

Department of Children and Families



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

February 15, 2024

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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) 2023 (July 1, 2022-June 30, 2023) and/or calendar year (CY) 2023. 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. In addition, the report will speak to several services, programs, and entities with which the Department partners 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 2023) of 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 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.

DCF's mission is: "Partnering with communities and empowering families in order to raise resilient children who thrive." The Department continues its efforts to sharpen the safety focus through prevention across the child welfare system. The mission is supported by the following five strategic goals (Figure 1) 1: Safety, 2: Permanency, 3: Racial Justice, 4: Wellbeing, and 5: Workforce. 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 five 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 maintained unequivocal commitment to being an anti-racist child welfare system whose beliefs, values, policies, and practices that 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.

DCF has acknowledged that children and families of color (Black, Latino) are disproportionately overrepresented system-wide and experience disparate outcomes at all levels in comparison to white children and families. DCF also understands that disparities are not solely a result of race or ethnicity; therefore, differences across groups can be explained by bias, systemic inequity, and structural racism (i.e., the design and operations of policies, practices, and programs). Our progress in fair assessment and equitable 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 and pursue comprehensive approaches to advance equity and support for those who have been underserved, marginalized, or adversely affected by social determinants of health.

As the agency continues to move the needle forward towards its strategic goal of Racial Justice (eliminate racial and ethnic disparate outcomes within our Department), DCF recognizes that intentional action is needed to identify disparities in areas of decision-making (e.g., service delivery and outcomes); foster inclusion of those with lived experiences; engage in partnership with community providers and ensure they pay deliberate attention to staffing and models that represent those who are being served; address the function that policies, practices, and programs may play in contributing to those disparities; and implement system-wide action plans to ensure equal opportunity and advance racial equity and justice.

Becoming an anti-racist organization is a key driver of our identity. As an anti-racist organization, DCF decisively identifies, discusses, and challenges issues of race, culture, and biases and the impact(s) they have on our agency, our families, our community, and our workforce. Awareness and understanding of race, ethnicity, cultural perspectives, linguistic needs, religious beliefs, sexual orientation, gender identity, immigration status, lived experiences, and social indicators of equity such as poverty are honored throughout all comprehensive assessments, decision-making, and best-matched service delivery, using concrete tools, clinical practice, and intentional supervision. Meaningful engagement using an equitable, trauma-informed approach helps identify and address any inequities found within the agency and in the provision of services for families reflective of diverse cultural backgrounds and/or who have been systemically underserved, marginalized, and adversely impacted by persistent social injustices. The Department's commitment to eliminate racial disparities has not wavered and further assessment and strategies will be implemented to ensure that racial equity is embedded in all aspects of our work.

In our attempt to intentionally integrate racial equity and anti-racist approaches into all areas of our work, DCF has created opportunities and spaces to convene in which multidisciplinary perspectives are invited to critically examine current practices and policies. This is most visible at the bi-monthly Statewide Racial Justice Workgroup meetings at which members represent each Area Office across the state, each of DCF's Central Office divisions, our operated facilities, contracted service providers, system partners, university partners, and most critically parents and partners from across Connecticut communities. This representation 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.

Statewide Racial Justice Workgroup:

The Department's racial justice journey has a deep history, including the evolution and growth of its Statewide Racial Justice Workgroup. July 2023 marked the 10th year anniversary of this statewide group. While its membership has changed throughout the years, the work of the SRJWG 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.

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

The Office of Multicultural Affairs

The Office of Multicultural Affairs (OMCA) was created for the purpose of developing, implementing, and sustaining diversity initiatives, employment 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 4 RJ 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 in March 2021 and most recently in December 2023 a State Program Manager.

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

In the summer of 2022, the Department's Office of Multicultural Affairs proudly released to the DCF workforce the first edition of 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 six quarterly "I.M.P.A.C.T." newsletters to date are included below.

[Summer 2022](#), the first edition of "I.M.P.A.C.T."

[Fall 2022](#), the second edition of "I.M.P.A.C.T"

[Winter 2023](#), the third edition of "I.M.P.A.C.T"

[Spring 2023](#), the fourth edition of "I.M.P.A.C.T."

[Summer 2023](#), the fifth edition of "I.M.P.A.C.T."

[Fall 2023](#), the sixth edition of "I.M.P.A.C.T."

Racial Ethnic Disproportionality Across the CT Child Protection System:

The Department has made a commitment to eliminate racial disparities in all areas of its practice. To this end, DCF disseminates and uses its data, routinely disaggregated by race, ethnicity, and other demographics, to identify areas of strength and opportunities for improvement. Such analyses allow DCF to assess its progress in reducing disproportionality and disparities across its pathway (e.g., decision points/events). Cross-examining the data from a racial justice perspective better allows for further opportunity to ensure that the Department provides quality, equitable, and outcome driven care for the children and families in Connecticut.

DCF continues to have a strong data infrastructure that is accessible to all staff in order to support the evaluation of its practices and 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. This provides agency leaders with the ability to observe trends, which then inform strategies to eliminate the racial and ethnic disparate outcomes within DCF. This report will reflect on data points captured in the pathways data set from SFY 2023 that are considered key components in the Department's efforts to achieve equitable outcomes.

A foundational tool, created in 2013, that has been consistently used by the Department is the "Racial/Ethnic Disproportionality Across the CT Child Protection System Data," often referred to as the "DCF Pathway Data." (Figure 2 below). This data set graphically presents the distribution, by race/ethnicity, of children served across Connecticut's child protection system at key decision points. The DCF Pathway Data determines disproportionality based on comparison to U.S. Census data on Connecticut's child population. It uses these disproportionality rates to compute disparity rates between racial and ethnic groups. This moves beyond same-group comparisons to identify the rates at which different races/ethnicities may be experiencing differential treatment.

The demographics of Connecticut have noticeably changed between 2010 and 2020. The DCF Office of Data Reporting and Evaluation conducted a comparison of 2010 and 2020 Census data and found that the overall CT child population declined by 9.8%. The Hispanic/Latino child population increased by 20% and the Black child population declined by 7%. The child population for Other Race (American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial and Missing/Unknown/Unable to Determine) increased by 39%, while the White child population decreased by 10%.

Several explanations for these results were offered by the CT Data Collaborative. They indicated that falling birthrates of White women, increasing birthrates of Hispanic/Latina and Asian women, a cultural shift towards multiracial identities, and changes to the latest census form to better capture such diversity all contributed to this dynamic. The 2020 Census data was used to create revised comparison data and more accurate trend lines including areas of progress across the years displayed starting in 2019. According to Administration for Children and Families data (<https://www.acf.hhs.gov/orr/grant-funding/unaccompanied-children-released-sponsors-state>) the nearly 4000 unaccompanied and undocumented children who have arrived in Connecticut over the past three plus years are primarily from Guatemala, Honduras, El Salvador and Mexico, in that order. People have been leaving these regions in large numbers due to the overwhelming prevalence of violent organized crime in their daily lives; law enforcement in these areas have been described as ineffective and often corrupt. Recently, there has been an acceleration of poverty

in these already economically challenged regions because of the pandemic. In the past federal fiscal year, a record 2.4 million people approached the United States' border with Mexico hoping for admission.

The Pathway Data are produced for every DCF Region and Area Office in the state and then shared statewide. While we continuously strive to utilize the data to positively impact the DCF Outcomes/Key Results in the aggregate, we also strive to learn from the data. DCF has made the commitment to consistently review the data available related to child outcomes to ensure the strategies that are developed address specific areas of need and further the agency's goal of eliminating racial disparities under the respective outcome/results categories.

Figure 2: Statewide Racial/Ethnic Disproportionality Across the CT Child Protection System SFY 2023

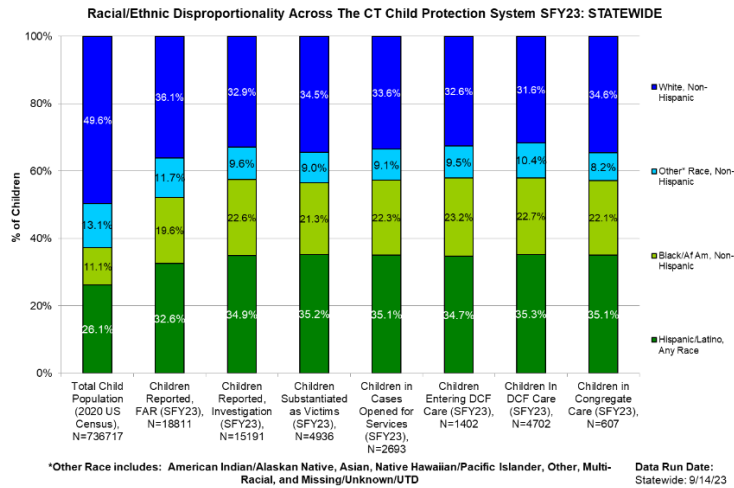


Figure 2 shows the percentage of each racial group that comprises the DCF child population at each stage of involvement (key decision point), in comparison to the general CT child population as reported in the 2020 Census. Each bar depicts a stage or level of increasingly deeper and deeper child welfare agency involvement as read from left to right. Further, each segment represents the total unique child population of each race/ethnicity observed for that specific stage. Disproportionality occurs when racial/ethnic groups in the child welfare agency child population are under or overrepresented when compared to the general child population. The above data continues to reveal considerable overrepresentation of Black/African American and Hispanic/Latino children in all areas along the pathway decision points.

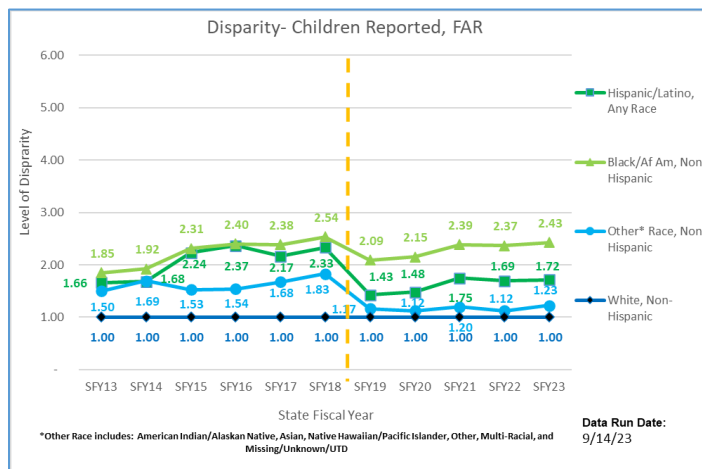
Comparing SFY 2023 Pathway Data to the previous SFY 2022 data indicates that there was an increase in disproportionality in the decision points for Investigation, Substantiation, Cases Opened for service, and Entering Care for Hispanic/Latino children. In contrast, for this racial group there was a decrease in disproportionality for the decision point of In Congregate Care. When looking at the disproportionality for the population of Black/African American children, the decision points of Family Assessment Response (FAR) and In DCF Care remained relatively consistent, while there was an increase in disproportionality in the decision points of Opened for Services, Entering Care, and In Congregate Care. However, for this racial group there was a decrease in disproportionality for the decision points Investigations, and Substantiations. Finally, when comparing SFY 2023 data to SFY 2022 data for the population of Other Race, Non-Hispanic children, there was a decrease in disproportionality for most decision points including, Investigations, Substantiation, Cases Opened for Service, Entering Care, and In Congregate Care. The opposite is seen for the White children racial group, with disproportionality rates decreasing at all decision points except for FAR which showed an increase. (An increase in the FAR pathway for children of color is considered favorable as the issues addressed through this response type are almost entirely neglect, which has been linked strongly to issues concerning poverty, in which children of color are also highly disproportionately represented.)

In contrast to the disproportionality percentages shown in Figure 2, the Disparity Index compares disproportionality between one racial/ethnic group and a reference racial/ethnic group. The Disparity Index is calculated by dividing a racial/ethnic group's Disproportionality Index 1 by the reference racial/ethnic group's (usually White) Disproportionality Index. The results indicate, for example, at what rate Black/African American children are reported to DCF via the investigation track in comparison to the rate of White children. This allows us to view the differences in rates between the groups, e.g., "Black/African children are reported to DCF via the investigation track at a rate that is 3.07 times greater than White children." Figures 3-9 on the following pages show the Disparity Index trends over the last ten years (SFY 2013 to SFY 2023) for each stage in the pathway. Please note the vertical yellow dotted lines denote a switch to using 2020 Census data as the basis for comparison and calculation of the rates. The years left of the line (2013-2018) use 2010 Census data while the years to the right of the line (2019-2023) use 2020 Census data for comparison. Thus, the years prior to 2019 should not be compared directly to 2019-2023

Looking at the trend data via the Disparity Index perspective can clarify the effectiveness of interventions and assist in creating strategies that will ultimately impact the direction of the trend and the outcomes for families and children. The strategies implemented need to be equitable and continuously assessed to ensure that the trends are moving in the right direction. In DCF, not only are children of color overrepresented at all stages of the child welfare system (disproportionality) but disparities also continue to exist with Hispanic/Latino children, Black/African American children and in some instances Other, Non-Hispanic children when compared to White, Non-Hispanic children. African American and Hispanic/Latino children are more likely to be substantiated for maltreatment, removed from their homes, and remain in care longer than White children. These data indicate that most aspects of the pathway require continued attention to eliminate the observed disparities recognizing that outcomes related to strategies that are implemented statewide may take several years to show up in the data based on the longitudinal nature of the pathway.

