



CONNECTICUT
Children & Families

FY 2025 Report on Racial Justice
Data, Activities & Strategies

February 15th, 2026

2. Report on Racial Justice data, activities & strategies for SFY 2025

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Interim Commissioner Susan I. Hamilton's Remarks

Racial Justice has been a long-standing strategic goal of DCF and continues to be integrated into every aspect of our work. DCF remains unwavering in its dedication and commitment to Racial Justice across all mandate areas by implementing anti-racist policies, analyzing disaggregated data at critical decision-making points, providing implicit bias training, and ensuring equitable community-based services. I am incredibly proud of our collective efforts to actively identify and dismantle systemic racism, bias, and structural disadvantages that result in Black, Indigenous, and other children and families of color being overrepresented and disproportionately impacted in the child welfare system.

We prioritize family preservation and reducing the time children spend in foster care. To achieve this, we will continue to strengthen our partnerships in the community and across all three branches of government, including sister agencies, judicial and legislative partners, a strategy toward improving and sustaining equitable outcomes. Together, we can make a significant impact and ensure that every child and family receives the support and opportunities they deserve.

Susan I. Hamilton, MSW, JD
DCF Interim Commissioner

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Introduction:

The report on the Department of Children and Families' racial justice data, activities and strategies that follow illustrates trends and efforts captured by DCF for the timeframe that falls under state fiscal year (SFY) 2025 (July 1, 2024–June 30, 2025) and/or calendar year (CY) 2025. For a more detailed history of the Department's journey on addressing racial inequities please refer to the initial submission dated February 15, 2019, subsequent reports, and/or the [DCF Racial Justice website](#) for further information. For additional information regarding the expanded service array and utilization of services please reference the most recent submission (June 2024) of the [Children and Family Services Plan](#) and the [Annual Progress and Services Report \(APSR\)](#) that is submitted to the Administration for Children and Families of the United States Department of Health and Human Services.

DCF Overview:

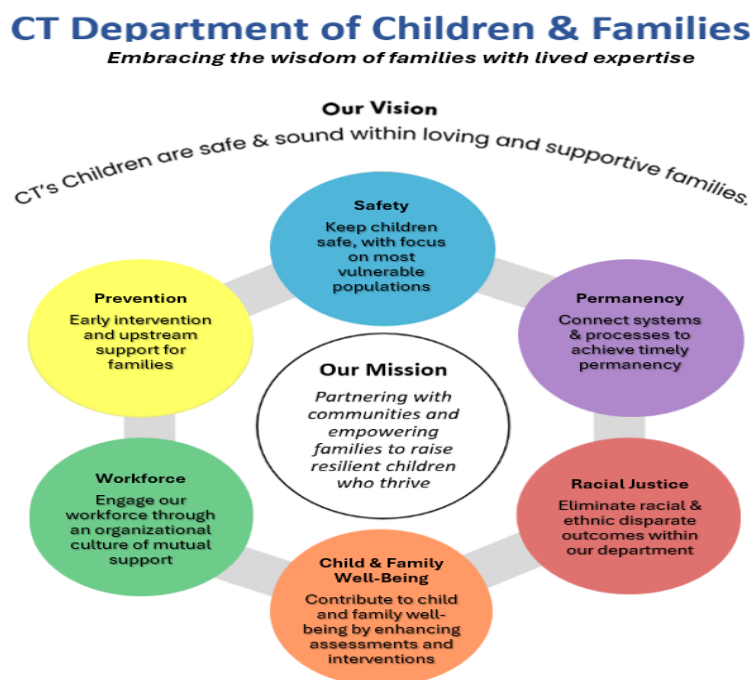
The Department of Children and Families (DCF or the Department) serves as the child protective services (CPS) agency for the State of Connecticut. DCF is responsible for carrying out statutory mandates related to child protection, children's behavioral health, prevention, and educational services. The Department delivers both contracted and direct services to children and families through its Central Office, fourteen (14) Area Offices, and two (2) behavioral health treatment facilities (Solnit North and Solnit South). DCF also operates a Wilderness School that provides experiential educational opportunities for youth and administers Unified School District II, a legislatively-established education agency serving foster youth who lack another educational nexus or who reside in DCF-operated facilities. In addition, the Department is responsible for assessing and monitoring educational programming and overall progress of youth involved with the juvenile justice system. All prevention and children's behavioral health services are delivered using an equitable, and trauma-informed approach.

DCF's long-standing mission "Partnering with communities and empowering families to raise resilient children who thrive" remains and continues to be the foundation in carrying out DCF's responsibilities. The mission is supported by the following six strategic goals (Figure 1) 1: Safety, 2: Permanency, 3: Racial Justice, 4: Child and Family Wellbeing, 5: Workforce and 6: Prevention.

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As part of the larger child welfare system, the Department works in partnership with several entities to ensure a holistic understanding of children and families' strengths and needs. The six identified goals are complementary, integrated and support the overall mission of the Department.

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



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

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Demonstrated Commitment to Racial Justice

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

The Office of Multicultural Affairs:

The Office of Multicultural Affairs (OMCA) develops and sustains diversity initiatives, practices, and policies that support the agency, workforce, and families, promoting inclusion across race, ethnicity, gender, disability, sexual orientation, gender identity or expression, age, socioeconomic status, religion, and language. The office also supports the agency's efforts to eliminate racial and ethnic disparities.

OMCA oversees several core areas of work, including coordination and leadership of racial justice efforts, such as serving as tri-chair of the Statewide Racial Justice Workgroup and leading work required under C.G.S. section 17a-6e. The office provides guidance to divisions, facilities, regions, and four racial justice subcommittees on developing and implementing operational strategies through a racially equitable perspective. Additional responsibilities include but are not limited to facilitating access to specialized linguistic services, supporting service delivery for Deaf and Hard of Hearing individuals, providing case consultation and coaching, and, in partnership with the Office of Diversity and Equity (ODE), co-chairing the Statewide Diversity Action Teams (DAT) and supporting local DAT leads statewide.

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Inspiring Meaningful Progress Towards Advocacy, Change and Transformation Newsletter (IMPACT):

The Department's OMCA continues to publish its quarterly newsletter, *I.M.P.A.C.T.* (*Inspiring Meaningful Progress Towards Advocacy, Change & Transformation*), for the DCF workforce. The newsletter provides ongoing updates on data, emerging trends, news, resources, and trauma-informed, equitable approaches that support equitable practice and organizational transformation. Content is intentionally selected to elevate racial justice and equity in alignment with the Department's mission and work.

I.M.P.A.C.T. also promotes inclusion by encouraging diverse perspectives and dialogue across all levels of the DCF workforce. Each issue includes contact information for the Office of Multicultural Affairs, inviting staff to share feedback and suggest topics for future editions. The four quarterly *I.M.P.A.C.T.* newsletters for calendar year 2025 are included below.

[MCA-IMPACT Newsletter \[Winter 2025\]](#)

[MCA-IMPACT Newsletter \[Spring 2025\]Final](#)

[IMPACT Newsletter \[Summer 2025\]](#)

[MCA-IMPACT Newsletter \[Fall 2025\]Final](#)

Statewide Racial Justice Workgroup (SRJW):

DCF continues to create opportunities and spaces in which multidisciplinary perspectives are invited to critically examine current practices and policies. This is most visible at the bi-monthly Statewide Racial Justice Workgroup (SRJW) meetings at which members represent each Area Office across the state, each of DCF's Central Office divisions, our operated facilities, some contracted service providers, and system partners. This cross-system alignment creates opportunities for participants at all levels to connect, share progress, identify challenges and barriers, and prioritize activities, practices and next action-oriented steps to continue to advance our work in meaningful and sustainable ways. The SRJW is led by tri-chairs: Director of Multicultural Affairs/Diversity & Equity, Deputy Commissioner of Child Protection Services and JRA Consulting. This past year the team focused on updating the agency's framework and providing consultation and support to leaders statewide to ensure effective implementation for staff.

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The work of the SRJW continues to be charged with cultivating and sustaining an environment in which internal racial justice leads and DCF partners discuss the impacts of racism, power and privilege on agency policies and practices at the individual, institutional and systemic levels. DCF continues to invite a variety of partners, including representatives of other systems, contracted providers and most importantly community partners and family advocates to examine the impact of social inequities, biases, and racism (internal, interpersonal, institutional, and structural) on families and communities and throughout our helping systems.

Below is a brief overview of areas of focus for each of the 2025 meetings:

- **January 2025:** emphasized the agency's commitment to maintaining a focus on racial justice in their operations
- **March 2025:** focused on reviewing DCF SFY 2025 statewide data which revealed disparities, specifically indicating that Black children are disproportionately represented in the child welfare system. Strategies were discussed to address these issues, including improving school partnerships to reduce unnecessary reports and focusing on accurate data-driven metrics to assess child well-being outcomes. The updated RJ framework was presented, emphasizing actionable practices, the need for systemic change within DCF, and ongoing training for staff.
- **May 2025:** Participants were broken up into small groups to reflect and provide feedback regarding the updated Racial Justice Framework. Participants expressed excitement about the boldness and creativity of the framework but raised concerns about public perception, messaging consistency, staff engagement—especially frontline workers—and external consequences. Updates on Race, Ethnicity, Language and Disability (REL) data collection was provided to the team.
- **July 2025:** Executive team members emphasized the importance of authenticity, purpose, and strategic action in racial justice efforts, including updates on Connecticut's initiatives like the upcoming launch of the CT KIND database and

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considerations around federal guidance and political climate. Key discussion points included analyzing data on racial disparities in child welfare, with findings showing persistent disparities for Black children in reporting, investigation, and entry into care. Participants discussed the complexity of the data, the need for targeted change initiatives, and the importance of community specific strategies rather than a one-size-fits-all approach. Emphasis was placed on addressing structural racism, resource limitations, and the need for community-based prevention. The group also focused on creating a psychologically safe environment for racial justice conversations.

- **September 2025:** explored psychological safety; creating an environment where individuals felt secure to speak up, take risks, and contribute authentically. Team members highlighted its four stages: inclusion, learner, contributor, and challenger safety. Through small group discussions and solution focused strategies, we aimed to build organizational trust, improve communication, and model vulnerability and accountability while ensuring alignment with our mission and the Racial Justice Framework. Implementation involves engaging staff at all levels, fostering diverse perspectives, and utilizing varied platforms for meaningful dialogue.
- **November 2025:** The meeting focused on assessing our current progress and exploring ways to enhance our statewide partnerships and collaborations as we moved toward 2026. Participants discussed cross-cutting challenges like communication gaps, coded language, and systemic barriers, alongside strategies for support, partnership building, and accountability.

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The Office of Diversity and Equity:

The Office of Diversity and Equity (ODE), under the direction of the DCF Commissioner's Office, focuses on advancing DCF's diversity and equity performance in accordance with state and federal statutes. ODE provides information and guidance to employees regarding discrimination; identifies, addresses, and works to mitigate issues related to discrimination, sexual harassment, and other unlawful harassment; and reviews internal practices, policies, and procedures that may create barriers for DCF employees, job applicants, or members of the public served by the Department who are part of a protected class. ODE works collaboratively with the Office of Multicultural Affairs and Human Resource Business Partners. The office is also responsible for developing and implementing the Department's annual Affirmative Action Plan.

In addition, ODE publishes a workforce newsletter to promote awareness of the Department's ongoing efforts and commitment to diversity, equity, inclusion, and belonging. The newsletter serves as an educational resource for staff statewide and includes contact information for ODE to encourage feedback and topic suggestions. The three newsletters released to date are included below.

[2025 ODE Summer/Fall Newsletter-Final](#)

2025 [ODE Winter Newsletter-Final](#)

2026 [ODE Spring Newsletter-Draft](#)

In July 2025, the Department submitted its 2024–2025 Affirmative Action Plan (AAP) to the Commission on Human Rights and Opportunities (CHRO). The plan was approved in September 2025, marking the seventh consecutive year of CHRO approval. This continued approval reflects the Department's sustained commitment to workforce diversity, equity, and inclusion at all levels.

The Department remains committed to strengthening an organizational infrastructure that promotes psychological safety, shared power, and accountability, while intentionally addressing racial disproportionality and implementing strategies to eliminate racial disparities.

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Immigration Practice

There have been numerous changes in immigration law and policy at the federal level in 2025 that have had profound effects on DCF's immigrant clients.

