



CONNECTICUT

Department of Children and Families



CONNECTICUT GENERAL STATUTE (C.G.S) SECTION 17A-6E REPORT ON RACIAL JUSTICE DATA, ACTIVITIES AND STRATEGIES

February 15, 2025

Introduction:

The report on the Department of Children and Families' racial justice data, activities and strategies that follows illustrates trends and efforts captured by DCF for the timeframe that falls under state fiscal year (SFY) 2024 (July 1, 2023-June 30, 2024) and/or calendar year (CY) 2024. For a more detailed history of the Department's journey on addressing racial inequities please refer to the initial submission dated February 15, 2019, subsequent reports, and/or the [DCF Racial Justice website](#) for further information. The information presented will illuminate the Department's rich array of data that is being used to inform strategies to eliminate disproportionality and disparate outcomes across key decision points and service delivery. In addition, this report will speak to several services, programs, and entities with which the Department partners with to ensure families are receiving the best supports and outcomes. For additional information regarding the expanded service array and utilization of services please reference the most recent submission (June 2024) of the [Children and Family Services Plan](#) and the [Annual Progress and Services Report \(APSR\)](#) that is submitted to the Administration for Children and Families of the United States Department of Health and Human Services.

DCF's goal for Racial Justice as captured in the Annual Progress and Services Report (APSR) is to work within DCF, across the child welfare system, and in partnership with our local communities to improve racial equity outcomes and realize measurable reductions in disproportionality across all racial and ethnic populations. DCF continues to place a high priority on racial justice. Acknowledging the systemic and historical disadvantages faced by children and families of color, DCF commits to redesigning itself as an authentically anti-racist, trauma-informed agency. This involves assessment and evaluation practices which disaggregate outcomes data by race and ethnicity to identify disparities, implementing targeted strategies to address these disparities, and fostering strong collaboration with community partners. The Office of Multi-Cultural Affairs (OMCA) and the Statewide Racial Justice Workgroup (SRJW) lead efforts to ensure equitable service delivery, providing specialized linguistic services, and supporting diverse populations. DCF's objectives for racial justice include assessing and strengthening racial equity initiatives, working with community providers as well as judicial partners to address root causes of disproportionality, and using internal communications to educate and promote anti-racist understanding and practices within the workforce.

DCF Overview:

The Department of Children and Families (DCF/Department) is the child protective services (CPS) agency in the State of CT. DCF is responsible for the statutory mandates of CPS, children's behavioral health, prevention and educational services. The Department provides contracted as well as direct child and family services through a Central Office (CO), fourteen (14) Area Offices (AO), and two (2) behavioral health treatment facilities. The Department operates a Wilderness School that provides experiential educational opportunities for youth; and is responsible for operating Unified School District II, a legislatively created education agency for foster children with no other educational nexus or who are residents of the DCF-operated facilities. In addition, the Department is tasked with assessing and tracking the educational programs and overall progress of youth involved with Juvenile Justice. The Department is also responsible for prevention and children's behavioral health services using an anti-racist, equitable, and trauma informed approach.

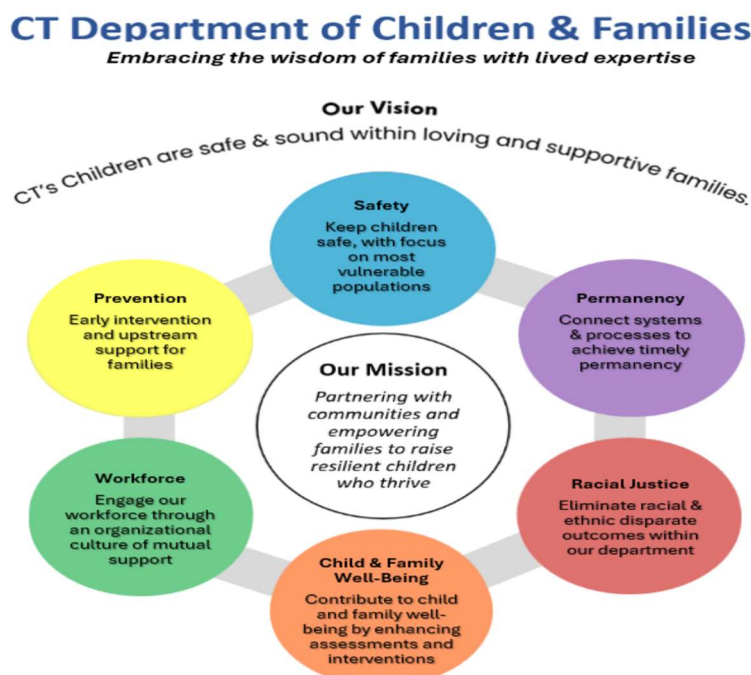
Under Commissioner Jodi Hill-Lilly, DCF's strategic goals have been updated to now include a sixth goal; Prevention. DCF's five year strategic plan focuses on achieving our vision where "Connecticut's children are safe and sound within loving and supportive families", which is centered on learning from and embracing the wisdom of families with lived expertise. This strategic plan was designed in collaboration with community partners and directly informed by people with lived expertise. The plan is focused on enabling DCF work efforts by our enduring commitment to the Safety, Permanency, and Well-being of Connecticut's children and families, improving outcomes through a greater emphasis on prevention, continued efforts to address racial justice and equity challenges within the child welfare system, as well as enhancing engagement and support for the DCF Workforce.

An important aspect of formulating and implementing DCF's vision and strategy is the Department's approach to collaboration and partnership across the State of Connecticut. This involves not only working with our sister agencies and the judiciary, but also state-wide advisory bodies, tribal entities, and most importantly a focus on collaboration

and partnership to strengthen the capacity of local communities to best support the needs of all children and families, and in particular the most vulnerable and those within underserved communities. Through this collaborative approach, DCF aims to create a better future for the children and families of Connecticut, by leveraging the strengths of its community partners and the wisdom of children and families with lived expertise.

DCF's long-standing mission "Partnering with communities and empowering families to raise resilient children who thrive" remains and continues to be the foundation in carrying out DCF's responsibilities. The mission is supported by the following six strategic goals (Figure 1) 1: Safety, 2: Permanency, 3: Racial Justice, 4: Child and Family Wellbeing, 5: Workforce and newly added 6: Prevention. As part of the larger child welfare system, the Department works in partnership with several entities to ensure a holistic understanding of children and families' strengths and needs. The six identified goals are complementary, integrated and support the overall mission of the Department.

Figure 1: Department of Children and Families' Strategic Goals:



The Department takes pride in its organizational values and works with purpose to ensure that all employees and partners contribute to the overall vision. DCF is driven by its values and mission, which ultimately allows for prioritizing practice and striving to deliver high quality service to all families and partners. The Department values people by seeing the humanity in everyone and continually works to bring out the best in colleagues and the families and children that are served.

Demonstrated Commitment to Anti-Racism:

DCF has acknowledged that children and families of color (Black, Latino, Indigenous) are disproportionately overrepresented system-wide and experience disparate outcomes at all levels in comparison to white children and families. DCF also understands that disparities across groups are often the result of bias, systemic inequity, and structural racism (i.e., the design and operations of policies, practices, and programs). Our progress in equitable assessments and responsiveness is evident across the Department's structures, policies, practices, norms, and values. Furthermore, a strong collaboration with our community partners is needed to address how programs and policies

may perpetuate systemic barriers as we pursue comprehensive approaches to advance equity and support for those who have been underserved, marginalized, or adversely affected by social determinants of health.

DCF has maintained unequivocal commitment to being an anti-racist child welfare system whose beliefs, values, policies, and practices seek to eliminate racial and ethnic disparities. The Department continues to elevate the focus on racial equity and provide support for children and families of color, who have been historically and systemically disadvantaged, underserved, or marginalized. Prioritizing and advancing racial equity at all levels is a fundamental principle supporting the work of the Department and its community partners. We continue to examine and redesign the Department as an authentically anti-racist and trauma-informed agency to ensure that families of all racial, ethnic and cultural backgrounds can recover from the crisis that brought them to our attention.

Statewide Racial Justice Workgroup (SRJW):

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 (SRJW) meetings at which members represent each Area Office across the state, each of DCF's Central Office divisions, our operated facilities, some contracted service providers, system partners, and most critically parents and partners from across Connecticut communities. 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 in meaningful and sustainable ways. The SRJW is led by tri-chairs: Director of Multicultural Affairs/Diversity & Equity, Bureau Chief of Child Welfare and JRA Consulting.

The representation on the long standing SRJW (formed in 2013) is a model for how far-reaching DCF's racial justice work has become across the state - 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 incorporated into the agendas of every meeting.

The work of the SRJW continues to be charged with cultivating and sustaining an environment in which internal racial justice leads and DCF partners discuss the impacts of racism, power and privilege on agency policies and practices at the individual, institutional and systemic levels. This workgroup has afforded DCF, its community providers, and family partners the opportunity to 'turn the mirror inward' on our own worldviews and how such cultural perspectives and lived experiences shape our daily decision making and biases, both implicitly and structurally. DCF continues to invite a variety of stakeholders and partners, including representatives of other systems, contracted providers and most importantly community partners and family advocates to examine the impact of social inequities, biases, and racism (internal, interpersonal, institutional, and structural) on families and communities and throughout our helping systems.

In January 2024, The Commission on Racial Equity in Public Health presented the, "Dismantling Structural Racism Within Connecticut State Government" equity report. In this report, DCF was highlighted and was identified as a valuable contributor. Below is a summary of topics of focus for each of the subsequent 2024 meetings:

- March 2024, Conversations about DCF's Child and Family Services Plan [CFSP] and the five (now six) Strategic Goals which guide practice and decision making; discussion involved the challenges of implementing racial justice and equity work and sharing of big ideas across DCF, system partners, and communities.
- May 2024: Provided an update on the CTDCF anti-racism framework, new legislation regarding mandated reporting, and an Equity in Action spotlight from the Norwich Area Office and The Academy for Workforce Development. Partnering with Schools, keeping risk and safety at the forefront of decision making, engaging in consistent racial justice conversations, identifying how to best integrate guides to assist in meaningful dialogue in all aspects of our work, seeking support for undocumented families and permanency, kinship and fatherhood initiatives were themes that were brought forth.

- July 2024: Focused on spotlighting the New Haven Area Office, and deeper discussion occurred on the updated CTDCF anti-racism framework which includes a new agency strategic goal of Prevention. In addition, information on the Racial Equity Learning Collaborative facilitated by consultant Dr. Clarice Bailey (further information captured under the Academy for Workforce Development) was provided to the team.
- September 2024: Emphasized the importance of Racial Justice (RJ) Champions taking the information provided during the SRJW meetings and sharing with their respective offices, divisions, and organizations. Urban Community Alliance (UCA) provided an update regarding their work on the Racial Justice Institute (RJI/discussed further in this document). The purpose of the RJI as captured is to address and reduce disparities within the Department of Children and Families (DCF) community, credentialed providers, and grassroots organizations, with a particular focus on improving outcomes for Black and Brown children and families who are disproportionately represented and served by DCF.
- November 2024: Reaffirmation of agency's unwavering commitment to racial justice. The SRJW Tri-chairs invited Dr. Javeed Sukhera, MD, the Chair of Psychiatry at the Institute of Living and the Chief of Psychiatry at Hartford Hospital, to speak on the importance of Radical Healing. Dr. Sukhera established the Center for Research on Racial Trauma and Community Healing in 2024. This one-of-a-kind research center aims to gain a deeper understanding of the psychological and behavioral consequences of discrimination and trauma, in order to advance equity and healing through the power of community. During his presentation, Dr. Sukhera focused on the topic "From Hurting to Healing: Practicing a Healing Centered Approach to Children's Services," emphasizing the psychological framework of Radical Hope

The Office of Multicultural Affairs:

The Office of Multicultural Affairs (OMCA) was created for the purpose of developing, implementing, and sustaining diversity initiatives, practices and policies designed to support the diversity needs of the agency, workforce, and families regardless of their race, color, national origin, gender, disability, inherent sexuality, gender identity or expression, age, social economic status, religion, or language. Over the years, the office has evolved to include work that supports the agency's efforts in the elimination of racial and ethnic disparities. The OMCA is responsible for overseeing the following main areas of work: coordination and representation of racial justice/ anti-racism practices including but not limited to leading the Statewide Racial Justice Workgroup as a tri-chair, completion of CGS-17a6e (this current body of work), provide guidance to divisions, facilities, regions and the four racial justice subcommittees on developing, facilitating, and implementing operational strategies through a racial justice/ anti-racism perspective, identifying and facilitating access to specialized linguistic services to meet the needs of diverse populations, provide guidance and support of service delivery for the Deaf and Hard of Hearing individuals, case consultation, coaching, and in partnership with the Office of Diversity and Equity (ODE) Co-Chair the Statewide Diversity Action Teams (DAT) and support DAT local leads across the state as needed. The OMCA historically has been a division of one. However, due to the evolution of and expanded requirements of the Division, the Department leadership recognized the need to expand and provide additional support by adding a Children Services Consultant and a State Program Manager.

Inspiring Meaningful Progress Towards Anti-Racist Change and Transformation Newsletter (IMPACT):

The Department's Office of Multicultural Affairs continues to proudly release to the DCF workforce their quarterly newsletter, "I.M.P.A.C.T. Inspiring Meaningful Progress Towards Anti-Racist Change & Transformation." The "I.M.P.A.C.T." newsletter serves to keep the workforce updated on data, news, current trends, an array of resources, and trauma-informed, equitable approaches toward anti-racist change and transformation. The information shared through each newsletter is chosen with intention and purpose in elevating racial justice and equity in connection to our work. Furthermore, "I.M.P.A.C.T." encourages the diversity and inclusion of opinions, perspectives, and support of the DCF workforce at all levels to be heard and respected. Staff are provided with the contact information of the Office of Multicultural Affairs to share their thoughts and suggestions for future newsletters. The four (4) quarterly "I.M.P.A.C.T." newsletters for CY 2024 are included below.

