



*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, 2023



The Honorable Ned Lamont  
Governor

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Commissioner

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**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, fourteen (14) Area Offices, and two (2) behavioral health treatment facilities. The Department also 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 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.

### Commitment to Anti-Racism:

DCF has remained committed to being an Anti-Racist child welfare system whose beliefs, values, policies, and practices eliminate racial and ethnic disparities. The Department is responsible for elevating the focus on racial equity and support for children and families of color, who have been historically and systemically disadvantaged, underserved, or marginalized. We continue to examine and redesign the Department as an authentically Anti-Racist and trauma-informed agency. Our progress in fair assessment and equitable responsiveness is evident across the Department's structures, policies, practices, norms, and values. DCF has acknowledged that children and families of color (Black, Latino) are disproportionately overrepresented system-wide and experience disparate outcomes at all levels in comparison to White children and families. DCF also understands that disparities are not solely a result of race or ethnicity; therefore, differences across groups can be explained by biases, systemic inequity, and structural racism (i.e., the design and operation of policies, practices, and programs). As the agency continues to move the needle forward towards its strategic goal of Racial Justice (eliminate racial and ethnic disparate outcomes within our Department), DCF recognizes that intentional action is needed to identify disparities in areas of decision-making (e.g., service delivery and outcomes); foster inclusion of those with lived experiences; engage in partnership with community providers and ensure they represent those they are serving; address the function that policies, practices, and programs may play in contributing to those disparities; and implement system-wide action plans to advance racial equity and justice.

As a nation, we continue to navigate the global pandemic which impacted people of color the hardest and at alarmingly disproportionate rates, especially related to economic status and healthcare. This disparate impact only served to exacerbate the persistent and long-standing racial inequities that existed well before the pandemic in the areas of education, health, and economic/income inequities, along with unequal access to social resources. These times have elevated the need to address these inequities, not only in the child welfare system, but in other systems across society as well. As a department, we will continue to assess the impact of the pandemic on the children and families we serve and ensure that we identify ways of addressing their needs.

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

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

leaders were able to ensure the discussions within this group were intentionally infused into practice and training for all DCF staff, just as the Subcommittee Chairs were able to bring these critical discussions and decisions back to their respective subcommittees.

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

Becoming an Anti-Racist organization is a key part of our identity. As an Anti-Racist organization, DCF will decisively identify, discuss, and challenge issues of race, culture, and biases and the impact(s) they have on our agency, our families, our community, and ourselves. 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 will be honored throughout all comprehensive assessments, decision-making, and best-matched service delivery. Meaningful engagement using an equitable, trauma-informed approach will help identify and correct 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 maintains its commitment to embed racial equity in all guiding principles, values, and foundations for our work and move toward the vision of racial justice.

#### **Statewide Racial Justice Workgroup:**

The Department's racial justice journey has a deep history, including the evolvment and growth of its Statewide Racial Justice Workgroup. The work of the SRJWG continues to be charged with cultivating and sustaining an environment in which employees and DCF partners can feel safe to discuss the impacts of racism, power and privilege on agency policies and practices. 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 to 80 invested individuals present in attendance. The SRJWG Tri-chair Leads facilitate the meetings in which the participants are diversely representative of each of the Department's Area Offices, Central Office divisions, our operated facilities, community stakeholders, system partners, and the families we serve. This cross-system alignment creates opportunities for participants at all levels to connect, share progress, identify challenges and barriers, and prioritize activities, practices, and next action-oriented steps to continue to advance our Anti-Racist work.

### **Juan F. Consent Decree Resolution:**

In March 2022, the United State District Court for the District of Connecticut approved a Joint Motion to terminate jurisdictional oversight of the Department; and after many years the agency was able to exit the Juan F. Consent Decree. The Joint Motion noted recognition of the Department's intentional efforts and significant strides in embedding racial justice initiatives throughout its practices. While work still is needed, progress had been made. Striving for institutional transformation is our goal, as we do not want to make small transactional changes but rather to fundamentally transform how we work with children, families, the communities we serve, and one another. The Department's commitment to eliminate racial disparities has not wavered and further assessment will be done. Strategies will be implemented to ensure that movement in the right direction continues. Agency and division leads have begun to re-evaluate the change initiatives that were previously implemented to determine where shifts are needed in order to create greater impact and to identify those that are showing promising results in order to scale up and implement throughout the state. Divisions, facilities and Area Office leads will continue to reference the data in order to determine next steps.

The report that follows illustrates trends and efforts captured by DCF for the timeframe that falls under state fiscal year (SFY) 2022 (July 1, 2021-June 30, 2022) and/or calendar year (CY) 2022. 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 the selection of services and programs, and entities with which the Department partners to ensure families are receiving the best supports and outcomes.

### **Racial Ethnic Disproportionality Across the CT Child Protection System:**

The Department has made a commitment to eliminate racial disparity 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 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 the ability to observe trends, which then inform strategies to eliminate the racial and ethnic disparate outcomes within DCF. This report will touch upon data points captured in the pathways data set from SFY 2022 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 is often compared to U.S. Census data on Connecticut's child population. The DCF Office of Performance Management 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 increased by 39%, while the White child population decreased by 10%.

The demographics of Connecticut have noticeably changed between 2010 and 2020. Specific changes are increases in both the Hispanic/Latino and Other Race populations, a decrease in the population identifying as White and a slight decrease in the population identifying as Black. 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 previous three years.

The Pathway Data are produced for every 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 so as to eliminate racial disparities under the respective outcome/results categories. DCF has made the commitment to consistently look at the data available related to child outcomes to ensure the strategies that are developed address specific areas of need while being intentional in helping DCF become an Anti-Racist organization.

**Figure 2: Statewide Racial/Ethnic Disproportionality Across the CT Child Protection System SFY 2022**

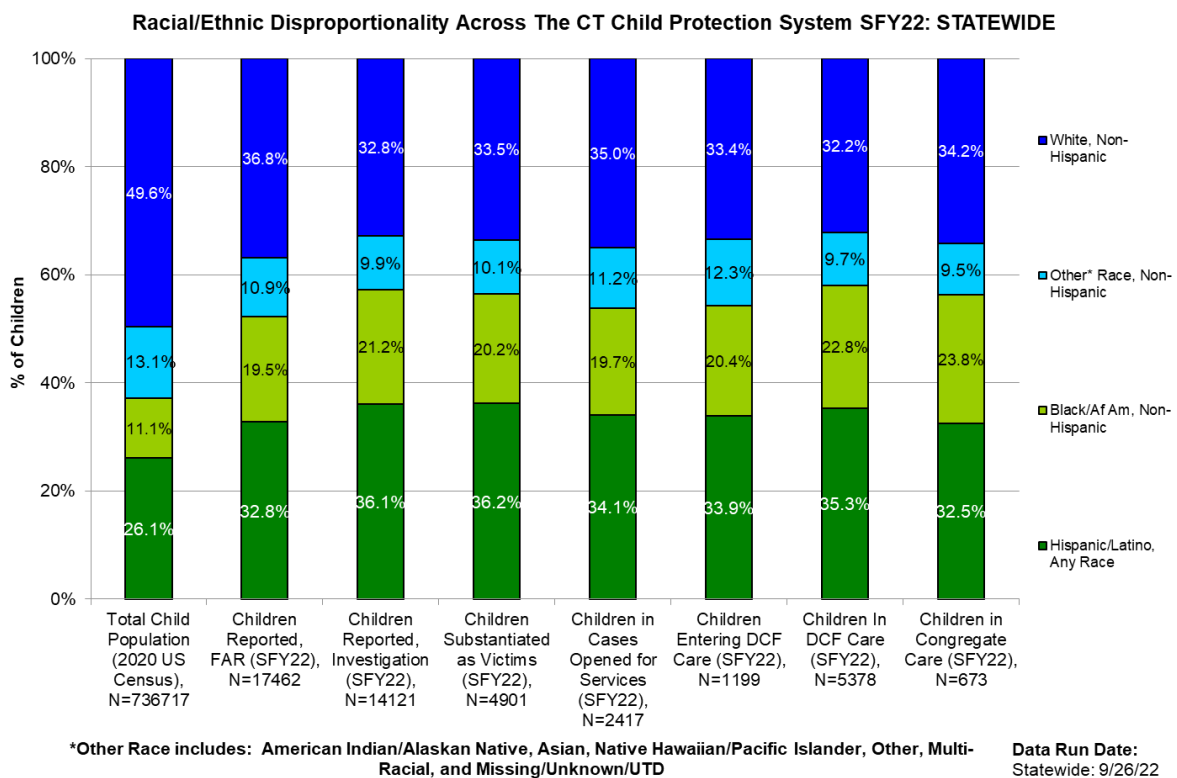


Figure 2 above shows the percentage of each racial group that comprises the DCF child population at each stage of involvement (key decision point), in comparison to the general CT child population as reported in the 2020 Census. Each bar depicts the stage or level of child welfare agency involvement. 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 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 2022 Pathway Data to the corresponding SFY 2021 data indicates that there was an increase in disproportionality in the decision points for Investigation, Substantiation, Entering Care, In Care and Congregate Care for Hispanic/Latino children. In contrast, for this racial group there was a significant decrease in disproportionality for the decision point of Opened for Services. When looking at the disproportionality for the population of Black/African American children, the decision points of Family Assessment Response (FAR) and Congregate Care remained relatively consistent. However, for this racial group there was a decrease in disproportionality for most of the decision points including Investigations, Substantiations, Opened for Services, Entering Care and In Care. Finally, when comparing SFY 2022 data to SFY 2021 data for the population of Other Race, Non-Hispanic children, there was an increase in disproportionality for all decision points, apart from FAR which showed a decrease. 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 is considered favorable as these are the families with the lowest risk.

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<sup>1</sup> 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 2.8 times greater than White children." Figures 3-9 on the following pages show the Disparity Index trends over the last nine years (SFY 2013 to SFY 2022) for each stage in the pathway.

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.

