State of Connecticut

Annual Progress and Services Final Report
2023

Submitted to:
Administration for Children and Families
of the
U. S. Department of Health and Human Services

By:
Department of Children and Families

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Commissioner

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A. Background

Introduction

The Department of Children and Families is responsible for the legislative mandates of prevention, child protective services, children's behavioral health, and education. With an annual operating budget of approximately $797 million, the Department provides contracted as well as direct services through a central office, fourteen (14) area offices, and two (2) facilities. The Department also operates a Wilderness School that provides experiential educational opportunities; and is responsible for operating Unified School District II, which is a legislatively created local education agency for foster children with no other educational nexus or who are residents in one of the Department's facilities.

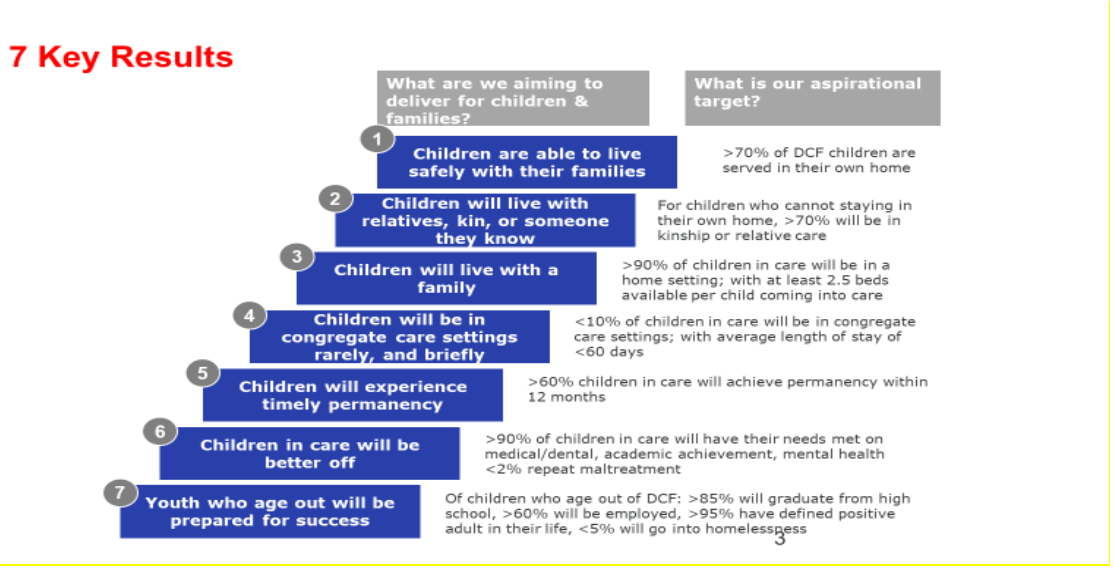
Mission

The Department's mission is: "*Partnering with communities and empowering families to raise resilient children who thrive*."

Building upon our Child and Family Services Plan (CFSP) and consistent with the Family First Prevention Services Act (FFPSA), the Department seeks to sharpen the safety lens through primary prevention across the child welfare system through 5 strategic goals:

- Keep children and youth safe, with focus on the most vulnerable populations
- Engage the workforce through an organizational culture of mutual support
- Connect systems and processes to achieve timely permanency
- Contribute to child and family wellbeing by enhancing assessments and interventions
- Eliminate disparate outcomes across all racial and ethnic groups served by the Department

The mission and vision are grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. This philosophy and approach is reflected in the following graphic, inclusive of the Department's aspirational goals:



The Department is aligning all efforts to these core set of 7 Key Performance Indicators shown above to ensure that the best outcomes are reached for all children. These key indicators drive the Department's strategic goals for how to best meet the needs and serve CT's children and families. The Department 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 needs, while concurrently working towards a timely permanency outcome. Foster care should only be used as a short-term intervention. While in foster care, regular and ongoing contact with parents and siblings is maintained. Congregate care, such as group homes and residential treatment centers, should not be used for most children. If absolutely required, children who need to be in congregate care settings will have a brief stay. Congregate care settings are designed to address specific treatment needs rather than serve as long term placement options. For older youth, treatment in congregate care is expected to be used in a targeted manner with extensive family involvement built into the treatment process. All youth are to transition from the Department's care with legal and/or relational permanency.

The Department has taken steps to ensure a successful approval of the State of Connecticut's Family First Prevention Plan occurred by the Federal deadline. Full approval of our plan was granted in January 2022. The Family First Prevention Services Act (FFPSA) and its' family centered policies will pave the way to allow more children to remain safely in their own homes, families, and communities. When and if a child is to enter the Department's care, the Department will work towards achieving timely permanency while children are preferably placed with kin, ensure their medical, dental, academic achievement and mental health needs are met, while at the same time ensuring older youth are prepared to successfully transition out of the Department's care and assist in identifying a positive adult that could continue to provide support.

1. Collaboration

The Department receives community input from several statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 17-member body appointed by the Governor, with representation from all six DCF Regional Advisory Councils, to advise the Commissioner on all matters pertaining to services for children and families. The membership includes persons representing a variety of sectors and professions, including attorneys, a physician, psychiatrist and community providers. The SAC also includes parents who are members as well as youth with lived expertise.

The primary duties of the Council are to: review policies; recommend programs, legislation or other matters that will improve services for children, youth and families; review and advise the Commissioner on the proposed agency budget; perform public outreach to educate the community regarding policies, duties and programs of the Department and issue any reports it deems necessary to the Governor and the Commissioner.

The SAC meets 12 times during the year. A designee from the Commissioner’s Office - the Bureau Chief for External Affairs, attends every SAC meeting. The Commissioner attends the annual retreat and at least 3 meetings a year. A DCF update is provided at each meeting, focusing on key areas such as; current activities within the Department, legislative proposals, structural and organizational changes of key Agency personnel, CFSR/PIP development, status of *Juan F. Consent* Decree outcome measure performance, Family First Prevention Services Act planning and caseload sizes and other data measures upon request. During this time, the Commissioner or representative also answers questions from the council members and receives input for future meeting agenda items.

CFSP Stakeholder Meetings

During the Department's development of the Child and Family Service Plan (CFSP), a series of meetings took place to receive stakeholder feedback and input. Present at those meetings were the Commissioner and members of the Executive Team, representatives from the Statewide Advisory Council (SAC), and the Commissioner's or their designees from the following state agencies:

- State Department of Education
- Department of Developmental Services
- Department of Mental Health and Addictions Services

- Office of Early Childhood
- Department of Emergency Services and Public Protection
- Department of Housing
- Department of Labor
- Department of Public Health
- Department of Rehabilitation Services
- Department of Social Services
- Department of Veteran's Affairs

Each of the above-mentioned agencies also provided the Department a "Statement of Commitment" to their ongoing work towards achieving the goals outlined in the Child and Family Services Plan. Representatives from the stakeholder groups continued collaborating with the Department during their attendance on various subcommittees regarding the development of the Family First Preventions Services Act plan.

Family First

Parents/caregivers with lived experience persons are best positioned to know the strengths their neighborhoods possess; they understand the challenges with accessing services and are suited to inform innovative solutions. Connecticut sees the partnership with families as meaningful and authentic, going beyond seeking their input or having representation on committees or in meetings. Still, a partnership will allow parents/caregivers and youth to be heard and actively contribute to the department's efforts to reimagine the child welfare system. Connecticut sought the support of FAVOR, a family-led, nonprofit organization dedicated to empowering families as advocates and partners in improving educational and health outcomes for Connecticut's children.

Connecticut's implementation of its Family First Prevention Services began in August 2020 and has involved parents/caregivers in two significant areas, the development of the community pathway for "upstream families" to access Family First Prevention Services and Programs and informing the training curriculum to strengthen staff skill set to ensure that caseworkers understand the specific details of Family First and available evidence-based practices. Under the guidance of the Infrastructure Practice and Policy Workgroup, the parent/caregiver voice was instrumental in identifying the practice and policy for the community pathways candidacy population in informing access, barriers, and challenges in developing the Care Management Entity (CME). This CME will be outside of the CTDCF case management provider, responsible for engaging community pathways families, providing case management, managing service referrals, and monitoring ongoing progress. In the Workforce Development Workgroup, having youth and parents/caregivers' active participation will ensure that the workforce understands the importance of being genuine, flexible, and understanding to build positive relationships leading to positive outcomes for children, youth, families, and communities.

Family First also creates a new model called Qualified Residential Treatment Program (QRTP), a trauma-informed treatment model designed to address the clinical needs as appropriate of children with severe emotional or behavioral disorders or disturbances. To ensure that the needs of the youth and families are met, the Department will collaborate with the Superior Court for Juvenile Matters, responsible for providing ongoing judicial oversight of the placement, ensuring that it is the least restrictive and is consistent with the youth's permanency plan needs.

DCF/DMHAS Partnership

As noted in the prior year's report, CT's CAPTA initiative is embedded in a larger state effort to increase identification of substance exposed infants (SEI), disseminate information about SEI prevention and best intervention practices, and make recommendations for a continuum of SEI care through the Governor's Alcohol and Drug Policy Council (ADPC), Prevention Subcommittee, and a SEI statewide strategic plan. In 2016, Connecticut established the Substance Exposed Infant/Fetal Alcohol Syndrome Disorder (SEI/FASD) initiative with a full-time SEI Coordinator; a position that is jointly funded with state monies from DCF and the Department of Mental Health and Addiction Services (DMHAS, the state's Substance Abuse Authority). The SEI Coordinator is responsible for the regular convening of several working groups that inform the state's SEI Strategic Plan development and implementation.

Juvenile Court

DCF and the Judicial Branch continue to build upon their partnership in order to achieve safe, timely permanency for children in care. As described in the 2020 APSR, a collaborative workgroup was established with the Waterbury Juvenile Court. The Waterbury Juvenile Court was selected as the transformation zone as it had the highest volume and longest average time from TPR filing to disposition. The workgroup has brought DCF together with stakeholders from the Judicial Branch, the Office of the Attorney General (OAG) and Public Defenders. In 2021, the Department worked with these stakeholders to expand the transformation zone to include the Bridgeport Juvenile Court. The Department conducts both internal meetings on the transformation zones in the respective area offices and quarterly transformation zone meetings with all the stakeholders.

In March 2022, the DCF legal managers conducted legal rapid reviews with Bridgeport area office staff. These reviews focused on approximately 30 children in care 12 months or more with a permanency plan of reunification. The goal was to identify permanency delays. These reviews helped to identify themes that were preventing cases from moving forward, as well as to identify and troubleshoot obstacles in individual cases. DCF plans to conduct additional legal rapid reviews as well as rapid reviews by our Foster Care and Adoption Unit in both transformation zones in 2022 as a means of identifying and troubleshooting obstacles to permanency.

DCF/AAG Collaboration

DCF's in-house Legal Division continues to partner with the Office of Attorney General's (OAG) Child Welfare Division to fortify the collaboration between the two agencies. Throughout 2021, the OAG and Department have partnered to navigate the legal challenges presented by the pandemic, which benefits the children and families we serve. Ongoing collaborative efforts have included the following:

- Consultations: In particularly complex cases, DCF includes AAGs in legal consults. This has been especially helpful in cases involving interstate jurisdictional issues or unique legal issues.
- Critical Incident Review: When a critical incident occurs that necessitates a review of department practice, a virtual meeting is held at which members of the Executive Team, CPS staff, RRG, and the area office director review the case in detail. The head of the OAG Child Welfare Division joins the CICC calls to provide additional perspective.
- Administrative/Court Appeals: Final Decisions from Administrative Hearings may be appealed to Superior Court, the Appellate Court and the CT Supreme Court. AAGs represent the Department, in consultation with CO legal staff, throughout this appeal process including by negotiating at prehearing conferences, drafting legal briefs, and presenting oral arguments before the Court. Legal Managers also collaborate with AAGs on Juvenile Court appeals by reviewing legal briefs and participating in practice arguments (moots).

DCF/Judicial Collaboration

On a monthly basis, the DCF Commissioner hosts a meeting with the Chief Administrative Judge for Juvenile Matters. Other participants of this meeting include the DCF Legal Director and Assistant Legal Director, members of the Office of the Attorney General, the Director of Delinquency Defense and Child Protection at the Public Defender's Office, and the Chief Clerk for Juvenile Matters. The purpose of these meetings is to streamline processes, such as e-filing, that impact the timely filing and processing of petitions and motions. The meetings also provide a venue in which to collaborate with the Judicial Branch to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases.

Children's Behavioral Health Implementation Advisory Board

Following the tragic events that occurred in Newtown Connecticut in December 2012, the Connecticut General Assembly passed Public Act 13-178 which specifically directed DCF to produce a children's behavioral health/mental health plan for the state of Connecticut. The public act pushed Connecticut to focus fully on child

mental health and well-being. Public Act 13-178 is intended to address issues of screening, identification, and access to supports and services related to children's mental health issues.

The public act required the behavioral health/mental health plan be comprehensive and integrated and meet the behavioral and mental health needs of all children in the state, and to prevent or reduce the long-term negative impact for children experiencing mental, emotional, and behavioral health issues.

DCF has been implementing the children's behavioral health plan, in partnership with eleven other state partner agencies, numerous private agencies and the children and families of Connecticut. The DCF Commissioner renewed and invited the Tri-chairs, (Carl Schiessl, Ann Smith and Elisabeth Cannata) of the Children's Implementation Advisory Board to serve another 3 years.

Since May of 2021 and the children's behavioral health summit entitled: ***"Advancing the Children's Behavioral Health System"***, Connecticut has implemented several activities to improve the children's behavioral health system.

These activities were a result of both long-term planning since the Newtown tragedy and the tremendous increase in the demand for children's mental health services because of the pandemic. These activities included:

- Added capacity at the statewide ***Crisis Call Center*** to handle increased call volume and preparation for the 9-8-8 National Suicide Prevention Lifeline;
- Currently enhancing ***Mobile Crisis Services*** to be available for face to face assessment 24-hours a day, 7-days per week;
- Developed and implemented twelve statewide ***Intensive Crisis Care Managers*** along with two ***Outreach and Peer Support Crisis Specialists***, who are assigned to work with children and their families who are stuck in hospital emergency departments;
- Developed (and soon to procure) four, 23-hour ***Urgent Crisis Centers*** as an alternative to the use of emergency departments for children' mental health crisis assessment, with an accompanying four, ***Sub-Acute Crisis Stabilization Centers,*** with twelve to sixteen beds;
- Developed and implemented five, ***Regional Suicide Advisory Boards*** to support suicide prevention and postvention at the local level and to support the statewide Connecticut Suicide Advisory Board;
- Developed and are currently implementing an ***Urban Trauma Network*** of eight providers who will provide mental health treatment to children and youth of color (and their families) who have been exposed to racial and urban trauma;
- Developed and implemented a mental health promotion project using the ***Gizmo Pawsome Guide to Mental Health*** for children in elementary schools who completed ***Bounce Back*** a school-based, evidence-based group treatment for children who have been exposed to trauma.

Help Me Grow Advisory Committee

Connecticut's Help Me Grow system, which has been in existence for 20 years, ensures that families with young children at risk for negative outcomes have access to information, support and resources. The goal of this advisory group is to build, in partnership with families and entities that have a similar focus, a coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports.
The Advisory Committee consists of well-known and respected representatives within the early childhood field. It operates under the auspices of the Office of Early Childhood and 2-1-1 Child Development, a specialized call center of the CT United Way's 2-1-1 system. The membership is diverse and includes both state level and community-based entities. The Advisory Committee also has representatives from the state's national STRIVE Cradle to Career Initiatives, which are focused on enhancing the lives of the under-resourced. Despite its small size, CT boasts of 4 Strive Initiatives, all of which have a representative from their early childhood component serving on the HMG Advisory Committee. The Strive Initiatives are located in the cities of Bridgeport, Norwalk, Stamford, and Waterbury. The Advisory Committee serves as a conduit for bringing state level work to these specific geographic initiatives as well as providing opportunities to share, learn and potentially replicate best practices in other locations throughout the state. The Advisory Committee also has representative from the National Help Me Grow

Center which complements state participants and helps to ensure that CT is aware of and invited to join National Center's efforts, which include webinars, special projects, and an annual forum.

This past year, the HMG Advisory Committee continued in its role as the mandated stakeholders' group for a federal grant from the Association of University Centers on Disabilities (AUCD) and the Centers for Disease Control and Prevention that was awarded to UCONN's Center for Excellence in Developmental Disabilities (UCEDD). This grant supports COVID-19 recovery and is designed to strengthen resilience skills, behaviors and resources for children, families, and communities. The grant required that a needs assessment be done to identify current (during COVID-19) barriers and opportunities to the four key steps of early identification: 1) parent engaged developmental monitoring; 2) developmental and autism screening; 3) referral, and 4) receipt of early intervention services for children birth to 5, across early childhood systems. Based on the results of the needs assessment and under the guidance and support of the HMG Advisory Committee, the following areas were identified and are being addressed:

- Broadly disseminate a parent survey;
- Conduct parent facilitated focus groups for families;
- Focus on the 0-3 population via Early Head Start, infant toddler programs, family childcare, etc.;
- Educate around the importance of screening and social emotional support;
- Support the Office of Early Childhood's (OEC) Sparkler app, that families can use as a developmental screening tool, a source for activities to support child development, and making connections with professionals. Note: Information on and support for Sparkler is being done throughout the Department of Children and Families' (DCF) system;
- Work with the Department of Mental Health and Addiction Services (DMHAS) in outreaching to the Department's Specialty Programs for Women & Children;
- Target outreach efforts to include community health centers, pediatric practices, and COVID testing sites;
- Ensure consistent messaging in English and Spanish;
- Provide materials to hospital newborn units that include the brochure to sign up for the Ages and Stages Questionnaire (ASQ-3); and
- Develop an early childhood monitoring playbook for families.

The needs of families were gathered through a broadly disseminated survey and focus group sessions held throughout the state. The Developmental Playbook for Families, Monitoring Your Child's Developmental Progress and the Sparkler app, which is a mobile app that helps parents to check in on how their child is doing against key milestones and provides activities to spark their early learning were shared and disseminated through a variety of targeted sources, including all the organizations represented on the Advisory Committee, the CT Diaper Bank and the Reach Out and Read program at the Community Health Center located in Hartford.

This grant also supported a partnership with DCF resulting in the training of staff in all regions of the state and piloted in region 4.

The UCEDD received additional funding to continue supporting COVID-19 recovery and strengthen resilience skills, behaviors and resources for children, families, and communities. In addition to continuing the work under the current grant described above, UConn received a federal OSEP (Office of Special Education Programs) grant award, known as CT Family Support, Tracking and Referral System (STARS). The purpose of this grant is to develop, demonstrate, evaluate, and replicate a model interagency system to identify, screen, refer, and track infants and toddlers at risk for developmental delays or a disability. The model elements of CT Family STARS complement the work being done under the UCEDD grant and align with HMG Advisory Committee's role and focus. The model elements are:

- An integrated data system for tracking and screening children from birth or system entry
- Promotion and use of the ASQ and Sparkler
- Parent to parent outreach for family participation for identifying, screening, referral, and evaluation for services.

Grant activity included developing a pilot CT Family STARS system which will be implemented in Hartford along with expanding to two replication sites.

Work was also done to strengthen the Advisory Committee's relationship with the National Help Me Grow Center. With guidance from the Advisory Committee's representative from the National Center, a meeting was dedicated to reviewing the history of HMG both in CT and nationally and the four components of a HMG system, which are a centralized access point, family and community outreach, child health provider outreach and data collection and analysis. The Advisory Committee is working to ensure that the CT's HMG system is fully captured within the core components, reflected on the national level, and shared with HMG affiliates. The alignment with the National Help Me Grow Center was reinforced by CT's participation in a new HMG workgroup, the Coordinated and Integrated Data Systems for Early Identification (CIDSEI). The CIDSEI project is seeking ways to improve the collection, management, interpretation, and dissemination of data related to the four steps of early identification of young children with developmental delays or disabilities.

This past year the HMG Advisory Committee again demonstrated its unique role in being positioned to build, in partnership with families, an equitable and coordinated early childhood system that supports developmental screening, early identification and linkages to services and supports.

Parents with Differing Cognitive Abilities PWDCA (formerly Parents with Cognitive Limitations):

The PWDCA was formed in 2002 to support parents with cognitive limitations and their families. Members include all a diverse group of private providers, as well as the major human services state agencies:

- Department of Children and Families (functions as the lead)
- Departments of Corrections;
- Department Social Services;
- Department of Developmental Services;
- Department of Public Health; and
- Office of Early Childhood

Although the number of families headed by a parent with cognitive limitations is uncertain and identification is challenging, it is estimated that at least one third of the families in the current child welfare system are families headed by a parent with cognitive limitations. This population needs to be recognized as distinctive and requires specific services tailored to meet their needs.

The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Differing Cognitive Abilities" trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting". The trainings were developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and are delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department's Academy for Workforce Development, CEUs are available to social workers. To date, the Workgroup has trained nearly 4,000 service providers through the work of an interdisciplinary, interagency rotating training team. In addition to offering a conference for administrators and supervisors, as well as an international conference, the Workgroup also created an Interview Assessment Guide to assist workers in identifying parents with cognitive limitations. Additionally, the Workgroup drafted recommendations regarding the use of plain language when communicating with parents and developed a training on plain language. During these extraordinary times of a continuous global pandemic the PWDCA Workgroup has maintained a robust membership and solid interest from community providers, state agencies, and stakeholders through participation in virtual quarterly Workgroup meetings.

Adhering to the Center for Disease Control (CDC) guidelines on social distancing meant that workgroup meetings and the PWDCA annual meeting were held virtually. The Workgroup's Annual meeting was held on November 4,

2021 via Microsoft Teams with nearly 100 participants. The Annual meeting's theme was "Building a Connected Community: What We Need to Thrive." We will be talking about the ways in which connections are important for everyone to thrive; on an individual, family, community and systems level. The annual meeting features panelists from the Department of Corrections, Office of Early Childhood, clinicians, consultants, and parents sharing their stories. The meeting had breakout sessions and networking opportunities as well by bringing together families and providers around the state to learn more about these efforts. The virtual platform was well received with much participation and rich discussion. There were several parents who attended the annual meeting and then decided to join the workgroup as well. Recruiting parent membership is another goal of the Workgroup and substantial progress to that end was made during this fiscal year. The PWDCA Workgroup will continue to work on identifying training topics that will continue to engage a wide variety of vested stakeholders in the upcoming year.
The *"Identifying and Working with Parents with Differing Cognitive Abilities"* signature training of the Workgroup has over 80 registered participants for its June 2022 training dates.

Housing

Along with Connecticut's two leading Housing advocacy groups, The Partnership for Strong Communities and the CT Coalition to End Homelessness, DCF remains committed to addressing homelessness for families within our state with particular emphasis on (a) ending and preventing family homelessness, (b) promoting child and family well-being and (c) ensuring that CT's Supportive Housing for Families Program is recognized as a strategy to contribute to ending family homelessness. DCF continues to participate and engage with numerous state and community-based groups that focus on these areas. In 2019, the Partnership for Strong Communities embarked on a restructuring of their Collective Impact model that eliminated and condensed several workgroups. Of the remaining areas of focus, DCF participates on the Prevention of Homelessness, Crisis Response – Family Focus and Coordinating Committee, providing information, resources and strategies to help families find and retain stable housing. DCF assists with policy implementation and program planning that adhere to legislative priorities.

Additionally, DCF has been a long-standing member for over 16 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These monthly housing partnership meetings continue to occur virtually as a result of the COVID-19 pandemic.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider the Connection Inc., has joined over a dozen housing authorities in applying for Family Unification Program Vouchers (FUP). Memorandum of Understanding agreements solidifying this partnership of service, communication, and voucher subsidies have been established to serve the housing needs of DCF's most vulnerable families. All of the 134 HUD FUP vouchers awarded in April 2020 have been allocated to families and youth through the Housing Authorities in the City of Waterbury, the town of West Haven and throughout the state by the Department of Housing. During this upcoming year, the Department will continue to focus on transitioning youth for success and incorporating specific strategies to reduce the number of youths aging out of foster care to homelessness.

The CT Behavioral Health Partnership (CT BHP)

The Connecticut Behavioral Health Partnership (CT BHP) is an integrated, public behavioral health system operated by the Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Social Services (DSS). The Partnership provides coordinated, individualized behavioral health services and supports to children and adults enrolled in all Medicaid HUSKY Health Programs. Beacon Health Options serves as the Administrative Services Organization (ASO) for the Partnership, conducting activities inclusive of utilization management, informing clinical best practice, resolving member questions and concerns, and education and shaping of the provider network.

The primary goal of the Partnership is to increase access and improve member outcomes. In order to do so, the ASO acts as the primary vehicle for organizing and integrating behavioral health clinical management processes via utilization and care management. Its role is to serve as the primary vehicle for organizing and integrating clinical management processes across the payer streams, supporting improved access to community-based behavioral

health services and delivery of quality across the system, promoting practice improvement, assuring the delivery of quality services, preventing unnecessary institutional care and to enhance collaboration and communication within the behavioral health delivery system.

During this reporting period, the CT Behavioral Health Partnership has engaged in a number of collaborative projects on behalf of the children and families of Connecticut. One of these projects was the 500 Familiar Faces. The goal of this project was to better serve high need individuals who experienced homelessness by providing a trauma informed, strength based, person centered approach to delivery of services. More so, these individuals were served by a myriad of systems. In the course of this project, five state agencies entered into data sharing agreements to engage in data integration, participated in cross agency system review, identified multi-system involved homeless individuals and families, and finally, conducted cost analysis.

Another collaborative project is the SUD (Substance Use Disorder) 1115 Waiver. The Demonstration Waiver is the result of a collaborative effort among various State agencies and partners inclusive of the State Partners that are a part of the CT Behavioral Health Partnership (DSS, DCF and DMHAS). The Demonstration Waiver is a comprehensive project intended to enhance the State's substance use service system in accordance with Federal guidelines.

Lastly, CT Housing Engagement and Support Services (CHESS) was created through collaboration with DSS, DMHAS, DCF, DOH (Department of Housing) and varied community stakeholders. This program was developed to offer relief and support to HUSKY Health members who are experiencing homelessness and housing insecurity. There is a supportive housing benefit in the State's budget that is covered through a Medicaid State Plan Amendment (SPA).

Given the social climate of recent years and under-representation of Black, Indigenous, and people of color (BIPOC) in data review related to service utilization, there have also been many efforts to address health disparity, inclusive of adding race filters to data dashboards. Such views of the data allow users to better understand health equity trends and taking efforts to ensure that any methodology created wouldn't inadvertently create disparities.

ACCESS MENTAL HEALTH

Created in 2014, and funded by the Department of Children and Families, ACCESS Mental Health is a statewide program which ensures that all youth under 19 years have access to psychiatric and behavioral health services regardless of insurance coverage. Access to these services come by way of their relationships with their Pediatricians and Family Care Practitioners. These Pediatricians and Family Care Practitioners are provided with consultation and connection to treatment via telephonic psychiatric consultations by child and adolescent psychiatrists through the ACCESS Mental Health program. DCF contracted with Beacon Health Options who subcontracts with three behavioral health community organizations to act as Hub teams for the ACCESS MH program. Each Hub is comprised of a child psychiatrist, a behavioral health clinician, family peer specialist and a care coordinator.

Furthermore, despite the identified age population for this program, there has been ongoing consultation for 19 years old and older. There is recognition that young adults remain connected to their Pediatricians and Family Care Practitioners during this developmental stage. In acknowledgement of this need, DCF in collaboration with Beacon Health Options and with support from the Departments of Mental Health and Addiction Services and Public Health, applied for and were awarded a grant from Health Resources and Services Administration (HRSA). In August 2021, under HRSA's American Rescue Plan Act-Pediatric Mental Health Care Access - New Expansion area, the ACCESS Mental Health program can now support Pediatricians and Family Practitioners in offering telephonic psychiatric consultations to 19 years old through age 21.

The Pediatricians and Family Practitioners have reported lingering effects of exacerbation in clinical symptoms in their patients as a result of the pandemic which has created an even greater need for these consultation services that integrate behavioral and physical health.

SFY'22 YTD: July 1, 2021 – March 31, 2022

Total youth served: 1,735 youth

- Male: 829
- Female: 906
- DCF Involved: 86

Total Consultations: 8,164 consultations

- Direct PCP Contact: 3,193
- Initial PCP Contact: 1,867
- Care Coordination and Family Support: 4,864
- PCP Satisfaction: 4.99 out of 5

Transitioning to DMHAS and DDS

The Department of Children and Families (DCF) has continued to maintain a collaborative partnership with the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Service (DMHAS). This collaborative partnership affords all youth exiting DCF care a multi-system approach to supporting their success. DCF works at appropriately identifying youth who may be eligible for ongoing services based on level of need, then works together with DDS and DMHAS around eligibility. Once eligibility has been determined, there is ongoing case discussion in preparation for the transition of the case, typically around the youth's 21st birthday. As part of this joint work, DCF meets regularly with DDS and DMHAS where we provide factual, clear and concise information while coordinating the process between the state agencies. Purposeful joint planning is done so that the state agencies can come together to best support youth and families. This coordination is critical to the success of transitioning youth as they age out of their DCF placement and into the adult, long-term care support system. By collaborating with other state agencies, DCF can coordinate and wrap families with services and connect them to resources that can support their success. Connecticut continues to think holistically in terms of family and youth, and as agencies work together, families/youth can build resiliency.

2. Assessment of Performance

At any point in time during Calendar Year 2021, DCF served approximately 20,600 children and 9,300 families across its programs and service array. Last year, the DCF Careline received 95,173 calls, 59,560 were reports of child abuse or neglect, and 26,975 were accepted and assigned to either an investigation or family assessment response track. There were 1,400 investigations and 2,200 family assessments underway across our Differential Response System (DRS) on any given day. Please note there had been a problem with the reporting system during this year during two months of the year, so an estimate of call volume for that period is included in the total figure provided above. The Careline also received over 10,000 additional calls from internal staff strictly related to Supervisory issues/questions that are not included in the total calls figure provided above.

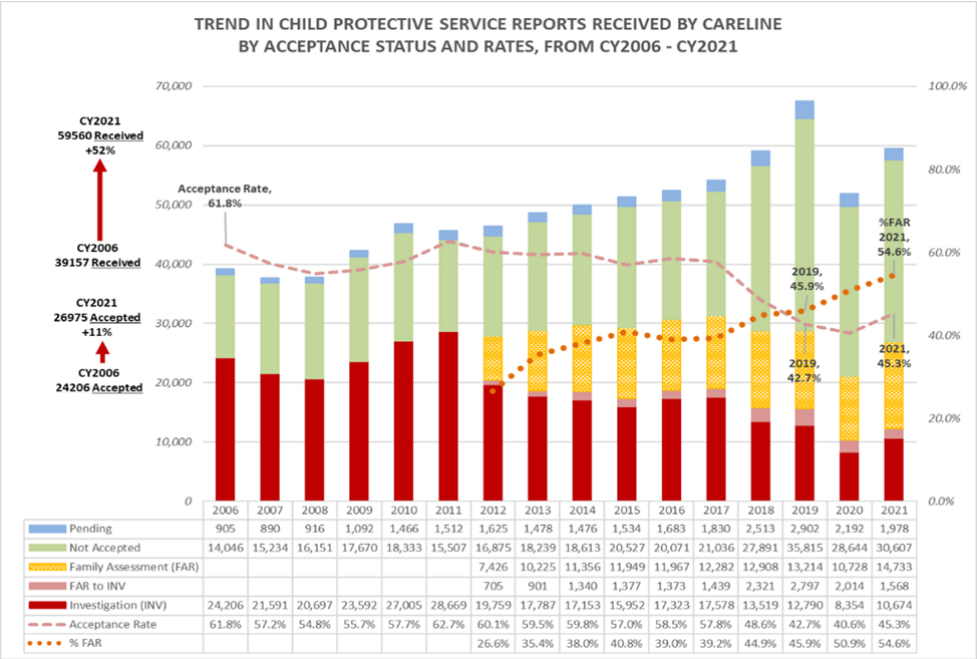
Many of the abuse/neglect reports accepted by the Department include presenting problems such as complex mental health issues, substance use and/or abuse, intimate partner/domestic violence (IPV/DV) and housing insecurity. During CY 2021, 49% of accepted reports include indication of mental health issues, 29% present with substance abuse indication, 21% with intimate partner violence, and 7% with housing/homelessness issues. The decline in housing issues in CY 2020 compared to prior years is likely due to the moratorium on evictions, as well as additional rental and unemployment funds, in place during the COVID-19 pandemic response period.

The child welfare context in Connecticut (CT), as well as across the nation, is evolving from year to year. CT DCF continues to see increases in child abuse and neglect reporting (+11% since Calendar Year 2006), although there have been significant changes in how we respond to those reports. In 2021, CT DCF saw a significant increase in referrals of abuse and neglect, with nearly 6000 more submitted than the prior year but still well under the volume received during CY 2019. The agency attributes some of the increase in volume of reports to the return to in-person classes in school and otherwise normalizing of COVID-19 pandemic response efforts, as well as to the initiation of their online mandated reporter portal in December 2018. This portal was initially only for use by

school personnel, then Judicial Family Relations were added later in 2019, as well as the CAPTA/CARA Notification portal for birthing hospital staff that same year. All of these were available during the entirety of CY 2021, but as of this writing in June 2022 we have just released an update to the portal and opened it up to all mandated reporters for non-emergent reports of abuse/neglect. Careline staff review each form submitted online, follow-up with the reporter for more information as needed, and otherwise use the same process for determining acceptance as reports made by calling the Careline.

At the same time, the proportion of accepted reports that received a Family Assessment Response (FAR) rather than traditional Child Protective Services (CPS) Investigation increased to almost 55% in CY 2021. Also, our substantiation rate has seen steady increases from 27.4% in CY 2014, to 32.3% in CY 2021 (a 10%-point decline since CY2020 however), but the Department has somewhat reduced our rate of cases transferred for post-investigation services to 15.5% in CY 2014 to 9.8% in CY 2021. We believe that the continued increase in reports handled through FAR, as well as handling of many unsubstantiated investigations through our contracted Integrated Family Care and Support (IFCS) program, are the main factors contributing to the decrease in our transfer rate.

The following chart reflects the calls received by Careline dating back to 2006 and includes acceptance rate and DRS track designation through CY 2021. The acceptance rate was fairly steady from 2011 through 2017 with only minor fluctuations.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pending	905	890	916	1,092	1,466	1,512	1,625	1,478	1,476	1,534	1,683	1,830	2,513	2,902	2,192	1,978
Not Accepted	14,046	15,234	16,151	17,670	18,333	15,507	16,875	18,239	18,613	20,527	20,071	21,036	27,891	35,815	28,644	30,607
Family Assessment (FAR)							7,426	10,225	11,356	11,949	11,967	12,282	12,908	13,214	10,728	14,733
FAR to INV							705	901	1,340	1,377	1,373	1,439	2,321	2,797	2,014	1,568
Investigation (INV)	24,206	21,591	20,697	23,592	27,005	28,669	19,759	17,787	17,153	15,952	17,323	17,578	13,519	12,790	8,354	10,674
Acceptance Rate	61.8%	57.2%	54.8%	55.7%	57.7%	62.7%	60.1%	59.5%	59.8%	57.0%	58.5%	57.8%	48.6%	42.7%	40.6%	45.3%
% FAR							26.6%	35.4%	38.0%	40.8%	39.0%	39.2%	44.9%	45.9%	50.9%	54.6%

Despite a significant increase in call volume, the acceptance rate declined in 2018- 19, and the percentage of reports desigated as FAR increased for the same time period. Call volume dropped precipitously in CY 2020 due to the COVID lockdown and closing, and later reduced in-person contact, of schools and courts that comprise some of the most common mandated reporters of child abuse and neglect in Connecticut.

The acceptance rate continued to decline as well, dropping by over 2 percentage points from 42.7% in CY 2019 to 40.6% in CY 2020. However, the acceptance rate increased in CY 2021 for the first time in four years, likely due to an increase in the volume of QA reviews of non-accepted reports that began on 1/1/2021. These reviews generated corrections in how certain elements of the SDM Screening instrument were being applied to acceptance decisions, resulting in a somewhat higher rate of accepting reports. The proportion of responses handled through Family Assessment rather than traditional Investigations continued to increase, from 50.9% in CY 2020 to almost 55% in CY 2021.

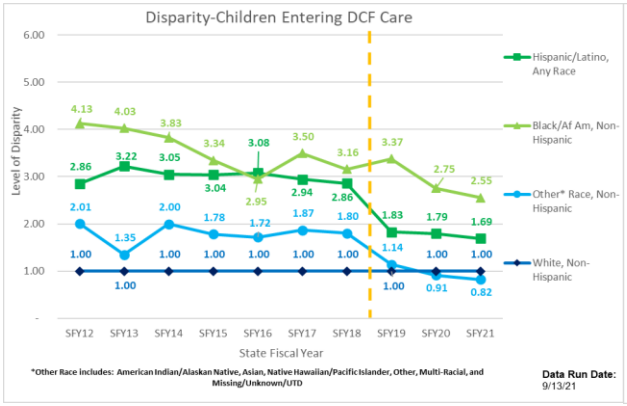
It is also important to note that children of color continue to be disproportionately over-represented in accepted abuse/neglect reports. In State Fiscal Year (SFY) 2021, African American children were 2.9 times as likely as White

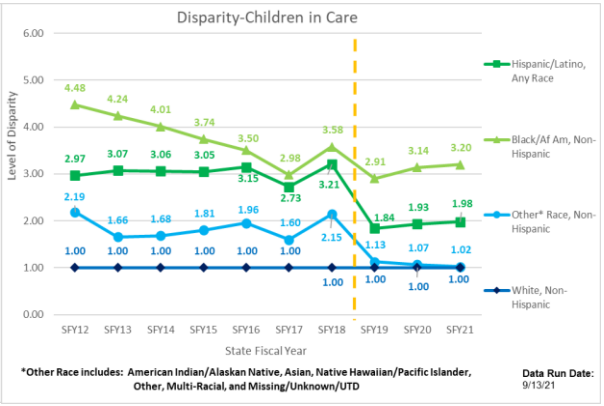
children to be alleged victims in a report accepted for an Investigation response, and 2.4 times as likely for a FAR response. For the same period, Hispanic children were two times as likely for Investigation responses, and 1.7 times as likely for a FAR response. These rates are now based on 2020 US Census data.

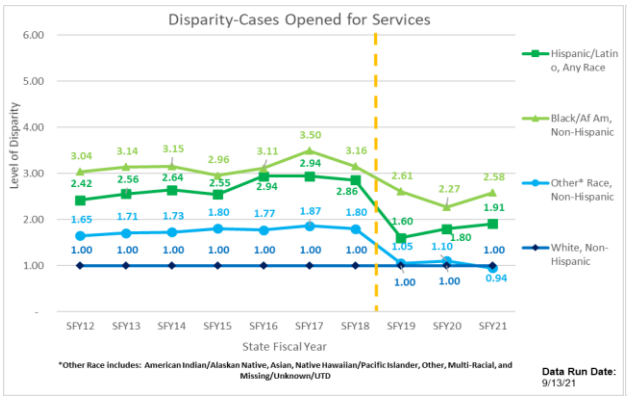
		Disparity Index		
STATEWIDE	**Race/Ethnicity**			
CW Pathway Steps	**Hispanic/Latino, Any Race**	**Black/Af Am, Non-Hispanic**	**Other* Race, Non-Hispanic**	**White, Non-Hispanic**
Total Child Population (2020 US Census)				
Children Reported, FAR (SFY21)	1.7	2.4	1.2	1.0
Children Reported, Investigation (SFY21)	2.0	2.9	1.1	1.0
Children Substantiated as Victims (SFY21)	1.9	2.7	0.9	1.0
Children in Cases Opened for Services (SFY21)	1.9	2.6	0.9	1.0
Children Entering DCF Care (SFY21)	1.7	2.6	0.8	1.0
Children In DCF Care (SFY21)	2.0	3.2	1.0	1.0
Children in Congregate Care (SFY21)	1.7	3.0	1.0	1.0

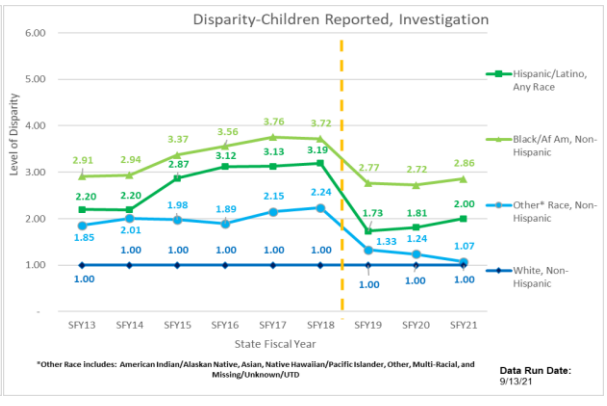
Trend data from SFY 2013 - SFY 2021, indicates that there has been uneven improvement in disparity rates. While some progress has been observed (i.e., Substantiations and Entries), when it has occurred, it has been more often for Hispanic children, and less so for African American/Black.

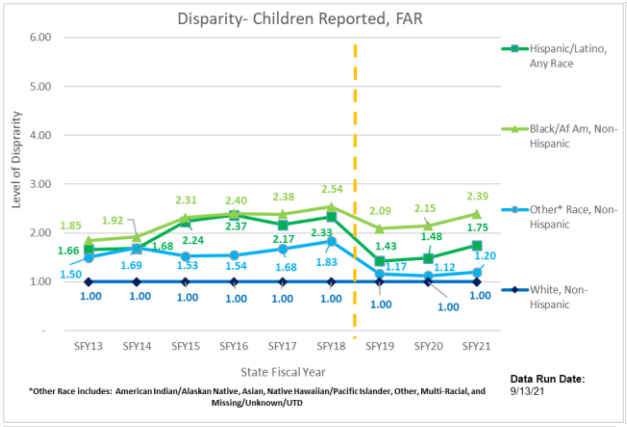
The most progress has been seen for the Multiracial/Other children, who are the same or below White children for all measures but FAR and Investigation. DCF is committed to continued vigilance and efforts necessary to reduce disparities for all children of color and their families. Relatedly, the impacts of COVID-19, especially with its disproportionate and disparate health and economic impacts on families of color, including families who are undocumented, will require further analysis within a racial justice lens. Please note that the following charts contain a dotted vertical line between the years (2018 - 2019) for which 2010 Census data was used as the base, and when 2020 Census figures were used.

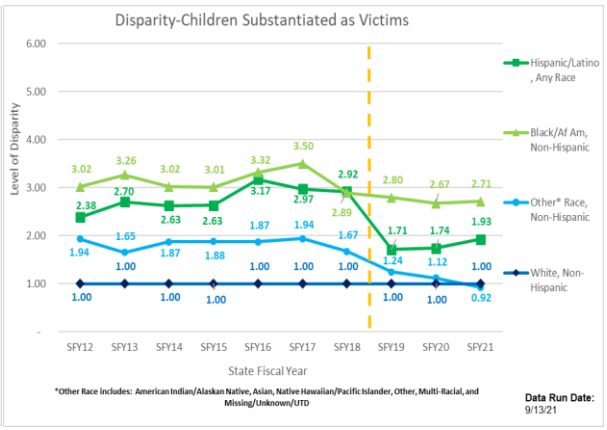


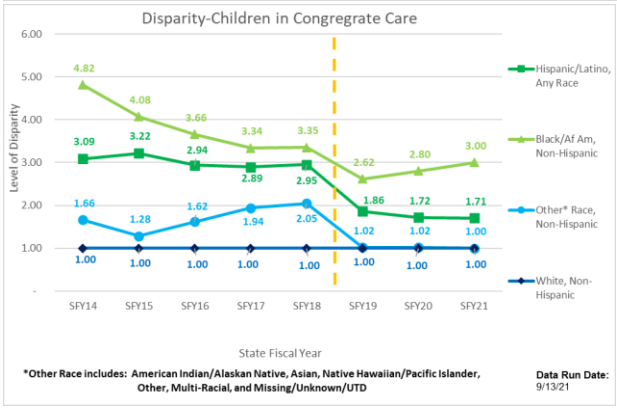




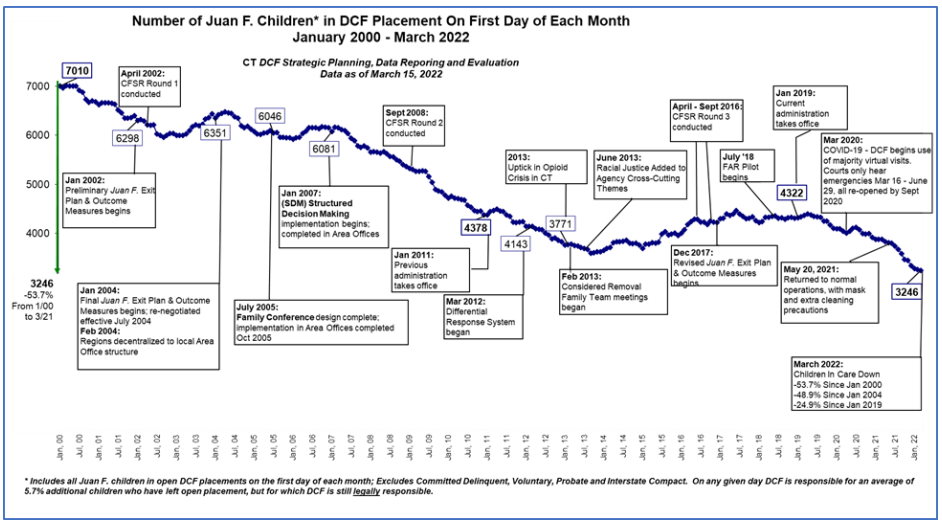








The next chart shows the trend in the number of children in DCF care on the first day of each month and is annotated with various sentinel events and practice/policy changes that may have had an impact on this population. Following a long period of decreasing volume of children in care, our numbers were generally increasing from late 2013 until early 2018 when this leveled out, but then began and continued decline from mid-2019 to now. We attribute the beginning to the decline to updated SDM Safety and Risk Assessment tools, but then of course the COVID-19 pandemic response had a major impact on both entries and exits that has continued the decline.



As can be seen in the annotations, the department continues to make advances in case practice, continuing quality improvement efforts, increasing effective cross-system collaborations and enhancing the depth and breadth of our service array to better serve the CT population. Further information can be found in this report to help illustrate these efforts.

The CFSR Round 3 Data Profile (February 2022) provided data on all seven national indicators. Risk-standardized results for Placement Stability and Maltreatment in Care meet the required standard and are statistically better than national performance. Results for Permanency in 12 Months for those in-care >=24 Months, and for Re-entry to Foster Care, show that CT is within the margin of error for achieving the national standard for the latest reporting periods available and is equivalent to national performance. Unfortunately, performance on the Permanency in 12 Months measure continued to decline for the same period, did not meet the measure, and remains our most significant challenge with a widening gap of about 17% between current and expected performance.

Achievement of Permanency for those in-care 12 - 23 months improved by four percentage points since the last period but remains about 10% short of expected performance. CT also continued to demonstrate improvement on Recurrence of Maltreatment during the latest three periods but is still 1.6% short of expected performance.

The automated Results-Oriented Management (ROM) system is what Connecticut utilizes to manage important aspects of child welfare practice and monitor the effects of systems/practice changes on agency performance over time. This system contains reports for these indicators built to federal specifications, but instead of being based on static submissions to AFCARS and NCANDS they are based on SACWIS (LINK) data updated daily. The results for the measures based on these reports are as follows:

FEDERAL MEASURE	CY11	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21	TREND
Recurrence of Maltreatment (<=9.1%)	9.7	9.1	9.2	10.1	8.7	10.2	10.5	9.9	9.0	8.2	8.0	
Maltreatment in Foster Care (<=8.5 victims/100k days)	5.0	5.3	5.5	6.6	6.4	6.5	6.9	5.6	5.7	3.3	5.9	
Placement Stability (<=4.1 moves/1k days)	3.3	3.0	2.8	2.6	3.1	3.6	3.9	4.1	4.0	3.3	3.3	
Permanency in 12 Months (>=40.5%)	39.5	37.7	34.2	30.9	26.7	25.5	24.1	27.7	28.4	24.7	23.0	
Permanency in 12 Months for Children In Care 12-23 Months (>=-43.6%)	43.2	43.1	44.0	39.3	45.2	42.9	48.2	47.2	48.1	32.0	45.7	
Permanency in 12 Months for Children In Care >=24 Months (>=30.3%)	22.4	23.7	27.0	25.8	31.7	28.8	32.0	35.1	40.4	28.6	45.4	
Re-Entry to Foster Care (<=8.3%)	13.1	12.0	15.2	15.6	15.1	15.0	14.4	17.8	15.8	13.2	11.3	

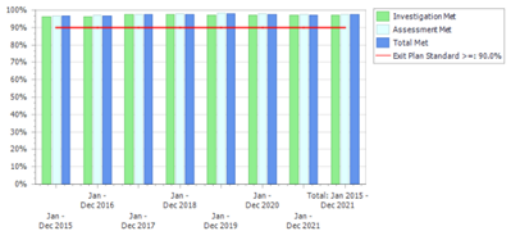
The ROM report shows that CT has consistently met the national standard on Recurrence of Maltreatment, Maltreatment in Foster Care and Placement Stability for at least the latest three years. Declines observed in Permanency in 12 Months for Children In Care both 12 - 23 and >=24 Months during the COVID-19 response period reversed in CY21 to points exceeding the standard, but we continued to decline in achievement of

Permanency in 12 Months from Entry. Multiple logistic regression studies of all three Permanency measures are nearing completion as of this writing, and we hope to incorporate results into ongoing CQI initiatives that may improve our performance in this area. It is also important to note that we observe continued improvement in performance on the related Re-Entry to Foster Care measures though we have not yet met the standard for this measure.

The bullets below set forth the Department's current performance on Safety, Permanency and Well-Being Items. Please note that CT DCF successfully exited our CFSR Program Improvement Plan (PIP) in March 2021, so line items previously labeled as "PIP Status" are now renamed to "CT CQI Review Results". These results come from continued reviews utilizing the CFSR Round 3 OSRI and are entered into the Children's Bureau's Online Monitoring System (OMS) as a CT CQI review:

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

- CFSR Result: n=41, 59% Strength, 41% ANI
- CT CQI Result (CY21 Reviews): n=70, 75.7% Strength, 24.3% ANI
- ROM EP#1 – CY 2015 – CY 2021: The following chart shows that our standard has been met, with improvement of one percentage point since CY15.

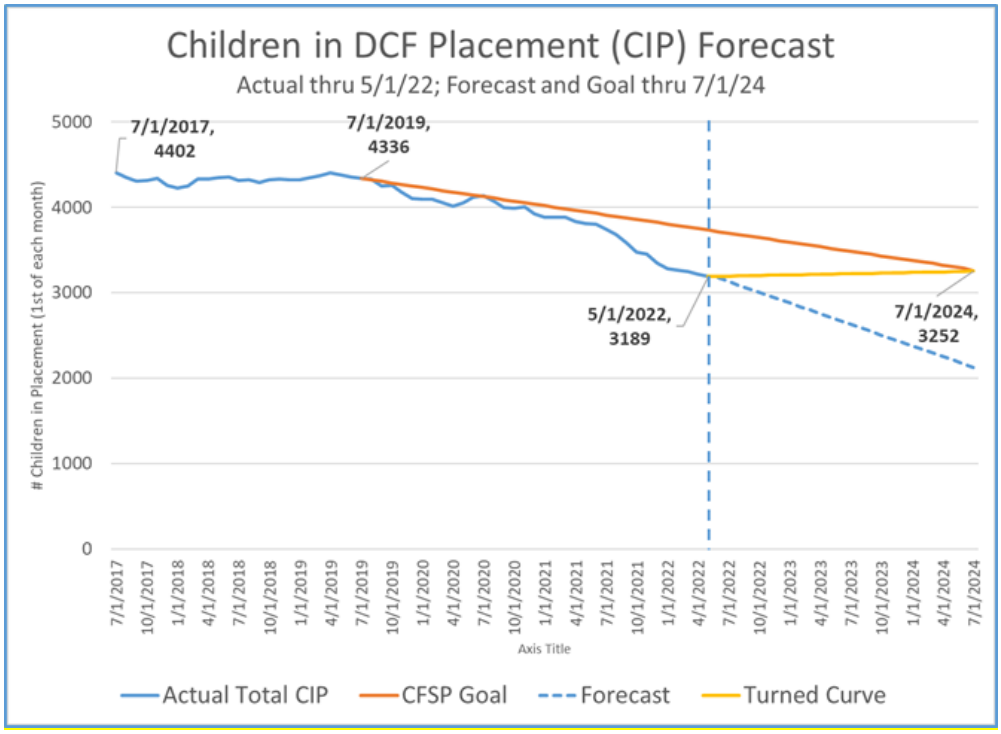


Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021		Total: Jan 2015 - Dec 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total Investigation	11745	100.0%	13737	100.0%	18116	100.0%	14586	100.0%	13250	100.0%	8601	100.0%	10819	100.0%	90854	100.0%
Investigation Met	11312	96.3%	13219	96.2%	17664	97.5%	14201	97.4%	12887	97.3%	8357	97.2%	10513	97.2%	88153	97.0%
Investigation Not Met	433	3.7%	518	3.8%	452	2.5%	385	2.6%	363	2.7%	244	2.8%	306	2.8%	2701	3.0%
Total Assessments	7270	100.0%	7634	100.0%	12006	100.0%	14434	100.0%	15664	100.0%	12555	100.0%	16111	100.0%	85674	100.0%
Assessment Met	7034	96.8%	7394	96.9%	11713	97.6%	14137	97.9%	15409	98.4%	12266	97.7%	15673	97.3%	83626	97.6%
Assessment Not Met	236	3.2%	240	3.1%	293	2.4%	297	2.1%	255	1.6%	289	2.3%	438	2.7%	2048	2.4%
Total	19015	100.0%	21371	100.0%	30122	100.0%	29020	100.0%	28914	100.0%	21156	100.0%	26930	100.0%	176528	100.0%
Total Met	18346	96.5%	20613	96.5%	29377	97.5%	28338	97.6%	28296	97.9%	20623	97.5%	26186	97.2%	171779	97.3%
Total Not Met	669	3.5%	758	3.5%	745	2.5%	682	2.4%	618	2.1%	533	2.5%	744	2.8%	4749	2.7%

- DRS Case Reviews: Face to face with child victim within required response time (CY 2020, 77%)

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

- CFSP Objective:
  - # of children in foster care will be reduced by 25% through continued implementation of CR-CFTM meetings: The following chart shows a 26.5% decrease in the total number of children in DCF placement since the beginning of our CFSP on 7/1/19 as of 5/1/22, so as of this writing we have achieved our goal. Some of the reduction can be attributed to COVID-19 pandemic response effects, but we still believe that we will meet/exceed our goal by 7/1/24 even if there is a rebound following the transition away from issues posed by the pandemic.



- CFSR Result: n=21, 57% Strength, 43% ANI
- CT CQI Result (CY21 Reviews): n=30, 90% Strength, 10% ANI
- CFSR National Data Indicator Results: *Re-entry to Foster Care in 12 Months* - the national standard for this measure is <=8.3%, and CT performance for FFY 2017 - 2019 is within the interval for equivalence with national risk-standardized performance (RSP) at 10%, 7.5% and 8.9% (respectively). Based on observed performance, DCF did not meet standard for Children <1 year old in FFY17 or 19, but did do so in FFY18. We had met the measure for children ages 1 - 5 in FFY17 and 18, but missed doing so in FFY19 by 0.5%. The measure was met for children >= 6 years old in FFY19. Performance for Black/African Americans improved from almost 15% in FFY18 to only 5.6% in FFY19, while Hispanics declined from 2.4% in FFY18 to 9.8% in FFY19; performance for White children also declined, going from 5.7% in FFY18 to 7.5% in FFY19, but still meets the measure.

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

1 State's performance (using RSP interval) is statistically better than national performance
2 State's performance (using RSP interval) is statistically no different than national performance
3 State's performance (using RSP interval) is statistically worse than national performance

	National Performance		16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Reentry to foster care	8.1%▼	RSP	10.7%	10.0%	11.6%	8.7%	7.5%	8.9%				
		RSP interval	7.9%-14.3%[2]	7.3%-13.6%[2]	8.6%-15.4%[3]	6.3%-12.1%[2]	5.3%-10.6%[2]	6.4%-12.4%[2]				
		Data used	16B-19A	17A-19B	17B-20A	18A-20B	18B-21A	19A-21B				

Observed performance on permanency indicators
Reentry to foster care in 12 months

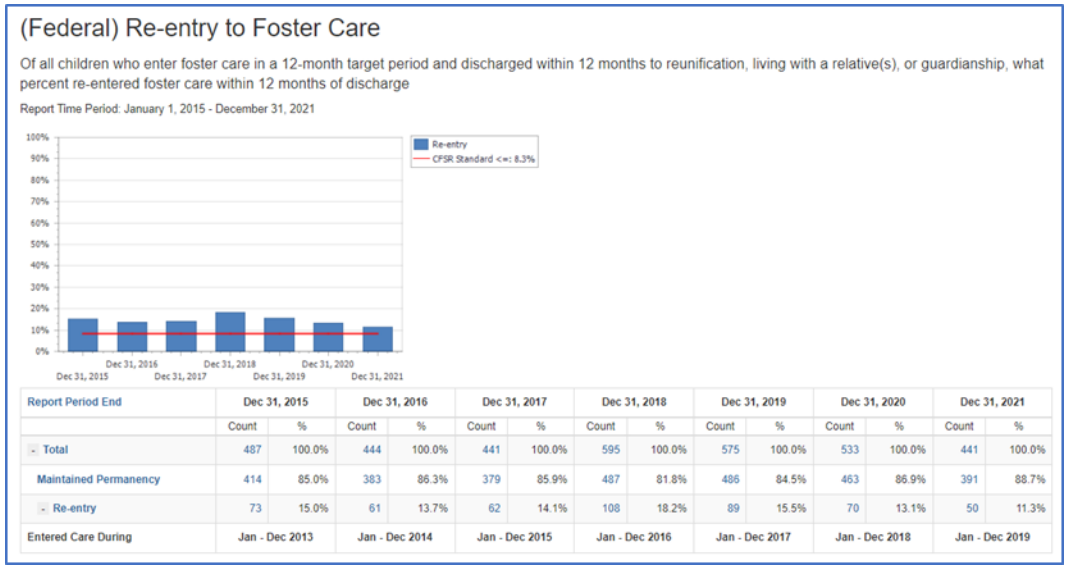
	Denominator (exits)			Numerator (reentries)			Percentage			Percent of total (exits)	Percent of total (reentries)
	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B	19A19B	19A19B
Age at entry (prior episode)											
Total	**424**	**412**	**390**	**33**	**28**	**28**	**7.8%**	**6.8%**	**7.2%**	**100.0%**	**100.0%**
0 - 3 mos	64	75	56	10	4	7	15.6%	5.3%	12.5%	14.4%	25.0%
4 - 11 mos	16	32	19	1	3	1	6.3%	9.4%	5.3%	4.9%	3.6%
< 1 yr subtotal	**80**	**107**	**75**	**11**	**7**	**8**	**13.8%**	**6.5%**	**10.7%**	**19.2%**	**28.6%**
1 - 5 yrs	159	118	125	9	8	11	5.7%	6.8%	8.8%	32.1%	39.3%
6 - 10 yrs	96	109	93	6	5	4	6.3%	4.6%	4.3%	23.8%	14.3%
11 - 16 yrs	88	72	91	7	8	5	8.0%	11.1%	5.5%	23.3%	17.9%
17 yrs	1	6	6	0	0	0	0.0%	0.0%	0.0%	1.5%	0.0%
Race/ethnicity											
American Indian/Alaskan Native	0	1	0	0	0	0		0.0%		0.0%	0.0%
Asian	0	0	1	0	0	0			0.0%	0.3%	0.0%
Black or African American	90	81	89	5	12	5	5.6%	14.8%	5.6%	22.8%	17.9%
Native Hawaiian/Other Pacific Islander	0	0	2	0	0	0			0.0%	0.5%	0.0%
Hispanic (of any race)	162	127	122	10	3	12	6.2%	2.4%	9.8%	31.3%	42.9%
White	137	159	133	13	9	10	9.5%	5.7%	7.5%	34.1%	35.7%
Two or More	31	36	26	3	3	1	9.7%	8.3%	3.8%	6.7%	3.6%
Unknown/Unable to Determine	4	8	17	2	1	0	50.0%	12.5%	0.0%	4.4%	0.0%
Locality											
Fairfield County	47	69	78	1	5	6	2.1%	7.2%	7.7%	20.0%	21.4%
Hartford County	87	99	86	11	3	8	12.6%	3.0%	9.3%	22.1%	28.6%
Litchfield County	9	19	5	0	1	0	0.0%	5.3%	0.0%	1.3%	0.0%
Middlesex County	21	16	8	1	1	0	4.8%	6.3%	0.0%	2.1%	0.0%
New Haven County	131	95	111	8	6	3	6.1%	6.3%	2.7%	28.5%	10.7%
New London County	38	51	37	6	4	4	15.8%	7.8%	10.8%	9.5%	14.3%
Tolland County	35	32	36	1	6	1	2.9%	18.8%	2.8%	9.2%	3.6%
Windham County	56	31	29	5	2	6	8.9%	6.5%	20.7%	7.4%	21.4%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.

- ROM Federal Re-Entry to Foster Care – CY 2015 – CY 2021: The following chart shows that the standard was not met but continued to improve in 2021 compared to the previous three years.



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020		Dec 31, 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	487	100.0%	444	100.0%	441	100.0%	595	100.0%	575	100.0%	533	100.0%	441	100.0%
Maintained Permanency	414	85.0%	383	86.3%	379	85.9%	487	81.8%	486	84.5%	463	86.9%	391	88.7%
- Re-entry	73	15.0%	61	13.7%	62	14.1%	108	18.2%	89	15.5%	70	13.1%	50	11.3%
Entered Care During	Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019	

- CFSR National Data Indicator Results: *Recurrence of Maltreatment* - the national standard for this measure is <=9.1%, and CT RSP for FFY 2020 is 11.1%. This represents worse performance than national but is the third year in a row of improvement, having improved by 0.5% in FFY 2020. Based on observed performance, infants 0 - 3 months (8.6%) and children >=6 years old met the standard. Performance for Black/African Americans (9.6%) does not meet the measure, but Hispanics (8.2%) did do so, as well as White children (8.9%).

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

[1] State's performance (using RSP interval) is statistically better than national performance
[2] State's performance (using RSP interval) is statistically no different than national performance
[3] State's performance (using RSP interval) is statistically worse than national performance

			17AB,FY17	18AB,FY18	19AB,FY19	FY17-18	FY18-19	FY19-20
Recurrence of maltreatment	9.5%▼	RSP				13.0%	11.6%	11.1%
		RSP interval				12.2%-13.9%[3]	10.8%-12.5%[3]	10.3%-11.9%[3]
		Data used				FY17-18	FY18-19	FY19-20

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

Observed performance on safety indicators
Recurrence of maltreatment

	Denominator (initial victims)			Numerator (recurring victims)			Percentage			Percent of total (initial victims)	Percent of total (recurring victims)
	FY17-18	FY18-19	FY19-20	FY17-18	FY18-19	FY19-20	FY17-18	FY18-19	FY19-20	FY19-20	FY19-20
Age at initial victimization											
Total	**8,384**	**7,646**	**7,919**	**844**	**685**	**678**	**10.1%**	**9.0%**	**8.6%**	**100.0%**	**100.0%**
0 - 3 mos	669	645	686	59	59	54	8.8%	9.1%	7.9%	8.7%	8.0%
4 - 11 mos	395	373	371	44	41	50	11.1%	11.0%	13.5%	4.7%	7.4%
< 1 yr subtotal	**1,064**	**1,018**	**1,057**	**103**	**100**	**104**	**9.7%**	**9.8%**	**9.8%**	**13.3%**	**15.3%**
1 - 5 yrs	2,549	2,209	2,308	246	212	212	9.7%	9.6%	9.2%	29.1%	31.3%
6 - 10 yrs	2,186	2,101	2,154	235	190	192	10.8%	9.0%	8.9%	27.2%	28.3%
11 - 16 yrs	2,352	2,114	2,186	251	175	160	10.7%	8.3%	7.3%	27.6%	23.6%
17 yrs	233	204	214	9	8	10	3.9%	3.9%	4.7%	2.7%	1.5%
Race/ethnicity											
American Indian/Alaskan Native	12	12	10	3	1	0	25.0%	8.3%	0.0%	0.1%	0.0%
Asian	59	57	51	6	1	0	10.2%	1.8%	0.0%	0.6%	0.0%
Black or African American	1,964	1,655	1,789	176	159	170	9.0%	9.6%	9.5%	22.6%	25.1%
Native Hawaiian/Other Pacific Islander	8	4	10	1	0	1	12.5%	0.0%	10.0%	0.1%	0.1%
Hispanic (of any race)	2,689	2,564	2,511	260	210	206	9.7%	8.2%	8.2%	31.7%	30.4%
White	2,915	2,646	2,742	317	258	244	10.9%	9.8%	8.9%	34.6%	36.0%
Two or More	483	433	439	61	42	41	12.6%	9.7%	9.3%	5.5%	6.0%
Missing Race/Ethnicity Data	254	275	367	20	14	16	7.9%	5.1%	4.4%	4.6%	2.4%
Locality											
Fairfield County	1,709	1,529	1,828	164	143	162	9.6%	9.4%	8.9%	23.1%	23.9%
Hartford County	1,496	1,351	1,445	124	108	101	8.3%	8.0%	7.0%	18.2%	14.9%
Litchfield County	270	271	247	37	25	30	13.7%	9.2%	12.1%	3.1%	4.4%
Middlesex County	386	295	277	27	33	30	7.0%	11.2%	10.8%	3.5%	4.4%
New Haven County	2,601	2,505	2,414	290	215	207	11.1%	8.6%	8.6%	30.5%	30.5%
New London County	851	658	659	87	71	68	10.2%	10.8%	10.3%	8.3%	10.0%
Tolland County	535	570	572	63	43	38	11.8%	7.5%	6.6%	7.2%	5.6%
Windham County	535	465	477	52	47	42	9.7%	10.1%	8.8%	6.0%	6.2%
County of report missing	1	2	0	0	0	0	0.0%	0.0%		0.0%	0.0%

Note 1: Ages, races/ethnicities, and localities with no initial victims in any of the qualifying years will not appear in the tables.

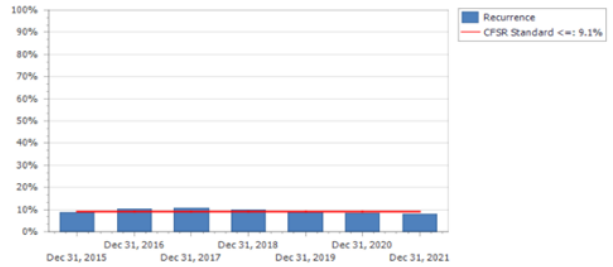
Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

- ROM Federal Recurrence of Maltreatment – CY15 – CY21: The following chart shows an improving trend and that the standard was met for CY 2020 and CY 2021.

(Federal) Recurrence of Maltreatment

Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month target period, what percent were victims of another substantiated or indicated maltreatment allegation within 12 months of their initial report?

Report Time Period: January 1, 2015 - December 31, 2021



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020		Dec 31, 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Safe	6629	91.4%	6415	89.7%	7162	89.5%	7341	90.0%	7160	90.8%	7214	91.8%	5462	92.0%
Recurrence	626	8.6%	740	10.3%	841	10.5%	817	10.0%	725	9.2%	646	8.2%	477	8.0%
Total Child Victims	7255	100.0%	7155	100.0%	8003	100.0%	8158	100.0%	7885	100.0%	7860	100.0%	5939	100.0%
Initial maltreatment during	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020	

- CFSR National Data Indicator Results: *Maltreatment in Care* - the national standard for this measure is <=8.5, and CT performance for FFY 2019 easily meets that standard with 7.61 RSP. Observed performance for children in all age groups except those ages 6 - 10 (8.77%) met the standard. Performance for Black/African Americans (5.54) and Hispanics (5.95) also met the standard but is not as good as performance for White children (4.17).

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

[1] State's performance (using RSP interval) is statistically better than national performance
[2] State's performance (using RSP interval) is statistically no different than national performance
[3] State's performance (using RSP interval) is statistically worse than national performance

	National Performance		17AB,FY17	18AB,FY18	19AB,FY19	FY17-18	FY18-19	FY19-20
Maltreatment in care (victimizations / 100,000 days in care)	9.67▼	RSP	12.37	6.35	7.61			
		RSP interval	10.34-14.79[3]	4.96-8.14[1]	6.13-9.45[1]			
		Data used	17A-17B, FY17-18	18A-18B, FY18-19	19A-19B, FY19-20			

Observed performance on safety indicators
Maltreatment in care

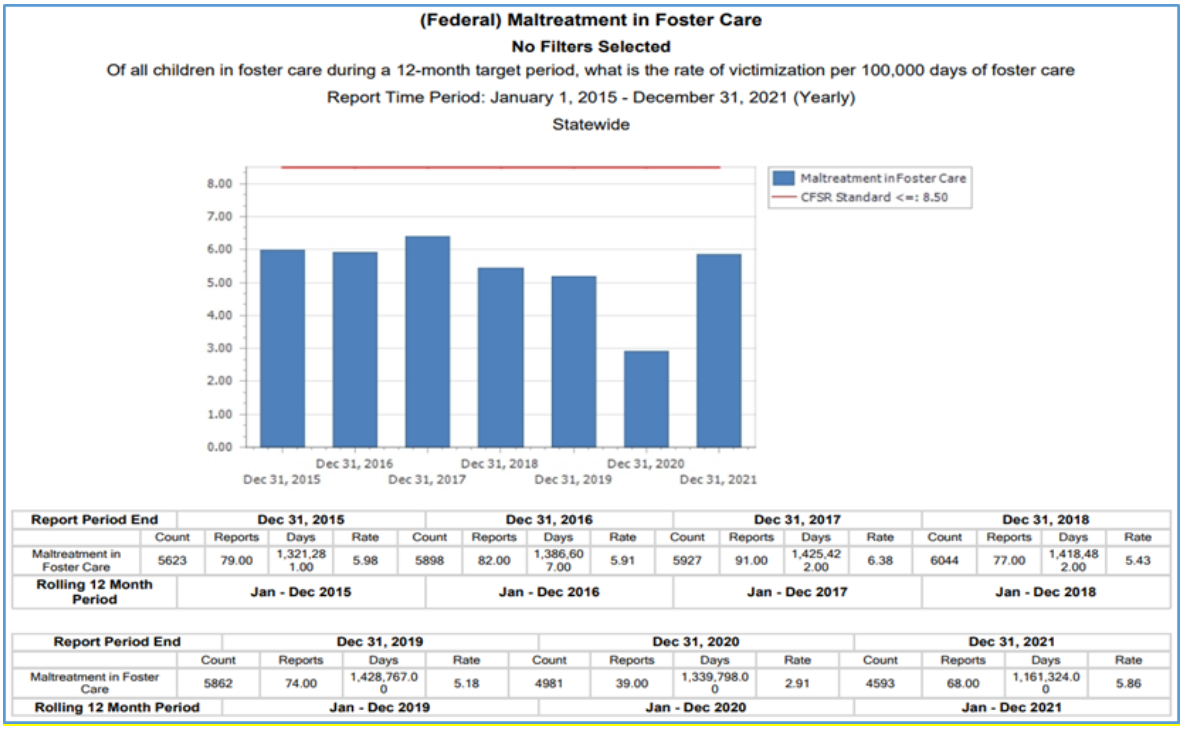
	Denominator (days in care)			Numerator (victimizations)			Victimization/100,000 days			Percent of total (days in care)	Percent of total (victimizations)
	17AB,FY17	18AB,FY18	19AB,FY19	17AB,FY17	18AB,FY18	19AB,FY19	17AB,FY17	18AB,FY18	19AB,FY19	19AB,FY19	19AB,FY19
Age at entry or on 1st day											
Total	**1,290,893**	**1,288,815**	**1,414,170**	**118**	**58**	**78**	**9.14**	**4.50**	**5.52**	**100.0%**	**100.0%**
0 - 3 mos	78,764	74,993	86,421	4	2	6	5.08	2.67	6.94	6.1%	7.7%
4 - 11 mos	81,790	91,749	85,585	6	3	2	7.34	3.27	2.34	6.1%	2.6%
< 1 yr subtotal	**160,554**	**166,742**	**172,006**	**10**	**5**	**8**	**6.23**	**3.00**	**4.65**	**12.2%**	**10.3%**
1 - 5 yrs	422,413	406,569	478,853	21	15	17	4.97	3.69	3.55	33.9%	21.8%
6 - 10 yrs	258,297	276,027	307,750	24	18	27	9.29	6.52	8.77	21.8%	34.6%
11 - 16 yrs	394,436	387,536	404,713	60	19	25	15.21	4.90	6.18	28.6%	32.1%
17 yrs	55,193	51,941	50,848	3	1	1	5.44	1.93	1.97	3.6%	1.3%
Race/ethnicity											
American Indian/Alaskan Native	942	1,285	1,771	0	0	0	0.00	0.00	0.00	0.1%	0.0%
Asian	3,538	2,549	2,384	0	0	0	0.00	0.00	0.00	0.2%	0.0%
Black or African American	274,561	287,526	325,041	31	15	18	11.29	5.22	5.54	23.0%	23.1%
Native Hawaiian/Other Pacific Islander	0	215	449	0	0	0		0.00	0.00	0.0%	0.0%
Hispanic (of any race)	475,818	455,488	503,907	43	28	30	9.04	6.15	5.95	35.6%	38.5%
White	429,643	432,617	455,142	31	13	19	7.22	3.00	4.17	32.2%	24.4%
Two or More	89,520	87,296	104,784	11	2	11	12.29	2.29	10.50	7.4%	14.1%
Unknown/Unable to Determine	16,871	21,839	20,692	2	0	0	11.85	0.00	0.00	1.5%	0.0%
Locality											
Fairfield County	146,082	135,223	222,054	21	9	24	14.38	6.66	10.81	15.7%	30.8%
Hartford County	300,146	293,580	302,285	32	11	15	10.66	3.75	4.96	21.4%	19.2%
Litchfield County	48,257	56,223	44,410	8	0	1	16.58	0.00	2.25	3.1%	1.3%
Middlesex County	40,678	43,426	53,854	0	3	3	0.00	6.91	5.57	3.8%	3.8%
New Haven County	410,111	411,344	437,340	32	24	25	7.80	5.83	5.72	30.9%	32.1%
New London County	143,163	148,504	152,234	6	4	5	4.19	2.69	3.28	10.8%	6.4%
Tolland County	104,566	115,027	110,776	13	3	4	12.43	2.61	3.61	7.8%	5.1%
Windham County	97,890	85,488	91,217	6	4	1	6.13	4.68	1.10	6.5%	1.3%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.

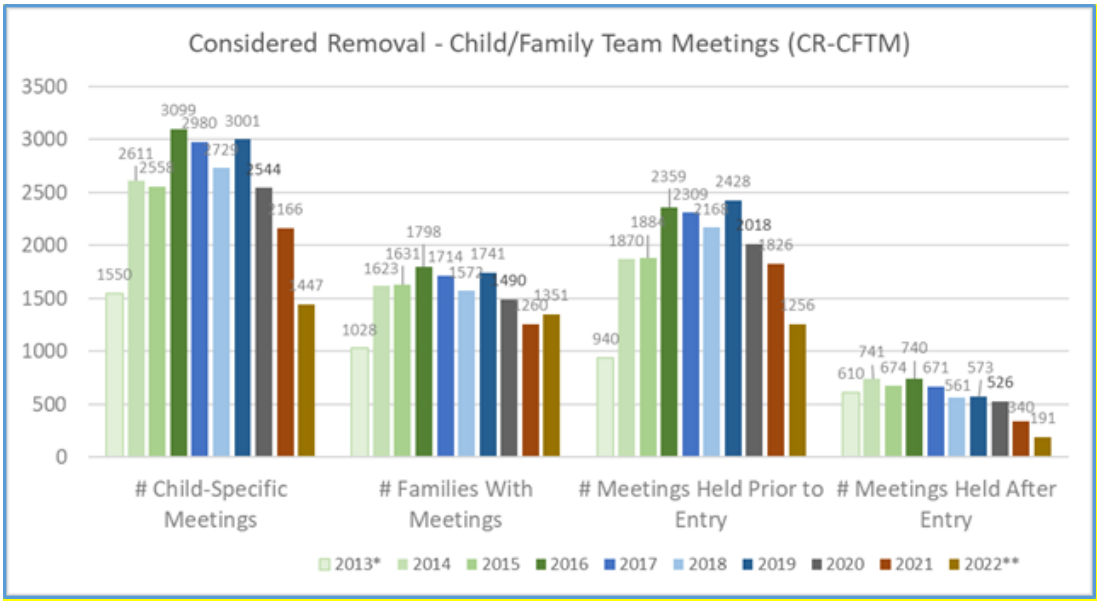
- Federal Maltreatment in Foster Care – CY15 – CY21: The following chart shows that CY21 performance declined in CY21 compared to the previous three years but continues to meet the standard at 5.86.



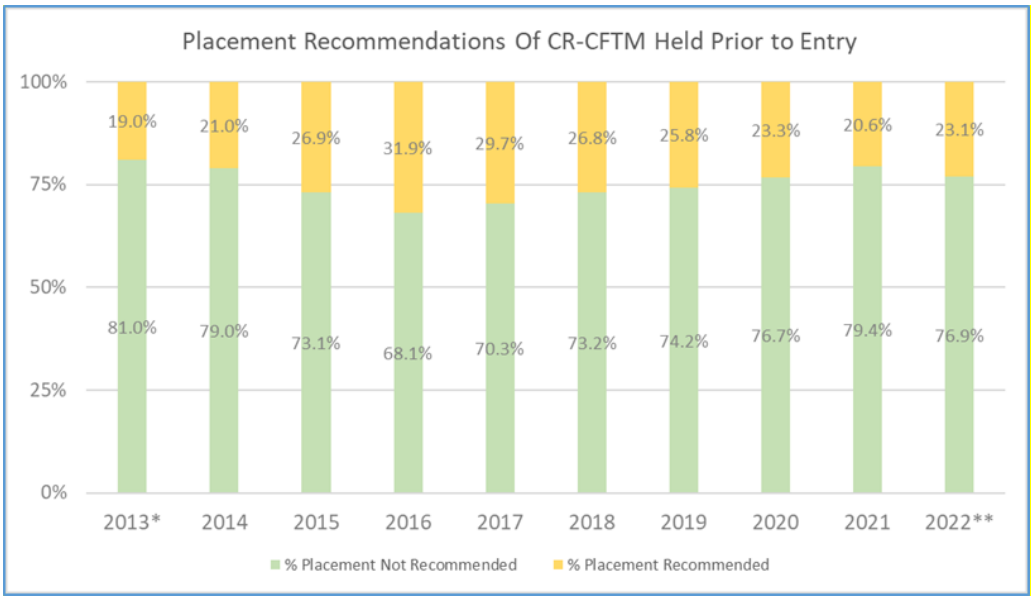
Report Period End	Dec 31, 2015				Dec 31, 2016				Dec 31, 2017				Dec 31, 2018			
	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate
Maltreatment in Foster Care	5623	79.00	1,321,281.00	5.98	5898	82.00	1,386,607.00	5.91	5927	91.00	1,425,422.00	6.38	6044	77.00	1,418,482.00	5.43
Rolling 12 Month Period	Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017				Jan - Dec 2018			

Report Period End	Dec 31, 2019				Dec 31, 2020				Dec 31, 2021			
	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate
Maltreatment in Foster Care	5862	74.00	1,428,767.00	5.18	4981	39.00	1,339,798.00	2.91	4593	68.00	1,161,324.00	5.86
Rolling 12 Month Period	Jan - Dec 2019				Jan - Dec 2020				Jan - Dec 2021			

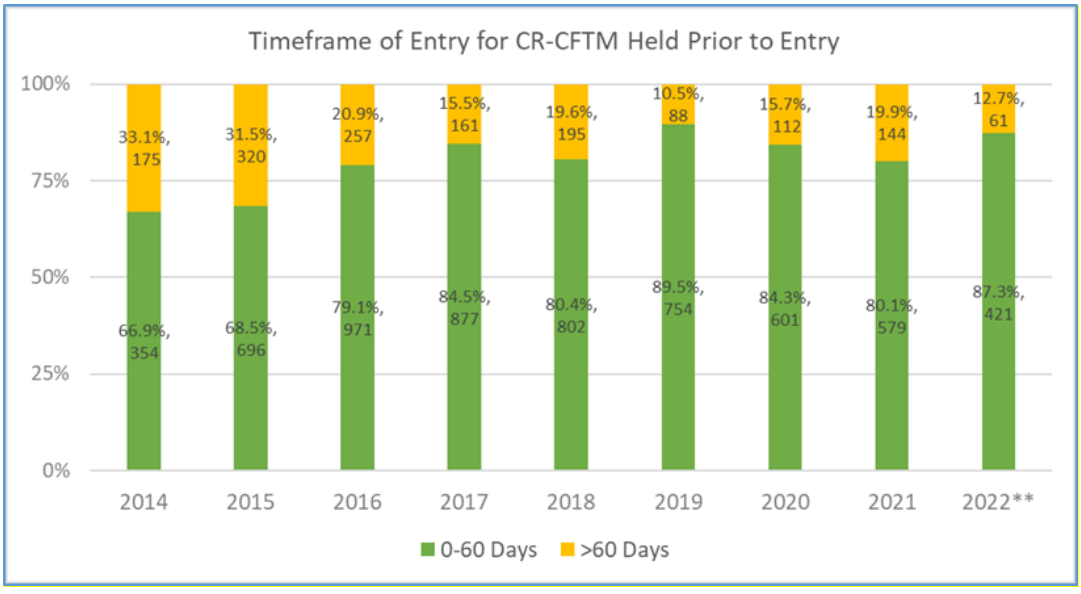
- CR-CFTM Data – SFY 2014 – 3Q22 (**2022 data is partial as of 3/31/22)
- # Child Specific Team Meetings: 15% decrease in volume for SFY 2021 compared to SFY 2020
- #/% Meetings Held Prior: Volume decreased in SFY 2021, but proportion at highest rate yet observed at 84.3%



- #/% Children diverted from entering care: <3 percentage point increase in SFY 2021 in proportion of meetings held resulting in diversion from foster care compared to SFY 2020, but preliminary results for SFY 2022 are closer to that of SFY 2020



- #/% Children who Entered Care following CR-CFTM within 60 days: The proportion of all children that entered care following a CR-CFTM that did so within 60 days decreased from 84.3% in SFY 2020 to 80.1% in SFY 2021



Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

- CFSR Result: n=82, 51% Strength, 49% ANI
- CT CQI Result (CY21 Reviews): n=112, 76.8% Strength, 23.2% ANI
- ACRI Case practice elements – Strength % - CY 2015 – 1Q 2022 annual aggregation; all comparisons made between CY 2015 and CY 2021
    - Risk & Safety – Child in Placement: 4 percentage point improvement since CY 2015
    - Risk & Safety – Child in Home: 11 percentage point increase since CY 2015

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
10	Risk & Safety - Child in Placement	92%	90%	92%	93%	94%	95%	96%	98%
11	Risk & Safety - Children in Home	69%	64%	67%	70%	66%	68%	80%	82%

2022 is partial data as of 5/16/22

- Timely Accurate SDM – Parents: 2 percentage point improvement since CY 2015
- Timely Accurate SDM – Child: 6 percentage point decrease since CY 2015

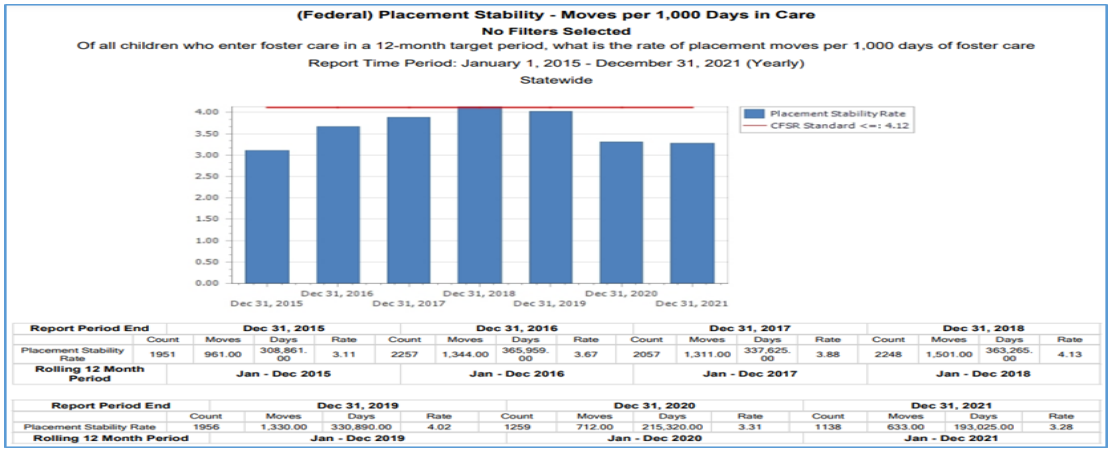
Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
22	Timely Accurate SDM - Parents	77%	77%	75%	76%	78%	79%	79%	81%
23	Timely Accurate SDM - Child	85%	78%	74%	77%	76%	72%	79%	77%

2022 is partial data as of 5/16/22

- CY 2021 DRS Case Reviews: Timely/Accurate Risk and Safety SDM, 92%
- CY 2021 DRS Case Reviews: Appropriate Safety Plan, monitored and updated: 69%
- CY 2021 DRS Case Reviews: Ongoing informal assessments (accurate): 88%

Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

- CFSR Result: n=42, 86% Strength, 14% ANI
- CT CQI Result (CY21 Reviews): n=52, 77% Strength, 23% ANI
- ROM Federal Placement Stability - CY14 – CY21: Standard continues to be met and improved since CY 2018 so our performance for CY 2021 is well below the standard line at 3.3 moves/1k days.



