day 2					
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This two-day course will develop and enhance participants' presentation and training skills and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach-back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	6
Mandated Reporter Online Training - 2021 Version					
The Mandated Reporter Training course is designed to provide participants with information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices is also contained in the training program to enhance participants' global understanding of the child welfare system.	0%	Online Training	Academy Staff	All Staff	0.75

Mandatory / In-Service:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
ABCD Child Safety Practice Model					

This course will orient participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.	75%	Online Training	Academy Staff	All Staff	2
ABCD Child Safety Practice Model for Careline Staff					
This course will orient participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.	75%	Online Training	Academy Staff	All Staff	2.5
ABCD Child Safety Practice Profile Training - Makeups					
This two-hour training will focus on defining and administering the Practice Profiles to supervisory and social work staff. Practice Profiles are a key component of the agency's ABCD Child Safety Practice Model.	75%	Online Training	Academy Staff	All Staff	2
ABCD Child Safety Practice Profile Training - Regions 1 and 5					
This two-hour training will focus on defining and administering the Practice Profiles to supervisory and social work staff. Practice Profiles are a key component of the agency's ABCD Child Safety Practice Model.	75%	Online Training	Academy Staff	All Staff	2
ABCD Child Safety Practice Profile Training - Regions 2 and 3					
This two-hour training will focus on defining and administering the Practice Profiles to supervisory and social work staff. Practice Profiles are a key component of the agency's ABCD Child Safety Practice Model.	75%	Online Training	Academy Staff	All Staff	2
ABCD Child Safety Practice Profile Training - Regions 4 and 6					
This two-hour training will focus on defining and administering the Practice Profiles to supervisory and social work staff. Practice Profiles are a key component of the agency's ABCD Child Safety Practice Model.	75%	Online Training	Academy Staff	Supervisors	2
Child Safety Practice Model: The Practice Profiles					
This training is geared towards DCF Supervisory and Managerial staff to support and enhance the development of critical thinking skills related to applied safety concepts during supervision. DCF Supervisory and Managerial staff will be reintroduced to the Practice Profile. Practice Profiles support the skills development and critical thinking. These are useful for staff to self-assess each of their skills and serve as a basis for discussions with their supervisors to identify strengths and areas for development and growth. No matter what level of experience or proficiency, any staff can self-assess and identify goals for advancing skills within any of the practice skills. DCF Supervisory and Managerial staff will review the three levels to assess within each Practice Profile: Level 1 - Orienting Level 2- Demonstrating with Guidance Level 3 – Achieving	75%	Online Training	Academy Staff	Supervisors and Managers	3
Implicit Bias Training					
"Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. The goal of this training is to learn about implicit bias and to measure our implicit bias based on race, religion, gender, and a vast array of other areas.	50%	Held in House	Academy and DCF Staff	All Staff	3

Pre-Service Classes:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Intern - Advancing Anti-Racism within Child Welfare Practice Day 1					
This two-day course provides participants the knowledge and skills to work in ally-ship with each other, our families, and our community partners to eliminate the disproportionality and disparity within Connecticut's Child Welfare System. Participants will build an awareness of the role race, culture, bias (implicit and explicit) and humility have in child protective work. Participants will explore their own bias and its impact on case related decisions. Participants will become aware of the safe and sound culture and use these skills to facilitate dialogues and navigate teams toward equitable child welfare decisions. Through individual and interactive activities participants will practice strategies that advance anti-racism efforts at the DCF.	75%	Held in House	Academy Staff	Interns	6
Intern - Advancing Anti-Racism within Child Welfare Practice Day 2					
This two-day course provides participants the knowledge and skills to work in ally-ship with each other, our families, and our community partners to eliminate the disproportionality and disparity within Connecticut's Child Welfare System. Participants will build an awareness of the role race, culture, bias (implicit and explicit) and humility have in child protective work. Participants will explore their own bias and its impact on case related decisions. Participants will become aware of the safe and sound culture and use these skills to facilitate dialogues and navigate teams toward equitable child welfare decisions. Through individual and interactive activities participants will practice strategies that advance anti-racism efforts at the DCF.	75%	Held in House	Academy Staff	Interns	6
Intern - Car Seat Safety					
This course provides interns with the knowledge of the regulations regarding car seats, and hands on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam, and hands on training for installing car seats while observed by a certified instructor.	0%	Held in House	Consultants	Interns	3
Intern - Engaging Families – Day 1					
This is the Engaging Families curriculum in a class format offered for current DCF interns.	75%	Online Training	Academy Staff	Interns	6
Intern - SDM Safety and Risk					
During this training, participants will gain an understanding of the revised Structured Decision Making (SDM) Safety and Risk Assessment tools. Upon completion, participants will be able to recognize and understand the importance of using the SDM definitions and referencing policy and procedures when completing assessments; describe the SDM safety and risk assessment tools and their purpose; understand how and when they are used; recognize and understand the importance of narrative support in case documentation for SDM tool completion; and understand that the SDM assessment tools are a prompt for practice in partnership with children, youth, and families.	75%	Online Training	Academy Staff	Interns	3
