

STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

2026 ANNUAL PROGRESS AND SERVICES REPORT



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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CT Department of Children and Families Report Website:
<https://portal.ct.gov/DCF/Data-Connect/Federal-Reports>

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Section A. Overview CFSP, APSR, and CFSR

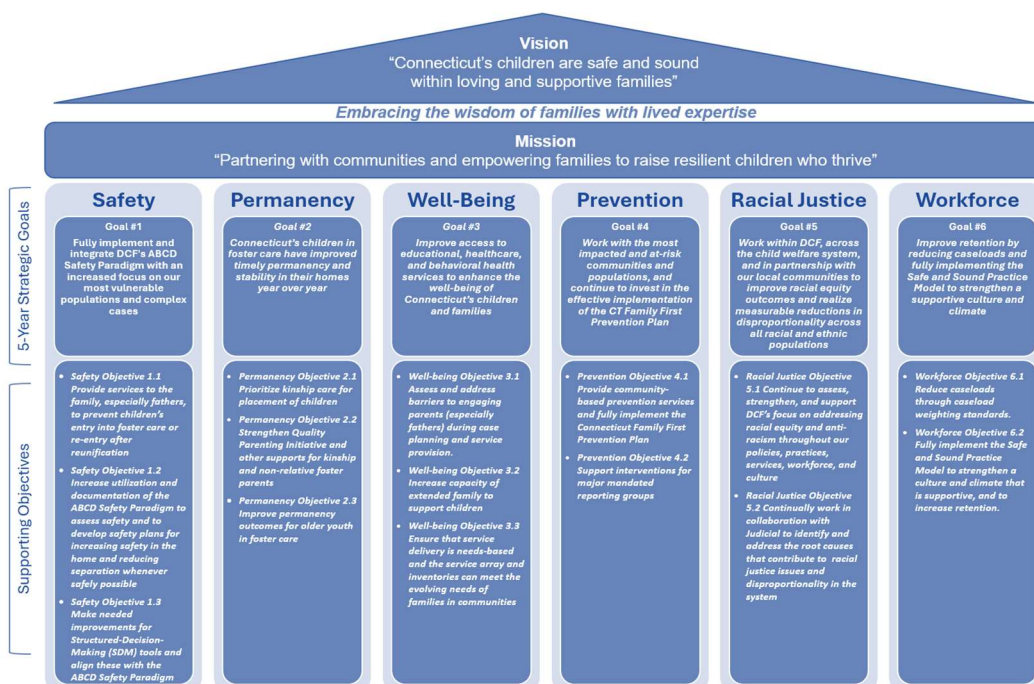
State Agency Adminstrating the Programs

The Connecticut Department of Children and Families (DCF) is the state agency responsible for the legislative mandates of prevention, child protective services, children's behavioral health, and education. With an annual operating budget of approximately \$853 million, the Department provides contracted as well as direct services through a central office, fourteen (14) area offices, two (2) Psychiatric Residential Treatment facilities and one Psychiatric Hospital for children. The Department also operates a Wilderness School that provides experiential educational opportunities; and is responsible for operating Unified School District 2, 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; and is responsible for the oversight of Juvenile Justice youth that are incarcerated or residing in other congregate care settings.

Mission: “Partnering with communities and empowering families to raise resilient children who thrive.”

Vision: The CT DCF 2025-2029 strategic plan outlined the state's vision, mission, strategic goals, supporting objectives, key actions, and measures of progress for improving its child welfare program, services, and outcomes for children and families over the next five years. DCF’s strategy and plan is focused on achieving our vision of **“Connecticut's children are safe and sound within loving and supportive families”**, which is centered on learning from and **embracing the wisdom of families with lived expertise**. Our enduring mission remains, which is based on carrying out DCF’s responsibilities by **“Partnering with communities and empowering families to raise resilient children who thrive”**. This five-year strategic plan, CFSP, state self-assessment included stakeholder groups in collaboration with community partners and was directly informed by people with lived expertise, tribal partners, community providers and staff. The plan is focused on enabling DCF work efforts by our enduring commitment to the Safety, Permanency, and Well-being of Connecticut’s children and families, improving outcomes through a greater emphasis on Prevention, continued efforts to address Racial Justice and equity challenges within the child welfare system, as well as enhancing engagement and support for the DCF Workforce.

The following depiction provides a summary of DCF’s strategy and five-year plan, which is described in detail within the CFSP Chapter 2. Plan for Enacting the State’s Vision.



Development of this strategy and plan involved extensive engagement and collaboration, with DCF various stakeholders, including families, children, youth, Tribes, courts, and other partners, who provided input and feedback on the state's strengths, needs, and priorities. These efforts involved aligning and integrated DCF's concurrent CFSP (still ongoing), Final APSR, and forward-looking CFSP strategy development. The benefit of this integrated planning approach is that DCF was simultaneously provided with robust and detailed analysis of current performance and factors, thoughtful capture of collaborative insights and problem solving, which were used as a direct input into the formulation of this strategic plan. The strategic plan was developed by applying leading practices that included an implementation science framework and results-based management approach, which helped the state to conduct root cause analysis, develop a theory of change, and create a logic model for each of the goals.

Section B. Requirements for the 2026 APSR

1. *Update to the Vision and Collaboration*

Collaborative Planning Efforts for the CFSP

DCF provides essential services, coordination, public communication, and leadership roles in protecting and promoting Connecticut's child and family welfare. Other state and federal agencies, and a wealth of valuable community partners, each play crucial roles. Ongoing collaborative relationships are maintained with multiple agencies, community partners as well as parents and youth with lived expertise. A summary of these partners appears below. Additionally, DCF reached out to many of these agencies and individuals for their experience, feedback, and collaboration in developing this plan.

The following Connecticut community partners and state agencies were engaged directly by DCF during the development of the 2024 - 2029 CFSP:

- Voices with Lived Expertise (Parents, Licensed Foster Parents, Kinship Caregivers, Youth)
- Connecticut State and Regional Advisory Councils
- Connecticut Regional Advisory Council Leads
- Governor's Task Force on Justice for Abused Children
- Juvenile Court Judges and members of Juvenile Court/Court Improvement Program and Office of Attorney General's Child Welfare Division
- Tribes
 - Federally recognized tribes: Mohegan, Mashantucket-Pequot Tribe
 - State recognized tribes: Schaghticoke, Paucatuck Eastern Pequot, and Golden Hill Paugussett
- Connecticut Children and Families Racial Justice Working Group
- Organizations supporting adoptive parents and caregivers, including The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and FAVOR, Inc.
- Other nonprofit providers and partners:
 - Casey Family Programs; NAFI Connecticut (North American Family Institute); JRI Connecticut (Justice Resource Institute); The CAYL Institute; Urban Community Alliance; Racial Justice Institute; CT Unified School District 2; Waterford Country Schools; Children's Center of Hamden

During development of this CFSP, each agency or community partner group was engaged through dedicated engagement meetings led by DCF in which feedback was gathered using questions asking for specific information on strategic goals and objectives of the CFSP in development, along with feedback on DCF past performance, responsiveness to the community, strategic and desire for further engagement with DCF.

Additional levels of engagement with targeted groups included:

- Statewide Racial Justice Workgroup reviewed DCF outcomes performance data, reviewed CFSP goals and objectives language in development, and participated in a survey to record their feedback.
- CT State Advisory Council and Regional Advisory Council Leads, and Governor's Task Force on Justice for Abused Children reviewed DCF outcomes performance data and reviewed CFSP goals and objectives language in development.

- Federally recognized tribes: Mohegan, Mashantucket-Pequot Tribe and state recognized tribes represented by the ICWA Organization reviewed CFSP goals and objectives language in development and participated in a survey to record their feedback.
- Juvenile Court Judges and members of Juvenile Court/Court Improvement Program and Office of Attorney General's Child Welfare Division reviewed CFSP goals and objectives language in development and participated in a detailed survey to record their feedback on promoting safety, permanency and well-being through improved collaboration and court rules.

Throughout our meetings with community partners the *Children's Bureau Child Welfare Capacity Building Collaborative Center for the States* provided essential technical support and facilitation.

Connecticut State Agencies and Committees Endorsing the CFSP

These agencies and committees have signed letters to offer their agency's endorsement and intent to continue collaboration implementing the 2025-2029 Child and Family Services Plan:

- State Department of Education
- Department of Developmental Services
- Department of Mental Health and Addiction Services
- Office of Early Childhood
- Departments of Emergency Services and Public Protection
- Department of Labor
- Department of Public Health
- Department of Rehabilitation Services Agency
- Department of Social Services
- Department of Housing
- Department of Veterans Affairs

2. Update on Assessment of Performance

During Calendar Year (CY) 2024, DCF served approximately 71,000 children and 35,000 families across its Differential Response and Child Welfare programs. During CY 24 DCF Careline received 102,037 calls, of which 65,658 were reports of child abuse or neglect. Of those reports received, 30,635 (46.7%) were accepted and assigned to either an investigation or family assessment response track. There were over 1,700 investigations and 2,200 family assessments underway across our Differential Response System (DRS) on any given day.

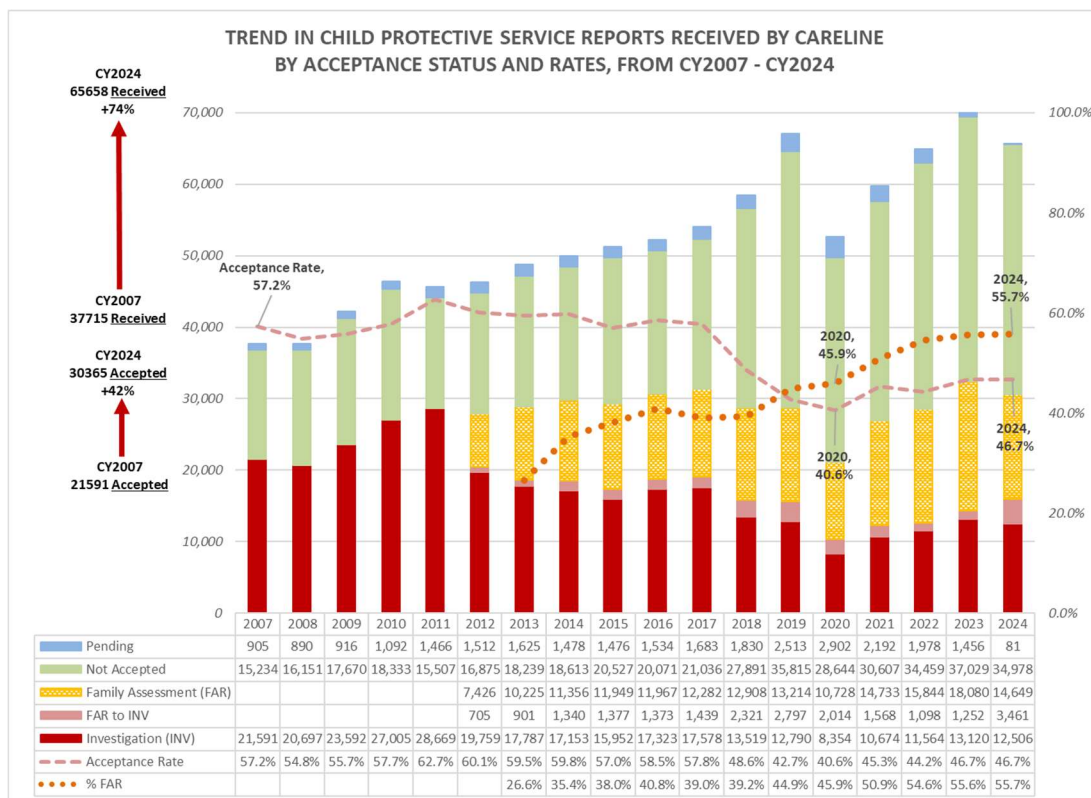
The Careline also received almost 13,000 additional calls from internal staff strictly related to Supervisory issues/questions that are not included in the total calls figure provided above, as well as processing over two hundred thousand requests for Child Abuse/Neglect Registry Background Checks by employers required to screen employees/candidates in job classes that provide care/services to children. 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 2024, 40% of accepted reports include indication of mental health issues, 21% present with substance use indication, 11% with intimate partner violence, and 9% with housing/homelessness issues.

The volume of child abuse/neglect reporting in Connecticut (CT), as well as across the nation, continues to evolve. DCF experienced the second highest call volume reported during CY 2019 (highest to date was in CY 2023), in part due to high profile criminal prosecution of failure to report abuse/neglect by school personnel. The pandemic brought with it a considerable and swift decline in the volume of abuse/neglect reports made to our Careline, largely due to the reduced contact of children with school personnel who had historically been our biggest single group of mandated reporters. As pandemic restrictions eased, abuse/neglect reporting volume has continued to increase year over year. In CY 2024, CT DCF saw the first decrease in reports of abuse and neglect since the pandemic, with over 3,900 fewer submitted than the prior year. It is possible that CY 2023 was a peak due to continued normalization of COVID-19

pandemic response efforts, as well as to the expansion of our online mandated reporter portal in June 2022 to all types of mandated reporters for non-emergent reports of abuse/neglect. 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. 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 Careline. Completion of the online submission is an acceptable substitute to filing the traditional paper form DCF-136, so is therefore a more efficient method of providing the information to DCF for a large proportion of reports received by the agency. DCF received 14,049 submissions during CY 2024 with an average of 1170, and ranging between 538 and 1523, reports through the portal per month. There had been continued increases in the number of reports of suspected child abuse/neglect since the Covid-19 pandemic, but 2024 levels are on par with pre-pandemic (2019-67,518) volume.

At the same time, the proportion of accepted reports that received a Family Assessment Response (FAR) rather than traditional Child Protective Services (CPS) Investigation stayed the same at almost 56% in CY 2024. Also, our substantiation rate reduced somewhat to 25.4% in CY 2024 from 26.9% in CY 2023, but the Department has maintained our rate of cases transferred for post-investigation services to 9.8% in CY 2024 compared to 9.7% in CY 2023. 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 2007 and includes acceptance rate and DRS track designation through CY 2022. The acceptance rate was fairly steady from 2011 through 2017, and again now for the past four years, with only minor fluctuations from year to year.



Call volume dropped somewhat from its peak in CY 2023, falling slightly below even that of the previous peak in CY 2019. The acceptance rate remained exactly the same as CY 2023 (46.7%), as did the rate of reports handled through a Family Assessment Response (~55%). While Connecticut DCF has been impacted by high volume of calls and

accepted reports, the agency has also been impacted by staffing deficits. DCF has continued to work to stabilize the staffing for Child Protective Services (CPS) social work personnel, but the staffing fluctuations and difficulty with retention of staff have impacted caseloads. Connecticut is not alone in facing these difficulties, as staff retention challenges are a national trend in the child welfare arena. A recent report from the US General Accounting Office from March 2023 stated that "turnover of child welfare staff—which affects both recruitment and retention efforts—has been estimated at between 30 percent and 40 percent annually nationwide, with the average tenure for child welfare workers being less than 2 years." (US GA 2023) ⁽⁶⁶⁾. Since June 2018, the number of direct service social work staff at DCF has decreased by 19% as identified by CT Department of Administrative Services (DAS) Human Resources data.

As we face such staffing challenges there is also recognition that many of the children and families being served by DCF presently have a higher acuity of need than in past years. Since 2013 there has been a system of community partner agencies delivering services to families in need identified by Family Assessment Responses through the Community Supports for Families (CSF) program. In April 2020, Integrated Family Care and Support (IFCS) community services became available statewide for all unsubstantiated cases. Cases that DCF would previously have served directly have therefore instead been diverted at increasing volume to either of these sets of community providers. The result of this is that the remaining cases that are transferred for ongoing services are almost exclusively cases that have a substantiation for abuse and/or neglect and have a more severe and complicated sets of needs that must be addressed to ensure positive child outcomes. Thus, while the agency is transferring fewer cases overall and fewer families receive ongoing child protective services, those that do present with greater needs, require more sophisticated interventions, and result in individual caseloads that are comprised almost entirely of high need/risk families that increases the risk of worker burn-out and additional turnover.

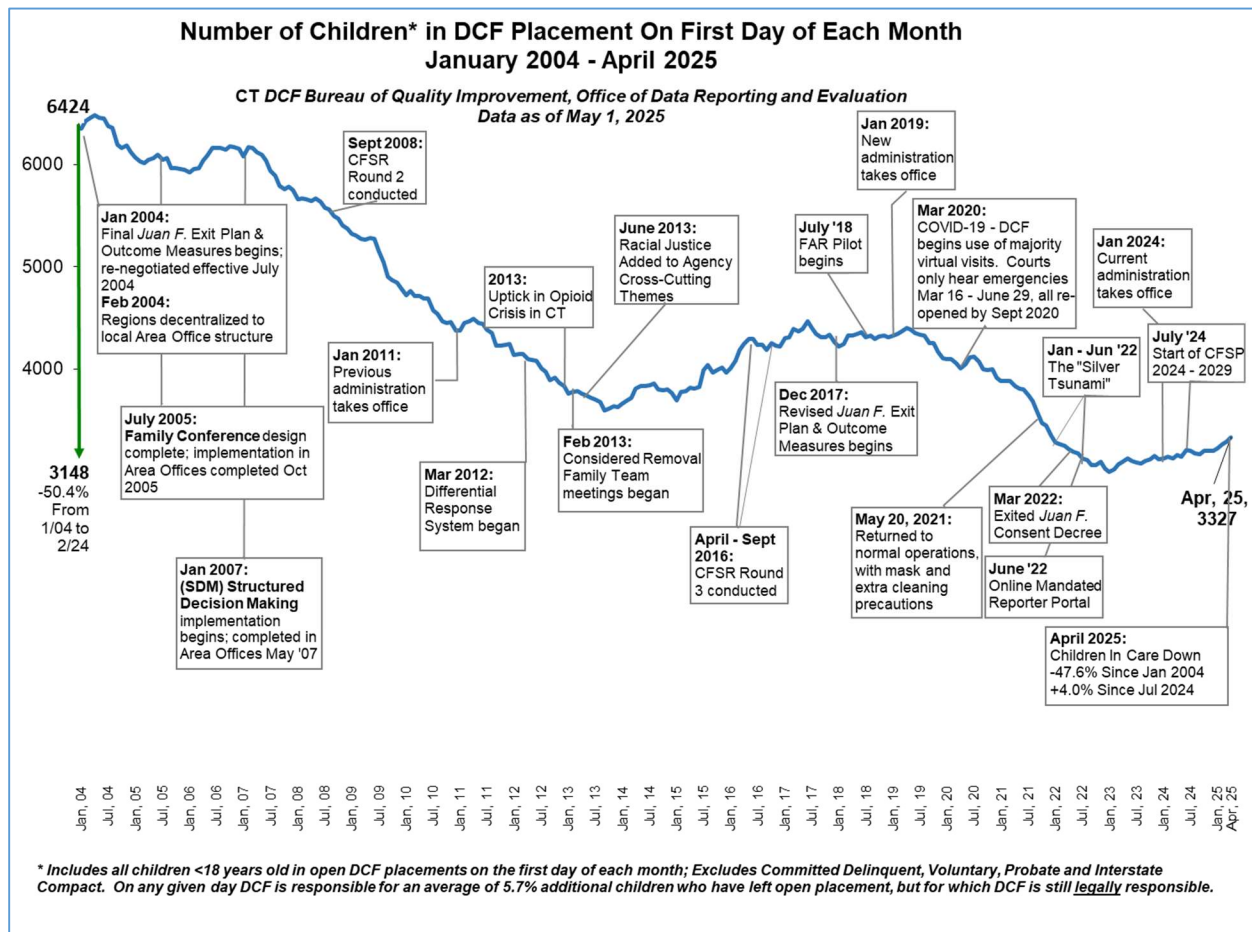
It is also important to note that children of color continue to be disproportionately over-represented in accepted abuse/neglect reports. In State Fiscal Year (SFY) 2024, African American children were 3.1 times as likely as White children to be alleged victims in a report accepted for an Investigation response, and 2.4 times as likely for a FAR response. For the same period, Hispanic children were 2.0 times as likely for Investigation responses, and 1.7 times as likely for a FAR response.

STATEWIDE	Disparity Index			
	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 (SFY24)	1.7	2.4	1.3	1.0
Children Reported, Investigation (SFY24)	2.0	3.1	1.3	1.0
Children Substantiated as Victims (SFY24)	2.0	3.1	1.3	1.0
Children in Cases Opened for Services (SFY24)	2.2	3.6	1.4	1.0
Children Entering DCF Care (SFY24)	1.9	3.7	1.2	1.0
Children In DCF Care (SFY24)	2.1	3.3	1.2	1.0
Children in Congregate Care (SFY24)	2.8	3.9	1.2	1.0

Trend data from SFY 2013 - SFY 2024 indicates that there has been uneven improvement in disparity rates. While some progress has been observed, when it has occurred it has been more often for Hispanic children, and less so for African American/Black children.

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 early 2023. We attribute the beginning of 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. This figure continued to increase across 2023 and 2024, that we attribute to continued increases in abuse/neglect reporting, as well as changes in agency policy that limited alternate caregiver arrangements to five days with no exceptions. The prior policy did allow for such exceptions, and unfortunately the agency found that such exceptions were being used more frequently than

was appropriate given the requirements of our current ABCD safety practice model. In August of CY 2024, policy was changed so that all reports of abuse/neglect concerning children ages 0 – 5 were handled through a traditional Investigation response rather than our alternative Family Assessment Response. This does not seem to have had an impact on increasing the volume or proportion of child entries to foster care in that age group so far.



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. Much of those efforts resulted in a successful exit from the Juan F. Consent Decree in March 2022. Further information can be found in this report that helps illustrate these efforts, as well as additional data on performance on the CFSR Statewide Data Indicators.

Continuous Quality Improvement

The Department had been utilizing a Continuous Quality Improvement framework called ChildStat until last year. While the ChildStat process helped DCF progress in its performance management work to identify strengths and areas needing improvement in our practice, it was noted that additional work was needed to assist agency staff in the root cause analysis and identification of strategies based upon the analysis. Therefore, DCF worked on an updated statewide CQI plan and PDSA process to improve the performance review and tracking. Much of this work was done in collaboration with Chapin Hall. The statewide CQI PDSA plan provides increased emphasis on reviewing the data, understanding the story behind the data, conducting root cause analysis, and implementation and tracking of improvement strategies. DCF has embarked upon this PDSA work through the PIP planning process, and we are using

the PIP sub-committees to address the known areas needing improvement. Currently there are five PIP sub-committees to address the following practice areas:

- Safety and Risk Assessment
- Case Planning
- Fatherhood Engagement
- Timely Permanency
- Service Provision

Each of the PIP sub-committees are working through the [PDSA](#) model (Plan-Do-Study-Act) cycle with the same timeline which includes: determining the initial/broad problem statement; drafting research questions; developing the data plan including data sources and analysis workplan; conducting and discussing data analysis results and literature review; conducting root cause analysis including initial "fishbone" analysis; validating prevention and remediation strategies; and presenting the final strategies to the Executive Team for final approval. This PDSA work includes regular consultation, review and approval by the DCF Executive Team and other agency leaders.

The PDSA work will continue as a refinement of the ChildStat process to ensure regular performance evaluation and review, as well as determination of the efficacy of strategies to improve the case practice with the children and families that we serve. The Department has also engaged the new National Child Welfare Center for Innovation and Advancement (NCWCIA) for technical assistance with conducting root-cause analysis and utilization of implementation science to ensure sustainable changes that effectively address the issues with performance. Please see the *Assessment of Performance Systemic Factor 3 Quality Assurance System* for more details.

Finally, the Department routinely disaggregates outcomes data by race and ethnicity to identify disparities. This allows the Department to assess our progress in reducing disproportionality and disparities across its pathway (e.g., decision points/events) through calculation of 'Absolute Disparity'. Collectively, the current Absolute Disparity trends demonstrate that the Department must continue to identify opportunities to reverse unjust outcomes and trends. To these ends, further guidance, support and individual consultation with Divisions and individual Area Offices will continue to ensure that targeted strategies to address specific pathway decisions points and outcomes are addressed. Of note, contributing factors that impact the disparities in outcomes include lower service availability, need for multiple language service delivery, limited transportation options, and higher housing instability present in some communities.

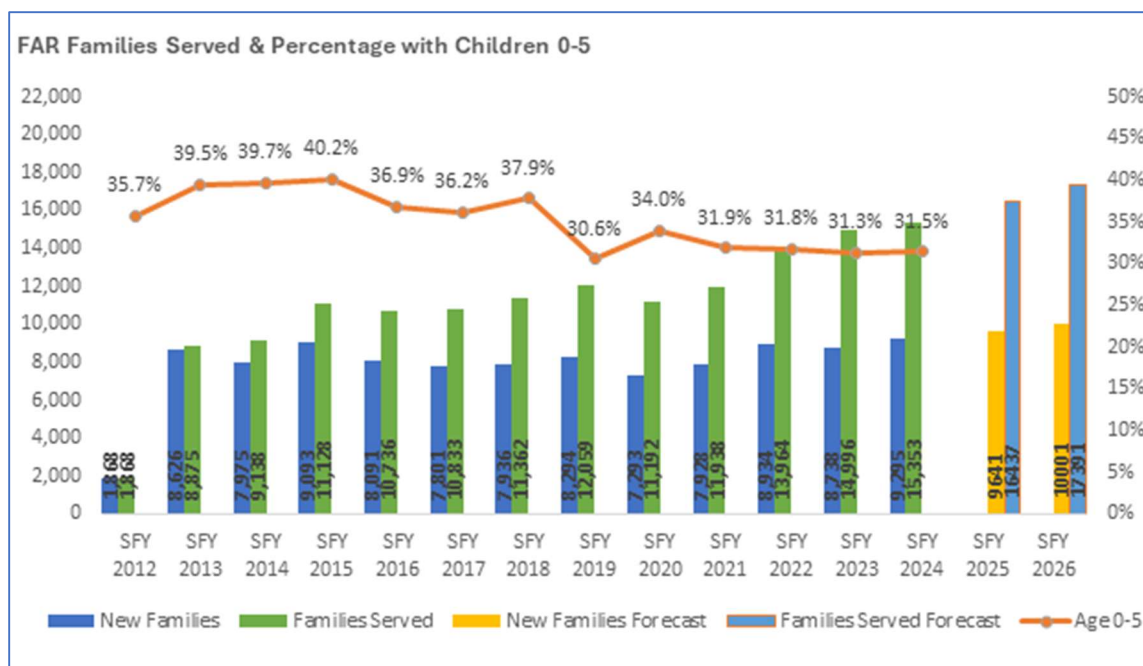
Outcomes

The sections below set forth the Department's practice enhancements and performance on Safety, Permanency and Well-Being Items. Please note line items labeled as "CT CQI Review Results" are from ongoing reviews utilizing the CFSR Round 4 On-Site Review Instrument (OSRI) and are entered into the Children's Bureau's Online Monitoring System (OMS) as a CT Continuous Quality Improvement (CQI) review.

