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, 2021

DCF COMMISSIONER DORANTES' STATEMENT

This is such a critical time in our nation's history ... in Connecticut's history. Within the Department of Children and Families, we and our stakeholder partners are acutely aware of the impact that the coronavirus pandemic has had on all of us. Some more than others have experienced sickness, death or economic devastation... or a tragic combination of all of those resulting factors.

Balancing the pandemic planning necessary to respond to the needs of our workforce as well as those of our foster families and children in placement had to be conducted with a public health lens and attention to minimizing our virus transmission footprint. Contact tracing trends of these cohorts mirrored that of the general population on that people of color have been most directly impacted by this pervasive virus.

The past year's turmoil was compounded by racial unrest that left us with a reckoning to consider the contribution that child welfare may have historically played in oppression and marginalization. CT is not alone in this reflection. Child welfare jurisdictions across the country are grappling with understanding disparate outcomes for the children and families we are charged to serve.

This, we have termed as an (Im)Perfect Storm.

*In this year's legislative report, the reader will recognize the over a decade long commitment to racial justice that CT DCF has had. Our Department's evolution has brought us to 2021 with keen awareness that in order to get to equitable outcomes, we must first have common values, consistent language and targeted goals. The self-assessment this past year has included a critical look to determine if outcomes align with our espoused values-- or simply put...Are **all** who are served better off as a result of our interventions?*

We understand that to answer that, we must be cognizant of the contributions of all systems who interact and impact the children and families we mutually serve. This can be daunting and often frustrating when trendlines of improvement don't move as quickly as we'd hoped. CT DCF has partnered effectively across all three branches of government as well as with other external stakeholders throughout our state.

The current CTDCF Executive Team, recognizing the momentum & urgency of the moment, sought to focus the Department on institutional level strategies that are couched within our Department's policies and practices; setting Aspirational Targets and matching metrics to each in the context of our overall Performance Management. Disaggregating outcomes by race, help to illustrate a clearer picture of areas of most disproportionality across our work. Bureaus of Strategic Planning, Child Welfare & External Affairs work closely with the Department's Legal, Operations and Administrative Divisions to solidify CT DCF's infrastructure -- all focused in on our anti-racist model.

*Connecticut is a member jurisdiction of Casey Family Program's National Partnership for Child Safety. Co-lead by CT's own DCF Deputy Commissioner Jodi Hill-Lilly, this coalition is"... a quality improvement collaborative to improve child safety and reduce maltreatment fatalities through the use of **safety science**." (casey.org,2020) The premise of **safety science** is the notion of high reliability fields establishing standards to reduce errors and create the environment to tell the truth and ask for help when needed.*

This report will clearly explain the context of our racial justice effort within this Safe and Sound framework. Additionally, we charged the senior leaders of the Department with identifying change initiatives within their respective spheres of influence. Through the coaching and guidance of CT DCF's Statewide Racial Justice Workgroup, all levels, divisions and functions of the

Department are investing specific attention to these identified targets. Each of these change initiatives are being reviewed by external partners in the Statewide Advisory Council (SAC) and corresponding regional boards (RACs). CT DCF extends appreciation to these groups and their charge of holding the Department accountable to the ideals encompassed in our mission.

This entire framework has received significant attention from jurisdictions across the country seeking to improve outcomes by race. CTDCF Racial Justice leads have also presented to the Child Welfare League of America's 100 anniversary summit, The National Governor's Association Child Well-being Collaborative, hosted two "Color of Covid in CT" webinars and co-sponsored 3 Virtual Community Conversations -- Healing Strategies: Public Health Crisis, Covid-19 & Racism with the Office of the Governor, faith-based, academic & community organizations along with the State of CT Dept of Mental Health and Addiction Services.

All of these components work in synergy towards the ultimate goal of eliminating racial disparity in our outcomes.

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.*

Along with the Department's leadership, the Statewide Racial Justice Workgroup leads & members, special thanks to Director of Multicultural Affairs- Monica Montalvo Rams for tireless energy and innovation to usher the Department into this next chapter of CT DCF's phased journey.

I continue to be proud of CT DCF and its steadfast commitment to racial justice, anti-racism, and equitable outcomes. In the midst of unprecedented circumstances, CT's children and families are counting on all of us to lead boldly into pandemic recovery with honesty, candor and resolve.

Sincerely,

Vannessa Dorantes, LMSW

CTDCF Commissioner

"To compose a country committed to all cultures, colors, characters and conditions...And so we lift our gaze, not to what stands between us, but what stands before us. We close the divide because we know to put our future first, we must first put our differences aside." A Gorman

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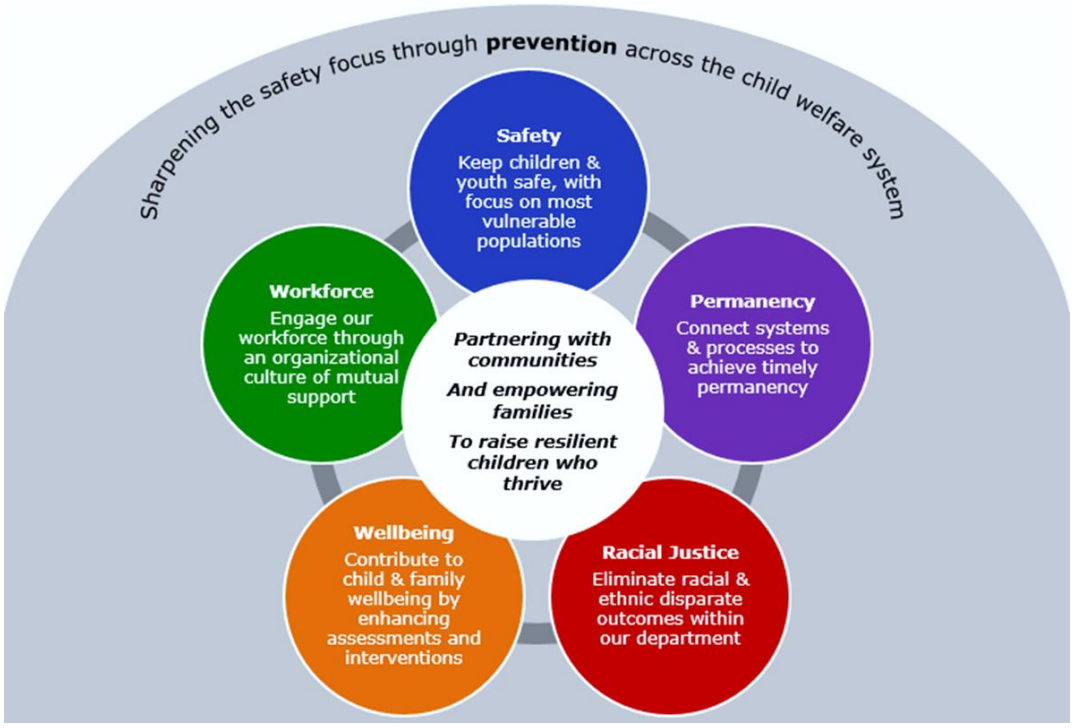
1: DCF OVERVIEW :

The Connecticut Department of Children and Families (CTDCF/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 sharpen 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 need. The 5 identified goals are compensatory, integrated and support the overall mission of the Department.

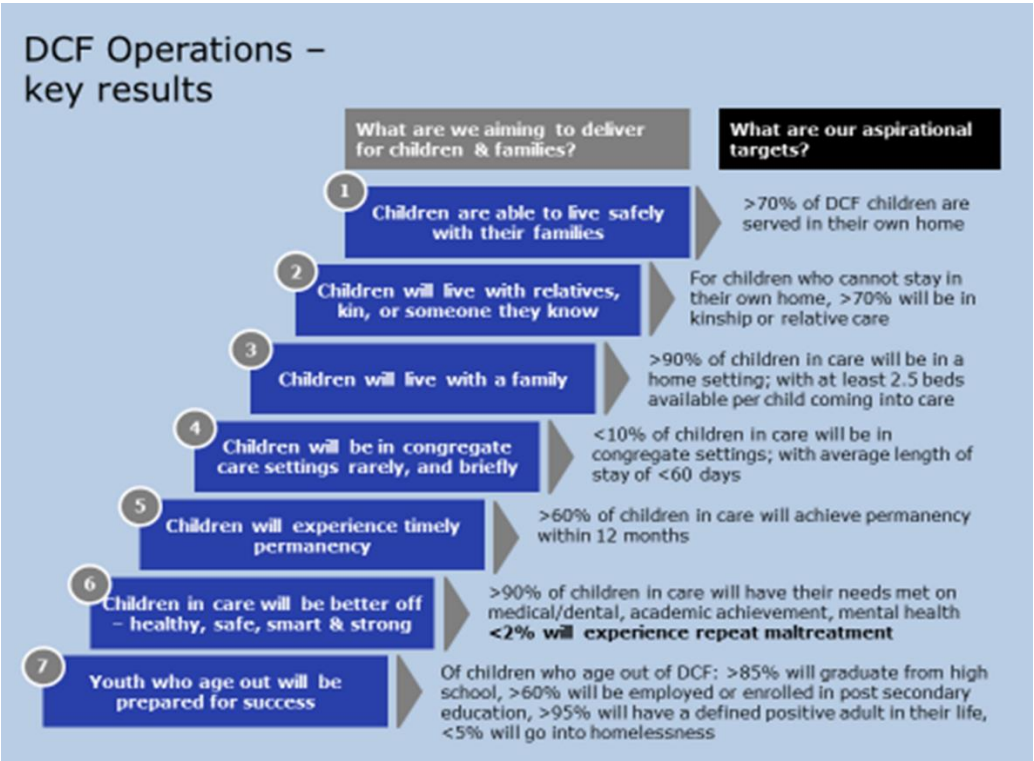
Figure 1: Department of Children and Families Strategic Goals:



The Department takes pride in its organizational values and works with purpose to ensure that all employees and partners contribute to the overall vision. 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 are served.

The mission is grounded in a core set of 7 Aspirational Targets (Figure 2) that drive the Department's Strategic Goals for how to best meet the needs and serve Connecticut's children and families. CTDCF 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. 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 will continue to provide support and guidance.

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



In 2020, with racial disparities illuminated in a global pandemic and our nation gripped in civil unrest, CTDCF reaffirmed our commitment to becoming an anti-racist organization whose beliefs, values, policies and practices achieve racially just outcomes. The overarching mission of anti-racist work is to examine and redesign the CTDCF as an authentically anti-racist agency that will be apparent in its structures, policies, practices, norms, and values. At this time, it is believed that becoming an anti-racist agency is a necessary interim step to achieve the strategic goals of Racial Justice. In furtherance of the agency mission the Department has established 4 grounding principles, values, and foundations to guide us in achieving our goals of becoming an anti-racist organization. Figure 3 below outlines each guiding principle and how the Department is defining itself moving forward.

Figure 3: DCF Guiding Principles, Value and Foundation:

A culture of safety is one in which our values, attitudes, and behaviors support psychological and physical safety for staff, and the families and children we serve. As a culture of safety, *CT Safe and Sound Culture* is rooted in principles of respect, trust, candor, equity and racial justice. When this is put into action, this enables us to be engaged, supportive, accountable and open to learning. It empowers us to make sound decisions and competently provide services that help children and families achieve safe and healthy outcomes. Further information on Safe and Sound Culture will be provided below.

Moving forward to become an Anti-Racist Organization is a key part of our identity. As an anti-racist organization, CTDCF will decisively identify, discuss and challenge issues of race and color and the impact(s) they have on our agency, our families, our community, and ourselves. We will challenge ourselves to identify and correct any inequities found within the agency and in the provision of our services. Moving beyond equity to justice is how we will get there. In 2020, the Department made a commitment to move from Equity to Justice to further ensure that services are individualized and based on a comprehensive assessment of a child's and a family's strengths and needs. CTDCF 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. Striving for Institutional Transformation is our goal as we do not want to make small transactional changes but rather make the changes that fundamentally transform how we work with children, families, the communities we serve, and one another.

2: INTRODUCTION:

CT DCF has been focused on the issue of racial justice for many years with its formal journey beginning in 2005 as a participant in the national Breakthrough Series Collaborative focusing on disproportionality and disparities sponsored by Casey Family Services. After receiving technical assistance and undergoing a series of leadership and organizational changes, CTDCF renewed its focus on addressing issues related to Racial Justice in 2011. Today, with the support and leadership of Commissioner Vannessa Dorantes, along with her administration, achieving Racial Justice and the elimination of racial and ethnic disparate outcomes within the Department has been explicitly included as one of the five strategic agency goals, as noted above in Figure 1.

The year 2020 presented itself with many challenges; a worldwide pandemic, national civil/racial unrest, and economic instability for many individuals across the world including in the State of CT. CTDCF, even with all of the challenges was committed to bringing information to staff related to the impact that COVID-19 was having on families of color by initiating a webinar "The Color Of Covid-19 in CT" " in collaboration with President and Chief Executive Officer at Trinity Health of New England; Dr. Reginald Eadie to highlight the disparities and disproportionality being experienced by Black, Indigenous and People of Color and the reasons why. As CTDCF moves forward with addressing disproportionality and disparities these 3 major challenges will continue to be at the forefront of any decision to ensure that the gaps that already exist are not expanded.

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, among the top ten 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 the KIDS COUNTS indicators.