[Winter 2024 edition of I.M.P.A.C.T](#)

[Spring 2024 edition of I.M.P.A.C.T](#)

[Summer 2024 edition of I.M.P.A.C.T](#)

[Fall 2024 edition of I.M.P.A.C.T](#)

The Office of Diversity and Equity:

The Office of Diversity and Equity (ODE) under the direction of the Department of Children and Families Commissioner's Office focuses on improving DCF's diversity and equity performance according to state and federal statutes. ODE is tasked with providing information and counseling to employees regarding discrimination, identifies and works towards mitigating issues related to discrimination, sexual or other illegal harassment, identifies internal practices, policies and procedures that pose a barrier to DCF employees as well as job applicants, and members of the public served by DCF who are members of a protected class. ODE works in collaboration with the Office of Multicultural Affairs and Human Resource Business Partners. ODE is also responsible for the development and implementation of the agency's affirmative action plan that is submitted annually. The division is comprised of a Director, EEO Manager, and 2 EEO Specialists.

In the Summer of 2024, The Department's Office of Diversity and Equity proudly launched and released to the DCF workforce its first newsletter. This newsletter is intended to educate and bring awareness to staff across the state on the agency's efforts and commitment to diversity, inclusion, and belonging. Staff are provided with the contact information of the Office of Diversity and Equity to share their thoughts and suggestions for future newsletters. Below are the two newsletters that have been released to date:

[Summer 2024 first edition](#)

[Fall 2024 second edition](#)

In November, the agency's 2023-2024 Affirmative Action Plan (AA) submitted annually to the Commission on Human Rights and Opportunities (CHRO) was approved and marks the 6th consecutive year of the Commissions' approval of the Departments' Affirmative Action plan. This can be viewed as an indicator of our ongoing commitment to workforce diversity, equity and inclusion on all levels. The Department remains committed in creating an infrastructure that promotes psychological safety, a culture of power sharing and a culture that intentionally addresses the racial disproportionality that exist and identifies strategies to eliminate racial disparities.

Racial Ethnic Disproportionality Across the CT Child Protection System SFY 2024:

DCF continues to pursue racial justice in its work and in all aspects of the child welfare system, which extends beyond DCF and into collaborations with the courts, contracted DCF providers, healthcare and other areas concerning the well-being of children in Connecticut. Key to our work is rigorous collection of data on race, measurement of racial disparities, and tracking the effects of our work. This information is used to inform strategies designed to eliminate disproportionality and disparate outcomes across the child welfare system.

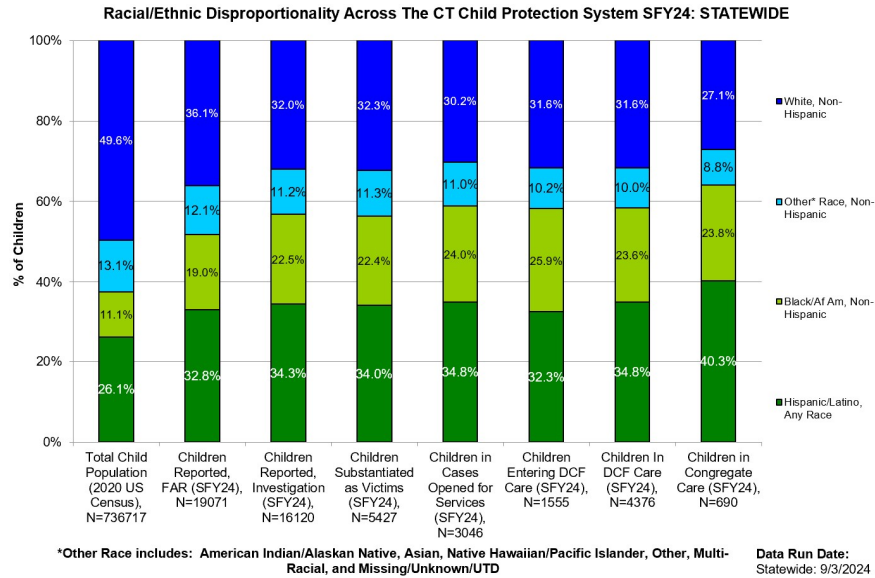
DCF continues to have a strong data infrastructure designed to support the continuous review of outcomes through a racial justice/anti-racist perspective. The Department has deliberately invested in capabilities that allow us to disaggregate most reports by race and ethnicity, allowing for a review of trends to assess ongoing progress and areas of need.

A foundational tool that has been used consistently by the Department is the "Racial/Ethnic Disproportionality Across the CT Child Protection System," often referred to as the "DCF Pathway Data" (Figure 2).

The Pathway Data are produced for every DCF Region and Area Office in the state and then shared statewide. We continuously strive to utilize the data to learn and inform our next steps. DCF has made the commitment to consistently review the data available related to child outcomes in ways that ensure strategies are developed to

address specific areas of need and further the agency's goal of eliminating racial disparities under the respective outcome/results categories.

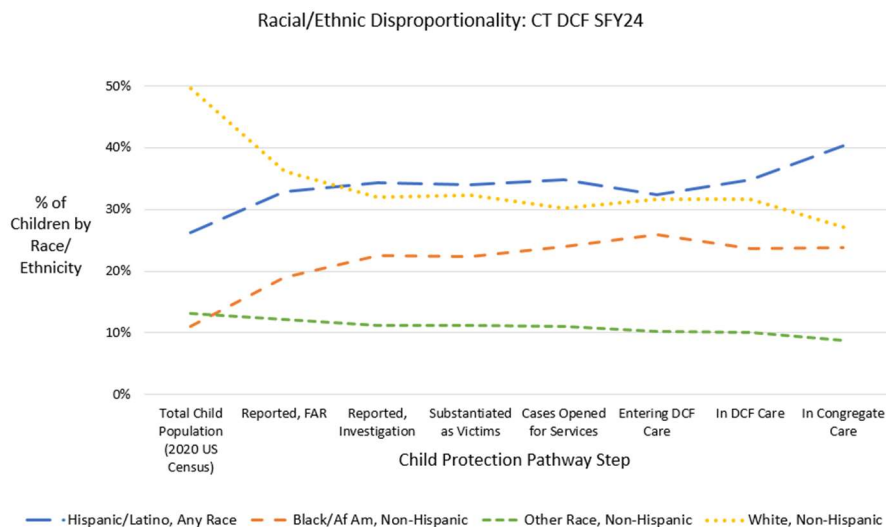
Figure 2: Racial/Ethnic Disproportionality Across the CT CPS System: SFY24 Statewide:



Disproportionality occurs when racial and ethnic groups in the child welfare population are over- or under-represented compared to their presence in the general population. Figure 2 shows the child welfare population's breakdown by racial group at major decision points along a child's involvement with DCF.

This year, DCF has done some work to simplify the presentation of our racial justice results and highlight the differences experienced by each racial/ethnic group. Our goal has been to better communicate our results to key valued partners. Figure 2 also shows the percentages by racial/ethnic group at each stage of decision making.

Figure 3: Racial/Ethnic Disproportionality SFY 24:



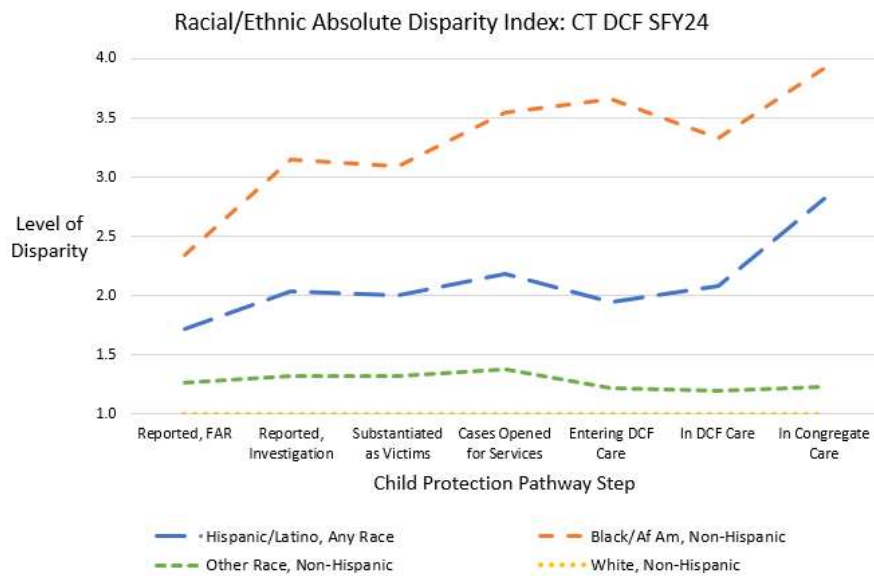
In both charts, results are compared to the Connecticut child population as reported in the 2020 Census. The steps in the DCF pathway include:

1. **Reports and Intake**: Reports to the DCF Careline, followed by assessment and referral to services (Reported—FAR) or assessment and assignment for further investigation (Reported—Investigation.)
2. **Substantiation**: Of those assigned for further investigation, the group where abuse or neglect was substantiated.
3. **Case opened for services**: Of substantiated cases, those opened for ongoing services (as opposed to cases closed because child was assessed to be no longer at risk.)
4. **Entering DCF care**: Of open cases, the group that is removed from their homes.
5. **In DCF care**: New cases plus ongoing cases.
6. **In congregate care**: Of those removed from their homes, the children in group or institutional settings as opposed to, ideally, a family setting.

As Figure 3 shows, the greatest disparity by race is introduced at the initial step, where children are reported to DCF. Black, non-Hispanic children and Hispanic children of any race are reported to DCF in numbers greater than their proportion in the population, while White children are reported in numbers less than their proportion. This disproportionality is sustained throughout the child's involvement with DCF and continues increasing during the child's involvement with child welfare, although much more slowly. There does appear to be a substantial increase in disparities at the point of committing a child to Congregate Care, with higher percentages of Hispanic children and lower percentages of White children in committed to group settings. We continue to pay attention to this finding, with the caveat that at this point in the process, the numbers of children are very small, and small changes in the number of children can lead to large changes in percentages by race.

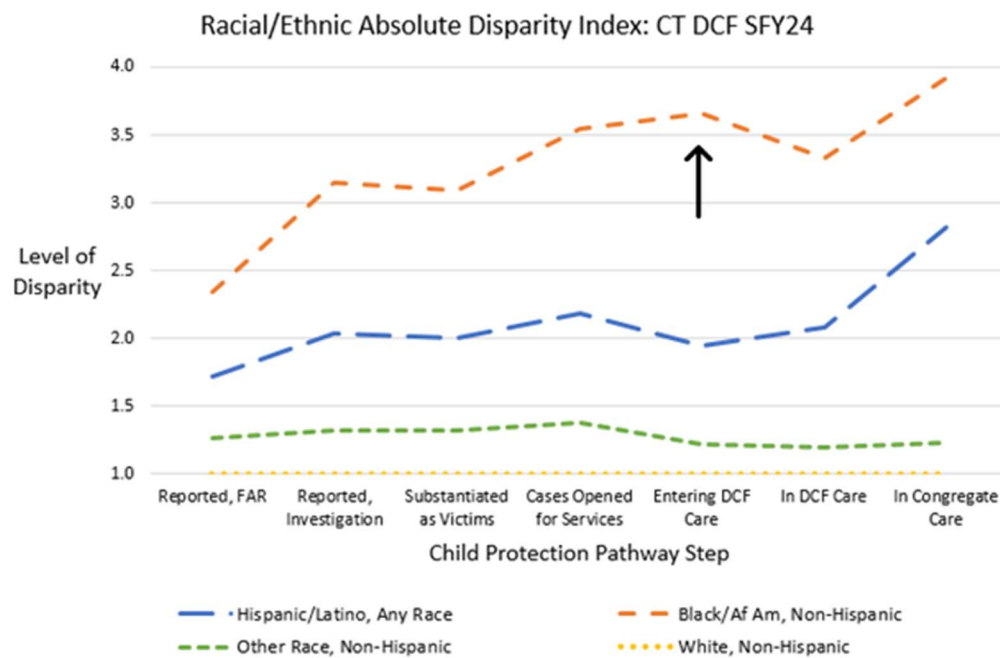
Figure 4 shows a second way of looking at racial disparities throughout the pathway. The Absolute Disparity Index shows the likelihood of a child in a particular racial/ethnic group reaching a step in the child protection pathway compared to the likelihood of a White child reaching that same step. It shows the cumulative effects of disproportionate outcomes between White children and children of other races. Black children have the greatest cumulative disparities in outcome, followed by Hispanic children.

Figure 4: Racial/Ethnic Disparity Index SFY 24:



So, for instance, Black children are over 3.5 times more likely to enter into DCF care than White children. See arrow in Figure 5.

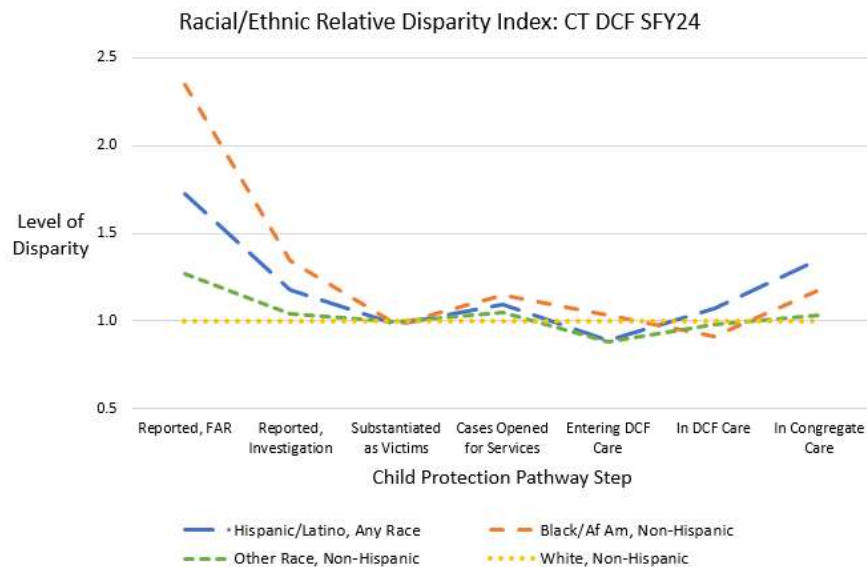
Figure 5: Racial/Ethnic Absolute Disparity Index SFY24:



The Relative Disparity Index shown in Figure 6 (below) compares each racial/ethnic group to White children, by assessing how likely that group was to move from the previous step in the process relative to White children. It identifies the particular steps in the pathway that are "high risk" for that group. As discussed above, the greatest

disparities are introduced at the reporting stage, with a large amount of disparity for any kind of CPS report, plus some additional disparities when being reported and investigated. DCF is now identifying "high reporting" entities, particularly schools, and analyzing the racial breakdowns of reports. DCF offices are working with their local schools to educate them on the mandated reporter law and to offer alternatives to DCF that offer support to children and families they are concerned about, while continuing to maintain child safety.