Safety Outcome 1: Children Are, First and Foremost, Protected from Abuse and Neglect

Family Assessment Response (FAR)

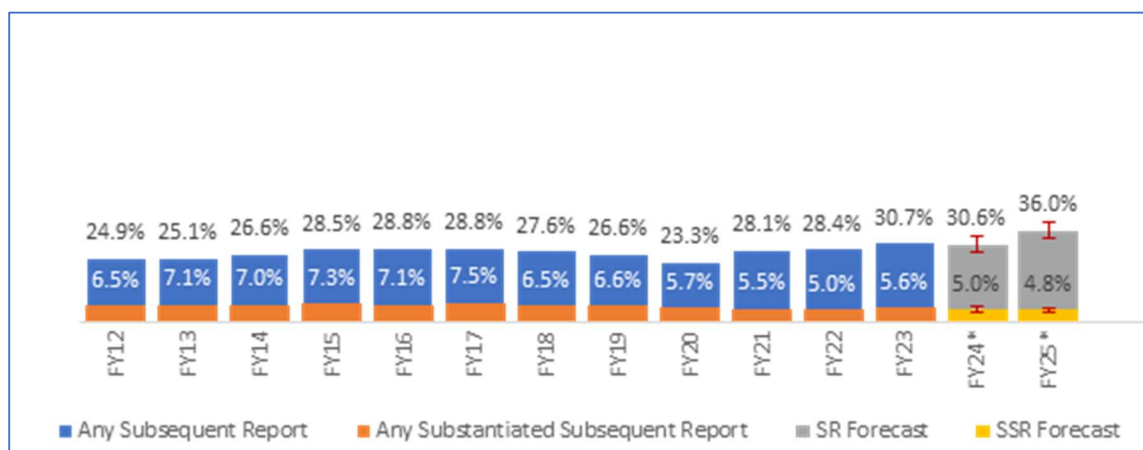
In SFY 2024, there were 29,203 accepted reports of child abuse and neglect, nearly unchanged from the previous year (29,225). Of these, 56.2% (16,431 families involving 20,954 children) were assigned to the Family Assessment Response (FAR) track—a slight decrease from 57.8% the year before. Since FY 2020, a greater share of reports has consistently been assigned to FAR rather than to Investigations (INV). The Performance Improvement Center for Differential Response at UConn continues to analyze and interpret our data concerning abuse/neglect reports and provided the following updates.



In the past year, 31.5% of accepted reports involved children aged 0–5. The majority of reports (85.9%) came from mandated reporters, with school personnel (34.9%) and police (20.4%) being the most frequent sources. As is typical for a Differential Response System (DRS) population, most reports (91.2%) involved various forms of neglect, while 16.7% included allegations of abuse. At intake, SDM risk assessments classified 39.5% of reports as low risk, 47.6% as moderate risk, and 12.9% as high risk. Families assigned to FAR were unlikely to have prior accepted CPS reports (18.7%) or prior substantiated reports (1.6%).

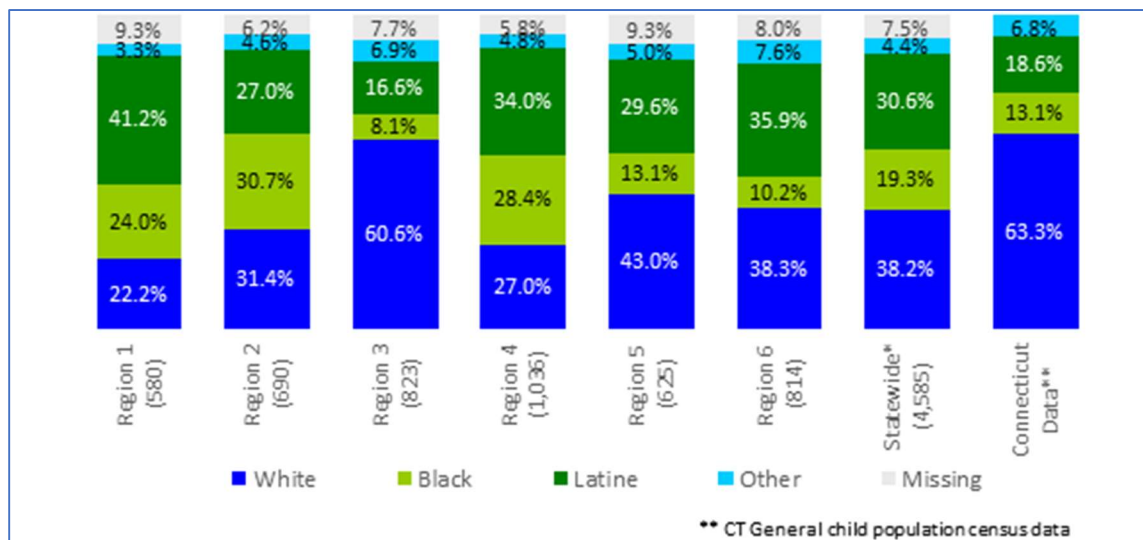
FY 2023 FAR: 12-Month Subsequent & Substantiated Subsequent Report Rates

For FY 2023¹, 30.7% of families assigned to FAR 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 30.7% to a low of 23.3% in FY 2020 (likely related to the COVID 19 shutdown). The SR report status varies slightly by region with a range of 25.0% - 31.0%. The substantiated subsequent report (SSR) rate was 30.7%. Families with a prior child protective services (CPS) history were more likely to have a subsequent report—50.3% compared to 26.6% of families with no prior CPS history. As anticipated, in FY 2023, families with low risk assessment scores were less likely to have subsequent reports (19.5%) than those with moderate (34.5%) or high (50.2%) scores. Similarly, families with low risk assessment scores had a lower SSR rate (2.5%) than those families with a moderate (6.4%) or high-risk score (10.2%).



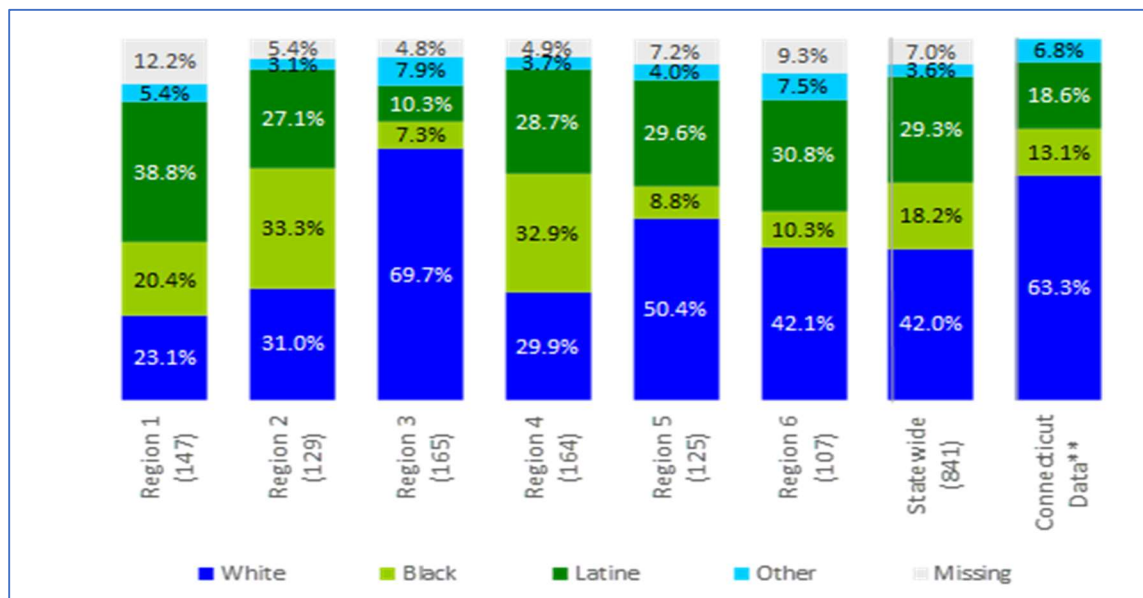
FY 2023 FAR 12-Month Subsequent Report Rate by Region and Race/Ethnicity

Among FY 2023 families assigned to FAR who had SR during this period, 38.2% were White, 19.3% were Black, 30.6% were Latine, and 4.4% identified as another race. These proportions varied by region, as expected, given demographic differences across the six regions.



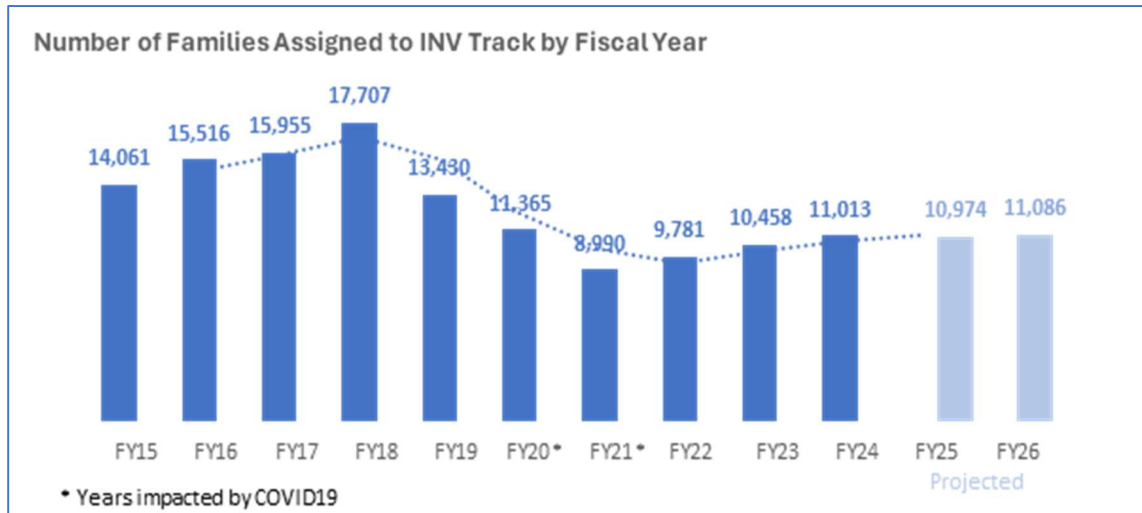
FY 2023 FAR 12-Month Substantiated Subsequent Report Rate by Race/Ethnicity

Of the FY 2023 FAR families that had an SSR, 42.0% were White, 18.2% were Black, 29.3% were Latine, and 3.6% were another race. Factors associated with substantiated subsequent reports (SSR) within 12 months included more prior abuse or neglect reports, household previously received CPS, prior injury to child resulted in CAN report, PC has their own CAN history. FAR data continues to be routinely shared with central and regional office staff to help identify trends and inform practice and policy changes.



Investigation Response

The chart below represents the number of families with an approved report in the INV track each fiscal year² since FY15. A total of 11,013 families and 16,043 children had an approved report in this reporting period. There had been a steady decrease in the number of families assigned to INV families starting in FY19. In this reporting period, 31.5% of accepted reports were concerning children aged 0-5.



The response time for INV cases has fluctuated with the proportion of same day responses increasing for the third year in FY 2024. White families had the smallest proportion (16.0%) of same day response times, compared with Latine families (20.1.7%), or Black families (22.4%).

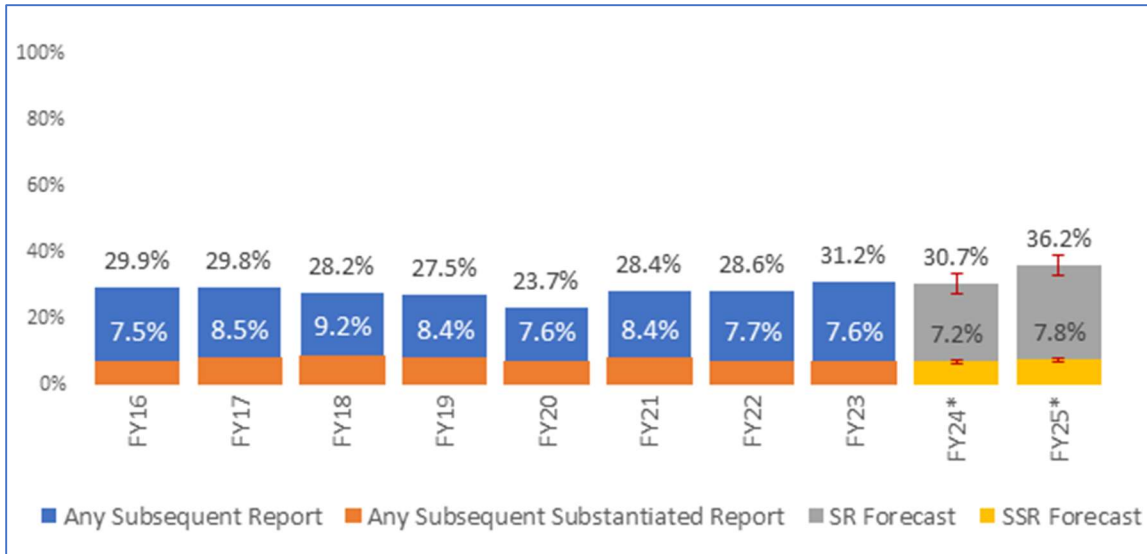
Among families assigned to INV, 38.0% were two-parent households, followed closely by single-parent households, which made up 35.0%. Over a quarter of INV families (27.9%) had at least one prior CPS Report and 3.4% had at least one prior substantiated report. Reports from mandated reporters (88.6%) have been trending down with 89.2% in FY 2023 and 90.1% in FY 2022 (90.1%). School personnel (33.8%) and police (23.4%) remain the most prevalent reporters.

Statewide, in FY 2023, 31% of families assigned to INV had a SR. The SR rate had been trending down with a high of 41% in FY 2012³ to the FY 2020 low (24%) when the Covid pandemic started. The SR rate has increased since FY 2020. The FY 2023 SR report status varies slightly by region with a range of 35.5% - 25.1%.

Families assigned to INV with a prior CPS history were more likely to have a subsequent report—45.0% compared to 26.4% of families with no prior CPS history. As anticipated, in FY 2023, families with low risk assessment scores were less likely to have subsequent reports (17.4%) than those with moderate (33.0%) or high (42.6%) scores.

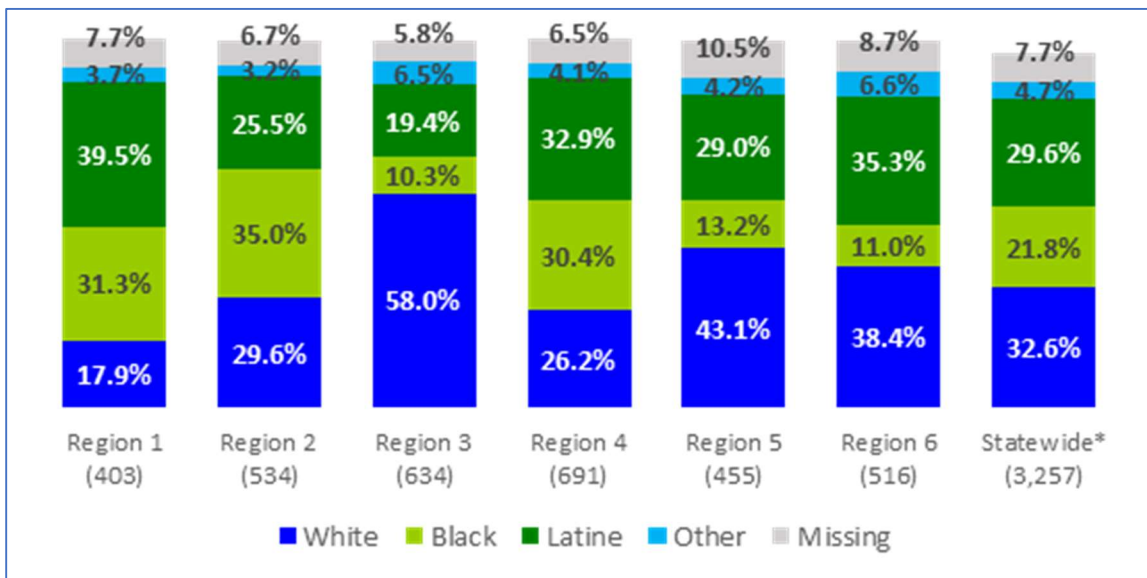
FY 2023 INV: 12-Month Subsequent (SR) & Subsequent Substantiated Report (SSR) Rates by Fiscal Year

Statewide in FY 2023, 7.6% of families assigned to INV had a SSR – with regional variation ranging from 7.7% to 4.5%. Families with prior CPS History had an SSR rate of 11.8% compared with 6.1% of families with no prior CPS history. As expected, families with low risk assessment scores had a lower SSR rate (2.7%) than those families with a moderate or high-risk score (7.1% and 13.6% respectively).



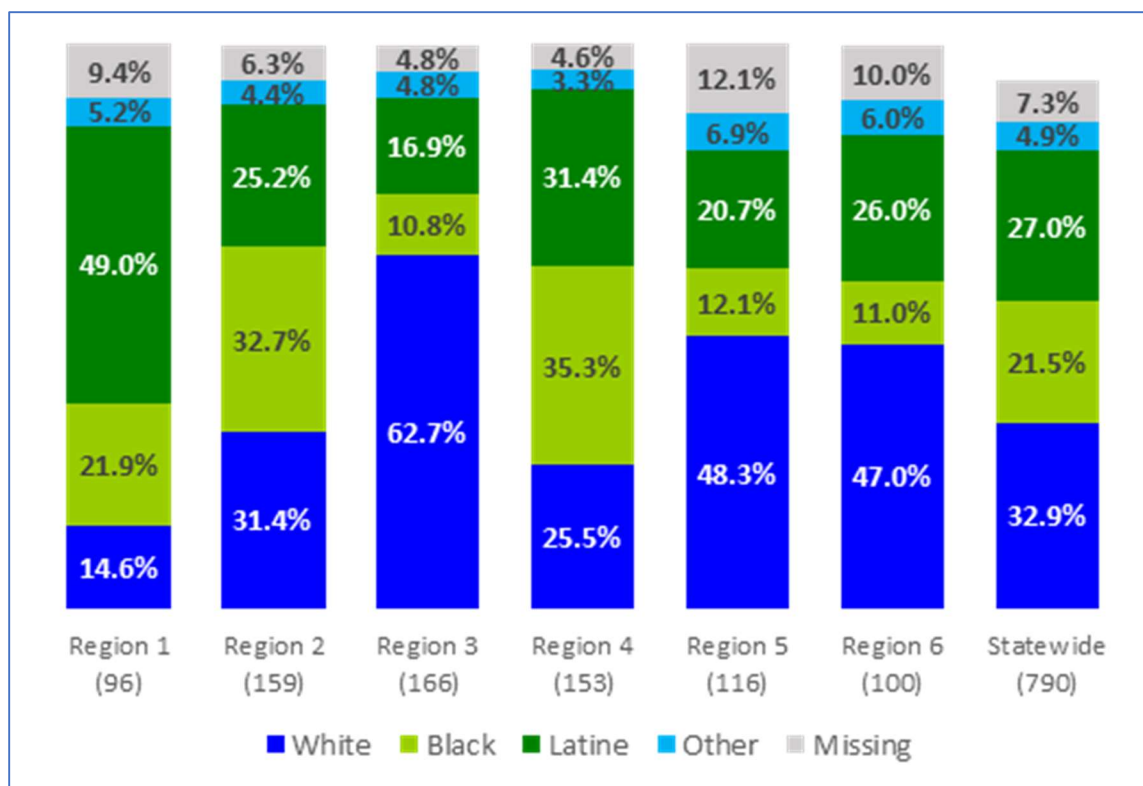
FY 2023 INV 12-Month Subsequent Report Rate by Region and Race/Ethnicity

Of the families that had any SR within 12 months post index approval (n=3257), 38.4% were White, 21.8% were Black, 29.4% were Latine, and 4.7% were categorized as 'other'. This varied regionally as expected since the population differs across the six regions.



FY 2023 INV: 12-Month Substantiated Subsequent Report Rate by Region and Race/Ethnicity

Of the families that had any SSR within 12 months post index approval (n=790), 39.2% were White, 21.5% were Black, 27.0% were Latine, and 4.9% were another race.



Racial Disproportionality & Disparity

There were differences by race in track assignment. Latine families were referred to the FAR track at a rate that is 2.8 times greater than the rate of all the other families. Similarly, Black families were referred to the FAR track at a rate that is 2.30 times greater than all other families. Families with the race category 'Other' were referred to the FAR track at a rate that is 1.3 times greater than all other families. However, White families were referred to the FAR track at a rate that is only 0.29 times the rate of all other families.

Latine and Black families were referred to INV at a rate that is more than 2.8 times greater than all other families. Families of 'Other' races were referred to INV at almost double the rate (.99) and White families were referred to INV at a rate that is only 0.27 times the rate of all other families.

Further disparities were identified in substantiated report status for Latine and Black families. Latine and Black families had substantiated reports at a rate that is 2.8 and 2.6 times greater than that of all other families in FY24, respectively. This shows an increase in disparity for Latine families and a decrease for Black families from FY23 (2.5 and 2.9 respectively). Families with the race category 'Other' had substantiated reports at a rate 0.99 times that of all other families. White families had substantiated reports at a rate only 0.29 times that of all other families.

UConn Performance Improvement Center

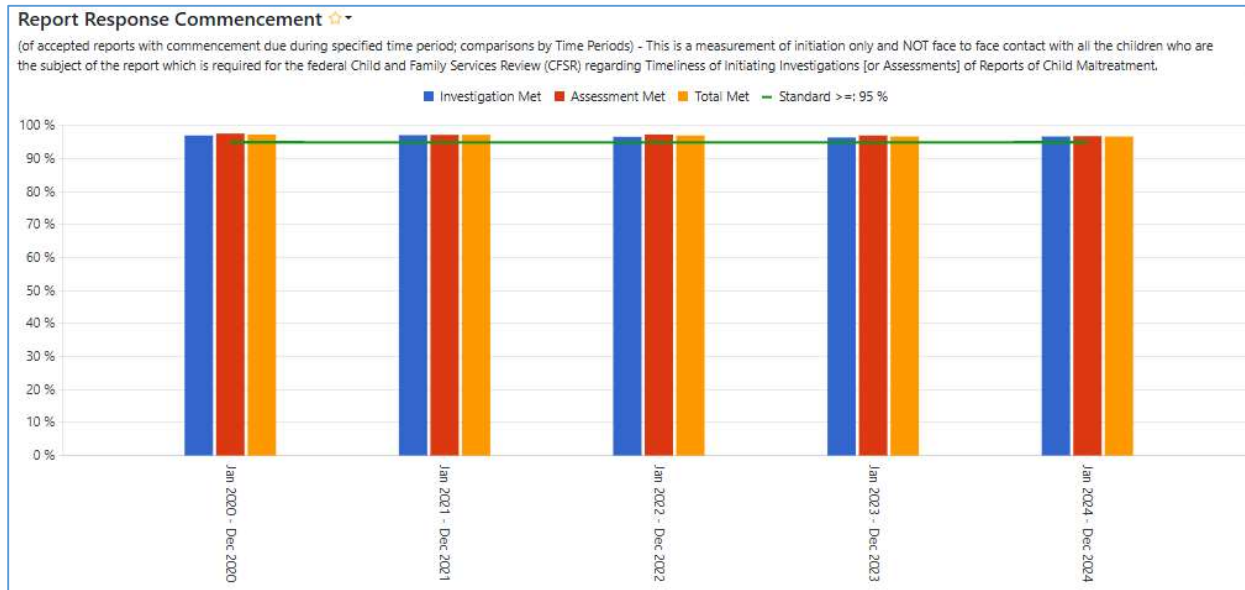
Starting in May 2022, UCONN's Performance Improvement Center and members of the Strategic Planning Division (now the Bureau of Quality Improvement) began meeting regularly to develop and finalize a research agenda relative to our intake process and the Community Support for Families program. Rather than 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. Including this agenda is the establishment of a Research to Practice Committee to help inform the analysis as well recommendations around practice improvements. This committee includes representatives from UCONN, Area Office staff, strategic planning, and the Academy. This group has been meeting monthly.

PIP Safety Outcomes Group

In March 2025 a sub-committee was formed to assess and address Connecticut's performance related to safety outcomes in the Round 4 CFSR reviews. The safety PIP workgroup consists of representatives from Bureau of Quality Improvement, Child Welfare, Systems, Foster Care Division, Academy for Workforce Development, persons with lived experience and Central Office staff. The workgroup developed preliminary problem statements related to the performance challenges identified in the CFSR reviews. The next step for the workgroup is to begin the root cause analysis and define the problem statements with strategies to address performance.

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 Round 4 Result: n=37, 73% Strength, 27% ANI
- CT CQI Result (Jan-Sept '24 Reviews): n=62, 71% Strength, 29% ANI
- ROM Report Response Commencement – CY 2020 – CY 2024: The following chart shows that our standard has been met consistently since CY 2020. Please note that this measure only assesses compliance with the initiation of the response, but not also the requirement for face-to-face contact with all alleged victims within the required response time.



- DRS Case Reviews: Face to face with child victim within required response time (CY 2024, 76%)

It is noted that the ROM data only assesses compliance with the initiation of the response to the accepted report, but not the face-to-face contact with all subject children within the required response time. The Department continues to focus on timely face-to-face contact with the subject children in accepted child abuse and neglect reports through collaboration between Careline and Area Office staff, as well as increased supervisory oversight following initial attempted contacts with the family. Results from the monthly Differential Response System (DRS) qualitative case reviews of both Investigation and the Family Assessment cases include assessment of whether the agency met the standard for face-to-face contact with all identified subject children (child victims) within the designated response time. The result of these reviews demonstrates that the timely fact to face contact with the alleged victims has improved since last year but continues to be an area needing improvement. There were 617 (76.2%) of the 810 reviews completed for CY 2024 in which all alleged victims were successfully seen within designated response time. This represents an 11-percentage point improvement since CY 2023.

The Department considers this item to be an Area Needing Improvement.

Safety Outcome 2: Children Are Safely Maintained in Their Homes Whenever Possible & Appropriate

Ensuring that children remain safely in their homes whenever possible is a priority practice area for DCF. The following describes a number of specific practices that contribute to our ability to achieve this outcome.

ABCD Child Safety Practice Model

Since the development and initial implementation of the ABCD Child Safety Practice Model and finalization of policy in 2023, continued efforts have been underway to increase the utilization and documentation of the ABCD Safety Paradigm.

A safety audit was conducted for in-home cases with children 0-5 in the first quarter of 2024. The overall results coincided with the in-home case reviews conducted by strategic planning and confirmed that the agency is maintaining a high standard of safety practice for children 0-5 involved with in-home cases. As a continuous learning organization, the identified areas needing improvement included documentation of supervisory/managerial oversight, monitoring of safety plans, and focusing more intentionally on age vulnerability of children 0-5.

In August 2024, aligned with the agency's ABCD Child Safety Practice Model, the agency focused on enhancing safety practice through supervision. Enhancing safety practice for all in-home cases with focus on children 0-5 was accomplished by revisiting supervision and case consultation expectations utilizing the ABCD Paradigm and documentation.

To this end, the following supervisory expectations were reinforced:

- Utilization of the [DCF Early Childhood Practice Guide for children 0-5](#)
- Applying the [ABCD Child Safety Practice Model](#) to assess the individual needs of children and their caregiver's parental capacity.
- Incorporating the four functions of supervision (as outlined in [DCF Policy 2-3-2](#) , “Supervision,” and the [Supervision Practice Guide](#)):
 1. Ensuring the quality of services provided
 2. Ensuring that administrative tasks are completed accurately and in a timely way
 3. Providing support to employees in their jobs as they face work-related challenges
 4. Helping employees to grow and develop their skills
- Supervisors are expected to meet with their direct reports for a minimum of one hour per week, with a minimum of one meeting per month occurring in person (This may include individual or group supervision).
- Use the Supervision [Session Agenda \(DCF-4101\)](#) during weekly supervision sessions and maintain supervisory files of each staff member.
- Conducting case conferences and document using the narrative category "Supervisory Case Conference" represent the Supervisor's responsibility for ensuring the quality of services provided to a family, guiding case direction and oversight of directives on required follow-up, as well as monitoring and reviewing existing safety plans.
- The documentation of Supervisory Case Conference notes a minimum of every 30 days for cases in ongoing services and a minimum of 3 total notes during an investigation/FAR.