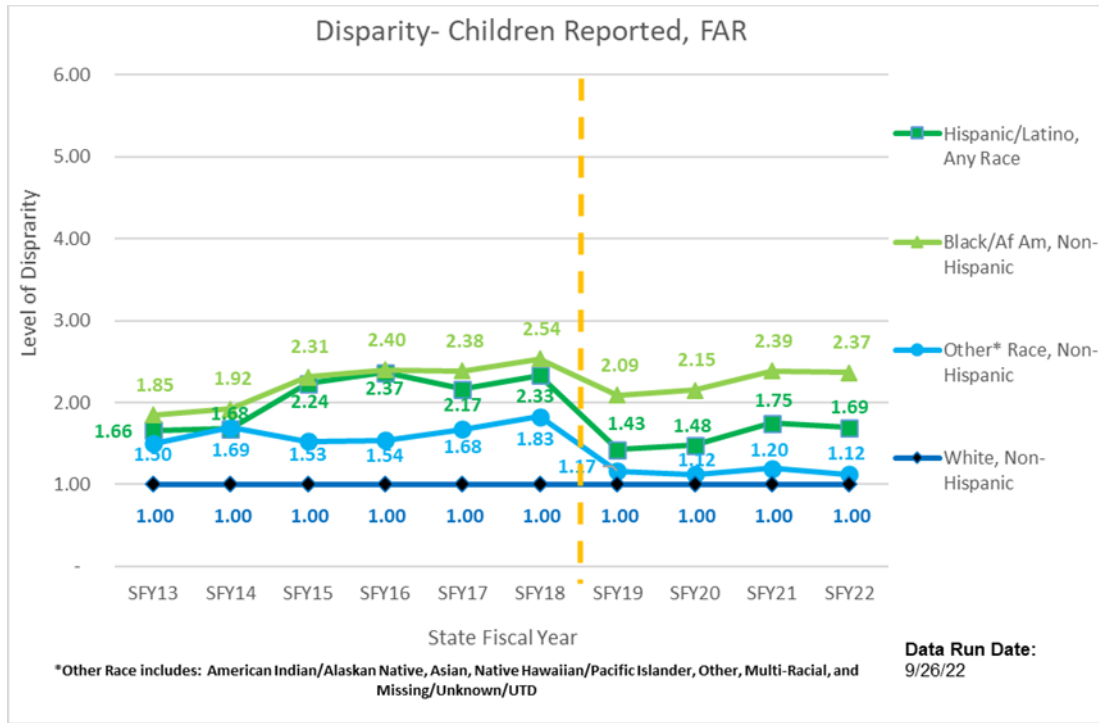
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<sup>1</sup> *Disproportionality Index means the ratio of the percent of each race at a decision point with the same race percent in a base population.*



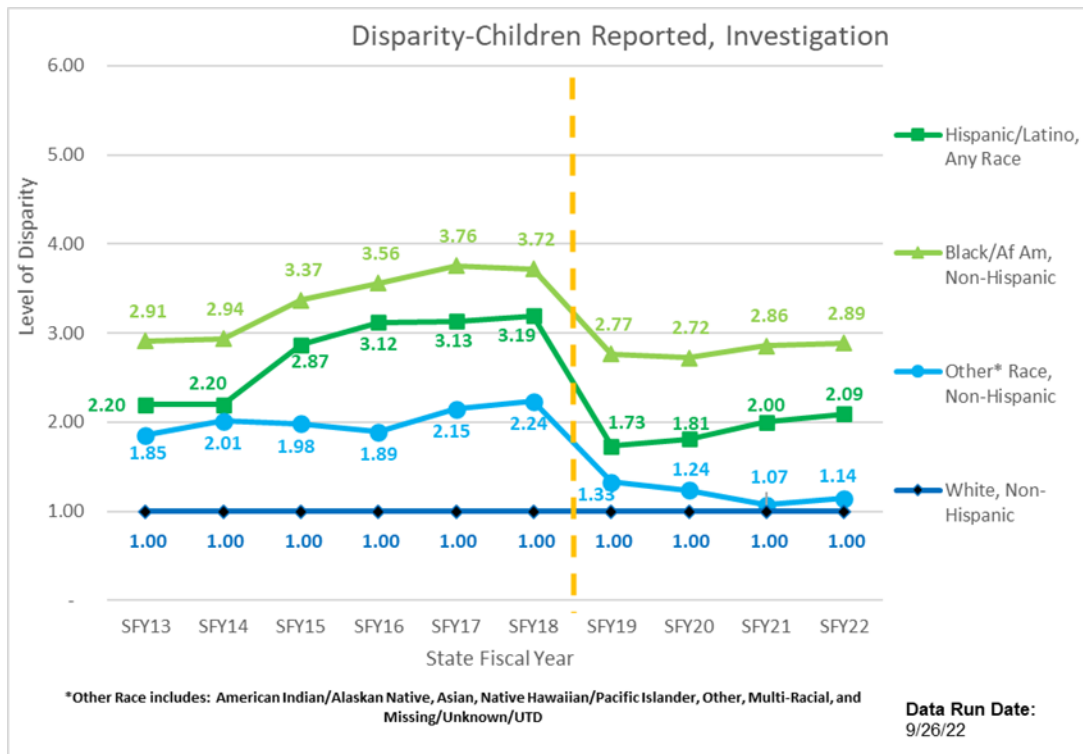
**Figure 3: Disparity Index Trends: SFY 2013-2022**

**\*\*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 (2019-2022) use 2020 Census data for comparison. Thus, the years prior to 2019 should not be compared directly to 2019-2021.\*\***



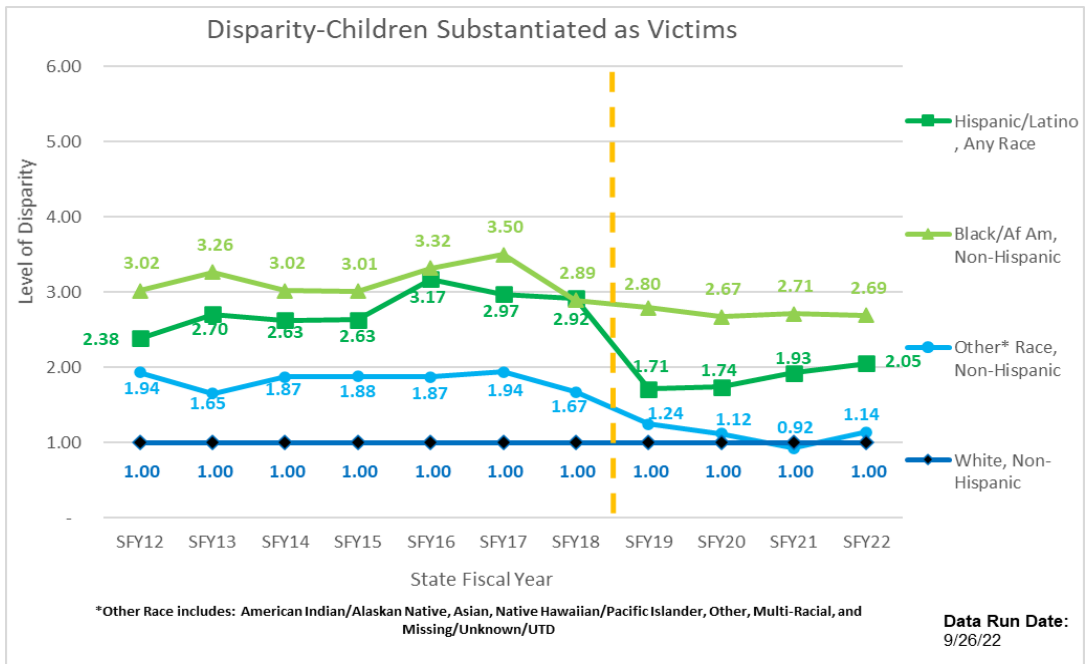
With respect to accepted Family Assessment Response reports (Figure 3), in SFY 2022 the disparities for children referred to the FAR track slightly decreased in comparison to SFY 2021. This can be interpreted as a negative trend, as we hope to see the referrals in the FAR pathway trending upward (increase) as those families referred to FAR have low risk factors and do not require a determination of substantiation of abuse or neglect.

Figure 4: Disparity Index Trends: SFY 2013 - 2022:

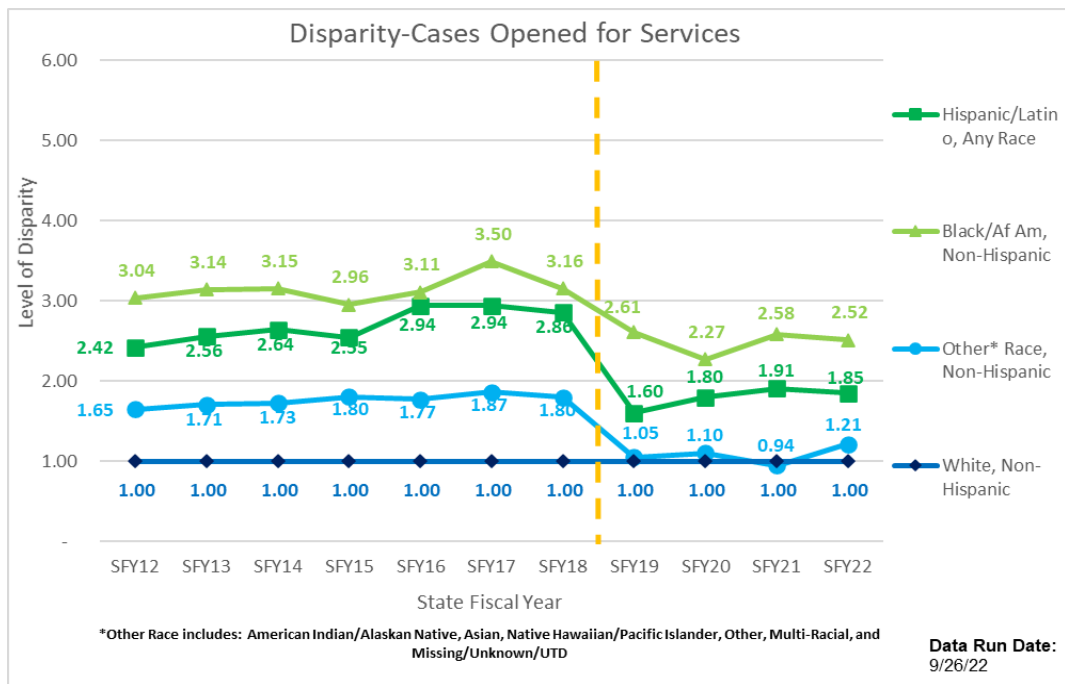


While there was a decrease in disparity rates in FAR, an increase was seen in the reports accepted for investigations (Figure 4). Black/African American children are 2.89 times more likely to have reports accepted for investigations than White Non-Hispanic children; Hispanic/Latino children are 2.09 times more likely. These disparities are slightly higher than those in SFY 2021, which indicates that more reports were taken on as investigations instead of being handled as FAR referrals. It is important to note that due to the lifting of many COVID-19 protocols within schools and workplaces, significantly more reporting occurred during SFY 2022 than during SFYs 2020 and 2021. Reports made to DCF during the height of 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. 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, further 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.