Report Period End	Dec 31, 2015				Dec 31, 2016				Dec 31, 2017				Dec 31, 2018			
	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate
Placement Stability Rate	1951	961.00	308,861.00	3.11	2257	1,344.00	365,959.00	3.67	2057	1,311.00	337,625.00	3.88	2248	1,501.00	363,265.00	4.13
Rolling 12 Month Period	Jan - Dec 2015				Jan - Dec 2016				Jan - Dec 2017				Jan - Dec 2018			

Report Period End	Dec 31, 2019				Dec 31, 2020				Dec 31, 2021			
	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate
Placement Stability Rate	1956	1,330.00	330,890.00	4.02	1259	712.00	215,320.00	3.31	1138	633.00	193,025.00	3.28
Rolling 12 Month Period	Jan - Dec 2019				Jan - Dec 2020				Jan - Dec 2021			

- CFSR National Data Indicator Results: *Placement Stability* - the national standard for this measure is <=4.12, and CT RSP for FFY 2021 is 3.59, continuing at least three years of performance better than national. Observed performance for ages >= 11 years old did not meet the standard, but all younger age groups were successful. All race/ethnicity groups met the standard for this measure in FFY 2021.

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

[1] State's performance (using RSP interval) is statistically better than national performance
[2] State's performance (using RSP interval) is statistically no different than national performance
[3] State's performance (using RSP interval) is statistically worse than national performance

	National Performance		16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Placement stability (moves/1,000 days in care)	4.44▼	RSP					3.83	4.44	4.12	3.73	4.09	3.59
		RSP interval					3.63-4.04[1]	4.21-4.67[2]	3.89-4.36[1]	3.48-3.99[1]	3.8-4.4[1]	3.33-3.87[1]
		Data used					18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B

Observed performance on permanency indicators
Placement stability

	Denominator (days in care)			Numerator (moves)			Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	21A21B	21A21B
Age entry											
Total	**334,762**	**233,096**	**193,629**	**1,419**	**813**	**658**	**4.24**	**3.49**	**3.40**	**100.0%**	**100.0%**
0 - 3 mos	57,982	51,432	40,933	161	101	63	2.78	1.96	1.54	21.1%	9.6%
4 - 11 mos	19,690	17,376	17,183	69	55	55	3.50	3.17	3.20	8.9%	8.4%
< 1 yr subtotal	**77,672**	**68,808**	**58,116**	**230**	**156**	**118**	**2.96**	**2.27**	**2.03**	**30.0%**	**17.9%**
1 - 5 yrs	103,732	65,319	48,184	433	248	152	4.17	3.80	3.15	24.9%	23.1%
6 - 10 yrs	69,574	41,681	35,059	273	151	129	3.92	3.62	3.68	18.1%	19.6%
11 - 16 yrs	76,838	51,023	47,352	426	236	233	5.54	4.63	4.92	24.5%	35.4%
17 yrs	6,946	6,265	4,918	57	22	26	8.21	3.51	5.29	2.5%	4.0%
Race/ethnicity											
American Indian/Alaskan Native	0	20	0	0	0	0		0.00		0.0%	0.0%
Asian	295	183	543	1	1	1	3.39	5.46	1.84	0.3%	0.2%
Black or African American	82,525	54,700	38,976	327	236	133	3.96	4.31	3.41	20.1%	20.2%
Native Hawaiian/Other Pacific Islander	84	14	0	2	0	0	23.81	0.00		0.0%	0.0%
Hispanic (of any race)	113,674	78,848	68,570	495	278	248	4.35	3.53	3.62	35.4%	37.7%
White	111,845	79,398	68,025	486	227	214	4.35	2.86	3.15	35.1%	32.5%
Two or More	21,909	17,995	16,132	83	58	58	3.79	3.22	3.60	8.3%	8.8%
Unknown/Unable to Determine	4,430	1,938	1,383	25	13	4	5.64	6.71	2.89	0.7%	0.6%
Locality											
Fairfield County	60,268	49,000	27,909	221	176	87	3.67	3.59	3.12	14.4%	13.2%
Hartford County	73,112	49,324	41,010	370	190	124	5.06	3.85	3.02	21.2%	18.8%
Litchfield County	8,960	6,608	8,546	47	21	40	5.25	3.18	4.68	4.4%	6.1%
Middlesex County	9,896	5,626	6,186	36	19	19	3.64	3.38	3.07	3.2%	2.9%
New Haven County	95,143	61,738	61,961	364	201	212	3.83	3.26	3.42	32.0%	32.2%
New London County	38,960	21,193	17,493	181	60	61	4.65	2.83	3.49	9.0%	9.3%
Tolland County	22,749	20,346	16,167	105	70	59	4.62	3.44	3.65	8.3%	9.0%
Windham County	25,674	19,261	14,357	95	76	56	3.70	3.95	3.90	7.4%	8.5%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.

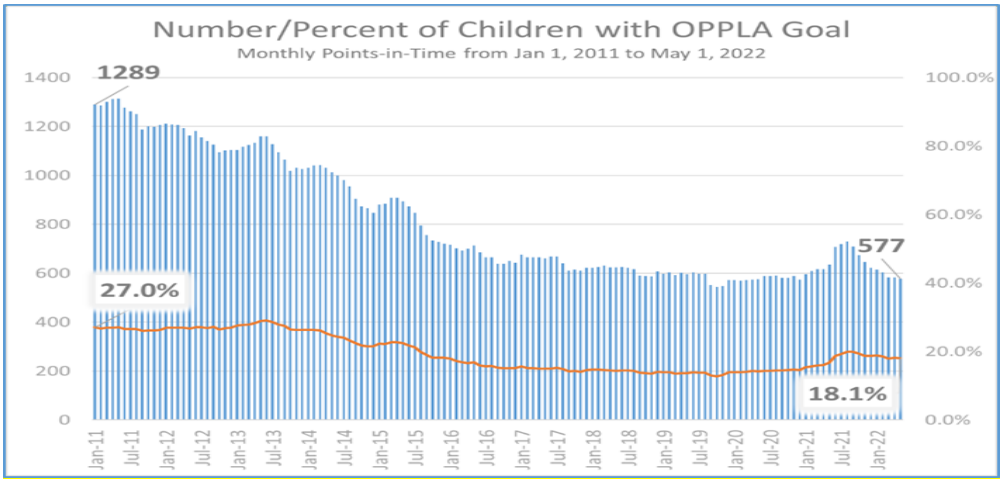
Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

- CFSP Objective: Permanency Teaming will be implemented to improve the likelihood of permanency for all children and to reduce the use of OPPLA by50%

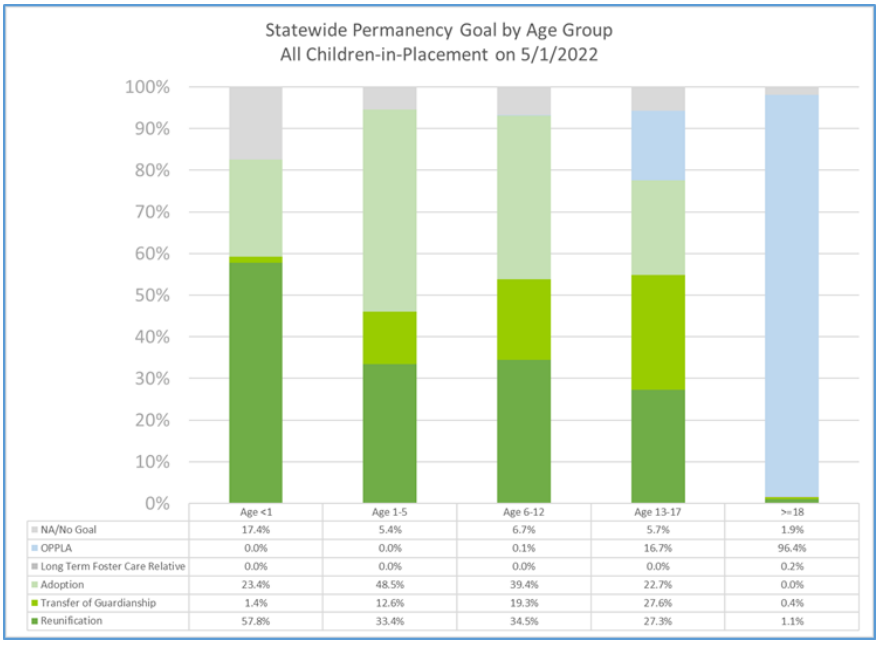
	Period of Entry to Care													
	2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Total Entries	2828	2628	2694	2298	1859	2005	1928	1990	2261	2081	2356	2107	1366	1220
Permanent Exits														
In 1 yr	1098	1093	1025	707	560	535	501	427	567	542	494	404	296	
	38.8%	41.6%	38.0%	30.8%	30.1%	26.7%	26.0%	21.5%	25.1%	26.0%	21.0%	19.2%	21.7%	
In 2 yrs	1675	1582	1378	1052	857	840	793	754	905	792	770	608		
	59.2%	60.2%	51.2%	45.8%	46.1%	41.9%	41.1%	37.9%	40.0%	38.1%	32.7%	28.9%		
In 3 yrs	1942	1792	1676	1245	1036	1071	1002	972	1181	989	969			
	68.7%	68.2%	62.2%	54.2%	55.7%	53.4%	52.0%	48.8%	52.2%	47.5%	41.1%			
In 4 yrs	2032	1895	1780	1357	1120	1158	1113	1075	1301	1074				
	71.9%	72.1%	66.1%	59.1%	60.2%	57.8%	57.7%	54.0%	57.5%	51.6%				
To Date	2121	1953	1851	1438	1163	1214	1190	1133	1356	1109	1053	740	378	147
	75.0%	74.3%	68.7%	62.6%	62.5%	60.5%	61.7%	56.9%	60.0%	53.3%	44.7%	35.1%	27.7%	12.0%
Non-Permanent Exits														
In 1 yr	250	208	196	138	95	125	111	95	68	62	85	74	58	
	8.8%	7.9%	7.3%	6.0%	5.1%	6.2%	5.8%	4.8%	3.0%	3.0%	3.6%	3.5%	4.2%	
In 2 yrs	320	267	243	188	146	182	140	124	89	88	112	100		
	11.3%	10.2%	9.0%	8.2%	7.8%	9.1%	7.3%	6.2%	3.9%	4.2%	4.8%	4.7%		
In 3 yrs	363	300	275	220	190	218	157	156	112	106	137			
	12.8%	11.4%	10.2%	9.6%	10.2%	10.9%	8.1%	7.8%	5.0%	5.1%	5.8%			
In 4 yrs	394	328	309	257	218	236	176	178	124	121				
	13.9%	12.5%	11.5%	11.2%	11.7%	11.8%	9.1%	8.9%	5.5%	5.8%				
To Date	482	413	391	308	266	292	210	208	145	129	153	111	69	36
	17.0%	15.7%	14.5%	13.4%	14.3%	14.6%	10.9%	10.5%	6.4%	6.2%	6.5%	5.3%	5.1%	3.0%

	Period of Entry to Care													
	2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Unknown Exits														
In 1 yr	60 2.1%	75 2.9%	127 4.7%	205 8.9%	133 7.2%	101 5.0%	109 5.7%	196 9.8%	246 10.9%	228 11.0%	292 12.4%	283 13.4%	167 12.2%	
In 2 yrs	91 3.2%	139 5.3%	303 11.2%	399 17.4%	254 13.7%	308 15.4%	336 17.4%	429 21.6%	494 21.8%	505 24.3%	598 25.4%	583 27.7%		
In 3 yrs	125 4.4%	192 7.3%	380 14.1%	474 20.6%	336 18.1%	395 19.7%	434 22.5%	527 26.5%	634 28.0%	638 30.7%	779 33.1%			
In 4 yrs	167 5.9%	217 8.3%	398 14.8%	498 21.7%	375 20.2%	442 22.0%	468 24.3%	569 28.6%	682 30.2%	683 32.8%				
To Date	217 7.7%	254 9.7%	441 16.4%	543 23.6%	420 22.6%	485 24.2%	499 25.9%	612 30.8%	703 31.1%	698 33.5%	833 35.4%	683 32.4%	261 19.1%	57 4.7%
Remain In Care														
In 1 yr	1420 50.2%	1252 47.6%	1346 50.0%	1248 54.3%	1072 57.6%	1244 62.0%	1207 62.6%	1272 63.9%	1380 61.0%	1249 60.0%	1485 63.0%	1346 63.9%	845 61.9%	
In 2 yrs	742 26.2%	640 24.4%	770 28.6%	659 28.7%	603 32.4%	675 33.7%	659 34.2%	683 34.3%	773 34.2%	696 33.4%	876 37.2%	816 38.7%	658 48.2%	
In 3 yrs	398 14.1%	344 13.1%	363 13.5%	359 15.6%	298 16.0%	321 16.0%	335 17.4%	335 16.8%	334 14.8%	348 16.7%	471 20.0%	573 27.2%	658 48.2%	
In 4 yrs	235 8.3%	188 7.2%	207 7.7%	186 8.1%	147 7.9%	169 8.4%	171 8.9%	168 8.4%	154 6.8%	203 9.8%	317 13.5%	573 27.2%	658 48.2%	
To Date	8 0.3%	8 0.3%	11 0.4%	9 0.4%	11 0.6%	14 0.7%	29 1.5%	37 1.9%	57 2.5%	145 7.0%	317 13.5%	573 27.2%	658 48.2%	980 80.3%

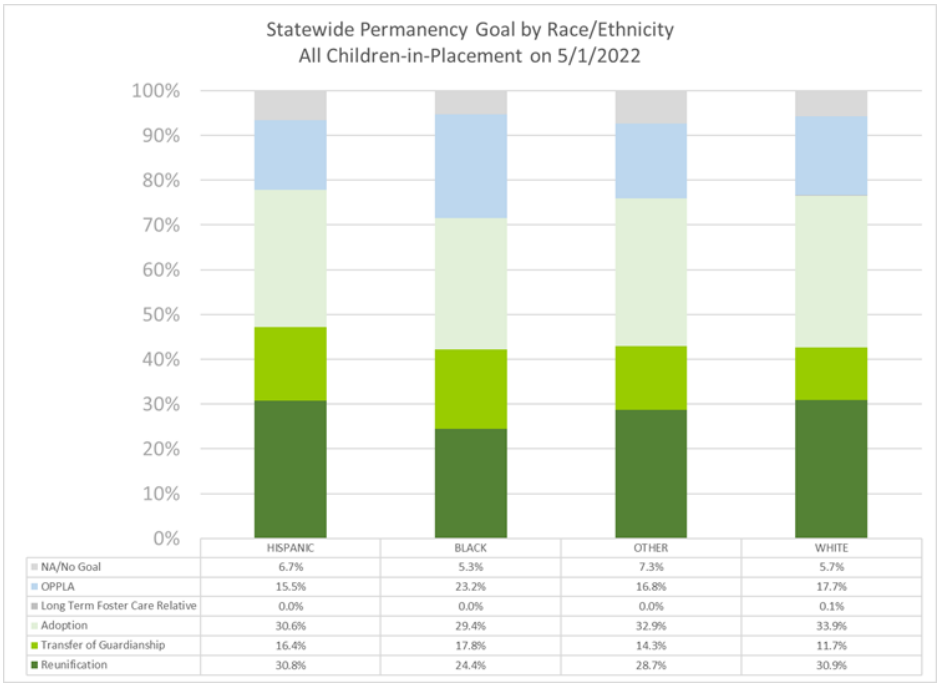
- Trend in #/% of Children with OPPLA Goal: Volume and proportion up slightly compared to last year, ending with 18.1% of the total population in May 2022.



- **Other Related Data**



	Age <1	Age 1-5	Age 6-12	Age 13-17	>=18
NA/No Goal	17.4%	5.4%	6.7%	5.7%	1.9%
OPPLA	0.0%	0.0%	0.1%	16.7%	96.4%
Long Term Foster Care Relative	0.0%	0.0%	0.0%	0.0%	0.2%
Adoption	23.4%	48.5%	39.4%	22.7%	0.0%
Transfer of Guardianship	1.4%	12.6%	19.3%	27.6%	0.4%
Reunification	57.8%	33.4%	34.5%	27.3%	1.1%



	HISPANIC	BLACK	OTHER	WHITE
NA/No Goal	6.7%	5.3%	7.3%	5.7%
OPPLA	15.5%	23.2%	16.8%	17.7%
Long Term Foster Care Relative	0.0%	0.0%	0.0%	0.1%
Adoption	30.6%	29.4%	32.9%	33.9%
Transfer of Guardianship	16.4%	17.8%	14.3%	11.7%
Reunification	30.8%	24.4%	28.7%	30.9%

- Judicial data re: approval of OPPLA Plans

APPLA/OPPLA Permanency Plans

Based on our court order form for Permanency Plans, section D denotes "Another planned permanent living arrangement…" and lists independent living, long term foster care and other as types.

D. ☐ Another planned permanent living arrangement for a child sixteen years of age or older. DCF has documented a compelling reason why including the goals in (A) through (C) above would not be in the best interests of the child or youth.

☐ Placement of the youth in an independent living program, or

☐ Placement of the youth in long term foster care with an identified foster parent

(Name) _____, or

☐ Other _____

Explanation: The chart displays the total number of permanency plans approved and also displays the number of those approved that had APPLA/OPPLA goals that were approved by the court during calendar year. Based on a code that is entered, the type of permanency plan goal can be determined.

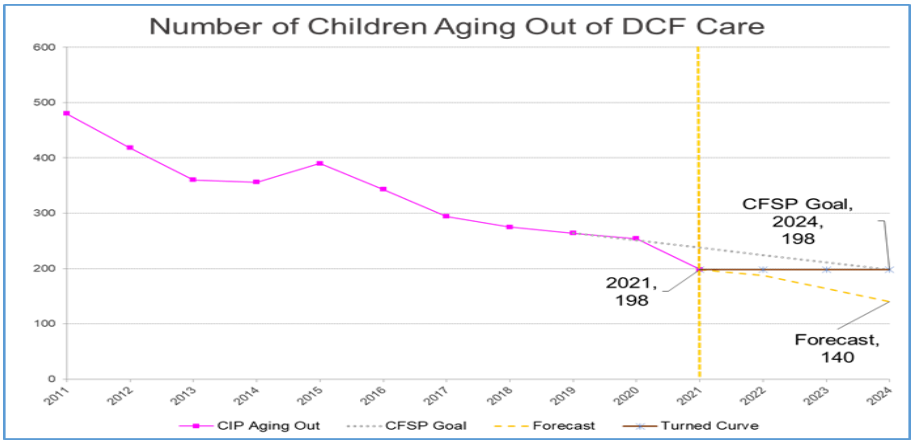
Cohort: Permanency Plans that were approved during FY21

APPLA/OPPLA Plans for FY21	
Total Number Of Permanency Plans Approved	4162
Number of APPLA/OPPLA Plans Approved	714
Number of ILP Approved	253
Number of Long-Term Foster Care Approved	41
Number of Other Approved	420

- CFSR Result: n=41, 78% Strength, 22% ANI
- CT CQI Result (CY21 Reviews): n=51, 64.7% Strength, 35.3% ANI; PIP Performance Goal Achieved

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

- CFSP Objective: Number of youth aging out of care without legal or relational permanency will be reduced by 25%.



- CFSR Result: n=42, 31% Strength, 69% ANI
- CT CQI Result (CY21 Reviews): n=52, 30.8% Strength, 70.2% ANI
- CFSR National Data Indicator Results: *Permanency in 12 Months from Entry* - The national standard for achievement of permanency in 12 months from entry is >=40.5%, and the data for FFY 2019 shows most recent CT RSP at 22.4% overall. Observed performance for children of all ages did not meet the standard, but performance was worst for infants <1-year-old (18.8%). The difference between Hispanic, Black and White groups is less than 2 percentage points, and none met the standard.

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

[1] State's performance (using RSP interval) is statistically better than national performance
[2] State's performance (using RSP interval) is statistically no different than national performance
[3] State's performance (using RSP interval) is statistically worse than national performance

	National Performance		16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Permanency in 12 months (entries)	42.7%▲	RSP	28.3%	26.7%	25.6%	23.4%	22.5%	22.4%				
		RSP interval	26.2%-30.6%[3]	24.7%-28.9%[3]	23.6%-27.7%[3]	21.5%-25.3%[3]	20.7%-24.4%[3]	20.5%-24.3%[3]				
		Data used	16B-19A	17A-19B	17B-20A	18A-20B	18B-21A	19A-21B				

Observed performance on permanency indicators
Permanency in 12 months (entries)

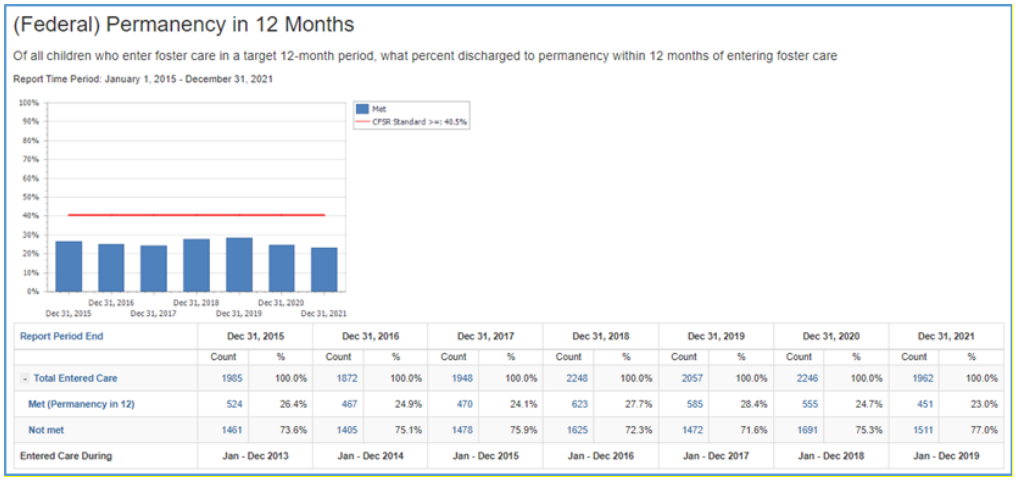
	Denominator (entries)			Numerator (exits)			Percentage			Percent of total (entries)	Percent of total (exits)
	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B	17A17B	18A18B	19A19B	19A19B	19A19B
Age at entry											
Total	**1,717**	**1,915**	**1,893**	**434**	**427**	**401**	**25.3%**	**22.3%**	**21.2%**	**100.0%**	**100.0%**
0 - 3 mos	308	315	335	72	87	64	23.4%	27.6%	19.1%	17.7%	16.0%
4 - 11 mos	98	126	106	16	33	19	16.3%	26.2%	17.9%	5.6%	4.7%
< 1 yr subtotal	**406**	**441**	**441**	**88**	**120**	**83**	**21.7%**	**27.2%**	**18.8%**	**23.3%**	**20.7%**
1 - 5 yrs	525	564	585	159	119	126	30.3%	21.1%	21.5%	30.9%	31.4%
6 - 10 yrs	325	390	379	98	109	93	30.2%	27.9%	24.5%	20.0%	23.2%
11 - 16 yrs	400	462	423	88	73	92	22.0%	15.8%	21.7%	22.3%	22.9%
17 yrs	61	58	65	1	6	7	1.6%	10.3%	10.8%	3.4%	1.7%
Race/ethnicity											
American Indian/Alaskan Native	0	6	0	0	1	0		16.7%		0.0%	0.0%
Asian	7	5	4	1	0	1	14.3%	0.0%	25.0%	0.2%	0.2%
Black or African American	344	408	444	91	85	91	26.5%	20.8%	20.5%	23.5%	22.7%
Native Hawaiian/Other Pacific Islander	0	1	2	0	0	2		0.0%	100.0%	0.1%	0.5%
Hispanic (of any race)	625	676	644	164	132	123	26.2%	19.5%	19.1%	34.0%	30.7%
White	607	632	644	142	164	140	23.4%	25.9%	21.7%	34.0%	34.9%
Two or More	116	152	127	32	37	26	27.6%	24.3%	20.5%	6.7%	6.5%
Unknown/Unable to Determine	18	35	28	4	8	18	22.2%	22.9%	64.3%	1.5%	4.5%
Locality											
Fairfield County	191	284	341	48	70	78	25.1%	24.6%	22.9%	18.0%	19.5%
Hartford County	354	439	415	90	103	91	25.4%	23.5%	21.9%	21.9%	22.7%
Litchfield County	60	66	48	11	19	5	18.3%	28.8%	10.4%	2.5%	1.2%
Middlesex County	72	68	45	22	18	9	30.6%	26.5%	20.0%	2.4%	2.2%
New Haven County	549	570	548	132	99	114	24.0%	17.4%	20.8%	28.9%	28.4%
New London County	207	217	209	39	54	39	18.8%	24.9%	18.7%	11.0%	9.7%
Tolland County	152	134	139	35	32	36	23.0%	23.9%	25.9%	7.3%	9.0%
Windham County	132	137	148	57	32	29	43.2%	23.4%	19.6%	7.8%	7.2%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.

- ROM Federal Permanency in 12 Months: While the agency did experience some improvement related to this measure from CY 2018 to CY 2019, performance decreased from 28.4% in CY 2019 to 24.7% in CY 2020 and again to 23% in CY 2021. These results largely mirror those from the national data indicator described above.



(Federal) Permanency in 12 Months

Of all children who enter foster care in a target 12-month period, what percent discharged to permanency within 12 months of entering foster care

Report Time Period: January 1, 2015 - December 31, 2021

Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020		Dec 31, 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total Entered Care	1985	100.0%	1872	100.0%	1948	100.0%	2248	100.0%	2057	100.0%	2246	100.0%	1962	100.0%
Met (Permanency in 12)	524	26.4%	467	24.9%	470	24.1%	623	27.7%	585	28.4%	555	24.7%	451	23.0%
Not met	1461	73.6%	1405	75.1%	1478	75.9%	1625	72.3%	1472	71.6%	1691	75.3%	1511	77.0%
Entered Care During	Jan - Dec 2013		Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019	

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP 12 - 23 Months* - the national standard for this measure is >=43.6%, and while CT RSP for FFY 2021 is worse than national performance at 36.3%, this represents improvement of 2.5% compared to FFY 2020 (33.8%). Observed performance for children ages 1 - 5 came closest to meeting standard at 41.7%. Observed performance for Hispanics (40%) is slightly better than Whites (39.8%), and Blacks (36%).

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

1 State's performance (using RSP interval) is statistically better than national performance
2 State's performance (using RSP interval) is statistically no different than national performance
3 State's performance (using RSP interval) is statistically worse than national performance

	National Performance		16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Permanency in 12 months (12 - 23 mos)	45.9%▲	RSP					38.3%	42.5%	43.1%	33.8%	32.0%	36.3%
		RSP interval					35.5%-41.2%[3]	39.7%-45.3%[3]	40.3%-46.0%[2]	31.2%-36.6%[3]	29.4%-34.6%[3]	33.8%-38.9%[3]
		Data used					18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B

Observed performance on permanency indicators
Permanency in 12 months (12-23 months)

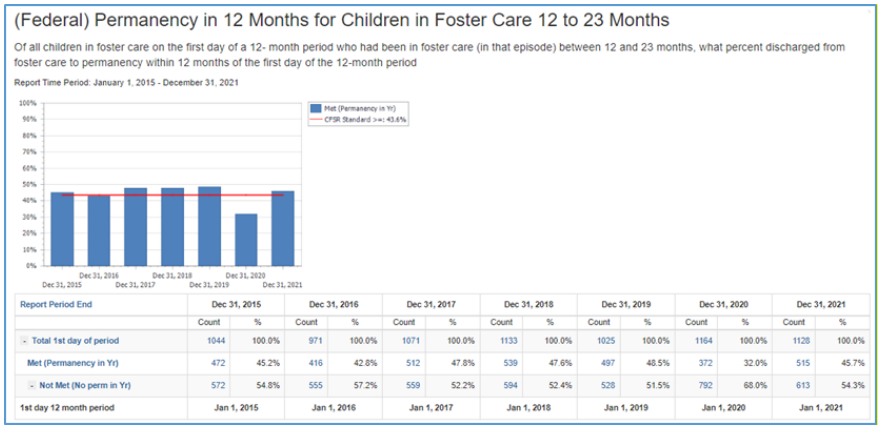
	Denominator (in care)			Numerator (exits)			Percentage			Percent of total (in care)	Percent of total (exits)
	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	21A21B	21A21B
Age on 1st day											
Total	**996**	**1,099**	**1,182**	**439**	**375**	**446**	**44.1%**	**34.1%**	**37.7%**	**100.0%**	**100.0%**
1 - 5 yrs	495	526	599	256	217	250	51.7%	41.3%	41.7%	50.7%	56.1%
6 - 10 yrs	226	231	265	108	74	107	47.8%	32.0%	40.4%	22.4%	24.0%
11 - 16 yrs	220	273	267	68	78	82	30.9%	28.6%	30.7%	22.6%	18.4%
17 yrs	55	69	51	7	6	7	12.7%	8.7%	13.7%	4.3%	1.6%
Race/ethnicity											
American Indian/Alaskan Native	0	3	0	0	1	0		33.3%		0.0%	0.0%
Asian	0	4	3	0	0	2		0.0%	66.7%	0.3%	0.4%
Black or African American	193	246	286	83	66	103	43.0%	26.8%	36.0%	24.2%	23.1%
Native Hawaiian/Other Pacific Islander	0	1	0	0	0	0		0.0%		0.0%	0.0%
Hispanic (of any race)	352	417	408	144	156	163	40.9%	37.4%	40.0%	34.5%	36.5%
White	375	325	392	175	119	156	46.7%	36.6%	39.8%	33.2%	35.0%
Two or More	63	88	90	29	30	22	46.0%	34.1%	24.4%	7.6%	4.9%
Unknown/Unable to Determine	13	15	3	8	3	0	61.5%	20.0%	0.0%	0.3%	0.0%
Locality											
Fairfield County	114	148	195	55	45	64	48.2%	30.4%	32.8%	16.5%	14.3%
Hartford County	203	268	248	84	100	110	41.4%	37.3%	44.4%	21.0%	24.7%
Litchfield County	34	36	34	7	12	12	20.6%	33.3%	35.3%	2.9%	2.7%
Middlesex County	41	29	29	24	12	17	58.5%	41.4%	58.6%	2.5%	3.8%
New Haven County	322	352	353	137	108	122	42.5%	30.7%	34.6%	29.9%	27.4%
New London County	131	112	143	55	45	58	42.0%	40.2%	40.6%	12.1%	13.0%
Tolland County	93	73	79	43	30	23	46.2%	41.1%	29.1%	6.7%	5.2%
Windham County	58	81	101	34	23	40	58.6%	28.4%	39.6%	8.5%	9.0%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.

- ROM Federal Permanency in 12 Months for CIP 12-23 Months: Performance improved from 31.9% in CY 2020 to 45.7% in CY 2021, which again meets the standard and shows that poor performance in CY 2020 can largely be attributed to pandemic response delays.



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020		Dec 31, 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total 1st day of period	1044	100.0%	971	100.0%	1071	100.0%	1133	100.0%	1025	100.0%	1164	100.0%	1128	100.0%
Met (Permanency in Yr)	472	45.2%	416	42.8%	512	47.8%	539	47.6%	497	48.5%	372	32.0%	515	45.7%
- Not Met (No perm in Yr)	572	54.8%	555	57.2%	559	52.2%	594	52.4%	528	51.5%	792	68.0%	613	54.3%
1st day 12 month period	Jan 1, 2015		Jan 1, 2016		Jan 1, 2017		Jan 1, 2018		Jan 1, 2019		Jan 1, 2020		Jan 1, 2021	

- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP >=24 Months* - the national standard for this measure is >=30.3%, and CT RSP for FFY 2021 is as good as national performance at 33.9%, and represents an improvement compared to FFY 2020 (27.1%). Observed performance for children ages <=10 met the standard with a wide margin, but for 11 - 16-year old's we are just under the standard at 30.1%, and far under it for 17-year-old youth (7.7%). Observed performance for Black/African Americans (36.2%) meets the standard but is much lower than that for Hispanics (43.2%) and White children (41.4%).

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

1 State's performance (using RSP interval) is statistically better than national performance
2 State's performance (using RSP interval) is statistically no different than national performance
3 State's performance (using RSP interval) is statistically worse than national performance

	National Performance		16B17A	17A17B	17B18A	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B
Permanency in 12 months (24+ mos)	31.8%▲	RSP					29.9%	32.4%	32.2%	27.1%	23.3%	33.9%
		RSP interval					27.6%-32.2%[2]	30.2%-34.6%[2]	30.0%-34.4%[2]	24.9%-29.3%[3]	21.2%-25.5%[3]	31.8%-35.9%[2]
		Data used					18B-19A	19A-19B	19B-20A	20A-20B	20B-21A	21A-21B

Observed performance on permanency indicators
Permanency in 12 months (24+ months)

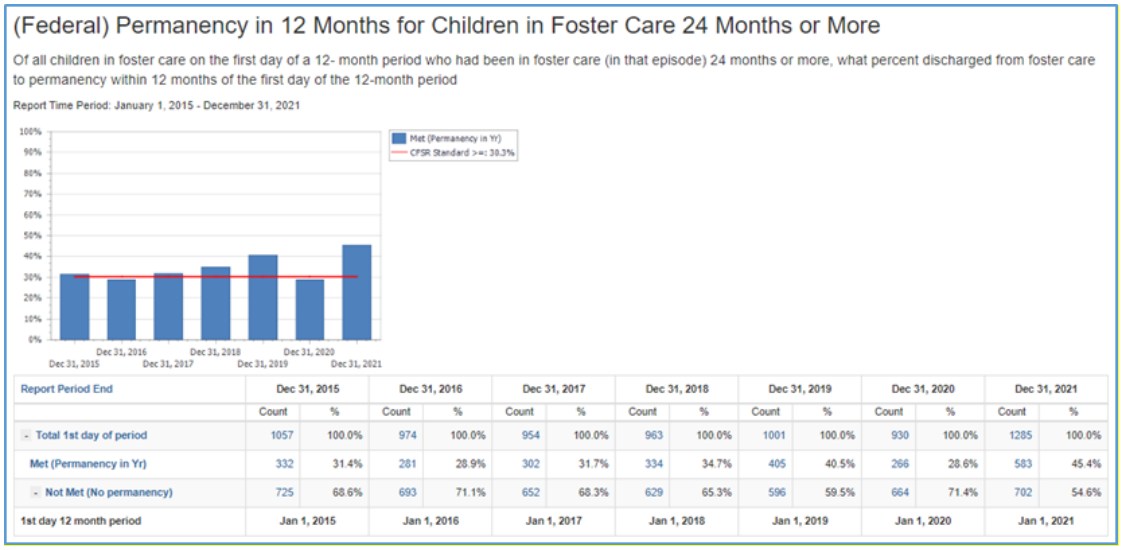
	Denominator (in care)			Numerator (exits)			Percentage			Percent of total (in care)	Percent of total (exits)
	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	21A21B	21A21B
Age on 1st day											
Total	**1,097**	**1,040**	**1,223**	**408**	**327**	**508**	**37.2%**	**31.4%**	**41.5%**	**100.0%**	**100.0%**
1 - 5 yrs	278	294	351	159	169	196	57.2%	57.5%	55.8%	28.7%	38.6%
6 - 10 yrs	274	244	317	133	82	171	48.5%	33.6%	53.9%	25.9%	33.7%
11 - 16 yrs	406	368	438	102	65	132	25.1%	17.7%	30.1%	35.8%	26.0%
17 yrs	139	134	117	14	11	9	10.1%	8.2%	7.7%	9.6%	1.8%
Race/ethnicity											
American Indian/Alaskan Native	1	0	2	0	0	1	0.0%		50.0%	0.2%	0.2%
Asian	1	1	4	0	0	3	0.0%	0.0%	75.0%	0.3%	0.6%
Black or African American	277	248	298	76	81	108	27.4%	32.7%	36.2%	24.4%	21.3%
Native Hawaiian/Other Pacific Islander	0	0	1	0	0	1			100.0%	0.1%	0.2%
Hispanic (of any race)	392	382	438	155	125	189	39.5%	32.7%	43.2%	35.8%	37.2%
White	326	316	362	139	90	160	42.6%	28.5%	44.2%	29.6%	31.5%
Two or More	83	80	104	31	25	37	37.3%	31.3%	35.6%	8.5%	7.3%
Unknown/Unable to Determine	17	13	14	7	6	9	41.2%	46.2%	64.3%	1.1%	1.8%
Locality											
Fairfield County	200	171	187	58	56	78	29.0%	32.7%	41.7%	15.3%	15.4%
Hartford County	222	230	270	81	89	121	36.5%	38.7%	44.8%	22.1%	23.8%
Litchfield County	29	48	48	9	18	20	31.0%	37.5%	41.7%	3.9%	3.9%
Middlesex County	64	29	41	26	5	17	40.6%	17.2%	41.5%	3.4%	3.3%
New Haven County	331	345	414	112	86	158	33.8%	24.9%	38.2%	33.9%	31.1%
New London County	84	92	109	44	37	47	52.4%	40.2%	43.1%	8.9%	9.3%
Tolland County	103	77	80	49	22	37	47.6%	28.6%	46.3%	6.5%	7.3%
Windham County	64	48	74	29	14	30	45.3%	29.2%	40.5%	6.1%	5.9%

Note 1: Ages, races/ethnicities, and localities with no placements in any of the qualifying years will not appear in the tables.

Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

Note 3: Children with episodes less than eight days are excluded.

- ROM Federal Permanency in 12 Months for CIP >=24 Months: Performance improved from 28.6% in CY 2020 to 45.4% in CY 2021, which again meets the standard and shows that poor performance in CY 2020 can largely be attributed to pandemic response delays.



Report Period End	Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018		Dec 31, 2019		Dec 31, 2020		Dec 31, 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total 1st day of period	1057	100.0%	974	100.0%	954	100.0%	963	100.0%	1001	100.0%	930	100.0%	1285	100.0%
Met (Permanency in Yr)	332	31.4%	281	28.9%	302	31.7%	334	34.7%	405	40.5%	266	28.6%	583	45.4%
Not Met (No permanency)	725	68.6%	693	71.1%	652	68.3%	629	65.3%	596	59.5%	664	71.4%	702	54.6%
1st day 12 month period	Jan 1, 2015		Jan 1, 2016		Jan 1, 2017		Jan 1, 2018		Jan 1, 2019		Jan 1, 2020		Jan 1, 2021	

- Judicial Data concerning Time to Permanent Placement for SFY21

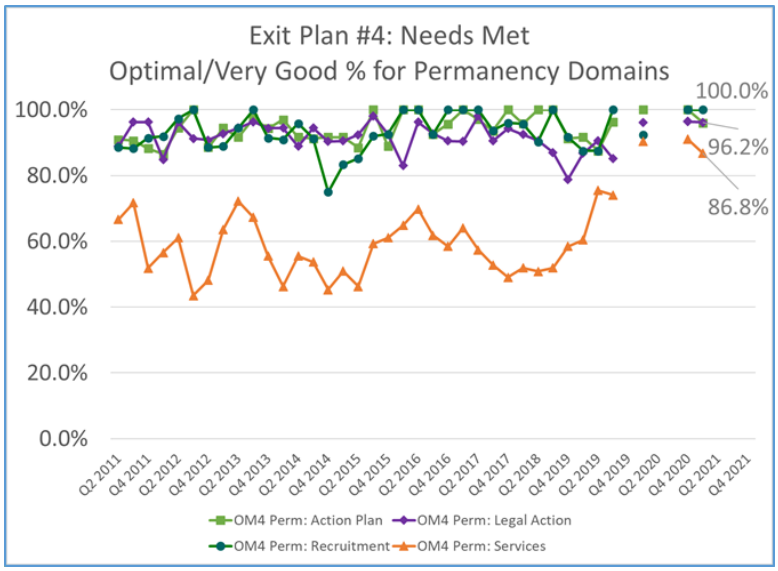
Time to Permanent Placement

Explanation: Time to permanent placement is the number of days from the date of removal to the date the child court case being closed by reunification, transfer of guardianship or adoption. Both the median and the average number of days to permanent placement have been calculated.

Cohort: Children who exited care by adoption, transfer of guardianship or reunification during FY21

	FY21								
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	230	4	11	50	1170	1058	2%	5%	22%
Transfer of Guardianship	63	13	20	39	691	692	21%	32%	62%
Reunification	292	144	191	240	446	374	49%	65%	82%

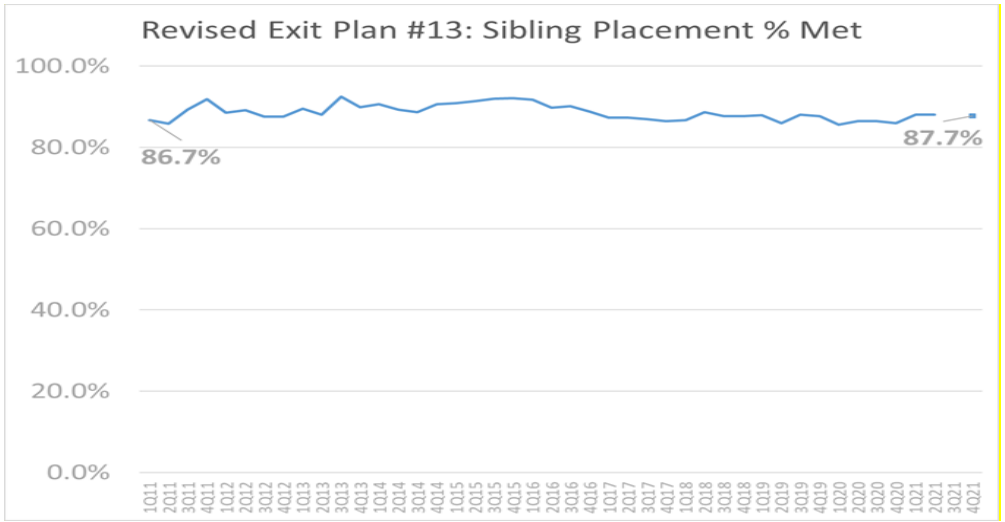
- **Other Related Data**
  - Exit Plan (EP) #4 Needs Met: selected Permanency domains: Improvements observed in Permanency Services since 4Q 2017, with generally declining performance in the other three Permanency domains since that time. Action Plans and Recruitment did see significant improvement in the last available quarter. Please note that this review was done intermittently over the past two years. Further, DCF has successfully exited from the Consent Decree in March 2022 and this review will no longer be conducted.



Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

- CFSR Result: n=21, 76% Strength, 24% ANI
- CT CQI Result (CY21 Reviews): n=30, 96.7% Strength, 3.3% ANI
- CIP Dashboard Since 2011 - % CIP In Kin Placement Jan 2011 – April 2021
- **21.0%** in Kinship Care on Jan 1, 2011 (17.3% in Relative only)
- **43.3%** in Kinship Care on April 1, 2021 (36.2% in Relative only)

- EP #13 CY 2011 – CY 2021 – 1% improvement in performance across time period



Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

- CFSR Result: n=28, 75% Strength, 25% ANI
- CT CQI Result (CY21 Reviews): n=37, 70.3% Strength, 29.7% ANI
- 2021 Child Visitation Study Results

DCF Quality Improvement reviewers conducted a study of 138 target children, who were under the care and custody of the Commissioner of DCF for at least one week between July 1, 2020 and June 30, 2021. Each child's visitation with their parents, and each of their identified siblings were evaluated. Compliance with the statute was operationalized at the target child and sibling level, resulting in a measurement for 270 sibling pairs. The review of visitation between parents and children in placement was discontinued as a separate review as it was determined not to be required per CT statute and is already assessed as part of Administrative Case Reviews (ACR) for children in care every six (6) months.

Siblings:
Visitation among siblings, parents and children in placement is currently facilitated by multiple providers in addition to DCF. In consultation with DCF, congregate care facilities routinely arrange and often supervise visitations between their residents and family members. Additionally, DCF foster parents, therapeutic foster parents and child placing agencies have a role in facilitating visitation. Credentialed providers of visitation services also play a role in this activity. Visitation facilitated directly by DCF Social Workers and Case Aides, and assuming adequate information can be obtained from such providers and entered in the DCF case management system, help to ensure compliance with the statute.

Of the 270 sibling pairs, the most common visitation expectation was at least weekly. There were 124 sibling pairs in which the visitation expectation was "None" or "Unable to Determine (UTD)" and are excluded from the sample because the expectation is not known. In the remaining 146 sibling pairs, the expectation was met for **82 (56.1%)** sibling pairs. There were 27 (18.5%) pairs in which the visitation that occurred was not able to be determined due to lack of information. Please note that DCF implemented policy and practice related to Public Act 15-199. This legislation made several changes to child welfare practices in order to comply with new federal legislation. An important component of this act is the establishment of a Reasonable Prudent Parent Standard (RPPS) which caregivers are expected to adhere to when making decisions around a child's ability to participate in normal childhood activities. We know that foster parents, and particularly relative/kin foster parents, allow and facilitate sibling visitation opportunities that do not always get accurate or completely reflected in the case record, so this can limit our ability to accurately report on the frequency of such visits.

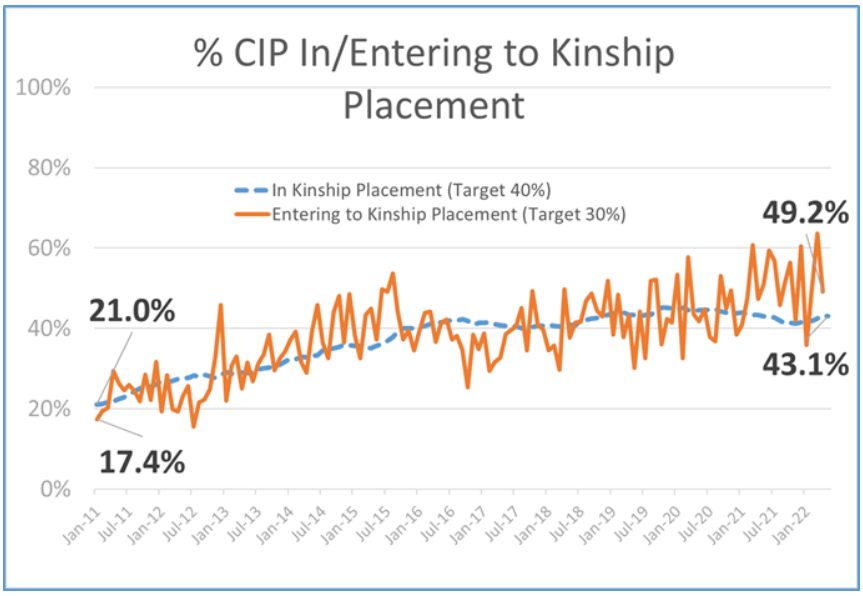
Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

- CFSR Result: n=42, 50% Strength, 50% ANI
- CT CQI Result (CY21 Reviews): n=50, 78% Strength, 22% ANI, PIP Goal Achieved
- Administrative Care Review Instrument (ACRI)- Case Practice Elements
- Maternal Relatives: 4 percentage point improvement since CY 2015
- Paternal Relatives: 6 percentage point improvement since CY 2015

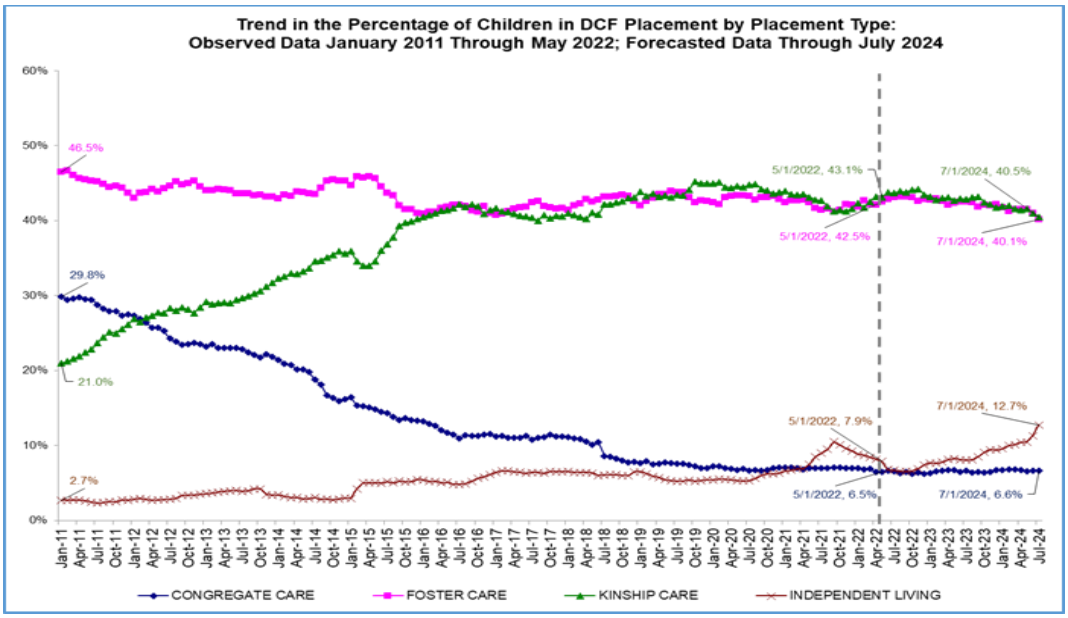
Sl.No	Measure	Statewide						
		2015	2016	2017	2018	2019	2020	2021*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%
34	Maternal relatives	93%	93%	93%	94%	95%	96%	97%
35	Paternal relatives	90%	91%	90%	91%	92%	95%	96%
*2021 is partial data as of 4/20/21								

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

- CFSP Objective: 40% of all initial placements and 30% of overall placements will be with relatives and kin: During the month of April 2022, 49.2% of initial placements were with kin, and on May 1, 2022, 43.5% of children were in kinship placements, exceeding both our goals. Also, while monthly initial kinship placement rates are volatile there is a clearly increasing trend in this rate since late 2016.

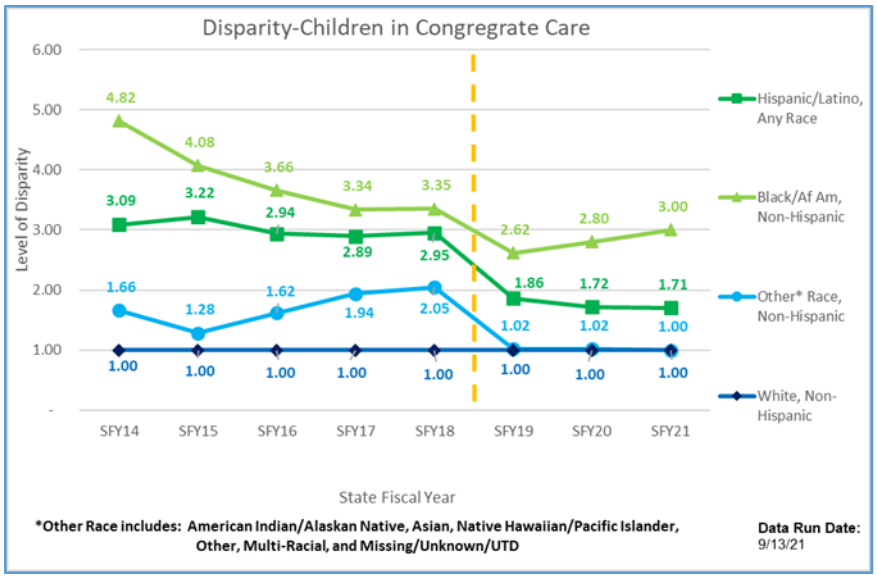


- Number of children in Congregate Care settings will be no more than 10% of total CIP: As of May 1, 2022, only 6.5% of children in placement were in Congregate Care, exceeding our goal by 3.5%

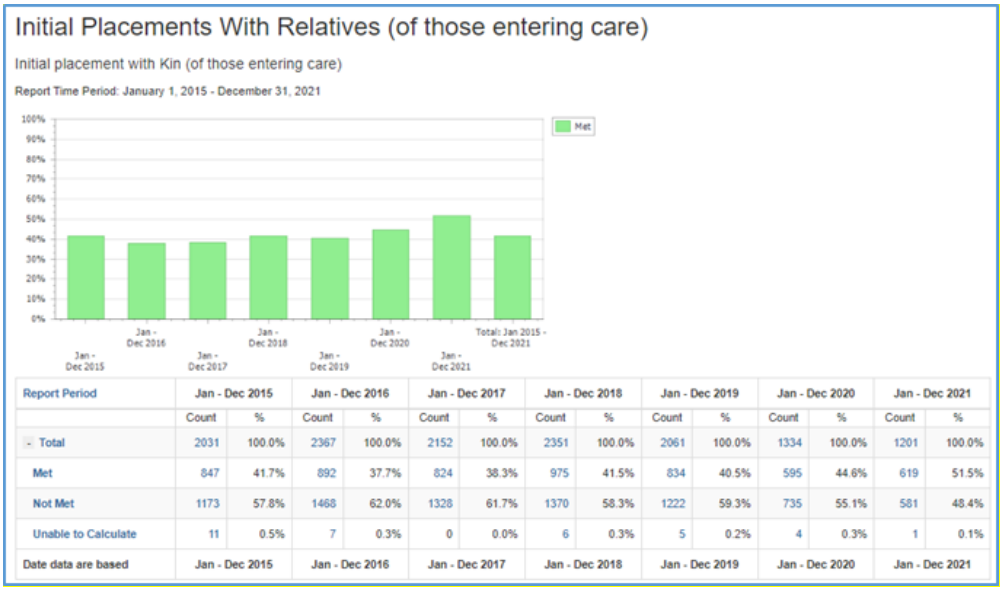


- CIP Placement Type Projections: Forecast shows we will continue to reduce the usage of Congregate Care, but our use of Kinship and Foster placements slightly decline as we serve an increasing proportion of older youth in Independent Living (see projection portion of previous chart)

- SFY Comparison in CIP in Congregate Care Disparity Rates: Shows decline in disparity for Hispanic, but increase for Black and no change for Other race children. It is important to note that there is now no disparity between Other and White children in Congregate Care

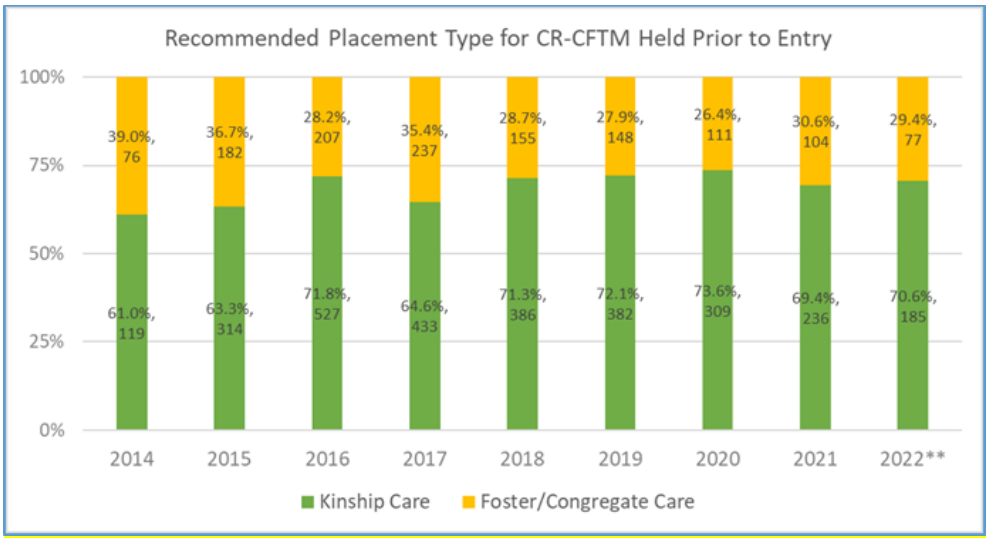


- CFSR Result: n=42, 62% Strength, 38% ANI
- CT CQI Result (CY21 Reviews): n=52, 88.5% Strength, 11.5% ANI
- ROM Initial Placement with Kin CY15 – CY 2021: annual results show an almost 7% increase from CY 2020 to CY 2021, to the highest proportion since CY 2015.

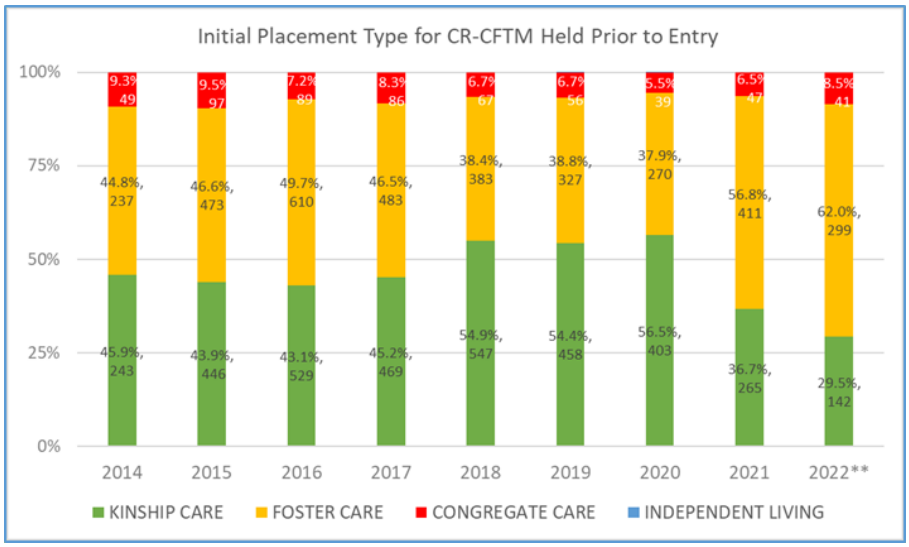


Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	2031	100.0%	2367	100.0%	2152	100.0%	2351	100.0%	2061	100.0%	1334	100.0%	1201	100.0%
Met	847	41.7%	892	37.7%	824	38.3%	975	41.5%	834	40.5%	595	44.6%	619	51.5%
Not Met	1173	57.8%	1468	62.0%	1328	61.7%	1370	58.3%	1222	59.3%	735	55.1%	581	48.4%
Unable to Calculate	11	0.5%	7	0.3%	0	0.0%	6	0.3%	5	0.2%	4	0.3%	1	0.1%
Date data are based	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021	

- CR-CFTM Data (**2022 data partial as of 5/1/22):
  - % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation SFY 2014 – 2022: Fewer recommendations made for Kinship placements in SFY 2021 (69.4%) compared to SFY 2020 (73.6%)



- Of entries, #/% children placed with relatives/kin: Decrease in actual initial placements with Kin during SFY 2021 (36.7%) compared to SFY 2020 (56.5%)



Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

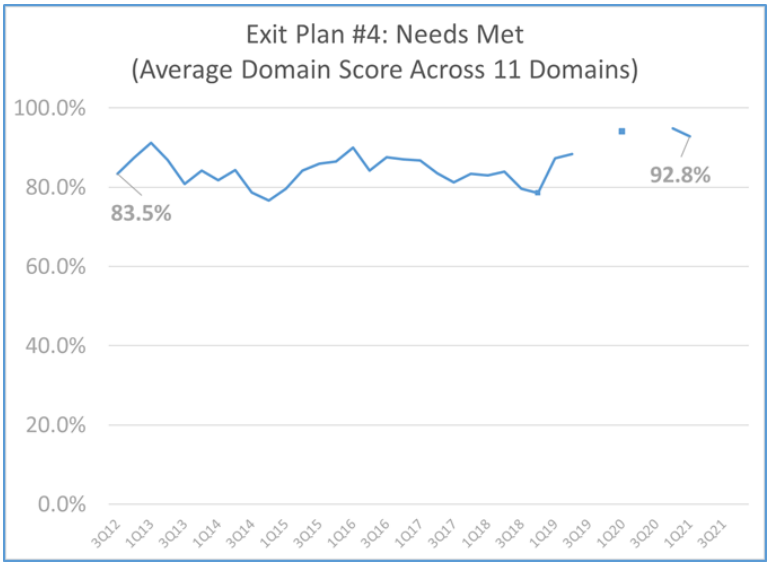
- CFSR Result: n=24, 67% Strength, 33% ANI
- CT CQI Result (CY21 Reviews): n=30, 76.7% Strength, 23.3% ANI, PIP Goal Achieved
- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2021 and 1Q 2022
  - Continuity of Relationship – Child w/Parents: 4 percentage point improvement since CY 2015
  - Continuity of Relationship – Child w/Mothers: 5 percentage point improvement since CY 2015
  - Continuity of Relationship – Child w/Fathers: 4 percentage point improvement since CY 2015

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
12	Continuity of Relationship - Child w/ Parents	91%	92%	91%	92%	94%	94%	95%	95%
13	Continuity of Relationship - Child w/ Fathers	88%	90%	88%	89%	91%	91%	92%	94%
14	Continuity of Relationship - Child w/ Mothers	93%	94%	94%	95%	96%	95%	97%	97%

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

- CFSR Results for 12 (Overall): n=82, 27% Strength, 73% ANI
  - 12A: n=82, 59% Strength, 41% ANI
  - 12B: n=73, 27% Strength, 73% ANI
  - 12C: n=41, 61% Strength, 39% ANI
- CT CQI Result (CY21 Reviews):
  - 12 (Overall): n=107, 63.6% Strength, 36.4% ANI
  - 12A: n=107, 82.2% Strength, 17.8% ANI
  - 12B: n=102, 69.6% Strength, 30.4% ANI
  - 12C: n=52, 90.4% Strength, 9.6% ANI

- EP #4 Needs Met – CY 2015 – 1Q 2021 Quarterly Aggregation for average domain scores across the 11 domains included in this measure: 9.3% improvement since 3Q12, as of 1Q 2021 (latest available data). Please note that this review was done intermittently over the past two years. Further, DCF has successfully exited from the Consent Decree in March 2022 and this review will no longer be conducted.



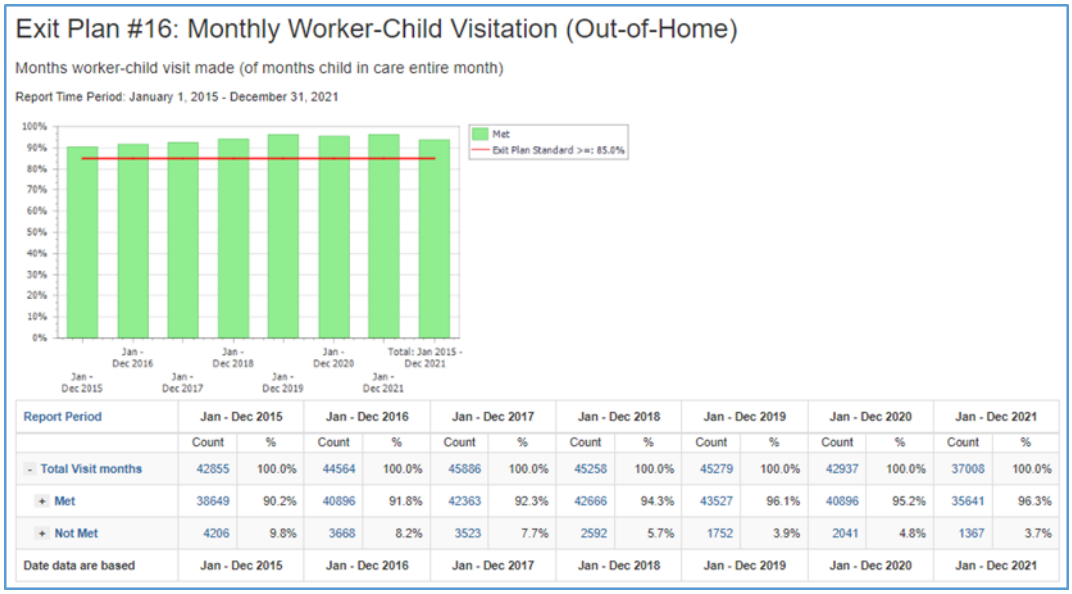
Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
REFER TO SYSTEMIC FACTOR SECTIONS ON CASE REVIEW

- CFSR Result: n=55, 41% Strength, 59% ANI
- CT CQI Result (CY21 Reviews): n=105, 69.5% Strength, 30.5% ANI

Item 14/15: Were the frequency and quality of visits between caseworkers and child(ren - #14), and mothers/fathers (#15), sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

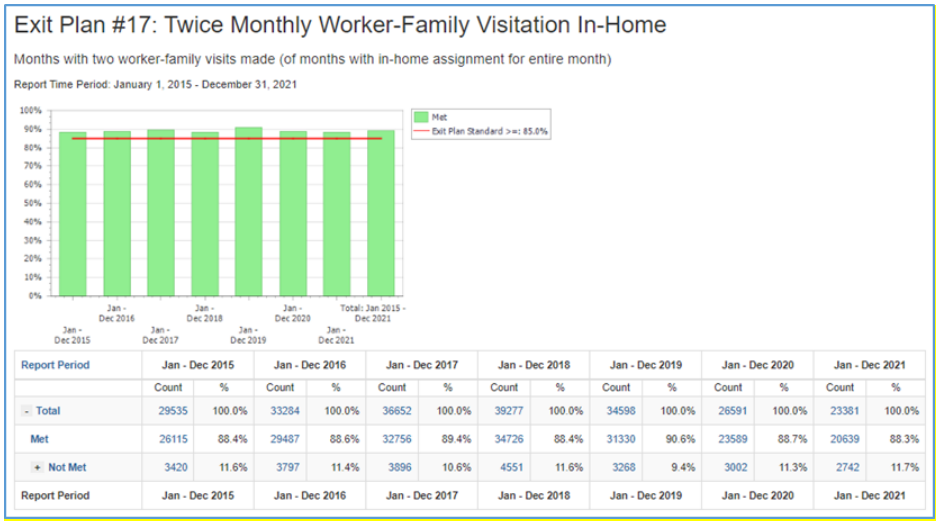
- CFSR Result Item 14: n=82, 55% Strength, 45% ANI
- CT CQI Result (CY21 Reviews): n=112, 84.8% Strength, 15.2% ANI
- CFSR Result Item 15: n=72, 33% Strength, 67% ANI
- CT CQI Result (CY21 Reviews): n=107, 71% Strength, 29% ANI

- ROM EP# 16 - CY 2015 – CY 2021: 6.1% increase in CY 2020 (96.3%) year since CY 2015



Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total Visit months	42855	100.0%	44564	100.0%	45886	100.0%	45258	100.0%	45279	100.0%	42937	100.0%	37008	100.0%
+ Met	38649	90.2%	40896	91.8%	42363	92.3%	42666	94.3%	43527	96.1%	40896	95.2%	35641	96.3%
+ Not Met	4206	9.8%	3668	8.2%	3523	7.7%	2592	5.7%	1752	3.9%	2041	4.8%	1367	3.7%
Date data are based	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021	

- ROM EP# 17 - CY 2015 – CY 2021: 0.4% decline in CY 2021 (88.3%) from CY 2020 (88.7%)



Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	29535	100.0%	33284	100.0%	36652	100.0%	39277	100.0%	34598	100.0%	26591	100.0%	23381	100.0%
Met	26115	88.4%	29487	88.6%	32756	89.4%	34726	88.4%	31330	90.6%	23589	88.7%	20639	88.3%
+ Not Met	3420	11.6%	3797	11.4%	3896	10.6%	4551	11.6%	3268	9.4%	3002	11.3%	2742	11.7%
Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021	

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2021 and 1Q 2022
  - Visitation with Child and Parents: 6 percentage point improvement since CY 2015
  - Frequency of Visits – Parents: 7 percentage point improvement since CY 2015
  - Frequency of Visits – Father: 7 percentage point improvement since CY 2015
  - Frequency of Visits – Mother: 8 percentage point improvement since CY 2015
  - Quality of Visits – Parents: 9 percentage point improvement since CY 2015
  - Quality of Visits – Father: 8 percentage point improvement since CY 2015
  - Quality of Visits – Mother: 9 percentage point improvement since CY 2015
  - Frequency of Visits – Child: 14 percentage point improvement since CY 2015
  - Quality of Visits – Child: 15 percentage point improvement since CY 2015

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
1	Visitation with Child and Parents	63%	65%	63%	63%	63%	68%	69%	71%
2	Frequency of visits - Parents	63%	66%	64%	65%	66%	69%	70%	70%
3	Frequency of visits - Father	57%	60%	55%	57%	59%	61%	64%	65%
4	Frequency of visits - Mother	68%	71%	72%	72%	73%	76%	76%	74%
5	Quality of visits - Parents	65%	70%	69%	69%	70%	72%	74%	75%
6	Quality of visits - Father	60%	64%	61%	62%	64%	65%	68%	70%
7	Quality of visits - Mother	70%	75%	76%	75%	76%	78%	79%	79%
8	Frequency of visits - Child	75%	81%	83%	84%	85%	87%	89%	91%
9	Quality of visits - Child	76%	82%	85%	86%	87%	90%	91%	93%

*2022 is partial data as of 5/16/22

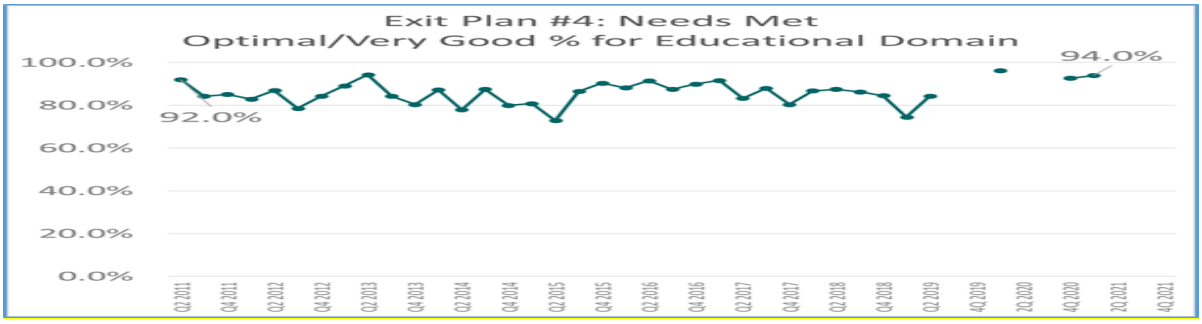
Item 16: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

- CFSR Result: n=53, 85% Strength, 15% ANI
- CT CQI Result (CY21 Reviews): n=71, 90.1% Strength, 9.9% ANI
- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2021 and 1Q 2022
  - Educational/development needs – Child: 2 percentage point improvement since CY 2015
  - Educational/development needs assessed – Child: 2 percentage point improvement since CY 2015
  - Educational/development needs addressed – Child: 1 percentage point improvement since CY 2015

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
26	Educational/development needs - Child	94%	94%	94%	94%	94%	94%	94%	96%
32	Education/development needs assessed - Child	95%	95%	95%	95%	95%	95%	95%	97%
33	Education/development needs addressed - Child	95%	95%	95%	95%	94%	94%	95%	96%

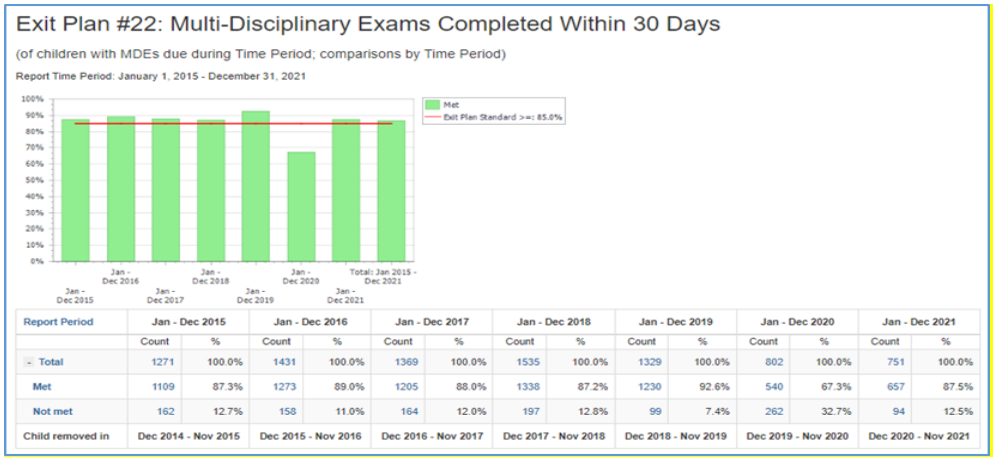
*2022 is partial data as of 5/16/22

- Exit Plan #4 Needs Met – Educational Domain: 2% increase since 2Q 2011 (1Q 2021 is the latest available quarter). Please note that this review was done intermittently over the past two years. Further, DCF has successfully exited from the Consent Decree in March 2022 and this review will no longer be conducted.



Item 17/18: Did the agency address the physical/dental health needs (#17), and mental/behavioral health needs (#18) of children?

- CFSR Result Item 17: n=58, 62% Strength, 38% ANI
  - CT CQI Result (CY21 Reviews): n=63, 84.1% Strength, 15.9% ANI
- CFSR Result Item 18: n=49, 45% Strength, 55% ANI
  - CT CQI Result (CY21 Reviews): n=66, 77.3% Strength, 22.7% ANI
- ROM EP#22 MDE - CY 2015 – CY 2021: Improvement in CY 2021 (87.5%) compared to CY 2020 (67.3%) due to COVID-19 restrictions on in-person contact during much of CY 2020 and continuing into CY 2021. The requirement for MDE completion within 30 days was waived by Executive Order 7M effective 3/25/20, which did not expire until 4/19/21.



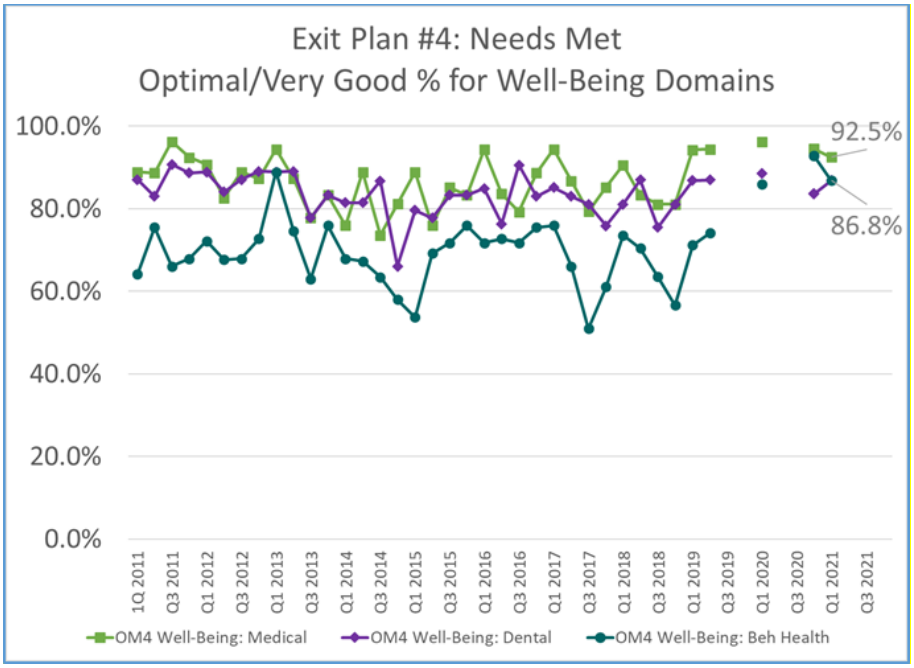
Report Period	Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Dec 2019		Jan - Dec 2020		Jan - Dec 2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
- Total	1271	100.0%	1431	100.0%	1369	100.0%	1535	100.0%	1329	100.0%	802	100.0%	751	100.0%
Met	1109	87.3%	1273	89.0%	1205	88.0%	1338	87.2%	1230	92.6%	540	67.3%	657	87.5%
Not met	162	12.7%	158	11.0%	164	12.0%	197	12.8%	99	7.4%	262	32.7%	94	12.5%
Child removed in	Dec 2014 - Nov 2015		Dec 2015 - Nov 2016		Dec 2016 - Nov 2017		Dec 2017 - Nov 2018		Dec 2018 - Nov 2019		Dec 2019 - Nov 2020		Dec 2020 - Nov 2021	

- ACRI Case Practice Elements; annual aggregation from CY 2015 - CY 2021 and 1Q 2022
  - Physical Healthcare needs – Child: CY 2021 same as CY 2015
  - SA/Social Support/MH needs – Child: 2 percentage point improvement since CY 2015
  - Physical Healthcare needs assessed – Child: 1 percentage point decrease since CY 2015
  - Physical Healthcare needs addressed – Child: 2 percentage point increase since CY 2015
  - Dental Healthcare needs assessed – Child: 2 percentage point decrease since CY 2015
  - Dental Healthcare needs addressed – Child: 3 percentage point decrease since CY 2015
  - Vision needs addressed – Child: 1 percentage point increase since CY 2015

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
24	Physical health care - Child	84%	83%	84%	83%	84%	84%	84%	85%
25	SA/Social Support/MH - Child	87%	88%	87%	88%	88%	89%	89%	91%
27	Physical health care needs assessed - Child	96%	95%	95%	96%	96%	95%	95%	96%
28	Physical health care needs addressed - Child	92%	92%	93%	93%	94%	93%	94%	95%
29	Dental health care needs assessed - Child	93%	92%	93%	92%	92%	90%	91%	92%
30	Dental health care needs addressed - Child	91%	90%	91%	90%	90%	89%	88%	91%
31	Vision needs - Child	95%	94%	95%	93%	94%	93%	96%	95%

**2022 is partial data as of 5/16/22*

- Exit Plan #4 Needs Met – Domains for Medical, Dental and Behavioral Health: Improvement noted over last four quarters for Behavioral Health, and over latest quarter for Medical, but Dental declined this past quarter after three quarters of improvement (1Q21 is latest available quarter). Please note that this review was done intermittently over the past two years. Further, DCF has successfully exited from the Consent Decree in March 2022 and this review will no longer be conducted.



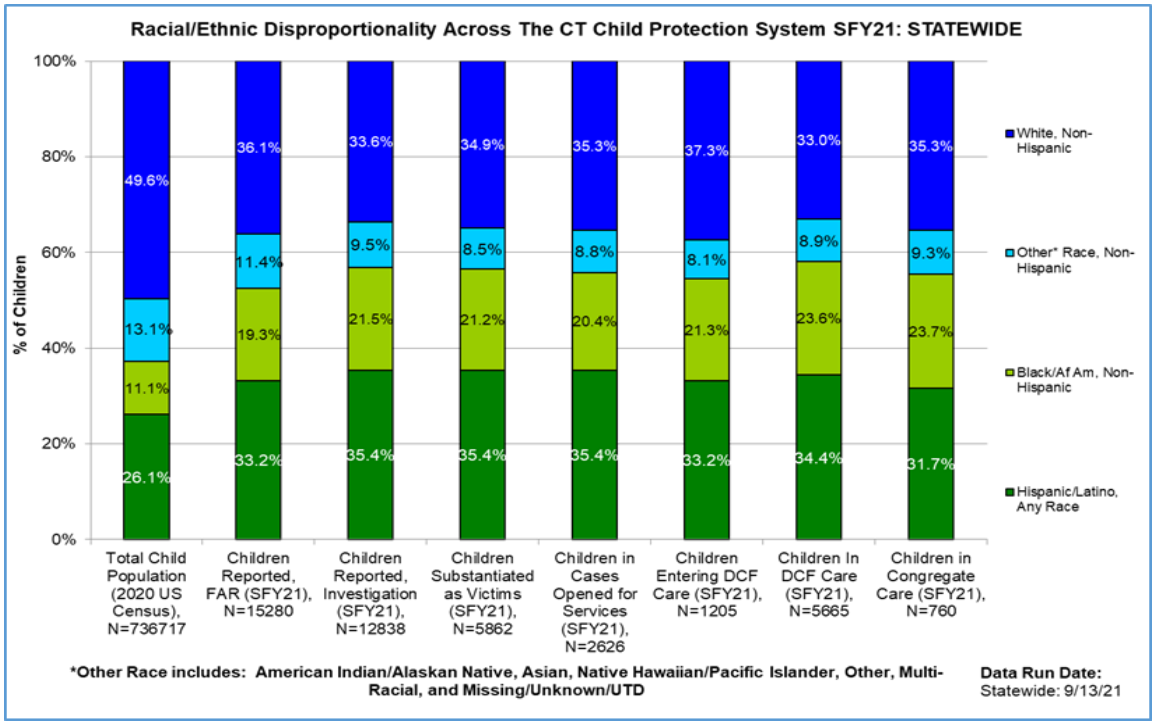
Item 19: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

- CFSR Result: **ANI**
- AFCARS Data Quality Checks (most recent): All checks continue to meet standard since FFY 2016A.

AFCARS Data Quality Checks

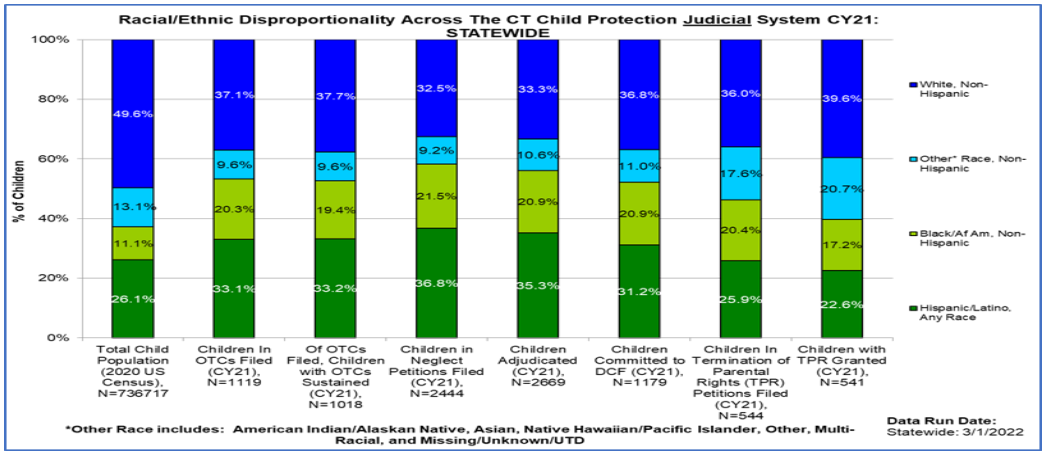
	Limit	MFC	Perm	PS	15B	16A	16B	17A	17B	18A	18B	19A	19B	20A	20B
AFCARS IDs don't match from one period to next	> 40%	•	•	•	19.4%	17.7%	22.7%	17.6%	22.6%	18.5%	19.1%	18.0%	19.8%	20.5%	
Age at discharge greater than 21	> 5%	•	•	•	0.0%	0.4%	0.0%	0.5%	0.2%	0.2%	0.7%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	•	•	•	6.3%	5.5%	8.1%	5.6%	7.8%	6.1%	4.7%	5.6%	5.5%	5.9%	
Enters and exits care the same day	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		•		29.5%	26.9%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	•	•	•	83.6%	83.9%	84.6%	85.6%	85.7%	85.6%	86.2%	86.4%	85.7%	85.9%	85.7%

- SFY 2021 Disproportionality Pathway (Statewide) Chart: Please note a change in the base population to the Census 2020 results, rather than the previously utilized Census 2010 population.



The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department continues to have strong data suites that are accessible by all staff, to support the evaluation of practice and outcomes through a racial justice lens. This includes ensuring that there are reports, dashboards, data tools, and filters that allow the Department to disaggregate its data by race and ethnicity. Such analyses allow DCF to assess its progress in reducing disproportionality across its pathway (e.g., decision points/events). The Department is very fortunate to have multiple data suites related to racial justice that can assist the agency in looking at trends and can be used for consideration of strategies. Agency data indicates that the department continues to struggle with achieving timely permanency in 12 months for all children in care, but through increased placement with kin, we anticipate demonstrating improvement on this outcome. We have demonstrated progress on the two point-in-time measures however, with significant improvements of CY 2020 for all race/ethnicity groups. However, the outcomes for both Black and Hispanic children on those measures are less than that for those who are White.

The Department has also engaged in collaboration with the CT Superior Court for Juvenile Matters to support their efforts to understand racial disparity by developing a similar pathway highlighting decision points across child welfare court decision points. This nascent work is expected to continue and expand throughout the next year. The following chart shows the draft pathway for child welfare cases in the court.