Figure 6: Racial/Ethnic Relative Disparity Index SFY 24:



DCF has been focused on increasing racial equity in child welfare for over a decade. Figures 7 through 13 examine racial disparities for each pathway step over the past five years. This helps us understand where our work has been successful and where we need to further improve.

Throughout the past five years (with the exception of Reported and FAR) the 5-years disparity index trend graphs at each step indicate a slight to moderate increase in disparity (i.e. poorer outcomes by race for, both Hispanic and Black children).

Notably, with the exception of the FAR Response step, Black non-Hispanic children experienced higher disparity at each step on the pathway in SFY24 compared to SFY23. When FAR disparity rates decrease and Investigation disparities increase, as happened this year, that reduction in FAR disparities is not a positive indicator. When children are reported to DCF, accepted reports can go in one of two directions: FAR (referred to services) and Investigation (investigation of the family for abuse and neglect). Fewer referrals to FAR for Black children suggests increased rates of Investigation.

As has been widely reported, COVID was associated with increased racial and ethnic disparities across society. This trend has been borne out at DCF. Over the last 5 years, DCF is seeing families with many more challenges than previously. Rising housing costs, increased mental health challenges for children and families, and developmental delays associated with remote schooling are disproportionately suffered by Black and Hispanic children. DCF continues to experience staff turnover, reducing our likelihood of being able to respond vigorously to families with high needs.

Figure 7: Five-year Disparity Index Trend, FAR:

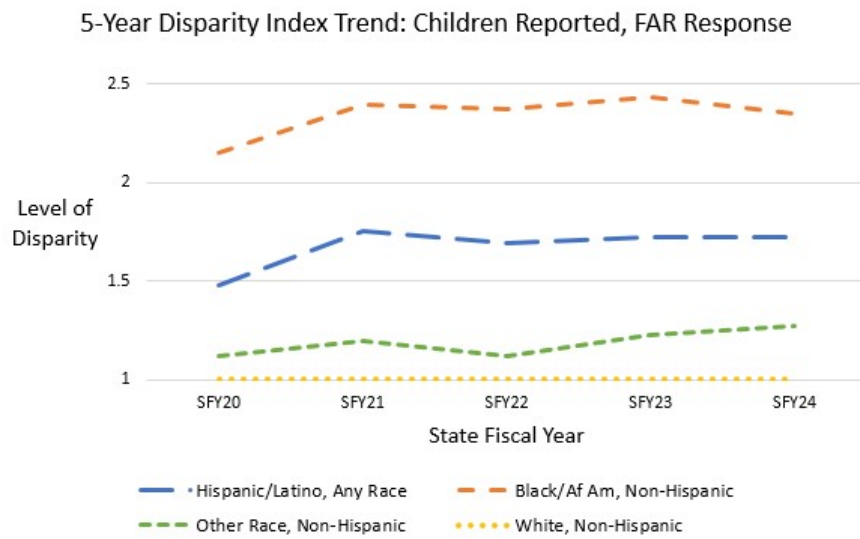


Figure 8: Five-year Disparity Index Trend, Investigations:

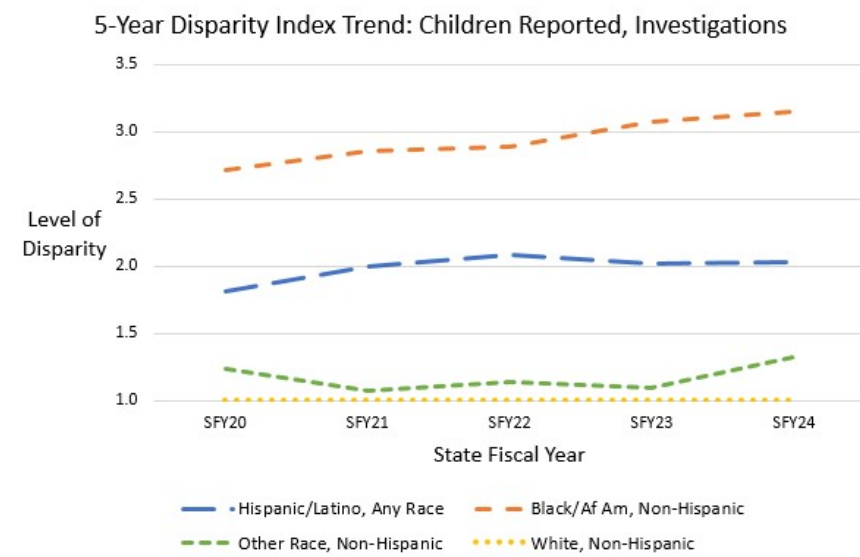


Figure 9: Five-year Disparity Index Trend: Substantiated Victims

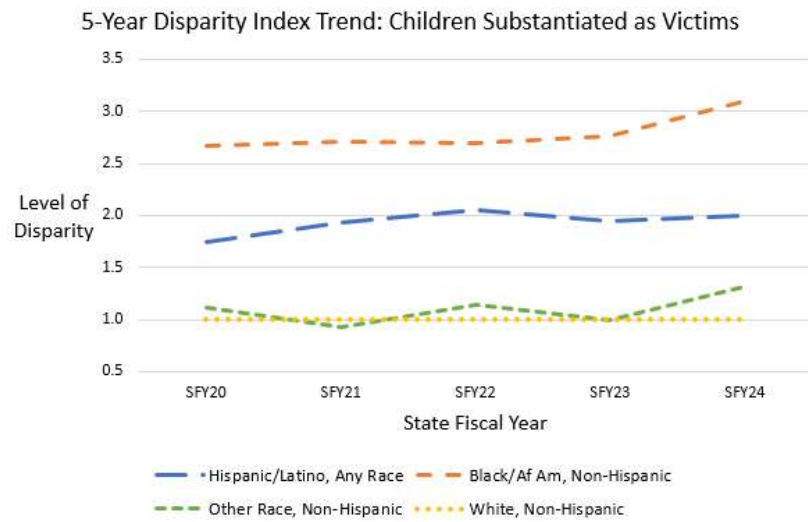


Figure 10 Five-year Disparity Index, Opened for Services:

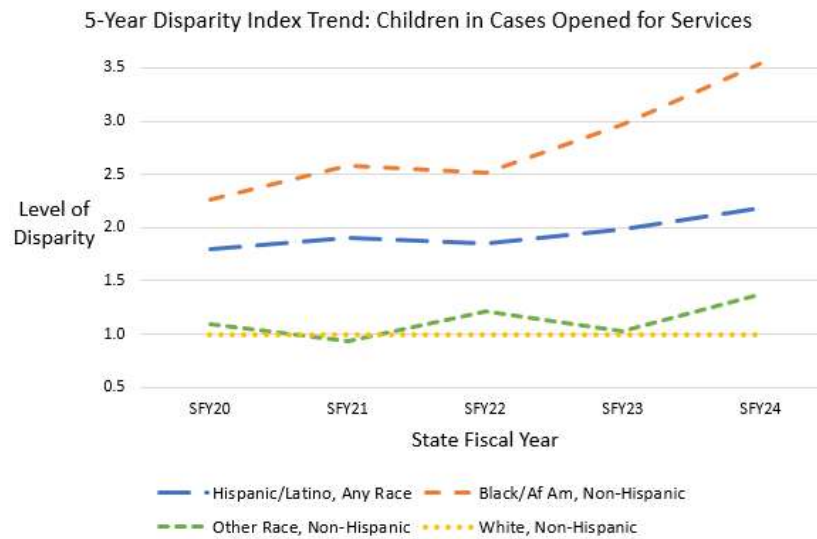


Figure 11 Five-year Disparity Index, Entering Care:

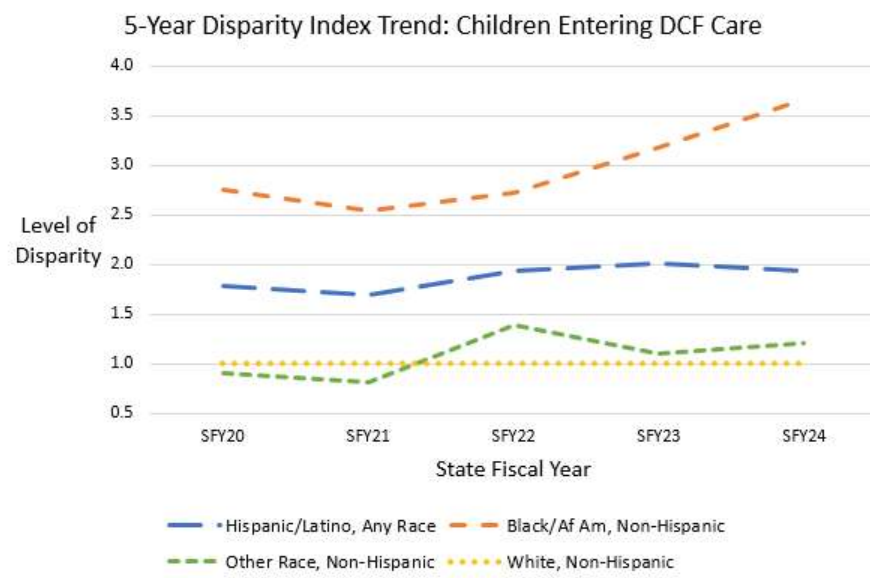


Figure 12 Five-year Disparity Index, In Care:

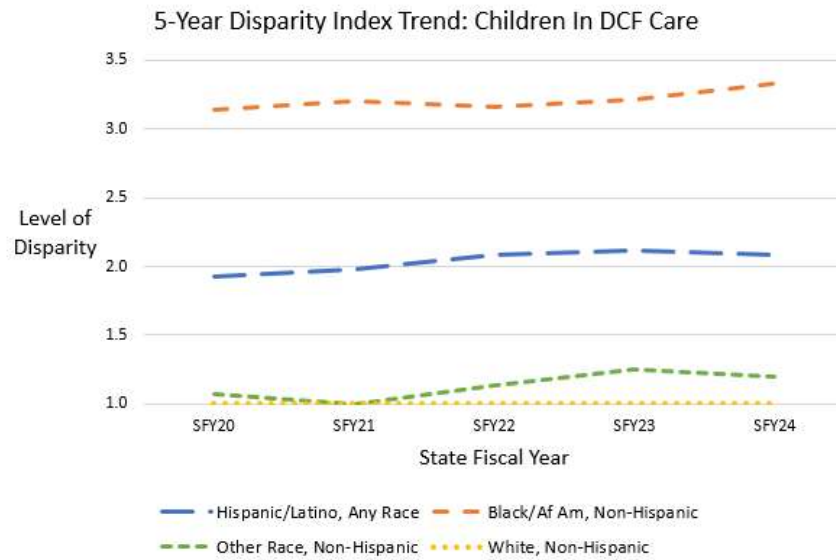


Figure 13 Five-year Disparity Index, In Congregate Care:

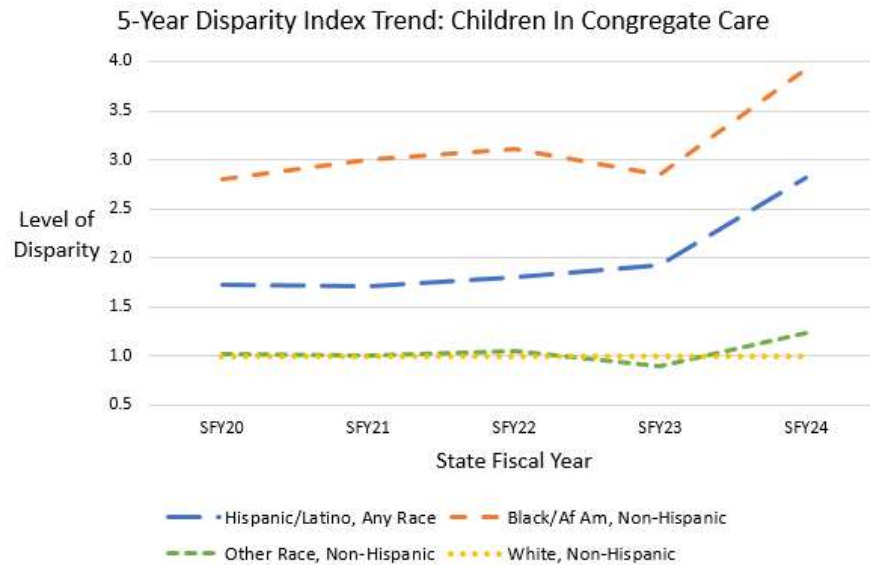


Figure 13 shows a dramatic increase in disparities over the last year in children in congregate care. As stated above, at this point in the pathway the number of children involved is quite small. In particular, in FY24, there was a somewhat dramatic drop in the number of White children in Congregate Care, pushing the relative disparity rates up for all other groups in Congregate Care. There was also an increase in the number of Hispanic children in Congregate Care.

DCF continues to refine its work in collecting, reporting and analyzing child welfare data by racial and ethnic group. New and ongoing work includes:

- Migrants to the US: We are increasing our data collection and analysis to improve our understanding of disparities associated with undocumented status. This included a widely attended and very popular learning forum for DCF staff on the particular issues facing undocumented and migrant families in Connecticut. It introduced the challenges in doing child welfare social work across different cultures and languages, and helped DCF data staff understand the importance of collecting and analyzing this data.

The US Census bureau very recently increased the estimated populations of Connecticut and other states to take into account new estimates of international migration. We will be integrating their revisions into our disparity work in the future.

- Racial and ethnic analysis of Case Reviews: We are bringing data collection and analysis by race into our Case Review processes, providing opportunities to identify and understand cases where race and ethnicity appear to have had a large influence on permanency and other case outcomes.
- Additional disparity metrics: We are investigating academic and other government metrics that assess racial and ethnic disparities in child welfare systems, with the goal of identifying best or creative practices for better understanding service outcomes for diverse populations.
- Administrative burdens: We are investigating racial disparities in administrative burdens associated with involvement in the child welfare system, including burdens to reported families, kinship caregivers and in the foster care licensing process.
- Child mortality: The National Partnership for Child Safety, a partnership designed to use safety science to reduce child mortality, recently added a question around cultural trauma in the tool that is used to investigate child deaths. This will be a new data point informing our work over the coming year.