Intern - Solnit North Tours					
Interns will have a tour of the Solnit North facility. They will learn about the work done there and how it is part of the larger DCF System.	0%	Held in House	DCF Staff	Interns	1.5
Intern - Solnit South Tours					
Interns will have a tour of the Solnit South facility. They will learn about the work done there and how it is part of the larger DCF System.	0%	Held in House	DCF Staff	Interns	1.5
Intern - Worker Safety					
This is the worker safety curriculum, in a class format offered for current DCF interns	50%	Online Training	Academy Staff	Interns	3
Intern Stipend Seminar					
Mandatory 90 min seminar to discuss themes/trends in child welfare practice and implications for interns. Time also allotted for information sharing about the internship experience.	50%	Online Training	Academy Staff	Interns	1.5
Interns - Engaging Families - Day 2					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
During this two-day training a number of different approaches to understanding and engaging families are explored in the context of conducting purposeful visits in child protection services. The role that family centered practice plays in assessing and working with families is reviewed. Solution focused questions are reviewed, and participants apply them to CPS scenarios. The importance of awareness of self and others is emphasized as part of a discussion on working through barriers and resistance. Techniques for interviewing children are reviewed. Engaging fathers and assessing for maternal gatekeeping without invalidating the protective role of a mother is discussed and practiced during role play. Expectations regarding minimum contact standards and utilization of supervision are also reviewed.	75%	Held in House	Academy Staff	Interns	6
PS - Advancing Anti-Racism within Child Welfare Practice - Day 1					
This two-day course provides participants the knowledge and skills to work in ally-ship with each other, our families, and our community partners to eliminate the disproportionality and disparity within Connecticut's Child Welfare System. Participants will build an awareness of the role race, culture, bias (implicit and explicit) and humility have in child protective work. Participants will explore their own bias and its impact on case related decisions. Participants will become aware of the safe and sound culture and use these skills to facilitate dialogues and navigate teams toward equitable child welfare decisions. Through individual and interactive activities participants will practice strategies that advance anti-racism efforts at the DCF.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Advancing Anti-Racism within Child Welfare Practice - Day 2					
This two-day course provides participants the knowledge and skills to work in ally-ship with each other, our families, and our community partners to eliminate the disproportionality and disparity within Connecticut's Child Welfare System. Participants will build an awareness of the role race, culture, bias (implicit and explicit) and humility have in child protective work. Participants will explore their own bias and its impact on case related decisions. Participants will become aware of the safe and sound culture and use these skills to facilitate dialogues and navigate teams toward equitable child welfare decisions. Through individual and interactive activities participants will practice strategies that advance anti-racism efforts at the DCF.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Behavioral Health					
This course orients participants to the topic of behavioral health as it relates to substance abuse and mental/ emotional diagnosis. This course will provide a base understanding of the signs, symptoms, and behaviors specific to the parents and/or caregivers that are struggling with or living with mental health concerns. Participants will explore, within their role as a CPS social worker, how to discuss mental health concerns and their impact on child safety. Focus will be placed on the importance and obligation of CPS social workers in not only recognizing concerns, but also in facilitating and supporting access to timely services. Discussion includes the impact of culture within the assessment and treatment process as well as the role stigma can play in the arena of behavioral health concerns.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Car Seat Training					
This one-day course provides social workers with the knowledge of the regulations regarding car seats, and hands on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam, and hands on training for installing car seats while observed by a certified instructor.	50%	Held in House	Consultants	New Social Worker Staff	3
PS - Case Planning and the Case Plan - Day 1					
The goal of this training is to familiarize staff with the Case Plan Document, Policy, and components of case practice directly related to its development and functionality. This training occurs over a two-day period comprised of the following: Case Plan Day Two The morning session will cover the components of the Family Conference, when it is used, and why kin and family supports are critical to case planning and assisting clients in achieving success. The afternoon session will cover the Administrative Case Review Process, ACR Federal Mandates, requirements for notification of participants; familiarize staff with the ACR LINK process, and its role in achieving successful outcomes for children.	75%	Held in House	Academy Staff	New Social Worker Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
PS - Case Planning and the Case Plan - Day 2					
The goal of this training is to familiarize staff with the Case Plan Document, Policy, and components of case practice directly related to its development and functionality. This training occurs over a two-day period comprised of the following: Case Plan Day Two The morning session will cover the components of the Family Conference, when it is used, and why kin and family supports are critical to case planning and assisting clients in achieving success. The afternoon session will cover the Administrative Case Review Process, ACR Federal Mandates, requirements for notification of participants; familiarize staff with the ACR LINK process, and its role in achieving successful outcomes for children.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Case Planning Booster					