The overall number of DCF case participants who are immigrants seems to have remained steady in 2025 despite the markedly fewer numbers of migrants who crossed the United States-Mexican border this year. DCF does not yet have a way to specifically track migrant clients consistently in either the LINK or the CT-KIND electronic record systems; this is a work in progress. However, other indicators, such as the number of referrals for immigration practice consults, and the number of immigration related cases in the Connecticut Probate Courts, were similar in 2024 and 2023.

A significant change is that the number of unaccompanied and undocumented minors being settled in Connecticut by the federal Office of Refugee Resettlement decreased to 194 in 2025, down from 1,425 in 2022, 1,235 in 2023 and 1,097 in 2024 as currently reported by the federal Administration for Children and Families (ACF). Over the past five years the federal Office of Refugee Resettlement (ORR) has placed 5,266 unaccompanied undocumented minors with sponsors in Connecticut. These young people are primarily from Guatemala, Honduras, El Salvador and Mexico, in that order. Federal ORR does not provide stipends or training to sponsors or much ongoing support to these children unless they have been placed in a federal ORR funded foster care or congregate care facility. Some of these undocumented and unaccompanied minors have had to come into DCF care because their sponsor families were neglectful and/or abusive. Another trend is the increase in reports of the labor trafficking of undocumented minors; the Director of Immigration Practice has made nine home visits this year (In comparison to two that were completed the previous year) in situations where labor trafficking of children has been alleged.

Migrant encounters started to diminish at the United States-Mexican border during the summer of 2024 and steeply decreased throughout 2025; overall the immigrant population in the United States decreased to 51.9 million by June 2025, from a peak of 53.3 million in January 2025 (United States Citizenship and Immigration Service, Pew

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Research Center, 2025). Immigration and Customs Enforcement (ICE) arrests and detentions and Executive Office of Immigration Review (EOIR, aka the immigration court) deportation orders in Connecticut doubled from January to July 2025; there were 405 ICE arrests and 164 deportations (United States Citizenship and Immigration Service, 2025); most of these actions took place in the Hartford area, mainly because Connecticut's immigration court is located in Hartford. However, Connecticut's immigrant population continues to remain at about 16%, one in 6 people, or 584,000 in all (Migration Policy Institute, American Immigration Council, 2025). About half of Connecticut's immigrants have become citizens, and about 167,000 are undocumented (Connecticut Institute for Refugees and Immigrants, 2025), though another study estimates the number of undocumented people in Connecticut is closer to 225,000 if children are included (Federation for American Immigration Reform, 2023). Those who have not naturalized or are not undocumented are legal immigrants with Lawful Permanent Residency (LPR, aka green card holders), work or education visas, Temporary Protected Status (TPS) or another kind of visa granting legal residency in the United States.

Immigrant children and families, especially the undocumented, often arrive in Connecticut with numerous unmet needs. Naturalized citizens and most LPRs and visa holders are eligible to apply for Medicaid. Undocumented people rely on free or sliding scale clinics, most of them Federally Qualified Health Centers (FQHCs) for medical, dental and mental health care. In Connecticut, children ages 15 and under as well as those who are pregnant can apply for Medicaid benefits if they are undocumented. Housing is especially difficult to find, and it is not unusual to find three or four migrant families crowding into two- or three-bedroom apartments. Undocumented people often work for "under the table" wages, leaving them vulnerable to labor trafficking and other forms of exploitation. The complex psychological and physical trauma that many migrants have endured, especially those from Guatemala, Honduras, El Salvador, Ecuador, Mexico and Haiti, is largely due to exposure to cartel and family violence. Law enforcement does not reliably address these concerns in migrants' home countries, and in some places law enforcement and the government actively cooperate with cartels.

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Therefore, many migrants in Connecticut and elsewhere in the United States are distrustful of government authority and it can be challenging to engage them. DCF social workers must be patient and persistent to develop a trusting professional relationship with migrants who have had these experiences. This year the increase in the enforcement actions taken by Immigration and Customs Enforcement (ICE) has made it even more difficult to work with migrant clients, despite DCF social workers' efforts to explain that DCF's policies and state and federal confidentiality laws preclude any communication from DCF to the federal immigration authorities without the express written permission from the client or a valid judicial warrant to disclose such information. DCF has improved its ability to engage migrants in contracting with translation and interpretation agencies that offer services in several indigenous languages spoken in Central and South America. A large subgroup of the migrants DCF works with are indigenous people from Latin America whose first language is not Spanish. DCF is constantly working to improve its access to quality translation and interpretation services through the Office of Multicultural Affairs. (OMCA).

The Director of Immigration Practice provides legal and clinical consultation to DCF staff as well as community agencies throughout the state, including home visits upon request. Consultations are most often requests for potential solutions regarding DCF clients' immigration legal statuses, such as access to U Visas, T Visas, Temporary Protected Status, Violence Against Women Act Visas, Special Immigrant Juvenile Status and Asylum. Other concerns raised in these consultations are related to obtaining access to mental health and medical services for those who do not have health insurance. Typically, DCF clients are referred to pro bono or low bono immigration legal aid agencies as well as FQHCs. FQHCs have limited capacity to meet the needs of undocumented people without access to insurance because of the overwhelming demand for their services as well as recent cuts in government grants and programs. All the legal aid agencies and many FQHCs are now maintaining extensive wait lists. There is currently a critical shortage of lawyers available for pro bono and low bono immigration legal consultation in Connecticut. Unmet needs and repeat maltreatment are more likely to occur in the context of these long waits or lack of access to medical, dental and mental health services and

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immigration legal services, as well as inappropriate referrals to DCF. The current housing crisis is having a strong impact on migrant families' ability to maintain safe and stable homes for their children.

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

The Director of Immigration Practice meets regularly with state and federal agencies working with migrants, the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), the Department of Developmental Services (DDS), the Division of Emergency Management and Homeland Security (DEMHS), the Department of Motor Vehicles (DMV), the Department of Labor (DOL), the United States Customs and Immigration Service (USCIS) and the United States State Department. DCF clients with Special Immigrant Juvenile Status require careful case management as they transition to adulthood and adult services. It is also important to carefully manage the repatriation of children to Connecticut with DSS and the US Department of State. Because of DCF's Vienna Convention obligations. The Director of Immigration Practice has frequent interaction with embassies and consulates, thus facilitating that the rights of non-citizens are being honored in Connecticut's juvenile court.

For the past four years there has been increasing demand in the Connecticut Probate Courts to instate guardians for migrant children whose parent(s) do not live in the United States. DCF has undertaken a new collaboration with the Connecticut Probate Courts in facilitating better access to guardianship by migrant families seeking to

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access Special Immigrant Juvenile Status in the immigration courts. To this end DCF has streamlined the study template for assessments ordered by the probate judge on prospective guardians and devised a half-day training for DCF probate social workers and probate court personnel which the Director of Immigration Practice conducted four times in 2025.

The Director of Immigration Practice has provided eleven half-day Immigration Practice training sessions in DCF Area Offices this year and another twenty-five such training sessions in community agencies, colleges and universities throughout Connecticut. In addition, there was a quarterly Immigration Practice training course through the DCF Academy for Workforce Development offered to DCF employees and community providers in 2025; these trainings will be offered through the DCF Academy monthly in 2026. DCF immigration trainings discuss the following topics: immigration legal remedies, health care resources, the dynamics of the migration process, the effects of complex trauma on engaging immigrants; family dynamics; how cultural differences influence parenting, and information about community agencies that assist immigrants. As immigration law and federal policy change frequently, this training is routinely updated.

This year the Director of Immigration Practice and DCF's General Counsel collaborated with the Connecticut Attorney General's Office in submitting briefs supporting birthright citizenship as well as the application of the federal district courts' decisions to all fifty states regarding birthright citizenship.

Fatherhood Services:

In 2025, Fatherhood Services advanced racial justice by strengthening culturally responsive practice across the workforce and elevating the voices and leadership of fathers of color with lived experience to inform practice, training, and systems improvement within the Department of Children and Families.

Fatherhood Services prioritized building staff capacity to engage fathers of color in equitable, respectful, and effective ways, recognizing the impact of implicit bias, historical trauma, and systemic barriers within child welfare.

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In 2025, the [DCF Fatherhood Practice Guide](#) was completed and approved. The guide includes explicit strategies for culturally responsive and equitable engagement of fathers involved in the child welfare system, with particular attention to fathers of color who have historically been under-engaged or marginalized in case planning and service delivery.

A Fatherhood Steering Committee was established to guide engagement strategies for fathers of color. Committee members with lived experience—served as panelists in DCF-led trainings and participated in simulation trainings, providing real-time feedback to staff on engagement approaches, communication, and trust-building with fathers who have experienced systemic bias.

The Director of Fatherhood Services continues to encourage racial justice discussions during area office and regional FELT meetings, ensuring that father engagement and racial equity remain embedded in leadership and practice conversations. DCF Partner, Abdul Rahman Muhammad and Director of Fatherhood services have continued to offer technical support to FELT teams throughout the state, providing consultation on culturally responsive engagement of fathers of color in complex cases.

In Region 5, Fatherhood Services played a leadership role in a joint quarterly meeting between the Racial Justice Team and the FELT, which focused on immigration and ICE-related issues and their impact on families and fathers of color. This meeting was not a training, but an equity-focused discussion. Director of Fatherhood Services along with Abdul Rahman Muhammad and Director of Immigration Practice Jennifer Avenia, presented at this meeting, contributing perspectives on racial equity, father engagement, and system accountability for men of color.

Additionally, a panel discussion was facilitated in Region 5 featuring fathers of color with lived experience. Fathers shared their views of the agency and described how they felt they were treated by the child welfare system as men of color. This panel provided staff and leadership with direct insight into trust, bias, and opportunities to improve culturally responsive practice.

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Fatherhood Services intentionally elevated the expertise of fathers and community advocates of color to inform practice and systems improvement. Director of Fatherhood services along with Abdul Rahman Muhammad, participated in Intimate Partner Violence (IPV) and Multidisciplinary Conference (MDC) Meetings, contributing perspectives on how to engage fathers of color in situations where workers experienced difficulty with engagement, while maintaining safety, accountability, and family well-being.

In 2025, Fatherhood Services contributed to the 2nd Annual "The Next Level Conference," a collaboration between Central Connecticut State University, the Commission on Women, Children, Seniors, Equity & Opportunity, and other partners. The conference included specific trainings on engaging men of color and featured a keynote presentation on the impact and influence of Black fathers on children, with particular emphasis on the developmental and emotional outcomes for daughters. This conference reinforced the importance of culturally responsive father engagement as a racial equity strategy across systems.

DCF continues efforts to recruit young men of color into the field of social work, identify young fathers of color who are parents involved in the child welfare system, and strengthen pathways for leadership and representation.

In 2025, DCF crafted an RFP template designed to ensure that fathers of color are intentionally identified and served through data-driven equity metrics, strengthening accountability across funded programs. To support data-informed racial equity efforts, Fatherhood Services made recommendations to update the Provider Information Exchange (PIE) system to track the number of fathers of color utilizing the Father Engagement Services (FES) program, supporting improved monitoring of access, participation, and equity statewide.

Through culturally responsive workforce development, regional racial justice leadership, lived experience engagement, statewide training, cross-system

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collaboration, and data-driven equity strategies, Fatherhood Services advanced racial justice in 2025 by transforming how fathers of color are engaged, supported, and valued within DCF; contributing to more equitable outcomes for children and families.

Racial Ethnic Disproportionality Across the CT Child Protection System SFY 2025:

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

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

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

The Pathway Data is produced for every DCF Region and Area Office in the state and then shared statewide. We use the data to learn and inform our next steps. DCF consistently reviews the data related to child outcomes to ensure strategies are developed to address specific areas of need and further the agency's goal of eliminating racial disparities.

Methods:

Disproportionality occurs when racial and ethnic groups in the child welfare population are over- or under-represented compared to their presence in the general population.

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Steps in the DCF pathway include:

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

Population estimates:

Our work compares the number of children on the pathway to the estimated number of children in Connecticut.

In recent years, our analysis used 2020 Census data for Connecticut as a measure of the number of children under 18. As we are now halfway to the next census, we examined Connecticut population data to see if it was still appropriate to use as a baseline. Based on this, we updated our population estimates to reflect the Connecticut Department of Public Health's Vital Statistics estimates of population by race from 2020 to 2024.