Careline:

The Careline at DCF is the Division that receives all calls to report children and families to DCF. As such, they have a more 'outward' facing role as they interact with mandated reports and concerned citizens across the state. Over the past year, the Careline's Racial Justice Team has been dedicated to initiatives aimed at fostering greater clarity and understanding of the agency's efforts to integrate Racial Justice into every aspect of our work.

One of the key accomplishments from the Careline Division was revising the racial justice statement that Careline Social Work Screeners previously were tasked in reviewing with every Mandated Reporter. Through team discussions, it was identified that the original statement did not fully explain the "why" behind the questions they were asking mandated reporters about their race/ethnicity, as it was initially intended for our community partners. In response, the language was revised to ensure it was clearer, more inclusive, and reflective of the agency's evolving commitment to racial justice. In addition, the division integrated this revised statement into the Careline's greeting as a pre-recorded message, now available in both English and Spanish allowing the message to be more accessible to the community. This change ensures that everyone calling the Careline is informed about our commitment to racial justice right from the start in clear, consistent, inclusive language.

To further engage Careline staff in racial justice work, a survey was conducted to better understand the team's needs and interests in relation to these initiatives. Survey responses revealed that many staff members still feel uncomfortable and unprepared to have discussions about race in the workplace. In response, the Racial Justice CQI team facilitated an in-person and virtual "Let's Chat" session. The session included a Ted Talk titled "4 Ways to Have a Healthy Conversation about Race," and was designed to accommodate all three Careline shifts to maximize participation. The feedback from this event was overwhelmingly positive, and it underscored the importance of providing safe spaces for these essential conversations.

The CQI team also continues to focus on engaging and educating our community partners about the racial justice work happening within the Department. One of the Careline teams' upcoming goals is to collaborate with local police departments. The Careline team plans to partner with regional area offices that have established relationships with these departments to provide information around bias, over-reporting, and disparities in our reporting practices.

The Careline staff remain committed to fostering a more just and equitable environment for both our staff and the community, as evidenced by their continuous and thoughtful efforts.

Health Management and Oversight Division (HMO)

The Health Management and Oversight Division (HMO) provides oversight of the medical and healthcare needs of the children under the care of the Department of Children and Families. The HMO division has nurses that serve as consultants to social work staff, managing statewide programing, and Health Advocates to address care access issues and oversee Multidisciplinary Evaluation (MDE's) that is conducted on all children and youth in DCF care.

The HMO Racial Justice committee works on addressing racial justice issues affecting all children but in particular those involved with children in out of home placement. The Division's first Change Initiative in 2021 focused on Asthma - looking at the prevalence in children who were in out-of-home care and how many had current asthma action plans. The nurses worked collaboratively with our Health Advocates by identifying which children had been diagnosed with asthma, keeping track of current asthma action plans and if needed making referrals to CHN intensive Case Management for follow up. This initial Change Initiative proved to be successful and as a result the Division now tracks all asthma action plans and follows up asthma care for all children and youth entering DCF care.

In 2024, the HMO Racial Justice committee embarked on a new health initiative - Health Literacy. This project is aimed at identifying and addressing health concerns with youth and young adults involved with the Department. Through surveys and in-person focus groups with youth, three general themes emerged as priority issues - general health, advocating for oneself, working with the youths' provider and transitioning out of DCF care. The committee plans to develop resource materials both through tip sheets and on-line training resources for both the youth and the SW staff working with these youth.

Office of Legal Affairs:

The Legal Division is committed to ensuring that staff attorneys and legal division employees support the agency mission in becoming anti-racist. The Legal Division is in the process of developing a training on Discrimination and the Law, which will discuss:

- discriminatory impact of various federal child welfare laws,
- how discrimination is legally defined,
- the role of the Department's Office of Diversity and Equity, the Commission for Human Rights and Opportunities, and the Department of Justice's Office of Civil Rights in addressing discriminatory actions, and
- the process for individuals who have experienced discrimination to seek recourse.

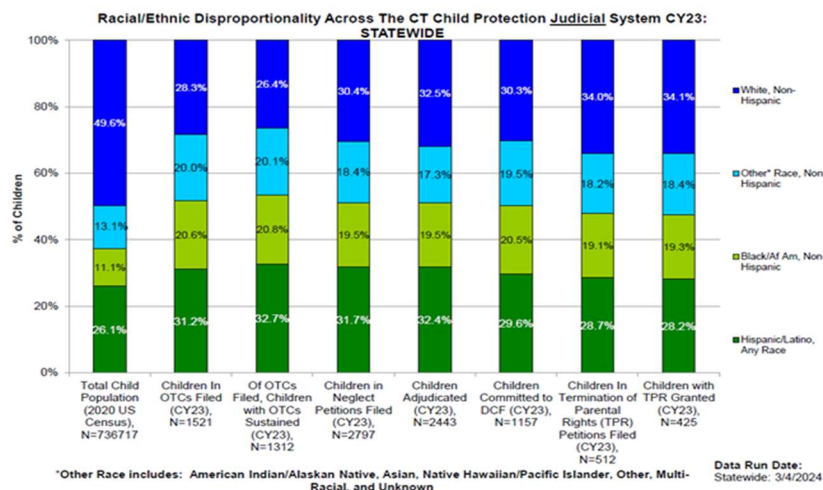
DCF/ Judicial Collaboration:

As part of DCF's ongoing commitment to expanding our racial justice/anti-racist work beyond our internal agency, we have been equally committed to partnering with community providers within the broader child protection system to ensure fair, just, and equitable treatment outcomes. Inclusion of our community and system partners emphasizes our commitment to cross-system collaboration, which is necessary for anti-racist transformation of practice, policy and equitable service delivery. With respect to the critical decision-making points along the juvenile court continuum, we have continued to collaborate with the CT Superior Court for Juvenile Matters (SCJM) and other system partners to support their efforts in understanding the underlying drivers of racial disparity.

In 2024, the Department worked with the Judicial partners to obtain data for each of the pathway decision points to help move their efforts forward. The statewide racial/ethnic disproportionality across the CT Child Protection Judicial System pathways data is updated and reviewed on an ongoing basis to identify trends and initiatives to reduce disparity and disproportionality. Figure 14 depicts the race/ethnicity distribution of child welfare populations along with the general child population. These figures were drawn in an attempt to gain greater insight into the racial makeup of the children involved with the Superior Court for Juvenile Matters (SCJM) due to involvement in the Connecticut Child Protection System as it compares to the Connecticut child population as a whole (This data does not include children/youth involved with SCJM solely for Juvenile Justice matters).

The chart and graphs outline the percentage of the populations that each racial category comprise. In addition, the report expresses how these percentages differ with regard to each level of SCJM involvement. Similar to the CTDCF Pathways data shared above, this data should help highlight the degree to which children of various racial/ethnic groups are overrepresented or underrepresented at various points of intervention with the SCJM for child protection issues. Additional analyses will be provided in the near future that will help illuminate how to examine differences between racial/ethnic groups in a valid way.

Figure 14: Racial/Ethnic Disproportionality Across the CT Child Protection JUDICIAL system CY 23



The DCF/Judicial Collaboration Team meets regularly throughout the year. In addition, the DCF Commissioner and General Counsel meet with the Chief Administrative Judge for Juvenile Matters on a monthly basis to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases. There are also monthly meetings that include child advocacy organizations, the public defender's office and the Office of the Attorney General to review the disparity and disproportionality data and recommend system change. During the past year, the review and utilization of this data gave rise to a juvenile court pilot mediation program aimed at providing a collaborative process for parties to identify and reduce barriers to permanency. This DCF/Judicial Collaboration team is in the process of evaluating the data and outcomes from this mediation program to measure its effectiveness in expediting permanency and reducing disparities and to determine if a statewide rollout of the program is indicated.

Immigration Practice

The large number of DCF case participants who are undocumented continues to grow, particularly in Fairfield and New Haven Counties. Data reports in the past estimated that about 15% of DCF case participants in Fairfield County are undocumented. The extraordinary trauma that migrants have endured, especially those from Guatemala, Honduras, El Salvador, Mexico and Haiti, is largely due to exposure to cartel and family violence. Law enforcement does not reliably address these concerns in migrants' home countries, and in some places law enforcement actively cooperates with cartels. Therefore, many migrants in Connecticut and elsewhere in the United States are distrustful of government authority and it can be challenging to engage them. DCF social workers must be extraordinarily patient and persistent in order to develop a trusting professional relationship with migrants who have had these experiences. DCF has improved its ability to engage migrants in contracting with translation and interpretation agencies that offer services in several indigenous languages spoken in Central and South America.

The Director of Immigration Practice has regular meetings with Integrated Refugee and Immigrant Services (IRIS) of New Haven and Hartford, the Connecticut Institute for Refugees and Immigrants (CIRI) of Stamford, Bridgeport, Waterbury and Hartford, Jewish Family Services (JFS) of Greenwich and Stamford as well as several other not-for-profit agencies that serve refugees and immigrants. DCF and these agencies regularly collaborate in serving the legal and clinical needs of individuals and families, as well as in sharing information and resources. CIRI in particular frequently partners with DCF in the context of both immigration legal practice and human trafficking. The Director of Immigration Practice provides certification of U Visas sought by not-for-profit legal aid agencies as well as other attorneys in the community.

The Director of Immigration Practice meets regularly with state and federal agencies working with migrants, the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), the Department of Developmental Services (DDS), the Division of Emergency Management and Homeland Security

(DEMHRS), the Department of Motor Vehicles (DMV), the Department of Labor (DOL), the United States Customs and Immigration Service (USCIS) and the United States Department of State. DCF clients with Special Immigrant Juvenile Status require careful case management as they transition to adulthood and adult services. It is also important to carefully manage the repatriation of children to Connecticut with DSS and the US Department of State. Because of DCF's Vienna Convention obligations. The Director of Immigration Practice has frequent interaction with embassies and consulates, thus facilitating that the rights of non-citizens are being honored in Connecticut's juvenile and delinquency court hearings.

For the past three years there has been increasing demand in the Connecticut Probate Courts to instate guardians for migrant children whose parent(s) do not live in the United States. This year DCF has undertaken a new collaboration with the Connecticut Probate Courts in facilitating better access to guardianship by migrant families seeking to access Special Immigrant Juvenile Status in the immigration courts. To this end DCF has streamlined the study template for assessments ordered by the probate judge on prospective guardians, and also devised a day-long training for DCF probate social workers and probate court personnel.

Over the past four years the federal Office of Refugee Resettlement (ORR) has placed 5,072 unaccompanied undocumented minors with sponsors in Connecticut. These young people are primarily from Guatemala, Honduras, El Salvador and Mexico, in that order. Federal ORR does not provide stipends or training to sponsors or much ongoing support to these children. Some of these undocumented and unaccompanied minors have had to come into DCF care because their sponsor families were neglectful and/or abusive. Another trend is the increase in reports of the labor trafficking of undocumented minors; the Director of Immigration Practice has made seven home visits this year in situations where labor trafficking of children has been alleged.

The Director of Immigration Practice has provided eight half-day Immigration Practice trainings in DCF Area Offices this year and another twenty-five such trainings in community agencies, colleges and universities throughout Connecticut. In addition, there is a quarterly Immigration Practice training through the DCF Academy for Workforce Development offered to DCF employees and community provider. These trainings discuss the following topics: immigration legal remedies, health care resources, the dynamics of the migration process, the effects of complex trauma on engaging immigrants; family dynamics; how cultural differences influence parenting, and information about community agencies that assist immigrants. As immigration law and federal policy change frequently, this training is routinely updated.

The Director of Immigration Practice provides legal and clinical consultation to DCF staff as well as community agencies throughout the state, including home visits upon request. Consultations are often requests for potential solutions regarding DCF clients' immigration legal statuses, such as access to U Visas, T Visas, Temporary Protected Status, Violence Against Women Act Visas, Special Immigrant Juvenile Status and Asylum. Other concerns raised in these consultations are related to obtaining access to mental health and medical services for those who do not have health insurance. This year undocumented children 15 years old and younger were included in the HUSKY program, which significantly expanded their access to health care. Typically, undocumented DCF clients are referred to pro bono immigration legal aid agencies as well as federally qualified health centers (FQHCs). FQHCs have limited capacity to meet the needs of undocumented people without access to insurance because of the overwhelming demand for their services. All of the legal aid agencies and many FQHCs are now maintaining wait lists. There is currently a critical shortage of lawyers available for pro bono immigration legal consults in Connecticut. Repeat maltreatment is more likely to occur in this context, as well as inappropriate referrals to DCF because resources are so limited. Also, the current housing crisis has a strong impact on migrant families' ability to maintain safe and stable homes for their children.

The number of meetings with community agencies and referrals for consultation have markedly increased due to widespread concern about how migrant children and families will fare in the coming year.

Transitional Supports and Success

The Transitional Supports and Success (TSS) team is responsible for advancing best practice and policy for transitional age youth (16 years-21 years old) and adolescents (14 years -21 years old) in DCF care. TSS oversees various supports that equip youth with skills needed for a successful transition into adulthood. The overall mission of TSS is to eliminate disconnection of youth from meaningful work, school, and relationships. The anticipated outcomes of young adults leaving DCF care, include at least 85% graduating high school, at least 60% employed or in post-secondary education, at least 95% having stable housing, and at least 95% having a stable non-paid positive adult connection. A host of essential practice principles provide the foundation for TSS efforts. These practice principles include shared power, anti-racism, and trauma responsiveness.

The TSS team consists of Central Office staff, two state run psychiatric residential treatment facilities (Albert J. Solnit North and South campuses) and an outdoor education program (The Wilderness School). The team provides a combination of direct service delivery and contract oversight. There are 30 Central Office staff and approximately 200 team members providing direct service.

The Solnit PRTFs on North and South campus conducted focus groups on race and ethnicity for all youth. Conversation was structured and focused on their experiences with DCF, at the campuses, in the larger child welfare system (e.g., with juvenile courts and providers), and with consumers of the behavioral health system. The same groups were conducted at the Wilderness School. The Wilderness School conducted surveys of alumni to capture this information. Results were discussed with leadership teams, youth and staff.

In 2024, TSS also developed a training with youth on how to best serve the LGBTQIA+ young adult population. Over 150 staff were trained, and youth videos were part of the training package, which included a specific topic focused on race, ethnicity, identity, and values. Development of the LGBTQIA+ practice approach is underway, and intersectionality is an essential component.