Figure 5: Disparity Index Trends: SFY 2013-2022:



**Figure 6: Disparity Index Trends: SFY 2013-2022:**



With respect to children being Substantiated as Victims (Figure 5), there was little change from SFY 2021 to SFY 2022 for Black/African American children. There was an increase for Hispanic/Latino children and a significant increase for children in the Other Race category, with this group being more likely than White children to be substantiated as a victim; compared to SFY 2021 where the Disparity Index was below that of White children. Contrary to last year, in cases opened for services (Figure 6), Black/African American children and Hispanic/Latino saw decreases in their Disparity Indices. Similar to Substantiated Victim trends, Other Race trends were above the White children Disparity Index, despite falling below it in SFY 2021.

Figure 7: Disparity Index Trends: SFY 2013-2022:

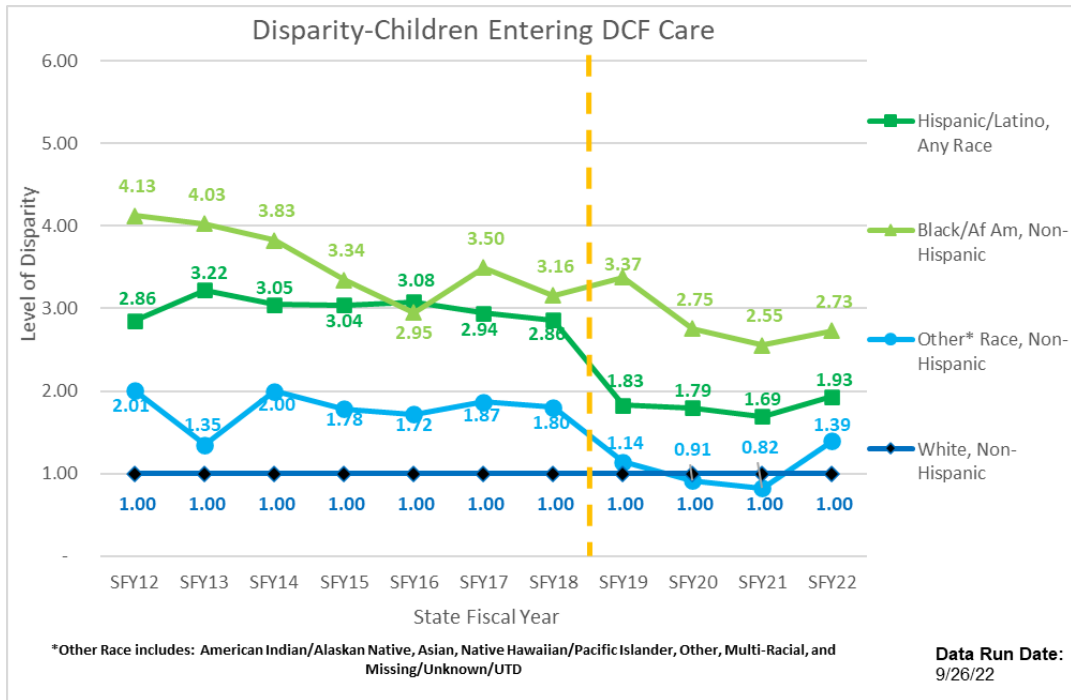
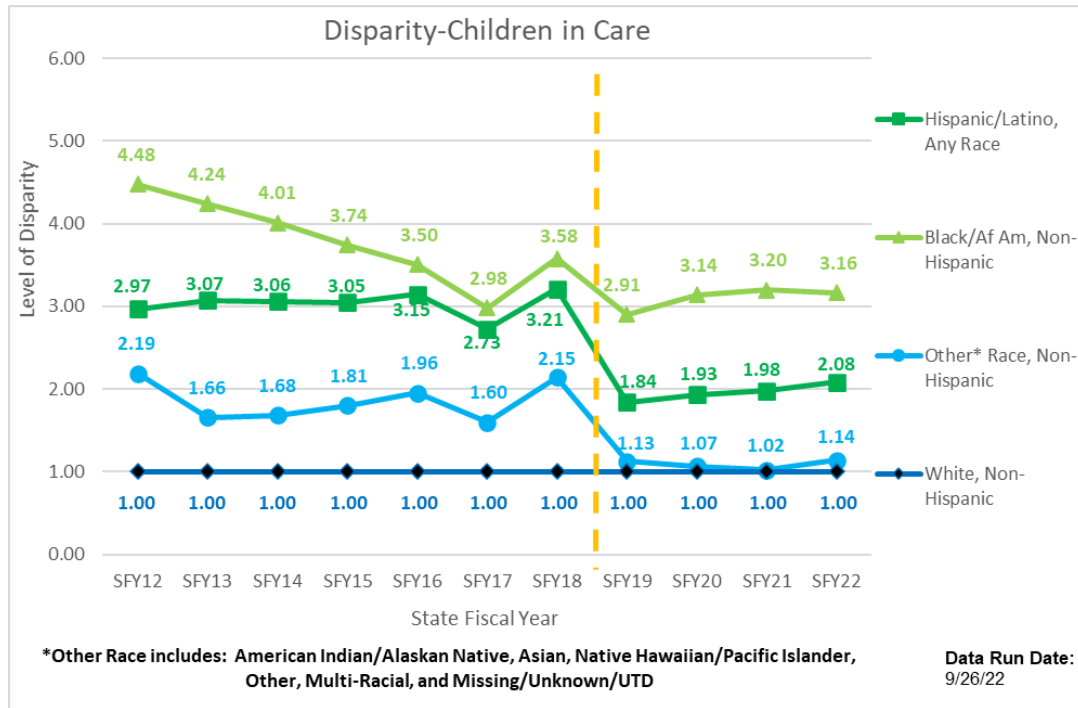
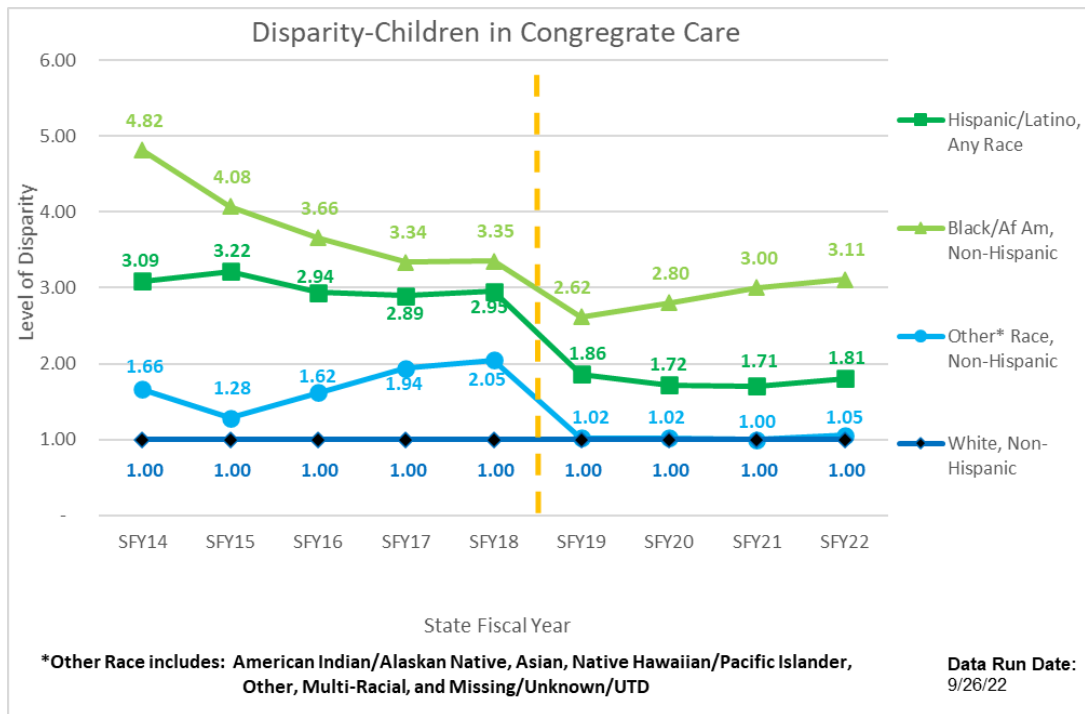


Figure 8: Disparity Index Trends SFY 2013-2022:



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 an increase for Black/African American children. For Hispanic/Latino children there was a similar increase. Other Race children saw a significant increase, ceasing its continuous trend from SFY 2021 of being less likely to enter DCF care than White children. We do however see a positive trend for Black/African American Children in Care (Figure 8) with a decrease in disparity, although they are still 3.1 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.

Figure 9: Disparity Index Trends SFY 2013-2022:



Collectively, the 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. 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.

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 to transpire. With respect to the pathways shown above in Figure 2, the Department has engaged in collaboration with the CT Superior Court for Juvenile Matters (SCJM) to support their efforts in understanding the underlying drivers of racial disparity by developing a similar pathway highlighting data patterns and trends across child welfare judicial decision points. This work is expected to continue and expand throughout the next year.