The goal of this one-day refresher course is to strengthen participant's skills in case planning practice, documentation, and development of the case plan document for families and children in placement. Participants will explore their role as social workers in completing and/or reviewing case planning work including the alignment of case work, documentation, supervision, and case plans. Participants will be able to describe and identify the elements of the family and child in placement case plans, including consideration of cultural factors, assessment domains, summary assessment, and action plans. Participants will be able to articulate the importance of securing and including family feed-back and the child's perspective in the development and documentation of the case plan and ongoing assessment for both a family plan and child in placement plan and develop an action plan related to an identified participant need for a parent, and child in placement, based on a case scenario.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - DCF Child Safety Practice Model Training					
This two-hour virtual course will orient the recently hired participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.	75%	Held in House	DCF and Academy Staff	New Social Worker Staff	2
PS - Educational Training					
This course is taught by the representatives in the educational division. Course content covers special education, planning and placement teams (PPT's), Individual Educational Plans (IEP's) and the role of surrogate parents. The role of the DCF worker in the education setting is also discussed.	75%	Held in House	DCF Staff	New Social Worker Staff	6
PS - Engaging Families - Day 1					
During this two-day training a number of different approaches to understanding and engaging families are explored in the context of conducting purposeful visits in child protection services. The role that family centered practice plays in assessing and working with families is reviewed. Solution focused questions are reviewed, and participants apply them to CPS scenarios. The importance of awareness of self and others is emphasized as part of a discussion on working through barriers and resistance. Techniques for interviewing children are reviewed. Engaging fathers and assessing for maternal gatekeeping without invalidating the protective role of a mother is discussed and practiced during role play. Expectations regarding minimum contact standards and utilization of supervision are also reviewed.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families - Day 2					
During this two-day training a number of different approaches to understanding and engaging families are explored in the context of conducting purposeful visits in child protection services. The role that family centered practice plays in assessing and working with families is reviewed. Solution focused questions are reviewed, and participants apply them to CPS scenarios. The importance of awareness of self and others is emphasized as part of a discussion on working through barriers and resistance. Techniques for interviewing children are reviewed. Engaging fathers and assessing for maternal gatekeeping without invalidating the protective role of	75%	Held in House	Academy Staff	New Social Worker Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
a mother is discussed and practiced during role play. Expectations regarding minimum contact standards and utilization of supervision are also reviewed.					
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Day 1					
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment is clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Day 2					
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment is clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Simulation					
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment is clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	3
PS - Engaging Families; In the Home and In Care - Simulation					
Each person is given a scenario which they will participate with DCF employee and community providers acting out the roles. Feedback from peers and instructor is given after each situation.	75%	Held in House	Academy Staff and Consultants	New Social Worker Staff	3

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
PS - Improving Observation & Documentation Skills through Practice					
The Code of Ethics of the NASW requires accurate and clear documentation in the field, making effective client documentation an important aspect of social work practice. Observation is one of the first skills social workers and human services professionals must perfect. Social Workers must be extremely observant not only of the client, but the systems and environments with which they interact. In this course participants will enhance their observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. Participants will view real-life settings and practice observing human behavior in that setting. They will be encouraged to take notes, but not interact with others, only observe. After the observation time, participants then interpret their observations through writing, using an unbiased and objective lens.	75%	Held in House	Academy Staff	New Social Worker Staff	3
PS - Intimate Partner Violence - Day 1					
This course provides participants with an introduction to Intimate Partner Violence (IPV). Through lecture, group discussions and supplemental video clips, participants explore commonly held myths pertaining to IPV; gain an understanding of the various terms being used within the field; and discuss the numerous warning signs and types of abusive behavior that are present in relationships characterized by IPV. A discussion regarding the implications of culture with respect to IPV is also conducted during this course. Also explored is the impact of IPV on children.	75%	Held in House	DCF and Academy Staff	New Social Worker Staff	6
PS - Intimate Partner Violence - Day 2					
This course builds on the introductory material covered in "Intimate Partner Violence, Day 1;" and is designed to provide participants with an opportunity to build their knowledge base and skills relative to working with offenders and survivors in IPV cases. Strategies for engaging and interviewing children, survivors, and offenders in the case planning process is covered. Time is also devoted to safety planning and the identification of local and statewide IPV services and resources.	75%	Held in House	DCF and Academy Staff	New Social Worker Staff	6