- Federal Permanency in 12 Months for CY2021
    - Black - 23.1%
    - Hispanic - 21.2%
    - White - 23.3%
- Federal Permanency in 12 Months for CIP 12 - 24 Months for CY2021
    - Black - 43.6%
    - Hispanic - 46.4%
    - White - 50.5%
- Federal Permanency in 12 Months for CIP > 24 Months for CY2021
    - Black - 44.6%
    - Hispanic - 41.7%
    - White - 50%

The work of the DCF Statewide Racial Justice Workgroup continues to be charged with cultivating and sustaining an environment in which employees and DCF partners feel safe to discuss the impacts of racism, power and privilege on agency practice and their personal lives that influence outcomes for the children and families we collectively serve.

The DCF racial justice journey has a deep history. This workgroup has afforded DCF and its partners the opportunity to 'turn the mirror inward' on our own worldviews and how such personal experiences shape our daily decision making deliberately and at times, unconsciously. DCF continues to invite external stakeholders to examine their own understanding of the impact of internal, interpersonal, institutional and structural racism throughout our helping systems.

- Placement/Permanency Monitoring Report: Children in placement on 5/15/22 by Age, Race/Ethnicity and Sex Assigned at Birth

# CIP RACE/ETHNICITY AND SEX ASSIGNED AT BIRTH	AGE GROUP <1	1 - 5	6 - 12	13 - 17	>=18	Grand Total
Hispanic (any Race)	62	347	265	247	143	1064
Female	26	165	123	134	75	523
Male	36	182	142	113	68	541
White (Non-Hispanic)	87	331	225	204	161	1008
Female	41	177	105	111	67	501
Male	46	154	120	93	94	507
Black/African American (Non-Hispanic)	31	225	155	149	134	694
Female	16	112	68	72	69	337
Male	15	113	87	77	65	357
Multi-Race (Non-Hispanic)	27	96	72	59	27	281
Female	10	50	37	19	14	130
Male	17	46	35	40	13	151
Unknown (Non-Hispanic)	7	5	2	2		16
Female	3	3	1	1		8
Male	4	2	1	1		8
Asian (Non-Hispanic)				3	8	11
Female				3	7	10
Male					1	1
American Indian Or Alaskan Native (Non-Hispanic)		2	2	1	1	6
Female		1	1			2
Male		1	1	1	1	4
Unable To Determine (Non-Hispanic)	1					1
Male	1					1
Grand Total	215	1006	721	665	474	3081

- Placement/Permanency Report: Children in placement on 5/15/22 by Length of Stay (LOS) and Current Case Plan Goal

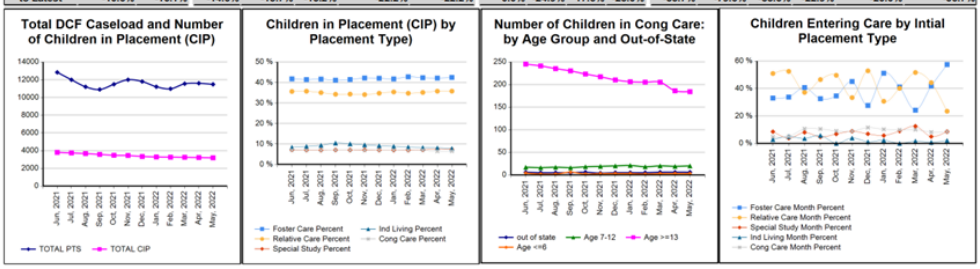
CURRENT CASE PLAN GOAL	LOS (MONTHS <2	>=2	Grand Total
#			
Reunification	51	870	921
Transfer of Guardianship	1	451	452
Adoption	2	975	977
Long Term Foster Care Relative		1	1
APPLA	5	568	573
(blank)	132	25	157
%			
Reunification	1.7%	28.2%	29.9%
Transfer of Guardianship	0.0%	14.6%	14.7%
Adoption	0.1%	31.6%	31.7%
Long Term Foster Care Relative	0.0%	0.0%	0.0%
APPLA	0.2%	18.4%	18.6%
(blank)	4.3%	0.8%	5.1%
Total #	**191**	**2890**	**3081**
Total %	**6.2%**	**93.8%**	**100.0%**

- Placement/Permanency Report: Children in placement on 5/15/22 by Legal Status and Age Group

RACE/ETHNICITY AND SEX ASSIGNED AT BIRTH	AGE GROUP <1	1 - 5	6 - 12	13 - 17	>=18	Grand Total
# CIP						
96 Hour Hold	1	1	1	2		5
Order Of Temporary Custody	98	122	101	77		398
Commitment Abuse/Neglect/Uncared For	107	728	488	437		1760
Commitment FWSN				1		1
Protective Supervision				1		1
Statutory Parent	9	152	130	132		423
Not Committed		3	1	15	474	493
% CIP						
96 Hour Hold	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%
Order Of Temporary Custody	3.2%	4.0%	3.3%	2.5%	0.0%	12.9%
Commitment Abuse/Neglect/Uncared For	3.5%	23.6%	15.8%	14.2%	0.0%	57.1%
Commitment FWSN	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Protective Supervision	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Statutory Parent	0.3%	4.9%	4.2%	4.3%	0.0%	13.7%
Not Committed	0.0%	0.1%	0.0%	0.5%	15.4%	16.0%
Total # CIP	**215**	**1006**	**721**	**665**	**474**	**3081**
Total % CIP	**7.0%**	**32.7%**	**23.4%**	**21.6%**	**15.4%**	**100.0%**

- CIP Dashboard: Children in placement on the 1st of each month from 6/1/21 – 5/1/22 by Placement Type, and Children entering placement during each month by Initial Placement Type

CIP DASHBOARD			% of Total Children-in-Placement (CIP)					# in Congregate Care Subgroups				# and % of Children Entering Placement During Time Period					
			Family Foster Care						Age Group				Kinship Care				
Observation Date	Total Caseload Points	Total CIP	Foster Care	Relative Care	Special Study	Independent Living	Congregate Care	Out of State	>=13	7-12	<6	Entries During Period	Relative Care	Special Study	Foster Care	Congregate Care	Independent Living
06/01/2021	12,835	3,797	41.8 %	35.6 %	7.2 %	8.4 %	7.0 %	6	245	17	4	106	50.9 %	8.5 %	33.0 %	4.7 %	2.8 %
07/01/2021	11,997	3,731	41.4 %	35.8 %	7.0 %	8.8 %	6.9 %	5	241	16	2	80	52.5 %	3.8 %	33.8 %	5.0 %	5.0 %
08/01/2021	11,202	3,665	41.6 %	35.1 %	7.0 %	9.4 %	6.9 %	5	235	17	2	113	37.2 %	8.0 %	40.7 %	10.6 %	3.5 %
09/01/2021	10,896	3,572	41.1 %	34.3 %	7.1 %	10.5 %	7.1 %	5	230	16	6	86	46.5 %	4.7 %	32.6 %	10.5 %	5.8 %
10/01/2021	11,486	3,468	41.5 %	34.3 %	7.1 %	10.1 %	7.0 %	6	223	18	2	133	49.6 %	6.8 %	34.6 %	9.0 %	0.0 %
11/01/2021	12,002	3,442	42.2 %	34.1 %	7.2 %	9.6 %	6.9 %	4	217	19	3	102	33.3 %	8.8 %	45.1 %	8.8 %	3.9 %
12/01/2021	11,796	3,334	42.1 %	34.8 %	7.0 %	9.2 %	7.0 %	5	210	20	3	87	52.9 %	6.9 %	27.6 %	11.5 %	1.1 %
01/01/2022	11,209	3,275	41.7 %	35.4 %	7.0 %	8.9 %	7.0 %	5	206	21	3	88	30.7 %	5.7 %	51.1 %	10.2 %	2.3 %
02/01/2022	10,975	3,257	42.8 %	34.8 %	7.0 %	8.5 %	6.9 %	5	205	18	2	112	40.2 %	8.9 %	41.1 %	9.8 %	0.0 %
03/01/2022	11,547	3,243	42.3 %	35.2 %	7.2 %	8.3 %	7.0 %	6	205	20	3	120	51.7 %	12.5 %	24.2 %	10.0 %	1.7 %
04/01/2022	11,600	3,216	42.1 %	35.8 %	7.5 %	8.1 %	6.5 %	6	186	19	3	122	44.3 %	4.9 %	41.8 %	8.2 %	0.8 %
05/01/2022	11,480	3,186	42.5 %	35.8 %	7.4 %	7.8 %	6.5 %	6	184	20	3	47	23.4 %	8.5 %	57.4 %	8.5 %	2.1 %
% Change from 6/1/2021 to Latest		-10.6%	-16.1%	-14.6%	-15.7%	-13.2%	-22.2%	-22.2%	0.0%	-24.9%	17.6%	-25.0%	-55.7%	-79.6%	-55.6%	-22.9%	-20.0%	-66.7%



- Congregate Care & OPPLA Dashboard: Children in placement on 5/1/22 in Congregate Care, In out-of-state Congregate Care, in Congregate Care with an OPPLA goal, and All CIP with an OPPLA goal

DASHBOARD:SELECTED FACTS CONCERNING CHILDREN IN CONGREGATE CARE ON 05/01/2022

	Summary							
	CC CIP		CC CIP IN OOSP		CC CIP With OPPLA Count		All CIP With OPPLA Goal	
Region	#	%	#	%	#	%	#	%
Region 1	14	4.5%	0	0.0%	4	28.6%	64	20.4%
Bridgeport	5	2.6%	0	0.0%	2	40.0%	40	21.2%
Norwalk/Stamford	9	7.3%	0	0.0%	2	22.2%	24	19.4%
Region 2	38	7.6%	4	10.5%	16	42.1%	114	22.9%
Milford	19	7.8%	4	21.1%	6	31.6%	55	22.6%
New Haven	19	7.5%	0	0.0%	10	52.6%	59	23.1%
Region 3	49	7.1%	2	4.1%	23	46.9%	120	17.3%
Middletown	11	11.5%	0	0.0%	5	45.5%	17	17.7%
Norwich	20	5.4%	1	5.0%	10	50.0%	62	16.8%
Willimantic	18	7.9%	1	5.6%	8	44.4%	41	17.9%
Region 4	46	8.0%	0	0.0%	22	47.8%	110	19.1%
Hartford	26	8.6%	0	0.0%	13	50.0%	61	20.2%
Manchester	20	7.3%	0	0.0%	9	45.0%	49	17.9%
Region 5	34	5.0%	0	0.0%	14	41.2%	102	15.0%
Danbury	4	2.9%	0	0.0%	2	50.0%	12	8.8%
Torrington	13	11.3%	0	0.0%	3	23.1%	12	10.4%
Waterbury	17	4.0%	0	0.0%	9	52.9%	78	18.1%
Region 6	23	5.4%	0	0.0%	8	34.8%	70	16.5%
Meriden	4	6.5%	0	0.0%	1	25.0%	13	21.0%
New Britain	19	5.2%	0	0.0%	7	36.8%	57	15.7%
Grand Total	207	6.5%	6	2.9%	87	42.0%	580	18.2%

- Permanency Goal Distribution
  - Trend in #/% of Children with OPPLA Goal – SEE ITEM #5
  - PIT CIP by Permanency Goal and Age – SEE ITEM #5
  - PIT CIP by Permanency Goal and Race/Ethnicity – SEE ITEM #5

- Judicial Data

Time to Filing Termination of Parental Rights Petition

Explanation: Where reunification has not been achieved, Average (median) time from filing of the original petition to filing of the petition to terminate parental rights. This is a Court Performance measure that is calculated for or State Court Improvement Grant.

Cohort: All TPR petitions filed during FY21

FY21						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
522	171	374	20	19	33%	72%

Time to Termination of Parental Rights

Explanation: The number of days from filing of the neglect/uncared for/abused petition to the time the termination of parental rights is granted. Both the median and the average have been calculated. This is a Court Performance measure that is calculated for or State Court Improvement Grant.

Cohort: All TPR petitions disposed during FY21

FY21					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
411	879	842	26	146	320

Item 20: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

- CFSR Result: **ANI**
- ACRI Case Practice Element; annual aggregation from CY 2015 to CY 2019 and 1Q 2022.
  - Timely Case Plan - CY2021 same as CY 2015.

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
43	Timely Case Plan	95%	96%	96%	95%	96%	96%	95%	97%

**2022 is partial data as of 5/16/22*

- ACR Exception Report – CIP >180 Days LOS with no Case Plan in LINK breakout by age group, most current date)

Age Group	Count
<6	0
6-12	0
13-17	1
Grand Total	**1**

Total CIP<18 on May 1, 2022 is 2,778 and based on the ACR Exception report, only 1 child with a LOS >180 days appears to be missing a Timely Case Plan. This performance reflects continued strength in timely case plan development.

- ACRI Case Practice Element; annual aggregation between CY 2015 and CY 2021 and 1Q 2022
  - Family Engagement in Case Planning - 5 percentage point improvement since between CY 2015

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
49	Engagement	81%	75%	81%	81%	83%	84%	86%	89%

**2022 is partial data as of 5/16/22*

In Round 3 of the CFSR, item 20 was rated an ANI based upon information and data reflected in the Statewide Assessment as well as information gleaned through stakeholder interviews specifically related to engagement of children and families in case planning. The CFSR also identified that Connecticut's case review system performs well in the area of ensuring case plans for children in placement are timely. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter. To ensure case plans are timely and each child in care has a plan, the agency has an "exception" report which is a management report that identifies any children in care without a current case plan. This "exception" report is accessible to all staff through the agency's LINK data reports and is consistently used to monitor the agency's performance in the area of timely case plans. Data for CY 2021 as well as Q1 2022 reflects that 94% or more of the case plans were completed timely. The "exception report" dated 5/19/22 reflects only (2) children/youth in care whose plans were missing. The agency continues to consistently perform well in the area of timely case plans for children and youth in placement.

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
42	ACR Meeting held on or before proposed date	75%	83%	84%	92%	94%	95%	94%	95%

**2022 is partial data as of 5/16/22*

Historically the agency has experienced some challenges with the consistent engagement of children and family in case planning and this was reflected in the CFSR final report data where only 41% of the cases were found to have strengths in this area. As part of the agency's PIP, there have been strategies implemented to positively impact family engagement in case planning and there are a number of targeted interventions specific to father engagement. The activities include the Fatherhood Engagement Specialists working with Area Office staff as well as the agency's participation in the Fatherhood Breakthrough Series. The agency has continued developing the local and Statewide FELT teams, modeled after the Breakthrough Series Collaborative, based on lessons learned and have kicked off the newly structured FELT teams. These strategies and activities are a continuation of strategies that were part of the PIP.

The data generated through the administrative case reviews are available to all agency staff through the LINK reports. The regional offices have also continued to conduct their own qualitative reviews on cases, using a statewide tool, and used this data to further enhance their conversations related to engagement in case planning. These reviews began in January 2017 and continue as part of the agency's ongoing CQI process.

While the agency has successfully completed its PIP implementation and achieved the identified measurement goals, the strategies will continue to be implemented and those that demonstrate positive impact on performance will be scaled up to other offices across the state. It is expected that through the continued implementation of the PIP strategies and activities, improvement in case planning will continue to be demonstrated and evidenced through the agency data as well as through the data collected as part of the ongoing CQI reviews, using the Federal OSRI.

Item 21: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

- CFSR Result: Strength

- ACR – Timeliness of Case Reviews
- ACR – Of Case Reviews Held >180 Days, distribution #/% of days beyond held beyond 180

Sl.No	Measure	Statewide							
		2015	2016	2017	2018	2019	2020	2021	2022*
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%
42	ACR Meeting held on or before proposed date	75%	83%	84%	92%	94%	95%	94%	95%

**2022 is partial data as of 5/16/22*

The agency continues to have consistent positive performance in the area of periodic administrative reviews based on agency data for reviews held within 180 days. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter. The agency's LINK system triggers the case plan review scheduling process upon a child's entry into care and every 180 days thereafter, or until the child exits care.

The scheduling process remains consistent with minimal change as it has proven to be effective in timely scheduling. The ACR Office Assistants who schedule these reviews rely on the "Due" and "Anticipated" reports which provide them with sixty (60) days' notice of case plan reviews to be scheduled. This advanced notification also allows the agency to invite and notify participants in a timely fashion to reduce the number of meetings that would have to be rescheduled. The agency did experience several weeks at the onset of the pandemic when staff were transitioning to telework and encountered some challenges initially with coordinating case reviews remotely, however, this interruption was very brief, and staff were able to pivot to remote case review meetings very quickly.

Item 22: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

- CFSR Result: Strength
- ACR #/% Timeliness of Permanency Hearings (within first 12 months or not)
- ACR #/% Timeliness of Ongoing Permanency Hearings (thereafter 12 months or not)

Did the first Permanency Hearing occur within 12 months of child entering out of home care?

	Yes	No	Grand Total
Hearing within 12 Months	**93.1%**	**6.9%**	**100.0%**

Did Permanency Hearing occur within the last 12 months, thereafter the initial hearing?

	Yes	No	Grand Total
Thereafter 12 months	**92.3%**	**7.7%**	**100.0%**

- Judicial Data – Time to Subsequent Permanency Hearing

Time to Subsequent Permanency Hearing

Explanation: Average (median) length of time in days from when the child has their first permanency hearing to the second/third etc. until final permanency is achiev
This is a Court Performance measure that is calculated for or State Court Improvement Grant.

Cohort: For the children who exited care in FY21, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY21				
# PP	# Within 365 Days	Average	Median	%Within 365 days
867	729	370	321	84%

Item 23: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

- CFSR Result: ANI
- Placement/Permanency Report – Chart XIII Pre-TPR Children In Placement (CIP) on 5/15/22 In Care >=15 Months by Permanency Goal and Status of TPR Filing

TPR Filed?	Permanency Goal	#	%
YES	Adoption	259	24%
	Reunification	12	1%
	APPLA	11	1%
	TOG REL SUB	7	1%
	TOG NREL SUB	6	1%
	(Blank)	3	0%
	TOTAL	298	28%
NO	Reunification	208	20%
	TOG REL SUB	195	18%
	Adoption	193	18%
	TOG NREL SUB	99	9%
	APPLA	55	5%
	TOG REL NONSUB	8	1%
	(Blank)	5	0%
	TOG NREL NONSUB	4	0%
	TOTAL	767	72%
TOTAL		1,065	100%

- Judicial Data - Time to filing a TPR from Removal Date

Time to Filing of Parental Rights Petition from Removal Date

Explanation: Average and median time **in months** from removal date to filing of the petition to terminate parental rights. This is based on the removal date of the child (date of 96-hour hold, OTC or Commitment order) to the date the termination of parental rights petition was filed.

Cohort: All TPR petitions filed during FY21

FY21						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
522	199	412	19	18	38%	79%

Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

- CFSR Result: ANI
- ACR Data- Notice of Hearing and Reviews to Caregivers

Notification of ACR in >=5 Days			
	Timely	Not Timely	Grand Total
Foster Parent + Guardian Notice	93.8%	6.2%	100.0%

Notification of ACR in >=21 Days			
	Timely	Not Timely	Grand Total
Foster Parent + Guardian Notice	70.7%	29.3%	100.0%

The agency expectation is that caretakers are notified of the ACR no later than 21 days prior to the meeting. ACRI data for CY 2021 reflects that this occurred in 70.7 % of the time, which represents a decrease in performance from 2020 (73.2%). Management continues to share data and have ongoing discussion with support staff related to timely letters generated. It is also noted that in 93.8% of the time, caretakers were notified of an ACR within at

least 5 days of the meeting. This demonstrates an increase in performance from CY 2020 (90.4%). With staff working from home for approximately 80% of the time throughout most of CY 2020, notifications were sent by mail by office assistants who are responsible for the meetings and by ACR supervisors communicating directly with child welfare staff ensuring notifications to foster parents and guardians were often done by phone or e-mail.

While we do not currently track notices to foster parents for hearings, the court has developed a data entry program (CPMOH) that will capture information during the court hearing. As part of the program, court staff will note who is present during the hearing. It is expected this will continue to assist in identifying hearings where foster parents have participated. This work continues to be underway with the courts but there is not yet a reporting capacity for foster parent notifications. The agency CIP has reported that work on these reports has begun. Progress had been delayed as a result of the pandemic which required pivoting of CIP resources to address the needs for telework and virtual hearings. There is a commitment to moving forward with these reports and the agency continues to receive updates.

Item 25: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

See section 4. Quality Assurance System

Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

See section 3. Plan for Enacting State Vision and Progress made to improve Outcomes

Item 27: Ongoing Training + Item 28: Foster Parents Training

As a means to support training for foster parents, the Department has a contract with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) that includes a range of support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address and meet their needs, encourage and facilitate ongoing education and skill development, and allow foster children to live in safe and stable home settings. For families licensed by private agencies (e.g., Therapeutic Foster care), their training is tracked by their parent agencies. The Department engages in periodic random reviews during quality assurance site visits to assess each provider's system and make recommendations for improvements. In 2021, the Department continued its partnership with CAFAF to develop additional elective post licensing training modules for foster families and offered 42 courses included topics such as Domestic Violence Impact on Children, Cultural Identity, Supporting LGBTQ+ Youth and Their Families, and Supporting the Importance of Fatherhood. In July, CAFAF added managing stress (especially as a Kin caregiver), Coping with Racism and Current Events, Quality Parenting Initiative (QPI), and Early Childhood Trauma. CAFAF provides 42 modules, 10 on-line courses and additional online offerings through Foster Parent College. In the reporting year, 531 completed the course.

CAFAF provides CAFAF liaisons in each DCF Office that works with the local Foster Care divisions. They help maintain the placement, provide services to the foster family and child(ren) and to collaborate with DCF on achieving permanency. Buddies provide weekly telephone support from veteran foster parents, including relative foster parents, for the first 6 months that children are welcomed into each foster home. Additionally, CAFAF has streamlined its exit survey given to families (core, relative and fictive kin) when they voluntarily end their licensure. The results continue to capture elements related to permanency, training, and support needs. During the pandemic, the Buddies provided support virtually on covered topics such as How to be Your Child's Best Advocate, Mandated Reporter Training, The Governor Prevention Partnership series on Substance Misuse, Working with Traumatized Children, and Adolescents – Trauma and Brain Development.

The Statewide pre-service training curriculum for foster and adoptive parents used in CT is called: Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (TIPS-MAPP). TIPS-MAPP is used by both the Department and private Child Placing Agencies (CPAs). This ensures consistency in that all prospective parents receive the same training and carry the same expectations. As a result of the pandemic, the department reimagined the curriculum for a virtual platform. The Foster Care Division collaborated with the Academy for Workforce Development and launched a virtual onboarding/licensing training consisting of 7 modules which are delivered in 90 minutes sessions. In 2021, the department is finalizing updates to the Kinship Pre-licensing curriculum with a pilot scheduled for summer of 2022 prior to full implementation in the fall.

In July 2019, the Therapeutic Foster Care Division, embarked upon a process to redesign how Therapeutic Foster Care services are delivered to children and families in the state of Connecticut. This process included both Administrative and Clinical Leaders from the 16 TFC Agencies as well as DCF staff. After several months of work, the Clinical Practice Committee Subcommittee made the recommendation for an Evidenced Based Practice-Functional Family Therapy- Foster Care. FFT-FC is a relationally based therapeutic intervention that views a child's behavioral health needs within the context of the family. The family is central to positive youth development with the goal of children healing from childhood trauma through therapeutic intervention. FFT-FC works with both birth and foster families in the best interest of the child with reunification as the primary objective. FFT- FC is delivered to families in a 6 to 9-month time frame. In the reporting year, the department completed the request for proposal process. In June of 2022, providers were selected, and implementation is scheduled in the fall of 2022.

Items 29 +30: Service Array and Resource Development

Please see the "Service Coordination" section for additional information regarding current and emerging mechanisms for ensuring and monitoring the breadth and effectiveness of the service system. Throughout this report, the Department describes the various services and supports that are available in response to the assessment of the child and family's strengths and needs, and those that enable children to remain safely with their parents.

The Department uses a flexible funding approach to support children and youth to remain in stable family placements. These "wraparound funds" may be spent for both in-home and out-of-home youth on a range of services and concrete supports.

The top ten services purchased via wraparound funds for the period, July 1, 2020-June 30, 2021, are as follows:

Sum of AMT-RQST SRVC-TYPE-DESC	Total	
Camp-Foster Care	$	410,562.14
DayCare-In Home	$	110,270.64
Extended Credentialed Services-USE	$	143,999.47
Miscellaneous-Adoption	$	1,384,654.94
Miscellaneous-Foster Care-CPS	$	147,855.82
Other Family Supports	$	109,512.53
Other Services USE	$	129,679.48
Supervised Visits - Foster Care	$	188,441.37
Therapeutic Support Staff - Foster	$	140,983.23
Transportation Other-Foster care CPS	$	278,760.76
Grand Total	**$**	**3,044,720.38**

The top ten services purchased via wraparound funds for the period, July 1, 2021-April 30, 2022, are as follows:

Sum of AMT-RQST SRVC-TYPE-DESC	Total
Camp-Foster Care	$393,293.83
DayCare-In Home	$91,076.55
Extended Credentialed Services-USE	$143,830.43
Miscellaneous-Adoption	$1,065,740.87
Miscellaneous-Foster Care-CPS	$304,085.04
Other Family Supports	$146,260.93
Other Services USE	$174,605.50
Respite Care-Foster Care CPS	$83,555.35
Supervised Visits - Foster Care	$566,847.02
Transportation Other-Foster care CPS	$173,485.06
Grand Total	**$3,142,780.58**

The Department also makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service is individualized. The expenditures for July 1, 2020 – June 30, 2021 by Area Office are as follows:

Sum of AMT-RQST OFFC-NME	Total
Bridgeport Office	$ 146,192.00
Careline	$ 1,422.43
Danbury Office	$ 150,394.45
General Administration	$ 1,246,176.29
Greater New Haven Office	$ 212,179.66
Hartford Office	$ 203,752.48
Hartford Office B	$ 25.00
Manchester Office	$ 170,855.82
Meriden Office	$ 94,210.61
Middletown Office	$ 102,259.92
New Britain Office	$ 305,816.82
New Haven Metro Office	$ 275,482.60
Norwalk Office	$ 144,389.10
Norwich Office	$ 217,974.92
Torrington Office	$ 43,075.91
Waterbury Office	$ 311,806.14
Willimantic Office	$ 89,742.62
Grand Total	**$ 3,715,756.77**

The following chart represents USE expenditures for the period July 1, 2021 through April 30,2022 by service description:

Sum of AMT-RQST SRVC-TYPE	SRVC-TYPE-DESC	Total
634	Extended Credentialed Services-USE	$143,830.43
635	Assessment & Planning for USE	$21,028.20
636	Intensive IndividualSupport for USE	$32,527.10
638	Difficulty of Care Payment for USE Class	$13,680.00
639	Other Services USE	$174,605.50
Grand Total		**$385,671.23**

Item 31 + Item 32:
Please see the "Collaboration" section for an overview of the Department's various Community Partnerships

Item 33:
The Regional foster care units continue to build and refine systems for quality assurance to ensure that state licensing standards are complied with. This includes development of checklists and protocols, as well as review by staff (e.g., social worker and supervisor). Random audits of all cases by supervisors and managers also occur. Further, an electronic system was created that complements our State SACWIS system (eDocs). It requires the scanning and uploading of certain required background check documents and the entering of dates of completion for other required elements. In addition to being reviewed by DCF foster care staff, these required elements are also reviewed by the department's Revenue Enhancement Division.

Next, trained foster care support staff visit DCF licensed foster homes on no less than a quarterly basis and have monthly phone contact with all foster parents who have DCF-involved children in their homes. Any safety concerns are pursued via a system called Assessment of Regulatory Compliance (ARC). If safety concerns are identified, a range of responses could occur depending on the level of risk identified (e.g., from corrective action to removal of the child from the home.)

In addition, the Department has a contract with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) to develop and carry out recruitment and retention activities across the state. Key provisions from the CAFAF contract that speak to the expectations with respect to diverse staffing and recruitment are as follows:

The Contractor must ensure that they have a culturally and linguistically diverse staff that is reflective of the community they are to serve. This staffing constellation must demonstrate:

a. experience providing services to diverse populations.
b. multi-lingual capabilities that are relevant to the families to be served; and
c. knowledge of the cultural, linguistic, or experiential backgrounds of the families to be served.

The Contractor will maintain the capacity to provide all services identified in the contract in both English and Spanish. At a minimum, three (3) Bi-Lingual staff will be employed to meet this requirement.
The Contractor engages in recruitment efforts to develop a skilled, caring, and diverse pool of foster families and adoptive families that demonstrate the ability, willingness, and commitment to meet the safety, emotional and permanency needs of children in out of home care. The Contractor utilizes innovative, comprehensive, and best practice strategies to recruit families committed to be a resource for children in the care of the Department of Children and Families. Efforts also relate to the private foster care agencies at the discretion of DCF. The Contractor engages in targeted efforts to increase the number of families available to care for children in the following categories:

- children aged 0-5.
- adolescents
- children with complex medical needs.
- sibling groups.
- African American children.

Recruited families should reflect the racial and cultural diversity of the children and youth in need of placement, including, but not limited to African American, Hispanic, and Gay and Lesbian families. The Contractor will develop and implement an annual recruitment plan that supports, complements, and enhances the Department's recruitment plans and activities.

The Department collects data from CAFAF on a quarterly basis. The data includes the number of inquiries by race and ethnicity, training participation, and elements related to foster parent satisfaction.

Last, there are Foster Care Program Supervisors in all 6 DCF Regions who meet regularly. In addition, adoptive placements are registered through a statewide DCF body – The Permanency Resource Exchange. Members of this

team spend several days each week in the Area Offices working closely with regional staff to advance permanency outcomes for children and youth in care.

Item 34

All waiver requests pertaining to criminal, and child protective service history require Commissioner review and approval. Such requests are thoroughly vetted by the Regional Offices prior to submission to the Commissioner. The waiver is generated through a collaboration between foster care staff and the ongoing services staff working with the child's case. The waiver must be reviewed and signed off on by the Program Supervisors of Foster Care and the Ongoing Services team. It is then forwarded up the chain of command to the Statewide Director of Foster Care, who is also required to review and approve the waiver request prior to submission to the Commissioner. Due to this comprehensive review and approval structure in the Regions, the waiver requests are sound in their rationale as they have already been viewed to be waivable by multiple levels of DCF staff.

Foster care policy (issued on January 2, 2019) reiterates that "No waiver shall be granted for non-compliance with a statutory requirement or a safety-related regulation". Foster care staff have been trained in this policy. The Commissioner's mandate, conveyed in a memo issued on September 28, 2016, stating, "a waiver request must be submitted to the Commissioner prior to placement of a child into the home" was lifted on July 9, 2018. The Commissioner sited receiving over "*600 waiver requests since this practice was implemented and nearly all of the waiver requests have been approved. The approval shows that thoughtful and comprehensive assessments are occurring in the regions.*" Since then, only waivers with child protective services and criminal history are submitted to the Commissioner for approval. The Department has not actively placed children into a foster home without either an approved Commissioner waiver, or provisional emergency approval from a Foster Care Director.

Item 35: See Section E. Updates to Targeted Plans

- In 2021, despite the pandemic, CAFAF supported the recruitment and post licensing support. It received over 1,516 inquires through Kid Hero. 37% were assigned to the regional office for follow up. Region 4 received 23% of the inquiries, followed by region 1 at 19% d Region 3 at 17%. CAFAF supported licensed caregivers via training, surveys, and buddy assignment. CAFAF was able to reach 146 out of 416 families in the process of renewals. CAFAF Retention Specialist attempted to contact 433 families who were closed their license and reached 38%.

FASU Quarterly Status Report for most recent year/quarter available –CY21

	Foster Care Division CY 2021						
LICENSED HOME DATA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
Licensed- Core	24	7	26	14	27	4	**102**
Close- Core	34	6	20	35	30	1	**126**
ADOPTION DATA							
Licensed- Adopt	**16**	**15**	**26**	**17**	**10**	**8**	**92**
Close- Adopt	**3**	**14**	**17**	**6**	**12**	**0**	**52**
KINSHIP & FICTIVE KINSHIP DATA							
Licensed- Kin	**44**	**54**	**71**	**71**	**54**	**20**	**314**
Closed - Kin	**71**	**42**	**108**	**82**	**73**	**10**	**386**
INDEPENDENT DATA							
Licensed- IL	**2**	**2**	**10**	**7**	**0**	**0**	**21**
Closed- IL	**9**	**3**	**3**	**3**	**0**	**1**	**19**
Total Number of New Homes Licensed	86	78	133	109	91	32	**529**
Total Number of Closed Homes	**117**	**65**	**148**	**126**	**115**	**12**	**583**

Item 36

- CFSR Result: **ANI**
- ICO Data for CY 2015 – CY 2021 (partial)

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Requests for Inbound Children	427	498	684	636	774	732	325
Requests for Outbound Children	367	338	345	313	323	185	143
Average time from referral submission to placement (in months)			9	9	9	9	9
Licensed Independent Foster Homes			74	63	60		61
Newly Licensed Independent Foster Homes	69	51	55	54	46	29	41
Average Time to License (in months)			6	6	6	6	6

Statewide Information System:

DCF is in the process of replacing the Connecticut's child welfare case management system, LINK, as this system is over 20 years old and was deemed non-SACWIS compliant by ACF in 2014. DCF began planning for a new Comprehensive Child Welfare Information System (CCWIS). The new CT-KIND (Kid's Information Network Database) system is needed to support staff to efficiently and effectively work with children and families, as well as complying with State and Federal standards and mandates. CT-KIND is intended to include approximately 3,000 DCF staff as well as community partners and agencies.

The CT-KIND Project is underway using the SAFe (Agile) Methodology to promote efficient and economical development. DCF's initial vendor engagement for the first SOW ended in November of 2020 as the vendor was not able to complete the module. A Careline Supplemental SOW was established, and a second vendor joined the CT-KIND Team in June 2021, however this vendor was unable to fully staff their team and the engagement was ended in October of 2021 based upon mutual understanding.

In the interim, the Careline Background Check Unit Portal was completed by the internal CT-KIND Team (technical and business staff). Phase 1 was a pilot released to a selected group of 11 agencies in March 2021 and Phase 2 was released in April of 2021 to other agencies with the exception of three (3) state agencies who submit bulk requests (Department of Motor Vehicles (DMV), State Department of Education (SDE) and Office of Early Childhood (OEC). Phase 3 was completed in February of 2022 and included bulk submissions as well as batch processes, validation, and reporting features.

Other components of the Careline Module were also developed and released by the internal CT-KIND Team. The Mandated Reporter Online Portal development began in December of 2021 and the Minimal Viable Product (MVP) was released in May of 2022. An Adolescent Chat was implemented in May of 2022 through the Careline's Five9 call center for the Office of Community Relations (OCR) to respond to urgent matters for adolescents in care, and for the Careline to field these calls after hours. Person Management MVP features were developed and released in June of 2022 to all staff to be able to create and maintain persons/participants in CT-KIND and synched back to LINK, and this function was decommissioned in LINK. Additionally, the internal CT-KIND Team completed further improvements to the Universal Referral Form (URF) reporting functionality. During this transition, the staff will be able to work seamlessly between LINK and CT-KIND.

Data elements have been implemented for State and Federal Reporting purposes related to the Careline Module, which will promote efficiency once the Online Reporting functionality is fully integrated with the Dynamics platform. The CT-KIND Team is also looking to realign the features and user stories with DCF's Family First Prevention Plan. Additionally, the internal CT-KIND Team completed further improvements to the Universal Referral Form (URF) dashboards and reporting functionality.

Work on the Intake Module was targeted to start in 2020, however, due to issues with the previous Careline Module vendor, lack of vendor pool and DCF technical resources and the COVID-19 Pandemic, this has been

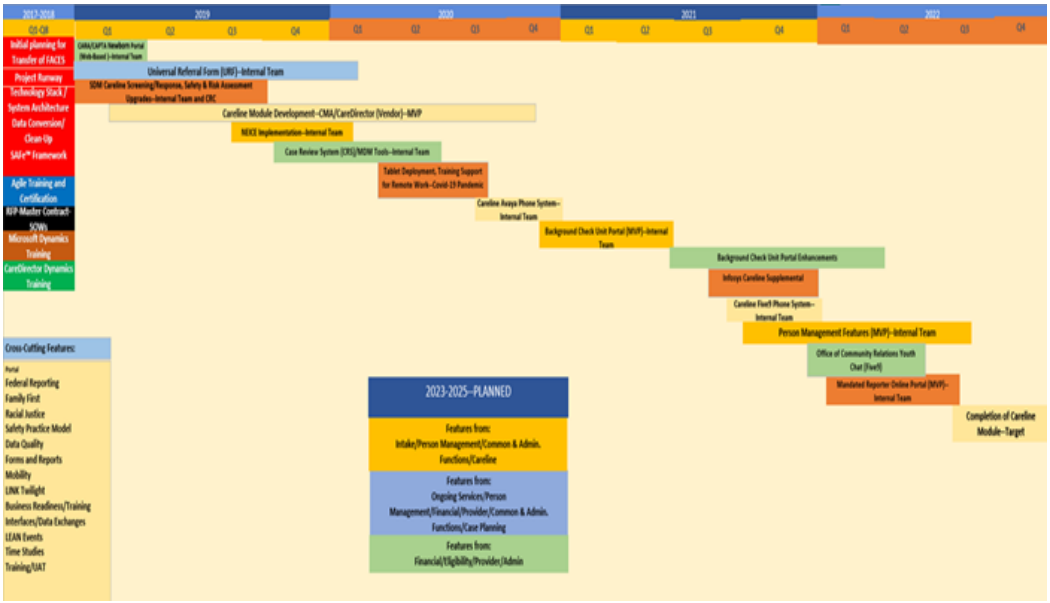
delayed for completion of the Careline components. Below are the high-level pieces pending for the Careline Module:

- Child Protective Services (CPS) Report
- Integration of the Mandated Reporter Online Portal with Dynamics
- Integration of the CARA/CAPTA Newborn Portal
- Integration of the Background Check Unit Portal with Dynamics
- Integration of the SDM Screening and Response Tool
- Search enhancements
- Person and Staff Management enhancements and Relationship Matrix
- Assignments to Area Office Intake Divisions and Dashboards
- Careline documents, forms, reporting and notifications/alerts
- CPS Report Expungement and Merge processes
- Data Synchronization and LINK Decommissioning

Please note, the majority of the pending Careline work has been partially completed but requires further development and/or testing.

Throughout the development of CT-KIND, data points for Title IV-E and Title IV-B eligibility determinations, authorizations for services and expenditures will be integrated to meet the CCWIS requirements. Along with this, the Strategic Planning Division is in the process of implementing a Data Stewardship structure and Ataccama software to continually assess and address any data quality issues, as well as to ensure compliance with data quality requirements and best practices.

Data Exchange/Interface work is being assessed and realigned with DCF's Family First Prevention Services Plan and compliance with CCWIS regulations. CT-KIND will support one-directional and bi-directional data exchanges to the extent practicable to ensure relevant data is exchanged with those agencies contributing to the welfare of the families served, with the goals of improving family outcomes and working with community partners to keep families out of the child welfare system through preventative services. The CT-KIND Team continues to work with the Department of Social Services (DSS) as they are ramping up to complete a data exchange for their Child Support Division. DCF plans to issue multiple SOWs for data exchanges/interfaces to meet the needs of the families served, the agency, prevention services and community partners.



This chart represents DCF's Roadmap for the replacement of LINK and the development of a Comprehensive Child welfare Information System, CT-KIND

3. Plan for Enacting State Vision

The Department continues to build our Child Welfare System through strong state agency relationships, often formalized with memorandums of understanding/agreements, and developing strong collaborations with our provider network, ensuring the services provided are community based, racially and linguistically sensitive, as well as enhancing community awareness and understanding, and increasing access to services. In order to further enact the state's vision, the Department will need to rely on the collective thinking and collaborative contributions of sister agencies, providers, community partners and the families we serve as we reimagine the system. CT DCF views Family First as an opportunity to further our system transformation and realign our objectives more broadly with prevention and ultimately prevent foster care entries. Since approval of our Prevention Plan in early 2022, CT continues to collaborate with internal and external stakeholders around implementation and this work has also assisted in increasing community and agency awareness, understanding and identification of key connections across agencies. We continue to leverage these partnerships as we promote a broad, integrative, universal concept of a Child Welfare System.

As outlined in our CFSP, CT's key strategies and interventions have been developed to support positive, improved outcomes for children and families in the areas of safety, permanency, and well-being. These strategies and interventions have been implemented, assessed, and were refined throughout the course of the PIP implementation and although the Department has successfully completed its PIP implementation and achieved the established performance goals, the work relative to strategies and interventions continues. In several areas, strategies and activities that were implemented in transformation zones or single offices for the PIP are now being scaled up based on positive results.

Following our PIP implementation, CT has sustained court and agency collaboration on improvement as we continue to build this partnership. Transformation zones remain active in two area offices, which is an increase from the PIP, and a monthly meeting continues to occur with leadership at the agency level, including the DCF Commissioner, along with several judges, CIP staff, leadership from the Office of the Chief Public Defenders office and DCF Legal representation. This group continues to review permanency data, disaggregated by race and ethnicity, to identify key improvement areas and strategies.

Racial Justice remains a key agency strategic goal and our Statewide Racial Justice Workgroup (SWRJWG) and its committee members are integral to informing and shaping the Child Welfare System, the statewide racial justice agenda and serve as a vital role to agency leaders. CT routinely uses data to assess performance and outcomes and is deliberate in disaggregating all reports by race and ethnicity in our analyses and expects this from providers and partners as well. CT has also worked in partnership with our Court Improvement Program staff to provide support in disaggregating and court data by race and ethnicity to allow for analyses of key decision points. The effort to reduce and eliminate disproportionality and disparity in the Child Welfare System requires collaboration with and from various agencies and multiple stakeholders.

CT has continued to engage with the Capacity Building Center for States as related to further building out the agency's CQI framework. Following completion of the CQI self-assessment, CT shared findings with internal and external groups who provided additional feedback, and we are now working on CQI model development. This technical assistance will benefit the agency as we look to expand the breadth and scope of CQI activities across the agency, ensuring that CQI is embedded in all divisions and is sustainable, particularly as we have successfully exited our consent decree. The agency continues to prioritize CQI through both qualitative and quantitative measures.

<u>Goals and Objectives:</u>

Over the first two years year of our CFSP, we utilized our PIP as the foundation of measurement of progress as it relates to safety, permanency, and wellbeing outcomes for the child welfare agency. Our Strategic Goals and objectives have largely remained unchanged since the development of our CFSP and although CT has achieved its PIP goals and successfully implemented all the strategies and key activities, we continue to scale up several strategies and continue implementing those that have resulted in positive outcomes. CT DCF intends on maintaining our foundational mandate to keep children safely in families, but strives to further evolve our mission,

vision, and strategies to become an agency that empowers families to thrive by walking in partnership alongside them. Expanding access to prevention services and fostering community and coalition building will allow us to reimagine our system with the collective thinking and contributions of families, sister agencies, providers, and community partners.

Through the APSR process, we will collectively report on additional actions that solidifies the direction. The beginning step towards a child welfare system is relationship building and trust building across the state agencies. Interagency collaboration, partnership and communication has been a key priority for CT, and we have seen increased interagency initiatives as a result. This foundation will continue to be the bedrock to move our system forward. Below are our goals and objectives that will move us forward.

Strategic Goals:

1. Keep children and youth safe with a focus on most vulnerable populations.

Objectives:

a. Assess our current MOU/A's to determine effective partnerships and improved outcomes for children and families
b. Assess across state agencies, Task Forces and Committees that may be a support to this work
c. The first population to focus on will be families with children ages 0 – 5
d. Assess DCF service array and increase timely access to services
e. Focus on transitioning youth with disabilities to agencies with longer term supports. Uncover the areas of mutual support for youth and families verse the myth of "double dipping"
f. Train to and implement our newly developed safety framework to improve the quality of our assessments and enhance safety planning practices
g. Enhance safety planning policy and QA activities to ensure policy fidelity and appropriate oversight
h. Implement CT's Prevention Plan

2. Engage our workforce through an organizational culture of mutual support.

Objectives:

a. Continue to support and message Connecticut's Safe and Sound Framework - Culture of Safety provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. The Safe and Sound framework introduces anti-racist ideology into CT's DCF values. As a result of the Black Lives Matter movement, it has required the racial justice work to evolve and an increased demand for system reform with a focus on justice beyond equity.
b. Work with our sister state agencies to introduce safety culture and touch points across agencies.

3. Connect systems and processes to achieve timely permanency.

Objectives:

a. Establish a Kinship Navigation Model to support caregivers
b. Establishing a workgroup of leaders from state agencies to:
    i. Identify touch points of partnership and collaboration
    ii. Identify prevention activities, services, and innovations
c. Build bridges across state agencies
d. Develop a strategic plan that moves us to a more effectively integrated Child Welfare System
e. Enhance partnership with the courts and judicial branch
f. Explore ongoing data sharing across state agency datasets to identify factors related to successful timely permanency, as well as those that prevent this outcome

g. Implement Rapid Permanency Reviews to address barriers for children in care achieving timely permanency
h. Implement Quality Parenting Initiative to foster relationships and build collaboration between caregivers and birth parents to minimize disruptions and promote timely permanency.

4. Contribute to child and family wellbeing by enhancing assessment and interventions

Objectives:

a. Meet with our Citizen Review Panels to frame out the FFPSA and moving to a more effectively integrated child Welfare system. Determine their interest and role(s) they would desire to play
b. Emphasize fatherhood services, resources, and support PIP (Goal 3 Strategy 1)
c. Collaborate with communities and state agencies to build strong fatherhood engagement leadership teams
d. Build out system to support staff in service matching and need identification
e. Build out infrastructure to ensure service delivery is consistent with department expectations – Families are better off after receiving the service that matches the needs identified as a result of the Social Worker assessment
f. Conduct research to explore tools used in other jurisdictions to assess parent/child needs and help children in care achieve timely permanency
g. Redesign of the Therapeutic Foster Care program to ensure the behavioral health needs of children placed in OOH care are addressed
h. Restructuring and redesign of the Voluntary Services Program to better meet the emotional and behavioral health needs of children.

5. Eliminate disparate outcomes across all racial and ethnic groups served by the Department
Reduce the inequities/disparities seen not only in the 7 key results that is outlined at the onset of the document but specifically reduce disparities in the DCF decision point pathways data. The Department moving forward will be anchored in 4 guiding principles and foundations for our Racial Justice work: 1) Safe and Sound: Culture of Safety 2), Differentiating between equality, equity and justice 3) Moving from a racial justice lens to anti-racist action and 4) Striving for institutional transformation on how we work with children, families, the communities we serve and one another. Data will drive measurable strategies linked to the 7 key aspirational results.

Progress Made to Improve Outcomes

Throughout the first and second year of our CFSP, we utilized our PIP to measure progress and have continued to utilize this data through ongoing CQI reviews using the OSRI, inclusive of case related interviews. This supports ongoing alignment and consistent focus and approach to our workforce and direction for our stakeholders. Linking the various strategic plans, goals and objectives, activities and actions provides an opportunity for the CFSP to be the umbrella which brings focus and direction to our work. As we implement our Prevention Plan, ongoing CQI and measurement will be critical and will certainly have a nexus to our CFSP and APSR going forward.

CT demonstrated significant progress over the course of its PIP implementation as evidenced by case review data entered into the Online Monitoring System (OMS), that showed the successful achievement of all PIP item improvement goals and implementation of all key activities. Although CT has achieved its PIP item goals, we have continued implementing case reviews in the same way, inclusive of case-related interviews and OMS data entry. This has allowed us to maintain ongoing review of key outcomes through the federal lens, in addition to our administrative data and focused practice reviews. Continued use of OMS further allows our staff to review and share key data reports as part of our ongoing CQI activities. As data is collected in OMS, findings help to inform a need to dive more deeply into specific items. OMS data is used along with ROM data, LINK reports and the CFSR statewide data indicators which helps the state get underneath the numbers to identify those areas where we are most challenged in our performance in order to better inform strategies for improvement.

When comparing the State Rating Summary Report for PUR start dates of April 2020 through April 2021, which includes non-PIP related cases, with the 2016 CFSR results, CT has demonstrated significant improvements in nearly each item, including all three safety related items. The areas demonstrating the most notable improvements are the well-being 1 items, some of which demonstrate an increase in improvement by over 35 percentage points. This data is consistent with what CT sees through other qualitative reviews including DRS and In-Home case reviews where key areas of practice are assessed, conducted by our quality improvement staff to assist in providing the agency with contextual data related to these specific areas of practice. These reviews touch on much of what the OSRI covers, but the methodology does not include case-related interviews.

Consistent with last year's APSR report, CT continues to struggle with timely permanency as reflected in Item 6. This data is also consistent with what we know through our internal ROM reports and administrative data, as well as what our CFSR Statewide Data Indicators reflects. Permanency in 12 months continues to be the greatest challenge where CT has not made progress. CT has made progress with permanency in 12 months (12-23 months) and is statistically no different than national performance for permanency in 12 months (24+ months). In our efforts to further understand permanency delays and timeliness challenges, beyond what we know has been impacted by the pandemic, the agency continues to partner with our courts, judges, advocates and CIP leadership to better understand our data and root cause of the delays. Our statistician is finalizing a review of permanency through our administrative data and will be presenting key findings to assist with strategy development. There are two Transformation Zones that are active, including Waterbury and Bridgeport, both of which include active engagement of juvenile court judges. Grounding our conversations in data has been critical to understanding the underlying issues and generating discussions across groups.

CT's PIP, as mentioned previously, included a Transformation Zone as part of its permanency improvement strategy and while the office continues to struggle with permanency, particularly given the timing of Covid-19, there have been tremendous gains in collaboration and relationships through this effort. Based on the successes in the Waterbury Transformation Zone, the agency has expanded this work to the Bridgeport Court which most closely works with the Bridgeport Area Office. CT has also seen a tremendous strengthening in the partnership with our CIP, who will also join us in the Bridgeport Transformation Zone. As agency leadership continues to assess permanency data and qualitative data related to permanency, along with court data, a team is meeting to discuss a statewide approach to permanency improvement with specific key strategies and monitoring. This strategy is currently being developed and initial conversations are occurring.

Progress Benchmarks

The following represents a summary of the progress made to date relative to the Department's strategic goals outlined above:

Racial Justice

In 2021, CTDCF remained committed to the stance of becoming an anti-racist organization whose beliefs, values, policies and practices achieve racially just and equitable outcomes. As we continue to examine and redesign the CTDCF as an authentically anti-racist agency, our progress will be apparent in its structures, policies, practices, norms, and values. CTDCF has acknowledged that child welfare has ongoing systemic racist structures embedded (i.e. policies, practices and programs) and we recognize that intentional action will assist us in moving the needle on the agency's strategic goal of Racial Justice. As a Department, we will continue to look at the impact of the pandemic on the families and children we serve and ensure that we identify ways of addressing their needs.

The Departments' Anti-Racist Framework continues to be at the forefront as our work continues. CT DCF established 4 grounding principles to guide us in achieving these goals. Becoming 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 culture and the impact(s) they have on our agency, our families, our community, and ourselves. We do this in order to identify and correct any inequities found within the agency and in the provision of our services. The Department continues its commitment to move from Equity to Justice to further ensure that services are individualized and based on a comprehensive assessment of child and family's strengths and needs. In partnership

with providers, the family, youth and children, in a developmentally appropriate manner, shaped by clients' racial, cultural, and linguistic self-identification and needs, the Department hopes to move closer to achieving its goals. 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. This will be evident in the several change initiatives that continue to move forward across the Department.

CTDCF is mindful that this work is hard and often 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" (Regulate, Relate, Rise, Reason and Respond) that will provide a framework for our work within a culture of safety and racial justice. 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. At various times throughout this year, the Department began to see how Safe and Sound Culture has begun to take root in our everyday interactions with how our staff engage each other and how they advocate for the families they serve.

Our Statewide Racial Justice Workgroup (SRJWG) and its four sub-committees (Workforce, Data, Service Systems and Policy and Practice) continue to be integral to informing and shaping the Child Welfare System, the statewide racial justice agenda, and serves as a vital advisory role to state leaders. The SRJWG continues to meet on a bi-monthly basis with leads from the Department representing every area office, region, facility and divisions across the state along with community stakeholders. These leads and stakeholders come together to share progress, identify challenges and barriers, and prioritize activities, practices, and next steps for continuing to advance the work.

CTDCF continues to have strong data infrastructure that is accessible to all staff in order 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, which then inform strategies to eliminate the racial and ethnic disparate outcomes within CTDCF. This report will touch upon key data points captured in the pathways data set that are considered key components in the Departments efforts.

As 2022 unfolded, CTDCF furthered its efforts to cultivate and nurture a Safe and Sound culture throughout the agency as it actively engaged leaders of all offices, divisions, and programs to lift racial justice efforts. These leaders were charged with using their data and local racial justice teams to identify an opportunity for improvement: A Change Initiative. Leaders proposed their initiatives and then dove into the work of testing their strategies, practices, or tools. The Change Initiatives have been intentionally aligned with the 7 Key Results/Outcomes along with the Racial and Ethnic Disproportionality across the CT data set. Areas of focus for these change initiatives include (but are not limited to): Mandatory review of Central Registry placement when registry poses barrier to placement; Reduction in the number of children entering foster care, specifically children of color; Looking at relative/kin placement with a disparity lens; Implementation of racial justice equity assessments (RJEA) and consultations; Continued Promotion of Racially Justice Health Equity Plans and the implementation of the National CLAS Standards, Reduction of Disproportionate Substantiations of Black Child Victims; Process for Expedited Review of Barriers for Placement and Childcare (brief description captured below), Minority Business Provider Engagement and Statewide Implicit Bias Training. As one can observe in the examples provided, the 7 Key Aspirational Goals are at the forefront of the strategies implemented. It is the hope that with this intentional focus, CTDCF will decrease and ultimately move towards eliminating the racial disparities seen throughout the agency.

PRACTICE ENHANCEMENTS

Function- specific workgroups have been established in key areas of our work to promote consistency in practice, address implementation issues in a timely manner, identify best practices and develop strategies to address challenges/barriers. The following workgroups have been established: Area Office Directors, Intake Program Supervisors, Adolescent Services, Considered Removal Facilitators, Foster Care and Ongoing Services. Each group is typically led by an Assistant Chief of Child Welfare and Office Director and all regions are represented. These meetings will continue this upcoming year.

Fatherhood

In 2021, DCF repurposed the former Fatherhood Community of Practice as the Statewide Fatherhood Engagement Leadership Team (SFELT). The statewide team will be comprised of fatherhood champions from the DCF Area Office Fatherhood Leadership Teams (FELT), including contracted providers and fathers. The Statewide team will oversee practice development, with area offices developing PDSA to address practice needs. This is modeled after the Breakthrough Series Collaborative. The SFELT continues to meet bimonthly, overseeing the work occurring locally in the area offices. A consultant/Trainer in Fatherhood was contracted in 2021 to guide the FELTs. All area offices have received training and consultation. In October 2019, DCF was awarded a three-year OJJDP grant to support the Connecticut state initiative, Families Supporting Reentry: A 2-Gen Approach (FSR). The project is designed to expand the service array for incarcerated fathers whose children are involved with the Department of Children and Families (DCF) due to child protection issues. The project has remained on hold due to the COVID 19 crisis and is slated for launch July 17,2022.

Engaging Fathers and Paternal Relatives in Child Welfare: Breakthrough Series Collaborative (BSC)

In 2019, CT participated in the Breakthrough Series Collaborative to develop specific strategies in engaging fathers in child welfare.

The goals of the project were to:

- Learn more about how BSC approach works in the child welfare setting
- Test whether using the BSC approach strengthens engagement of fathers and paternal relatives
- Build the knowledge base for strategies to engage fathers and paternal relatives.

A Collaborative Change Framework (CCF) was developed by experts in the field of Child Welfare that guide the work of Fatherhood Engagement in the project. The 5 domains included in the project are as follows:

1.) Support community, system and agency environments that value and respect all fathers and paternal relatives
2.) Cultivate racial equity for men of color in the child welfare system
3.) Identify and locate fathers and paternal relatives from the first point of contact with the family
4.) Assess and address the strengths and needs of and barriers for fathers and paternal relatives
5.) Continuously involve fathers and paternal relatives throughout the lives of their children

The group continued to collect data on the metrics that had been identified which assisted in determining if progress was made. We did see an improvement in the assessment of fathers' needs as a part of the case planning process. We also saw an increase in the numbers of fathers attending our Considered Removal Meetings and the use of fathers in safety planning.

The BSC concluded in March 2021. Borrowing from the CCF, each DCF office, as well as the contracted Fatherhood Engagement Services sites, have completed the Fatherhood Self-Assessment and are engaged in the development of initiatives to address areas to strengthen.

In July 2021 the Department committed to a Phase 2 Evaluation. The evaluation is designed to help agencies maintain focus on the strategies as they seek to scale them, and examine the linkage between these strategies: engagement, placement stability and permanency outcomes. The evaluation will describe promising strategies for

engaging fathers and paternal relatives, assess the promise of the BSC as a continuous quality improvement framework for addressing challenges with fatherhood engagement, and how the framework can be applied to other child welfare challenges. The evaluation was approved by DCF's Committee for the Protection of Human Subjects. A survey of staff members was completed by email and a site visit is scheduled for August 2022, during which DCF staff, providers, fathers and other stakeholders will be interviewed.

Prevention

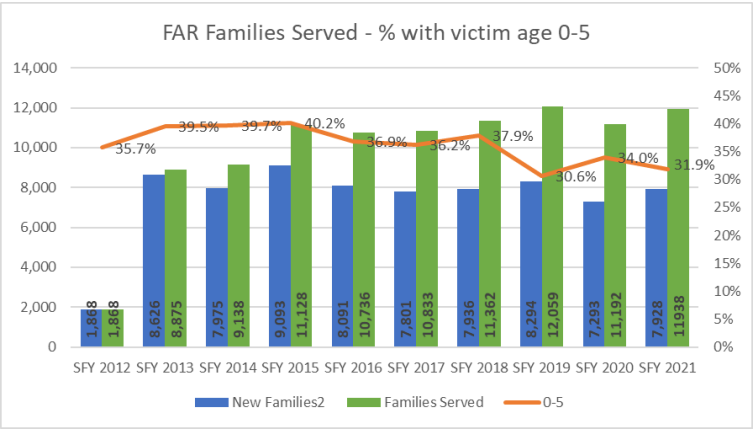
In 2021, DCF launched a prevention services unit pilot program to partner with specific schools in one of Connecticut's cities to assist in providing services and other resources to families in need of support where these families do not warrant involvement with "child welfare". A review of agency data revealed that while school reports account for about 40% of the referrals to the agency's abuse and neglect Careline, less than 5% of all school reports filed result in a substantiation. Upon the launch of the pilot, some overarching themes reflect areas of chronic need for families that historically, have resulted in a call to DCF's Careline: chronic absenteeism and attendance issues, behavioral and mental health needs for children and parents/caregivers, basic needs like housing supports and medical services, and transportation challenges.

This pilot will allow the agency to assess impact of this type of upstream intervention and ensure that families can be safely supported with services in their communities without child welfare involvement. Following an assessment of the pilot from the 2021/22 academic year, DCF will assess whether this approach could benefit additional communities throughout Connecticut with additional resources.

Differential Response

On March 5, 2012, the Department of Children and Families launched its Differential Response System (DRS). UCONN School of Social Work continues to function as our Performance Improvement Center, analyzing our Family Assessment Response data and that of our contracted service, Community Support for Families Program. As noted, the MOA with UCONN was modified to include investigations data which allows us the opportunity to evaluate our overall intake practice (inclusive of both tracks: Investigations and our Family Assessment Response (FAR).

Family Assessment Response: In CY 2021, there were a total of 23,970 accepted reports of child abuse and neglect, an increase from last year (23,457). Of the total number of accepted reports, 53.7% were assigned to the FAR track, an increase from the prior year (47.5%). The chart below represents unduplicated families who received a new FAR as well as the total number of families served within the fiscal year since implementation (3/5/12). Since implementation, 79,794 families have received a FAR, 109,857 children have been reported as victims of abuse/neglect.

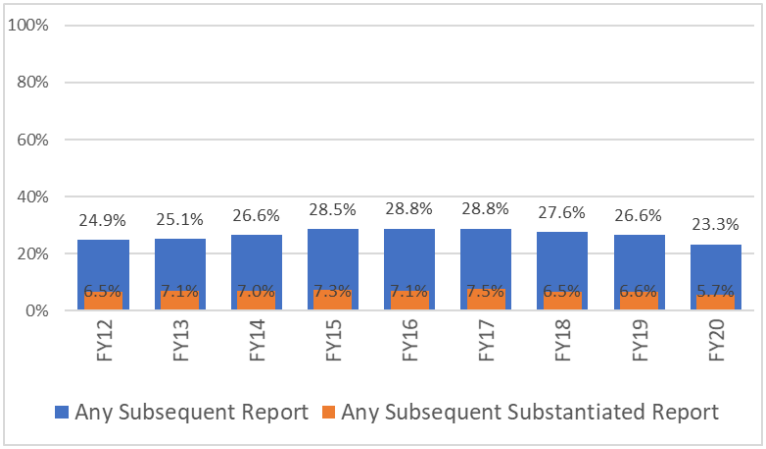


Although the Rule Out criteria changed in June 2014, reports designated as an investigation response continued to be the highest response type for accepted reports until 2018. Since implementation, 31.9% of reports involve children under the age of 5.

This past year represents the lowest percentage of children, age 0-5, since implementation despite having the highest number of FAR reports received. Most reports come from mandated reporters (83%) with school personnel (27.1%) and police (24.9%) being the highest. As one would expect from a DRS population, 92.1% of the reports involve various forms of neglect, with only 12.1% involving physical abuse allegations. 37.4% of the families scored at low/very low risk. 12.2% of FAR families had at least one prior accepted CPS Report and 1.4% had at least one prior substantiated report.

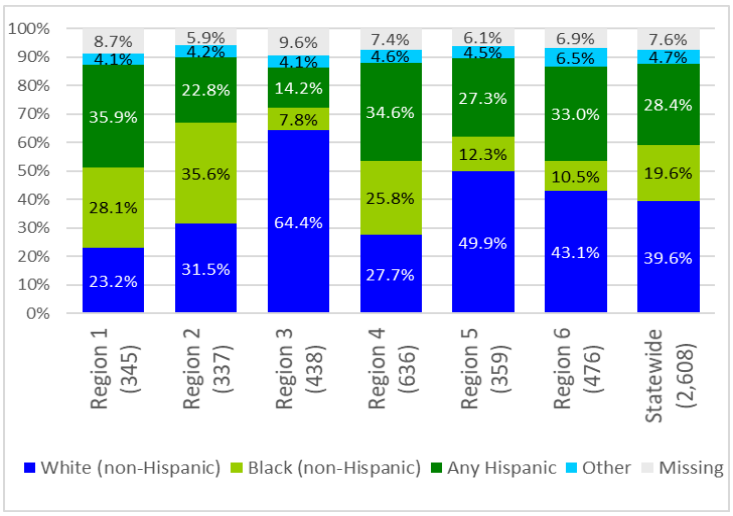
Beginning in FY 2019, the Performance Improvement Center (PIC) at the UCONN School of Social Work modified their methodology to calculate subsequent reports and substantiations. Historically they used a cumulative approach which evaluated subsequent reports and substantiations since implementation, i.e., for new families. This was an intuitive approach at the time given the limited amount of historical data. However, as the scope of PIC's evaluation expanded, both in the chronological span of FAR and the incorporation of Investigations, it became valuable to consider a new approach that would more systematically incorporate returning cases and better capture changes in program activity over time. To this end, PIC adjusted their approach from 'cumulative' to 'cohort'- rather than evaluating unique cases served since the beginning of a program they instead examined a 'cohort' of unique cases served within a single fiscal year and track. Cases that return to a program across multiple fiscal years or that are served under both FAR and Investigations would now be represented within each corresponding fiscal year cohort. This provides an opportunity to better capture the activity of a program by incorporating the population of returning cases, as well as to better identify changes in program activity over time by narrowing the analysis samples to smaller, defined time-periods. As a result, this approach facilitates a more dynamic, responsive method of program evaluation.

FAR: 12-Month Subsequent & Subsequent Substantiated Report Rates



Statewide, 23.3% of FAR families had a subsequent report (SR) within a 12-month period following FAR disposition. This rate has been relatively stable over time with a high of 28.8% in FY16 and FY17 to a low of 23.3% in FY20. There was a 1% decrease in the SR rate from FY 18 to FY 19. The SR rate declined another 3.3% in FY20. The SR report status varies slightly by region with a range of 23.3% - 28.8%. Statewide, 5.7% of FAR families had a Subsequent Substantiated Report (SSR) within a 12-month period following case disposition.

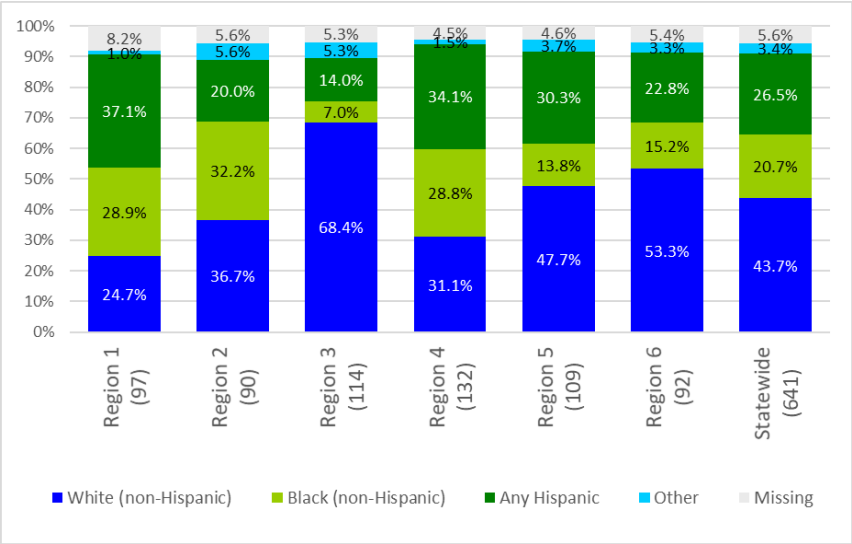
FAR 12-Month Subsequent Report (SR) Rate by Region and Race/Ethnicity



Of the FAR families that had a Subsequent Report, 39.6% were White, 19.6% were Black, 28.4% were Hispanic, and 4.7% were other. This varied regionally as expected since the population differs across the six regions.

Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. Of FAR families with prior CPS history, 30.2% had a subsequent report compared with (15.9%) of families with no prior CPS history. As expected, families with low or very low risk assessment scores had fewer subsequent reports than those families who had higher risk scores. Of the families with a moderate/high risk assessment score, 47.4% had a subsequent report compared with 16% of families with a low or very low risk score. As expected, families with low or very low risk assessment scores had a lower SSR rate (5.5) (or 3.2% and 7.6% respectively)) than those families with a moderate/high risk score (5.5%).

FAR 12-Month Substantiated Subsequent Report (SSR) Rate by Race/Ethnicity



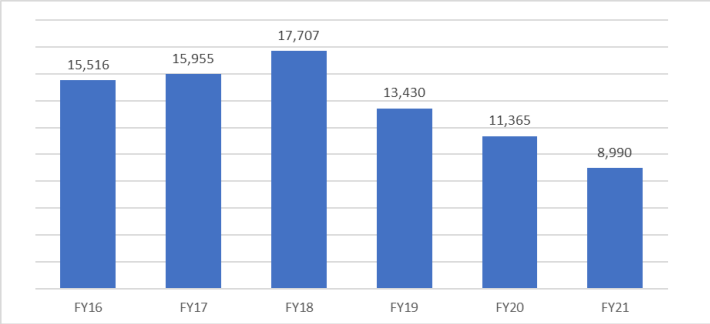
Of the FAR families that had a SSR, 43.7% were White, 20.7% were Black, 26.5% were Hispanic, and 3.4% were 'Other'. Through Survival Analysis, factors associated with substantiated subsequent reports (SSR) within 12 months included age of children, risk assessment level, family composition, region, and having multiple reporters.

FAR Data continues to be routinely shared with central and regional office staff to help identify trends and inform practice and policy changes.

Note: FY20 data was used for all SR/SSR analyses to allow enough time to capture a 12-month follow-up time period.

Investigations Response:

The chart below represents the number of families served in the investigations track since FY16, totaling 71,640 families and 124,051 children. A total of 8,990 families and 14,194 children were served in FY21.

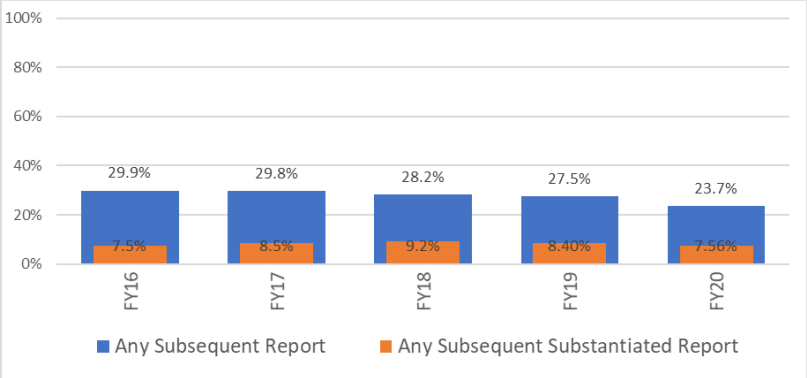


There has been a steady decrease in the number of Investigation families served since FY18. The additional decrease in FY20 was likely exacerbated by the coronavirus pandemic. This year, 31.9% of the investigations, involved children 0-5.

The response time for Investigations cases has fluctuated to some extent over time. The proportion of same day responses has stayed stable. The proportion of 24-hour responses decreased from 40.3% in FY20 to 38.9% in FY 21 and the proportion of 72-hour responses increased from 45.4% in FY20 to 49.8% in FY 21. White families had the smallest proportion (11%) of same day response times, compared with Hispanic families at 11.1% or Other race (12.1%) for the same day response time.

The family composition of most investigation families are two parent households at 36.8%, followed by single parent households (39.3). 23.3% of investigations families had at least one prior CPS Report and 5.7% had at least one prior substantiated report. 77.6% of the accepted reports were from mandated reporters, with school personnel (32.61%) and police (17.88%) the most prevalent reporters.

Investigations: 12-Month Subsequent & Subsequent Substantiated Report Rates by Fiscal Year



Statewide, 23.7% of families had a subsequent report (SR). The SR rate has been trending down with a high of 41.4% in FY12 to the current FY20 low. The FY19 SR report status varies slightly by region with a range of 29.7% - 23.7%.

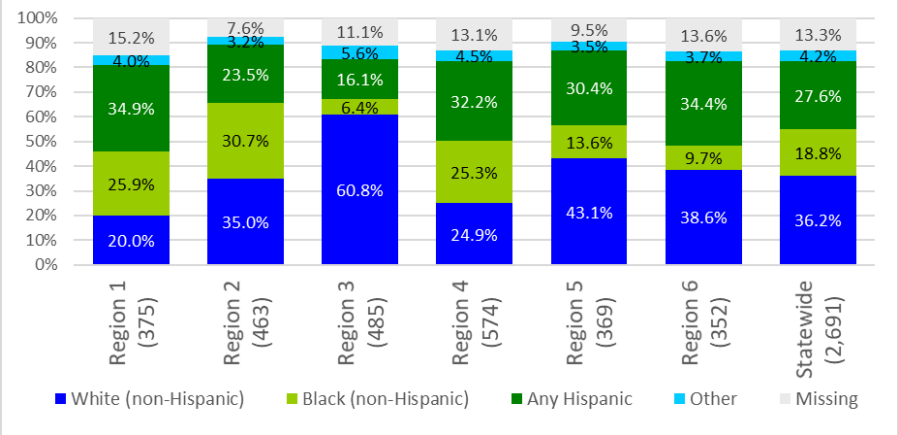
Statewide, 92.4% of families did not have a Subsequent Substantiated Report (SSR). The FY20 SSR report status varies slightly by region with a range of 89.9% - 93.0% with no SSR.

Prior CPS History and SSR: 12.5% had a SSR compared with 7.2% of families with no prior CPS history.

As expected, families with very low or low risk assessment scores had a lower SSR rate (5.3% (or 3.1% and 6.0% respectively) than those families with a moderate/high risk score (12.2%).

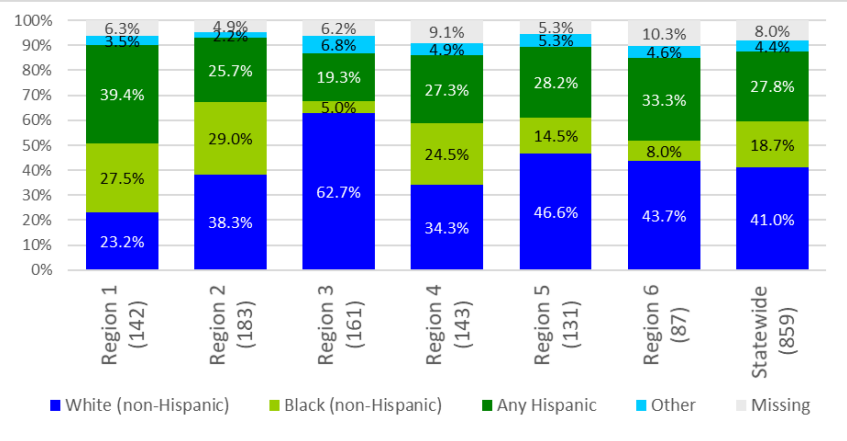
Consistent with the literature, families with a prior CPS history were more likely to have subsequent reports. For families with prior CPS history, 40.2% had a subsequent report compared with 23.5% of families with no prior CPS history. As expected, families with low or very low risk assessment scores had fewer subsequent reports than those families who had higher risk scores. Of the families with a moderate/high risk assessment score, 37.7% had a subsequent report compared with 22.2% of families with a low/very low risk assessment score.

Investigations: 12-Month Subsequent Report Rate by Race/Ethnicity



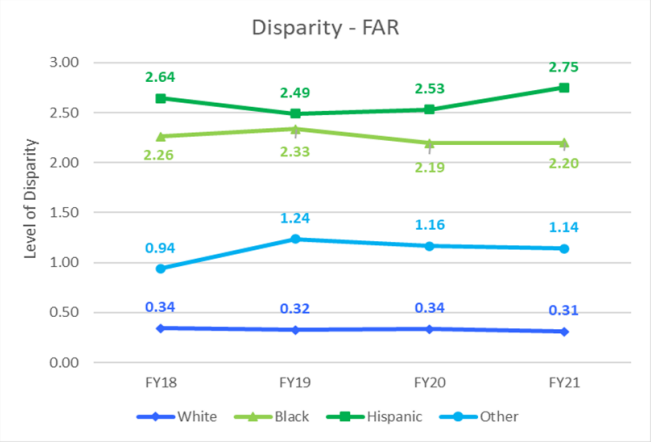
Of the families that had a SR, 36.2% were White, 18.8% were Black, 27.6% were Hispanic, and 4.2% were other. This varied regionally as expected since the population differs across the six regions.

Investigations: 12-Month Substantiated Subsequent Report Rate by Region and Race/Ethnicity



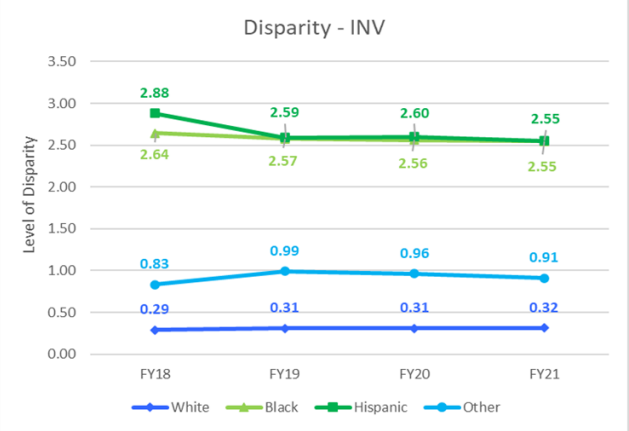
Of the families that had a SSR, 41% were White, 18.7% were Black, 27.8% were Hispanic, and 4.4% were other.

FAR Racial Disparity



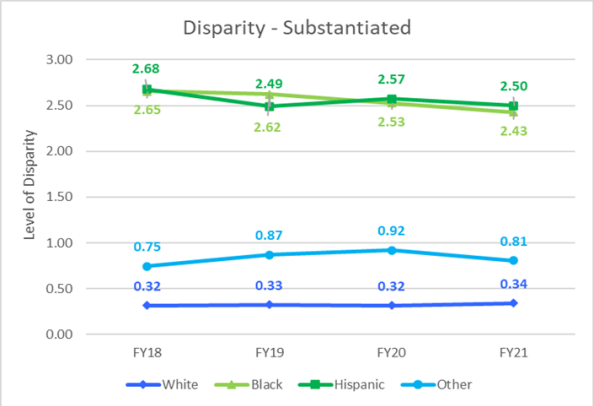
In FY21 racial disparities occurred in referrals to INV and FAR. Hispanic families were referred to the FAR track at a rate that is 2.75 times greater than the rate of all the other families. Similarly, Black families were referred to the FAR track at a rate that is 2.20 times greater than all other families. Families with the race category 'Other' were referred to the FAR track at a rate that is 1.14 times greater than all other families. However, White families were referred to the FAR track at a rate that is only 0.31 times the rate of all other families.

Investigation (INV) - Racial Disparity



Hispanic and Black families were referred to INV at a rate that is more than 2.55 times greater than all other families. White families were referred to INV at a rate that is only 0.32 times the rate of all other families.

Substantiated Reports- Racial Disparity



Further disparities were identified in substantiated report status for Black and Hispanic families.

Black and Hispanic families had substantiated reports at a rate that is 2.43 and 2.5 times greater than that of all other families in FY21, respectively.

Families with the race category 'other' had substantiated reports at a rate 0.81 times that of all other families. White families had substantiated reports at a rate only 0.34 times that of all other families.

Starting in May 2021, UCONN's Performance Improvement Center and members of the Strategic Planning Division began meeting regularly to develop and finalize a research agenda relative to our intake process and the Community Support for Families program. Rather than just reporting out data, the focus is evaluating our data to help inform practice through the creation of infographics and documents highlighting key takeaways from the analysis. The intent is to actively use the data to improve our practice and outcomes for families. Inclusive of this agenda is the establishment of a Research to Practice Committee (RTPC) to help inform the analysis as well recommendations around practice improvements. This committee meets monthly and includes representatives from UCONN, Area Office staff, Strategic Planning, and the Academy.

In the past year the RTPC has examined research on the Community Supports for Families program to use the findings to inform practice decisions. The RTPC has also looked at racial disproportionality and disparity data to identify gaps in knowledge and identify additional focus areas. Finally, the RTPC has started to look at substantiated subsequent reports to address variations across regions. For the upcoming year, the RTPC will continue to look at research on substantiated reports and begin to look at data around chronic families to identify information that can be used to inform practice improvements.

CT Child Safety Practice Model

In October 2020, the Department established a contract with Taylor Consultants to develop CT's Child Safety Practice Model, with a specific emphasis on approach, interactions, and decision-making in the midst of the COVID-19 pandemic. The model aligns with our core values around engagement of families, building upon the family's protective factors and capacities, and keeping children safely at home whenever possible. The model is specific to CT and builds upon our existing policies and practice guides with key features intended to refine and strengthen our safety assessment and safety planning practices. Additionally, the model is designed to promote greater consistency in language and understanding of safety both internally and externally.

The model focuses on the ABCD paradigm, which will be become our way of thinking about child safety and a strategy of collecting critical information to help inform our safety decisions in real time. The model focuses attention on the following areas that we believe are critical to assessing child safety:

- A= Adult parental protective capacities
- B= Behaviors that are harmful
- C= Child Vulnerability
- D= Dangerous Conditions

Although the model builds off our strong safety practices, including the continued use of our SDM Safety Assessment and Considered Removal Child and Family Team Meetings, new features were developed designed to

enhance skill building and development, facilitate information sharing, and promote critical thinking. Practice Profiles, a tool developed by the National Implementation Network (NIRN) identifies specific skill sets along a continuum from beginning level to advanced that will help operationalize the model and serve as a foundation for training and supervision.

Three Practice Profiles were created as follows:

1. Safety Assessment and Safety Planning for DCF Frontline Staff
2. Safety Assessment and Safety Planning for DCF Supervisors
3. Safety Assessment and Safety Planning for Community-based Partners

In addition, Discussion Guides in specialized areas were created to promote deeper communication and discussions between DCF and our community partners. Five Discussion Guides will be created in the following key areas:

- 0-5 Population
- Intimate Partner Violence (IPV)
- Mental Health
- Substance Use
- Developmental Disabilities

This year, all the documents were finalized and approved by the statewide Implementation Team. As we move toward enhancing our implementation efforts, subcommittees will be established in the following key areas:

- Data (to develop a CQI structure, including key safety decisions to ensure we're not contributing to disparities)
- Policy/Practice Guidance (to ensure the ABCD Paradigm is fully embedded in our current policies/safety planning practices)
- Workforce
- Systems/External training

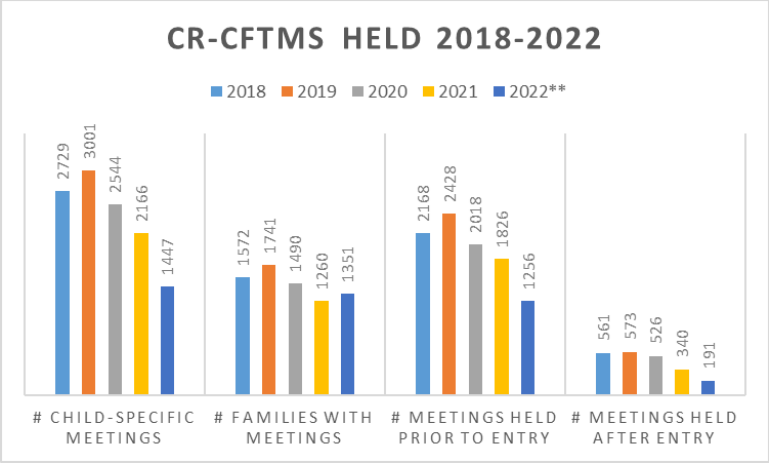
In addition, the Department intends to align the model with our racial justice/equity work as we know it is essential to ensure this collective work is explicitly and intentionally integrated at all levels. An initial meeting is scheduled the end of May to engage in a co-design process that will ultimately help staff implement the principles of the model in ways that demonstrate our anti-racist values while always holding child safety paramount. Specific deliverables will be developed for each subcommittee. This will continue to be an area of focus this upcoming year.

CT's Teaming Model

The Department continues to build a teaming continuum that ensures that child and family voices are heard throughout every stage of the child welfare process. The implementation of a Child and Family Teaming Continuum has been a core part of the Department's move to a more family-centered, strength-based practice. The Department believes this collaborative approach fully engages families in developing and identifying solutions will lead to better outcomes for children and families.

On February 11, 2013, as a key component of the continuum, the Department implemented Considered Removal – Child and Family Team Meeting (CR-CFTM) statewide. CR-CFTMs are held when a child is being considered for removal as a result of a safety factor being identified. Their purpose is to engage the family and their supports in safety planning efforts and placement decisions. The meeting results in a "live decision" around child removal and is run by an independent facilitator. Central Office and CR facilitators meet quarterly to review CR-CFTM practice and provide regional updates.

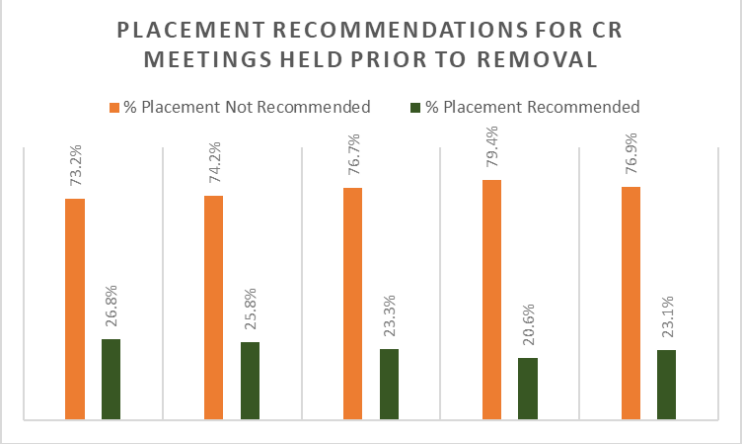
Since 2013, there have been a total of 24,685 child-specific meetings held, involving 15,208 families. Overall, 77.2% of meetings (19,058) occurred prior to the child's removal and only 25% of the meetings recommended the child's removal.



This year, 1447 child specific meetings were held, with 86.8% of meetings occurring prior to the child's removal, the highest since implementation. Following the submission of the CFSP, the Department has averaged 82% of the meetings being held occur prior to a child's removal from the home.