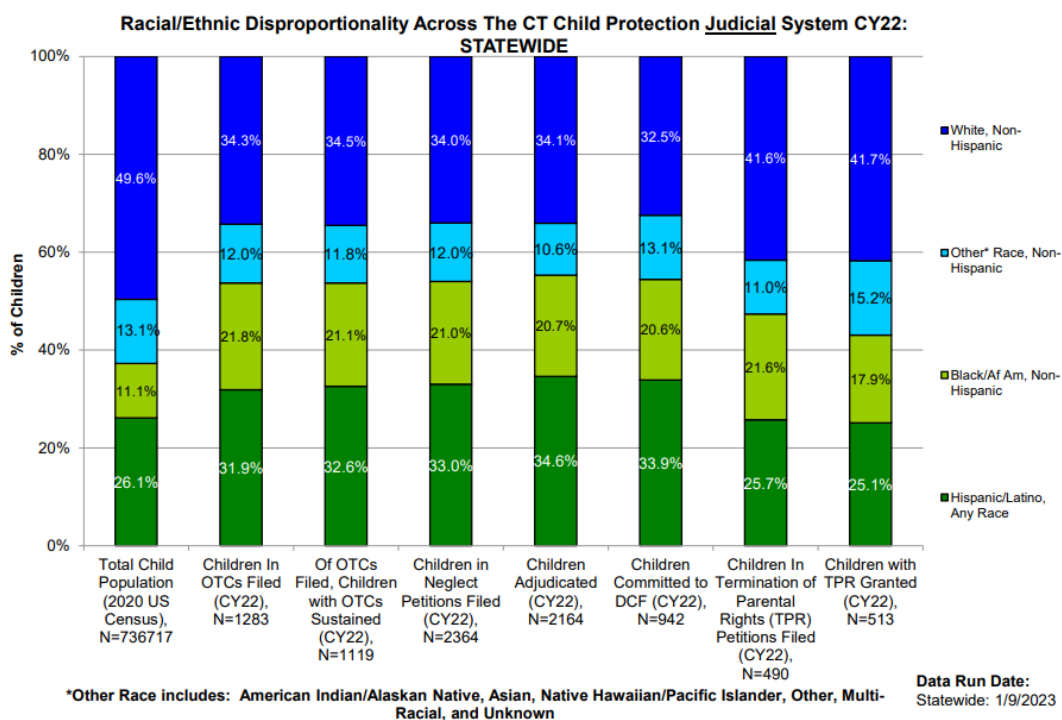
The following data (Figure 10) depicts the race/ethnicity distribution of child welfare populations along with the general child population. These figures were constructed to gain greater insight into the racial makeup of the children involved with the SCJM due to involvement in the Connecticut child protection

system as it compares to the Connecticut child population as a whole. This data does not include children/youth involved with SCJM solely for Juvenile Justice matters. The charts and graphs in this report outline the percentage of the populations that each racial category comprise. In addition, the report expresses how these percentages differ with regard to each level of SCJM involvement.

The degree of divergence for each racial/ethnic group between the general child population and the children at each stage of child welfare involvement represents the extent to which children are disproportionately represented in the system at each stage. Each of the bars represents the set of all children observed within that stage during CY 2022.

This data should help readers appreciate the degree to which children of various racial/ethnic groups are overrepresented or underrepresented at various points of intervention with the SCJM for child protection issues. Additional analysis will be provided in the near future 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.

**Figure 10: Statewide Racial/Ethnic Disproportionality Across the CT Child Protection Judicial System CY 2022**



**Immigration Practices:**

In 2020, 17.3% of Connecticut’s population (all ages) identified as Hispanic or Latino of any race. Per Figure 2, 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. During this national reckoning on race, the disparate impact on Hispanic/Latino families and children cannot be overlooked.

DCF is serving more undocumented case participants across the board, especially through the Norwalk, Bridgeport, New Haven and the Danbury Area Offices. Inquiries and requests for consultation with the DCF Director of Immigration Practice are oftentimes requests for potential solutions regarding DCF clients' immigration statuses, such as access to U Visas, Special Immigrant Juvenile Status and Asylum. Other concerns raised are related to obtaining access to mental health and medical services for those who do not have health insurance. Due to the increase in immigration-related consultations, there have been twelve (12) half day trainings in DCF Area Offices and another fourteen (14) such trainings in community agencies, colleges and universities throughout Connecticut. In addition, there is a monthly Immigration Practice training available through the DCF Academy for Workforce Development for Department employees and community providers. This training covers 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 has limited data on our undocumented families. The Division of Performance Management has been informed and is looking for ways to mitigate this. Many families that come to the attention of the Director of Immigration Practice are undocumented persons who have little access to any kind of health care. 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.

DCF is currently collaborating with several other state agencies, including the Departments of Social Services, Public Health, and Mental Health and Addiction Services, and the Connecticut National Guard, in coordinating Welcome Centers for newly arrived migrants to Connecticut.

**ABCD Child Safety Practice Model - The Intersection of Racial Justice and Safety:**

The Department recognizes there is a strong relationship between race and neglect when assessing for behaviors and conditions that impact child safety. Often, circumstances stemming from underlying problems of poverty or low economic status can be misunderstood and misconstrued as a direct or indirect contributor of child neglect. For example, unaffordable housing, low income, lack of quality child-care, and limited access to healthcare and other community supports can be perceived as an indicator of child neglect rather than viewed as an unfair distribution of social resources. For Black and Hispanic families from historically marginalized communities, the intersection of all organizations within our child welfare system operates in simultaneously compounding ways and can create social barriers with limited opportunities for thriving. Children and families who are involved in multiple systems are at an even higher disadvantage, as intersectionality often exacerbates racial disparities, inequity, and biases that are through no fault of the family or the decisions they have made. Centering racial equity at all systemic levels (individual, institutional, and structural) is necessary, as well as considering implicit and explicit biases when assessing for the impact of neglect on child safety.

During this period under review, the refinement of the Connecticut ABCD Child Safety Practice Model has been underway. The ABCD Child Safety Practice Model is the overarching framework intended to guide the work of the Department. It is grounded in our Safe and Sound Culture, supporting us in making just, equitable, and sound decisions that first and foremost maintain child safety (Figure 11 below). In all aspects of our work, child safety is paramount. Because there is such a clear nexus between the ABCD Child Safety Practice Model and Anti-Racist practice, it has been essential to explicitly highlight the alignment

throughout the implementation process. DCF intentionally aligned the racial equity work to the ABCD Child Safety Practice Model.

This alignment was a joint effort between the four (4) Statewide Racial Justice Workgroup subcommittees (Workforce, Policy, Data and Systems) and the ABCD Child Safety Practice Model Core Implementation Team. This involved a multi-phase process of embedding racial equity and justice into the ABCD Paradigm framework, five (5) Discussion Guides (Intimate Partner Violence, Substance Use, Mental Health, Developmental Disabilities, and Safety of Young Children Ages 0-5), Practice Profiles, and relevant policies to promote the implementation of the ABCD Practice Model.

The Connecticut ABCD Child Safety Practice Model Implementation Team developed a cadence of meetings to focus on reviewing the model documents to ensure the language was inclusive of racial justice issues that often impact the children and families served by the Department. Each document was examined thoroughly to ensure that questions and language in these documents are inclusive of all races, ethnicities and cultural perspectives, while continuing to unwaveringly focus on child safety.

The foundation of the ABCD Child Safety Practice Model rests on the following four (4) objectives embedded in an Anti-Racist, equitable, trauma-informed approach:

- Increasing consistency of safety related language;
- Increasing consistency of decisions and outcomes;
- Clarifying expectations for DCF staff and community-based partners; and
- Increasing understanding of applied safety concepts.

In order to actualize the objectives, the Implementation Team, comprised of agency staff from diverse disciplines, developed a plan that would effectively inform and educate the workforce on the model components, which include the ABCD Paradigm, Practice Profiles, and Discussion Guides. This was done through offering a series of trainings focused on building staff knowledge and skill acquisition. Staff were oriented to the model development, model components and expectations for utilization. The opportunity to ask poignant questions about the model and the impact it will have on practice was encouraged. The dialogue provided staff with an opportunity to think critically, examine their individual assessment skills, take ownership of their work and recommit to the importance of assessing risk and safety of the children and families on their caseload, within their unit and office.

During the period under review, 50% of the agency staff received training on the overview of the model. Managerial and supervisory staff are in the midst of receiving training specific to the Practice Profiles. The model has also been integrated into many courses within the DCF pre-service track.

In Fall 2022, a leadership forum was held for middle and senior managers and directors. This event was held in order to level set and provided an opportunity for the audience to hear messages from the Executive Team and their peers around the importance of the model. The day provided an opportunity for statewide leaders to conceptualize the model, while openly discussing the integration of the work from a leadership role. At the conclusion of the forum, directors and managers assumed ownership of the work and in doing so made a strong commitment to moving it forward with their respective teams for further integration into the daily functions of the agency.

To ensure transfer of knowledge from the classroom, a series of virtual meetings entitled 'Real Talk' will be held monthly over the course of a year. These meetings will reinforce the intersection of our racial justice work and maintaining the safety of children. While the agency is working towards eliminating racial

disproportionality, child safety is not going to be compromised. Topics related to the model, including, but not limited to, model implementation, the ABCD Paradigm, Practice Profiles and Discussion Guides will be addressed during these virtual meetings. To enhance the meeting topics, individuals at varying levels within the agency will be invited to share their experiences using the model components in order to further assist in the assessment of safety. The meetings will encourage people to bring highlights of their work to further encourage others. They are also encouraged to share obstacles they may have encountered when applying the components. This will hopefully create a safe space for people to share and offer suggestions to remedy the issues. This activity will bring together staff for the purpose of learning from one another but also recognize the strong assessment work taking place across the agency.

During this period under review, a committee was formed to revise the ABCD Child Safety Practice Model Overview training in preparation for delivery to the agency's contracted providers. To date close to 100 providers have received the training. A plan to continue training the providers is under development.

**Figure II**



**Service Array Analysis:**

DCF continues its commitment to 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.

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. COVID-19 has exacerbated these inequities with families of color experiencing more disparate health outcomes, challenges with access to quality medical, behavioral, and mental health services, educational disruptions, and barriers in meeting their basic needs. All this puts families at greater risk for coming to the attention of child welfare system.