PS - Introduction to Child Welfare: Foundations and Best Practice - Part 1					
Participants will be provided with foundational knowledge for child welfare work and focus on building the competencies necessary for Social Workers to be successful in their role with the Department of Children and Families. Participants will be introduced to major child welfare legislation and evidenced based tools utilized by the Department. Participants will learn about the Department's values, operational strategies, and practice models. They will explore personal values and how these values impact service delivery to children and families. Participants will also learn about authority and how the use of authority can affect case management services and interactions between the social worker and families. Participants become familiar with the functions of the Child Protective Careline, the investigation process and possible outcomes associated with each process. Participants will review various parental protective capacities and protective factors.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Child Welfare: Foundations and Best Practice - Part 2					
Participants will be provided with foundational knowledge for child welfare work and focus on building the competencies necessary for Social Workers to be successful in their role with the Department of Children and Families. Participants will be introduced to major child welfare legislation and evidenced based tools utilized by the Department. Participants will learn about the Department's values, operational strategies, and practice models. They will explore personal values and how these values impact service delivery to children and families. Participants will also learn about authority and how the use of authority can affect case management services and interactions between the social worker and families. Participants become familiar with the functions of the Child Protective Careline, the investigation process and possible outcomes associated with each process. Participants will review various parental protective capacities and protective factors.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Substance Use Disorders - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Participants will be exposed to the nature of addiction, relapse, & recovery, as well as an overview of the drugs most prevalent in CPS cases. The primary goal of this course is to develop a knowledge base as it pertains to addiction. Participants will be encouraged to question their own beliefs and biases and confront their perceptions. Within the course, the strong relation between substance abuse and child maltreatment will be highlighted. Participants will be exposed to several models of dependence and options relative to recovery. Throughout the course the information presented will be weighed against the necessary practices of child protective services, the court system, and child development. Day 1 is from a historical perceptive as it affects the families we serve will be explored. It focuses on the impact of addiction, the diagnostic criteria and the behaviors associated with the disease.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Substance Use Disorders - Day 2					
Participants will be exposed to the nature of addiction, relapse, and recovery, as well as an overview of the drugs most prevalent in CPS cases. The strong relation between substance abuse & child maltreatment will be highlighted. Participants will be exposed to several models of dependence and options relative to recovery. Clips from the HBO Series "Addiction" will be utilized to assist in the understanding of the process of addiction and the difficult aspects of recovery. Throughout, the information presented will be weighed against the necessary practices of child protective services, the court system, and child development. Day two introduces participants to harm reduction therapies and issues relevant to relapse and recovery. The DCF Policy and referral process is reviewed, and participants are educated on the signs, symptoms, and physical evidence associated with five different substances. The impact of the addiction on the family system is explored throughout the course.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Learning Loft					
This virtual event is an opportunity for participants in the pre-service training program to discuss areas of practice and training they are challenged by; have nuanced information clarified; and receive an added layer of support in their virtual onboarding process.	75%	Held in House	Academy Staff	New Social Worker Staff	1
PS - Legal 1 - Introduction To Legal Services					
This one-day course starts off the legal training series for participants and provides a foundational framework for understanding the legal context of child welfare work. Participants are provided an overview of the court system in Connecticut, legal terminology, statutory, regulatory and policy related limitations on decision-making as well as strategies to assist workers in information collection and presentation to the AAGs. Neglect petitions are the primary focus of the afternoon portion of the training, and includes exploration of the petition document, jurisdictional facts, and the summary of facts.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 2 - Day 1 - Neglect Petitions, How to Write an Order of Temporary Custody and Mock Trial					
Pre-Service Legal 2 is a 2-day course. During Day 1 an exploration of immanency relative to a child's safety will occur using scenarios and classroom discussion. Additionally, participants will learn the legal forms that are used when filing an order of temporary custody, the difference between a social work affidavit and a summary of facts, and the role of trials (including testifying) in the legal process.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 2 - Day 2 - Neglect Petitions, How to Write an Order of Temporary Custody and Mock Trial					