Connecticut has been listed as one of the top 10 wealthiest states[1] in the nation, however the children living under the federal poverty level remains a great issue. It is of greater concern when the data related to poverty is disaggregated by race and ethnicity. Poverty and the connection to child maltreatment must remain a continued discussion to ensure that already existing gaps that exist don't grow. Poverty and its connections with child maltreatment have been well documented to allow for better understanding about its importance on the field of child protection services and its ultimate impact on the delivery of services. The 2019 National Academy of Sciences in their report, *A Roadmap to Reducing Child Poverty* (2019)[2], highlighted the potential impact poverty can have on a child and child development. This report further states that "Some children are resilient to a number of the adverse impacts of poverty, but many studies show significant associations between poverty and child maltreatment". Considering poverty in child welfare practices is essential as it can impact a child's overall development, their health, social and emotional well-being and academic success. In another article written by Bryan Samuels; *Addressing Systemic Racism in our Child Welfare System*[3], he captures that the most common allegations made in child protection carelines/hotlines across the nation is

[1] Data gathered from website: The 20 Richest States in the USA (Updated for 2020) (moneyinc.com)

[2] National Academies of Sciences, Engineering, and Medicine (2019). A Roadmap to Reducing Child Poverty. Washington DC: taken from the web: https://www.nap.edu/catalog/25246/a-roadmap-to-reducing-child-poverty

[3] Samuels, B. (2020, September 15). Addressing Systemic Racism in Our Child Welfare System. Retrieved November 9, 2020 from https://imprintnews.org/opinion/addressing-systemic-racism-in-our-child-welfare-system/47430

most often related to neglect which is inevitably related to poverty. He asserts, "while poverty does not cause neglect, it restricts access to housing, health care, food and child care, which challenges a family's ability to care for children" he continues and states "families of color are overrepresented among poor families due to systemic conditions that have persisted for generations". In CT, of the family cases accepted in CY 2020, 79.7% of them identified allegations of neglect. Of cases accepted in our Family Assessment Response (FAR) track, 87.4% were for neglect only and of cases accepted on the investigations track, 67.3% were for neglect only. At this time this data is not able to be disaggregated by race, however it does show that a significant amount of reports received are related to neglect which could have a connection to poverty.

Child poverty is associated with almost every indicator reported in the 2020 Connecticut KIDS COUNTS data book[4] therefore it is important to understand how poverty impacts a family's dynamic and child development. The 2020 Connecticut KIDS COUNTS data book notes that the overall percent of Connecticut children living below the federal poverty line was 14% for the period of 2019. When this is broken down by race, you can see the disproportionately that exists among all races. For instance, the poverty level for Hispanic/ Latino children (29%) is lower than it was in 2018 but remains the highest when compared to other races. The rate for African American children (27%) was also significantly higher than the overall CT rate. The rate of children in poverty categorized as 2 or more races remains at 16%. The poverty rate for Asian/Pacific Islander children was at 9%. While on the other hand, the poverty rate for white children was significantly lower at 5%, which is also lower than it was in 2018.

The wealth gap between White, Black and Hispanic/Latinx households is also substantial. The report explicitly notes that in 2019 the median income for CT families was $98,100 while the median income for White families was at $130,000. The lowest of the median family incomes was for Hispanic/Latinx families at $46,000. Black/African American families was slightly higher at $47, 800 however still significantly lower than the overall median. The median income for Asian/Pacific Islanders was the highest among them all at $140,200.

CTDCF is the Child Welfare Agency in the state of CT, however it is not solely responsible for the overall well-being of CT's children. The children and families that CTDCF serve oftentimes are seen in multiple sister agencies and programs within our communities. CTDCF continues its efforts across systems and community outreach to bring others along on its journey of eliminating racial and ethnic disparities.

CTDCF continues to look forward to the implementation of the Family First Prevention Services Act (FFPSA) that was passed and signed into law in February 2018. FFPSA and its' family centered policies will pave the way to allow more children to safely be served in their homes and communities. While steps were taking place to ensure a successful launch in October 2020, COVID-19 dictated a pause in the work for several months, however planning efforts for Family First continued throughout 2020. The CTDCF in partnership with various community stakeholders throughout the state, through a series of statewide workgroups, collaborated to successfully co-create a candidacy definition with Racial Justice and social inequality and disparities in mind. Candidacy was the initial undertaking of the Family First working group since that definition sets forth the cohort of children eligible to receive services under the state plan. In addition to the candidacy definition being developed, the working completed the full mapping of all intervention services offered in Connecticut. After inventorying the available services, the group researched the available evidence by program and matched them to the specific needs and desired

4. *The Annie E. Casey Foundation. 2020 KIDS COUNT Data Book: State Trends in Child Well -Being. Baltimore, MD:* Children in poverty by race and ethnicity |KIDS COUNT Data Center. Retrieved from: https://datacenter.kidscount.org/data/tables/44-children-in-poverty-by-race-and-ethnicity?loc=8&loct=2#detailed/2/8/false/1729,37,871,870,573,869,36,868,867,133/10,11,9,12,1,185,13/324,323

outcomes for the candidacy populations. All mapping activities were consistently engaged using a racial justice lens throughout the evaluative process, noting there are various schools of thought around the efficacy of evidence-based programs for families and communities of color. All work achieved this year can be viewed at CTFamilyFirst.ct.gov, Connecticut's site for Family First presentations, meeting minutes and other Family First related materials. Submission for plan approval is anticipated for April 2021, with an implementation date of October 2021.

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 Statewide Advisory Council (SAC) has taken an active interest in assisting the Department to reduce the disproportionate and disparate outcomes families experience in the child welfare system. The SAC participated in the Department's anti-racist framework presentation and was provided the statewide pathways data. A section entitled, Racial Justice, is now included in each monthly SAC meeting. The SAC has been provided a list of the Departments change initiatives and will be offering input and suggestions to the Department on them. Thru the SAC, the Regional Advisory Councils (RAC) have localized efforts to address disproportionality and disparate outcomes in their respective communities by a variety of activities.

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. As noted earlier, the overarching mission of CTDCF anti-racist work is to examine and redesign the Department as an authentically anti-racist agency. As this shift is taking place, outcomes for children, families, and staff of color will demonstrate decreases in disparities. CTDCF is mindful that this work is hard and often times painful for some therefore CTDCF is committed to cultivating and sustaining an environment that is supported and grounded in the context of the Department's Culture of Safety, Safe and Sound as referenced above. There are 5 main principles that are being branded as the "5R's" (Figure 4) that will provide a framework for our work within a culture of safety and racial justice.

Figure 4: The Five Rs of Safe and Sound:

As 2021 continues, CTDCF will be furthering its efforts to cultivate and nurture a safe and sound culture throughout the agency.

This report will present a continuation of trends and efforts captured by CTDCF for the time frame falling under State Fiscal Year (SFY) 2020 (July 1, 2019 - June 30, 2020) and/or calendar year (CY) 2020 (January 2020-December 2020). For a detailed history of DCF's journey on addressing racial inequities please refer to the initial submission dated February 15, 2019 and/or the CTDCF Racial Justice website for further

information. The information below will illustrate, the Department's rich array of data that is being used to 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. Cross-examining its data from a racial justice lens better allows for further opportunity to ensure that the Department provides quality, equitable, and outcome driven care for the children and families in Connecticut.

3: RACIAL/ETHNIC DISPROPORTIONATILITY ACROSS THE CT CHILD PROTECTION SYSTEM:

CTDCF continues to have strong data infrastructure that is accessible to all staff, to support the evaluation of its' practices and outcomes through a racial justice lens. The Department has deliberately invested in capabilities that allows us to disaggregate most reports by race and ethnicity. This provides agency leaders the ability to observe trends that can be used for the consideration of strategies to eliminate the racial and ethnic disparate outcomes within CTDCF. This report will touch upon data points captured in the pathways data set that are considered key components in the Departments efforts to reduce and eventually eliminate racial and ethnic disparities.

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" referred often as the "CTDCF Pathway Data." (Figure 5 below). This data set graphically presents the distribution, by race/ethnicity, of children served across Connecticut child protection system at key decision points. 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 (approx., April 2021) in order to have updated information on the demographics and population of the families and children served in CT.

The pathway data are produced for every Region and Area office and then shared statewide. Ultimately these are "the needles" that we need to move. CTDCF has made the commitment to consistently look at the data set available related to child outcomes so that the strategies that are developed address areas of need while being intentional in becoming an anti-racist organization. As part of this commitment, conversations across the state are being held at a greater degree along with collaboration with the Office of Strategic Planning.

Figure 5; Statewide Racial/Ethnic Disproportionality Across the CT Child Protection System SFY20:

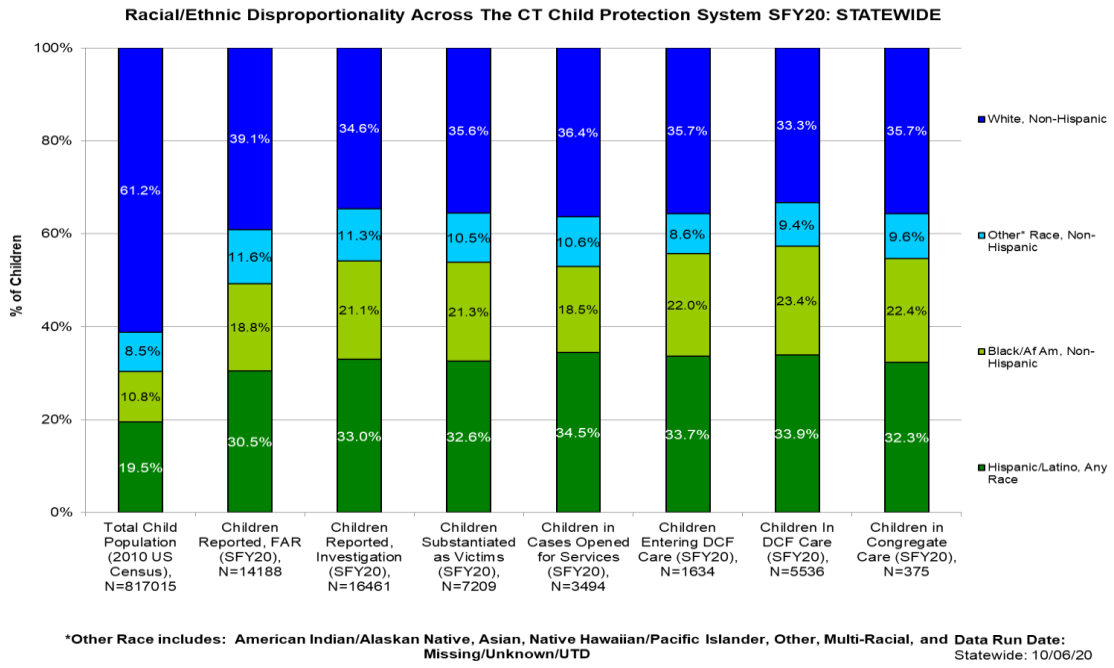


Figure 5 above, shows the percentage of each racial group that comprises the CTDCF child population at each stage of involvement (key decision point), in comparison to the general CT child population in the 2010 US Census. Each bar depicts the stage or level of child welfare agency involvement. Further, 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 above data continues to reveal considerable overrepresentation of African American and Hispanic/Latinx children in all areas along the pathway decision points. African American and Hispanic/Latinx children are more likely to be substantiated for maltreatment, removed from their homes, and remain in care longer than White children.

Comparing State Fiscal Year (SFY) 2020 pathway data to (SFY) 2019 pathways data it appears that apart from children in congregate care, there was an increase in disproportionality in most of the decision points for the population that are Hispanic/Latinx children. There is a noted combination of slight increases and decreases in disproportionality for African American children. For instance, there was a decrease in disproportionality of children with cases opened for services and of children entering care, however there was a slight increase in disproportionality of children in DCF care and children in Congregate care. There was no significant difference noted in children reported or children substantiated as victims. Of note, however, is the slight decrease for Other Race, Non-Hispanic children in most decision points except for cases opened for services and children in congregate care it noted that there was no significant change. There was no significant change in most of the key decision points for White, Non-Hispanic however a very slight increase in children entering care.

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.

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 CTDCF 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 6-Figure 12 shows the Disparity Index trend over the last seven years (SFY13 to SFY20) for each bar in the pathway.

The data indicate that most aspects of the pathway require continued attention to eliminate the observed disproportionality and disparity. Looking at the data via the disparity index trend 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 CTDCF, children of color are overrepresented at all stages of the child welfare system and disparities continues to exist with Hispanic/Latinx children, Black/African American children and Other Race Non-Hispanic children when compared to White, Non-Hispanic children.

With respect to accepted FAR reports, in SFY2020 the disparity in those children referred to the FAR track significantly decreased in comparison to SFY2019. This can be interpreted as a positive, however, in this data set it is better to see the trend increase and trending upward as those families referred to FAR have low risk factors and do not require a determination of substantiations thus making this assessment voluntary and less forensic in nature. While there was a decrease in disparity rates in FAR there was an increase seen in the reports accepted as investigations. Black/African American children were almost 3 ½ x times more likely and Hispanic/Latinx children almost 3x greater and more likely of being reported for an investigation than White Non-Hispanic children. As a result of COVID-19 reporting to CTDCF decreased between the month of March 2020 and June 2020. Reports received were dramatically impacted by COVID-19 mainly because reports made by school personnel make up approximately 29% of the reports made to the Careline. During these months, there was an approximately 40% reduction of reports received during these months. Reports made to CTDCF continued to be received by law enforcement, medical personnel and mental health reporters however those received at a lower rate than pre Covid-19. As this year progresses, further analysis will need to occur to understand the impact on reporting the story behind the data.

With respect to children being Substantiated as Victims there was no significant change from SFY2019 to SFY2020. There was a very slight decrease for Black/African American Children and a slight increase for Hispanic/Latinx children. In cases opened for services, Black/African American children improved in SFY2020 as the trend decreased whereas for Hispanic/Latinx children cases opened for services increased. An area that will need further analysis is the area of undocumented families and children and the correlation that this may have on cases opened for services. The data that is currently available is limited and unreliable. Overall, the disparity index is higher for black children and families in all decisions points

with the exception of cases opened which resulted slightly higher for Hispanic Families. The Department's Director of Immigration provides consults on an ongoing basis for immigrant families that are being served by the CTDCF. It is reported that over 90% of the consultation that occurs concerns people of color, the majority of whom are from Mexico or Central America and who are undocumented. The most common situations addressed in the consultations are, 1) the need for health and mental health care services, 2) the need for legal representation, 3) helping undocumented minors committed to DCF to get Special Immigrant Juvenile Status and 4) difficulty accessing safe and affordable housing.