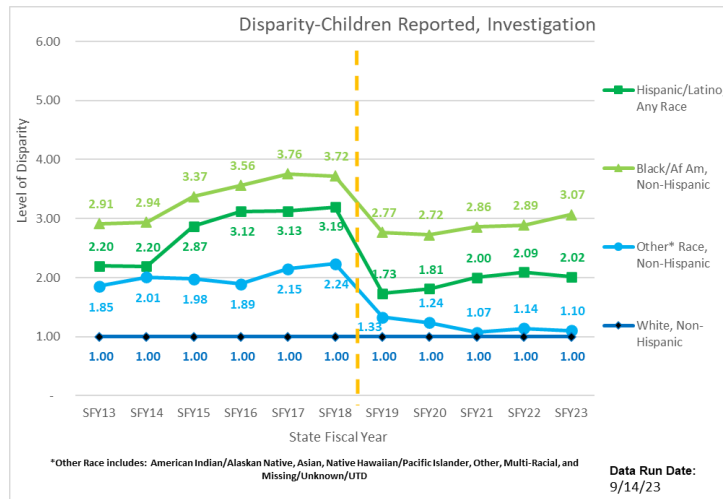
Figure 3: Disparity Index Trends SFY 2013-2023: FAR

***Please note the yellow dotted lines denote the switch to using 2020 Census data. The years left of the line (2013-2018) use 2010 Census data while the years to the right of the line (2019-2023) use 2020 Census data for comparison. Thus, the years prior to 2019 should not be compared directly to 2019-2023. ***



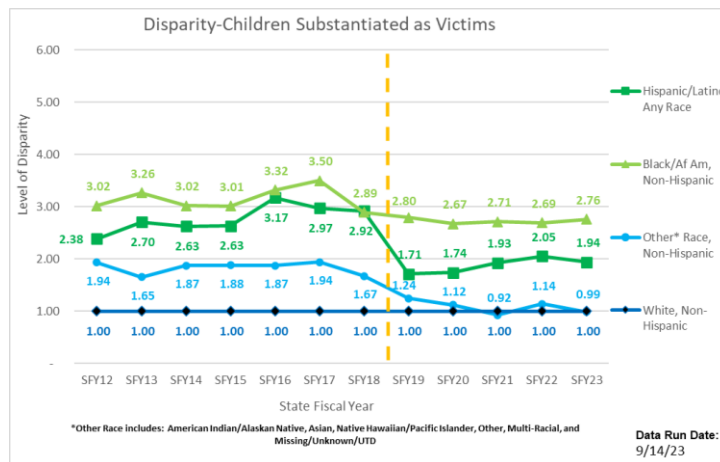
In SFY 2023, the disparities for children referred to the Family Assessment Response (FAR) track (Figure 3) increased in comparison to SFY 2022. This can be interpreted as a positive trend, as we hope to see the referrals in the FAR pathway trending upward (increase) as those families referred to FAR have low risk factors and do not require a determination of substantiation of abuse or neglect. Most cases handled on this track solely have allegations of neglect, which has been strongly linked to poverty, a population which itself is disproportionately comprised of children of color. In this manner the agency hopes to reduce the likelihood of substantiation for families of color when issues of neglect can be remediated through less invasive means.

Figure 4: Disparity Index Trends SFY 2013-2023 Investigations



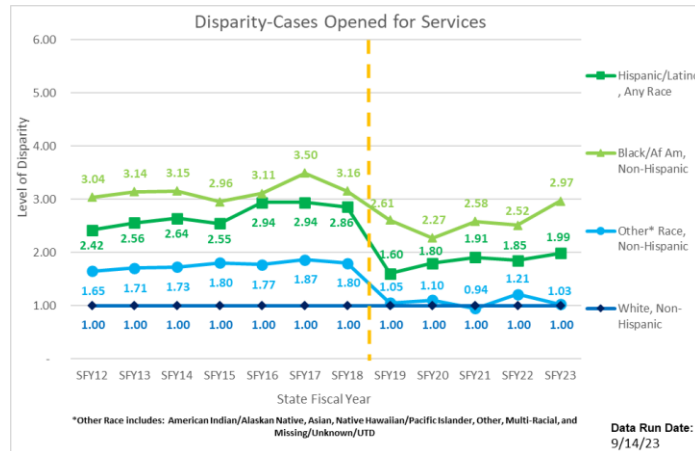
An increase was seen in the disparity rate in reports accepted for the Investigations track (Figure 4) for Black/African American children in SFY23, who are 3.07 times more likely to have reports accepted for investigations than White Non-Hispanic children; Hispanic/Latino children saw a slight decrease from 2.09 to 2.02 times more likely. It is important to note that due to the lifting of many COVID-19 protocols within schools and workplaces, significantly more reporting occurred during SFY22 and SFY23 than during SFYs 2020 and 2021. Reports made to DCF during the pandemic were primarily received from law enforcement, medical personnel and other mandated reporters, however at lower than historically typical rates; reports made by school personnel significantly dropped in comparison to prior years. While continuing to increase again year over year, the total volume of reporting for SFY23 still does not exceed the peak reporting year of SFY19. At this point in time, the decline in reporting by all mandated reporters does not appear to have affected the safety of children. As time progresses, continued analysis will need to occur in order to understand the impact of the pandemic on reporting as well as the potential impacts on disparities and the implications this has for the potential of over surveillance and reporting on families of color. Further, we hope that our work related to the Family First Prevention Services Act (FFPSA) will positively impact the disparities we see in reporting.

Figure 5: Disparity Index Trends SFY 2013-2023: Substantiated Victims



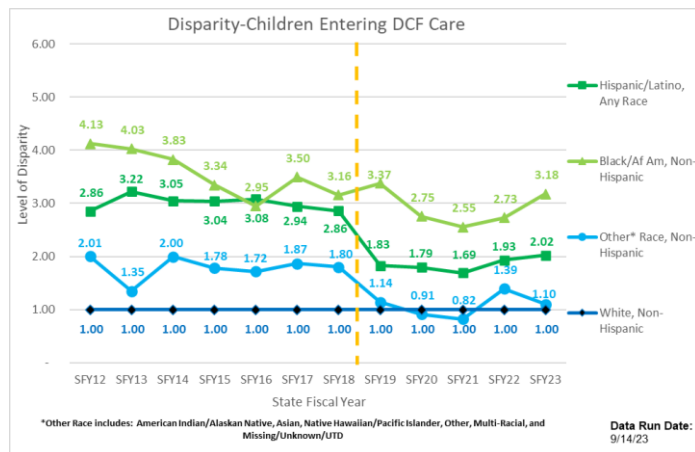
With respect to children being Substantiated as Victims (Figure 5), there was an increase in disparities from SFY 2022 to SFY 2023 for Black/African American children. However, there was a decrease for both Hispanic/Latino children and for children in the Other Race category, with this group being just barely less likely than White children to be substantiated as a victim as the Disparity Index is below that of White children.

Figure 6: Disparity Index Trends SFY 2013-2023: Opened for Services



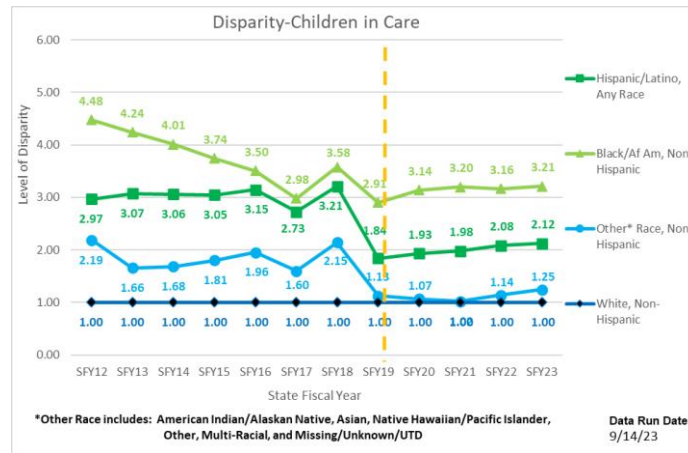
Contrary to last year, in cases opened for services (Figure 6), Black/African American children and Hispanic/Latino saw increases in their Disparity Indices, with the largest increase for Black/ African American children rising from 2.52 to 2.97. Similar to Substantiated Victim trends, Other Race trends decreased, but remains slightly above the White children Disparity Index, despite falling below it in SFY 2021.

Figure 7: Disparity Index Trends SFY 2013-2023: Entering Care



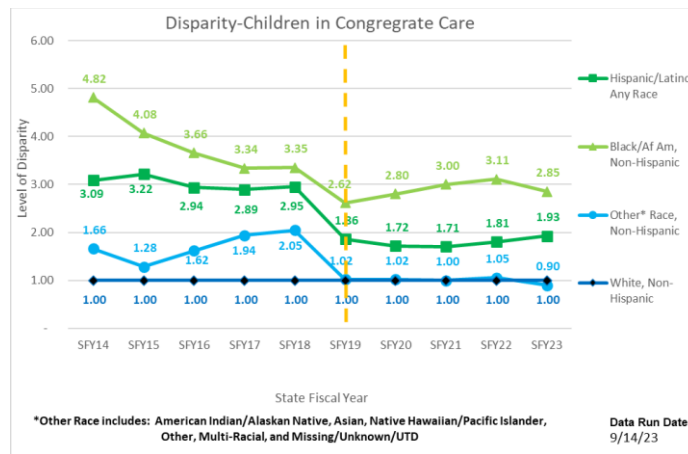
Overall, the Disparity Index continues to be higher for Black/African American children and families at all decision points across the pathway, indicating that there is still work to be done in order to reach an equitable system. Children entering care (Figure 7) showed a significant increase for Black/African American children. For Hispanic/Latino children there was also a slight increase. Other Race children saw a decrease from SFY 2022 but remains above White children in terms of likelihood to enter DCF care. Of note, when these data are broken down by individual Area Offices, some areas that implemented targeted RJ approaches did in fact see improvement. For example, several offices (Hartford, Milford, and Danbury) saw a significant decrease of Black and Hispanic children Entering DCF Care in SFY 2021 after implementing their initial change initiative.

Figure 8: Disparity Index Trends: SFY 2013-2023: Children in Care



We see a continued increase in disparities for all racial groups for Children in Care (Figure 8) as well. Black/ African American children are 3.21 times more likely to be in care in comparison to White children. More importantly, further analysis of these trends will provide DCF with the necessary tools to continue to offer proper support to the children and families in the state and further the goal of being an anti-racist agency (In contrast to the 'entering care' pathway decision point 'in care' rates tend to reflect children who remain in care for longer periods of time).

Figure 9: Disparity Index Trends SFY 2013-2023: Congregate Care



The data for children in Congregate Care settings shows an improvement from SFY22 to SFY23 for Black/African American and Other children, but continued slight increases for Hispanic children. Those in the Other group are less likely to experience Congregate Care than White children for the first time in SFY23.

Collectively, the Disparity Index trend data demonstrate that the Department must continue to engage in further exploration of the specific sectors of the pathway to identify opportunities to reverse emerging trends of increased overrepresentation and disparity. As individual Area Offices are implementing targeted strategies to address specific pathway decisions points (Change Initiatives), some offices are beginning to see hopeful progress. We are seeking to better understand the factors that are resulting in this progress so it can be spread statewide. Moreover, these trends, when coupled with other contextualizing data, offer insights into some factors that may impact the experiences and outcomes for families and children of color. Our anti-racist work and racial justice initiatives are being constructed

to address these trends as we continue to strive to eliminate disparities and achieve racial justice and equity for all children and families served by DCF. Of note, there are other contributing factors that impact our outcomes such as service availability, language delivery, other global factors like housing stability, achievement gap and other external contextual influences. As referenced earlier, the Department; the child welfare agency is a part of a larger child well-being system.

DCF/ Judicial Collaboration:

As part of DCF's 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 impartial treatment outcomes. Inclusion of our community stakeholders emphasizes a partnership which is necessary for anti-racist transformation of practice, policy and equitable service delivery. With respect to the pathways shown above (figure 2), Program Director from the Strategic Planning, Data reporting, and Evaluation division; Fred North, collaborated with the CT Superior Court for Juvenile Matters (SCJM) to support their efforts in understanding the underlying drivers of racial disparity. A visualization that is similar to the Departments, highlights data patterns and trends across child welfare judicial decision points. 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 for SFY 2022 can be located in the previous submission of this report (2023). This data set will be updated in early 2024.

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

On a quarterly basis, a related group also meets to address racial justice issues within the child welfare Courts. The group includes the DCF Commissioner, Deputy Commissioner and Chief of Strategic Planning, the Superior Court for Juvenile Matters Chief Administrative judge, a presiding SCJM judge, Chief Clerk (also CIP Coordinator), Chief Public Defenders Office, representatives from the Attorney General's Office and advocacy group Children's Rights. This group has developed a disproportionality pathway similar to figure 2 above for children involved with the SCJM and collaborate to develop strategies to reduce/eliminate this issue across the system.

Once CT Child Protection Judicial System Pathways data is updated in early 2024, additional analysis will be provided that will help illuminate how to examine differences between racial/ethnic groups in a valid way. Black/African American and Hispanic/Latino children are overrepresented in the court systems as well; therefore, collaboration between DCF and the SCJM creates an avenue to decrease or eliminate racial inequities and biases that are often exacerbated for families of color when multiple systems overlap.

The Academy for Workforce Development:

While training is an important implementation driver, it cannot be the sole contributor to system transformation/evolution. 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. The Academy has created 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.

- The Power of Words: The Long -Term Implications
In the Fall of 2023, the Academy for Workforce Development launched the "Power of Words: The Long-Term Implications" training. Effective communication is an essential skill for social workers to master. When it comes to recording information into the family's case record, effective communication becomes even

more important. The language used could have long-term implications. Participants were able to explore types of racial discrimination and bias, specifically those enacted through generalized statements that impact the lives of families of color. Participants were equipped with hands-on knowledge and strategies to approach, address, and intervene when such generalized statements were present.

- Leading Difficult Conversations About Social Justice

In 2022, the Academy for Workforce Development partnered with researchers from the University of Connecticut School of Social Work to develop and administer a comprehensive training needs and preferences survey of this workforce. A consistent training need request was for the Academy to offer a training/learning opportunity to assist supervisory staff in leading and facilitating difficult conversations in social justice. In April, May and June of 2023, the Academy offered the "Leading Difficult Conversations About Social Justice" training for supervisory staff. This training promoted the role of the supervisor as a leader in establishing a culture within their team that is responsive to and inclusive of the positionalities and unique experiences of clients and colleagues. This training focused on when, where and who, on preparation, leadership and follow-up. It included practice through role play and knowing the procedure if an injustice is identified. Supervisors were encouraged to remain vigilant in their commitment to social justice by leading their teams and organizations in achieving truly inclusive diversity.

In addition to this training, there was also a training of the trainer component in June of 2023. Participants were individually selected to learn this curriculum and then assist their respective area/division in moving this work forward in leading the difficult conversations in social justice.

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

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

Most recently, The ACP provided onboarding training for the Urban Community Alliance (UCA) at the onset of the Racial Justice Institute (referenced below). ACP provided foundational DCF trainings to include: Advancing Anti-Racism, Implicit Bias, DCF 101 and ABCD Child Safety Practice Model, for the UCA staff members be able to lead this work within the provider community.

The ACP also provided onboarding training to the CKIN Navigators and CKIN supervisors which consisted of Racial Justice, Unique Dynamics of Kinship, Trauma and De-Escalation and ABCD Child Safety Practice Model to be able to start serving our Kinship Caregivers.

From January 9, 2023, to Present the ACP has provided the following trainings to 57 Provider Agencies with a total of 1, 516 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.

- Advancing Anti-Racism in Child Welfare

The Academy for Community Partners revised the Advancing Anti-Racism 2-day curriculum to a full day curriculum in March 2023 to meet the needs of our providers. Providers received shared language and understanding of how to move towards anti-racist practices, to develop an understanding of privilege and implicit bias and discuss strategies for engaging in facilitating difficult race discussions. To date, 68 providers have received this training. The Academy of Community Partners continues to offer this training in the Community Provider Quarterly Training Catalog.