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The population trends for 2020 to 2024 show a decrease in the number of white children and an increase in Hispanic children, as shown below in Table 1:

Table 1: trends in estimated population of children under 18 in Connecticut: 2020-2024

DPH 2020 vs 2024 Population Difference	DPH 2020	DPH 2024	Difference	% Difference
Hispanic/Latino, Any Race	191,158	210,317	19,159	10%
Black/African-Am, Non-Hispanic	85,473	88,449	2,976	3%
Other or 2+ races, non-Hispanic	72,337	73,022	685	1%
White, non-Hispanic	389,543	356,039	(33,504)	-9%
Total	738,511	727,827	(10,684)	-1%

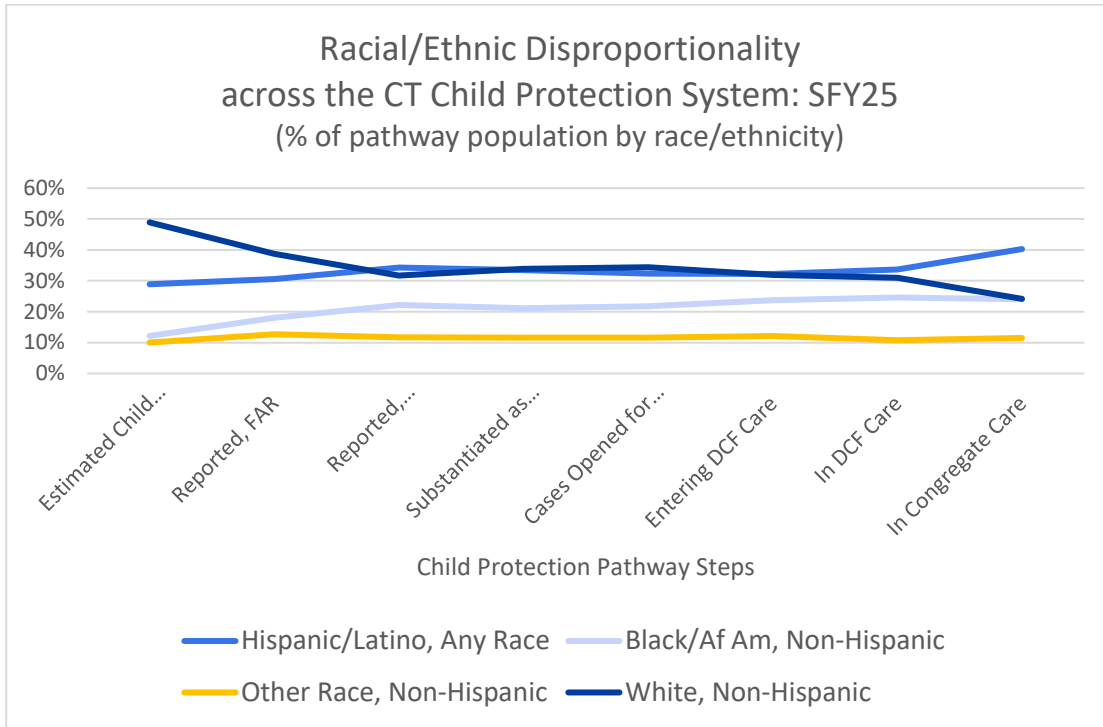
https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-State-County-Population-Estimates?language=en_US.

We have updated our methods to assess disproportionality compared to the DPH population estimates for each year. This method better matches the number of children on the child welfare pathway with the actual number of children by race in Connecticut.

Results:

Figure 2 shows the child welfare population's breakdown by racial group at major decision points along a child's involvement with DCF.

Figure 2



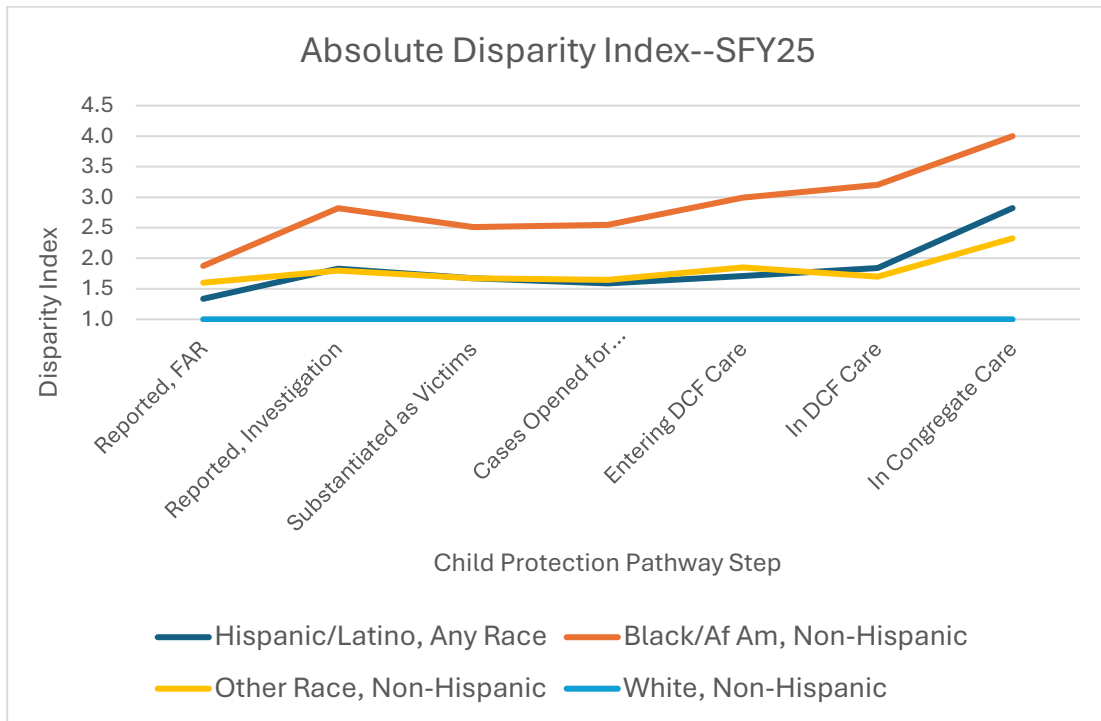
As Figure 2 shows, the greatest disparity by race is introduced at the initial step, where children are reported to DCF. Non-Hispanic Black children and Hispanic children of any race are reported to DCF in numbers greater than their proportion in the population, while White children are reported in numbers less than their proportion. This disproportionality is sustained and increases through the child’s involvement with DCF, although much more slowly. There is a substantial increase in disparities at the point of committing a child to congregate care, with higher percentages of Hispanic children and lower percentages of White children in group settings. We continue to pay attention to this finding, with the caveat that at this point in the process, the numbers of children are very small, and small changes in the number of children can lead to large changes in percentages by race.

Figure 3 shows a second way of looking at racial disparities throughout the pathway. The Absolute Disparity Index shows the likelihood of a child in a particular racial/ethnic group reaching a step in the child protection pathway compared to the likelihood of

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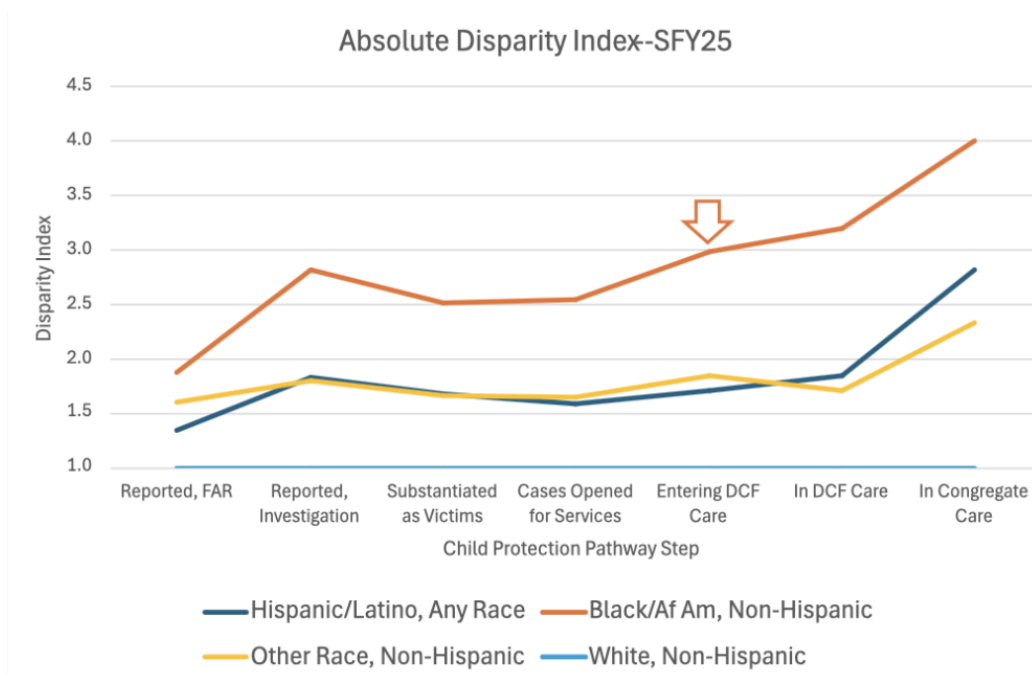
a White child reaching that same step. It shows the cumulative effects of disproportionate outcomes between White children and children of other races. Black children have the greatest cumulative disparities in outcome, followed by Hispanic children and children of other or multiple races.

Figure 3: Racial/Ethnic Absolute Disparity Index SFY 25



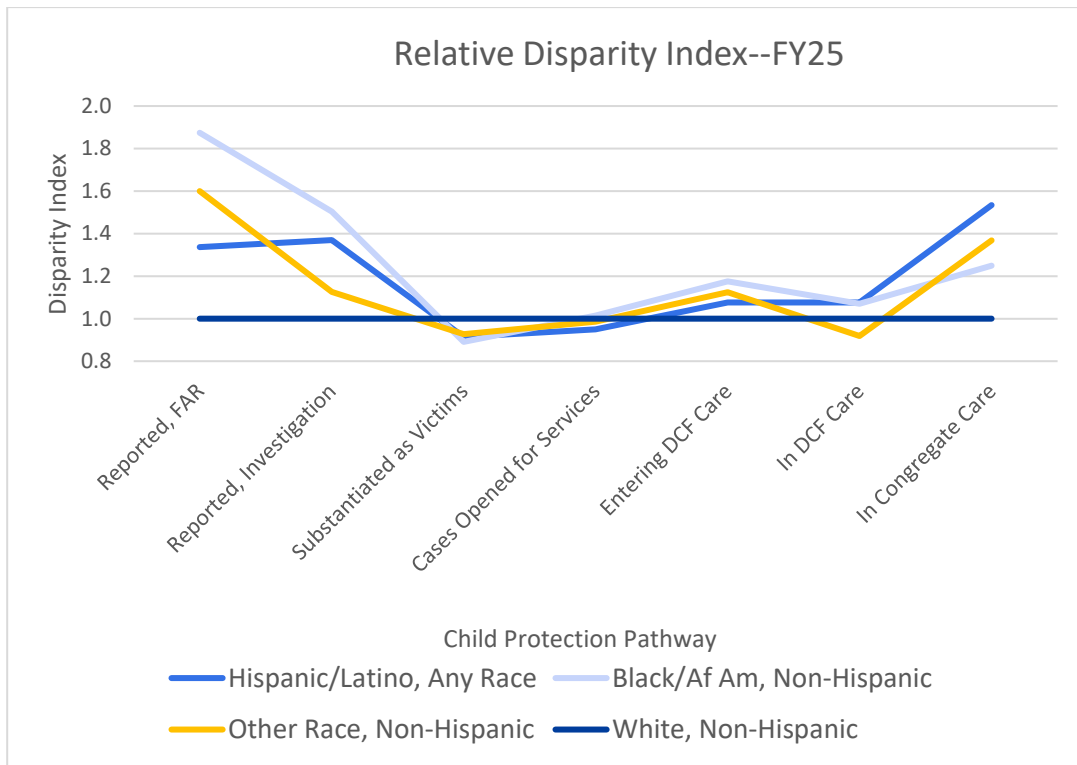
So, for instance, Black children are around 3 times more likely to enter into DCF care than White children. See arrow in Figure 4.

Figure 4: Racial/Ethnic Absolute Disparity Index SFY25



The Relative Disparity Index shown in Figure 5 (below) compares each racial/ethnic group to White children, by assessing how likely that group was to move from the previous step on the pathway, relative to White children. It identifies the particular steps in the pathway that are "high risk" for that group. As discussed above, the greatest disparities are introduced at the reporting stage, with a large amount of disparity for any kind of CPS report, plus some additional disparities when being reported and investigated. DCF is now identifying "high reporting" entities, particularly schools, and analyzing the racial breakdowns of reports. Some DCF offices are working with their local schools to educate them on the mandated reporter law and to offer alternatives to DCF that offer support to children and families, while continuing to maintain child safety.