Children entering care showed a significant decrease for Black/African American children from SFY2019 to SFY2020 although a disparity still exists in comparison to white children. For Hispanic/Latinx children there was no significant change from SFY2019 to SFY2020. This could partly be due to the impacts of COVID-19 and/or the work done by staff to reduce the number of children entering care. Additional analysis will be needed to understand why this occurred. There was a slight increase for both Black/African American children and Hispanic/Latinx children for the children in care disparity index and both are still 3x greater than White/Non-Hispanic children.

Figure 6: Disparity Index Trends: SFY 2013-2020

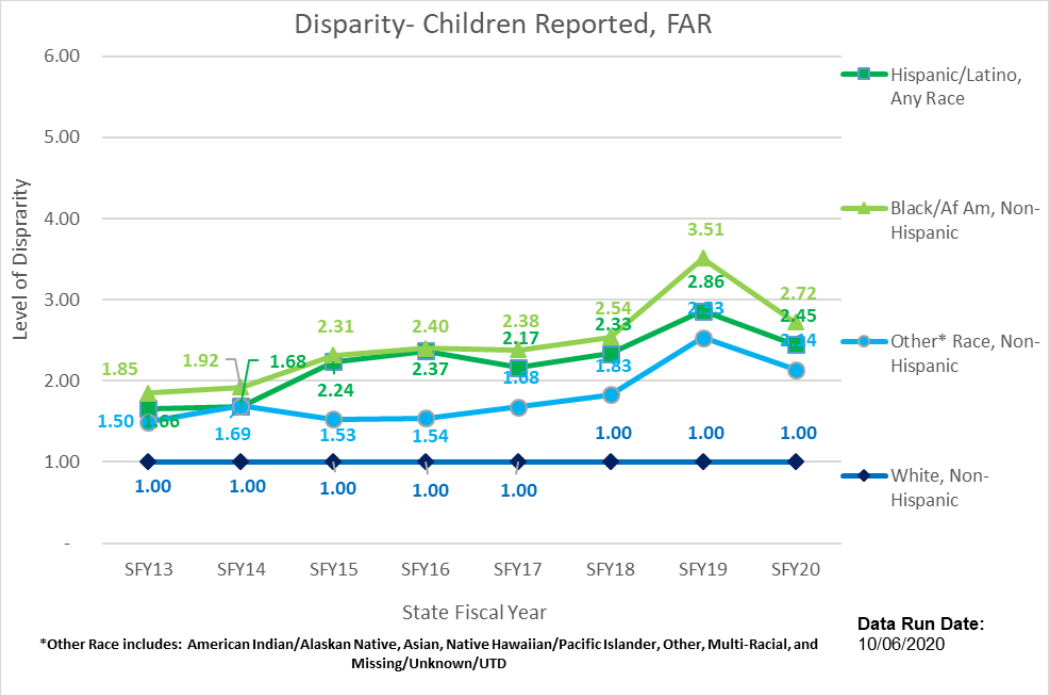


Figure 7: Disparity Index Trends: SFY 2013-2020:

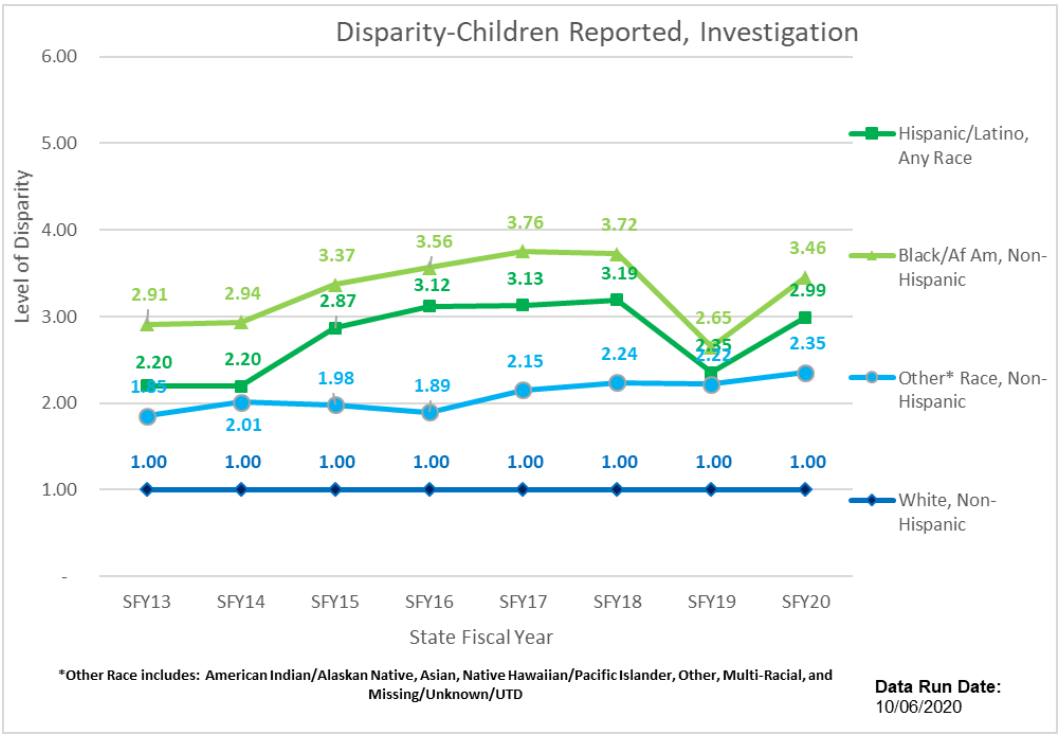


Figure 8: Disparity Index Trends: SFY 2013-2020:

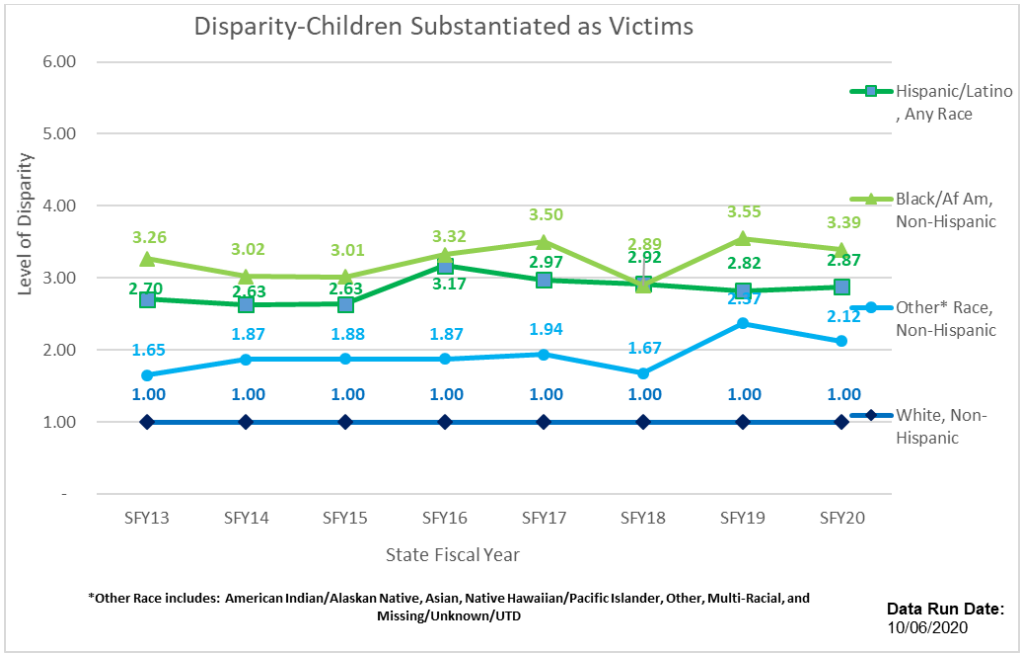


Figure 9: Disparity Index Trends: SFY 2013-2020 :

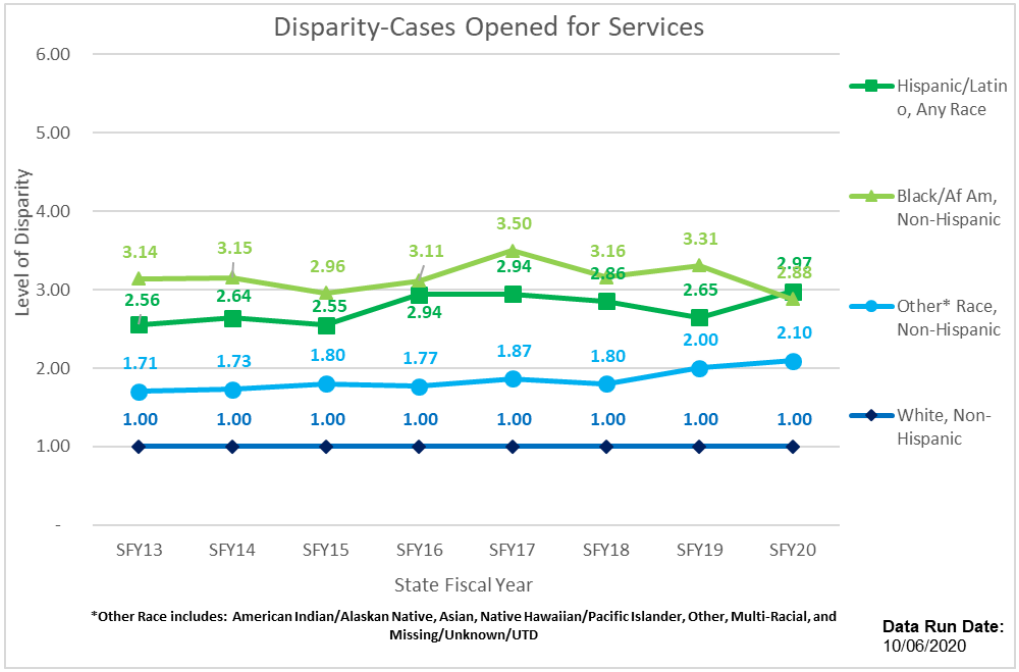


Figure 10: Disparity Index Trends: SFY 2013-2020:

