

Connecticut General Statute (C.G.S) Section 17a-6e

Report on the Department of Children and Families'  
Racial Justice Data, Activities and Strategies



February 15, 2020

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*DCF COMMISSIONER DORANTES'  
STATEMENT*

*This is such an exciting and promising time to work in child welfare in Connecticut! A number of critical developments have occurred within the Department of Children and Families this past year that will significantly improve how we partner with providers to serve all children and families in our state. We have solidified the infrastructure of the Department to promote consistency across our 14 Area Offices, facilities and Central Office Divisions. Comprehensive priority mapping allowed for an alignment of activities with our upcoming legislative agenda. This inventory included a review of the racial justice work being done across the state in our various locations in order to narrow our **Statewide Racial Justice Workgroup (SRJWG)** focus. This priority mapping reviewed the highlights of 2019 while building a detailed racial justice strategic plan. This included the 2020 legislative priorities, updating the DCF Statewide Racial Justice Workgroup charter as well as a reconfiguration of its subcommittee structure.*

*DCF also made a deliberate decision to separate the functions of Immigration work from that of MultiCultural Affairs by identifying separate Directors for each body of work. Jennifer Avenia, Esq now leads the Immigration work with Monica Rams promoted to the Director of MultiCultural Affairs role. The oversight of the racial justice work and the Diversity Action Teams (DAT's) falls under the latter and we are very pleased with the work of these leaders thus far.*

*The strategies to align the SRJWG to eliminate disproportionality and disparity have been categorized into short, medium term & ongoing and they are: a consolidation of DCF's racial justice data environment, a comprehensive evaluation of Family Assessment Response model fidelity, a comprehensive evaluation of Considered Removal Child and Family Team Meetings (CR-CTFM), Data Equity & Ethics , Service System Pathways and the development of Impact Surveys.*

*The work of the Department must be coordinated with external stakeholders including persons with 'lived experience'. Further, activities that are identified as intended to promote racial justice must be submitted for review via a template intended to discern which legislative priority the activity aligns with, the impact anticipated towards the 7 Departmental key results (described later in this report), any fiscal impact or savings and to ensure proper support and guidance to facilitators of said activity.*

*The work of the DCF SRJWG continues to be charged with cultivating and sustaining an environment in which employees and DCF partners feel safe to discuss the impacts of racism, power and privilege on agency practice and their personal lives that influence outcomes for the children and families we collectively serve. To that end, we are furthering the incorporation of such work with the infusion of a safety science lens. The development of this incorporation is underway and will be summarized in next year's year in review.*

*This report serves to meet the requirements of **Connecticut General Statute: section 17a-6e** in which the Department outlines racial & ethnic outcome disparities and to develops strategies, informed by data on referrals, substantiations, removal, placements and retention. The Department shall also identify specific areas within child welfare practice and work to eliminate racial and ethnic disparities.*

*The DCF racial justice journey has a deep history. This workgroup has afforded DCF and its partners the opportunity to 'turn the mirror inward' on our own worldviews and how such personal experiences shape our daily decision making deliberately and at times, unconsciously. DCF continues to invite external*

*stakeholders to examine their own understanding of the impact of internal, interpersonal, institutional and structural racism throughout our helping systems. CT DCF has been recognized nationally for its concerted efforts to address disproportionality and race equity. Ongoing monitoring of data along with a plethora of training and consultation has led to a significant and successful cultural shift in how staff and providers talk about race.*

*The information on the pages to follow is the second submission by the Department to explicitly put into context, the extent of our racial justice work; an analysis of key indicators to serve as measurements to inform the recommendations made in this report. The indicators guide the framework of operational strategies and performance expectations in child welfare racial equity.*

*Sincerely,*

*Vannessa L Dorantes, LMSW*

*CT DCF Commissioner*

*“... I do my best because I am counting on you counting on me.” Maya Angelou*

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TABLE OF CONTENTS

DCF Overview .....5

Introduction ..... 7

DCF Pathways Data ..... 8

Service Array Analysis ..... 14

2020 Strategies to Eliminate Disproportionality + Disparity .....23

# 1. DCF OVERVIEW

The Department of Children and Families (DCF/Department) is the Child Protective Services (CPS) agency in the state of Connecticut. Pursuant to legislative mandate, in addition to CPS, the Department is responsible for prevention, education under USD II, and children’s behavioral health services.

DCF’s mission is: “Partnering with communities and empowering families in order to raise resilient children who thrive”. The Department continues its efforts to sharpening the safety focus through prevention across the child welfare system. The mission is supported by the following 5 bold 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 to ensure a holistic understanding of what children and families deserve. The 5 identified goals feed into each other and into the Departments overall vision.

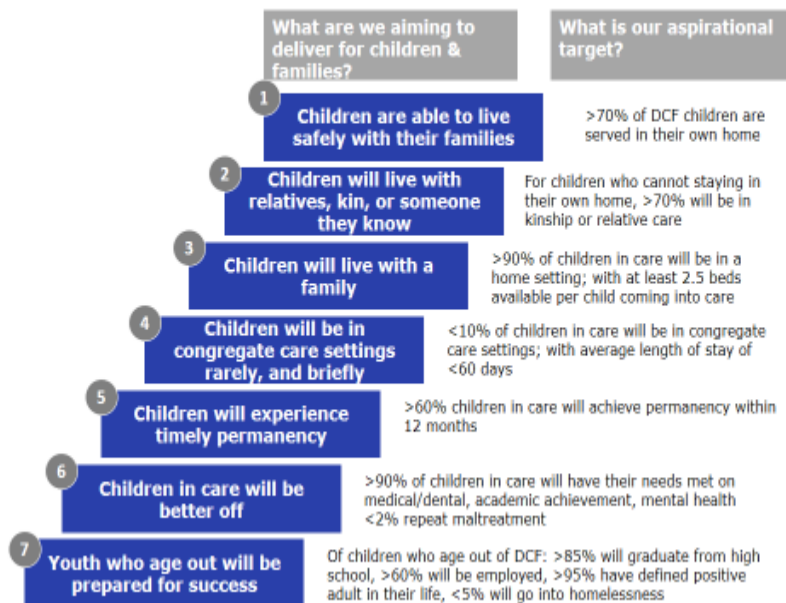
Figure 1: Department of Children and Families Strategic Goals:



The Department takes pride in its organizational values and works with purpose to ensure that we each contribute to the overall vision. The Department works with pride and we advocate for the good work that is done. The Department's workforce intervenes with passion seeing this line of work as a calling, and more than just a job. In addition, The Department prioritizes practice and strives to deliver high quality service. 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 is served.

The mission is grounded in a core set of 7 Key Results/Outcome (Figure 2) that drives the Department's Strategic Goals for how to best meet the needs and serve Connecticut's (CT) children and families. In particular, DCF believes that children do best when living safely at home with their family of origin. When living at home with a parent is not reasonably safe, the best alternative is to live with relatives, kin, or someone that they know who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home or a setting that is able to meet their need in a timely manner. If it's absolutely required, children who need to be in congregate care settings will have a brief stay. The Department is looking forward to the implementation of the Family First Prevention Services Act (FFPSA) that was passed and signed into law February 2018. FFPSA and its' family centered policies will pave the way to allow more children to safely be served in their homes, families and communities. The Department has begun to take steps to ensure that a successful launch occurs in October 2020. When and if a child is to enter the Departments care, the Department will work towards achieving timely permanency, ensure that their medical, dental, academic achievement and mental health needs are meet, while at the same time ensuring that older youth are prepared to successfully transition out of the Departments car and assist in identifying a positive adult that could continue to provide support.

Figure 2: Department of Children and Families 7 Key Results/Outcomes



Further, the Department strives to ensure that services are individualized and based on a comprehensive assessment of children and families' strengths and needs. DCF recognizes that these assessments must occur in partnership with providers, the family, youth and children, in an age and developmentally appropriate manner, shaped by clients' racial, cultural, and linguistic self-identification and needs. Last, being a learning, accountable and transparent organization and addressing racial inequities in all areas of the agency's practice are inextricably linked. The intersectionality of these concepts is central to the Department's past, present and future work. This report will present a continuation of trends and efforts captured by DCF in the year 2019. For a detailed history of DCF's journey to address racial inequities please refer to the initial submission dated February 15, 2019. This report will present, the Department's rich array of data that can inform strategies to eliminate disproportionality and disparate outcomes across key decision points. The Department disseminates and uses its data, routinely disaggregated by race, ethnicity and other demographics, to identify areas of strength and opportunities for improvement. Interrogating its data from a racial justice lens better ensures that the Department provides quality, equitable, and outcome driven care for the children and families in Connecticut whom it serves.

## 2. INTRODUCTION

The Annie E. Casey's KIDS COUNTS Data Book- the annual report that focuses on measuring overall child well-being- continues to rank Connecticut, overall, in the top ten among states for key indicators. While on the surface this would suggest that families and children in the State are doing well in areas of health; economics; education; family and community; and well-being, it conceals the reality of racial and ethnic disparities among children of color in almost all of the Kids Count indicators.

For example, the 2019 Connecticut KIDS COUNTS data book notes that while the overall percent of Connecticut children living below the federal poverty line was 14% for the period of 2018, it was significantly higher for African American children (i.e., 25%). The rate for Hispanic/Latinx children was 31%. The poverty rate for white children, on the other hand, was significantly lower at 6%. The rate of children in poverty having 2 or more races was 16%. The data in this report shows that the poverty rate trends between the years of 2014-2018 has been relatively stable for white children remaining around 6%. While, children with 2 or more races fluctuated between 13%-21% with the lowest rate in 2017 (i.e. 13%). The rate for Black and Hispanic/Latinx children for this same timeframe ranged from 20% -31% for blacks and 33% for Hispanic/Latinx. The lowest rate was in 2017 for both Black and Hispanic/Latinx at 20%. It is further noted that there is a considerable wealth gap between White and Black households. Pointedly, the report notes that in 2017 the median for CT families was \$91,100 while the median for White families was well over this median at \$120,600. The lowest of the median family incomes was for Hispanic/Latinx families at \$42, 900. Black/African American families was slightly higher at \$49, 000 however still significantly lower than the overall median.