The [ABCD Safety Practice Model Supervisory Tool](#) was developed to provide supervisors with concrete questions to inform case consultation and critical thinking in four areas:

- Progress and Input from Collaterals for each section of the ABCD paradigm
- Safety
- Quality Visitation
- Summary and Next Steps

The ABCD Safety Practice Model Supervisory Tool was co-developed by Strategic Planning and Child Welfare staff. It is a CQI tool designed to supplement training, policy, and guidance. Its purpose is to enhance preparation by Social Workers entering supervision and provide focus for Supervisors within supervision. It is not a checklist or a template for supervisory notes. It should be used to guide conversations within supervision. Micro-Learnings were developed

and offered by the Academy for Workforce Development for Supervisors and Program Supervisors on how to utilize this tool to enhance assessments. Please see *Appendix B: Training Plan* for more details.

The Strategic Planning Quality Improvement Division developed an “[In-Home Combo Report](#)” to assist with monitoring and oversight of safety planning for in home cases with children 0-5.

The report includes:

- 0-5 Case designation.
- Days since last supervision note. (over 45 days highlighted)
- Days since last Program Supervisor note.
- 9 months no legal. (highlighted)
- SDM Safety and Risk. (High, Conditionally Safe and Unsafe are highlighted)
- Date of last HV entered in the electronic case record.

Supervisors and Program Supervisor are expected to use the quality improvement report every week to monitor safety plans for in-home high-risk cases. Daily safety assessment status of cases can be found in the IH Case Monitoring report and DRS Summary Report. Supervisors and Program Supervisors received coaching on navigating the In-Home Combo report to ensure increased oversight for high-risk cases where SDM is noted as conditionally safe or unsafe. In the last quarter of 2024, two micro-learning were developed by the Academy for Workforce Development titled "Case Consultation: Exploring Quality Services in Supervision" and "The Supervision Session Agenda: The pathway to Impactful Supervision." The micro-learning were mandatory for all Child Welfare Supervisors and Program Supervisors.

These efforts included the development and roll out of Microlearning Lab trainings which highlighted the importance of preparing for supervision at all levels and offered a framework for supervision and case conferencing, the creation of the ABCD Safety Practice Model Supervisory Tool was designed to assist staff in case planning and promoting critical thinking, and the development of several data reports to track performance and outcomes.

Building upon these efforts, our next strategy to provide continued support to supervisors has been through the development of supervisory coaching. The Director of Safety Practice and Performance began providing supervisory coaching sessions in April 2025 to enhance the Department's safety practice through supervisory coaching and support. These sessions are designed to provide skill building opportunities and create greater consistency in practice.

The sessions encompass the following areas:

- application of SDM, the ABCD Safety Paradigm, and the Safety Planning Practice Guide
- supervision for information gathering and assessment from the family and collateral contacts through the utilization of Discussion Guides in supervision and with service providers involved with the family.
- Importance of preparing for supervision at all levels
- the safety planning process from creation through ending a Safety Plan
- practice related to the 0-5 population

These coaching sessions are scheduled to run through June 2025 for all statewide ongoing services supervisors. The coaching sessions will then begin for intake supervisors to conclude in fall 2025.

Prevention Services Pilot

The Prevention Services Pilot is a partnership between DCF and the Waterbury School District in Connecticut, with the goal of improving outcomes for children and families needing supports and services without the need to involve DCF Child Protective Services in instances where there are no abuse or neglect concerns. The Prevention Services Pilot launched in August 2021 with the out-posting of three DCF social workers, called Family Support Liaisons (FSLs), at three elementary schools determined to have the highest need for support. The FSLs reported daily to the schools and offered supports to address a variety of family/child needs that may lead to DCF involvement if not addressed. The types of supports offered to the school staff and caregivers include guidance, consultation, information sharing, training, and access to services.

DCF Careline data showed a decrease of calls to the DCF Careline, including a decrease of non-accepted calls, in the pilot schools. The non-accept calls are those that do not meet the statutory criteria of abuse/neglect, but a child or caregiver may have a need for support or services. With the support of the FSLs, it is believed that the staff from the pilot schools made the right calls to the DCF Careline and utilized local resources and supports to address needs that could have led to unnecessary DCF involvement. The Prevention Pilot came to an end at the conclusion of the 2024/2025 academic school year. As DCF continues to collaborate and engage the community to support families and caregivers upstream, the experience and outcomes from the pilot will be used to support the work of DCF out-posted staff in the community statewide.

Voluntary Care Management Program

Voluntary Care Management is a DCF funded program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. The program 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 return home.

Carelon, the agency coordinating this service, 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 Careline will be forwarded to Carelon 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.

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.

For the federal fiscal year beginning 10/1/22 through 9/30/24, 847 referrals were made to VCM, and 486 children were served. From 10/1/24 to 3/31/25, 310 children were served in VCM. It is projected by 9/30/25, an additional 202 children will be served, with a total of 514 children served. The staffing model has been modified since the roll-out of the Preventative Care Management Entity to include 2 intake coordinators and 7 Voluntary Clinical Care Managers. The program continues to be supported by the Supervisor. The team consults with the medical director to create the least restrictive plan of care.

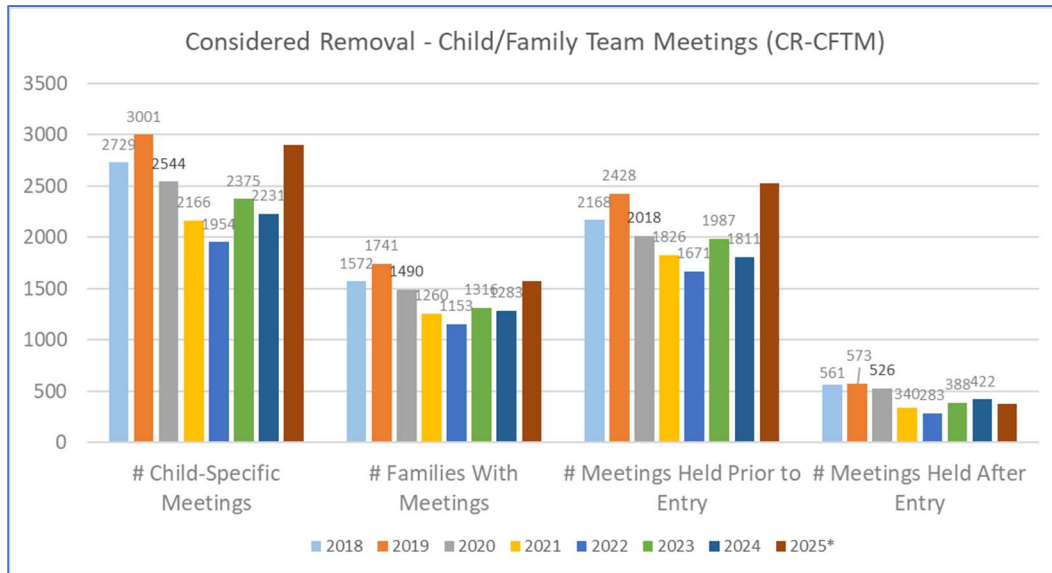
CT's Teaming Model

The Department utilizes a permanency 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 that will lead to better outcomes for children and families.

Back in February of 2013, the Department implemented the Considered Removal – Child and Family Team Meeting (CR-CFTM) process statewide as a key component of the continuum. 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 support 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.

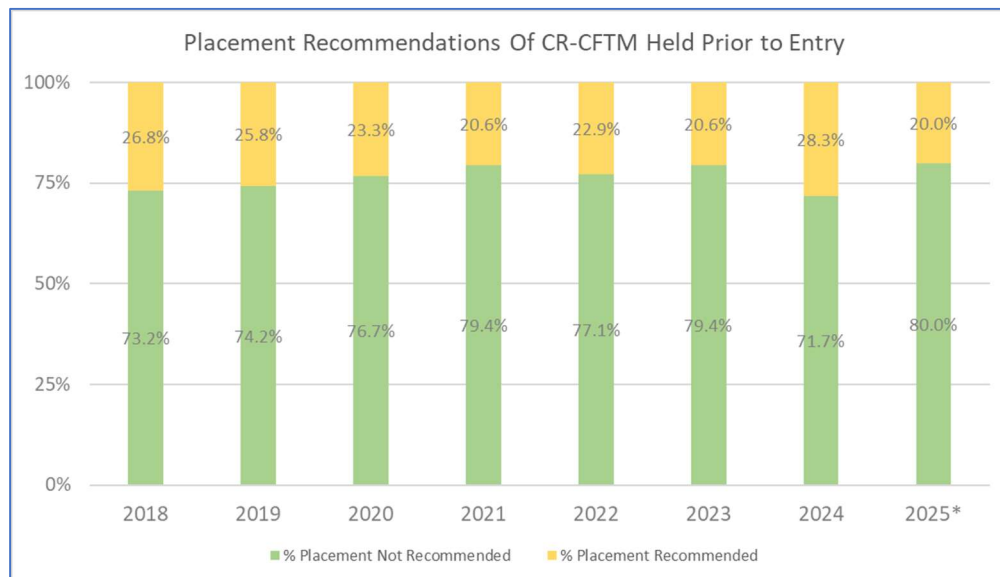
Since 2013, there have been a total of 29,435 child-specific meetings held, involving 14,519 families. Overall, 80.2% of meetings (23,601) occurred prior to the child’s removal and only 25.2% of the meetings recommended the child's removal.



**Represents partial SFY 2025 data from 7/1/24 through 5/27/25*

During the first three quarters of FY 2025, 2,903 child specific meetings were held, with 87% of meetings occurring prior to the child’s removal, the highest since implementation.

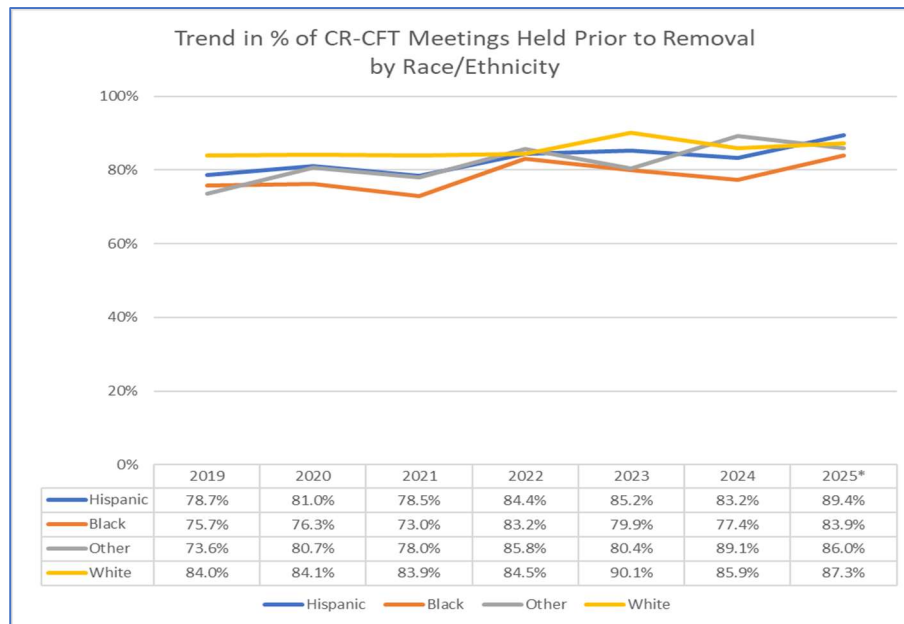
The chart below represents Considered Removal (CR) Meetings held prior to removal and the recommended outcome of the meeting.



**Represents partial SFY 2025 data from 7/1/24 through 5/27/25*

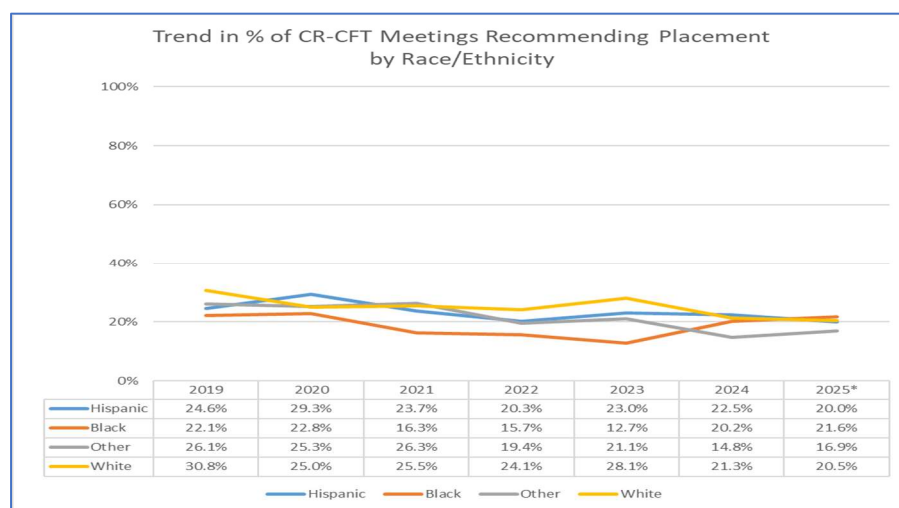
The data demonstrates the Department’s ability to engage in safety planning efforts with families. Of the meetings that were held prior to removal during the first three quarters of FY 2025, there were 1,885 (80%) children not recommended for removal, an 8.3% percentage point increase from FY 2024 (71.7%).

This next chart below represents the Considered Removal Meetings that were held prior to a child's removal by Race/Ethnicity since 2019.



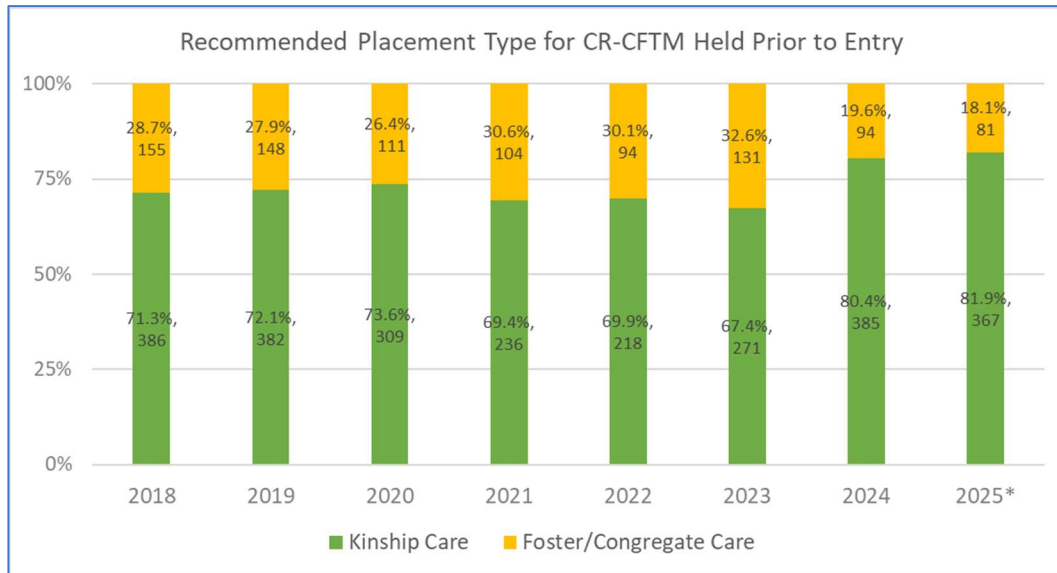
**Represents partial SFY 2025 data from 7/1/24 through 5/27/25*

We have been consistent in offering meetings prior to a child's removal across all racial groups. White children have typically been slightly higher in the percentage of meetings occurring prior to removal than other racial groups up until this year. However, so far during FY 2025, Hispanic has had the highest rate at 89.4%, with Black the lowest at 83.9%. There was an increase in these percentages for all groups except for Other, who decreased by 3.1 percentage points. The difference between the groups has also narrowed to a range of only 5.5%, down from 11.7% in FY 2024. The below 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 from 2019.



**Represents partial SFY 2025 data from 7/1/24 through 5/27/25*

Overall, there appears to be some differences in decisions across racial groups from year to year for children who were the subject of a CR meeting, but so far during FY 2025 that difference across groups is the smallest observed since 2019 with a 4.7 percentage point difference between the lowest and highest group. Black children now have the highest rate of recommendation for removal at 21.6%, with Other the lowest at 16.9% and both Hispanic and White at/near 20% and declining for the third year in a row.



**Represents partial SFY 2025 data from 7/1/24 through 5/27/25*

The above chart represents CR meetings held prior to removal since 2019. 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. During the first three quarters of FY 2025, 81.9% of children were recommended for placement in kinship care, showing a continued increase from FY 2024.

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. During the first three quarters of FY 2025, 91.3% of the children with a recommendation for removal entered care, a slight decrease from the prior year (93.2%). 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 Considered Removal Meeting Recommendation and Actual Placement Outcome								
		2019	2020	2021	2022	2023	2024	2025*
Of All Meetings Prior to Entry	Placement Diverted	63.5%	62.9%	59.5%	65.6%	57.4%	55.9%	69.1%
	Entered Care	36.5%	37.1%	40.5%	30.4%	42.6%	44.1%	30.9%
Placement Not Recommended	Placement Diverted	81.1%	79.5%	72.9%	80.5%	71.3%	75.2%	84.2%
	Entered Care	19.0%	20.5%	27.1%	19.5%	28.7%	24.8%	15.8%
Placement Recommended	Placement Diverted	13.1%	7.9%	8.0%	15.4%	4.1%	6.8%	8.7%
	Entered Care	86.8%	92.1%	92.0%	84.6%	95.9%	93.2%	91.3%

**Represents partial SFY 2025 data from 7/1/24 through 5/27/25*

The chart below reflects the entry timeframe for children who were the subject of a CR meeting. During the first three quarters of FY 2025, 90.5% of children entered care within 60 days of the CR meeting; 14.3% of children entered care on the same day of the CR meeting; and 71.8% of children entered care between 1 and 30 days of the meeting.

Timeframe for Entry into Care After a Meetings Held Prior to Entry							
	2019	2020	2021	2022	2023	2024	2025*
0-60 Days	732	582	556	451	611	639	645
>60 Days	82	103	138	59	195	118	68
Total #	814	685	694	510	806	757	713
0-60	89.9%	85.0%	80.1%	88.4%	75.8%	84.4%	90.5%
>60	10.1%	15.0%	19.9%	11.6%	24.2%	15.6%	9.5%
Total %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	200.0%

**Represents partial SFY 2025 data from 7/1/24 through 5/27/25*

The Department continues to meet with the CR Facilitators statewide on a quarterly basis. The focus of the meetings in the last year have included the following topics: Ensuring adherence to the CRM model including ensuring that a CR meeting is held whenever a safety factor is identified regarding the child(ren); Discussion of the CR pre-meeting and efforts to ensure parents and stakeholders attend the meeting; Discussion of efforts to partner with DCF staff to ensure Father attendance and participation at the CR meeting; Discussion of the meeting volume increase statewide; Discussion of efforts to ensure that meetings are held prior to removal; and Discussion of race/ ethnicity data and racial equity related to CR meetings.

Effective September 1, 2023, the department discontinued the use of Family Arrangements and moved to Alternative Caregiver Arrangements (ACA). The Family Arrangements practice began in 2013, for the purpose of stabilizing families assessed to have safety factors present and be less traumatic for children who needed to move. Since that time the policy and practice have gone through multiple iterations designed to ensure child safety and increase monitoring and supervisory oversight. Alternative Caregiver Arrangements calls for a shorter time period for a child to stay in an informal arrangement prior to involving juvenile court. It also strengthens the expectation for multi-disciplinary teaming with clinical, medical, and legal as needed. We are maintaining regular oversight over the CR-CFTM practice as a result of this policy change.

Permanency Teaming continues to be an area of focus for the Department, particularly as one of the key strategies in meeting our performance measures for Round 4 of the CFSR and the resulting Program Improvement Plan. The CR meeting process is an integral part of our permanency teaming model, and the data reflects the continued strong practice to partner with parents and families when removal of a child is being considered.

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?

- CFSR Round 4 Result: n=39, 44% Strength, 56% ANI
- CT CQI Result (Jan – Sept '24 Reviews): n=67, 48% Strength, 52% ANI
- CFSR National Data Indicator Results: Recurrence of Maltreatment - the national performance for this measure is <=9.7%, and CT RSP for FFY 2023 is 11.3%, now statistically worse than national performance and reversed the trend towards improving since the FFY 2022. Observed performance for ages 4 - 11 months, and 1 – 5 years old, did not meet the standard, but all other age and race/ethnicity groups were successful in the latest year. Further, the two counties that comprise the easternmost portion of the state, New London and Windham, were the only two localities that exceeded the national performance.

	20AB,FY20	21AB,FY21	22AB,FY22	FY20-21	FY21-22	FY22-23
RSP				10.5%	10.2%	11.3%
Recurrence of maltreatment	9.7% ▼	RSP interval		9.6%-11.4% ²	9.3%-11.1% ²	10.3%-12.3% ³
	Data used			FY20-21	FY21-22	FY22-23

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

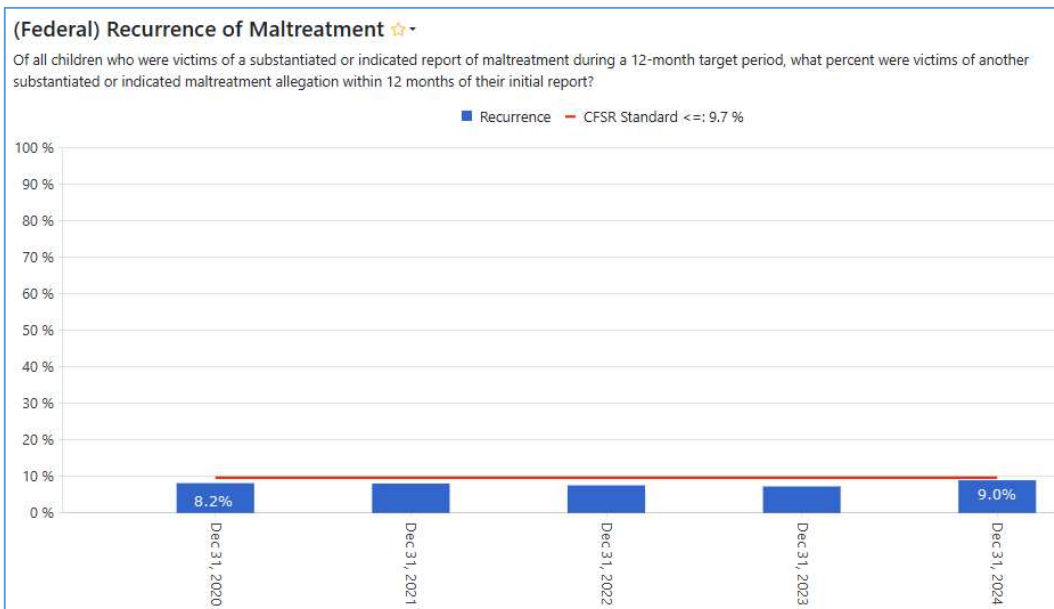
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information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

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)
	FY20-21	FY21-22	FY22-23	FY20-21	FY21-22	FY22-23	FY20-21	FY21-22	FY22-23	FY22-23	FY22-23
Age at initial victimization											
Total	6,093	5,486	4,926	479	418	416	7.9%	7.6%	8.4%	100.0%	100.0%
0 - 3 mos	631	586	356	48	45	23	7.6%	7.7%	6.5%	7.2%	5.5%
4 - 11 mos	299	312	251	32	40	34	10.7%	12.8%	13.5%	5.1%	8.2%
< 1 yr subtotal	930	898	607	80	85	57	8.6%	9.5%	9.4%	12.3%	13.7%
1 - 5 yrs	1,765	1,425	1,420	146	118	142	8.3%	8.3%	10.0%	28.8%	34.1%
6 - 10 yrs	1,540	1,397	1,216	121	120	100	7.9%	8.6%	8.2%	24.7%	24.0%
11 - 16 yrs	1,688	1,627	1,518	130	89	114	7.7%	5.5%	7.5%	30.8%	27.4%
17 yrs	170	139	165	2	6	3	1.2%	4.3%	1.8%	3.3%	0.7%
Race/ethnicity											
American Indian/Alaska Native	8	4	6	0	0	0	0.0%	0.0%	0.0%	0.1%	0.0%
Asian	30	30	44	1	2	1	3.3%	6.7%	2.3%	0.9%	0.2%
Black or African American	1,301	1,118	1,037	96	78	86	7.4%	7.0%	8.3%	21.1%	20.7%
Hispanic (of any race)	2,069	1,989	1,764	180	155	155	8.7%	7.8%	8.8%	35.8%	37.3%
Native Hawaiian/Other Pacific Islander	5	1	4	0	0	0	0.0%	0.0%	0.0%	0.1%	0.0%
White	2,159	1,905	1,624	165	153	144	7.6%	8.0%	8.9%	33.0%	34.6%
Two or More	341	267	318	31	19	26	9.1%	7.1%	8.2%	6.5%	6.3%
Missing Race/Ethnicity Data	180	172	129	6	11	4	3.3%	6.4%	3.1%	2.6%	1.0%
Locality											
Fairfield County	1,464	1,345	1,199	115	102	105	7.9%	7.6%	8.8%	24.3%	25.2%
Hartford County	1,111	951	876	70	54	67	6.3%	5.7%	7.6%	17.8%	16.1%
Litchfield County	148	146	153	9	6	10	6.1%	4.1%	6.5%	3.1%	2.4%
Middlesex County	207	199	182	18	18	16	8.7%	9.0%	8.8%	3.7%	3.8%
New Haven County	1,783	1,493	1,257	182	117	106	10.2%	7.8%	8.4%	25.5%	25.5%
New London County	452	512	477	34	51	51	7.5%	10.0%	10.7%	9.7%	12.3%
Tolland County	531	532	531	28	46	34	5.3%	8.6%	6.4%	10.8%	8.2%
Windham County	397	308	250	23	24	27	5.8%	7.8%	10.8%	5.1%	6.5%
Locality of report missing	0	0	1	0	0	0			0.0%	0.0%	0.0%

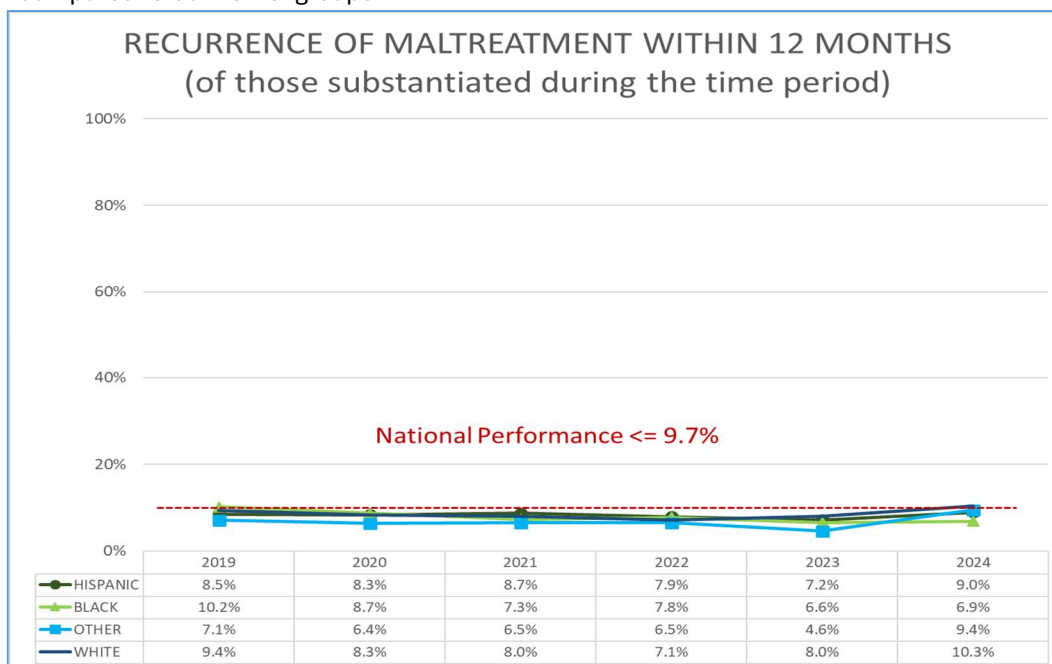
Note 1: Ages, races/ethnicities, and localities with no initial victims in any of the qualifying years will not appear in the tables.