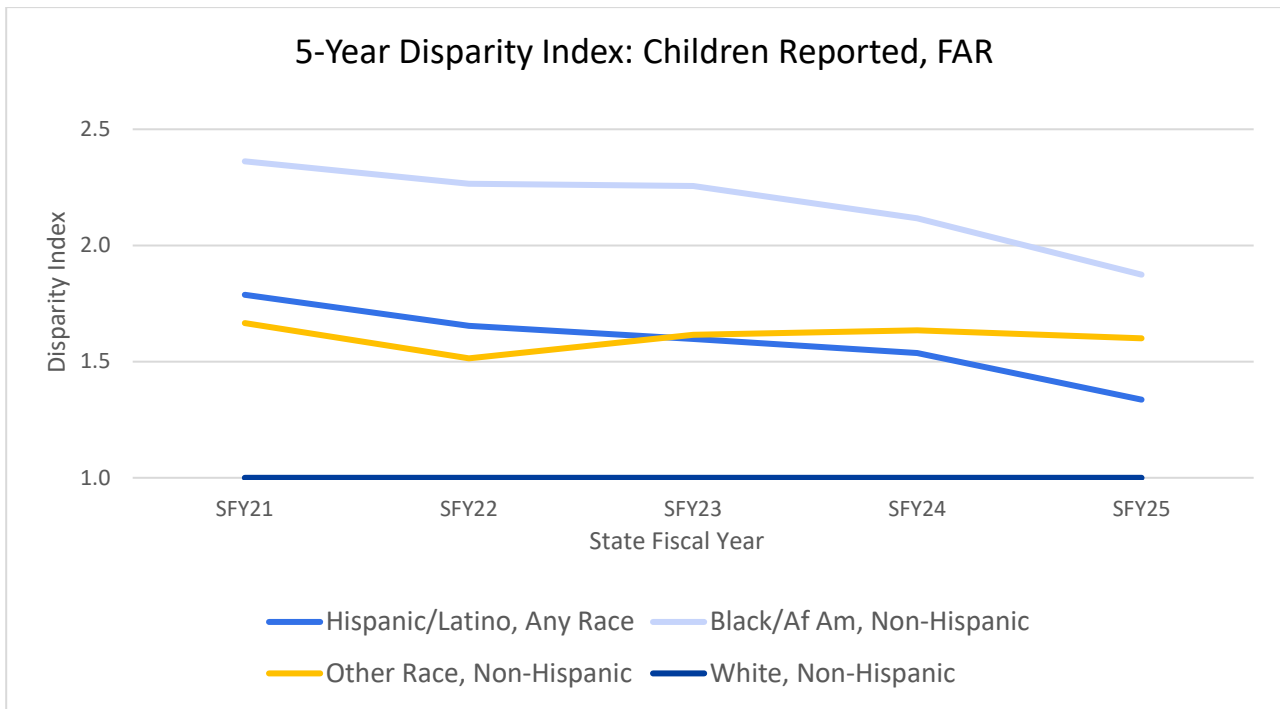
Figure 5: Racial/Ethnic Relative Disparity Index SFY 25



DCF has been focused on increasing racial equity in child welfare for over a decade. Figures 6 through 12 examine racial disparities for each pathway step over the past five years. This helps us understand where our work has been successful and where we need to further improve.

Over the past five years (with the exception of Reported and FAR), the trend graphs at each step are mostly level or increasing (i.e. poorer outcomes for Hispanic and Black children and children of other races). In a few instances, the results for FY2025 improved over FY2024. Based on the 5-year trend, FY24 exhibited unusually high levels of disparity, with FY25 reverting to the prior levels.

Figure 6: Five-year Disparity Index Trend, FAR



When Family Assessment Response (FAR) disparity rates decrease, as has happened for the last two years, that reduction in FAR disparities is generally not a positive indicator. When children are reported to DCF, accepted reports can go in one of two directions: FAR (referred to services) and Investigation (investigation of the family for abuse and neglect). Fewer referrals to FAR for Black children suggest increased rates of Investigation.

Offsetting this tendency is a recent change in DCF practice. Starting in early FY25, all reports on all children under age 6 were assigned to the Investigation track. It is likely that this is reducing disparities at the investigation stage, in that it removes any effect of judgment on the decision whether to investigate in those cases.