The Department understanding that while being the Child Welfare Agency in the state of CT, it is not solely responsible for the overall well-being of CT's children. The children and families that the Department serve often times are seen in multiple agencies and programs within our communities. The efforts to reduce and eventually eliminate racial and ethnic disparities will fall at the hands of various human services agencies and multiple stakeholders. The Child Welfare system and its efforts to reduce racial and ethnic disparities will need to collaborate with all community stakeholders and multiple areas. Such efforts to address racial inequity will require vision, commitment and partnership.

The Department continues its efforts across systems and community outreach to bring others along on its journey of eventually eliminating racial and ethnic disparities. While some aspects of disproportionality and disparity across CT's child welfare system and critical pathways are impacted by external factors, the Department is committed to ensuring that all areas and divisions within the Department work on reducing the racial disparities seen within the agency. DCF in the near future will move towards streamlining specific internal goals in hopes of moving the needle forward.

### 3. DCF PATHWAY DATA:

The Department continues to have strong data suites that is accessible by all staff, to support the evaluation of its' practices and outcomes through a racial justice lens. The Department is very fortunate to have multiple data suites related to racial justice that can assist the agency in looking at trends and can be used for the consideration of strategies. This report will touch upon Data Points that are used and are considered key in the Departments efforts to reduce and eventually eliminate racial and ethnic disparities.

Over the years, the Department has increased the number of automated and canned reports, and machine-readable data that is available to staff and other stakeholders. Congruent with this accessibility, has been the inclusion of variables that allow for disaggregation by race and ethnicity. Some of these data have been made available to the public on the Department's [Data Connect site](#) and through the [CT Open Data Portal](#).

A foundational tool created and used by the Department, is its "Disproportionality Pathway Data." (Figure 3 below). This document graphically presents the distribution, by race/ethnicity, of children served across the CT child protection system. The Department has produced this data representation since 2013. These pathway data are also produced for every Region and Area office. The below data continues to reveal considerable overrepresentation of African American and Hispanic children in all areas along the pathway decision points. Also, African American and Hispanic children are more likely to be substantiated against for maltreatment, removed from their homes, and remain in care longer than White children. Further review will be needed to determine the Department's likelihood of flipping cases from its Family Assessment Response (FAR) track to its CPS track when it comes to families but specifically for families of color.

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2., Horowitz, Sheryl. (2019). Connecticut children living less economically secure than three decades ago. Connecticut Association for Human Services. [https://www.aecf.org/m/databook/2019KC\\_newsrelease\\_CT.pdf](https://www.aecf.org/m/databook/2019KC_newsrelease_CT.pdf)



Figure 3; Statewide Racial/Ethnic Disproportionality Across the CT Child Protection System SFY19

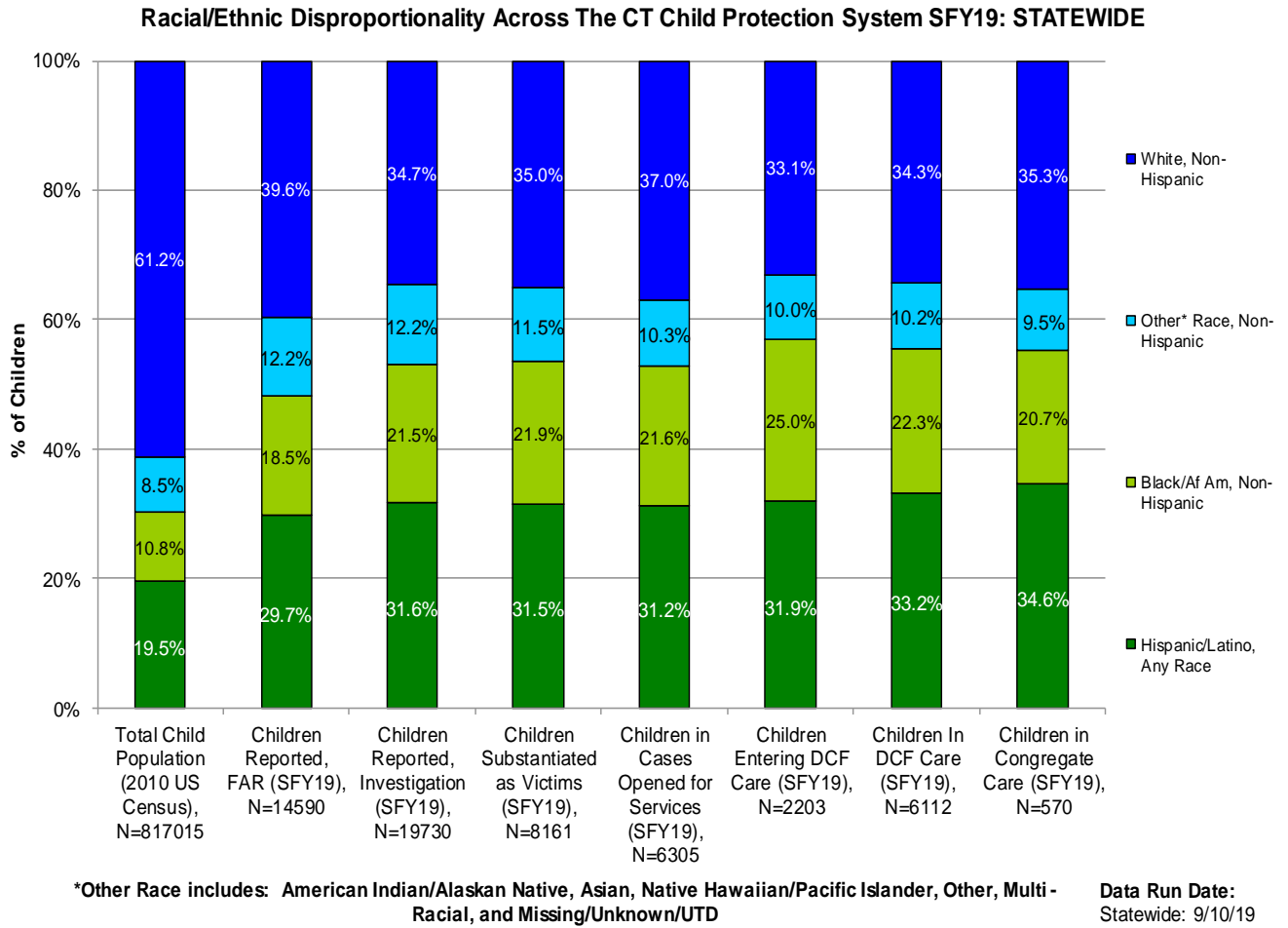


Figure 3, shows the percentage of each racial group that comprises the CT DCF child population at each stage of involvement, in comparison to the general CT child population. Each bar depicts the stage or level of child welfare agency involvement. Further, each segment represents the total unique child population observed for that specific stage. Disproportionality occurs when racial/ethnic groups in the child welfare agency child population are under or over-represented compared to the general child population.

The Disproportionality Index is calculated for racial/ethnic groups by dividing the percent of children in the child welfare agency child population who are members of a racial/ethnic group by the percent of children in the general population who are also members of the same racial/ethnic group. Thus, the degree of divergence between the general and child welfare agency child populations represents the extent to which each racial/ethnic group is disproportionately represented at each stage or level of involvement in the agency. If the quotient is greater than 1, then children of that racial/ethnic group are over-represented. If less than 1, then they are under-represented.

Comparing State Fiscal Year (SFY) 2019 pathway data to (SFY) 2018, it appears that while a couple of decision points have demonstrated some progress for Hispanic/Latinx children, continued positive movement for African American children specifically for children substantiated as victims, children entering care and youth in congregate, has not been observed. Of note is the increase in numbers for other race, non-Hispanic children for children referred FAR, Children referred Investigations, Substantiated victims and Cases opened. Historically there has been a consistent increase of Hispanic/Latinx children that were referred to and/or becoming involved with DCF over the past few years. While overrepresentation continues to exist with this population, the Department will need to further explore the reasoning's for the noted decrease from the previous year. There could be a few potential reasoning's for the decrease in numbers for Hispanic/Latinx children; for Example, Hispanic/Latinx families' use of extended family supports, their willingness to access psychosocial services in comparison to other races/ethnicities, an increase use of community supports (Lovato-Hermann, Dellor, Tam, Curry, and Freisthler) and the concerns that families of Hispanic/Latinx backgrounds specifically those who are undocumented are fearful of making contact with community services for fear of deportation and as a result are not being seen by services who fall under the mandated reporter requirements. The Department will continue to monitor as there could be a potential increase of children and families migrating from Puerto Rico due to the existing concerns of earthquakes happening near the islands coast. Likewise, if the proposed UConn Data Center 2020 Population Pyramids projections<sup>7</sup> for Connecticut are accurate, this growth should be expected and planned for.

Since the data that is included in the DCF pathways is compared to the child population in CT that stemmed from the 2010 U.S. Census Bureau, the Department is eager to receive the results from the 2020 U. S. Census Bureau in order to have updated information on the demographics and population of the families and children serviced in CT.

Next, the Department calculates the Disparity Index (see below Figure 4 - Figure 10) for each race across the pathway from SFY 2013- SFY2019. These data indicate that most aspects of the pathway require continued attention to eliminate the observed disproportionality and disparity. At the conclusion of this report, the Department has identified strategies that it thinks will move the needle on one or more of the specific pathway decision points.