Data review and disaggregation by race and ethnicity was also done in 2024 in reviewing admission/denial/outcome information. With respect to admissions and denials at Solnit South, youth of color appear to have a higher rate of denial at South. At Solnit North, Black youth appeared to be overrepresented in unsuccessful discharges, and overrepresented in discharges to higher levels of care. Hispanic youth were also overrepresented in discharges to higher levels of care. There was no overrepresentation in denials of youth of color. This is being further analyzed by the leadership team at Solnit South.

TSS outreached specifically to youth of color for leadership training and opportunities in 2024. This was intentional and designed to strengthen a bench of young, diverse leaders with lived experience. Two young adults received stipends and were invited to attend national conventions in child welfare, while an additional three youth received stipends to assist in enhancing a practice model on intersectionality.

Further, the Building Wings Convention gathered 60 young adults in foster care (55 youth were Black, Hispanic, Biracial) and provided skill-building workshops based on three topics selected by the group (relationships, financial literacy, housing). Pre/posttest knowledge improved by 75%. This event was designed to focus on strengthening skills with a focus on youth of color. A resource fair was offered throughout the day (e.g., colleges, social service agencies, workforce development, etc.).

TSS also participates in the SOUL Family Permanency effort through the Annie E. Casey Foundation. This is a framework designed by older teens in foster care (i.e., by a national cohort of foster care "longstayers," where youth of color are overrepresented). This work is underway as a pilot in New Haven and TSS is assisting in implementation and recruitment of youth for participation.

The Office of Organizational Development:

The Office of Organizational Development focuses on implementing and integrating organizational development strategies captured by conducting ongoing agency wide assessments to determine organizational health, safety culture and accountability. The goal is to facilitate proactive initiatives that create a healthy work environment by evaluating program policies, goals and objectives to ensure conformance with the agency's mission and statutory provisions.

In addition, the office leads the agency's Employee Assistance Program (EAP) program. EAP is a program that offers a wide variety of free services available to staff and their household dependents with services including: counseling, consultation services from stress, addiction, financial assistance, wellness coaching and more. EAP is available 24/7 and 100% confidential.

The Office of Organizational Development leads the DCF Safe & Sound framework that provides a culture of safety, where our values, attitudes, and behaviors support psychological and physical safety for staff and the families and children we serve. As a culture of safety, Safe and Sound is rooted in respect, trust, candor, equity, and racial justice. Safety culture cannot exist if racism is not addressed, and racism cannot be addressed without a safety culture.

In 2024, DCF administered a statewide Safe & Sound Cultural Assessment Survey. Scales from the survey measure workplace connectedness, mindful organizing, psychology safety, and racial justice. The results were disaggregated by race/ethnicity of staff. This survey, developed by the National Partnership for Child Safety, helps CTDCF better understand staff experiences related to their own physical safety, psychological safety, workplace connectedness, mindful organizing, and racial justice, recognizing that these experiences have direct impacts on decisions made about children and families. Area Offices and Divisions are using the results of these data to identify areas of need and to consider potentially differential needs for staff who are Black or Latino/Hispanic based on differing results. Further, the scale focused on racial justice will be analyzed more closely by the SRJW Tri-Chairs together with the Workforce Subcommittee to identify agency-wide needs in this domain.

From the data, unique to CT, compared to other child welfare jurisdictions, we do not see broad differences by race/ethnicity on the standard scales captured in the survey. The Racial Justice/Race Equity scale (set of questions) currently used in the Safe and Sound Cultural Assessment survey and throughout the National Partnership for Child Safety were initially developed by Connecticut DCF in 2019. This question set assesses beliefs, attitudes, and behaviors of child welfare professionals as it relates to integrating racial justice and racial equity with their work in these systems. Prior to the creation of this instrument, there was no empirically validated or available assessment on racial justice or race equity in child welfare. The Racial Justice/Race Equity question set has since been refined by partner jurisdictions in the NPCS and is currently in use in over 15 child welfare jurisdictions, including Connecticut DCF, as a standard part of the NPCS organizational assessment.

The Academy for Workforce Development:

Throughout the Departments' journey of becoming a racially just organization, the Departments' Academy for Workforce Development (The Academy) has been a key partner in building capacity within staff to move forward anti-racist practices. Staff are often reminded that while training is an important implementation driver, it is not the sole contributor to system transformation. The Academy continues to evaluate the workforce needs and promotes a robust catalog of learning opportunities to support the training needs of staff and the community. Under this period of review, the following learning opportunities have been offered to support the agency in anti-racist efforts.

- Racial Equity Learning Collaborative:

In response to a 2022 Training Needs Survey that identified a needed space for supervisors and managers to candidly discuss race equity and racial justice, The Academy, in partnership with the Office of Multicultural Affairs/Diversity and Equity, created a facilitated Learning Collaborative that centers and raises issues of racial equity. The goal of this Collaborative was to move from conversation to practice while creating a safe

space where participants could learn from and support one another. In early 2024, the first cohort of 20 staff from various disciplines and roles within the agency participated in this six-module facilitated Racial Equity Learning Collaborative

The Learning Collaborative was met with gratitude and enthusiasm, coming together monthly for two hours per session. Participants have continued to convene to troubleshoot, problem solve and offer recommendations for organizational change. The next step is to co-create capacity within the Agency to continue working through how race informs the policy, structure and practices that determine how child welfare services are made available to residents of Connecticut.

- **Intersectionality: Dissecting Social Identity to Produce Better Outcomes for Families**

This training developed and led by the Academy provides participants (DCF Staff) with a deeper understanding of intersectionality, its relevance in child protection, and practical strategies for incorporating intersectional perspectives into their work. It combines theoretical knowledge with interactive activities, case studies, and discussions to create a well-rounded and impactful learning experience. In addition, staff were provided essential information that is needed when it comes to creating a diverse and inclusive workplace.

Academy for Community Partners (ACP)

The Academy for Community Partners (ACP) is an extension of the Academy for Workforce Development. It is currently staffed with one Program Supervisor and one Community Trainer. The purpose of the ACP is to provide individualized trainings that reflect and inform the providers about DCF's initiatives as well as to provide requested trainings to enhance the skill and knowledge of providers.

The Program Supervisor and Community Trainer serve as liaisons to the community provider network for the purposes of addressing their training needs. They work within the community as needed to provide training. The curriculum is created and housed by the Academy for Community Partners. This assures that the ACP has continuity of training and information sharing within the provider network.

- **Untangling Roots: Ethnic Hair and the Legacy of Racism**

In the Fall of 2024, The ACP introduced "Untangling Roots: Ethnic Hair and the Legacy of Racism". This interactive virtual workshop is designed to provide professionals involved in child welfare with the essential knowledge and skills necessary to support the care of ethnic hair. Ethnic hair plays a crucial role in shaping identity, culture and self-esteem. For children in foster care, particularly those placed in non-Black or Brown households, proper hair care is critical role to their overall well-being and sense of belonging. This training also explores the cultural significance of ethnic hair exploring its connection to identity self-expression and cultural pride. Participants will learn how to address issues of hair discrimination and racism while gaining the tools needed to effectively advocate for children in the child welfare system. Through breakout activities and discussions on the intersection of hair and racial sensitivity, the training ensures participants leave feeling confident and empowered to support Black and Brown children with respect, compassion, and cultural awareness.

Plans are underway to expand this virtual four-hour workshop into a full day, in-person session. This enhanced format will include live demonstrations of hair care techniques and provide participants with samples of hair care products.

The Academy also partnered with the Norwich Area Office to support the office's Change Initiative to address disproportionality in DCF reporting. The Norwich Offices' Racial Justice Workgroup aimed to identify which mandated reporters were making the most calls to the Careline within the Norwich Office catchment area. In reviewing all accepted CPS reports assigned to the Norwich Office in 2022, they found that school staff comprised the largest group of reporters during school months. Norwich and New London Public Schools were identified as the local school systems with the highest disproportionality in their reporting to DCF. The ACP, Norwich School administrators, and Norwich Office leadership met several times to identify training needs and content. ACP worked

to address the Norwich Schools' training needs and the Norwich Office's change initiative objectives, developing a training outline that was vetted with input from school officials and the Racial Justice Workgroup.

The training, titled "Addressing Disproportionality: A Collaborative Approach," included content from Implicit Bias, Mandated Reporter, and Poverty Is Not Neglect trainings. It also featured school-specific disproportionality data, school liaison roles and contact information, and information on basic needs and support services in the local community. Two three hour in-person sessions were held in June at Norwich Schools. The attendees included school administrators such as the Superintendent, Assistant Superintendent, Principals, Vice Principals, DCF Outposted Social Workers, along with Norwich leadership. The feedback received after these workshop sessions was all positive. As the outposted staff viewed the training as a TOT, the goal is for them to conduct this training ongoing for Norwich school staff.

In 2024, ACP has provided the following trainings to 72 Provider Agencies with a total of 1460 community provider participants: The ABCD Child Safety Practice Model, Implicit Bias, DCF 101, Worker Safety, Trauma/De-escalation, Child Development and Infant Care, Advancing Anti-Racism in Child Welfare, Mandated Reporter: Train of Trainer, Recertification, For DCF Caregivers, Unique Dynamics of Kinship Care and CPR.

Program Monitoring, Fiscal Review and Family & Community Services

DCF has continued its commitment to ensuring that all contracted community programs are accountable for measurable performance outcome measures. As part of that effort, the Department's Service Outcome Advisory Committee (SOAC), has continued an in-depth review of each contracted service type to develop Performance Outcome Measures for each of the 80 service types (330 programs) under contract with DCF. This initiative utilizes a standardized, comprehensive process that includes subject matter experts, the current provider network and consumers to develop standard outcome measures. These measures specifically target the key performance indicators of the service type, provide consistency across the DCF service array and establish measurable and attainable goals for all contracted providers, inclusive of a Racial Justice performance outcome measure for every service type. Two cohorts of twelve (12) service types have been reviewed thus far.

The Community Services Division (CSD) continues to focus on enhancing our service system to better meet the needs of children and families by promoting strong engagement and collaboration within CTDCF and our community partners. In January 2024, the Division celebrated four years Enhanced Service Coordination (ESC) being implemented to all CTDCF Regions. ESC is a needs focused consultation model to ensure that service referrals are focused on services that best align or match the identified needs for a family. During 2024 the Systems' Division continued focusing on assessing and addressing disproportionality and disparate outcomes in service provision for families referred to the four ESC services. The ESC work continues to promote broad engagement with CTDCF Regions and Central Office Divisions, provider partners, and across Connecticut's broader child welfare system. Through this effort, the Division is actively assessing multiple factors that may contribute to disproportionality and disparity in service provision for the four ESC services to families with overarching strategies designed to raise awareness of racial inequities. By the end of 2024 a log was created looking at regional referrals to the ESC services after case opening and point of removal to improve regional outcomes regarding permanency for children.

The CSD in collaboration with the Contracts Division executed a grant for DCF to have a Racial Justice Institute to support community providers. This grant was awarded to a community provider through a Request for Qualifications (RFQ) process. The Institute will strengthen DCF's efforts to engage providers of mental health and other community services in our racial justice and equity work through participation in ongoing learning collaboratives, involvement with change initiatives and design of data informed strategies to enhance and promote equitable outcomes for all families served by DCF. During 2024, the agency Urban Community Alliance (the agency that holds the contract for the RJI) focused on partnering, collaborating with key partners, and while conducting learning collaborative listening sessions. A Systems Director serves as the program lead and is a member of the RJI Advisory Board.

Also, during 2024, CSD leaders co-chaired the DCF Racial Justice Services Sub-Committee, a group that ensures the DCF contracted provider network delivers services in a racially just and equitable manner. The group in 2024 focused

on enhancing the DCF Request for Proposal (RFP) process to allow for more minority owned agencies to be included with receiving contracts. During 2024, leaders of this work at DCF have engaged additional key partners, expanding the number of providers who are a part of the RJ committees.

Lastly CSD serves as the DCF representation for the legislative Racial and Ethnic Disparities (RED) Committee. The Center for Children's Advocacy RED Reduction Project focuses on systemic advocacy to reform policies and practices of Connecticut education, law enforcement, and justice systems that lead to over-representation of Black and Latine youth at various points in the Justice System. The Systems PD's forward quarterly reports and attends quarterly meetings regarding DCF's arrests of children in DCF care and who are youth who are AWOL or Runaways. The RED Committees convene quarterly in the following cities and Towns: Hartford, Waterbury, New Haven, Hamden, Norwalk and Bridgeport respectively.

Provider Information Exchange (PIE):

The Department continues to maintain a data collection and reporting system to support the monitoring and oversight of its contracted services. This system, known as the Provider Information Exchange (PIE), encompasses multiple programs across the state and contains multiple data elements that allow the Department to track and monitor utilization, outcomes and the quality of services delivered. These data are reportable by key client demographics, including age, gender and race and ethnicity.

A full DCF Contracted Provider Pathway comparable to the DCF Pathway described above would include the following decision points:

1. Eligible for referral to a contracted provider
2. Referral to a provider
3. Evaluated for services
4. Appropriate for services
5. Services accessible and available
6. Episode Started
7. Completed treatment
8. Met treatment goals

Figure 15 (below) is an aggregate report for DCF Contracted Providers showing the population along a section of the pathway outlined above, focusing on Episodes Started, Episodes Completed and Meeting Treatment Goals.