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

- Federal Recurrence of Maltreatment CY20 - CY24: Statewide performance had been slowly but steadily improving since CY 2020, until an increase in CY 2024 to 9%. However, this is still as good or better than National Performance.



- Race/Ethnicity Group Comparison: until CY 2024, all groups were doing better than National Performance since CY20. The White group exceeded the national performance standard in CY 2024. Groups are 3.4 percentage points more similar in CY24 compared to CY23, with Black and Hispanic groups performing the best compared to both other groups.



- CFSR National Data Indicator Results: Maltreatment in Care - the national performance for this measure is <=9.07, and CT RSP for FFY 2023 is 9.66, statistically no worse than national performance and worse than the RSP for the previous two years. Observed performance for children ages 11 - 16, and for Black/African Americans, had rates that exceeded the national performance in the latest year. Please note that the incidence of maltreatment in care is relatively rare, so the numbers of children in various age and race/ethnicity groups can be very small, making the rates volatile from year to year.

	National Performance	20AB,FY20	21AB,FY21	22AB,FY22	FY20-21	FY21-22	FY22-23
Maltreatment in care (victimizations/100,000 days in care)	RSP 9.07 ▼	3.28	6.19	9.66			
	RSP interval	2.35-4.59 ¹	4.78-8.03 ¹	7.7-12.11 ²			
	Data used	20A-20B, FY20-21	21A-21B, FY21-22	22A-22B, FY22-23			

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.

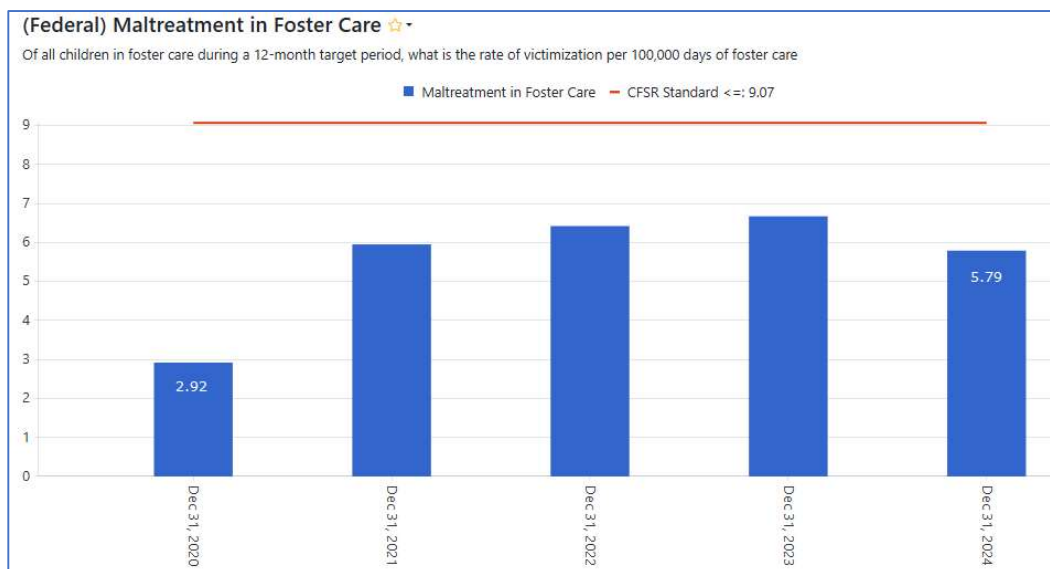
Observed performance on safety indicators										
Maltreatment in care										
	Denominator (days in care)			Numerator (victimizations)			Victimization/100,000 days			Percent of total (days in care)
	20AB,FY20	21AB,FY21	22AB,FY22	20AB,FY20	21AB,FY21	22AB,FY22	20AB,FY20	21AB,FY21	22AB,FY22	22AB,FY22
Age at entry or on 1st day										
Total	1,342,315	1,202,223	1,013,446	30	54	73	2.23	4.49	7.20	100.0%
0 - 3 mos	83,077	63,904	56,165	1	1	2	1.20	1.56	3.56	5.5%
4 - 11 mos	89,872	85,532	63,256	2	0	1	2.23	0.00	1.58	6.2%
< 1 yr subtotal	172,949	149,436	119,421	3	1	3	1.73	0.67	2.51	11.8%
1 - 5 yrs	448,532	421,114	359,867	7	19	15	1.56	4.51	4.17	35.5%
6 - 10 yrs	288,502	254,601	201,404	12	14	18	4.16	5.50	8.94	19.9%
11 - 16 yrs	379,419	335,764	295,876	8	18	34	2.11	5.36	11.49	29.2%
17 yrs	52,913	41,308	36,878	0	2	3	0.00	4.84	8.13	3.6%
Race/ethnicity										
American Indian/Alaska Native	1,104	1,049	1,572	0	0	0	0.00	0.00	0.00	0.2%
Asian	2,891	2,963	1,289	0	0	0	0.00	0.00	0.00	0.1%
Black or African American	318,901	284,033	225,167	4	10	35	1.25	3.52	15.54	22.2%
Hispanic (of any race)	472,616	416,532	367,310	12	24	20	2.54	5.76	5.44	36.2%
Native Hawaiian/Other Pacific Islander	394	194	0	0	0	0	0.00	0.00	0.00	0.0%
White	431,379	390,914	317,850	11	14	14	2.55	3.58	4.40	31.4%
Two or More	102,743	99,158	93,234	3	6	4	2.92	6.05	4.29	9.2%
Unknown/Unable to Determine	12,287	7,380	7,024	0	0	0	0.00	0.00	0.00	0.7%
Locality										
Fairfield County	225,667	198,207	151,263	9	12	14	3.99	6.05	9.26	14.9%
Hartford County	300,123	254,303	208,175	5	14	20	1.67	5.51	9.61	20.5%
Litchfield County	44,058	42,773	38,086	3	5	2	6.81	11.69	5.25	3.8%
Middlesex County	34,391	34,767	35,458	0	0	2	0.00	0.00	5.64	3.5%
New Haven County	405,232	372,082	315,867	11	19	22	2.71	5.11	6.96	31.2%
New London County	134,201	119,966	111,788	0	0	3	0.00	0.00	2.68	11.0%
Tolland County	96,677	88,505	83,131	0	3	8	0.00	3.39	9.62	8.2%
Windham County	101,966	91,620	69,678	2	1	2	1.96	1.09	2.87	6.9%

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

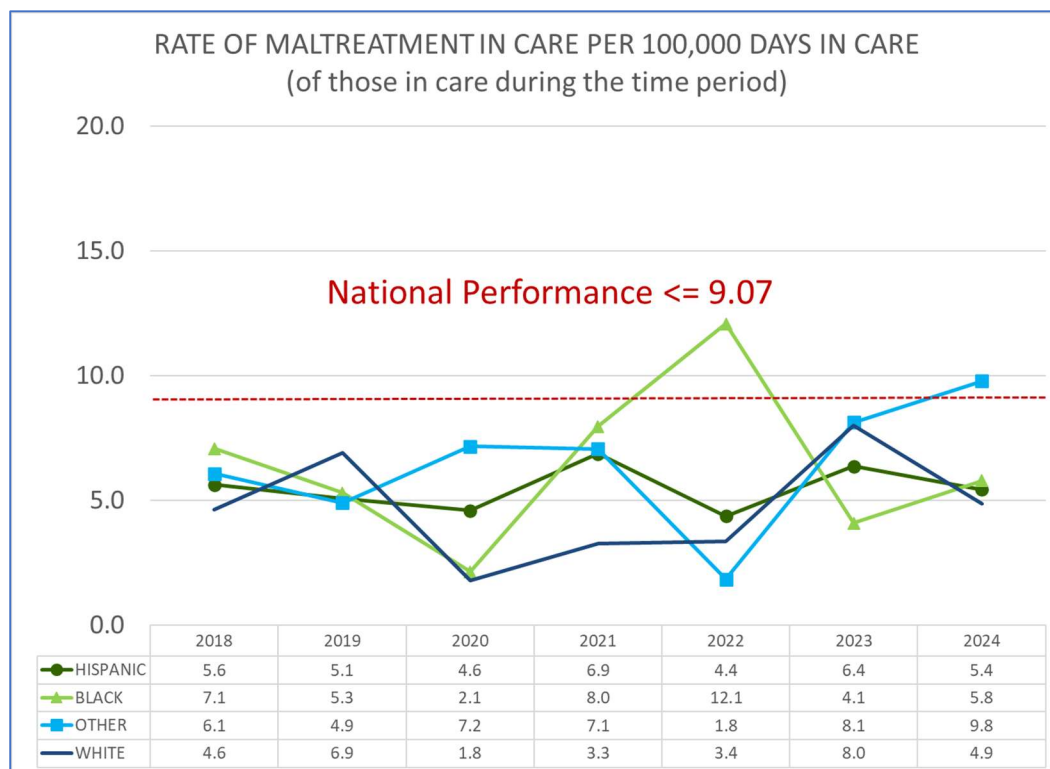
Note 2: All races exclude children of Hispanic origin. Children of Hispanic ethnicity may be any race.

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

- **Federal Maltreatment in Foster Care – CY20 – CY24:** The chart shows that CY23 performance improved in CY 2024 compared to the previous year and continues to meet the national performance standard at 5.8.



- **Race/Ethnicity Comparisons:** The Other group did not meet the National Performance standard in CY 2024, though the other three groups did still remain within expectation. Groups are less similar in CY24 at about 5 points apart, compared to 4 points apart in CY23, though all groups except for Other are less than one point apart from each other.



- CR-CFTM Data – SFY 2018 – SFY 2025 (*2025 data is partial as of 5/27/25)
 - # Child Specific Team Meetings: 11% decrease in volume for SFY 2024 compared to SFY 2023, but SFY 2025 (partial) is already 22% higher volume than SFY 2024
 - #/% Meetings Held Prior: Volume increased in SFY 2023, but proportion decreased a little from 85.5% in SFY 2022 to 83.7% in SFY 2023
 - #/% Children diverted from entering care: 7.7 percentage point decrease in SFY 2024 in proportion of meetings held with no recommendation for placement into foster care compared to SFY 2023, but SFY 2025 is already higher than both at 80% with no recommendation for placement.
 - #/% 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 increased from 75.8% in SFY 2023 to 84.4% in SFY 2024, and SFY 2025 appears to be even higher at 90.5% so far.

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 Round 4 Result: n=96, 47% Strength, 53% ANI
- CT CQI Result (Jan – Sept ‘24 Reviews): n=140, 44% Strength, 56% ANI
- ACRI Case practice elements – Strength % - CY 2023 – partial CY 2024 annual aggregation
- Risk & Safety – Child in Placement: 1 percentage point increase since CY 2023
- Risk & Safety – Child in Home: 1 percentage point increase since CY 2023

SI.No	Measure	Statewide			
		2023		2024	
		Strength		Strength	
		#	%	#	%
10	Risk & Safety - Child in Placement	5750	97%	2580	98%
11	Risk & Safety - Children in Home	257	76%	95	77%

- Timely Accurate SDM – Parents: 2 percentage point increase since CY 2023
- Timely Accurate SDM – Child: 8 percentage point increase since CY 2023

SI.No	Measure	Statewide			
		2023		2024	
		Strength		Strength	
		#	%	#	%
22	Timely Accurate SDM - Parents	2929	81%	1258	83%
23	Timely Accurate SDM - Child	348	65%	137	73%

Limitations to ACR data in CY 2024 are that it is not representative of the entire state as a result of the agency staggering the roll out of the Mindshare Tool across the state. In 2024, 2 of the states 6 Regions continued to utilize the ACRI in LINK while 4 Regions implemented utilization of the ACRI in Mindshare. Mindshare reports are still in development therefore the percentages are not reflective of the entire states practice. This limitation in data could explain the variance between LINK reports and CFSR. It is also worth noting that the PUR for ACR is not the same as the PUR for CFSR. ACR PUR covers a 6-month review, while CFSR spans 12-months. While this variation in PUR could explain variance in review results, the ANI's do note a need for additional training and support in the area of quality assessments, especially in the area of ongoing assessments, as well as monitoring of safety plans. Department CQI and CFSR managers will also explore potential inter-rater reliability issues and implement correction where needed.

- CQI DRS Case Review Results for CY 2024:

The Department continues to utilize the revised SDM Safety and Risk Assessment Tools. In addition to the SDM Tool, the Department also utilizes the ABCD Paradigm to conduct qualitative assessments of Safety and Risk in a household more globally. In the new Mindshare ACRI tool, specific ABCD Paradigm questions have been embedded to assess our practice with utilization of the tool at critical decision-making points. Data that is available via LINK Reports reflects an increase in performance in the agency making 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. LINK Reports also reflect an increase from CY 2023 to 2024 in the agencies practice of timely and accurate completion of SDM Tools for children in foster care, as well as Parents.

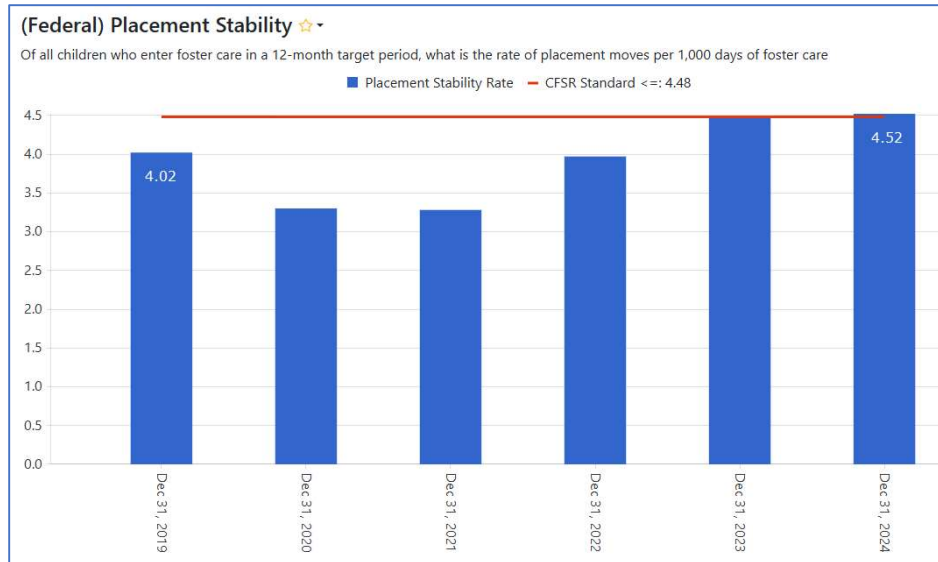
The Case Practice Review Unit (CPRU) continues to complete ongoing monthly qualitative case reviews of both DRS and In-Home cases, which include a review of the electronic LINK record. These DRS and IH reviews include a section to evaluate the safety and risk assessment and planning. The data from these qualitative case reviews indicate that the agency does a thorough job of risk and safety assessment. In CY 2024, there were 810 DRS case reviews completed by the CPRU and the Risk Assessment rating for timeliness was over 91% strength, and accuracy over 71%. The results for the SDM Safety Assessment were better at over 94% timely and over 90% for accuracy. The SDM Risk Assessment tool is used to identify potential risk factors that influence future risk of harm, an important factor to ensuring children are maintained in their own homes. Additionally, the initial review of In-Home cases completed in CY 2024 indicated that the SDM risk assessments accurately captured the risk factors documented in LINK for IH cases 83% of the time. The In-Home case reviews further reflected strong practice in the initial safety assessment and planning to mitigate the identified safety factor(s) and ensure the safety of the children in the home at over 80%. It was observed that the assessment of safety factors and safety planning, including implementation of a formal Safety Plan when needed, was completed appropriately to address, and mitigate the safety concerns when initially identified. The reviews reflect solid case practice to assess and address the safety concerns to ensure the safety of the children in the home.

The opportunity for performance improvement regarding safety assessment and safety planning is primarily related to the subsequent oversight of the safety plan, some of which may be due to a lack of sufficient documentation of the subsequent oversight and attention to the safety planning. However, recent results from CQI reviews completed using the Child and Family Service Review (CFSR) process also support the issue of ongoing safety assessment and oversight of safety plans once they have been put into place. Continued tracking and reporting, inclusive of discussions of findings with Area Office staff, of the application of the ABCD Paradigm, informal assessments, safety plan monitoring and ongoing risk/safety assessment will determine how the agency can provide additional support to practicing staff.

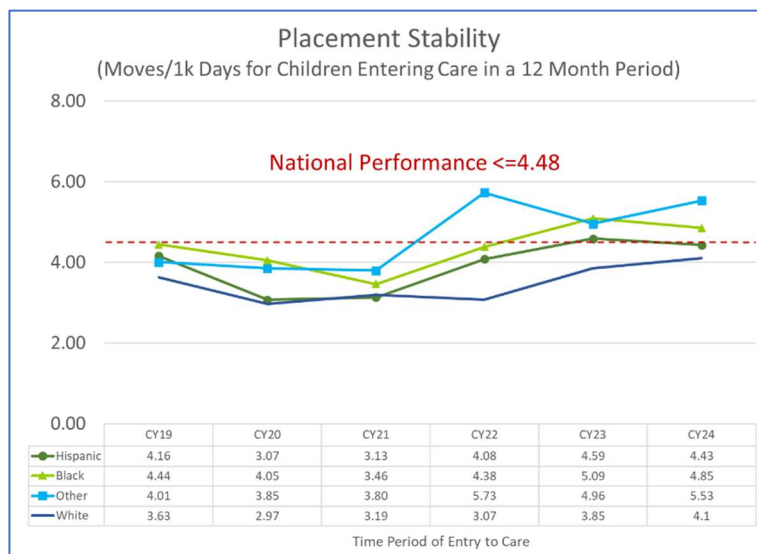
Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

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 Round 4 Result: n=51, 82% Strength, 18% ANI
- CT CQI Result (Jan – Sept '24 Reviews): n=75, 77% Strength, 23% ANI
- ROM Federal Placement Stability - CY19 – CY24: Standard continues to be met but declined since last year with CY 2024 performance just above national performance at 4.52 moves/1k days.



- **Race/Ethnicity Group Comparison:** Trend shows slight improvement for Black and Hispanic children since last year, though Black children remain above the national performance standard at 4.85 moves/1000 days in care in CY 2024. Hispanic children improved enough so they are now below national performance at 4.43 in CY 2024. Also, group performance had been less than 1 moves/1k apart in CY 2019 but is over 1.4 moves/1k apart in CY 2024, so they are less similar now.



- **CFSR National Data Indicator Results: Placement Stability** - the national performance for this measure is ≤ 4.48 , and CT RSP for FFY 2022 is 4.85, statistically not as good as national performance. Observed performance for ages 6 - 16 years old did not meet the standard, but all younger age groups were successful. Asian was the only race/ethnicity group, and those from the Naugatuck Valley Planning Region, to meet the standard for this measure in FFY 2024

National Performance		20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
RSP					3.76	4.33	4.16	4.75	4.37	4.85
Placement stability (moves/1,000 days in care)		4.48 ▼	RSP interval		3.49-4.06 ¹	4.05-4.63 ²	3.9-4.43 ¹	4.48-5.04 ²	4.11-4.64 ²	4.58-5.14 ³
Data used					21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B

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.

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)
	22A22B	23A23B	24A24B	22A22B	23A23B	24A24B	22A22B	23A23B	24A24B	24A24B	24A24B
Age entry											
Total	198,735	226,624	230,014	856	1,105	1,149	4.31	4.88	5.00	100.0%	100.0%
0 - 3 mos	41,013	38,696	37,990	79	72	90	1.93	1.86	2.41	16.3%	7.8%
4 - 11 mos	14,156	13,108	13,147	44	46	30	3.11	3.51	2.28	5.7%	2.6%
< 1 yr subtotal	55,169	51,804	50,537	123	118	120	2.23	2.28	2.37	22.0%	10.4%
1 - 5 yrs	56,051	59,786	65,210	203	242	268	3.62	4.05	4.11	28.4%	23.3%
6 - 10 yrs	32,959	46,359	47,609	127	207	267	3.85	4.47	5.61	20.7%	23.2%
11 - 16 yrs	49,397	64,232	59,641	366	505	466	7.41	7.86	7.81	25.9%	40.6%
17 yrs	5,159	4,443	7,017	37	33	28	7.17	7.43	3.99	3.1%	2.4%
Race/ethnicity											
American Indian/Alaska Native	997	444	0	16	5	0	16.05	11.26		0.0%	0.0%
Asian	148	251	275	0	1	1	0.00	3.98	3.64	0.1%	0.1%
Black or African American	39,759	53,518	57,237	227	273	292	5.71	5.10	5.10	24.9%	25.4%
Hispanic (of any race)	69,670	69,117	66,859	296	353	333	4.25	5.11	4.98	29.1%	29.0%
Native Hawaiian/Other Pacific Islander	0	0	94	0	0	0			0.00	0.0%	0.0%
White	65,739	83,340	83,548	217	347	405	3.30	4.16	4.85	36.3%	35.2%
Two or More	20,452	16,256	16,394	99	101	89	4.84	6.21	5.43	7.1%	7.7%
Unknown/Unable to Determine	1,970	3,698	5,607	1	25	29	0.51	6.76	5.17	2.4%	2.5%
Locality											
Fairfield County	23,708	0	0	68	0	0	2.87			0.0%	0.0%
Hartford County	42,979	0	0	173	0	0	4.03			0.0%	0.0%
Litchfield County	7,418	0	0	35	0	0	4.72			0.0%	0.0%
Middlesex County	10,322	0	0	43	0	0	4.17			0.0%	0.0%
New Haven County	53,821	0	0	218	0	0	4.05			0.0%	0.0%
New London County	28,585	0	0	161	0	0	5.63			0.0%	0.0%
Tolland County	21,795	0	0	117	0	0	5.37			0.0%	0.0%
Windham County	10,107	0	0	41	0	0	4.06			0.0%	0.0%
Capitol Planning Region	0	67,380	72,815	0	277	365		4.11	5.01	31.7%	31.8%
Greater Bridgeport Planning Region	0	16,174	20,176	0	84	93		5.19	4.61	8.8%	8.1%
Lower Connecticut River Valley Plannin	0	6,433	7,793	0	74	38		11.50	4.88	3.4%	3.3%
Naugatuck Valley Planning Region	0	27,013	15,709	0	137	57		5.07	3.63	6.8%	5.0%
Northwest Hills Planning Region	0	3,816	5,501	0	21	33		5.50	6.00	2.4%	2.9%
South Central Connecticut Planning Reg	0	37,922	49,553	0	209	236		5.51	4.76	21.5%	20.5%
Southeastern Connecticut Planning Reg	0	39,867	38,579	0	156	229		3.91	5.94	16.8%	19.9%
Western Connecticut Planning Region	0	27,828	19,888	0	147	98		5.28	4.93	8.6%	8.5%
Locality of report missing	0	191	0	0	0	0		0.00		0.0%	0.0%

This item was rated at 82% strength during CFSR Round 4. As evidenced by the Federal Placement Stability Report, the Department continued to improve their performance in placement stability through CY 2021 and achieved the lowest amount of placement moves per 1000 days in CY 2021. From 2019 to 2022, the Department outperformed the placement stability standard of the CFSR. However, there was a sharp decrease in placement stability during CY 2022 and CY 2023. At the end of CY 2024, the Department is now worse than national performance on this measure. CT CQI results from the most recent CY showed lower strength performance at 77% than in Round 4 but is still consistent with the observed increase in placement moves within the Federal Stability Placement Report. This recent trend has been an area of focus and is connected to the lack of available and willing foster homes that are needed to support children in foster care. The lack of appropriate homes, as well as the complex and challenging mental health needs of youth are two of several factors influencing increased placement moves of youth. However, the Department has made significant gains to license kin as foster placements so that children entering foster care are residing with someone that they know and are provided with a stable placement.

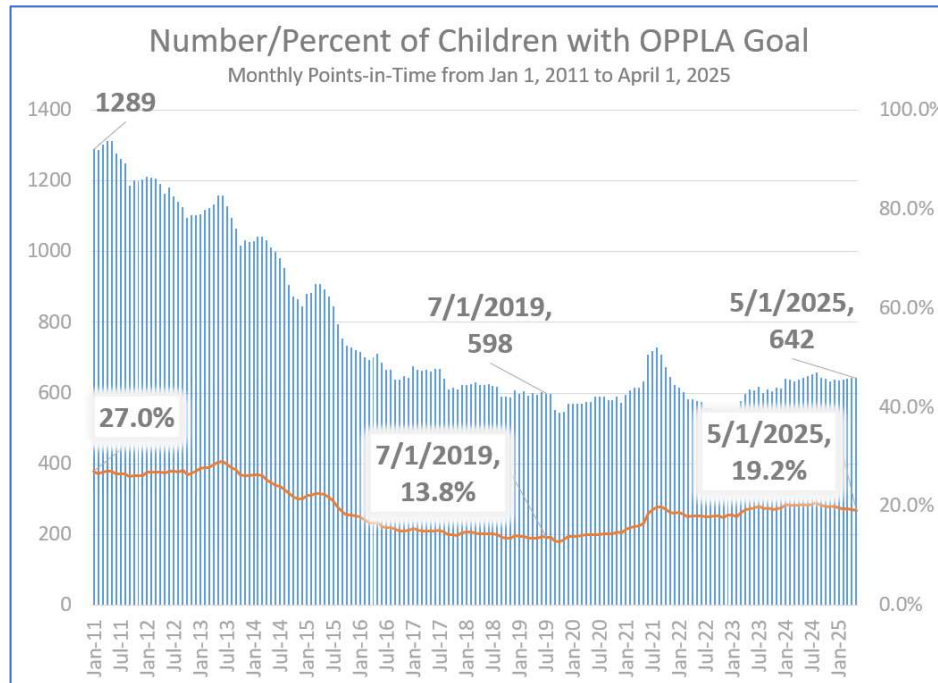
Qualitative reviews by CQI teams have found that, during and following the pandemic, there has been a continued expansion of children and youth struggling with mental health, juvenile justice, and behavioral issues. The Department often has difficulty finding stable homes for these youth. Foster homes can be reluctant to accept older youth and frequently will only do so for a limited duration. Often, if there is a behavior that is concerning to the family, the family will immediately request that the youth be moved to another home. The data in the CFSR National Indicator Results - Placement Stability Data, supports the qualitative assessments by the CQI Teams and shows that while youth over age 11 have consistently struggled with this measure, now in the latest period even children ages 6 - 10 also have moves that exceed national performance.

Additional efforts to support placement stability and permanency achievement have occurred through implementation of the Quality Parenting Initiative (QPI). QPI connects biological family and foster parents to partner in their support of

children placed in foster care. QPI was introduced statewide in 2020; structured training, data tracking, documentation and CQI work has been done to integrate the initiative into practice.