Internship Programs:

The Academy for Workforce Development has established joint efforts with several universities and colleges to develop internship and other educational opportunities for all students pursuing educational degrees in the field of social work and other related fields of study. The internship process is coordinated by the Academy and is available for students, both inside and outside the agency. There are three unique programs for employees: MSW Field, Graduate Education Support, and DCF Employee/UCONN MSW Cohort. Our non-employee internship programs are aimed at recruiting students from diverse backgrounds and identities. Our goal is foster their interest in child welfare work, expose them to the role of the social worker, and invest in them as future employees. There are five programs available for non-employee interns: Non-Stipend Regular Internship, Child Welfare Stipend, UCONN MSW Child Welfare Stipend, UCONN BSW Child Welfare and Protection Track, and CCSU BSW Experiential Learning. Four of these programs offer financial incentives for completing an internship. Three programs require a commitment to work for the Department for at least two years post-graduation. The UCONN and CCSU BSW programs are for bilingual Spanish speaking students with an interest in child welfare social work practice. Both programs offer enhanced learning opportunities for students to explore the unique cultural factors to be considered when working with Latino/a/e families and how their own cultural experiences influence the ways in which they approach this work.

Immigration Practices:

In 2020, 17.3% of Connecticut's population (all ages) identified as Hispanic or Latino of any race. The child population in CT for Hispanic/Latino of any race makes up 26.1% of the total child population. The overrepresentation of Hispanic/Latino children in the child welfare system remains a concern. There are many variables that one should consider when servicing families of Hispanic/Latino background, specifically those that are undocumented.

In March 2023, the DCF Executive Team, Director of Immigration Practices as well as the CEOs of Integrated Refugee and Immigrant Services (IRIS) and the Connecticut Institute for Refugees and Immigrants (CIRI) met to discuss the impact of immigration in general and undocumented migration in particular. It was acknowledged that the vast increase of DCF case participants who are undocumented, are particularly in Fairfield County and the city of New Haven. The extraordinary trauma that migrants from Guatemala, Honduras, El Salvador, Mexico and Haiti have endured were discussed and how at times service delivery and engagement of this population can be challenging. Ongoing discussions with IRIS, CIRI and other agencies that serve migrants have occurred. CIRI in particular frequently partners with DCF in the context of both immigration practice and human trafficking. The importance of working with undocumented communities is emphasized by DCF Leadership. The Department has deliberately enhanced our ability to communicate with non-English speakers by adding additional paid interpreters that focus on specific dialects not readily covered by current vendors.

Over the past three years the federal Office of Refugee Resettlement (ORR) has placed 3,979 unaccompanied undocumented minors with sponsors in Connecticut. These young people are primarily from Guatemala, Honduras, El Salvador and Mexico. Federal ORR does not provide stipends or much ongoing support to these children or their sponsors. Some of these undocumented and unaccompanied minors have had to come into DCF care because their sponsor families were neglectful and/or abusive.

The Department continues to serve a steadily increasing number of undocumented case participants across the board, especially through the Norwalk, Bridgeport, New Haven and Danbury Area Offices. Inquiries and requests for consultation with the DCF Director of Immigration Practice are often requests for potential solutions regarding DCF clients' immigration statuses, such as access to U Visas, T Visas, 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. Typically, undocumented DCF clients are referred to pro bono immigration legal aid agencies as well as federally qualified health centers (FQHCs), all of which have limited capacity to meet the needs of undocumented people because of the overwhelming demand for their services. Most of the legal aid agencies and many FQHCs are now maintaining wait lists. There is a concern related to the possibility of repeat maltreatment in this context, as well as inappropriate referrals to DCF because resources are so limited.

The Director of Immigration Practice has provided nine half day Immigration Practice trainings in DCF Area Offices this year and another twenty-one such trainings in community agencies, colleges and universities throughout Connecticut. In addition, there is a monthly Immigration Practice training (twelve sessions this year) through the DCF Academy for Workforce Development for DCF employees and community providers. All of these trainings discuss the following topics: legal remedies, health care resources, the dynamics of the migration process, the effects of complex trauma on engaging immigrants; family dynamics; and information about community agencies that assist immigrants. This training is routinely updated, as immigration law and federal policy change frequently.

The Department is currently collaborating with several other community and state agencies, including the Departments of Social Services, Public Health, and Mental Health and Addiction Services, the Connecticut Institute for Refugees and Immigrants, Integrated Refugee and Immigrant Services, and the Connecticut National Guard, in coordinating Welcome Centers for newly arrived migrants to Connecticut.

The Department has limited data on our undocumented families. The Division of Performance Management has been informed and is looking for ways to mitigate this. The Director of Immigration Practice has met with managers in the Division of Performance Management to discuss the points of data related to immigration practice that will be included in DCF's new electronic record, CT KIND.

Program Monitoring, Fiscal Review and Family & Community Services

To achieve DCF's racial justice mandate, we must engage service providers in our communities who work directly with families to address the root causes of disparity and disproportionality that commonly affect families of color who are served by the child welfare and other human service agencies. During this period under review, the Department promoted a new Director over this Division who continues to focus on key areas of service delivery analysis with concentrated attention to race and racialized impact.

The Department continues this commitment by ensuring that the services provided to families and children are culturally, linguistically, socially and economically relevant and symbiotic to the demographics of our children and families. The Department also ensures that all providers submit a detailed description on their agency's knowledge, expertise and understanding of diversity (including, but not limited to racial, ethnic, gender and gender identity, sexual orientation, culture, linguistic, immigrant, disabilities, and religion) as it relates to the provision of services prior to the implementation of any programming.

Research continues to show a pervasive correlation between institutional racism, equity, social influencers of health, cultural, and linguistic accessibility and child welfare outcomes. Communities where people live, learn and work are key drivers for inequities that often place people of color at higher risk for being brought to the attention of the child welfare system. Therefore, CT DCF commits to its comprehensive, systemic approach to rectify racial inequities in practice, policies and programs that serve as barriers to fair opportunities across DCF and other interconnected service agencies.

Since 2016, the Department has maintained that all Requests for Proposals (RFP's) include explicit language stating the requirement that DCF-funded services be responsive to diverse cultural health beliefs and practices, experiences of racism, preferred languages, health literacy and other communication needs. In 2019, the Department furthered this mission by requiring applicants in an RFP process to demonstrate in their proposals:

- Their knowledge of the cultural makeup and dichotomy of the geographical regions they are proposing to serve;
- The challenges the applicant has experienced and the strategies they have utilized to engage families in a culturally responsive manner; and
- The applicant's commitment to cultural and linguistically competent care through the diversity of their organization and staffing composition. The scoring tools have been updated to provide increased points to providers who have diverse staff and leadership and/or that reflect the population served.

Capacity-Building for Community Providers:

The Department has developed the Mystery of State Procurement Training with intentional marketing toward minority owned/lead agencies. The overarching goal of this training is to increase the capacity of small, community-based, primarily minority-led agencies to help build a solid organizational foundation in order to improve their ability to provide quality programs and services and to successfully compete for, and meet the requirements of, state and federal contracts and/or grants in order to ensure long-term sustainability. This initiative was led by a partnership between contract division staff and the Academy for Workforce Development.

Racial Justice Institute for Community Providers:

In 2023, the Contracts Division executed a contract with Urban Community Alliance to lead the Department's new Racial Justice Institute (RJI). The RJI will lead the extension of DCF's racial justice mandate to the broader community by creating opportunities for training and support to contracted community providers to sustain equity in the delivery of services to children and families throughout the state. This partnership will better align the Department's values, mission and principles with the community partners and offer support in implementing strategies that are racially just and equitable that align with DCF's anti-racist framework.

Performance Outcomes for all POS Contracts:

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.

Family and Community Services Division (Previously Service Systems):

During 2023, the Systems' Division continued working on their change initiative, which focused on assessing and addressing disproportionality and disparate outcomes in service provision for children and families who are impacted by the child welfare system. The Division promotes broad engagement with DCF regions and Central Office divisions, service provider partners, and across Connecticut's broader child welfare system. Through this effort, the Systems Division is actively assessing multiple factors that may contribute to disparities in service provision by uplifting key initiatives:

- The Service Systems Directors continue to manage the 6 Enhanced Services Coordinators who ensure that service referrals are focused on services that best align or match the identified needs of a family, thus supporting the agency's efforts to move from equality to equity.

- The Service Systems Directors are active members or administrative leads to the Regional and State Advisory Councils (RACS/SACS), Regional RJ Teams, and Networks of Care community groups. In addition, a member of the Division participates on the Statewide Racial Justice Workgroup.
- A Service Systems Director Co-Chairs the Statewide Racial Justice Workgroup Services Sub-committee, a committee that worked on adding RJ practice elements to the DCF Practice Model/ABCD Paradigm. The committee has been working on and will continue to examine the DCF "Request for Proposal" (RFP) processes to assess how marginalized racial and ethnic groups can become increasingly competitive and more inclusively involved within the DCF Contracted Services Array. The sub-committee is also working on increasing diversity and cultural responsiveness within DCF's Contracted Provider organizations.
- Service Systems Directors maintain ongoing communication and partnership with regional and statewide service providers to ensure their engagement in the Regional Racial Justice Committees to share their experiences and needs of the community regarding racial and ethnic disparities. In addition, the Systems Directors collaborate and assist with uplifting the Department's racial justice mission with our service providers by assisting with raising awareness and developing resources for communities.
- A Service Systems Director serves as a Program Lead with a DCF team charged with implementing the newly established Racial Justice Institute (RJI). As noted above, the RJI will be leading the advancement of the DCF's racial justice mandate by creating opportunities for training and support to community providers to sustain equity in the delivery of services to children and families throughout the state. The 6 regional Systems Directors are uplifting the RJI in collaboration with the Urban Community Alliance agency to ensure the RJI goals are achieved throughout the state and to increase stakeholder awareness of the RJI. The Systems Directors have also recently begun to uplift the Cultural Linguistic Appropriate Services (CLAS) work in collaboration with Caredon Behavioral Health throughout the State.
- Four of the Service Systems Directors are members of the Racial and Ethnic Disparities (RED) Workgroup chaired by the Center for Children's Advocacy and consisting of key state, municipal and community stakeholders. The RED group is committed to reviewing and addressing disparities in CT's juvenile justice system based on race and/or ethnicity through an analysis of police, DCF, educational, and judicial practices.

Enhanced Service Coordination:

The Family and Community Services Division continues to focus on enhancing our service system to better match the needs of children and families to services by promoting strong engagement and collaboration within DCF and our community partners. In January 2023, the Division celebrated three years of Enhanced Service Coordination (ESC) being implemented throughout all DCF regions. The four ESC services are Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First (CF).

ESC is a needs focused consultation model intended to ensure that service referrals are focused on services that best align or match the identified needs of a family, thus supporting the agency's efforts to move from equality to equity. The Division continues to actively assess multiple factors that may contribute to disparities in service provision for the four (4) ESC services to families with overarching strategies designed to raise awareness of racial inequities. The strategies have included engaging external stakeholders with the implicit bias and anti-racist framework training and engagement of DCF staff and ESC service providers to understand service trends.

Currently the Family and Community Services Division is working on a gatekeeping expansion redesign proposal. This proposal seeks to redesign the management of service referrals through a consolidated service coordinator team that gatekeeps a subset of service referrals for specified contracts in the 6 regions by applying the tools and practices built under ESC. Through this gatekeeping expansion proposal, the Division would be actively assessing multiple factors that may contribute to disparities in service provision by DCF's service contracts (or a subset) to families with overarching strategies designed to raise awareness and addressing racial inequities and disproportionality.

DCF Service Array Analysis

DCF is responsible for contracting with numerous providers across the state to deliver various types of services that address the needs of the children and families that we serve. Some of these services are part of our mandate to provide public children's behavioral health services (i.e. outpatient psychiatric centers for children), while others help address concrete needs (i.e. subsidized housing), prevent foster care (i.e. intensive family preservation), or facilitate timely permanency outcomes (i.e. reunification and therapeutic family time) for children already in foster care. It is important to the agency to examine the utilization of such services by race and ethnicity to ensure parity in access to such services and assess the degree to which services are successful for children and/or caregivers across different racial/ethnic groups.

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 version of the Disproportionality Pathway (Figure 2) was created in our Provider Information Exchange (PIE) data system to address this need. This visualization is constructed in similar fashion to that used by the agency concerning children we serve directly, with the first bar at left showing the racial/ethnic proportions for the child population of the state, and subsequent bars from left to right showing same for populations of children served by the program as they progress from referral to program completion. Proportions of each racial/ethnic group in any given bar can be compared to the left-most child population of the state to assess the degree of disproportionality observed in that particular group. Disproportionality occurs when racial/ethnic groups in the child welfare agency child population are under or overrepresented compared to the general child population.

The first bar with program data shows the population of children that are simply referred to the service. The next bar labeled "Referral Only" is the group that was referred but, for any number of different reasons, did not actually end up even starting to receive the service. Those that did actually begin to receive the service are represented in the next bar labeled "Episodes Started." The bar labeled "Evaluation Only" are those that began the service, but then ended their involvement without receiving enough of the service to be fairly evaluated against expected program outcomes. Usually this means they had only one or two sessions devoted to intake or assessment work but did not receive the actual treatment or service specified in the contract. The next bar labeled "Completed Treatment" show those that completed the expected course of services as outlined in the contract, while those in the "Met Treatment Goal" were considered successful episodes of the service according to the program model's unique definition of success. This should be considered a relatively soft/generic outcome measure, with the strength of its meaning varying from program to program based on how it has been operationalized. Each program also has more robust but also often unique measures of success, but those are not shown on this visualization that is meant to be uniform in content across all programs in the system.

Please note that the bars for "Referral Only" and "Evaluation Only" tend to be comprised of small groups of children, so the percentages are much more volatile, and caution should be taken with interpreting the strength of the differences. Further, since they have not fully engaged in services the "Other" group tends to be larger as it includes those with an Unknown or Declined to Answer/Respond value.