Figure 7: Five-year Disparity Index Trend, Investigations

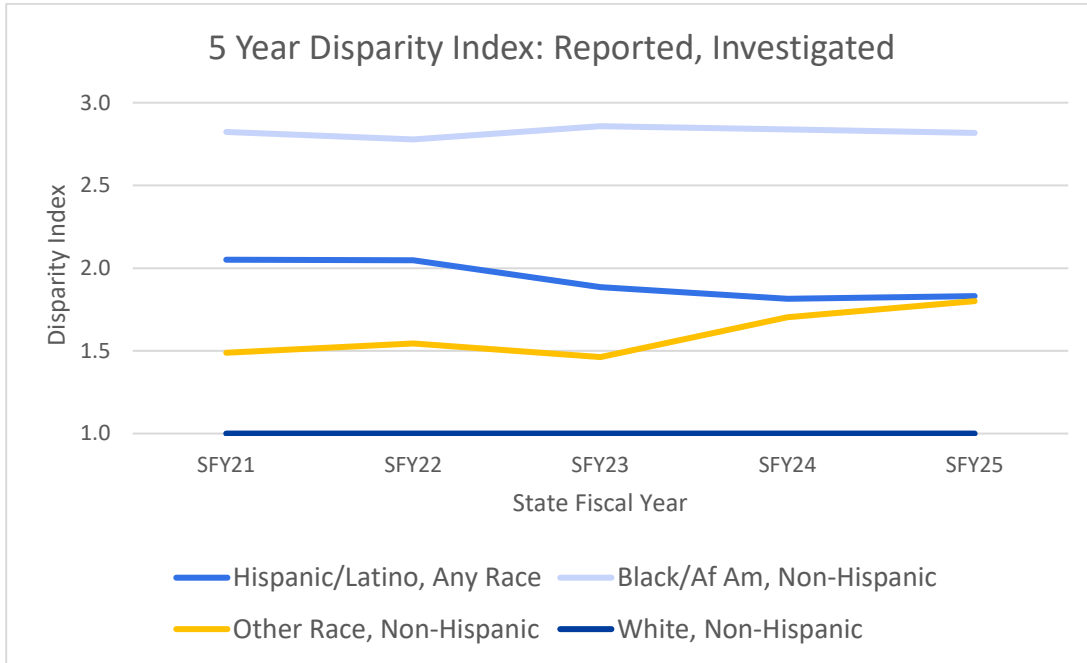


Figure 8: Five-year Disparity Index Trend: Substantiated Victims

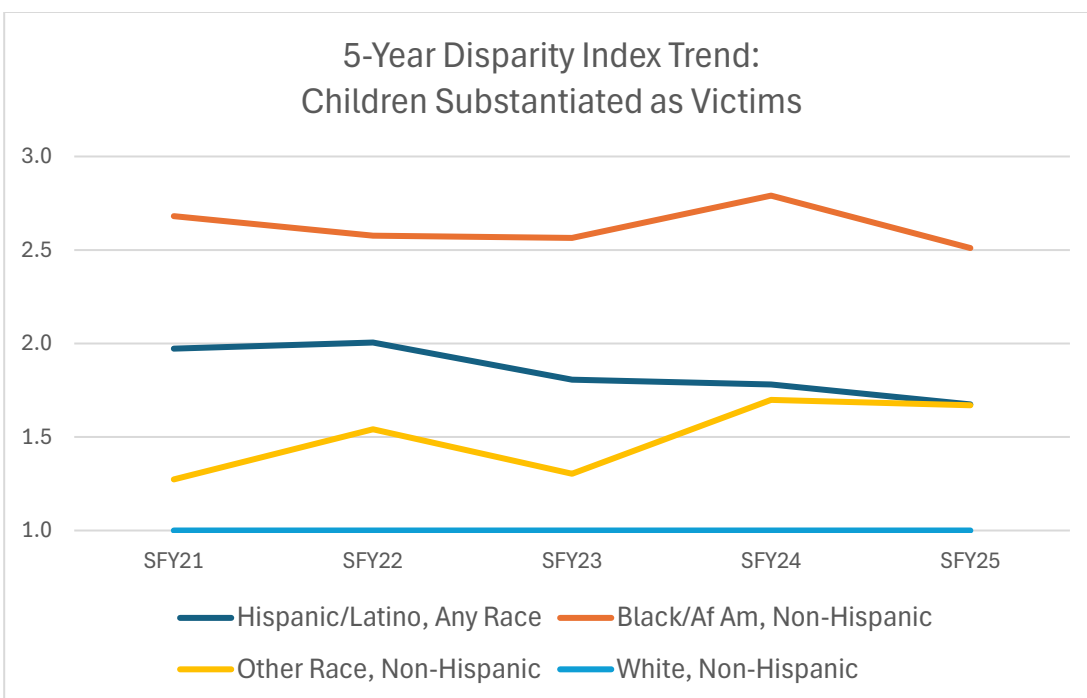


Figure 9: Five-year Disparity Index, Opened for Services

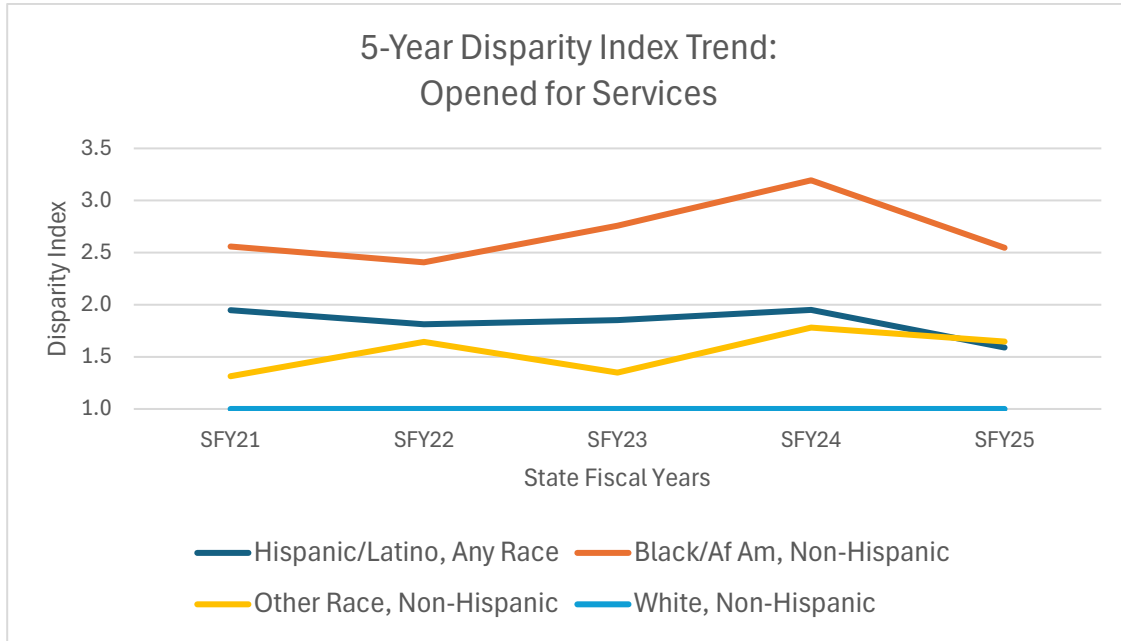


Figure 10: Five-year Disparity Index Trend, Children Entering Care

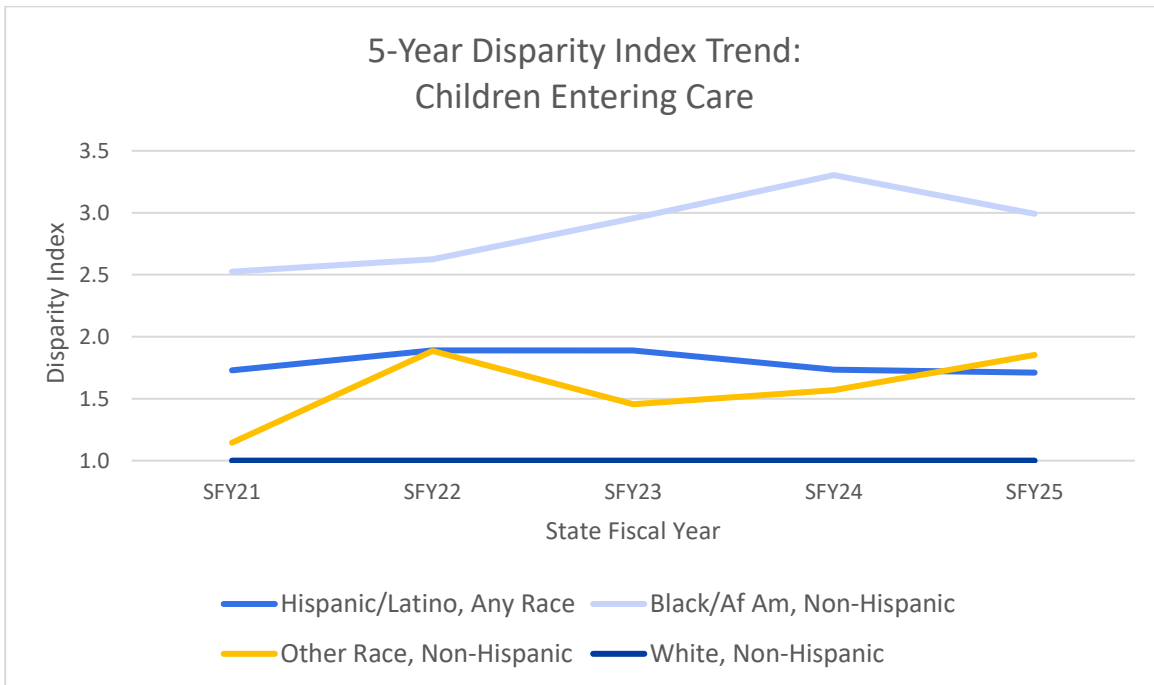


Figure 11: Five-year Disparity Index Trend, Children in DCF Care

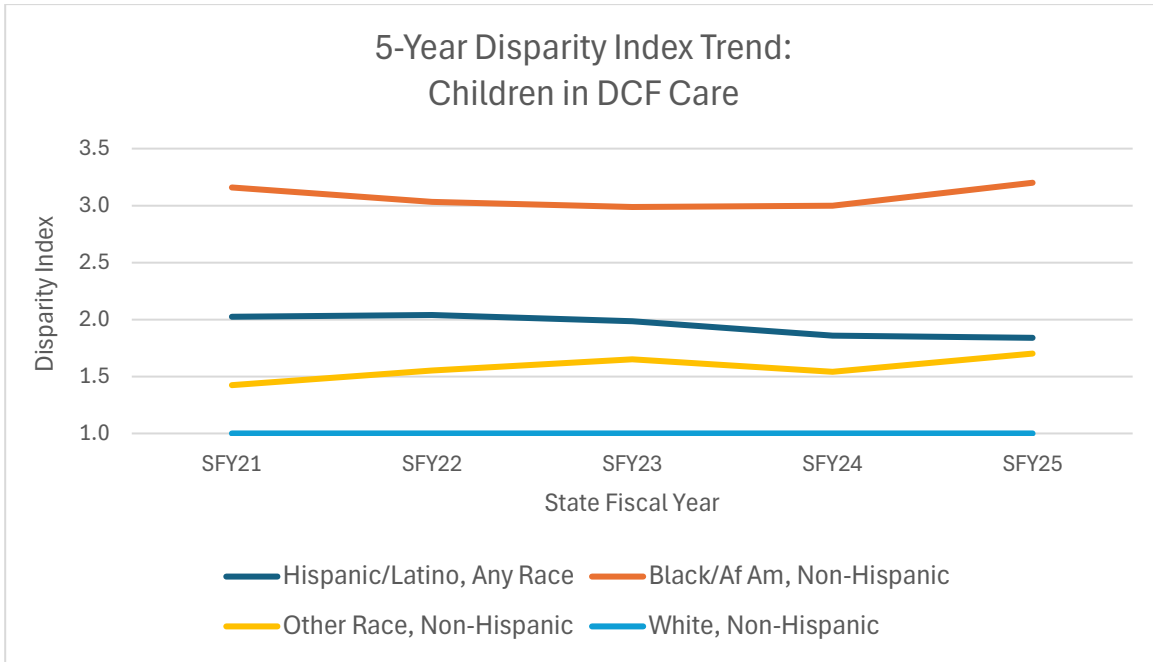


Figure 12: Five-year Disparity Index Trend, Children in Congregate Care

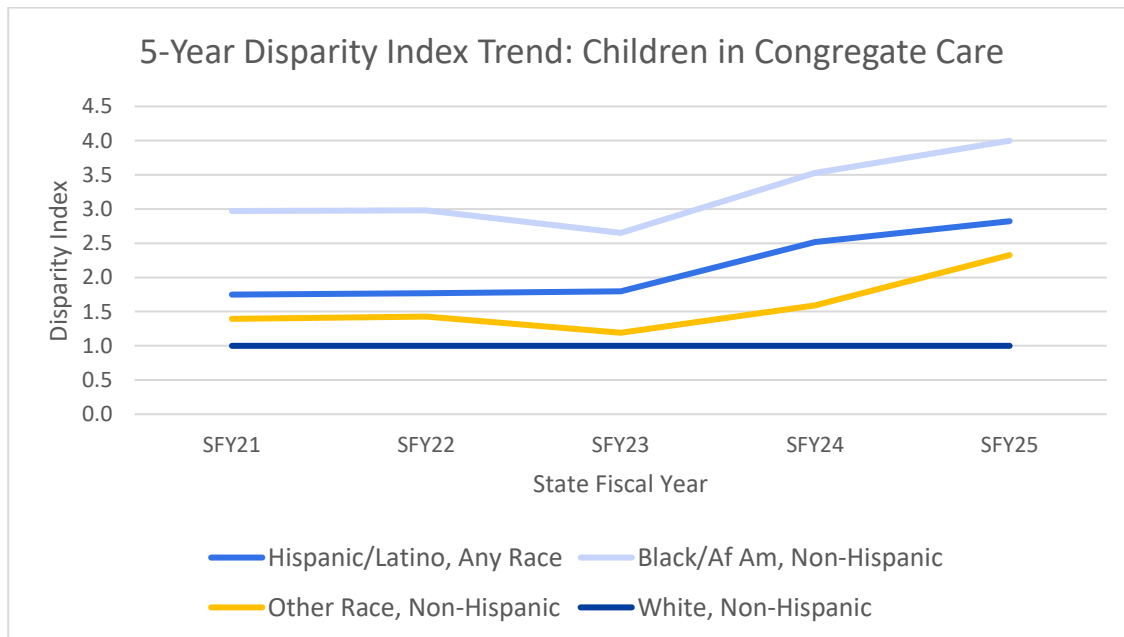


Figure 12 shows a dramatic increase in disparities over the last two years in children in congregate care. As stated above, at this point in the pathway the number of children involved is quite small.

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

- Migrants to the US: We are increasing our data collection and analysis to improve our understanding of disparities associated with undocumented status. This includes continued training for DCF staff on the particular issues facing undocumented and migrant families in Connecticut. These issues have been increasing over the last year based on Federal activity as parents hold their children out of school or otherwise avoid ICE.
- Racial and ethnic analysis of Case Reviews: We are bringing data collection and analysis by race into our Case Review processes, providing opportunities to identify and understand cases where race and ethnicity appear to have had a large influence on permanency and other case outcomes.
- Child mortality: The National Partnership for Child Safety, a partnership designed to use safety science to reduce child mortality, recently added a question around cultural trauma in the tool that is used to investigate child deaths. One critical event in 2025 did involve cultural trauma. It highlighted an ongoing DCF practice need: when we are working with families new to the U.S., we need to educate the caregivers on our laws regarding physical discipline, supervision of children, and child labor.

DCF/ Judicial Collaboration:

As part of DCF's ongoing commitment to expanding our racial justice/anti-racist work beyond our internal agency, we have been equally committed to partnering with community providers within the broader child protection system to ensure fair, just, and equitable treatment outcomes. Inclusion of our community and system partners emphasizes our commitment to cross-system collaboration, which is necessary for anti-racist transformation of practice, policy and equitable service

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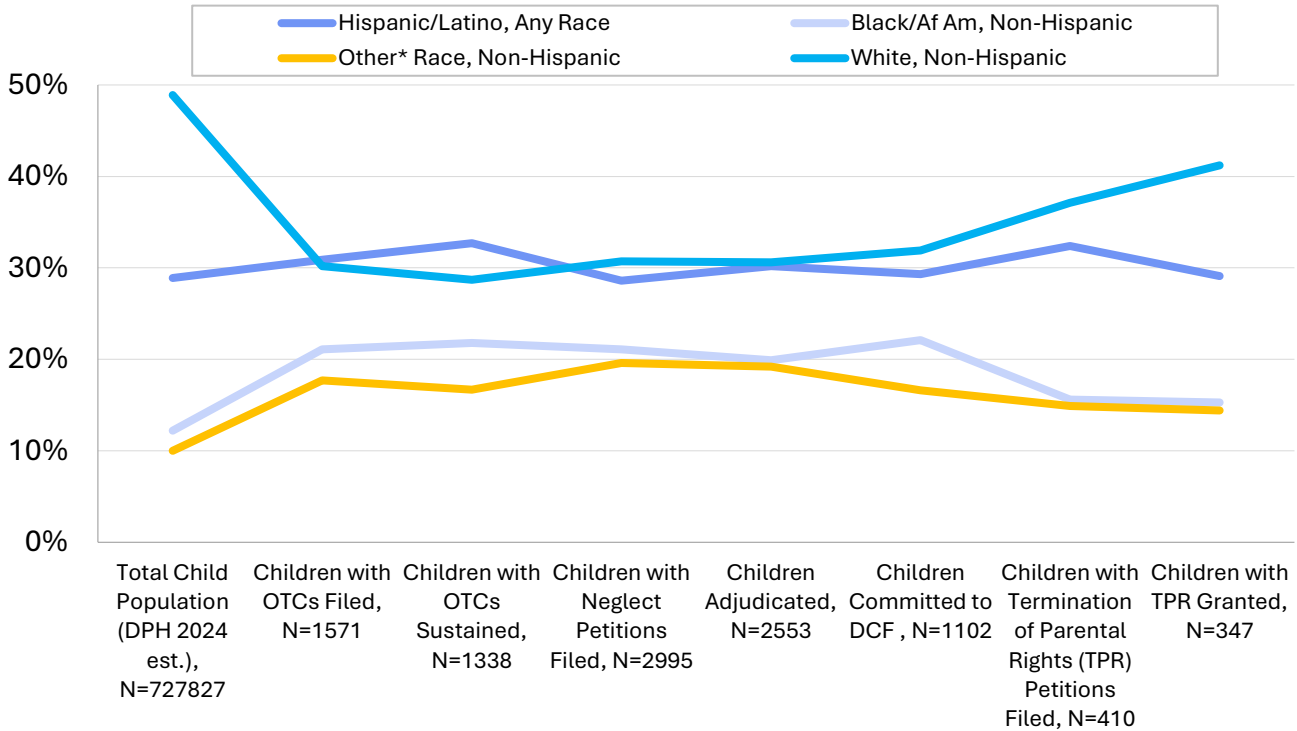
delivery. With respect to the critical decision-making points along the juvenile court continuum, we have continued to collaborate with the CT Superior Court for Juvenile Matters (SCJM) and other system partners to support their efforts in understanding the underlying drivers of racial disparity.

The Department works with the Judicial partners to obtain data for each of the pathway decision points to help move these efforts forward. The statewide racial/ethnic disproportionality across the CT Child Protection Judicial System pathways data is updated and reviewed on an ongoing basis to identify trends and initiatives to reduce disparity and disproportionality. Figure 13 shows the race/ethnicity distribution of child welfare populations along with the general child population. These figures characterize the racial makeup of the children involved with the SCJM due to involvement in the Connecticut Child Protection System as it compares to the Connecticut child population as a whole. (This data does not include children/youth involved with SCJM solely for Juvenile Justice matters.)

The chart and graphs outline the percentage of the populations that each racial category comprises. In addition, the report expresses how these percentages differ with regard to each level of SCJM involvement. Similar to the CTDCF Pathways data shared above, this data should help highlight the degree to which children of various racial/ethnic groups are overrepresented or underrepresented at various points of intervention with the SCJM for child protection issues.