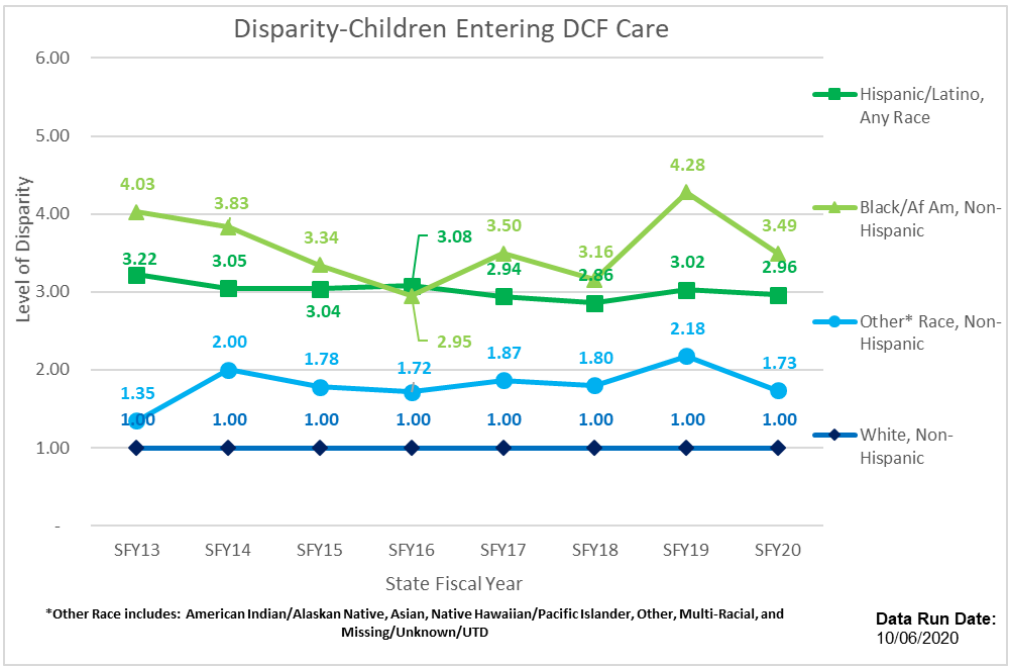


Figure 11: Disparity Index Trends SFY 2013-2020

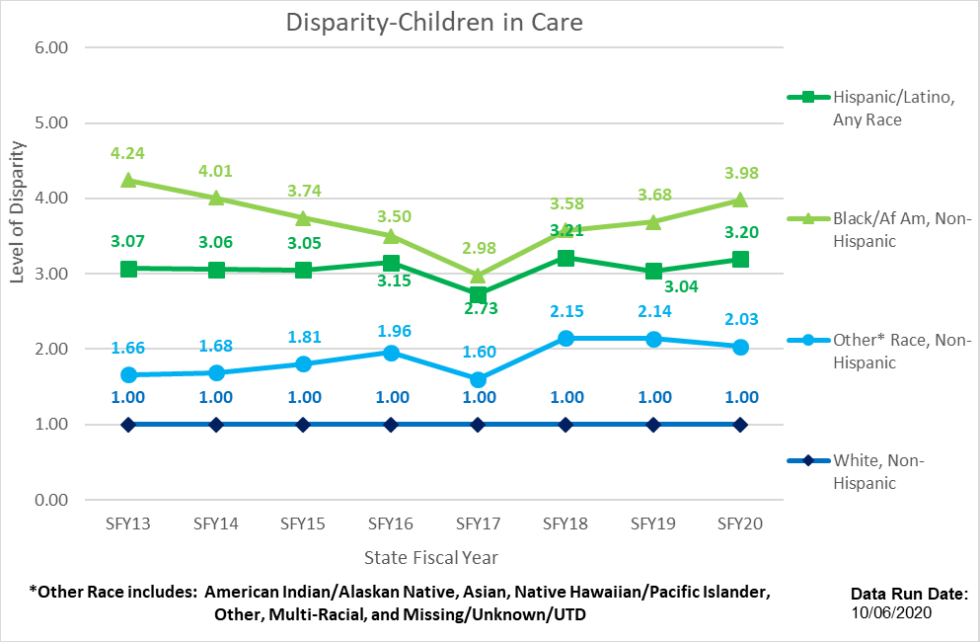
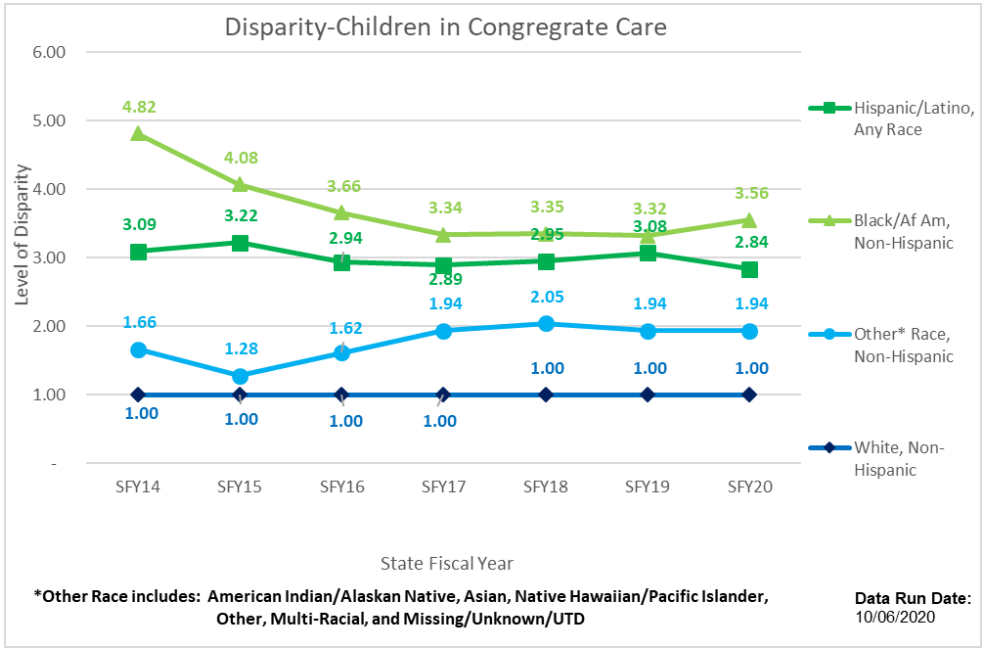


Figure 12: Disparity Index Trends SFY 2013-2020



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. Our anti-racist work and racial justice initiatives are being constructed to address these on-going trends and ensure all children and families are being served equitably and justly in all interactions with CTDCF.

4: SERVICE ARRAY ANALYSIS:

CTDCF continues its commitment to ensuring that the provision of services 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 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 prior to the implementation of any service.

Since 2016, the Department has maintained that all Requests for Proposals (RFP's) include explicit language stating 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 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.

This section of each RFP is worth 15 points towards the overall scoring and award of a contract with the Department. 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 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.

In 2020, the Department committed to more proactive engagement of its contract provider network in this work through the strengthening of requirements in each contract to encourage participation of providers in Cultural and Linguistically Appropriate Standards (CLAS) development and model compliance. It is the intent of the Department to further enhance its procurement process to provide additional incentives in scoring for those providers who become and maintain CLAS compliance.

The Department continues to maintain a data collection and reporting system to support the monitoring and oversight of its contracted services. This system, the Provider Information Exchange (PIE), encompasses multiple programs across the state and 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 CTDCF'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.

As the COVID pandemic unfolded, the Department shifted its contracted service continuum to a virtual model of service provision in almost all cases, although the service provider network maintained the capacity to provide in-person services in emergency situations. Throughout the pandemic, the Department engaged in frequent discussions with its contracted providers regarding the efficacy of virtual service provision as well as when and how to reengage back to in-person models of care. In preparation for this step, and anticipating a resurgence of the pandemic, the Department engaged its provider network in a collaborative Continuity of Care (COOP) Service Model Plan development process. The premise of service model COOP plans is to ensure that each of the 80 service types available to children and families across Connecticut through a contract with DCF can remain operational in the face of an emergency- finite or prolonged, and that each will operate in a standardized consistent model, regardless of geographical location.

To that end, in early September, the Department finalized and implemented a COOP plan for each of its 80 contracted service types. Each of CTDCF's contracted services now has a COOP plan that identifies all of the components of the service, delineates which can be temporarily transitioned to a virtual model of service and then breaks an emergency situation into 4 phases and identifies how each component of the service type will be provided in each phase (virtually, in-person or suspended). While these plans loosely mirror the State phases of an emergency, they are designed to be fluid enough to allow for deviation from the overarching State-delineated phase if required by safety factors for children. Additionally, the plans were not specific to the COVID pandemic, but rather any emergency that might be realized by the State in the future.

The implementation of the COOP plans allows DCF, with one communication, to establish an emergency phase for all providers, of all services, from all 330 individual programs across the State. This ensures consistency and standardization of service provision from providers of like service type which provides continuity to our children and their families while also ensuring that data for this timeframe can be analyzed through the same lens. It also ensures CTDCF's ability to remain committed to quality assurance efforts as staff can be made aware of CTDCF's expectations during an emergency and can monitor accordingly.

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, the Department's Service Outcome Advisory Committee (SOAC), comprised of CTDCF 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, will begin 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 the Department.

This initiative will utilize a standardized, comprehensive process that includes subject matter experts, the current provider network and consumers to 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, which will include a measurable Racial Justice performance outcome measure for every service type.

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.

In April 2012, following the statewide implementation of our Differential Response System, funding was allocated by the legislature to provide continued support to families, who received a Family Assessment Response (FAR). Community Partner Agencies (CPA) were selected through a statewide procurement process in all six DCF regions to further support families and connect them to an array of community supports and resources, designed to promote the safety and well-being of children and their families. 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. UCONN School of Social Work 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 (CSF).

Figure 13: Disposition to Community Support for Families for SFY 2020

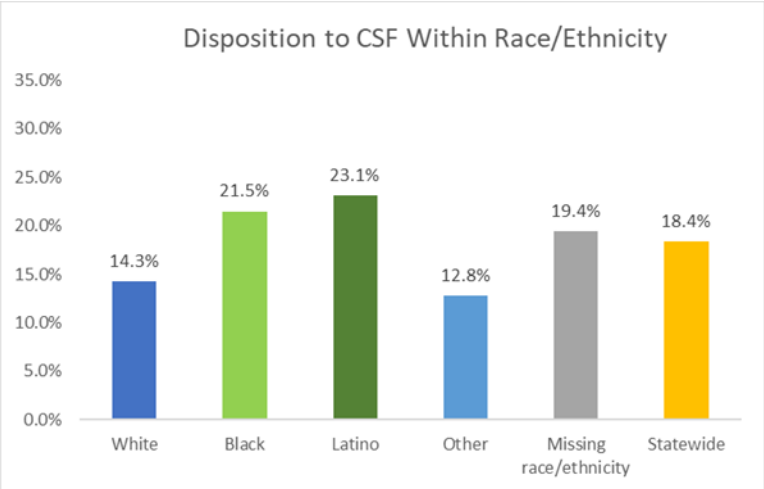
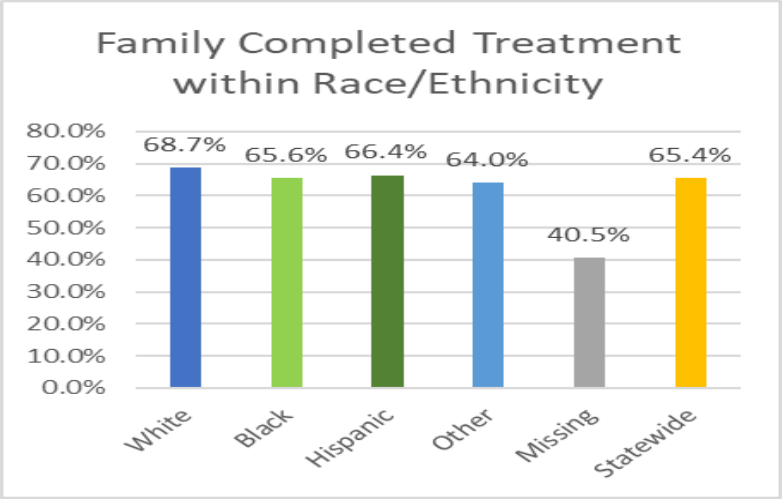


Figure 13 above shows that of all families who received a Family Assessment Response, approximately 18% of families were referred to the CSF program. Variations were noted by race/ethnicity which are as follows: 14% of White families were referred to CSF compared to 21% Black families; 23% Latino families and Other families at 13%. Nineteen percent (19%) of families were missing race/ethnicity information for the primary caregiver. The family is the unit of analysis for the program and as such, the race/ethnicity of the primary caregiver is used in the analysis. Although there are differences in referral rates by race/ethnicity, there does not appear to be differences with families having access to the program for families of color.

Figure 14 below represents the families who completed CSF Treatment by Race/Ethnicity. Overall, 65% of families completed treatment. A slightly lower percentage of Black and Latino families completed treatment compared to White families.

Figure 14: Families who completed CSF treatment; Race and Ethnicity for SFY 2020



The CSF program has continued to operate during the COVID-19 pandemic. The Community Partner Agencies (CPAs) have implemented a number of provisional practices around limiting in-person visits to protect CSF families and staff from COVID-19 including utilizing telehealth for most visits, checking in with families by phone in between video conferences, providing PPE to families and staff when in-person visits are necessary, doing curb-side/front porch visits when possible, and providing gift cards for goods needed. Since service delivery has had to rely mostly on telehealth, it is important to understand the barriers for families to utilizing this service.

Looking for areas of systemic racial injustice is critical; therefore, UCONN's research agenda prioritizes analyzing and assessing potential racial disproportionality in the Connecticut child welfare system. To that end, UCONN will examine disproportionality and disparity at key decision points of our intake practice including substantiation, central registry, 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 lens. As required, CTDCF
will continue to submit our annual legislative report relative to our FAR and the CSF Program, inclusive of rates of subsequent reports and substantiations though a racial justice lens. Assessing racial disproportionality and disparity in the Connecticut child welfare system will help inform our collective efforts to reduce racial disproportionality/disparity.

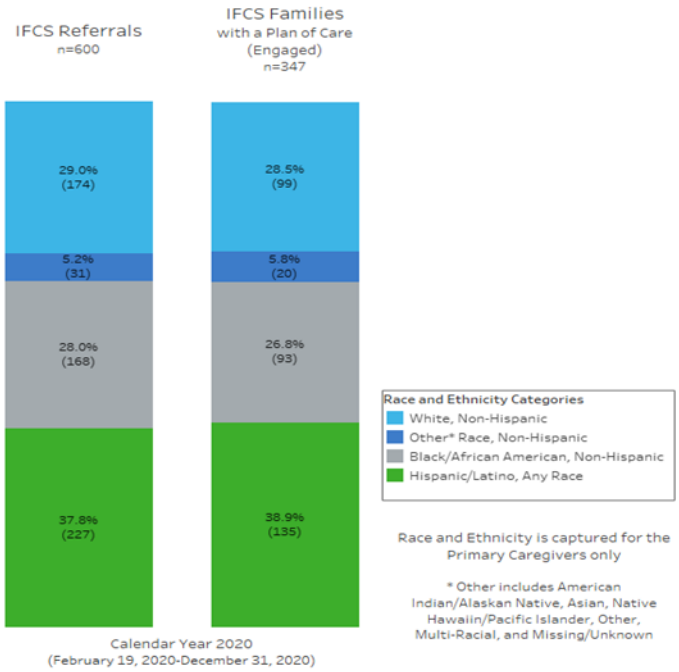
INTEGRATED FAMILY CARE and SUPPORT PROGRAM (IFCS): In partnership with Beacon Health Options, CTDCF established a new program to empower and strengthen families as well as remove the stigma of CTDCF involvement for families accessing CTDCF funded services to address their needs. The development of the program was a result of a budget option submitted under CTDCF's prior administration following a review of data, specifically looking at the high rate of unsubstantiated case transfers to ongoing services. The program was developed in the belief that families would be better served in their own community without CTDCF involvement and aligns well with the FFPSA and our prevention

mandate. Integrated Family Care and Support (IFCS) was designed to engage families while connecting them to concrete, traditional and non-traditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach. The length of service provided is 6-9 months based on the family's level of need and willingness to engage in services with an option to extend the length of service if needed. Families who meet the eligibility criteria can be referred to the program. Outcome Measures for the program focus on engagement, family satisfaction, reduction in child maltreatment and several performance indicators and will be evaluated through a racial justice lens.