Note: ** Represents partial FY. 2022 reflects data from 7.1.21 through 4.30.22

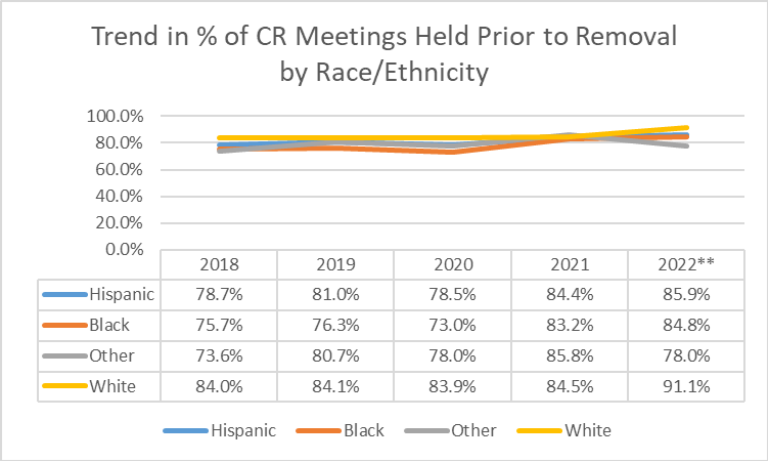
The chart below represents Considered Removal (CR) Meetings held prior to removal and the recommended outcome of the meeting.



The data demonstrates the Department's ability to engage in safety planning efforts with families. This past year, of the meetings that were held prior to removal (1256), 77% of children were not recommended for removal, a slight decrease from the prior year (79%).

Note: ** Represents partial FY. 2022 reflects data from 7.1.21 through 4.30.22

This chart represents the Considered Removal Meetings that were held prior to a child's removal by Race/Ethnicity since 2018.

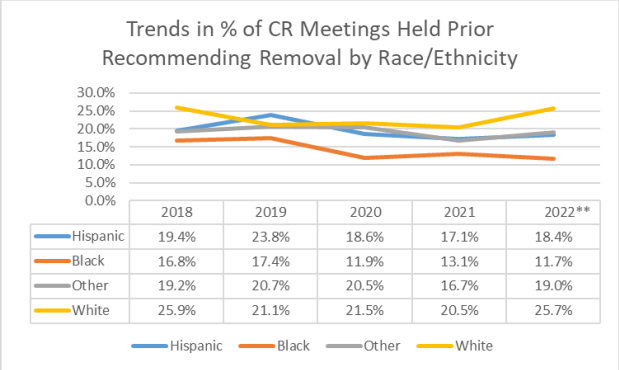


	2018	2019	2020	2021	2022**
Hispanic	78.7%	81.0%	78.5%	84.4%	85.9%
Black	75.7%	76.3%	73.0%	83.2%	84.8%
Other	73.6%	80.7%	78.0%	85.8%	78.0%
White	84.0%	84.1%	83.9%	84.5%	91.1%

Overall, we have been consistent in offering meetings prior to a child's removal across all racial groups. White children have been slightly higher in the percentage of meetings occurring prior to removal than other racial groups up until last year. This year, white children had the highest rate of meetings held prior to removal, followed by Hispanic, Black and Other.

Note: ** Represents partial FY. 2022 reflects data from 7.1.21 through 4.30.22

This chart reflects the Considered Removal Meetings held prior to removal where the decision of the meeting is recommending placement of the child by Race/Ethnicity since 2018.

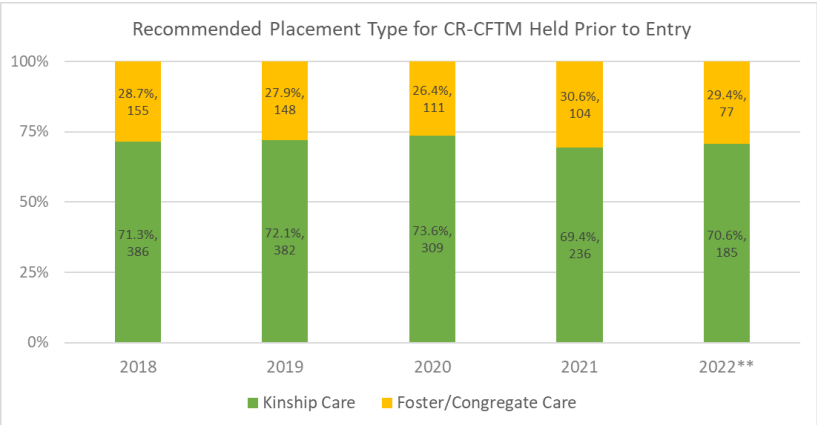


	2018	2019	2020	2021	2022**
Hispanic	19.4%	23.8%	18.6%	17.1%	18.4%
Black	16.8%	17.4%	11.9%	13.1%	11.7%
Other	19.2%	20.7%	20.5%	16.7%	19.0%
White	25.9%	21.1%	21.5%	20.5%	25.7%

Overall, there does not appear to be significant differences in decisions across racial groups for children who were the subject of a CR meeting. Black children have consistently had the lowest percentage of removal recommended when compared to all racial groups. Since 2020, white children have had the highest percentage recommending removal.

Note: ** Represents partial FY. 2022 reflects data from 7.1.21 through 4.30.22

This chart represents CR meetings held prior to removal since 2018. It depicts the recommended placement for children who are recommended for removal. Kinship care continues to be the primary placement recommended for children who are the subject of a CR meeting. This trend has been consistent since implementation. This year, 71% of children were recommended for placement in kinship care, an increase from the prior year.



Note: ** Represents partial FY. 2022 reflects data from 7.1.21 through 4.30.22

The chart below reflects the CR meetings held prior to the child's removal and compares the recommendation of the meeting (removal) and whether the child entered care. The CR meetings have been successful in diverting children from entering DCF care. This year, 93% of the children with a recommendation for removal entered care, a slight increase from prior year (92%). This has been a consistent practice since implementation. Overall, the "live decision" made at the meeting appears consistent with what happens after the meeting.

Comparison of CR Meeting Recommendation and Actual Outcome						
		2018	2019	2020	2021	2022**
Of All Meetings Prior to Entry	Placement Diverted	55.8%	63.5%	62.9%	59.5%	59.8%
Of All Meetings Prior to Entry	Entered Care	44.2%	36.5%	37.1%	40.5%	40.2%
Removal Recommendation						
Placement Not Recommended	Placement Diverted	74.5%	81.1%	79.5%	72.9%	75.6%
Placement Not Recommended	Entered Care	25.5%	19.0%	20.5%	27.1%	24.4%
Placement Recommended	Placement Diverted	4.7%	13.1%	7.9%	8.0%	6.8%
Placement Recommended	Entered Care	95.3%	86.8%	92.1%	92.0%	93.2%

Note: ** Represents partial FY. 2022 reflects data from 7.1.21 through 4.30.22

The chart below reflects the entry timeframe for children who were the subject of a CR meeting. This year, 87% of children entered care within 60 days of the CR meeting; 13.9% of children entered care on the same day of the CR meeting; and 65.4% of children entered care between 1 and 30 days of the meeting.

Timeframe for Entry into Care from CR Meeting					
	2018	2019	2020	2021	2022**
0-60 Days	802	754	601	579	421
>60 Days	195	88	112	144	61
Total #	997	842	713	723	482
0-60 Days	80.4%	89.5%	84.3%	80.1%	87.3%
>60 Days	19.6%	10.5%	15.7%	19.9%	12.7%
Total %	100.0%	100.0%	100.0%	100.0%	100.0%

Note: ** Represents partial FY. 2022 reflects data from 7.1.21 through 4.30.22

The Department continues to meet with the CR Facilitators on a quarterly basis. The focus of the meetings this year continued to be on the facilitation of meetings in a virtual environment, as well as discussions relative to the Child Safety Practice Model. All the CR Facilitators participated in the various workgroups in the design of our Child Safety Practice Model. For this upcoming year, the focus of these meetings will include the following:

- Analysis of AO CR Data
- Update the CR-CFTM Policy and Practice Guide to increase consistency in practice
- Assess the impact of the implementation of the Child Safety Practice Model on the CR process.

Permanency Teaming continues to be an area of focus for the Department, particularly as one of the key strategies in meeting our performance measures and PIP. Documentation of our permanency teaming practice continues to present challenges given our current LINK system. As a result, the process of quantitative review continues to present challenges. Permanency Roundtables continue to be held regionally for children who are delayed achieving permanency. This year, the Department intends to update our Permanency Teaming practice guide and policy.

Caregiver Practice Model

The Connecticut Caregiver Practice Model (CPM) demonstrates the department's commitment to achieving optimal outcomes for children, youth, families, and communities. CPM is an organizing framework that describes

and guides the work of DCF, and its contracted providers related to caregivers in Connecticut. It focuses on all parents and caregivers but has a specific emphasis and nuances for foster parents, kinship foster parents, fictive kin, relatives, and adoptive parents given their unique relationship to DCF, parents of origin and the children in their care.

In 2021, with assistance from Chapin Hall and guided by a diverse and intentional Implementation Team of stakeholders, persons with lived experience, subject matter experts and child welfare professionals, the process for developing the model was comprehensive and structured. The CPM Implementation Team met biweekly for 90 minutes (about 1 and a half hours) to thoughtfully discuss and formulate the key elements of this model. The Implementation Team developed the mission statement, established a foundational theory of change, eight guiding principles and seven core practice skills and strategies. The next step will be to operationalize the CPM through existing and future initiatives focusing on practice around caregivers in Connecticut.

The mission statement of the CPM is nested within the existing mission statement of CT's practice model Strengthening Families Connecticut: *"Partnering with communities and empowering families to raise resilient children who thrive."* The mission statement of the CPM is: ***Partnering with caregivers to ensure consistency, quality, and equity in practice towards improved child and family well-being.***

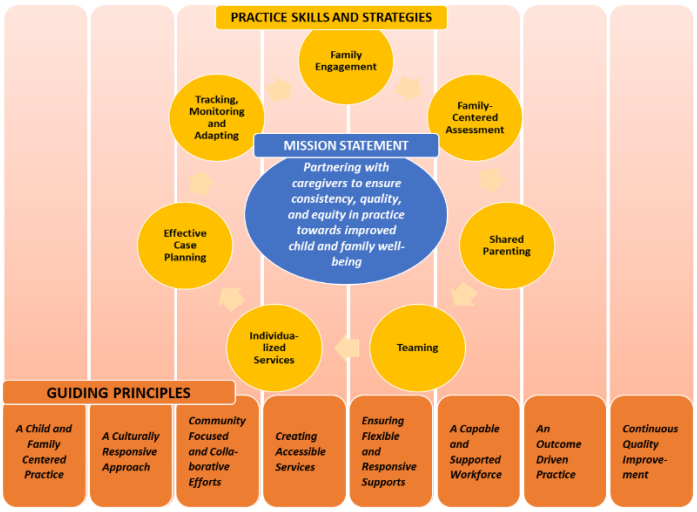
The **theory of change** described eight underlying problems.

- Stigmas, myths, and insufficient understanding of a family's situation
- Lack of trust and intentional engagement in approach to caregivers
- Insufficient focus on relationship between caregivers and parents of origin
- Inadequate strategy for recruitment of core/foster caregivers to ensure readiness and understanding of the role
- Insufficient targeted information to and training of all caregivers
- Insufficient and inconsistent statewide practice regarding kinship care
- Lack of focus on connecting caregivers to communities and relevant stakeholders outside of CTDCF
- Insufficient communication to broader audience creates a negative image of CTDCF

Within the theory of change, **the pathway to change** is defined as the connection between the problems and the long-term outcomes. To achieve the desired long-term outcomes, a series of causal links (e.g., short-term outcomes, 'building blocks') must unfold. These pathways include:

- Caregiver and children-focused pathways to change
- Organizational and systemic pathways to change
- Long-term outcomes for caregivers and children
- Long-term organizational and systemic outcomes

The below provides a visual summary of the CPM central principles, designed to guide child welfare practice, and govern engagement and interactions between child welfare staff and families, with each other, and with community partners. The principles become a foundation that helps prioritize goals and practice. The summary includes the core practice skill and strategies determined as essential by the CPM Implementation Team. It is the future ambition for advancing the skills and strategies to optimize the practice around caregivers in Connecticut. As part of the work with QPI, the development of the Kinship Navigation Model, the Faith-based Initiative, and the new strategy for the Foster Care Division, CTDCF intends to implement as many of the described ambitions as possible in practice.



Rapid Permanency Reviews

The Adoption Call to Action bi-annual meeting was Initiated by the Children's Bureau as a convening of National Statewide Adoption Managers and National Statewide Foster Care Managers to address delays in permanency, with an emphasis on adoption. Connecticut's data indicated the average time frame to adoption finalization after a child is legally free is approximately 12 months and the average length of stay is 3 years. The Children Bureau charged each state in attendance to implement a strategy to address the delay; the department chose Rapid Permanency Review (RPR) and enlisted the consultation services of Casey Family Services. RPR, through a case review process, identifies systematic barriers (internal and external) and with key stakeholders works to mitigate the barriers (systems, practice, and policy) and replicates existing best practice.

In November 2021, the department began statewide implementation of RPR. The cohort consisted of children ages 0-18, in care 2 years or more (Long Stayers), whose parents rights were terminated, living with their identified resource and with a permanency plan of Adoption. A total of 128 children were identified for the cohort. The children were 51% male and 49% female. The average age was 9.8 years old with the oldest being 17 years old and the minimum 1 year old. The children racially identified at 37% White, 30% Latinx, 22% Black and 10% Multi-racial. Their time in care averaged 3.6 years and termination of parental rights occurring 2.5 years post initial entry into care. The results of the review identified the following barriers:

- Covid related delays (i.e., court delays and availability of services)
- Caregiver and youth readiness/indecision
- Children with complex needs

Consistent with the pilot RPR, the subsidy approval process was identified as an area for improvement. The department continues its ongoing training in the Area Offices, reinforcing the use of the subsidy guides, ongoing review of all forms to streamline and eliminated redundant and no longer relevant material and providing focus area office support. To date, 49% of the children in the cohort have achieved permanency.

Quality Parenting Initiative (QPI)

The Youth Law Center (YLC) developed the Quality Parenting Initiative (QPI) in 2008 as a unique model for strengthening foster care and improving permanency and wellbeing for children placed in out-of-home care by refocusing policy and practice to focus on the quality of relationships. QPI's aim is to ensure that all children placed in out-of-home care, whether with a relative, fictive kin, or licensed family, receive high-quality parenting that meets their emotional, developmental, cognitive, and social needs. The goal is to create community of parents, licensed caregivers, who embrace the whole child and are support to birth families and who work to transform the foster care system. They, along with community, foster effective birth parent and caregiver

relationships. Quality Parenting Initiatives (QPI) improves the quality of care given to children in care by using child development research, branding, and marketing principles, and adult learning strategies to recruit and retain caregivers. It operates on five core principles:

1. Excellent parenting is the most important service the department can provide to children in care and that **children need families, not beds**
2. Child development and trauma research indicates that children need constant, consistent, effective parenting to grow and reach their full potential.
3. Each community must define excellent parenting for itself.
4. Policy and practice must be changed to align with that definition; and
5. Participants in the system are in the best position to recommend and implement that change

In 2021, QPI implementation and development remains ongoing. Six regional steering committees were established charged with identifying up to three deliverables related to improving practice and building connections between licensed caregivers and parents, licensed caregivers, and department staff. These deliverables include implementation of comfort calls, ice breakers, creating awareness by leading QPI conversations, and improving communication between caregiver and parent.

To strive towards the intentional inclusion of the caregiver's voice in all things related to the support, services, policy, and practice of the foster care system statewide, in November 2021, the Department launched its first Quality Parenting Outreach (QPO) "pulses." A pulse is a "text" message communication technology administered by our partner, Akido Labs. Questions were developed with assistance from the Youth Law Center. Each month, licensed caregiver receives a text message with a link to a short web survey in their preferred language available and takes minutes to complete. The survey has ranged from topics on relationships, needs, training, activities, expectations, and most recently case planning. The first pulse on attitudes, perception and behaviors netted 51% response rate. The second pulse on early parent/ caregiver contact netted a 44% response rate. The third pulse on birthparent/ caregiver relations netted a 43% response rate.

Relative/Kinship Care

The Department adopted a coordinated approach and expectations to focus on identification, engagement and licensing of relatives and kin for children who require an out of home placement.

In 2021, 43% of children in placement are with relatives and fictive kin. The Department has also been monitoring the rate of initial placements with relatives and fictive kin – in 2011 24.3% of children entering care had an initial placement with a relative or fictive kin. In 2021, on average, 51.1% of children entering care had an initial placement with a relative or fictive kin. Between January 2011 to April 2019, the Department also saw an increase in the total number of licensed relative and fictive kin homes from, from 669 to 997. However, in 2021, the number dropped from 428 to 314 due to the pandemic and the reduction of children entering care. The largest reason for closure of a relative or fictive kin home continues to be because a child has achieved permanency (child is reunified, adopted or guardianship is transferred).

Structured Decision Making

The National Council on Crime and Delinquency (NCCD) via the Children's Research Center's (CRC) contract with the Department ended in September 2020. The Department continues to utilize the revised SDM Safety and Risk Assessment Tools. Specific SDM questions have been embedded in our case review tools to assess our SDM practice. Findings indicate issues with the accuracy of tool completion, particularly in the utilization of the definitions when completing the tools, as well as timely completion. LINK reports have been updated to include SDM data. SDM will continue to be an area of focus in supervision.

The Academy continue to offer SDM refresher courses to the regions as requested. As we have shifted our focus to the implementation of our Child Safety Practice Model, which is inclusive of our SDM Safety Assessment, we will continue to assess and monitor our utilization and application of SDM.

Order of Temporary Custody Pilot Program

DCF's Legal Division launched a pilot program in March 2021 in the Torrington and Willimantic area offices, in which in-house attorneys and paralegals, rather than social workers, wrote the affidavit and statement of facts for order of temporary custody (OTC) petitions. The goal of the pilot was to minimize the revisions and drafts needed, while allowing the attorneys and social work staff to focus on their respective areas of expertise. While feedback on the pilot was positive, the pilot program ended in June 2021 due to staffing issues. The Legal Division may revisit this process at a later date.

Integrated Family Care and Support Program (IFCS)

The IFCS program was developed in the belief that families would be better served in their own community without DCF involvement and aligns well with the Family First Legislation and prevention mandate. The 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 the Wraparound Family Team Model approach.

The IFCS program launched incrementally throughout the state in late February 2020, offering statewide programmatic service delivery in May. However, the worldwide COVID-19 pandemic has affected everyday functioning since that time. It forced the program to make several service delivery changes and alter expectations related to program activities and outcomes for the inaugural year and through 2021.

IFCS staff transitioned from working virtually with families to in-person encounters in quarter 3 of 2021. The return to working in the community generated various responses from both families and staff. IFCS staff reported improved engagement with families as a result of in-person contact. Following health protocols, staff were required to complete a health screening for themselves and the families within 24 hours of the intended visit. This process ensured the participants' health, and it served as an appointment reminder for families.

From January 1, 2021 through March 31, 2022, IFCS received 1,481 referrals serving 5,209 family members. This was in addition to the referrals made prior to January 1, 2021.

IFCS Key Outcome Measures as identified in their contract:

- Engagement: 80% of accepted families develop a Plan of Care within 45 days
- Family Satisfaction: 80% of families who engaged in program & discharged are satisfied
- Repeat Maltreatment: 85% of families engaged & discharged will not have a subsequent substantiated report within 6 months of discharge

Engagement - Initial Plans of Care (POC)

The plan of care is completely family driven and directs the interventions, referrals, and services the family receives. IFCS staff work with families to develop a plan of care following a comprehensive assessment of the family's strengths, resources, supports and needs as identified by the family and their support network.
Once families create a plan of care with IFCS, they are considered engaged in the program. Families are included in this measure if they were scheduled to have a plan of care developed during the reporting period. Families who were discharged before a care plan was due are not included. Care plans are defined as "on time" if they are completed within 45 business days of the transition meeting and "late" if they are not completed within this timeframe. From January 1, 2021 to March 31, 2022, the rate for on-time completion of the initial plan of care was 80%.

Family Satisfaction
Beacon gathers family feedback on engagement, service satisfaction, and perceived benefits of the program through a family satisfaction survey administered by the Administrative Liaisons. Administrative Liaisons reach out to those families within 30 days of closing to assist with its completion. Only families who developed a plan of care are included in this measure. From January 1, 2021, to March 31, 2022, IFCS received 314 surveys from members of which 94.6% (297) indicated they were satisfied with IFCS services.

Repeat Maltreatment - Subsequent Substantiated Reports
In collaboration with the University of Connecticut, Beacon is monitoring the rates of families who have children who remain safely in their homes 6-months post discharge, as evidenced by no new substantiated reports.
As families need to be discharged 6-months before being included in this measure, this report contains families discharged from April 2020-June 2021.There were 393 families who were engaged, discharged, and reached the entire 6-months post-discharge period. Of these families, 94.7% (372) did not have a new substantiated report within 6-months post-discharge from the program. This exceeds the performance expectation of 85% of families not having a subsequent substantiated report 6-months post-discharge.

The Central Office Program Lead continues to meet with Beacon staff on a monthly basis to review referrals, address programmatic issues, and review data. Local DCF/IFCS staff meet regularly to foster relationships between DCF/IFCS staff, address case specific concerns, promote communication, and ensure the needs of families are being addressed.

IFCS reports progress on key outcomes and other performance measures to DCF every quarter. Reports include an analysis of the outcomes by race and ethnicity. In addition, the Child & Family Division under Beacon has a Health Equity Steering Committee, which includes IFCS that is assessing IFCS outcomes through a racial justice lens.

IFCS Future Plans:

- Implementation of a quality assurance protocols for IFCS, including audit tool.
- Alignment with the CT Family First Initiative.
- Expansion of racial justice work currently being done within the program, including staff trainings, and immersion in program-specific and organization-wide diversity dialogues.
- New workgroups led by staff to address issues such as housing resources and tools, as well as identifying best practices related to service delivery.

Voluntary Services

Starting May 1, 2020, the Beacon Health Options Voluntary Care Management program assumed the responsibility of administering the Voluntary Services program from DCF. Voluntary Care Management is a DCF funded program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency.

The Voluntary Care Management Program emphasizes a community-based approach and attempts to coordinate service delivery across multiple agencies. Parents and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth. The Voluntary Care Management Program promotes positive development and reduces reliance on restrictive forms of treatment and out-of-home placement.

The Voluntary Care Management is designed for children and youth who have behavioral health needs and who need services that they do not otherwise have access to. The participation of parents in both treatment planning and treatment is both welcome and expected. Also, if a child is placed outside the home to address the child's behavioral health needs, the treatment plan will outline a comprehensive plan for the return home.
Beacon Health Options may provide on a voluntary basis (at the request of the family), casework, community referrals and treatment services for children who are not system involved with the Department. These are youth

who do not require protective services intervention but may benefit from the community based behavioral health system. Families can initiate an application by calling DCF's Careline. Referrals received by the Careline will be forwarded to Beacon Health Options along with the Office of the Health Care Advocate to ensure all insurances have been optimized. Eligible families for this program are identified through a referral process with the Careline staff. Families are identified as having a child or youth:

- Under the age of 18 with a diagnosed emotional, behavioral or substance use problem
- With a developmental disorder, in addition to a primary diagnosis of an emotional, behavioral or substance use problem

Since May 1, 2020 there have been 900 individual referrals to the new Voluntary Care Management Program, with 800 served since program inception. The staffing model has been modified to include a triage coordinator and six Voluntary Care Manager Clinicians, and Supervisor who consult with the medical director and psychiatrist, to create the least restrictive plan of care.

Community Partnerships

The Office of Early Childhood has continued to promote healthy child development. Utilizing social media channels, the OEC is connecting with families where they are seeking communication. Key messages have focused on driving awareness for programs that assist families and providers, such as, but not limited to, Home Visiting, Birth To Three, Care4Kids, ASQ Home Screening and WIDA Online Learning Modules. Simple messaging promoting safe sleep practices, as well as a campaign promoting positive parenting and Child Abuse Prevention awareness, also supported Connecticut's families. To see all messaging, please view OEC's Facebook page here.

Office of Early Childhood Prevention Services Continuum:

Strengthening families through primary prevention of child maltreatment involves a broad array of support services across community partners, nonprofits, state agencies, and federally funded programs. According to Connecticut's 2018 ALICE Report, forty percent of households in the state struggle to afford basic necessities including: housing, food, child care, health care, technology, and transportation. Improving coordination across stakeholders serving vulnerable families is critical to strengthening CT's prevention efforts. As a first step in this work, the newly established CFSP working group, which includes representatives from all state human service agencies, will continue to identify prevention activities, services, and innovations across stakeholders.

Current primary prevention efforts identified in the state include:

- Care4Kids, Connecticut's Child Care Subsidy Program
- Evidence-based, home visiting services for vulnerable families. Each year, over 2,000 children and families receive weekly home visits designed to improve child health, prevent child abuse and neglect, encourage positive parenting and attachment, and promote child development and school readiness. (i.e. OEC Home Visiting Programs which include the following evidence-based home visiting models: Parents as Teachers, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby, Child First.)
- CT's Birth to Three system includes statewide early intervention services and supports for infants and toddlers with disabilities and their families. The program currently serves about 10,000 children annually.
- Two-generational initiatives that support early care and education, health, and workforce readiness and self-sufficiency across two generations in the same household. Ongoing pilot projects include:
    - Family Homeless Diversion Initiative- Partnership between OEC and DOH. Rewards community providers for their work to prevent emergency shelter stays for families with young children, and thereby reduce childhood trauma
    - Connecting parents in specific educational training programs with the childcare they need to reduce barriers to program participation, and ultimately, increase employment
    - Home Visiting outcomes rate card
    - Pilot project between OEC Home Visiting and Department of Labor- The Hartford area Jobs First Employment Services (JFES/American Job Center) orientations include a presentation from an

OEC Home Visiting program. This is followed by an opportunity for eligible participants to voluntarily enroll in a home visiting program.

- School Readiness
- Early Head Start/Head Start programs in the state
- 2-1-1 Program: provides connections to local services, including: housing, food, utility assistance, healthcare, mental health services, employment, crisis interventions, clothing, substance use/abuse and addiction services, legal assistance, home visiting programs, and early care and education programs
- Pyramid Framework- OEC is partnering with communities around the Pyramid framework for ECE providers and public schools, to support children's social and emotional health
- The Early Childhood Consultation Partnership (ECCP) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children.
- Women, Infants, and Children (WIC) Program
- SNAP E&T

As the state transitions to a focus on prevention, the following chart represents OEC's service array, reflective of primary prevention efforts, early intervention and diversion programs that align with Family First legislation.

Prevention **(Primary prevention, early intervention, diversion)**	**Intervention/Treatment**
Home Visiting Services (Including Pre-natal Services and Supports)	DCF/Head Start/Birth to Three Partnership
CT's Birth to Three System	
Care4Kids, CT's Child Care Subsidy Program	
School Readiness	
2-1-1 Infoline	
Head Start/Early Head Start	
Two-generational initiatives (i.e. Family Homeless Diversion Initiative)	
SNAP E&T	
Women, Infants, and Children (WIC) Program	
Early Childhood Consultation Partnership (ECCP)	
Trainings: Pyramid framework, Infant mental health, dual language learners	
Family Resource Centers	
Prevent Child Abuse CT	

OEC and DCF will continue to work together to coordinate and share information related to these prevention activities during the CFSP State planning team quarterly meetings.

Governor's Task Force on Justice for Abused Children (GTFJAC) – Children's Justice Act:

Consistent with the FFPSA, the state of Connecticut has moved from a solely focused child welfare agency to a Child Welfare System Response. It continues to use the Child and Family Services Plan (CFSP) as a vehicle to map out our plan. The Governor's Task Force on Justice for Abused Children (GTFJAC), with its diverse membership, is uniquely positioned to contribute and partner with the child welfare system with several key stakeholders engaged around the task force table. There are several linkages between the work that GTFJAC is currently involved in that align with child welfare work.

Three key areas of focus:

Safety:

Multidisciplinary Teams (MDT) enhance the capacity of children and families to achieve positive outcomes through support, services, and resources. This will aid in the decrease of recurrence of maltreatment. Complex cases can be teamed by Connecticut professionals with expertise in various disciplines. This support is offered to any child, youth, or family in the state. Currently, reports of child trafficking are automatically sent to the appropriate MDTs to be reviewed.

The GTFJAC also evaluates the 17 MDTs in the state of Connecticut. In 2002, per Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols and monitor and evaluate multidisciplinary teams' performance. It is charged with reviewing the protocols of all multidisciplinary teams, monitoring, and evaluating teams, and making recommendations for modifications to the system of multidisciplinary teams. These evaluations have identified gaps in the system, universal trends, and areas of strength. The evaluations can indicate additional training needs for professionals, identify potential policy updates across systems, and highlight best practices to ensure improved child safety and a uniform approach across the state. Evaluations paused in March 2020 due to the Covid-19 pandemic. The evaluations resumed in March 2021, and six teams were evaluated in 2021.

In addition, GTFJAC leads the effort on training the state in the Minimal Facts training initiative. This training clarifies the interview process of victims, ensuring minimal interviews of victims having to repeat their abuse and timely response to ensure child safety.

There are two versions of training on Minimal Facts: 1) First Responders for investigators such as law enforcement and child welfare and 2) Discovers for other mandated reporters. These trainings were developed by GTFJAC and is provided to law enforcement officers, social workers, health care providers, educators, daycare providers, foster parents, and others who are obligated to make a mandated report. The goal of the training is to ensure individuals know what to do when a child discloses abuse and know how to respond and support the child.

GTFJAC has provided trainers to conduct training for community members, organizations, schools, and state agencies. As part of the Children's Welfare system, we also offer this training to all the partner state agencies. Over the past year, this training was available online to increase the number of trained participants while addressing the ongoing challenges of the pandemic. There have been several in-person offerings provided throughout the state. Data is collected to monitor the number of trainings in Connecticut and the specific professions accessing the training.

Permanency:

MDT/Children Advocacy Centers (CAC) support child victims and their non-offending caregivers (advocacy, services, treatment) and provide assistance to preserve/maintain permanency for children within their homes. These services also aid in the decrease of recurrence of maltreatment.

Family Well Being:

Children Advocacy Centers (CAC) provide advocates to children and families who are available throughout the process. The CAC provides direct mental health services and referrals to programs, supports, and services as

indicated. Services often remain in place after a case is closed. Understanding recovery is a process that does not end when the legalities of the case are resolved.

The CACs conduct caregiver surveys that assess the families' treatment and services. The data collected is valuable and enables the state to create changes in the system based on user feedback. These Outcome Measurement Surveys can be updated to research a specific service and help inform the direction of the child welfare system.

Court Appointed Special Advocates (CASA) volunteers are assigned to the court process. They can improve participation in the Administrative Case Review (ACR) for the child and ensure that children have jointly developed case plans. These activities speak to engagement, case planning, and advocacy to ensure a coordinated approach beneficial to the child and non-offending caregivers.

GTFJAC will develop or support Statewide Training for Professionals:

- Develop training opportunities for child welfare professionals to increase skills to meet the needs of children and families. Over the last year, virtual workshops were provided across the state that were accessible to child welfare and all partner agencies.
- Training for Judges, lawyers, DCF, and advocates for improvement in court responses continues to be provided, and increased participation has occurred during the remote offerings due to Covid-19 pandemic.
- Training for professionals in the educational setting was provided over the last year.
- Training for professionals in mental health private nonprofits was provided over the last year.

Racial Equity and Implicit Bias

The GTFJAC conducted a statewide assessment of Connecticut's systems and finalized a three-year assessment this past year. Key GTFJAC stakeholders participated in the assessment process. Several participants raised systemic racism, racial inequity, and implicit bias during the three-year assessment process. Language and cultural barriers impact the experience of some victims, their families, and the character and quality of the interactions families have with professionals doing this work. The task force developed a recommendation in this area for the next three years. As part of the recommendation, the Task Force and CCA will continue to support the MDT/CACs in the state. Through the work of existing and new committees and engaging key stakeholders, the task force will develop strategies to address systems that contribute to the lack of culturally competent services in Connecticut. The Task Force developed a request for proposal (RFP) for a Diversity, Equity, & Inclusion consultant to help audit, recommend and implement policies, practices, programs, and organizational behaviors that foster authentic diversity, equity, and inclusion within the areas of Task Force jurisdiction and its programs. The outcome of the work should position the task force internally and externally for greater engagement and impact with diverse communities. This includes helping to increase racial, ethnic, gender, sexual orientation, ability, and ideological diversity across our membership while expanding our culture of inclusion within the task force. The work with the consultant will build the capacity of the task force to systematically reduce and eliminate disparities and inequities, increase access to and utilization of services by children and families who are members of historically underserved racial, ethnic, and linguistically diverse groups.

Human Trafficking

The Governor's Task Force on Justice for Abused Children (GTFJAC) continues to prioritize child trafficking as an area of importance. All MDTs in the state are trained on child trafficking including the DCF Policy and Practice Guide. All child trafficking cases are automatically referred to the MDTs to ensure timely review. The MDT ensures all children that are screened as high-risk or above receive services appropriate for their situation. In 2021 the MDTs reviewed 86 cases of child sex trafficking.

The above illustrates the importance of the GTFJAC's role as part of the child welfare system. The GTFJAC as a stakeholder, was engaged as part of the CFSP development, and review the APSR annually. The GTF is committed to continuing its role in the development of the CFSPs and the annual APSR reviews.

Training and Technical Support

The Department of Children and Families operates an internal Academy for Workforce Development with the primary responsibility of offering pre-service, training, in-service training, and multiple workforce development programs and activities.

The DCF Academy for Workforce Development continues to provide competency-based, culturally and racially just trainings in accordance with national standards for practice in public child welfare. The Academy views the agency's workforce as its customer and remains committed to providing a breadth of trainings and workforce development opportunities for staff in order to enhance their skills and knowledge as they provide appropriate, and timely services to children and families within the state of Connecticut.

During this reporting period, the Academy was cognizant of the various modes of training delivery and did their best to match them to the needs of staff. The division shifted to a hybrid model of training for both pre-service and in-service training. Understanding that some courses could more easily transition to a virtual setting than others, the exercise of reviewing course goals commenced to determine the need to host courses in person or virtually in order to meet the course outcomes. The Academy will continue to assess the hybrid model for trainings over the coming months.

Academy for Community Partners

During the latter part of 2021, The Academy for Workforce Development was granted permission to establish and staff the Academy for Community Partners (ACP) which serves as an extension of the Academy for Workforce Development with a focus on training our community providers.

The purpose of the Community Academy is to provide individualized trainings that reflect or inform the providers about DCF's initiatives, as well as to provide requested trainings to enhance the skill and knowledge of providers. The Academy for Community Partners is currently staffed with one Program Director and one Community Trainer. The goal is to add additional staffing to include a Program Supervisor.

The community trainer serves as a liaison to the community provider network for the purposes of addressing their training needs. The community trainer works within the community as needed to provide the training, as well as assists the community with creating a shared network of trainers through the TOT (Train the Trainer) Process. The curriculum is created and housed by the Academy for Community Partners. This supports quality assurance in that the ACP has continuity of training and information sharing within the provider network. It allows for the ACP to provide expedited training, as well as training resources and materials to the provider network.

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

From 1/2022 to present the ACP has provided the DCF 101 training to 45 individuals within the UCONN School of social work. There is an upcoming training scheduled for our Faith Based Community on 5/18/22, for 30 individuals. The ACP is presently working on a curriculum for our Quality Parenting Centers around basic childcare and child development to support staff in this new program. This QPC training will be provided to all the contract sites as they open and begin to run.

A Cost Pool for these training costs was included in the most recent version of the CTDCF Cost Allocation Plan approved on 8/10/2021. On a quarterly basis, The Academy for Workforce Development provides a detailed training report to the Title IV-E claiming unit so that the appropriate allocation of training hours can be calculated. A column has been added to these reports in order to isolate and capture these trainings to Non-DCF staff.

Professional Development - Internship Programs

The Department is committed to assisting staff with efforts to pursue their education. The Academy for Workforce Development has established joint efforts with several universities and colleges to develop internship and other educational opportunities for all students pursuing educational degrees in the field of social work and other related fields of study. The internship process is coordinated by the Academy and is available for students, both inside and outside the agency.

The agency and internship program participants continued to be flexible and creative in their approach to fulfill educational goals and guidelines as shifts in the COVID-19 pandemic continued to influence our practice strategies. The Academy worked closely with the colleges, universities, area offices and facilities to ensure the health and safety of the students were prioritized while still offering rich learning experiences.

The following programs are available for existing employees to assist in balancing workload responsibilities and schoolwork:

MSW Field Program

The MSW Field Program grew out of a need for additional staff development opportunities for those DCF employees seeking an MSW degree. The intent of the program is to foster support of our social workers by allowing them to meet their university requirements for 20 hours of field instruction within their regular 40-hour work week.

A major component of the program is that it allows the social workers to use their place of employment as their field placement, while maintaining their current caseload within their current unit. A field instructor outside of the student's chain of command is utilized to ensure a separation of work and learning responsibilities. This supports the agency standard of limiting shifting caseloads. It also benefits the families and children served as they can maintain continuity of social workers. Finally, it benefits the social worker as he/she is given the opportunity to keep the caseload they are familiar with yet provides opportunities to learn to service their clients more effectively with predictably better outcomes.

The students are provided with an outside LCSW field instructor to bridge the gap between what's learned in the classroom and connecting to the field placement. Through the internship placements, students are provided with weekly virtual supervision. In addition to reading assignments for their respective academic programs, the interns are provided with theoretical articles and treatment interventions to support their work in the field. Examples of this include attachment, psychodynamic theory, trauma theories, family systems, and CBT interventions. The interns provide regular process recordings to evaluate their work in the field and classroom assignments as they relate to their field experiences at DCF. They are required to integrate psychological and social theories in their case formulations versus their daily case management tasks and how they report their cases. They were required to produce process recordings and case narratives that highlighted their level of engagement with families throughout the treatment process. They pay closer attention to countertransference and transference in their relational work.

There were no MSW field applications for the 2021-2022 academic year. Recruitment efforts were increased in the winter months of 2022. These efforts included multiple statewide email announcements and presentations at area office staff meetings. The 2022-2023 cohort has four participants. They will begin the program in September 2022.

Graduate Education Support (GES)

The Graduate Education Support (GES) Program is an educational program to assist DCF employees with two or more years of employment in obtaining either an undergraduate or graduate degree in the field of Social Work/Child Welfare. This program offers employees the opportunity to work a 32-hour work week and 8 hours of work time to devote to their internship. The internship placement can be either external to the Department or at a DCF location other than the current worksite. GES recipients are obligated to complete two months of employment of service for every month of participation in the GES program, equivalent to eighteen months. The 2021-2022 cohort included two employees who participated in external internship experiences. Both reported

having positive and valuable experiences in their respective internships. The 2022-2023 cohort will have five participants to begin in September 2022.

DCF Employee/UCONN MSW Cohort Program

This educational pathway originated in 2019. The pathway provides the DCF staff accepted to UCONN School of Social Work the opportunity to apply to take online, weekend, and evening courses affording them the opportunity to complete their degree in 5 semesters.

The first UCONN/DCF MSW Cohort consisting of 14 staff successfully completed the program in May 2022. In September 2021, they began their second year of field, using their current roles and caseloads in the agency as their placement. The first semester focused heavily on recognizing ways to integrate classroom learning to enhance the work they are currently doing. Collectively, the group reported feeling challenged in applying a clinical lens to their roles in the agency. By the start of the second semester, staff reported improved understanding of these concepts and renewed appreciation for the work done by the agency. One participant reported feeling like her case planning practice has improved and can see opportunities for advancement in the agency once she completes her degree. Another participant indicated she now considers aspects of her work in ways she never did before such as being more attuned to "physical, emotional, and behavioral cues" and "paying closer attention to [the impact of] trauma".

The second cohort consists of five DCF staff. They began coursework in January 2021 and began their first placement using their current roles and caseloads in the agency as their placement in the Fall 2021. One of the participants is a social work supervisor. She reflected that this experience is leading her to look at cases differently and helping her staff work more intentionally with the families they serve. This group will begin their external placement in the fall 2022, with anticipated graduation in May 2023.

The third cohort consists of five employees. They began classes in January 2022. Their first year of field will begin in fall 2022.

Recruitment plans for the fourth cohort began in the spring 2022. Informational sessions will occur in May and June. This is a joint effort between the Academy and UCONN School of Social Work.

External Student Internships

Internship programs are one of the most effective recruitment strategies used by many professions. These programs are mutually beneficial to both the students and the agency, as the on-the-job experience is a perfect opportunity to determine suitability for the job. Special emphasis has been placed on marketing the internship program as a recruitment tool for child protective service workers.

The Department of Children and Families offers unpaid internship opportunities for students pursuing a degree in social work or a related field, and for which the internship is an academic requirement. On average, the internship program provides field placements to over 40 unpaid interns during the academic year, in fourteen area offices. Interns are assigned a Field Instructor to provide weekly supervision. Field Instructors are expected to provide students with activities that meet the students' learning objectives as outlined in a learning contract and/or class syllabus. At times, schools may require the Field Instructor be certified via the Seminar in Field Instruction (SIFI) course. The field instruction seminar is an opportunity to enhance the supervisor's professional development and designed to provide Field Instructors with the knowledge and skills to facilitate a quality educational field experience for students.

DCF Child Welfare Stipend Program

The Department of Children and Families also offers up to 10 paid internship opportunities for external students pursuing a BSW or MSW degree from local colleges and universities. In this competitive program, students in their final year of a BSW or MSW program are selected to participate in an internship process in an Area Office where they receive orientation, training, supervision, and real-time experience handling child welfare activities. Students also participate in group seminars for students and/or field supervisors. During this reporting period, interns

focused on the following topics/trends: National Child Welfare Practice Trends, applying a clinical lens to child welfare practice, and Racial Justice. The stipend students are provided with a $5000 stipend to offset the cost of their education (stipend reduced to $4000 beginning in the fall 2022). Participants are obligated to work at DCF for at least two years upon graduation or repay the stipend to DCF. If no positions are available three months after their graduation date, students are released from any obligation to wait for employment or repay the stipend. The Academy continues to work collaboratively with the Human Resource Business partners to identify and prioritize the stipend students when employment opportunities at the level of social worker, and social worker trainee are available. The goal is to increase the number of BSW/MSW students who apply to the Department and increase the number of qualified applicants being considered for employment.

The 2020 - 2021 cohort successfully graduated 9 BSW/MSW students. Several students deferred employment as they enrolled in an MSW program. They are expected to apply for employment, if the agency is hiring, upon graduation from their MSW program. During the peak of COVID the hiring process was suspended. Interns from 2019-2020 were relieved of their contractual obligations to the agency and free to secure employment. During this reporting period, eight students from 2019-2020 and 2020-2021 were hired by the agency.

UCONN/DCF MSW Stipend Program

In true Partnership, the DCF and UConn SSW, provides shared stipend opportunities ($2000 from DCF and $2000 from UConn) for up to five non-DCF UCONN MSW students, entering their final year, to complete an internship at DCF. Upon successful completion of the program interns will be required to apply for a position at DCF and agree to work for at least two years. This opportunity supports the students through group supervision, participation in seminars for students and field instructors, and enhanced child welfare curricula to improve the quality of public child welfare practices and outcomes. In 2021, five students successfully completed the placement and four were hired following graduation. There were four students participating in the 2021-2022 cohort and graduated in May 2022. All have applied for employment and are awaiting contact from human resources. The 2022-2023 cohort will have four students.

UCONN/DCF BSW Child Welfare and Protection Track

Amid Covid-19, the Academy in partnership with UCONN School of Social Work developed an additional educational pathway for their Spanish speaking BSW students to explore. The program was designed to prepare those students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Hispanic/Latinx families served by DCF. This partnership will serve as a pipeline for students who have an interest in working for the DCF in the future. Students complete their senior field internship at DCF which will satisfy their field internship requirements. Students who successfully complete all requirements of the program will receive a stipend of $750 ($500 paid by UConn and $250 paid by DCF) at the end of their senior year. They will also be given priority hiring status. The first cohort has two students (both are female and Latina/Hispanic) who graduated in May 2022. These students reported the experience was enlightening. They appreciated the opportunity to learn about child welfare work and serve Spanish-speaking families. One student noted her increased learning of the language by using it in a social work context. The second cohort has three students, who will begin the program in March 2022. The 2022 and future cohorts will be contractually obligated to work at DCF for at least two years post-graduation or repay the stipend, like the other stipend programs described above.

CCSU/DCF BSW Child Welfare Experiential Learning Program

A new program is in development with a projected start in the Spring 2023 semester. The BSW Child Welfare Experiential Program is a partnership between the Central Connecticut State University (CCSU) Social Work Program and the Department of Children and Families (DCF). It is designed to prepare BSW Spanish speaking students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Latinx families served by DCF. This partnership serves as a pipeline for students who have an interest in working for DCF in the future. Participants will complete a 70-hour volunteer placement at DCF in the second semester of their junior year. During this placement they will participate in 70 hours of shadowing in an area office and participate in two workshops related to child welfare practice, to be co-facilitated by DCF and the school. Participants will earn a $250 (cost split by DCF and CCSU) stipend for successful completion of this. Participants will

complete an internship at DCF their senior year. They may apply for the child welfare stipend program noted above and/or a regular internship. This program will accommodate up to six students per year.

Pre-Service Training Program

The Academy continues to offer an extensive pre-service training program for new social workers who are hired to conduct child welfare work in the regional area offices. The program is designed to prepare each social worker for effective child welfare/protective services practice, and is based on seven core competencies:

- Professional development as a child welfare social worker
- Accurate assessment of safety and risk
- Engagement of individuals and families
- Assessment of individuals and families
- Interventions and services with individuals and families
- Legal
- Documentation

The pre-service training program currently involves 25 unique courses offered during a period of five to six months, with a significant number of courses "front loaded" into the social workers' first seven to eight weeks of employment; and the remaining coursework scheduled intermittently to allow for gradual case assignment and workload increase. The courses are largely facilitated by the Academy's Child Welfare Trainers, supervisory-level employees with recent field experience; as well as numerous "adjunct" facilitators, including but not limited to agency attorneys, quality assurance staff, medical and educational consultants, and fiscal representatives.

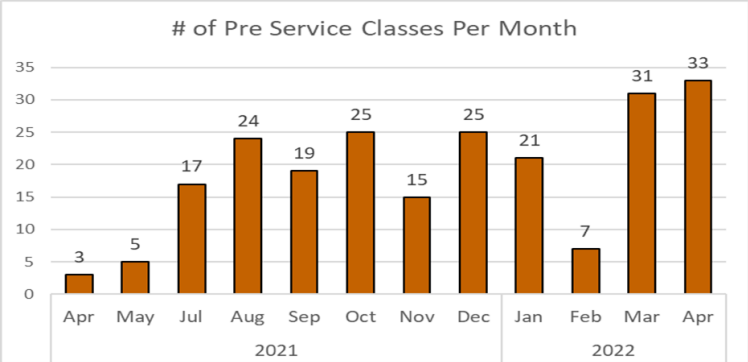
In addition to the 25 synchronous facilitator-led courses, social workers in the pre-service training program participate in numerous structured shadowing activities in their local offices; asynchronous self-guided trainings; and a home visit simulation practice with parent advocacy partners. Two unique experiential activities, 1) touring State of Connecticut correctional facilities and 2) navigating public transportation (CT Transit) to enhance their ability to be empathetic, continue to be temporarily paused due to the COVID-19 pandemic. The pre-service training program integrates these various approaches to ensure all participants' varied learning styles are met.

Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" examination; and each group of program participants are assigned a Child Welfare Trainer Liaison to offer 1:1 and group support/guidance. Formal feedback is provided to the participants' supervisors via "Observation Forms" at two distinct times during the program; and a modest graduation ceremony is facilitated by the Liaison to mark the participants' accomplishment of completion. Finally, to encourage partnership, communication, and learning, bi-monthly meetings occur between the Academy staff, and supervisors / managers from the 14 area offices.

During the current period, pre-service training program activities were conducted both virtually and in-person. As noted above, the COVID-19 pandemic continued to influence decisions about in-person classes. Participants engaged in synchronous trainings and other activities via Microsoft Teams or ZOOM; and adjustments to the "Observation Forms," "pre-" and "post" examinations, and graduation ceremony were maintained to account for the hybrid environment.

An additional enhancement to the program that was maintained during this current period to further support participants in their initial learning and onboarding were the "Learning Lofts". These were routinely scheduled during the program for participants to have increased opportunities to discuss areas of practice they were struggling with; network with each other and share experiences; and clarify aspects of previous formal training classes. "Lofts" were well-received by the participants and customized with their input. Additionally, check-in meetings with the supervisors and program supervisors of the respective group members, were routinely scheduled. This provided more frequent and group specific communication between the Academy and area office training leadership. These sessions anecdotally led to improved identification of learning needs and training themes and subsequent support to staff in addressing these needs.

During the current period, there were 128 employees enrolled in pre-service training. Sixty-one social workers completed the pre-service training program. Currently, there are three groups of participants engaged in the program, totaling an additional 67 employees. Below is a summary of the number of classes held per month. The program is impacted by hiring practices and trends, which are governed largely by statewide caseload sizes and fiscal considerations.



Four complete groups graduated from the pre-service training program during the current period and their progress/scores in their testing are reflected in the table below. On average, participants during this current period improved their scores between "pre-" and "post-" test by 15.39%.

Group	Pre-Test Average	Post-Test Average
B-2021	71.06	86.14
A-2022	71.82	84.26
B-2022	70.37	80.41
C-2022	72.11	78.50
D-2022	66.97	Group in Progress
E-2022	66.98	Group in Progress
F-2022	64.20	Group in Progress

Evaluations are conducted at the conclusion of each course, and available data from the evaluations during the current period was overwhelmingly positive. Particularly, participants remarked that the trainers' subject matter knowledge; the engagement of the groups; and the use of various teaching strategies was most helpful. A sampling of comments regarding the most helpful aspects of the trainings include:

- "The opportunity to do break out groups is great. I get to learn from others and also have to talk to others who are still training. Definitely helps you not feel alone in this work."
- "Beyond the training, the skills they brought guided me through the training in a manner that allowed me to feel the support and discomfort needed to build and enhance the foundation for the work I do daily in our job and my personal life."
- "Collaborative and engaging"
- "This training was very helpful in understanding the disproportion between certain groups in how they are referred to DCF. I also found it helpful to talk about implicit bias."
- "1. The multiple activities made it go by fast while also being super informative! 2. The trainers really related everything back to our real-life jobs which was super helpful! It felt very skills-oriented which is awesome."

- "Being able to interact with trainers and class, hearing actual stories that trainers experienced and discussed as examples."

In light of the pandemic, the Academy aimed to gather feedback about the on-boarding experience of new staff through focus groups and a survey. Feedback was sought about participants' experience in the classroom and the area office. Participants were part of various groups, some who experienced fully virtual training, some fully in-person, and some a hybrid approach. The major themes noted in the results related to feelings of connectedness and impact of the training content. Participants reported having a more positive experience in the area office when they felt supported by their supervisor. They defined supported as having a supervisor who was accessible (in-person and virtually) and who welcomed questions. Those who felt unsupported described being told to find co-workers for answers to questions, but this was challenging with telework because they did not know a lot of their coworkers. In terms of their training experience at the Academy, participants valued their connections with the trainers and appreciated the trainer's availability before and after trainings for questions and support. Participants wanted more ways to build group cohesion in fully virtual groups. Survey and focus group participants indicated that the training content was good overall and met their learning needs. Those who experienced in-person and virtual training preferred the in-person opportunities.

Social Work Case Aides

During the current period, no Social Work Case Aides (SWCA) were hired by the agency. When new SWCA's are hired they participate in specifically identified courses of the social worker pre-service training program that align with their duties and responsibilities. Additionally, they participate in job-specific training which includes information on best case practice; supervised visitation; documentation; and legal-related concepts about their role.

The classes include the following:

- SWCA-Specific Training
- Introduction to Best Case Practice
- Racial Justice
- Trauma
- Worker Safety
- Car Seat Installation
- Legal
- Intimate Partner Violence
- Substance Use
- Sexual Abuse

Regional Resource Group Orientation Series

In the current period, enhanced efforts were employed to provide newly hired members of the agency's Regional Resource Group (RRG) with a formalized orientation/on-boarding training program to the Department. Similar to the previously referenced specialty groups who are provided with on-boarding training, the RRG Orientation Series is composed of facilitator lead and self-guided courses that are intended to align with RRG employees' specific duties and responsibilities. During the current period, six newly hired RRG employees participated in the Orientation Series.

The classes include the following:

- DCF 101 & Mandated Reporter Training
- LINK Training
- Racial Justice
- Substance Use
- Legal
- Intimate Partner Violence
- Substance Use

- Permanency
- Assessing Children with Developmental Disabilities

CENTRAL TRANSPORTATION UNIT - In close collaboration with the Safety & Security Unit of the agency's Engineering Division, a customized two-week on-boarding training program was developed for newly hired employees of this Unit. During the current period, 42 CTU employees were hired and participated in the training program. The training program blended classroom and on-line learning and was facilitated by Academy and Safety & Security staff.

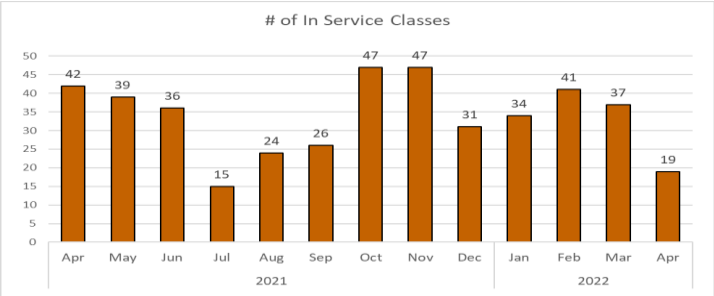
The classes include the following:

- DCF 101 & Mandated Reporter Training
- Racial Justice
- Trauma
- Substance Use
- De-Escalation Strategies
- Blood-borne Pathogens
- First Aid
- Car Seat Installation and Use
- CPR
- Security Mentor (I/T Security)
- Defensive Driving
- Workplace Violence
- Active Aggressor
- Connecticut Justice Information System

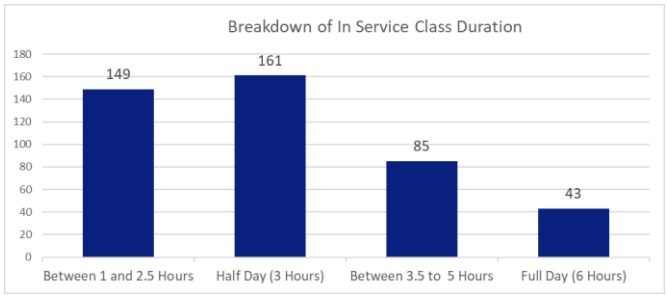
IN-SERVICE TRAINING FOR STAFF

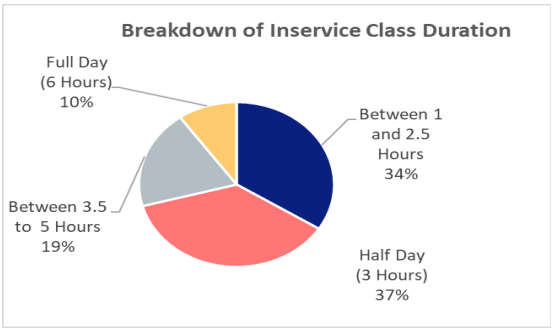
The Academy continues to provide relevant and timely learning opportunities to enhance the child welfare practice. All in-person and virtual in-service training classes are posted in a quarterly online catalog, and staff can "self-register" with supervisory approval. Many in-service classes are open to non-DCF staff, inclusive of non-profit community providers, parent advocacy groups, other state agency employees, and others. These cross-training opportunities strengthen the child welfare practice in Connecticut by bringing together representatives from numerous disciplines; and allow for richer conversation in the classroom from varying perspectives. The Academy has significantly increased the numbers and types of training offered to experienced staff. During this 2021-2022 fiscal year, the Academy offered 118 unique in-service training sessions. Below please find a chart summarizing the number of in-service classes held per month for this fiscal year to date.

THE TOTAL OF IN-SERVICE TRAININGS PER MONTH:



LENGTH AND DURATION OF TRAININGS:





Training evaluations were distributed electronically by utilizing scanning the Secure Quick Response (SQR) codes from their mobile device or adding the evaluation link into the chat box. The purpose of evaluating electronically is to assist the Academy for Workforce Development in measuring and collecting data and understanding the skill acquisition and training needs of our participants in a concise format.

DCF CARELINE CORE COMPETENCIES DEVELOPMENT AND ON-BOARDING TRAININGS

During the 2021-2022 fiscal year, the Academy for Workforce Development worked with the DCF Careline to develop their on-boarding trainings, as well as their core competencies. Careline decisions are the point of entry for family involvement in our child welfare system. These decisions impact the safety, permanency, and well-being of vulnerable children. By refining Careline training elements, Careline Staff can guide families to the right interventions and the overall Careline system functions more effectively and efficiently.

The Careline Training Competencies were separated in two areas:

1) Reliable Decision-Making Processes: Training Careline staff to understand how mental shortcuts can bias their decision-making allows them to avoid many common decision errors. Review of the Structure Decision Making Tools will reduce individual bias.

2) Skilled workforce: DCF experience is a prerequisite for hire as an intake screener. Staff also need regular opportunities for skill development through training, coaching, and supervision.

ON-BOARDING TRAININGS: The below trainings have been established to effectively prepare Careline Screeners, Careline Primary Social Workers, Careline Social Work Supervisors and Careline Program Supervisors:

1. *Get Out of the Que: How to Take a Call and Ask the Right Questions*
2. *SDM Refresher: Screening and Response Tool and Safety Planning*
3. *DRS Substance Misuse (Virtual Pre-Recording) -3 hours*
4. *DRS IPV*
5. *DRS Child Sex Trafficking*
6. *CT Drug Threat and DEC*

CARELINE CORE COMPETENCIES: The below are the core competencies that have been established as the skills and knowledge to effectively perform job tasks as Careline Screeners, Careline Primary Social Workers, Careline Social Work Supervisors and Careline Program Supervisors.

Effectiveness Competencies:

- *Consistent and Timely Responses*
  - Answers reports of child maltreatment quickly and process efficiently
- *Clear policy guidance*
  - Understands concrete definitions of abuse and neglect, facilitates more accurate and consistent screening decisions

- *Reliable Decision-Making Processes*
    - Understand that mental shortcuts can bias their decision-making and SDM allows them to avoid many common decision errors.
    - SDM decision-making processes is to reduce individual bias through shared burden and accountability

Engagement Competencies:

- *Knowledge of Family Centered Practices*
    - Demonstrates the ability to establish rapport with callers
    - Demonstrates the ability to lead and guide a call-in order to obtain pertinent information
    - Demonstrates knowledge of interviewing strategies to reduce resistance and increase information gathering during interviews and report taking

Assessment Competencies

- *Knowledge of Screening and Response Priorities*
    - Ability to effectively determine acceptance/non-acceptance of a report along with appropriate response time
- *Knowledge of Safety and Risk Factors Present in Families*
    - Ability to effectively construct Safety Planning
- *Intimate Partner Violence*
    - Can accurately identify dynamics and indicators for Intimate Family Violence (including physical, psychological, and sexual)
    - Understands the effects on the family system and applies this knowledge in all work with children and families
- *Substance Abuse*
    - Can accurately identify dynamic and indicators of substance abuse
    - Understands the effects on the family system
    - Understands how dual diagnosis of family members increases risks for children in the home
- *Protective Factors*
    - Ability to identify conditions in families and communities that, when present, increase the health and well-being of children and families
    - Can utilize Protective Factors in a way that safely reduces the risk factors for children within a family
- *Child Abuse and Neglect*
    - Ability to define statutory definitions of Child Abuse and Neglect
    - Can accurately identify indicators of Abuse and Neglect

Technical Process

- *Knowledge of the SDM Screening and Response Priority Tools*
    - Demonstrates the ability to effectively utilize the tools to inform case decisions
- *Knowledge of the SDM Safety and Risk Assessment Tools*
    - Demonstrates the ability to effectively utilize the tools to inform case decisions
- *Knowledge of documentation requirements*
    - Demonstrates the ability to document case information in the appropriate areas in a timely manner

DCF CHILD WELFARE WORKFORCE TRAINING NEEDS SURVEY AND FINDINGS

The Academy for Workforce Development partnered with researchers from the University of Connecticut School of Social Work to develop and administer a comprehensive training needs and preferences survey of this workforce. The survey was completed by 1,042 respondents (726 social workers, 60 non-supervising RRG members, 186 social work supervisors, 10 RRG supervisors, 36 program supervisors, and 24 program directors). The respondents represented five primary areas of responsibility (assessment and investigation, ongoing, RRG, Careline, and foster and adoptive services [FASU]).

This survey covered the following: The training needs of the workforce (overall and by position, primary area of responsibility, and region); trainings that may help the workforce achieve DCF's strategic goals; trainings that may increase job satisfaction and intent to stay; preferences regarding training delivery; and steps that the Academy could take to increase training attendance and satisfaction. Some of the key findings include:

Numerous trainings were strongly needed by a large proportion of the overall workforce, including:

- *Strategies and tips for preventing burnout*
- *Assessing mental health and trauma in children and adults, including information about the most common mental health disorders*
- *Addressing situations when other people I work with in my agency or community exhibit implicit bias, racism, or a lack of cultural competence*
- *The role, responsibilities, and limitations of treatment providers and medical professionals and how to effectively collaborate with them*
- *Assessing for suicide risk*

Some trainings were strongly needed in only certain primary areas of responsibility. Social workers who conduct investigations and assessments had a strong need for training on *the role, responsibilities, and limitations of foster parents and how to effectively collaborate with them.* Ongoing social workers indicated a strong need for *assessing for possible sexual abuse.* Not surprisingly, FASU social workers showed a strong need for trainings related to foster/adoptive parents (e.g., *supporting foster/adoptive parents who have experienced secondary trauma* and *strengthening the relationship between foster/adoptive parents and a child's parent and family*). RRG members had a strong need for several trainings which were not as strongly needed in other areas of responsibility, including:

- *Working with and meeting the needs of children and adults with developmental or cognitive delays/disabilities*
- *Assessing a child and family's culture (including foster and adoptive families)*
- *Working with and supporting children and adults who identify as LGBTQ*
- *How to have conversations about race, racism, and racial disparities with other people I work with in my agency or community*
- *Community services and resources available to families without DCF involvement*
- *Supporting adolescents who are pregnant or parents (including fathers)*

Supervisors had a strong need for training on:

- *Coaching supervisees who are not meeting expectations to bring out the best in them*
- *Progressive discipline*
- *Helping supervisees cope with the stress and trauma associated with the job and preventing burnout*
- *Having conversations about race, racism, and racial disparities with other people I work with in my agency or community*

The findings present some evidence that providing supervisors with training on *coaching supervisees* and *progressive discipline* might enhance their ability to achieve some of DCF's strategic goals. Findings also suggest that supervisors experiencing job dissatisfaction have a stronger need for training on *strategies and tips for preventing burnout.*

Like supervisors, program directors had a strong need for training on *coaching supervisees* and *progressive discipline.* They also indicated a strong need for trainings related to the following:

- *Facilitating conversations about race, racism, and racial justice on my team*
- *Identifying supervisees' unique learning and communication styles and meeting their needs given these styles*
- *Identifying and addressing implicit biases or cultural incompetence displayed by my supervisees*

Several regional differences were found regarding where a training was most strongly needed, and some trainings appear to be strongly needed in only some regions. For example, supervisors in Region 4 indicated a stronger need for training on *strategies and tips for engaging parents and family members*, and supervisors in Region 1 had a stronger need for training on *facilitating safe and stable reunification* and *facilitating permanency.*
Other findings include:

- *Approximately half of the respondents (48.5%) prefer live online trainings or webinars, while one-third (33.8%) preferred in-person trainings.*
- *Respondents prefer attending trainings during the middle of the week.*
- *The vast majority (87%) of respondents were satisfied or very satisfied with the trainings provided by the Academy.*
- *Respondents offered many suggestions for steps the Academy can take to increase training attendance and satisfaction, including the following: Offer shorter (e.g., half-day) trainings, provide more trainings in the regional offices, increase the variety of trainings offered, and make the trainings more interactive.*

Within the upcoming year, the Academy will also be conducting focus groups with non-case carrying DCF staff to gather information on their learning needs, professional goals, self-efficacy, job satisfaction and intent to stay at DCF. With all the data from the survey findings and focus group results, the Academy will begin to implement changes to support the learning needs for the entire DCF staff workforce.

SUBSTANCE MISUSE AND TREATMENT TRAININGS

The Department's mission is to ensure "healthy, safe, smart and strong" families by providing a recovery-oriented system of care to all children in Connecticut and DCF involved parents/caregivers experiencing difficulties with substance misuse. This fiscal year the Academy for Workforce Development provided staff with substance misuse trainings that included the following objectives:

- Prevent the negative impact of addiction.
- Promote health, wellness and resiliency for our children, families, and community at large.
- Intervene and support children and caregivers who need services to recover from addiction related problems; and
- Sustain recovery for children, adults and families by providing recovery supports, recognition that recovery is possible, and the elimination of stigma in our communities.

AN INTRODUCTION TO THE BIOLOGY OF ADDICTION

The Academy for Workforce Development partnered with the Connecticut Women's Consortium, DCF's Clinical & Community Consultation and Support Division and Lauren Doninger, LADC, LPC, to provide DCF staff with the "An Introduction to the Biology of Addiction "training. There were 16 training participants who reviewed the homeostatic systems, basic neurotransmission, and the brain structures that underpin addiction. Additionally, participants learned how the brain is hijacked by alcohol and other drugs, describing the neurotransmitters involved. Finally, participants learned why addiction is considered a disease of brain structure and function and why, like other behavioral health conditions, it is often a relapsing disease.

SUPPORT GRIEF "WORK" IN RECOVERY

In addition, The Academy for Workforce Development partnered with DCF's Clinical & Community Consultation and Support Division and Donald Scherling, PsyD, LADC, CCS CWC to provide the "Support Grief "Work" in Recovery" training. During this training, 13 participants reviewed the clinical theories of bereavement and grief were discussed. Training participants also received tools for supporting recovery for those whose are grieving, which is often complicated and compromised in both active addiction and recovery.

DEMYSTIFYING FENTANYL: REDUCING HARM, PREVENTING OVERDOSE AND PROMOTING TREATMENT

Another collaboration during this 2021-2022 fiscal year was between the Academy for Workforce Development, the Opioid Response Network and Dr. Kate Hawk from Yale University. At this time, 65 DCF staff are registered for the May 24, 2022, training. During this virtual training, participants became familiar with the pharmacologic aspects of fentanyl; including, how it affects the brain, signs of toxicity, signs of overdose, myths and facts surrounding fentanyl exposure and how it is being mixed with other prescription or illicit drugs. Participants were

provided with Connecticut data of fentanyl overdose rates, including types of fentanyl analogues seen in the community. Finally, participants were introduced to the concept of harm reduction, including opioid overdose prevention, naloxone (Narcan) administration and fentanyl test strips. This training will continue to be offered throughout the 2022 summer.

Racial Justice and Anti-Racism Efforts

As the Department continues to align our work to move outcomes for children, youth and families, the Academy continues to offer education that impact the workforce and racial/ethnic disproportionately pathway.

Implicit Bias TOT and The Implicit Bias Statewide Training Rollout

Within the 2021- 2022 year, the Academy for Workforce Development was able to conclude the Implicit Bias Training Initiative. 2,959 staff completed the training in its entirety. The goal of the Implicit Bias training was to teach staff on implicit bias, to measure their implicit bias based on race, religion, gender and a vast array of other areas and to discuss how their own bias's impact case decision making. The Academy for Workforce Development offered a Training of Trainers (TOT) on the Implicit Bias curriculum to 60 identified staff from the area office and facilities. Those who successfully completed the requirements of the TOT provided ongoing Implicit Bias training to 90% of all DCF staff within their respective area office and/or facility.

With the implementation of Implicit Training, there was an extensive three-part survey process. The Likert Scale questions were used on the pre, post, and impact surveys. The Academy partnered with a UConn Intern to analyze data from three surveys and found that:

- 44.2% more staff agreed that they worked to unlearn biases
- 11.2% more staff agreed that they are aware of their biases/stereotypes
- No significant change in how staff reflected on personal victimhood
- No significant change in staff's ability to identify how implicit bias negatively impacts families

In addition to the statewide Implicit Bias Training and the three-part survey process, the Academy partnered with St. Joseph's University's, Dr. De Jesus and Dr. Rosich, to conduct five 90-minute virtual focus group interviews with Area Office Staff, Central Office Staff and Non-Caseload Carrying Staff. A total of 31 staff (out of 122 volunteers) were selected to participate in the focus groups which were conducted between August and December of 2021.

The findings from these focus groups assisted the Academy to understand the impact of the Implicit Bias training on agency practice by analyzing the perspectives of participants. Findings from the Focus Group were the following:

- An overall increase in awareness about implicit bias and its potential to impact the work
- An increase in comfort around engaging in difficult conversations about race
- Instances where people felt more supported in challenging decisions or confronting situations where implicit bias and racism might have played a factor
- Reflecting on past (or current) cases as a way of recognizing the impact of implicit bias
- Supervisors supporting and/or initiating the scrutinizing of cases for instances of implicit bias

Final recommendation from both the Implicit Surveys and Focus Group Process were there following:

- Ongoing Training- it can't stop with the Implicit Bias Training
- Workers who struggled with the content or concepts, and those who are not as fluent (or on board) around racial justice may benefit from follow-up training of a more practical nature
- Workers who have strong familiarity with the content may benefit from support around this work to counter advocacy fatigue
- Supervision/Implementation
- Create some uniformity/protocols for ensuring implicit bias remains an active topic
- Provide workers with support in examining the impact of implicit bias on the work
- Strengthen Safe Spaces
- Some employees may benefit from "safe spaces" to explore their implicit biases; concerns about offending people; and gaining comfort with difficult conversations without fear of punitive measures

DCF IMMIGRATION TRAININGS

The Department serves all families of Connecticut, regardless of immigration status; therefore, it is the Academy's responsibility to equip the staff with knowledge, skills, and resources in how to work with this population.

ACHIEVING PERMANENCY ACROSS BOARDERS: RESOURCES FOR CHILDREN WHOSE CROSS STATE AND INTERNATIONAL BOARDERS

The Academy for Workforce Development and Elaine Weisman LMSW, MPH from the USA International Social Services provided 29 participants with the "Achieving Permanency Across Boarders: Resources for Children Whose Cross State and International Boarders" training. Participants received critical information regarding services for cases in which the ICPC cannot be invoked and when the family resource is in another country. Training participants learned what services ISS-USA offer, how to work with ISS-USA to achieve permanency, the ISS-USA model of family finding and engagement, and how to identify all children who have potential family resources outside of the United States. The feedback from participants were positive.

THE OFFICE OF IMMIGRATION PRACTICE AT DCF

The DCF Division of Immigration Practice and the Academy for Workforce Development provided the "The Office of Immigration Practice at DCF" training. In this two-and-a-half-hour virtual training, participants reviewed and received information on DCF Policy 21-13, Immigration. In addition, immigration terms were defined, immigration data was analyzed, immigration law was discussed, as well as practice regarding our transitional aged youth population and unaccompanied minors were reviewed. Additional topics included the impact of complex trauma on immigrant children and their families, developing trauma-sensitive practices, and learning about benefits, services, current challenges, and new developments within the immigrant population of Connecticut. A total of 29 participants attended the training. Feedback among participants was positive.

TRAUMA ON SPECIFIC POPULATIONS

With an unwavering commitment to serve more families with unique needs impacted by trauma, this fiscal year the Academy offered trauma trainings connected to specific target populations.

BEST PRACTICES WITH MILITARY SERVICES WHO HAVE EXPERIENCED TRAUMA

The Connecticut Veterans Affairs and the Academy for Workforce Development partnered together to provide the" Best Practices with Military Services Who Have Experienced Trauma" training. 26 training participants received information on the severe battle wounds, traumatic brain injury, and traumatic stress some of our military parents may have experienced during their time in the service. Participants learned that these invisible wounds of war associated with brain injury and traumatic stress seem to bring challenges into the foreseeable future. This training also discussed topics of military culture, trauma, family dynamics, and traumatic brain injuries. Feedback from participants were positive, for example,

- "Slides and Q&A were extremely helpful"
- "The info on military culture and contact info is very useful"
- "Learning about military culture and resources to connect veterans to was very helpful"
- "I learned PTSD is treatable and a diagnosis that is not chronic, VA services are available for families/caregivers and supports"

TRAUMA OF HOMELESSNESS: THE IMPACT ON VERY YOUNG CHILDREN AND FAMILIES

In May of 2022, the Academy for Workforce Development and Anne Giordano from the Connecticut Office of Early Childhood will be providing DCF staff with the "Trauma of Homelessness: The Impact on Very Young Children and Families" training. In this half day, participants will receive the opportunity to broaden their knowledge on the topic of the impact of trauma and homelessness in early childhood.

GETTING AHEAD OF SECONDARY TRAUMA

Also, In May of 2022, the Academy will be offering the "Getting Ahead of Secondary Trauma" training to DCF supervisory staff. During this webinar, supervisors will be provided with strategies to increase worker resilience and minimize the impact of secondary trauma on the workers in their units. Supervisors will also explore their own

personal connection to secondary trauma and the ways it can impact their ability to support workers around this issue. Finally, supervisors will learn tools to be able to respond effectively to workers who are experiencing symptoms of secondary trauma

LBGTQIA+ TRAININGS

The Department is responsible for providing a safe living environment free from harassment, humiliation, abuse and neglect. The Department understands that children who unfortunately find themselves in horrible situations, through no fault of their own, need love and attention to flourish and succeed in life. During the 2021-2022 fiscal year, DCF contracted with Robin McHaelen who collaborated with the Academy to bring DCF staff a variety of trainings on the LBGTQIA+ population.

LBGTQIA+ 101: SELF-GUIDED PRE-REQUISITE ASYNCHRONOUS TRAINING

The first training created within this fiscal year was the "LBGTQIA+ 101: Self-Guided Pre-Requisite" training. This synchronous training was developed to provide DCF staff with an introduction to the LBGTQIA+ community and definitions, tools, and resources. This self-guided training is a pre-requisite to all the other LBGTQIA+ trainings the Academy offers to staff.

BEYOND 101: WORKING WITH LBGTQ ADOLESCENTS IN OUT OF HOME CARE

The next training offered to staff was the "Beyond 101: Working with LBGTQ Adolescents in Out of Home Care" training, presented Robin McHaelen. 11 training participants attended this interactive, small group discussion as they explored the intersections of adolescents and LGBT development: the impact of race, ethnicity, identity, the unique needs of transgender youth, and social worker identity in working with adolescents.

Feedback from participants were positive, for example,

- "This training needs to be mandatory to all DCF social workers"
- "This training was very informational"
- "Thank you thank you thank you! The modeling of being open, respectful, and accepting was even more powerful than the words discussing openness, respect, and acceptance. For that, I am deeply appreciative"

TRANSGENDER/NON-BINARY YOUTH: WHEN PINK AND BLUE IS NOT ENOUGH

The final training offered to staff within this fiscal year was the "Transgender/Non-Binary Youth: When Pink and Blue is not Enough" training presented by Robin McHaelen. Participants were able to learn that more than 30% of LGBTQ+ youth now identify as non-binary. Participants explored the concerns, risks, and protective factors specific to transgender and non-binary youth in out-of-home care. They also reviewed definitions, CT and DCF policy regarding placement, health care and support, and analyzed a case study.

This training served a total of 14 participants. Shared feedback included the following:

- "This should be mandatory for all staff"
- "More discussion about current state statues/laws that support LGBTQ+ youth and their rights"
- "Loved this training"

SPECIALTY POPULATIONS TRAININGS

The Academy continues to provide staff with learning opportunities for them to develop specialized knowledge and understanding that is inclusive of, but not limited to values, family systems, artistic expressions, and mental or physical abilities of various cultural groups.

YOUTH WITH PROBLEM SEXUAL BEHAVIOR: THE CHILD PROTECTION RESPONSE

During the 2021-2022 fiscal year, the Academy for Workforce Development offered 25 participants with the "Youth with Problem Sexual Behavior: The Child Protection Response" training. Participants learned that cases involving youth with problem sexual behavior are often complex and assessing the strengths and needs of the youth and family, while ensuring safety, can be a difficult task. This curriculum dispelled myths and misconceptions about youth who display problem sexual behaviors. Participants were provided strategies to positively support children and families dealing with issues of problem sexual behaviors and build the capacity of

staff to accurately assess a family's safety needs, with attention to the assessment of family systems, sibling separation and parental protective capacities. Participants were also given an insight into current understanding of and options for treatment.
Feedback from participants were positive, for example,

- "This training was extremely helpful and is needed throughout more of the agency"
- "It was a great overview to help us remember not to over-pathologize and label our youth. I loved that there was an emphasis on seeking consultation especially because this population can be so complex and heterogenous"

WHAT YOU NEED TO KNOW ABOUT SERVING CHILDREN WITH DEVELOPMENTAL DISABILITIES WITHIN CHILDREN PROTECTION

"What You Need to Know About Serving Children with Developmental Disabilities within Children Protection" training was developed to enhance participant's capacity to engage, assess, advocate, and ensure appropriate service provision for children with developmental disabilities and their families. 13 participants were able to strengthen their understanding and language regarding Developmental Disabilities and explored their own implicit biases regarding persons living with disabilities. Participants learned about the prevalence of developmental disabilities and how that impacts child welfare and their daily case practice. They were also provided with techniques for interviewing children with developmental disabilities and had the opportunity to practice these skills through case study, role play and processing.
Feedback from participants were positive, for example,

- "Great Training"
- "The videos and references to DSMV were extremely helpful"

UNDERSTANDING THE WORK WITH CHILDREN AND FAMILIES WITHIN THE DEAF AND HARD OF HEARING POPULATION

In June of 2022, the Academy will be offering 4 sessions of the "Understanding the Work with Children and Families within the Deaf and Hard of Hearing Population" training. This 3-hour virtual interactive webinar was designed to support staff in developing and/or boosting an awareness on the specialized needs related to work within the Deaf and Hard of Hearing Population. This training will also include subject matter expert to provide a deeper understanding on the Deaf and Hard of Hearing community.

Center for Autism

The Academy continued its collaboration with The Focus Center for Autism. The Center provides educational learning sessions to DCF and Private Provider participants to address and identify academic, social learning and clinical needs for youth and young adults that are on the Autism spectrum. The course shares insights for the participants regarding what Autism is, the anxiety and the effects of trauma on persons with this disorder.
The Center was able to successfully provide 7 (3 hour) virtual trainings that were impactful, secondary to the engagement of the panel of young adults, Clinicians and parents that participated in the panel discussion. The realism demonstrated in these classes was based on the Panelists perspective as those spoke from the heart about their life experiences and how they cope daily. Class participation averaged about 8 participants per each session.
Feedback regarding this class was overwhelmingly positive. Statements included the following:

- "Loved the individual and parent participation"
- "Enlightening discussion"
- "Liked the focus on the link between Autism and Anxiety"
- "The young adult panel explaining the Introduction to the Circle of Anxiety
- "Listening to the life stores and learning about the Focus agency"
- "Liked listening to the Sensory processing that goes along with anxiety from the panelists perspective"
- "The Q & A, personal stories and insight, sharing of the different perspectives of clients, staff and parents"
- "Hearing about available community resources"
- "Very engaging and rich information and content that is applicable to the workplace"
- "Loved the consumer feedback"

Wellness Trainings - Introduction to T'ai Chi and Qigong Movements
These classes were ideal as they were offered virtually throughout the Pandemic as the benefits to an individual's health and wellbeing were paramount. Some of the benefits of T'ai Chi exercises decreases anxiety, depression and improvement in cognition. The continued goal of this class is to have participants slow down, focus on the purpose, intend to really listen and seek first to understand. The class offers a brief introduction to what T'ai Chi is, how it can impact your well-being, demonstrate ways in which to breathe and utilize slow yet deliberate movements which can foster serenity and reduce stress and anxiety. To date, approximately 28 participants took advantage of this class. An additional class was developed entitled, "Qigong" which is a more advanced form of Martial Arts. This class was offered to the more advanced participant as requested, demonstrating physical movements combined with breathing and meditation techniques. To date, approximately 12 participants interacted virtually.

Feedback from these classes included the following:

- "The instructor was motivated and engaging"
- "This training was great. Would like to do another one and learn more"
- "Learning some of the Qigong movements helped me to relax and reset"

Medical Trainings
Since the COVID - 19 Pandemic, Virtual Refresher courses for both Basic First Aid (BFA) and Cardiopulmonary Resuscitation (CPR) continued throughout the fiscal year. Many staff participated in the virtual offerings in order to maintain their 2-year certification. As restrictions eased per CDC guidelines and adhering to the Governor's guidelines to maintain safety and practice social distancing protocols, several in-person classes have been conducted offering Refreshers as well as all day classes. Training participants provided the following feedback:

- "Very helpful. Glad I took this course"
- "Enjoyed the hands - on training"
- "Being able to apply this training at work and at home"
- "I learned so much". Looking forward to the CPR Training"
- "Provided a safe and comfortable environment in which to easily learn"
- "Material is presented in a way that laymen can understand and apply what they learn to real world situations"

Clerical Trainings
The Academy for Workforce Development continues to offer Clerical Trainings to Clerical/Support personnel. This allows clerical and support staff to build a "toolbox" of tips and techniques focusing on enhancing skills, gaining confidence in overcoming obstacles and recognizing opportunities to promote oneself. Having just recently received technical equipment i.e. tablets to afford them the ability to attend course offerings virtually has opened new doors for them and is allowing participating for both recent hires and those that have been in the field for an extended period.

The Clerical Training Series consists of the following courses which were specifically requested through a completed Survey allowing staff to indicate what courses they most like to receive to embellish existing skill sets. The courses currently offered are Conflict Resolution, Clerical Excel, Finding Your Voice Thru Teambuilding, Drive Your Journey and most recently, DCF 101 - The fundamentals of Child Welfare in Connecticut. The DCF 101 course was offered in April of this year and was met with rave reviews and enthusiasm for future participation in classes. The goal of this curriculum is to help participants gain an understanding of the fundamentals of Child Welfare practice and the mission of the Agency, be able to connect their own work to achieving the overarching goals of the Agency and share information about new and on-going initiatives to improve services to children and families. In the DCF 101 class, 13 participants were engaged and were appreciative of the recognition of the work they perform daily and were pleased with the knowledge they learned. The following feedback was shared:

- "The explanation of the DCF acronyms that used and how they are implemented in practice"
- Enjoyed learning more about DCF itself and potential educational opportunities for advancement"

- "The overview of the job functions included in the work and answers as to why we do what we do"
- "Incredibly informative, appreciated taking this training a while after I started as the information was more relatable as opposed to a new person who may not have the slightest idea"

LEADERSHIP DEVELOPMENT

The Academy continues support DCF staff by offering new trainings that prepare staff for future leadership and promotional opportunities.

Mastering the Art of Child Welfare Supervision

The Academy continues to offer "Mastering the Art of Child Welfare Supervision" to newly promoted supervisors. During this current period, the series was offered on one occasion, with nine newly hired supervisors participating virtually.

The training content includes the following:

- Transitioning from Social Worker to Supervisor
- Building Staff Capacity and Promoting Excellence in Performance
- Building the Foundation for Unit Performance
- Case Consultation and Supervision

The series continues to assist newly promoted supervisors in becoming more self-aware and self-reflective professionally. Many of the discussions allow participants to examine how and why they respond to situations or make decisions. The course utilizes several different inventories that focus on conflict, empathy, learning styles and power. Participants have found the inventories to be applicable to several aspects of their work; and allow them to see themselves from a different vantage point.

The Academy continues to be committed to enhancing this series with additional practical information for new supervisors, self-guided training content that will serve as a prerequisite to instructor led discussions, and a coaching component. Planning is underway to enhance the Series throughout 2022 and launch a new product in the Winter 2023.

Leadership Academy for Supervisors

The Leadership Academy for Supervisors (LAS) is a leadership training for experienced child welfare supervisors. The curriculum is based on the National Child Welfare Workforce Institute (NSWWI) Leadership Model. The LAS provides 36 hours of self-directed online learning, with two tracks to enhance learning transfer: a personal learning plan to develop leadership skills and a change initiative project to contribute to a system change within the agency. In addition to the self-directed learning, participants engage in facilitator lead "Learning Networks" to discuss the material, apply it to their function, and network with other supervisors. Additionally, participants are paired with a Coach, who are middle managers within the agency who have graduated from the Leadership Academy for Middle Managers (LAMM).

During the current period, the 2021 LAS occurred from May 19, 2021, until October 27, 2021. The cohort included 19 supervisory staff from across the entire agency, representing local Area Offices, Central Office, and the Albert J. Solnit Children's Center. 18 participants from the cohort successfully graduated. To date, 70 DCF supervisors have graduated from the program over the course of four cohorts, with multiple graduates having been promoted to managerial positions.

Leadership Academy for Middle Managers (LAMM)

In February 2022, the Academy launched the Connecticut version of the Leadership Academy for Middle Managers (LAMM). This is the 6th cohort to move through the program and the 2nd cohort to participate virtually. 8 managers from across the agency are currently taking courses. The Connecticut version focuses on the same tenets as the National LAMM with a few nuances. All the modules are co-led by a member of the current Executive team and or Senior leadership. This approach brings about a uniqueness to the program that allows participants to

connect directly to the information provided to them. Each participant is matched with a Super Coach. Their work together centers around the development and implementation of the participants change initiative. To highlight their learning, and to capitalize on their shift from a manager to a leader, the participants will have an opportunity to present their change initiative to the Executive team, Senior leaders, and their Super Coach. During the presentations, the LAMM participants will receive feedback on their change initiative with commitments and plans from the Executive team to stand up the projects in the coming months.