Figure 13

Racial/Ethnic Disproportionality over the CT Child Protection Judicial System
(FY25; Percent of children by race at each step of the pathway)



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

The DCF/Judicial Collaboration Team meets regularly throughout the year. In addition, the DCF Commissioner and others from our legal division meet with the Chief Administrative Judge for Juvenile Matters on a monthly basis to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases. There are also monthly meetings that include child advocacy organizations, the public defender's office and the Office of the Attorney General to review the disparity and disproportionality data and recommend system changes.

Provider Information Exchange (PIE):

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

Figure 14 (below) is an aggregate report for DCF Contracted Providers showing the population along a service pathway from DCF reports to completing treatment.

Figure 14: DCF Contracted Services Pathway

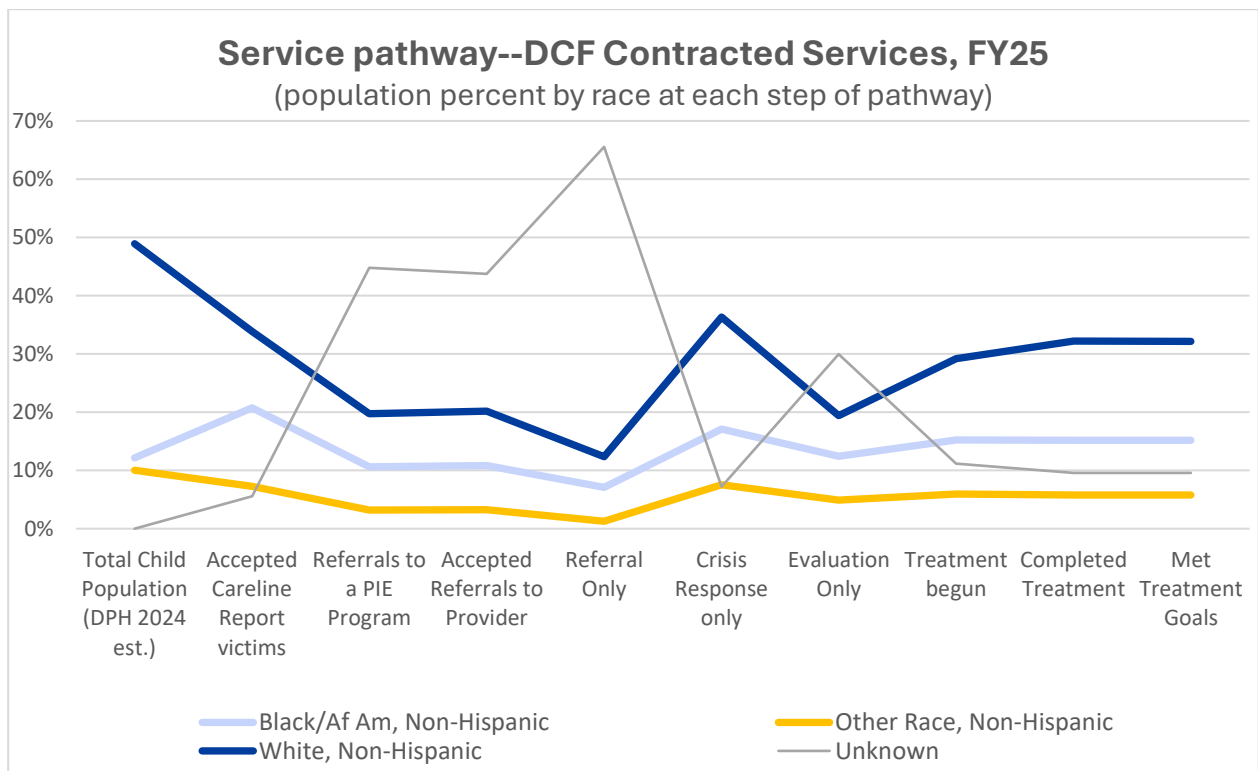


Figure 14 highlights our current difficulties assessing disparity along the service provider pathway. We are missing a large fraction of the information on race at

important steps of the pathway and cannot draw conclusions about overall disparities. At pathway steps where people fall off the pathway (i.e., those receiving a referral only or those receiving evaluation only), we are missing particularly large amounts of information on race. Therefore, we are unable to determine the likely disparities by race at those steps.

Figure 14 also suggests racial inequities are being introduced along an unseen step of the pathway, going from "Eligible for Referral" to receiving a referral. The main populations served by DCF Contracted Providers are families reported to DCF for abuse and neglect and children with behavioral health needs who are covered by Medicaid. Given the over-representation of Black children in both of those populations, we would expect a much higher percentage of Black children beginning treatment episodes. However, only 15% of children starting episodes are Black, slightly higher than their 12% representation in the Connecticut population.

In comparison, 38% of children starting episodes are Hispanic/Latino, despite only being 29% of the Connecticut population and despite the difficulties providers have hiring bilingual and bicultural workers. This may still be an underrepresentation compared to their presence in the DCF and Medicaid populations.

To better understand the path to engagement with DCF Contracted Providers, future work with Providers and DCF data must include improvement in collection of race and ethnicity data at earlier points on the Pathway and developing associated reports and analysis of inequities at each step.

Community Support for Families (CSF) Program:

In 2012, following the statewide implementation of our Differential Response System (DRS), funding was allocated by the legislature to provide continued support to families who received a Family Assessment Response (FAR). Community Partner Agencies (CPA) were selected through a statewide procurement process in all six (6) DCF regions to further support families and connect them to an array of community-based services and resources designed to promote the safety and wellbeing of their children. The program was designed to connect families to concrete, traditional and non-traditional resources and services, utilizing a Wraparound Family Team

approach and philosophy, placing the family in the lead role of their own service delivery. The University of Connecticut School of Social Work (UConn) continues to function as our Performance Improvement Center to evaluate our intake practice, as well as outcomes and service delivery data for the Community Support for Families Program.

Figure 15: Disposition to Community Support for Families for SFY 2025:

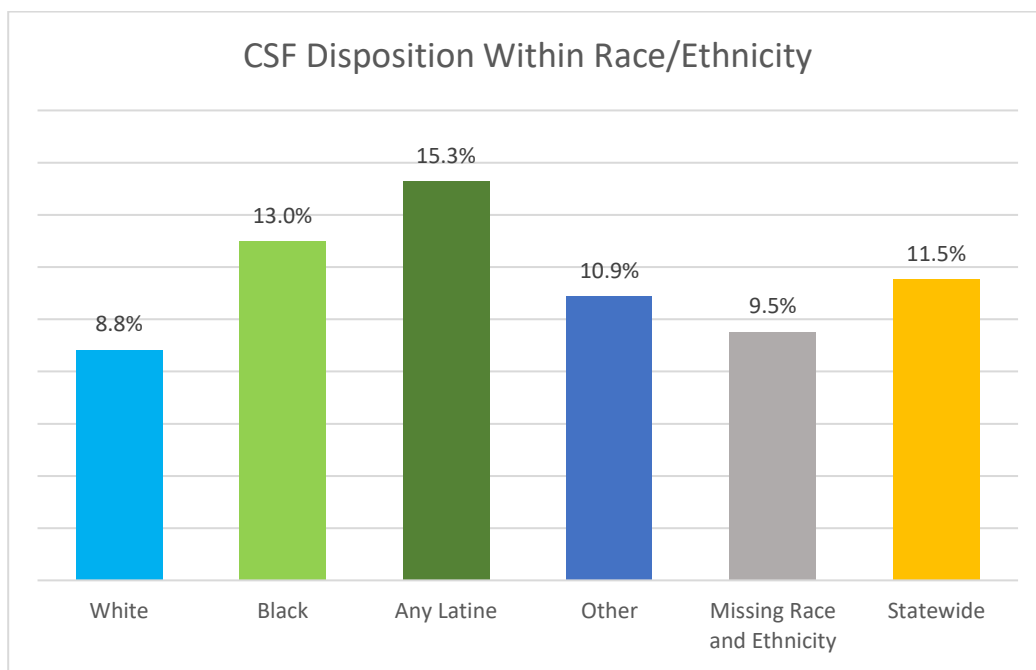


Figure 15 shows that of all families who received a FAR in SFY 2025, 11.5% of families were referred to the CSF Program. Variations were noted by race/ethnicity, as follows: 8.8% of White families were referred to CSF as compared to 13.0% of Black families, 15.3% of Latine families and 10.9% of families of other race groups. Nearly ten percent (9.5%) of families were missing race/ethnicity information for the primary caregiver (The family is the unit of analysis for the program and the race/ethnicity of the primary caregiver is used). The CSF population differs from both the general Connecticut and FAR populations: Black and Latine families are more likely than White or Other

race/ethnicity families to be referred to CSF. This may indicate that CSF is directing services to families with greater or distinct needs.

Figure 16– Families who completed CSF treatment; Race and Ethnicity for SFY 2025:

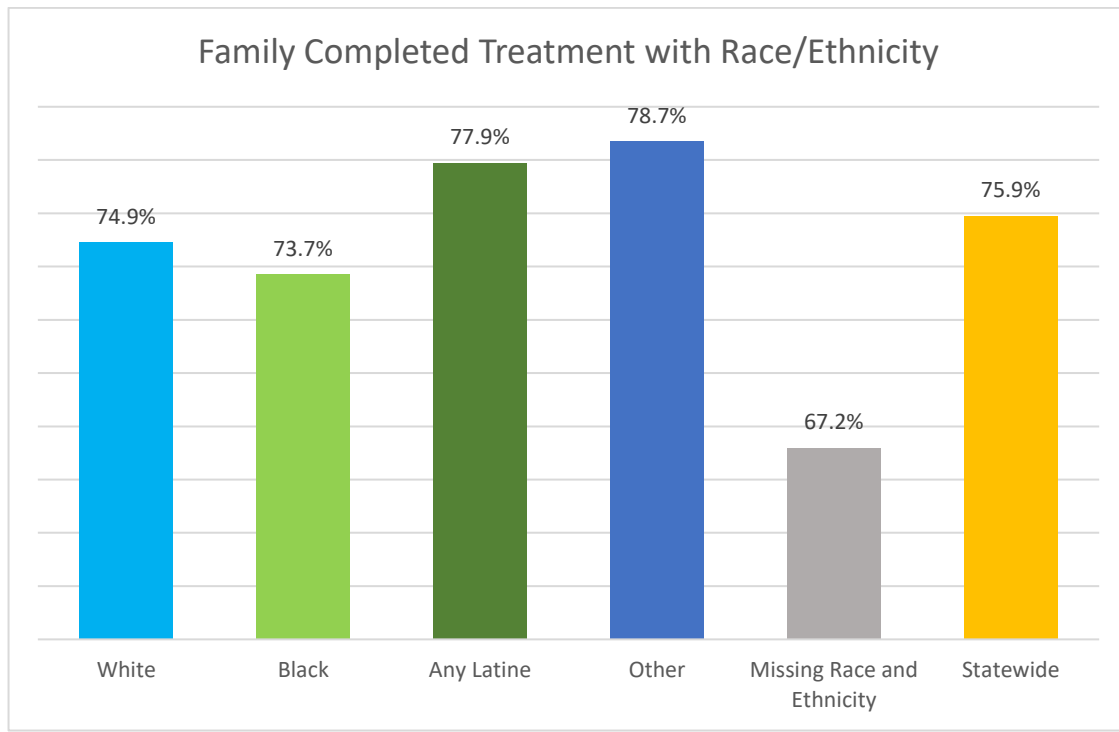


Figure 16 shows the families who completed CSF treatment by race/ethnicity. Overall, 75.9% of families completed treatment. There was some slight variation by race and ethnicity; 74.9% of White families completed treatment, as compared to 73.7% of Black families, 77.9% of Latine families, and 78.7% of families of Other Race groups. A lower proportion of families missing race group (67.2%) completed treatment.

Identifying areas of systemic racial injustice is critical; therefore, UConn’s research agenda prioritizes analyzing and assessing potential racial disparities in the Connecticut child welfare system. To that end, UConn will examine disparities at key decision points of our intake practice including substantiation, central registry determinations, safety and removal decisions, and case disposition. UConn will

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continue to evaluate the outcomes of families who are referred to the CSF Program through a racial justice and equity approach. As required, DCF will continue to submit our annual legislative report related to FAR and the CSF Program, inclusive of rates of subsequent reports and substantiations through a racial justice and equity approach. Assessing racial disparities in the Connecticut child welfare system will help inform our collective efforts to reduce racial disparities and ultimately achieve racial equity and justice.