Figure 10: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23: CARE COORDINATION

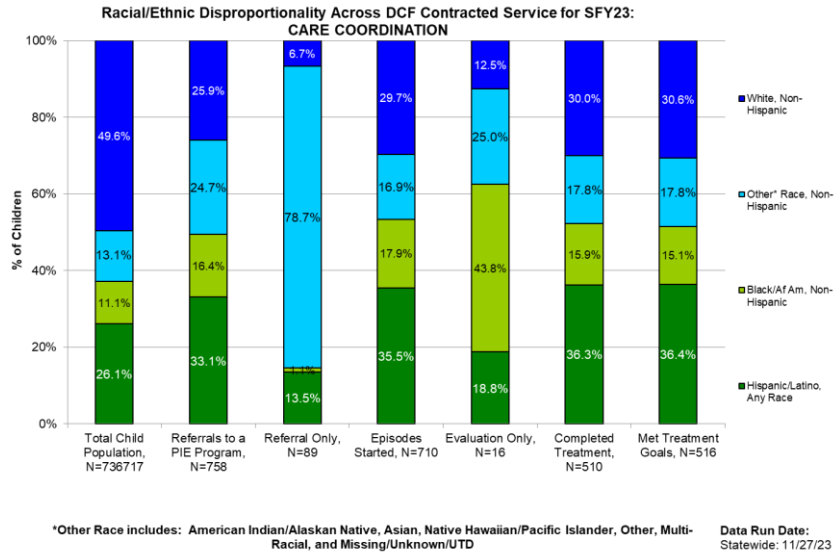
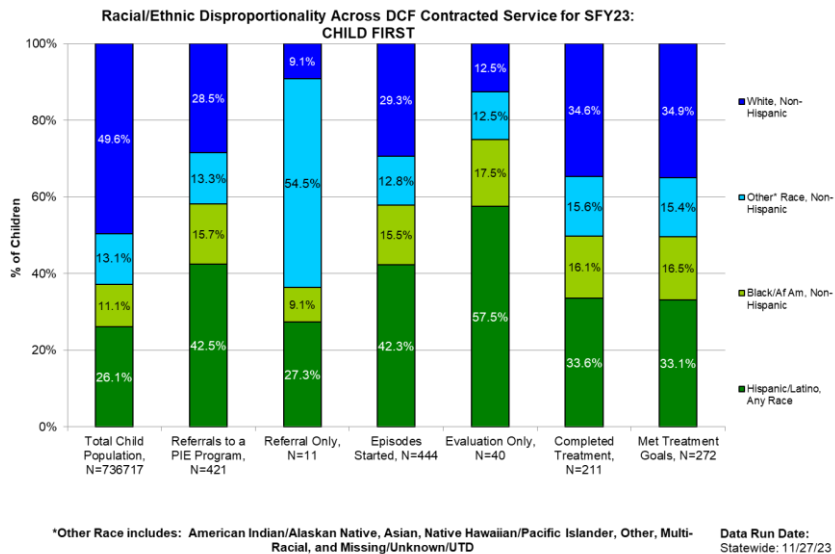


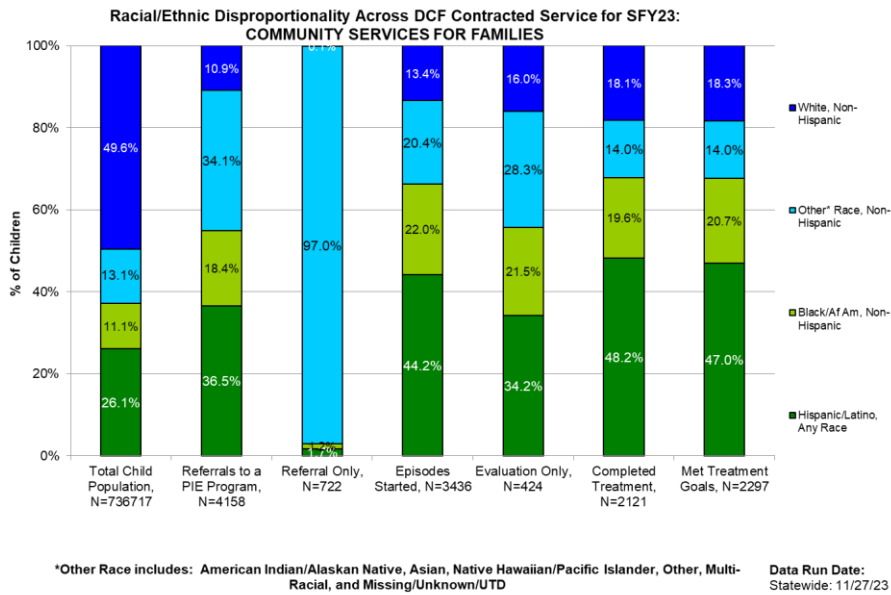
Figure 10 above shows that there is overrepresentation of Black/African American children for all the stages except Referral Only, and an overrepresentation of Hispanic/Latino children in all involvement except Referrals Only and Evaluation Only. For children who identify as Other, there is an overrepresentation at all pathway stages, which is contrasting to the White children group, who are underrepresented in all the stages. Further, the differences between those with Episodes Started, and those that both Completed Treatment and Met Treatment Goals, are very small. This indicates that the experience of those that receive the service is quite similar across race/ethnic groups.

Figure 11: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23: CHILD FIRST



Children referred for the Child First program are disproportionately more Hispanic and Black/African American and Other, though a large portion of the Other group is Unknown. The drop in the Other group from those Referred to those with Episodes Started, is largely explained by obtaining accurate data for those Unknown at Referral but had self-identified once the service began. It does appear as though fewer Hispanic children Complete Treatment and have Met Treatment Goals, while about the same proportion of Black/African American children do so.

**Figure 12: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23:
COMMUNITY SERVICES FOR FAMILIES**



Children referred for the Community Services for Families program (Figure 12) are disproportionately more Hispanic and Black/African American and Other. The drop in the Other group from those Referred to those with Episodes Started, is largely explained by obtaining accurate data for those Unknown at Referral but had self-identified once the service began. Looking at the data between Episodes started, Completed Treatment, and Met Treatment, it shows that fewer Black/ African American children Complete Treatment and Met Treatment, while slightly more Hispanic children do.

Figure 13: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23: CAREGIVER SUPPORT TEAM

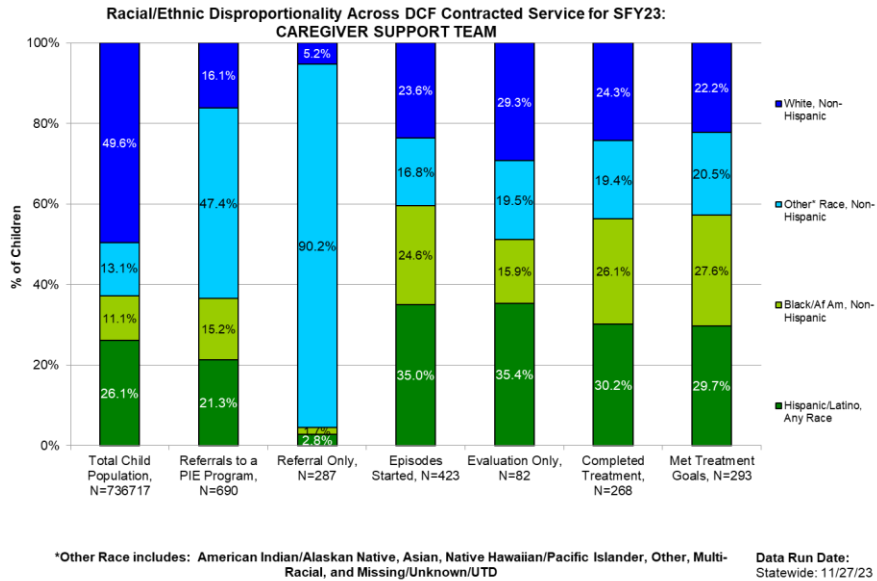


Figure 13 above shows that there is overrepresentation of Black/African American children for all the stages except Referral Only, and an overrepresentation of Hispanic/Latino children in all involvement except Referrals to a PIE Program and Referral Only. For children who identify as Other, there is an overrepresentation at all pathway stages, which is contrasting to the White children group, who are underrepresented in all the stages. Additionally, the differences between those with Episodes Started, and those that both Completed Treatment and Met Treatment Goals, are small for Hispanic/ Latino children. There are fewer Black/ African American children who Completed Treatment and Met Treatment Goals. This indicates that the experience of those that receive the service is slightly different across race/ethnic groups.

Figure 14: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23: EXTENDED DAY TREATMENT

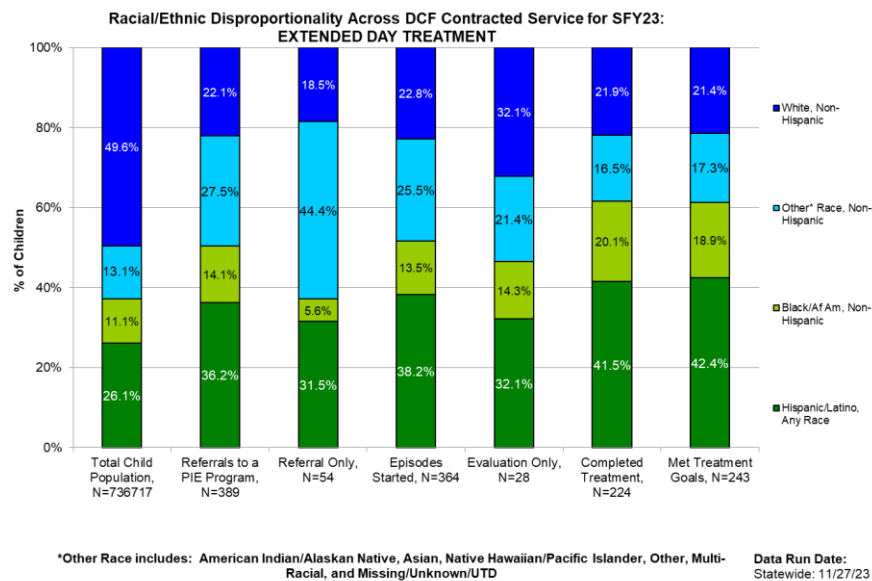


Figure 14 above shows the data for the Extended Day Treatment service. It shows that there is overrepresentation of Black/African American children for all the stages except Referral Only, and an overrepresentation of Hispanic/Latino children in all involvement stages. For children who identify as Other, there is an overrepresentation at all pathway stages, which is contrasting to the White children group, who are underrepresented in all the stages. Additionally, it shows that the differences between those with Episodes Started, and those that both Completed Treatment and Met Treatment Goals increase for both Hispanic/ Latino and Black/African American children. This is a positive trend that we see.

Figure 15: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23: FUNCTIONAL FAMILY THERAPY

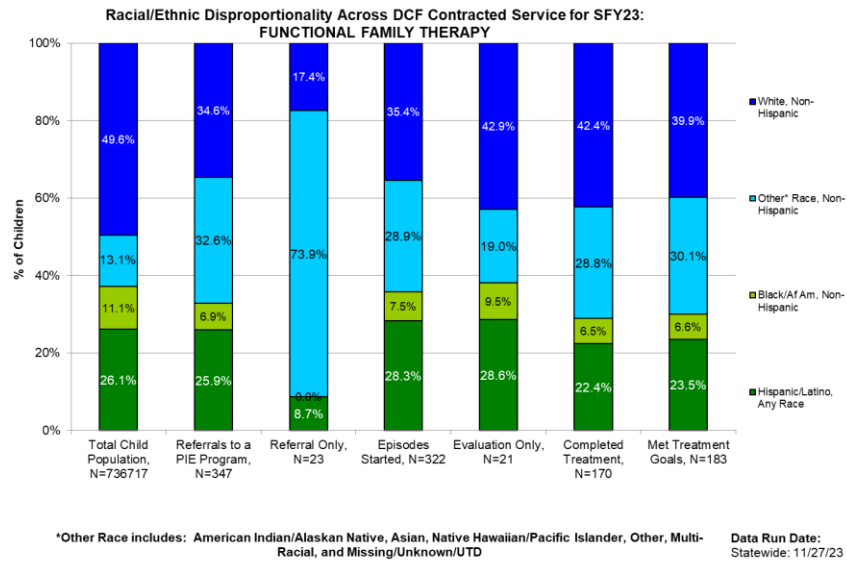
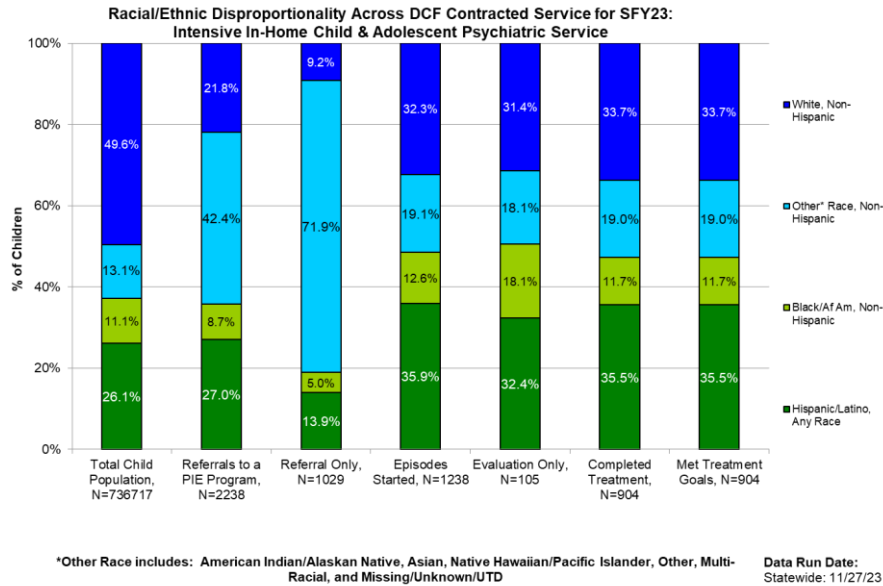


Figure 15 above shows the data for children referred for the Functional Family Therapy program. It does appear as though fewer Hispanic and Black/ African American children Complete Treatment and have Met Treatment Goals in terms of Episodes Started. This indicates that there is still an equity gap present.

Figure 16: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23:

INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICE



The data from the Intensive In-Home Child & Adolescent Psychiatric Service (Figure 16) shows that there is overrepresentation of Black/African American and Hispanic/ Latino children for the Episodes Started, Evaluation, Completed Treatment, and Met Treatment Goals stages. For children who identify as Other, there is an overrepresentation at all pathway stages, which is contrasting to the White children group, who are underrepresented in all the stages. In addition, the differences between those with Episodes Started, and those that both Completed Treatment and Met Treatment Goals, are very small. This indicates that the experience of those that receive the service is quite similar across race/ethnic groups.