Figure 15: Pie Data Count SFY 24:

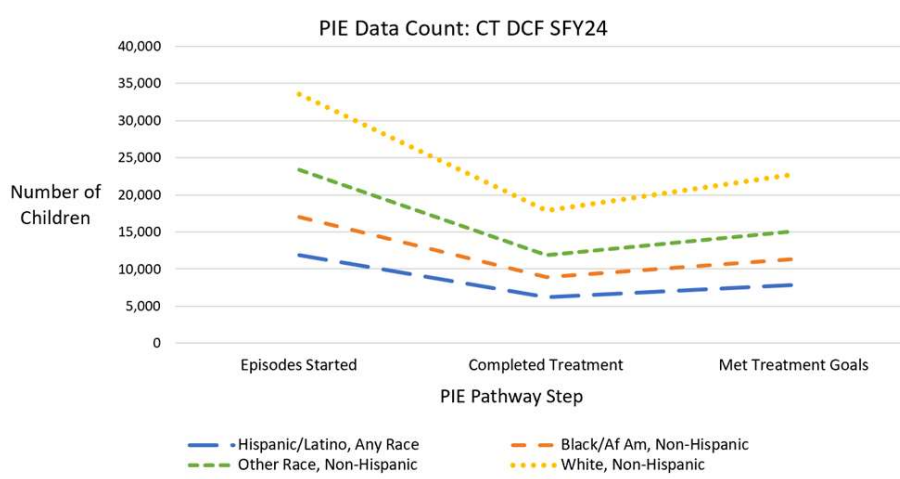
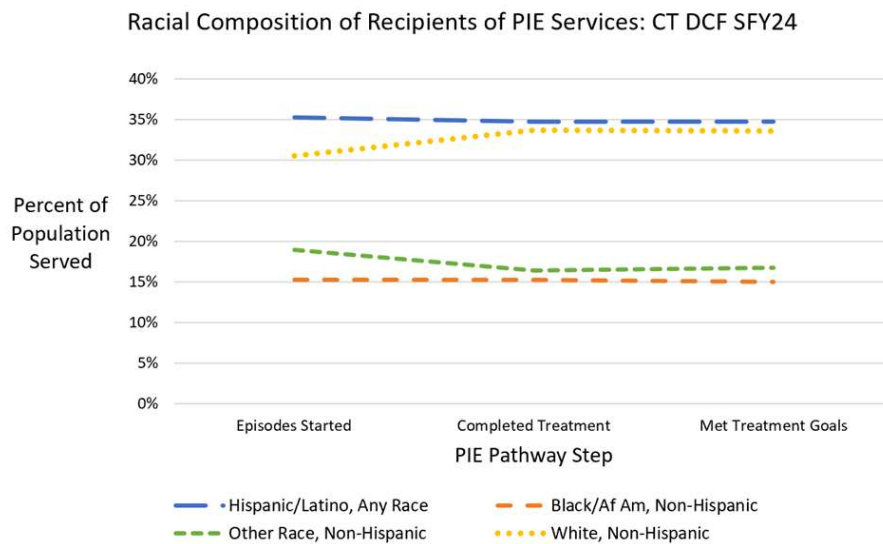


Figure 16 shows the percentage of children in each racial and ethnic group along the abbreviated Contracted Provider pathway. This is comparable to Figure 15, above, for DCF.

Figure 16: Racial Composition of Recipients of PIE Services SFY 24:



Figures 15 and 16 show no substantial disparities introduced through the Contracted Provider pathway. Slightly higher rates of White children and slightly lower rates of Other/Unknown children complete treatment. This may be an effect of the provider data collection processes, where the client race information becomes more complete as a client proceeds along the pathway. The number of Unknown Race clients declines along the pathway and the number of identified-race clients increases as the race data becomes more complete.

However, Figure 16 also suggests racial inequities are being introduced along the unseen pathway parts of the pathway from "Eligible for referral to a contracted provider" to "Referral to a provider" to "Evaluated for services" to "Appropriate for services" to "Services accessible and available" to "Episode Started." The main populations served by DCF Contracted Providers are families reported to DCF for abuse and neglect and children with behavioral health needs who are covered by Medicaid. Given the over-representation of Black children in both of those populations,

we would expect a much higher percentage of Black children beginning treatment episodes. However, only 15% of children starting episodes are Black, slightly higher than their 11% representation in the Connecticut population.

In comparison, 35% of children starting episodes are Hispanic/Latino, despite only being 26% of the Connecticut population and despite the difficulties providers have hiring bilingual and bicultural workers. This may still be an underrepresentation compared to their presence in the DCF and Medicaid populations.

Currently, the early parts of the provider pathway are unseen because we do not have adequate data by race and ethnicity at those steps. To better understand the path to engagement with DCF Contracted Providers, future work with Providers must include improvement in collection of race and ethnicity data at earlier points on the Pathway, and developing associated reports and analysis of inequities at each step.

Future work will also include improving our ability to compare DCF Child Welfare Reports to the number of children beginning Provider Episodes who are referred by DCF. This will allow us insight at the earliest stages of the pathway, including DCF's referral to providers.

Urban Trauma Network:

The Urban Trauma Network (UTN) is aimed at improving the mental health services provided to youth of color. As part of this network, participating organizations will gain access and learn how to train mental health clinicians on Dr. Maysa Akbar's Urban Trauma Framework, as well as on Dr. Steven Kniffley Jr.'s Racial Trauma Treatment intervention. This framework educates providers to become well informed on racial trauma and the unique stressors of youth of color, as well as to teach them best practices on how to support their mental health within sessions.

The Urban Trauma Provider Network has been making strides in advancing its mission to address trauma within urban communities. A total of 8 organizations have successfully completed their training in urban trauma. These organizations are actively engaged in monthly consultation sessions aimed at enhancing their expertise and collaboration in addressing trauma-related issues. This takes place during monthly meetings with the agencies as well as the 1:1 model fidelity session. Urban Trauma also continues to host a monthly Network meeting for all providers, as part of the Performance Improvement Center. (PIC). Also, the PIC oversees the data collection of the agencies. The agencies have been trained in batching data into the Provider Information Exchange (PIE).

Each of these organizations has been actively educating their respective communities about the resources and support available through the Urban Trauma Provider Network. This outreach has included workshops, community events, and informational sessions designed to raise awareness of trauma-related challenges, and the services provided by the network. In addition to this outreach the team at Urban Trauma has been actively engaged in numerous community outreach initiatives as well. Several of the UTN provider clinicians are based in the elementary, middle and high schools, in efforts to provide access to services. Throughout the year the Urban Trauma Director of Operations has presented at various platforms such as Culturally and Linguistically Appropriate Services (CLAS) meetings, the Racial Justice Services subcommittee meeting, the Regional Advisory Council (RAC), as well as the DCF area offices. In 2024, UT led a conversation at the Norwalk DCF office, a leadership meeting, aimed at informing DCF workers about the services offered through the network. These efforts underscore the commitment to fostering awareness and access to culturally relevant support within the community.

Encouragingly, there has been an increase in referrals to the network. As community members become more aware of the services available, organizations are receiving more requests for support, signaling a growing recognition of the importance of racial trauma-informed care within these communities.

Urban Trauma continues to collaborate with partner organizations to enhance service delivery. Actively scheduling information sessions for various departments within these organizations to educate staff on the principles of Urban Trauma and the range of services offered by their clinical teams. These sessions aim to ensure a shared understanding of racial trauma-informed, culturally relevant care across all levels of the organizations, fostering a more comprehensive and unified approach to supporting communities in need.

The Departments' contract with the 8 providers has ended effective December 31st, 2024.

Mobile Crisis Intervention Program:

Mobile Crisis Intervention (MCIS) continues to prioritize equitable access, quality and outcomes. DCF worked with the Performance Improvement Center and their external consultants to reformat the MCIS Annual Report with a special focus on equity. The report now highlights demographic breakdowns for every data point, allowing us to analyze any trends by race and ethnicity. The quarterly RBAs were updated to reflect these changes as well. The Annual Report includes data from the previous fiscal year and an outline of goals for the upcoming year. One example is a statewide goal to work to increase utilization of MCIS, with a particular focus on populations who are currently underutilizing the service. It has been found that Black youth continue to be overrepresented in all discharge reasons except for completion of treatment and psychiatric hospitalization. The data also shows that families of color are less likely to seek MCIS services than their counterparts. Research suggests that if the family is seeking the intervention, they are more likely to accept and complete treatment. In an effort to increase the percentage of referrals coming from families of color, we will routinely analyze data to identify underserved groups by region. That information will be shared with each provider. Providers will use this information to ensure that community outreaches focus on the most underutilized populations. The PIC will analyze data to measure the success of outreach efforts towards those groups.

MCIS staff undergo a wide variety of trainings throughout the year. All trainings have been updated to include content on race/ethnicity as it relates to the training topic. As trainer positions become vacant, special attention is paid to identify trainers of color to ensure a more equitable racial/ethnic representation.

In FY 2024, trainings on Suicide Prevention 201 and 202 with a focus on culturally responsive approaches to suicide screening, assessment, crisis management, and interventions were offered. The training highlighted differences in assessments based on a youth's race, ethnicity and cultural environment.

Clinical and Community Consultation Support Division (CCCSD)

The Clinical and Community Consultation Support Division team is comprised of 97 staff of which eight are direct reports to the Sr. Administrator at DCF. The Clinical and Community Consultation Support Division (CCCSD) oversees 19 contracts related to supporting families and children involved with DCF (early childhood, parenting, permanency, intensive intervention services, mental health supports, MDTs, fatherhood engagement services, supervised visitation centers, human trafficking survivor care); provides statewide clinical consultation and psychiatric medication consultation for children in the care and custody of DCF; manages the contract for Connecticut Behavioral Health Partnership with Caredon Behavioral Health; and provides training (internal and external) related to Human Trafficking and Fatherhood, HART teams, partnerships with FBI and statewide committees related to Human Trafficking. The Division is integrated throughout the 14 DCF area offices and partners with DCF internal Divisions as well as community providers to improve service provisions and interventions for families and children. Division leadership members represent DCF in numerous State of CT statewide task forces and committees. Internally, members of the CCCSD participate in various DCF committees.

The CCCSD is committed to utilizing data with a focus on responding to the needs of our clients, addressing root causes of inequities and eliminating policies, practices and biases that reinforce differential outcomes based on race/ethnicity. In December 2023 the CCCSD hired its first Program Supervisor of Quality and Performance responsible for the Division's data collection and analysis. The Program Supervisor utilizes existing agency data to help identify trends and themes related to outcomes disparities/disproportionality and workload with a goal of streamlining services, assessing current services, identifying/recommending viable alternatives, and ensuring that services are equitable and fiscally responsible. The CCCSD program leads are committed to providing support, training and technical assistance to ensure all contracted providers are consistent in their data submission to PIE system. In partnership with the Systems Division, they work to ensure that racial equity is integrated in the performance outcomes measures of every contract.

Community Support for Families (CSF) Program:

Funding remains to be allocated to provide continued support to families who received a Family Assessment Response. Community Partner Agencies (CPA) were selected through a statewide procurement process in all six DCF regions to further support families and connect them to an array of community-based services and resources designed to promote the safety and wellbeing of their children. The program was designed to connect families to concrete, traditional and non-traditional resources and services, utilizing a Wraparound Family Team approach and philosophy, placing the family in the lead role of their own service delivery. The University of Connecticut School of Social Work (UConn) continues to function as our Performance Improvement Center to evaluate our intake practice, as well as outcomes and service delivery data for the Community Support for Families Program.

Figure 17: Disposition to Community Support for Families for SFY 2024:

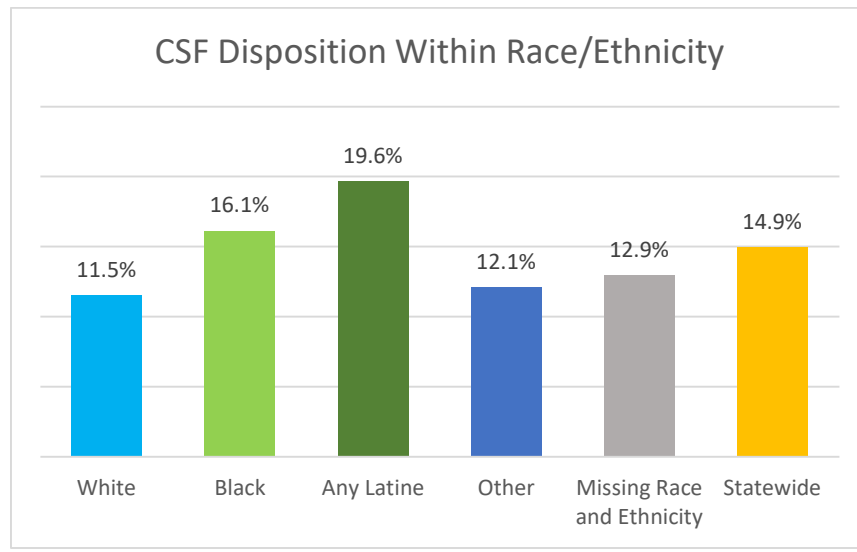


Figure 17 shows that of all families who received a Family Assessment Response in SFY 2024, 14.9% of families were referred to the CSF Program. Variations were noted by race/ethnicity, as follows: 11.5% of White families were referred to CSF as compared to 16.1% of Black families, 19.6% of Latine families and 12.1% of families of other race groups. Nearly thirteen percent (12.9%) of families were missing race/ethnicity information for the primary caregiver. (The family is the unit of analysis for the program and the race/ethnicity of the primary caregiver is used.) Although there are differences in referral rates by race/ethnicity, there does not appear to be differences in having access to the program for families of color.

Figure 18– Families who completed CSF treatment; Race and Ethnicity for SFY 2024:

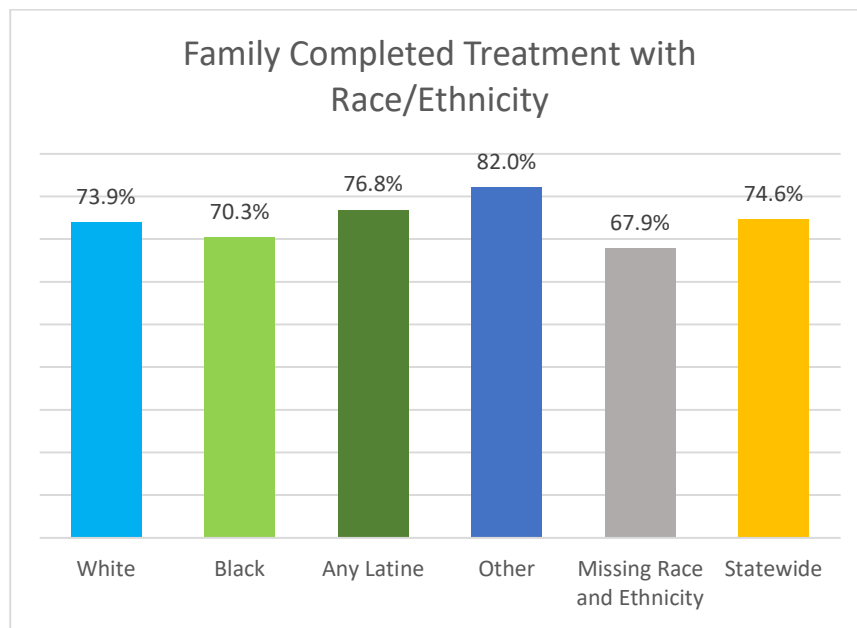


Figure 18 shows the families who completed CSF treatment by race/ethnicity. Overall, 74.6% of families completed treatment. There was some slight variation by race and ethnicity; 73.9% of White families completed treatment, as compared to 70.3% of Black families, 76.8% of Latine families, and 82% of families of Other Race groups. A lower proportion of families missing race group (67.9%) completed treatment.