Course Title	# Sessions
LAMM: Leading Change	2
LAMM: Leading in Context	1
LAMM: Leading for Results	2
LAMM: Leading People	1

LEADING THE NEXT GENERATION

At the end of May 2022, the Academy for Workforce Development will be offering DCF supervisors and program supervisors the "Leading the Next Generation" training. The goal of this training is to support emerging child welfare leaders in their preparation for promotion to middle management leadership roles in ways that align with child welfare leadership competencies. The training will explore effective leadership styles and strategies, use of agency data to support outcomes, and interviewing skills. This training will also include a middle management mock interview to be scheduled following participation in the class.

PROFESSIONAL DEVELOPMENT

The Academy is committed to providing learning opportunities for staff to improve their skills that contribute to their success within DCF.

PROFESSIONAL BUSINESS WRITING WORKSHOP

The Academy for Workforce Development and Tunxis Community College partnered together to offer 20 DCF participants the Professional Business Writing Workshop. During this English Professor lead workshop, the following topics were covered:

- Quality and effectiveness of written communications
- Ways to make business documents powerful, persuasive & professional
- Up-to-date references for correct writing strategies
- How to master practical writing tasks o Ways to apply workshop skills to on-the-job writing tasks
- Basics of sentence structure and punctuation in writing
- Understanding and profiling your audience
- Using the active voice in writing
- Gaining impact with visuals
- Communicating sensitive, negative, or personal messages
- The Three C's – Clear, Concise and Complete

Positive Feedback from this workshop included:

- "I found the training helpful and liked the way the presenter provided the information"
- "The writing workshop was very good, and I got some good feedback from the trainer"
- "The training was helpful, and I believe that not only social workers should take this training but also social worker supervisors"

- "The teacher was engaging and knowledgeable"

TRAINING SERIES

The Academy continues to be successful in ensuring that our key trainings series, such as, DRS, Early Childhood Education and the Transitional Aged Youth Series were delivered to the staff who depended on them for workforce development.

TRANSITIONAL AGED YOUTH SERVICES: PARTNERING WITH TRANSITION AGE YOUTH

During the 2021 -2022 fiscal year, the Academy for Workforce Development, in conjunction with the Transitional Supports and Success Division revised the Transitional Aged Youth Series. In this updated series, the Academy offered a 6 Training Modules within 7 training dates, that focused on the new Vital Practice Model. This newly developed series expanded on the concepts covered in earlier Adolescent Training Series, to highlight the key elements of the Vital Model and the important role of the TSS-SWs in preparing our youth to successfully launch into adulthood. Training participants explored the transition in thinking, language, and engagement that is necessary for us to fully partner with youth 16 and over as they develop their skills, confidence, and relationships necessary for successful adult life. This included exploration of Adolescent Brain Development, individuality and associated needs of these transitional age youth, barriers to and opportunities for educational achievement, life skill planning, development of a support team, and case planning. This series was available to all DCF staff; however, priority seating was offered to the DCF staff newly assigned to the TSS units and workgroups.
The 6 module topics were:

- Module 1: Adolescent Brain Development (2 Days)
- Module 2: Engaging Empowering and Supporting TAY in their Identity Development
- Module 3: Building the Team for a Successful Launch
- Module 4: Skill Development, Natural Supports, and Permanency: Fostering the TAY's Launch into Adulthood
- Module 5: Case Planning & Re Entry: Launch Pad
- Module 6: Transitional Support Services Division: Exploring the Array of Services and Supports Available

During the 2021-2022 fiscal year, 27 DCF staff participated in the revised Transitional Aged Youth Series. Feedback received from this series consisted of the following:

- "Great Training"
- "This entire series have been helpful"

DIFFERENTIAL RESPONSE SYSTEM (DRS) TRAINING SERIES

The Academy has continued to offer the Differential Response System (DRS) Training Series to social work staff from across the area offices and Careline. The DRS Training Series was offered and completed on three occasions to date this fiscal year, with 99 unique staff completing it. Participants stated the following after taking this series-

- "Well done training "
- "Awesome Series. Thank you"
- "Informative and useful"

Components of the Series include a strong emphasis on the following:

- DRS Best Practices
- Investigation of child sexual abuse allegations
- Legal Issues
- Health & Wellness
- Drug Endangered Children (DEC) Program & Substance Use
- Human Trafficking
- Intimate Partner Violence

EARLY CHILDHOOD TRAINING SERIES

During the period under review, the Academy for Workforce Development offered one sessions of the Early Childhood Trainings series for a total of 7 participants. As a way of demonstrating some of the skills and competencies learned in the series. This approach was to skill development with training participants in attending the virtual simulation and being provided with various scenarios. Foster Parent Liaisons were used as role players with the training participants. The various scenarios allow the staff to role-play situations where they need to assess appropriate safe sleep, identify developmental milestones and delays as well as assess the needs of the caregivers and their ability to parent an infant. This component has proven to be a valuable learning opportunity for staff and providers.

Participants have been vocal about their experience during this training session and have stated the following:

- "We cannot have enough training about trauma and how it affects children and the children as adults whom we work with"
- "Behaviors are so easy to misinterpret even when we have information, so in these cases repetition of info and ongoing trainings can't hurt"
- "Engaging conversation due to small group very great information provided"

INTIMATE PARTNER VIOLENCE ADVANCE WEBINAR TRAININGS SERIES

The Academy in partnership with the Connecticut Injury Prevention Center, worked during this period under review to create an advanced training series on Intimate Partner Violence. Within this year under reviewed, 76 participants were able to attend this 8-session webinar. This series integrates current and emerging IPV research, best IPV practices, and the specifics of working in Connecticut with families who are impacted by IPV. By the end of this series, participants will have the knowledge and skills to confidently handle the complex cases where IPV is present. The 8 topics that are covered in this series are as follows:

1. Brain Injury, Strangulation and Lethality in IPV
2. Legal Processes: IPV Arrest to Disposition
3. IPV among Special Populations including those with insecure housing, immigrants, people living with HIV, and the LGBTQ community
4. The Impact of IPV on Child Development/ Adolescent Relationship Aggression
5. Connections between IPV, Mental Health and Substance Use
6. Trauma Informed Care and Father Engagement
7. Assessment Tools and How to Use Them
8. Collaboration with Advocacy Community

ACADEMY FOR WORKFORCE DEVELOPMENT YOUTH TRAINING CONSULTANTS

During the 2021-2022 fiscal year, there were two Academy for Workforce Development Youth Training Consultants. This year's AWD Youth Training Consultant assisted in updating our Permanency Planning Training, particularly the importance of sibling visitation. In addition, they participated in the Safety Practice Model Focus Groups. Finally, they created a presentation on "Black Health and Wellness: The Youth's Perspective" and shared it at the Black History Celebration for DCF Central Office. In June 2022, the Academy will partner with the DCF Transitional Support and Success Division to recruit new AWD Youth Training Consultants for the 2022 -2023 fiscal year.

CT Child Safety Practice Model

A training plan was developed in the summer 2021 to train internal DCF staff. Taylor Consultants created a two-hour instructor led virtual training to meet participants' needs. The objectives of the training were for participants to be able to identify the four elements of the ABCD Paradigm; use the Paradigm as they collect information; value the use of a strengths-based approach to assessing safety; recognize the importance of using Discussion Guides to work with community partners; use Discussion Guides selectively to gather information from community partners or prepare for consultations; and self-assess their safety-related skills and set a goal for improvement using a Practice Profile.

Child Welfare Trainers from the DCF Academy participated in a "Training of Trainers" with Taylor Consultants in July 2021 to be oriented to the training materials; and in August 2021, the DCF Academy and Taylor Consultants launched the effort beginning with the DCF Careline. From August through December 2021, DCF Careline, Intake, Ongoing Services, Regional Resource Group (RRG), and Considered Removal Team Meeting employees received training on the Model, organized locally by region. Additionally, Foster and Adoptive Services Unit (FASU) staff received customized training provided by internal FASU trainers.

In February 2022, training efforts continued with make-up sessions for staff noted above, as well as customized training sessions for Quality Assurance, Quality Improvement, and Legal staff. Additionally, the DCF Academy and Bureau of Child Welfare facilitated a dialogue with Assistant Chiefs and Office Directors to support localized implementation.

Approximately 112 training sessions occurred within this time period, with 1396 DCF employees participating.

Continued workforce development efforts throughout 2022 and beyond will include facilitated dialogues with agency employees on various nuanced aspects of the Safety Practice Model; supervisory training; and focused attention on supporting social workers' proficiency and use of the Discussion Guides and Practice Profiles.

Mentoring Program

The mentoring program provides an opportunity to assist P-2 staff in their professional development. Applicants who are accepted into the one-year voluntary program are paired with a mentor, a DCF staff person in a Program Supervisor position and above. Throughout the program, mentor and mentee participate in numerous activities that are designed to expose the mentee to new information, systems, or perspective which will enhance their career in child protection. Mentees are strongly encouraged to design and implement a project throughout the program, with the support and guidance of their mentor.

The 2021-2022 mentoring program cohort began on November 4, 2021, with 10 mentees and 10 mentors. The composition of the mentee group is: 6 females and 4 males, 9 social workers and 1 social work supervisor. During this cohort 2 mentees have left the program; one due to personal reasons another left the agency. The cohort will end in July 2022.

The theme for this year's cohort is "*Passing the Torch*" due to the number of employees retiring which may provide opportunities for staff to move into positions either laterally or vertically. The mentoring process allows for the mentees to set personable attainable professional goals and identifying strategies for reaching those goals with their mentors.

The opportunities within the program are:

- Mentees meet minimally monthly with their mentor
- Participation in professional development days
- Shadow senior leaders to gain an administrative perspective
- Exposure to several divisions
- Mock interviews
- Understanding of the legislative process

Four mentees have selected to work on a project during the 2021-2022 cohort. These will be presented at the closing ceremony. The topics are:

- Probate Court Process
- Social Worker Wellness Re-examined
- Fetal Alcohol Syndrome (FASD)
- Engaging Undocumented Families

Mandated Reporter On-line Training

Mandated Reporter On-line Training for Community Providers and Educational Employees continues to be the most viewed on-line trainings secondary to the COVID Pandemic as well as the legal responsibility to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. To date, the bulk of MRT offerings have been delivered virtually but, as CDC guidance restrictions are being lifted, more requests for in-person training have been occurring. In addition to the October 2020 Academy offered Spanish version of the MRT on-line training, in January 2022, the Academy added an on-line version conducted in American Sign Language at the request of the American School for the Deaf.

Mandated Reporter Training Data - Date Range: June 1, 2021 – April 30, 2022

Type of MRT:	**# Sessions**
Asynchronous ASL Version Community Providers	34
Asynchronous Community Providers Version	18,318
Asynchronous Spanish Version Community Providers	293
Asynchronous School Employee Version	56,415
Total	**75,060**

Type of MRT:	**# Sessions**	**# Participants**	**Median Class Size**
In Person Synchronous Virtual Trainings	39	2,432	17
In Person On-Site Trainings	58	1,100	21

IV-E reimbursement

In seeking IV-E reimbursement, the Department will ensure the allocation of such training measures according to The Department's Title IV-E Cost Allocation Plan (CAP). The Cost Allocation Process for In-Service, Pre-Service, and New Trainee Groups consists of the following:

- Total Department expenditures are assigned to Cost Pools that combine similar expenditure types. This procedure also includes the allocation of expenditures into multiple pools when they do not belong in any single pool. When an allocation needs to be made within a single department to multiple cost pools funded through the same federal award, the allocation is typically made based on staff counts or salary amounts determined based on the judgments of the responsible supervisor. If salary allocations need to be made across more than one federal award or between a federal and non-federal cost pool, appropriate personnel activity reports are used to make that allocation. If an allocation is made based on the salary of staff, an additional allocation is made for fringe benefits and other expenses. The allocation of fringe benefits and other expenses are calculated by applying the same percentage allocation used for salaries, (i.e., there is not an attempt to identify the actual fringe or other expense costs associated with the salaries).
- Claiming for the Academy and its services contract for third-party training contracts include as training costs the salary allocations from other functional units when individuals (DCF training adjuncts) from those units perform training activities related to their functional responsibilities. When this occurs, signed time records are maintained to support these allocations.
- The Academy courses and hours of instruction are accumulated. This step summarizes hours of instruction that qualify for 75%, 50% and 0% reimbursement. On average, the total cost of training at the

DCF Academy is over $3.9 million per year. Approximately 88% of the Academy pre-service courses are reimbursable at 75% while approximately 12% are reimbursable at 50%. Approximately 56% of The Academy's in-service courses are reimbursable at 75% while approximately 43% are reimbursable at 50%, and 1% not reimbursable.

- The Department will claim for reimbursement, at 75%, expenditures related to salaries, fringe benefits, travel, per diem, tuition, books, registration fees and the development of training as those expenses are related to any training, or the cost of training, that increases the ability of the Department to provide support and assistance to foster and adopted children and children living with relative guardians wither incurred directly by the State or by contract.
- Federally reimbursable expenditures are calculated based on allowable costs (from cost pools and The Academy curriculum), allowable children (from eligibility schedules) and allowable activities (from RMTS).

Technical Assistance

DCF is committed to refining and operationalizing an organized bureau that leads and supports integrated planning and CQI in CT. DCF's Bureau of Strategic Planning, which serves as the CQI headquarters for the agency, is receiving TA from the Capacity Building Center for States by way of coaching and consultation through the completion of the CQI assessment tool so that CT has a clear understanding of existing practice, gaps and strengths to build from. The self-assessment has been completed and the TA has now moved into the model development phase. By developing a CQI infrastructure and applying CQI methods to daily practice as a bureau, DCF will have increased capacity to support CQI throughout the organization to achieve agency strategic goals and innovations. Through coaching and consultation, the Center will support Connecticut in developing a Theory of Change; supporting the assessment of readiness of agency staff to operate in a culture of continuous quality improvement; developing bureau infrastructure grounded in a CQI framework inclusive of clear roles and expectations, feedback loops, stakeholder involvement, and mechanisms/plans to monitor and evaluate the operation and efficacy of the bureau.

The Department continues to receive technical assistance and support from Casey relative to our work in the areas of Family First, Rapid Permanency Reviews and QI Parenting.

As Connecticut is currently in the implementation phase of its Family First work, the Department will continue to contract with Chapin Hall, Don Winstead Consulting, and 3Advisory, LLC to assist with developing the Continuous Quality Improvement (CQI) data and reporting requirements related to the Family First Prevention Services and Programs. Efforts to build the CQI Measurement Plan involved identifying metrics in four domains: Outcomes, Reach, Fidelity, and Capacity, the operationalizing of the Distal and Proximal Outcomes. Upon completion of the Measurement Plan, a CQI improvement cycle will be developed detailing how data will be used to identify areas of improvement and implementation and test the changes. In addition, Chapin Hall will continue to provide technical assistance around our caregiver practice model and kinship navigation.

4. Quality Assurance System

In March 2022, CT successfully exited the Juan F. Consent Decree after the Department achieved certification of all outcome measures and the Court Monitor voiced his confidence in the Department's infrastructure to continually improve performance and outcomes following exit. The Department has continued to invest in a robust Quality Management and CQI environment. The Bureau of Strategic Planning, which includes CQI, Administrative Case Review, and Data, Reporting and Evaluation, leads the CQI activities specific to case practice service delivery and is also leading CQI activities related to the implementation of CT's Prevention Plan. DCF has made critical and sustained investments in ongoing Continuous Quality Improvement, maintaining six (6) Quality Improvement Supervisor positions dedicated to CQI, along with several other CQI social worker, supervisor, and consultant positions. The Department has the foundation and competencies to effectively monitor and improve its performance.

Consistent with DCF's commitment to being a learning organization to improve outcomes, CQI relies on both qualitative and quantitative data to guide improvement efforts and recognizes the importance of partnership with the field staff, child welfare leadership, and key stakeholders. In CY 2021, CQI conducted over 1900 case practice reviews using internal case review tools and 11,000 Administrative Case Reviews. The agency continues comprehensive case reviews using the OSRI along with case related interviews and OMS for data entry.

Through the ongoing quality data collection, in conjunction with case record reviews and review of administrative data, national indicators and research, the agency has made practice and policy changes in an effort to improve performance. For example, quality reviews identified improvement opportunities related to safety planning, timeframes and documentation. Using case review data, improvements to the agency policy were identified to better clarify requirements and timeframes and an ongoing QA process was implemented to monitor fidelity and outcomes. DCF has also enlisted the expertise of our statistician to conduct an analysis permanency using the agency's administrative data. These reports are being finalized and key findings will be presented to agency leadership and staff to help identify challenges and potential areas for further exploration to lead into meaningful strategy development.

Data quality continues to be an area of focus for CT, particularly as we continue to develop our CCWIS solution. We have recently engaged with a PMO for our CCWIS development and one of the recommendations made has been for staff on the project to receive training related to the use of the federal self-assessment tools. Ensuring alignment across initiatives, policies, programs and technology is critical and an area we will look to improve upon this next year. CT is in the process of procuring a data quality software and establish data stewards who will be integral to all aspects of data quality going forward.

DCF has continued to maintain a partnership with UCONN and convenes a monthly Research to Practice meeting inclusive of CQI staff, Child Welfare leadership, and staff from the field. This has proven invaluable to helping staff understand the data related to intake and outcomes and has also better informed our research partners in the work as well as how to best communicate findings to the field. UCONN has developed infographics to convey findings and has joined several of our agency affinity groups to present. Feedback has been overwhelmingly positive from the field on this approach to sharing data, findings and helping to inform improvement efforts.

While much of the case reviews and data collection are through CQI, data is shared routinely with area office staff as well as with agency leadership. Area offices have active QI Teams that are led in partnership between QI and Child Welfare staff. The next phase for CQI improvement is the development of our statewide model that includes a larger statewide committee with representatives across and outside of the agency, as well as key stakeholders with lived experience, youth and adults. This model will improve and formalize consistent feedback loops to key stakeholders and partners external to the Department in order to demonstrate full transparency in agency performance as well as information related to system improvement efforts.

Over the last year, the Bureau of Strategic Planning has continued to develop. The six regional Quality Improvement Program Supervisors remain in place and report centrally to the Quality Improvement Program Director. As the division gets fully staffed, the framework for quality improvement and performance management will continue to be defined. This division will refine and enhance our quality management systems to deliver on the agency's strategic goals, by developing innovative strategies, learning from past performance and designing and implementing data-driven organizational change.

To further our CQI agency and development, the Bureau of Strategic Planning partnered with the Academy for Workforce Development to host a series of trainings focused on understanding data for agency leadership. These trainings were interactive and targeted to assist our Area Office Leadership in understanding their data, identifying key reports, and using data to inform strategies for improvement. Quality improvement staff co-led these trainings, which were well-received. CT has recently experienced a number of changes in office leadership positions and we are discussing offering this data training again and establishing more consistent offerings.

In April 2021, the agency launched ChildStat, a CQI and management process to assess Area Office Performance and engage in discussion about strategies for improvement. Each office has currently presented three times and are presenting on the same performance measures which align with our 7 Key Results, which are also consistent with the Federal Performance Measures. ChildStat has pushed agency leadership to take a critical look at performance and conduct further case reviews with QI to understand the story behind the data. While this has been challenging at times, it is clear that this process has further developed our leaders' understanding of the data and has assisted in making connections across the larger system to identify other areas that impact performance and outcomes, including service availability, quality of service, service match and staffing. ChildStat meetings are held every 6 months and in true CQI form, this process will be iterative, and adjustments will be made based on lessons learned along the way.

Program Leads are assigned to all of DCF's POS contracted services. These individuals' partner with contracted providers, Regional/Area Office Staff, Systems Program Directors (SPDs), and Central Office Divisions to ensure the provision of effective quality services.

5. Service Descriptions

The Connecticut Department of Children and Families has statutory responsibility for prevention, child welfare, children's behavioral health and education. As such, the state's service array includes a full array of programs including child abuse and neglect prevention and diversion treatment services, foster care, family preservation services, reunification support services, mental health and substance use services, independent living, services to support other permanent living arrangements and a continuum of congregate care settings.
The following chart represents our ***Services Continuum***:

Adolescent College Mentoring- This program is designed to improve educational equity and college graduation rates for youth who have experienced the foster care system. The program offers youth an array of services to support their post-secondary educational, career and social-emotional goals through a four-domain framework that includes: academic mentoring, career development, advocacy and alumni networking supports. Category: Family Support service Population Served: College age youth who are or were in foster care in Connecticut Geographic Area**:** Statewide Annual Unduplicated Children/Families Served**:** 60
Adopt A Social Worker - This is a statewide, faith based outreach service linking an "adopted" DCF Social Worker with a faith-based or other "covenant organization" to assist with meeting the basic material needs of DCF involved families (those with protective service Social Workers as well as foster, adoptive and kinship care families). Meeting the needs of children with, for example, beds, cribs, clothing and household furnishings, will help achieve stabilization of families and permanency for the children. Category: Family Support and Family Preservation services. Population served: All DCF involved Families Geographic area served: Statewide. Annual Unduplicated Children/Families Served: 28,890
Care Coordination - This service provides high fidelity "Wraparound" through the use of the Child and Family Team process. Wraparound is defined as an intensive, individualized care planning and management process for youths with serious or complex needs and is a means for maintaining youth with the most serious emotional and behavioral problems in their home and community. The Wraparound process and the written Plan of Care it develops are designed to be culturally competent, strengths based and organized around family members' own perceptions of their needs, goals, and vision. Category: Family Support Services service. Program uses the 4 family focused fluid stages of Hello, Help, Healing and Hope. There will training this year in this new construct. Population served: Families with a youth with a behavioral health diagnosis for whom DCF is not involved. Geographic area served: Statewide. Annual Unduplicated Children/Families Served: 1,026
Care Management Entity (CME): designed to serve children and youth, ages 10-18, with serious behavioral or mental health needs who are returning from congregate care or other restrictive treatment settings (emergency departments/in-patient hospitals) or who are at risk of removal from home or their community. The CME will provide direct services and administrative functions. At the direct service level, the CME employs Intensive Care Coordinators (ICCs) and Family Peer Specialists (FPS) who use an evidence based wraparound Child and Family Team process to develop a Plan of Care for each child and family. At the administrative level, the CME assists DCF in developing local and regional networks of care, which includes the CONNECT federal System of Care grant activities. Category: Family Support Services and Family Preservation service. Population: Any child residing in a congregate care setting and child and youth who are frequent users of Emergency Departments and In-Patient settings. Geographic Area served: Statewide Annual Unduplicated Children/Families Served: 150 to 160

Caregiver Support Team - This service is designed to help prevent the disruption of foster placements and increase stability and permanency by providing timely in-home interventions with a child and family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family. The service will be available at critical points for the duration of the placement when additional supports are deemed necessary.
Category: Family Support Services and Family Preservation service.
Population: Any child residing in a foster home.
Geographic Area served: Statewide
Annual Unduplicated Children/Families Served: 762

The Child Abuse Centers of Excellence - this service provides an array of expert medical services to children who are suspected of being victims of abuse or neglect and to their families by acting as expert consultants to the Department of Children and Families staff to help ensure the safety and well-being of children
Category – Family Preservation / Family Support
Population served-Any child who is suspected of being victims of abuse or neglect
Geographic area – statewide
Annual Unduplicated Children/Families Served: 500

Child First Consultation and Evaluation - This service ensures provider fidelity to the Child First model which provides home-based assessment and parent-child therapeutic interventions for high-risk families with children under six years of age. To that end, the service delivers training, provides reflective clinical consultation, analyzes data, provides technical assistance, insures continuous quality improvement, and certifies sites that have met Child First model standards.
Service Category: Family Support
Population(s) to be served -Children ages 0-6
Geographic areas: Statewide
Annual Unduplicated Children/Families Served: Not available

Community Support for Families - This service will engage families who have received a Family Assessment Response from the Department and connect them to concrete, traditional and non-traditional resources and services in their community. This inclusive approach and partnership places the family in the lead role of its own service delivery. The role of the contractor is to assist the family in developing solutions, identify community resources and supports based on need and help promote permanent connections for the family with an array of supports and resources within their community.
Service Category: Family Preservation, Family Support,
Population(s) to be served -Children ages Birth-17
Geographic areas: Statewide
Annual Unduplicated Children/Families Served: 2,340

Community Support Team - This service is provided in conjunction with the DCF New Haven Area Office and focuses on assessment, treatment and support for children and youth in out-of-home levels of care transitioning back to the community. Services include but are not limited to: in home clinical interventions and supports; delivery of therapeutic services that facilitate and support family problem solving; family education and guidance; and linkage to natural support systems.
Service Category: Family Preservation, Family Support
Population(s) to be served -Children in out of home care
Geographic areas: Milford, New Haven, Meriden
Annual Unduplicated Children/Families Served: 48

Connecticut ACCESS Mental Health: is a consultative pediatric psychiatry service to be made available to all pediatric and family physician primary care provider practices ("PCPPs") treating children and youth, under 19 years of age irrespective of insurance coverage. The purpose is to improve access to treatment for children with behavioral health or psychiatric problems, and to promote productive relationships between primary care and child psychiatry to support selective utilization of scarce resources. The program is designed to increase the competencies of Primary Care Providers to identify and treat behavioral health disorders in children and adolescents and to increase their knowledge/awareness of local resources designed to serve the needs of children and youth with these disorders.
Category: Family Support and Family Preservation
Target Population: All children and youth under 19 regardless of insurance coverage
Geographic Area: Statewide
Estimated Families Served: 5,000 calls/year

Early Childhood Services - Child FIRST - This service 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.
Service Category: Family Support
Population(s) to be served – High risk DCF involved children ages 0-6 with social-emotional, behavioral developmental and learning problems
Geographic areas where the services will be available -Statewide
Annual Unduplicated Children/Families Served: 1,092

Extended Day Treatment (EDT) - This service is a site-based behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to six months, a comprehensive array of clinical services supplemented with psychosocial rehabilitation activities are provided to maintain the child or youth in his or her home. The purpose of this service is to provide the clinical treatment and supports necessary to successfully stabilize and maintain children/youth in their own homes and communities. These efforts focus on: the prevention of hospitalization and out-of-home placement, unless clinically necessary; the provision of clinical treatment and specific behavioral assistance; and the engagement and support of families and caregivers. The primary goals include but are not limited to: stabilizing the child/youth's symptoms and behavior; improving the child/youth's mental, emotional, and social well- being, thus increasing the level of overall functioning in the community setting, both at home and school; and strengthening the family by enabling the family/caregiver to manage the behaviors of the child/youth more effectively.
Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Population served: Ages 5-17
Geographical Area: Statewide (15 sites)

Annual Unduplicated Children/Families Served: 858

Family and Community Ties - This service is a foster care model that combines a wraparound approach to service delivery with professional parenting for children with serious psychiatric and behavioral problems. This service is differentiated from other foster care services by (a) the frequency and intensity of clinical contact and (b) flexibility in providing "whatever it takes" to preserve the placement of a child in a family setting. Within this program, foster parents will serve as full members of the treatment team and will complete intensive training in behavior management.
Category: Adoption Promotion and Support Services service.
Population served: Children with serious psychiatric and behavioral problems
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: Not available

Family Based Recovery - This service is an intensive, in-home clinical treatment program for families 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. The overarching goal of the intervention is to promote stability, safety and permanence for these families. 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. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.
Category: Family Support Services and Family Preservation service.
Population served: An infant (birth – 3 years) who is at risk of an out-of-home placement due to parental substance abuse. A parent who has used substances within past 30 days.
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 240

Family Support - This service provides coordination and facilitation of five parent support groups with goals of peer support, information on appropriate parenting skills, and education on the development of effective coping strategies. The five groups consist of (1) the CT Chapter of the National Alliance for the Mentally ILL, (2) a support group for mothers who have experienced a sexual assault in their pre-parenting years, (3) a parent education group, "Parents Night Out", (4) a parent /child play group for parents with children age birth to three years old that includes an "in home" education component, and (5) a Gamblers Anonymous support group.

Fatherhood Engagement Services – This service provides intensive outreach, case management services and 24/7 Dad© group programming to fathers involved with an open DCF case, as such services and service frequency are defined herein. The purpose of this program is to enhance the level of involvement of fathers in their DCF case planning, provision of services and positive parenting.
Category: Family Preservation
Population served: DCF-involved fathers and DCF-involved incarcerated fathers
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 340

First Episode Psychosis - This service identifies, refers, and follows-up on youth and young adult Medicaid clients ages 16-26 who have experienced a First Episode Psychosis (FEP) to provide early identification of FEP, rapid referral to evidence-based and appropriate services, and effective engagement and coordination of care which are all essential to pre-empting the functional deterioration common in psychotic disorders. Additionally, through trained FEP Peer Specialists, this service identifies, refers, and connects youth potentially experiencing FEP to specialty providers.

Foster and Adoptive Parent Support Services - This service, through a private statewide agency, provides support and training to foster and adoptive parents. Services include but are not limited to: a buddy system; post licensing training; a quarterly newsletter; an annual conference; periodic workshops; respite care authorization; and a fiduciary role for open adoption legal services. In addition, support staff (i.e. "Liaisons") are posted in most of the DCF Area Offices in order to assist foster and adoptive families who call with questions or require resolution of individual issues. The Liaisons also assist DCF staff with area recruitment and retention activities and serve on committees where a foster / adoptive parent perspective is needed. Childcare is also provided to the licensed families at these support groups
Category: Adoption Promotion and Support Services service.
Population served: All licensed families (all license types)
Geographic area served: All areas of the state
Annual Unduplicated Children/Families Served: All licensed families (all license types)

Foster Care and Adoptive Family Support Groups - This service provides both avenue and child care for support group meetings for foster care and adoptive families as a means to aid in the retention of foster homes and placement stability within foster and adoptive family settings. Childcare is also provided to the licensed families at these support groups.
Category: Adoption Promotion and Support Services service.
Population served: All licensed families (all license types)
Geographic area served: Torrington, Waterbury
Number of families to be served: Approximately 20 individuals at any given time.

Foster Family Support - This service provides a variety of support services to children in DCF care who are living with foster and relative families in Bloomfield. The support services include, but are not limited to: individual, group and / or family counseling; crisis intervention, social skills development; educational activities; after school and weekend activities.
Category: Adoption Promotion and Support Services.
Population served: All licensed families (all license types)
Geographic area served: Hartford
Annual Unduplicated Children/Families Served:25

Foster Parent Support for Medically Complex - This service, largely through the organization of a group of volunteers, provides foster care recruitment, respite and

support focused on maintaining and growing the number of foster and adoptive parents who work with medically complex children in the Waterbury and Torrington area office towns. There is a child care/activity component to the program and a limited amount of money is available for participating foster parents. There are two yearly celebrations, a holiday party and annual picnic.

Functional Family Therapy (FFT) - This service provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence-based model known as Functional Family Therapy (FFT). 25% of the capacity is available to youth involved with DCF Juvenile Service - Parole. Length of service averages 4 months per youth served. Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.
Category: Family Support and Family Preservation service.
Population served: Service is for DCF and non DCF involved youth ages 11-18 for whom there is a behavioral health diagnosis.
Geographic area served: All areas of the state except for the New Britain catchment area.
Annual Unduplicated Children/Families Served: 690

Integrated Family Care & Support - The goal of the service is to engage families and connect them to concrete, traditional and non-traditional resources and services in their community, placing the family in the lead role of its own service delivery. The Contractor shall assist the family in developing solutions, identify community resources and supports based on need, and help promote permanent connections for the family with an array of supports and resources within their community.
Category: Family Preservation, Family Support
Population Served: DCF families.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 1,575

Intimate Partner Violence (IPV-FAIR) - The goal of the service is to establish a comprehensive response to intimate partner violence that offers meaningful and sustainable help to families that is safe, respectful, culturally relevant and responsive to the unique strengths and concerns of the family. This four (4) to six (6) month service provides a supportive service array of assessments, interventions and linkages to services to address the needs of families impacted by intimate partner violence. The service will respond to both caregivers and the children. The Fathers for Change Promising Practice Model will also be offered through the IPV-FAIR Service. This service will offer intervention to fathers of children under age 10 who have been an offender of intimate partner violence and have co-occurring substance use issues. Safety planning will be at the center of the IPV-FAIR service provision.
Category: Family Preservation, Family Support, Time-limited Family Reunification service.
Population Served: DCF families and Community Support for Families Program families impacted by Intimate Partner Violence.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 475

Intensive Family Preservation - This service provides a short-term, intensive, in-home service designed to intervene quickly in order to reduce the risk of out of home placement and or abuse and/or neglect. Services are provided to families 24 hours per day, seven days a week with a minimum of 2 home visits per week including a minimum of 5 hours of face to face contact per week for up to 12 weeks. Staff work a flexible schedule, adhering to the needs of the family. A Standardized assessment tool is used to develop a treatment plan. As needed families are linked to other therapeutic interventions and assisted with basic housing, education and employment needs including making connections with non-traditional community supports and services.
Category: Family Preservation service.
Population Served: The target population for this service includes DCF active in-home cases only. This service is delivered when there is an emerging removal concern for children from birth through 17 years of age.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 831

Intensive In-Home Child and Adolescent Psychiatric Services IICAPS - (Consultation and Evaluation) - This service provides program development, training, consultation, and clinical quality assurance for all Department of Children and Families (DCF) approved Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS) service providers. The IICAPS statewide providers work with children and youth who have returned or are returning home from out-of-home care and who require a less intensive level of treatment or are at imminent risk of placement due to mental health issues or emotional disturbances.
Category: Family Preservation and Family Support, and Adoption Promotion and Support Services
Target Population**:** Children and adolescents ranged in age from 4-18 years with complex psychiatric disorders
Geographic Area: Statewide
Number of families to be served: 2100-2250 annually

Juvenile Review Board (JRB)
The Juvenile Review Boards (JRB) are organized groups of community volunteers such as police, youth service bureaus, schools, and agency professionals that work to divert children and youth from the juvenile justice system. Children and youth between the age of 7 and 17 that are first time misdemeanor offenders or that qualify under the Families with Service Needs (FWSN) statutes are eligible for JRB services.
Service type: Family Support, Family Preservation
Target Population: Ages 7 through 17 who have been referred to the Juvenile Review Board (JRB), are first-time offenders and have committed a misdemeanor offense or referred to court for behaviors under a Family with Service Needs ("FWSN") petition.
Geographic Area: Hartford, New Haven and Bridgeport
Annual Unduplicated Children/Families Served: 600

Juvenile Review Board Support and Enhancements
Juvenile Review Board Support and Enhancement provides funding to local Juvenile Review Boards to create, support and enhance services delivered to youth served by the Juvenile Review Board (JRB).
Service type: Family Support, Family Preservation
Target Population: Ages 7 through 17 who have been referred to the Juvenile Review Board (JRB), are first-time offenders and have committed a misdemeanor

offense or referred to court for behaviors under a Family with Service Needs ("FWSN") petition
Geographic Area: Norwich, Willimantic, Middletown, New Britain, Meriden, Waterbury, Torrington, Danbury
Estimated Families Served: Not Available

Mental Health Consultation to Childcare - This service promotes and facilitates the early identification of behavioral challenges and mental health needs in children who participate in daycare and early childhood education settings. Once needs are identified, strategies which prevent children from disrupting from their homes and day care settings are implemented. Families are given opportunities to partner as active participants at multiple levels including home visits, center-based planning, child specific intervention strategies and collaborative planning and implementing strategies and activities within the classroom.
Category: Family Preservation; Family Support
Population(s) to be served - Early childcare and education staff, DCF-involved biological parents, foster, and adoptive parents, and any other caregivers in a child's life providing services to families and children ages Birth to 60 months (5 years old) and Birth to 72 months (6 years old) for DCF children in Foster Care, with challenging behaviors and/or social and emotional needs. Services may also be provided to DCF-involved women and their children housed in substance abuse residential programs.
Geographic area served – Statewide
Estimated number of individuals and families to be served – 150 early childcare centers, 400 teachers and assistant teachers, 90 Core Classrooms, 1,200 children within the Core Classrooms, 120 "at risk of expulsion/suspension" children and 400 service visits to involved families per quarter.

Mobile Crisis - EMPS Crisis Intervention Service (EMPS) is a mobile, crisis intervention service for children experiencing behavioral health or psychiatric emergencies. The service is to be delivered through a face-to-face mobile response to the child's home, school or location preferred by the family, or in rare situations through a telephonic intervention.
Category: Family Support Services and Family Preservation service.
Population: Any child 0-18 residing in the state of CT.
Geographic Area served: Statewide
Number of children and families served: over 18,000 calls and over 12,000 episodes of care

Mobile Crisis - Statewide Call Center - This service is the entry point for access to the Emergency Mobile Psychiatric Service System for children and youth in the State of Connecticut. The Statewide Call Center receives calls, collects relevant information from the caller, determines the initial response that is needed, and links the caller to the information or service required. In addition to these primary functions, the Statewide Call Center also collects data regarding calls received, triage responses and referrals to EMPS contractors. The Call Center analyzes data and compiles reports for use by DCF, the Statewide Call Center, EMPS contracted service providers, and other entities as determined by DCF. The Statewide Call Center operates 24 hours per day, 365 days per year.
Category: Family Support Services and Family Preservation service.
Population served: Any child 0-18 residing in the state of CT.
Geographic Area served: Statewide
Number of children and families served: over 18,000 calls.

Multidimensional Family Therapy (MDFT) - This service provides intensive home-based clinical interventions for children, ages **11 - 18**, with significant behavioral health service needs who are at imminent risk of removal from their home or who are returning home from a residential level of care. After a comprehensive evaluation, a strength- based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. Staff work a flexible schedule, adhering to the needs of the family. Average length of service is 3 - 5 months per family. Family-based intensive in-home treatment for children & adolescents (aged 9 – 18 years) with significant behavioral health needs and either alcohol or drug related problems or are at risk of substance use.
Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs Geographic Area – Statewide
Annual Unduplicated Children/Families Served: 780

Multidimensional Family Therapy (MDFT) ASSERT- This service supplements 4 existing MDFT Teams and blends three (3) evidence-based models, ATM works with youth who are or maybe using opioid drugs by providing comprehensive services to address this use and promote their on-going recovery. ATM offers a continuum of services for the youth and his/her family, including Multidimensional Family Therapy (MDFT), access to Medicated Assisted Treatment (MAT) if needed, & Recovery Management Check- ups and Support (RMCS) following the completion of the MDFT services.
Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs Geographic Area – Middletown, Norwich, Willimantic, Danbury, Torrington, Waterbury, Meriden and New Britain
Annual Unduplicated Children/Families Served: 240

Multidimensional Family Therapy (MDFT) HYPE- This service supplements 4 existing MDFT Teams and blends three (3) evidence-based models, ATM works with youth who are or maybe using opioid drugs by providing comprehensive services to address this use and promote their on-going recovery. ATM offers a continuum of services for the youth and his/her family, including Multidimensional Family Therapy (MDFT), access to Medicated Assisted Treatment (MAT) if needed, & Recovery Management Check-ups and Support (RMCS) following the completion of the MDFT services.
Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs
Geographic Area – Middletown, Norwich, Willimantic, Danbury, Torrington, Waterbury, Meriden and New Britain
Annual Unduplicated Children/Families Served: 240

Multidimensional Family Therapy (MDFT) Quality Assurance - This service provides program development, training, clinical and programmatic consultation to statewide. DCF funded Multidimensional Family Therapy (MDFT) providers that integrates the standards and practices consistent with MDFT requirements and MDFT quality improvement programming. In addition, this service provides program development, training and clinical consultation for the Family Substance Abuse Treatment Services (FSATS) teams who serve the former Emily J class members.

Category: Family Preservation service.
Population Served: Youth ages 11-18 years (9 - 18 for Special Population teams) with complex substance abuse and mental health service needs Geographic Area – Statewide
Estimated Individuals and Families to be served: 1,020

Multidisciplinary Examination (MDE) Clinic - This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening for children placed in DCF care for the first time. A comprehensive summary report of findings compiled from the multidisciplinary team and written by the Foster Clinic Coordinator is completed on each child referred for service. As appropriate, referral(s) to a specialized service are made.
Category – Family Preservation / Family Support
Population served – each child placed in an out of home setting
Geographic area – Statewide
Number of children served: 1673

Multidisciplinary Team – This service promotes the coordination of investigations of and interventions for cases of child abuse/neglect among agencies, including DCF, police, medical, mental health, victim advocates, and prosecutors. Cases are referred to the regularly scheduled team meetings by DCF, law enforcement or other agency members of the team. A team Coordinator assumes the coordination and administrative responsibilities in addition to being an active member of the team. Training in aspects of child abuse and the investigation process is provided to the team members.
Service Category: All service Categories
Population served: Any child in Connecticut that is a victim of sexual abuse including child sex trafficking, severe physical abuse or death of a child.
Geographic area: Statewide. There are 15 MDT's throughout the state of Connecticut serving the entire state.
Number of children being served: The number is fluid; all cases of sexual abuse including child sex trafficking, severe physical abuse and death of a child is reviewed.

Multi-systemic Therapy (MST) - This service, using a national evidence-based treatment model, provides intensive home bases services to children who are returning or have returned from a residential level of care or are at imminent risk of removal due to mental health issues. After a comprehensive evaluation, a strength-based Individualized Service Plan is developed to include goals, interventions, services and supports that address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. This service promotes change in the natural environments … i.e. home, school and community. Interventions with families promote the parent's capacity to monitor and intervene positively with each child and/or youth. The clinical supervisor and therapists have daily contact with each family served including providing 24 hour a day, 7 day a week access. Average length of service is 3 - 5 months per family.
Category: Family Support and Family Preservation service.
Target Population: Youth between 12-17 years old who have returned or are returning home from out-of-home care or who are at imminent risk of placement due to substance use, risk of substance use, or conduct disorders.
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Milford, New Britain, New Haven, Norwich, Waterbury, and Willimantic
Annual Unduplicated Children/Families Served: 90

MST - Building Stronger Families - This service, using a national evidence-based treatment model, provides intensive family and community based treatment to families that are active cases with (DCF) due to the physical abuse and/or neglect of a child in the family and due to the abuse of or dependence upon marijuana and/or cocaine by at least one caregiver in the family. Core services include: clinical services, empowerment and family support services, medication management, crisis intervention, case management and aftercare. Average length of service is 6 - 8 months per family.
Category: Family Support and Family Preservation service.
Target Population: Families who have A child between 6 - 17 years old. An allegation of abuse or neglect within past 180 days, and at least one caregiver with alcohol or drug abuse related problems.
Geographic Area: Bridgeport, Norwalk, Norwich, Manchester, New Britain, Waterbury, New Haven
Annual Unduplicated Children/Families Served: 147

MST-Consultation and Evaluation - This service provides for clinical consultation to statewide Court Support Services Division (CSSD) and DCF funded Multi-systemic Therapy (MST) providers in order to integrate the standards and practices consistent with MST Network Partnership requirements and MST quality improvement programming. In addition, the service provides training in the theory and application of MST for clinicians, supervisors, administrators, policy makers employed by DCF and its contracted MST providers.

MST- Emerging Adults - This service provides intensive individual and community-based treatment to transition-aged youth with multiple co-occurring disorders and extensive system involvement with the goal of reducing the young adult's substance use and mental illness symptoms, and promote gainful activity such as school, work, housing, and positive relationships. In addition to clinical work with a therapist, a MST-EA coach serves as a positive mentor and engages the young adult in prosocial, skill building activities. Treatment duration averages 7-8 months, with an additional 2-4 months (average) with the MST-EA coach. Sessions with the client occur 3-5 times weekly, depending upon the client's needs.
Category: Family Support and Family Preservation.
Target Population: Youth aged 17-20 years inclusive. Serious mental health condition and/or substance abuse disorder, and Involvement with JJ or CJ system.
Geographic Area: Bridgeport, Hartford, Manchester, New Britain, Milford, New Haven, Waterbury
Annual Unduplicated Children/Families Served: 66

MST-Intimate Partner Violence - This service is an intensive, in-home clinical treatment program for families with active involvement in DCF due to physical abuse and/or neglect of a child in the gamily due to the impact of intimate partner violence within the family. MST-IPV is a treatment model that follows a set of 9 principles and a structured analytic process for assessing drivers of referral behaviors (intimate partner violence and child maltreatment), prioritizing risk factors, and implementing evidence-based interventions that directly address these risk factors. Importantly, MST-IPV maintains a strength focus and commitment to ongoing engagement with families and stakeholders. Key to the safety of children is intensive and ongoing safety assessments and interventions. In this atmosphere of focus

on family strengths, engagement, safety, and sustainability of progress, MST-IPV implements interventions that are research supported for specific problems, and stem from behavioral, cognitive-behavioral, and family systems perspectives.

Category: Family Support Services and Family Preservation service.
Population served: Any DCF-involved family at a high risk of child safety due to previous intimate partner violence within the family.
Geographic area served: New Britain
Annual Unduplicated Children/Families Served: 21

MST - Problem Sexual Behavior- This service provides clinical interventions for youth who be returning home from the Connecticut Juvenile Training School (CJTS) or a residential treatment program after having been identified as being sexually abusive or displaying sexually reactive and/or sexually aggressive behaviors and who have been assessed to need sexual offender specific treatment. The service is based upon an augmentation of the standard MST team model, an evidence based clinical model with an established curriculum, training component and philosophy of delivering care. The average length of service is 6-8 months per youth / family. All clients referred receive a comprehensive evaluation resulting in a multi-axial diagnosis and individualized treatment plan.
Category: Family Support and Family Preservation.
Target Population: Adolescents 10-17.5 years (exceptions for older youth on a case-by-case basis). Convicted and committed to DCF as delinquent due to a sexually abusive offense and who require sex offender specific treatment; or Convicted and committed to DCF as delinquent and who display sexually aggressive/inappropriate behavior and who require sex offender specific treatment; or Not convicted for sexual abuse specific offenses but this issue has been identified and other inclusion/ exclusion criteria are met.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 96

New Haven Trauma Network - The New Haven Trauma Network is a collaboration led by Clifford Beers Clinic that has four (4) components: Care Coordination, Short term assessment, screening, and direct service for children; Trauma informed training & workforce development. These Four Components will be a trauma-informed collaborative network of care to address adverse childhood experiences (ACE). The network will involve the Greater New Haven community and its focus aims to: a) Create a safer, healthier community for children and families; b) Reducing community violence; c) Reduce school failure and dropout rates; d) Reduce incarceration rates; e) Improving overall health of children and families; and f) Coalition or network infrastructure support.

Outpatient Psychiatric Clinic for Children (aka Child Guidance Clinic) - This service provides a range of outpatient mental health services for children, youth and their families. Services are designed to promote mental health and improve functioning in children, youth and families and to decrease the prevalence of and incidence of mental illness, emotional disturbance and social dysfunction. DCF-involved children; referred through local systems of care, care coordinators, and Emergency Mobile Services; children who are the victims of trauma and/or physical and/or sexual abuse and/or neglect and/or witness to violence in the home or external to the home and/or who have experienced multiple separations from loved ones; children who are at risk of psychiatric hospitalization or placement into residential treatment; children being discharged from psychiatric hospitals or residential treatment; children with severe emotional disturbances such as conduct disorders and oppositional defiant disorders; children with significant, persistent psychiatric conditions; children who are court involved; children whose families are financially unable to obtain mental health services elsewhere in the community; children experiencing Reactive Attachment Disorders; children who experience Post Traumatic Stress Disorder; children who exhibit sexually reactive behaviors and children who exhibit sexually predatory behavior.
Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Target Population: Children 3-17
Geographical area: Statewide (25 sites)
Annual Unduplicated Children/Families Served: 13,327

Parenting Support Services - This service utilizes the evidenced-based models of Triple P (Positive Parenting Program®) of the University of Queensland, and Circle of Security to provide an in-home parent education curriculum along with support and guidance so that parents will become resourceful problem solvers and will 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.
Category: Family Preservation; Family Support
Population(s) to be served - Parents with children 0-17 years of age. Priority is given to parents involved with DCF or Community Support for Families. Caseload permitting and in consultation with the DCF area office, providers may serve parents referred by other community providers.
Geographic area served – Statewide
Annual Unduplicated Children/Families Served: 1,845

Performance Improvement Center - This service, Performance Improvement Center (PIC), supports and sustains the delivery of high quality Mobile Crisis Services and, Care Coordination (CC) throughout the state of Connecticut by directing and implementing quality improvement activities and standardized training and workforce development activities to Mobile Crisis, and Care Coordination contractors. Quality Improvement activities include the collection, analysis, and reporting of quality improvement data provided by the Mobile Crisis Call Center (211) and Mobile Crisis contractors (and sub-contractors) and the care coordination contractors. Monitoring and supporting Mobile Crisis and Care Coordination quality is provided by a combination of consultation, satisfaction surveys, fidelity ratings, and other activities. Training and workforce development activities for Care Coordination and Mobile Crisis include the provision of pre-service, in-service and special topic training in the core competencies necessary to operate a quality service. Additionally, on-going monthly quality oversight through coaching and mentoring is provided for Care Coordination providers.
Category: Family Support and Family Preservation service.
Population: The contractors who provide Mobile Crisis and Care Coordination services to children and families in CT
Geographic Area served: Statewide
Annual Unduplicated Children/Families Served: Mobile Crisis serves over 12,000 episodes of care and care coordination serves over 1,200 to 1,600 families annually.

Permanency Placement Services Program (PPSP) - This is a permanency placement service for DCF committed children who are considered difficult to place in adoption due to special needs. Services include: completion of documents to legally free a child for adoption through Juvenile Court; recruitment, screening, home studies and evaluations; pre and post adoption placement planning and finalization services and reunification services with biological parents. A written service agreement, mutually developed between DCF and the provider, is made prior to the commencement of services, and includes the type(s) of service(s) to be provided

and time to be spent on each service.
Category: Family Support and Adoption Promotion and Support Services Service.
Population served: any child in DCF care for whom adoption recruitment & preparation or child and family permanency work is necessary.
Geographic area served: Statewide.
Annual Unduplicated Children/Families Served: Not available. This number is fluid based upon the requested contracted service.

Quality Parenting Centers- This service provides a site-based supervised parent/child visitation program (Family Time) designed to provide a safe and comfortable place for parents to interact with their children. The Contractor utilizes coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent/child relationship
Category: Family Reunification and Family Support service
Population(s) to be served - Families with children (from birth up to age 12) who were removed from home due to protective service concerns. 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.
Geographic area served – Milford, New Haven, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, New Britain
Annual Unduplicated Children/Families Served: 36,880

Residential Treatment Centers- This service is a congregate model of care that provides a diverse array of integrated behavioral and mental health treatment and rehabilitative support services for youth who have significant and complex emotional and behavioral disorders and their families/caregivers. DCF currently has a 143 bed capacity through 6 separate programs throughout the state

Reunification and Therapeutic Family Time – Reunification Readiness Assessment, Reunification Services, and Therapeutic Family Time are designed for families with children (from birth to age 17) who were removed from their home due to protective service concerns. These three service types are available to families as three separate components based on the needs of the family. Families can be referred for this service immediately following a child's removal from the home or at any time during their placement.
Reunification Readiness Assessment uses a standardized assessment tool to develop service plan. Therapeutic Family Time is made available for families and assists the provider in assessment by using the Visit Coaching model. This component provides feedback and recommendations to the Department regarding the family's readiness for reunification
Reunification Services also uses a standardized assessment tool to develop the service plan, delivers a staged reunification model to support families throughout the reunification process, adopts the Wraparound Model design to engage the family and build their networks of support, delivers Therapeutic Family Time component using the Visit Coaching model and offers a Step Down option, if families require additional supports.
Therapeutic Family Time – Uses the Visit Coaching Model, uses the Keys to Interactive Parenting Scale (KIPS), an evidence based tool to effectively measure parent child interaction and parenting behaviors, preserves and restores parent/child attachment and facilitates permanency planning and emphasizes a continuity of relationships.
Category: Time-Limited Family Reunification and Family Support service.
Population Served – The target population includes only those families whose children are in imminent danger of out of home placement or cannot return home without intense services. Families to be served include biological and adoptive families referred by DCF and includes DCF active families only. For all services except Therapeutic Family Time, the permanency goal for the referred child must reunification.
Geographic Area – Statewide
Annual Unduplicated Children/Families Served – 914.

SAFE Family Recovery – This program provides three (3) evidence-based approaches in order to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use. The three services are:
Screening, Brief Intervention, and Referral to Treatment (SBIRT) identifies adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment;
Multidimensional Family Recovery (MDFR) addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement;
Recovery Management Check-ups and Support (RMCS) provide support and ongoing assessment, facilitate involvement with pro-recovery peers and activities, detect return to use and other concerns, assertively link to services as needed, and promote positive family relationships
Category: Family Preservation and Family Supports.
Target Population: DCF involved substance using parents and caregivers with children at home but at risk of removal.
Geographic Area: Statewide

Sibling Connections Camp - This service is designed to engage, support and reconnect siblings who are placed in out of home care by providing a week long overnight camp experience focused on strengthening sibling relationships and creating meaningful childhood memories.
Channel 3 - Sibling Connection Camp provides a normative activity for sibling groups in placements. Implementation of the program affords foster and biological families the opportunity to send their children (part of a sibling group where at least one child is in placement) to a week-long overnight camp. The camp activities are designed for sibling connection and/or reconnection.
Category: Family Support and Family Preservation.
Target Population: Children ages 8 to 17. The children are part of a sibling group, where at least one sibling is in placement.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 80

Short Term Assessment and Respite Home (STAR)- This service is a temporary congregate care program that provides short-term care, evaluation and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances. Staff provide empathic, professional child-care, and develop and maintain a routine of daily activities similar to a nurturing family structure. The children and youth receive assessment services, significant levels of structure and support, and care coordination related to family reunification, or matching with a foster family or a congregate care setting, as appropriate. DCF currently has a 36 bed capacity through 6 separate programs throughout the state

START- The Start program will provide an array of services for youth ages 16-24 who are homeless or at-risk of homelessness. Services will include outreach and

survival supports for homeless youth in crisis or youth who have unstable housing in the Hartford are for up to two years with intensive case management support.

Substance Screening Treatment & Recovery for Youth (SSTRY) – This service provides outpatient clinical interventions for youth using evidence-based models to identify and address substance use. The SSTRY services are: Screening, Brief Intervention and Referral to Treatment (SBIRT), and Community Reinforcement Approach – Assertive Continuing Care (CRA-ACC). CRA helps youth develop positive relationships and connect to social activities; set goals and build life skills; access other health services when needed; and move toward reduction and abstinence of alcohol and other drugs. ACC starts when CRA treatment is ending to help youth build and sustain substance use recovery. ACC is delivered in the family's home or other community setting. The average length of service is 8 months per youth / family.
Category: Family Support service
Population Served**:** Youth with substance use between 12-24 years old
Geographic Area**:** Statewide
Annual Unduplicated Children/Families Served**:** 288

Statewide Family Organization - Statewide Family Organization - The Statewide Family Organization will provide three levels of service and supports to families who have children with serious behavioral or mental health needs. At the direct service level, there are "Community Family Advocates" who provide brief and long-term support to parents and caregivers using a wraparound Child and Family Team meeting approach and a peer support and assistance framework. At the regional level, "Family System Managers" are responsible for working closely with DCF Regions and the Connecticut Behavioral Health Partnership (CT BHP) to assist them in developing linkages between local community groups and identifying and supporting informal support and service networks for families. At the statewide level, "Citizen Review Panels" are responsible for giving feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the public to enhance the ways families can positively impact the child protection and child treatment systems.
Category: Family Support and Adoption Promotion and Support Services.
Population served: They work with non DCF involved families in CT.
Geographic area served: One contract Statewide for non DCF involved families
Annual Unduplicated Children/Families Served: 364

Supportive Housing for Families - This service provides subsidized housing and intensive case management services to DCF families statewide for whom inadequate housing jeopardizes the safety, permanency, and well-being of their children. Intensive case management services are provided to assist individuals to develop and utilize a network of services in the following areas: economic, social, and health. Housing is secured in conjunction with the family and the Department of Housing (DOH) provides a Section VIII voucher. Priority access is determined by the chronological order of referrals.
Service Category: Family Support
Population to be served: DCF involved families with housing barriers who are homeless or at risk of homelessness.
Geographic area served: Statewide
Annual Unduplicated Children/Families Served: 500

Supportive Work, Education & Transition Program (SWETP) - This service is a community-based stand alone, staffed apartment program that serves adolescents, age 16 and older, who are committed to DCF. The program focuses primarily on the developmental issues associated with the acquisition of independent living skills, including but not limited to: inter-personal awareness; community awareness and engagement; knowledge and management of medical conditions; and maximization of: 1) education, 2) vocation, and 3) community integration. There is on site, awake supervision, 24 hours a day, and seven days a week. Activities involving resident youth are supervised and managed at a level consistent with the nature of the activity and the individual needs of the involved youth.
Service Category: Family Support
Target Population: Youth16 or older and Committed Abused, Neglected or Uncared For or Dually Committed to DCF
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 16 Beds

Survivor Care – This program is an intensive community-based program designed to help youth and their families/caregivers understand, respond to, and recover from the impact of human trafficking/commercial sexual exploitation (HT/CSE) victimization. This program provides Long-Term Therapeutic Case Management services including but not limited to: information and referral services, crisis intervention and safety planning, individual counseling, and advocacy and accompaniment to medical, law enforcement, court, and academic appointments. The program also offers Rapid Responses which are one-time interventions that provide children and caretakers with information, safety planning, and referral services related to HT/CSE

Therapeutic Child Care - This service offers a range of support services for children in a child care facility, including parent-child programs and an after school program. The target population is children ages birth to 8 years old. The primary activity is the teaching of parenting skills as parents participate with their child in the child care setting. With new understanding and skills on the part of the parents, DCF is less likely to become involved and children are less likely to be removed from the home.
Category: Family Support, Family Preservation, Time-Limited Family Reunification categories
Population(s) to be served: Children aged 0-5 with behavioral issues transitioning to regular day care or kindergarten
Geographic area to be served: Bridgeport.
Annual Unduplicated Children/Families Served: 42

Therapeutic Foster Care (Medically Complex) - This service approves, provides specialized training, support services and certifies families to care for children with complex medical needs. The population served is DCF referred, mixed gender children and youth with complex medical needs from birth through 17 years. A child with complex medical needs is one who has: a diagnosable, enduring, life-threatening condition; a medical condition that has resulted in substantial physical impairments; medically caused impediments to the performance of daily, age-appropriate activities at home, school or community; or a need for medically prescribed services.
Category: Family Support, Family Preservation, Time-Limited Family Reunification categories
Population(s) to be served: Children with complex medical needs
Geographic area to be served: Statewide.

Therapeutic Foster Care - This service is an intensive, structured, clinical level of care provided to children with serious emotional disturbance (SED) within a safe and nurturing family environment. Children in TFC receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. TFC families receive support and supervision from private foster care agencies with the purpose of stabilizing and/or ameliorating a child's mental/behavioral health issues, and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan, and facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living).
Category: Family Support, Family Preservation, Time-Limited Family Reunification categories
Population(s) to be served: Children with serious emotional disturbance (SED).
Geographic area to be served: Statewide.

Therapeutic Group Home - This service is a small (4-6 bed) staffed home within a local community designed for youth with psychiatric/behavioral issues (must have an Axis I diagnosis of a particular kind). Youth entering these homes come primarily from larger residential facilities. Therapeutic techniques/strategies are utilized in the relationship with the child/family, primarily through group, milieu experiences. The service provides an intensive corrective relationship in which therapeutic interactions are dominant, thereby assisting the youth in improving relationships at school, work and/or community settings. Appropriate linkages with alternative or transition services are in place prior to a youth's discharge. DCF currently has a 107-bed capacity through 21 separate programs throughout the state.

Transitional Supports for Emerging Adults - The goal of this program, operated under the Youth Village LifeSet model is to assist Emerging Adults with; securing suitable and stable housing, completing vocational and/or educational programs, obtaining sustainable employment, developing and maintaining loving, supportive, and permanent adult relationships, and developing the necessary life skills to successfully transition from DCF services.
Category: Family Support
Target Population: Committed youths ages 17 to 21.
Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich, Bridgeport, Danbury, Torrington, New Britain, Waterbury, Milford and New Haven
Annual Unduplicated Children/Families Served: 86

Voluntary Care Management - The Voluntary Care Management program is a program for children and youth with serious emotional disturbances (SED), mental illnesses and/or substance use disorders. The Voluntary Care Management program emphasizes a community-based approach and attempts to access necessary services in the local community to prevent out of home placement or other disruptions within the family environment. Parents/caregivers and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth. The Voluntary Care Management program promotes positive development and reduces reliance on restrictive forms of treatment that take children out of homes and away from their communities.
Category: Family Support
Target Population: non-DCF involved youths through age 18.
Geographic Area: Statewide
Annual Unduplicated Children/Families Served: 425

Work To Learn Youth Program - This is a youth educational/vocational program providing supportive services to assist youth, ages 14 - 23, to successfully transition into adulthood. The program provides training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing. Youth also have the opportunity to take part in on site, youth run businesses. The program provides youths with training and services in the following areas: employment skills, financial literacy, life skills, personal and community connections, physical and mental health, and housing.
Category: Family Support and Adoption Promotion and Support Services.
Target Population: Committed youths ages 14 to 23.
Geographic Area: Hartford, Manchester, Middletown, Willimantic. Norwich
Annual Unduplicated Children/Families Served: 295

Youth Link Mentoring- Youth Link Mentoring is defined as a supportive long-term relationship with a caring adult who has attributes and qualities in common with LGBTQIA+ adolescents which may include gender identity, gender expression, race, and ethnicity. The program aims at maintaining these relationships on a long-term basis. Ideally, the relationships evolve into permanent, life-long friendships.
Category: Family Support and Family Preservation service.
Population to be served: DCF involved adolescents ages 14-17 and 18-21 who remain involved with DCF following their commitments. Exceptions are made for younger youth or youth are not committed to DCF on a case by case basis.
Geographic location: Statewide
Annual Unduplicated Children/Families Served: 50

Zero to Three – Safe Babies – the Zero to three Safe Babies Project, provides for the coordination of services to parents and children younger than 36 months in order to help speed reunification or another permanency goal when the children have been placed by court order outside of their homes for the first time. These coordination efforts involve facilitating communication and cooperation among a "zero to three team" of stakeholders (e.g. court services, infant mental health, protective services, developmental screening) and the parent(s) to develop and expedite a case specific plan of action.
Category: Family Preservation; Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support Services
Population(s) to be served - parents, foster parents, and adoptive parents in the New Haven and Milford DCF area office service areas.
Geographic area served - New Haven and Milford.
Estimated number of individuals and families to be served – 40 children 0-3 years of age annually

Service Coordination:

The service coordination process also involves considerable input from stakeholders at all levels. The Department hosts routinely scheduled statewide service provider meetings to gather input from contracted and credentialed providers. The Department meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array. These meetings have continued throughout the COVID pandemic, migrated to virtual platforms.

The Contract Management Unit in the Department's Fiscal Services Division provides an array of support services to aid the Department's Program Leads who are responsible for the oversight of the program components of the 96 Purchase of Service (POS) contracts, encompassing 329 community programs the Department funds. Purchase of Service contracts deliver direct social services through private agencies to children and/or their families that are served by the Department. Additionally, the Contract Management Unit in partnership with program staff, supports a variety of other Department units and is responsible for additional activities as described below.

Results Based Accountability (RBA) Performance Outcomes for all POS Contracts:

The Department is committed to ensuring all contracts have RBA performance outcome metrics (POMs) in each scope of service. Once embedded in each contract, review of POMs and ongoing monitoring will occur through the efforts of the Service Outcomes Advisory Committee (SOAC). service oversight will include provider partners, key stakeholders and consumers, as well as DCF staff from multiple Divisions that have a nexus to the contracted service array. It is the goal of SOAC to implement POMs that are inclusive of not just metrics or data points, but also clearly establish programmatic goals with measurable objectives for providers to meet for each service type. The development of POMs will also ensure there are cross-cutting themes across bundled service arrays (e.g., substance use services), and incorporate a defined link to at least one of the DCF Key Results.

The COVID pandemic significantly delayed the work of the SOAC Committee, but the Committee is operational at this time and has completed the POMS development process for 2 of DCF's contracted services. These test runs have helped to inform training and orientation needs for the POMs development teams that will launch in July 2022 to complete this process for the remaining contracted services.

Since the Systems Division was established in July 2019 through the agency reorganization under Commissioner Dorantes, the Division has remained focused on enhancing our service system to better meet the needs of children and families. Members of the Division are assigned in each of DCF Regions with a focus on promoting strong engagement and collaboration within DCF, and with our community partners to ensure we are matching families with the right service to meet their identified needs.

The Systems Division began this work with the expansion of "Enhanced Service Coordination (ESC)", as a needs-based consultation model resulting in more informed service referrals that better match the identified needs of the family. The ESC model was expanded statewide in January 2020 following successful pilots in Regions 5 and 6 revealed the benefits of ESC. The 2020 expansion, was supported with technical assistance from the Government Performance Lab (GPL) at the Kennedy School of Government, to streamline the referral process 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. In 2021, the GPL technical assistance wound down after 5 years and the Systems Division worked on an ESC-expansion plan to support scaling up of ESC as a best practice to manage referrals for services.

The Division also played an integral role in supporting the statewide launch of an automated Universal Referral Form (URF) to initiate the service provision with the providers. The URF is an important tool to support the expansion of ESC to additional services. Through ESC, manual data collection populates data dashboards that include service performance metrics on timeliness of service provision, service match, utilization data and support real-time, data-driven conversations and troubleshoot issues arising in service provision. Additional development is needed to add additional services to the automated URF and support the data collection and reporting under the ESC model of managing referrals. Due to COVID-related issues and competing IT-development priorities, the full-scale up of the URF to include additional services has slowed, but additional services have been added including Integrated Family Care and Support (IFCS) and Fatherhood Engagement Services (FES). The Division has been working with the CT-KIND team to support the automation and reporting functions that will benefit other service

types and inform performance management of contracted services under SOAC, which ultimately, will include monitoring service trends by race and ethnicity.

As we continue to emerge from the pandemic in 2022, the Systems Division has remained committed to ensuring that families' service needs are prioritized and where barriers have emerged, work collaboratively with DCF staff and providers to ensure there is timely service provision. Staffing and vacancies have presented challenges across all services and waitlists remain an ongoing concern. In 2021, as the GPL technical assistance was winding down, the Division completed a logic model exercise to create a Quality Assurance framework, in collaboration with other Divisions. This QA framework is helping DCF to evaluate whether we are referring the right clients to the right service with overarching goals of reducing entries into foster care, reducing repeat maltreatment and improving timely permanency.

Credentialed Services:

The Department has selected a group of services that are most frequently purchased through wrap around funds for which providers must be credentialed. Wrap funding is flexible funding to be used to maintain a child in their home, with a relative, or assist with maintaining a child with their foster family. The credentialing process is handled through a DCF contracted agent who assures that all providers have passed criminal background checks and Child Protective Services checks, as well as ensuring that they meet the training and experience qualifications for each service type. Current credentialed services include:

- After School Services: Clinical Support for Children
- After School Services: Clinical Support for Youth
- After School Services: Traditional
- After School Services: Youth
- Animal Assisted Intervention
- Assessment
- Assessment: Perpetrator of Domestic Violence
- CHAP Case Management (open to current CHAP providers only)
- Community-based Life Skills
- Supervised Visitation
- Support Staff
- Temporary Care Services
- Therapeutic Support Staff
- Transportation: General Livery
- Transportation: School

Each provider must sign a Provider Agreement and abide by its terms and the set fee schedule. Each provider and every staff person under each provider (approximately 400) must submit applications to be re-credentialed every 2 years. In addition, the network of credentialed providers is subject to monitoring and oversight by the DCF Credentialing Committee, comprised of various Department staff, chaired by a member of the Division of Contracts Management. This Committee is responsible for addressing system wide issues, provider specific issues and for establishing the protocols and schedule for site visits.

The Department is currently focused on finalizing the revision of its Provider Agreements to strengthen the requirements of credentialed service providers, clarify billing and payment expectations, ensure adherence to state policy and to evaluate each of the 15 credentialed service types for revision and enhancement. This work is being spear-headed by the Division of Contracts Management through the DCF Credentialing Committee and was begun in SFY 2021. It is anticipated that all Provider Agreements will be fully revised and implemented by December 2022.

The Contract Management Unit Website (Share Point):

The Contract Management Unit developed and launched a website for Department staff featuring a thorough description of the areas of work that the Contract Management Unit manages: Purchase of Service Contracts, Personal Service Agreements, the Contract Management Library, Credentialed Services, Procurements and Requests for Proposals, Amendments, and Budgets. The website also contains a wealth of information in links, documents, forms, and lists for all of the above services to assist Department staff with the necessary tools to navigate their work as it relates to contracts. The Contract Management Unit is currently in the process of reconfiguring this website. Within the last year, the Unit implemented a standardized annual Program Inventory process, conducted in collaboration with DCF Program staff, to ensure the accuracy of all DCF contracts.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES – SUBPART I- FFY2022

The figures provided below reflect anticipated expenditures. The services/activities that are described in this section are funded at levels that exceed the award amount. These programs are being supported through multiple year awards, including FFY 2021 and FFY 2022. Individuals occupying the positions supported by grant funding were selected through an interview process. The Connection Inc. and CCMC were selected based on their level of expertise.

Services/Activities	Funding
Office Assistant Positions (Meriden/Norwalk) (2@100%)	$196,734
CCMC	$220,500
Central Office Staff (Contract Management) (1@100%)	$149,669
Solnit North Positions (11@70%)	$1,169,842
The Connection	$100,000
CT PWCL-Annual Meeting/Conference	$4,000
Total:	**$1,840,745**

Service Descriptions

Area Office – Office Assistant Positions: In an effort to enhance our service delivery to families and achieve more timely permanency for children, two Office Assistants were hired in the Meriden and Norwalk Area Offices to help coordinate our case planning efforts by conducting relative searches for children in care, to identify and locate potential relative resources, assure grandparent and relative notification as required, and provide clerical support to Area Office staff.

Connecticut Children's Medical Center (CCMC): Funding supports additional staffing for child sexual abuse, physical abuse and psychosocial evaluations of children for whom abuse or neglect is suspected. CCMC provides the following array of services: DCF case consultations, training, medical evaluations, psychosocial assessments, family and professional interviews, and ongoing participation in Multidisciplinary Team meetings. The contract is supported by both state and federal funding. The federal funding is used to increase capacity for case consultations when child abuse/neglect is suspected.

Central Office Staff Position:

Funding was utilized to support a staff position within the Departments Fiscal Division.

Solnit North Positions: The Albert J. Solnit Psychiatric Centers' North Campus is a facility run by the Connecticut Department of Children and Families. It provides brief treatment, residential care and educational instruction for male youth between the ages of 13 and 18 from across the state. It offers complete multidisciplinary medical and mental health assessments for those youth under its care. Individual services are designed to meet the youth's unique needs and to facilitate and support community placements when clinically indicated. The grant helps support multiple positions including Children's Services Assistants, Lead Children Services Workers and a secretarial position for a facility administrator.

The Connection: The Supportive Housing for Families program provides permanent housing and intensive case management services to DCF families. The program began over 20 years ago, to help families recovering from substance use. DCF contracts

with the Connections, Inc. to provide intensive case management services to assist families to develop and utilize a network of services in the following areas: economic (financial support, employment assistance), social (housing, transportation, family support, parenting education, child care) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). The Connections, Inc. has five sub-contracted agencies to provide these services statewide. Permanent housing is established through DCF's partnership with the Department of Housing (DOH). The DOH provides a Housing Choice Voucher (formally "Section 8" - federal program) or Rental Assistance Program (RAP-state program) Certificate. DCF's Supportive Housing for Families Model has been recognized as a promising model of housing assistance and family support by the Child Welfare League of America, The National Alliance to End Homelessness and the National Center for Social Research. This additional federal funding is used to develop a specialized unit to assess and serve the waitlisted reunification families who have children less than five years of age in order to expedite permanency. Services are also provided to families where housing is a barrier to the reunification process.

Parents with Differing Cognitive Abilities (formally Parents with Cognitive Limitations): The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Differing Cognitive Abilities" trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting". The trainings were developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and are delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department's Academy for Workforce Development, CEUs are available to social workers.

Stephanie Tubbs Jones Child Welfare Services Projected Spending Plan FFY 2023

The following is the projected spending plan for the above-named grant for FFY 2023.

Services/Activities	Funding
Office Assistant Positions (Meriden/Norwalk) (100%)	$196,734
CCMC	$220,500
Central Office Staff (Contract Management) (100%)	$149,669
Solnit North Positions (70%)	$1,169,842
The Connection	$100,000
CT PWCL-Annual Meeting/Conference	$4,000
Total:	**$1,840,745**

Services for Children Adopted from other Countries

Children adopted from other countries have access to the array of services available through the DCF Voluntary Services Program if the children meet eligibility criteria, as well as services through the Adoption Assistance Program (AAP) outlined below and in our APSR. The Department has no tracking mechanism for disrupted, out of country adoptions.

The Department of Children and Families contracts with the University of Connecticut Health Center to provide postadoption services to families who have adopted children from DCF's custody. It also provides service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. AAP also manages the post finalization services from a program that DCF offers for children following adoption finalization. Each child adopted from DCF's foster care system is eligible for services through the Permanency Placement Services Program (PPSP), which provides an additional 132 hours of support services from 16 Connecticut Child Placing Agencies. The PPSP is funded by both state and federal funds.

Services for Children under 5

In 2013, Implementer Legislation was passed requiring the Department to ensure that children, age 3 or younger, who are substantiated victims of abuse/neglect are screened for both developmental and social/emotional delays using validated assessment tools. In addition, children age 3 or younger served by the Department's Differential Response System be assessed for developmental and social/emotional delays. For any child exhibiting developmental or social/emotional delays, the Department is required to refer to Birth to Three Program, through the 211 Child Development. Children who are not found eligible for Birth to Three Services, can be referred to the Help Me Grow or Sparkler prevention program for continued monitoring/tracking of their child's development. Beginning July 2014, the Department is required to provide annual reports to the legislature that demonstrates our compliance with this legislation. In response to CAPTA legislation, the Department of Children and Families and the Office of Early Childhood (OEC), the agency responsible for administering Birth-to-Three Services, established an MOU that promotes the partnership and collaboration between the two state agencies. The MOU clarifies the roles and responsibilities of each agency and clarifies the process for screening and accessing services, consistent with the requirements of the Implementer legislation, for children in-home and placed in out-of-home care. OEC is required to submit data to the Department for any child referred to Birth to Three by DCF.

CT Association for Infant Mental Health

The Connecticut Association for Infant Mental Health (CT-AIMH) provided an intensive Infant Mental Health (IMH) 8-topic training series. This training is designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. An average of 80-100 DCF staff and community partners attended the virtual training series in 2022 (March-June).

The training's focus is on working with young children and their families who are dealing with unresolved loss and trauma and how that impacts relationships, particularly their relationships with their infants and toddlers. Topics include:

- Infant Toddler Development, Screenings, Assessments and Referrals: What is Appropriate and Available for Very Young Children and their Families?
- Attachment and Trauma Core Concepts
- Integrating a Trauma Lens into Infant Mental Health Practice with Young Children and their Families (Part I)
- Integrating a Trauma Lens into Infant Mental Health Practice with Young Children and their Families (Part II)
- Parent-Child Interactions, Deepening our Observations
- Culturally Responsive Framework for working with young children and their families
- Family Time Visitation: Promoting Parent-Child Relationships
- Reflective Practice: How Infant Mental Health Principles Can Be Integrated into the Workplace

The Academy of Workforce Development has offered NASW Continuing Education Credits to DCF staff and community partners. In addition, monthly Reflective Supervision/Consultation (RS/C) group session participation was offered (for 12 months) by CT-AIMH, and the opportunity to apply for CT-AIMH's Infant or Early Childhood Mental Health Endorsement® was reviewed. All three of these experiences (IMH training, RS/C, and Endorsement®) are offered together to help create a competent multi-disciplined Infant and Early Childhood Mental Health workforce. CT-AIMH is part of the Alliance for the Advancement of Infant Mental Health, an international organization that includes 32 other states, and 2 other countries.

DCF- Headstart Partnership

For over 20 years the CT Head Start State Collaborative Office (HSSCO) has staffed, funded, and co-convened this valuable collaboration to work in partnership to support families. DCF and Head Start staff from the 14 local DCF area teams from across the state come together quarterly with their key partners inclusive of the Early Childhood Consultation Program, Supportive Housing for Families, Birth to Three, Child First, and a statewide representative of the CANS (Coordinated Access Network). During these quarterly meetings, teams come together to receive training, strengthen their understanding of the various programs and foster working relationships to better support families. Since the Covid-19 Pandemic quarterly meetings shift from in-person to a virtual format and meetings have been held consistently with great attendance. During the meetings, training topics have included self-care and stress management, the impact of our work on others, fatherhood engagement, and other program specific discussions. In addition to focus training topics, the Collaborative meetings have allowed for break out groups where each local area teams come together to discuss program practices, how best to support, and ways to move the work forward by sharing resources and information about supports available in local communities.

Services for Children Age 5 and Under

The Department has an array of service types that provide services to children from birth up to age 18. The following services below target interventions for our most vulnerable population:

Child First

Child First is a two-generation, intensive, home-based, early childhood intervention serving the most vulnerable young children and families, prenatal through age five years. Health and Human Services (HHS) has designated Child First one of the 17 nationally approved, evidence-based home visiting models. The Child First model directly addresses risks of child abuse and neglect, as well as poor child development and mental health outcomes through (1) comprehensive assessment and treatment planning for the parent/child relationship and supports for the whole family, (2) a home-based, parent-child intervention which builds a nurturing relationship, protects the developing brain from chronic stress, and optimizes the child's social-emotional development, learning, and health, and (3) comprehensive, wraparound services and supports for all members of the family, to decrease the stress which is toxic to the developing brain. The primary method of treatment is the use of trauma-informed Child-Parent Psychotherapy (CPP), as developed by Dr. Alicia Lieberman, in order to strengthen the attachment between the parent and child and thereby increase the capacity of parents to nurture and support their children's development. Furthermore, the model works to build parental executive functioning capacity. Child First includes broad collaboration among early childhood and adult providers, parents, and other stakeholders, which promotes an integrated system of community-based services and supports.

Child First affiliate sites were strategically placed in DCF Regions such that there is an affiliate serving each DCF Area Office. In July of 2021, to help with coverage-related challenges, priority towns were identified, but services were expanded to cover all towns served within each region. Along with the expansion of towns served, additional teams were added across the state to meet service demands. Affiliate sites have been creative in their recruitment efforts; however, staffing/hiring challenges have remained a challenge that has impacted waitlists for families being served.

Despite the recruitment challenges due to workforce availability, Child First has been responsive to the ever-changing needs of the families they serve. Child First continues to provide affiliates with ongoing support around service delivery updates and best practices, regular Clinical Director meetings, and tracking data. During the past year, Child First teams have resumed in-person sessions, with a case-by-case evaluation of needs to determine virtual services when needed. Collaboration between Child First and the DCF Enhanced Service Coordinators has been essential. By working together, Child First has been able to ensure that services are provided in a timely manner to as many families as possible while upholding the fidelity of the Child First model.

The Trauma-Informed Therapeutic Child Care, (TI-TCC) operating within a licensed childcare program, is designed to promote, develop, and increase the social, emotional development and cognitive capacities of young children, ages 2.9-5, affected by abuse and neglect and who have serious behavioral issues. These childcare programs provide specialized therapeutic and trauma-informed programs for these young children and their families. The Department currently funds two therapeutic childcare programs in Bridgeport (Alliance) and New Britain (Wheeler/YWCA) to capitalize on young children's resilience by utilizing The Center for Social Policy's Strengthening Families Approach and Protective Factors Framework https://www.cssp.org/reform/strenghteningfamilies/2018, The-Strengthening –Families- Approach-and-Protective-Factors-Framework_ Branching –Out-and Reaching-Deeper.pdf and the Attachment, Self-Regulation and Competency (ARC) treatment framework (Blaustein & Kinniburgh, 2010; Kinniburgh et al., 2005). These therapeutic childcare settings take a family-centered approach in which families and professionals collaborate to improve outcomes for children, and most importantly, facilitate children's transition to a less intensive early care environment.

These two programs collectively have the capacity to serve 42 children. Currently, the Bridgeport (Alliance) and New Britain (Wheeler/YWCA) programs use a maximum classroom capacity to meet the needs of children in the most intensive service classrooms. Both programs use the DECA to access the child's baseline and progress upon intake and throughout their involvement in the early care environment. And, it appears that the support that families have received through this family-centered approach has contributed to parents striving to make positive changes that will benefit their families. Efforts are underway to explore different classroom intervention trainings beyond ARC for staff as well as developing strategies for staff training and retention. These efforts will continue this upcoming year.

Mental Health Consultation to Childcare

CT's **Early Childhood Consultation Partnership (ECCP®)**, through Advanced Behavioral Health, Inc., funded by DCF, and the Office of Early Childhood, is a nationally recognized, evidence-based early childhood mental health consultation program. It is an indirect service offering mental health consultation by offering support and education to promote enduring and optimal outcomes for young children. The consultation program aims to build the capacity of families, caregivers, and systems in order to meet the social-emotional and behavioral health needs of infants, toddlers, and preschoolers, ages 0-5 and children birth to 72 months (6 years old) for DCF children in Foster Care with challenging behaviors and/or social and emotional needs. ECCP has been accepted into the California Evidence-Based Registry as a Promising Practice in 2022.

ECCP has three primary levels of intervention, the Core Classroom service, the Family Child Care Provider service, and the Child Specific service. The Core Classroom service provides classroom-specific consultation, focusing on social emotional support, improving teacher-child and teacher-teacher interactions, classroom behavior management, and overall program quality, including teacher and director supports. This service runs for approximately three months, with up to three hours of on-site consultation per week. All services are provided by masters' level mental health Consultants supported by ECCP. Each intervention is manualized and menu-driven, based on the individualized needs of teachers and classrooms.

The Family Child Care Provider service was introduced in SFY 22. This service focuses on the Family Child Care Provider and their staff to support social emotional climate, improving provider-child interactions, behavior management, and overall program quality, including provider supports. This service runs for approximately two months, with up to three hours of on-site consultation per week.

The Child Specific service focuses on improving teacher classroom behavioral and social-emotional strategies, parent partnerships, and community service referrals for follow-up clinical or behavioral needs. This service runs

for up to six weeks long, with up to two hours of classroom-based consultation per week, followed by one month and six-month follow-up contacts.

ECCP currently operates with twenty-one ECCP Consultants who are funded by both the Connecticut Department of Children and Families and the Connecticut Office of Early Childhood. In Fall 2021, ECCP was awarded additional funding from the Office of Early Childhood to hire seven bi-lingual preferred ECCP Consultants, one Assistant Program Manager, and one Program Coordinator. Challenges in recruitment have led to delays in hiring, however, three of the seven ECCP Consultant positions have been filled to date.

In SFY 2020, 366 Child Specific children and 206 Core Classrooms were served, in 280 unduplicated centers. SFY 20201, ECCP provided services via teleconsultation, due to the COVID 19 pandemic, resulting in 282 Center-Wide Teleconsultation services and 438 Child Specific children served. ECCP is expecting about the same number of children to be served in SFY 2022 as were prior to the pandemic. (SFY 22 Q3 Year to Date numbers are 282 Child Specifics and 181 Core Classrooms in 252 unduplicated centers.)

Circle of Security Parenting (COSP)

Circle of Security Parenting© is a manualized, DVD-based, eight-session, attachment-centered parent reflection-building intervention that can be provided in English, Spanish, and French. Circle of Security Parenting (COSP) is designed to build, support, and strengthen parents' reflective capacity so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. This is crucial because it is within quality relationships that various capacities needed by kids to thrive in life are built. These capacities include curiosity, self-regulation, perseverance, the joy of learning, connectedness, empathy, self-motivation, impulse control, comfort using power, and trust. Parents, educators, and caregivers learn to view children's behavior from a secure base and then identify the children's underlying needs being communicated by the child's behavior. COSP equips parents, teachers, and caregivers to reflect on children's behavior, reflect on their reaction to the children's behavior, and reflect on the parenting they received in their own childhood.

The population served includes parents with children 0-17 years of age. Priority is given to parents involved with DCF. In SFY 2021 1579 families received COSP.

Over 2,000 staff from a wide variety of disciplines and settings in CT have been trained in COSP since 2010. The training offered has continued to be provided virtually and there continues to be strong interest from providers in a wide variety of settings and disciplines in being trained in COSP. Those being trained in COSP have included educators from various school programs including pre-school teachers to be able to apply the concepts in a classroom setting, childcare providers from licensed family child care providers, pediatricians, and the staff and clinicians from various DCF-funded programs such as Child First, Intensive Family Preservation, Family-Based Recovery, and Reunification and Therapeutic Family Time. Training has also been offered to state partners including those from the Department of Mental Health and Addiction Services, and the Office of Early Childhood. Within DMHAS, COSP has been provided to Perinatal Support Teams, Peer Mentors, and various people from the DMHAS Women's & Children's Programs. Within OEC, several staff from Birth to Three Programs have been trained in COSP.