IFCS was implemented in Regions 4 and 5 in February 2020, followed by Regions 2 and 6 in March 2020. Statewide implementation was scheduled for April 1, 2020 but due to the pandemic, roll out of the remaining two regions was delayed. IFCS was subsequently rolled out in Region 1 the end of April 2020, and in May 2020 in Region 3. The Central Office Program Lead continues to meet with Beacon Health Options staff on a bi-weekly basis to review referrals, address implementation issues, review data, and develop data reports. Local CTDCF/IFCS staff meet regularly to foster relationships between CTDCF/IFCS staff, address case specific concerns, promote communication, and ensure the needs of families are addressed during the COVID-19 pandemic. By the end of the calendar year, nearly 600 families were referred to the IFCS program. CTDCF will continue to work closely with Beacon Health Options and regional staff to assess and evaluate service delivery, child and family outcomes, as well as outcomes through a racial justice lens. As this is a new program, data is somewhat limited, and reports continue to be refined over time.

Figure 15 (below) represents caregivers referred to IFCS and caregivers who engaged in the program by Race/Ethnicity from February 2020 through the end of December 2020. The column to the left represents the caregivers referred to IFCS and the column to the right represents caregivers who engaged in the service.

Figure 15: Race and Ethnicity for Primary Caregivers by Race:



Race and Ethnicity data is captured only for the primary caregiver of the families referred to IFCS. The breakdown of race and ethnicity for the 600 referrals received within the timeframe indicated are as follows: 29.0% White, Non-Hispanic, 28.0% Black/African American, Non-Hispanic, 5.2% Other Race, Non-Hispanic, 37.8% Hispanic/Latino, Any Race. The race and ethnicity breakdown of caregivers who engaged in the program, as defined by caregivers developing a Plan of Care within 45 days of the referral date, are very similar to those referred. Proportionate rates of the referred population were engaged in the program is a positive indicator and will be closely monitored, as more caregivers are referred and engaged in the program. It is anticipated as the program continues the data will be more meaningful and complete. Monitoring race and ethnicity rates by referrals, engaged status, and outcomes will guide implementation efforts in the year ahead.

When Governor Lamont declared a state of emergency in CT due to the outbreak of COVID-19 in March 2020, the IFCS program was in the initial stages of launching statewide. The program was designed to work face-to-face with caregivers, both in their communities and in their homes. The shift to Care Coordinators working remotely, and school-aged children engaging in distance learning, had an immediate impact on referrals and service delivery expectations. Calls to the CTDCF Careline decreased significantly during this time, and in turn, the rate of referrals to IFCS was less than anticipated. The pandemic forced the program to pivot to virtual platforms such as Zoom and rely on phone calls to engage with caregivers. Many caregivers stated that they preferred these types of meetings because it eliminated the need to juggle schedules and eliminated travel time, and transportation obstacles. However, engaging caregivers over the phone or through a video platform was challenging to build trusting and family centric relationship. IFCS staff received training on best practices when engaging with caregivers virtually, and care coordinators redoubled their efforts.

Since IFCS program was just implemented last year, the program does not have baseline data to compare against and is unable to provide trends analysis or measure the impact of COVID-19 on service delivery. However, as the pandemic continued, IFCS saw a steady increase in rates of unemployment, housing insecurity, financial distress, unmet mental health needs, increased intimate partner violence concerns, and food insecurity among the caregivers referred. It is evident through our work with caregivers, that the social determinants of health needs as a result of the pandemic have increased the prevalence of risk to the well-being and mental health of Connecticut's most vulnerable families.

As one of CTDCF's newer divisions created following the Department's reorganization under Commissioner Dorantes, the Systems and Organizational Development Division (Systems Division) was established in July 2019. Since then, the Division's vision has focused on enhancing our service system to better meet the needs of children and families by promoting strong engagement and collaboration within CTDCF, and with our community partners.

In support of this ongoing effort, the Systems Division led a statewide expansion of Enhanced Service Coordination (ESC) to all CTDCF Regions in January 2020 after successful pilots in Regions 5 and 6 highlighted the benefits of ESC as a needs-based consultation model. The 2020 expansion helped to streamline this service coordination model for four of the Department's parenting support services: Intensive Family Preservation (IFP), Reunification and Therapeutic Family Time (RTFT), Parenting Support Services (PSS) and Child First. Details of these models are included prior to the data presented.

ESC was introduced in CTDCF's remaining four Regions roughly 2 months before the COVID-19 pandemic shutdown. While stay at home orders and office closures had agency wide impact on service provision, the Systems Division's ESC Service Coordinators were able to maintain regular communication with stakeholders including CTDCF social workers, supervisors, and service providers to support continuity of services throughout the COVID pandemic. Furthermore, despite COVID-19 challenges, the Systems Division worked closely with Central Office Program Leads and the provider network to ensure minimal interruptions to service delivery despite some of the limitations created by Executive Orders issued by CTDCF's authorizing agents.

As expected, there was a decrease in service referrals across the agency during the first few months of the pandemic. While referrals began to uptick into the fall and normalize by the end of 2020, ESC Service Coordinators maintained their focus on service matching and ensuring timely referrals through ongoing outreach to staff. This ongoing outreach to staff was a critical engagement strategy for the Division during the early days of the pandemic, and that outreach has helped to ensure that families have timely service provision when they have needed it.

The Systems Division also utilized alternative means to maintain contact between families and children and ongoing collaboration with ESC Program Leads. CTDCF's Program Leads, for all contracted services, initiated weekly calls with their respective statewide provider network to discuss challenges and identify solutions to support families through the pandemic. This ongoing communication and collaboration ensured we prioritized the planning and implementation work needed to provide services virtually and to engage families. It also allowed the Department to identify major challenges impacting families including of technical limitations with virtual demands and struggles with meeting basic needs, including housing and employment. The weekly calls addressed provider staffing vacancies, waitlists, and factors that could be disruptive to service provision and engagement efforts. This work has continued into 2021, as we

support our internal triaging protocols to guide decisions around service provision while public health guidance is ever changing, and where limitations exist on when CTDCF staff and service providers can safely resume "in-person" versus virtual service provisions.

Also, in 2020, the Systems Division continued to collect data through our ESC log and dashboard tools that enabled the team to analyze race/ethnicity data from each ESC service type in real time and compare trends across Regions. These dashboards are being shared with Regional leadership and providers to highlight timeliness, service match, utilization data and support real-time, data-driven conversations, troubleshoot issues and assess performance.

The year 2020 also challenged all divisions across the agency to develop change initiatives to help build an Anti-Racist Child Welfare System for Connecticut. The Systems Division developed a change initiative that focused on assessing and addressing disproportionality and disparate outcomes in service provision for families referred to the four ESC services, through engagement with CTDCF Regions and Central Office Divisions, provider partners, and with Connecticut's broader child welfare system. The Systems Division's change initiative will include assessing multiple factors that may contribute to disproportionality and disparity in service provision to ESC families with overarching engagement strategies designed to have a positive impact on raising the awareness of racial inequities: Engagement of External Stakeholders with the Anti-Racist Framework and Engagement of CTDCF Staff to Understand Service Trends. A critical focus of our work in 2020 has been introducing CTDCF's Anti-Racist Framework and Implicit Bias training with service providers and the community partners. There will remain an ongoing emphasis on this work to ensure we match families with the right services to strengthen and support them with an overarching priority on racial, ethnic, and cultural considerations in service planning. (For additional information, please see figures 16-25, pages 26-34)

As we moved from COVID-19 crisis mode in the early days of the pandemic to our recovery and ongoing efforts to resume full operations, the Systems Division has remained committed to ensuring that families' service needs are prioritized and when referrals are made, families are connected with “best fit” services to meet their needs in an equitable manner.

For the purpose of this report and to provide clarity on graphs and data shown, the following definition will assist in understanding the graphs and data presented. Data presented from the service array is primarily collected from DCF-contracted providers of services. See below for descriptions of the charts.

> Caregiver - Client/participant in service. Depending on service requirements and intended clientele, caregiver may mean biological parent, foster parent, or other participant with responsibility to care for a child.
>
> Caregivers serviced - Presents numbers of caregivers in each race/ethnicity group involved with the service, including clients designated as evaluation only and excluding crisis only episodes. Percentages are calculated by dividing number of caregivers in that race/ethnicity group divided by the total number of caregivers served during the fiscal year.
>
> Met treatment goal - Clients designated as such have met all or most of the treatment goals of the program or otherwise received intended benefit(s) of the program as determined by provider. Percentages are calculated by dividing number of caregivers per race/ethnicity group that met the treatment goal by number of caregivers who were expected to complete

treatment (excluding evaluation only and excluding crisis only episodes) in each of these race/ethnicity groups.

INTENSIVE FAMILY PRESERVATION (IFP): 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 CTDCF 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 16: Number of Caregivers served by (IFP) in SFY 2020 by Race/Ethnicity

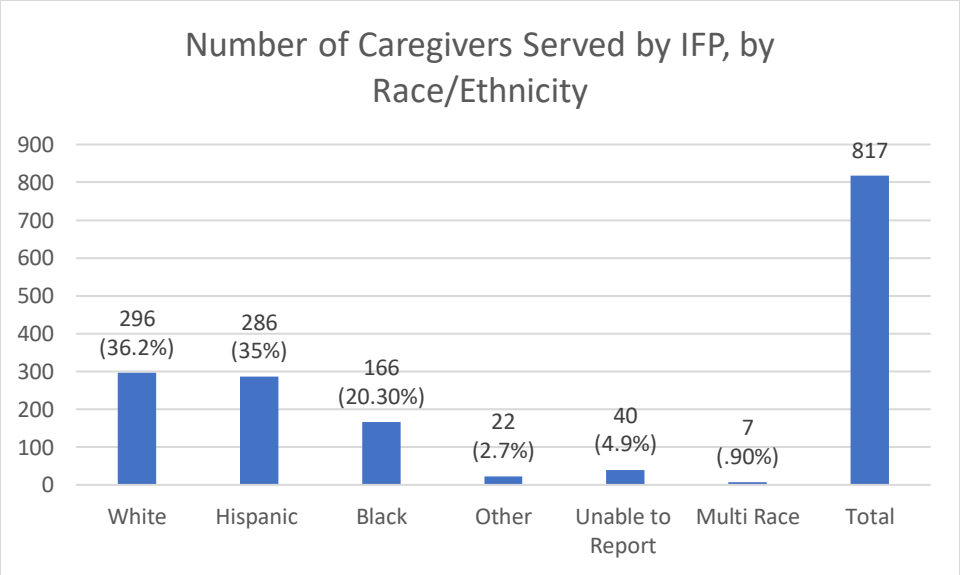
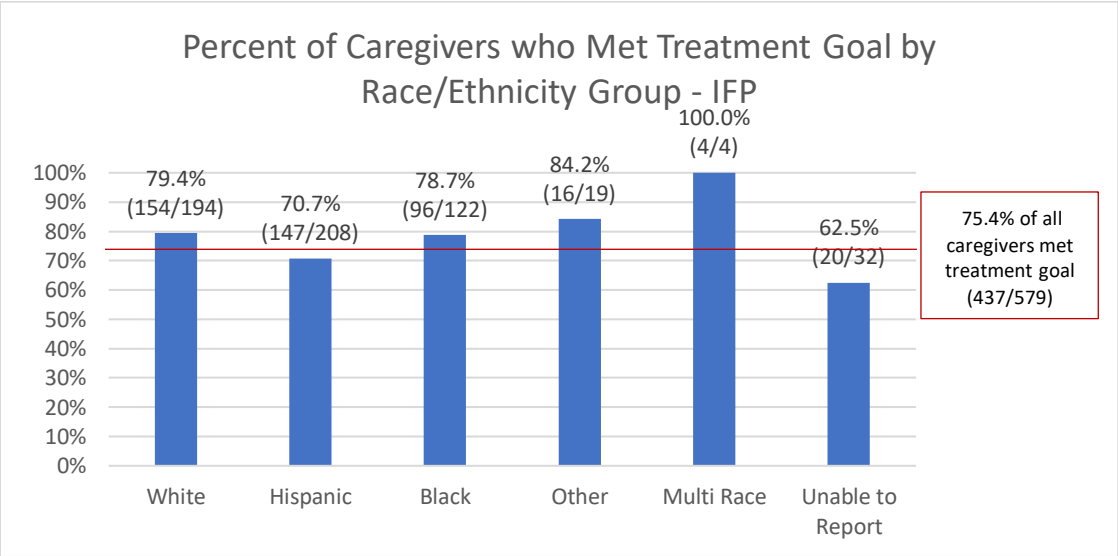


Figure 16 (above) shows the number of caregivers whom received IFP services in SFY 2020 broken down by race. In SFY 2020, there were a total of 817 caregivers serviced by IFP, representing a slight decrease in caregivers since SFY 2019, when 846 caregivers were served. White caregivers make up the highest proportion of caregivers served. There were 40 (4.9%) caregivers in which race/ethnicity was noted as "Unable to Report." In comparing SFY 2020 to SFY 2019, White and Black caregivers represent a smaller percentage of caregivers serviced by 1.8% and 2.5% respectively. The percentage of Hispanic caregivers increased by 3.3% percentage points

The Department examined the percentage of caregivers served by IFP that met the treatment goal across different racial/ethnic groups (Figure 17). In SFY 2020, 437 caregivers met their treatment goal for IFP services, of the 579 caregivers who expected to complete treatment during the fiscal year. Caregivers expected to *complete* treatment are a subset of all caregivers served, as all individuals' participating in

services (817, picturized in the chart above) start at different moments in the year, and thus may be expected to continue in programming for longer than the fiscal year. In comparing SFY 2020 to SFY 2019, the percentage of White caregivers who met the treatment goal decreased by 2.5 percentage points. The percentage of Hispanic and Black caregivers who met their treatment goal slightly decreased by 2.0 and 2.3 percentage points respectively.