Identifying areas of systemic racial injustice is critical; therefore, UConn's research agenda prioritizes analyzing and assessing potential racial disparities in this area. To that end, UConn will examine disparities at key decision points of our intake practice including substantiation, central registry determinations, safety and removal decisions, and case disposition. UConn will continue to evaluate the outcomes of families who are referred to the CSF Program through a racial justice and equity approach.

Integrated Family Care and Support (IFCS) Program:

DCF continues to engage in a unique public/private partnership with Caredon Behavioral Health called the Integrated Family Care and Support (IFCS) program. IFCS is designed to be community-based, providing care coordination directly with families in their homes. Care coordinators and peer support specialists live in the communities they serve and reflect the racial, ethnic, and language that predominates within the regions. Of note, over 50% of the Care Coordinators in IFCS are bilingual/ Spanish speaking. IFCS also has language capacity for Haitian, French Creole and American Sign Language. Following the values and principles of the Wraparound model of care coordination, IFCS staff work face to face with families to actively engage with them to accomplish goals, build protective factors, and minimize risks to keep children safely at home in their community.

Outcome Measures for the program focus on engagement/ timely care planning, meeting all or most of the goals on the Plan of Care, successful completion of the program and family satisfaction. Overall, the program has seen promising results related to health and racial equity. The ongoing monitoring of race and ethnicity rates by outcome helps guide programmatic efforts to ensure these similar outcomes are achieved.

State Fiscal Year 24 race and ethnicity data collected between 07/01/2023 and 10/11/2023 was connected to the primary caregiver of the families referred to IFCS. Due to the Prevention Care Management Entity (PCME) implementation and the decision to start entering data into DCF's PIE system, Caredon made a change to its workflow to create a

record for a primary child only. Therefore, data collected after 10/11/2023, through the end of the fiscal year, was based on the race and ethnicity of the identified primary child of the families referred to IFCS.

Figures 19-22 combine both data sets. The race and ethnicity displayed is used as a representation of the IFCS family referred, regardless of the individual attached to the data collected. However, due to this change, comparisons should not be made with previous or future data.

In addition, the measures being reported differ from last year due to the PCME implementation. The previous report included data on the IFCS programmatic outcomes including plan of care completion, goal completion, and SSR post-discharge assessment results. This SFY24 report includes overall referrals, referrals by referral status, overall discharges, and successful discharges by race and ethnicity. Due to these changes, comparisons should not be made with last year's data.

Figure 19 shows the number of IFCS SFY24 referrals by race and ethnicity. The breakdown of race and ethnicity for IFCS families attached to the 1,088 referrals received within SFY24 are as follows: 46.7% ($n = 508$) Hispanic/Latino, 22.6% ($n = 246$) Black/African American, non-Hispanic, 22.2% ($n = 242$) White, non-Hispanic, Any Race, and 8.5% ($n = 92$) another race, non-Hispanic.

Figure 19: IFCS Overall Referrals by Race and Ethnicity for SFY2024

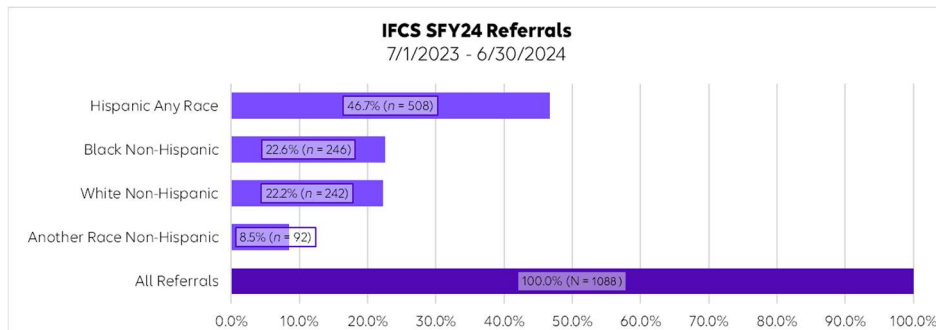


Figure 20: IFCS Referrals by Referral Status and Race and Ethnicity for SFY2024 ¹

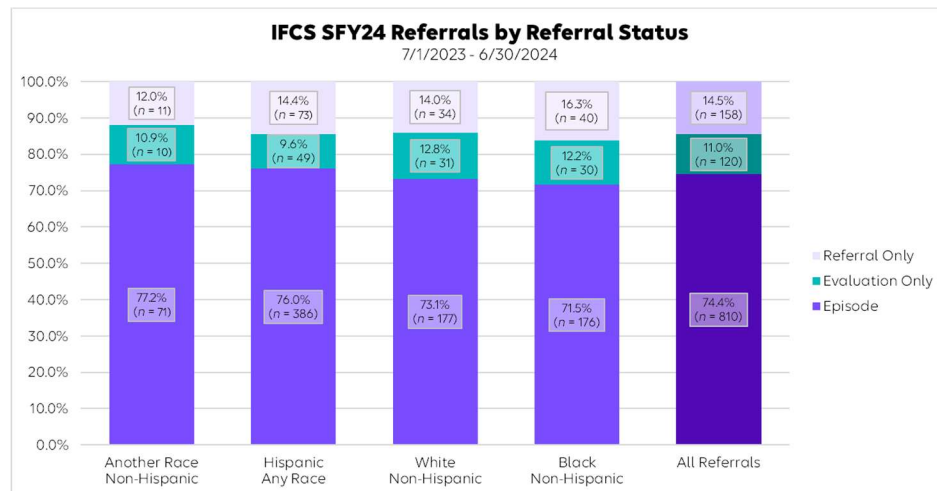


Figure 20 shows the referral status of IFCS SFY24 referrals by race and ethnicity. Percentages shown are based on the number of referrals, out of the total number of referrals for families within each race and ethnicity grouping, by referral status as defined as:

- 1) Referral only-transition meeting was not held, and referral did not result in an episode
- 2) Evaluation only-transition meeting held, but episode closed within 45 days before the completion of a care plan
- 3) Episode-transition meeting held and resulted in an episode with a plan of care, or an episode that was open for more than 45 days

As shown in Figure 20, referrals attached to families who identified as another race, non-Hispanic (77.2%) and Hispanic, any race (76.0%) had a higher percentage of referrals transition to an episode than all IFCS referrals combined (74.4%). Families that identified as White, non-Hispanic (73.1%) and Black, non-Hispanic (71.5%) had a slightly smaller percentage of referrals changeover to episodes, with referrals connected to Black, non-Hispanic families having the smallest percentage of episodes. Referrals received from families identified as Black, non-Hispanic had the highest percentage that closed as referral-only referrals (16.3%).

Figure 21 shows the number of IFCS SFY24 discharges by race and ethnicity. The breakdown of race and ethnicity for the 943 IFCS families discharged in SFY24 are as follows: 23.4% (n = 221) Black/African American, non-Hispanic, 43.4% (n = 409) Hispanic, any race, 8.0% (n = 75) another race, non-Hispanic, and 24.2% (n = 238) White, non-Hispanic.

Figure 21: IFCS Discharges by Race and Ethnicity for SFY2024

¹ **Notes:** The race and ethnicity categories above are represented according to DCF's request and are different than the categories Carelon uses for reporting. For the Hispanic Origin category, DCF interprets a null value in both the Hispanic checkbox and ethnicity field as non-Hispanic. Therefore, null values for ethnicity have been categorized as non-Hispanic. It should also be noted that the Hispanic category includes any race. To prevent double counting those families in the other race categories, the other race categories are all non-Hispanic. Another race includes American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Missing/Unknown.

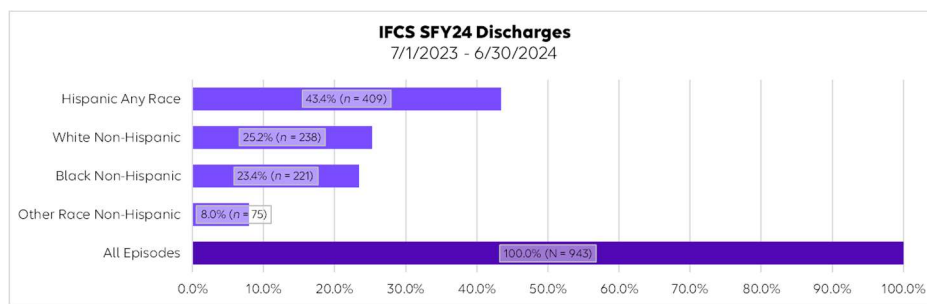


Figure 22: IFCS Successful Discharges by Race and Ethnicity for SFY2024

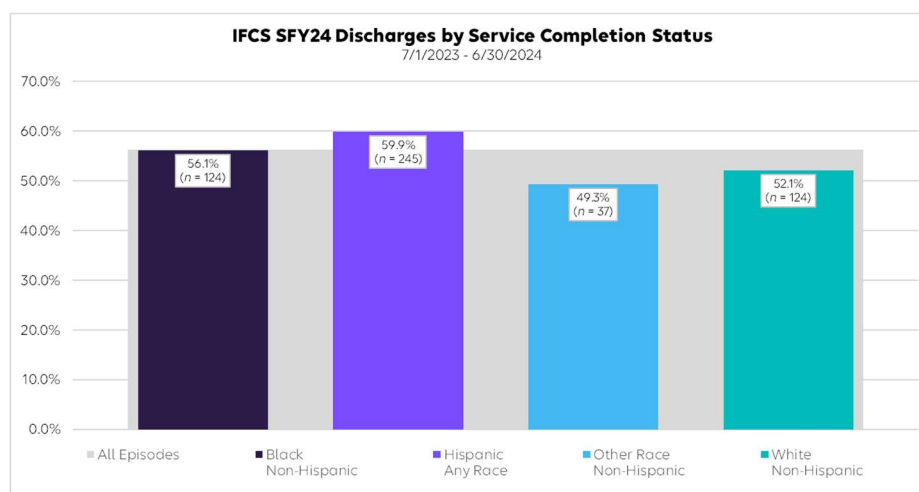


Figure 22 displays the successful service completion status of IFCS episodes that discharged during SFY24 by race and ethnicity. A successful service completion is defined as an episode that ends when the family was ready for discharge and connected to other services/ongoing treatment.

As shown in Figure 22, discharged families that identified as Black, non-Hispanic (56.1%) and Hispanic, any race (59.9%) had a successful service completion rate at or above the rate for all IFCS SFY24 discharges (56.2%). Families discharged that identified as another race, non-Hispanic (49.3%) or White, non-Hispanic (52.1%) had a successful service completion rate below the rate for all discharged episodes.

The Central Office Program Lead continues to meet with Caredon staff monthly to review referrals, address programmatic issues, review data, and discuss barriers to service delivery. Regional DCF/IFCS staff meet regularly to foster relationships, address case specific concerns, promote communication, and ensure the needs of families are addressed. DCF will continue to work closely with Caredon and regional staff to assess and evaluate service delivery, child, and family outcomes, as well as equitable outcomes through a racial justice lens.

Caredon IFCS will continue to monitor the PCME outcomes and in particular successful completion rates through a health equity/ racial equity lens in accordance with our health equity plan. Caredon will also implement additional training focused on motivational interviewing (MI). The MI approach has had positive effects on engagement for families involved in child welfare. Caredon will also partner with DCF on the substantiated Report (SR) and

subsequent substantiated reports (SRRS) 6-months post-discharge data to ensure IFCS is having the desired impact on re-referral to the Department.

Quality Parenting Centers (QPC):

Quality Parenting Centers are designed for families with children (from birth up to age 12) who were removed from home due to child protective service safety concerns. The QPC provides a site-based supervised parent/child visitation program ('Family Time') in a safe and comfortable setting for parents to interact with their children. Program staff utilize coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent/child relationship. 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.

The Quality Parenting Centers are utilized to ensure the child's physical and emotional safety during contact with their family while attempting to strengthen the parent/child relationship, promote attachment, and enhance parental protective actions and capacities. The QPCs provide a home like setting where families can use different areas of the center for mealtime, outdoor play, and rooms prepared for specific age children, including infant and toddler Family Time areas. QPC staff are trained in the Coaching Model, which uses a strength-based approach, with goals for the parent to identify and meet the needs of the child. The model includes shared parenting with inclusion of the caregiver in the service. There are currently thirteen QPC sites across the state, with the first QPCs having opened in October 2021, four sites having opened in 2022, one additional site opened in November 2024, and one opened in December 2024.

Parent- child visitation is offered along a continuum, based on safety concerns, presenting risk, progress with case plan objectives/goals, parental protective factors and capacities, child vulnerability, and the individualized needs of the family. This continuum is designed to preserve and enhance family and cultural connections, ultimately providing for the safety and wellbeing of children. The families referred to the QPC require close supervision and monitoring to ensure child safety, and the programs can intervene if necessary due to safety concerns. The frequency and duration of parent/child visitation may be increased as parents are learning and demonstrating new skills, engaged in services, and benefiting from service interventions. Any changes in visitation must have DCF approval and be reflected in the family's Visitation Plan.

Utilization of the QPCs has been steady over 2024 and waitlist account mainly for families and their children that require a specific time slot for their visit due to work or school schedules. The QPCs have continued to experience staffing challenges in all sites during this fiscal year. In SFY 2024, QPCs served 710 families, which is an increase of 21% in comparison to SFY 2023. In SFY 2024, QPCs monitored and coached 5,074 Family Time sessions, which is a 31% decrease from last year's report. Factors affecting this decrease include but are not limited to: frequency in visitation requested, limitations with reporting system (inability to document two parents are receiving services when not part of the same visitation), ongoing staffing challenges and the complexities with referrals for large sibling groups.