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

- CFSR Round 4 Result: n=51, 63% Strength, 37% ANI
- CT CQI Result (Jan – Sept ‘24 Reviews): n=75, 69% Strength, 31% ANI
- Trend in #/% of Children with OPPLA Goal: Volume and proportion up slightly compared to last year, ending with 19.2% of the total population in May 2025. Compared to 7/1/2019, the volume is somewhat higher at 642 compared to 598, but that represents a much greater proportion of the entire population of children in placement at 19.2% compared to 13.8% on 7/1/2019



- ACRI Case Practice element – Strength % - CY 2018 – CY 2024 annual aggregation; all comparisons made between CY 2018 and CY 2024 (unless otherwise noted)
- Planning for Permanency (case plan contains appropriate permanency and concurrent goals): 3 percentage point increase since 2018 (this measure was not available until mid-2017, so we start this trend in 2018)

Measure	Statewide						
	2018	2019	2020	2021	2022	2023	2024
	Strength	Strength	Strength	Strength	Strength	Strength	Strength
	%	%	%	%	%	%	%
Planning for Permanency	93%	94%	95%	95%	96%	96%	96%

- **Other Related Data**



- 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 FY24

APPLA/OPPLA Plans for FY24					
	Total Number of Permanency Plans Approved	Number of APPLA/OPPLA Plans Approved	Number of ILP Approved	Number of Long-Term Foster Care Approved	Number of Other Approved
Total	2793	601	214	36	38
Black/Afr Am	564	104	28	2	4
Hispanic/Latino	797	138	53	7	11
White	854	155	58	9	13
Other	578	204	75	18	10

DCF has several policies and practices that are designed to ensure timely permanency planning for children in foster care. Removal team meetings occur at the time an SDM safety factor is identified, and removal is being

considered. When the decision of the meeting is to remove, the permanency plan (most frequently identified as reunification) is discussed with the team. The expectations to achieve that plan, including service provisions, are identified and actions steps are taken for both the Department and the family. Additional permanency teaming is to occur every 90 days for children in care. The Quality Improvement (QI) division provides regular reports and reminders to staff that contain pertinent data that supports identification of permanency plan goals and timely achievement.

The Administrative Case Review (ACR) process requires the permanency plan goal to be documented in the case plan. At the time of the first case plan, reunification is most frequently identified as the preferred permanency plan, but often a concurrent plan is listed when prospects for reunification are limited. Since 2018, there has been an increase in rating Planning for Permanency as a strength by our ACR reviewers, reaching a CY 2022 peak of 96 percent and has been sustained over the subsequent two calendar years.

Other Permanent Planned Living Arrangement (OPPLA) is not a preferred plan. This plan is typically only identified after efforts to achieve preferred permanency plans are not successful. As mentioned within Item #4, older youth experiencing mental health, behavioral and juvenile justice struggles are difficult to match with permanent homes that are willing to adopt or accept guardianship. As a result, many youths' permanency plans are changed to OPPLA as a final option and remain in the Department's custody until reaching the age of majority. The data below indicates the percentage of the total children in custody with an OPPLA goal has risen from 13.8% on 7/1/18 to 20.3% on 3/1/24. However, this percentage increase is reflective of strength in the rapid decline of children in foster care. From CY 2019 to CY 2022, children achieving permanency/discharging greatly outpaced entries. There has been a 27% decrease in the total CIP population between CY 2019 and CY 2023. The OPPLA children who were not able to achieve permanency, in a smaller total CIP population, therefore made up a larger percentage of the remaining CIP population.

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

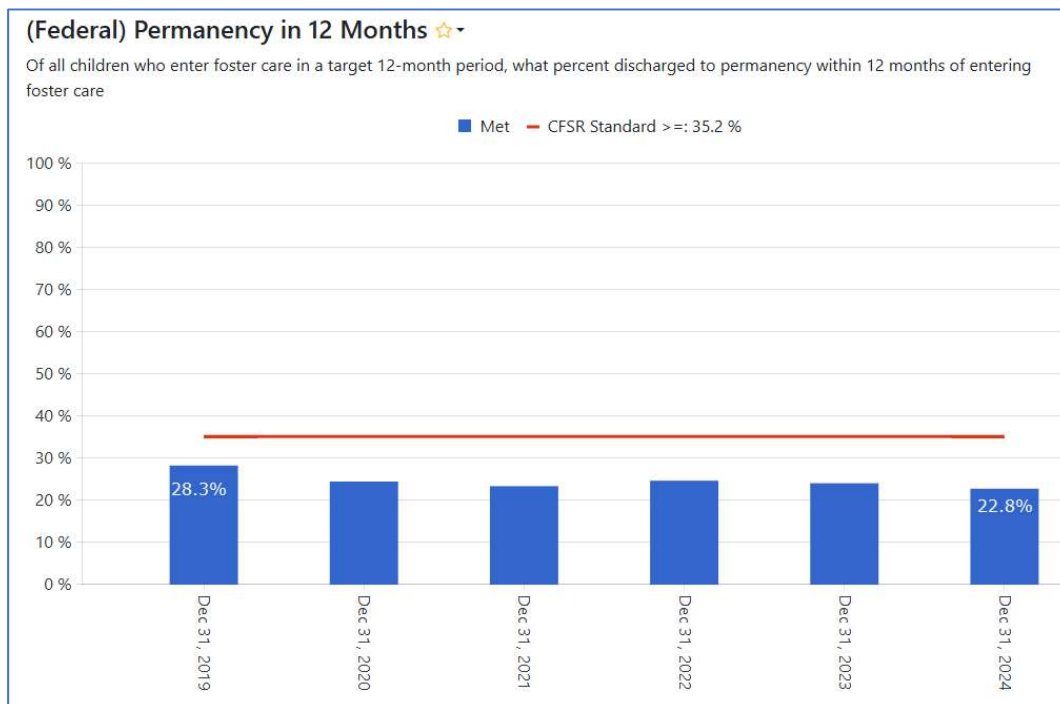
- CFSR Round 4 Result: n=51, 33% Strength, 67% ANI
- CT CQI Result (Jan – Sept '24 Reviews): n=75, 33%. Strength, 67% ANI
- CFSR National Data Indicator Results: *Permanency in 12 Months from Entry* - The national performance for achievement of permanency in 12 months from entry is $\geq 35.2\%$, and the data for FFY 22B-23A shows most recent CT RSP at 22.0% overall. This is not as good as the previous two periods, and still far below expected performance. Observed performance for children of all ages and race/ethnicity groups except for Asian (but note the small n) did not meet the standard. Children ages 0 – 3 months and 1 – 5 years old, and children of color except for Hispanic, had the best results on this measure during the most recent period.

National Performance		20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
Permanency in 12 months (entries)	RSP	23.2%	22.7%	21.8%	23.1%	23.6%	22.0%			
	35.2% ▲ RSP interval	20.9%-25.7% ¹	20.2%-25.3% ¹	19.4%-24.5% ¹	20.6%-25.8% ¹	21.2%-26.2% ¹	19.8%-24.4% ¹			
	Data used	20A-22A	20B-22B	21A-23A	21B-23B	22A-24A	22B-24B			

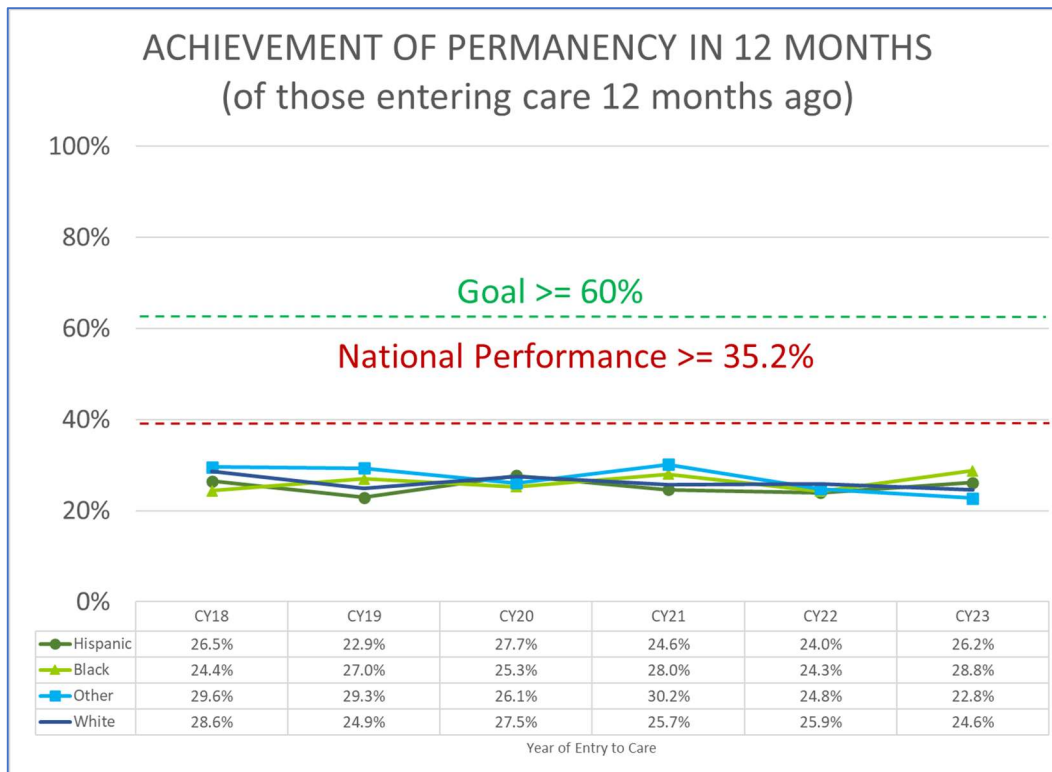
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information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

Observed performance on permanency indicators											
Permanency in 12 months (entries)											
	Denominator (entries)			Numerator (exits)			Percentage			Percent of total (entries)	Percent of total (exits)
	20B21A	21B22A	22B23A	20B21A	21B22A	22B23A	20B21A	21B22A	22B23A	22B23A	22B23A
Age at entry											
Total	1,120	1,066	1,265	229	225	259	20.4%	21.1%	20.5%	100.0%	100.0%
0 - 3 mos	273	218	230	62	42	56	22.7%	19.3%	24.3%	18.2%	21.6%
4 - 11 mos	82	82	86	9	14	17	11.0%	17.1%	19.8%	6.8%	6.6%
< 1 yr subtotal	355	300	316	71	56	73	20.0%	18.7%	23.1%	25.0%	28.2%
1 - 5 yrs	289	281	332	70	72	71	24.2%	25.6%	21.4%	26.2%	27.4%
6 - 10 yrs	195	183	240	40	33	45	20.5%	18.0%	18.8%	19.0%	17.4%
11 - 16 yrs	245	265	335	46	63	66	18.8%	23.8%	19.7%	26.5%	25.5%
17 yrs	36	37	42	2	1	4	5.6%	2.7%	9.5%	3.3%	1.5%
Race/ethnicity											
American Indian/Alaska Native	1	4	1	0	0	0	0.0%	0.0%	0.0%	0.1%	0.0%
Asian	3	1	4	1	0	2	33.3%	0.0%	50.0%	0.3%	0.8%
Black or African American	229	199	300	36	45	61	15.7%	22.6%	20.3%	23.7%	23.6%
Hispanic (of any race)	397	346	403	79	84	75	19.9%	24.3%	18.6%	31.9%	29.0%
White	398	396	432	95	72	92	23.9%	18.2%	21.3%	34.2%	35.5%
Two or More	88	104	109	17	21	26	19.3%	20.2%	23.9%	8.6%	10.0%
Unknown/Unable to Determine	4	16	16	1	3	3	25.0%	18.8%	18.8%	1.3%	1.2%
Locality											
Fairfield County	185	28	6	46	19	5	24.9%	67.9%	83.3%	0.5%	1.9%
Hartford County	238	52	9	48	33	7	20.2%	63.5%	77.8%	0.7%	2.7%
Litchfield County	34	14	1	2	12	1	5.9%	85.7%	100.0%	0.1%	0.4%
Middlesex County	39	12	2	11	5	2	28.2%	41.7%	100.0%	0.2%	0.8%
New Haven County	342	73	8	55	53	7	16.1%	72.6%	87.5%	0.6%	2.7%
New London County	106	22	4	19	20	4	17.9%	90.9%	100.0%	0.3%	1.5%
Tolland County	87	25	0	18	20	0	20.7%	80.0%	100.0%	0.0%	0.0%
Windham County	89	28	4	30	20	4	33.7%	71.4%	100.0%	0.3%	1.5%
Capitol Planning Region	0	249	354	0	8	66		3.2%	18.6%	28.0%	25.5%
Greater Bridgeport Planning Region	0	39	86	0	3	17		7.7%	19.8%	6.8%	6.6%
Lower Connecticut River Valley Plannin	0	29	44	0	1	7		3.4%	15.9%	3.5%	2.7%
Naugatuck Valley Planning Region	0	86	166	0	2	18		2.3%	10.8%	13.1%	6.9%
Northwest Hills Planning Region	0	36	35	0	3	12		8.3%	34.3%	2.8%	4.6%
South Central Connecticut Planning Reg	0	140	213	0	1	28		0.7%	13.1%	16.8%	10.8%
Southeastern Connecticut Planning Reg	0	176	206	0	17	46		9.7%	22.3%	16.3%	17.8%
Western Connecticut Planning Region	0	56	126	0	8	35		14.3%	27.8%	10.0%	13.5%
Locality of report missing	0	1	1	0	0	0		0.0%	0.0%	0.1%	0.0%

- ROM Federal Permanency in 12 Months: Performance on this measure decreased from 24.1% in CY 2023 to 22.8% in CY 2024. These results largely mirror those from the national data indicator described above.



- Race/Ethnicity Comparisons: None of the groups are meeting expectation compared to National Performance, and the trends since CY 2018 are quite different across groups. There was improvement for Black and Hispanic groups in CY 2023 compared to CY 2022, but both Other and White declined. Groups are less similar in CY 2023 at 6 points apart compared to about 5 points apart in CY 2018.



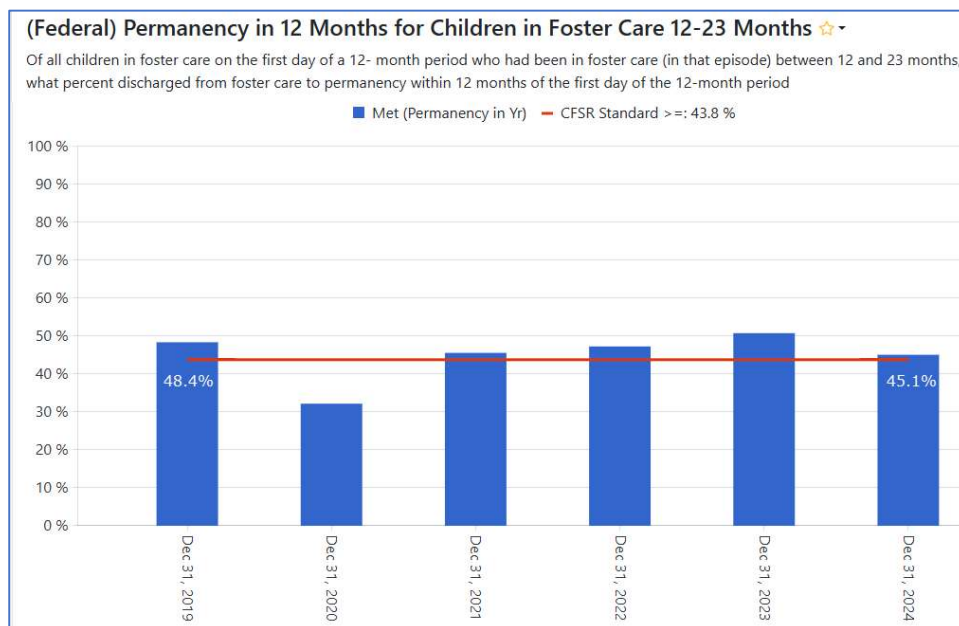
- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP 12 - 23 Months*** - the national performance standard for this measure is $\geq 43.8\%$, and CT RSP for FFY 2023 is as good as 43.3%. Observed performance for children < age 11 all met the standard. Observed performance for Black (29.8%) and Hispanics (40.4%) did not meet the standard, but other race/ethnicity groups did. Youth from the Capital, Lower CT River Valley and Naugatuck Valley did not meet the national performance standard.

	National Performance	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
	RSP				42.8%	43.0%	44.7%	44.7%	50.2%	43.3%
Permanency in 12 months (12-23 mos)	43.8% ▲ RSP interval				39.9%-45.8% ²	39.6%-46.4% ²	41.2%-48.3% ²	40.9%-48.4% ²	46.4%-54.0% ¹	39.6%-47.1% ²
	Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B

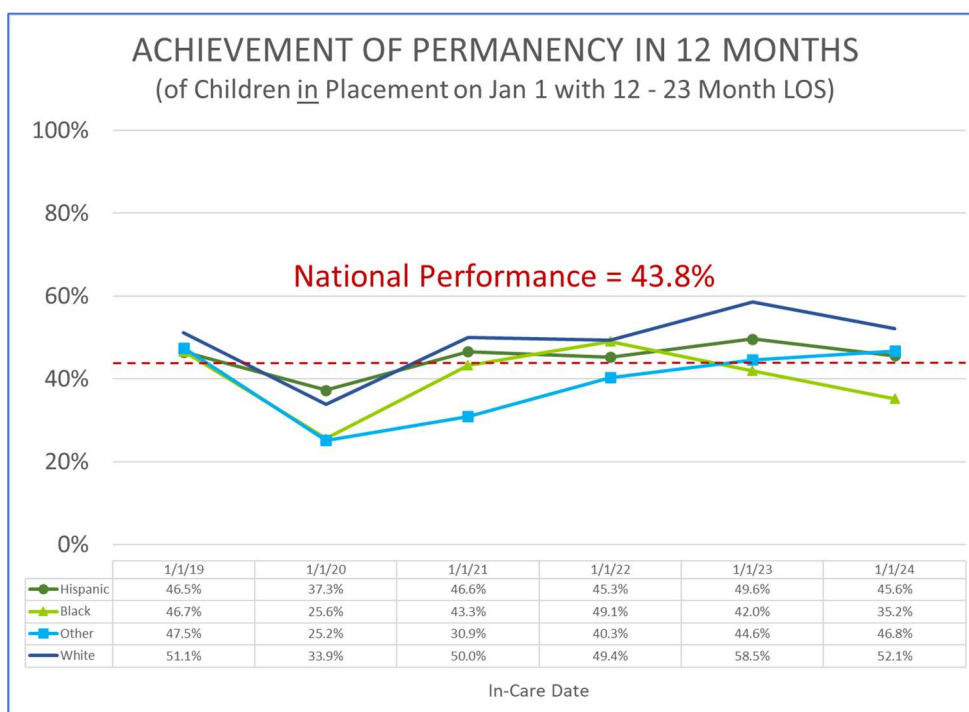
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information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

Observed performance on permanency indicators Permanency in 12 months (12-23 months)										
	Denominator (in care)			Numerator (exits)			Percentage			Percent of total
	22A22B	23A23B	24A24B	22A22B	23A23B	24A24B	22A22B	23A23B	24A24B	(in care) 24A24B
Age on 1st day										
Total	710	607	620	317	276	268	44.6%	45.5%	43.2%	100.0%
1 - 5 yrs	405	314	305	198	170	166	48.9%	54.1%	54.4%	49.2%
6 - 10 yrs	122	120	121	61	60	55	50.0%	50.0%	45.5%	19.5%
11 - 16 yrs	161	137	153	55	42	44	34.2%	30.7%	28.8%	24.7%
17 yrs	22	36	41	3	4	3	13.6%	11.1%	7.3%	6.6%
Race/ethnicity										
American Indian/Alaska Native	1	0	3	1	0	3	100.0%		100.0%	0.5%
Asian	2	0	2	0	0	0	0.0%		0.0%	0.3%
Black or African American	175	118	151	75	55	45	42.9%	46.6%	29.8%	24.4%
Hispanic (of any race)	242	198	193	97	79	78	40.1%	39.9%	40.4%	31.1%
White	235	225	189	118	110	108	50.2%	48.9%	57.1%	30.5%
Two or More	53	55	75	26	29	32	49.1%	52.7%	42.7%	12.1%
Unknown/Unable to Determine	2	11	7	0	3	2	0.0%	27.9%	28.6%	1.1%
Locality										
Fairfield County	132	0	0	59	0	0	44.7%			0.0%
Hartford County	153	0	0	82	0	0	53.6%			0.0%
Litchfield County	22	0	0	13	0	0	59.1%			0.0%
Middlesex County	23	0	0	12	0	0	52.2%			0.0%
New Haven County	193	0	0	72	0	0	37.3%			0.0%
New London County	67	0	0	25	0	0	37.3%			0.0%
Tolland County	58	0	0	20	0	0	34.5%			0.0%
Windham County	62	0	0	34	0	0	54.8%			0.0%
Capitol Planning Region	0	170	177	0	62	65		36.5%	36.7%	28.5%
Greater Bridgeport Planning Region	0	25	28	0	12	15		48.0%	53.6%	4.5%
Lower Connecticut River Valley Plannin	0	21	26	0	9	10		42.9%	38.5%	4.2%
Naugatuck Valley Planning Region	0	83	83	0	42	27		50.6%	32.5%	13.4%
Northwest Hills Planning Region	0	40	19	0	19	10		47.5%	52.6%	3.1%
South Central Connecticut Planning Reg	0	108	117	0	52	54		48.1%	46.2%	18.9%
Southeastern Connecticut Planning Reg	0	109	124	0	59	65		54.1%	52.4%	20.0%
Western Connecticut Planning Region	0	49	46	0	21	22		42.8%	47.8%	7.4%
Locality of report missing	0	2	0	0	0	0		0.0%		0.0%

- ROM Federal Permanency in 12 Months for CIP 12-23 Months: Performance declined from 50.8% in CY 2023 to 45.1% in CY 2024, though this performance does continue to meet the national performance standard.



- Race/Ethnicity Comparisons: With the exception of CY20 (due to Covid response impact), performance for most groups have been improving gradually since CY16. All groups except Other declined in CY24 compared to CY23, though all groups except Black are still exceeding national performance in CY24. The difference between groups also grew in CY24 with a range of 16.9 compared to CY23 which had a range of 13.9.



- CFSR National Data Indicator Results: *Permanency in 12 Months for CIP >=24 Months* - the national standard for this measure is >=37.3%, and CT RSP for FFY 2023 is as good as national performance at 39.1%. Observed

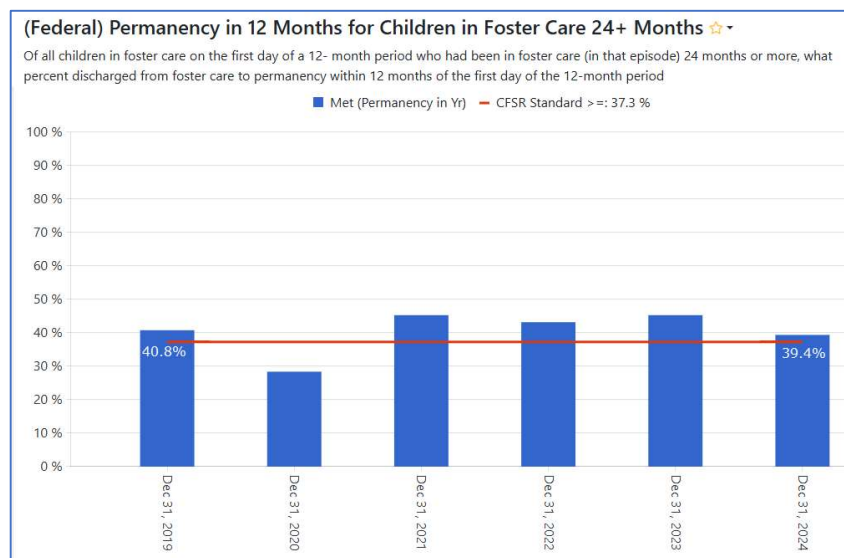
performance for children ages <=10 met the standard with a wide margin, but for 11 - 16-year-olds we are well under the standard at 23%, and far under it for 17-year-old youth (5.4%). Observed performance for Black/African Americans (38.8%) and Hispanics (38.3%) do still meet the standard though are not quite as good as that for White (40.8%) children. Children from the Greater Bridgeport, Naugatuck Valley Northwest Hills planning regions did not meet the national performance standard, though Northwest Hills has a very small n.

National Performance	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
RSP				38.8%	39.0%	37.9%	41.7%	40.4%	39.1%
Permanency in 12 months (24+ mos)	37.3% ▲ RSP interval			36.5%-41.1% ²	36.7%-41.4% ²	35.5%-40.4% ²	39.0%-44.5% ¹	37.5%-43.4% ¹	35.9%-42.3% ²
Data used				21B-22A	22A-22B	22B-23A	23A-23B	23B-24A	24A-24B

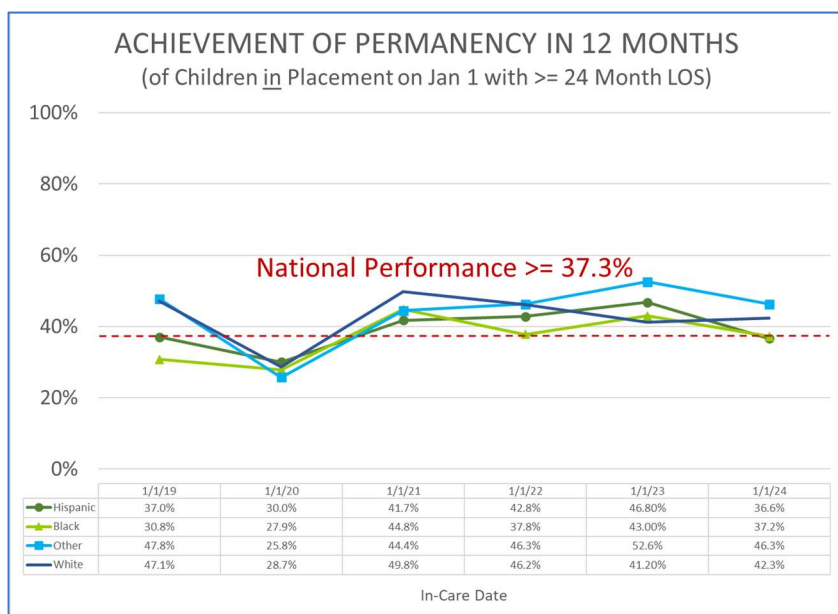
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information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

Observed performance on permanency indicators Permanency in 12 months (24+ months)										
	Denominator (in care)			Numerator (exits)			Percentage			
	22A22B	23A23B	24A24B	22A22B	23A23B	24A24B	22A22B	23A23B	24A24B	
Age on 1st day										
Total	1,265	912	708	539	411	287	42.6%	45.1%	40.5%	100.0%
1 - 5 yrs	414	302	208	246	195	139	59.4%	64.6%	66.8%	29.4%
6 - 10 yrs	313	188	144	163	97	79	52.1%	51.6%	54.9%	20.3%
11 - 16 yrs	421	338	282	121	109	65	28.7%	32.2%	23.0%	39.8%
17 yrs	117	84	74	9	10	4	7.7%	11.9%	5.4%	10.5%
Race/ethnicity										
American Indian/Alaska Native	1	0	0	0	0	0	0.0%			0.0%
Asian	1	2	0	0	0	0	0.0%	0.0%		0.0%
Black or African American	311	235	160	127	105	62	40.8%	44.7%	38.8%	22.6%
Hispanic (of any race)	445	273	230	180	125	88	40.4%	45.8%	38.3%	32.5%
White	377	302	245	175	133	100	46.4%	44.0%	40.8%	34.6%
Two or More	123	90	60	55	44	31	44.7%	48.9%	51.7%	8.5%
Unknown/Unable to Determine	7	10	13	2	4	6	28.6%	40.0%	46.2%	1.8%
Locality										
Fairfield County	206	0	0	92	0	0	44.7%			0.0%
Hartford County	256	0	0	110	0	0	43.0%			0.0%
Litchfield County	46	0	0	21	0	0	45.7%			0.0%
Middlesex County	32	0	0	11	0	0	34.4%			0.0%
New Haven County	436	0	0	167	0	0	38.3%			0.0%
New London County	132	0	0	70	0	0	53.0%			0.0%
Tolland County	77	0	0	31	0	0	40.3%			0.0%
Windham County	80	0	0	37	0	0	46.3%			0.0%
Capitol Planning Region	0	253	216	0	115	76		45.5%	35.2%	30.5%
Greater Bridgeport Planning Region	0	73	52	0	26	26		35.6%	50.0%	7.3%
Lower Connecticut River Valley Plannin	0	22	21	0	7	11		31.8%	52.4%	3.0%
Naugatuck Valley Planning Region	0	139	92	0	72	29		51.8%	31.5%	13.0%
Northwest Hills Planning Region	0	23	29	0	9	5		39.1%	17.2%	4.1%
South Central Connecticut Planning Reg	0	161	120	0	63	53		39.1%	44.2%	16.9%
Southeastern Connecticut Planning Reg	0	164	108	0	82	51		50.0%	47.2%	15.3%
Western Connecticut Planning Region	0	76	69	0	37	36		48.7%	52.2%	9.7%
Locality of report missing	0	1	1	0	0	0		0.0%	0.0%	0.1%

- ROM Federal Permanency in 12 Months for CIP >=24 Months: Performance declined from 45.3% in CY 2023 to 39.4% in CY 2024, though the state continues to meet the national performance standard at this figure.