Figure 17: Percentage of Caregivers Served by IFP who Met Treatment Goals in SFY 2020 by Race/Ethnicity:



REUNIFICATION AND THERAPEUTIC FAMILY TIME (RTFT): Reunification Readiness Assessment, Reunification Services, and Therapeutic Family Time are designed for caregivers 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 caregivers 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 caregivers referred by CTDCF and includes CTDCF active

caregivers only. For all services except Therapeutic Family Time, the permanency goal for the referred child must reunification.

Figure 18: Number of Children served by Reunification and Therapeutic Family Time (RTFT) in SFY 2020 by Race/Ethnicity:

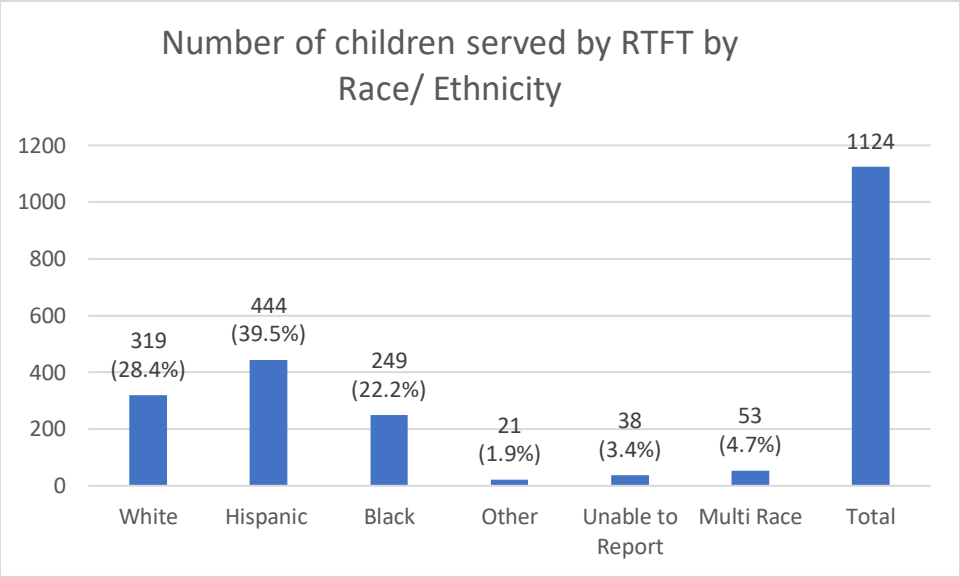


Figure 18 (above) shows the number of children whom received RTFT services in SFY 2020 broken down by race. For SFY 2020 there were a total of 1124 children served by RTFT, a substantive decrease since SFY 2019, when 1683 children were served. Hispanic children make up the highest proportion of children served. There were 38 (3.4%) children in which race/ethnicity was noted as "Unable to report." In comparing SFY 2020 to SFY 2019, White and Black children represented slightly smaller percentages of those served, with decreases by less than 2 percentage points each. The percentage of Hispanic children slightly increased by less than 2 percentage points.

The Department examined the percentage of children that met the treatment goal across different racial/ethnic groups (Figure 19). In SFY 2020, 858 children met their treatment goal for RTFT services compared to 1091 children who were expected to complete treatment. The percentage of Black children who met the treatment goal decreased by 1.8 percentage points from SFY 2019 to SFY2020. The percentage of Hispanic and White children who met their treatment goal decreased slightly, by .04 and .5 percentage points respectively.

Figure 19: Percentage of Children served by RTFT that Met Treatment Goal in SFY 2020 by Race/Ethnicity:

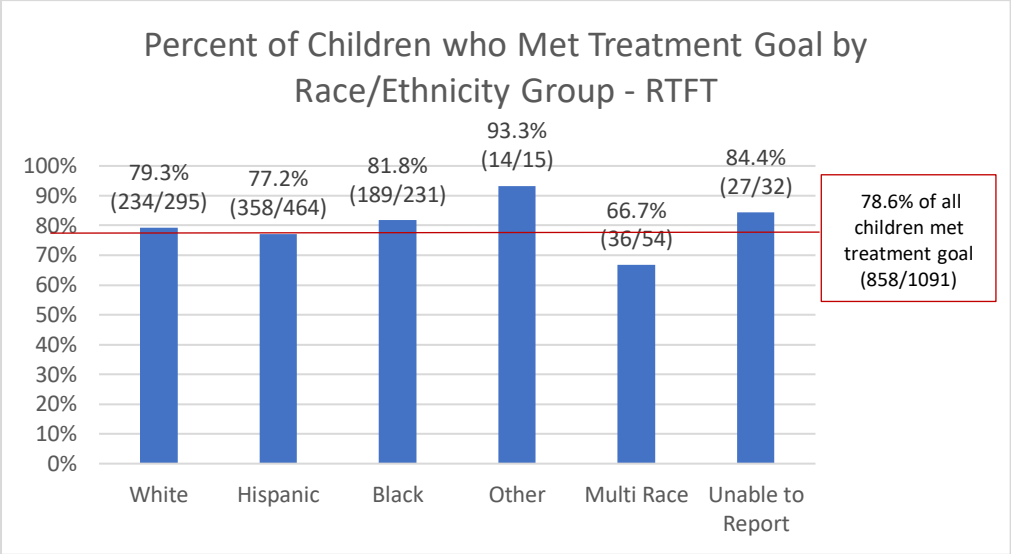
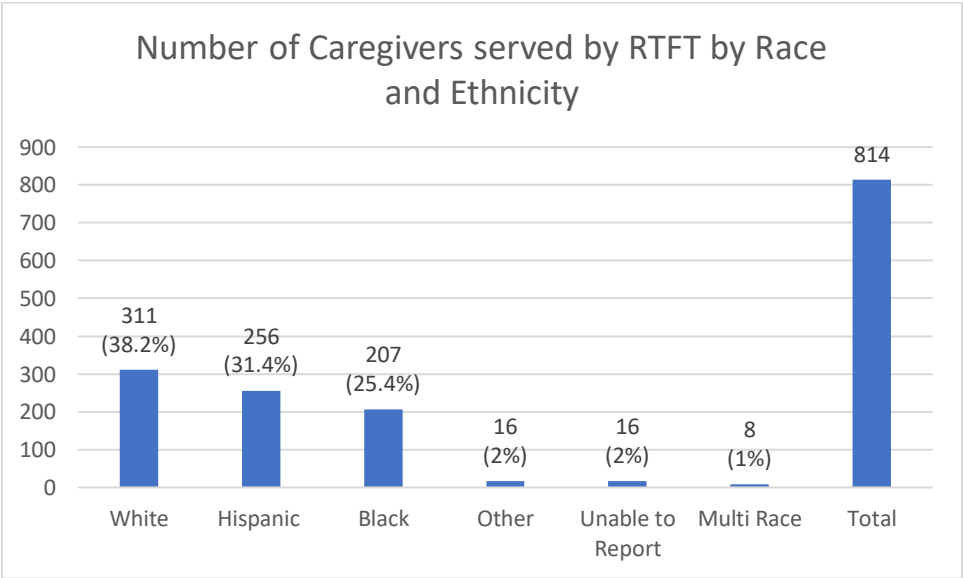


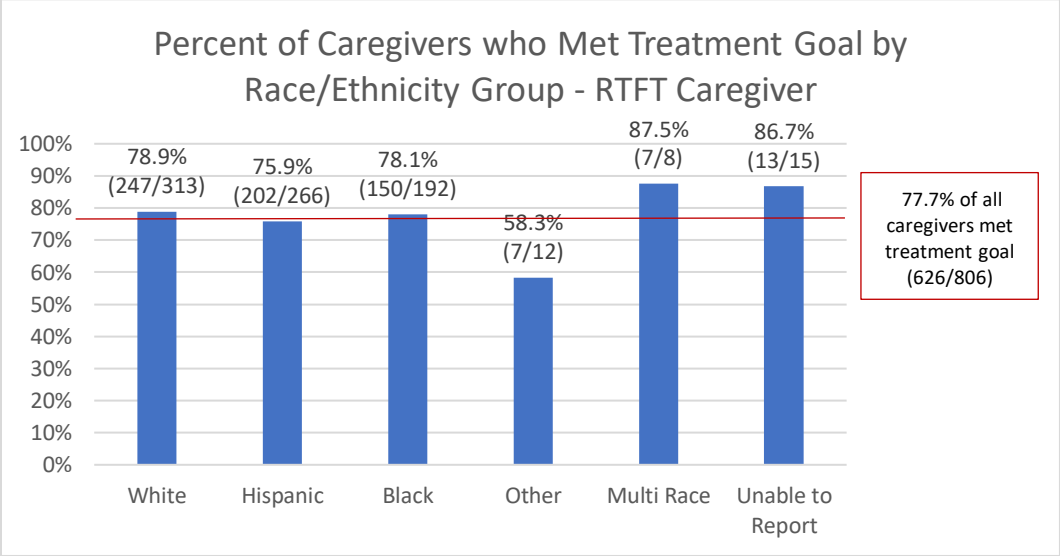
Figure 20 (below) shows the number of caregivers whom received RTFT services in SFY 2020 broken down by race. For SFY 2020 there were a total of 814 caregivers served by RTFT, representing a substantive decrease since SFY 2019, when 1188 caregivers were served. This decrease could in part be attributed to COVID-19 impacts on court reunification proceedings. White caregivers make up the highest proportion of caregivers served. There were 16 (2%) caregivers in which race/ethnicity was noted as "Unable to report." In comparing SFY 2020 to SFY 2019, White caregivers represented a smaller percentage of those served by 3.6 percentage points. The percent of Black and Hispanic caregivers increased by 1.4 and 3.6 percentage points respectively.

Figure 20: Number of Caregivers Served by Reunification and Therapeutic Family Time (RTFT) in SFY2020 by Race/Ethnicity:



The Department examined the percentage of caregivers served that met the treatment goal across different racial/ethnic groups (Figure 21). In SFY 2020, 626 caregivers met their treatment goal for RTFT services out of the 806 expected to complete treatment. In comparing SFY 2020 to SFY 2019, the percentage of Hispanic, Black, and White caregivers increased. The percentage of Hispanic, White, and Black caregivers who met treatment goals increased from SFY2019 to SFY2020.

Figure 21: Percentage of Caregivers served by RTFT who Met Treatment Goals in SFY 2020 by Race/Ethnicity:



PARENTING SUPPORT SERVICE (PSS): 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 CTDCF or the Community Support for Families programs. Caseload permitting and in consultation with the CTDCF area office, providers may serve parents referred by other community providers.

Figure 22: Number of Caregivers served by Parenting Support Services (PSS) in SFY 2020 by Race/Ethnicity:

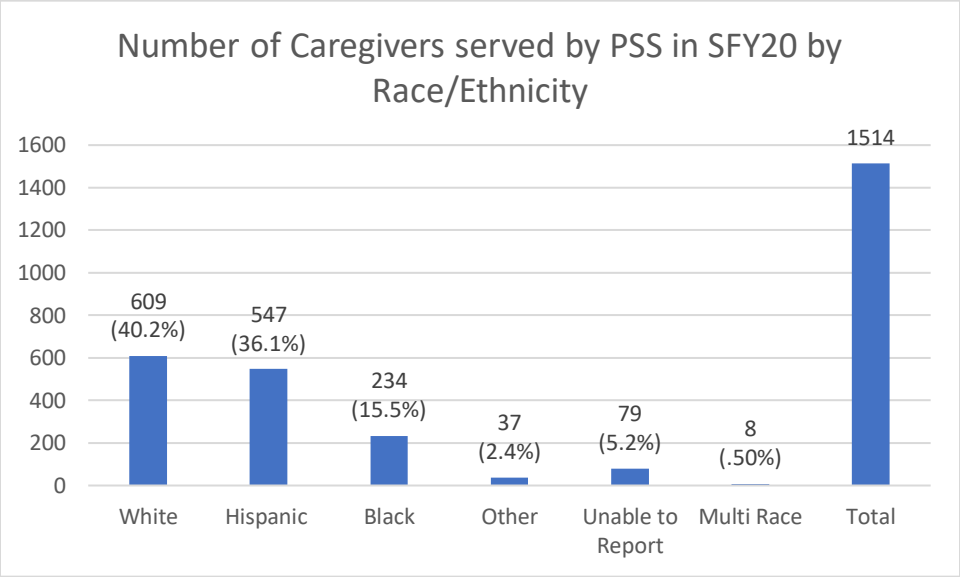
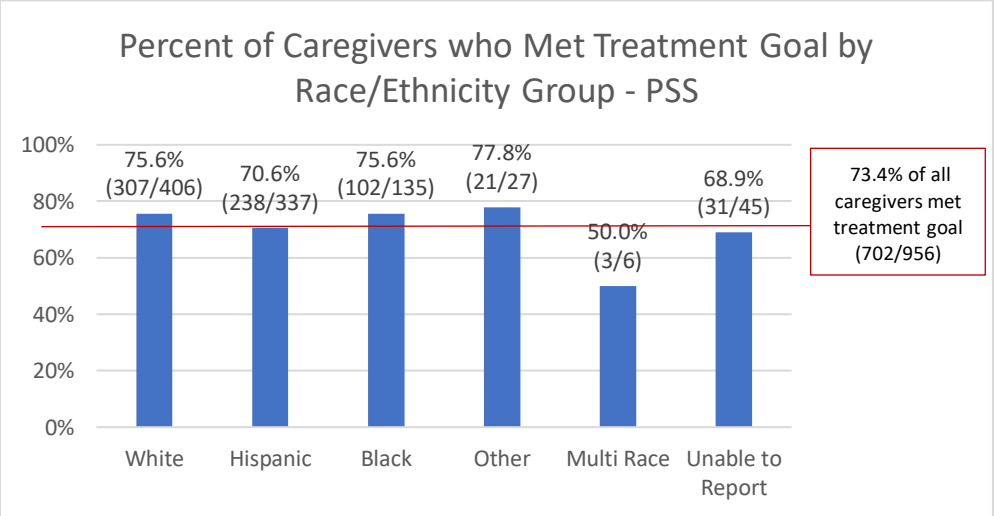


Figure 22 (above) shows the number of caregivers whom received PSS services in SFY 2020 broken down by race. For SFY 2020 there were a total of 1514 caregivers served by PSS, representing a substantive decrease in caregivers since SFY 2019, when 2054 families were served. White caregivers make up the highest proportion of caregivers served. There were 79 (5.2%) caregivers in which race/ethnicity was noted as "Unable to report." In comparing SFY 2020 to SFY 2019, Black caregivers represented a slightly smaller percentage of those served. The percentage of Hispanic/Latinx and White caregivers slightly increased.