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:

In 2021, through partnership with Casey Family Programs, the DCF Contracts Division furthered its efforts by establishing formal technical assistance to small, urban-led community providers. The goal of this effort is to build capacity within these smaller community-based providers to help them meet the state's requirements so that they can become funded service providers for children and families in their own communities. This initiative offers a five (5) topic group learning collaborative, as well as individual assistance to providers looking to expand or begin collaborating with the Department on service provision to children and families. The learning series (group sessions) targets five (5) specific areas that are commonly a struggle for small providers:

1. Basic Branding
2. Basic Record Keeping
3. Financial Statements
4. Contract Development
5. 'DCF 101'

Part of this initiative is also one-to-one (1:1) technical assistance to providers. Since the initiative's inception, and since formal implementation, HEDCO (a company designed to assist small businesses with growing their business, and our community partner on this initiative to successfully engage minority led, urban provider agencies to our service array) has worked with five (5) different providers (some are still in process) on a variety of self-identified issues (e.g., Business Plan Development, Business Structure, Branding, Finance Review, Basic Record Keeping, etc.).

#### Racial Justice Institute for Community Providers:

In 2022, the Contracts Division released a Request for Qualifications seeking to establish a Racial Justice (RJ) Institute for Community Service Providers. The RJ Institute will strengthen DCF's efforts to engage providers of mental health and other community services in our Racial Justice and Equity work through participation in ongoing learning collaboratives, involvement with change initiatives and design of data informed strategies to enhance and promote equitable outcomes for all families served by DCF. 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. The Department is the final stages of the process and will soon be able to move forward with the selected provider.

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), 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 have begun 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 (2) service types have been reviewed thus far.

Provider Information Exchange:

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.

Enhanced Service Coordination:

The Systems' Division continues to focus on enhancing our service system to better meet the needs of children and families 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. 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 our agency's efforts to move from equality to equity. Equity recognizes that each child/family has different circumstances and as a result distributes the resources, supports and opportunities needed to reduce disparities and reach equitable outcomes.

During 2022, the Systems' Division continued working on their change initiative, which focused on assessing and addressing disproportionality and disparate outcomes in service provision for families referred to the four ESC services (Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First). The change initiative promotes broad engagement with DCF regions and Central Office divisions, provider partners, and across Connecticut's broader child welfare system. Through this effort, the Division is actively assessing multiple factors that may contribute to 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 training and Anti-Racist Framework and engagement of DCF staff and ESC service providers to

understand service trends. A data dashboard has been created to assist in the tracking of outcomes by race.

#### Training for IFP/RTFT Providers:

In 2022, the Systems' Division successfully completed more trainings and presentations on DCF's Anti-Racist Framework and Implicit Bias training to all IFP/RTFT providers. These activities also included a follow up feedback survey to identify opportunities to collaborate and determine unmet service provider needs related to this work. The Division reviewed baseline data for both models to assess trends by race/ethnicity through comparison to current data to assess the need to change practice. In consultation with other Divisions, an approach was identified to assess data trends and multiple discussions were convened to understand regional and statewide racial equity trends more effectively for IFP/RTFT that may provide baseline data to inform assessing other service types.

During 2022, Systems' Division leaders co-chaired the DCF Racial Justice Service Systems Subcommittee, a group that ensures that DCF contracted provider networks deliver services in a racially just and equitable manner. The RJ Service System Subcommittee assisted in the infusion of racial justice/equity language and its philosophy in the new DCF ABCD Child Safety Practice Model presentation for providers to ensure that the providers can model the DCF practice and commitment to racial justice.

#### 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 new 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.

As part of this network, the eight (8) organizations will be able to train one-two (1-2) clinicians on Dr. Akbar's and Dr. Kniffley's racial trauma models and frameworks in order to increase Connecticut clinicians' capacity to identify, treat, and support youth and children of color who have experienced racial trauma. Participating organizations will be able obtain these trainings through a UT-Performance Improvement Center (PIC) and will become a part of a larger network of providers who are currently in the process of being trained on both these models as part of this joint DCF-UTPN partnership.

The clinicians will have access to both online learning platforms and will be able to learn the material in a self-paced manner. Clinicians trained in these models will need to complete both online trainings, which will take approximately twenty (20) hours in total to complete by a date that will be set by the UT-PIC. At the completion of these online trainings clinicians will be required to attend a total of twelve (12) one-hour fidelity sessions, consisting of six (6) sessions with each of Dr. Akbar's and Dr. Kniffley's expert consultants, in order to obtain their certifications. As part of a larger improvement initiative, the clinicians' organizations will become a part of this exciting new network and obtain access and support to racial

equity improvement services and future trainings provided by the UT-PIC. Since these trainings are being provided by a performance improvement center, the organizations will have to abide by the rules and expectations set by the UT-PIC as they relate to providing racially equitable services, and marketing guidelines regarding the level of certification for organizations and clinicians, as well as adhere to other guidelines appropriately set forth by the UT-PIC.

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 12: Disposition to Community Support for Families for SFY 2022*

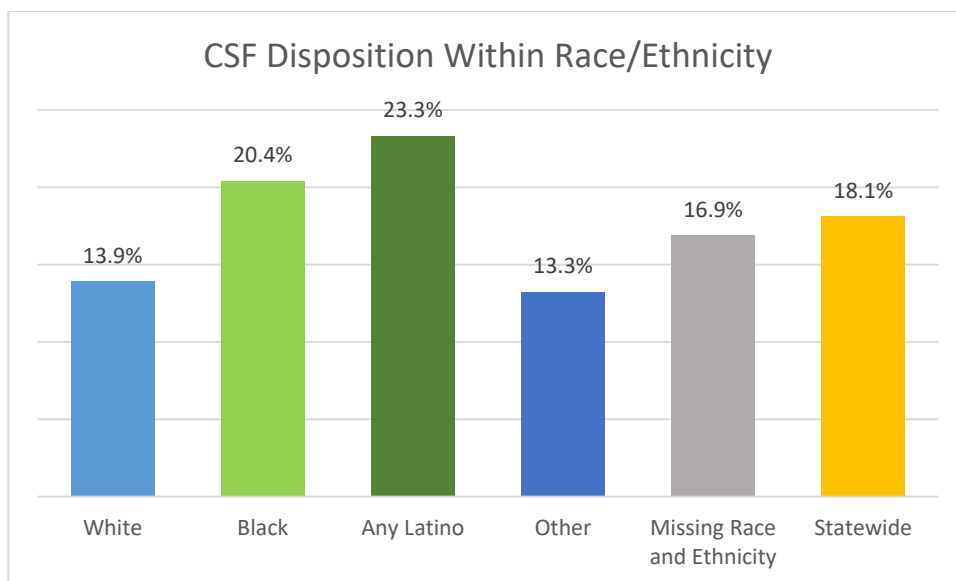


Figure 12 shows that of all families who received a Family Assessment Response in SFY 2022, approximately 18% of families were referred to the CSF Program. Variations were noted by race/ethnicity, as follows: 13.9% of White families were referred to CSF as compared to 20.4% of Black families, 23.3% of Hispanic/Latino families and 13.3% of families of Other Race groups. Nearly seventeen percent (16.9%) of families were missing race/ethnicity information for the primary caregiver. (The family is the unit of analysis for the program and the race/ethnicity of the primary caregiver is used.) Although there are differences in referral rates by race/ethnicity, there does not appear to be differences in having access to the program for families of color.

*Figure 13 – Families who completed CSF treatment; Race and Ethnicity for SFY 2022:*

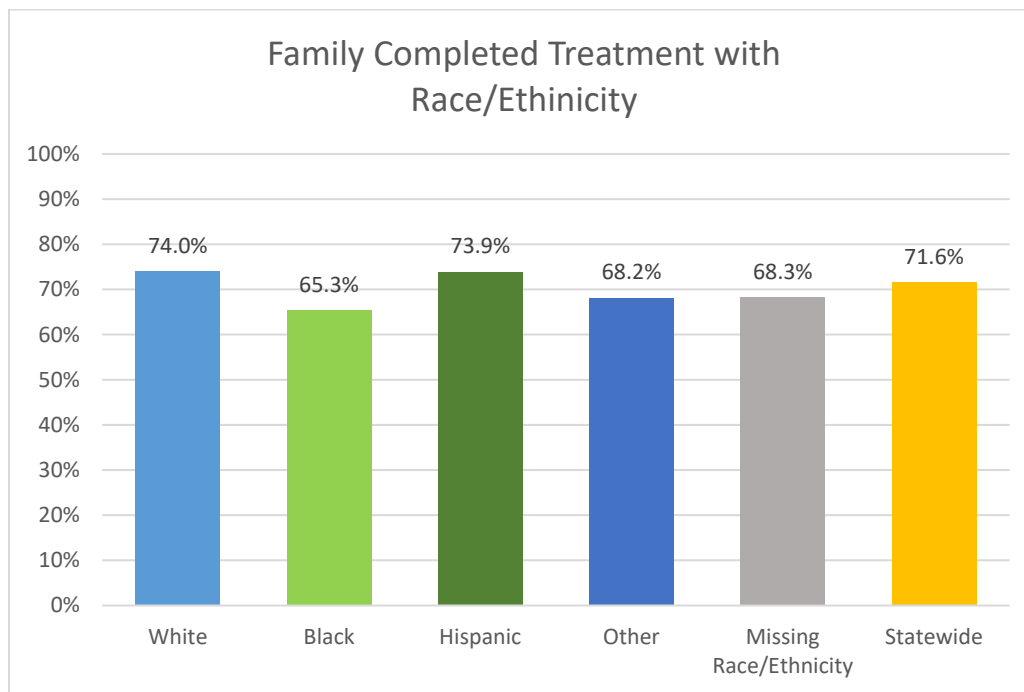


Figure 13 shows the families who completed CSF treatment by race/ethnicity. Overall, 71.6% of families completed treatment. There was some slight variation by race and ethnicity; 74% of White families completed treatment, as compared to 65.3% of Black families, 73.9% of Hispanic/Latino families, and 68.2% 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 Beacon Health Options (Beacon), 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 state funded services to address their needs. The program was developed under DCF’s prior administration following a review of data, specifically looking at the high rate of unsubstantiated case transfers to ongoing services, and with the belief that families would be better served in their own communities without DCF involvement. The IFCS Program aligns well with the federal Family First Prevention Services Act (FFPSA)



and our prevention mandate. It 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. IFCS outcome measures focus on engagement, family satisfaction, reduction in child maltreatment and several performance indicators, and will be evaluated through a racial justice and equity approach.