In contrast to the Disproportionality Index, 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 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 in comparison to White children, i.e., "Black/African children are reported to DCF at a rate that is (e.g., 3.51) times greater than White children." Figure 4-Figure 10 shows the Disparity Index trend over the last six years (SFY13 to SFY19) for each bar in the pathway.

These data reveal that African American and Hispanic children typically have many times greater rates of referral to the Department, substantiation for maltreatment, entrance into DCF care, and being in congregate care than White children. Like the Disproportionality Index, while progress has occurred with respect to some points of disparity since SFY 2013, widening rates are on the rise from SFY 2017 to 2019.

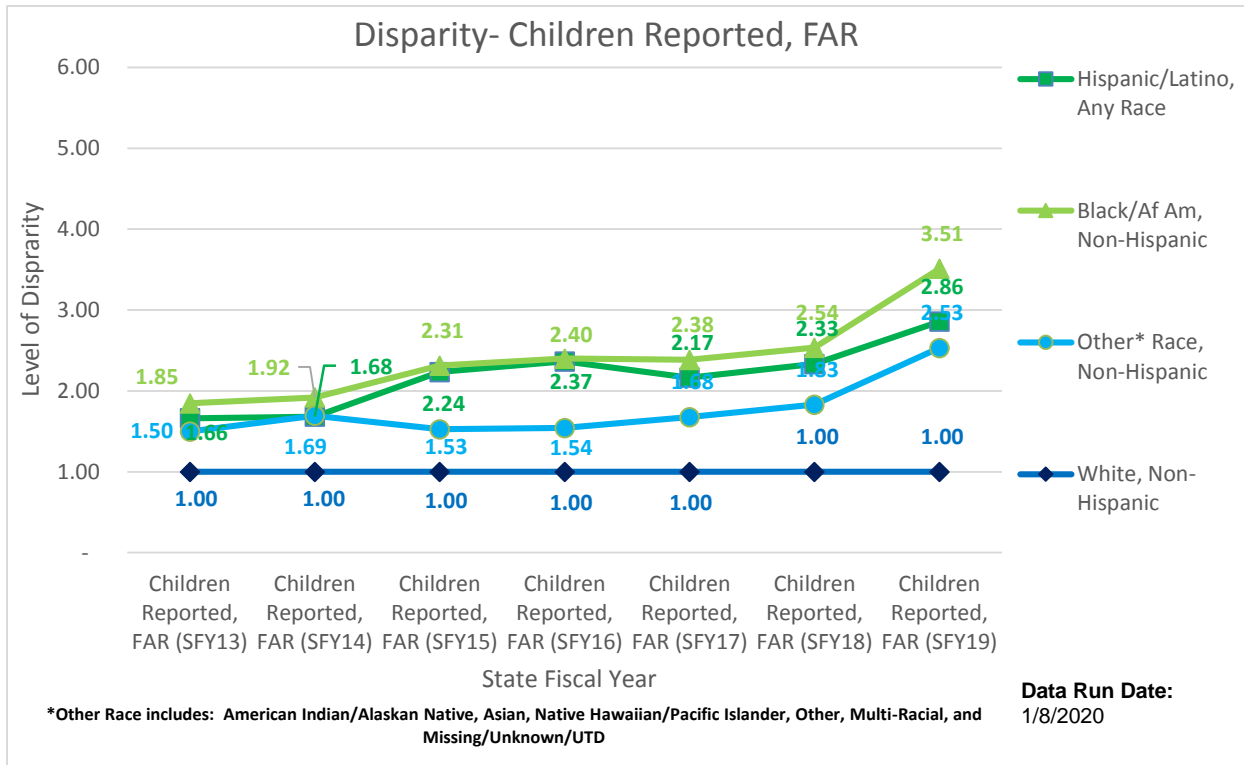
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<https://www.census.gov/programs-surveys/acs/data/pums.html>

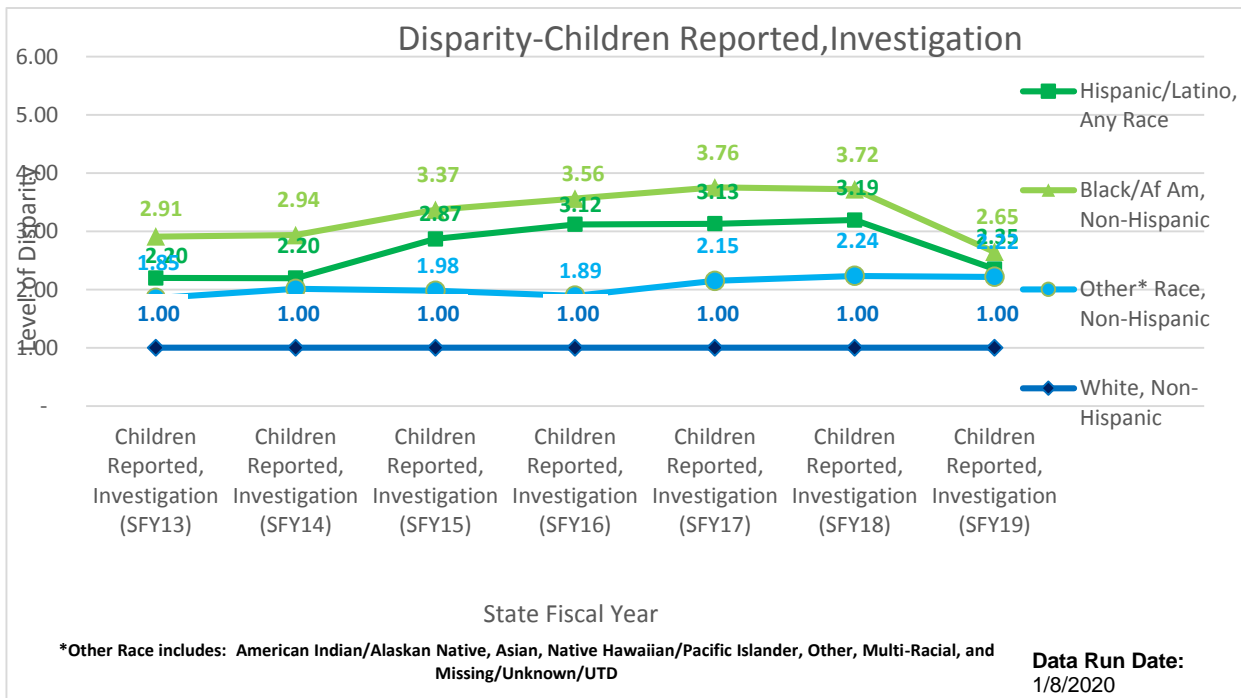
Kristina Lovato-Hermann MSW, Dr. Elinam Dellor Ph.D, Dr. Christina C. Tam Ph.D, Dr. Susanna Curry Ph.D & Dr. Bridget Freisthler Ph.D (2016) Racial Disparities in Service Referrals for Families in the Child Welfare System, Journal of Public Child Welfare, DOI: [10.1080/15548732.2016.1251372](https://doi.org/10.1080/15548732.2016.1251372)

[https://ctsdsc.uconn.edu/2015\\_2040\\_projections/](https://ctsdsc.uconn.edu/2015_2040_projections/)

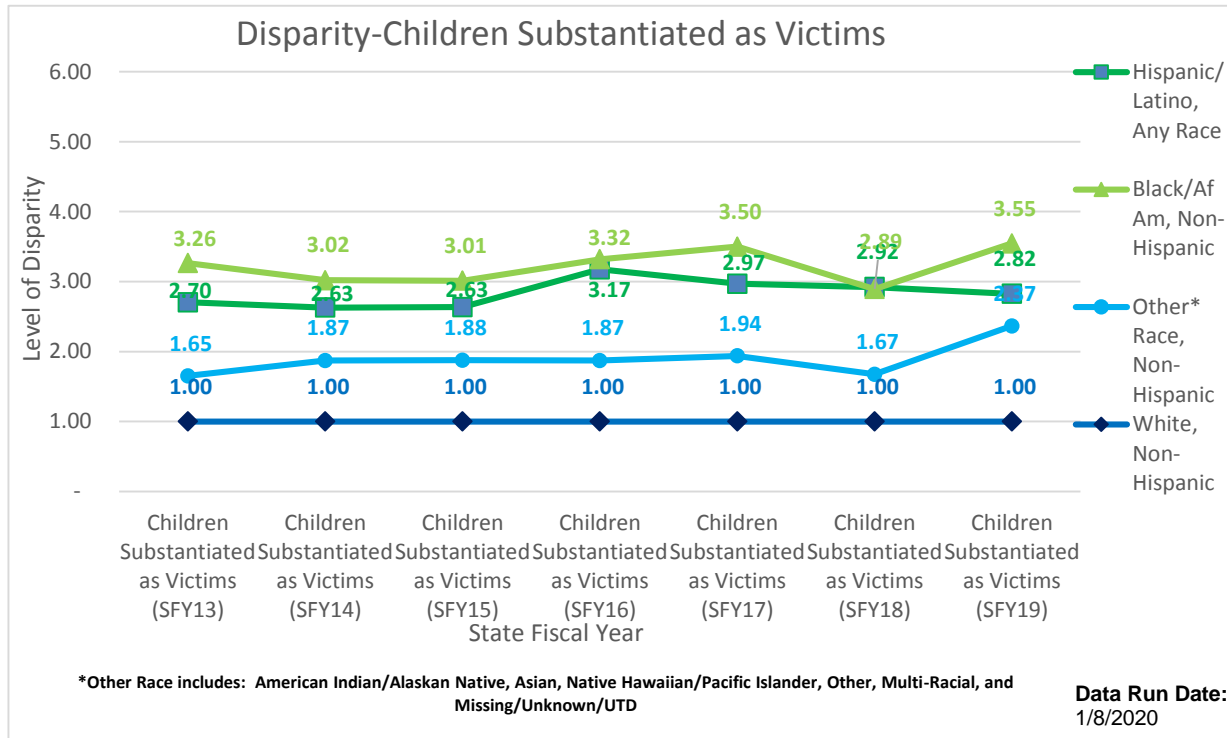
**Figure 4: Disparity Index Trends: SFY 2013-2019**