Pre-Service Legal 2 is a 2-day course. Day 2 continues with a mock trial utilizing an actual case assigned to one of the course participants, with that participant serving as the witness in the mock trial. Trainers assist in portraying the various roles associated with a trial.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 3 – The Legal Work of Permanency					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This one-day course, co-trained with a DCF Staff Attorney, is designed to assist CPS workers in understanding the different phases of concur-rent planning and the post dispositional proceedings including Motions to Review Permanency Plans and Motions to Change Disposition. This course reviews the concepts taught in Legal I and Legal II and explores the various Permanency Plans for children in DCF care. Discussion focuses on the role Specific Steps and rehabilitative roles they play in the court process as well as case practice. Participants are provided hands on experience in writing components of a Study in Support of Permanency Plan. In addition, participants are introduced to the implications of terminating parental rights, including an in-depth discussion of the grounds for filing a TPR. The Expectations of the court regarding the department making reasonable efforts, and the steps which need to be taken to meet those expectations, is also presented.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - LINK					
During this course, participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS) (LINK) role and function, their responsibility for and process of entering information into the system, and how to search and secure information from the system. Participants will learn the general functions of LINK, including search functions, general tab functions, saving material, printing, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice: searching cases, individuals, placements, legal status, and providers; entering narratives utilizing codes to accurately reflect visitation bench-marks and other elements of data reports; reviewing investigations materials, entering and ending placements (including temporary placements and runaway episodes) and payments; developing visitation plans; entering legal work; completing the Placement Resource Search icon; and entering background checks.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Making the Most of Your Time					
Are you feeling anxious about the amount of work you have to accomplish? Do you feel that you start to lose track of the work you need to get done? Are you struggling to identify where to start on the backlog of your work? If you answered yes to any of these questions, then this is the course for you! Participants will learn techniques to maximize the use of their time in order to accomplish critical work tasks, on time. Participants will learn concrete tools to increase effective use of the time. Focus will be placed on improving the ability to manage distractions, working with personal biorhythms, utilizing tracking and prioritizing systems. The course will include an overview of outlook functions to organize time, create tasks, and set reminders.	50%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Meeting the Health Care Needs of Children in DCF					
The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and well-being issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care. This training will also orient staff to the Health & Wellness Division within DCF.	75%	Held in House	DCF Staff	New Social Worker Staff	6
PS - Partnering with Caregivers to Better Serve Children in Foster Care					
The goal of this training is to have participants enhance their skills to support partnership among CPS, FASU, Foster Parents and Biological family to meet the safety, permanency and well-being needs of children in foster care. Topics covered in this training include: a review of the Reasonable and Prudent Parent Standard; conducting thorough assessments of potential relative/kinship foster parents; Commissioner's waiver process for kinship foster parents; purposeful child in placement visitation and parent/sibling visitation; meeting children's cultural needs while in care; and an introduction to the LIST tool and collaborating with caregivers and service providers to complete the LIST for adolescents in DCF care.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Permanency - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This is a 2-part training designed to provide participants with a foundation for understanding permanency work and permanency teaming at DCF. Participants will gain insight into children's critical need for permanency. Participants will learn about and be able to utilize the permanency teaming model as a tool to bring child and family strengths into permanency work. The curriculum will inform participants about legal components of permanency planning and provide policy around expectations for permanency work and permanency teaming. This curriculum supports the participant's ability to bring the voices of children, parents, biological family, kin, and foster families into the decision-making process. There will also be a focus on the use of a permanency team to provide holistic child and family supports that will extend beyond the duration of DCF involvement. Family search and engagement tools will be explored, and the importance of accurate documentation will be discussed.	75%	Online Training	Academy Staff	New Social Worker Staff	6
PS - Permanency - Day 2					
This is a 2-part training designed to provide participants with a foundation for understanding permanency work and permanency teaming at DCF. Participants will gain insight into children's critical need for permanency. Participants will learn about and be able to utilize the permanency teaming model as a tool to bring child and family strengths into permanency work. The curriculum will inform participants about legal components of permanency planning and provide policy around expectations for permanency work and permanency teaming. This curriculum supports the participant's ability to bring the voices of children, parents, biological family, kin, and foster families into the decision-making process. There will also be a focus on the use of a permanency team to provide holistic child and family supports that will extend beyond the duration of DCF involvement. Family search and engagement tools will be explored, and the importance of accurate documentation will be discussed.	75%	Online Training	Academy Staff	New Social Worker Staff	6
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 1					
Permanency" means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department's 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/ relational, legal, and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 1: Fundamental aspects of permanency; Stay home - supporting families in caring for their children safely at home	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 2					