- Race/Ethnicity Comparisons: Performance declined for all groups except White when comparing the 1/1/2024 cohort to the 1/1/2023 cohort. Further, performance for Black and Hispanic children are now just below the national performance standard.



- Judicial Data concerning Time to Permanent Placement for SFY24

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 FY24

		FY24								
		#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	Total	426	20	58	142	1155	1038	5%	14%	33%
	Black/Afr Am	73	0	2	8	1384	1293	0%	3%	11%
	Hispanic/Latino	109	4	13	33	1160	1083	4%	12%	30%
	White	164	4	20	58	1156	968	2%	12%	35%
	Other	80	12	23	43	937	695	15%	29%	54%
Transfer of Guardianship	Total	88	50	62	78	432	310	59%	70%	89%
	Black/Afr Am	15	8	9	12	754	166	53%	60%	80%
	Hispanic/Latino	19	11	15	16	426	251	58%	79%	84%
	White	34	14	20	30	412	466	41%	59%	88%
	Other	20	17	18	20	232	125	85%	90%	100%
Reunification	Total	446	317	369	395	310	158	71%	83%	89%
	Black/Afr Am	99	74	82	90	270	146	75%	83%	91%
	Hispanic/Latino	145	99	123	128	350	189	68%	85%	88%
	White	123	78	96	105	328	174	63%	78%	85%
	Other	79	66	68	72	257	127	84%	86%	91%

Time to Filing Termination of Parental Rights Petition Judicial Data

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 our State Court Improvement Grant.

Cohort: All TPR petitions filed during FY24

FY24							
	# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
Total	405	196	307	20	16	48%	76%
Black/Afr Am	73	28	52	21	19	38%	71%
Hispanic/Latino	112	45	77	21	18	40%	69%
White	156	87	123	18	15	56%	79%
Other	64	36	55	18	15	56%	86%

Time to Termination of Parental Rights Judicial Data

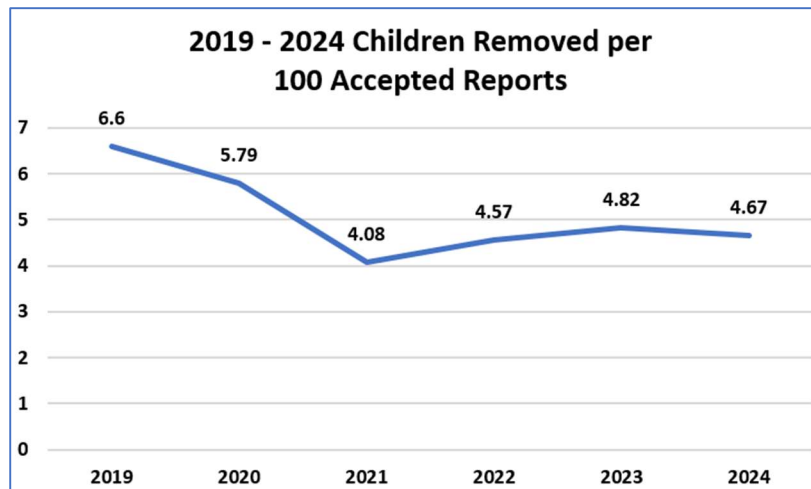
Explanation: The number of days from filing of the neglect/uncared for/abuse petition to the time the termination of parental rights is granted. Both the median and the average have been calculated. This is a Court Performance measure that is calculated for our State Court Improvement Grant.

Cohort: All TPR petitions disposed during FY24

FY24							
	# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
Total	405	196	307	20	16	48%	76%
Black/Afr Am	73	28	52	21	19	38%	71%
Hispanic/Latino	112	45	77	21	18	40%	69%
White	156	87	123	18	15	56%	79%
Other	64	36	55	18	15	56%	86%

A multiple logistic regression study was completed in August 2022 on the cohorts of children that entered DCF care between CY 2010 and 2019 to help the Department understand factors related to achieving permanency within the first, second or third year of care. Details concerning that study can be found in the Final Report for the 2020 - 2024 CFSP, but we are also planning to replicate and extend this work over the current year.

CQI and Racial Justice workgroups have conducted qualitative reviews of children entering care since the implementation of ChildStat in 2021. These workgroups have found critical themes that connect various aspects of the Department's performance to one another. Over the last several years the Department has placed additional emphasis on SDM, the ABCD Paradigm, diversion services, permanency teaming meetings and addressing the needs of children and families in their homes whenever possible. The courts have also now issued standing orders requiring courts to a written communication within 30 days from the initial custody hearing to parties concerning the status of outstanding referrals for services ordered by the court, and also requires an in-court review at 90 days. The decline in total CIP numbers from 5 years ago demonstrate success in maintaining children safely in their homes. The below removals per 100 accepted report illustrates that the Department has drastically reduced the frequency of removals per year, even when adjusted for accepted report volume. Although there was an increase in the rate of removal from 2022 to 2023, the rate declined again in 2024, and the rate was far lower than in 2019. In 2024 there were 1,758 more accepted reports than 2019 yet the Department removed 519 fewer children.



The qualitative reviews of CQI and Racial Justice workgroups have focused on children entering custody, disparity data, removal reasons and progress towards resolution of safety factors. In addition to the themes outlined in the above logistic regression study, workgroups found that many of the children entering care came from families with overlapping safety and risk factors including intimate partner violence, substance misuse, mental health, and child injuries. Further, there was a frequent occurrence of children who were previously removed, or their siblings were previously removed.

Permanency achieved cases were also reviewed by CQI teams to assess for factors impacting achieved permanency within 12 months. A plethora of factors were identified:

- Appropriate identification of priority needs for family including parents and children
- Timely referral to services that address priority needs
- Availability of services to address priority needs
- Engagement by family in referred services.
- Demonstrated behavioral progress by family
- Timely filing of revocation and transfer of guardianship
- Timely scheduled hearings and orders by Juvenile Court
- The type of permanency plan pursued
- Court Orders for psychological and interactional evaluations
- Availability of permanent homes for children who are not able to reunify

There were many examples of conditions of the family that impacted timely permanency. Often families previously received DCF In-Home services, but the parents were not able to make behavioral changes to improve safety. Parents were again offered services, post removal, to address the safety issues but were not willing to engage in the services, would engage in the service but not demonstrate significant behavioral changes, or progression was slow and issues such as relapse would occur.

There were key areas of opportunity for the Department. CQI teams developed strategies to establish timeframes for referral to services after a safety factor is identified, to reduce delays in connecting families to services. Area office leadership has used customized length of stay reports to track and make directives that reduce delays in achievement of permanency within 12 months. Permanency team meetings occur with the goal of accelerating permanency.

- CFSR National Data Indicator Results: Re-entry to Foster Care in 12 Months - the national standard for this measure is $\leq 5.6\%$, and CT performance for FFY 2023 is better than national risk-standardized performance (RSP) at 3.6%. This reverses an increasing trend from the past three periods observed. Based on observed

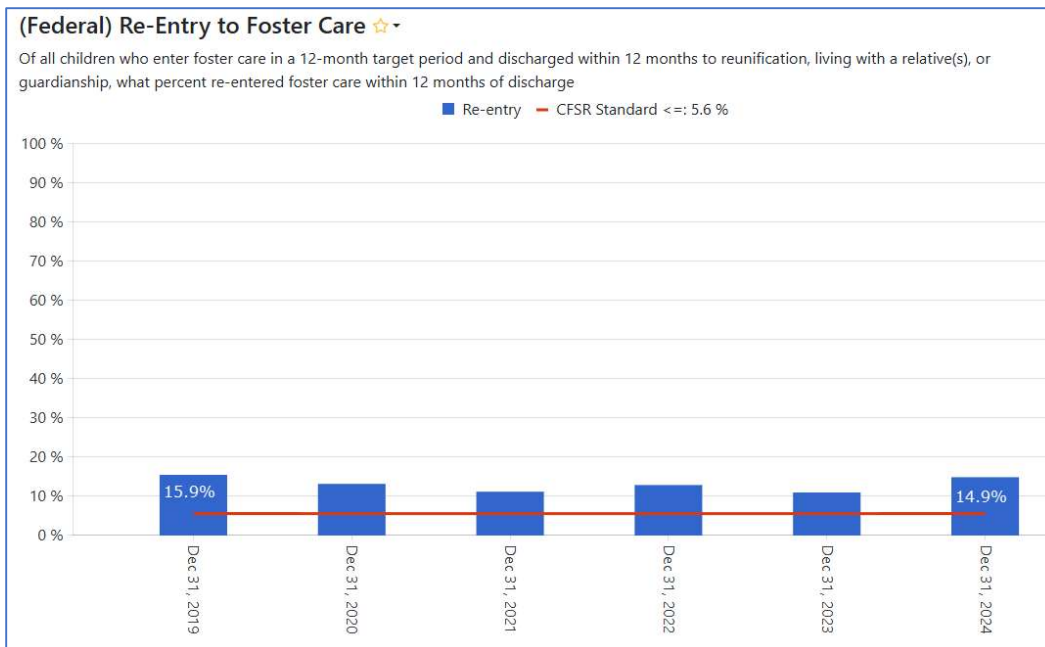
performance, DCF met the standard for all children except 0 - 3 months for FFY 2023, but that group has a very small n. Performance for all race/ethnicity groups and planning regions met national performance, though those in the Greater Bridgeport planning region came close to exceeding it at 5.4%.

National Performance		20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A	24A24B
RSP			4.1%	3.7%	4.1%	4.7%	4.7%	3.6%		
Reentry to foster care	5.6% ▼ RSP interval		3.0%-5.6% ²	2.8%-5.1% ¹	3.0%-5.5% ¹	3.5%-6.3% ²	3.4%-6.3% ²	2.6%-5.0% ¹		
Data used			20B-22A	21A-22B	21B-23A	22A-23B	22B-24A	23A-24B		

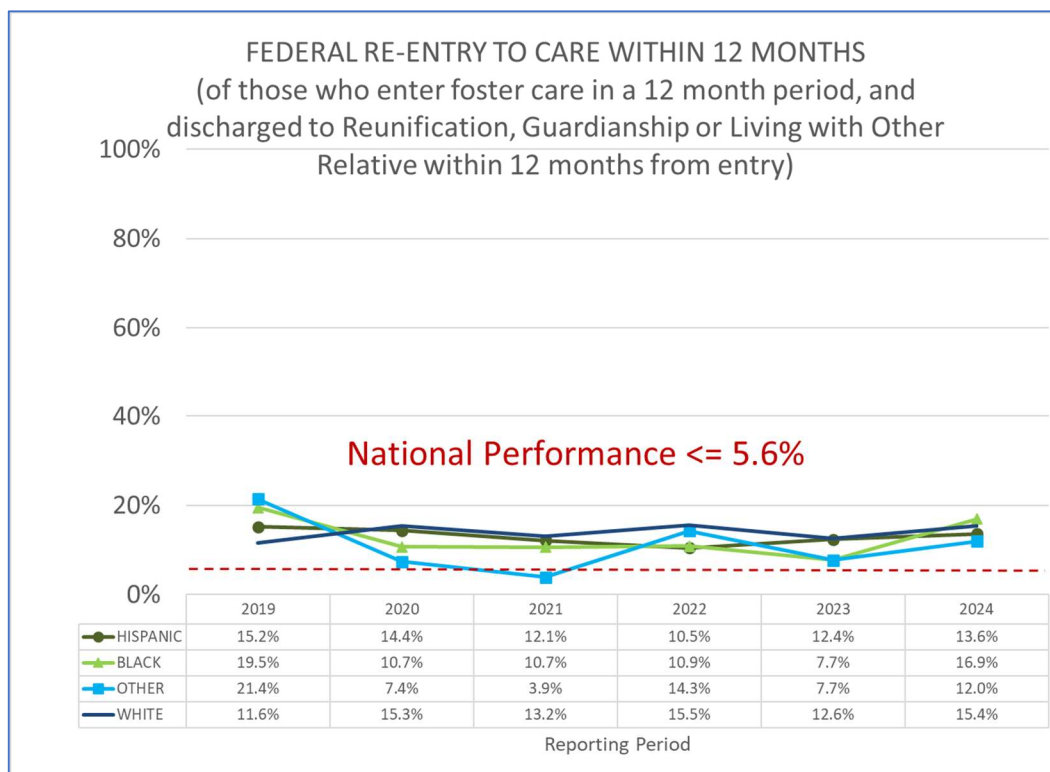
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information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

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)
	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	21A21B	22A22B	23A23B	23A23B	23A23B
Age at exit											
Total	963	775	759	30	32	22	3.1%	4.1%	2.9%	100.0%	100.0%
0 - 3 mos	16	12	12	1	0	1	6.3%	0.0%	8.3%	1.6%	4.5%
4 - 11 mos	27	26	31	4	2	1	14.8%	7.7%	3.2%	4.1%	4.5%
< 1 yr subtotal	43	38	43	5	2	2	11.6%	5.3%	4.7%	5.7%	9.1%
1 - 5 yrs	378	298	311	17	12	7	4.5%	4.0%	2.3%	41.0%	31.8%
6 - 10 yrs	250	203	173	2	9	4	0.8%	4.4%	2.3%	22.8%	18.2%
11 - 16 yrs	259	206	201	5	9	8	1.9%	4.4%	4.0%	26.5%	36.4%
17 yrs	33	30	31	1	0	1	3.0%	0.0%	3.2%	4.1%	4.5%
Race/ethnicity											
American Indian/Alaska Native	0	0	2	0	0	0	0.0%	0.0%	0.0%	0.3%	0.0%
Asian	5	4	3	0	0	0	0.0%	0.0%	0.0%	0.4%	0.0%
Black or African American	208	187	181	1	11	8	0.5%	5.9%	4.4%	23.8%	36.4%
Hispanic (of any race)	371	272	257	10	6	4	2.7%	2.2%	1.6%	33.9%	18.2%
Native Hawaiian/Other Pacific Islander	1	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
White	306	240	242	17	13	8	5.6%	5.4%	3.3%	31.9%	36.4%
Two or More	66	67	61	2	2	1	3.0%	3.0%	1.6%	8.0%	4.5%
Unknown/Unable to Determine	6	5	13	0	0	1	0.0%	0.0%	7.7%	1.7%	4.5%
Locality											
Fairfield County	209	153	0	1	6	0	0.5%	3.9%		0.0%	0.0%
Hartford County	220	164	0	12	2	0	5.5%	1.2%		0.0%	0.0%
Litchfield County	20	30	0	3	2	0	15.0%	6.7%		0.0%	0.0%
Middlesex County	28	16	0	1	0	0	3.6%	0.0%		0.0%	0.0%
New Haven County	286	219	0	9	12	0	3.1%	5.5%		0.0%	0.0%
New London County	66	67	0	3	3	0	4.5%	4.5%		0.0%	0.0%
Tolland County	61	55	0	1	3	0	1.6%	5.5%		0.0%	0.0%
Windham County	73	71	0	0	4	0	0.0%	5.6%		0.0%	0.0%
Capitol Planning Region	0	0	198	0	0	7			3.5%	26.1%	31.8%
Greater Bridgeport Planning Region	0	0	56	0	0	3			5.4%	7.4%	13.6%
Lower Connecticut River Valley Plannin	0	0	27	0	0	0			0.0%	3.6%	0.0%
Naugatuck Valley Planning Region	0	0	87	0	0	3			3.4%	11.5%	13.6%
Northwest Hills Planning Region	0	0	35	0	0	0			0.0%	4.6%	0.0%
South Central Connecticut Planning Reg	0	0	135	0	0	3			2.2%	17.8%	13.6%
Southeastern Connecticut Planning Reg	0	0	131	0	0	5			3.8%	17.3%	22.7%
Western Connecticut Planning Region	0	0	90	0	0	1			1.1%	11.9%	4.5%

- **Federal Re-entry to Foster Care: CY 2019 - CY 2024.** While state performance on this measure has consistently exceeded the standard, there had been some improvement from CY 2019 during which 15.9% of children experienced re-entry, to CY 2023 which was down to 11%. Unfortunately results increased again for CY 2024 to 14.9%. Please note that these figures are higher than that seen in the National Data Indicator results but have unfortunately been shown to be more accurate because the ROM reporting system addresses data quality issues in a more robust fashion than our AFCARS processing routines.

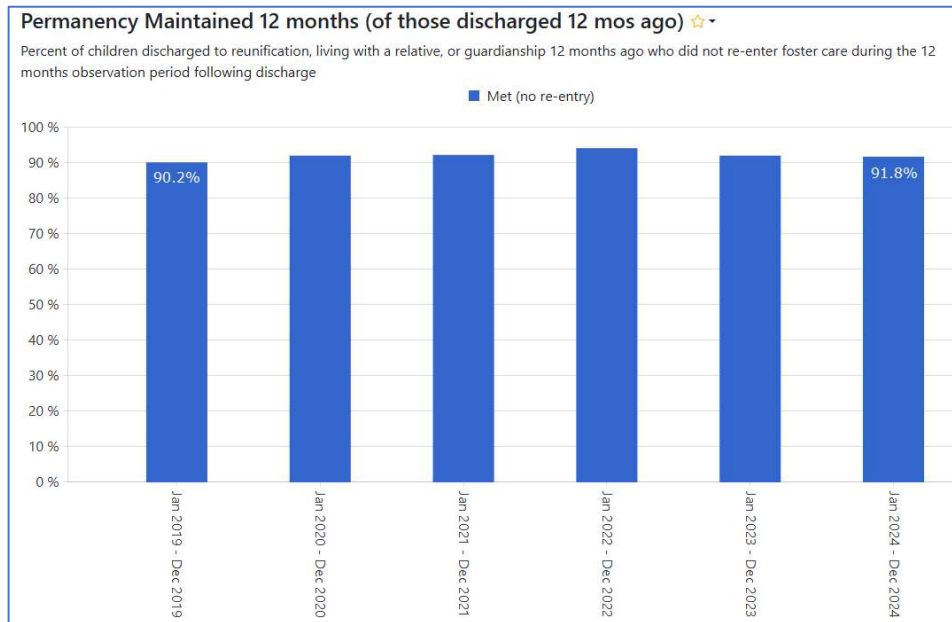


- **Race/Ethnicity Group Comparison:** All groups are not meeting National Performance, but most showed decline in CY 2024 compared to CY 2023. Further, all groups have the same range of difference in CY 2024 (4.9 points apart) than in CY 2024.

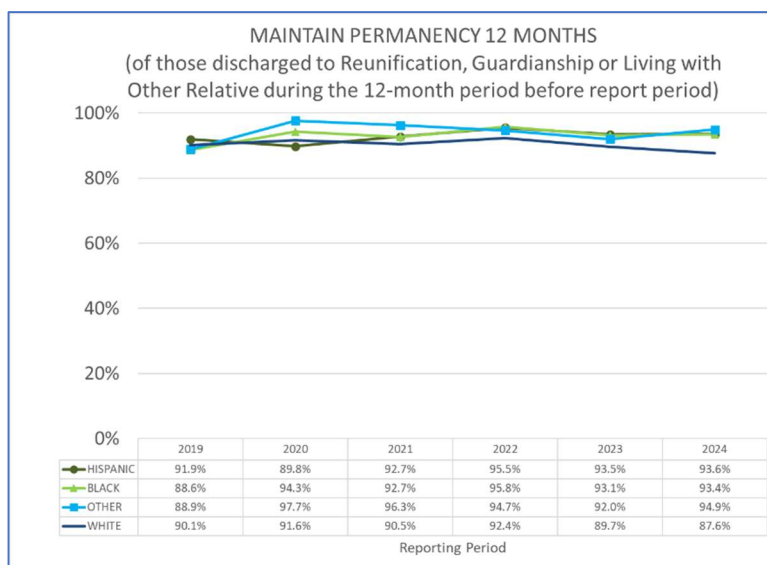


- **ROM Permanency Maintained 12 Months** (of those discharged 12 months ago to Reunification, Living with Relative or Guardianship) - CY19 - CY24: This measure is a broader view than the more narrowly defined federal measure, and is positively oriented. Performance for CY 2024 is 1.6 points better than CY 2019 at 91.8% (or

8.2% that Re-entered within 12 months), but slightly lower than CY 2023 which had 92.1% with permanency maintained at least 12 months following discharge.



- Race/Ethnicity Comparison:** For the same broader measure, performance has improved since CY 2019, for all groups except White children, now 2.5% less in CY 2024 at 87.6%. Though all other groups improved in CY 2024 compared to CY 2023, the net result was still a slight decline overall. Groups are unfortunately also similar in CY 2024 at 7.3 percentage points apart compared to CY 2019 at 3.3 points apart. All groups of color have performed better on this measure than White for the past four years.



Many of the same programs and practices utilized to prevent entry apply equally to prevent children from re-entering DCF care, so please refer to Safety Outcome 1 for more details on those.

Reunification and Therapeutic Family Time Services (RTFT)

The Department contracts for a program called "Reunification and Therapeutic Family Time" which contains three distinct services: Reunification Readiness Assessment, Reunification and Therapeutic Family Time. The model supports children (ages 0-17) in out-of-home care and their parents/caregivers in an effort to achieve timely permanency, preserving and restoring parent/child attachment, and emphasizes the continuity of the parent-child relationship.

The RTFT program is a strengths-based program that supports and reconnects families who have been separated because of trauma, child abuse or neglect. The program offers services delivered by clinicians or counselors and includes assessments, child and family preparation for reunification, parent coaching, case management services and transportation for visitation. An integral aspect of this program, is that it provides opportunities for parents and children to visit, known as Therapeutic Family Time, and spend time together in a natural setting where they can engage in meaningful interactions using the Visit Coaching model. The model allows for parents to take an active role in planning for their contact with the child/ren. Each phase of the Family Time visit will consist of the following activities:

- Pre-meeting activities – Where parents are actively engaged in conversation to discuss preparation for successful family time through building/re-building of relationships, identification of child and family's strengths/needs, external factors that may be having negative effect on quality visitation, and a planned focus for upcoming visits.
- During Family Time – Parent(s) and their child/ren will be given various opportunities for developmentally appropriate play, normal parent-child interactions/experiences, and skill development and practice.
- Post Family Time – Where parents are actively engaged in feedback about the family time including progress and challenges, parental self-reflection, support, areas of improvement and encouragement.

The aim of the coaching is to assist parents in reconnecting with their children by helping parents identify their children's needs and responding to them while building on their parenting skills.

Below is a summary of the different services available as part of the RTFT program:

- **Reunification Readiness:** A 30-day assessment to determine a family's readiness for reunification which includes review of safety concerns and risk factors that may impact child safety with the family and DCF using both formal and informal assessments to assess family functioning, skills, parental capabilities, child's readiness and parent's motivation to change
- **Reunification Services:** A 4-6-month intervention focused on planning the safe return of children in out of home care through a staged process which includes a staged model to support families through reunification, with a Wraparound model to engage the family and build their support network, and a minimum of weekly Therapeutic Family Time between parent and child
- **Therapeutic Family Time Only:** 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 which includes individualized permanency planning in a homelike setting that helps to preserve/restore the parent/child attachment and provides a minimum of weekly Therapeutic Family Time between parent and child.

This program is funded through state and federal funds to support permanency and positive outcomes of children in DCF care. In the last five years a total of 3,752 families (1,022 families in FY 2021, 811 in FY 2022, 646 in FY 2023, 623 in FY 2024, and a projected 650 families in FY 2025), and 4,868 children (1,406 children in FY 2021, 1,041 in FY 2022, 821 in FY 2023, 658 in FY 2024, and a projected 750 children in FY 2025) have been, or will be, served through this program.

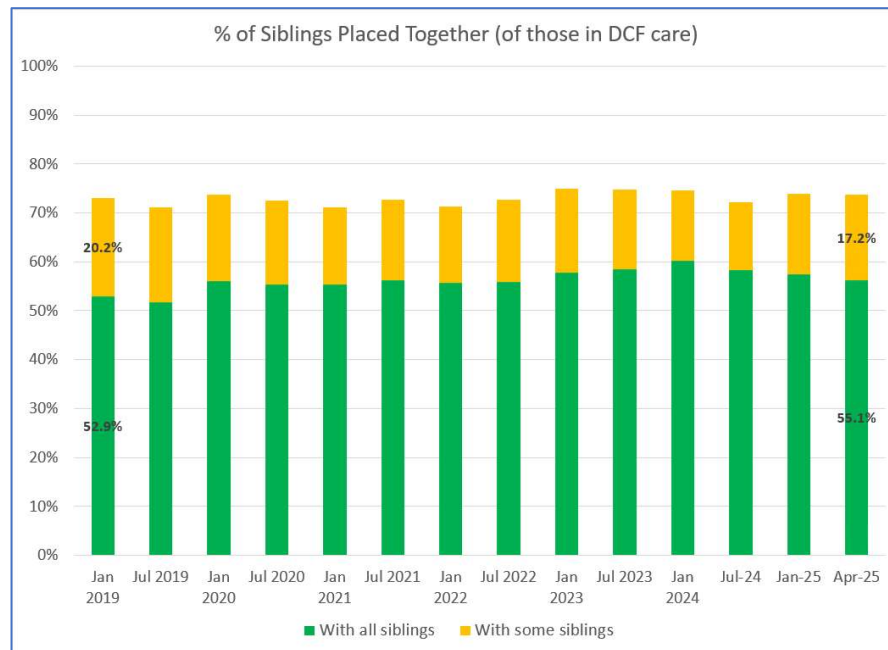
Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children

For children who cannot stay in their own home, the CFSP key result is to maintain or increase the proportion of children in or entering care that are placed in kinship/relative care at/above 40%. Other contextual data used to further assess performance included the trend in the proportion of Considered Removal Family Team meetings held prior to the child's

removal from home, the percentage of siblings placed together (of those in foster care), and the total volume of children entering DCF care.