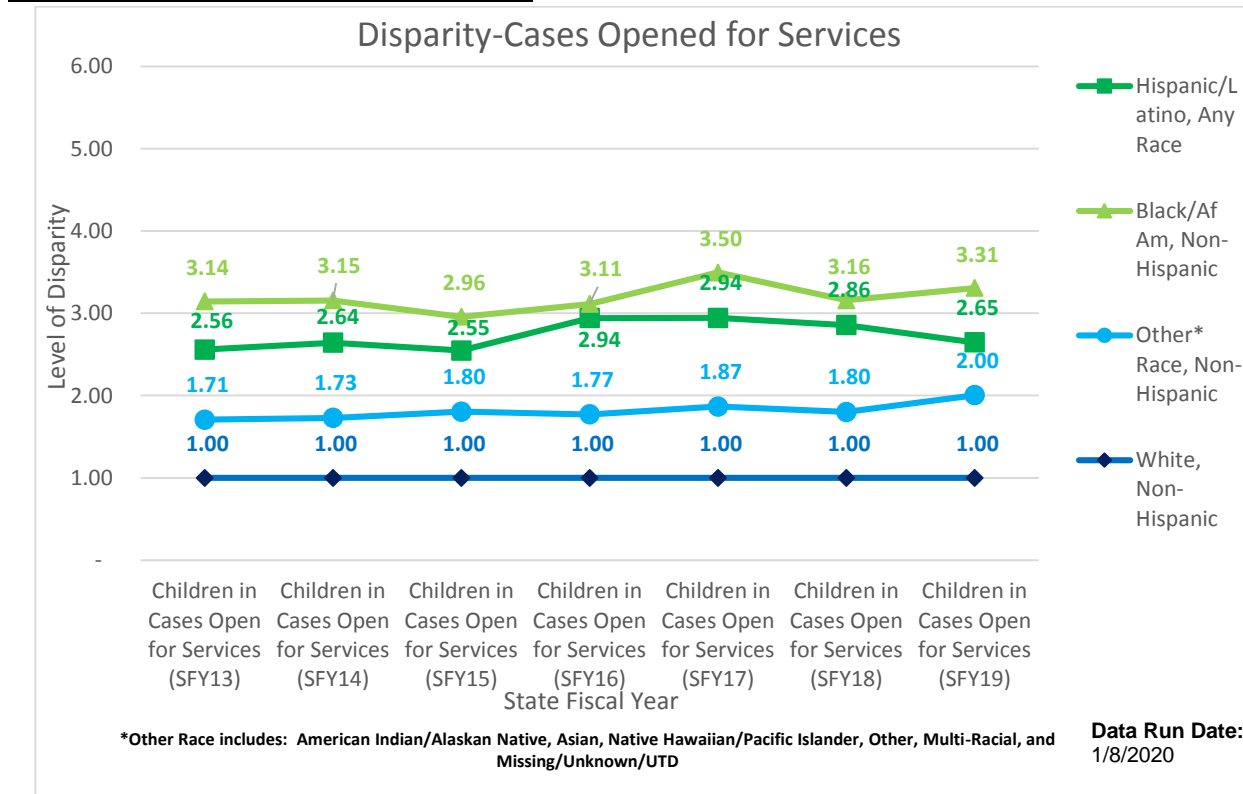
**Figure 5: Disparity Index Trends: SFY 2013-2019**



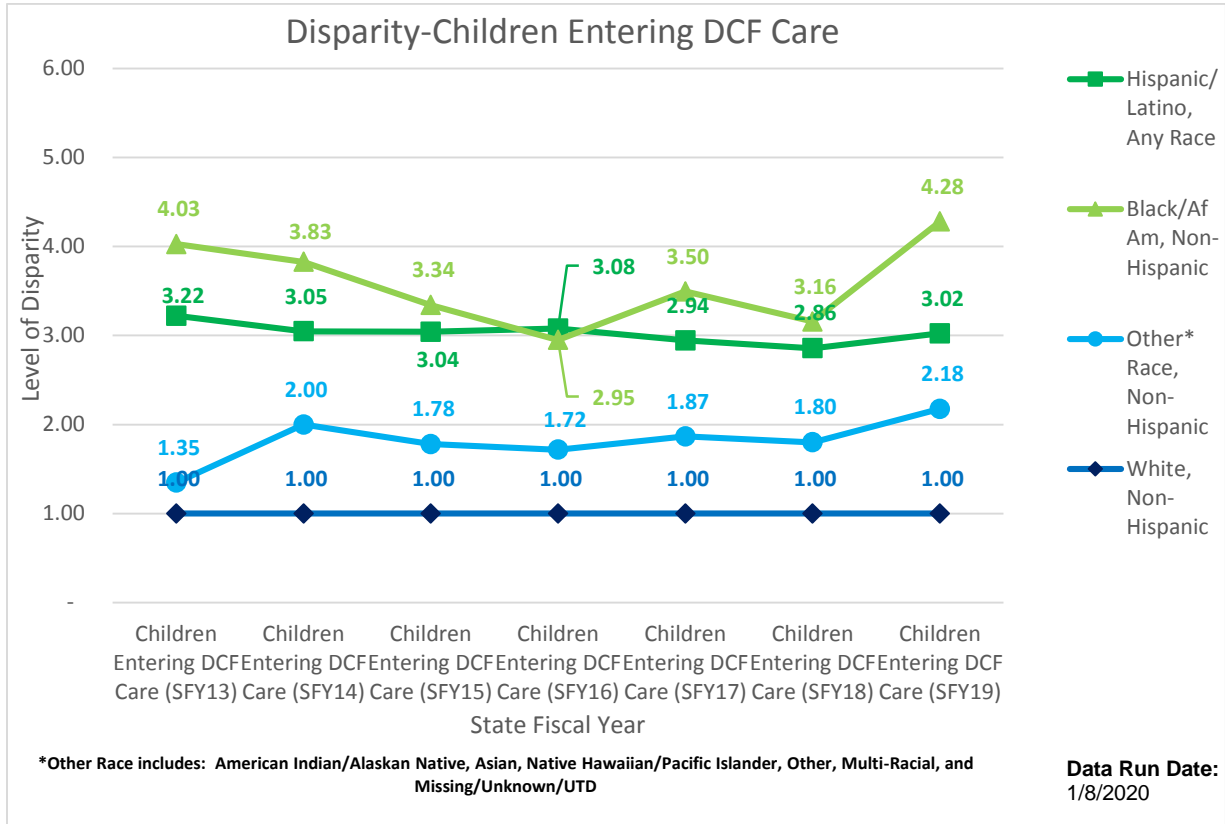
**Figure 6: Disparity Index Trends: SFY 2013-2019**



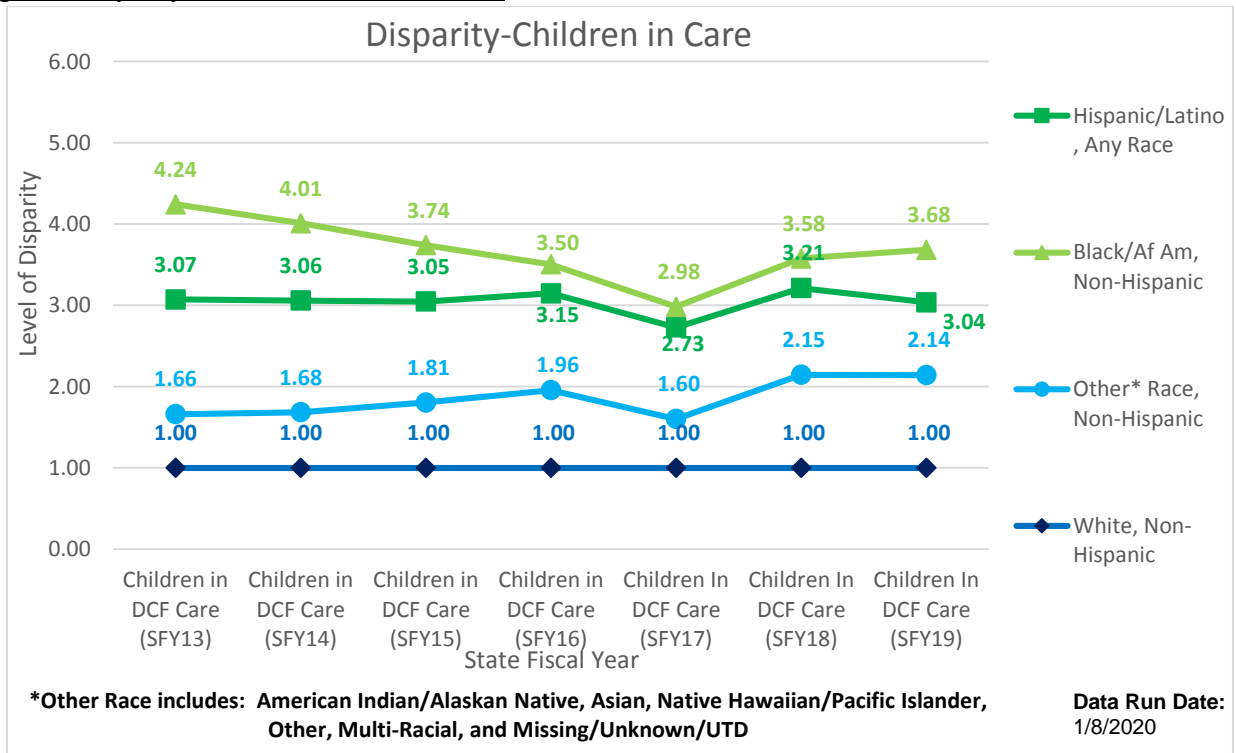
**Figure 7: Disparity Index Trends: SFY 2013-2019**