**Figure 17: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23:
INTIMATE PARTNER VIOLENCE - FAMILY ASSESSMENT INTERVENTION RESPONSE**

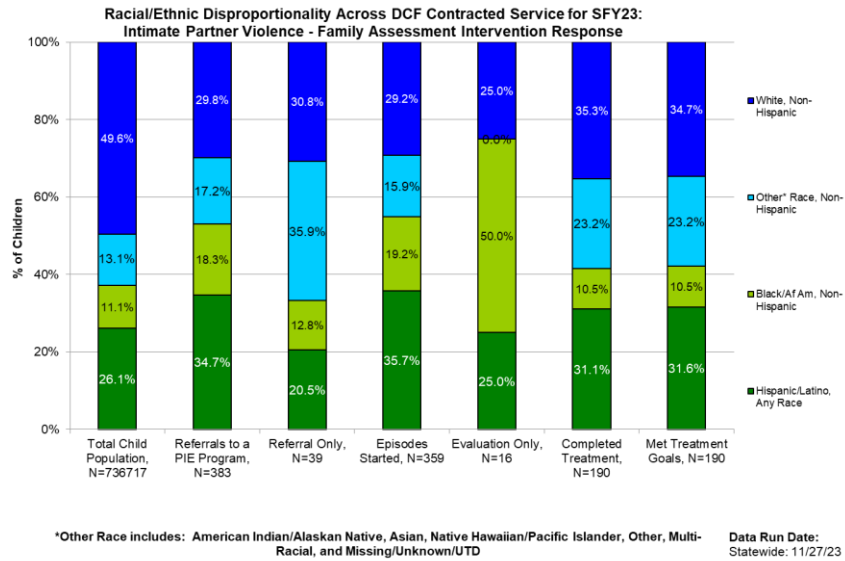
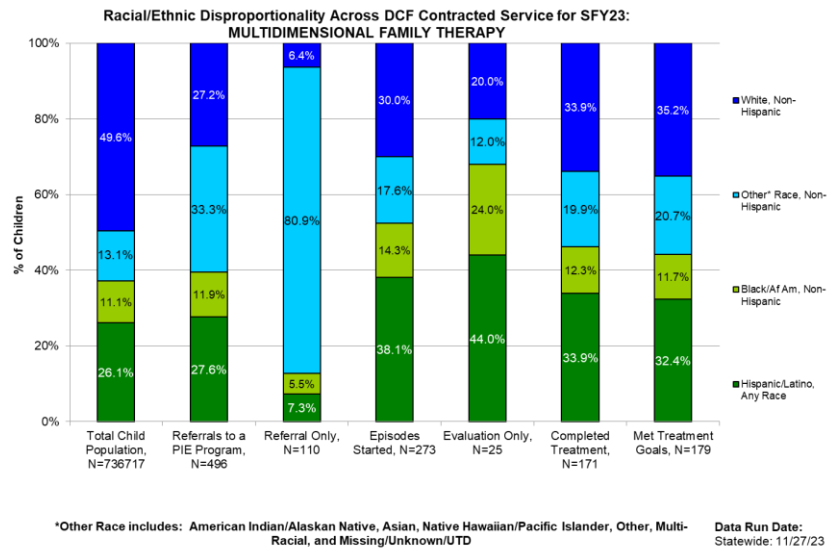


Figure 17 above shows the data for children referred for the Intimate Partner Violence - Family Assessment Intervention Response program. The data appears to show that fewer Hispanic and Black/ African American children Complete Treatment and have Met Treatment Goals in terms of Episodes Started. This indicates that there is still an equity gap present within this program.

**Figure 18: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23:
MULTIDIMENSIONAL FAMILY THERAPY**



The data from the Multidimensional Family Therapy (Figure 18) program shows that there are differences present between those with Episodes Started, and those that both Completed Treatment and Met Treatment Goals for Black/African American and Hispanic/ Latino children. This indicates that the experience of those that receive the service is not quite the same for each racial/ ethnic group.

Figure 19: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23: OUTPATIENT PSYCHIATRIC CLINICS FOR CHILDREN

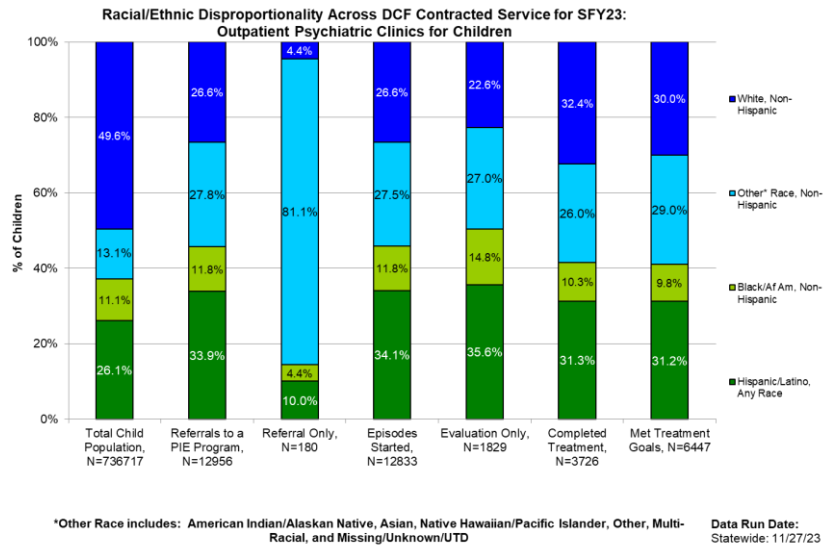
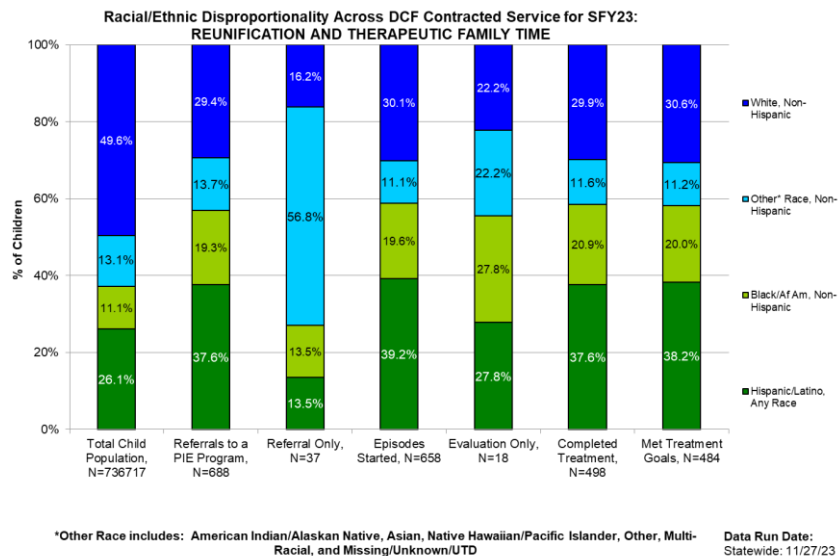


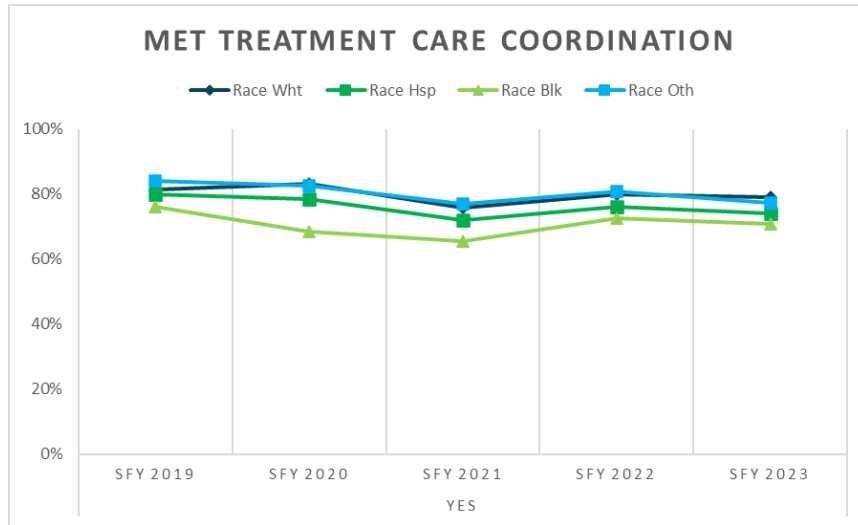
Figure 19 above shows the data for the Outpatient Psychiatric Clinic service. Focusing on the comparison between Episodes Started and those that both Completed Treatment and Met Treatment Goals, it highlights a decrease for Hispanic/ Latino, Black/African American, and Other children in terms of completion and meeting goals.

Figure 20: Racial/Ethnic Disproportionality Across DCF Contracted Service for SFY23: REUNIFICATION AND THERAPEUTIC FAMILY TIME



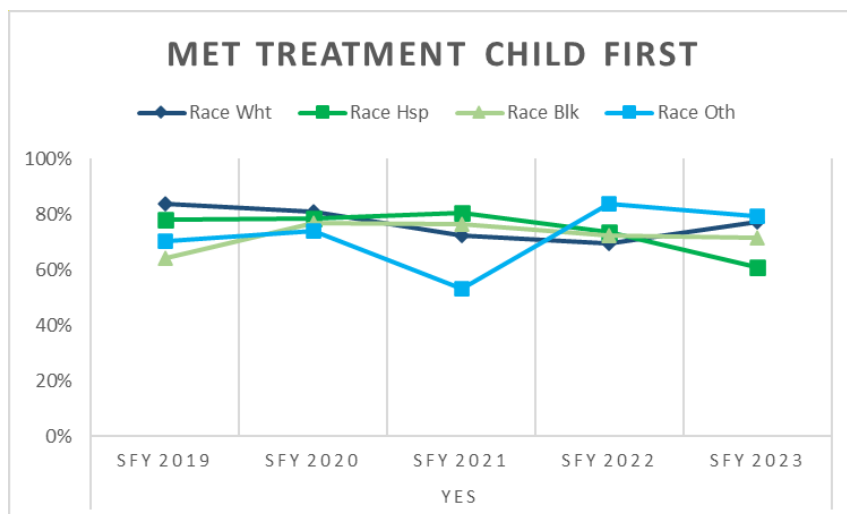
The data from the Reunification and Therapeutic Family Time (Figure 20) shows that there is overrepresentation of Black/African children for all stages of the pathway. There is an overrepresentation of Hispanic children for the Episodes Started, Completed Treatment, and Met Treatment Goals stages. Looking at the bars Episodes Started, Completed Treatment and Met Treatment Goals, there are fewer Hispanic/ Latino children who Completed Treatment and Met Treatment Goals, while slightly more Black/ African American children who do.

Figure 21: Trend in Met Treatment Goals by Race/Ethnicity Group: CARE COORDINATION



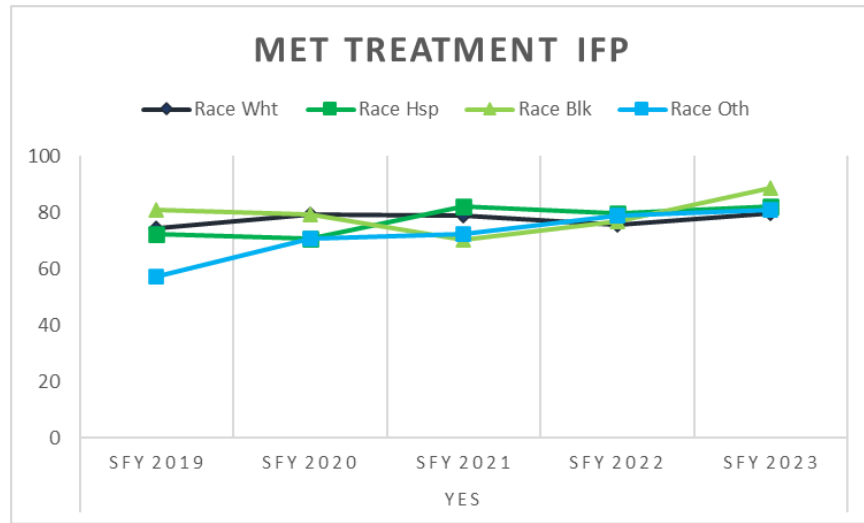
The trends in the outcome for "Met Treatment Goal" for the Care Coordination (Figure 21) show consistent differences between groups. Black/African Americans show the lowest performance on this measure. Hispanic children perform at a higher rate, but not as well as either Other or White whose performance is quite similar to each other. There had been improvement in performance for all groups observed from SFY 2021 to SFY 2022, but all groups declined slightly from SFY 2022 to SFY 2023.

Figure 22: Trend in Met Treatment Goals by Race/Ethnicity Group: CHILD FIRST



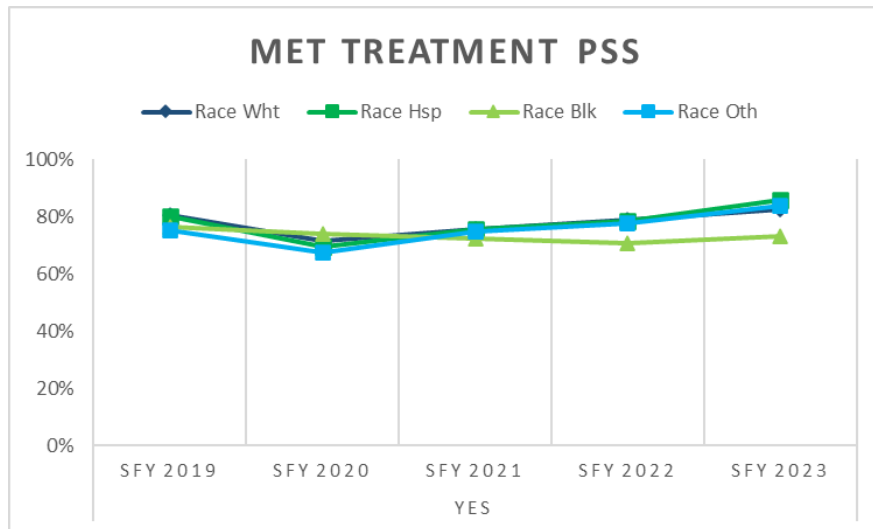
The trends in the outcome for "Met Treatment Goal" for the Child First program (Figure 22) highlight a change in differences between groups each year. There was a decline for White and Other in SFY 2021, where both groups dipped below Black/African American and Hispanic children in terms of outcomes. However, looking at the comparison from SFY 2022 to SFY 2023, there is a decline for all groups except White. The most significant decline was for Hispanic/ Latino children.

**Figure 23: Trend in Met Treatment Goals by Race/Ethnicity Group:
INTENSIVE FAMILY PRESERVATION**



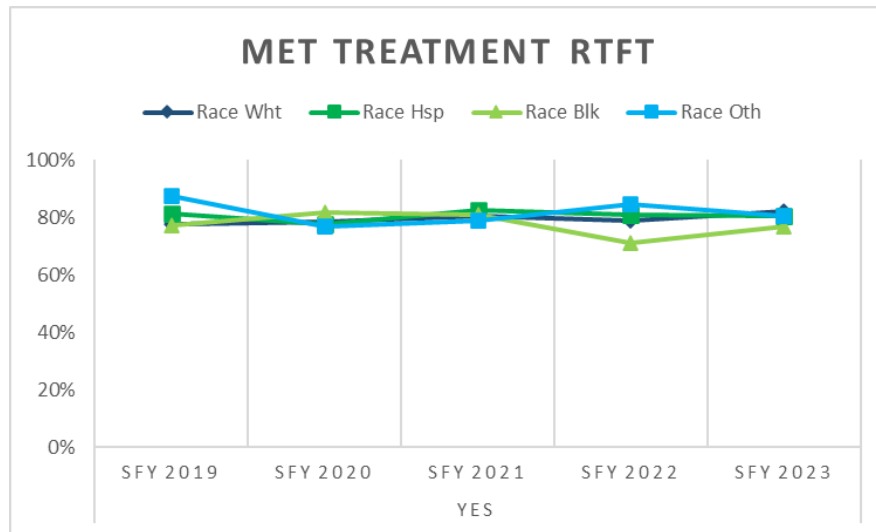
The trends in the outcome for "Met Treatment Goal" for the Intensive Family Preservation service (Figure 23) highlights an overall positive trend for all racial/ ethnic groups. There was a decline for Black/ African American children in SFY 2021 but has been increasing since then. For Hispanic/ Latino and White children, there was a decline in SFY 2022, but increased in SFY 2023.