Permanency" means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department's 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/ relational, legal, and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 2: Go home - Successful reunification from CORE and kin/ fictive kin placements	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 3					
Permanency" means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department's 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/ relational, legal, and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 3: Find home - Supporting the lifetime relationships that surround children: birth parents, adoptive parents, siblings, and other meaningful connections.	75%	Held in House	Academy Staff	New Social Worker Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
PS - Random Moment Time Study - Online Training					
The purpose of this self-paced course is to orient participants to the importance and proper completion of the Random Moment Time Study (RMTS) in the LINK application.	75%	Online Training	DCF Staff	New Social Worker Staff	1
PS - Sexual Abuse - Day 1					
This is a 2-day training designed to provide participants with the fundamental knowledge needed to manage an ongoing services case that involves child sexual abuse and/or juveniles exhibiting sexual offending behaviors. Participants will learn about the common components of childhood sexual abuse. Participants will gain insight into normative sexual development vs. possible red flags for sexual abuse in children. The curriculum will inform participants of their responsibilities in the minimal facts gathering process, particularly as it applies to preventing the re-traumatization of children and/or damaging the evidence gathering process. The curriculum will provide information about how to work with adult offenders, non-offending parents, child victims, and juvenile sex offenders. Participants will learn about the referral process for the specialized services required in these cases. The training will also provide opportunities to practice using SDM Safety assessment.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Sexual Abuse - Day 2					
This is a 2-day training designed to provide participants with the fundamental knowledge needed to manage an ongoing services case that involves child sexual abuse and/or juveniles exhibiting sexual offending behaviors. Participants will learn about the common components of childhood sexual abuse. Participants will gain insight into normative sexual development vs. possible red flags for sexual abuse in children. The curriculum will inform participants of their responsibilities in the minimal facts gathering process, particularly as it applies to preventing the re-traumatization of children and/or damaging the evidence gathering process. The curriculum will provide information about how to work with adult offenders, non-offending parents, child victims, and juvenile sex offenders. Participants will learn about the referral process for the specialized services required in these cases. The training will also provide opportunities to practice using SDM Safety assessment	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Structured Decision Making (SDM)					
This course provides an overview of Structured Decision Making (SDM). The SDM model provides evidence-based data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides a hands-on application approach to reinforce the implementation and use of the tools at critical points during the life of a DCF case. Timeframes for completion and the integration of SDM with the case planning process are also covered.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Structured Decision Making (SDM)/ABCD Child Safety Practice Model (CSPM) Day 1					
This two-day course provides an overview of the ABCD Child Safety Practice Model and Structured Decision Making (SDM). The SDM model provides evidence-based data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides a hands-on application approach to reinforce the implementation and use of the tools at critical points during the life of a DCF case. Timeframes for completion and the integration of SDM with the case planning process are also covered. This course will orient participants to the DCF Child Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Structured Decision Making (SDM)/ABCD Child Safety Practice Model (CSPM) Day 2					
This two-day course provides an overview of the ABCD Child Safety Practice Model and Structured Decision Making (SDM). The SDM model provides evidence-based	75%	Held in House	Academy Staff	New Social	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides a hands-on application approach to reinforce the implementation and use of the tools at critical points during the life of a DCF case. Timeframes for completion and the integration of SDM with the case planning process are also covered. This course will orient participants to the DCF Child Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer				Worker Staff	
PS - Trauma Toolkit for Social Workers					
The Trauma Toolkit training was developed to educate child welfare professionals about the impact of trauma on the development and behavior of children. This program will explore the impact of child traumatic stress on attachment, cognitive development, behaviors, and relationships. Specific focus is placed on understanding the effect of chronic and complex trauma on brain development and the long-term impact of adverse childhood experiences. Participants will also develop strategies for considering and addressing the psychological safety of children in the wake of traumatic experiences as well as building resilience for children and the caregivers with whom they live.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Understanding the Numbers to Enhance Case Practice					
The goal of this training is for participants to gain an understanding of the various types and applications of data created within the department and an understanding of how to use that data in their everyday work. This course will provide participants with an overview of the various data reporting systems used within the department. Using lecture, discussion-based activities, and direct computer application, students will be provided information regarding the data collected by LINK and the resulting ROM, LINK Reports, ACR Reports, and other SharePoint reports that stem from their input and influence practice. Specific focus will be placed on reports that can be used by staff to assist in managing case work. Follow up transfer of learning activities will be expected of participants to support their learning.	50%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Worker Safety					