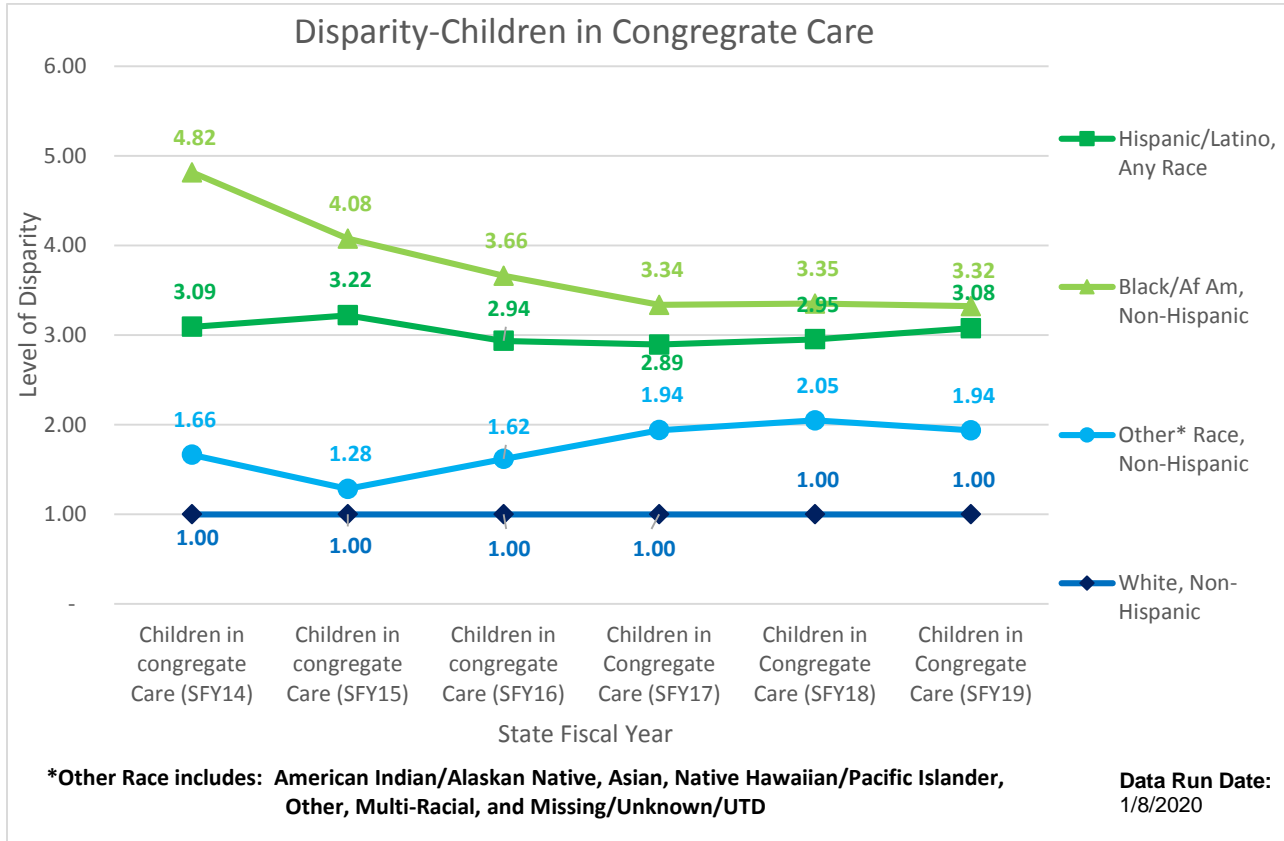
**Figure 8: Disparity Index Trends: SFY 2013-2019**



**Figure 9: Disparity Index Trends: SFY 2013-2019**



**Figure 10: Disparity Index Trends: SFY 2013-2019**



Collectively, the Disproportionality and Disparity Index Trend data demonstrate that the Department must engage in further exploration of the specific sectors of the pathway to identify opportunities to reverse emerging trends of increased overrepresentation and disparity. 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.

**4: SERVICE ARRAY/ANALYSIS :**

The Department continues its commitment to ensuring that the provision of services to its clients are culturally, linguistically, socially and economically relevant and symbiotic to our children and families. The Department asks that all providers provide 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.

Since 2016, the Department has maintained that all Requests for Proposals (RFP's) include language speaking to the requirement that Department-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 a Department 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 experiences 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.

In addition, the Department remains committed to ensuring that its service providers deliver effective, equitable, understandable, trauma informed and respectful quality care. The services delivered must be responsive to diverse cultural health beliefs and practices, experiences of racism and/or other forms of oppression, preferred languages, health literacy, and other communication needs. Applicants must demonstrate throughout all their responses, that the children and families receiving services in their program are approached, engaged and cared for in a culturally and linguistically competent manner, including but not limited to: Cultural identity, racial and/or ethnic, religious/spiritual ascription, gender, physical capability, cognitive level, sexual orientation, and linguistic needs. Within a broad construction of culture, service provision must also be tailored to age, diagnosis, and developmental level, geographical, economical, and educational needs.

The Department continues to maintain data collection and a reporting system to support the monitoring and oversight of its contracted services. This system, the Provider Information Exchange (PIE), which has more than 77 service types that encompass 339 individual programs across the state contains multiple data elements that allows 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. This allows the Department to report on many of its contracted services within the Results Based Accountability (RBA) framework of "How Much," "How Well" and "Is Anyone Better Off." In furtherance of DCF's racial justice mantle, the Department has added a fourth construct: "Who's Better Off?" This charges the Department with reviewing its RBA data by race and ethnicity to better support equitable outcomes.

In November 2019, the Department announced the utilization and launch of the Enhanced Service Coordinators (ESC) across the state that would begin focusing on improving matches to services by focusing on the family's needs. The ESC work has recently been expanded statewide after the model was successfully piloted in Regions 5 and 6 with a focus on coordinating service referrals for a suite of parenting support services that includes Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First. Implementation is underway and the Department will ensure that data is gathered to illustrate utilization of the Departments' services by race and ethnicity, assessment of trends in such utilization and recommendations for RBA measures to ensure equality in access to such services. Although the Department is involved in over 77 service type programs, for the purposes of this report and to support the continuity of subsequent reports, this report will focus on the four services outlined above.

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

Figure 11: Racial Composition of Families who received IFP Services in SFY 2019

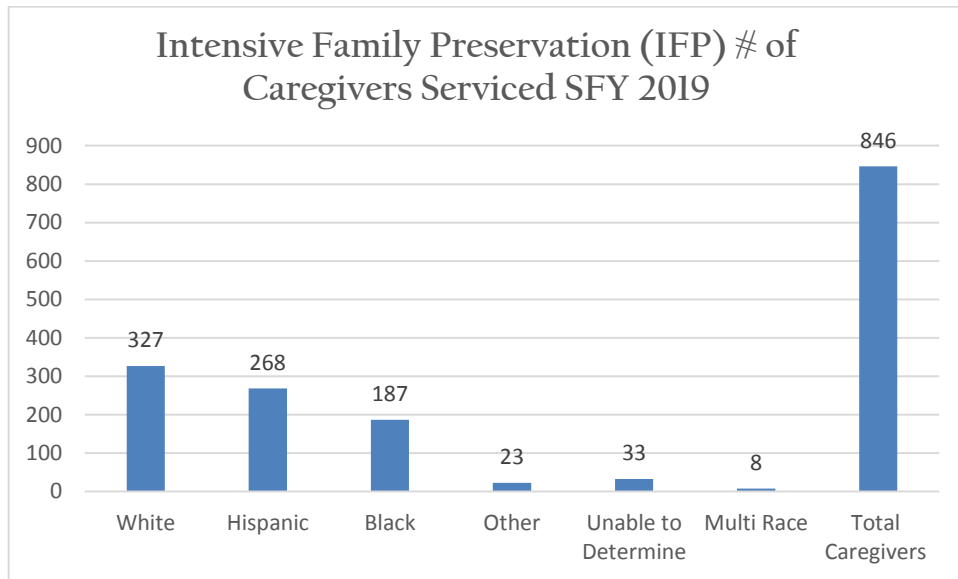
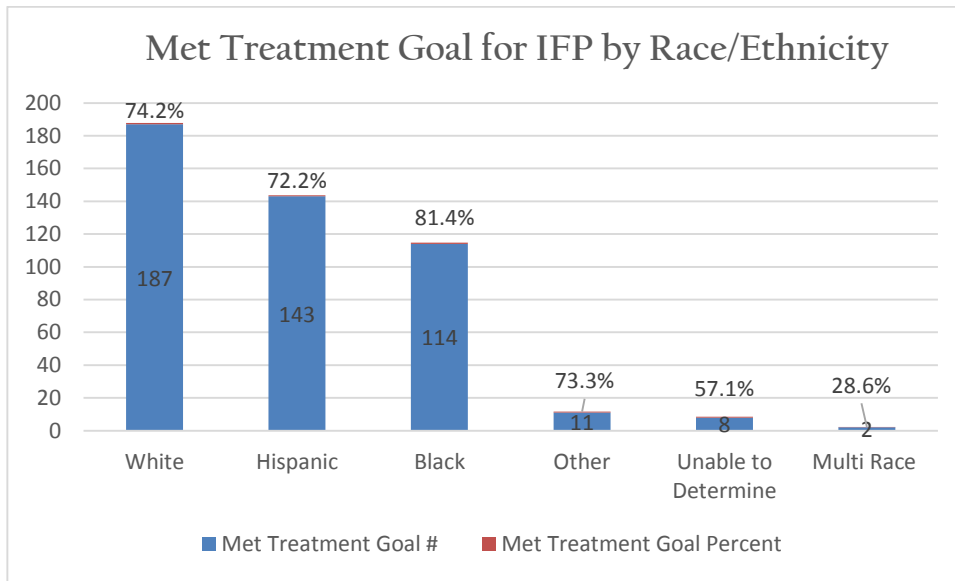