**Figure 24: Trend in Met Treatment Goals by Race/Ethnicity Group:
PARENTING SUPPORT SERVICES**



The trends in the outcome for "Met Treatment Goal" for the Parenting Support Service (Figure 24) highlight a similar trend for all groups until SFY 2021. In SFY 2022, the data shows that there was a decline for Black/ African American children, which is highlighted by the gap between this group and the others on the graph. For the other groups, Hispanic, White, and Other there was an increase from SFY 2021, to SFY 2022, and to SFY 2023.

**Figure 25: Trend in Met Treatment Goals by Race/Ethnicity Group:
REUNIFICATION AND THERAPEUTIC FAMILY TIME**



The trends in the outcome for "Met Treatment Goal" for the Reunification and Therapeutic Family Time program (Figure 25) highlights a similar trend and outcome metric for all groups until SFY 2022. In SFY 2022, the data appears to show a decline for Black/ African American and Hispanic children, with a more significant drop for the Black/ African American group. Looking at the comparison between SFY 2022 and SFY 2023, there is a slight increase for all groups except Other.

The Department acknowledges that there is disproportionality related to service completion and treatment goals met. As referenced above, the Department has contracted with Urban Community Alliance to further assist the advancement of racial justice efforts by creating opportunity in supporting community providers to better understand the needs for strategic engagement and relatability to sustain equity in the delivery of services to children and families throughout the state.

Urban Trauma Network:

The Department has partnered with eight (8) organizations to become a part of the Urban Trauma Provider Network (UTPN). This is a revolutionary program specifically developed to provide educational and training support to providers regarding the deleterious effects of racial trauma on youths of color across Connecticut's urban areas. In partnership with DCF, the Urban Trauma (UT) organization is leading a transformative movement to educate and provide a community-based approach to understanding the effects of racism, discrimination and inequalities for urban youth throughout Connecticut.

This network 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 will educate 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 network spent the first year of operation training and preparing mental health providers and organizations in pivotal trainings to support the launch of the network. Mental health providers within the network

have been educated and trained on the two-gold standard models for racial trauma support, Dr. Maysa Akbar's Urban Trauma Certification® & Dr. Steven Kniffley's Racial Trauma Therapy Model. With these specific trainings, providers are equipped with the tools, knowledge, and resources necessary to support change in the Black, Indigenous and Other People of Color (BIPOC) communities they serve. The network has since launched into its full operation phase and is accepting client referrals within the original 8 organizations. In addition to the 8 contracted Providers, Urban Trauma has partnered with three additional organizations that have participated in the training and who are accepting referrals utilizing these two clinical models. To date, there are over 40 Mental Health providers trained, with the goal of expanding the Performance Improvement Network in the future.

The first round of fidelity sessions concluded in March of 2023. The second round of the fidelity sessions has begun and will continue monthly. One-to-one coaching and check-ins are provided with all the providers and agencies. This gives the individual agencies the opportunity to work with the project coordinators to discuss any barriers or concerns that may arise. The Provider network meets on a monthly basis, to provide additional support, trainings, technical assistance and case consultation to the group. Overall, the feedback has been very positive as families in the BIPOC communities served are becoming more familiar with the services and support being provided by the Urban Trauma Network providers.

CONNECT Language Ambassador:

The Department has contracted with Mr. Carlos Blanco (independent contractor) for a Language Ambassador program, with support from Systems for Education and Transition (SEET). Mr. Blanco will recruit, provide training and oversight of volunteers interested in becoming a Connecticut Network of Care Transformation (CONNECT)-Language Ambassador. CONNECT Language Ambassador will provide Spanish language services in health-related locations in CT. Volunteers will be recruited from the community and participate in five 4-hour training sessions to become a CONNECT-Language Ambassador. This volunteer program is designed to support Spanish speaking families at local behavioral health centers to assist in communicating effectively with the staff of these centers. This service will include assisting families with explaining and understanding necessary forms, appointment scheduling, and questions they have regarding the services they will receive on the date of their appointment. This will help support organizations achieve their health equity plans and to ensure that all families are receiving appropriate support and services when it comes to health care.

Mobile Crisis Intervention Program:

In 2023 Mobile Crisis Intervention (MCIS) focused on equity. The program data was assessed at every decision-making point during an MCIS episode and areas with disparities were examined. Overall, the data did not reveal significant inequities across the program. However, the assessment did reveal that referral source, presenting problem, and reason for discharge (completed treatment vs. other reasons) were where the disparities seemed to be focused. Below are some notable findings:

- Black youth were overrepresented in all discharge reasons except for completion of treatment and psychiatric hospitalization
- White youth particularly were underrepresented in those discharged by the agency for clinical reasons or because they moved
- Children of another race were underrepresented in those discharged for moving or running away
- Hispanic youth were most significantly overrepresented in agency discharges (clinical)
- Multiracial youth were overrepresented in discharges due to psychiatric hospitalization, and underrepresented in discharges from moving or running away

To turn to curve, the current contract with the Performance Improvement Center is being updated to add a deliverable specific to equity: to ensure equitable access (episode volume), quality (mobility and response time), and outcomes (discharge reasons). We have also updated the RBA quarterly reports to include data on ethnicity and race of children served. A goal was set for all providers to address equity in relation to discharge reasons. This will be reviewed with each provider on a quarterly basis, at minimum as an effort to ensure that children of color are receiving appropriate services when crises arise and they are not being discharged or referred for additional levels of support.

Community Support for Families (CSF) Program:

In April 2012, following the statewide implementation of our Differential Response System (DRS), funding was allocated by the legislature 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 (6) 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 26: Disposition to Community Support for Families for SFY 2023:

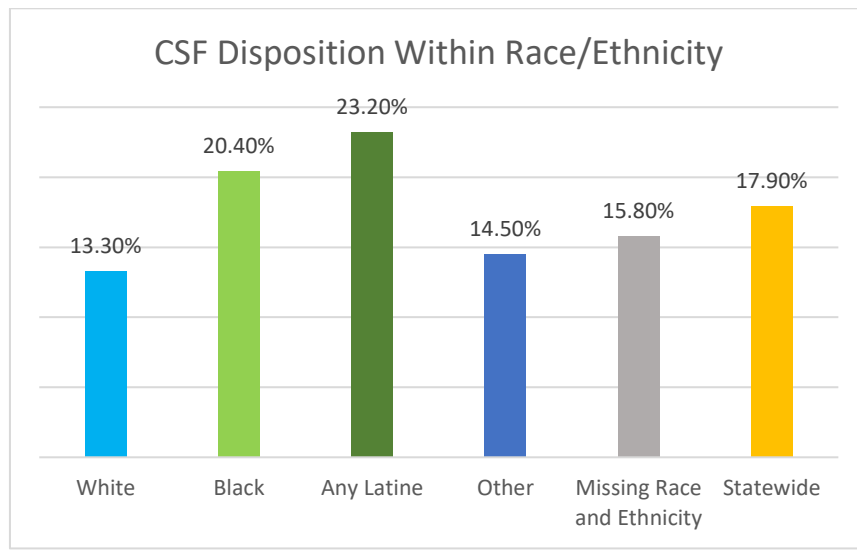


Figure 26 shows that of all families who received a Family Assessment Response in SFY 2023, 17.9% of families were referred to the CSF Program. Variations were noted by race/ethnicity, as follows: 13.3% of White families were referred to CSF as compared to 20.4% of Black families, 23.2% of Latine families and 14.5% of families of other race groups. Nearly sixteen percent (15.8%) 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 27– Families who completed CSF treatment; Race and Ethnicity for SFY 2023:

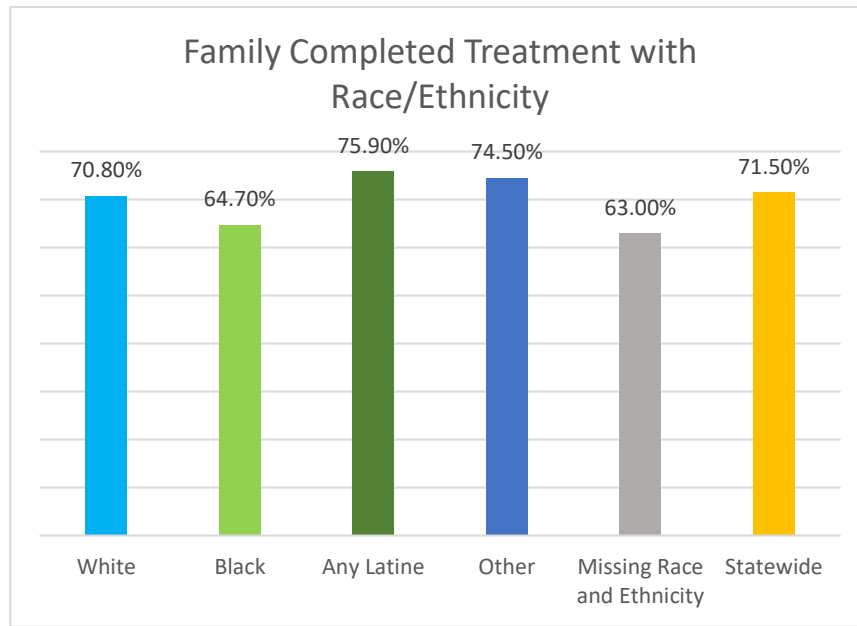


Figure 27 shows the families who completed CSF treatment by race/ethnicity. Overall, 71.5% of families completed treatment. There was some slight variation by race and ethnicity; 70.8% of White families completed treatment, as compared to 64.7% of Black families, 75.9% of Latine families, and 63% of families of Other Race groups.

Identifying areas of systemic racial injustice is critical; therefore, UConn’s research agenda prioritizes analyzing and assessing potential racial disparities in the Connecticut child welfare system. 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 outcomes of families who are referred to the CSF Program through a racial justice and equity approach. As required, DCF will continue to submit our annual legislative report relative to FAR and the CSF Program, inclusive of rates of subsequent reports and substantiations through a racial justice and equity approach. Assessing racial disparities in the Connecticut child welfare system will help inform our collective efforts to reduce racial disparities and ultimately achieve racial equity and justice.

Integrated Family Care and Support (IFCS) Program:

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

Outcome Measures for the program focus on engagement, family satisfaction, reduction in child maltreatment and several performance indicators. Caredon and DCF are proud of the equitable services provided to IFCS families as evidenced by the consistent and similar outcomes achieved among the various populations served over the past three years. There have been some differences in outcomes achieved by the various populations at different time periods,

but overall, the program has seen promising results when viewing through a health equity lens. The ongoing monitoring of race and ethnicity rates by outcome through quarterly, and soon to be semi-annual reports, helps guide programmatic efforts to ensure these similar outcomes are achieved.

From inception of the program in early 2020, through the end of SFY 2023, the IFCS program received a total of 3,756 referrals. IFCS is designed to be community-based, working 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.

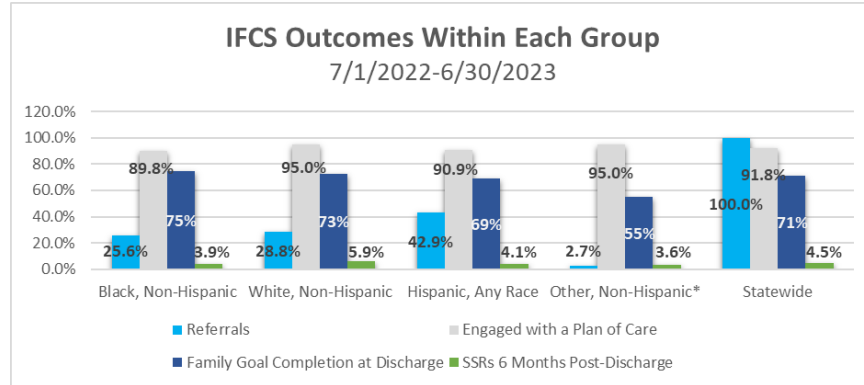
Despite challenges with the model in the first couple of years due to the pandemic, IFCS staff work face to face with families to actively engage with them to accomplish goals, build protective factors, and minimize risks to keep children safely at home in their community. Despite staffing shortages which impacted service provision, many of the successes this past fiscal year were due to a reduction of caseload sizes to 20 families per care coordinator, enhanced staff coaching, chart auditing, and outcomes monitoring processes.

The Central Office Program Lead continues to meet with Carelon staff monthly to review referrals, address programmatic issues, review data, and develop data reports. 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 Carelon and regional staff to assess and evaluate service delivery, child, and family outcomes, as well as outcomes through a racial justice lens.

Race and ethnicity data provided is for the primary caregiver of the families referred to IFCS. Since each population is a different percent of the total population, Figure 28 below represents the major IFCS outcomes by race and ethnicity, as a percent of the population served, to better identify disparities or potential inequities by demographic group. The breakdown of race and ethnicity for the 1,305 referrals received within SFY 23 are as follows: 28.8% White, non-Hispanic, 25.6% Black/African American, non-Hispanic, 2.7% Other Race, non-Hispanic, and 42.9% Hispanic/Latino, Any Race. The overall referred population was 57.1% non-Hispanic. Compared to last SFY, there was a 15.3% increase in the number of referrals for primary caregivers identifying as Black, non-Hispanic and a 4.5% decrease in referrals for Hispanic/Latino families of any race.

As shown in Figure 28 the percent of caregivers who engaged in the program, as defined by developing a plan of care, was between 90%-95% and similar for four main demographic groups; with White, non-Hispanic caregivers engaged at a slightly higher rate than other caregivers. The Other, non-Hispanic population also had 95% engagement rate, but was only 2% of the population making it difficult to use for comparison due the large variation one or two families can make.

Figure 28: IFCS Outcome by Race and Ethnicity for SFY2023¹



Compared to last fiscal year, there was a 10.2% increase in goal completion rates statewide. Goal completion rates varied slightly among the White, Black, and Hispanic populations. Black, non-Hispanic caregivers had the highest rate of goal achievement (75%) while Hispanic, any race caregivers had the lowest at 69%. The Other, non-Hispanic population was only 2% of the population and had the lowest rate of goal completion. Compared to last year, Black primary caregivers saw the largest increase in goal completion rates at 19.3%, followed by a 17.6% percent increase in goal completion for White, non-Hispanic primary caregivers, and a 5.2% increase for Hispanic primary caregivers.

Subsequent substantiated reports within 6-months post-discharge data is aggregate data from the beginning of the program through the end of the 3/31/23. The total number of subsequent substantiated reports (SSRs) within 6-months post-discharge was 61 or 4.5% of all engaged and discharged families. Therefore, 95.5% of engaged and discharged families did not have a subsequent substantiated reports within 6-months post-discharge from the IFCS program. Rates of SSRs were lower than the statewide average for families with Black, non-Hispanic primary caregivers and Hispanic primary caregivers, but were higher for the White, non-Hispanic caregivers. This was similar to last year's results.