This course focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-awareness, client awareness and environmental awareness. The day includes a discussion on crisis formation and suggestions for de-escalating a client that is presenting as anxious or defensive. Techniques to avoid canine attacks are explored. A portion of the day is dedicated to self-care, which includes an overview of the special review process and a framework for preventing/addressing trauma exposure response.	50%	Held in House	Academy Staff	New Social Worker Staff	6
RRG - DCF-101					
The DCF 101 training will describe the advances within the Department of Children and Families to maintain the safety, permanence, and well-being of the children and families the Department serves. This training provides an overview of current child welfare best practice social work case practice. The child welfare practices presented in this training include development, interpersonal relationships, and environmental stress and their specific impact on the safety and well-being of children and parental functioning. The information provided will include an overview of DCF's current child welfare practice model, Structured Decision Making, Considered Removal Teaming, Fatherhood Engagement, and other key approaches to working with families involved in the child welfare system. This course is for newly hired Regional Resource Group (RRG) staff.	75%	Held in House	Academy Staff	Newly Hired RRG Staff	1
RRG - LINK Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
During this course, participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS) (LINK) role and function, their responsibility for and process of entering information into the system, and how to search and secure information from the system. Participants will learn the general functions of LINK, including search functions, general tab functions, saving material, printing, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice: searching cases, individuals, placements, legal status, and providers; entering narratives utilizing codes to accurately reflect visitation bench-marks and other elements of data reports; reviewing investigations materials, entering and ending placements (including temporary placements and runaway episodes) and payments; developing visitation plans; entering legal work; completing the Placement Resource Search icon; and entering background checks.	75%	Held in House	Academy Staff	Newly Hired RRG Staff	2

Self-Paced, Asynchronous Online Trainings:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
2020 Ethics Training					
This Ethics 101 for public officials and state employees' course has been updated. It will serve to familiarize you with Connecticut's Office of State Ethics and the ethics laws to which you are subject. Throughout the course you will be asked a series of ungraded knowledge check questions regarding the course material. When you answer the questions correctly, you will advance to the next section. At the end of the course, you must pass a final assessment with a minimum score of 80% to demonstrate competency of the material.	50%	Online Training	Consultants	All Staff	1
2021 - Ethics Training (revised)					
This Ethics 101 for public officials and state employees' course has been updated. It will serve to familiarize you with Connecticut's Office of State Ethics and the ethics laws to which you are subject. Throughout the course you will be asked a series of ungraded knowledge check questions regarding the course material. When you answer the questions correctly, you will advance to the next section. At the end of the course, you must pass a final assessment with a minimum score of 80% to demonstrate competency of the material.	50%	Online Training	Consultants	All Staff	1
Active Shooter					
Inservice on surviving an active shooter incident, Run, Hide, Fight.	0%	Online Training	Consultants	All Staff	1.5
Active Shooter Online Training					
This training must be taken every few years.	0%	Online Training	Consultants	All Staff	1
Child in Care/Sibling in Care Bill of Rights and Expectations					
The Department of Children and Families recognizes the importance of honoring and upholding the rights of child(ren) in the foster care system. The Child in Care Bill of Rights and Expectations and the Sibling in Care Bill of Rights are intended to guide the Department, Foster Parents, and Care Providers as well as ensure that the permanency, safety, well-being, and basic needs of child(ren) in the foster care system are consistently met.	75%	Online Training	Academy Staff	All Staff	1
Child Protective Services - Investigations Policy 34-2 Online Training					
The goal of this on-line training is for participants to have an understanding of the policy requirements related to the Investigative track of DCF's Differential Response System (DRS). Throughout this training key points of Policy 34-2 will be reviewed, and important cross-referenced policies will be referenced.	50%	Online Training	Academy Staff	All Staff	0.75
Child Trafficking for Careline					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This online child trafficking curriculum will provide the fundamentals of both Child Sex and Child Labor Trafficking, as well as best practices in working with impacted youth and families. This course is designed to assist DCF Careline Staff to understand the dynamics of trafficking relationships that heighten barriers to disclosure; and to identify red flags for child trafficking, both overt and subtle signs in children and their families.	0%	Online Training	Academy Staff	Careline Staff	2
CHRO Domestic Violence (DV) Training					
Effective October 1, 2022, Public Act No. 22-82 https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00082-R00SB-00005-PA.PDF. AN ACT CONCERNING DOMESTIC VIOLNCE POSTING IN THE WORKPLACE. This bill authorizes the Commission on Human Rights and Opportunities (CHRO) to require that each state agency provide at least one hour of training and education to employees about domestic violence and the resources available to victims. The training must include information about domestic violence, abuser and victim behaviors, how domestic violence can impact the workplace, and resources for victims. This bill correspondingly requiring CHRO in conjunction with the Connecticut Coalition Against Domestic Violence to develop (1) Free online training and education video or other interactive training method, for state employees to meet the bill's training requirement and (2) a link on the CHRO website with information about domestic violence and resources available to victims.	75%	Online Training	Consultants	All Staff	1