Figure 11 (above) shows the number of Families whom received IFP services in SFY 2019 broken down by race. As noted above, 268 (31.7%) Hispanics/Latinx, 187 (22.1%) Blacks, 327 (38.7%) Whites, 8 (.9%) Multi Race and 23 (2.7%) caregivers in the "Other" race/ethnicity group received IFP services. There were also 33 (3.9%) caregivers in which race/ethnicity was noted as "Unable to determine". The total number of caregivers served amounted to 846 which is an increase from SFY 2018 where 581 Families were served. In comparing SFY 2018 to SFY 2019, the % of Black caregivers remained about the same. There was a slight decrease in % in 2019 with White Families and a very minor increase with Hispanics/Latinx Families. The Department examined the percentage of service that met the treatment goal across different racial/ethnic groups (Figure 12). As noted below we are able to see that 187 (74.2%) of White families in comparison to 143 (72.2%) of Hispanic/Latinx Families, 114(81.4%) of Black Families, 11 (57.1%) of Other Families, 2 (28.6%) of Multiracial families met the identified treatment goals.



Figure 12: Percentage of Met Treatment Goals for IFP by in SFY 2019 by Race:



Reunification and Therapeutic Family Time: Reunification Readiness Assessment, Reunification Services, and Therapeutic Family Time are designed for families with children (from birth to age 17) who were removed from their home due to protective service concerns. These three service types are available to families as three separate components based on the needs of the family. Families can be referred for this service immediately following a child’s removal from the home or at any time during their placement. Reunification Readiness Assessment uses a standardized assessment tool to develop service plan. Therapeutic Family Time is made available for families and assists the provider in assessment by using the Visit Coaching model. This component provides feedback and recommendations to the Department regarding the family’s readiness for reunification. Reunification Services also uses a standardized assessment tool to develop the service plan, delivers a staged reunification model to support families throughout the reunification process, adopts the Wraparound Model design to engage the family and build their networks of support, delivers Therapeutic Family Time component using the Visit Coaching model and offers a Step Down option, if families require additional supports. Therapeutic Family Time – Uses the Visit Coaching Model, uses the Keys to Interactive Parenting Scale (KIPS), an evidence based tool to effectively measure parent child interaction and parenting behaviors, preserves and restores parent/child attachment and facilitates permanency planning and emphasizes a continuity of relationships. The target population includes only those families whose children are in imminent danger of out of home placement or cannot return home without intense services. Families to be served include biological and adoptive families referred by DCF and includes DCF active families only. For all services except Therapeutic Family Time, the permanency goal for the referred child must reunification.

Figure 13: Reunification and Therapeutic Family Time CHILDREN Serviced in SFY 2019 by Race:

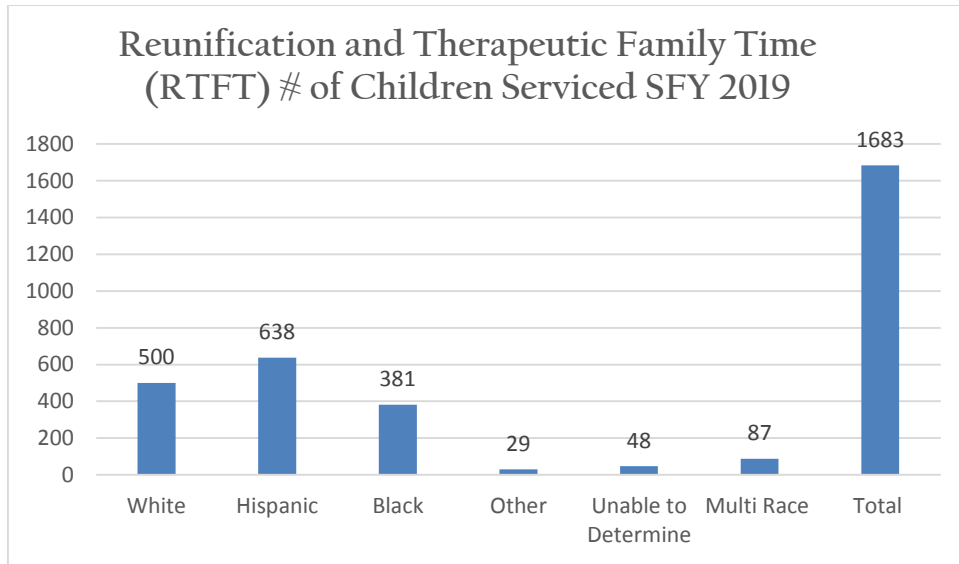


Figure 13 (above) shows the number of children whom received RTFT services in SFY 2019 broken down by race. As noted above, 638 (37.9%) Hispanics/Latinx, 381 (22.6%) Blacks, 500 (29.7%) Whites, 87 (5.2%) Multi Race and 29 (1.7%) children in the "Other" race/ethnicity group received RTFT services. There were also 48 (2.9%) children in which race/ethnicity was noted as "Unable to determine". The total number of children served amounted to 1683 which is a significant increase from SFY 2018 where 910 Families were served. In comparing SFY 2018 to SFY 2019, the % of Black children serviced remained about the same. There was a slight decrease in % in 2019 with both White and Hispanic/Latinx children. The Department examined the percentage of service that met the treatment goal across different racial/ethnic groups (Figure 14). As noted below we are able to see that 324 (78.3%) of White children in comparison to 391 (81%) of Hispanic/Latinx children, 233(77.7%) of Black children, 16 (84.2%) of Other children, 56 (83.6%) of Multiracial families met the identified treatment goals.

Figure 14: Percentage of Met Treatment Goals for RTFT for CHILDREN Serviced in SFY 2019 by Race:

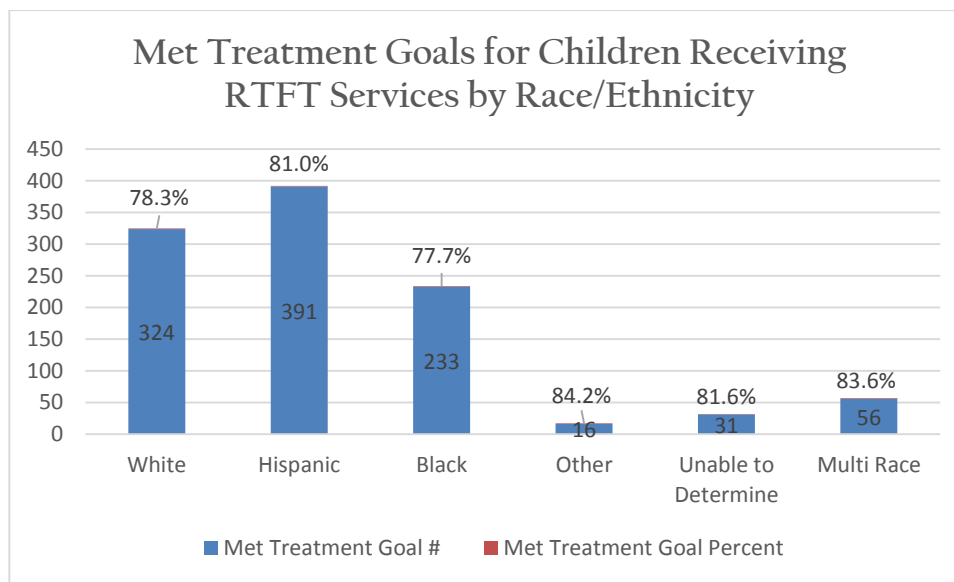
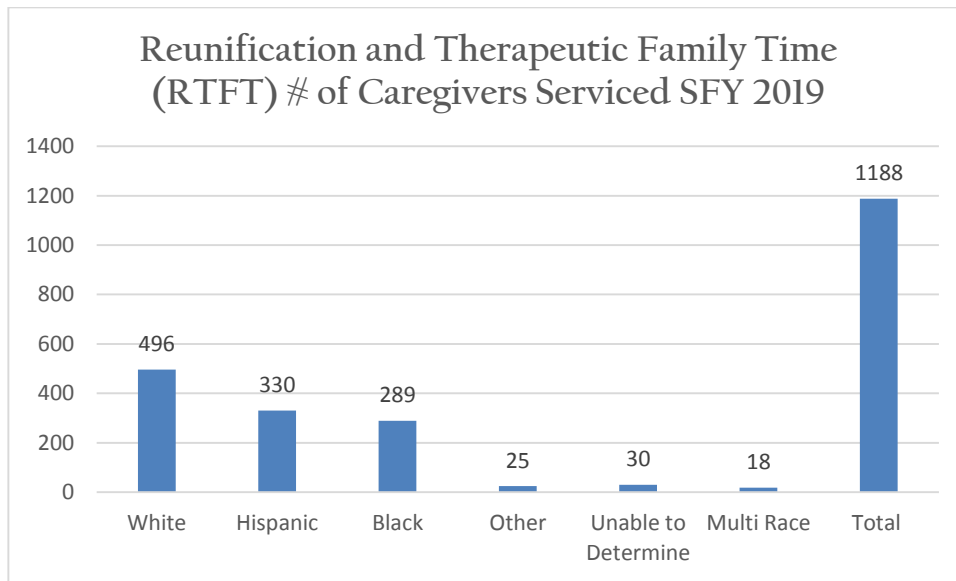