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

- CFSR Round 4 Result: n=25, 88% Strength, 12% ANI
- CT CQI Result (Jan – Sept ‘24 Reviews): n=45, 76% Strength, 24% ANI
- ROM Placement with Siblings measure, 1/1/19 - 4/1/25



Placement with siblings and the use of relatives and kin for out-of-home placement have been successful for Connecticut. The increased placement of children in relative/kinship care promotes the placement of siblings being placed together in foster care. In April 2025, the DCF ROM report shows that 72% of the time the DCF met this measure utilizing the definition of the number of children placed with at least one other sibling or all other siblings.

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 Round 4 Result: n=38, 66% Strength, 34% ANI
 - Visits with Mothers: 80% (with both Frequency and Quality as Strength)
 - Visits with Fathers: 71.4%
 - Visits with Siblings: 50%
- CT CQI Result (Jan – Sept ‘24 Reviews): n=52, 48% Strength, 52% ANI
- 2024 Child Visitation Study Results

On October 1, 2014, Section 17a-10a of Public Act 12-671 of the Connecticut General Statutes was amended and affirms the need for child and parent visitation. Most recently, DCF conducted a study of 173 target children in the care and custody of the Commissioner of DCF for at least one week during SFY24 (7/1/23 - 6/30/24). Each child's visitation with their siblings (including adult siblings) was evaluated. Compliance with the statutory requirement for weekly visitation (unless not in best interest of the child) was operationalized at the target child and sibling level, resulting in a

measurement for 311 sibling pairs. The following table displays the results for this review process since the third year it was conducted in 2018. Please note that evaluation of some of the sibling pairs was not possible/applicable because it was later determined that the sibling did not meet the criteria set forth by the statute, or they were found to be in the population due to data entry errors. The sibling pairs in which the expectation was not able to be determined were excluded from the measurement. For these reasons, the denominator for calculating compliance is in the column labeled "Evaluated Sibling Pairs." Also, please note CI for all samples is 95%, while margins of error vary from year to year based on changes in Total Children in DCF Care during SFY and Total Target Children in Sample.

SFY	Total Children in DCF Care During SFY	Total Target Children in Sample	Margin of Error	Total Sibling Pairs	Evaluated Sibling Pairs	Sibling Pairs Meeting Visitation Expectation	Sib Pairs with Doc. in Case Plan
2018	5,668	150	7.9%	332	320	126 (39.4%)	177 (53.3%)
2019	5,862	128	8.6%	269	252	120 (46.7%)	164 (62.1%)
2020	5,472	147	8.0%	286	286	112 (39.2%)	136 (47.6%)
2021	4,992	138	8.2%	270	146	82 (56.1%)	73 (50%)
2022	4,415	149	7.9%	286	210	136 (64.7%)	133 (63.3%)
2023	4,110	152	6.8%	267	250	175 (70.0%)	206 (82.4%)
2024	4,122	173	6.8%	311	177	91 (51.4%)	142 (80.2%)

The most common barrier throughout the years has been the siblings refusing to visit with one another. In many cases siblings may not have positive relationships; therefore, they refuse to visit. Additional barriers include parents/guardians refusing to allow visitation or canceling/not attending visits. Many sibling visits occur during supervised visitation with parents, and if those visits are canceled, the siblings do not visit. It should be noted that some visits occur in more natural ways by allowing the older youth and/or relatives/foster parents to facilitate the visitation. The documentation for these visits may not be entered into the electronic record since they do not have access to our case management system.

Reunification and Therapeutic Family Time (RTFT) - Please see Item 6 above for additional information on this service and its benefits for this Item.

Quality Parenting Centers (QPC)

In March 2022, the Department launched Quality Parenting Centers (QPC's). The QPC's are supervised visitation centers for families with children ages birth–12. The QPC's provide a site-based supervised parent-child visitation (also known as a Family Time Visit) program designed to provide a safe and comfortable place for parents to interact with their children. The program model has the following features:

- Open 7 days per week and on all holidays, with flexible times to accommodate families and their needs
- Provides transportation for the children to the centers.
- Private visit rooms in unique spaces for children and their families that promote family interaction and normalcy
- Family-like environment, age-appropriate toys, reading materials and activities in all areas where children and families interact
- Age-appropriate visitation activities that support the basic need for a positive and mutually enjoyable relationship
- Activities that support the parent-child relationship and allow parents to practice routine tasks related to childcare

The QPC's utilizes the Visit Coaching which provides each family with a Family Time Specialist who is actively involved in supporting the parent to demonstrate their best parenting skills while utilizing a strength-based approach. The program utilizes coaching and other strategies that provide parents with opportunities to learn and practice new skills and maintain the parent-child relationship. In addition, program will attempt to strengthen the parent-child relationship, reduce trauma, promote attachment, and enhance parental protective actions and capacities.

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

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 Round 4 Result: n=51, 64.7% Strength, 34.2% ANI
- CT CQI Result (Jan – Sept ‘24 Reviews): n=75, 66.7% Strength, 33.3% ANI
- Administrative Care Review Instrument (ACRI)- Case Practice Elements
 - Maternal Relatives: No change from CY 2023 at 98%
 - Paternal Relatives: 1 percentage point improvement since CY 2023 at 97%

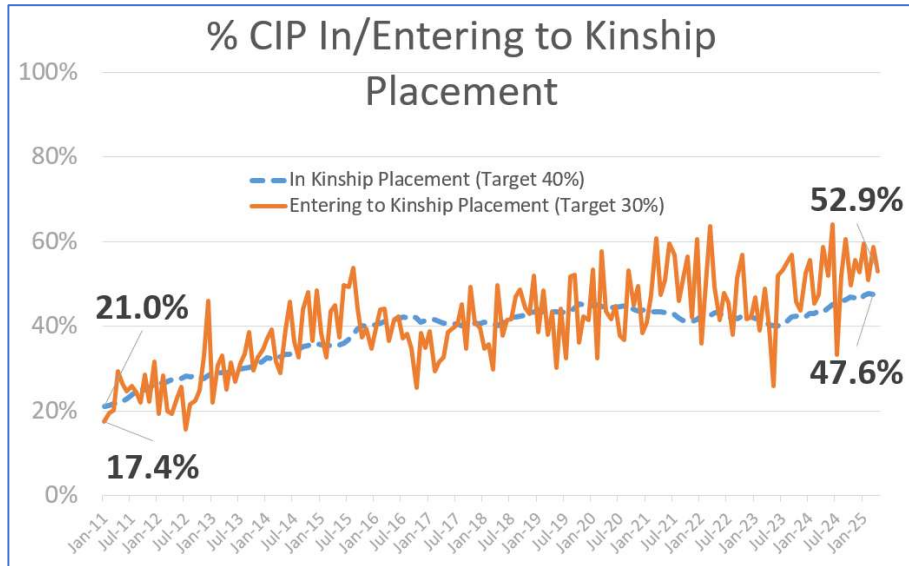
Sl.No	Measure	Statewide	
		2023	2024
		Strength	Strength
		%	%
34	Maternal relatives	98%	98%
35	Paternal relatives	96%	97%

The ACRI in LINK indicator measures whether or not DCF made concerted efforts to identify, locate and evaluate maternal/paternal relatives for potential placement. LINK ACRI Data, which is limited in representation of 2 of the 5 Statewide Regions, demonstrates that for children in out of home care, there was no change in practice with respect to effort as to maternal relatives and there was a 1% increase in effort as to paternal relatives, from CY 2023 to CY 2024. As previously noted, LINK Data is limited for 2024 as the majority of our Area Offices moved from LINK to Mindshare. The Mindshare tool will capture this data item, but the data is not yet available.

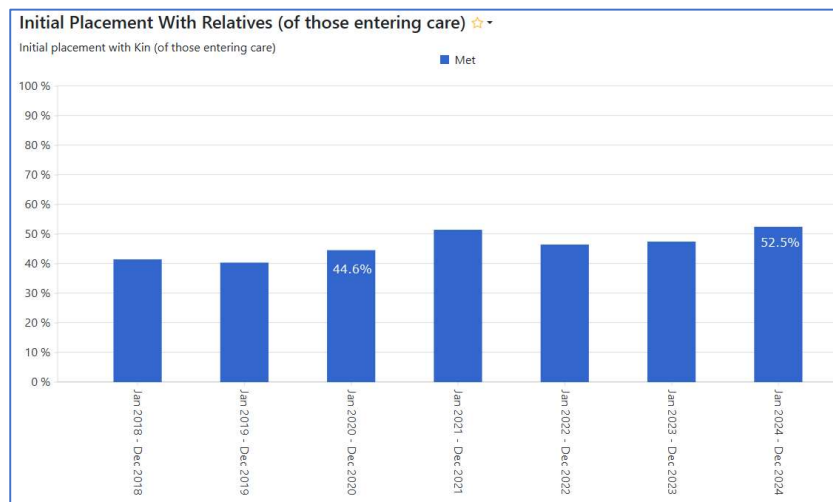
CT CQI reviews using the CFSR OSRI held since December 2023 show fewer promising results than those seen in the ACRI data. While a small sample (N=42) the data indicates that only about 50% of the cases were rated as a strength for this item. These results are consistent with prior results using the Round 3 instrument seen in the CY22 data shown above. Please note that there are significant differences in methodology between the ACRI and CFSR CQI review processes. The CFSR reviews for Round 3 used a period under review (PUR) of up to 18 months, while the ACRI review ranges anywhere between 60 days for initial reviews and six months for ongoing reviews. Further, the CFSR uses both hard copy and electronic records along with interviews of multiple case participants, while the ACRI typically only uses electronic records and a single group meeting. These differences largely explain the higher degree of performance seen from ACRI results compared to the CFSR results.

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

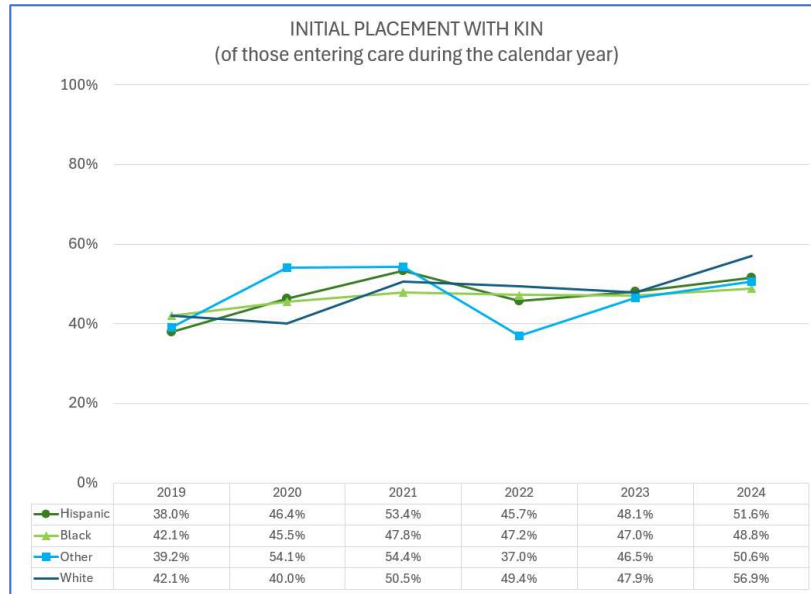
- CFSR Round 4 Result: n=51, 65% Strength, 35% ANI
- CT CQI Result (Jan – Sept ‘24 Reviews): n=75, 67% Strength, 33% ANI
- CIP Dashboard: 40% of all initial placements and 30% of overall placements will be with relatives and kin: During the month of April 2024, 52.9% of initial placements were with kin, and on April 1, 2025, 47.6% of children were in kinship placements, exceeding both our goals. While monthly initial kinship placement rates are volatile there had been a clearly increasing trend in the proportion of children in kinship placements since late 2016.



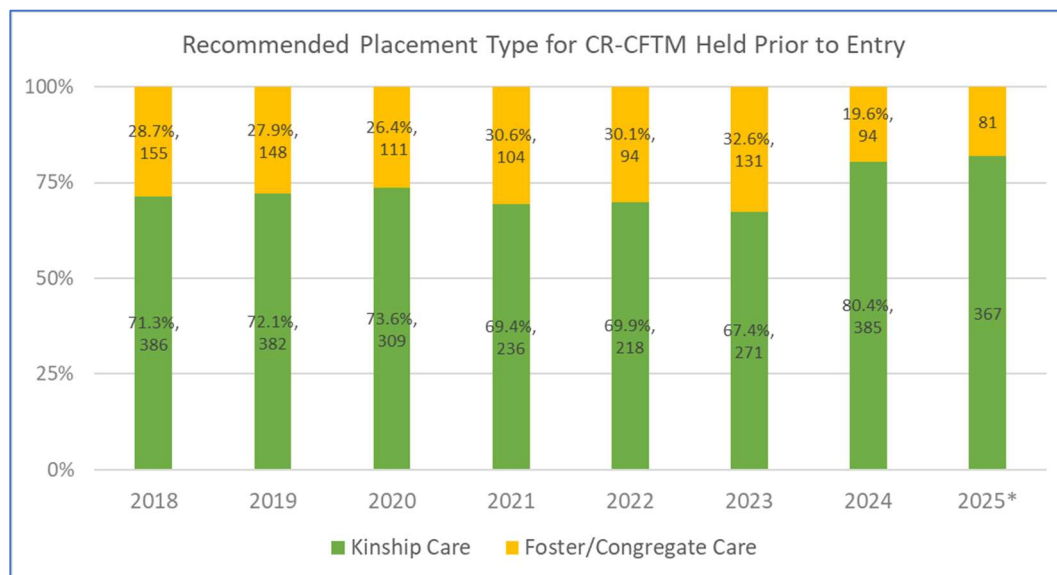
- ROM Initial Placement with Kin CY18 – CY 2024: annual results show an 8% increase from CY 2020 to CY 2024, with CY 2024 showing the highest proportion since CY 2018.



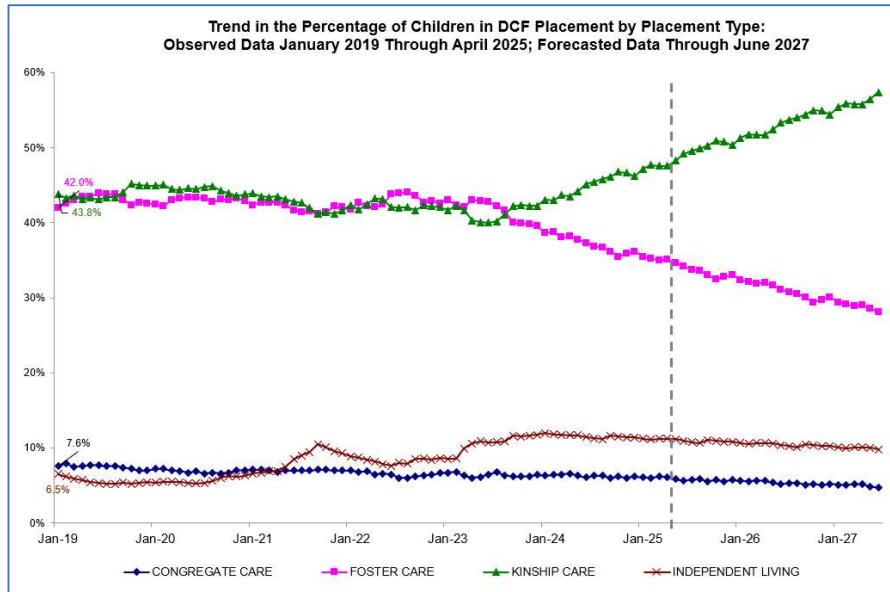
- Race/Ethnicity Comparisons: Performance generally trending higher for all groups since CY 2019. Unfortunately, all groups are less similar in CY 2024 at <6 points apart, compared to about 3 points apart in CY 2019.



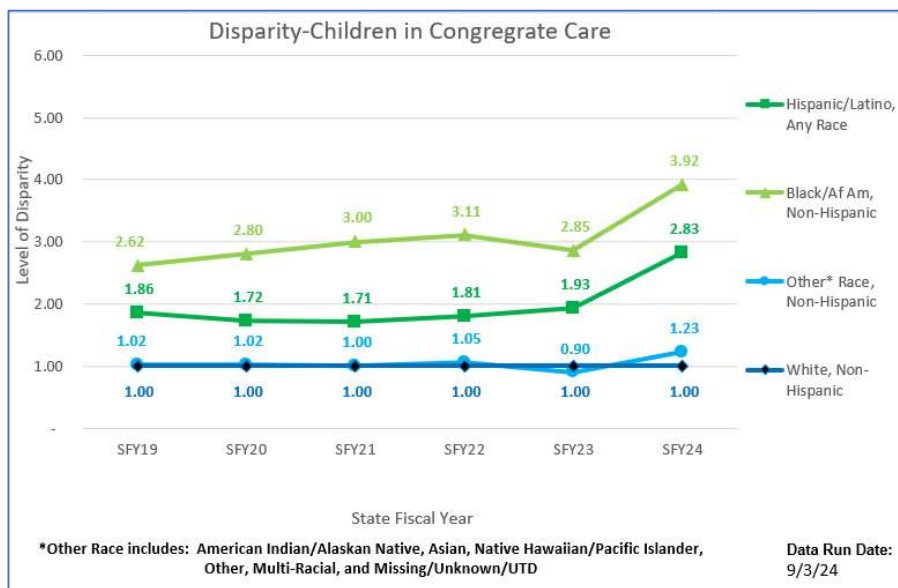
- **CR-CFTM Data: the % Recommended Placement with Relatives (of those with placement recommendations)** – annual aggregation SFY 2018 – 2024: More recommendations made for Kinship placements in SFY 2024 (80.4%) compared to SFY 2023 (67.4%)



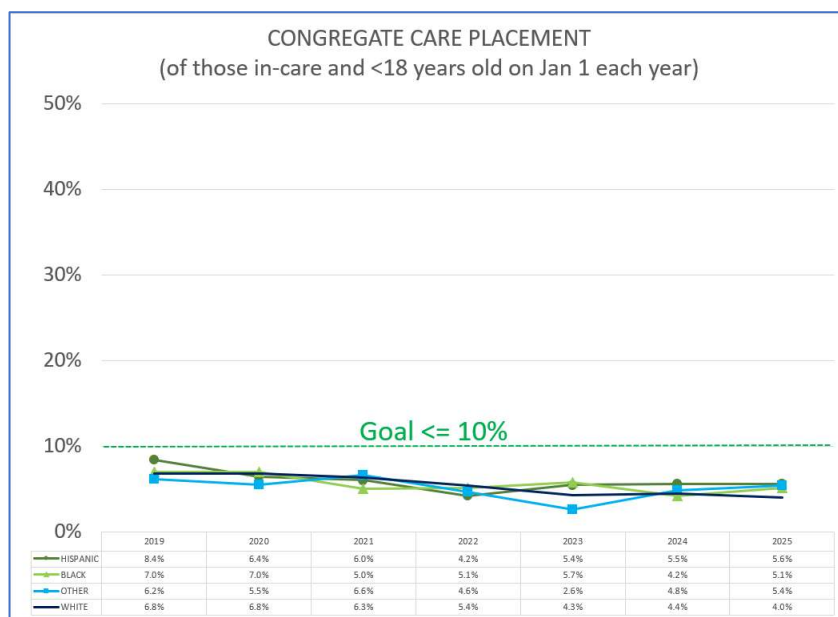
- **CIP Placement Type Projections:** Forecast shows we will continue to reduce the usage of Congregate Care, and our use of Kinship placements will continue to increase while the use of stranger Foster Care will decline. Levels of Kinship Care are well above the 40% CFSP threshold, and our use of Congregate Care continues to be well below 10%. Success in these areas is largely attributed to processes described elsewhere in this document, including the use of Considered Removal Family Team meetings, the availability of our Caregiver Support Team (CST) program until our Kinship Navigation program ConnectiKin (CKIN) was initiated, and continued enhancements to our Behavioral Health service array to better meet the needs of children in their homes/community rather than in congregate settings. Please see Systemic Factor 5 regarding Service Array for more details on these services.



- SFY Comparison in CIP in Congregate Care Disparity Rates: Shows increase in disparity for all groups in 2024 compared to 2023. It is important to note that there is a minimal disparity gap between Other and White children in Congregate Care.



- Race/Ethnicity Comparisons: All groups well below the goal of $\leq 10\%$ in congregate care and consistently very similar at < 2 points apart since CY19. However, all groups except for White increased their percentage as of 1/1/25 compared to 1/1/24.



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 Round 4 Result: n=32, 59% Strength, 41% ANI
 - Mother: 65.5%
 - Father: 57.1%
- CT CQI Result (Jan – Sept ‘24 Reviews): n=45, 51% Strength, 49% ANI
 - ACRI Case Practice Elements; annual aggregation from CY 2023 - CY 2024
 - Continuity of Relationship – Child w/Parents: 1 percentage point decline since CY 2023
 - Continuity of Relationship – Child w/Mothers: consistent performance from 2023 to 2024
 - Continuity of Relationship – Child w/Fathers: consistent performance from 2023 to 2024

Sl.No	Measure	Statewide	
		2023	2024
		Strength %	Strength %
12	Continuity of Relationship - Child w/ Parents	95%	94%
13	Continuity of Relationship - Child w/ Fathers	93%	93%
14	Continuity of Relationship - Child w/ Mothers	96%	96%

The preservation of children's connections is an area reviewed through the CT Case Practice reviews, CT ACR process and CT CFSR/CQI unit reviews. In the LINK ACRI tool, this item is defined as "*DCF made concerted efforts to maintain relationship of the parents/mother/father and out-of-home child.*" Current LINK ACR data reflects that the Departments practice in this area is a strength, however, the available data is not representative of the entire state, as previously noted, due to the staggered roll out of the ACRI tool in Mindshare. Reports via Mindshare are not yet available. Based on our historical performance in this area, as well as current CFSR and CQI Review data, the agency recognizes that this is an area needing improvement not only for Father's, but Mother's as well. Currently, and ongoingly, the agency strives for greater consistency in our Quality Parenting Initiative practice, which is designed to foster and support organic relationships between biological parents and foster parents, so that children in care are supported by natural

caregivers who can arrange safe contact independent of the Department. Additionally, every region now has a Quality Parenting Center; sites where parents of children under the age of 12 can be referred to for visitation with their children in a family-style center, for up to 6-months as they work towards achieving their permanency goal. The agency has also strengthened its partnership with the Department of Corrections to enhance the visitation between children with incarcerated parents. The agency's Fatherhood Engagement Leadership Teams (FELT), along with the Director of Fatherhood Services, continue to partner with external stakeholders and parents with lived expertise to develop strategies aimed at improving or engagement and inclusion of fathers.

Quality Parenting Initiative

The Department contracted with Youth Law Center to assist with the implementation of Quality Parenting Initiative (QPI). The Quality Parenting Initiative is an approach to strengthening foster care, by refocusing on excellent parenting for all children in the child welfare system. When parents can't care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the child needs, while working effectively with the system to achieve the best possible permanency option for that child. QPI mission is to transform foster care systems across the nation. QPI focuses on the quality and stability of the care children receive in the foster care system. It aligns foster care policy and practice with current child development research and places a strong emphasis on recruitment and retention of caregivers through public branding and telemarketing strategies designed to engage families towards fostering children in need.

QPI provides the DCF Statewide Foster Care Division with a variety of networking and practice improvement opportunities available through membership to QPI National Network. The network includes participation in QPI Webinars, in a series of monthly discussion groups open to QPI site leads focusing on common issues (e.g., resource parent-social worker relationships, changing the culture, and transitions), makes available a monthly membership newsletter, provides access to QPI dedicated members-only and website with a full range of QPI resources, including the dedicated QPI champions website section and offers a discounted rate for QPI network members to the virtual QPI national conference and invitation to attend the QPI Champions Annual Conference & Workshop with no registration fee. In CT we have 6 regional steering committees representing each region in the state. Members of our area office Fatherhood Engagement Leadership Teams (FELT) also participate on the QPI steering team and initiative to provide insight and collective collaboration for improvement in engaging our fathers and paternal kin.

Fatherhood Engagement Leadership Team (FELT)

As part of the Connecticut Department of Children and Families' (DCF) enduring commitment to family-centered practice, significant strides have been made to advance the agency's fatherhood engagement work during this period. These developments are firmly anchored in DCF's Racial Justice Framework and 7 Key Strategies, emphasizing the integration of racially just practice, community collaboration, and structural accountability throughout all aspects of child welfare engagement.

In recognition of the unique needs and contributions of fathers, particularly those who are system-involved or justice-impacted, DCF implemented major enhancements to the Fatherhood Engagement Services (FES) program. Notably, the referral process was expanded to include Department of Correction (DOC) staff as authorized referral sources, and the eligibility window for referral was extended from three months to twelve months prior to an incarcerated father's release. These strategic changes led to a 100% increase in program utilization, reinforcing the importance of early intervention, relationship-building, and continuity of care during reentry.

The Department also established a compensated Statewide Fatherhood Steering Committee comprised of 10–12 fathers with lived child welfare experience. These fathers serve as partners in practice reform and agency accountability. The committee is currently finalizing a public-facing campaign and brochure entitled "What Fathers Need to Know," aimed at shifting public perception, equipping fathers with essential knowledge about their rights and roles, and underscoring DCF's intent to treat fathers as equal and active participants in their children's lives and case planning processes.

In partnership with the Wilderness School, DCF is piloting a reunification-focused, experiential bonding program designed to reconnect fathers and children through trust- and team-building activities in nature-based settings. This initiative, launching around Father's Day 2025, will act as a model for future experiential programs for fathers on the cusp of reunification. The program is rooted in trauma-informed and relational frameworks that support emotional reconnection between parent and child following periods of separation or system involvement.

DCF has also invested in building the infrastructure needed to sustain and monitor father engagement across regions. A Fatherhood Engagement Gap Tool has been developed for use during case supervision to help staff identify engagement challenges from the onset of the case through its conclusion. The Department is also producing a quarterly newsletter for Area Office FELT teams to share practice updates, innovative strategies, and relevant resources. The Fatherhood Division also post monthly tips and suggestions on the DCF website that encourages father to fully engage with his children and family at little to no cost when applicable.

In addition, all FES providers have transitioned to a standardized, statewide data collection system to monitor service delivery, utilization, and outcomes. All Area Offices now receive quarterly engagement presentations that include data on their contact with incarcerated fathers and the rate of contact. These sessions are co-facilitated with DOC liaisons who are available to answer questions, clarify protocols, and further integrate child welfare and correctional practices.

Through deepened collaboration with DOC, DCF has introduced several practices that improve transparency, support continuity of engagement and increase contact/communication with incarcerated fathers. Fathers are now informed of their assigned Social Worker, Social Work Supervisor, and Program Supervisor early in their case. Initial contact is tracked at the case's opening, and discharge planning is formally documented to ensure a coordinated reentry process. A "Train-the-Trainer" presentation is in development to prepare correctional staff on best practices for father engagement and communication, with a lens on dignity and restorative support.

Recognizing the importance of culture and workforce readiness, DCF has held regional Fatherhood Panel Discussions in area offices, giving staff the opportunity to hear directly from fathers and reflect on how their own beliefs and behaviors impact father engagement. A Performance Improvement Plan (PIP) Committee has been established to assess the strengths and weaknesses of engagement efforts and develop responsive interventions. Additionally, the Director of Fatherhood Services and the contracted Fatherhood Consultant conducted one-on-one meetings with all Area Office Directors and FELT leadership to gather qualitative insights, which resulted in the creation of six statewide strategies. Each office will spend two months focusing on one strategy at a time over the next year, with progress monitored by SFELT tri-chairs through monthly leadership meetings.