Figure 23: Percentage of Caregivers served by PSS who Met Treatment Goals in SFY 2020 by Race/Ethnicity:



The Department examined the percentage of service that met the treatment goal across different racial/ethnic groups (Figure 23). In SFY 2020, 702 caregivers met their treatment goal for PSS services of the 956 expected to complete treatment. In comparing SFY 2020 to SFY 2019, the percentage of Black caregivers who met treatment goals increased by less than 2 percentage points. The percentage of Hispanic and White caregivers who met treatment goals decreased substantively, however, by 10.4 percentage points and 5.4 percentage points respectively. If the high number of caregivers with race/ethnicity recorded as "Unable to Report" were to be recategorized within the other race/ethnicity groups, this may have a considerable impact on our understanding of disparities between race/ethnicity groups.

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 24: Number of Caregivers served by Child First (CF) Services in SFY 2020 by Race/Ethnicity:

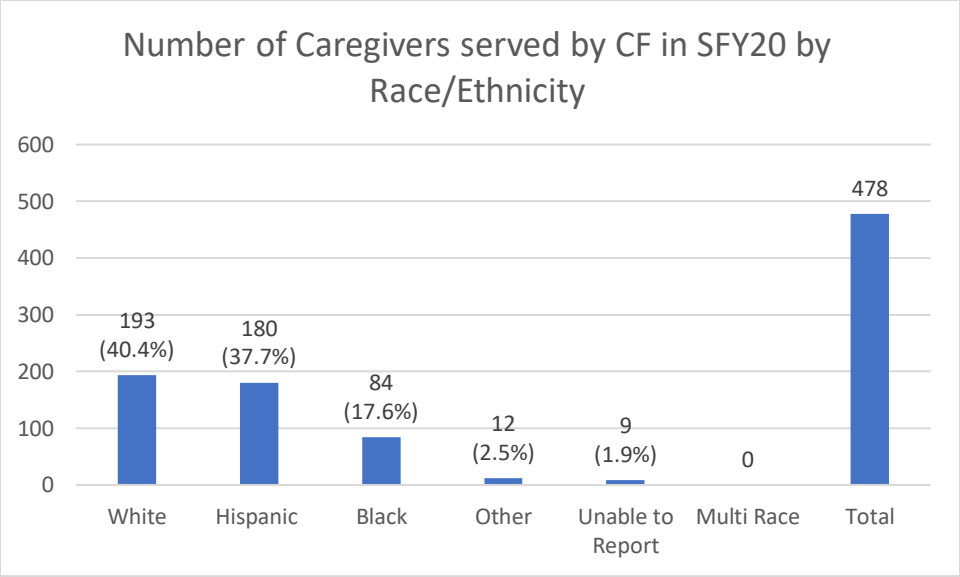
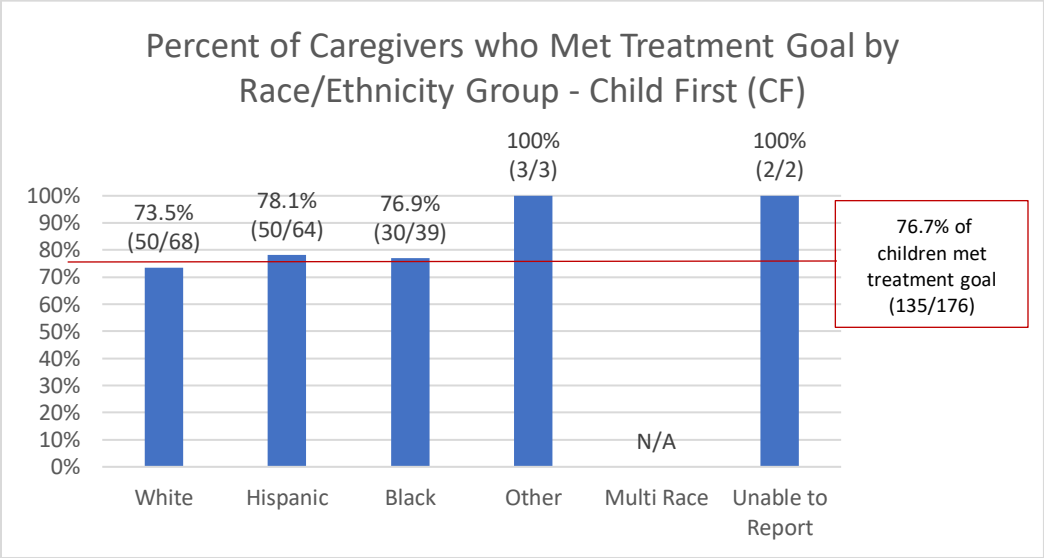


Figure 24 (above) shows the number of caregivers whom received CF services in SFY 2020 broken down by race. For SFY 2020 there were a total of 478 caregivers served by CF, representing a substantive decrease in caregivers since SFY 2019, when 846 families were served. White caregivers make up the highest proportion of caregivers served. There were 9 (1.9%) caregivers in which race/ethnicity was noted as "Unable to report." In the previous fiscal year, Hispanic caregivers made up the largest proportion of caregivers served compared to other race/ethnicity groups, in contrast with this year, during which White caregivers made up the largest group.

Figure 25: Percentage of Caregivers served by CF who Met Treatment Goals in SFY 2020 by Race/Ethnicity:

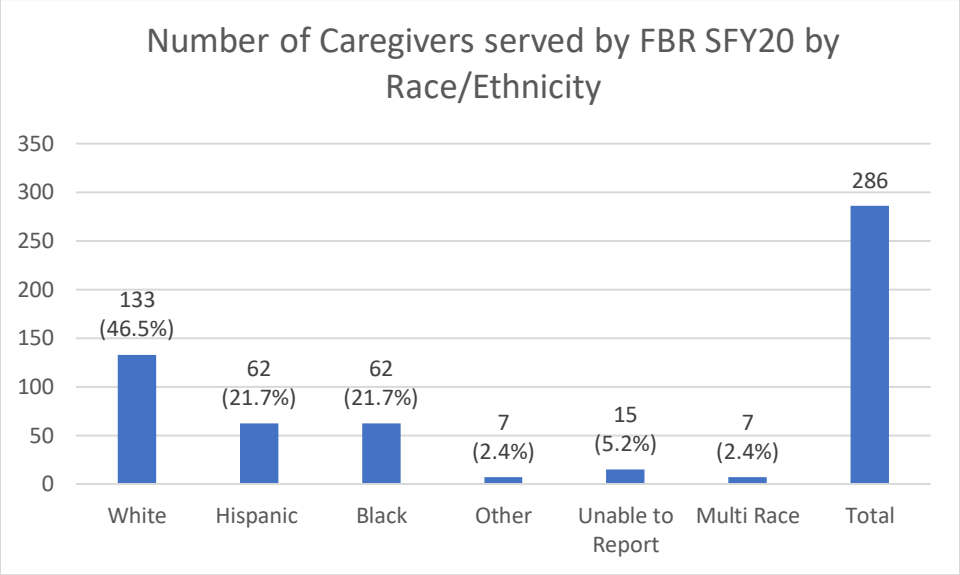


The Department examined the percentage of caregivers served that met the treatment goal across different racial/ethnic groups (Figure 25). In SFY 2020, 135 caregivers met their treatment goal for CF services compared to the 175 expected to meet these goals. In comparing SFY 2020 to SFY 2019, the percentage of Hispanic and Black caregivers who met treatment goals increased, while White caregivers who met treatment goals decreased.

FAMILY-BASED RECOVERY (FBR) is an intensive, in-home clinical treatment program for caregivers with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse. Most caregivers will remain in FBR from 6 - 12 months, with occasional longer lengths of stay (up to 18 months) determined on a case-by-case basis. The overarching goal of the intervention is to promote stability, safety and permanence for these caregivers. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family.

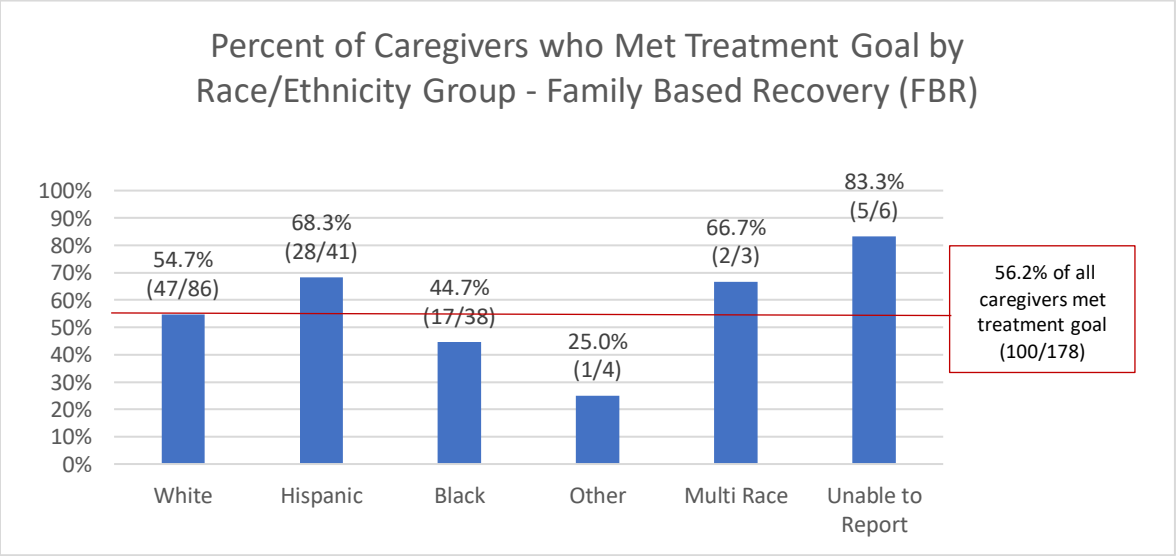
Figure 26 shows the race/ethnicity breakdowns of the 286 caregivers serviced by FBR in SFY 2020. White caregivers represented nearly 47% of caregivers serviced during the fiscal year, and Black and Hispanic caregivers made up less than 44% in total. Some caregivers were recorded with a race/ethnicity that wasn't reported (5.2%). FBR data is new to this report, and as such, information from previous years is not captured here. Subsequent reports will track trends over time.

Figure 26: Number of Caregivers served by Family Based Recovery (FBR) in SFY2020 by Race/Ethnicity:



The Department examined the percentage of caregivers that met the treatment goals across different racial/ethnic groups (Figure 27). As noted below the data shows that 17 (44.7%) of African American clients, 28(68.3%) Hispanic clients, 47 (54.7%) of White clients, 1 (25%) of clients who identified as Other, 2 (66.7%) of clients that were categorized as Multi-Race and 5 (83.3%) of clients without an identified race/ethnicity completed treatment.

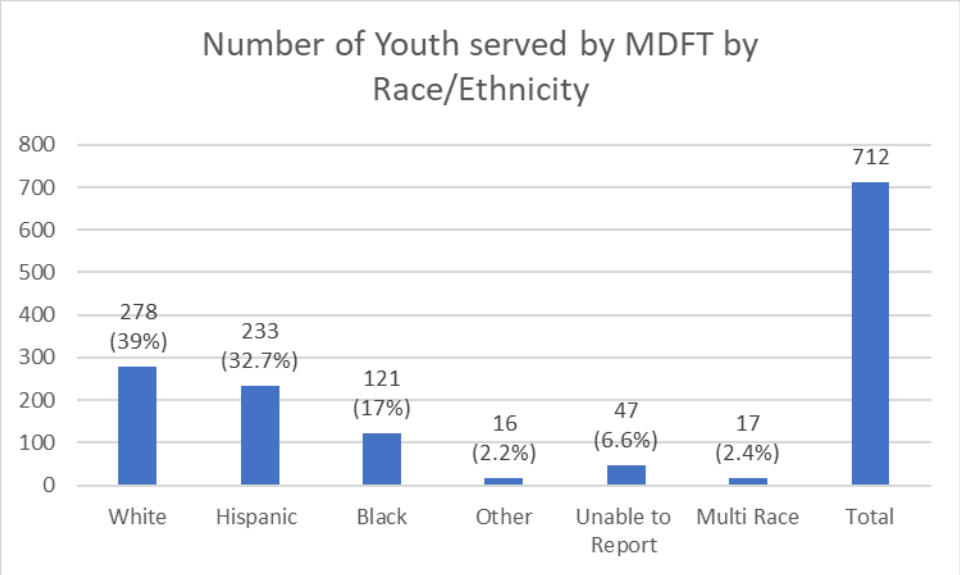
Figure 27: Percentage of Caregivers served by Family Based Recovery (FBR) who Met Treatment Goals SFY 2020 by Race/Ethnicity:



MULTIDIMENSIONAL FAMILY THERAPY (MDFT) is an intensive, in-home model that is a family-centered, comprehensive treatment program for children and adolescents with substance use, are at risk of substance use, and have related behavioral and emotional problems. MDFT is for children and adolescents 9 to 18 years old who meet the following criteria: 1) Have at least one parent/guardian, or parental figure able to participate in treatment; 2) Not actively having suicidal ideation and plan which requires immediate stabilization; and 3) Not suffering from a psychotic disorder (unless it is temporary and due to drug use). The frequency of family contact will be 1 to 3 times a week by therapist and/or therapist assistant, is dictated by the needs of the adolescent and family but will not be less than six hours per month. The average length of service is 5 months. Information on Multidimensional Family Therapy was not captured in the previous submission of this report however it is an essential service that assists the Department in keeping children with their caregivers. Subsequent reports will continue to report such information.