The referred parent is the primary identified person for QPC services. The below discharge and outcomes data (Figures 23-27) is based on distinct referred parent of the child(ren). Figure 23 All families saw an increase in referrals to the QPC's as follows: Black (32%), Hispanic (45%) and White (1%) in comparison to last fiscal year. Figure 24 demonstrates a 19% increase of discharges in comparison to last year's report. Of the families discharged Black families saw a 25% increase, Hispanic families 13% increase and White families 13% increase discharges in comparison to last fiscal year. Figure 25 demonstrates an increase in successful completions of the service across all families served in comparison to last fiscal year as follows: Black families 86%, Hispanic families 73%, White families 63% increases.

Figure 26 demonstrates an increase in families meeting program goals across all families served in comparison to last fiscal, as follows: Black families 69%, Hispanic families 47% and White families 47%. Figure 27 identifies minor changes from last year's data and continue to support that Black and Hispanic families were able to transition to unsupervised Family Time at a lower rate than White families.

Figure 23: Families referred to QPC in SFY 2024 (n=483)

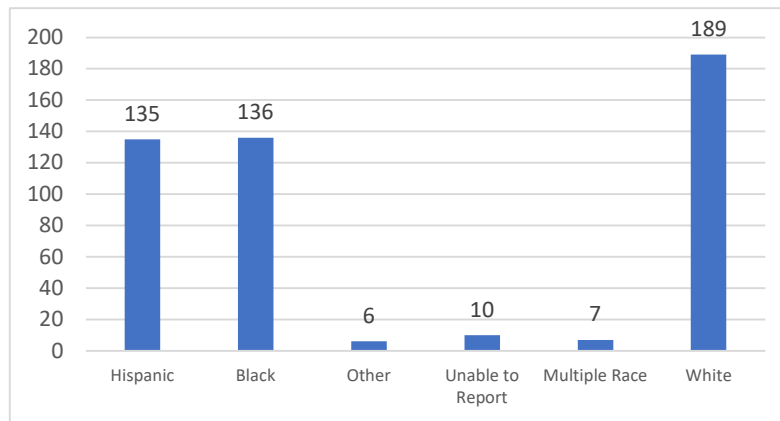


Figure 24: Families Discharged from QPC in SFY2024 (n=431)

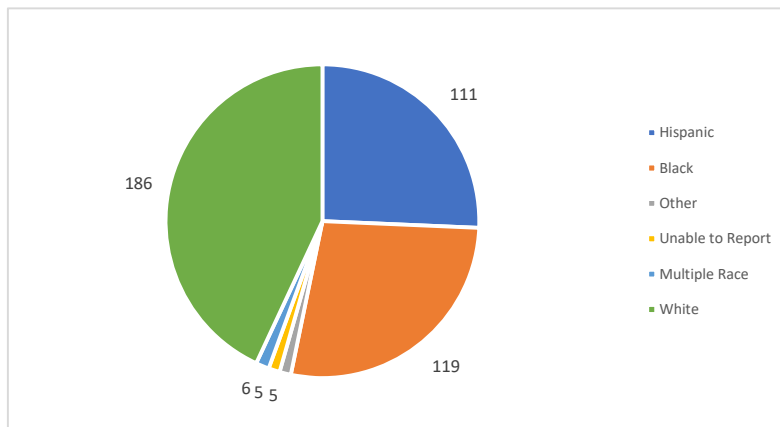


Figure 25: Discharge Outcomes – Completions (n= 345):

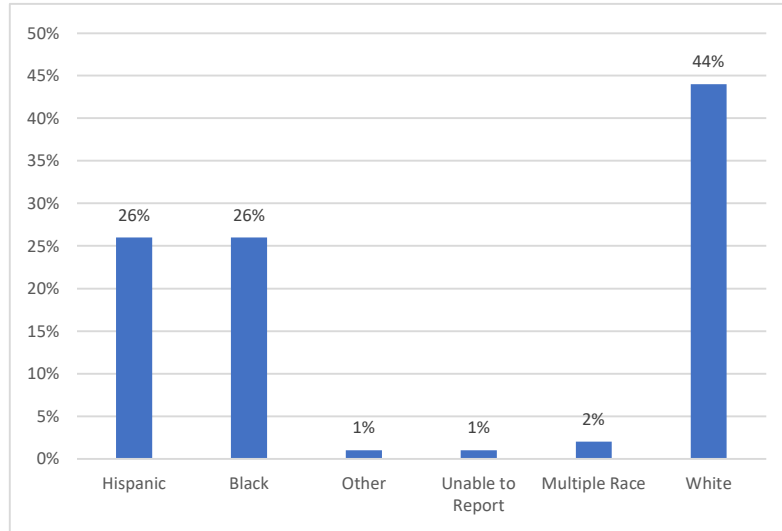


Figure 26: Discharge Outcomes - Met Goals (n=135)

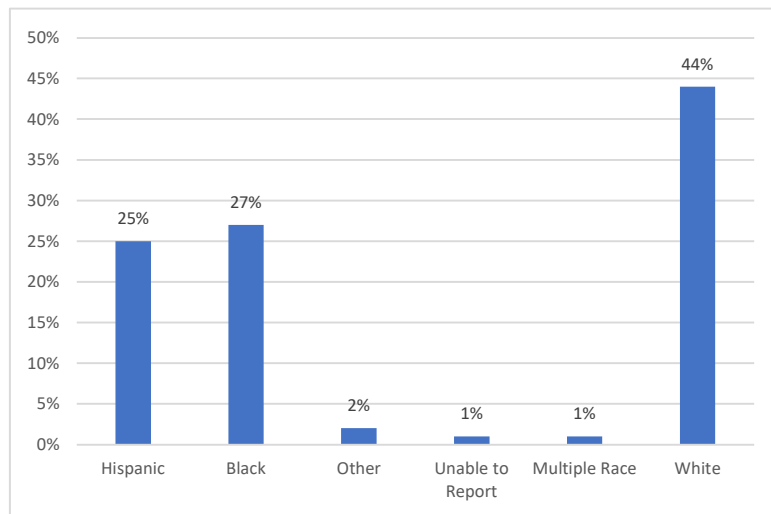
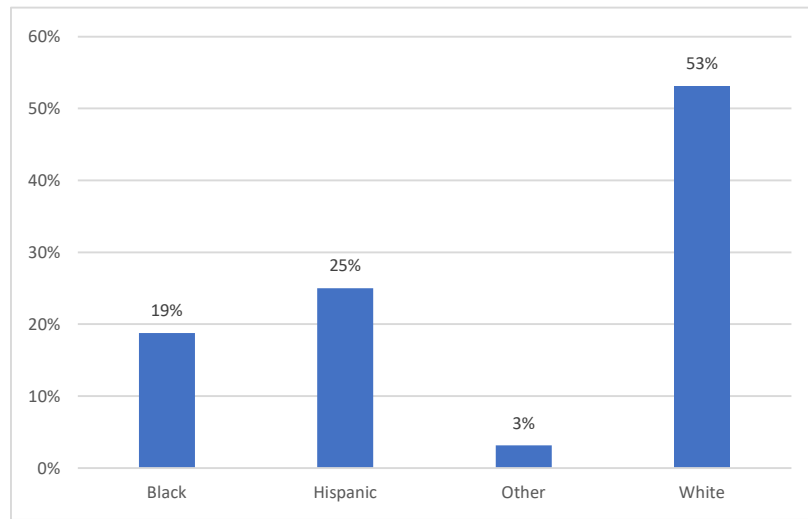


Figure 27 Outcome - Unsupervised Contact (n=548)



Advancing Racial Justice and Cultural Competency in Fatherhood Services:

The Fatherhood Services Division of the Department of Children and Families (DCF) has advanced its commitment to racial justice and cultural competency by addressing systemic barriers that disproportionately impact fathers of color and their families. Recognizing the essential role of fathers, the Division strives to ensure equitable engagement practices that enhance family stability, reunification, and child well-being.

Historically, systemic biases have excluded fathers—particularly Black and Hispanic/Latino fathers—from meaningful engagement in child welfare. This exclusion has had adverse consequences for families. Over the past year, the Division has focused on dismantling these barriers by embedding culturally responsive and father-inclusive practices in all areas of service delivery. Active father engagement improves children’s academic achievement, emotional support, social relationships, and permanency outcomes while fostering collaborative family planning and decision-making processes.

The Statewide Fatherhood Engagement Leadership Team (SFELT), in collaboration with regional FELTs, has been instrumental in advancing the agency’s racial justice goals. Under the leadership of the SFELT Tri-Chairs, Director of Fatherhood Services Anthony Gay, Office Director Dr. Dakibu Muley, and consultant Abdul Rahmann I. Muhammad of My People Clinical Services (MPCS), these teams have implemented initiatives that address disparities faced by fathers of color.

Key contributions from the consultant, Abdul Rahmann I. Muhammad, include:

- **Technical Support and Strategic Planning:** Providing direct guidance to Area Offices, including coaching sessions and father-themed trainings to align regional practices with the agency’s anti-racism mission.
- **Collaboration and Leadership:** Serving as Tri-Chair of the SFELT, promoting equity and inclusivity in statewide efforts to locate and engage fathers of color, while dismantling systemic barriers within the child protection system.
- **Skill-Building Trainings:** Developing simulation exercises and training sessions focused on effectively working with men of color and enhancing cultural responsiveness among staff.

- **Coaching and Shadowing:** Providing immediate feedback and strategies on ways to improve engagement and better assess fathers after shadowing visitation with staff.
- **Teaming Meeting:** Attending various meetings to ensure fathers' voice, perspective, needs and strengths are highlighted during meetings where he would otherwise be left out of the discussion or planning.

Since December 2023, the division has tracked the intersection of child welfare and incarceration. In the first six months, 757 fathers with DCF involvement entered the Department of Corrections (DOC) system, including fathers with in-home, out-of-home, probate, and Family Assessment Response cases. By year-end, projections indicate over 1,600 fathers will have entered the DOC system. Alarming, 45% of these fathers are African American, with Hispanic fathers also disproportionately represented. Quarterly presentations of these findings to Area Office Directors provide data-driven insights that inform strategies for improving engagement and inclusion.

In partnership with the Department of Corrections (DOC) Training Division, the Fatherhood Services Division is creating a full-day training program that will address the profound impact of incarceration on fathers, children, and families. This training incorporates a racial justice lens and emphasizes family reunification strategies. The DOC plans to make the training mandatory for all staff, ensuring that the collaboration reaches a broad audience and creates systemic change.

The below are examples of initiatives and achievements from the Division of Fatherhood Services for the period under review.:

- **Dear Black Male Training:** Delivered to the Regional Resource Group, this training examines historical racism, systemic oppression, media portrayals, and the incarceration of men of color, addressing the root causes of mistrust in systems and therapy avoidance.
- **Fatherhood Practice Guide:** Initiated in Fall 2023, this guide outlines strategies for culturally responsive and equitable father engagement within child welfare practices.
- **Quarterly Area Office Meetings:** Virtual and in-person sessions with office directors and FELT Leads occur to analyze data on incarcerated fathers, providing tailored strategies to improve inclusion and engagement.
- **Fatherhood Advisory Council:** Comprised of fathers with lived experience, including foster and formerly incarcerated fathers, the council ensures inclusive policies and practices. Members represent diverse backgrounds and are compensated for their contributions. Launched December 2024.
- **Locating and Engaging Fathers of Color:** Targeted initiatives have focused on finding fathers whose whereabouts are unknown, ensuring they are included in child welfare planning and decisions.

The Division represents DCF and actively participates in the CT Connecticut Fatherhood Initiative's (CFI) Domains 2 and 3:

- **Domain 2 (Healthy Relationships):** this domain promotes healthy father-child relationships and is currently working on an initiative that recruits young men of color into social work (services) careers.
- **Domain 3 (Youth Prepared for Parenting):** Focused on supporting young fathers aged 14–21 through culturally appropriate parenting education, healthy masculinity, and intimate partner violence prevention.

In August 2024, the Fatherhood Division collaborated with Central Connecticut State University and The Commission on Women, Children, Seniors, Equity & Opportunity to host "The Next Level Conference," a two-day forum addressing mental health disparities among Black and Brown fathers. The event educated mental health

professionals on culturally competent care and informed state leaders about the need for policies to improve access to mental health services for men of color.

The Fatherhood Services Division's made efforts over the past year to advanced racial equity and cultural competency in child welfare practices. Through data collection, strategic collaborations, targeted trainings, and community partnerships, the division made attempts to dismantle systemic barriers, ensuring fathers of color are valued, and improving outcomes for families statewide. These initiatives reflect the agency's unwavering commitment to becoming an anti-racist institution that prioritizes the well-being of all children and families.

Conclusion:

This legislative report on DCF's Racial Justice Data, Activities and Strategies does not exist in isolation, but when aligned across branches and systems, can promote significant strides in eliminating racial disparities and bringing greater equity in access, experiences, and outcomes for children, families and communities of color. Focusing on race equity is complicated, requires intentionality and needs to be an ongoing and evolving process. As DCF works to move the needle forward towards its strategic goal of Racial Justice, we recognize that intentional actions are needed to identify disparities in areas of decision-making (e.g., service delivery and outcomes), foster inclusion of those with lived expertise, engage in partnership with community providers and ensure they pay deliberate attention to staffing and models that represent those who are being served, address how policies, practices, and programs may contribute to those disparities, and implement system-wide action plans to ensure equal opportunity and advance racial equity and justice

As noted above in the data, the greatest disparity by race is introduced at the initial step where children are reported to the Department. Black and Latino children of any race are reported to DCF in numbers greater than their proportion to the population and this is then sustained throughout the child's involvement with DCF. Our Connecticut family's interface with multiple systems that are at various stages of addressing the impact of systemic racism. Therefore, changes of the Department of Children and Families alone will not solve the root causes of the myriad of social inequities and racial disparities in access to resources and opportunities that many children and families of color face. Meaningful engagement, advocacy by DCF, partnership with state leaders, service providers, community partners, and youth and families across Connecticut with lived experiences will facilitate actionable, purposeful, and essential steps toward an anti-racist child welfare system. DCF is committed to assessing, strengthening and supporting its focus on addressing racial equity and anti-racism throughout our policies, practices, services, workforce and culture. We will continue to partner with communities and those with lived experience to improve racial equity outcomes and see an overall reduction in disparities across all racial and ethnic populations.

Monica Rams, MS

Director; Office of Multicultural Affairs/Diversity and Equity

Karrol-Ann Brown, Esq

Chief of Staff/Executive Sponsor