While overall outcomes have been consistent and positive, there are numerous programmatic, service delivery, data collection, and outcome measure changes for the IFCS program in the year ahead so continued assessment and adjustments will be needed to ensure ongoing success.

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.

¹Notes: 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.

*Other includes American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Missing/Unknown.

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. QPCs are home like settings where families can use different areas of the home 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 twelve (12) QPC sites across the state, with the first QPCs having opened in October 2021 and four (4) sites having opened in 2022.

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.

The LEGO company continues to consult with DCF and the QPCs on the 'Learn Through Play' model. QPC staff are implementing play philosophy in their respective settings.

Utilization of the QPCs has varied over 2023, with most sites having waitlists. For example, in December 2023, eight (8) of twelve (12) sites had waiting lists. There are staffing challenges at nearly all sites. In SFY 2023, QPCs served 590 families and coached 343 Family Time sessions per week. In SFY 2023, QPCs monitored and coached 9,562 Family Time sessions.

The referred parent is the primary identified person for QPC services. The below discharge and outcomes data (Figures 29-33) is based on the referred parent of the child(ren). Figure 29 is a baseline for this year's report of the percentage of referrals to QPC by race and ethnicity. Figure 30 demonstrates an increase of discharges in comparison to last year's report. Figure 31 demonstrates Black and Hispanic families were able to transition to unsupervised Family Time at a lower rate than White families.

Differences in figures 32 and 33 from last year's data differ significantly due to this year's data being solely based on the web-based reporting system for providers (PIE or Provider Information Exchange). The previous report included individual data submissions by providers. Due to the latter, comparisons should not be made with last year's data. All QPC will be given formal PIE training and data quality reviews will be conducted every quarter.

Figure 29: 445 Families referred to QPC in SFY 2023

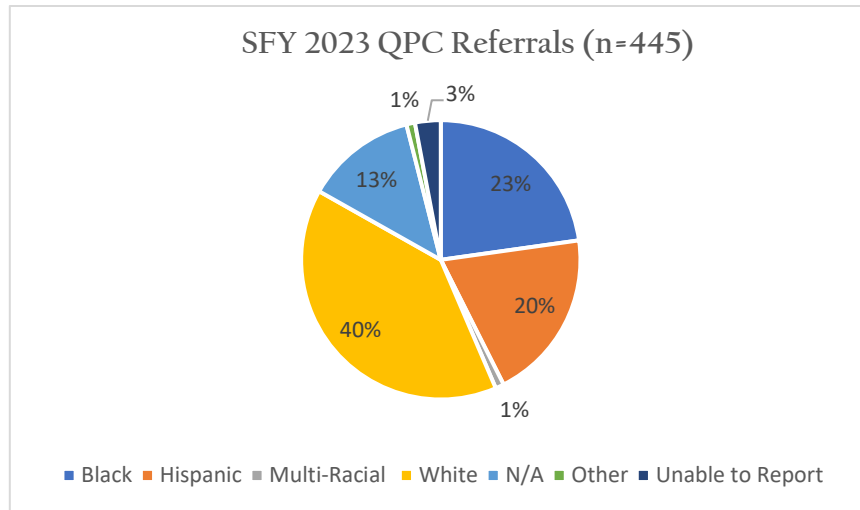


Figure 30: 590 Families Discharged from QPC in SFY2023

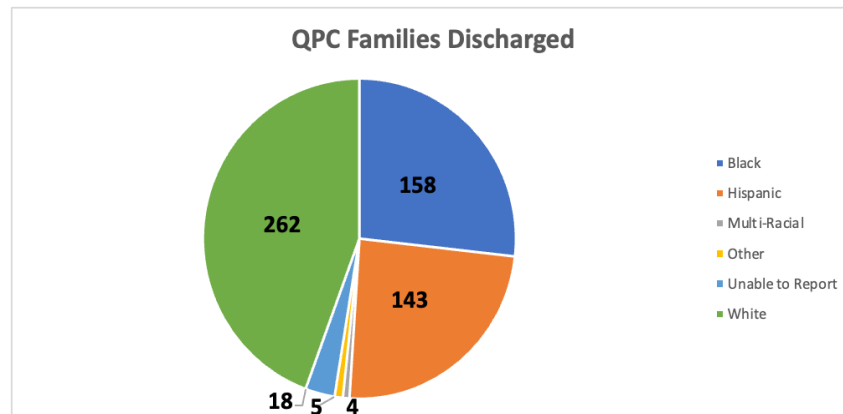


Figure 31: Discharge Outcomes - Completion:

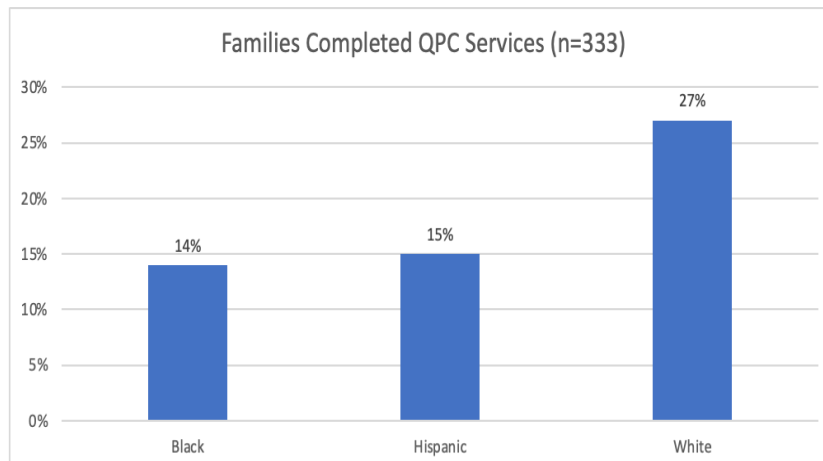


Figure 32: Discharge Outcomes - Met Goals

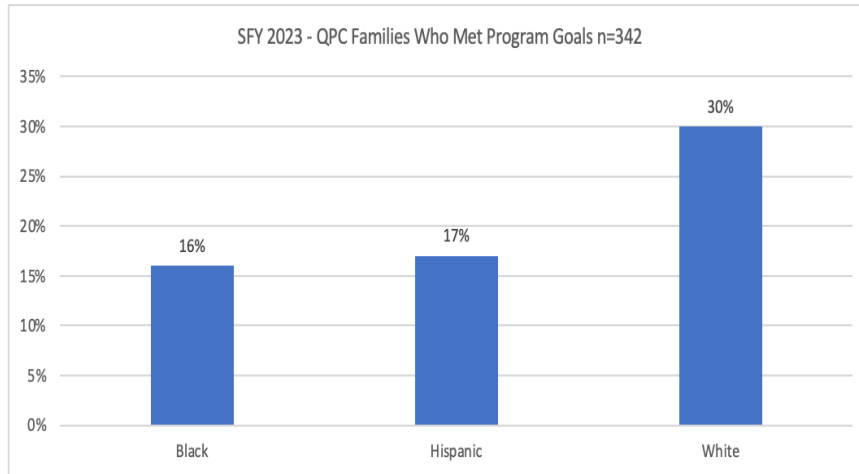
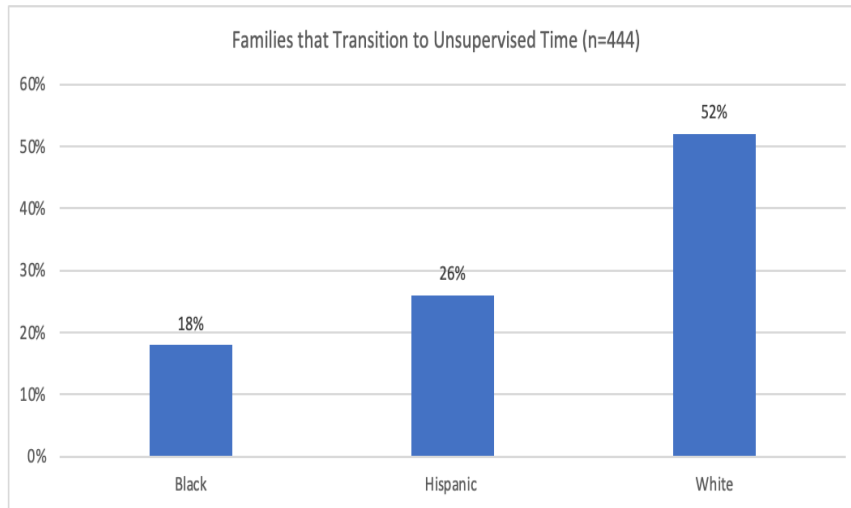


Figure 33 Outcome - Unsupervised Contact



Racial Justice and the Intersection of Fatherhood Inclusion and Equity:

Over the last year, the Department has heightened its emphasis on being more culturally inclusive in our practice, particularly for fathers of color. Under this period of review, the Department made a decision to promote a dedicated Fatherhood Director to further efforts and who has been identified as standing member of the SRJWG. Excluding fathers from the work has historically had adverse consequences, especially for Black and Hispanic/Latino children. When fathers are actively engaged in their children's lives, there are a multitude of benefits for both fathers and their children. Fathers play a crucial role in providing emotional support, guidance, overall well-being, positive developmental outcomes in academic achievement, behavioral health, social relationships and reinforce the child's sense of identity. Inclusive engagement of fathers also fosters a collaborative approach in decision-making processes, leading to more comprehensive effective plans for his family, and promotes a supportive environment crucial for successful reunification and permanency.

The synergy between DCF's Statewide Racial Justice Workgroup (SRJWG) and the Fatherhood Engagement Leadership Team (FELT) is instrumental in advancing our commitment to anti-racism and fatherhood inclusion. This

collaboration is pivotal in addressing disparities faced by Black and Hispanic/Latino fathers and their children involved in the child protection system. By leveraging the combined strengths of the SRJWG and FELT frameworks, we strive for positive and equitable outcomes through dedicated perseverance. This partnership ensures a comprehensive approach to dismantling systemic barriers, promoting cultural responsiveness and fostering an environment where fathers of color are actively involved and supported, contributing to the well-being of both fathers and their children.

Statewide and Local Fatherhood Engagement Leadership Team (FELT) Efforts:

The benefits of the Fatherhood Engagement Leadership Team (FELT) and the Statewide Fatherhood Engagement Leadership Team (SFELT) for fathers of color are manifold. The localized and state-level meetings establish a platform where fathers are recognized as equal caretakers in family planning and service delivery, ultimately enhancing outcomes for fathers and their families. Overall, the FELTs, guided by the SFELT, play a crucial role in promoting equity, inclusivity, and dismantling systemic barriers, fostering a more supportive and empowering environment for fathers of color within the child protection system. This collaborative approach, aligned with the agency's Racial Justice mission, contributes to the establishment of an anti-racist agency, cultivating a culture that values and prioritizes fatherhood.

The Department is entering its third year of an ongoing partnership with My People Clinical Services (MPCS) in Hartford, CT. Abdul Rahmann I. Muhammad from MPCS serves as a Tri-Chair to the SFELT. Through collaboration with MPCS and the application of models from the National Fathers and Continuous Learning (FCL) in Child Welfare Breakthrough Series Collaborative, the area offices have embarked on numerous new initiatives to be more inclusive of fathers, employing the Plan-Do-Study-Act (PDSA) and Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis processes.

Mr. Rahmann has continued to provide technical support by facilitating and participating in Regional FELT Team Meetings, panel discussions, Child Stat, work group meetings, Coaching Sessions, Fatherhood Consultations, various Father Themed Trainings, interviews with DCF involved Fathers and Guided Event Planning.

During the bi-monthly SFELT the local teams are provided with an update of any unique efforts the agency has made to enhance father inclusion. During this period of review the SFELT leads have requested that each region provide a broader 20-minute presentation highlighting specific initiatives, including:

- In one region, an impactful series of racial justice-specific trainings was launched, featuring active participation of fathers of color in local Fatherhood Engagement Leadership Team (FELT) meetings. These consumer led sessions were designed to discuss and reveal the systemic discrimination faced by fathers of color. Additionally, a racial justice equity tool was introduced in this region to evaluate the engagement status of fathers of color at the critical 90-day mark in a case.
- In another region, the introduction of quarterly joint FELT/Racial Justice meetings for the entire office served as a valuable platform for discussions on fatherhood and race. Hosting a training series titled "Dear Black Male," this region explored historical racism, media portrayals, influences on incarceration rates, reasons for distrust of systems, and aversion to therapy among men of color. The region also pioneered a collaborative Racial Justice/FELT Newsletter. Across multiple regions, a strategic examination of Administrative Case Review (ACR) data was conducted to evaluate the participation of fathers of color. Effective strategies were formulated to enhance their engagement in these crucial meetings. Additionally, a comprehensive non-custodial parent guide was developed to clarify expectations for fathers and outline the agency's obligations to them and their families.
- In a separate region, a noteworthy community-based Dad Hero event underscored the significance of fatherhood. Collaborating with Mathematica on the Breakthrough Series, this region established statewide standards for fatherhood practice. Furthermore, collaboration with the Racial Justice Quality Improvement Team resulted in the implementation of a strategy to locate fathers of color in cases where safety concerns were identified in the mother's home and the father's whereabouts were unknown.

- Remaining FELTs initiated a collaborative effort within the court system to address issues affecting fathers, especially those of color, involved in court proceedings. Racial Justice trainings and skill-building activities were developed to enhance capacity in effectively working with men of color, including participation in simulation trainings focused on engaging fathers of color. These collective initiatives across regions signify a dedicated commitment to redressing racial disparities and advancing inclusivity within the child protection system.

Below are additional efforts that have occurred under this period of review.

1. **Enhanced Cultural Responsiveness** These efforts promote a heightened awareness and understanding of the unique challenges faced by fathers of color, fostering cultural competence among child protection professionals.
2. **Improved Father Engagement:** The implementation of targeted strategies, such as non-custodial parent guides and ACR data assessments, contributes to increased father participation in crucial decision-making processes, positively impacting case outcomes.
3. **Inclusive Dialogue:** The creation of joint FELT/Racial Justice meetings provides a forum for open discussions on issues related to fatherhood and race, fostering inclusive dialogue within the agency.
4. **Standardized Practices:** Collaboration with Mathematica on the Breakthrough Series Collaborative resulted in recommendations for statewide standards for fatherhood practice, ensuring consistency and effectiveness across regions.
5. **Strategic Partnerships:** Initiatives like the Dad Hero event, fathers focused forums, guest speakers, and collaborations with the Racial Justice Quality Improvement Team establish strategic partnerships, strengthening the agency's capacity to address complex issues impacting fathers, especially those of color.
6. **Capacity Building:** Racial Justice training and skill-building activities equipped staff with the tools and knowledge needed to effectively engage and support fathers of color, contributing to improved overall service delivery.