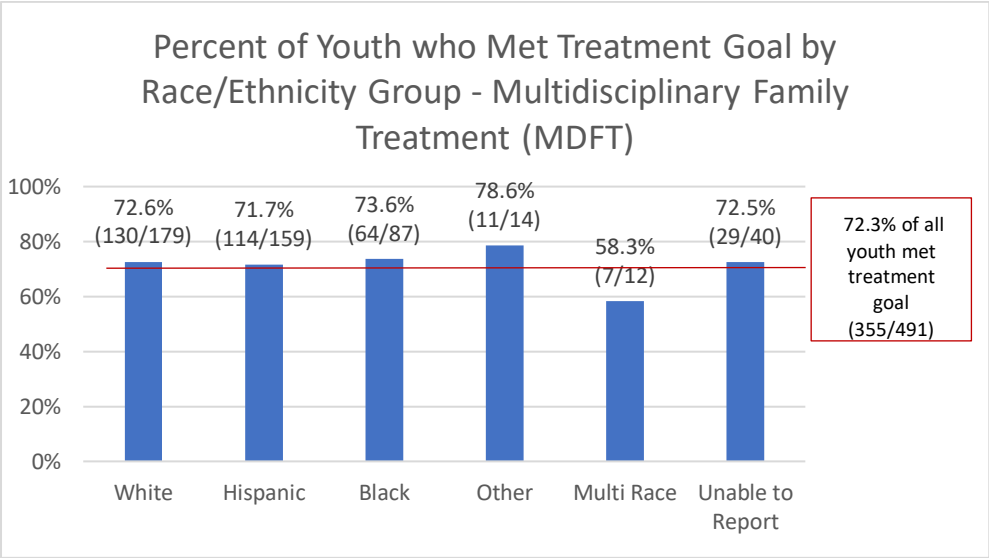
As noted below in figure 28: 17% (n=121) of Youth Serviced in SFY 2020 by MDFT were Black, 32.7% (n=233) were Hispanic, 39% (n=278) were White, 2.2% (n=16) identified as Other or Multiracial, and 6.6% (n=47 did not have their race/ethnicity identified in the data. White youth made up the highest proportion of youth served compared to other race/ethnicity groups.

Figure 28: Number of Youth Served by Multidisciplinary Family Treatment (MDFT) SFY2020 by Race/Ethnicity:



In SFY2020, 355 youth met treatment (Figure 29) goals compared to the 491 who were expected to meet these goals. Of Black youth who were expected to meet treatment goals, 73.6%, 64, did so successfully. About 71% (n=114) Hispanic youth met their goals, 72.6% (n=130) of White youth, and 78.6% (n=11) of youth who identified as Other/Multiracial. Of the youth with race/ethnicity recorded as "Unable to Report," 58.3% (n=7) met the treatment goals.

Figure 29 Percentage of Youth served by MDFT who Met Treatment Goals for SFY 2020 by Race/Ethnicity:



The engagement of fathers is instrumental in reducing the disparities seen with children of color. Studies have shown that when fathers are engaged children are able to be reunified with their birth families more often and have shorter stays in the foster care system. According to Marsiglio[5], children whose fathers are present in their lives are less likely to experience poor school performance, depression, and other psychosocial problems than those whose fathers are not involved. CTDCF is committed to the engagement and support of fathers in order to further enhance the overall development of children.

FATHERHOOD ENGAGEMENT SERVICES (FES): The purpose of this CTDCF-contracted program is to enhance the level of involvement of fathers in their CTDCF case planning and provision of services, strengthen fathers' positive parenting skills and to assist CTDCF with refining best practices working with fathers. CTDCF data highlights insufficient engagement of fathers resulting in unmet standards for assessment and needs met. While the Department's family strengthening practices are inclusive of fathers, intentional focus is needed to ensure that fathers are encouraged and supported to be as involved as mothers. Fatherhood Engagement Services ("FES") provides intensive outreach, case management services and 24/7 Dad© group programming. Case management services will help to mitigate barriers to more effective engagement through assessment of needs, advocacy and linkage to supports and services, while 24/7 Dad© services will teach skills and characteristics to strengthen the father's parenting relationship. There is an additional FES team providing outreach to incarcerated fathers designed to link them to their local FES provider. Figures 30-32 (below) capture the total number of fathers served by the FES program, the percentage of fathers that have completed the FES program and the 24/7 programming broken down by Race.

[5] W. Marsiglio, W. (1995). Young nonresident biological fathers. Marriage and Family Review, 30(3/4), 325–348.

Figure 30: Number of Fathers served by Fatherhood Engagement Services (FES) in SFY20 by Race/Ethnicity

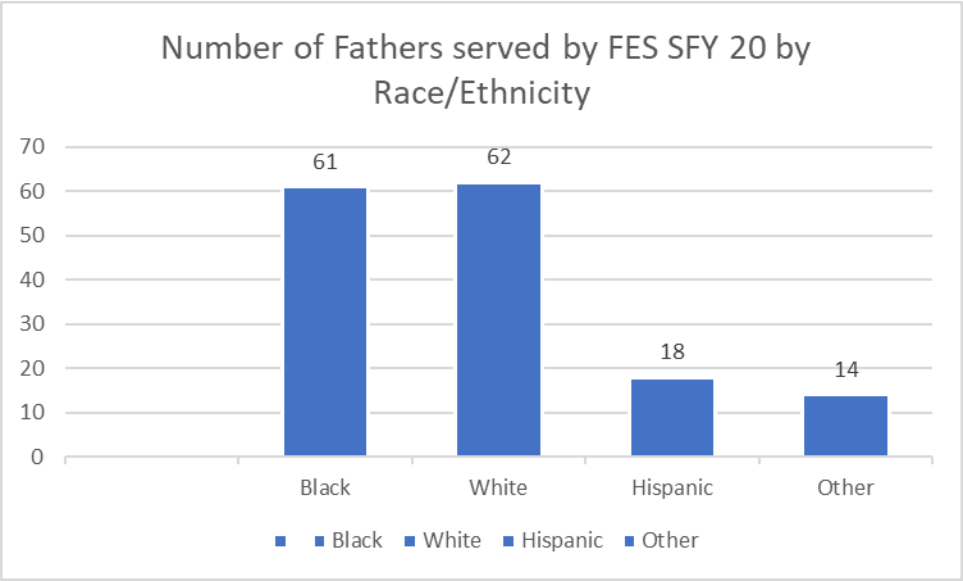


Figure 31: Percent of Fathers served by Fatherhood Engagement Services (FES) whom successfully completed in SFY20 by Race/Ethnicity:

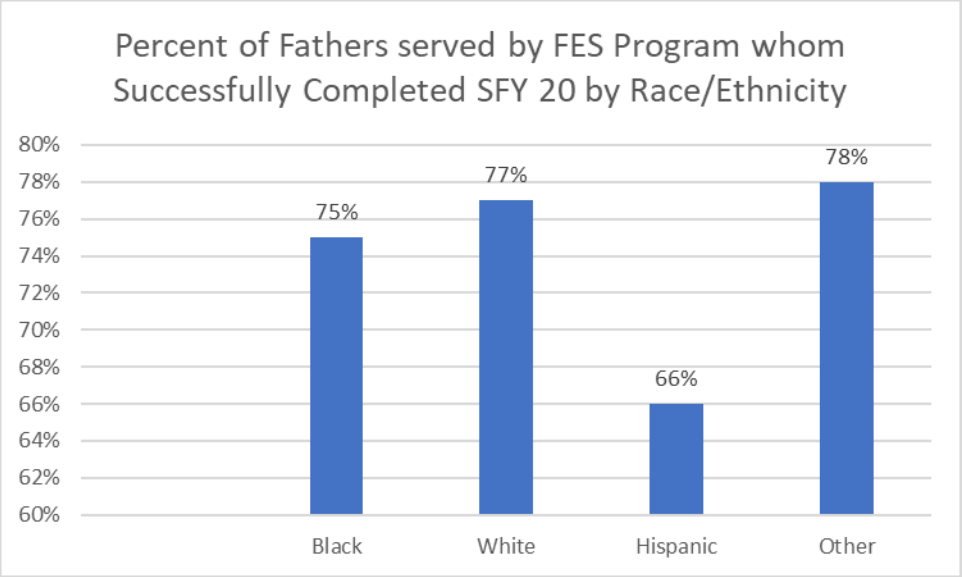
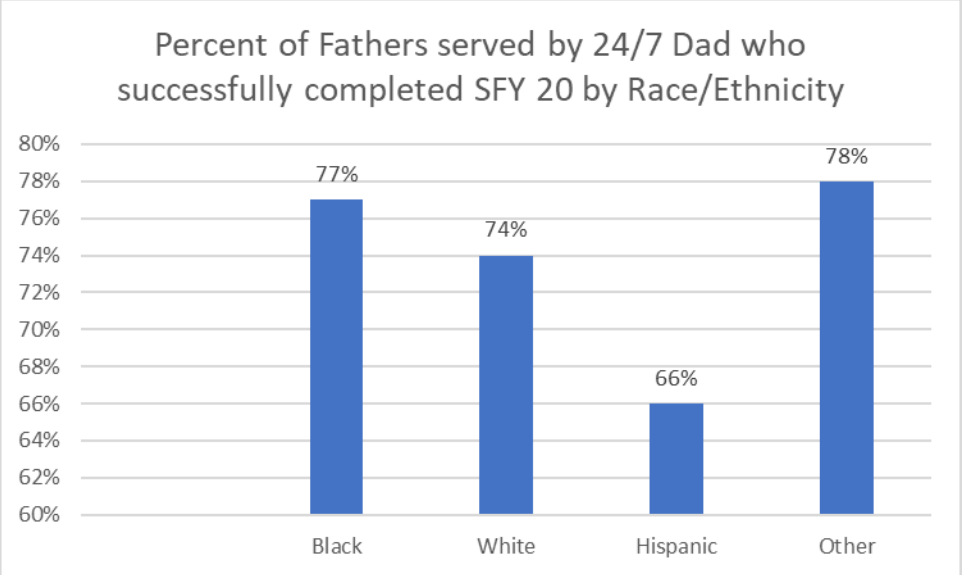


Figure 32: Percent of Fathers served by 24/7 Dad who successfully completed in SFY20 by Race/Ethnicity:



6: 2021 STRATEGIES TO ELIMINATE DISPROPORTIONALITY and DISPARITIES:

The previous reports outlined 6 short, medium term and ongoing strategies to assist in addressing the disproportionality and disparity observed. All 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 and CTDCF continues to be committed to doing its part to address them. In addition to addressing the initial strategies outlined below and in previous reports, Commissioner Dorantes has charged CTDCF's Senior Leaders, across every division and function, to develop and refine concrete change initiatives, with associated metrics under their identified sphere of influence. The change initiatives have been intentionally aligned with the 7 Key Results/Outcomes, noted earlier in this report, along with the Racial and Ethnic Disproportionality across CT data set. These 7 Key Results are to be at the forefront of any strategy that is implemented. It is the hope that with this intentional focus, CTDCF can decrease and ultimately eliminate the racial disparities seen throughout the agency.

While tremendous efforts have been made across the agency to address the noted concerns, along with bringing awareness to staff regarding the structural and institutional racism that exists in institutions such as CTDCF, the trends in the pathway data shows only slight changes from previous years. There could be several reasons as to why there hasn't been larger improvement in the Racial and Ethnic Disproportionality across CT data. One of those reasons could be the continued need to collaborate with community stakeholders as children are served by multiple programs and sister agencies within our communities. For example, reports made to the CTDCF Careline (our "front door") on children/families of color are disproportionate which puts families of color at a disadvantage. CTDCF is committed to identifying, strategizing and implementing efforts internally and externally in order achieve positive outcomes for all children and will continue to modify any strategy not meeting the goals identified.

The Department has been on a journey to address Racial Justice for several years. It is critical that the Department use the pathways data to determine which programs are effective in reducing racial disproportionality for our families and then implementing what works from those programs into those that are lacking. It is the hope that the intentional interventions captured by the change initiatives examine and redesigns CTDCF as an authentically anti-racist agency. We recognize that becoming racially just is an ongoing process and through our organizational culture of mutual support, we will be strengthened, and our outcomes will also reflect this evolution. It is anticipated that our change initiatives and continued commitment to this work will show substantial results in the near future.

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 strategies will continue to be of priority for SFY 2021.

a. **Consolidate CTDCF'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 CTDCF 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. We will continue to strengthen these services to achieve the goals we have set for the Department. Therefore, the Department will be building on the evaluations and analyses by the University of Connecticut School of Social Work, which serves as CTDCF'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 (CRCFTM):** 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 is 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:** CTDCF 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 CTDCF'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 CTDCF'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. While these conversations are important more important is the focus on the outcomes and ensuring that the strategies implemented move the outcomes in the intended direction. Efforts to cultivate the Safe and Sound Safety Culture within the Department have begun and will 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 continue to work with its Statewide Racial Justice Workgroup and its Subcommittees, the Central and Area Office Diversity Action and Racial Justice Teams along with key stakeholder groups, including the Service Outcome Advisory Council (SOAC), to implement and monitor the above strategies and further enhance the change initiatives for every division. Further, these strategies will be evaluated and refined as may be needed to support integration and nexus with those proposed outcomes.