Integrated Family Care and Support (IFCS) Program:

Launching in early 2020, DCF engaged in a unique public/private partnership with Carelon Behavioral Health called the Integrated Family Care and Support (IFCS) program. IFCS is designed to be community-based, providing care coordination directly with families in their homes. Care coordinators and peer support specialists live in the communities they serve and reflect the racial, ethnic, and language that predominates within the regions. Of note, 53% of the Care Coordinators in IFCS are bilingual/ Spanish speaking. IFCS also has language capacity for Haitian, French Creole, Portuguese, and American Sign Language. Following the values and principles of the Wraparound model of care coordination, IFCS staff work face to face with families to actively engage with them to accomplish goals, build protective factors, and minimize risks to keep children safely at home in their community.

Outcome measures for the program focus on engagement/timely care planning, meeting a majority of the goals on the plan of care, successful completion of the program, and family satisfaction. Overall, the program has seen promising results when viewing through a health equity lens. The ongoing monitoring of race and ethnicity rates by outcome helps guide programmatic efforts to ensure these similar outcomes are achieved.

The Central Office Program Lead continues to meet with Carelon staff monthly to review referrals, address programmatic issues, review data, and discuss barriers to service delivery. Regional DCF/IFCS staff meet regularly to foster relationships,

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address case specific concerns, promote communication, and ensure the needs of families are addressed. DCF will continue to work closely with Carelon and regional staff to assess and evaluate service delivery, child, and family outcomes, as well as equitable outcomes through a racial justice lens.

Referrals:

Figure 17 shows the number of IFCS SFY25 referrals by race and ethnicity. The breakdown of race and ethnicity for IFCS families attached to the 920 referrals received within SFY25 are as follows: 49.5% ($n = 455$) Hispanic, any race, 25.7% ($n = 236$) Black/African American, non-Hispanic, 19.8% ($n = 182$) White, non-Hispanic, and 5.1% ($n = 47$) another race, non-Hispanic.

Figure 17: IFCS Referrals by Race and Ethnicity for SFY2025¹

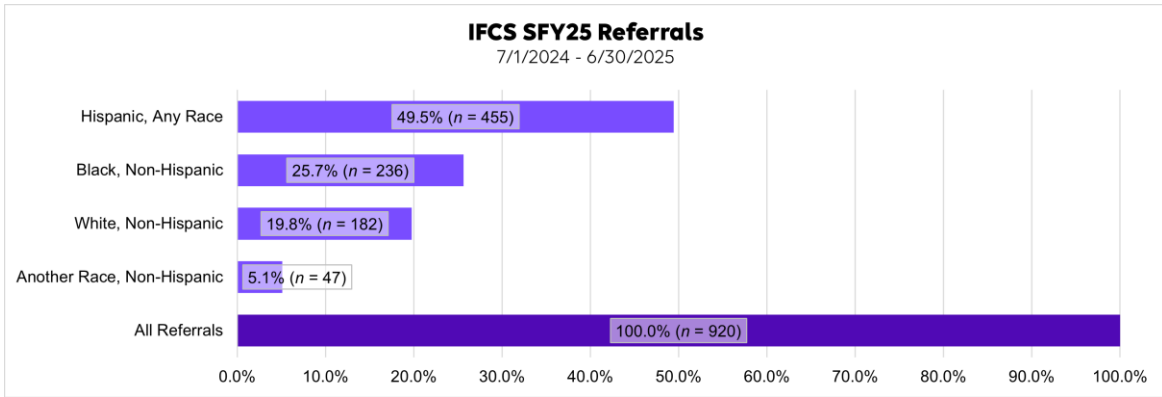


Figure 18: IFCS Referrals by Referral Status, Race, and Ethnicity for SFY2025

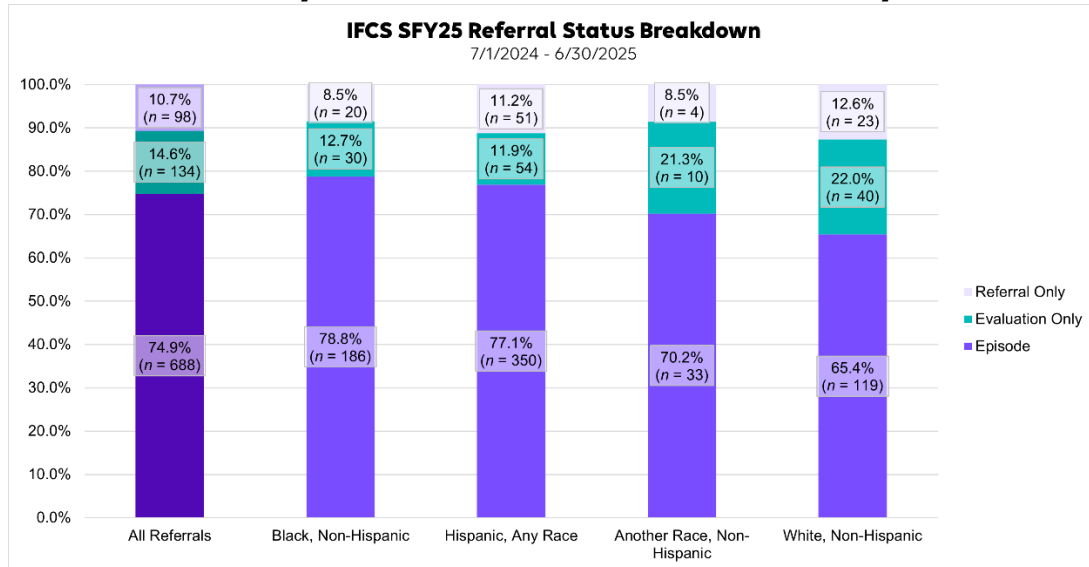


Figure 18 shows the referral status of IFCS SFY25 referrals by race and ethnicity. Percentages shown are based on the number of referrals, out of the total number of

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

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

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referrals for families within each race and ethnicity grouping, by referral status as defined as:

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

As shown in Figure **18**, referrals attached to families who identified as Black/African American, non-Hispanic (78.8%) and Hispanic, any race (77.1%) had a higher percentage of referrals transition to an episode than all IFCS referrals combined (74.9%). Families that identified as White, non-Hispanic (65.4%) had a smaller percentage of referrals changeover to episodes. Referrals received from families identified as White, non-Hispanic had the highest percentage that closed as referral-only referrals (12.6%).

Discharges:

Due to the implementation of the Prevention Care Management Entity (PCME) in October 2023, some SFY25 race and ethnicity data for discharged youth was connected to the primary caregiver if the family was referred before 10/11/2023. For SFY25 discharged youth referred after 10/11/2023, race and ethnicity data was attached to the identified primary child to accommodate the decision to start entering data into the DCF's PIE system. Figures 19 and 20 combine both data sets², with 14 discharges associated with caregiver demographics and 723 with demographics of the primary youth.

² **Notes:** The race and ethnicity displayed is used as a representation of the IFCS family referred, regardless of the individual attached to the data collected. However, due to the changes mentioned above, comparisons should not be made with previous or future data.

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Figure 19 shows the number of IFCS SFY25 discharges by race and ethnicity. The breakdown of race and ethnicity for the 737 IFCS families discharged in SFY25 are as follows: 52.2% ($n = 385$) Hispanic, any race, 25.1% ($n = 185$) Black/African American, non-Hispanic, 18.6% ($n = 137$) White, non-Hispanic, and 4.1% ($n = 30$) another race, non-Hispanic.

Figure 19: IFCS Discharges by Race and Ethnicity for SFY2025

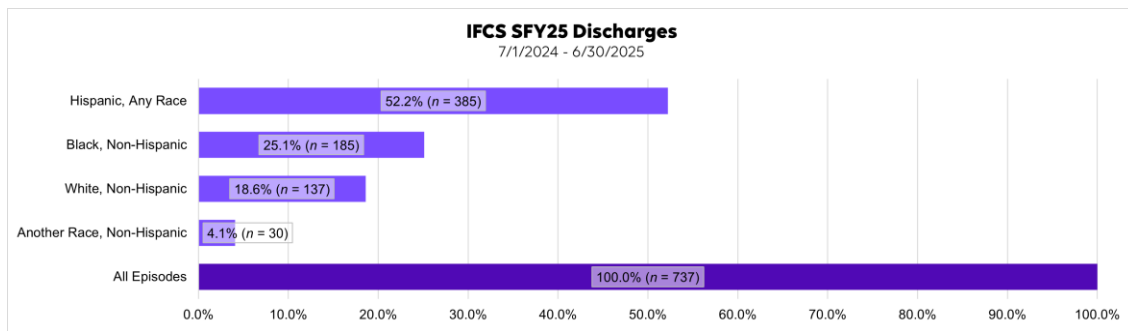
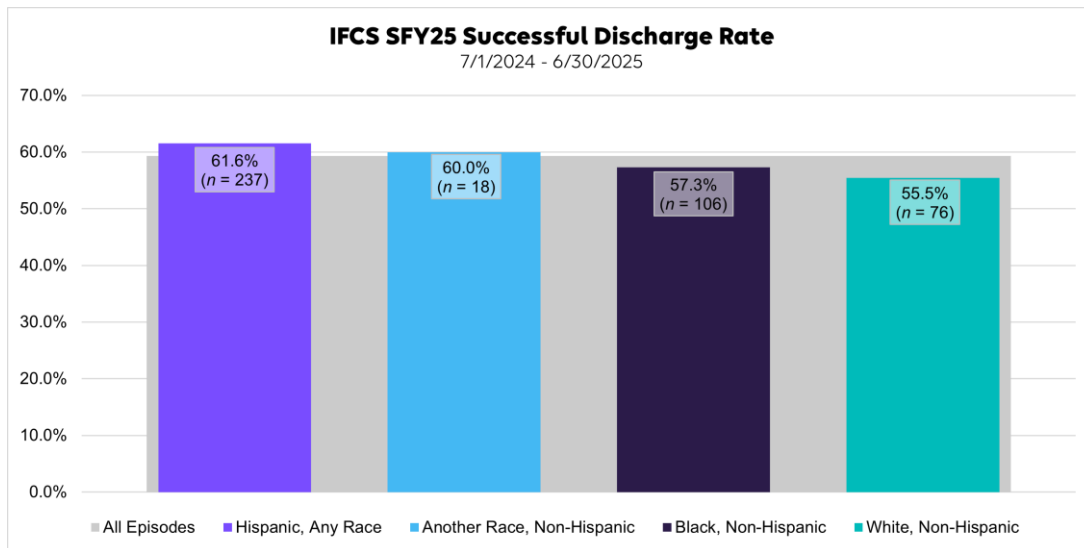


Figure 20 displays the successful service completion rate of IFCS episodes that discharged during SFY25 by race and ethnicity. A successful service completion is defined as an episode that ends when the family was ready for discharge and connected to other services/ongoing treatment.

Figure 20: IFCS Successful Discharges by Race and Ethnicity for SFY2025



As shown in Figure 20, discharged families that identified as Hispanic, any race (61.6%) and another race non-Hispanic (60.0%) had a successful service completion rate at or above the rate for all IFCS SFY25 discharges (59.3%). Families discharged that identified as Black/African American, non-Hispanic (57.3%) or White, non-Hispanic (55.5%) had a successful service completion rate below the rate for all discharged episodes.

Carelon IFCS will continue to monitor the PCME outcomes and in particular successful completion rates through a health equity/racial equity lens in accordance with our health equity plan. Carelon will also continue to implement motivational interviewing (MI) during staff supervision and in the work with families. The MI approach has had positive effects on engagement for families involved in child welfare. Carelon is partnering with DCF to obtain race and ethnicity data related to subsequent reports and subsequent substantiated reports to the Department six months post-discharge from the IFCS program. This critical data speaks to the impact that this program has on longer term family safety and stability.

Quality Parenting Centers (QPC):

Quality Parenting Centers are designed for families with children (from birth up to age 12) who were removed from home due to child protective service safety concerns. The QPC provides a site-based supervised parent/child visitation program (Family Time[®]) in a safe and comfortable setting for parents to interact with their children. DCF can refer a family at any time after a child enters DCF care and serves children with all permanency goals. Program staff utilize coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent/child relationship. Sibling groups in which one or more children are over the age of 12 may still be served through this program, at the discretion of DCF.

The QPCs are utilized to ensure the child's physical and emotional safety during contact with their family while attempting to strengthen the parent/child relationship, promote attachment, and enhance parental protective actions and capacities. The QPCs provide a home-like setting where families can use different areas of the center for mealtime, outdoor play, and rooms prepared for specific age children, including infant and toddler Family Time areas. QPC staff are trained in the Coaching Model, which uses a strength-based approach, with goals for the parent to identify and meet the needs of the child. The model includes shared parenting with inclusion of the caregiver in the service. There are fourteen (14) QPC sites across the state, with the first QPCs having opened in October 2021, four (4) sites having opened in 2022, one (1) additional site opened in November 2024 and one (1) final site opened in 2025.