Family Based Recovery

In 2006, The State of Connecticut (CT) DCF recognized the need to address the dual challenges of parenting and achieving recovery if the child placement rate in CT was to decrease. DCF brought together faculty members at Johns Hopkins University, the University of Maryland and the Yale Child Study Center (YCSC) to develop a treatment model that integrated contingency management substance use disorder treatment with in-home, attachment-based parent-child therapy.

The integrated model, Family-Based Recovery (FBR), is based on two foundational principles: attachment is critical to healthy development and substance use treatment work. FBR recognizes that the parent-child relationship cannot wait until a parent achieves abstinence and can be a powerful motivator for change. Joining treatment modalities addresses the interrelatedness of parenting and recovery. Each treatment team is composed of two master's level clinicians and one bachelor's level support staff that provide in-home contingency management substance use treatment, individual therapy, attachment-based parent-child therapy, developmental screenings, group therapy, on-call services, and case management. No matter the treatment component, it is the team's responsibility to focus the parent on the child's experience. Each team has access to a psychiatrist or APRN for evaluations and pharmacotherapy as needed.

A team's caseload is 12 families. A family is defined as a parent(s) and a child under the age of 6 years old, an increase from under 36 months that became effective July 2020. Treatment consists of three sessions as week and can last up to 12 months. The team and client complete a variety of tools and measures to inform and guide the clinical work in addition to providing data on outcomes.

Home-based treatment affords a unique opportunity for the team to experience how the environment impacts parenting and recovery. FBR recognizes that abstinence is only the start of the recovery process. Parents need support in learning how to live life in recovery, treatment for underlying psychological issues and opportunities to process how recovery impacts parenting.

Data for State Fiscal Year (SFY) 2021 analyzed from the Department's Provider Information Exchange (PIE) data system include:

- FBR served 315 distinct clients and their family members.
- Annual capacity is 312 distinct clients and their family members annually.
- FBR teams admitted 177 female clients (83%) and 35 male clients (17%), 32 African American clients (15%), 39 Hispanic (18%), 108 Caucasian clients (51%), and 11 clients that identified as Other (5%). An additional 22 clients (10%) did not identify a race/ethnicity.
- Marijuana, Alcohol, and Cocaine were the primary 3 substances reported prior to admission. Some clients report using multiple substances.
- 46% (n=86) of the clients completed treatment. Completed treatment is defined as having had at least 12 consecutive negative toxicology screens prior to discharge, completing session within 2 weeks of discharge, living/caring for index child at least 50% of the time, and meeting one other treatment goal. The definition of completed treatment will be revised effective 7/1/21.
- 100% (n=86) clients who completed treatment were abstinent within the last 30 days of treatment (required per completed treatment definition).
- 100% (n=86) of clients who completed treatment had at least one child living at home at discharge (required per completed treatment definition).
- 100% (n=86) of clients who completed treatment met all or most of their treatment goals (required per completed treatment definition).
- 98% (n=84) of clients who completed treatment were compliant with the index child's medical care.

Children in Placement

When children are placed in DCF care, a Multidisciplinary Evaluation (MDE) is conducted by contracted community providers to ensure that children entering care receive a comprehensive screen of their physical, behavioral and dental health, as well trauma within 30 days of the child's placement.

The following chart represents the array of assessment tools that are completed as part of the MDE process for children entering DCF care.

Measure	Domain: What needs are being identified	Age Range
Peabody Picture Vocabulary Test-Fourth Edition (PPVT-4)	Cognitive: Verbal	2 years-6 months to adult
Test of Non-verbal Intelligence-Fourth Edition (TONI-4)	Cognitive: Non-Verbal	6 years to adult
Ages and Stages Questionnaire - 3	Developmental-General Designed to identify children who are at risk for health issues, developmental concerns, and/or disabling conditions and who may need to receive helpful intervention services as early as possible.	1 to 66 months
Battelle Screen	Developmental. Can help determine child readiness for school or special education	0-8 years
Ages and Stages Questionnaire : SE	Developmental: Social-emotional	3-66 months
M-CHAT-R/F	Developmental: Autism Spectrum	16-30 months
BASC-III Parent	Behavioral: Pre-school	2-5 years
BASC-III Parent	Behavioral: Child	6-11 years
BASC-III Parent	Behavioral: Adolescent	12-21 years
BASC-III Self Report	Behavioral	8-25 years
GAIN Short Screener (domain 3 only)	Substance Abuse	12 years to adult
Mental Status Exam	General	All
Child Trauma Screen (CTS)	Trauma	7 years to adult
Youth Child Trauma Screen (CTS-YC)	Trauma	3-6 Years

Efforts to Track and Prevent Child Maltreatment Deaths

The Department collects and tracks data pertaining to fatalities and life-threatening events reported to and accepted by the Department. Through this process, the Department can generate data regarding the number of fatalities reported to the Department and disaggregate such data by whether they are a result of maltreatment. Further, the Department can evaluate this data by categories of current, past or no Connecticut DCF history/involvement. To support the Department's goal to keep children safe, focusing on the most vulnerable populations, DCF collects key demographic data, including age.

In January of 2021 DCF began tracking Critical Incident reports with a focus on abuse and neglect associated most often with a report of abuse or neglect. The outcome of the investigation or assessment related to a Critical Incident Report are reviewed by a Quality Assurance Manager who completes the Updates/Findings section of the Risk Management Database and tracks the disposition, allegations, and additional data elements in a separate database. Not all Critical Incident reports are part of this review process as they do not meet the criteria to be included in the Risk Management database, are not associated with a new report, or do not meet the focus of this level of review.

Connecticut DCF also submits children maltreatment fatality information to the Federal government in support of national data tracking through the NCANDS process.

Calendar Year of Incident	Child Deaths Due to Maltreatment			DCF Involved But Death Not Due to Maltreatment	Not DCF Involved and Not Due to Maltreatment	Total
	Open DCF Case	Prior DCF Case	No DCF Involvement			
2006	1	1	1	13	9	25
2007	2	2	0	15	5	24
2008	2	5	4	12	14	37
2009	1	2	4	12	12	31
2010	0	3	2	12	17	34
2011	4	4	3	14	17	42
2012	1	5	4	11	15	36
2013	5	5	6	13	12	41
2014	7	7	2	24	12	52
2015	4	4	4	15	14	41
2016 *	2	5	6	18	13	44
2017	3	7	4	19	30	63
2018	2	1	3	14	19	39
2019	4	1	1	16	18	40
2020	0	1	1	24	12	38
2021	2	5	5	18	12	42
2022	0	2	3	9	8	22
Totals	**40**	**60**	**53**	**259**	**239**	**651**

Special Qualitative Review Forums

The Department continues to implement a specialized process for reviewing critical incidents and child fatalities. These reviews are called the Special Qualitative Reviews (SQR). These Special Qualitative Reviews are part of the Department's overarching quality assurance and continuous qualitative improvement vision and continuum. The Special Qualitative Review (SQR) is one of many qualitative case review activities the Department currently and routinely does, and/or receives (e.g., ACR; CFSR/PIP). SQRs may be implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse or neglect). This event on an open DCF case, or a case that had relevant DCF involvement within the past 12 months, may trigger an SQR. This case-level review focuses on effectiveness of practice, decision making, internal and external service delivery; compliance with policy and best practices; the role of systemic factors; and strengths of the case. SQR reports are developed to assist Senior Leadership to recognize and reinforce strengths; and identify/implement needed practice, policy, relational, service related and/or systemic changes to support positive outcomes.

The Department is part of the National Collaborative lead by the University of Kentucky. The National Partnership offers the opportunity to learn from other states and jurisdictions how they have made systemic improvements in their systems promoting the sharing of ideas to learn from others experience. The University of Kentucky has assisted with providing ongoing trainings for new reviewers being onboarded and provide technical assistance as needed.

The Department utilizes the Safe System Improvement Tool (SSIT). The SSIT provides structure to the output of a review process. It organizes the reviewers' learnings, shares the "system's story" of a critical incident, and advocates for targeted system reform efforts to lessen the likelihood of the problem occurring again. The purpose of this instrument is to support a culture of safety, improvement, and resilience. Completion of this instrument is accomplished to allow for effective communication at all levels of the system. Quality assurance in the form of training and individual case support has been provided by the national partnership in usage and fidelity of the tool. The reviewers all received the SSIT tool training to ensure fidelity of its use. The Department began to enter

review findings to include the SSIT tool within Redcap (Research Electronic Data Capture) in October 2021 to effectively capture and study the systemic and family needs associated with these cases.

The SQR reports completed are the foundation for creating SQR Learning Forums for the staff. Cases with similar areas of improvement are bundled together (e.g., Fatherhood Engagement, Timely and Effective Service Delivery, Fentanyl Use) and reviewed to determine themes among these cases. These themes and the case practice history are shared and discussed at the Learning Forums. The learning forums also provide staff with helpful tips on best case practice and use of systemic supports to build upon. Cross collaboration occurs with subject matter experts within the Department around agency activities that can support the learning themes. DCF staff statewide are the target audience of the learning forums with a special focus on front line decision makers at the Supervisor and Program Supervisor level. A learning forum was held on 4/20/22 related to Timely and Effective Service Delivery and 78 staff participated to date, upcoming sessions for various managers (Office Directors, Systems Directors and Quality Assurance PSs) are planned for 5/2022. The purpose of the Learning Forums is to focus on the sharing of information learned from fatality/near fatality cases and the practice implications, as well as new ideas and skills to apply in future cases. The feedback from staff attending was very positive and below are examples of some of the survey quotes:

- "A great forum to learn about resources and new initiatives."
- "As soon as I logged on the training grabbed my attention, it provided knowledge, examples, resources that were pertinent to my job (particular as a new manager) and that could also be shared amongst my staff. The trainers were articulate and really explained what domains to assess/communication guidance around decision making around critical and high-risk cases."
- "It's helpful to unpack what an SQR is and isn't … stressing the importance of timely service delivery."
- "A reminder that there are amazing tools available to build service plan for our families - especially Enhanced Service Coordinator."
- "Definite plans to transfer this learning to my staff and will be having this learning forum for my Intake staff. I want to continue pushing the work around the ABCD paradigm and using same language when discussing cases."

The focus of the next learning forum tentatively scheduled for 8/2022 will be on Fentanyl Use in Families and Implications for Child Welfare Staff. The Learning Forums topics have also been built into the curriculum at the Academy for Workforce Development to better support staff at all levels and areas of the agency.

The SQR division has implemented some process changes to further support a safety culture. Standard opening meeting with all participants are held prior to any interviews. The standardized agenda includes overview of the process and the SSIT tool, helpful tips on preparing for the interview, and creating a safe space. The safe space agreement supports that staff at all levels can feel comfortable speaking their perspective with a shared sense of respect and confidentiality. At this opening meeting it is explained that participation is voluntary, that interviews are conducted privately and that individual responses are not listed in the final report. SQR reports are created in a power point format that is reviewed with participants in a closing meeting as a learning opportunity. The scoring of the tool is processed as a group and feedback is considered from participants as to whether the report is a fair depiction of the case, and improvement opportunities. The approach is a shared venture between the SQR team, and the staff having served the family. We have begun utilizing a survey to gather the responses and thoughts from staff around the process. Initial responses have been very positive in that staff feel comfortable sharing their perspective and identify practice changes they would like to implement from the process. Improvement opportunities found in the SQR process are shared with a governance committee. Participants of the review are also informed of the governance and some individuals who have participated in reviews have volunteered to participant in the governance.

The SQR Governance team began in May 2021 and continues to meet monthly. The members of this Governance group include the Deputy Commissioner of Administration, the Bureau Chief of Strategic Planning, the Director of the Academy for Workforce Development, SQR Director and Program Supervisor, staff from the regional offices to include Office Director, Program Supervisors, Supervisors, Social Work Supervisors, and Social Workers from the

field as well as subject matter experts from various Departments (legal, quality assurance, systems, etc.) During the monthly meetings they review and analyze the aggregate data obtained from the SQR-SSIT case reviews. The Governance team will recommend consideration of policy revisions, and practice improvement suggestions for approval of the Executive Team and follow up on any authorized systemic improvement plan. To date the group has conducted two system mappings related to unsafe sleep substantiation and timely/appropriate service delivery. They assist in informing and improving all aspects of the SQR process to include development of the learning forums, agenda for standard opening meeting, and survey questions.

From June 2021 to the end of September 2022, there were 15 new cases identified for SQRs. In that same time period 12 SQR's have been completed including some pending from the prior year and 6 are in progress. Current themes emerging include suicide as well as fentanyl poisoning for very young child, and fentanyl overdose of youth.

DCF and Connecticut Medical Examiner Partnership:

The Bureau Chief of External Affairs is the Commissioner's designee to Child Fatality Review Panel (CFRP). On a monthly basis, DCF representatives attend a meeting, co-chaired by the Office of the Child Advocate and a Pediatrician from Yale New Haven Hospital, to review all deaths of children in the State of Connecticut. The Medical Examiner is a standing member of this Fatality Review Panel. The Director of the DCF SQR/Safety Science Unit also attends the CFRP meetings.

On a consistent basis, the Bureau Chief of External Affairs, Department Medical Director and local Regional Resource Group Nurses have contact with the Office of the Chief Medical Examiner to receive updates on the cause and manner of death of children and to ensure that the Medical Examiner, who conducted the autopsy on a child, has any required departmental records so a full assessment can be made of the circumstances leading up to the child's death if the family had prior or current involvement with our agency.

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The figures provided in the table below reflect anticipated expenditures. The programs are funded at levels that exceed the award amount. These programs are being supported through multiple year awards, including FFY 2021 and FFY 2022. The Community Collaboratives, FAVOR, The University of Connecticut's Adoption Assistance Program, Easter Seals Adoption Support Group, Adopt a Social Work Program, Chapin Hall, and Don Winstead were selected by the Department based on their expertise, the nature and scope of work and their ability to provide the service as described below. The Reunification and Therapeutic Family Time providers were selected through a procurement process.

Services/Categories	Total Funding	Family Support	Family Preservation	Family Reunification	Adoption	Other-Planning
Reunification & TFT Services	$1,173,248	347,147	337,185	488,916		
Community Collaboratives	$284,700				$284,700	
FAVOR	$50,000	$16,668	$16,666	$16,666		
UCONN -Adoption Assistance Program	$300,000	$30,000			$270,000	
Easter Seals Support Group	$23,133	$11,566			$11,567	
Adopt a SW program	$95,275	$31,758	$31,758	$31,758		
UCONN SSW PIC	$141,313	$70,657	$70,656			
Chapin Hall - Technical Assistance	$50,734					$50,734
Don Winstead - Technical Assistance	$50,000					$50,000
JRA Consulting	$51,275	$12,818	$12,821	$12,818	$12,818	

The Connection, Inc	$106,250	$18,250	$44,000	$44,000		
Totals	**2,325,928**	**538,864** **23.2%**	**513,086** **22.1%**	**594,158** **25.5%**	**579,085** **24.9%**	**100,734** **4.3%**

Service Descriptions

Reunification & Therapeutic Family Time (RTFT) Services: RTFT is a service model that contains three distinct programs: Reunification Readiness, Reunification Services and Therapeutic Family Time. Program is funded through state and federal funds.

Reunification Readiness (a 30-day assessment to determine a family's readiness for reunification. The following is a brief summary of Readiness activities:

- Review/explore safety concerns and risk factors that may impact child safety with the family and DCF;
- Assess family functioning, skills, parental capabilities, and parent's motivation to change;
- Identify family strengths and needs;
- Provide Family Time/Therapeutic Family Time services
- In collaboration with the family Identify family resources and informal/formal supports and how they may be used in safety planning;
- Observe family interactions;
- Provide a minimum of weekly visits with the parent and child.
- Identify problems and barriers that may be impacting reunification; and
- Complete initial (North Carolina Family Assessment Scale for General Services and Reunification (NCFAS- G+R) within 14 days of referral.

Reunification Services: A 4-6-month intervention focused on planning the safe return of children in out of home care through a staged process. The summary of the program is as follows:

- Utilizes the NCFAS - G+R to inform service delivery
- Delivers a Staged Model to support families throughout the reunification process
- Adopts a Wrap Model philosophy to engage the family and build their network of supports
- Employs Permanency Child and Family Teaming model to engage the family and their supports in case planning and decision-making
- Active engagement and involvement of father's (including non-custodial parent) in the reunification process
- Therapeutic Family Time interventions/treatment approaches including the Visit Coaching Model
- Flexibility in staff assignments based on presenting needs of the family
- Step-Down option if families require additional supports

Therapeutic Family Time: A 2-3-month intervention providing direct consultation with parents/guardians to assist them in maintaining or re-establishing relationships with children in out-of-home care. Key components include:

- Implementation of the Visit Coaching Model
- Preserves and restores the parent/child attachment, and reduces the child's sense of abandonment and loss
- A family driven service that is, culturally and linguistically sensitive, individualized, and occurs in the least restrictive, most homelike setting possible.
- Facilitates permanency planning and emphasizes continuity of relationships.

Community Collaboratives: The Department has been supporting Community Collaboratives designed to recruit, strengthen and support neighborhood-based culturally competent foster/adoptive resources for children for many years. Collaboratives have been established to serve some of the Area Offices and are responsible for engaging new partners to broaden community ownership for planning and implementing activities that recruit and support foster and adoptive families.

FAVOR: FAVOR, Inc., a statewide family advocacy organization that includes Family System Managers (FSM) who work in partnership with the DCF Regional teams and the CT Behavioral Health Partnership (BHP), with formal reporting and supervision provided through the Contractor. They are required to promote family driven and youth guided practices throughout the local and regional service system and to support the identification, recruitment, and participation of families in behavioral health system analysis, advocacy, planning and service provision. They provide leadership in the local and regional behavioral health system development from the family perspective while providing technical assistance and support to local systems of care including their governance.

Family System Managers conduct their work according to the following core values of the local system of care:

- family driven and youth guided;
- strength based;
- culturally and linguistically competent;
- individualized, flexible and community-based approach to services and support;
- services and support provided in the least restrictive and most normative environment;
- adequate availability and access to broad array of effective services and support;
- evidence and science informed clinical interventions, services and supports;
- health and wellness promotion; and
- performance and outcome-based services and support.

UCONN Adoption Assistance Program: DCF contracts with the University of Connecticut Health Center to provide post-finalization services to families who have adopted children from DCF's custody or achieved legal permanency through a transfer of guardianship. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of challenges that may or may not be directly related to adoption/guardianship. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. This program is funded by both state and federal funds.

Easter Seals Adoption Support Group: This support group was established by several adoptive parents in Waterbury, CT who had adopted children with complex medical needs through DCF. The focus is to create a network of support as well as a learning forum for families providing care to this population. Specific topics are requested, and trainers are secured to educate and present information to participants. Funding supports associated meeting costs.

Adopt a Social Work Program: This statewide program assists children and families (birth, foster, and adoptive) that are DCF involved with supports and donations of goods to help families secure needed resources. The program has covenants with 118 (up from 102) faith-based organizations that provide goods for families and has served over 775,000 children and families over the last 25 years. 9,353 kids were served in SFY 2021 with a value of $332,524 for the donated goods. 1,587 DCF social workers used this program in SFY 2021 to support families. The program estimates similar outcomes in SFY 2022.

UCONN SSW PIC: The UCONN School of Social Work has been functioning as the Performance Improvement Center for the Community Support for Families Program, a contracted service designed to provide support to families who receive a Family Assessment Response from the Department. The Memorandum of Agreement between the Department and UCONN was amended to expand their analysis to include all Family Assessment Response dispositions and investigation cases. This will allow a full evaluation of the agency's overall intake process.

Chapin Hall: Leveraging Chapin Hall's expertise in child welfare and working knowledge and experience in other jurisdictions on Family First planning, Chapin Hall provided consultation to DCF towards the implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act. Chapin Hall will provide guidance and implementation support with a focus on the implementation of the community pathway to prevention via the Care Management Entity, the development and implementation of a continuous quality improvement process and will promote and support the seamless coordination between the interrelated efforts of Family First implementation and the design and implementation of the kinship navigation model.

Don Winstead: The Contractor will provide technical support and consultation required to establish the basis for the State's Maintenance of Effort (MOE) calculation, for the purpose of meeting legislative requirements relative to the Family First Prevention Service Act (FFPSA). The Contractor will provide consultation and support to FFPSA internal workgroups or fiscal personnel responsible for addressing the MOE to support the State's Prevention Plan. The Contractor will also provide consultation services to support the development of Connecticut's Family First Prevention Services Plan.

JRA Consulting: JRA Consulting, Ltd has been under contract with the Department since 2012. The Department has continued its commitment to focus on areas of inequities in all areas of our practice with a focus on key decision points, alignment to 7 key performance outcomes and to the legislative priorities that were previously codified in 2018. The services offered by JRA consulting, Ltd has been instrumental in guiding the Department through the journey of becoming a racially just and most recently an anti-racist organization. Funding for JRA Consulting has offered consultation and technical assistance to DCF Leadership and several divisions and staff across the state. JRA Consulting, Ltd has assisted the Department in creating frameworks and restructuring priorities and practices to assist the Department in meeting the necessary outcomes for children

and families. JRA Consulting has participated in numerous meetings, planning calls, created agendas and other relevant training materials and documents for the Statewide Racial Justice Workgroup (SRJWG), as well for the 4 sub-committees within the Statewide Racial Justice Workgroup. The partnership with JRA continues to be essential in moving the racial justice and equity work forward.

During the period of October 2021 -June 2022, JRA Consulting, Ltd has reached well over 300 participants from across the state and external partners from other jurisdictions. JRA facilitated dialogues and provided technical assistance to divisions (Careline, Systems and Organizational Development, Administrative Case Review,) and all regions across the state (Regions 1, 2, 3, 4, 5 & 6). JRA Consulting, Ltd continues to play an integral role in the structure of the Statewide Racial Justice Workgroup (SRJWG). As one of the Tri-Chair leads, JRA Consulting, Ltd supports the SRJWG and the other Racial Justice leads in planning, attending, and co-facilitating bi-monthly meetings as well as meetings related to the sub-committees. JRA Consulting, Ltd supports the alignment of Racial Justice work at all levels of DCF along with system and community partners and is able to provide guidance with trends and information seen at the national level. Under the period of review, JRA Consulting, Ltd has co-led efforts that include intentional linking to CT's Safe and Sound Culture framework and ensuring that anti-racist practice and CT's racial justice work is integrally connected and amplified through those efforts. JRA Consulting, Ltd co-led a webinar with National Staff Development and Training Association that detailed CT DCF's anti-racist framework to Training Directors and Trainers. JRA Consulting, LTD supported, planned and facilitated the DCF Racial Justice Leadership summits (March 2021 and January 2022) that involved an overview of the racial justice change initiatives occurring across the state and an overview of the data related to the key decision-making points.

The Connection, Inc: See description under the Stephanie Tubbs grant.

Family First Prevention Services Act Transition Grant Spending Plan -FFY2022

The following is the spending plan for the above-named grant.

Services/Activities	Funding
Family and Community Services Director	$400,000
Chapin Hall	$295,000
Family First Infrastructure	$789,378
Information Technology Enhancements	$972,000
Qualified Residential Treatment Program: Parent Organization	$215,482
Staff Training	$200,000
Provider Support, Training and Certification	$150,000
Total	**$3,021,860**

Service Description:

Connecticut will use its Family First Prevention Services Act Transition Grant funds to support activities directly related to implementing its Family First Prevention Services Plan. To lead this effort, Connecticut hired a Family First Director through the expiration of the grant. Also reserved in the Transition Act spending plan, funds have been set aside for administrative support, staff training, and provider certification. A portion of the funding will also be used to ready Connecticut's provider community to comply with all Qualified Residential Treatment Program (QRT) requirements. As the owner of two state psychiatric facilities, the Department found it prudent to bring these state-run facilities up to standards regarding QRTP, understanding neither of these facilities will operate as such.

Last, Transitional funds will be used to launch Connecticut's planned public-private partnership with a Care Management Entity to deliver Connecticut's Strengthening Families and Communities Prevention Vision which encompasses Family First. Specific considerations for fund use include the contractual design of the system's front end, implementation of the developed infrastructure, ongoing operational cost, and all the associated information technology needs, including start-up, system upgrades, and ongoing maintenance. The children and families to be served by this entity include those families defined under Connecticut's Family First, Community Pathways portion of its Candidacy definition. Characteristics of those groups include:

- Families accepted for Voluntary Care Management
- Children who are chronically absent from preschool/school or are truant from school
- Children of incarcerated parents
- Trafficked youth
- Unstably housed/homeless youth and their families
- Families experiencing interpersonal violence
- Youth who have been referred to juvenile review boards, youth services bureaus, or another diversion program or who have been arrested
- Caregivers who have or have a child with a substance use disorder, mental health condition, or disability that impacts parenting
- Infants born substance-exposed (as defined by the state CAPTA notification protocol)

Corona Virus Relief and Economic Security - FFY2021

Funding was allocated to develop and implement CT's Child Safety Practice Model, with a specific emphasis on approach, interactions, and decision-making in the midst of the COVID-19 pandemic.

Promoting Safe and Stable Families - Supplemental Award

The following spending plan has been developed for the above-mentioned grant. Additional expenditures will be added to ensure the award amount is fully expended within the award period.

Services/Activities	**Funding**
Chapin Hall	$353,582
Dr Elliot/Visit Coaching	$28,300
Mindshare	$108,000
ASPHA/CWLA Conference Fees	$3,975
Total	$ 493,857

Service Descriptions:

Chapin Hall: Chapin Hall at the University of Chicago is a research and policy center focused on improving the well-being of children, youth, families, and their communities. Chapin Hall provides public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of people and communities facing adversity. Leveraging Chapin Hall's expertise in child welfare and working knowledge and experience in other jurisdictions on Family First planning, Chapin Hall provided consultation to DCF towards the implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act.

Dr Elliot/Visit Coaching: Funding was allocated for training, technical assistance and support to staff within the Quality Parenting Centers (QPCs) to implement the Visit Coaching model with fidelity. The QPCs are a new service type developed this year that provide a safe, comfortable, and home-like setting for parents to interact with their children. The QPCs utilize the Visit Coaching model to assist parents in focusing and meeting the needs of their children during Family Time. This approach provides parents with opportunities to learn and practice new skills, as well as maintain the parent/child relationship.

Mindshare: DCF has contracted with Mindshare Technology to provide data reports, data tools and analysis to complement our existing internal reporting systems. DCF has executed Data Sharing Agreements to allow for our obfuscated child welfare data to be shared with Mindshare through an automated data exchange to produce reports and data dashboards, to develop and enable data collection in review instruments (i.e. rapid permanency review tool), and conduct other data analysis as requested. These reports, tools and analysis are useful as they cannot be easily created in the current SACWIS system (the LINK system) during the ongoing conversion to our CCWIS system. The funding allows for continued provision of data and reports necessary to assist with assessment of our child welfare practice and performance management, with the goal of continually improving our outcomes for children and families.

ASPHA/CWLA Conference Fees: Funding was allocated to support agency leadership attending the ASPHA Leadership Conference, as well as the CWLA 2022 Conference.

Population at Greatest Maltreatment

Analysis of the Department's SACWIS data indicates that children ages 0 -3 are at the greatest risk for maltreatment. While the Department knows that young children, as national data supports, have a greater risk for maltreatment, the agency is mindful of the possible interpretation/misinterpretation and meaning of these data when cross-tabulated by race and ethnicity. That is, children of color are overrepresented in Connecticut's child welfare system, including at the referral/reporting stage of the child welfare pathway. The youngest Black children are at the highest risk of substantiated maltreatment, but Hispanic and Black children of all ages are at much greater risk than White children.

AGE GROUP	DEMOGRAPHIC	VICTIMS	POPULATION	RATE/1000
0 - 3	ALL	1697	159583	10.63
	MALE	872	81626	10.68
	FEMALE	811	77957	10.40
	Hispanic	554	37658	14.71
	Non-Hispanic, Black	412	17597	23.41
	Non-Hispanic, White	561	87513	6.41
	Non-Hispanic, Other	170	16815	10.11
4 - 17	ALL	3618	657432	5.50
	MALE	1686	336570	5.01
	FEMALE	1908	320862	5.95
	Hispanic	1343	122482	10.96
	Non-Hispanic, Black	687	71506	9.61
	Non-Hispanic, White	1252	412201	3.04
	Non-Hispanic, Other	336	51243	6.56
0 - 17	ALL	5315	817015	6.51
	MALE	2558	418196	6.12
	FEMALE	2719	398819	6.82
	Hispanic	1897	160140	11.85
	Non-Hispanic, Black	1099	89103	12.33
	Non-Hispanic, White	1813	499714	3.63
	Non-Hispanic, Other	506	68058	7.43

Consistent with the Department's commitment towards building a coordinated child welfare system, this is a cohort that is equally significant to our partners, whether it be the Office of Early Childhood, the Department of Social Services or the Department of Mental Health and Addiction Services and others. To that end, increased collaboration on issues of social and emotional development, screening, early identification, workforce development and access to services and supports are essential. Efforts have continued this year through various forums including the Connecticut Children's Behavioral Health Partnership, the Early Headstart Collaborative, and partnership with Office of Early Childhood specific to safe sleep campaign and through our collaborative CAPTA work across agencies. The Hartford area Child Safety Forward project, funded in part by the Office for Victims of Crime (OVC), is also a good example of a collaborative effort between state agency, local hospital and community partners to better understand and spread awareness of child maltreatment and how it might be prevented. This project involved presentation of child maltreatment data to various local groups, interviews with stakeholders and conduct of focus groups to increase awareness and solicit ideas for preventing child maltreatment.

The Department recognizes that identifying and understanding high risk populations is essential to developing and targeting effective prevention programs and services. The Department currently utilizes SACWIS data to understand which Connecticut populations are at the greatest risk for maltreatment. Additionally, over the course of the next 12 months, the Department will continue to collaborate with leaders from other state agencies serving

children and families, including but not limited to the Office of Early Childhood, the Department of Social Services and the Department of Mental Health and Addiction Services, to understand the risk factors that each agency considers when defining high risk populations, identify the universe of prevention services currently being deployed throughout the state, and capture best practices for family outreach and retention. Developing a shared understanding of high-risk populations across agencies will support better alignment of prevention programs and services.

Specific Activities around Data Sharing

- Continue to work with other state agencies to identify additional indicators of child safety and wellbeing. The commonly used metrics of CPS reports, investigations, and substantiations are imperfect measurements of child safety and family stability. In consultation with other agencies and community stakeholders, the Department will identify additional measurable indicators that can be used to understand the preventative effect of wide-ranging programs and services.
- Continue to develop standardized interagency data-sharing protocols. While ensuring client confidentiality, the Department will explore and work towards developing a standardized process for sharing administrative data with other state agencies for the purposes of understanding the child welfare impact of various state administered programs and services. One example of this effort is active participation in our state P20WIN data-sharing process that facilitates research and evaluation on state and educational agency data efficiently administered and matched across multiple datasets. Another important example will be data sharing between DCF and Office of Early Childhood programs that are services included in the Families First Prevention Services Act (FFPSA) plan that are now eligible for federal IV-E reimbursement.
- Understanding Home Visiting outcomes. The Department will continue to work with the Office of Early Childhood to measure and track the impact that its state and federal Home Visiting programs have on child safety. This work will inform the Department's future implementation of FFPSA title IV-E prevention services.

Kinship Navigator Funding

Since 2014, the Department implemented Caregiver Support Teams (CST) in all six regions to serve and provide in-home clinical support to kinship and non-kinship foster families. The service is designed to prevent the disruption of foster placements and increases stability and permanency by providing timely in-home interventions involving the child (ages 0-18) and their caregiver/family. For kinship families, this intensive in-home service is provided at the time the child is first placed with the family. The service is available at critical points through the duration of the placement as additional supports are deemed necessary. The Department applied for and received federal funds for kinship navigation in 2018. The funds were used to train providers on attachment disorders, emotional regulation, as well as to enhance competency of the staff. The Department applied for and received a second round of funding to support an evaluation of the program.

In 2021, the families served increased by 128% with an 20% treatment completion rate.

	Families Served	Completed Treatment
2018	779	85%
2019	1060	86%
2020	685	42%
2021	1564	20%

DCF design and implementation of the CT DCF's Kinship Navigation model is ongoing. In 2021, the department ongoing collaboration with the University of Chicago's Chapin Hall has focused on the development of the Kinship Navigation model governance structure, theory of change, mission statement, defining the target population and convening the Design and Implementation Team. In addition, reviews of literature and best practice and assessment of data infrastructure, workforce curriculum, practice and policies are underway, and some are completed. The Department applied for and received federal funds for kinship navigation in 2021 to support the ongoing areas of development:

1. Completing the overarching Connecticut Caregiver Practice Model to support an organizing framework for CT DCF's work with families which will include birth, adoptive, kin/fictive kin, and core foster families
2. Continue to develop CT DCF's Kinship Navigation model which will be a key function of the Caregiver Practice Model; and
3. Create an evaluation design for the Kinship Navigation model to support meeting federal evidentiary requirements for the title IV-E Kinship Navigation Program under the Family First Prevention Services Act.

Monthly Caseworker Visitation

Policy requires all children and families with whom the Department of Children and Families are involved, shall be visited regularly by the assigned Social Worker to assess progress and to assure that appropriate, effective services are provided to achieve the case goal and respond to the needs of the family. Every interaction with a child and family shall be purposeful and derive from the case plan. Concerted efforts are made to see the child individually as well as their caregiver. Visits shall be frequent enough to effectively address the child's need for safety, permanency and well-being. For children in out-of- home care, the policy requires the social worker to visit the child on a monthly basis. The Department has been quite successful in achieving the federal standards relative to worker child visitation. When COVID restrictions were lifted and staff were returning to work, the Department utilized funding towards staff appreciation events, as well as enhancing our permanency practice through training and consultation opportunities.

Adoption and Legal Guardianship Incentive Payments

Connecticut received a total of $1,012,000 incentive payments ($766,00 in 2017 and $12,000 in 2018 and $118,000 in 2019, $1,183,000 in 20120 and $116,000 in 2021). Expenditure of these funds is documented in a budget spending plan. Funds have been utilized for training purposes (pre and post licensing, adoptive families, and workforce development) and recruitment strategies (marketing and promotional campaigns, Heart Gallery, vocational skills for adolescence). In 2019, the Department allocated funding for each of six (6) Regions to conduct an innovative condensed pre-licensing training opportunity (W4LT) for prospective foster and adoptive families. In 2020, the funding is earmarked towards the implementation of Quality Parenting Initiative, conducting 6 W4LT, subsidy family information session, recruitment campaign and modernization of information session, training offering (virtual platform). In 2021, the funding is earmarked towards the implementation of Quality Parenting Initiative, Design and Implementation of the Kinship Navigation Model, Faith Based Recruitment and Retention, and media and marketing recruitment and awareness campaign and modernization of information session, training offering (virtual platform).

Adoption Savings

FFY 2021 Reporting

The Department has identified the following services types that are supported by the Adoption Savings funding. The following are the selected services that the Department continues to support:

Reporting Line Title	DCF Program	Total Funding	Less Title IV Claimed	Less TANF Claimed	Amount Available	4/1/20-6/30/20	7/1/20-3/31/21	Total	Percentage
Post-Adoption or Post-Guardianship Services	UCONN - Adoption Assistance	$ 484,459	$ -	$ -	$ 484,459	$ 134,072	$ 350,387	$ 484,459	
	Functional Family Therapy	$ 1,732,725	$ -	$ -	$ 1,732,725	$ 377,103	$ 1,355,622	$ 1,530,359	
	CAFAP - Foster & Adoptive Family Support	$ 1,823,934	$ (324,154)	$ -	$ 1,499,780	$ 297,258	$ 1,526,676	$ 1,823,934	
TOTAL					$ 3,716,964	$ 808,433	$ 3,232,685	$ 3,838,752	53.45%
Services For Children At Risk of Foster Care	Favor - Statewide Family Organization	$ 529,783	$ -	$ -	$ 529,783	$ -	$ 529,783	$ 529,783	
	Family Based Recovery	$ 3,015,999	$ -	$ -	$ 3,015,999	$ -	$ 3,015,999	$ 2,813,634	
TOTAL					$ 3,545,782	$ -	$ 3,545,782	$ 3,343,417	46.55%
Other Title IV-B or Title IV-E Allowable Services	Daycare (16135)	$ 9,515,222	$ 4,742,598	$ -	$ 3,876,728			$ -	
					$ -	$ -	$ -	$ -	
TOTAL					$ 3,876,728	$ -	$ -	$ -	0.00%
					Total Expenditures:	$ 808,433	$ 6,778,467	$ 7,182,169	100.00%
					Form CB-496 Adoption Savings Amount:			$ 7,182,169	
					Carry-Forward Amount:			0	

The Adoption Assistance program offers support services to families post adoption and is open to both DCF and private adoptive families.

Functional Family Therapy provides an intensive period of clinical intervention, family support and empowerment, access to medication evaluation and management, crisis intervention and case management in order to stabilize children at risk of out-of-home placement due to mental health issues, emotional disturbance or substance abuse, or to assist in their successful return home from an alternative level of care. This service is delivered in accordance with the tenets of the evidence-based model known as Functional Family Therapy (FFT). Services include flexible, strength-based interventions, offered primarily in the client's home as well as in community agencies, schools and other natural settings.

CAFAF provides various services, including a range of recruitment, retention, support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address their needs, encourage and facilitate ongoing education and skill development, and promote safe and stable home settings for foster children. This service also increases the pool of foster and adoptive families who are available to serve children in the care of the Department of Children and Families

The FAVOR Statewide Family Organization provides multiple levels of service and supports to families who have children with serious behavioral or mental health needs.

Family Based Recovery is an intensive, in-home clinical treatment program for families 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. The overarching goal of the intervention is to promote stability, safety and permanence for these families. 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. The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.

Connecticut is one of only three states where the Department doesn't receive these funds directly into the Department's budget. Adoption Savings Funds go directly to the States' General Fund and are made available to the Agency through quarterly allotments.

Chafee

Connecticut is a state-administered child welfare agency organized in six geographic regions. Oversight of private service contracts is primarily a centralized function that ensures services are available across the state to all youth. Centralized teams work in partnerships with regional management and the Contract division to ensure service availability and efficacy. Unique services can also be purchased locally through wrap-around funding if there are local gaps in the service array for youth. Connecticut's Chaffee services serve youth through the age of 23. While pursuing permanency for all youth in care, DCF has statutory authority to keep young people voluntarily in the care of DCF past their 18th birthday and makes needed services available to transition-aged youth to achieve self-sufficiency. There are no systemic barriers in the state that preclude DCF from serving youth of various ages and at various states of achieving independence. Through a policy initiative, transitioning youth may also request an extension of benefits to ensure stability of the transition plan.

DCF continues to utilize the LIST (Learning Inventory of Skills Training). It is a life skill assessment with recommended training resources. This is a modified/updated version of the assessment used by our sister agency, DMHAS. This assessment is administered to all youth before they participate in Independent Living Skills training and post-training to help prepare youth for success.

DCF utilizes both state and ETV funds to provide services to youth who have left foster care for kinship guardianship or adoption after attaining the age of 16. Through ETV funds, DCF oversees a grant program that provides up to $5,000.00 per academic year to youth involved in a post-secondary program. In accordance with the Chafee ETV Program, DCF utilizes the cost of attending an institution of higher education (as defined in section 472 of the Higher Education Act) to determine costs allowable under the Connecticut ETV program. DCF will continue to oversee the state's ETV program in the upcoming planning period. DCF is increasing the amount of stipends to youth to support education plans.

DCF received Division X COVID relief funds. In 2021 and continuing into 2022, DCF has offered additional supports and financial relief in different forms. Flexibilities for such things as age up to 27 and work requirements were in place through FFY 21. Youth in care over the age of 18 received a one-time $500 stimulus in 2021. An additional stimulus will occur in 2022. Additionally, youth in care with extraordinary expenses resulting from COVID were eligible to request funding for such emergency and urgent expenses things as credit card bills, utilities, food and services supporting their physical and emotional health. Responding to increased mental health needs, additional programing was introduced including positive youth development, restorative justice circles, LGBTQI supports.

There was a moratorium on youth leaving care through 2021. Following the lifting of the moratorium, any youth exiting care was provided additional anticipated direct supports to ease their transition. DCF contracted with a private provider to assist foster care alumni who are homeless or at risk of homelessness with support and emergency housing. Youth are eligible for housing and a full range of case management services. In 2021, the contractor administered a one-time stimulus to any former foster youth. A second stimulus will be issued in 2022. The program is able to assist with back bills and other pandemic-related extraordinary expenses. Youth may request a "light-touch" intervention which may consist of stimulus payment only, up to full case management and housing assistance. Regardless of the original request, youth are screened for other needs and offered supports and services as indicated. Youth may engage with the provider beyond Division X services for up to three years of housing supports, including HUD voucher.

DCF partnered with a number of entities to message the availability of supports to foster care alumni, through the Division X funds. A staff member in DCF's Transitional Supports and Success Division is the dedicated point of contact, (POC) and is responsible for screening all youth for needs and eligibility and ensuring connection to supports. Think of Us provided contact information of youth requesting support, which is followed by the DCF POC who refers to the appropriate supports. DCF has redoubled efforts to encourage eligible youth to reenter DCF services. Outreach to youth exiting care prior to the pandemic was completed to ensure their awareness of reentry opportunities. DCF continues to collaborate with advocacy agencies and the Young Adult and Minor homelessness response network to broadcast information concerning augmented supports for current and former foster youth. The DCF-contracted homelessness provider is authorized to promote messaging regarding the additional funding and services available to former foster youth.

CFCIP Program Improvement Efforts:

The Department continues to have a strong network of Youth Advisory Boards (YABs) that operate in each of its six regions. The YABs are comprised of young people in the Department's care who meet on a regular basis to provide feedback and recommendations about DCF's service array and practices. Regional YABs, organized by designated Coordinators, meet monthly for planning and information sharing. Events and activities are facilitated to support the development of leadership skills and offer input to improve the Department’s practice. Representatives from the regional YABs convene quarterly at a statewide meeting with senior leadership at the Department, including the Commissioner, and engage in statewide subcommittee projects and activities throughout the year. In response to the coronavirus crisis, the YAB has transitioned to virtual meetings. While meetings were scheduled to continue in virtual format most youth declined, preferring to wait until a return to in-person. In May 2022 two YAB youth were selected to participate as Homelessness Task Force Youth Leaders. They will collaborate with the Institute for Community Research’s statewide peer-led research and advocacy network and the Youth and Young Adult Homelessness Task Force. Working with mentors and peers, the Youth Leader will help with conducting participatory action research to create new knowledge and innovative recommendations to assist young people who are at-risk or experiencing housing instability or homelessness.

The 2014 Federal Preventing Sex Trafficking and Strengthening Families Act introduced standards requiring the involvement of children in the development and revision of their case plans. In 2015, the CT DCF Youth Advisory Board approved, and the Department adopted the Adolescents in Care Bill of Rights and Expectations. The tenets of the federal legislation and the aforementioned Bill of Rights were codified into Connecticut law effective July 1, 2019, under Public Act (PA) 19-44, An Act Concerning a Children in Care Bill of Rights and Expectations and the Sibling Bill Rights.

YAB representatives continued in partnership with the Department's Academy for Workforce Development on several projects to improve the training of DCF Social Workers in engagement of adolescents. A Youth with lived experience, is working with the Academy in the development of training topics, messaging, and engagement strategies. In 2020, the Academy expanded its array of Simulation trainings to include the area of working with Adolescents. YAB youth participated in listening sessions and offered advice on effective engagement strategies and contributed to scripts to be used in role play. They received a stipend for their involvement. Through 2022, youth continued in virtual format, to provide consultation to the Academy.

In 2019, the CT YAB Designees to the New England Youth Coalition (NEYC) attended the summer convening, adopting the projects of ensuring youth in care obtain driver's license and insurance and establish savings accounts. The designees meet with DCF Senior leadership and received endorsement for the two projects. They attended the summer meeting in August 2020. Due to the coronavirus crisis this was held as a virtual event. The Statewide YAB will offer a platform to elicit input and feedback for the NEYC team to incorporate with the multi state coalition. Youth and adult supporters are happily preparing for the 2022 convening to happen in person.

2022 will see efforts made by the statewide YAB to sustain the vast progress in honoring the value and impact of youth voice. Plans for the statewide YAB work into the next fiscal year include building upon the relationship with the DCF Academy for Workforce Development to inform all aspects of staff training in the area of adolescents, continuing to strengthen the partnership between the YABs and the state's contracted *Work to Learn* providers, development of policy to ensure youth in care have access to driver's license and savings accounts, and expanding the number of opportunities for youth to demonstrate leadership and advocacy. The YABs, with the support of Federal funding and a supportive administration, remain well positioned to continue actively engaging youth in care and producing high-impact deliverables. As such, the YABs are well equipped to continue to provide input to the state's Program Improvement Plan and to ensure compliance with Federal Child and Family Services Review (CFSR) recommendations.

<u>How CT provides youth with certain documents when they age out of foster care:</u>
The department provides youth 18 and older who are discharging from care copies of the following documents: educational records; medical records including medical history of family members, to the extent known and obtained from the case records, as the law allows; original birth certificate and an extra copy; original social security card and an extra copy; passport; immigration and/or citizenship papers.

Extensive efforts were made to inventory the needs of older youth specific to COVID-19 (returning from college campuses mid semester, ensuring technology needs for remote coursework etc.). The Department instituted an Emergency Executive Order to have a moratorium on 'aging out' during the pandemic, as well as relaxing the standards for reentry and issuing 800s due to non-compliance, recognizing the need for stability during these perilous times.

<u>How CT includes youth age 14 and over more fully in case planning:</u>
The department invites and encourages youth to participate and if possible, to attend the Administrative Case Review (ACR). Accommodations are made to hold the review at a time and location that is convenient to the youth. At age 16, the department develops a Transitional Plan for each youth in the department's care for the purpose of permanency planning and preparation for discharge from care. The plan is youth-driven and based on the youth's identified needs prior to and at the time of discharge. The Transition Plan is reviewed at the first Administrative Case Review after the youth's 16th birthday and reviewed and revised at subsequent ACRs as long

as the youth remains in care. Efforts in 2020 will be to explore the use of technology to offer greater accessibility to youth participating in ACR.

Planned use of funds (Chaffee) to support engagement in age or developmentally appropriate activities
The Department builds into the Chaffee grant funding for developmentally appropriate activities as well as annually providing funding to each Regional Youth Advisory Board for such activities. Regions utilize these funds to sponsor activities such as regular meetings, college fairs, holiday parties and graduation celebrations.

Pregnancy Prevention

The Department partnered with the Connecticut Department of Public Health (CT DPH) as part of their federal Personal Responsibility Education Program (PREP) with the goal to reduce the rates of pregnancy, STD/STI's and HIV among foster youth and at-risk youth in Connecticut. The program focused on providing evidence-based interventions to youth in and aging out of foster care, high risk youth in the community as well as youth involved with the juvenile justice system. Program interventions also included providing much needed training to caretakers of foster youth, service providers for youth in and transitioning from foster care, as well as educators and providers for youth at risk in the community. Programming was extended to the Department's PRTF (Solnit North) staff and youth. Staff received training on the topic area as well as the opportunity to become a trainer in the main curricula utilized, "Be Proud, Be Responsible." Several staff were trained as BPBR trainers. The Partnership with CT DPH ended in September 2021. Currently, the Department is looking to partner with a community provider to continue this work.

V.I.T.A.L Practice Model

According to the National Foster Youth Institute, approximately 23,000 young adults in the United States exit foster care without achieving permanency each year. 20% of these youth become instantly homeless and less than 3% go on to earn a college degree at any point in their lives. Only one out of two foster youth who age out of the system will have some form of gainful employment by the age of 24. Youth who leave foster care without achieving permanency are at increased risk for several adverse adult outcomes, including homelessness, high unemployment, lower educational attainment, incarceration, and early or unintended pregnancies. If youth exiting foster care without permanency had the same outcomes as youth who didn't age out of the child welfare system, there would be 4 billion dollars of total annual savings (The Economic Potential of Successful Transitions from Foster Care to Adulthood, Annie E. Casey Foundation, 2019).

Connecticut-specific data from the National Youth in Transition Database (NYTD) indicates that 17% of experience homelessness, 11% experience incarceration, and 18% receive a substance abuse referral by age 21. In order to change these outcomes and ensure lifelong wellbeing and success for young adults, the Transitional Supports and Success (TSS) Division began work with several partners to shape a new approach for Transitional Age Youth (TAY, young persons 16 years- 23 years). The work began at the end of August 2020. The purpose was to establish a consistent and recognizable approach to adolescent practice that would improve outcomes. The shared focus of the team was driven to ensure that all youth, have relationships, supports, and opportunities to thrive as they launch into adulthood. Over several months, stakeholder feedback was incorporated into a framework that embeds shared values and aspirations into the work with TAY. The approach is abbreviated V.I.T.A.L. (Voice and Choice, Innovative, Thorough and Accountable, Authentic Youth Engagement, Life Launch).

Our work focused on impacting four broad areas cited as barriers to successful transitions of youth out of care: Lack of supportive relationships, educational challenges, housing instability, and economic challenges (i.e., employment, financial capability). Policy revisions focused on removing barriers that prevent the most vulnerable cohorts of young adults from achieving success. New policy adjustments accounted for the inevitability that all youth at one point or another make big mistakes and that systems and policies will protect them when those mistakes happen. The new practice guide has an intentional focus on increasing tangible competencies as well as soft skills young adults need to thrive as adults. The framework was influenced by more than three decades of psychology research that shows that a focus on process instead of intelligence or ability is essential to lifelong success. Four specific areas of practice were bolstered: Improving functional assessments of TAY, integrating that assessment into case planning, enhancing coaching, and improving living arrangement planning. Capturing youth

voice in individual case planning and to fuel Department efforts was the bedrock of V.I.T.A.L. To inform this process the TSS Division collected feedback through surveys, 15 sets of staff stakeholder interviews, youth advisory board interviews, an electronic mailbox, and young adult alumni conversations. Approach development was also discussed within a standing group of adolescent program supervisors and through a four-month fiscal taskforce. A structured review of all young adults in private foster care (n=102) and in congregate care (n=101) provided context as did phone contact with youth who exited the Department between January 1, 2020-March 1, 2020 (n=35). A data snapshot of approximately 900 youth in DCF care provided an important baseline. The result is a supportive system that is youth directed, focused on permanency, informed by brain development research, and advances inclusion and equity. Through the V.I.T.A.L approach, youth walk towards becoming civically engaged, having a career, maintaining connections to others, and becoming lifelong learners. Support and planning efforts are organized across four case management stages: Engagement and Assessment, Youth Driven Transition Preparation, Launch, and Re-entry.

National Youth in Transition Database (NYTD)

This year's efforts to improve NYTD data quality and reporting accuracy have remained steadfast. The agency has continued to work in conjunction with our Federal Reporting Team to troubleshoot needs, as well as enhance our current data collection and reporting system in a way that provides the most accurate representation of independent living services offered to the adolescent and young adult population served by our agency. Over the past year, we have made advancements in our project completion for NYTD work, and we have continued evaluating the effectiveness of our overall system to maintain the components that prove most effective, and brainstorm strategies for enriching the components needing improvement.

The process for evaluation and completion of NYTD data and survey completion has become two-fold, lending to increased accuracy and reliability. The state conducts NYTD queries on a monthly basis to pull cohort reports used for evaluating completion rates and to closely monitor and identify errors in survey data collected. In addition to these monthly queries, our federal reporting team has built and successfully launched a NYTD Quality Assurance Summary in SharePoint. This summary is updated daily and reflects real time information for each cohort. The report is available agency wide and workers are able to select their respective office to review NYTD information, determine if surveys are due at any time for any youth on their caseload. The summary also identifies common errors on surveys completed. Area office staff and Regional NYTD Liaisons are reviewing this report weekly in order to keep track of surveys in their region, as well as data quality errors that need to be corrected. This summary has helped the agency to improve in the timeliness of survey collection.

The NYTD Portal through the Administration for Children and Families (ACF) is our main source of data review. We have been able to use data collected from the portal to share with staff results, outcomes, trends of completed cohorts. Within the past year, data gathered from the portal has also been instrumental in informing various areas of our agency's functioning. For example, data has been used to identify common areas of need for our Transitional Age Youth, which helped determine how to best utilize additional Chaffee COVID relief funds. Also, regions across the state have accessed and utilized data collected to inform their Citizen Review Panels (CRP). Regions have used NYTD data to look at cross cohort comparisons of over multiple years to learn about trends such as homelessness for our transitional age youth at later stages following their launch from care. Over the next year, our goal to increase the usefulness and importance of NYTD data, is to make information regularly available to staff. This will include CT state Data Snapshots being distributed to area office staff through quarterly division updates.

Youth awareness and contribution to the NYTD process remains a priority for the agency. The Department is utilizing its Regional and Statewide Youth Advisory Boards to provide and disseminate information regarding issues related to adolescents in care, as well as to discuss the NYTD process and how to influence youth participation. Additional tools have been created to make the NYTD process user friendly for staff and youth. For example, we have launched a NYTD Mailbox specific for youth and young adults to stay connected with the Department, provide updates on their phone and address changes, as well as send any questions related to the NYTD process in between the baseline and follow up surveys. Youth are compensated with Amazon gift cards following survey completion, as a technique to enhance interest and promote their participation at follow up cohorts. Outreach to

youth for their NYTD surveys has been a successful conduit to identify and notify former youth in care of eligibility to receive Division X pandemic relief funding and assistance.

The Department continues to utilize the Children's Bureau's "Guide to the NYTD Review" to prepare for Connecticut's review. A detailed project document has been developed identifying child welfare data collection system modifications necessary to collect quality data and increased compliancy standards. Weekly discussions are held with the Federal Reporting Team to troubleshoot any systemic barriers to the NYTD tool, and to discuss methods to optimize accuracy and usefulness in preparation for federal reviews. Improvements have been made through completed projects on mapping of accurate race/ethnicities of served youth. Also, our IT team in the process of developing a LINK build to include skip patterns on the survey tool itself. This project will allow for questions on the survey tool that are not applicable to the respondent, to be skipped or greyed out. This build will make the survey tool more user friendly, lead to greatly reducing the amount of errors on the tool, and improve rate of accurate responses to survey questions.

NYTD Independent Living Services data available on the portal are shared with internal stakeholders to demonstrate the limitations to the current system. The Department presently utilizes service codes and/or payments made to reflect Independent Living Services provided. This system does not include reporting youth who may be receiving a contracted service, thus underreporting the Departments served population. This has been apparent in recent cohort domains such as mentoring services. The Department has made steps toward developing a new comprehensive child welfare information system to address this area and collect more accurate data on independent living services. While this new system remains in its development stages, other changes have been implemented to help with underreporting for the served population. For example, additional service codes have been added to our extraction program in order to enhance accurate reporting of youth receiving independent living supports in the served population. More specifically, coding has been added to account for the youth in the served population who are receiving Chafee COVID relief assistance. Coding is also being added to decipher between youth receiving educational services, versus employment or vocational services post age of majority. Narrative documentation is also being used to capture information on those additional services received (such as mentoring) through contracted programming, but which are not captured by our link service coding process.

The Department continues to partner with other federally funded programs serving older youth as well as other State agencies who provide services to youth and young adults. Connecticut is fortunate to have a large network of service providers who continue to work closely and collaboratively with the Department to provide services to youth that will assist them while in care, as well as when they transition from care into adulthood. The Department maintains its partnership with state colleges to include the University of Connecticut and the University of Connecticut's School of Social Work, as well as Wesleyan University. Also, the Department has developed partnerships with two new agencies including Boys and Girls Village and the New Haven Gay Alliance who will manage mentoring services for our transitional age youth. The collaborative work with state colleges and other community agencies will offer services and support to assist current and former foster care youth to transition more successfully to adulthood.

<u>The Virtual Academy</u>

The Virtual Academy was established by Unified School District (USD#2) in February 2016 to serve secondary youth in the care (inclusive of Juvenile Justice Youth) of Department of Children and Families. This creation was based on 2015 standardized assessment results in the state of Connecticut. The 11th grade results (Connecticut only takes standardized assessments in grades 3-8, and 11) saw over 95% students fail to meet the achievement level in math and over 90% fail to meet the achievement level in reading. The Virtual Academy provides these youth an online opportunity at remedial courses in Math and English Language Arts. There are credit recovery options for all content areas (Math, English Language Arts, Social Studies, and Science), elective course offerings, career pathway classes, and SAT/ACT prep classes. All students are assigned a certified educator to assist them with their academic work and help them to come up with a plan to reach their goals. Since the inception of the Virtual

Academy, students have earned over 395 academic credits that have been applied to high school graduation requirements. To date, the Virtual Academy has assisted 129 students in earning a high school diploma.

Chafee Foster Care Independence Program Spending Plan - FFY 2022

The figures provided in the table below reflect anticipated expenditures. Personnel positions supported through grant funding were identified through an interview process. The Work to Learn programs are selected through a procurement process with standard contracts detailing program expectations. Mentoring is offered by two sole source contractors with specialty in LGBTQI youth and child victims of sex trafficking.

Service Description	Funding
Personnel Expenses	$ 43,575
Youth Milestone Celebrations- Normalcy	$200,000
Youth Ambassadors/ Youth Training Consultants Stipends	$18,120
Restorative Justice Project	$56,850
Summer Youth Employment	$200,000
Youth Advisory Board	$65,000
Work to Learn	$440,760
YV Lifeset	$40,000
Manufacturing Career Prep for Girls	$124,000
PSE preparation and support; Mini Supports	$75,000
Total	$1,263,305

Following guidance from the Children's Bureau, DCF has modified case practice in several areas, utilizing Chafee funds to fill gaps and meet needs which presented subsequent to the coronavirus crisis. Moratoriums were issued preventing the discontinuation of supports to youth who were out of compliance with eligibility requirements or who had reached the age of 23, which is the maximum age for services post majority in CT. DCF has facilitated housing arrangements for youth displaced from college or in response to other disruptions caused by coronavirus, as well as provided for expenses including but not limited to relocation, food, utilities, and clothing. Where the school system was unable, DCF has supplied computers and tablets to youth for tele-schooling. Cellphones to youth to allow for continued contact and connection to supports and services. Early in the pandemic regular Chafee funds were used to provide additional support. With the addition of Division X funds, the department developed a separate spending plan, further below, to address the impact of the pandemic, including social and emotional challenges, housing, disruption of income sources.

Service Descriptions

Personnel Expenses: The grant supports one Pupil Services Position established to assist youth in their transition from high school to vocational programming or college. Other responsibilities include the administration of the state's Education and Training Vouchers program (ETV). The specialists routinely meet with youth, social workers, program staff, Job Corps staff and educational personnel to review, coordinate and develop an appropriate educational plan for our youth. (USD II)

Youth Milestone: Funding is provided to offer normalcy events for youth by celebrating 2 significant milestone events (e.g. Quincenera, graduation). The youth is responsible to propose a celebration activity, guided by their assigned Social Worker, including development of plan and budget.

Youth Ambassadors/ Youth Training Consultants Stipends: Youth with lived FC experience engaged to provide advocacy, advisement and support on matters concerning youth in care, including community engagement (eg Homelessness Board, Youth at the Capitol Day). Youth Training Consultants offer youth voice to guide the development and implementation of trainings by

DCF's Academy for Workforce Development. Two youth are selected at a time. They receive stipends for providing feedback through activities which include: reviewing training materials, attending trainings, meeting with AWD staff to provide suggestions to curriculum. These fall under the umbrella of the Youth Advisory Board.

Restorative Justice Project: Funding was allocated to support and provide technical assistance and consultation on statewide implementation of restorative justice circles in temporary placements (Short Term Assessment and Respite). The goal was to reduce arrests in these temporary settings (6 programs, statewide, each program exclusively serving adolescents in care). After implementation of restorative justice circles arrests was reduced.

Summer Youth Employment: Is a collaborative effort between the Department of Children and Families (DCF) and the Department of Labor (DOL) developed to enable DCF involved youth to participate in a subsidized summer employment program. The program model is designed to provide coordination and oversight of work readiness, skill development, and summer employment work experience over the course of 6 weeks with the assistance of various agencies throughout the state. Employment sites offered distanced activities in response to pandemic restrictions.

Youth Advisory Boards: DCF staff work in partnership with and solicit input from local Youth Advisory Boards around the state and the statewide Youth Advisory Board (YAB). The boards empower children and youth to directly participate in and advocate for system changes and development. Approximately 135 children and youth in care participate on the boards throughout Connecticut over the course of a year, with an additional 210 youth participating in YAB sponsored events for a total 345 youth served. Over the past year, the YAB participation declined significantly. Youth indicated they were less interested in remote activities. In April of 2022 in-person activities were approved. Throughout, some youth remained in contact with TAB leaders and participated in ancillary activities.

Work to Learn: The Department continues to support Connecticut's Work to Learn model for the five (5) Work to Learn sites in the state. The Work to Learn (WTL) model was designed to ensure that youth aging out of foster care have increased opportunities for a successful transition to adulthood in the following areas: youth leadership, youth engagement, employment, housing and improved physical and mental health functioning. In response to the coronavirus crisis W2L has begun providing services remotely via shared materials and virtual contact.

- *Our Piece of the Pie* (OPP): A comprehensive work/learn model located in Hartford that helps youth access and attain a combination of educational, employment and personal development opportunities that promote success. OPP is also operating a second Work/Learn site in Norwich.
- *Boys and Girls Village*: This Bridgeport program partners youth with technical experts and role models in a youth-centered small business. They develop transferable skills, identify goals and reinforce the personal skills needed for successful employment.
- *Marrakech Inc.:* Located in New Haven and Waterbury, these sites offer a comprehensive work/learn model that helps youth access and attain a combination of educational, employment and personal development opportunities that promote success.

Youth Villages (YV) Lifeset: Program is running well, and capacity is up to 86 youth annually for both programs combined. Providers, selected through a competitive process, will utilize the YVLifeSet model to provide outcome focused, comprehensive case management services to emerging adults involved with the Department. YVLifeSet aims to assist emerging adults with the following: securing suitable and stable housing; completing vocational and/or educational programs; obtaining sustainable employment; developing and maintaining loving, supportive, and permanent adult relationships, and; developing the necessary life skills to successfully transition from DCF services. In response to the coronavirus crisis YV Lifeset remains in remote contact with the youth.

Manufacturing Career Prep for Girls: Training Program is designed to develop job related learning opportunities in collaboration with Touchstone Residential Center staff and faculty. These learning experiences complement the formal academic program in relation to career skills. Content of career enhancement training focuses on areas such as customer service, office support, personal finance, computer aided design, manufacturing principles, allied health opportunities career skills.

PSE preparation and support -Mini Supports: Non-traditional services, equipment and activities which support the transitional needs of youth. Requests are highly individualized and cannot be met through other funding sources.

Emergency Funds- Youth in Care: Unanticipated, extraordinary expenses for youth whose legal status is either committed or statutory parent and youth remaining in under DCF services voluntary after reaching the age of majority.

Chafee Projected Spending Plan FFY 2023

Service Description	Funding
Personnel Expenses	$ 41,071
Mentoring	$105,000
Summer Youth Employment	$200,000
Youth Advisory Board	$50,000
Work to Learn	$440,760
YV Lifeset	$40,000
Manufacturing Career Prep for Girls	$124,000
PSE Prep & Supports	$42,500
Youth in Care Emergency Expenses	$42,500
Youth Milestones/Normalcy	$120,000
Total	$1,205,831

Division X Spending Plan 2022

Service Description	Funding
LGBTQ Supports	$120,000
Positive Youth Development and Authentic Youth Engagement	$350,000
Reentry Housing Supports	$963,333
Emergency Funds	$370,000
Youth In Care Support Payments (Stimulus)	$600,000
Sexual Abuse Support	$200,000
Total	**$2,603,333**

Service Descriptions

LGBTQ Supports: Pandemic heightened isolation and loneliness in young adults. This cohort has an elevated risk for anxiety, depression, victimization, future homelessness. Support designed to combat those issues. Peer mentor and augmented support for the population

Positive Youth Development and Authentic Youth Engagement: Designed to combat escalating mental health issues in TAY; this involves providing stipends to youth directly to create a manual based on lessons learned, on AYE and PYD. Guiding and coaching youth in the development of a practice manual focusing on AYE and development of life skills

Reentry Housing Supports: Emergency housing and case management to navigate reentry process for homeless youth; 12 beds statewide and Case management services.

Emergency Funds: Extraordinary expenses for youth who left FC prior to age 18, not eligible for re-entry but eligible for Chafee supports.

Youth In Care Support Payments: Stimulus payments to youth in care

Sexual Abuse Support: Support for sexual abuse survivors through an organization of adults with lived experience in child welfare. Youth workshops on empowerment, self-worth, and self-care.

Education and Training Vouchers

The State of Connecticut Department of Children and Families (DCF), continues to utilize funding from the Education Training Vouchers (ETV) to support the positions of 2 Pupil Services Post-Secondary Education (PSE) Consultant positions. In 2020, the Department hired a third PSE Consultant not through ETV funding. With the additional Pupil Services Specialist, DCF has been able to assign a PSE Consultant to service 2-3 regions of the state, each. Post-Secondary Education Consultants continue to provide professional trainings to agency staff, community service providers, and youth. PSE Consultants consult and assist regarding various education, transitional services, post-secondary education planning and funding supports available. This includes the partnerships with educational institutions educating current and former students in the foster care system on vocational and college campuses.

To avoid duplication of services and spending of ETV funding, the Post-Secondary Education Consultants and the Department's fiscal unit continue to work together monitoring and maintaining expense logs. ETV and ETV Covid Emergency Funding (ETV-C) requests are received, reviewed, and processed by all PSE Consultants.
Data collection and maintenance for PSE in Connecticut DCF has remained a challenge for DCF. ETV-C funding has provided the Department the opportunity and ability to develop a Memorandum of Understanding (MOU) contract with the University of Connecticut (UCONN) to analyze data obtained by the National Clearing House. The data analyzed by the UCONN researchers will help identify trends and needs of this specialized population over several cohorts in the effort to improve policy and practice.

DCF continues to directly distribute and monitor Education Training Voucher and does not contract out to outside providers. However, due to the limitations of the LINK system for Connecticut DCF, the Department has contracted with an experienced Provider to process the majority of ETV- C Emergency Covid requests in conjunction with the DCF PSE Consultants; this way eligibility can be confirmed. Waterbury Youth Services (WYS) will collaborate with the Department's PSE Consultant, to assess eligibility of current and former foster youth, the needs of this population regarding case management, educational and all cost of attendance needs, services, and funding. Waterbury Youth Services and the State 211 Information system are advertising the ETV-C Emergency Funding.

To identify resources and eligible youth, DCF continues to focus on expansion of ETV and ETV-C funds for eligible youth by collaborating with the adoption, subsidized guardianship and foster and adoptive units, youth who have been in the Connecticut foster care system, Connecticut DCF Youth Advisory Boards, the Connecticut Alliance of Foster and Adoptive Families (CAFAF), SUN Scholars, Connecticut Colleges, Universities, Vocational Schools, and the UConn Adoption Assistance Program. The requirement of extending services to age 26 has been brought to the Department's Administration and Senior Management's attention. Based on the limitation of the DCF LINK system and Fiscal Department, former foster youth from age 23-26 will be serviced through the ETV-C funding contracted through Waterbury Youth Services. The Department has had a change this year in the process of continuing to serve current foster youth over the age of 21. The Connecticut Legislation only covers foster youth up to the age of 21. The Department has implemented a waiver process to cover foster youth age 21-23. The process includes needs-based summary request and approval by the Commissioner.

The eligible populations served with the Education Training Vouchers, statewide are:

1. Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program, available to those in and out of state
2. Former foster youth who have been adopted or subsidized guardianship transferred after the age of 16. Current and former Connecticut foster youth who live outside of Connecticut with their adopted parents, subsidized guardians, or foster parents, remain eligible for services.

3. Foster youth who are enrolled in post-secondary education institutions and programs and who are transitioning to adulthood and may need additional funding to support them in their transition out of care.
4. Former young adults who were in foster care at the age of 18 and/or adopted or subsidized guardianship transfer after the age of 16 and continue to meet the criteria above will be serviced through ETV-C up to age 26. ETV-C funding is made available for eligible youth who move from another state to Connecticut and are enrolled in a Connecticut Post-Secondary Education Institution. All ETV-C funding requests for current and former foster youth have been contracted through WYS in collaboration with the Department's PSE Consultants.

The ETV-C funding has assisted DCF with the supporting direct student costs and incentives associated with the development and expansion of support programs on Connecticut state colleges, universities and vocational schools. ETV and ETV-C funding has provided additional financial support directly to youth who demonstrate and unmet need and meet the ETV and ETV-C grants criteria.

The Department continues to provide ETV funding for post-secondary education expenses in addition to the student's individual annual state budget. The state funding for post-secondary education expenses continues to be available to foster and adoptive students through the end of the academic year of a youth's 21st birthday this year and for current foster youth up to their 23rd birthday with a Commissioner waiver. Each recipient's needs are assessed by the Post-Secondary Education team and based on individual need, legal status, cost of attendance and circumstance. All eligible current and former foster youth ETV and ETV-C funding requests have been awarded.

In Connecticut, the ETV funding provides funding directly to youth to purchase necessary computers, software, printers and supplies for eligible foster youth that have graduated from high school and are enrolled in a Post-Secondary Education program. The funding will continue to be available for students to purchase computers and supplies in accordance with their Post-Secondary Education Institution requirements. The funding budget estimate for computer purchase is based off the number of post-secondary education plans the PSE Consultant receive and review each year. Thus far this year, there have been 96 post-secondary education plans received and reviewed. DCF is anticipating issuing up to 100 new ETV grants to cover the cost of computers for foster youth who will enroll into post-secondary education institutions during the summer and fall of 2022.

In summary, there were a total of 206 ETV grants awarded with 112 new recipients from 7-1-2020 to 6-30-2021. A total of 300 ETV grants were awarded with 195 new recipients from 7-1-2021 to 5-1-22. All ETV grants funded after this APSR is submitted will be recorded in next year's reporting. The continued goal of the Department is to expand the number of ETV grants through a variety of opportunities for the Education Training Vouchers.

ETV COVID Emergency Funding

The following represents the spending plan for these funds:

Waterbury Youth Services	$432,000
UCONN	$50,000
Purchase Orders/LINK Recodes	$25,455
Total	$507,455

Waterbury Youth Services: Contract was established with Waterbury Youth Services to function as a fiduciary to provide funding to current and former foster youth who meet ETV eligibility requirements and demonstrate a need for tuition, housing, cost of attendance assistance; emergency funding; and unmet needs, etc. This funding will service youth up to the age of 27. Contractor is responsible for determining youth's eligibility for funding.

UCONN: MOA was established with UCONN to collect and analyze PSE data

Purchase Orders/LINK Recodes: Prior to the execution of the fiduciary contract, funding was provided to current foster youth who meet ETV eligibility requirements and demonstrate a need for tuition, housing, cost of attendance assistance; emergency funding; and unmet needs, etc.

The Department of Children and Families received funding to support current and former foster youth in their pursuit of post-secondary education and vocational training as part of The Supporting Foster Youth and Families through the Pandemic Act (Division X of P.L. 116-260). These funds are intended to assist youth who had been on track to attend or were attending post-secondary institutions or programs but had their education interrupted due to the COVID-19 pandemic. Additionally, this funding is to be used to support and engage youth to explore when and how they can reconnect to their educational goals and to remove any barriers for attendance. This funding may also be used for expenses that are not part of the cost of school attendance.

DCF has contracted with a well-established community provider partner, with a long history of providing adolescent services, to administer most of this funding. As part of their contract, provider partner staff will assess each youth's needs and provide direct and indirect support individually tailored to meet youth's needs. Case management and educational or vocational assessments will be provided to youth as needed. If additional community resources are needed, provider partner will connect youth to such. Any funding requests will be expeditiously issued directly to youth, or to the institution and/or vendor identified ensuring that youth's needs are met in a timely manner. Obstacles for youth beginning, continuing, or finishing an educational or vocational program will be assessed and will also be remedied in a timely manner. This service will be provided to youth throughout the state of Connecticut in person, by phone, or through other forms of electronic communication.

Additionally, this provider partner will be providing funding to each of the four Connecticut State Universities and to the State's University so they too can remove any educational obstacles eligible students may have while attending their institution.

Funding is also being utilized to partner with two University of Connecticut faculty, with expertise in transition age youth, to provide evaluative data on educational outcomes for post-secondary education youth. Enrollment and completion rates for a cohort of DCF foster youth will be analyzed and analysis will include examining disparities in outcomes based on youth characteristics and foster care experience. Connecticut has a long history of providing a robust post-secondary education program for foster youth and such analysis will inform program staff to needed adjustments or revisions to policy and practice to further increase youth's success'.

DCF has also provided funding directly to eligible youth in foster care for items that are not part of the cost of school attendance but needed to ensure youth's continuation in their post-secondary educational or vocational training program.

Lastly, DCF has identified funding from this grant for outreach and advertising efforts designed to reach potentially eligible youth in the community. Through our community private partner, funding has been made available, as needed, to other community providers for advertisement and outreach efforts throughout the state.

DCF Post-Secondary Education staff are responsible for administering all components of this plan and are involved with determining funding eligibility as needed.

6. Consultation and Coordination Between States/Tribes

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The State has maintained open communication with the tribes over the years since their original federal recognition and launch of casino enterprises in the 1990's.

Formal activity with the tribes is most often initiated after an accepted child maltreatment report to the Department of Children and Families central reporting CARELINE. The volume of reports on tribal families and

children accounts remains small in comparison to the volume of reports received on non-tribal children, most often being just a handful of cases per year.

The MPTN has a formal reservation that includes some tribal housing; the Mohegan Tribe does not. Screening is done at the Careline, and is secondarily reviewed on the local level, for a home addresses that may be on the MPTN reservation, which is limited to a selected number of streets. Cases that have such addresses are deferred to MPTN tribal authorities for jurisdiction. On other occasions, the State may identify, after commencing activity, that the family lives on the MPTN reservation, and a transfer of the case is made between the State and Tribal authorities. When there is activity regarding a MPTN family with an off-reservation address, the State maintains jurisdiction, providing notice to Tribal child protection, up to including occasions when the matter may be litigated in state juvenile courts, if the Tribe declines jurisdiction, or an objection to Tribal jurisdiction is raised. Contrary to the MPTN, the Mohegan Tribe does not have any residential homes on reservation/tribal land. As such, all reports taken and accepted by the CARELINE are investigated (either a traditional Investigation or Family Assessment Response) by the State and the MT is provided timely notice. Virtually all CT MT and MPTN (non-reservation) reports are serviced by the Norwich Area Office in DCF's Region 3. Upon initial face to face contact, every accepted report of child abuse and neglect is screened for race and ethnicity demographics, capturing any ICWA information not initially indexed by CARELINE. Tribal affiliation is also screened and noted at this time. Results are stored in the State CCWIS system (LINK).

Most ICWA activity in Connecticut has centered on the State's federally recognized resident tribes. On occasion there is activity regarding tribes in the neighboring states of Rhode Island (Narragansett), Massachusetts (Wampanoag), Maine (Passamaquoddy) and New York. Also notable is the practice of both casinos to exercise Native American hiring preference in their gaming and hospitality enterprises, which has resulted all required ICWA notices being filed with tribes across the nation and with the BIA.

Native American status is captured in the Connecticut CCWIS under "person management". Case Plans also serve as an additional forum for addressing tribal status and Native American racial identity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation/ FAR/ongoing services) and revised by ongoing State social workers in the formulation and revision of case plans; Multi-Disciplinary Conferences to address service needs; Permanency Team Meetings (convened with in-home and out of home cases to identify natural supports and helping community), as well as canvassing of all parties if court involved.

There is a Memorandum of Understanding (MOU) between the State and the MT that has been in effect since 2006. Contact with the Mohegan Tribe is governed by the MOU. This includes confidential meetings of case specific discussion of State interventions of MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in meetings at tribal offices. The meetings are also used as an opportunity to advise the Tribe of new State initiatives; recent past and present discussions have included Structured Decision Making, Differential Response System and Child and Family Team Meetings for Considered Removals and Permanency Team Meetings. The contact liaison in the local DCF office remains Intake Social Work Supervisor, John Little. SWS Little is available to attend meetings with Tribal representatives, to provide a familiar point of contact with the Agency, and to facilitate open communication with the Mohegan Tribe. SW Susie Jacobs is the primary contact for the Mohegan, who has been known to regional staff for many years. Regarding the MPTN, while no formal arrangement is in place for regular meetings, there has been a single point of contact for many years, Director of Child Protection, Valerie Burgess.

In 2021, the Department initiated separate quarterly meetings with the MT and MPTN. As noted above, since most of the cases involving members of these tribes are serviced in the Norwich area office, attendees include the Norwich Office Director and members of the SW team, a representative from the Judicial Branch, and members of the Department's Legal Division, and the Department's Director of Multicultural Affairs. These meetings are intended to serve as opportunities to discuss any issues and continue to foster collaboration in addressing child welfare matters that implicate the tribes.

Consistent with ICWA, all tribes are notified of State legal activity in writing, by USPS certified mail for every step of the litigation process. For the States' two federally recognized tribes, by working convention and courtesy, telephone notice precedes any written notification.

Common Juvenile Court practice finds representatives of the two local tribes present, at least for initial proceedings. Neither tribe has a fully developed complement of placement resources (foster/host homes/group care) that allows for a divergent path from State care, should removal from home become necessary (the MPTN initially had some foster care/group care resources but changing economic times shuttered these services many years ago). When Indian children do require placement into care, commensurate with behavioral health level of care needs, the first option, is to identify family or fictive kin options in lieu of entry into traditional foster care. Placement with Native American kin is a primary objective and is pursued whenever possible. Additionally, the State employs the concept of non-legal entry into care by way of "family arrangements"; this allows short term, family driven alternative care solutions to remedy short term risk/safety issues (less than 30 days). Family arrangements can also serve to keep Native American children with their own cultural/familial connections during brief times of hardship/need.

When there are circumstances requiring CPS litigation, The MT does not seek to transfer cases to its own court system and prefers to partner with the State in the Superior Court for Juvenile Matters. The Tribe often provides support and services to its members, and Agency staff partners with the Tribe to meet the needs of Tribal families. Conversely, the MPTN may exercise the option of jurisdiction moving to its Tribal Court, or keep the matter is the State court system. In 2022, the Department initiated a recruitment effort with both Tribal Nations.

There have been no known ICWA compliance issues identified with the MPTN or MT over the last several years, or with other federally recognized tribes across the nation. Newly hired Social Workers are trained regarding the requirements of ICWA during pre-service training. Additionally, when local training/conference opportunities arise, invitations are often issued to the tribes.

There have not been any recent negotiations with the MT or MPTN specifically as it relates to determining eligibility, benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Program (CFCIP).

The Department routinely has engaged in outreach to both tribes requesting their participation in the various activities pertaining to CFSR results and the development of the PIP. Similarly, a copy of the State's most recent Annual Report will be provided to both tribes' post submission.

Section D: CAPTA

There have not been any substantive changes to any laws or regulations that would impact CT's eligibility for CAPTA.

The CRP Reports are currently under review and have been forwarded as a separate attachment.

CAPTA Spending Plan 2022:

The figures provided in the table below reflect anticipated expenditures. The programs are funded at levels that exceed the award amount. These programs are being supported through multiple year awards, including FFY 2020 and FFY2021.

Services/Activities	Funding
Triple P Provider Training	$145,518
Multidisciplinary Teams	$175,000
Favor- (Stipends for CRP Work)	$36,828
United Way (prior year)	$26,946
CT Association for Infant Mental Health (Spring/Fall 8-week series)	$39,652

Conference Fees			$2,210
Intimate Partner Violence			$78,500
	MST -QA Eval	$37,500	
	IPV-FAIR - Yale - Dr Stover	$26,000	
	Family Centered Services	$15,000	
	Total IPV	$78,500	
Substance Exposed Infant - Plans of Safe Care			$445,184
	CMHA -FBR Team Region 5	$325,000	
	FBR - Training/QA	$120,184	
	Total SEI	$445,184	
Total			**$ 949,898**

Service Descriptions

Parenting Support Services (formerly Triple P): Parenting Support Services (PSS) is a statewide program for families with children 0-17 years of age to support and enhance positive family functioning. PSS offers the evidenced-based model, Level 4 Triple P (Positive Parenting Program®), and the Circle of Security Parenting© interventions. Families receive one or both PSS interventions along with case management services using the Wraparound philosophy and process. Triple P is a behavior management intervention that helps parents become resourceful problem solvers and to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Circle of Security Parenting (COSP) is a parent reflection intervention designed to build, support, and strengthen parents' reflective capacity about kids' behavior and about their reaction to kids' behavior. COSP also provides attachment-based relationship tools to help parents, caregivers, teachers, and other adults who have a relationship with kids, so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. In SFY 2021, 2029 families were served by Parenting Support Services. Of those families, 561 participated in Triple P and 1565 participated in COSP.

Federal funds were allocated to PSS to offer two week-long Level 4 Standard and Standard Teen Triple P trainings in SFY 2021. A total of 20 new PSS staff members were trained and accredited in SFY 2021. This allocation supports ongoing training opportunities for provider staff to ensure no interruption in the provision of services and supports the training needs of provider staff as this service was recently re-procured.

Multidisciplinary Teams (MDT): The Governor's Task Force on Justice for Abused Children (GTFJAC), first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention and prosecution of child sexual abuse, sexual exploitation, child trafficking, serious physical abuse cases, and death of children. The development of multidisciplinary teams (MDTs) that coordinate the early stages of an investigation has provided a means of maximizing community resources that strengthen and improve interagency response and interventions. Additionally, the GTFJAC has the task of evaluating each of our MDTs in Connecticut on a regular basis.

The purpose of Multidisciplinary Teams is to minimize secondary trauma to the child and family while improving the investigation and prosecution of the cases. Connecticut has continued to recognize the inherent value of this collaborative effort. These teams have had a positive impact on the quality of work provided to child victims throughout the member disciplines, legislatively requiring that all teams utilize accredited Child Advocacy Centers ensuring all services meet national best practice standards. There are 17 Multidisciplinary Teams in Connecticut, one team in every judicial district in Connecticut, all with access to a forensic interviewer(s), medical provider(s), and advocate(s). Connecticut utilizes state funding and the Children's Justice Act Grant to support our Multidisciplinary Teams.
The following teams are federally funded under the CAPTA:

- Community Health Center, Inc. – Stamford
- Middletown Police Benevolent Association – Middlesex County
- Sexual Assault Crisis Center of Eastern CT – Norwich/Willimantic
- Community Mental Health Affiliates – New Britain
- Charlotte Hungerford Hospital – Torrington
- Waterbury Youth Services – Waterbury
- Clifford Beers Clinic – New Haven County

Statewide, a Program Director provides managerial and administrative oversight of MDT contracts and addresses issues or concerns related to service provision. The Department of Children and Families designee to the Governor's Task Force on Justice for Abused Children currently functions in this capacity.

FAVOR: There are several parent advocacy groups in the state that are designed to review Department practices specifically in the areas of behavioral health. FAVOR is a multicultural statewide Family Advocacy Organization for Children's Behavioral Health. Their mission is to enhance mental health services for children with serious emotional disorders by increasing the availability, accessibility, cultural competence and quality of mental health services for children through Caregiver Peer supports. This organization agreed to act as fiduciary for the Citizen Review Panel (CRP) and supports and encourages participation of a more diverse group of CT citizens. The Department has agreed to allocate funding for participants to receive stipends for transportation and daycare costs, as well as to assist the panels for associated meeting costs. The State Advisory Council (SAC) receives funding from the Department to support its CRP work and FAVOR also functions as the fiduciary for the SAC. The Citizen Review Panels are responsible for providing feedback to the Department regarding child protection services and for providing training and disseminating information to service providers and the general public to enhance the ways families can positively impact the child protection and child treatment systems. Funding is used to support CRP activities.

Connecticut has seven CRP's (one for each of the six DCF regions and one for the SAC). This was done to create regional plans based on regional needs and assessments and to utilize existing citizen groups to create the CRP's. Each region created a CRP by utilizing existing work groups or creating new ones.

United Way: The Department continues to contract with United Way 2-1-1, the state's repository for all services for Connecticut's residents. United Way 2-1-1 has developed a Plan of Safe Care web page(https://cdi.211ct.org/capta/) which hosts information on Connecticut's CAPTA Notification and Plans of Safe Care process. This process includes a service screener and account registration, which allows for the creation of portable, individualized electronic POSCs that can be saved and updated at any time. The website also hosts invaluable information for mothers, fathers and family/friends of women affected by a substance use disorder, but also for all other women interested in creating a plan of safe care to prepare for the arrival of their infant. Payment was not processed until this FFY.

CT Association for Infant Mental Health: The Connecticut Association for Infant Mental Health (CT-AIMH) was contracted to provide two sessions of their intensive Infant Mental Health (IMH) 8-topic training series. This training is designed to create a shared knowledge base for DCF staff and community partners to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. Presenters known nationally for their work in child welfare offered their expertise on observations of young children and their families in child welfare, attachment, and unresolved trauma and loss, integrating a trauma lens into work with very young children and their families, on making child welfare visitations a relationship-focused experience for parents and young children. Local presenters added their competencies in reflective practice, cultural sensitivity, and assessment/referral. Both training series will be done virtually in response which has allowed for additional training slots and participants in the training.