Fatherhood Engagement Services:

The purpose of this DCF-contracted program is to enhance the level of involvement of fathers in their DCF case planning and provision of services, strengthen fathers' positive parenting skills and to assist DCF with refining best practices working with fathers. DCF data highlights insufficient engagement of fathers resulting in unmet standards for assessment and needs met. While the Department's family strengthening practices are inclusive of fathers, intentional focus is needed to ensure that fathers are encouraged and supported to be as involved as mothers.

Fatherhood Engagement Services ("FES") provides intensive outreach, case management services and 24/7 Dad© group programming. Case management services will help to mitigate barriers to more effective engagement through assessment of needs, advocacy, and linkage to supports and services, while 24/7 Dad© services will teach skills and characteristics to strengthen the father's parenting relationship. There is one FES provider serving each of the 6 DCF regions.

In 2023, successes and challenges continued for community-based programs. FES providers reported their main challenges were increased acuity of needs on the part of fathers and staffing changes. One program has experienced a vacancy for over a year, and another saw repeat turnover impacting capacity. Across the state, the number of fathers served remains above the contracted 290 slots, with a total of 377 served. 94 of those fathers remained involved at the end of SFY 23, carrying over into SFY 24. They will not be factored into the following outcome information. The below charts capture the outcomes for fathers served and closed out by FES in state fiscal year 2023. 279 cases were closed during the state fiscal year and are included in the following outcomes.

Of the 279 referrals to FES, 219 fathers accepted the service and were enrolled, leading to either an unsuccessful termination or successful completion of the program by 6/30/23. This number of served fathers represents a 10% decrease from the prior year. This number also corresponds with the yearly caseload of one Fatherhood Engagement Specialist position.

The below slides capture outcomes for the 219 fathers served and closed during the year. It should be noted that the race category of multi-race was added and therefore comparing the data with previous years may not align or be comparable; particularly where number of fathers is small. Multi-racial accounted for 12 fathers this year.

Engagement Rate (figure 34) shows those fathers who, following a referral, accepted services and were enrolled in FES. Providers reflected that of those fathers not engaged, over a third were unable to be contacted, and the remaining either refused or did not respond. Engagement rates were fairly stable as compared to the prior year. Engagement rates vary across the 6 contracted providers, ranging from 49% to 96%. This range is partly impacted by the referral strategies in each region and the role of the DCF gatekeepers. Providers noted that fathers who were referred when the DCF family case was scheduled to close were particularly difficult to engage.

Figure 34: Engagement Rate of Fathers by Race and Ethnicity:

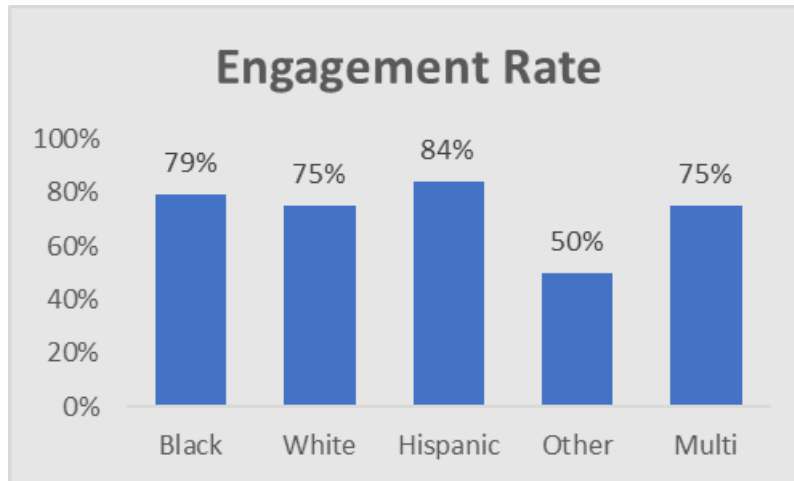
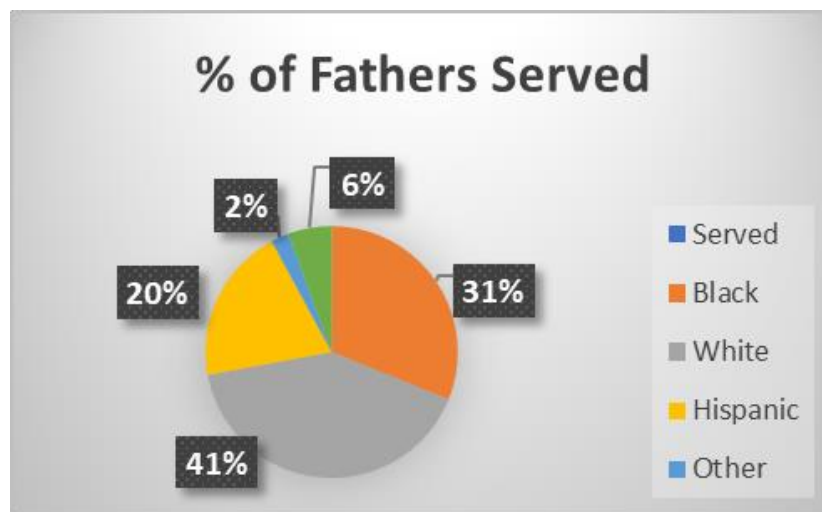


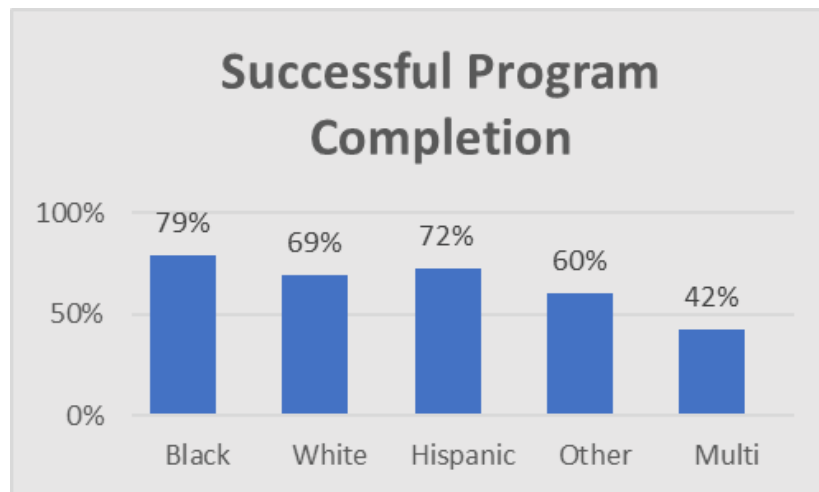
Figure 35 (fathers served) shows the percent of fathers by race and ethnicity of fathers served during the year. These are fathers who have accepted the service, and their case was subsequently closed during the fiscal year. The graph represents a small decrease for numbers of Black and White fathers, and a slight increase for Hispanic fathers as compared to the previous year. The addition of the multi-race category may play a small part in these ratios. Compared to historical child in placement demographics, Hispanic fathers may be underrepresented in those referred to and served by FES, whereas White fathers, and to a lesser degree, Black fathers may be overrepresented. Any underrepresentation of Hispanic fathers may be related to staffing challenges as providers have reported difficulty with hiring and retaining bilingual employees. This bears further review.

Figure 35: Percent of fathers serviced in SFY 2023



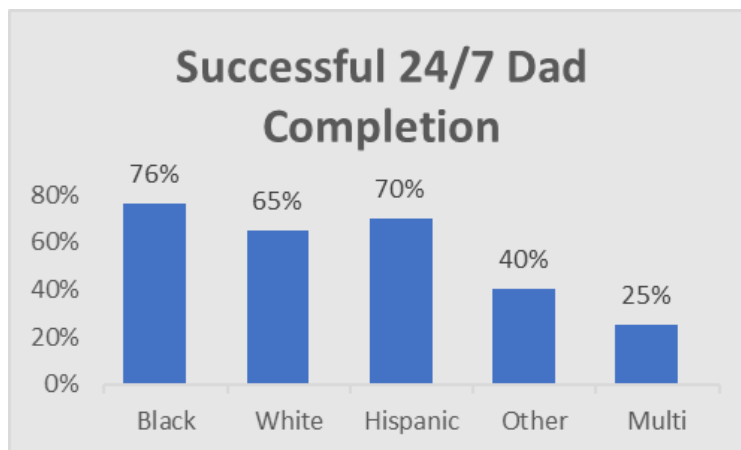
Successful Program Completion (Figure 36) are those fathers who met the expectations of the FES program. The data indicates an increase in successful completion from the prior years with the statewide average being 71%. Black fathers completed successfully at a higher rate than the state average and saw a 16% increase over SFY 2022. White and Hispanic fathers saw moderate increases by comparison with white fathers just below and Hispanic fathers just above the state average. Multi-race and Other categories lagged significantly but represent a very small percentage of the total population of fathers served so it may not be statistically significant.

Figure 36: Successful Program Completion by Race and Ethnicity:



Similarly, there was a complementary increase in successful completion of the 24/7 Dad curriculum for all categories except Other.

Figure 37: Successful 24/7 Dad Completion:



Fathers and Continuous Learning in Child Welfare (FCL) evaluation of the Fatherhood Breakthrough Series

In March 2023, the Fathers and Continuous Learning in Child Welfare (FCL) evaluation of the Fatherhood Breakthrough Series, conducted by Mathematica, concluded. DCF contributed 12 months of practice data and completed employee and partner surveys and on-site interviews to evaluate the impact of the Collaborative Change Framework and resulting initiatives developed throughout the series and beyond. DCF was highlighted for its application of the Collaborative Change Framework in organizing efforts to improve father engagement across the agency. Below are key findings and highlights published by [Mathematica](#).

Key Findings and Highlights

Connecticut DCF's pilot of its statewide approach to improving father engagement took place during 2021 and 2022. In the approach, regional teams of child welfare staff led the development and piloting of strategies to change organizational culture related to father engagement in their regions. A statewide committee coordinated these regional efforts and provided training and assessments to regional offices. The statewide committee was led by two leaders of the Hartford office's efforts in the FCL BSC and a third chairperson who oversaw the state's efforts to improve father engagement under a Child and Family Services Review Program Improvement Plan. After the end of the pilot, three lessons emerged for Connecticut DCF and led to next steps for the agency to sustain momentum for improving father engagement statewide.

1. Promising engagement strategies involved holding caseworkers and supervisors accountable for engaging fathers on their caseloads and problem-solving when caseworkers faced challenges in their attempts to engage fathers. After the pilot, Connecticut DCF convened a steering committee to review the strategies that regions developed and develop a statewide practice guide that they could use to hold offices accountable for engaging fathers.
2. Efforts to improve father engagement require long-term focus and support. The chairpersons leading the statewide committee found it challenging to balance father engagement with their other job responsibilities. To keep momentum and emphasis on improving father engagement in child welfare, the state created a dedicated fatherhood lead position in its central office whose sole responsibility would be father engagement.
3. Endorsement from executive leaders can give legitimacy to change efforts. Staff involved in father engagement efforts observed the importance of leaders' buy-in in ensuring that change initiatives were taken seriously, both at the state level and in regional offices. In early 2023, Connecticut DCF named a deputy commissioner as a chair of the committee coordinating statewide father engagement efforts. In the next phase of the statewide father engagement work, one committee chairperson planned to focus on working with office directors to develop office strategic plans for engaging fathers.

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 an agency, we were able to move from theory to practice by creating additional opportunities to introduce tools and resources that can be applied to other areas. The children and families we serve are at the heart of these change initiatives. Our Connecticut families 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. The agency's 2022-2023 Affirmative Action Plan (AA) which is submitted annually to the Commission on Human Rights and Opportunities for review, was approved and marks the 5th consecutive year of the Commissions' approval of the Departments' Affirmative Action plan. This can be viewed as an indicator of our commitment to workforce diversity, equity and inclusion on all levels. In addition, The Department, under this period of review was highlighted throughout the first report of

[Eliminating Racial Disparity in State Government](#) authored by the Commission of Racial Equity in Public Health. 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.

Monica Rams, MS
Director; Office of Multicultural Affairs/Diversity and Equity

Jodi Hill-Lilly, MSW
Deputy Commissioner of Administration /Executive Sponsor

Commissioner Vanessa L. Dorantes' Endnote:

Turning the page on a new calendar year signifies transition. Transitions, in general, are challenging for fear of the unknown. Human Services transitions can have implications for society's most vulnerable citizenry. In 2018, my predecessor thought wisely to codify CT DCF's Racial Justice work. The strategy was to ensure that a new Administration could not simply undo efforts baked into Connecticut's General Statutes. At that time, I served as a TriChair of DCF's Statewide Racial Justice Workgroup alongside the stalwart William Rivera, for whom DCF now has an award named in his honor, and the formidable Jen Agosti. Jen came to CT as a consultant and stayed as a fixture of truth, justice and might.

DCF's Racial Justice work started from the inside out; all the while challenging ourselves and our required mission. My appointment as CT DCF's first Black Commissioner put another stake in the ground of commitment.

Diversity of leadership, diversity of perspective, diversity of experience is necessary not merely a nice thing to do for optics. However, being the first means absolutely nothing if you are the last.

True Racial Justice work presupposes incremental change --that completely 'just' outcomes require far more than one entity's persistence.

Our Administration challenged leadership across the agency to work intentionally within their sphere of influence and not try to-- 'boil the ocean'. By identifying a specific problem with significant racial impact, leaders tested hypothesis and clearly delineated metrics to PLAN-DO-STUDY-ACTagain and again and again. Shout out to Fred who continues the data collection and analysis in earnest so we know our true NORTH 😊

This dogged pursuit of betterment was tested to its core at the center of the **Imperfect Storm** of 2020: an international pandemic, the economic devastation that followed and racial unrest converging simultaneously. CT DCF understands that disproportionality in child welfare didn't magically appear with the murder of George Floyd ... we understand that helping systems must be accountable to the public we serve by equitable and fair-- policies and practices. We understand that **how** we engage is just as important as **why** we are engaged with a family.

The reckoning necessary to achieve a just Child and Family Well-Being System meant we had to do even more. CT DCF wedged its racial justice work into a safety science model that pushes us even further in our commitment. Declaring our efforts under the banner of becoming an anti-racist agency meant we had to dig deeper and continue onward.

Special appreciation to the two amazing leaders linking arms with Jen as they continue shepherding this work -- DCF's Bureau Chief of Child Welfare **Tina Jefferson** and our Director of MultiCultural Affairs **Monica Montalvo-Rams**. This trio has kept the momentum and accelerated the expectations over these last 5years and for them I am truly grateful. To every SRJWG member past, present and future: Your labor is not in vain. To every person who has lead this charge locally or changed individual behavior or challenged systemic injustice --- THANK YOU.

This time, **transition** has a distinctive familiarity.

My Executive Sponsor of CT DCF's Racial Justice work is also Gov Ned Lamont's DCF Commissioner Designate **Jodi Hill-Lilly**. As the primary architect of our Safe and Sound practice model, **this** transition gives my purpose a sense of peace. I humbly and excitedly pass the torch.

CT DCF --- We are not where we used to be... and not where you are about to be 😊.

Vannessa L. Dorantes, LMSW
DCF Commissioner