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

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Utilization of the QPCs has been steady over SFY 2025 and waitlist account mainly for families and their children that require a specific time slot for their visit due to work or school schedules. The QPCs have continued to experience staffing challenges in all sites during this fiscal year. In SFY 2025, QPCs served 727 families, which is an increase of 2% in comparison to SFY 2024. In SFY 2025, QPCs monitored and coached 12,580 Family Time sessions, which is a 148% increase from last year's report. Factors affecting this increase include modifications in scheduling processes, targeted documentation trainings, quarterly data reviews and data integrity processes.

The QPC SFY 2025 outcome data is as follows in Figures 21-25. Figure 21 In comparison to last fiscal year White families saw a 3% increase in referrals in comparison to a decrease of 7% for Black and 10% for Hispanic families. Figure 22 demonstrates a 2% increase of discharges in comparison to last year's report. Of the families discharged all groups experienced increases as follows: Black families saw a 11%, Hispanic families 15% and White families 42% in comparison to last fiscal year. Figure 23 demonstrates an increase in successful completions of the service across all families served in comparison to last fiscal year, except for White families, as follows: Black families 15% increase and Hispanic families 12% increase. White families experienced a 16% decrease.

Figure 24 demonstrates an increase in families meeting program goals across all families served in comparison to last fiscal, as follows: Black families 90%, Hispanic families 90% and White families 96%. Figure 25 identifies minor changes from last year's data and continue to support that Black and Hispanic families were able to transition to unsupervised Family Time at a lower rate than White families. The latter may be attributed the timing of the referrals into the program coupled with the varying levels of acuteness or need of the families served.

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Figure 21: Families referred to QPC in SFY 2025 (n=477)

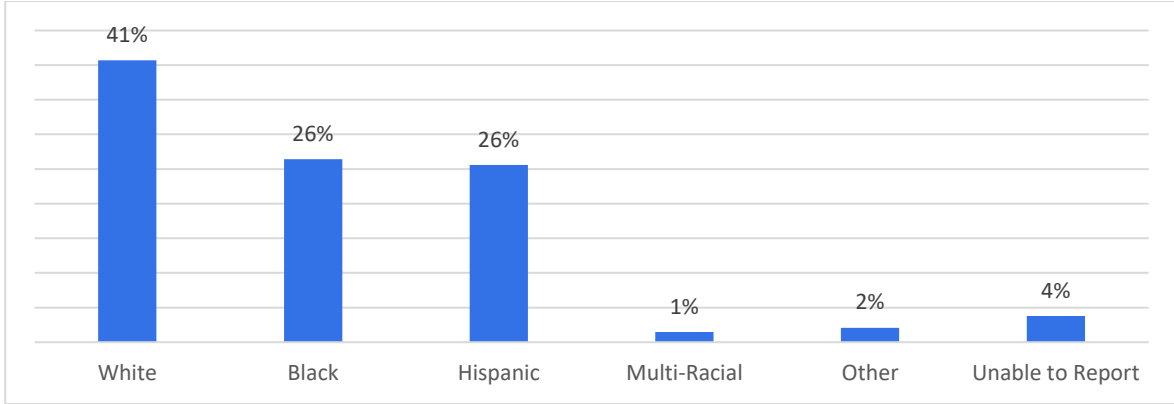
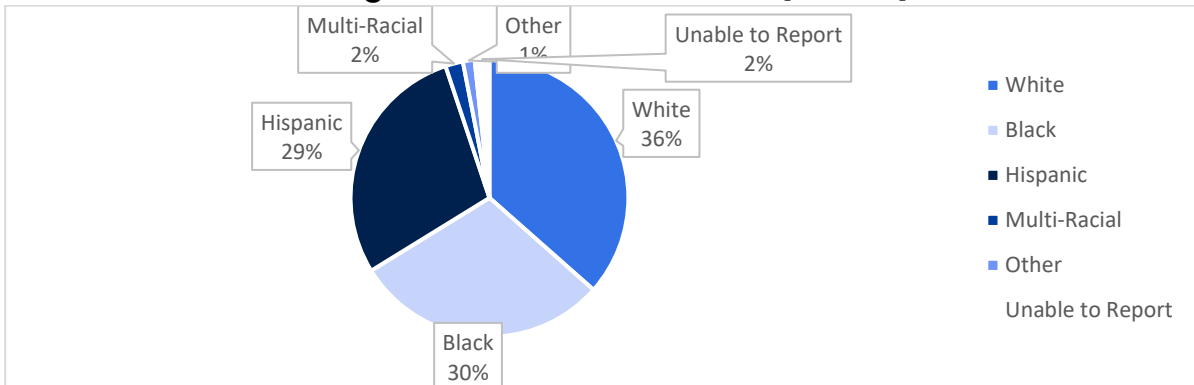


Figure 22: Families Discharged from QPC in SFY2025 (n=440)



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Figure 23: Discharge Outcomes – Completions (n= 293)

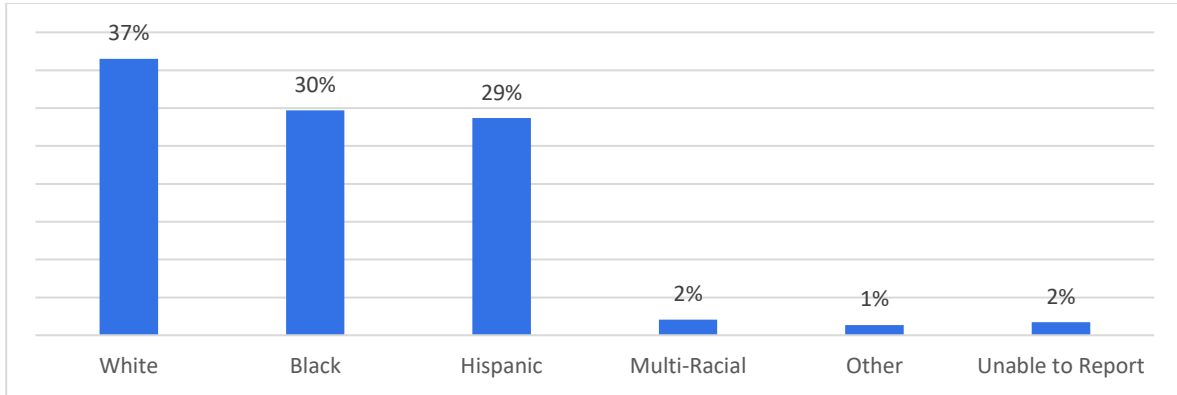


Figure 24: Completed Treatment Discharge Outcome - Met Goals (n=293)

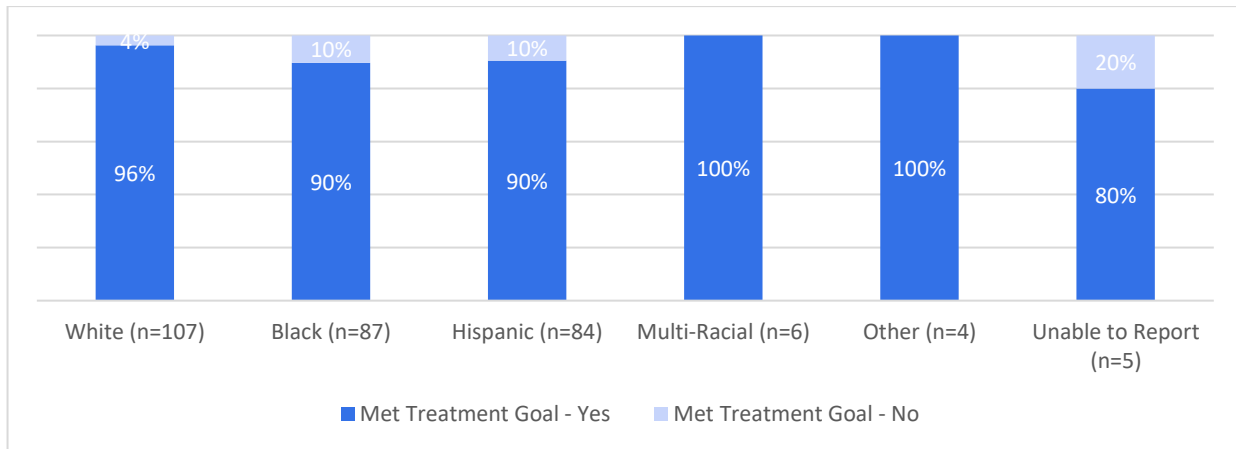
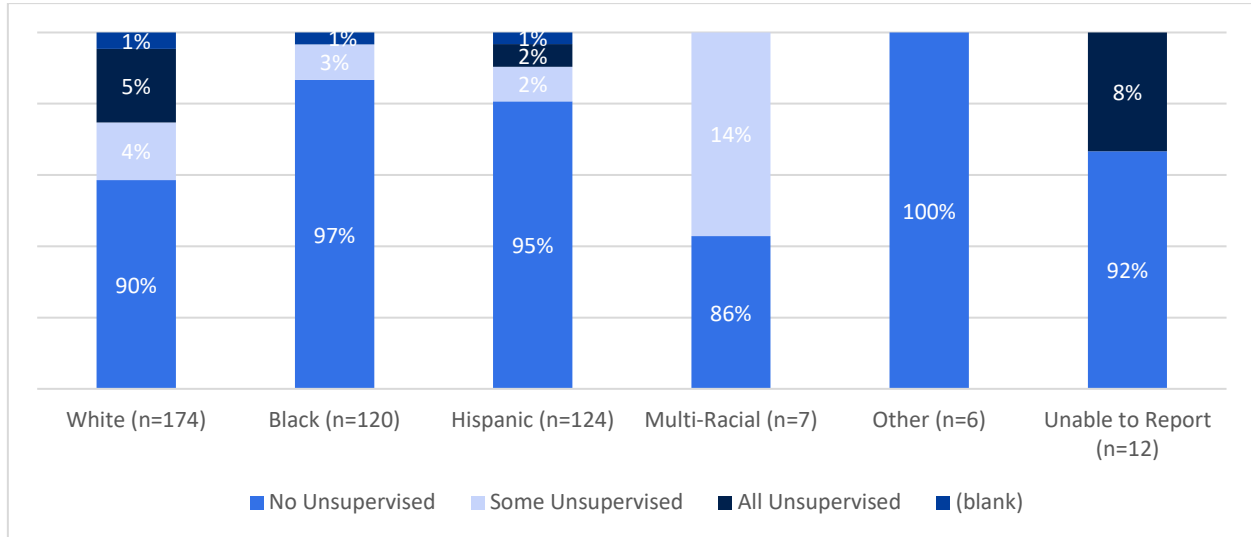


Figure 25 Outcome - Unsupervised Contact (n=548)



Conclusion:

This legislative report on DCF’s Racial Justice data, activities, and strategies does not exist in isolation. When aligned across branches of government and interconnected service systems, these efforts can contribute to measurable progress in reducing disparities and advancing equitable access, experiences, and outcomes for children, families, and communities. Advancing equity across systems is complex and requires sustained intentionality, transparency, and continuous assessment. As DCF works toward its strategic goal of Racial Justice, the Department recognizes the need for deliberate actions to identify and address disparities in decision-making processes (such as service delivery and outcomes), meaningfully incorporate the voices of individuals and families with lived experience, and strengthen partnerships with community providers. These partnerships must emphasize equitable practices, including culturally responsive service models and workforce representation reflective of the communities served. Additionally, the Department must continue to examine how policies, practices, and programs may contribute to disparities and implement system-wide strategies designed to promote fairness, accountability, and equal opportunity.

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As reflected in the data, the most significant racial disparities emerge at the initial reporting stage, where Black and Latino children are reported to the Department at rates exceeding their representation in the general population. These disparities often persist throughout a child's involvement with DCF. Families in Connecticut interact with multiple public systems, each at varying stages of addressing longstanding structural inequities that influence access to resources and supports. As a result, actions taken by DCF alone cannot fully resolve the broader social and systemic factors that contribute to these outcomes. Progress requires sustained collaboration, advocacy, and shared responsibility among state leaders, service providers, community partners, and youth and families with lived experience. Through these collective efforts, DCF remains committed to strengthening equitable practices across its policies, services, workforce, and organizational culture, with the goal of improving outcomes and reducing disparities across all racial and ethnic populations.

Monica Rams, MS

Director; Office of Multicultural Affairs/Diversity and Equity