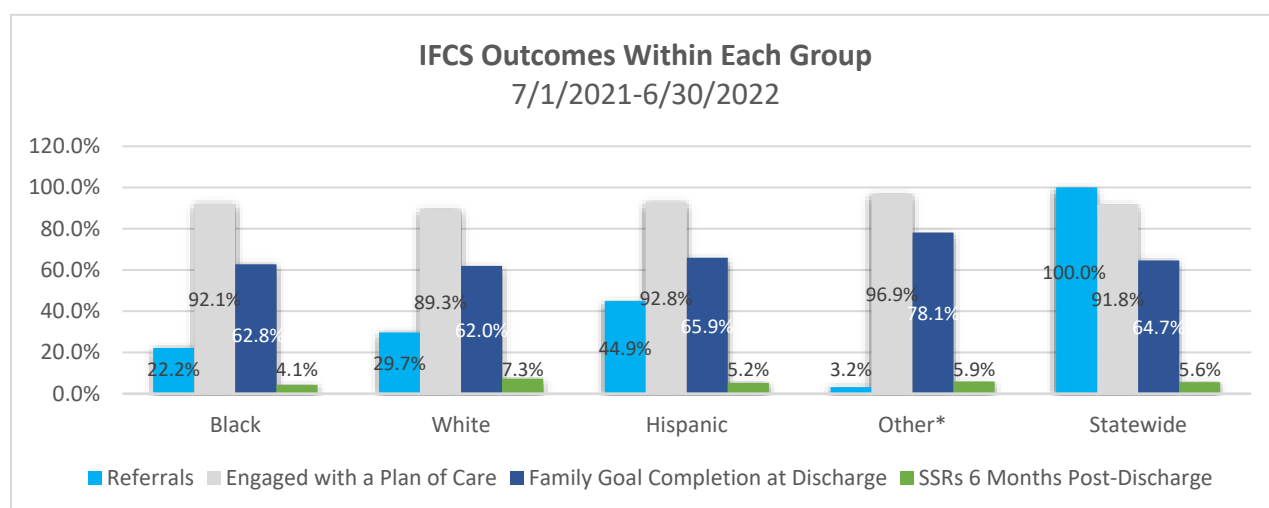
By the end of SFY 2022, a total of 2,450 referrals had been made to the IFCS Program since its inception in 2020. IFCS service provision is designed to be community-based, working directly with families in their homes. Care Coordinators and Peer Support Specialists live in the communities they serve and reflect the predominate racial, ethnic, and linguistic makeup of those communities.

The return to working in the community generated a variety of responses from both families and staff still navigating the impacts of COVID-19. Care Coordinators reported an improved ability to engage with families due to accomplishing more in-person than telephonically or virtually. In addition to increased family face-to-face time, many of the successes this past fiscal year were due to enhanced staff coaching and new chart auditing and outcomes monitoring processes. Beacon's IFCS team supported families of all races and ethnicities to turn limitations into opportunities and helped support families to meet their goals and keep children at home safely in their communities.

The Central Office Program Lead continues to meet with Beacon staff on a monthly basis to review referrals, address programmatic issues, review data, and develop data reports. Regional DCF and IFCS staff meet regularly to foster relationships between themselves, address family specific concerns, promote communication, and ensure the needs of families are addressed. DCF will continue to work closely with Beacon and the regional staff to assess and evaluate service delivery, child and family outcomes, as well as outcomes through a racial justice and equity approach.

Race and ethnicity data is captured only for the primary caregiver of the families referred to IFCS. Figure 14 below presents several of the IFCS outcomes by race and ethnicity. The breakdown of the 1,282 referrals received during SFY 2022 is as follows: 29.7% White, Non-Hispanic, 22.2% Black/African American, Non-Hispanic, 3.2% Other Race, Non-Hispanic, and 44.9% Hispanic/Latino, Any Race. Compared to last fiscal year, there was a 15.3% decrease in the number of referrals for primary caregivers identifying as Black, Non-Hispanic and a 14.5% increase in referrals for Hispanic/Latino families of any race.

Figure 14 IFCS Outcome by Race and Ethnicity for SFY2022<sup>2</sup>



As shown in Figure 14, the percent of caregivers who engaged in the program, as defined by developing a plan of care, was similar for all groups; with Hispanic and Black caregivers engaged at a slightly higher rate than White caregivers. Engagement rates were lower for all demographic groups this year, compared to last fiscal year, except for the Other, Non-Hispanic population which represented only 3% of overall referrals this fiscal year.

Goal completion rates were similar among the White, Black, and Hispanic populations, with Hispanic caregivers having the highest rate of goal achievement among those three groups. The Other, Non-Hispanic population, which again, was a very small percent of the population, achieved the highest rate of goal completion overall (78.1%). Compared to last fiscal year, there was a 15.4% increase in the goal completion rate for Black primary caregivers, a 3.6% increase for Hispanic primary caregivers, and a 7.0% percent decrease in goal completion for White, Non-Hispanic primary caregivers.

The total number of subsequent substantiated reports (SSRs) 6-months post-discharge was forty three (43) through June 30, 2022. Rates of SSRs were lower than the statewide average for Black, Non-Hispanic and Hispanic populations and higher than the statewide average for the White and Other, Non-Hispanic groups. This varied from last fiscal year when the rates for Black, Non-Hispanic and Hispanic populations were higher than the statewide average.

Without pre and post-COVID-19 service data it is difficult to measure the impact of COVID-19 on IFCS service delivery. Reporting of race and ethnicity rates by referred/engaged status and each of the program's

<sup>2</sup> *Note:* The race and ethnicity categories above are represented according to DCF's request and are different than the categories Beacon 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. Other includes American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Missing/Unknown.

outcomes occurs quarterly and the ongoing monitoring of race and ethnicity rates in the context of outcomes will continue to guide programmatic efforts in the fiscal year ahead.

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.

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 have the ability to 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 is consulting with DCF and the QPCs, with eight (8) of twelve (12) QPC sites having had some level of training in the 'Learn Through Play' model in 2022. QPC staff are implementing play philosophy in their respective settings.

Utilization of the QPCs has varied over 2022, with most sites having waitlists. For example, in December 2022, seven (7) of twelve (12) sites had waiting lists. Staffing challenges have impacted newly opened sites and two (2) sites are still working at reaching full capacity. In December 2022, QPCs were actively serving 183 families and coaching 229 Family Time sessions per week. In 2022, QPCs monitored and coached 10,958 Family Time sessions.

The parent is the primary identified person for QPC services. The below discharge and outcomes data (Figures 15-18) is based on the parent(s) of the child. There are no trends as this is the first year that data is available. Initial data shows limited disparity for Black families in outcomes for program completion and goals met. Black families were able to transition to unsupervised Family Time at a higher rate than White and Hispanic/Latino families.

Figure 15: 283 Families Discharged from QPC in 2022

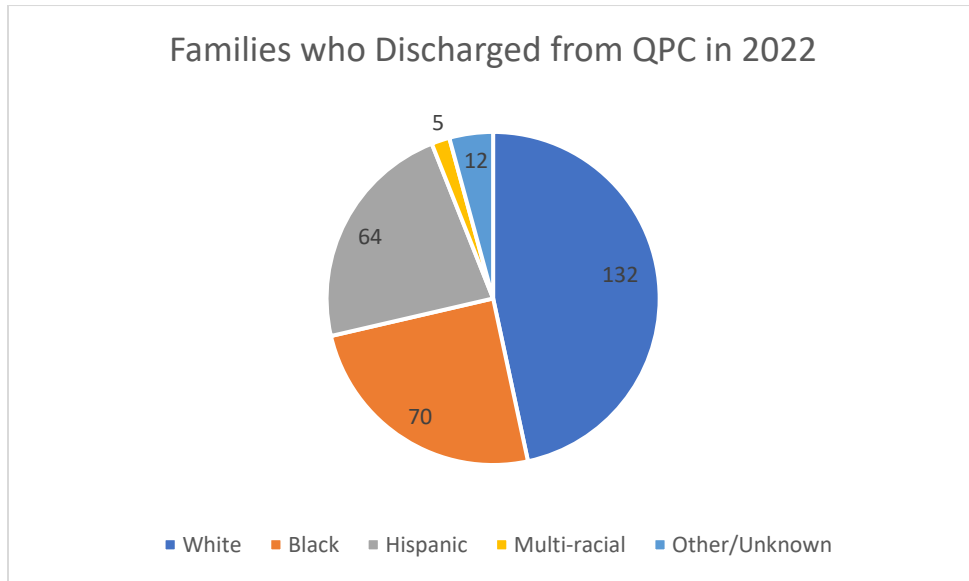


Figure 16: Discharge Outcomes - Completion:

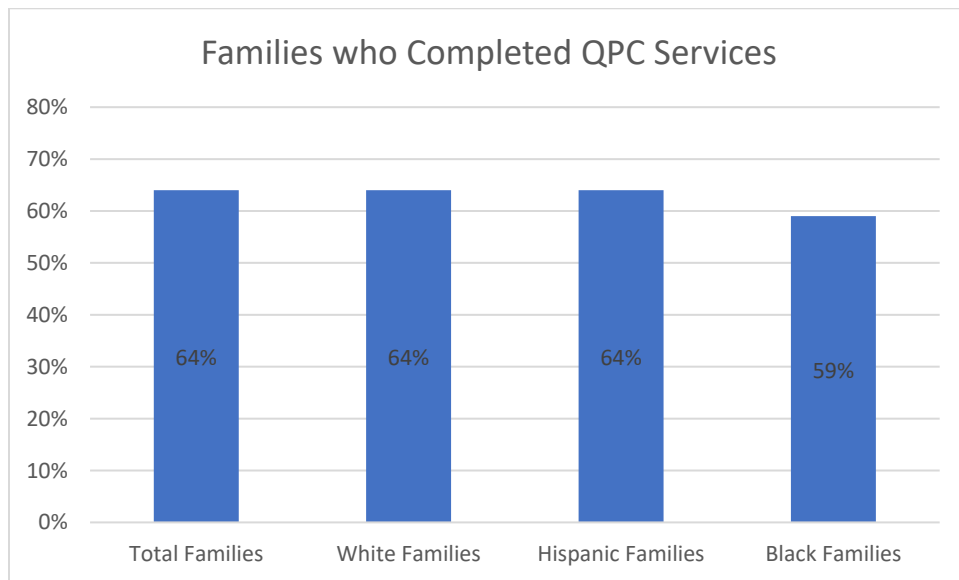


Figure 17: Discharge Outcomes - Met Goals

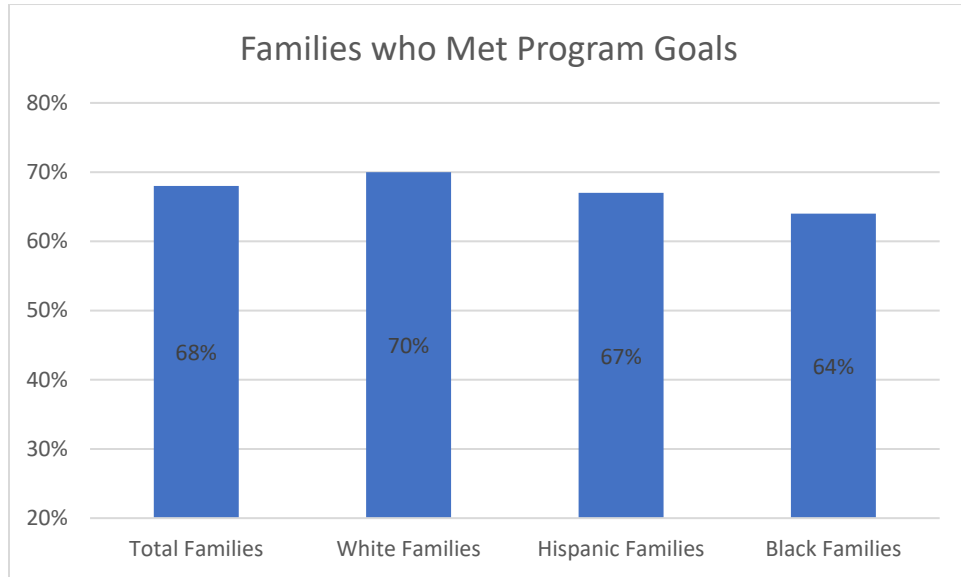
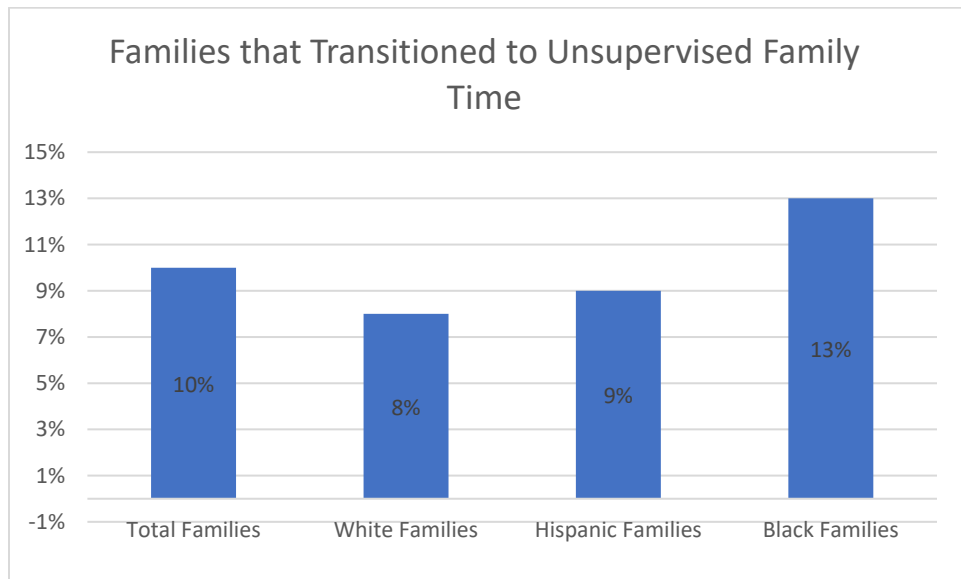


Figure 18 Outcome - Unsupervised Contact



### Racial Justice and the Intersection of Fatherhood Inclusion and Equity:

In 2022, the Department heightened its emphasis on the intersectionality of fatherhood inclusion and racial equity. Being Black or Hispanic/Latino can place fathers of color at a significant disadvantage in playing an active role in their children's lives when involved in the child protection system. Studies have shown that when a father is not included in his child's life, there are increased negative outcomes associated with living in poverty, academic achievement, graduating from high school, behavioral health problems, substance misuse, teen pregnancy, and juvenile justice involvement. This also speaks to the level of discrimination and racism, such as unfair standards or discomfort, when not supporting a father with the same intensity as a mother. Similarly, when a father is actively involved and included in his child's life, whether or not he resides in the same household, there are increased positive outcomes for the child across all developmental domains. Therefore, honoring the father's race, ethnicity, cultural perspective, lived experience, and increased self-sufficiency is necessary to promote positive outcomes for children and prevent further reinforcement of biases and inequitable responses. For example, several Area Offices have committed to activities and events to elevate fatherhood inclusion and equity. The Hartford Office saw the completion and dedication of a mural on their building depicting fathers and children. The New Haven Office held a resource fair to open opportunities and introduce fathers to local supports and services.

A strong collaboration between DCF's Statewide Racial Justice Workgroup and the Fatherhood Engagement Leadership Team (FELT), under the leadership of Commissioner Vanessa Dorantes, was forged to move this work forward with intention and purpose. On May 26, 2022, the SRJWG and the FELT Tri-chairs, Regional Leads, Racial Justice Subcommittees, External Consultants, and the Executive Team met to discuss results-oriented strategies and actively implement change initiatives which support fatherhood inclusion and its infusion in our racial justice and equity work. The partnership of the SRJWG and FELT frameworks will continue to work together to achieve positive and equitable outcomes for our Black and Hispanic/Latino fathers and their children through determined perseverance.

### Fatherhood Engagement Leadership Team:

DCF utilizes a centralized structure, the Fatherhood Engagement Leadership Team, to guide its approach to strengthening practice in all facets of our work with fathers. The structure is anchored by local FELTs in each Area Office, comprised of DCF staff members, community providers and fathers of children involved in the CT child welfare system, who meet monthly to identify barriers to father engagement, inclusion and equity as well as to develop mitigating strategies. The FELTs are organized under the Statewide Fatherhood Engagement Leadership Team (SFELT) and meet bi-monthly with representatives from other divisions within DCF as well as the Department's state-operated behavioral health facility. The goal is to improve the outcomes for children and families involved with DCF by engaging and including fathers as equal caretakers in family planning and service delivery, taking into consideration their cultural, linguistic, and racial equity needs. To achieve this goal, the FELTs are oriented to the following objectives: address workforce attitudes, biases, and beliefs regarding fathers served by DCF; identify agency practices and policies which present barriers to father inclusion and employ strategies to mitigate these barriers; create community partnerships to support DCF's efforts of fatherhood inclusion and equity; and elevate a cross system culture of fatherhood value and importance. All efforts and activities are guided by and in alignment with DCF's seven (7) Key Strategies and the Department's Racial Justice mission toward transformation in being an Anti-Racist agency. In October 2022, the Department was featured on the Today Show on NBC. In this segment the declining number of children in foster care was highlighted, while the Department's commitment to strengthening practice and ensuring fathers are included and engaged at all stages and in all facets of our work was reinforced.

2022 was the second year in which DCF partnered with My People, a Hartford agency with expertise in fatherhood engagement, to advance the FELT structure, modeled after the national Fathers and

Continuous Learning in Child Welfare Breakthrough Series Collaborative. Under the guidance of My People, each DCF office continued the Plan Do Study Act (PDSA) process, initiating tests of incremental changes to effectuate improved engagement. Offices participated in Strength, Weakness, Opportunity, Threat (SWOT) Analysis to further guide the development of PDSA activities. Many PDSA processes identified mechanisms to ensure fathers were involved in family planning. Notable initiatives included establishing requirements that every family case supervision include a father update, that fathers are seen in the first 30 days following a case opening, and for prompt timeliness of referrals to a Fatherhood community service provider. Structural PDSA changes include the development of a Fatherhood Specialist within the DCF office who is available to support case workers' efforts to locate and engage disconnected fathers and co-locating DCF and Fatherhood community providers for quick responsiveness on cases where fathers may need immediate assistance. The SFELT Tri-chairs presented to the DCF Statewide Racial Justice Workgroup on their mission of Anti-Racism and equity and its intersection with intentional efforts of fatherhood inclusion.

DCF continues its commitment to advancing racial equity related to fatherhood through ongoing workforce development. Each SFELT meeting involved a topical presentation and discussion, including Abdul Rahmann I. Muhammad's, from My People, presentation of Moving from Engagement to Inclusion and Equity. Locally, Mr. Muhammad provided over sixty (60) hours of training to DCF office FELTs, workgroups and leadership on strategies and training topics including: Turning 50 Barriers to Fatherhood Engagement into 50 Opportunities for Fatherhood Engagement; 21 Levels of Fatherhood Engagement; and 10 Steps to Working with Fathers Beyond Engagement. Furthermore, My People afforded unique learning opportunities for DCF Social Workers relevant to conducting interviews of fathers, and via a panel discussion called Getting Personal About Our Dads, as described below.

**Interviews of Fathers:** Interviewing fathers with lived experience about their experience working with DCF. Through the designed questions and the participants' feedback, DCF workers could listen and learn from their peers and fathers who were previously involved with DCF.