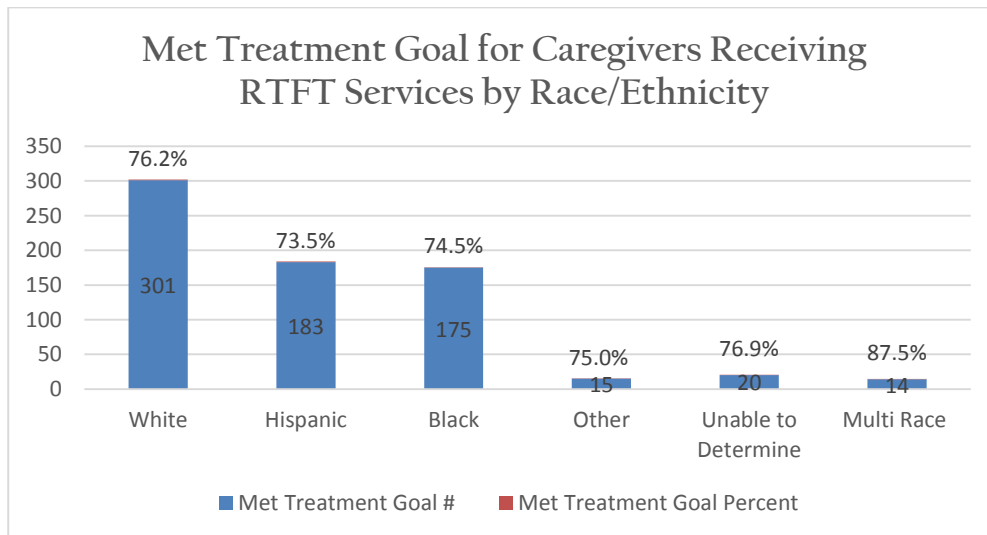
Figure 15 (below) shows the number of Caregivers whom received RTFT services in SFY 2019 broken down by race. As noted below, 330 (27.8%) Hispanics/Latinx, 289 (24.0%) Blacks, 496 (41.8%) Whites, 18 (1.5%) Multi Race and 25 (2.1%) caregivers in the "Other" race/ethnicity group received RTFT services. There were also 30 (2.5%) caregivers in which race/ethnicity was noted as "Unable to determine". The total number of caregivers served amounted to 1188 which is also a significant increase from SFY 2018 where 683 caregivers were served. In comparing SFY 2018 to SFY 2019, the % of Black and Hispanic/Latinx caregivers serviced remained about the same. There was a slight decrease in % in 2019 with White caregivers.

Figure 15: Reunification and Therapeutic Family Time CAREGIVERS serviced in SFY 2019 by Race



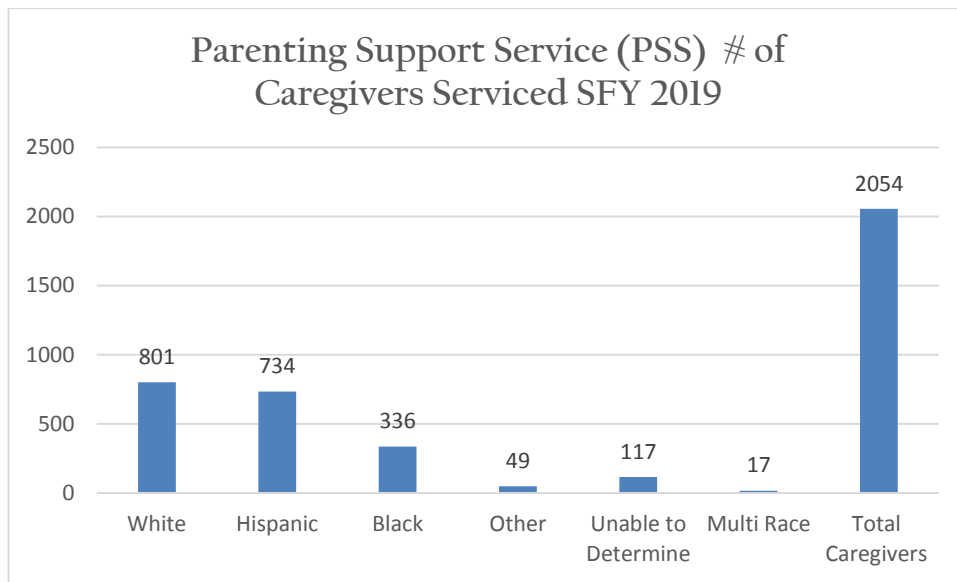
The Department examined the percentage of service that met the treatment goal across different racial/ethnic groups (Figure 16). As we look further into the data and as noted below we are able to see that 301 (76.2%) of White children in comparison to 183 (73.5%) of Hispanic/Latinx children, 175 (74.5%) of Black children, 15 (75%) of Other children, 14 (87.5%) of Multiracial families met the identified treatment goals.

Figure 16: Percentage of Met Treatment Goals for RTFT for CAREGIVERS Serviced in SFY 2019 by Race:



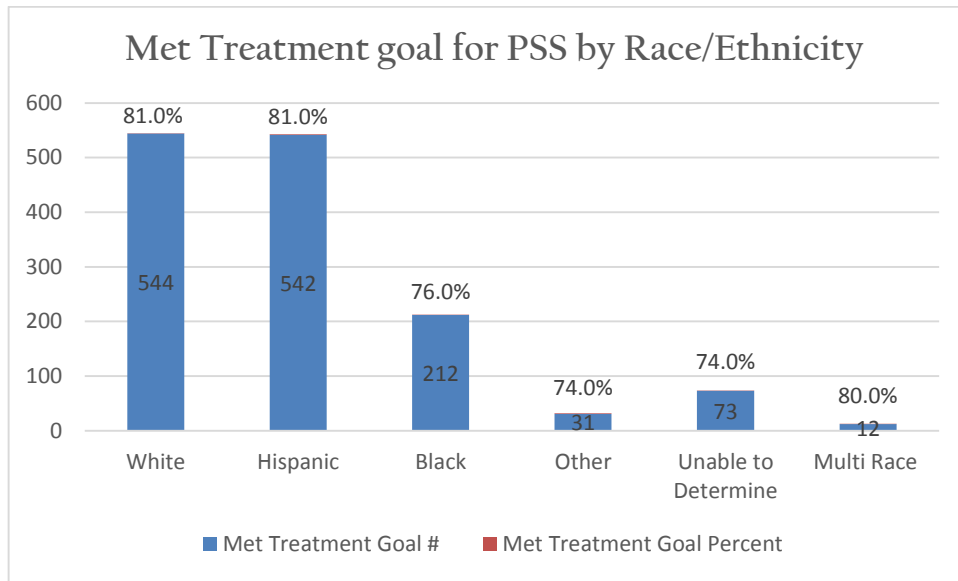
Parenting Support Services: This service utilizes the evidenced-based models of Triple P (Positive Parenting Program®) of the University of Queensland, and Circle of Security to provide an in-home parent education curriculum along with support and guidance so that parents with children 0-17 years of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

Figure 17: Racial Composition of caregivers receiving PSS services in SFY 2019 by Race:



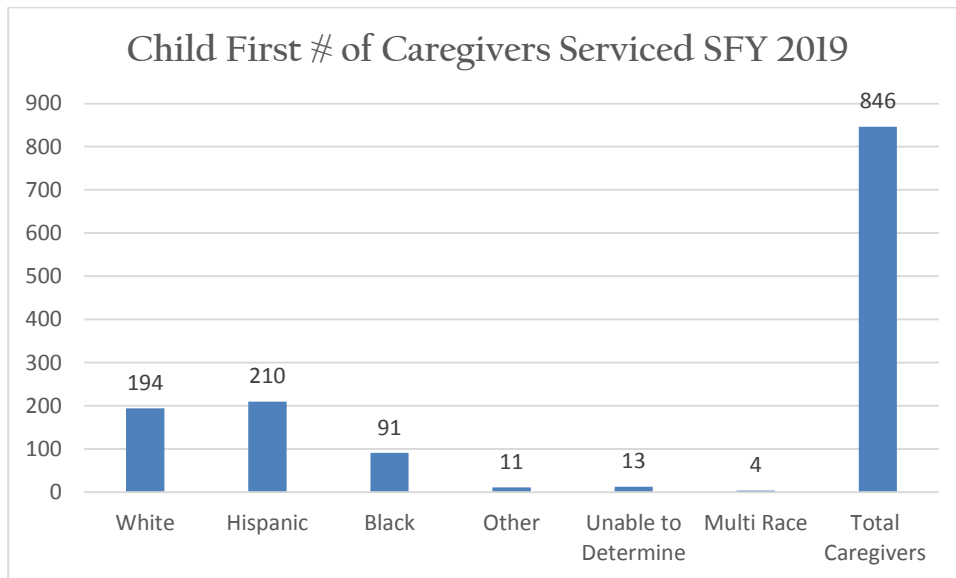
As noted above in Figure 17, during the period of state fiscal year 2019, 734 (35.7%) Hispanics/Latinx, 336 (16.4%) Blacks, 801 (39%) Whites, 17 (.8%) Multi Race and 49 (2.4%) caregivers in the "Other" race/ethnicity group received PSS services. There were also 117 (5.7%) caregivers in which race/ethnicity was noted as "Unable to determine". The total number of caregivers served amounted to 2054 which is an increase from SFY 2018 where 1511 caregivers were served. In comparing SFY 2018 to SFY 2019, the % of Black caregivers remained about the same. There was a slight decrease in % in 2019 with White and with Hispanics/Latinx caregivers. The Department examined the percentage of service that met the treatment goal across different racial/ethnic groups (Figure 18). As we look further into the data we are able to see that 544 (81%) of White families in comparison to 542 (81%) of Hispanic/Latinx Families, 212 (76%) of Black Families, 31 (74%) of Other Families, 12 (80%) of Multiracial families met the identified treatment goals.