CJIS Training and Exam on CJIS Site					
This is the 2nd and 3rd part of the requirement. This data was imported in from the CJIS site.	50%	Online Training	Consultants	All Staff	2
CJIS Training and Exam on CJIS Site - 2022					
This is the 2nd and 3rd part of the requirement. This data was imported in from the CJIS site.	50%	Online Training	Consultants	All Staff	2
Cross Reporting					
Cross Reporting is a law in CT (PUBLIC ACT 14-70 - AN ACT CONCERNING CROSS REPORTING OF CHILD ABUSE AND ANIMAL CRUELTY) that requires DCF staff and Animal Control Officers (ACO) to work together to “cross report” animal cruelty and child abuse and neglect. The law was enacted because of mounting evidence from researchers who say there’s a strong LINK between animal abuse and child abuse, intimate partner violence, and elder abuse. Public Act 14-70 requires DCF staff who, during his or her employment, has reasonable cause to suspect that an animal is being or has been harmed, neglected, or treated cruelly must make written report to the Commissioner of Agriculture, within 48 hours	75%	Online Training	DCF Staff	All Staff	0.5
DCF 101 Online Training					
The purpose of this DCF 101 is to highlight the family-centered practices and policies that the Department has developed over the years and to educate the community on new DCF initiatives. We want families and our non-case load carrying staff to know that we want to work with them, to keep their children safe and at home, whenever possible	75%	Online Training	Academy Staff	All Staff	1
DCF CJIS Presentation					
This is the first part of the training. The second and third part take place on the CJIS site. Completion is manually marked in Saba when received.	50%	Online Training	Consultants	All Staff	1
DCF Consent for Healthcare Forms - The 460's					
There was a recent change to the healthcare forms in the 460 range. Review the scenarios where the DCF-460 and DCF-460-MDE-A are to be used. Be introduced to the new DCF-460R, which is a combination of 3 of the older types of forms. There is also a review what consent is provided by these forms.	50%	Online Training	DCF Staff	All Staff	0.5
Fentanyl 101 Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
During this virtual training, participants will become familiar with the pharmacologic aspects of fentanyl; including, how it affects the brain, signs of toxicity, signs of overdose, myths and facts surrounding fentanyl exposure and how it is being mixed with other prescription or illicit drugs. Participants will be provided with CT data of fentanyl overdose rates, including types of fentanyl analogues seen in the community. Finally, participants are introduced to harm reduction, including opioid overdose prevention, naloxone (Narcan) administration and fentanyl test strips.	75%	Online Training	Consultants	All Staff	1.5
Introduction to Child Trafficking - Online Training					
The Introduction to Child Trafficking in CT curriculum is designed to enhance an individual's understanding of both sex and labor trafficking. This curriculum will assist participants in identifying children at risk of and/or confirmed child victims of trafficking. Participants will receive tips on how to best respond and support identified trafficking victims.	75%	Online Training	DCF Staff	All Staff	3
Qualified Residential Treatment Program (QRTP) - Family First Online Training					
This online training gives an overview of the recent changes to the usage and requirements to place in a Qualified Residential Treatment Programs	75%	Online Training	DCF Staff	All Staff	0.5
Reasonable Prudent Parent-Standard (RPPS) Online Course					
This asynchronous training will discuss the Reasonable and Prudent Parent Standard (RPPS). RPPS is defined as the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child. Normal childhood activities are defined as extracurricular, enrichment, and social activities.	75%	Online Training	Academy Staff	All Staff	1
SANS - Security Awareness 1: You Are the Shield					
This is the self-paced module for Security Awareness that replaced Security Mentor. This module is You Are The Shield	50%	Online Training	Consultants	All Staff	1
Sexual Harassment Prevention - Online Course					
On June 18, 2019, Connecticut Governor Ned Lamont signed into law Public Acts 19-16 and 19-93 (which together are also known as the "Time's Up Act"). This law expanded Sexual Harassment Prevention laws and requirements for training. The Connecticut Commission on Human Rights and Opportunities (CHRO) created the required training and made the training available to all employers. As of October 1, 2019, the law requires all employees take two (2) hours of online Sexual Harassment Prevention Training. While the law also provides that employees who have completed Sexual Harassment Prevention Training in 2018 and 2019 would not have to take the CHRO training, we are requiring that this training be taken annually by all employees starting 2020.	50%	Online Training	Consultants	All Staff	2
Summary of Changes Regarding Information Retrieval and Sharing for the Protective Order Registry (POR) Online Training					
The self-paced module reviews new regulations for DCF when it comes to retrieving and/or sharing information from the Protective Order Registry.	75%	Online Training	DCF Staff	All Staff	15
The Intersection of Reasonable Efforts and the ADA					
The ADA is a federal law that protects our clients from unlawful discrimination in the administration of our child welfare programs, services and activities.	75%	Online Training	Academy Staff	All Staff	0.5
Working with Families Impacted by Intimate Partner Violence - Online Course					
Intimate Partner Violence (IPV) is a serious, preventable public health problem that can cause problems for every member of a family. This one-day course aims to educate on the prevalence, predictors, and impact of IPV on families, including the factors associated with IPV for both partners, parenting in the context of IPV, and the consequences of child exposure to IPV. The course will also detail the inter- and multi-generational continuity of IPV from the Offender and Non-Offender perspective. The course will provide up to date information on best practices for screening, identification, and intervention.	75%	Online Training	Consultants	All Staff	1