**Getting Personal about our Dads:** DCF Social Workers and providers were interviewed about their dads through a panel discussion. The purpose of this discussion was to allow the audience to hear from their peers about their experiences growing up. Participants shared how growing up with or without a dad impacts their work. This critical, vulnerable, and insightful conversation helped to provide context to the way workers engage and include fathers.

#### Fatherhood Engagement Services (FES):

The purpose of this DCF-contracted program is to enhance the level of involvement of fathers in DCF family planning through the provision of effective and equitable services, to 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 intensely involved as mothers.

FES teams provide intensive outreach, case management services and 24/7 Dad<sup>®</sup> group programming. Case management services help to mitigate barriers to more effective engagement through assessment of needs, advocacy, and linkage to supports and services, while 24/7 Dad<sup>®</sup> services equip fathers with vital skills and knowledge to strengthen the father's parenting relationship. An additional FES team provides outreach to incarcerated fathers designed to link them to their local FES provider.

In 2022, successes and challenges continued for community-based programs. FES providers experienced both increased acuity of needs on the part of fathers they serve and staffing challenges. All programs saw full caseloads and some had waitlists, with an overall increase in number of dads served. The total number of fathers served by FES during the year was 420.

The below charts capture the outcomes for fathers who were served by and ended their participation in FES in SFY 2022. Those remaining involved with FES at the conclusion of the state fiscal year are not included in this year's outcome data. 243 fathers accepted the service and were enrolled, leading to either an unsuccessful termination or successful completion of the program. The below slides capture outcomes for the 243 fathers.

Figure 19 shows the percent of fathers by race and ethnicity who, following referral, accepted the service and were enrolled in FES. Contractors reflect that those not engaged often were unresponsive to outreach efforts. They report that few fathers directly decline the service when presented in a one-on-one discussion.

Figure 19: Engagement Rate of Fathers by Race and Ethnicity:

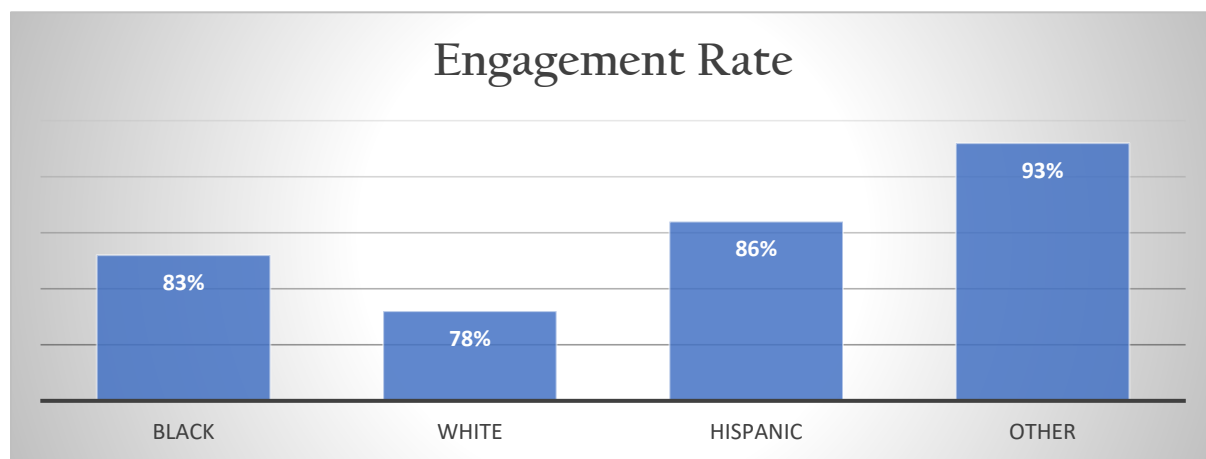
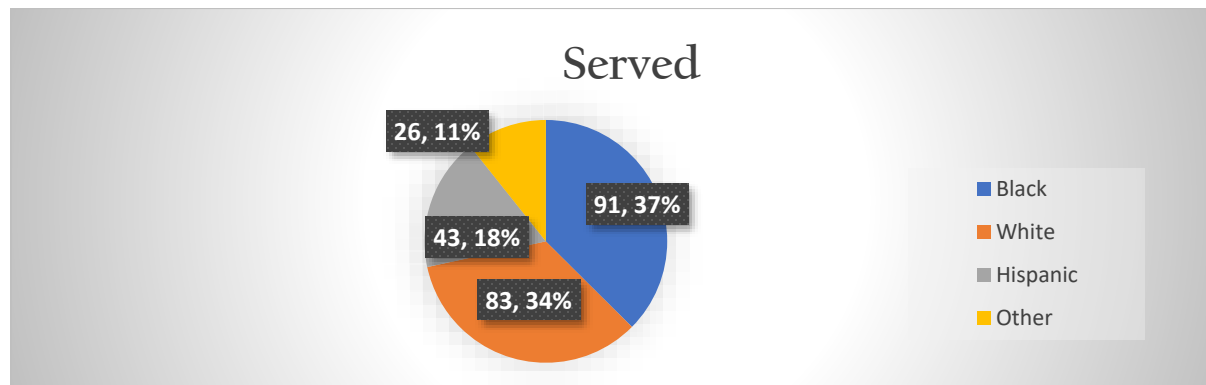


Figure 20 shows the racial and ethnic composition of fathers served during the year. This represents small shifts in the demographics with the most notable being an 8% decrease in the Hispanic population. This may be due in part to staff turnover in the programs and subsequent difficulties in hiring bilingual staff.

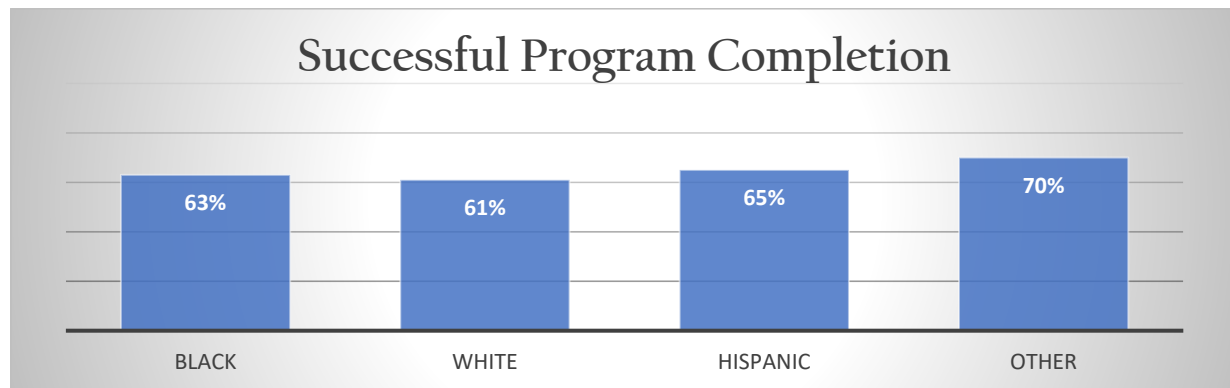
Figure 20: Fathers served





Successful Program Completion (Figure 21) exhibited an increase as compared to prior years. Providers reflected on the impact of COVID-19 and distanced service provision as major barriers in prior years, with some of that easing. Hispanic fathers, while representing a smaller segment of the population served, completed successfully at a much higher rate, with a 16% increase over 2021. Fathers identifying as Other Race saw a similar increase in rate of successful completion. There was a corresponding increase in successful completion of the 24/7 Dad<sup>®</sup> curriculum.

Figure 21: Successful Program Completion by Race and Ethnicity:



For additional information regarding the expanded service array and utilization of services please reference the Department's Annual Progress and Services Final Report that was submitted in June 2022.

**Governor's Task Force on Justice for Abused Children (GTFJAC) Racial Equity and Implicit Bias:**

The GTFJAC conducted a statewide review of Connecticut's systems and finalized a three-year assessment this past year. Key GTFJAC stakeholders participated in the assessment process. Several participants raised systemic racism, racial inequity, and implicit bias during the review. Language and cultural barriers impact the experience of some victims, their families, and the character and quality of the interactions families have with professionals doing this work. The Task Force developed a recommendation in this area to be undertaken over the next three years. As part of the recommendation, the Task Force and Connecticut's Children Alliance (CCA) will continue to support the Multidisciplinary Teams (MDT)/Children Advocacy Center's (CACs) in the state. Through the work of existing and new committees and engaging key stakeholders, the Task Force will develop strategies to address systems that contribute to the lack of culturally competent services in Connecticut.

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

**Conclusion:**

The Report on DCF's Racial Justice Data, Activities and Strategies does not exist in isolation, but when aligned across systems, can promote significant strides in eliminating racial disparities and bringing greater equity in access, experiences, and outcomes for children, families and communities. The racial reckoning that continues and has taken hold in communities across CT and the nation during 2022, going into the third year of the COVID-19 pandemic, presents a critical opportunity to make meaningful, sustainable, and structural change. Children and families, who are at the heart of this change, interact with multiple overlapping systems which can create additional challenges to thriving. Therefore, changes within the Department 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. Continuous work and advocacy by DCF, state leaders, service providers, community partners, and children and families across Connecticut will provide actionable, purposeful, and essential steps toward a child welfare system that actively addresses Anti-Racism.

***Monica Rams, MS***

Director of Multicultural Affairs/Diversity and Equity

***Jodi Hill-Lilly, MSW***

Deputy Commissioner/Executive Sponsor

***Commissioner Endnote:***

*DCF is proud of our efforts to remain data informed, and to ensure that results-based policies, programs, and strategies will continue to be prioritized with the intention of dismantling systemic racism and closing the inequitable outcome gaps across DCF pathways. I remain humble and appreciative of internal and external attention to equity in every facet of our work. DCF looks forward to deepening the partnerships that have been established with youth, families, communities, service providers and across all three branches of government (sister state agencies, judicial collaboratives and legislative committees). These collaborations will further improve equitable outcomes across the entire child wellbeing system.*

*Vannessa L. Dorantes, LMSW*

*DCF Commissioner*