Conference Fees: 13 attendees attended the 18th Annual International Human Trafficking & Social Justice Conference. This conference focused on "UNITING the global community to learn, connect, and collaborate to COMBAT human trafficking and PROMOTE social justice. There were more than 180 expert speakers from around the world with thousands of professionals and advocates in attendance. The conference was held virtually allowing a significant growth on who could attend from across the country. The Department of Children and Families supported two HART Leads and Liaisons from each of the six DCF Regions in Connecticut and Central Office to attend this International Conference. Attendees were granted the 3-full days to attend the conference remotely. This was a unique opportunity for Connecticut Child Welfare to learn from others across the United States and across the world on the prevalence of human trafficking, approaches to combat human trafficking, and successful programs and approaches to assist victims. CAPTA funds were used to cover the conference registration costs.

Intimate Partner Violence:
The Department continued to contract with Dr Carla Stover, model developer of Fathers for Change and Mothers and More, through Yale University to support the IPV Fair programs statewide. Dr Stover continues to provide technical support as well as fidelity monitoring of the *Fathers for Change* Emerging Best Practice model, and the complementary model of Mothers and More. The goal of both treatment interventions is to reduce repeat maltreatment and to improve the well-being of the children effected by IPV.

During this reporting period, Dr Stover conducted two full Fathers for Change Basic Trainings for clinicians from the 6 IPV-FAIR agencies across the state of CT to allow teams to implement Fathers for Change. 20 staff trained across the 2 dates. Dr Stover also conducted two full Mothers and More Basic Trainings for the same staff. All teams received twice monthly team consultation meetings for 10 hours of team meetings monthly or 120 hours for the year. In addition, Dr Stover provided 12 hours of supervisor support and 12 hours of all collaborative consultation.

The Department continues to fund Family Centered Services of Connecticut to maintain/update the Family Navigator manual and curriculum and conduct the 18-hour training to new hires of the 6 DCF-funded IPV-FAIR programs. The training combines both didactic material and interactive exercises, and includes the following topic areas: trauma informed care, safety planning, cultural considerations, signs of change, child development, co-parenting, and linkages to services.

Multi-systemic Therapy – Intimate Partner Violence (MST-IPV)
Funding was allocated for the continuation of a research project for the Multi-systemic Therapy for Intimate Partner Violence (MST-IPV) clinical intervention. MST-IPV is a family and ecology-focused empirically supported treatment for families who come under the guidance of DCF due to physical abuse and/or neglect of a child plus intimate partner violence. Critical to the implementation of this model is the evaluation of outcomes. Towards this effort, a quasi-experimental research pilot has been underway. This pilot examines changes in mental health functioning for children and parents referred to the MST-IPV program. In addition, MST-IPV families and matched comparison families are being compared on re-abuse, out of home placement, and new incidents of IPV. In addition to funding the research project, Advanced Behavioral Health (ABH) is funded as the fiduciary for the MST Training and Certification.

Since the program started (first referral on 9/19/2017), 42 families have been served and 93% completed treatment successfully. Families served included 84 adults and 107 children. Regarding race, 88.1 % of mothers identified as White and 11.9% Black; 73.8% of fathers identified as White and 26.2% Black. 26.2 percent of mothers and fathers identified as Hispanic. Among families served, 32.1% were characterized as having a single aggressor and 67.9% mutual violence. For 29% of female and 45% of male parents, substance misuse was a presenting concern for which the MST-IPV provided focused substance misuse treatment. To date, no children have been placed out of the home. Final data on out of home placement and new CPS reports are forthcoming.

MST-IPV Pilot Research Preliminary Outcomes
Adults: Pre and post treatment adult outcomes included significant reductions in female reported: 1) intimate partner violence (minor and severe injury); and, 2) mental health symptoms (depression, anxiety, global symptom index). Significant improvements were shown in key aspects of natural social support. Further, significant reductions were shown in male reported: 1) intimate partner violence (minor injury, physical force); and, 2) mental health (depression, anxiety, paranoia, global symptom index).

Children: Pre-post, children reported significant reductions in 1) intimate partner violence (exposure to violence in the home); and, mental health symptoms (anger).

Family-Based Recovery: Funding was also allocated to support the Family Based Recovery Team in Region 5. Family-Based Recovery (FBR), is based on two foundational principles: attachment is critical to healthy development and substance use treatment works. FBR recognizes that the parent-child relationship cannot wait until a parent achieves abstinence and can be a powerful motivator for change. Joining treatment modalities addresses the interrelatedness of parenting and recovery. Each treatment team is composed of two master's level clinicians and one bachelor's level support staff that provide in-home contingency management substance use treatment, individual therapy, attachment-based parent-child therapy, developmental screenings, group therapy, on-call services and case management.

Family Based Recovery Training and Quality Assurance: The Department contracts with FBR Services for training, fidelity, and quality assurance for all Family Based Recovery (FBR) teams. The Department currently funds 11 FBR teams throughout the state. In addition, there are two FBR teams funded through COBHRA and CAPTA funds. The agencies delivering FBR through these grants are Community Health Resources (CHR) and Community Mental Health Affiliates (CMHA). FBR Services provided the following data.

- CHR has treated 19 families in SFY 2022 through April 2022: 15 mother only cases, 2 father only cases and 2 couples. CHR has discharged 11 families in SFY 2022 through April 2022 where all children remained in the custody of a biological parent at the time of case closure.
- CMHA team treated 24 families in SFY 2022 through April 2022: 20 mother only cases, 3 father only cases and 1 couple. CMHA has discharged 13 families in SFY 2022 through April 2022 where 10 index children were living with a biological parent at the time of discharge and three were in foster care.

FBR Services provided the following trainings, in addition to consultations for fidelity reviews and data reviews for quality assurance purposes. Specific to those two teams, since July 1, 2021, FBR Services provided the initial model 18 + hour training to two clinicians and a supervisor for the two grant funded teams. In addition, FBR Services' staff conducted booster trainings for both teams. In September 2021, the Parent-Child consultant provided a training on genograms to the team at (CHR). Also in September 2021, both CHR and CMHA attended a FBR Services' training on the Ages and Stages Questionnaire and the Devereux Early Childhood Assessment for Infants and Toddlers. The Substance Use consultant provided a booster training on contracts

with the CMHA team in December 2021. FBR Services' consultants continue to provide weekly model fidelity case consultation calls with each team.

CAPTA Projected Spending Plan FFY 2023

The following is the projected spending plan for the above-named grant for FFY 2023.

Services/Activities	Funding
Multidisciplinary Teams	$175,000
Triple P Provider Training	$130,112
Favor- (Stipends for CRP Work)	$36,828
CT Association for Infant Mental Health (Spring/Fall 8-week series)	$39,652
Intimate Partner Violence	$78,500
Substance Exposed Infant	$445,184
Total	**$ 905,276**

CAPTA - American Rescue Plan FFY 2022 Spending Plan

The following spending plan was developed for the above-named grant:

Services/Activities	Funding
CT Data Collaborative	$36,000
Wheeler Clinic (SEI Coordinator/Marketing	$258,000
Yale- SCAN/DART	$125,000
CCMC - SCAN/DART	$125,000
Family Life Lifters	$ 50,000
Helping our People Excel	$50,000
Boys & Girls Village - Youth Link	$33,333
New Haven Community Center - Youth Link	$33,333
QA -Chestnut Health System (ACRA)	$19,212
UCONN Evaluation	$200,000
Total	**$929,878**

Service Descriptions

CT Data Collaborative: Funding for the CT Data Collaborative activities was obligated during this reporting period but was not expended. Under this scope of work, the CT Data Collaborative will be responsible for creating and publishing Community Profiles Reports on its website to publicly disseminate information about substance exposed infants. These reports also will include information from other public health data sources to provide additional context to the data on infants born substance exposed. The Department encourages communities to use this data to inform local efforts to provide services and supports to birthing persons and infants born exposed.

Wheeler Clinic - SEI Coordinator/Marketing: Funding is being allocated to support the FASD/SEI (Fetal Alcohol Spectrum Disorder and Substance Exposed Infants) Program Specialist (also referred to as the POSC Coordinator).This position is responsible for increasing awareness and use of Plans of Safe Care (POSC) throughout the state. This role works under the direction of the FASD/SEI Program Manager in collaboration with funders and key stakeholders across the state. A plan is in place to create a series of informational short videos on the topic of POSC, one in particular that targets providers and agencies who can help to facilitate POSC discussion and creation.

Yale/CCMC Scan/DART: A budget option was submitted to increase funding for CT's two Child Abuse Center of Excellence (CACE) at Yale Hospital and Connecticut Children's Hospital to increase consultation services to hospitals. During the 2020 calendar year, the DCF Careline received 4733 referrals from hospitals across the state. During this period, the CACE completed 1,463

consultations and 34% of the consultation from the hospital resulted in no referral to DCF. Funds were used to support additional medical staff by providing salary and benefits for one additional Child Abuse physician per center.

Helping Our People Excel /Family Life Lifters: Contractors provide consultation, assistance, and support with the design and implementation of DCF's Faith Based Recruitment and Retention program for foster care recruitment within the faith-based communities across the state. This includes planning, training, supporting, and promoting the program with a focus on creating and expanding a network of faith-based organizations (FBO's) committed to the recruitment, retention, support and institution of a collective of caregivers of color focused on restoring, affirming and supporting children who are separated from their parents due to safety concerns. The two anchor churches responsible for the implementation of the Queen Esther Faith Based Recruitment and Retention program for the state are Helping Our People Excel (HOPE) from New Hope Baptist Church located in New Haven and Family Life Lifter from First Cathedral. HOPE covers the south, Region 1, 2, & 3 and Life covers the north Regions 4, 5, & 6.

The network of churches consists of over twenty pastors who are working to identify a contact person, QE Liaisons, to carry out the local effort of recruiting, supporting, and working with the Department's Regional Foster Care divisions and CPS teams. Five families are in the preliminary process of licensing. The pastor's kick-off was convened the fall of 2021, followed by a statewide kick-off in February 2022. Onboarding curriculum was developed for the pastors and a modified version for the liaison. Pastors received a DCF (CPS and FC) orientation in May 2022 and the liaison are to receive the extended version which includes licensing requirements, pre-licensing training overview and recruitment process is scheduled for June 2022.

With assistance from CashmanKatz, the anchor churches partnered with the department to develop the "Starting Today" campaign. Starting Today is a concentrated marketing and media prevention campaign focused on neighborhoods and communities where the highest volume of abuse and neglect reports are made to the Careline. The campaign will focus on reducing the occurrences of child maltreatment and abuse related to three types, 1) Physical Abuse, 2) Intimate Partner Violence and 3) Sexual Abuse.

Youth Link: Youth Link is a new statewide contract for two providers to offer mentoring services to youth identifying LGBTQIA+. The contract was awarded to New Haven Pride and to Boys and Girls Village. The service will provide mentoring and support to youth and will focus on barriers for employment and housing.

Chestnut Health System Training and Quality Assurance for Substance Screening, Treatment, and Recovery for Youth (SSTRY): Chestnut Health Systems is the model developer, trainer, and quality assurance entity for the treatment and recovery models used in SSTRY. SSTRY uses Community Reinforcement Approach (CRA) for substance use treatment and Assertive Continuing Care (ACC) with Recovery Monitoring Supports (RMS) techniques for recovery supports. The state currently funds 3 SSTRY teams to cover the state after rebidding the service in the Fall of 2021. Additional funding was needed to train and certify newly hired staff in ACC and RMS as well as adding training for supervisors and therapists on two procedures in ACRA for the young adult population.

As of April 2022, Chestnut trained 1 new therapist at an CRA initial training and 5 CRA therapists in the 2 additional young adult procedures. They have conducted 3 fidelity checks on already certified CRA therapists. Chestnut also trained 2 Recovery Support Specialists (RSS) and 2 supervisors in ACC/RMS. All have now been trained how to use the online system to upload recordings, and the first fidelity checks are currently underway. Chestnut continues to offer monthly coaching calls.

CAPTA Evaluation: The University of Connecticut, School of Social Work (UCONN SSW) is underway to evaluate the CAPTA Notification Portal and Plan of Safe Care process to determine the impact of this system. The evaluation is based on data collected by the online CAPTA Portal notification, the DCF administrative record system, LINK, and an anonymous survey to be completed by mothers who have given birth in the last 12 months and for whom a Plan of Safe Care was, or should have been, developed. The evaluation will assess the status of CAPTA, and Plan of Safe Care implementation and the experiences of mother and infants affected by this policy, including whether subsequent foster care placement occurred following a hospital notification.

During Fiscal Year 2021, the UConn Research Team continued pilot testing the survey internally and externally, including with clients of programs of DMHAS' Women and Children's Services. The research team made revisions to the REDCap survey based on feedback received from pilot testing. The team made revisions to the recruitment flyers to be distributed to community partners to advertise the study to potential participants. The research team met with community partners, such as the State WIC Program, about their willingness to recruit participants for the survey. Study materials were translated from English to Spanish. IRB amendment materials documenting personnel changes and other revisions to research procedures were drafted and submitted to the UConn IRB. The UConn IRB-approved protocol was submitted to the DCF Institutional Review Board. Approval of

the protocol was formalized through the Data Use Agreement signed by DCF, UConn, and PI Lloyd Sieger. The research team met internally on a regular basis for the purposes of project planning and responded regularly to project-related communications. The research team also met with DCF on a weekly/bi-weekly basis to coordinate data collection procedures, review the survey project, discuss recruitment for the survey project, and discuss any revisions made to the IRB protocol. Finally, the research team drafted a theoretical/conceptual manuscript, titled "Child Abuse Prevention and Treatment Act, family care plans and infants with prenatal substance exposure: Theoretical framework and directions for future research", which was submitted for publication in July 2021 and published in *Infant Child Development* in December 2021.

Supporting Infants born Substance Exposed

CT's CAPTA initiative remains embedded in a larger state effort to increase identification of substance exposed infants (SEI), disseminate information about SEI prevention and best intervention practices, and make recommendations for a continuum of SEI care through the Governor's Alcohol and Drug Policy Council (ADPC), Prevention Subcommittee, and a SEI statewide strategic plan. During this reporting period the 5-year FASE SEI Strategic Plan was finalized and activities commenced to prioritize implementing the strategies it contained.

DCF and its partners remain focused on improving CAPTA implementation, particularly Plans of Safe Care, and refining the state's CAPTA data collection practices, as well as commencing the CAPTA evaluation. DCF has led this effort with DMHAS using a data-driven process with the community partners. These efforts have included presentations and education sessions about CAPTA and Plans of Safe Care throughout the state to providers of pregnant and parenting women's substance use treatment services, early childhood services, and hospital social workers. Due to the ongoing COVID public health crisis many of these sessions were conducted virtually. In addition to providing key community stakeholders with information about CAPTA and Plans of Safe Care, DCF and DMHAS were able to gather information about the challenges and successes of CAPTA implementation among the community partners. This information was used to inform the five-year strategic plan.

POSC Website

The enhanced Plan of Safe Care 211 webpage remains an active resource for individuals to create a personalized electronic POSC that can be saved to a smartphone desktop for easy retrieval or printed in hard copy. In addition to the webpage. United Way completed activities to increase awareness of the POSC. Examples of these strategies are described below in the marketing section.

POSC Coordinator

The FASD/SEI (Fetal Alcohol Spectrum Disorder and Substance Exposed Infants) Program Specialist (also referred to as the POSC Coordinator) is responsible for increasing awareness and use of Plans of Safe Care (POSC) throughout the state. This role works under the direction of the FASD/SEI Program Manager in collaboration with funders and key stakeholders across the state.

This role is responsible for:

- Conducting outreach and engagement activities across multiple community sectors on the topic of CAPTA and POSC
- Creating, disseminating, and tracking marketing activities to increase awareness, understanding, and development of POSC
- Training and providing technical assistance to hospitals, community providers, and other state agency staff on the CAPTA notification system and POSC
- Creating a database to track trainings on POSC and CAPTA and creating reports to demonstrate initiative progress
- Attending regular administrative meetings and other meetings with DCF and DMHAS, stakeholders, and partners, as required, to report on accomplishments, challenges, progress, and next steps

The POSC Coordinator role was posted on 11/1/21 and an individual was hired on 1/10/22. In her first week, the POSC Coordinator worked collaboratively with the FASD/SEI Program Manager to review the history of the initiative, 2022-2027 Strategic Plan, the background and status of 5 workgroups, and overall direction of the role.

Below is a summary of major accomplishments to date.

Month	Accomplishment
January 2022	Attended major stakeholder meetings and provided personal introduction including: • Supervision – weekly check in (weekly) SEI-FASD Treatment, Recovery, and Wellness Support Workgroup (monthly) • SEI-FASD Marketing and Training Meeting (monthly) • SEI-FASD CAPTA and POSC meeting (monthly) • SEI-FASD Executive Team Meeting (biweekly) • CT Perinatal Quality Collaborative Meeting (monthly) • DMHAS Women and Opioids Meeting (~bimonthly) • DMHAS Women's Services Improvement Collaborative Meeting (~bimonthly) Participated in trainings including: • MAT Overview • CT's Response to Opioid Crisis • Building Capacity for Medications for Opioid Use Disorder • Building Community Support to Prevent Family Involvement in the Child Welfare System webinar • Counterfeit Pills • The POSC Coordinator also independently led her own CAPTA and POSC self learning by accessing resources available on the CT DCF, CT DMHAS, Wheeler, and other national/federal websites. POSC Coordinator provided FASD/SEI Program Manager with support including: • Note taking during various meeting • Digital campaign creation • Overhaul of CT DCF and CT DMHAS CAPTA/POSC landing pages • Review of CAPTA Individualized Hospital reports and future rollout of outreach strategies
February 2022	Attended major stakeholder meetings including: • All biweekly and monthly meetings stated above • SEI-FASD Screening and Brief Intervention Workgroup Meeting (monthly) • Trauma and Gender Collaborative Meeting (monthly) • Neonatal Abstinence Syndrome Comprehensive Education and Needs Training – NASCENT (monthly) • CAPTA and POSC Data meeting with portal evaluator Margaret Lloyd Sieger Started actively pursuing a CPS – Certified Prevention Specialist Certification Continued to independently schedule and participate in trainings including: • Eggs Over Easy: presentation on black women's struggles with infertility and pregnancy trauma • SAMHSA POSC Implementation Webinar • Strengths-Based Approaches to Substance Use Prevention for Black Girls training • Youth Panel on Strengths Based Approaches to Substance Use Prevention for Black girls • Professional Panel: Strengths Based Approach to Substance Use Prevention for Black girls • Impact of Racial Trauma on Black and Health Wellness • Information on Narcan webinar • SBIRT Training POSC Coordinator also: • Took lead on this monthly digital campaign creation for March • Continued working with FASD/SEI Program Manager to review hospital reports and identify future strategy and mechanism for data capture • Took notes at all SEI-FASD meetings • Stepped in for FASD/SEI Program Manager to facilitate Executive Team meeting • Was invited to participate in the NASCENT Advisory Group moving forward – this will provide the role with visibility and access to valuable provider partnerships
March 2022	Attended major stakeholder meetings including: • All recurring meetings stated prior • March of Dimes Quarterly Meeting (quarterly) Continued to independently schedule and participate in trainings for including: • Disrupting Stigma • CT DCF 101 • Strategic Prevention Framework Training • Understanding CAPTA • Gambling Overview • Youth, Family, and Community Support Webinar • Gambling Intervention Training • Youth, Families, and School Communities Webinar • Reducing Stigma Around Alcohol Use Disorder in Minority Communities • 1:1 Training of the Trainer for CAPTA and POSC • One Key Question

	• Clinician Café SUD Screening Training • Attended Universal Experience of Trauma training • Clinician Café's Reproductive and Sexual Healthcare for Patients with SUD training Presented at: • NASCENT meeting with FASD/SEI Program Manager: Co-facilitated a live demo of the 211 virtual screener for provider audience Is now a trainer in: • CAPTA and POSC • One Key Question Coordinator also supported: • Development of April digital campaign • Early stages of developing SEI-FASD 101 Training including taking a led on developing training script • Updating SEI-FASD Action plan quarters 1-3 • Led inventory of "Baby Kits" that will be repurposed for use by the coordinator in future hospital outreach initiative
April 2022	Attended major stakeholder meetings including: • All recurring meetings mentioned prior • SEI-FASD Core Team Meeting (quarterly) • 90-day Employment Check In • Meeting with CT DSS to review preliminary SBIRT billing code data (re: identify high utilizers of SBIRT billing code to conduct targeted provider outreach) Continued to independently schedule and participate in trainings for including: • Ethics in Prevention Training • Birth to Three Training • Care for Pregnant and PostPartum People with SUD webinar • Special Virtual Briefing on Black Maternal Health National Data • Bristol Opioid and HIV/AIDS Task Force Meeting • Housing Instability and Substance Use Disorder Training • Team building and Emotional Intelligence presentation Co-facilitated Understanding CAPTA training for SHE Medical in Hartford CT and provided participants with first ever evaluation • 11 were in attendance and included Midwives, OBGYNs, and MAs • 100% of those surveyed reported that the presenters were extremely knowledgeable • Providers expressed that they would like more information on how to integrate it into practice The coordinator also: • Took the led on the May campaign and supported FASD/SEI Program Manager on the creation of 6 "mini sub campaigns" • Assisted in creating the CAPTA training evaluation, which will now be distributed at the end of each training • Worked with FASD/SEI Program Manager to identify various ways to spend 10k marketing allocation ; document was created and sent to leadership for feedback • Updated SEI-FASD landing page and updated all links necessary • Took the lead on developing a "POSC -pager" that will eventually be used for technical assistance outreach to providers and hospital systems, still in development • Updated FAQs that currently live on the CT DCF and DMHAS webpages; also noting the next documents that need to be updated

United Way Plans of Safe Care Marketing

The Department continued to contract with United Way 2-1-1, the state's repository for all services for Connecticut's residents. United Way 2-1-1 has developed a Plan of Safe Care (POSC) web page (https://cdi.211ct.org/capta/) which hosts information on Connecticut's CAPTA Notification and Plans of Safe Care process. This process includes a service screener and account registration, which allows for the creation of portable, individualized electronic POSCs that can be saved and updated at any time. The website also hosts invaluable information for mothers, fathers and family/friends of women affected by a substance use disorder, but also for all other women interested in creating a plan of safe care to prepare for the arrival of their infant.

During this reporting period, the focus again was to increase awareness of POSC, grow the number of visitors and users to the website and utilization of the screener, as well as, to expand the campaign. To this end, United Way implemented the Project LAUNCH 360 CAPTA Campaign. LAUNCH 360 used a comprehensive multi-media approach to outreach to targeted individuals, organizations and communities who could benefit from POSC information. This campaign included:

- Targeted emails to 100,000 addresses with a 14.7% open rate
- Targeted mail to over 70,000 households and 89 Women's Comprehensive Health Care offices
- Social Media Banners (e.g., Facebook, Tik Tok) which delivered 317,669 impressions
- Advertisements on digital social media, radio, in malls, in 19 church bulletins, and a TV Streaming campaign. Radio ads alone generated 388,994 impressions.
- Gas station ads – 120 locations played 1 hour of PSA audio per month
- Physician Waiting Room Video Broadcasts
    - 2,558,964 gross impressions from July 2020— December 2020.
    - Total Audience Estimate: 2,558,964 gross impressions (includes 158,964 donated impressions)
    - Geographic Coverage: 131 offices of 666 health care providers throughout CT
- Banners on Public Transportation (buses)
- Billboards along major thoroughfares throughout the state

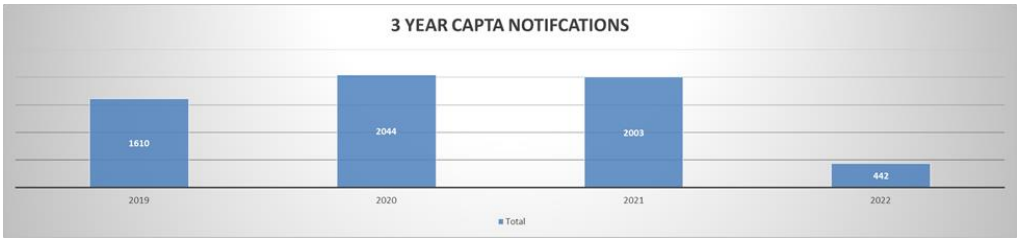
CT's Web-based CAPTA Notification Portal

March 2022 marks the end of the third year of Connecticut's implementation of its web-based CAPTA Notification Portal. The portal captures de-identified or "blind" information submitted by the state's birthing hospitals on infants identified as born exposed to substances in utero and their birth mothers. In the last year, (April 2021 – March 2022), 2445 CAPTA notifications were submitted to this portal. While all notifications are "blind," the portal does collect information on demographic characteristics that help the state to identify health disparities and the geographic distribution of needs among the CAPTA population. These demographic data include the race and ethnicity of the infant and birth mother, birth mother's age, and town and zip code of residence. This information in combination with portal information on the types of exposure by substance(s) and the documented needs of moms and babies helps DCF and its partners target outreach and prevention programs and services in high need areas of the state and increases the likelihood that they match the needs of mothers and their babies.

CAPTA Portal Data Points to Early Success

Over the last three years of implementing the CT CAPTA portal, DCF averaged receiving 151 CAPTA notifications per month. During this reporting period specifically, CAPTA notices have remained consistent with an average of 151 notifications per month (Figure 1). These early numbers coincide with an SEI identification rate of 6.1%of the state's live births (reporting period of March 2019 - March 2022). Figure 1 below shows that CAPTA notifications picked up quickly soon after implementation and have remained steady, signaling that pre-implementation outreach and education efforts were successful in helping the state's birthing hospitals adopt practices that support CAPTA notification.

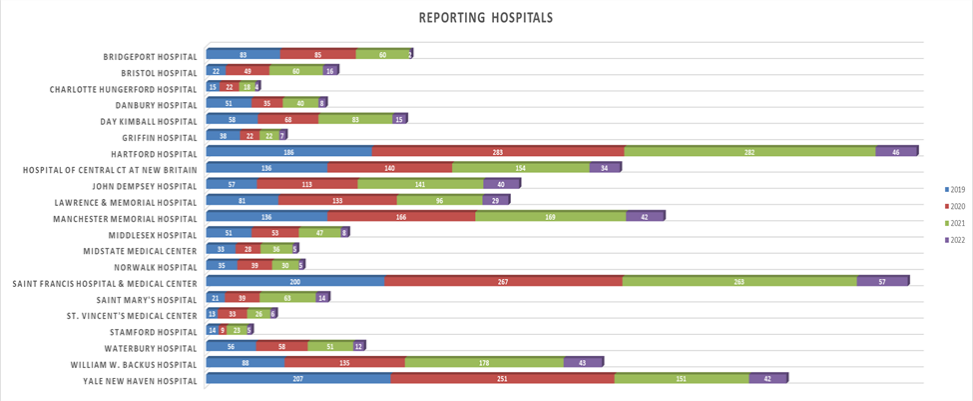
Figure 1. CAPTA Notifications Submitted to the DCF Portal by Month and Year



Not surprisingly, CAPTA notifications continue to track closely with Connecticut's population centers.

Most notifications come from the state's largest birthing centers located in our most populous cities particularly Hartford and New Haven (Figure 2).

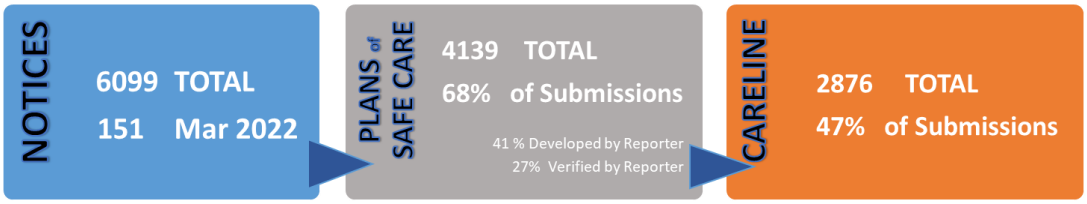
Figure 2. Number of CAPTA Notifications by Birth Hospital, March 2019-March 2022



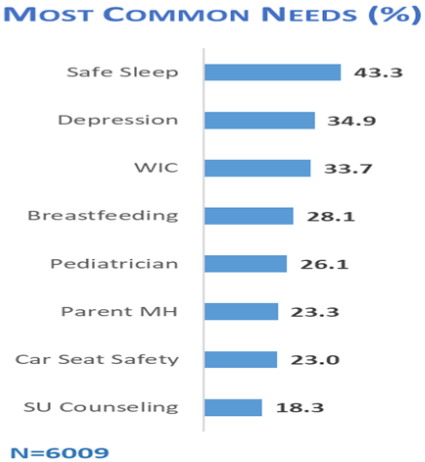
Since the development of the portal in 2019, a total of 6099 notifications were made to DCF and 4139 had a POSC completed prior to leaving the hospital (68% of submissions) (Figure 3).

DCF's implementation of a blind notification process resulted in 47% (2876) Careline reports to the Department of Children and Families, between March 2019-March 2022.

Figure 3. CAPTA Notifications, Plans of Safe Care and Careline reports for Child Protective Services. (Mar 2019 – March 2022)



As part of the notification process, hospitals also document in the portal areas in which mother or child need support, resources or education. These areas of need inform the POSC and support the connection of the mother and her infant to services in her community. The next chart shows that of the portal notifications identified at least one service, support or education for the mother or the child, however the selection of multiple needs is common.



Safe Sleep education and resources remain the most common single need identified for mother and baby. Also holding steady are the rates for depression (35%) and parent mental health (23%) – a more general indicator of behavioral health problems and needs, suggesting that many birthing persons could benefit from a referral to behavioral health treatment or counseling. Since more than half of birthing persons who are part of a CAPTA report are diverted from child welfare services, follow-up on mental health needs is an important consideration for community providers with whom birthing persons may be linked after discharge from hospital.

Plans of Safe Care

Despite early success launching the CAPTA notification portal, portal data show that adoption of the practice of completing Plans of Safe Care (POSC) could be improved. In the last three years, (68%) notifications also had a POSC completed at the time of notification. While this rate is a positive early sign, POSC completion has peaked at this level and continues to remain below the benchmark of 80% that the state would like to achieve. Hospitals continue to be great partners in the state's CAPTA implementation and data shows that ongoing education of hospitals and community-based providers is needed to improve the number of mothers with a POSC.

In the next year the state has developed the following strategies to move this work along:

1). Ongoing educational opportunities for providers and systems that touch birthing people and families to remain current on accurate CAPTA reporting practices and statewide progress and opportunities within CAPTA. After nearly 3 years of CAPTA portal and POSC implementation, there was unanimous agreement that continued system and practice improvements would be necessary to ensure accurate reporting practices and positive outcomes for families. Increased and ongoing provider education on CAPTA and POSC fundamentals will be necessary to not only provide a consistent flow of current information, but a channel for providers to voice reporting questions or concerns. We anticipate that the new complimentary position (POSC Coordinator) will provide the additional capacity and data to support this work. In addition, providing broader education on CAPTA and POSC will also be necessary across agencies and organizations that work with and serve birthing people impacted by a SUD. It will important that the individuals that work with this population understand the fundamentals and the practice so that they can continue to promote transparency and education on CAPTA and POSC.

2). Explore the ethical, stigma, and health equity themes that surround CAPTA reporting practices

- Individualized work with birthing hospitals will be vital to understanding their unique strengths and opportunities within reporting, work with them on ongoing quality improvement efforts, and promote understanding of health equity as it applies to CAPTA.
- Development of a presentation on CAPTA and the intersection of reporting bias will be important to educate broadly on biases that may result in selective reporting practices and disproportionate community impact.

3). Normalize and destigmatize the POSC as a tool for anyone who is thinking about becoming pregnant, currently pregnant, or has recently given birth and provide individualized POSC support to empower mothers to reach their goals

- It is important that the POSC continues to be broadly marketed among birthing people. This includes marketing via community outreach as well as digital marketing via social media and other media outlets. Additionally, efforts will be made to train "non-traditional" birthing person facing entities to ensure the information is readily available and understood. For birthing people who are struggling with a substance use disorder, it is critical that we empower them to utilize the POSC as a tool to reach their goals while also providing transparency on CAPTA reporting processes at the time of delivery.
- The initiative will explore opportunities for standardized POSC discussions within medical appointments, including OBGYN or after birth, that would ensure no birthing person misses the information and avoids an unnecessary Careline report due to a missing POSC.
- Per federal legislation, the initiative will also explore opportunities to create a follow up mechanism for people who have developed a POSC to provide them with support in meeting their goals.

4). Explore continued opportunities to enhance CAPTA portal data

- Continued monitoring and quality improvement efforts will be necessary to ensure the portal data is informing the work to the highest degree. There is also still much to learn about how marijuana legalization will impact the data.
- Screening and Referral: Improve substance misuse and substance use disorder screening, interventions, treatment referrals through provider education and enhancement of local and statewide systems
- Though universal screening is a long-term goal, we recognize that providers and healthcare systems have varying levels and capacities to implement comprehensive substance misuse and use disorder screenings.

Creating awareness and visibility around the importance and best practices of substance misuse and use disorder screening through provider education and outreach remains a high priority for the initiative. Utilizing new and emerging data related to screening practices, we hope to identify champions within health care settings to understand and/or enhance screening, brief intervention, and/or referral to treatment within their systems and grow this work by sharing these lessons learned with other systems.

- Providing broadly available SBIRT/screening trainings, including education on SBIRT reimbursement and stigma as it applies to screening, will be important to continue to enhance screening practices, including moving upstream from primarily case finding to identifying risky use and opportunities for early intervention.
- The recent state legalization of marijuana also presents an opportunity to educate providers on the potential implications of use during pregnancy as well as best practices screening and intervention.

5). Promote strategies that enhance brief intervention and referral to treatment practices and understanding of community and state SUD treatment and recovery resources.

- It is critical that providers feel confident providing appropriate resources and referrals after a positive screen, as well doing so in a supportive nonjudgement manner. The state has readily available treatment and recovery resources for birthing people who are struggling with a substance use disorder. Broad and targeted efforts will be made to ensure providers and healthcare systems able to readily identify referral pathways and are aware of the resources available at the state level.
- Marketing and Training: Create and enhance opportunities for FASD-SEI professional development and promote statewide awareness and knowledge
- Increase knowledge, awareness, and professional development opportunities regarding the FASD and SEI and other topics that are related to and impact substance use and recovery such as: stigma, trauma informed care, adverse childhood experiences, and other overlapping public health topics
- Overview or "101" trainings on FASD and SEI have not been standardized for the purposes of this initiative. While information on the topics are widely available, live trainings with consolidated information and state specific resources will not only continue to raise FASD and SEI awareness and knowledge broadly, but also promote the work of this initiative and further recruit stakeholders.
- The initiative will maintain a website with updates, resources, and other relevant content.
- Recent marijuana legislation also prompts the need for increased outreach and education efforts for both the birthing person population and providers.
- It will be important to continue highlighting how SUDs, FASDs, and SEI intersect with other comorbidities and other related work in the state. This will be accomplished by continuing our monthly digital campaign series as well as collaborative work with new and existing partners in other domains of public health as opportunities are identified.
- Treatment, Recovery, and Wellness Support: Ensure birthing people, children and families have access to FASD-SEI and SUD treatment, recovery, and support resources

6). Maximize the use of existing CT resources available to birthing people, children, and families including substance use treatment and recovery supports, health care, developmental assessments, etc.

- The state has resources available to individuals and families impacted by SUDs. Efforts will be made to ensure this information is broadly available and to continue enhancing and growing these systems of care as needed. However, less information is readily available on state specific resources available for children impacted by FASD-SEI. Not only will efforts be made to consolidate information on existing child resources, but the initiative will further explore the successes and challenges that families experience when navigating these systems.

7). Enhance opportunities for priority SUD treatment entry for minority birthing people

- National data (and limited state data) has noted the disproportionate impacts of substance use and mental illness on minority communities, including the LGTBQIA+ community. Our systems of care have a responsibility to provide accessible and respectful services to minority communities and to also ensure there are pathways in place for immediate treatment and recovery support. Because there is limited data

on the LGTBQIA+ community and their utilization/engagement with CT treatment and recovery services, efforts must be made to identify strengths and opportunities for system improvements.

8). Continue to support, enhance, and/or create opportunities for family centered interventions

- Social supports are critical to navigating recovery. The state has programs such as PROUD, REACH, and Women's Specialty Programs that factor in the needs of families, partners, and/or significant others. The initiative will continue to collaborate with the latter programs as well as create new partnerships with other programs that serve fathers and other support people.

9). Empower individuals to work with their provider and/or local community resources to gain support with alcohol use and/or substance use disorder treatment

- In addition to systems level work, we must continue to empower individuals to seek assistance with their substance use and share the recovery friendly resources that are available in the state. This will be accomplished through continued collaborations with public and private agencies that serve our population and through community outreach via print and digital campaigns.
- When individuals are introduced to CAPTA and POSC, either pre or post delivery, they should be provided with resources that help to facilitate their understanding and trust, as well as next steps if treatment needs are identified. It is important that birthing people and families feel supported in their parenting and recovery journey.

POSC Website

The enhanced FASD SEI website is in the development stages. This site will host marketing, training and educational materials for family and community providers. This will also be the landing page for families to have access to plan of safe care information and how to complete a plan of safe care video.

SEI Strategic Plan

During the past year, the SEI Coordinator finalized a five-year strategic plan developed with input from stakeholders statewide. This process included a key stakeholder survey that determined that CAPTA and POSC is one of the top priorities in the framework and identified a set of objectives to support the CAPTA/POSC work.

Children's Bureau Site Visit

The state of CT has not participated in a Children's Bureau site visit during this reporting period.

Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183

The Connecticut Department of Children and Families (DCF) includes child trafficking under mandated reporting. DCF continues to be the receiver of all possible child trafficking cases in the state; calls go through the DCF Careline or are identified through DCF's everyday casework. In addition, the Governor's Task Force on Justice for Abused Children has focused efforts on the critical issues of Child Trafficking beginning in 2013. The CAC and MDT teams continue to be trained on human trafficking, including sex and labor trafficking and high-risk populations such as LGBQ/ GNCT.

The Statewide HART team has a four-chair structure which includes the HART Director, one DCF HART Lead, the CCA Chapter Director, and a service provider. HART membership consists of the HART Leads and Liaisons, MDT Coordinators and membership, all levels of law enforcement, medical and mental health providers, service providers, states attorneys, public defenders, legal services, and the faith-based community. In all, HART has over 1,000 member partners with over 500 active participants at various meetings and activities. HART works tirelessly to spread awareness and eradicate child trafficking.

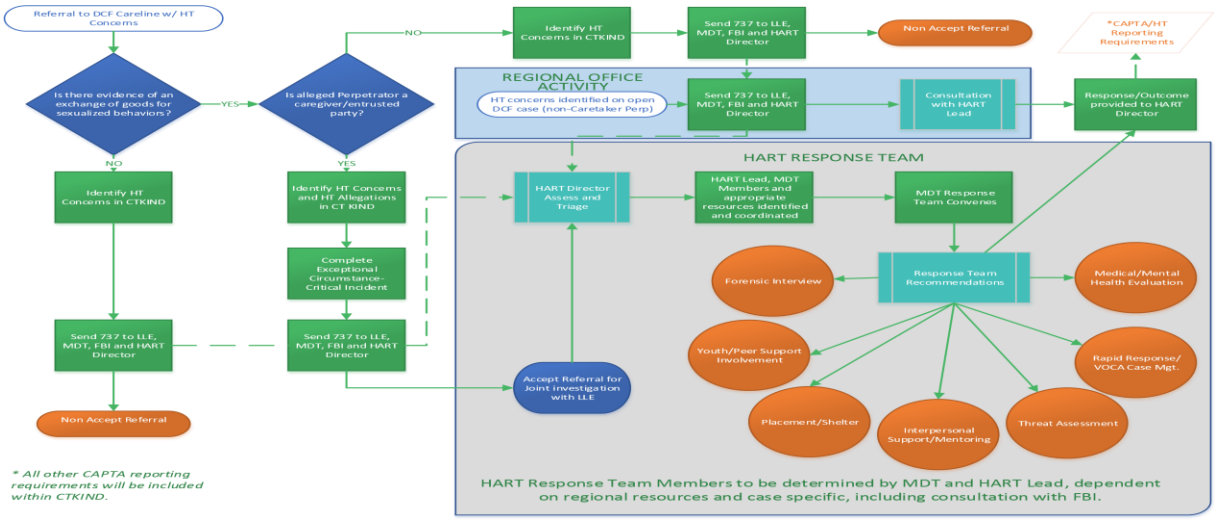
The number of referrals to the department of high-risk, suspected and confirmed child victims of trafficking has increased by 25-percent in 2021, ending the year with 241 referrals. In the first quarter of the calendar year 2022, we saw a 46-percent increase with 76 new referrals. The increase in the number of referrals can likely be attributed to 1) updated DCF HT Policy and Practice Guide, 2) continued training efforts, and 3) the increased number of children having access to technology, internet and social media required during the pandemic.

1. **Updated DCF HT Policy and Practice Guide:**
The newly revised HT Policy 21-14 and Practice Guide 21-14 PG went into effect on August 19, 2021.

Key Highlights

- DCF Careline and/or DCF Area Offices automatically notify respective local law enforcement, Statewide Human Antitrafficking Response Team (HART) Lead, FBI, Office of the Chief State's Attorney, and Multi-Disciplinary Team (MDT) via DCF-737.
- DCF Social Workers collaborate with the Multi-Disciplinary Team(s) (MDT), sharing the outcome of the HART consult and participating in the MDT Case Review Meeting(s), to identify appropriate recommendations for intervention and investigation.
- All DCF Regional/ Area Offices must have a local HART Team. The HART Lead leads the local HART team, and Liaison(s) focused on individual child trafficking case response, local service delivery, and community education. Partners on the local HART Team include the MDT Coordinators, local law enforcement, and service providers.
- For any child case with human trafficking red flags/ indicators, the assigned Intake Social Worker will outreach within 48-hours to the Area Office HART Liaison for a HART Consult that should occur within 72 hours.
- DCF Social Worker must request a HART Consult within two business days when a child is missing for more than 72 hours to assess the child for risk factors of child sex trafficking or labor trafficking. HART Consult will occur within 72 hours of the request.

The chart below represents how cases move through DCF and the HART partners, including law enforcement and the Multi-disciplinary Teams:



2. **HART Trainings:**
HART has over 400 certified trainers in 13 specialized curricula on Human Trafficking. During the 2021 calendar year, there were 240 trainings that educated 7,240 professionals and community members on human trafficking. Direct correlations of human trafficking training to Careline calls were noticed in reports.
Below are charts breaking out the training data by Audience Type and the Training Curricula used:

2021 HART Training Statistics		
Audience Type	Number of Trainings	Total Number of People Trained
Clinicians/Providers	11	341

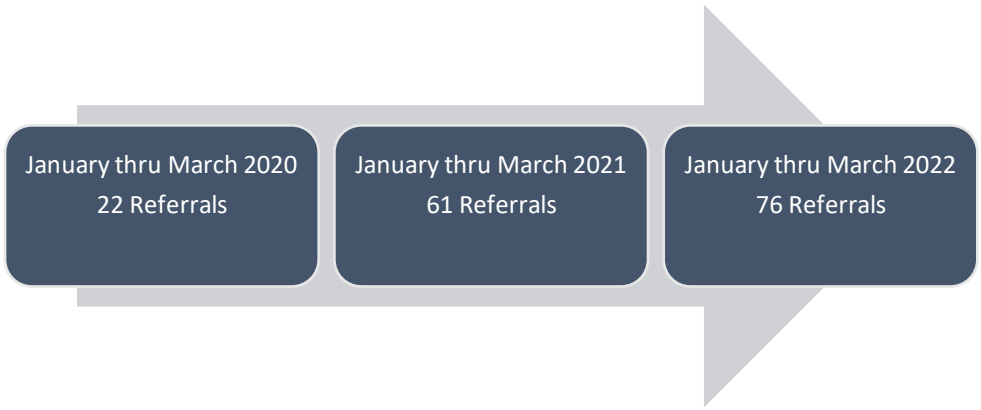
College Students	2	47
Community Program Staff	9	406
EMT, EMS, Medics, and Fire Fighters/First Responders	68	1570
Foster Parents	1	11
Government Employees	7	539
Hospital/Medical Staff	1	12
Law Enforcement	88	1389
Lodging Staff	4	63
Other	5	110
Parents/Community/Public	15	210
School Staff	22	2411
Youth/Students	7	131
Grand Total	**240**	**7240**

2021 HART Training Statistics		
Training Curricula	**Number of Trainings**	**Total Number of People Trained**
Child Trafficking of Boys & LGBQ/GNCT Youth	27	810
Child Trafficking Training for Medical Providers/ Emergency Medicine (2 Hour)	13	155
Intro to Child Trafficking (English)	59	3516
Intro to Human Trafficking for EMS	58	1455
Intro to Human Trafficking for Hotel/Motel/Lodging	5	85
Intro to Human Trafficking for Law Enforcement	65	977
Intro to Labor Trafficking	6	102
Youth Awareness Curriculum	7	140
Grand Total	**240**	**7240**

3. **Pandemic Impact:**
Children having access to technology at a younger age and access to the internet has put children at risk of grooming by online predators. We have seen an increased number of requests for assistance related to children as young as 7-years old being extorted or exploited online. Children are accessing social media platforms, dating websites, connecting with people while on video games, etc. HART has provided case consults, direct work with families and schools, training opportunities including several internet safety trainings, and referrals for services.

2020 –> 98% increase in online attempts by sex traffickers to recruit children, NCMEC

CT DCF Data:



The DCF in collaboration with the many HART partners will continue to strive for the eradication of child trafficking in Connecticut.

State Liaison Officer:

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Section E: Updates to Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

The Department of Children and Families (DCF) emerging vision and strategy is to partner with communities and to empower families to raise resilient children who thrive. Strategic goals include:

- Keep children and youth safe, with a focus on the most vulnerable population
- Engage the workforce through an organizational culture of mutual support
- Connect systems and processes to achieve timely permanency
- Contribute to child and family wellbeing by enhancing assessments and interventions
- Eliminate racial and ethnic disparate outcomes within the department

The Foster Care Diligent Recruitment plan embraces the vision and strategies of the Department and will focus on partnering with communities and families in the Department's efforts to recruit and retain a diverse population of families that reflect the ethnic and racial diversity of children entering and currently in DCF care. Foster care is a critical function of the department, with a primary focus in ensuring children entering care are safe while in care, their well-being needs are met, and that licensed caregivers are engaged in co-parenting leading to timely permanency of children entrusted to their care. To accomplish this, the Department must recruit, train, license, and support family resources to care for the regional and statewide demand of placement requests.

The Connecticut 2016 Child and Family Services Reviews (CFSR) indicated that the Diligent Recruitment of Foster and Adoptive Homes (item 35) was rated as an area needing improvement. Feedback from the CFSR indicated that the recruitment and retention activities lacked clear oversight and coordination and that the State does not assess progress on recruitment efforts and adjust accordingly. In 2019, the Department was undergoing an organizational change with the foster care structure. However, various leadership changes and the impact of the pandemic created a necessary shift in priorities. In 2021, the department partnered with University of Chicago Chapin Hall to develop the CPM to guide and focus the work on caregivers. The CPM offers the pathway to change to address recruitment needs, outcomes and compliance with the CSFR standards regarding diligent recruitment.

The Department utilizes various strategies to recruit foster and adoptive families, including but not limited to:

- **Awareness** activities
  - Various local and statewide private and public community events
  - Internal education and information sharing
- **Media**
  - Print
  - Social- Facebook, Twitter, and Webpage
  - Radio
  - News outlets
  - DCF Television Show - "Doors to Hope and Healing"
  - Store Front at CT Post Mall
- **Information** Sessions (groups and private sessions)
- **Initiatives**(various)
  - Caregiver Practice Model
  - Quality Parenting Initiative
  - Faith Based Initiative
- **Partnerships**
  - Connecticut Alliance for Foster and Adoptive Families
  - Annie C Courtney Foundation
- **Media Campaign**- Cashman and Katz

Support/Retention Activities:

- Ongoing
  - Support Groups
  - Post Licensing Course Offerings
  - Partnership with Community Collaboratives
  - Monthly contact
  - Ice breakers
- Appreciation Events
  - Statewide and Local organized events
    - Adoption Awareness Month
    - Foster Care Awareness Month
  - Spotlight- special interest stories
- Strategies/ Initiative
  - Quality Parenting Initiative
  - ARC Grow- Caregiver Support Team

The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and DCF partner to recruit and support foster and adoptive families. CAFAF operates the statewide foster care inquiry phone number - 888-KID-HERO, in addition to tracking the inquiries and source of inquiry/interest. According to CAFAF, there were 1101 inquiries from January to December 2020, an increase of 14%.

	2018	2019		2020		2021	
Interest	Inquires		% change	Inquiries	% change	Inquiries	% Change
Adoption	159	165	4%	144	-13%	162	13%
Foster Care	1085	789	-38%	424	-46%	429	1%
Combination	452	419	-8%	366	-13%	458	25%
Respite	42	37	-14%	9	-76%	21	133%
Unsure	131	87	-51%	23	-74%	31	35%
Total	**1869**	**1497**	**-25%**	**966**	**-35%**	**1101**	14%

	2018	2019		2020		2021	
Region	Inquires		% change	Inquires	%change	Inquiries	% Change
1	288	212	-36%	144	-32%	95	-34%
2	250	209	-20%	140	-33%	64	-54%
3	277	201	-38%	167	-17%	88	-47%
4	473	386	-23%	206	-47%	115	-44%
5	323	298	-8%	165	-45%	82	-50%
6	258	193	-34%	144	-25%	63	-56%
Total	**1869**	**1499**	**-25%**	**966**	**-36%**	**507**	-48%

According to the data, inquiries are received evenly throughout the regions, with the most coming from region 4, located in central Connecticut.

Connecticut Alliance For Foster and Adoptive Families

Based on the inquiry data, 80% of prospective licensing candidates identify web-based information as the referral and information source, followed by 14% word of mouth. From 2020 to 2021, the number inquiries increased by 15% and noted an increase in response to specialized recruitment campaigns.

Source of Inquiry	2019	2018 to 2019 Change	2019	2018 to 2019 Change	2020	2019 to 2020 Change	2021	2020 to 2021 Change
Internet- Web Based	**826**	-29%	**826**	-29%	**586**	**-29%**	**886**	**51%**
Print Media	**25**	9%	**25**	9%	**6**	**-76%**	**6**	**0%**
Media	**22**	-4%	**22**	-4%	**11**	**50%**	**1**	**0%**
Word of Mouth	**449**	-2%	**449**	-2%	**328**	**-27%**	**151**	**-54%**
Campaigns	**59**	168%	**59**	168%	**16**	**-73%**	**59**	**269%**

Licenses Issued

Recruitment and License were similarly impacted by the global pandemic. In 2020, the department suspended all activities for approximately 5 months to reimagine recruiting and licensing. Inquiries for foster and adoptive caregiver licenses decreased by 35%. The number of foster and adoptive licenses issued also reduced by 33%. In 2022, the state saw a 14% decrease in licenses (612 to 529). This year, 74% of all Caregivers licensed were Relative and Fictive Kin.

License Issued	2019	%	2019 to 2020 change	2020	%	2019 to 2020 change	2021	%	2020 to 2021 change
Foster Care	**194**	**15%**	36%	**87**	**14%**	-55%	**102**	**15%**	17%
Adoptive	**103**	**8%**	8%	**69**	**11%**	-33%	**92**	**8%**	33%
Independent	**44**	**3%**	-19%	**29**	**5%**	-34%	**21**	**3%**	-28%
Kin/Fictive Kin	**975**	**74%**	35%	**427**	**70%**	-56%	**314**	**74%**	-26%
Grand Total	**1316**	**100%**	**30%**	**612**	**100%**	-53%	**529**	**100%**	**14%**

Licenses Closed

In 2020, 493 families closed their licenses. In 2021, 540 licenses were closed. 67% closed because of permanency (reunification, adoption, or guardianship). There were no significant changes in the reasons for closing due to retirement in good standing and relocation or transferring to different agency.

License Closed	2019	%	2020	%	2019 to 2020 change	2021	%	2020 to 2021 change
Foster Care	145	18%	106	22%	-27%	121	22%	14%
Adoptive	69	8%	54	11%	-22%	46	9%	-15%

Independent	27	3%	230	47%	752%	15	3%	-93%
Kin/Fictive Kin	574	70%	103	21%	-82%	358	66%	248%
Grand Total	815	100%	493	100%	-40%	540	100%	10%

License Closed	2019	%	2020	%	2019 to 2020 change	2021	%	2020 to 2021 change
Permanency Achieved	541	66%	280	57%	-48%	361	67%	29%
Retired	133	16%	109	22%	-18%	99	18%	-9%
Relocation/Agency Transfer	44	5%	24	5%	-45%	12	2%	-50%
Unfavorable	97	12%	80	16%	-18%	68	13%	-15%
Grand Total	815	100%	493	100%	-40%	540	100%	10%

Characteristics of children in need of foster care and adoptive homes

To identify the children in need of foster care, a point in time report was pulled from the Children in Placement (CIP) dashboard. As of March 2022, there were 3,238 children in DCF care. The data reviewed was separated by:

1. Number of children in placement
2. Placement Type
3. Age of the children in placement
4. Race and ethnicity of the children in placement
5. Sibling Placements
6. Pre-Adoptive family requests

Number of children in Placement

According to the CIP dashboard, there were 3.238 children placed in out of home care as of March 2022. Most children placed in out of care are in Regions 3, 5, and 4. Regions 3 and 5 cover the eastern and western areas of the state and cover a wide geographical area, as compared to the rest of the State.

Region	CIP 2019	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change
Region 1	480	11%	**467**	**12%**	-3%	429	11%	-8%	330	**9%**	-23%
Region 2	667	15%	**639**	**16%**	-4%	649	17%	2%	495	**13%**	-24%
Region 3	883	20%	**786**	**19%**	-11%	786	20%	0%	699	**18%**	-11%
Region 4	835	19%	**780**	**19%**	-7%	691	18%	-11%	602	**16%**	-13%
Region 5	930	22%	**836**	**21%**	-10%	814	21%	-3%	679	**18%**	-17%
Region 6	567	13%	**543**	**13%**	-4%	499	13%	-8%	433	**11%**	-13%
Grand Total	4362	100%	**4051**	**100%**	**-7%**	3868	100%	-5%	**3238**	**100%**	**-16%**

Placement Type

The Department continues to prioritize kinship placements. There was no significant change in the relative and fictive kin placements rates of 43%, from last year to this year. Despite the department's success with kinship placements, there is still a need to ensure a pool of resources for children placed in non-relative core foster homes.

Placement Type	Count	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change
Congregate Care	326	7%	282	7%	-13%	270	7%	-4%	**225**	**6%**	**-17%**
Foster Care	1878	43%	1746	43%	-7%	1654	43%	-5%	**1372**	**35%**	**-17%**
Independent Living	257	6%	222	5%	-14%	266	7%	20%	**268**	**7%**	**1%**
Relative Care (Kinship)	1593	37%	1521	38%	-5%	1394	36%	-8%	**1140**	**29%**	**-18%**
Special Study (Fictive Kin)	308	7%	280	7%	-9%	284	7%	1%	**233**	**6%**	**-18%**

Grand Total	4362	100%	4051	100%	-7%	3868	100%	-5%	3238	100%	-7%

Age of the children in placement

The largest number of children in placement are 6 years old and under who represents 47% of the total children in placement in the state, followed by youth 13 to 17 years (20%). There may be less adolescents in placement than children 6 and under, but experience has shown that the adolescent population is the most challenging to place due to several factors, including mental and behavior health, involvement in the criminal justice system, and lack of interest by families to accept older youth

Age	CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change
<6	1891	43%	1757	43%	-7%	1676	43%	-5%	1384	36%	-17%
7-12	965	22%	928	23%	-4%	845	22%	-9%	647	17%	-23%
13-17	1002	23%	917	23%	-8%	810	21%	-12%	718	19%	-11%
>=18	504	12%	449	11%	-11%	537	14%	20%	489	13%	-9%
Grand Total	4362	100%	4051	100%	-7%	3868	100%	-5%	3238	84%	-16%

Race and ethnicity of the children in placement

A statewide look of the race/ethnicity of the children in placement shows that White and Hispanic children make up the largest population of children in placement in the state, with Black children representing 19%.

Race/Ethnicity	Count of CIP	%	CIP 2020	%	2019 to 2020 change	CIP 2021	%	2020 to 2021 change	CIP 2022	%	2021 to 2022 change
Hispanic, ANY RACE	1439	33%	1336	33%	-7%	1273	33%	-5%	1096	28%	-14%
AMERICAN INDIAN OR ALASKAN NATIVE	7	0%	6	0%	-14%	4	0%	-33%	6	0%	50%
ASIAN	12	0%	13	0%	8%	17	0%	31%	11	0%	-35%
BLACK/AFRICAN AMERICAN	1025	24%	982	24%	-4%	943	24%	-4%	745	19%	-21%
MULTI-RACE	342	8%	314	8%	-8%	320	8%	2%	305	8%	-5%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	3	0%	2	0%	-33%	3	0%	50%	1	0%	-67%
UNKNOWN	50	1%	44	1%	-12%	21	1%	-52%	10	0%	-52%
WHITE	1484	34%	1354	33%	-9%	1287	33%	-5%	1064	28%	-17%
Grand Total	4362	100%	4051	100%	-7%	3868	100%	-5%	3238	100%	-16%

Siblings placed together of those with siblings in out-of-home placement in March 2022, the Results Orient Management (ROM) report indicated that out of 1223 siblings in placement in March 2022, 30% were not placed together. Despite 70% sibling placed together, there continues to be a need to recruit foster families that can take sibling groups.

Statewide ROM Report	Mar-18		Mar-20		Mar-21		Mar-22	
	Count	%		%		%		%
With sibs in placement	1805	100.00%	1638		1559		1223	
Met	1313	72.70%	1190	77%	1091	70%	856	70%
With all siblings	925	51.20%	916	56%	831	53%	660	54%
With some siblings	388	21.50%	274	17%	260	17%	196	16%
Not Met	492	27.30%	448	27.40%	468	30%	367	30%
Not with sibs	469	26.00%	425	26%	450	39%	355	29%
In group care	16	0.90%	13	0.85	17	1.1	6	0.005
Runaway	7	0.40%	10	0.80%	1	0.10%	6	0.50%

Permanency - Adoption Registry

Feedback from the regions indicate that there continues to be a need for pre-adoptive families for children under the ages of 5 years, all races; sibling groups of 2 or more, specifically families who can accommodate opposite gender matches; and children over the age of 10; all races.

Matching for Adoption

There were 211 requests for matches. 146 of these were single children; 56 were part of a sibling groups of 2 and 12 children were part of a sibling groups of 3.

Request separated by sibling groups:

Sibling Groups	2018	2019	% Change 2018-2019	2020	%Change 2019-2020	2021	%Change 2020-2021
Single	254	261	3%	140	-46%	146	-1%
Group of 2	214	188	-12%	112	-40%	56	-50%
Group of 3	48	54	13%	27	-50%	12	-56%
Group of 4	24					1	

Of the 214 requests, 20% of matches resulted in registry families declining the match. 31% were teamed for placement and the match is going forward. 8% had no families identified for a match. 3% remained with their foster families or the regions chose not to move forward with a permanency planning team meeting.

Matches	2019	%	2020	%	2021	%
Accepted	130	26%	84	30%	86	31%
No Matched	49	10%	43	15%	21	8%
Family Declined	223	44%	91	33%	56	20%
Remained with Existing Caregiver	101	20%	11	4%	7	3%
Kinship came Forward			24	9%	15	5%
Match withdrawn			26	9%	29	10%
Total Request	**503**	**100%**	**279**	**100%**	**214**	**77%**

Matching Requests	2018	2019	2020	2021	Race	2018	2019	2020	2021	Age	2018	2019	2020	2021
Region 1	36	14	8	22	Black/African-AM	86	87	45	37	0<6	348	293	152	125
Region 2	97	79	53	47	White	235	186	109	74	7-12	155	161	102	59
Region 3	172	169	84	63	Hispanic	81	85	25	28	13-17	37	49	25	30
Region 4	46	52	26	26	Multi-Race	138	145	100	75					
Region 5	89	107	51	33										
Region 6	100	79	26	23										
Total	540	503	248	214										

Adoption Registry:

310 families were registered on the Adoption registry in CY 2021. 45% of the families welcomed into their family a child, a pre-adoptive placement. 40% are waiting for a match. 2% are on hold because a child has been identified from a permanency planning team and 12% are on hold for "other" reasons (family issues, new jobs, etc.).

Registered Families	2019	%	2021	%	2022	%
Pre-Adoptive Placement	58	52%	23	12%	140	45%
Waiting for Match	36	32%	54	28%	125	40%
Matched	13	12%	59	30%	7	2%
Hold (other)	5	4%	59	30%	38	12%
Total	**112**	**100%**	**195**	**100%**	**310**	**100%**

AdoptUSKids
The Department has a contract with the nationally recognized AdoptUsKids, where DCF features waiting children on the AdoptUsKids web site. DCF Permanency Exchange Specialists use this web site, the Department's website, and A Family for Every Child's website/Heart Gallery, and other web-based sites highlighting the children for whom they provide specific recruitment.

Photo-listing
The Department utilizes web-based sites for the purpose of securing permanent adoptive resources. DCF features waiting children on the AdoptUSKids web site. The children are also photo listed on the DCF intranet and internet. The framed still photographs and stories are displayed throughout CT in public venues such as department stores, shopping malls, libraries, post offices, theaters, and hospitals. The photographs are also downloaded via an app called Live Portrait, where the children's video's come to life through the photograph. DCF Permanency Exchange Specialists are the contact person for children for whom they provide specific recruitment on this web site and on the Department's website. The statewide foster care and adoption recruiter is responsible for ensuring that the photographs are displayed and updated within the community.

Wendy's Wonderful Kids
A private foster care agency (Klingberg Family Center) was awarded the Wendy's Wonderful Kids (WWK) grant sponsored by the Dave Thomas Foundation in 2006. Via a child specific referral with DCF, they provide services to achieve permanency for children in state foster care programs nationwide. The WWK recruiter has a caseload of 15-20 children and youth in need of legal permanency. They work with the PRE-Supervisor for referrals to their program. This resource was expanded in 2014 and 2016 and there are now five (5) full time Recruiters in CT doing this work. Three (3) of the recruiting positions are funded by the Dave Thomas foundation, and two (2) are funded by DCF. The program operates at a consistent capacity of at least 65 active cases statewide.

In 2020, the decrease of referrals from previous year was at 59%. In 2021, the program experienced a 4% decrease. Of the new referrals, less than half were accepted. In 2021, the program ended the year with 85 open cases.

WWK	2019	2020	%	2021	%
# New Referrals	59	24	-59% *change from 2019*	23	-4% *change from 2020*
Accepted	47	19	79%	10	42%
Closed	10	5	21%	11	46%
Waitlist	1	9	38%	0	0%
Total in Program	117	57		44	

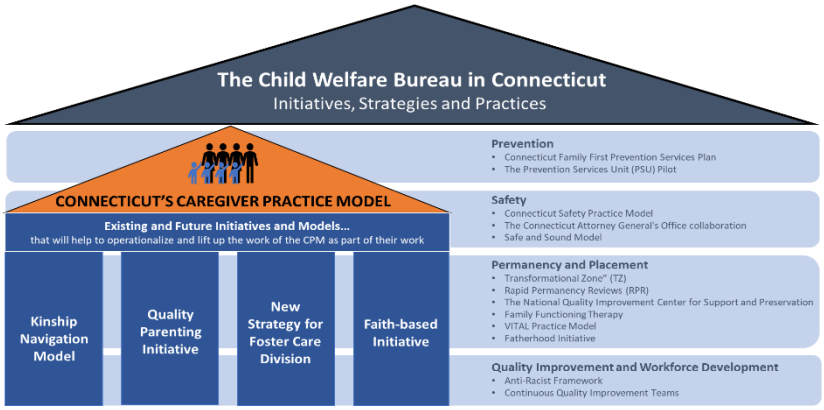
There are currently 44 children/youth being served by the Wendy's Wonderful Kids program. 23 new children were referred for services in 2021. Of these, 10 were accepted for services, 11 were closed and none are on the waitlist.

Permanency Placement Support Program (PPSP)
The Permanency Planning Services Program (PPSP) provides core contracts with 16 clinical agencies in Connecticut. In addition to providing specialized recruitment services, an array of other permanency services includes the following: pre-placement planning for the child or sibling group, assessment and a written home study for a potential adoptive family, transition and placement planning, post placement supervision, post finalization services, assessment services in reunifying a child with family, and assessment services after a child has returned to their identified family. All of these assist the Area Office staff in actualizing the child's permanency plan. Services are accessed using a service agreement with the private child placing agency. In 2014, supports were expanded to cover transfer of guardianship families. As a result of inconsistency in service delivery and varied utilization of PPSP services throughout the state, the Department has focused efforts this year on redesigning the program and is determining whether to make this a credentialed or contracted service.

Heart Gallery

From 2005 to present (2020), over 475 children have been featured in the Heart Gallery. Currently there are 17 children featured in the Heart Gallery. Since the last report, 7 children were matched from the Heart Gallery. Less than a quarter have a permanent resource identified due to HG exposure.

HG	2019	2020	2021
Active and waiting	20	20	17
New entries	14	14	8
Matched with a family	15	6	7
Removed for other reason	4	6	4



The CPM is the framework to integrate and align with existing initiatives, strategies, and practices in the Child Welfare Bureau and serve as a basis for recruitment and retention activities.

Kinship Care:

When all efforts to mitigate the children entering care have been exhausted, the department focuses on finding family (relatives and kinship). Efforts continue to review practice and policy, strengthen workforce skill and refine caregiver training curriculum. Plummer and Associates conducted an initial review of all our permanency policies to ensure alignment and reflect national standards. Several policies will be developed to enhance our permanency practice, including the development of kinship policy. The policy is currently under review. The training curriculum is under revision with assistance from University of Chicago, Academy for Workforce Development, and kinship caregivers. Best practice standards are under review and changes implemented for the kinship licensing team who conduct emergency home assessments; for accessing criminal background checks and for placement waiver request. Along with its overall kinship practice, the department is finalizing the design of its Kinship Navigation Model.

Faith Based Partners:

This year, the department re-engaged the faith community to collaborate on a Faith Based Recruitment and Retention program. The program is building a network of faith-based organizations (FBO's) committed to the recruitment, retention, support of caregivers and community-based partners that focus on supporting children who are separated from their parents due to safety concerns. Today, under the leadership of two anchor churches, 15 local churches are on board.

Practice Framework:
In early 2021, began an analysis of its systems through the theory of change process. It identified several problems; one of which was the need for organizational and systemic changes. One of the organizational changes occurring in 2022, is the centralization of recruitment, training, and licensing activities. This pre-licensing units shall respond, and process, training and licensing inquires.

To support recruitment efforts and overall CPM framework, the department is developing a comprehensive marketing, and media strategy. In 2021, the department engaged the services of advertising, public relations, and integrated communications firm Cashman & Katz, to develop and deliver a targeted media campaign. The campaign sought to increase caregivers for adolescent living with therapeutic level of care families. The campaign, "That's upside down, Help right it" and companion campaign webpage: RightteirWorld.org launched. With the centralization, and a goal of coordinating and integrating the implementation of various initiatives and approaches, Cashman& Katz is developing a plan to coordinate and deliver a consistent message, assist with the branding, communications, public relations, and social and digital media planning and monitoring.

The need for a technical solution, a web-based, secure, and user-friendly online portal to automate functions and functional requirements related to recruitment, approval, and retention of foster homes and support practice. The department began conversation and anticipated implementation in the winter of commercial off the shelf software to recruit and approve more families quickly.

Quality Parenting Initiative:
The department has partnered with the Youth Law Center's Quality Parenting Initiative (QPI) which aims to ensure that all children placed in out-of-home care, whether with a relative, fictive kin, or licensed family, receive high-quality parenting that meets their emotional, developmental, cognitive, and social needs. The goal is to create community of parents, licensed caregivers, who embrace the whole child and are support to birth families and who work to transform the foster care system. Each region has a local QPI Steering Committee consisting of CPS, caregivers, and community providers

Permanency Resource Exchange Specialist (PRES)
The departments PRES continue focusing on identifying permanency resources for "long stayers." They assist with facilitating permanency round tables, are the identified reviewer for RPR's and review cases history aka "case mining" to identify resources. In 2021, the role was modified to contribute to the achieving of timely permanency and ensuring 70% of children entering care are placed with Kin. They will make efforts to locate and secure resources both relative and adoptive. They will provide family search and engagement, be active participants with permanency teaming markers, provide consultation and support related to permanency and perform other duties to further the departments' goals. They report locally to the Regional Placement Search Foster Care Supervisor who provides daily regional assignment. They provide quarterly reports to their respective area office team meetings (leadership, management etc.) to include:

- **While You Are Waiting Events- ongoing** training opportunities for pre-adoptive families with topics understanding legal risk issues in adoption, open adoption, managing behaviors which result from the effects loss and trauma experienced by children placed via the state's foster care system, adopting adolescents, and other related parenting topics related to adoption.
- **Rapid Permanency Reviews**
- **Permanency Round Tables**
- **Family Search- case mining**

Disaster Plan

The Department's disaster plan was fully activated, tested and revised as necessary over the past 12 months. The preparation in developing a comprehensive plan was instrumental in guiding the agency through this past year. The plan allowed the Department to continuously meet all the needs of the families we serve.

The Plan is currently being updated for non-pandemic disasters, based on what we have learned is possible during this past year. The expansion of telework capabilities will be instrumental in creating uninterrupted services in the future for all disaster types.

Training Plan

CF Classes Given June 1, 2021 – April 30, 2022

Appendix DCF Staff = DCF Employees / Subject Matter Experts
Academy Staff = DCF Employees in the DCF Academy division

Consultants = University and/or Paid Consultants

In Service Classes:

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Achieving Permanency Across Borders: Resources for Children Whose Cases Cross State and International Borders An increasing number of children in Connecticut have family resources in another country. The Connecticut Department of Children and Families has contracted with International Social Service-USA (ISS-USA) to provide critical services for cases in which the ICPC cannot be invoked and when the family resource is in another country. ISS-USA, what services they offer, how to work with ISS-USA to achieve permanency, understanding the ISS-USA model of family finding and engagement, and how to identify all children who have potential family resources outside of the US.	75%	Held in house	Consultants	3	All Staff
An Introduction to the Biology of Addiction In this course, participants will have the opportunity to review homeostatic systems, basic neurotransmission, and the brain structures that underpin addiction. Additionally, the trainer will explain how the brain is hijacked by alcohol and other drugs, describing the particular neurotransmitters involved (eg. glutamate for alcohol, GABA for benzodiazepines, endorphins for opioids and always dopamine). In this half-day course, participants will learn why addiction is considered a disease of brain structure and function and why, like other behavioral health conditions, it is often a relapsing disease.	75%	Held in house	Consultants	3	All Staff
Assessing and Responding to Substance Use During the Pandemic This training will focus on substance use and the impact the COVID-19 pandemic has had on how children's protective service social workers should adjust and respond during their interventions. Participants will discuss engagement techniques with people who struggle with substance use disorders and will learn skills of assessing substance use virtually. During this course, interviewing and assessing strategies will be reviewed. Additionally, participants will gain enhanced knowledge of treatment options and how they have changed in the pandemic.	75%	Held in house	Academy Staff and DCF Staff	1.5	All Staff
Basic First Aid and First Aid Refresher The purpose of this class is to provide any non-medically trained individual with basic First Aid skills to recognize, assess and prioritize the need for aid. Participants will learn to recognize an emergency, ensure personal safety is maintained when deciding to help. Participants will understand the concept of SETUP. (Stop, Environment, Traffic, Unknown hazards and Personal safety) Participants will skill out on the day of class.	50%	Held in house	Academy Staff	6	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Becoming Trauma Informed: Necessary but Not Sufficient Over the past twenty-five years, recognition of the effects of trauma has increased dramatically. A growing evidence base documents the lasting effects of child neglect and abuse, as well as other forms of trauma, on a person's physical health, mental health, and behavior. Although research and clinical experience indicate a high incidence of trauma and co-occurring disorders in people's lives, and our understanding of the treatment needs of the people we serve has increased significantly, social service professionals often are not sure what providing "trauma-informed" services means in their specific settings. Others may struggle with the challenges of providing effective, integrated, and trauma-informed services in their workplace. This presentation discusses the evolution of treatment and provides definitions of trauma-informed, trauma-responsive, and trauma-specific services—the three levels of response needed for services to be comprehensive.	75%	Held in house	Consultants	1.5	All Staff
Beginner Excel Do you work with other people's spreadsheets, but wish you could create your own? This hands-on one-day course will give you the skills needed to do so! Participants will learn about the distinct parts of a spreadsheet; tips to navigate and search through an existing workbook; as well as the tools needed to create a simple workbook with data, formulas and basic functions.	50%	Held in house	Consultants	6	All Staff
Best Practices with Military Service Members Who have Experience Trauma Military families and service members with mental health needs continues to increase across our DCF child welfare system. This training will provide information about severe battle wounds, traumatic brain injury, and traumatic stress. The invisible wounds of war associated with brain injury and traumatic stress seem to bring challenges into the foreseeable future. The training will discuss topics of military culture, trauma, family dynamics, and traumatic brain injuries.	75%	Held in house	DCF Staff and Consultants	2.5	All Staff
Beyond 101: Working with LGBT Adolescents in out-of-home care Been to all the LGBT trainings? Got the definitions down, done the values work, and ready to move on? Then this workshop is for you. This workshop will feature interactive, small group discussions on thornier questions and issues. We will explore, among other topic, the intersections of adolescents and LGBT development; the impact of race, ethnicity and class on identity, the unique needs of transgender youth, social worker identity in working with adolescents, and more.	75%	Held in house	Consultants	3	All Staff
Exploring Adoption, Identity and Family Throughout the Year Webinar Series Participants can expect a multi-media presentation offering a combination of personal testimony, time for conversations and reflection, and an offering of tools and resources as we work together to understand the importance of healthy identity development as professionals on our continued journey of self-awareness, knowledge, compassion and empathy. Build stronger relationships to ourselves, our colleagues, and the families and children we serve. Increase confidence and capacity in facing and embracing differences of race, culture, and class. These sessions/workshop aim to be emotionally safe spaces to for all who	75%	Held in house	Consultants	3	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
participate. This professionally focused session will help participants reflect on the many ways adoption and foster care can impact individuals and families every day of the year.					
Case Planning: Boosting Your Understanding of the Practice The goal is to strengthen participant's skills in case planning practice, documentation, and development of the case plan document for in-home and out of home cases. Participants will explore their role as social workers or supervisors in completing and/or reviewing case planning work including the alignment of case work, documentation, supervision, and case plans. They will identify the elements of the family and child in placement case plans, including consideration of cultural factors, assessment domains, summary assessment, and action plans and be able to articulate the importance of securing and including family feedback and the child's perspective in the development and documentation of the case plan.	75%	Held in house	Academy Staff	3	All Staff
Central Transportation Unit (CTU) Classes In close collaboration with the Safety & Security Unit of the agency's Engineering Division, a customized two-week pre-service training program was developed for the newly hired drivers and their supervisors. Courses include: Basic First Aid, Blood Borne Pathogens (BBP), Car Seat Installation, CPR/AED Certification, Crisis Intervention, DCF 101, Mandated Reporter Training, Racial Justice, Substance Misuse and Trauma Toolkit.	50%	Held in house	Academy Staff	36	Newly Hired Central Transportation Unit Staff
Child Safety Practice Model Training This course will orient participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Come understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.	75%	Held in house	DCF and Academy Staff	2	All Staff
Child Trafficking: Day 1 and Day 2 This curriculum will provide the fundamentals of both Child Sex and Child Labor Trafficking, as well as best practices in working with impacted youth and families.	75%	Held in house	Academy Staff	6	All Staff
Clerical Staff – DCF 101 This course will provide clerical staff an opportunity to gain a broad understanding of the fundamentals of child protective services across agency functions. This course will stress the value and importance of the roles of DCF staff at all levels. Recent initiatives to improve the agency's practice will be reviewed. Mandated reporter and their own and other's obligations with regards to reporting instances of suspected child abuse or neglect.	50%	Held in house	Academy Staff	6	Clerical Staff
Clerical Staff – Finding Your Voice thru Teambuilding The purpose of this class is to enhance social relations, define roles, improve collaboration between departments, increase productivity, improve morale, enhance employee engagement and procure leadership development skills.	50%	Held in house	Academy Staff	6	Clerical Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
CPR /AED Certification and Re-certification Refresh and fine tune your skills in providing quality chest compressions and rescue breaths for an unresponsive person, proper use of the AED and provide care for a choking adult, child or infant. Participants will skill out on the day of class.	50%	Held in house	Academy Staff	6	All Staff
Differential Response System (DRS) Microlearning Lab (MLL) Series The DRS Microlearning Lab is a continuum of the agility required to achieve safety, permanency and wellbeing for children in an increasingly virtual environment. The MLL will consist of a shared learning environment that fosters skill building and promotes application	75%	Held in house	Academy Staff and DCF Staff	1	Investigation Social Work Staff
Differential Response System (DRS) Training The Academy for Workforce Development is responsible for the provision of in-service training for Differential Response System staff that includes skill-building techniques to enhance their investigative and assessment skills. The Academy offers this program for newly assigned DRS Unit staff, as well as those staff interested in pursuing positions in a DRS unit / workgroup. Best practice principles are discussed for both Intake and Family Assessment Response, along with strategies for assessing safety, safety planning, critical thinking, involving families in the assessment of their own needs, and numerous other areas.	75%	Held in house	Academy Staff and DCF Staff	52	Newly assigned Investigation Social Work Staff
Early Childhood Development Training Children from birth to age five are a very the importance of further educating our staff in the area of Early Childhood Development as a crucial part of our daily work with infants and young children, age birth to five. Children from birth to age five are a very vulnerable population and require very close attention and early intervention along their trajectory of development. The focus of the Department, therefore, is to equip staff with the knowledge and skill base necessary to serve each child and family at this critical growth and developmental phase of their lives; and to build partnerships with other providers in Early Childhood for effective service delivery.	75%	Held in house	Academy Staff and DCF Staff	30	Social Work Staff
Engaging Father and Other Men Who Offend This training will focus on engaging fathers and other men who perpetrate patterns of coercive control in their intimate relationships. Participants will discuss intimate partner violence perpetrators. Participants will also discuss how to assess safety within families and how-to safety plan with fathers and other men who offend. Participants will ensure they are engaging with children in a safe manner accounting for their mental health needs. Participants will also discuss ensuring safety and well-being of the non-offending parent. Also, during this course there will be an opportunity to practice and build skills around engaging fathers and other men who offend.	75%	Held in house	Academy Staff and DCF Staff	4	Social Work Staff
Fatherhood Engagement Fatherhood Engagement is a crucial and important aspect of the work performed by DCF workers how-ever, engagement of fathers is an often-neglected aspect of the work. In a recent review of cases in one DCF office, it was shown that fathers were not engaged in more than 70% of the open cases. The purpose of the Fatherhood Engagement Training is to articulate to DCF Workers the importance of not only engaging fathers but working with fathers	75%	Held in house	Consultants	3	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
beyond engagement, viewing fathers as possible placement options and identifying paternal family resources for children in DCF custody.					
FOCUS – Center of Autism The Focus Fresh Start program provides experiences and educational learning to address academic, social learning and clinical needs. Participants will learn first-hand about autism, anxiety and the effects of trauma. Participants will learn the Power of Relationships and strategies to develop relationships while on the spectrum, learn about the Circle of Anxiety and recognize symptoms of anxiety, learn Sensory Needs strategies for managing them.	75%	Held in house	Consultants	6	All Staff
Foster Care Background Check Refresher The Foster Care Division is offering a refresher training for all FASU staff focused on background checks, including live scan, fingerprinting, ADEMIA and FlexCheck system.	75%	Held in house	DCF Staff	3	Regional Staff
Get to the Point: Skill Development for Clear & Concise Presentations This course is designed to help participants develop confidence and skills in presenting information clearly and concisely. Participants will review basic presentation and communication skills. Using a case example, participants will practice organizing relevant information in order to give a brief presentation for a variety of purposes or audiences, for example, a RRG consultation or multidisciplinary meeting. Each participant will have the opportunity integrate new skills with a short presentation to the group. They will receive feedback from trainers and other participants.	75%	Held in house	Academy Staff	5	All Staff
Honoring Pregnancy: Responding to Maternal and In-Utero Needs for Mothers and Babies The training will cover the heightened risk of mental health needs amongst expecting mothers, the impact of social influencers and how we can better support families.	75%	Held in House	Consultants	2	All Staff
Implicit Bias Training Implicit Bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Implicit biases are pervasive, and everyone possesses them. This training draws upon research-based findings to assist the participant in identifying and managing their own implicit bias. Participants will be invited to use strategies provided known for minimizing the effect of bias. Successful completion of this training will result in better self-awareness, Professional growth, Improved service delivery and an ability to measure your implicit bias based on race, religion, gender and a vast array of other areas.	50%	Held in House	Academy and DCF Staff	3	All Staff
Improving Observation & Documentation Skills through Practice Enhance your observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. View virtual settings and practice observing human behavior. After the observation time, participants will interpret through writing, using an unbiased and objective lens. Participants will integrate their observations into written documentation and practice writing in a clear and accurate manner. They will conduct	75%	Held in House	Academy Staff	3	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
peer-reviews on each other's work. Finally, participants will submit their documentation to the trainers for review.					
Intimate Partner Violence Advanced Training Series The goal of this training series is to provide participants with the knowledge and skills to confidently handle the complex child protection cases where intimate partner violence (IPV) is present. This program will result in a base of highly trained CPS workers from which future IPV specialists may be drawn. The curriculum integrates the current and emerging research, and will explain national best practice recommendations, as well as the specifics of working in Connecticut with families where IPV is present. The course is broken into six days, each focusing on different aspects of IPV. Topics include: IPV as a social Determinant of Health, Trauma and IPV, The Impact of IPV on Child Development, IPV, Mental Health and Substance Use, Brain Injury, Strangulation and Lethality in IPV, Adolescent Relationship Aggression, IPV among Special Populations including those with unsecure housing, immigrants, people living with HIV, the elderly, people with disabilities and the LGBTQ community. The final day brings together professionals from the court system and the advocate community to provide an in-depth look at the legislation in Connecticut around IPV, and what happens after an arrest for IPV. The training concludes with strategies for collaborating with the advocacy community and resources available within Connecticut.	75%	Held in House	DCF Staff and Consultants	30	Social Work Staff
Introduction to eFiling in the CT Probate Courts This course will introduce staff to the Probate Court's eFiling system and provide instruction on filing reports and other documents with the Probate Court, as well as receiving notifications regarding notice of hearings and decrees and reviewing Probate Court documents and filings electronically, and other court matters, using this interface.	75%	Held in House	DCF Staff	1.5	Regional Staff
Introduction to Pivot Tables in Excel A Pivot Table report is an interactive table that quickly combines and compares large amounts of data. This hand-on course will introduce participants to this useful tool, and create an opportunity for practice using Pivot Tables. Participants will discover how Pivot Tables can be created and used with data from existing DCF reporting areas.	50%	Held in House	Consultants	3	All Staff
Introduction to Tai Chi Tai Chi is a form of exercise that began as a Chinese tradition. It is based in martial arts and involves slow movements and breaths. Tai Chi has many physical and emotional benefits. Some of the benefits Tai Chi include decreased anxiety and depression and improvements in cognition. It may also help you manage symptoms of some chronic diseases such as Fibromyalgia or Chronic Obstructive Pulmonary Disease (COPD). Tai Chi is an exercise that can benefit both healthy and adults living with a chronic condition which includes better sleep, weight loss, improved mood and management of chronic conditions.	0%	Held in House	Academy and DCF Staff	1	All Staff
Kronos Training and Discussion Sessions	50%	Held in House	Consultants	1	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
This training is designed as a pop in session for DCF Supervisors to ask a Kronos Experts question on reconciling timecards for the current pay period. Supervisors can also join in to listen to questions others have and how these questions are answered.					
LGBTQ+ 101: Bridges, Barriers and Boundaries: Ensuring Culturally Competent Care for Youth That Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+) youth suffer the ill effects of societal stigma, isolation, and bias is evidenced by their substantially higher rates of substance abuse, depression and other mental health disorders; suicidality; homelessness; family violence; truancy; sexual acting out and other at-risk behaviors. Using virtual interactive , small group exercises, experiential techniques and a respectful approach to differences of belief and background, this training will enable participants to: Clarify and assess cultural views and values regarding this population of young adults and develop strategies that balance personal beliefs with professional responsibilities; Identify issues of risk challenge and strengths specific to LGBTQ+ youth in out-of-home care; Explore obstacles to the creation of agency environments which protect and affirm client and staff; Develop an action plan for immediate, short term and long term activities to ensure a safe, affirming and equitable environment for all members of the agency community.	75%	Held in House	Consultants	3	All Staff
Loss, Grief & Bereavement in Young Children from Birth to Age 5 This training will explore the process of grief in young children as a result of the death of a parent, sibling, family member and/or caregiver, focusing on Birth to 5 years of age. Grief will be defined as the intense sadness, confusion, and sorrow that accompanies the death of a loved one. It provides social workers with the tools to identify symptoms and behaviors that children birth to 5 may experience and display as a result of their grieving process. Learn about the "common" emotional reactions to death for young children and how young children "understand" death related to their current stage of development.	75%	Held in House	Consultants	6	All Staff
Making the Most of Your Time: Effective Time Management and Organizational Tools Training Are you feeling anxious about the amount of work you have to accomplish? Do you feel that you start to lose track of the work you need to get done? Are you struggling to identify where to start on the backlog of your work? If you answered yes to any of these questions, then this is the course for you! Participants will learn techniques to maximize the use of their time in order to accomplish critical work tasks, on time. Learn concrete tools to increase effective use of the time. Focus will be placed on improving the ability to manage distractions, working with personal biorhythms, utilizing tracking and prioritizing systems. The course will include an overview of outlook functions to organize time, create tasks, and set reminders.	50%	Held in house	Academy Staff	6	All Staff
Mandated Reporter - Train the Trainer (TOT) Develop presentation and training skills; and become certified to provide an important service to mandated reporters throughout the state. This two-day course will develop and enhance participants' presentation and training skills and includes a detailed review of the current Mandated Reporter Training curriculum. In this course, participants are provided the opportunity to "teach-	0%	Held in House	Academy Staff	12	Social Work Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors.					
Medical Situations for the Workplace This training is intended to provide participants with tools to make informed decisions regarding workplace illnesses or illnesses encountered when out in the field with our children and families. Participants will learn how to recognize signs and symptoms of multiple illnesses and what specific treatment including but, not limited to, providing care for persons suffering from Diabetes, Burns, Fractures, Pandemics, Spinal injuries, concussions, Narcotics/Opioid situations including signs and symptoms of Mental Illness. Participants will learn what is their responsibility when they encounter one of these in the workplace	75%	Held in House	Academy Staff	3	All Staff
Mental Health First Aid Mental Health First Aid teaches participants how to help someone who is developing a mental health problem or experiencing a mental health crisis. It provides a basic understanding of what different mental illnesses and addictions are, how they can affect a person's daily life, and what helps individuals experiencing these challenges get well. The course helps participants identify, understand, and respond to signs of addictions and mental illnesses. Mental Health First Aid teaches about recovery and resiliency, the belief that individuals experiencing these challenges can and do get better and use their strengths to stay well. The course trains participants to help people who may be experiencing a mental health problem or crisis.	75%	Held in house	Consultants	6	All Staff
Mindfulness: The Practice of Being Present From Merriam Webster Dictionary: Mindfulness - "the practice of maintaining a nonjudgmental state of heightened or complete awareness of one's thoughts, emotions, or experiences on a moment-to-moment basis" In this course, we explore the definition of mindfulness and delve into the benefits of developing a mindfulness practice. Learn about Buddhist roots of mindfulness and how it became a secular wellness strategy in the US. Come practice several different mindfulness activities that can be easily incorporated into our busy and stressful DCF lives!	50%	Held in house	Academy Staff	1.5	All Staff
Mobile App Tool for the Field: The Sparkler App This training will teach DCF staff and providers how to utilize the DCF Approved Sparkler App. Sparkler serves education organizations, including schools, daycares, and school districts; health and human service organizations like pediatric practices and foster care agencies; and other employers that work with the parents of young children.	50%	Held in house	Consultants	1.5	Regional Staff
One on One Coaching Sessions Topics: Assessment Building, Group Supervision, Ongoing Social Worker Skills, Time Management, and Writing and Grammar	50%	Held in house	Academy Staff	30 min to 2 Hours	All Staff
Professional Writing Workshop for DCF Staff The topics that will be discussed during the writing workshop will include: Quality and effectiveness of written communications, ways to make business documents powerful, persuasive & professional, ways to apply workshop skills to on-the-job writing tasks. Basics of sentence structure and punctuation in writing,	50%	Held off site	Consultants	6	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
using the three c's (clear, concise and complete) and understanding and profiling your audience.					
Protective Factors: Overview and Application This training will focus on an overview of the Protective Factors framework and explore how supervisors can coach staff to apply the framework to assessment and case planning. The training will revisit the 5 factors, explore the ways in which the factors assessed by the DRS staff can be used in initial engagement and planning with newly open cases. Participants will consider ways to guide their staff in assessing the factors and developing strategies to build the factors within the case planning process.	75%	Held in house	Academy Staff	2	All Staff
Racial Justice Book Club The reading, synthesizing, and discussion of literature primarily in the form of books, that pertain to racial justice matters as they relate to the agency's mission of becoming anti-racist.	50%	Held in house	DCF Staff	1	Regional Staff
Random Moment Time Study (RMTS) Refresher Training This refresher training orients participants to the Random Moment Time Studies and clarifies how to complete them correctly.	75%	Held in house	DCF Staff	0.5	Social Work Staff
Refocusing the Lens on Family Needs Assessment, Successful Service Provision and the Internal DCF System that Supports the Child Protection Work This series introduces the infrastructure of the agency and define the roles in across DCF that support the CPS work related to service issues. With the backdrop of the mission and philosophies which guide the Agency's work and a focus on becoming an Anti-Racist agency. It will focus on the service provision considerations needed to achieve our goals and will include a walkthrough of the service provision process from family assessment to service evaluation. The principles of service coordination and matching families to the best service to meet their needs will be infused throughout the series.	75%	Held in house	Academy and DCF Staff	6	All Staff
Regional Resource Group (RRG) Training Series The goal of these training is to welcome new hires to the Academy for Workforce Development while providing an overview of the role and responsibilities of being part of the DCF Regional Resources Group. Topics: DCF -101, Intimate Partner Violence, Introduction to Substance Use Disorder, Legal 1 - Introduction to Legal Services, LINK Training, Permanency: The Why and the How and Promoting Racial Justice within the Child Welfare Practice	75%	Held in house	Academy and DCF Staff	36	Newly hired Staff
ROM/LINK Reports This session will orient individuals on the processes of accessing the various reports in ROM and LINK report portals. Specific focus will be laced on setting parameters to include time frames, level of report, and filters. Participants will also be prompted to consider the questions that arise when looking at data and some avenues for exploring the context around the data.	75%	Held in house	Academy Staff	2	Regional Staff
SDM Careline Assessment Training During this training, participants will be oriented to the updated SDM Careline Assessment, and major changes will be highlighted. The tool will be reviewed in detail, including item definitions, policies, and procedures. Participants will practice using the updated SDM Careline Assessment and associated best practices. The session will be co-facilitated by training and Careline staff.	75%	Held in house	DCF and Academy Staff	3	Social Work Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
SDM Refresher This session is for intake Units to review policy, practice and procedure of SDM Safety and Risk Assessments. The refresher will tie in the use of SDM to guide decision making and mitigate disproportionality and disparity. Defining households assessed as well as how to utilize and tie in SDM in supervision to improve practice and critical thinking will be discussed.	75%	Held in house	Academy Staff	2	Social Work Staff
Skills Enhancement Series (SES): Critical Thinking Critical thinking is a skill that allows you to make logical and informed decisions to the best of your ability. Critical thinking skills are the cornerstone of self-development and improvement in assessments. In this session you will learn about 6 critical thinking skills and we will explore 6 real case scenarios to practice the skills learned.	75%	Held in house	DCF Staff	1.5	Regional Staff
Special Qualitative Review (SQR) Learning Forum – Timely and Appropriate Service Delivery The forum will explore the themes around service delivery and strategies to increase communication and planning with external and internal partners. Participants will gain insight into identifying and allocating service delivery for families. Participants will explore accessing timely service delivery and appropriate service types.	75%	Held in house	Academy and DCF Staff	3	All Staff
Strategies for Addressing Disproportionality & Disparity: A Data Driven Approach This course is aimed at enhancing participants' knowledge of and access to meaningful data regarding disproportionality and disparate outcomes for children and families of color and develop new practice strategies to positively improve those outcomes. Participants will reflect on the impact implicit biases have on key decision points and service delivery for families. Participants will have the opportunity to explore reports relevant to case practice. They will learn introductory excel skills to sort and filter the data to make it meaningful to each user. Participants will be called to action and encouraged to implement newly learned strategies in support of the agency's strategic goal of Racial Justice.	75%	Held in house	Academy and DCF Staff and Consultants	5	All Staff
Strengthening Case Planning through Supervision This is a leadership course aimed at exploring the role social work supervisors and program supervisors have in case planning. Participants will review the difference between case planning and the case plan document. The class will explore ACR practice themes and myths. Participants will also examine supervision strategies for supporting case planning practice, which will ultimately aid in achieving the agency's key performance indicators and strategic goals.	75%	Held in house	Academy Staff	3	All Staff
Supporting Grief "Work" in Recovery Loss, bereavement, and grief are an integral and unavoidable experience in human life. Substance use, Post-Traumatic Stress Disorder, and physical and mental illnesses greatly increase the risk of unexpected, tragic, and traumatic losses; motivate behaviors to numb pain and distress; and multiply challenges to engaging in the important “work” of grieving. Loss, bereavement, and grieving are further complicated by stigma, guilt, and shame in the context of substance use and associated accidental overdose deaths and suicide. This course will review theories of bereavement and grief and provide practice tools for supporting recovery in people whose	75%	Held in house	Consultants	6	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
grieving is often complicated and compromised in both active addiction and recovery.					
Tai Chi / QiGong Movement Qigong is a Chinese health practice based on gentle movements, meditation and breathing, has a wide range of benefits including improving balance, lowering blood pressure and even easing depression. Qigong can harmonize, strengthen and have a healing effect on the functioning of internal organs and bodily systems. All movements can be tailored for modification based on personal abilities.	0%	Held in house	DCF Staff	1	All Staff
The Effects of Parental Incarceration on Young Children This training will explore the immediate effects and long-term impact of parental incarceration in young children. Discussions and material will include ways to support children before, during and after visits. Using a variety of media, attendees will gain insight and be given practical strategies to use for effective planning around visitation.	75%	Held in house	Academy and DCF Staff	6	Social Work Staff
The Next Step: Exploring the Transition Toward Supervisor While Enhancing Your Leadership Ready for the next step? Is it the right time to make the transition to Supervisor? What can you do now to showcase your leadership skills today and build on them for the future? Preparation for the role of supervisor should start well before you apply for the position. This in-service training will discuss the roles, responsibilities, and competencies of being a supervisor. You will have the opportunity to explore your learning and leadership style, as well as discuss the roles they play. The process toward becoming a supervisor will be examined to include exam preparation, interviewing, and what qualities and experience are valued in the process. The class will include a virtual mock interview opportunity.	50%	Held in house	Academy Staff	3	All Staff
The Office of Immigration Practice at DCF DCF serves all families in Connecticut, regardless of immigration status. The foundation of DCF's immigration policy is that DCF never reports immigration status to the federal government (Immigration and Customs Enforcement, aka ICE). In this two-and-a-half-hour virtual training, participants will review and receive information on DCF Policy 21-13, Immigration. In addition, immigration terms will be defined, immigration data will be analyzed, and immigration law will be discussed. Immigration and issues related to social work practice with our transitional aged youth population and unaccompanied minors will be reviewed. We will also consider the impact of complex trauma on immigrant children and their families, and how professionals might develop trauma-sensitive practices with immigrants. Finally, we will talk about benefits, services, current challenges, and new developments within the immigrant population of Connecticut.	75%	Held in house	DCF Staff	2.5	All Staff
The Trauma of Homelessness: The Impact on Very Young Children and Families This training opportunity is for individuals who are seeking to broaden their knowledge on the topic of the impact of trauma and homelessness in early childhood.	75%	Held in house	Consultants	3	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Transgender/Non-binary Youth: When Pink and Blue is Not Enough - Meeting the Needs of Gender Non-Conforming And Transgender Children and Youth More than 30% of LGBTQ+ youth now identify as Non-Binary (that is neither male nor female). This virtual interactive training will explore the concerns, risk and protective factors specific to transgender and ono-binary youth in and out-of-home care. We will update definitions; review CT and DCF policy regarding placement, health care and support; answer participant questions; and analyze a case study.	75%	Held in house	Consultants	3	All Staff
Transitional Aged Youth Training Series This newly developed series expands on the concepts covered in earlier Adolescent Training Series, to highlight the key elements of the Vital Model and the important role of the TSS-SWs in preparing our youth to successfully launch into adulthood. Throughout the series, we will explore the transition in thinking, language, and engagement that is necessary for us to fully partner with youth 16 and over as they develop their skills, confidence, and relationships necessary for successful adult life. Session topics include Adolescent Brain Development, Engaging, Empowering and Supporting Youth in their Identity Development, Building the Team for a Successful Launch, Skill Development, Natural Supports and Permanency, Case Planning and Re-Entry and Exploring the Array of Services and Supports Available.	75%	Held in house	Academy and DCF Staff	42	All Staff
Trauma and Resiliency in Young Children Birth to Age Five This training will explore trauma in the lives of young children, focusing on Birth - Age 5. Trauma will be defined as it relates to young children and how it may affect typical child development. Resiliency will be also defined, exploring different resiliency factors in young children and the role they play in children's responses to traumatic events. This training will also provide social workers with the tools to know when to make a referral for a child on their case load, and what type of referrals to make. Social workers will also learn about the "red flags" to be aware of when working with traumatized children, and how to respond appropriately to them. Social workers will be prepared to discuss the effects of trauma on young children with biological, foster and adoptive families, and provide them with some tips and strategies to support these children in their homes. This training will also explore vicarious traumatization from the perspective of the social worker, and how to draw on their own resiliency factors when working with young children who have been traumatized.	75%	Held in house	Academy Staff	6	All Staff
Understanding the Adolescent/Young Adult Brain from a Developmental Lens This presentation will explore the wonders of the adolescent and young adult brain, the basics of brain development, and how they predict the challenges and behaviors of this critical period of life. In addition to normal development, you will learn the ways childhood adversity affects the brain differently than the adult brain. Specific issues such as gender differences, childhood trauma, and drug abuse will be discussed through a brain development lens, as well as interventions and experiences that enhance development or assist in the recovery process.	75%	Held in House	Consultants	3	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Unique Dynamics of Kinship Care and Permanency At the national and state level there is increasing recognition of the importance of safe family relationships to ensure children's success and well-being. Recognizing the critical role family plays, child welfare systems must strive to identify, locate, and engage kin to support children at all stages of the casework process. This training addresses the benefits of kinship care and the unique challenges of preparing and supporting kin caregivers and family members in providing permanency. Skills demonstration and kinship case examples will be used to assist participants in applying key best practice approaches and strategies. Special topics include differences between kinship care and unrelated foster care and the critical role of the caseworker in engaging the kinship triad in achieving permanency.	75%	Held in House	Academy Staff	7	All Staff
Vicarious Resilience Among Child Welfare Professionals Working with clients who face adversity and suffering and develop resilience may encourage professionals to examine their values and find positive meaning in their own life (Shuwiekh, Kira, & Ashby, 2018). This phenomenon is known as vicarious resilience. During this training, the following topics will be discussed: *Enhanced understanding of vicarious resilience, * Enhanced knowledge of vicarious trauma, * Increased knowledge of what contributes to sustainability in trauma-exposed professions, * Important information for agencies on cultivating resilience in the workplace and among trauma-exposed professionals.	50%	Held in House	Consultants	3	All Staff
Vlookup - Excel Function Vlookup is a built-in function in Excel. This "vertical lookup" is an extremely useful tool. It can be used to retrieve corresponding information for a specific item from another Excel worksheet. During this webinar, we will walk through a few examples of Vlookup and discuss tips to consider during its use.	50%	Held in House	Consultants	2	All Staff
What You Need to Know About Serving Children with Developmental Disabilities within Child Protection The purpose of this course is to enhance participant's capacity to engage, assess, advocate and ensure appropriate service provision for Children with Developmental Disabilities and their families. Participants will strengthen their understanding and language regarding Developmental Disabilities while exploring their own implicit biases regarding persons living with disabilities. Specific Laws and Policies will be reviewed that will help Participants advocate for this vulnerable population. Participants will learn about the prevalence of Developmental Disabilities and how that impacts Child Welfare and their daily case practice. In order to enhance interview and assessment skills, Participants will be provided with techniques for interviewing children with Developmental Disabilities and will have an opportunity to practice these skills through case study, role play and processing. This course offers a multi-media experience offering a combination of live presentation, videos, personal and shared experiences to promote conversation, learning and skill building around this growing population. Participants will leave with a deeper understanding of the 4 most common Developmental Disabilities encountered in Child Protection, interview skills based on abilities, as well as concrete tools and resources.	75%	Held in House	DCF and Academy Staff	6	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Words Do Hurt: Achieving Stability for LGBT Youth in DCF Care Gender Inclusive Language Many LGBT youth often experience bias and discrimination as a result of their gender identity. LGBT youth benefit from supports that affirm their identity as normal. This training focuses on the importance of using "person centered" language to be more inclusive of diverse populations, and how to increase your awareness about the ways that language often unconsciously makes assumptions about people, and unintentionally reinforces dominant norms around gender and sexual orientation. A DCF social worker and social work supervisor will be participating in this webinar as subject matter experts who will share highlights from their experiences of supporting a male to female transgender youth towards permanency and stability.	75%	Held in House	DCF Staff	2	All Staff
Working with the Child Abuse Centers for Excellence (CACE) This talk will cover the range of services offered by the two CT Child Abuse Centers of Excellence, Yale and CCMC, and guidance about when we can be consulted. We also will explore the assumptions we make about each other (CACEs and DCF) as well as our roles and responsibilities when we work together. Finally, we will review some tips for effective scene investigation as well as of course remind attendees how to contact us.	75%	Held in House	Consultants	1	All Staff
Youth with Problem Sexual Behavior: The Child Protection Response Cases involving youth with problem sexual behavior are often complex and assessing the strengths and needs of the youth and family, while ensuring safety, can be a difficult task. This curriculum is designed to dispel myths and misconceptions about youth who display problem sexual behaviors, provide strategies to positively support children and families dealing with issues of problem sexual behaviors and build the capacity of staff to accurately assess a family's safety needs, with particular attention to the assessment of family systems, sibling separation and parental protective capacities. Participants will also gain insight into current understanding of and options for treatment.	75%	Held in House	Academy Staff	4	All Staff

Supervisory/Managerial Classes

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
AHA Mastering the Art of Child Welfare This training program is available to newly promoted supervisors across the agency's divisions. It builds off the agency's supervision model and allows staff to explore their development as a supervisor using various tools. It also serves as a compliment to the Leadership Academy for Supervisors (LAS) in setting the foundation for understanding the theory behind supervision. This module focuses on building relationship with your coworkers and establishing strong bonds. Sessions include: Building Staff Capacity/Promoting Excellence in Performance, Case Consultations and Clinical Supervision, Building the Foundation for Unit Performance and Effective Leadership.	50%	Held in house	Academy and DCF Staff	24	Supervisors

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Leading the Next Generation Effective leadership promotes the well-being of all members of an organization and facilitates better outcomes for families and children served by the agency. The goal of this training is to support emerging child welfare leaders in their preparation for promotion to middle management leadership roles in ways that align with child welfare leadership competencies. The course will explore effective leadership styles and strategies, use of agency data to support outcomes, and interviewing skills. This training will also include a middle management mock interview to be scheduled following participation in the class.	75%	Held in house	Academy Staff	6	Supervisors
Data Leadership Institute: Using Data and Reports to Transform Practice This course is to enhance participants' understanding and use of data to inform continuous quality improvement processes in the area offices. Participants will develop or enhance skills for finding and analyzing data. They will apply learning to current practice data to support reaching performance outcomes and achieving racial justice across the child welfare system. Focus will be on the first three performance measures for ChildStat.	75%	Held in house	Academy, DCF Staff and Consultants	18	Managers and Office Directors
Leadership Academy for Middle Managers (LAMM) This Connecticut specific LAMM is modeled after the National Child Welfare Workforce Institute leadership program sponsored by the Children's Bureau. It offers facilitated dialogues and structured experiences creating an unprecedented opportunity to self- reflect and share experiences as an affinity group. LAMM is designed to enhance the ability of middle managers to apply leadership skills to the implementation of sustainable systems change aimed at improving the lives of children and families. Each manager will be required to identify a Change Initiative to be utilized throughout the learning experience. The sessions are structured around the four competencies a manager needs to be successful: Leading Change, Leading Results, Leading/Coaching People, and Leading in Context.	50%	Held in house	Academy, DCF Staff and Consultants	30	Managers
Leadership Academy for Supervisors (LAS) Training Series This Connecticut specific LAS is modeled after the National Child Welfare Workforce Institute leadership program sponsored by the Children's Bureau. It offers facilitated dialogues and structured experiences creating an unprecedented opportunity to self- reflect and share experiences as an affinity group. LAS is designed to enhance the ability of supervisors to apply leadership skills to the implementation of sustainable systems change aimed at improving the lives of children and families The six LAS sessions are structured around the four competencies a manager needs to be successful: Leading Change, Leading Results, Leading/Coaching People, and Leading in Context.	50%	Held in house	Academy, DCF Staff and Consultants	15	Supervisors
PowerPoint Tutorial for CQI Program Supervisors Brief tutorial on creating, designing and formatting PowerPoint slides to make them informative and visually appealing.	50%	Held in house	Academy Staff	1	Supervisors
Supervising Trainees; Developing the New Work Force Designed to provide DCF supervisors with knowledge needed to perform the duties of a training unit supervisor. The class will explore how meeting the unique needs of newly hired social work staff fits into the Department's existing supervision model, specifically coaching and communication. We will define the various processes and responsibilities surrounding preservice training including; academy policy, training curriculum, role of liaison, pre & post testing, trainee observations and transfer of learning activities. The afternoon will also	50%	Held in house	Academy Staff	3	Supervisors

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
include a presentation from Human Resources followed by question and answer.					
Virtual Supervision: Assessing Your Staff's Needs and Providing Support in the Virtual Work Environment It is important for supervisors to support and guide their staff in navigating the hybrid world of telework. Traditional methods for supervision need to be adapted and creative solutions built for some of the challenges staff face in a virtual environment. Supervisory staff will be asked to share their successes, barriers, and ideas on how to be present for their staff, assess their needs, and create opportunities for support and guidance.	50%	Held in house	Academy Staff	2.5	Supervisors

Self-Paced, Asynchronous Online Trainings

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Active Shooter Training for Connecticut State Employees to prepare for and respond to an active shooter event.	0%	Online Training	Consultants	45 mins	All Staff
Child in Care/Sibling in Care Bill of Rights and Expectations The Department of Children and Families recognizes the importance of honoring and upholding the rights of child(ren) in the foster care system. The Child in Care Bill of Rights and Expectations and the Sibling in Care Bill of Rights are intended to guide the Department, Foster Parents, and Care Providers as well as ensure that the permanency, safety, well-being and basic needs of child(ren) in the foster care system are consistently met.	75%	Online Training	Academy Staff	30 mins	All Staff
Child Protective Services – Investigations Policy 34-2 The goal of this on-line training is for participants to have an understanding of the policy requirements related to the Investigative track of DCF's Differential Response System (DRS). Throughout this training key points of Policy 34-2 will be reviewed, and important cross-referenced policies will be referenced.	50%	Online Training	Academy Staff	45 mins	All Staff
Child Trafficking This module introduces the topic Child Trafficking. Participants will learn definitions, federal and state legislation related to human trafficking, prevalence of child sex and labor trafficking in CT, pathways to victimization, warning signs, impact to the victims, and who are the buyers/exploiters of this crime.	75%	Online Training	Academy Staff and DCF Staff	1 Hour	All Staff
Criminal Justice Information Services (CJIS) Training and Exam This module is one step in the preparation for the State and Federal audits as it relates to Criminal Justice Information. It also covers additional security practices and data, as well as best practices for working in the office or remotely.	50%	Online Training	Consultants	3 Hours	All Staff
Cross Reporting Cross Reporting is a law in CT (PUBLIC ACT 14-70 - AN ACT CONCERNING CROSS REPORTING OF CHILD ABUSE AND ANIMAL CRUELTY) that requires DCF staff and Animal Control Officers (ACO) to work together to "cross report" animal cruelty and child abuse and neglect. Public Act 14-70 requires DCF staff who, during his or her employment, has reasonable cause to suspect that an animal is being or has been	75%	Online Training	DCF Staff	30 mins	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
harmed, neglected, or treated cruelly must make written report to the Commissioner of Agriculture, within 48 hours					
DCF Consent for Healthcare Forms – The 460's There was a recent change to the healthcare forms in the 460 range. Review the scenarios where the DCF-460 and DCF-460-MDE-A are to be used. Be introduced to the new DCF-460R, which is a combination of 3 of the older types of forms. There is also a review what consent is provided by these forms.	50%	Online Training	DCF Staff	30 mins	All Staff
Ethics Training This Ethics 101 course is for public officials and state employees. It will serve to familiarize you with Connecticut's Office of State Ethics and the ethics laws to which you are subject. Throughout the course you will be asked a series of ungraded knowledge check questions regarding the course material. When you answer the questions correctly, you will advance to the next section. At the end of the course, you must pass a final assessment with a minimum score of 80% to demonstrate competency of the material.	50%	Online Training	Consultants	1 Hour	All Staff
Family Time for DCF Staff Staff will gain understanding of the purpose of Family Time Visitation and components for DCF. Staff will have an understanding of goals of the visits as well as how they are developed. Staff will identify their roles and responsibilities in family time visitation Staff will understand their role to support the strength-based approach to family time.	75%	Online Training	DCF Staff	30 mins	Regional Staff
Kronos –Demonstration Videos These videos demonstrate various functions that a staff member would need to do to approve their timecard correctly. Employee focuses on an individual's timecard, while supervisor reviews situations that could be found on those who report to that person. There are also videos for those in 24/7 work settings.	50%	Online Training	DCF Staff	1 Hour	All Staff
Leadership Academy for Supervisors (LAS) Training Series - Self-paced learning modules Reinforcement and introduction to topics that will be further explored in the in-person sessions.	50%	Online Training	Consultants	Each is between 2 to 7 hours	Supervisors
Link - Demonstration Videos These videos demonstrate various function that a staff member would need to do provide documentation of their case load into the Child Protection Computer System.	75%	Online Training	DCF Staff	10 mins each	All Staff
Mandated Reporter This course is designed to provide participants with information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are discussed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices is also contained in the training program.	0%	Online Training	Academy Staff	45 mins	All Staff
Mobility 101 Watch to learn how to utilize technology to make your job easier and more efficient. Topics into using your tablet, connecting to VDI, learning electronic signatures, quick tips for Microsoft Word, OneDrive, OneNote and Teams	50%	Online Training	DCF Staff	45 mins	All Staff
Motivational Interviewing	75%	Online Training	Academy Staff	30 mins	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Motivational Interviewing (MI) is a collaborative approach to helping people who are ambivalent about making decisions or changes in some area of their lives. This course will show how to use MI to help move clients along a continuum of positive change. Participants will understand the difficulties associated with changing behaviors; as well as the relationship between the "Stages of Change" and MI and be able to develop strategies, questions, and the language associated with Motivational Interviewing.					
Now and Zen Meditation Sessions Meditation delivers benefits that extend beyond stress reduction and mental health. They also affect physical performance and your ability to improve strength. To control your body, it seems, you must first master your mind.	0%	Online Training	Academy Staff	10 mins	All Staff
Oppression of the LGBTQ Community in Foster Care Get an overview of the issues that an LGBTQ youth faces when they are also in foster care.	75%	Online Training	Consultants	30 mins	All Staff
Random Moment Time Study The purpose of this self-paced course is to orient participants to the importance and proper completion of the Random Moment Time Study (RMTS) in the LINK application	75%	Online Training	Academy Staff	45 mins	New Social Worker Staff
Reasonable Prudent Parent Standard (RPPS) This training provides legal and practice guidance to all case carrying, and support staff, working with immigrant and refugee families with varying legal statuses and needs in the State of Connecticut. it supports the DCF immigration Policy and Practice Guide 31-8-13. The information contained in this presentation is based on current federal and state statutes.	75%	Online Training	Academy Staff	30 mins	All Staff
Sexual Harassment Prevention This online training was produced by the Commission on Human Rights and Opportunities. It covers the basic concepts of Sexual Harassment, as well as the new rules and requirements that went into effect on Oct 1, 2019.	50%	Online Training	Consultants	2 Hours	All Staff
Structured Decision Making (SDM) - Safety Assessment Tool This online module emphasizes the concepts that were discussed in the facilitated discussion sessions. Those sessions focused on the utilization and completion of the Safety Assessment in preparation for the dissemination of the tool.	75%	Online Training	DCF and Academy Staff	30 mins	All Staff
Supporting LGBTQ+ Youth A series of videos going over definitions, basic knowledge and common scenarios.	75%	Online Training	Consultants	1 Hour	All Staff
The Intersection of Reasonable Efforts and the ADA The ADA is a federal law that protects our clients from unlawful discrimination in the administration of our child welfare programs, services and activities. This module describing these laws and how they apply to child welfare practice	75%	Online Training	Academy Staff	30 mins	All Staff
Transitional Aged Youth - Introduction to the V.I.T.A.L Practice Guide This self-directed training is the 'kick off' for the Transitional Support Services training series. It covers the basics of the VITAL policy and practice guide.	75%	Online Training	Academy Staff	30 mins	All Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Universal Referral Form (URF) Statewide Rollout Follow the steps that will be needed to use the new Universal Referral Form. Each section is described, and the process flow is followed from beginning to end.	50%	Online Training	DCF Staff	30 mins	All Staff

Class Recordings

Class Title	IV-E Rate	Venue	Trainers	Hours	Target Audience
DRS - SDM and IPV for Careline Recorded class sessions focusing how the investigative work in these 2 fields have an effect and purpose in how calls to the Careline are handled.	75%	Viewed Online	Academy Staff and DCF Staff	2 Hours Each	All Staff
DCF 101 Recorded class session which provides a broad understanding of the fundamentals of child protective services across agency functions. This course will stress the value and importance of the roles of DCF staff at all levels.	75%	Viewed Online	Academy Staff	3 Hours	All Staff
Exploring Adoption, Identity and Family Throughout the Year Webinar Series Recorded class sessions of this webinar series that follows the calendar and reflects on experiences of being adopted with the events associated with that month.	75%	Viewed Online	Consultants	3 Hours each	All Staff

Pre-Service Classes

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Advancing Anti-Racism within Child Welfare Practice This course provides participants the knowledge and skills to work in ally-ship with each other, our families, and our community partners to eliminate the disproportionality and disparity within Connecticut's Child Welfare System. Participants will build an awareness of the role race, culture, bias (implicit and explicit) and humility have in child protective work. Participants will explore their own bias and its impact on case related decisions. Participants will become aware of the safe and sound culture and use these skills to facilitate dialogues and navigate teams toward equitable child welfare decisions. Through individual and interactive activities participants will practice strategies that advance anti-racism efforts at the DCF.	75%	Held in house	Academy Staff	6	New Social Worker Staff
An Introduction to Child Welfare: Foundations and Best Practice Participants will be provided with foundational knowledge for child welfare work and focus on building the competencies necessary for Social Workers to be successful in their role with the Department of Children and Families. Participants will be introduced to major child welfare legislation and evidenced based tools utilized by the Department. Participants will learn about the Department's values, operational strategies, and practice models. They will explore personal values and how these values impact service delivery to children and families. Participants will also learn about authority and how the use of authority can affect case management services and interactions between the social worker and families	75%	Held in house	Academy Staff	6	New Social Worker Staff
Behavioral Health This course orients participants to the topic of behavioral health as it relates to substance abuse and mental/ emotional diagnosis. This course will provide a base understanding of the signs, symptoms, and behaviors specific to the parents and/or caregivers that are struggling with or living with mental health concerns. Participants will explore, within their role as a CPS social worker, how to discuss mental health concerns and their impact on child safety. Focus will be placed on the importance and obligation of CPS social workers in not only recognizing concerns, but also in facilitating and supporting access to timely services.	75%	Held in house	Academy Staff	3	New Social Worker Staff
Car Seat Safety This course provides participants with the knowledge of the regulations regarding car seats, and hands on training for the proper installation of car seats. Training is provided through the use of lectures, video, written exam and hands on training for installing car seats while observed by a certified instructor.	50%	Held in house	Consultants, Academy Staff	4	New Social Worker Staff
Case Planning and the Case Plan The goal of this training is to familiarize staff with the Case Plan Document, Policy, and components of case practice directly related to its development and functionality. It will cover the components of the Family Conference, when it is used, and why kin and family supports are critical to case planning and assisting clients in achieving success.	75%	Held in house	Academy Staff	3	New Social Worker Staff
Case Planning Boosting The goal of this refresher course is to strengthen trainee's skills in case planning practice, documentation, and development of the case plan document for families and children in placement. Participants will explore their role as social workers or supervisors in completing and/or reviewing case planning work including the alignment of case work, documentation, supervision, and case plans.	75%	Held in house	Academy Staff	3	New Social Worker Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
DCF Child Safety Practice Model Training This course will orient the recently hired participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of the course, participants will understand the primary objectives of the model, be able to identify the eight guiding practice commitments, and understand the A-B-C-D paradigm and other key features. Recorded video, narrated power point, discussion questions, case vignettes, and structured transfer of learning activities will be utilized to engage participants and develop skills.	75%	Held in house	Academy Staff	2	New Social Worker Staff
Educational Training This course is taught by the representatives in the educational division. Course content covers special education, planning and placement teams (PPT's), Individual Educational Plans (IEP's) and the role of surrogate parents. The role of the DCF worker in the education setting is also discussed.	75%	Held in house	DCF Staff	3	New Social Worker Staff
Engaging Families: In the Home and In Care During this training a number of different approaches to understanding and engaging families are explored in the context of conducting purposeful visits in child protection services. The role that family centered practice plays in assessing and working with families is reviewed. Solution focused questions are reviewed and participants apply them to CPS scenarios. The importance of awareness of self and others is emphasized as part of a discussion on working through barriers and resistance. Engaging fathers and assessing for maternal gatekeeping without invalidating the protective role of a mother is discussed and practiced during role play. Expectations regarding minimum contact standards and utilization of supervision are also reviewed. The course ends with staff having the opportunity to practice engagement skills in a virtual simulation. The training will give participants the opportunity to implement previously learned techniques for the purposes of balancing engagement and assessment in small groups. Feedback will be provided to participants with areas of strengths noted as well as considerations for future interview	75%	Held in house	Academy Staff and Consultants	9	New Social Worker Staff
Improving Observation & Documentation Skills Through Practice The Code of Ethics of the NASW requires accurate and clear documentation in the field, making effective client documentation an important aspect of social work practice. Observation is one of the first skills social workers and human services professionals must perfect. Social Workers must be extremely observant not only of the client, but the systems and environments with which they interact. In this course participants will enhance their observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. After the observation time, participants will interpret their observations through writing, using an unbiased and objective lens.	75%	Held in house	Academy Staff	3	New Social Worker Staff
Intimate Partner Violence (IPV) This course provides participants with an introduction to Intimate Partner Violence (IPV). Through lecture, group discussions and supplemental video clips, participants explore commonly held myths pertaining to IPV; gain an understanding of the various terms being used within the field; and discuss the numerous warning signs and types of abusive behavior that are present in relationships characterized by IPV. A discussion regarding the implications of culture with respect to IPV is also conducted during this course. Also explored is the impact of IPV on children.	75%	Held in house	Academy Staff and DCF Staff	6	New Social Worker Staff
Introduction to Substance Use Disorders	75%	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Participants will be exposed to the nature of addiction, relapse, & recovery, as well as an overview of the drugs most prevalent in CPS cases. The primary goal is to develop a knowledge base as it pertains to addiction. Participants will be encouraged to question their own beliefs and biases, and confront their perceptions. The strong relation between substance abuse and child maltreatment will be highlighted. Participants will be exposed to several models of dependence and options relative to recovery. The information presented will be weighed against the necessary practices of child protective services, the court system, and child development. It starts from a historical perceptive as it affects the families we serve will be explored. It focuses on the impact of addiction, the diagnostic criteria and the behaviors associated with the disease.					
Learning Loft This session is an opportunity for participants in the pre-service training program to discuss areas of practice and training they are challenged by; have nuanced information clarified; and receive an added layer of support in their onboarding process.	75%	Held in house	Academy Staff	1.5	New Social Worker Staff
Legal Classes Introduction to Legal Services starts participants with a foundational framework for understanding the legal context of child welfare work. Participants are provided an overview of the court system in Connecticut, legal terminology, statutory, regulatory and policy related limitations on decision-making as well as strategies to assist workers in information collection and presentation to the AAGs. Neglect petitions are the primary focus of the training, and includes exploration of the petition document, jurisdictional facts, and the summary of facts. The next class is designed to assist CPS workers in: · Becoming familiar with the legal forms that are utilized when filing an order of temporary custody · The difference between a social work affidavit and a summary of facts · Understanding Jurisdictional Facts. Trainees will receive actual hands-on experience as they complete all legal forms, using an actual DCF case. Trainees will also learn about the constitutional basis of CPS Legal actions. This session includes a Mock Trial to give participants a first-hand account of court proceedings. The Legal Work of Permanency is designed to assist CPS workers in understanding the different phases of concurrent planning and the post dispositional proceedings including Motions to Review Permanency Plans and Motions to Change Disposition. This course reviews the concepts taught in Legal I and Legal II, and explores the various Permanency Plans for children in DCF care	75%	Held in house	Academy Staff and DCF Staff	12	New Social Worker Staff
LINK for CPS - (DCF's Computer Data Base System) - Participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS) (LINK) role and function, their responsibility for and process of entering information into the system, and how to search and secure information from the system. A second session reviews early training and adds more detailed processes in using the Department's Comprehensive Child Welfare Information System (CCWIS) (LINK).	75%	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
Making the Most of Your Time Do you feel that you start to lose track of the work you need to get done? Are you struggling to identify where to start on the backlog of your work? If so, this course is for you! Participants will learn techniques to maximize the use of their time in order to accomplish critical work tasks, on time. Learn concrete tools to increase effective use of the time. Focus will be placed on improving the ability to manage distractions, working with personal biorhythms, utilizing tracking and prioritizing systems. The course includes an overview of outlook functions to organize time, create tasks, and set reminders.	50%	Held in house	Academy Staff	3	New Social Worker Staff
Meeting the Healthcare Needs of Children in DCF The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and wellbeing issues associated with children in the child welfare system; and to also promote and help families and caretakers sustain the health and well-being of children in their care. This training will also orient participants to the Health & Wellness Division within DCF.	75%	Held in house	DCF Staff	3	New Social Worker Staff
Partnering with Caregivers and Families to Better Serve Children in Foster Care The goal of this training is to have participants enhance their skills to support partnership among CPS, FASU, Foster Parents and Biological family to meet the safety, permanency and well-being needs of children in foster care. Topics covered in this training include: a review of the Reasonable and Prudent Parent Standard; conducting thorough assessments of potential relative/kinship foster parents; Commissioner's waiver process for kinship foster parents; purposeful child in placement visitation and parent/sibling visitation; meeting children's cultural needs while in care; and an introduction to the LIST tool and collaborating with caregivers and service providers to complete the LIST for adolescents in DCF care.	75%	Held in house	Academy Staff	3	New Social Worker Staff
Permanency: The Why and The How This course provides participants with a foundation for understanding permanency work and permanency teaming at DCF. Participants will gain insight into children's critical need for permanency. Participants will learn about and be able to utilize the permanency teaming model as a tool to bring child and family strengths into permanency work. The curriculum will inform participants about legal components of permanency planning and provide policy around expectations for permanency work and permanency teaming. This curriculum supports the participant's ability to bring the voices of children, parents, biological family, kin, and foster families into the decision-making process. There will also be a focus on the use of a permanency team to provide holistic child and family supports that will extend beyond the duration of DCF involvement.	75%	Held in house	Academy Staff	6	New Social Worker Staff
Post Test, Written Assessment and Graduation A gathering to reflect and celebrate the end of the pre-service class program. Before attending, the trainees must take the multiple choice, supervision presentation and essay test showing their mastery of the material.	50%	Held in house	Academy Staff	2	New Social Worker Staff
Sexual Abuse Sex Abuse is a pre-service training designed to provide participants with the fundamental knowledge needed to manage an ongoing services case that involves child sexual abuse and/or juveniles exhibiting sexual offending behaviors. Participants will learn about the common components of childhood sexual abuse. Participants will gain insight into normative sexual development vs. possible red flags for sexual abuse in children. The curriculum will inform participants of their responsibilities in the minimal	75%	Held in house	Academy Staff	6	New Social Worker Staff

Training	IV-E Rate	Venue	Trainers	Hours	Target Audience
facts gathering process, particularly as it applies to preventing the re-traumatization of children and/or damaging the evidence gathering process. The curriculum will provide information about how to work with adult offenders, non-offending parents, child victims, and juvenile sex offenders. Participants will learn about the referral process for the specialized services required in these cases. The training will also provide opportunities to practice using SDM Safety assess					
Structured Decision Making (SDM) This course provides an overview of Structured Decision Making (SDM). The SDM model provides evidence-based data to guide the decisions regarding safety, permanency and well-being for the families and children served by DCF. The training provides an approach to reinforce the implementation and use of the tools at critical points during the life of a DCF case. Timeframes for completion and the integration of SDM with the case planning process are also covered.	75%	Held in house	Academy Staff	6	New Social Worker Staff
Trauma Toolkit The Trauma Toolkit training was developed to educate child welfare professionals about the impact of trauma on the development and behavior of children. This program will explore the impact of child traumatic stress on attachment, cognitive development, behaviors, and relationships. Specific focus is placed on understanding the effect of chronic and complex trauma on brain development and the long-term impact of adverse childhood experiences. Participants will also develop strategies for considering and addressing the psychological safety of children in the wake of traumatic experiences as well as building resilience for children and the caregivers with whom they live.	75%	Held in house	Academy Staff	3	New Social Worker Staff
Understanding the Numbers to Enhance Case Practice The goal of this training is for participants to gain an understanding of the various types and applications of data created within the department and an understanding of how to use that data in their everyday work. This course will provide participants with an overview of the various data reporting systems used within the department. Using lecture, discussion-based activities, and direct computer application, students will be provided information regarding the data collected by LINK and the resulting ROM, LINK Reports, ACR Reports, and other SharePoint reports that stem from their input and influence practice. Specific focus will be placed on reports that can be used by staff to assist in managing case work. Follow up transfer of learning activities will be expected of participants to support their learning.	50%	Held in house	Academy Staff	3	New Social Worker Staff
Worker Safety: A Physical and Psychological Approach for Child Welfare Staff This course focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-awareness, client awareness and environmental awareness. The day includes a discussion on crisis formation and suggestions for de-escalating a client that is presenting as anxious or defensive. Techniques to avoid canine attacks are explored. A portion of the day is dedicated to self-care, which includes an overview of the special review process and a framework for preventing/addressing trauma exposure response.	50%	Held in house	Academy Staff	5	New Social Worker Staff

Mandated Reporter Training

Training	IV-E Eligible	Venue	Trainers	Hours	Target Audience
Mandated Reporter Training This training is for those professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect. Section 17a-101 through 17a-03a inclusive of the Connecticut General Statues.	No	Instructor led sessions held virtually or In person sessions held in locations throughout Connecticut. Content also available as an online training in English, Spanish or ASL.	DCF Staff	60 – 90 mins	School Employees Community Partners Others deemed Mandated Reporters by state statue

Health Care and Oversight Plan

The Health and Wellness Division of DCF supports children and families' wellbeing by continuing to enhance health assessments and intervention with a focus on the most vulnerable populations and empowering families to meet the medical needs of children in care. The division continues to incorporate lessons learned from the past and works with families and communities to keep children healthy while in the custody of their parents or their foster family.

Policy and Practice Standards

The Health and Wellness Division's policy and practice guide entitled "Standards and Practice Regarding the Health Care of Children in DCF's Care" includes healthcare standards and practice for the health and medical oversight of children in care - including those placed in the congregate care setting. Since May of 2021, the practice guide has been under revision with a workgroup of nurses and health advocates reviewing each current standard as well as develop new standards in order to advance better health outcomes for children in DCF's care. This group continued to work throughout the COVID-19 pandemic in addition to the increased demand of monitoring children and youth in care exposed to COVID 19. Revisions to the Department's policy "Standards for Children in Out-of-Home Care" and the creating or updating of forms are part of the overall process with an undated version anticipated in December 2022.

Health Oversight of Children and Youth in Congregate Care Settings

Medication Administration in Congregate Care Setting

DCF Licensed child caring facilities provide health and medical care including specific requirements around administration of medication as required thorough DCF Regulations and CT State Statutes: *Section 17a-145-75. Health and medical treatment.*

- *Connecticut General Statutes 370 Section 20-14h – j, and DCF regulation 17a-6(g)-12-16,*
  Facilities shall only permit the administration of medication by licensed medical professionals or staff certified by the Department pursuant to the Department's medication administration guidelines. At the request of the State of Connecticut Governor's Taskforce on streamlining state functions, the Department, in partnership with the Department of Public Health and the Department of Developmental Services have created a unified statewide medication administration training process that consists of an online curriculum and exam, (Phase 1) and agency-specific certification and the onsite practicum. (Phase 2)

The overarching goals of the Statewide Medication Administration Program include:

- Standardization of the process, curriculum, and select policies and procedures concerning medication administration across all three agencies;
- Development of an automated training program that would be accessed through a web-based system;
- Reciprocity of Phase 1 of the medication administration certification across agencies, recognizing that individuals are often dually employed, facilitating employment and training across agencies; and
- Development of a central registry that would track certification status of persons approved to administer medications that can be accessed by all three agencies.

The Medication Administration Training Program processed certifications for **528** employees working in our DCF Licensed Child Caring facilities.

Congregate Care Health Oversight

The Health and Wellness Division nurses in the Department's Central Office also provide consultation to DCF's Licensing Unit who provides regulatory oversight of the residential child care facilities. These nurses also provide consultation to the residential programs related to medical issues and medication errors. This activity continued virtual during the pandemic however, in person licensing activity occurred as needed.

Regional Resource Group Nursing Health Oversight

The Health and Wellness Division nurses have been developing nursing standards of practice covering areas of consultation with regional child protective services social workers, including: procedures for approving surgeries and procedures, assisting with critical incidents (e. g. fatalities, abuse and neglect, significant incidents), domestic minor sex trafficking, children with complex medical needs, hospital support and visitation plan, multidisciplinary evaluations and nursing consultation process. The nurses also assisted in the development of the Department's "Regional Resource Group Best Practice Guide" and "Criteria for Consults with RRG".

Medically Complex Certification Training Program

10-15% of children in DCF care are classified as Children with Complex Medical Needs. These children have medical needs that require specialized caregivers who understand the child's diagnoses, understand the increased care needs and are placed in a home that is capable of safely caring for their advanced needs. The Medically Complex Training Program provides caregivers and their back-up caregivers the required certification to allow them to have a child placed in their care. They also require additional child specific training by a qualified health care provider to ensure they understand the child specific medical condition and care needs.

Our nurses in the Medically Complex Program continued to provide training and certification for these caregivers even throughout the pandemic often meeting one on one via virtual platforms to make sure the parents met the required training needs and were able to be a placement option.

In 2021, 50 caregivers were certified through our Medically Complex Certification program.
The program nurses are currently working on creating a statewide database of all certified caregivers to assist is finding placements that match the child's specific care needs

Health Advocate

The Health and Wellness Division's Health Advocates help facilitate access to healthcare services and improve health outcomes of the children/youth and families. They assist in resolving barriers to health care services (emergency, urgent and routine medical, dental, vision, mental health and transportation services). The Department of Social Services made several temporary changes during the pandemic and the health advocates played an integral role in providing this information timely to the DCF Area Office staff. The health advocate in collaboration with the regional nurses have developed a practice to connect children with asthma to the Medicaid medical ASO to ensure that these children are assigned an Intensive Case Manager.

DCF's Enhanced Multidisciplinary Evaluations (MDEs)

DCF's Multidisciplinary Evaluations continue to ensure that children entering care receive a comprehensive screen of their physical, behavioral and dental health as well as trauma within 30 days of placement.

MDE clinics continue to meet the needs of the Department and to provide examinations within 30 days of a child's entering care. The COVID-19 pandemic has impacted the percentage of MDE completed within 30 days especially for fiscal year 2020-2021. The percentage of children entering care who had a MDE within 30 days was 89.5% for fiscal year 2019-2020; 80.7% for fiscal year 2020-2021 and 91.2% from July 2021 to March 2022.

The MDE program continues to partner with the CONCEPT trauma grant team to enhance trauma screening of children entering care. The MDE clinics complete the Connecticut trauma screen (CTS) as part of the MDE for all children ages 7 and older and where indicated recommend referral for therapeutic intervention children and youth entering care. A CTS for children ages 3-6 years old, the CTS Young Child (CTS-YC), was added to the MDE in July 2018.

DCF has developed trainings for the MDE providers. Training for: Medical Providers in contracted MDE Clinics on the MDE tool, Clinic Behavioral Health providers in the MDE Clinics on the new behavioral health scales and an Orientation for New Clinic Coordinators on their role and responsibilities.

Total MDEs Performed

Reg.	Area Office	FY2019-20			FY2020-21			FY2021-22 JUL-Mar.		
		# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met
1	Bridgeport AO	99	78	78.8%	53	32	60.4%	35	31	88.6%
	Norwalk AO	62	54	87.1%	38	27	71.1%	23	22	95.7%
	Region 1 Total	**161**	**132**	**82.0%**	**91**	**59**	**64.8%**	**58**	**53**	**91.4%**
2	Milford AO	94	79	84.0%	80	69	86.3%	31	29	93.5%
	New Haven AO	92	82	89.1%	43	42	97.7%	47	41	87.2%
	Region 2 Total	**186**	**161**	**86.6%**	**123**	**111**	**90.2%**	**78**	**70**	**89.7%**
3	Middletown AO	18	18	100.0%	29	25	86.2%	31	29	93.5%
	Norwich AO	89	85	95.5%	66	63	95.5%	105	93	88.6%
	Willimantic AO	87	87	100.0%	60	51	85.0%	40	40	100.0%
	Region 3 Total	**194**	**190**	**97.9%**	**155**	**139**	**89.7%**	**176**	**162**	**92.0%**
4	Hartford AO	134	116	86.6%	99	64	64.6%	77	69	89.6%
	Manchester AO	106	91	85.8%	86	66	76.7%	69	65	94.2%
	Region 4 Total	**240**	**207**	**86.3%**	**185**	**130**	**70.3%**	**146**	**134**	**91.8%**
5	Danbury AO	54	51	94.4%	45	37	82.2%	23	22	95.7%
	Torrington AO	39	38	97.4%	39	35	89.7%	33	32	97.0%
	Waterbury AO	126	119	94.4%	116	97	83.6%	55	51	92.7%
	Region 5 Total	**219**	**208**	**95.0%**	**200**	**169**	**84.5%**	**111**	**105**	**94.6%**
6	Meriden AO	26	25	96.2%	27	18	66.7%	16	12	75.0%
6	New Britain AO	108	92	85.2%	85	73	85.9%	64	56	87.5%
	Region 6 Total	**134**	**117**	**87.3%**	**112**	**91**	**81.3%**	**80**	**68**	**85.0%**
		1134	**1015**	**89.5%**	**866**	**699**	**80.7%**	**649**	**592**	**91.2%**

Information Technology:

DCF continues its progress of implanting the new child welfare information system (CT Kind). The Health and Wellness Division members anticipate participating in this project as the IT team moves to those elements of the system that involved the medical health of children in DCF's care.

The Division has also embraced the use of Microsoft TEAMs for most aspects of division work including:

- Meetings and day to day communication
- Data collection
- Document storage and revision

- Calendars for daily staffing and meetings

This allows for all activity to be readily available and reviewed for reports, supervision and meeting information.

Health and Wellness Education Initiatives

Training of AO staff: DCF nurses continue to partner with DCF's Academy of Workforce Development in the provision of education as part of routine training of social workers in preservice and investigators in-take training. The content reviews: attending to health, review of the "Standards and Practice Regarding the Health Care of Children in DCF's Care" practice guide, children with complex medical needs, identification of developmental delays (Birth to 3 and Info Line), COVID related education including PPE training and the Child Abuse Pediatrician's consultation. The Health and Wellness Division has also partnered with CT's Child Abuse Pediatricians (CAPs) on an education initiative focused on child abuse prevention and early identification. This involves ongoing training to DCF nurses and RRG Nursing/CAP partnerships in education to Area Offices/Regions on prevention and early recognition of child abuse.

Health and Wellness Division's Quarterly Nursing Seminar's topics for nursing have been: Intimate Partner violence, Screening for substance in newborns, health care for youth with Gender Dysphoria, developmental Disabilities and access to statewide services, Childhood Asthma and Medical-Legal Topics in Child Welfare. The Division has also received focused trainings on Racial Justice and its impact on health disparities and inequities.

Training of Foster Parents and Caregivers: The Health and Wellness Division has continued to present its training series to prepare caregivers to safely manage and care for DCF's unique population. The training includes core courses of *Fostering Health for Children in Foster Care* and *Medication Safety for Foster Parents (*available in Spanish for both in-person and on-line trainings). Foster families who choose to foster children with complex medical needs additional trainings offered are: *Strategies and Resources for Managing Health Care* and *Medically Complex Certification Course*. Brief course descriptions:

Fostering Health for Children in Foster Care is a requirement for all foster parents and is mandatory. It is taught both by DCF staff in-person and on-line.

Medication Safety for Foster Parents is an on-line training. It covers how to read a medication label, how to measure medication, safe storage and control of medication, keeping track of medication doses administered, and what to do if their child as a side effect to a medication.

Strategies and Resources is provided for relative and kin foster parents and is a pre-requisite for any non-relative foster parent wanting to become a medically complex foster parent. This is both done in a virtual setting during the pandemic and as a 1:1 training upon request.

Medically Complex Certification Course training is for non-relative foster parents interested in caring for children with complex medical needs. The course is currently given virtually and led by nurses in the Complex Medical Unit of the Health and Wellness Division. It explores the unique needs of this population and components which contribute to a child's medical complexity.

CPR: All foster parents are currently required to take age appropriate CPR.

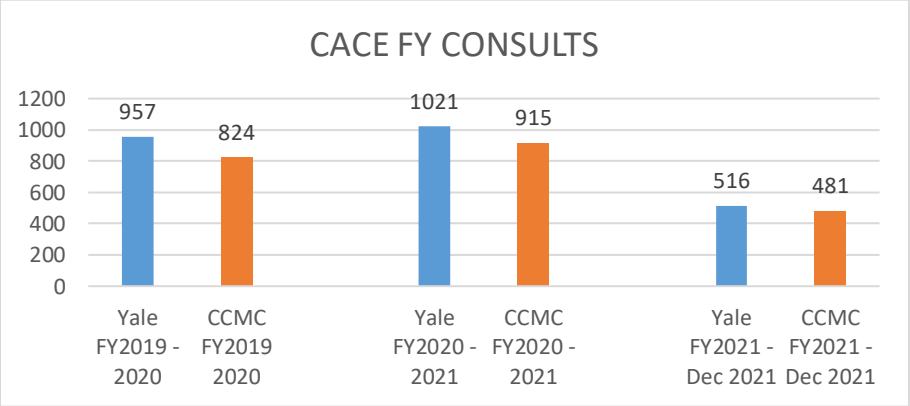
*Child Specific Medical Training; A*ll foster parents who care for children with complex medical needs are mandated to take child specific medical training specific to that child's medical needs prior to placement.

Additional foster parent trainings provided by the health advocates has been on accessing Medicaid services and the health advocate role and how they can assist families with barriers to services.

Training for Congregate Care providers: Health and Wellness Division provides training (per State statute) that certifies non-licensed staff in congregate care settings to administer medications. The course content and testing is offered on-line with skills testing and practicums in-person at the congregate care settings. Trainings offered to nurses working in the congregate care settings include: Endorsed Instructor training (the nurse's role in the medication administration certification of non-licensed staff) and New Congregate Care Nurse Orientation (an orientation to DCF expectations on the medical management of DCF youth in congregate care settings).

Coordination with State and Community Partners

Child Abuse Center of Excellence: The Department partners with CACE providers for Connecticut Children's Medical Center and Yale New Haven Hospital to provide consultation and evaluation of children with suspected abuse and neglects. The CACE providers provides consultation to DCF staff and medical providers outside of their hospital networks. Case consultations are listed below.



"Health Mouths, Healthy Kids" initiative **:** The mission of this cooperative project is to ensure that every child served by DCF and enrolled in the HUSKY Health (Medicaid) Program will receive oral health care services at an established dental home no later than age one in order to achieve optimum oral health conditions. Part of the project is a data sharing agreement between DCF and the CT Dental Health Partnership quarterly. The information provided is whether children have had an exam or cleaning in the last 6 months. Progress on the oral health initiative is presented to agency leadership. The health advocates have also offer trainings on this oral health initiative to foster parents and directors at congregate care settings.

Claims Health Profile: DCF partners with Department of Social Services to create a claims health profile for children entering care and this initiative was implemented statewide in January 2020. The claims health profile provides a snapshot of health and is provided within 24 hours of request. Information collected include identification of PCP and one year of claims diagnoses, identification of any other providers and two years of claims diagnoses, pharmacy information including medication, date last filled, prescriber and pharmacy, immunization information based on two years of claims, inpatient admissions including hospital, dates and diagnoses for two years and emergency department visits including dates and diagnoses for two years. This information besides being available to DCF is also share with the child's caregiver. CHP received are listed in the below by region and statewide.

	Total # of CHPs		
Region	FY 19-20	FY 20-21	FY 21-March 22
1	40	71	47
2	60	120	61
3	86	146	153
4	230	164	114
5	83	204	109
6	122	109	85
Total	**621**	**814**	**569**

Licensure and Certification Workgroup**:** This initiative is a multi-agency collaboration established by the state legislature that requires the Office of Policy and Management to convene a workgroup to conduct a review of the certification and licensure processes of certain non-profit community providers, and study potential efficiencies. Membership consisted of six representatives of non-profit community providers and representatives from the DCF, Developmental Services, Mental Health and Addiction Services, and Public Health. The DCF medication administration program is included in this initiative as the workgroup looks to have one state-wide program for the certification of non-licensed staff to administer medications.

DCF continues to work on efforts to enhance outcomes for children in care through improved coordination and collaboration. In addition to encouraging and promoting partnering with community providers as part of routine care and practice, DCF continues to work with other agencies and stakeholders on focused initiatives. These include:

- Health Care Cabinet: The Cabinet was established to the Governor, Lt. Governor and the Office of Health Reform & Innovation on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.

- Health Information and Documentation: Work continues to ensure access and ready availability of reliable health information to inform practice and planning and improve outcomes of children in care. These efforts include:

- Nursing Standards and Practice workgroup: The guideline for nursing documentation is developed by the Nursing Standards and Practice Workgroup has been implemented and to standardized and improve practice. The workgroup has created different documentation guides related to the nursing activity involved and what elements should be in the note that represents best nursing practice.

Centralized Medication Consent Unit (CMCU): The CMCU is staffed by child psychiatrists and APRNs who are responsible for reviewing psychotropic medications recommended by community psychiatric practitioners for DCF-committed children/youth. A Psychotropic Medication Advisory Council is a DCF-organized council of public and private physicians, clinicians, nurses, family members and pharmacists who advise the CMCU in establishing and maintaining practice guidelines for the use of psychotropic medications in DCF-committed children/youth. The Council meets regularly to recommend dosing parameters and monitoring guidelines; review adverse drug reaction reports; consider changes to the CMCU medication formulary.

CMCU outcome data highlights for 2020:

- 538 unique youth were approved to be prescribed least one psychotropic medication

Intraclass polypharmacy (at least 2 concurrent medications per class)

1. "ADHD medications" includes stimulants, alpha-agonists, and atomoxetine
   --134 unique youth were approved for 2 ADHD medicines, 3 unique youth were approved for 3 ADHD medicines, none approved for more than 3
2. "anti-anxiety medications" includes benzodiazepines and buspirone. Antidepressants not included in this class even if prescribed primarily for anxiety
   --0 youth was approved for 2 concurrent antianxiety medications (a benzo and buspirone)
3. "antidepressant medications" includes SSRIs, SRNIs, TCAs, trazodone, and bupropion (Wellbutrin) but does not include atomoxetine (which is included in the ADHD class)
   --26 unique youth were approved for 2 concurrent antidepressant medications (either SSRI/SNRI+ trazodone or SSRI/SNRI + bupropion), 1 youth was prescribed 3 concurrent antidepressant medications (escitalopram + Wellbutrin + trazodone)
4. "antipsychotic medications" includes both typical and atypical antipsychotics as well as clozapine
   --0 youth were approved for any medication is this class
5. "hypnotics" includes Z-class sedative-hypnotics
   --0 youth were approved for any hypnotics

6. "mood stabilizers" includes anticonvulsants like Depakote, Tegretol, and Lamictal, and lithium prescribed primarily for psychiatric reasons
   --1 unique youth were approved for 2 concurrent mood stabilizers

Youth on 4 or more standing psychiatric medications:
There were 76 unique youth approved to be prescribed 4 standing psychotropic medications. Of these, there were 5 unique youth approved to be prescribed 5 standing psychotropic medications. No one was approved to be prescribed any more than 5 standing psychotropic medications.

Next Steps:

1. Continue to actively address the prescribing of two or more anti-psychotic medications concurrently and four or more psychotropic medications concurrently to children/youth committed to DCF.
2. Continue to closely monitor the requests to prescribe psychotropic medications for children age five and under. Work collaboratively with regional staff to identify non-medication treatment alternatives and fully integrate these into the care plans.
3. Continue to monitor the prescribing of pro renata (PRN) medications, analyze data in PMAC and develop guidelines as needed.

Section F: Statistical and Supporting Information

Information on Child Protective Workforce

The official job classifications developed by the State of Connecticut, Department of Administrative Services for child protective service professionals include Social Worker, Social Worker Trainee, Social Work Supervisors, Program Supervisor; the minimum requirements are as follows:

Social Worker Trainee

- Minimum requirement for this classification is possession of a Bachelor's or Master's degree in social work or a closely related field. Closely related field is defined as applied sociology; child development; child welfare; clinical psychology, counseling; human development and family studies; marriage and family therapy; nursing; social and/or human services; education; criminal justice. In practice, the Department screens applicants for this classification and prioritizes applicants with either a BSW or MSW for

interview. The Social Worker Trainee is the gateway to an automatic promotion to Social Worker after successful completion of a two-year training period.

Social Worker

- Minimum requirement for this classification is possession of a Master's degree in social work or a closely related field and one (1) year of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning OR a Bachelor's degree in social work or a closely related field and two (2) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning. Closely related fields are: applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education and criminal justice Qualifying experience at this level must include the use of professional interviewing techniques, provision of skilled counseling to an assigned client caseload and assessment of basic client needs (nutritional, environmental, financial, medical, protective service) through continuing personal observation during visits, intervention and evaluation. As with the Social Worker Trainee, the Department screens applicants for this classification and prioritizes applicants with a MSWs for interview.

Social Worker Supervisor

- Minimum requirements for entry to the Social Worker Supervisor examination are: Master's degree in social work or a closely related field and two (2) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning OR a Bachelor's degree in social work or a closely related field and three (3) years of experience in the self-directed use of case management techniques and counseling to sustain or restore client functioning. Closely related fields are: applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education and criminal justice. Qualifying experience at this level must include the use of professional interviewing techniques, provision of skilled counseling to an assigned client caseload and assessment of basic client needs (nutritional, environmental, financial, medical, protective service) through continuing personal observation during visits, intervention and evaluation. Qualifying experience must be at the full working level above the level of Social Worker Trainee. Social Work Supervisor opportunities are filled through internal promotions.

Program Supervisor

- Minimum requirements for the Program Supervisor classification are: eight (8) years of professional experience in the field of child welfare, children's protective services, foster services, adoption or social and human services; one (1) year of the General Experience must have been in a supervisory capacity over professional staff responsible for planning, developing or implementing administrative or program services in child welfare, children's protective services, children's mental health or juvenile justice; this is interpreted at the level of Social Worker Supervisor.

<u>Data on the education, qualifications, and training of such personnel</u>

The minimum experience and training requirements for child protective workforce are as outlined above. The Department verifies required credentials through official transcripts and employment verification obtained through the recruitment process. Although the Department verifies the educational credentials of its workforce upon hire, there is no current system in place to track when staff confer degrees beyond a Bachelor's level. The Department disseminated a staff survey to capture this data. In-service training of personnel is tracked by the Academy for Workforce Development through our Learned Management System.

How skill development of new and experienced staff is measured

Training evaluations are distributed at the end of each training offered through the DCF Academy to gather specific information regarding overall feedback, relevance and application of class content. The DCF Academy also accepts and encourages requests for one-to-one training to be provided to staff when skill development or another area of concern arises.

Academy staff also partner with supervisors and managers of new employees to coordinate the learning process. Bi-monthly meetings are held to discuss skill development and to trouble-shoot any barriers to the learning process. Transfer of learning activities are also built into the pre-service training programs to ensure content is applied to practice.

Degree Totals: A-2022, B-2021, B-2022, C-2022, D-2022, E-2022, F-2022

All Groups	Count	Percentage of Total
BSW	27	21.09%
MSW	29	22.66%
Other Bachelor Degree	52	40.62%
Other Masters Degree	18	14.06%
Not Reported	2	1.56%

Degree by Group								
Group	**A2022**	**B2021**	**B2022**	**C2022**	**D2022**	**E2022**	**F2022**	**Grand Total**
BSW	1	6	4	4	4	4	4	27
MSW	1	6	9	3	4	4	2	29
non BSW/MSW	3	5	11	6	10	20	13	68
Not Reported			2			2		4
Grand Total	**5**	**17**	**26**	**13**	**18**	**30**	**19**	**128**

Demographic Information - Child Protective Services Personnel (as of 6.20.22)

Staffing by Ethnic Group:

Job Cd Descr (Filter)	(Multiple Items)

Count of Job Code	Column Labels									
Row Labels	AMIND	ASIAN	BLACK	HISPA	NSPEC	PACIF	TWO	WHITE	(blank)	Grand Total
Chil&FamAreaDir2RC			1							1
Chld&FamProgDir		1	8	9				22		40
Chld&FamProgSup	1	2	24	18		1		50		96
SocialWorkCaseAide			36	33				29		98
SocialWorkCaseAideRC			2							2
SocialWorkSupervisor		6	101	57				187		351
SW-Socl&HumanSvcs	4	15	421	219	7			500	6	1172
SWTrne-Socl&HumanSvcs		1	29	11			3	27	6	77
Grand Total	**5**	**25**	**622**	**347**	**7**	**1**	**3**	**815**	**12**	**1837**

Staffing by Age:

Job Cd Descr (Filter)	(Multiple Items)

Count of Job Code	Column Labels						
Row Labels	18-25	26-36	37-47	48-58	59-69	70 and Above	Grand Total
Chil&FamAreaDir2RC				1			1
Chld&FamProgDir			11	26	3		40
Chld&FamProgSup			39	51	6		96
SocialWorkCaseAide	2	13	30	44	9		98
SocialWorkCaseAideRC			1		1		2
SocialWorkSupervisor		19	145	170	14	3	351
SW-Socl&HumanSvcs	9	310	425	372	55	1	1172
SWTrne-Socl&HumanSvcs	22	38	10	6	1		77
Grand Total	**33**	**380**	**661**	**670**	**89**	**4**	**1837**

Staffing by Gender:

Job Cd Descr (Filter)	(Multiple Items)

Count of Job Cd Descr	Column Labels			
Row Labels	F	M	U	Grand Total
Chil&FamAreaDir2RC		1		1
Chld&FamProgDir	29	11		40
Chld&FamProgSup	68	28		96
SocialWorkCaseAide	63	35		98
SocialWorkCaseAideRC	1	1		2
SocialWorkSupervisor	269	82		351
SW-Socl&HumanSvcs	936	234	2	1172
SWTrne-Socl&HumanSvcs	64	13		77
Grand Total	**1430**	**405**	**2**	**1837**

Caseload Report Guide

CT DCF Electronic case management system (**LINK)** utilizes assignments to determine how many points, if any, each Worker assigned to a case receives depending on their role. The following is a summary of the **LINK** caseload reporting process:

The assignment combinations listed below in fig 1 generate **ONE** caseload point for each open assignment. There are 132 different combinations of Type/Responsibility/Role in the Assignment Category table. **ONLY** these fourteen assignment combinations will generate a caseload point.

Any worker with an open assignment of **CPS OOH, N/A, Primary** where no lead assignment exists, will also receive a point for each case participant with an open, approved placement.

Any worker with an open assignment of **Permanency Services, N/A, Primary**, where no lead assignment exists, will receive a point for each case participant with an open, approved placement.

If an open **Lead Worker** assignment outlined in **fig. 1.1** exists for a case participant who is in an open, approved placement, then that worker will receive **ONE** point. We have added an assignment combination of **CPS In-Home, N/A, and Primary** that is to be used to designate **In-Home** cases. This assignment combination will carry **ONE** case point and no additional placement points.

Fig 1.1 - Assignment Category Table

Assignment Type	Assignment Responsibility	Assignment Role	Case Points	Placement Points	Maximum Points	Percentage Utilization
Adolescent Services	N/A	Primary	1	0	20	5.0%
Adolescent Services	N/A	Lead Worker	1	0	20	5.0%
CPS In-Home	N/A	Primary	1	0	15	6.7%
CPS OOH	N/A	Primary	1	1	20	5.0%
CPS OOH	N/A	Lead worker	1	0	20	5.0%
ICO	N/A	Primary	1	0	49	2.0%
ICO	N/A	Lead worker	1	0	49	2.0%
Family Assessment Response	Area Office	Primary	1	0	17	5.9%
Family Assessment Response	Area Office	N/A	1	0	17	5.9%
Investigation	Area Office	Primary	1	0	17	5.9%
Investigation	Area Office	N/A	1	0	17	5.9%
Permanency Services	N/A	Primary	0	1	20	5.0%
Permanency Services	N/A	Lead	1	0	20	5.0%
Probate	N/A	Primary	1	0	35	2.9%
Probate	N/A	Lead	1	0	35	2.9%
Voluntary	N/A	Primary	1	0	49	2.0%
Voluntary	N/A	Lead	0	1	20	5.0%
FWSN	N/A	Primary	1	0	49	2.0%
FWSN OOH	N/A	Lead	0	1	20	5.0%

Last amended March, 2012

Juvenile Justice Transfers

Since 2018 all responsibility for delinquency proceedings lies with the Court Support Service Division of the Judicial Branch. For any youth under the care and custody of the Department of Children and Families, who is subsequently adjudicated delinquent, DCF retains custody/commitment/guardianship and continues to provide case management services. Such youth have access to the full array of DCF supports and services throughout and following the period of delinquency.

Education and Training Vouchers

Attachment C

Annual Reporting of Education and Training Vouchers Awarded 2022
Name of State: State of Connecticut Department of Children and Families

Academic Year	Total ETV s Awarded	Number of New ETVs
2020-2021 Academic School Year (July 1, 2020 to June 30, 2021)	75 computers distributed- cohort of students 2020 (August 2020) - (all new) +9 ETV grants adoption/subsidized guardianship transfers (5 new, 4 repeat) +12 Specialized funding & unmet/loan needs (7 new) +5 Winter tuition funding (2 new, 3 repeat) +30 Summer tuition funding request (8 new, 22 repeat) 75 foster/adoptive students served on campus programming (55 repeat, 20 new) Total = 206	New Recipients: (75 computers + 5 new Adoption/Subsidized Guardianship Transfers (STOG), + 7 new special /unmet/loan needs funding, +2 new winter tuition funding, +8 new summer tuition funding, + 20 new students for campus supports) =117
2021-2022 Academic School Year (July 1, 2021 to June 30, 2022)	73 Computers awarded cohort 2021 (August 2021) - (all new) 5 ETV grants adoption/ Subsidizes Guardianship transfers over 16 (Sept 21) - (2 new +3 repeats) 10 Winter 2021 funding (5 new +5 repeat) 5 Summer funding thus far (2 new + 3 repeats) anticipating 3 more (new) 7 Unmet financial Need/loan - 2022 (5 repeats + 2 new) anticipating 3 more new. 200 College/University Campus and Support Mentor Program (111 new + 89 repeats)	New Recipients: 73 new computers (2021 cohort) +2 new adoption/ Subsidized Guardianship Transfers (STOG), + 5 new winter funding, + 2 new summer funding (thus far), + 2 new unmet need/loan, + 111 (new college campus support) = 195 (new ETV grants supported)
2022-2023 Academic School anticipated projections for the next school year	Anticipate up to: 1. 125 computer funding (2022 cohort). 2. 3 Pupil Services Specialist positions, 3. 15 ETV grants for adoption/subsidized guardianship transfers; 200 mailings of ETV Applications 4. 75 summer/winter course funding, 5. Funding to assist with 4 college/universities student support programs and 1 College Mentor support program that will service foster/adoptive youth on campus throughout the entire state of Connecticut. 6. The goal to continue to promote ETV to young adults up to age 26. Goal of 25 ETV grants awarded to those who are between the ages of 23-26 through contract service.	Goal of up to 150 new ETV grants

Summary of Attachment C chart for Academic Year 7/1/2020 - 6/30/2021:
ETV Adoption and Subsidized Guardianship transfer grants were awarded to 9 recipients (5 new and 4 repeat). In June 2021, approximately 200 ETV applications were mailed to eligible former foster students. Of the 200 applications mailed, 9 requested funding. All ETV funding requests were awarded.

The Department also funded 12 specialized/unmet/loan needs requests for Cost of Attendance for foster youth, with 7 new recipients and requests, and 5 repeats. Winter and summer course funding continue to be an identified need from this population. DCF awarded 5 Winter course funding with 2 new and 3 repeat recipients. There were 30 requests for ETV funding for summer courses, which includes 8 new recipients and 22 repeats. ETV funding provided 75 new recipients of the foster youth population entering Post-Secondary Education Institutions to receive necessary computer and equipment for studies.

The Department continued its collaboration to support, develop and enhance programming for current and former foster youth on Connecticut state colleges, universities, and vocational campuses. In total 75 current and former foster youth were supported through these programs. There were 20 new and 55 repeat recipients involved in this programming. In summary for 7/1/2020- 6/30/2021 206 ETV grants were awarded with 117 new recipients.

Summary of Attachment C chart for Academic Year 7/1/2021 - 6/30/2022:
The Department awarded 73 new ETV grants for youth who were entering into PSE during the fall of 2021 to purchase computer and equipment. The PSE Consultants are preparing to do a mass mailing of ETV grants application for adopted and Subsidized Guardianship Transfer youth. This will also include ETV Covid Emergency information. To expand the outreach to current and former foster youth, the PSE Consultant will mail ETV and ETV-C Emergency funding information and applications to all eligible youth in this population back to 2017, which is estimated to be 200+ in May and June 2022. The PSE Consultants accept ETV funding requests throughout the entire year. To educate, advertise and expand the ETV grants, the PSE Consultants continually work to provide information, training and applications to High School Counselors, Colleges, Vocational Schools, Connecticut Alliance of Foster and Adoptive Families (CAFAF), current and foster youth, Adoption and Guardianship transfer units, Foster and Adoptive Parent trainings, DCF staff, DCF Youth Advisory Boards, Support programs, SUN Scholars and Think of Us agency.

Thus far, there have been 5 ETV adoption and STOG grants were awarded in August 2021, with 2 being new and 3 repeats. The winter (2021) and summer (2022) funding opportunities information is distributed to the DCF Adolescent/Transitional Social Workers several times during the year. The funding provided by ETV for Winter 2021 course funding was awarded to 10 youth, all who requested funding with 5 new awards and 5 repeat awards. Thus far, 5 summer course funding requests have been received and funded: with 2 new requests and 3 repeats. There are several more applications anticipate for summer funding. Social Workers are exploring ETV and ETV-C funding request options with youth. This funding will be available to September 30, 2022. ETV provided funding for 7 youth who have unmet financial needs/loan reimbursement/specialized need. There have been 5 repeat requests funded and 2 new requests thus far. Due to the ETV-C funding the Department has been able to utilize a portion this funding and a portion of ETV funding to directly support current and former foster youth on Connecticut vocational, college and university campuses across the state. Currently, there are 4 colleges that have developed and expanded on campus supports for current and former foster youth, and 1 Support Agency dedicated to the population that is on other college campuses because of the ETV and ETV-C funding. In total, ETV and ETV-C funding is directly supporting 200 current and former foster youth in post-secondary education programs. These programs provide enhanced supports on campus, mentoring supports, academic supports, career and job trainings, retention services, community providers partnerships for this population. The estimate is that 111 of these foster students are new recipients.

Inter-Country Adoptions

At this time, the Department is not able to identify the number of Children who were adopted from other countries and entered state custody.

Monthly Caseworker Visitation

The Department will submit the monthly caseworker visitation data by 12/15/22 as required.

Maintenance of Effort

State of Connecticut - Department of Children and Families
Maintenance of Effort
Child and Family Services Plan for June 30, 2022 submission

	FY 2021	FY 1992
Program Type	**State Expenditures**	**State Baseline**
Family Preservation	268,951,554	12,983,241
Family Support	179,301,036	5,278,088
Totals	**448,252,590**	**18,261,329**

State share of Title IV-B, subpart 2 expenditures for comparison to 1992 base as required for evidence of compliance with non-supplantation requirements in Section 432 (a) (7) (A) of the Social Security Act

Reallotment Request

The Department respectfully requests $450,000 to pursue the following:

1. Establish community-based prevention networks
2. Expand our faith-based partnerships to include prevention and kinship care support.
3. Support to the post-secondary support programs for youth in care transitioning to adulthood.

CFS 101- Part II

Category: Protective Services	Population to be Served	Geographical Area(s)Served
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
Intimate Partner Violence	Providers & Families	Statewide
ASPHA/CWLA Conference Attendees	DCF Leadership	Hartford
JRA Consulting	DCF Staff & Providers	Statewide
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Parents with Cognitive Limitations	Agency and Community Providers	Statewide
CT-AIMH Regional Training	DCF Staff & Community Providers	Statewide
Triple P America	Contracted Triple P Providers	Statewide
FAVOR (CRP)	CRP Members	Statewide
Yale/CCMC DART Scan	Families & DCF Staff	Statewide
UCONN -CAPTA Evaluation	Families, Community Providers & DCF Staff	Statewide
Mindshare	DCF Staff	Statewide
Substance Exposed Infants	Community, Providers, & Families	Statewide
Visit Coaching	Contracted Quality Parenting Center Staff	New Haven, Milford, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, Torrington, New Britain
Central Office Position	DCF Staff & Providers	Statewide

Taylor Consultants - Child Safety Practice Model	DCF Staff and External Partners	Statewide
UCONN School of SW (PIC)	Families with an accepted CPS Report; families who have engaged in the Community Support for Families Program	Statewide

Category: Family Preservation Services	Population to be Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers	Statewide
Community Collaboratives	Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
Substance Exposed Infants	Families, Providers, Community	Statewide
Area Office Assistant Positions	DCF Area Office staff	Norwalk, Meriden
The Connection	Families in need of stable housing	Statewide
CT Association Infant MH	DCF Staff & Community Providers	Statewide
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Covenant to Care-Adopt a SW	Families	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Waterbury
JRA Consulting	DCF Staff/Providers/Families	Statewide
UCONN -Adoption enhancements	Adoptive Families	Statewide

Category: Family Support Services	Population to be Served	Geographical Area(s)Served
Triple P America	Contracted Triple P Providers	Statewide
Intimate Partner Violence	Providers & Families	Statewide
The Connection	Families in need of stable housing	Statewide
CT Association for Infant Mental Health	DCF staff/Community Providers	Statewide
CT Parents with Cognitive Limitations	Families/Providers	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
UCONN - Adoption Assistance Program	Adoptive Families	Statewide
Covenant to Care-Adopt a SW program	DCF involved families	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Statewide
Visit Coaching	Contracted Quality Parenting Center Staff	New Haven, Milford, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, Torrington, New Britain
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
FAVOR (FSM)	Families	Statewide
Substance Exposed Infants	Families/Provider/Community	Statewide
JRA Consulting	DCF staff/Providers	Statewide
Community Collaboratives	Families	Statewide
Family Life Lifters	Families/Community	Statewide

Category: Time-Limited Family Reunification Services	Population to be Served	Geographical Area(s)Served
Family Life Lifters	Families/Community	Statewide
Area Office Assistant Positions	DCF Staff	Statewide
The Connection	Families who need stable housing	Statewide
Visit Coaching	Contracted Quality Parenting Center Staff	New Haven, Milford, Norwich, Willimantic, Hartford, Manchester, Danbury,

		Waterbury, Torrington, New Britain
CT Parents with Cognitive Limitations	Providers & Families	Statewide
Reunification & TFT Services	Families with children in OOH care	Statewide
Covenant to Care-Adopt a SW program	Families	Statewide
CT Association for Infant Mental Health	DCF Staff & Community Providers	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Community Collaboratives	Families	Statewide
JRA Consulting	DCF Staff/Providers	Statewide

Category: Adoption-Promotion and Support Services	Population to be Served	Geographical Area(s)Served
UCONN -Adoption enhancements	Adoptive Families	Statewide
CT Association for Infant Mental Heath	DCF Staff/Community Providers	Statewide
JRA Consulting	DCF Staff/Community Providers	Statewide
Family Life Lifters	Families	Statewide
Community Collaboratives	Families	Statewide
Easter Seals Support Group	Adoptive Families caring for medically complex children	Statewide

Category: Other Services Related Services	Description of Population	Geographical Area(s)Served
Chapin Hall	DCF, Community, & Families	Statewide
Don Winstead	DCF Agency Leadership	Statewide
Foster Care Maintenance	**Description of Population Served**	**Geographical Area(s)Served**
A) Foster Family & Relative Foster Care	Licensed caregivers providing caring for children (ages 0-21) placed in OOH care	Statewide
B) Group/Institutional Care	Facilities that are providing care for children (ages 0-18) requiring OOH with 24-hour supervision	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
Adoption-Subsidy Payments	**Description of Population Served**	**Geographical Area(s)Served**
	Families who have adopted children from DCF's custody.	Statewide
Guardianship Assistance Payments	**Description of Population Served**	**Geographical Area(s)Served**
	Families who have been granted legal guardianship of children from DCF's custody.	Statewide
Independent Living Services	**Description of Population Served**	**Geographical Area(s)Served**
Independent Living Services	Youth making a transition from foster care to self-sufficiency	Statewide
Education & Training Vouchers	**Description of Population Served**	**Geographical Area(s) Served**
	Eligible youth pursuing secondary education and or vocational training.	Statewide
Child Care Related to Employment Training	**Description of Population Served**	**Geographical Area(s) Served**
	Parents/Children in Daycare	Statewide

CAPTA	Population to be Served	Geographical Area(s)Served
Multidisciplinary Teams	Children who are alleged victims of sexual and physical abuse	Statewide
Intimate Partner Violence	Providers & Families	Statewide
Substance Exposed Infants	Providers, Families, Community	Statewide
Triple P America	Contracted Triple P Providers	Statewide
FAVOR (CRP)	CRP Members	Statewide

CT-AIMH Regional Training	DCF Staff & Community Providers	Statewide

CFS 101 - Part III -Subpart I (FFY 2020)

Office Assistant Positions	Area Office Staff	Norwalk/Meriden
Central Office Position - Contract Management	Contracted Providers	Statewide
CCMC	Children/ Youth for whom serious physical abuse/neglect is suspected.	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide
CT Parents with Cognitive Limitations	Agency and Community Providers	Statewide

CFS 101 - Part III -Subpart II (FFY 2020)

Description	Description of Population	Geographic Area
Reunification & TFT Services	Families with children in OOH Care	Statewide
Community Collaboratives	Families and Individuals wanting to be a foster and or adoptive resource.	Statewide
FAVOR	DCF Staff & Families	Statewide
UCONN -Adoption enhancements	Families who have adopted children from DCF's custody or the state's subsidized guardianship program.	Statewide
Easter Seals Support Group	Families that have adopted children with special needs.	Waterbury
Covenant to Care- Adopt a SW program	DCF Staff & Families	Statewide
UCONN SSW PIC	Families who have an accepted CPS Report and families who have engaged in the Community Support for Families Program	Statewide
Family Life Finders	Community	Statewide
CT Association for Infant Mental Health	Agency staff and Community Partners	Statewide
National Council on Crime & Delinquency (SDM)	DCF Staff	Statewide
JRA Consulting	Agency Staff and Community Partners	Statewide
The Connection	DCF involved families in need of supportive housing	Statewide
Chapin Hall	DCF, Community, & Families	Statewide
Don Winstead	DCF Agency Leadership	Statewide
Harvard GPL	DCF Staff	Statewide

CFS 101 - Part III -Chafee (FFY 2020)

Chafee	Description of Population	Geographic Area
Personnel Expenses	Staff who support youth in their transition to vocational programming and ETVs	Statewide
Mentoring	Eligible youth who reside in OOH care	Statewide
Summer Youth Employment	DCF involved youth	Statewide
Youth Advisory Board	Youth who are members of the YAB	Statewide
Work to Learn	Provides support to youth transitioning to adulthood	Hartford, Norwich, Bridgeport, New Haven, Waterbury
YV Lifeset	DCF Involved youth	Regions 3,4,6
Manufacturing Career Prep for Girls	Youth	Statewide
PSE preparation and support	Transitioning Youth	Statewide

CFS 101 - Part III -ETV (FFY 2020)

Chafee	Description of Population	Geographic Area
ETVs awarded	Former Foster Youth enrolled in post-secondary education	Statewide