Figure 18: Percentage of Met Treatment Goals for PSS in SFY 2019 by Race:



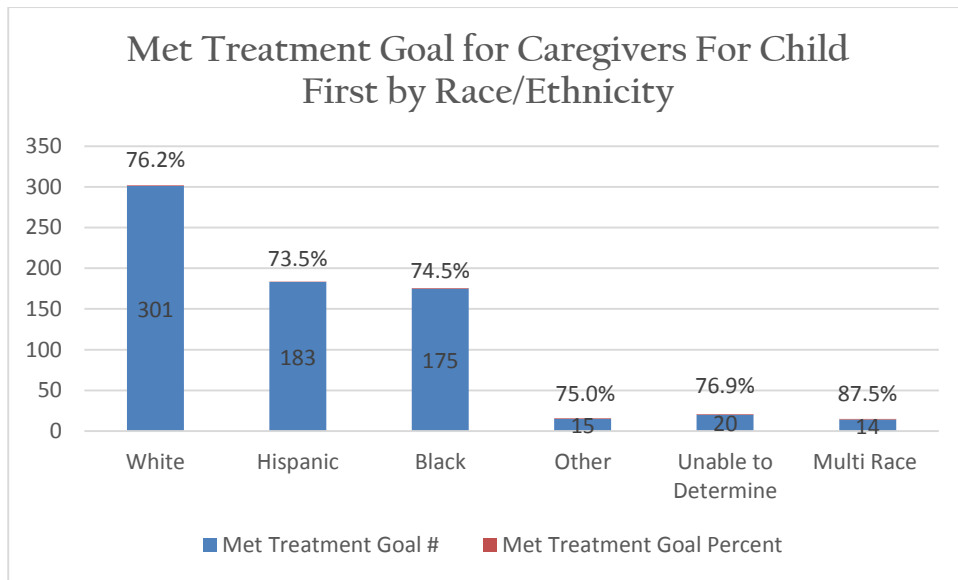
Child First provides home based assessment, family plan development, parenting education, parent-child therapeutic intervention, and care coordination/case management for high-risk families with children under six years of age in order to decrease social-emotional and behavioral problems, developmental and learning problems, and abuse and neglect.

Figure 19: Racial Composition of caregivers receiving Child First services in SFY 2019 by Race:



As noted above in Figure 19, during the period of state fiscal year 2019, 210 (40.2%) Hispanics/Latinx, 91 (17.4%) Blacks, 194 (37.1%) Whites, 4 (.8%) Multi Race and 11 (2.1%) caregivers in the "Other" race/ethnicity group received PSS services. There were also 13 (2.5%) caregivers in which race/ethnicity was noted as "Unable to determine". The total number of caregivers served amounted to 846. The Department examined the percentage of service that met the treatment goal across different racial/ethnic groups (Figure 20). As noted below the data shows that 74 (80.4%) of White families in comparison to 87 (79.1%) of Hispanic/Latinx Families, 27 (64.3%) of Black Families, 4 (80%) of Other Families, 1 (33.3%) of Multiracial families met the identified treatment goals. Information on Child First was not captured in the previous submission of this report however it is an essential service that assist the department in keeping children with their families. Subsequent reports will continue to report such information.

Figure 20: Percentage of Met Treatment Goals for Child First in SFY 2019 by Race:



Results Based Accountability (RBA) Performance Outcomes for all POS Contracts:  
 The Department has committed to ensuring that all contracted community programs contain RBA-measurable performance outcome measures. As part of that effort, in 2019, a review of each of the Department’s 77 contracted service types (encompassing 339 individual community programs) was performed to examine the inclusion of performance measures in each scope of service and to catalog those performance measures by the type of measure. As a result of this review, the Department has formed the Service Outcome Advisory Committee. This Committee is comprised of DCF staff from all continuums- regional staff, social workers, system program directors, program coordinators, fiscal staff, contract management staff, Academy for Workforce Development staff, clinical staff and various other staff throughout the Department, as well as provider and consumer representatives. Over the next two (2) years, this Committee will perform an in-depth review of each contracted service type and will, utilize a standardized, comprehensive process that includes subject matter experts, the current provider network and consumers, develop standard performance outcome measures that 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.

This work, once completed, will provide the framework, in conjunction with the service coordination process, to perform in depth analysis of each contracted service type, on an annual basis to include review of statistics, performance measures, capacity and utilization trends, effectiveness of services, fiscal analysis and anecdotal information from workers who use the programs, to determine what works within the level of care, and what could be done better and how the Department can enhance the service to provide better outcomes for Connecticut's children and their families.

## **6: 2020 STRATEGIES TO ELIMINATE DISPROPORTIONALITY and DISPARITIES:**

The previous report outlined 6 short, medium term and ongoing strategies to assist in addressing the disproportionality and disparity observed. All of the strategies are important and ongoing efforts to address each of them will continue. Although the Department is part of the bigger child welfare system who is responsible for ensuring the best outcomes for all children and families served, the Department recognizes that work is still needed within the agency to address disproportionality and disparities. As a result, the Department is looking to narrow its focus to 3 of the strategies that appear to impact the areas of the decision points pathways in which the Department is viewed to have more oversight. In addition, the Department is aligning all efforts to the 7 Key Results/Outcomes noted earlier in this report the have been created to ensure that the best outcomes are reached for all children. We are asking that staff at large keep these 7 Key Results/Outcomes at the forefront of any strategy implemented. While tremendous efforts have been made across the state to address the noted concerns, the trends in the pathway data continue to show little improvement. The exact reason for this is unknown, however the Department is committed to identifying, strategizing and implementing efforts in order achieve positive outcomes for all children.

The Department has been on a journey to address Racial Justice for several years. As a result of this commitment a culture change with its workforce has started to emerge, specifically changes with behavior and language used. For example the language that the Department uses has evolved from using terms such as diversity and cultural competence to the use of Equity and Racial Justice. The Workforce has also begun to take initiative to discuss and bring forth the disparities that they are observing. Community involvement has been encouraged and several providers have joined the Departments' commitment in addressing Equity and Racial Justice within their organizations as well. As the Department continues its journey, it is the hope that by focusing on goals collectively as an agency and streamlining the work that is being done across the state, that the trajectory for a child of color on the decision point's pathway can be changed. The following 3 strategies will be of primary focus for SFY 2020 year: (1): Comprehensive evaluation of DRS Fidelity, (2): Comprehensive Evaluation of Considered Removal –Child and family Team meetings (CR-CFTM) and (3): Service System Pathways. A description of all 6 strategies are noted below with the primary strategies highlighted.

- a. **Consolidate DCF's Racial Justice Data Environment:** The Department has myriad racial justice data. These data reside is in various data systems, reports and dashboards across the agency. Bundling the racial justice data into a single portal should better enable DCF staffs' ready access to actionable information. This should in turn ease and enhance overall monitoring and oversight of the Department's outcomes through a racial justice lens.
- b. **Comprehensive Evaluation of FAR Fidelity:** The Department launched its Differential Response System (DRS) in 2012. The Family Assessment Response (FAR) track was thought to be a mechanism that might aid with reducing disproportionality and disparity for children and families of color in the traditional CPS track. This has not born out. Therefore, the Department will be building on the evaluations and analyses by the University of Connecticut School of Social Work, which serves as DCF's contracted Performance Improvement Center (PIC), to assess for fidelity and ensure equity in its application.

- c. Comprehensive Evaluation of Considered Removal-Child and Family Team Meetings (CR-CFTM): Data shows that when removal is necessary, placement with relatives is the best option. This includes the fact that stability of placement is demonstrated. While there does not appear to be significant difference in the timing of the occurrence of the CR-CFTM by race, further review must occur to assess the overall fidelity of the model and the equity in removal and placement decisions. An adjunct of this evaluation will also be a review of the use of Family Arrangements to determine whether there is equity in its application across races and ethnicity.
- d. Data Equity + Ethics: Racial justice requires a horizontal and vertical perspective. Not only must the Department ensure that its direct service practices are conducted in a racially just way, its administrative functions too must similarly align. A critical administrative facet is the collection, use and appropriate sharing of accurate and quality data. Thus, the Department will seek to ensure the ongoing collection and use of sound data, especially with respect to key demographics. Further, the Department will assess its use of algorithms, machine learning, other Artificial Intelligence (AI), and external data sharing requests from a racial justice lens. The Department is making this commitment so that it does not expressly or tacitly contribute to disproportionality and disparity.
- e. Service System Pathways: The Department will seek to develop a suite of reports that disaggregate access, utilization and key service delivery outcomes by race and ethnicity. This would be constructed like the CPS disproportionality and disparity pathway.
- f. Impact Survey: DCF has invested substantial resources in educating and preparing the workforce for thinking and practicing through a racial justice lens. While anecdotally, the Department believes that the attitudes, beliefs, values and behaviors of its staff have been positively impacted by DCF's racial justice journey, there has not been a formal surveying of the impact of all the training and technical assistance. The Department proposes to survey its workforce on the perceived impact of DCF's racial justice activities and solicit areas of identified need and remaining challenge.

The Department recognizes that having conversations related to race and equity is not always easy and that creating an environment in which those difficult conversations can occur and flourish is critical in order to achieve Racial Justice. Efforts to cultivate Safety Culture within the Department continue so that leaders at all levels can strive to balance systems and individual accountability and embed open communication, transparency and continuous learning and improvement throughout.

The Department will work with its Statewide Racial Justice Workgroup, the Central and Area Office Diversity Action and Racial Justice Teams along with key stakeholder groups, including the Statewide Advisory Council (SAC), to implement and monitor the above strategies. Further, these strategies will be evaluated and refined as may be needed to support integration and nexus with those proposed outcomes.