As part of the statewide policy reform landscape, DCF continues to play a central leadership role within the Connecticut Fatherhood Initiative (CFI). The Director of Fatherhood Services chairs and participates in multiple collaborative groups with efforts that include:

- Development of an RFP template to embed father inclusion into all state agency scopes of service and contracts, recruitment of men into the human services field.
- Asset mapping and systems-change recommendations targeting fathers and expectant fathers aged 14 to 21.
- Working to improve public access to support services and system navigation tools.

The contracted Fatherhood Consultant remains instrumental in the statewide FELT infrastructure. Responsibilities include bi-monthly SFELT meeting facilitation, regular tri-chair and regional leadership planning calls, leadership-level presentations, and provider consultations. The consultant and the Director of Fatherhood Services participates in Multi-Disciplinary Consultations (MDCs) and Intimate Partner Violence (IPV) team meetings, offering tailored suggestions and resource pathways to ensure fathers' voices are heard and incorporated into case planning.

Direct engagement with FES providers continues through monthly data and practice monitoring meetings. Attendance at local FELT meetings provides opportunities to support frontline staff, review engagement strategies, and offer

practice improvement coaching in real time. In collaboration with Area Office leadership, the Director of Fatherhood Services is working to develop localized strategic plans to sustain momentum and embed accountability.

Finally, DCF is in the final stages of releasing the agency's **Fatherhood Practice Guide**, a comprehensive document that outlines the standards, principles, and evidence-informed approaches for father engagement within the Department. This guide is intended to serve as both a philosophical and practical resource for staff, providers, and partners, ensuring consistent, high-quality father engagement practices statewide.

To further reinforce this work, DCF will host its annual **Statewide Fatherhood Conference** at Central Connecticut State University in 2025. The event will showcase cross-sector best practices and provide a platform for knowledge exchange and celebration of fatherhood leadership across Connecticut. Concurrently, the Fatherhood Steering Committee is developing a **Fatherhood PSA Campaign** for release, aimed at reshaping narratives around fatherhood and amplifying public awareness of the Department's commitment to inclusive, equitable family engagement.

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs.

Service Outcome Advisory Committee (SOAC)

Considerable effort continues to be made to improve the Department's processes and capacity to develop, monitor and improve our service array. These efforts improve our ability to both assess and address children and family's needs through a comprehensive and capable service array. Please see Systemic Factor 5 on Service Array for more details.

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 Round 4 Results for 12 (Overall): n=96, 26% Strength, 74% ANI**
 - 12A: n=96, 70% Strength, 30% ANI
 - 12B: n=73, 23% Strength, 77% ANI
 - 12C: n=41, 76% Strength, 24% ANI
- **CT CQI Result (Jan – Sept '24 Reviews - Overall): n=140, 29% Strength, 71% ANI**
 - 12A: n=140, 69% Strength, 31% ANI
 - 12B: n=127, 28% Strength, 72% ANI
 - 12C: n=74, 69% Strength, 31% ANI

Connecticut DCF aims to meet the needs of children, families, and foster care providers in a timely manner to reduce trauma, promote well-being and secure permanency. This item of the CFSR continues to be highlighted as an area needing improvement. While there was a slight decline in the overall rating, decreasing from a 29% strength rating to 26%, there was improvement noted for sub-items 12A and 12C. This item is divided into three parts, measuring the needs assessment and service provision for the child/ren, parents and foster care provider. CT DCF has shown improvement in two of three subcategories, child/ren (12A) increased from 69% strength rating to 70%, parents (12B) decreased from 28% strength rating to 23% and foster providers (12C) increased from 69% strength rating to 76%. CT DCF recognizes that to better meet the needs of parent's improvement is needed with respect to working with both custodial and non-custodial parents, especially fathers, though it is more often the case that non-custodial parents require additional assessment and attention beyond what has been observed practice on review.

CT DCF has established a Fatherhood Involvement workgroup to conduct root-cause analysis and develop CFSR PIP strategies to address the issue of assessment, and a separate PIP workgroup to address Service Provision to improve our ability to provide necessary services to parents. We will continue to leverage our Director of Fatherhood services to lead and oversee the work regarding Fathers and consider expanding our contracted Fatherhood Engagement service (see service descriptions above for details on both) to assist with this specific population. The CT DCF Foster Care

Division has implemented ConnectiKIN (CKin), a Kinship Navigation program providing educational and case management support for relative/kin providers that continue to comprise the largest portion of our placement providers and have developed a comprehensive Quality Improvement plan in partnership with the Chapin Hall Center for Children that addresses support for foster parents.

Please refer to Systemic Factor 5: Service Array and Resource Development for more details on how our service array meets the needs of the children and families that we serve.

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?

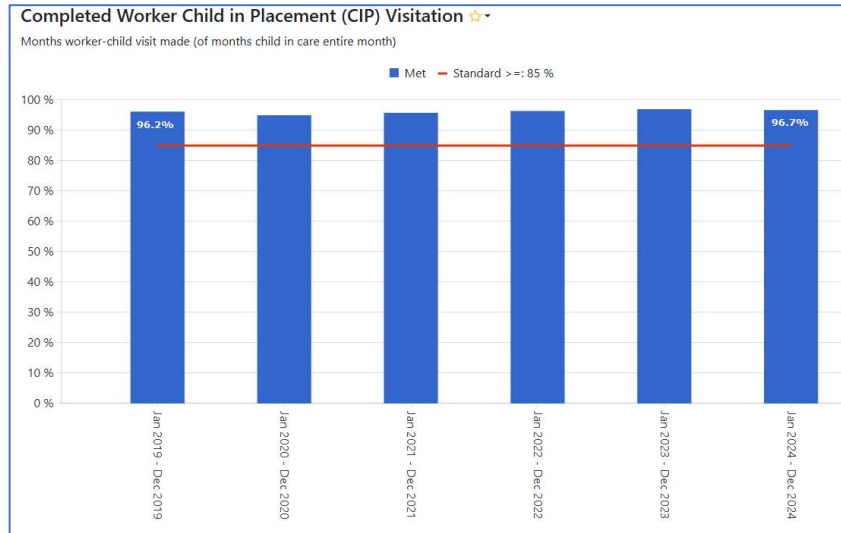
- **CFSR Round 4 Result: *n=94, 31% Strength, 69% ANI***
- **CT CQI Result (Jan – Sept ‘24 Reviews): *n=134, 35% Strength, 65% ANI***

Connecticut DCF aims to have children and families as full participants in the case planning process on an ongoing basis. This area is an opportunity for improvement for CT DCF as the strength rating has decreased by 4 percentage points from 35% to 31%. This item measures developmentally appropriate of engagement of the child/ren and engagement of bio/adoptive mother and bio/adoptive father. The item is rated as a strength if all applicable case participants are engaged. Similar to Item 12B, the most common issue for concern on this measure is a lack of engagement of non-custodial parents who are mostly fathers. The case plan is completed in partnership with the family, comprehensive and addresses the needs of all case participants. CT DCF has implemented a CQI strategy of reviewing the case plan at each home visit, charting progress, and updating the plan as goals are met or challenges arise. There is an opportunity to improve supervisory oversight of the case plan process to assure the needs of all case participants are addressed, including timely service referrals and implementation of services and documentation of updates to the case plan including service delivery updates. The CT DCF Systems Division and the Fatherhood Director are pivotal regarding this outcome measure to help navigate barriers to services (i.e. waitlist, managed care, etc.) and improve engagement with, and the needs assessment for fathers. As previously mentioned, we also now have a Fatherhood Engagement contracted service to assist with improving engagement of this population.

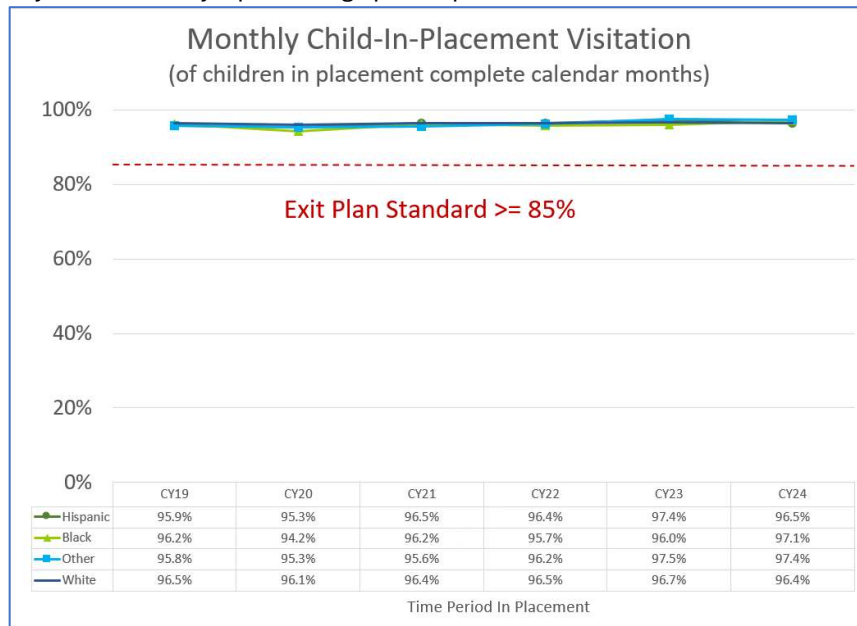
Please refer to Systemic Factor 2 concerning the Case Review System for more details.

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?

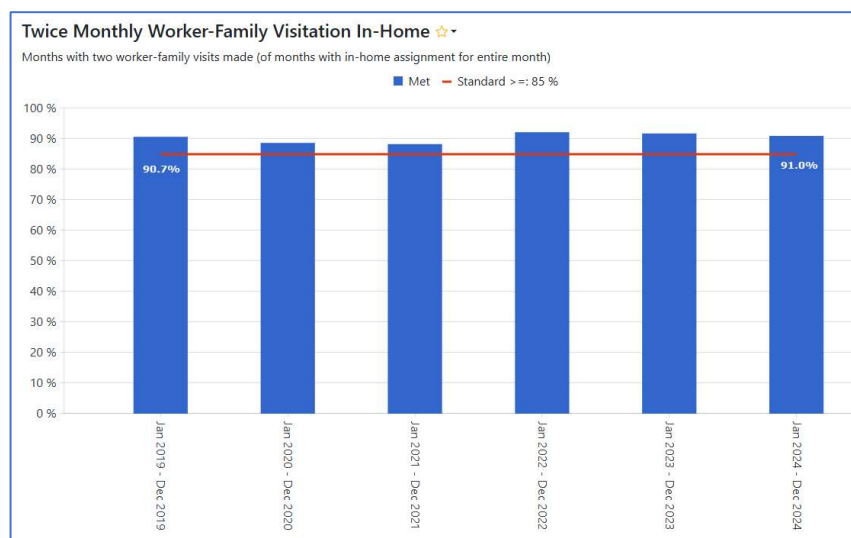
- **CFSR Round 4 Result Item 14: *n=96, 76% Strength, 24% ANI***
- **CT CQI Result (Jan – Sept ‘24 Reviews): *n=140, 66% Strength, 34% ANI***
- **CFSR Round 4 Result Item 15: *n=88, 30% Strength, 70% ANI***
- **CT CQI Result (Jan – Sept ‘24 Reviews): *n=127, 32% Strength, 68% ANI***
- **ROM CIP Visitation - CY 2019 – CY 2024: 0.3% decrease in CY 2024 compared to CY 2023, but still an increase of 1.9% from CY 2020 (94.8%)**



- **Race/Ethnicity Comparisons:** Performance for all groups have exceeded the visitation standard since CY 2019 and remain very similar at only 1 percentage point apart in CY 2024.



- **ROM Twice Monthly Worker-Family Visitation In-Home - CY 2019 – CY 2023:** 0.3% improvement in CY 2024 (91%) from CY 2019 (90.7%), but a 0.8% decrease since CY2023.



Connecticut DCF has shown growth regarding Item 14 when comparing CFSR data to the most recent CT CQI results. The CFSR Round 4 data reflect a 76% strength rating, an improvement from the prior CT CQI strength rating of 66%. The primary concern with this measure continues to be quality, rather than frequency, of visitation. In cases where it may be a challenge to engage the child(ren), review data shows that it is important to explore ways of overcoming such challenges with the child's kin and/or support network and then apply suggestions from them to ongoing visitation attempts.

Connecticut DCF has declined by two percentage points on Item 15 when comparing CFSR Round 4 data (30%) to the CT CQI results (32%). There is a wide distinction between the ROM CIP Visitation data and CFSR/CQI data. The ROM data continuously reflects performance around 95%. This measure captures frequency of visits and is met by having a face-to-face with the child-in-placement. The CFSR and CT CQI measure frequency and quality of contact with the child and all caregivers. The Department aims to improve in this area through consistent in-person visitation with custodial and non-custodial caregivers, comprehensive needs assessments, timely service referrals/implementation, progress reviews and supervisory support to improve engagement and document case plan/service updates. CT DCF will continue to leverage partnerships with the Systems Division, Fatherhood Director, Statewide Fatherhood and Fatherhood Engagement PIP Workgroups to develop and implement practice improvement strategies.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs

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 Round 4 Result: n=63, 56% Strength, 44% ANI
- CT CQI Result (Jan – Sept '24 Reviews): n=92, 67% Strength, 33% ANI

Our ratings around meeting educational needs of children continue to represent an area of opportunity.

By report during internal meetings, at times it is challenging to support children with high end needs. For these matters, DCF has internal educational consultants available in every Region to assist with accurate assessment of needs and advocacy with local educational agencies to ensure those needs are met in a timely fashion.

The Department is standing up a new CWIS system that will provide electronic worklists to assist workers and supervisors with managing the myriads of tasks associated with ensuring all assessments are complete. This includes

Structured Decision Making (SDM) Family Strength Needs Assessment (FSNA) tools and follow up activities are tended to.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

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

- CFSR Round 4 Result Item 17: n=62, 56% Strength, 44% ANI
- CT CQI Result (Jan – Sept ‘24 Reviews): n=93, 68% Strength, 32% ANI
- CFSR Round 3 Result Item 18: n=56, 41% Strength, 59% ANI
- CT CQI Result (Jan – Sept ‘24 Reviews): n=88, 40% Strength, 60% ANI

Our ratings around meeting physical and mental health needs of children continue to represent areas of opportunity.

Due to the increased use of Family Assessment Response (FAR) and the related Community Supports for Families (CSF) program, referral of unsubstantiated families that continue to have needs to the Intensive Family Care and Support (IFCS) program, continued use of Structured Decision-Making (SDM) tools, and enhanced safety practices (Protective Factors, ABCD Safety Paradigm, and ACA), the children we are now servicing are the most complex the Department has ever seen. Less complex cases handled through our Differential Response System are most often diverted to community-based services including CSF and IFCS without further direct DCF intervention. Couple this with internal staffing issues, waitlists with providers and their staffing issues, and the unmet need for more Spanish speaking providers, supervisory oversight, social worker follow up to ensure timely routine/preventative health/dental care, as well as ongoing assessment of these needs are the most prevalent underlying issues found in CFSR and other internal reviews. The Department is standing up a new CWIS system and anticipated efficiencies in case management are expected in tracking tasks associated with ongoing monitoring of services. The new system is scheduled in August 2025, though an initial learning curve is expected.

Every child that enters foster care in Connecticut receives a thorough Multi-Disciplinary Examination (MDE) within a short period following entry. Please see the included *Health Care Oversight and Coordination Plan* for further details on MDE service provision.

The Department has a Regional Resource Group (RRG), including Intimate Partner Violence specialists, Registered Nurses, and Behavioral Health clinicians, on staff in each area office supporting social work staff in assessing and addressing the most challenging of children's needs. RRG staff assist social work teams to identify high end needs more often and elevate an appropriate response more quickly for follow-up. RRG staff are also available to help social work staff understand MDE and any medical recommendations, identify service providers to meet the child's identified needs, and to consult on any medical matter.

Please see section *D. Targeted Plans Update, Health Care Oversight and Coordination Plan* for additional information concerning how the Department meets children's health care needs.

Systemic Factors

Systemic Factor 1: Statewide Information System

In Round 3, Connecticut was not in substantial conformity with the systemic factor of Statewide Information System. The one item in this systemic factor, Item 19, was rated as an Area Needing Improvement. For Round 4, the state

believes that we are in **Substantial Conformity** with this systemic factor, as performance on Item 19 should be considered a **Strength**.

Item 19: Statewide Information System

Description of Systemic Factor Item: 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?

Background: In Round 3, it was found that Connecticut sufficiently demonstrated that the state was able to identify routinely all the required elements for all children in foster care. However, stakeholders reported that no effective data quality process had been established, and that workload affects rapid and consistent data entry.

Assessment:

Since then, there has been significant progress in addressing data quality and processes have been put into place to make continuous improvements in this area. A major factor in this is the implementation of a Comprehensive Child Welfare Information System (CCWIS) to be called Connecticut-Kid's Information Network Database (CT-KIND). After a thorough review process and consultation with ACF and other states, the decision was made to move forward in using the state of Maine's solution Katahdin as a base for the development of CT-KIND to promote efficiency, accuracy, timeliness, and completeness of all data. The new system will be on the Salesforce platform which is smart and intuitive unlike our current system LINK.

DCF is in the process of replacing Connecticut's child welfare case management system, LINK, as this system was implemented in 1996 and has antiquated technology. DCF began planning for develop/implementing a Comprehensive Child Welfare Information System (CCWIS), named CT-KIND, in 2017. The CT-KIND Project has been underway, and several components of the system have been implemented, however, there have been significant challenges with staffing, vendors, and changes in technology, as well as difficulties and delays due to the pandemic. The CT-KIND Team has made significant changes to the project and pivoted in 2022 following a reassessment of the project and review of new CCWIS solutions that have been developed. The system will be released for use in August 2025 following engagement of a Project Management Organization (PMO) and the vendor selected to configure the Maine system to meet the business needs of DCF. Along with this, the Bureau of Continuous Quality Improvement is in the process of implementing a Data Stewardship structure to continually assess and address any data quality issues, as well as to ensure compliance with CCWIS data quality requirements and best practices.

Goal: Our goals are to have data on each child that is readily available, complete, accurate, and current.

Available data

As shown in the tables below, which were pulled from our statewide LINK system, we can report age, sex, race, ethnicity and language for all children in placement. Please note that the rate of unknown race/ethnicity is less than 2%, and there are no missing values for date of birth or sex assigned at birth:

Placement/Permanency Monitoring Report:

Children in Placement on 6/4/25

by Age, Race/Ethnicity and Sex Assigned at Birth

#CIP	AGE GROUP					
RACE/ETHNICITY AND SEX ASSIGNED AT BIRTH	<1	1 - 5	6 - 12	13-17	>=18	Grand Total
Hispanic	59	312	278	277	201	1127
Not Hispanic	158	694	546	469	339	2206
American Indian Or Alaskan Native		1			1	2
Female		1				1
Male					1	1
Asian	1	2	2	2	5	12
Female				1	3	4
Male	1	2	2	1	2	8
Black/African American	47	266	194	200	145	852
Female	22	130	97	101	73	423
Male	25	136	97	99	72	429
Multi-Race	23	91	66	63	41	284
Female	13	46	37	37	23	156
Male	10	45	29	26	18	128
White	80	317	269	199	146	1011
Female	45	152	145	112	77	531
Male	35	165	124	87	69	480
Unknown	7	17	14	5	1	44
Female	2	7	3	3	1	16
Male	5	10	11	2		28
Unable To Determine			1			1
Male			1			1
Grand Total	217	1006	824	746	540	3333

The federal Race Ethnicity, Language and Disability (REL-D) Standards will be incorporated in CT-KIND during the enhancement phase after the initial implementation of CT-KIND in August 2025, which will lead to federal compliance. Using our LINK system, we can also report on goals, legal status, and placement type. These reporting features will be enhanced in CT-KIND, will be readily accessible, will enable ad hoc reports as needed, and will be in one place as opposed to separate reporting databases currently being used due to the deficiencies in LINK. Please note that the rate of missing permanency goals is less than 1% for children that have been in care over two months (so should have had a plan developed and reviewed before the 60-day due date from entry to care). Similarly, our rate of children in placement without a legal status is 0.2% (only 7 children) so that error rate is also extremely small.

Placement/Permanency Report:

Children in placement on 6/4/25 by Length of Stay (LOS) and Current Case Plan Goal

Permanency Goal	LOS Month		
	<2	>=2	Grand Total
#CIP			
Reunification	41	1196	1237
Transfer of Guardianship	2	480	482
Adoption	1	775	776
Another Planned Permanent Living Arrangement	5	629	634
(blank)	176	28	204
Count of Child_Name			
Reunification	18.2%	38.5%	37.1%
Transfer of Guardianship	0.9%	15.4%	14.5%
Adoption	0.4%	24.9%	23.3%
Another Planned Permanent Living Arrangement	2.2%	20.2%	19.0%
(blank)	78.2%	0.9%	6.1%
Total #CIP	225	3108	3333
Total Count of Child_Name	100.0%	100.0%	100.0%

Placement/Permanency Report:

Children in placement on 6/4/25 by Legal Status and Age Group

	AGE GROUP					
LEGAL STATUS	<1	1 - 5	6 - 12	13-17	>=18	Grand Total
#CIP						
96 Hour Hold		3	2			5
Order Of Temporary Custody		99	142	134	99	474
Commitment Abuse/Neglect/Uncared For		105	695	575	515	1890
Commitment Mental Health					1	1
Statutory Parent		7	162	112	125	406
Not Committed		3	5	3	6	540
Count of Child_Name						
96 Hour Hold	1.4%	0.2%	0.0%	0.0%	0.0%	0.2%
Order Of Temporary Custody	45.6%	14.1%	16.3%	13.3%	0.0%	14.2%
Commitment Abuse/Neglect/Uncared For	48.4%	69.1%	69.8%	69.0%	0.0%	56.7%
Commitment Mental Health	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%
Statutory Parent	3.2%	16.1%	13.6%	16.8%	0.0%	12.2%
Not Committed	1.4%	0.5%	0.4%	0.8%	100.0%	16.7%
Total #CIP	217	1006	824	746	540	3333
Total Count of Child_Name	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Children in placement on the 1st of each month by Placement Type

CIP DASHBOARD			% of Total Children-in-Placement (CIP)					
Observation Date	Total Caseload Points	Total CIP	Family Foster Care			Kinship Care	Independent Living	Congregate Care
			Foster Care	Relative Care	Special Study			
10/1/2023	11123	3114	39.9%	34.9%	7.5%	42.4%	11.5%	6.2%
11/1/2023	11889	3146	39.9%	34.8%	7.4%	42.2%	11.7%	6.2%
12/1/2023	11834	3119	39.6%	35.4%	6.9%	42.3%	11.8%	6.4%
1/1/2024	11723	3137	38.7%	35.7%	7.3%	43.0%	12.0%	6.3%
2/1/2024	11653	3144	38.8%	35.8%	7.2%	43.0%	11.8%	6.4%
3/1/2024	11723	3127	38.1%	36.6%	7.1%	43.7%	11.8%	6.5%
4/1/2024	11844	3158	38.2%	36.5%	7.0%	43.5%	11.7%	6.6%
5/1/2024	11961	3139	37.8%	37.0%	7.2%	44.2%	11.8%	6.3%
6/1/2024	12285	3203	37.3%	37.5%	7.6%	45.1%	11.5%	6.1%
7/1/2024	11253	3198	36.9%	38.1%	7.4%	45.5%	11.4%	6.3%
8/1/2024	10465	3171	36.7%	38.0%	7.8%	45.8%	11.2%	6.3%
9/1/2024	10228	3161	36.2%	38.8%	7.4%	46.2%	11.5%	6.0%
10/1/2024	11071	3197	35.5%	39.4%	7.4%	46.8%	11.5%	6.2%
11/1/2024	11513	3199	35.9%	38.9%	7.8%	46.7%	11.4%	6.0%
12/1/2024	11683	3196	36.2%	38.7%	7.5%	46.2%	11.3%	6.2%
1/1/2025	11409	3220	35.5%	39.3%	7.9%	47.2%	11.3%	6.1%
2/1/2025	11499	3261	35.2%	39.7%	8.0%	47.7%	11.1%	6.0%
3/1/2025	11707	3282	35.0%	39.3%	8.3%	47.6%	11.2%	6.2%
4/1/2025	12187	3326	35.1%	38.6%	9.0%	47.6%	11.1%	6.1%

* Kinship care = Relative care plus Special Study

Characteristics of Children in Congregate Care

CIP DASHBOARD		# in Congregate Care Subgroups			
Observation Date	# Out-of-State	Age >=13	Age 7-12	Age <=6	Age 12 and Under
10/1/2023	4	176	14	3	17
11/1/2023	4	176	16	4	20
12/1/2023	5	180	17	3	20
1/1/2024	5	180	15	3	18
2/1/2024	4	180	15	5	20
3/1/2024	6	181	16	5	21
4/1/2024	10	186	19	3	22
5/1/2024	8	178	19	2	21
6/1/2024	6	177	17	2	19
7/1/2024	8	180	17	3	20
8/1/2024	7	176	15	8	23
9/1/2024	8	173	14	4	18
10/1/2024	6	177	15	6	21
11/1/2024	7	172	14	6	20
12/1/2024	9	178	14	5	19
1/1/2025	7	179	15	3	18
2/1/2025	7	174	17	5	22
3/1/2025	11	177	20	7	27
4/1/2025	9	177	19	6	25

Children Entering Placement During each Month by Initial Placement Type

CIP DASHBOARD		# and % of Children Entering Placement During Month					
Observation Date	Total Entries	Kinship Care	Kinship Care		Foster Care	Congregate Care	Independent Living
			Relative Care	Special Study			
10/1/2023	144	45.8%	37.5%	8.3%	39.6%	11.8%	2.8%
11/1/2023	119	43.7%	37.0%	6.7%	45.4%	9.2%	1.7%
12/1/2023	143	52.4%	42.7%	9.8%	35.0%	9.8%	2.8%
1/1/2024	124	55.6%	44.4%	11.3%	36.3%	7.3%	0.8%
2/1/2024	119	45.4%	39.5%	5.9%	38.7%	14.3%	1.7%
3/1/2024	150	47.4%	42.7%	4.7%	37.3%	13.3%	2.0%
4/1/2024	126	58.7%	47.6%	11.1%	31.7%	6.3%	3.2%
5/1/2024	158	51.9%	35.4%	16.5%	40.5%	7.6%	0.0%
6/1/2024	111	64.0%	53.2%	10.8%	29.7%	5.4%	0.9%
7/1/2024	117	33.3%	28.2%	5.1%	55.6%	11.1%	0.0%
8/1/2024	146	52.0%	45.2%	6.8%	40.4%	6.2%	1.4%
9/1/2024	137	60.5%	42.3%	18.2%	30.7%	7.3%	1.5%
10/1/2024	119	49.6%	37.0%	12.6%	37.8%	9.2%	3.4%
11/1/2024	142	55.7%	43.7%	12.0%	38.7%	2.1%	3.5%
12/1/2024	131	52.7%	40.5%	12.2%	37.4%	7.6%	2.3%
1/1/2025	141	59.6%	46.8%	12.8%	27.7%	8.5%	4.3%
2/1/2025	118	50.9%	40.7%	10.2%	33.1%	11.9%	4.2%
3/1/2025	160	58.7%	40.6%	18.1%	31.9%	8.8%	0.6%
4/1/2025	121	52.9%	45.5%	7.4%	42.1%	4.1%	0.8%

Goal: Complete data

Our AFCARS data quality continues to meet standards. Additional enhancements are being done to improve federal reporting features in CT-KIND inclusive of an established Data Governance Committee (DGC) and new policy, dashboards for social workers, supervisors, managers, and Data Stewards for continuous oversight for data quality to identify and correct missing, inaccurate, incomplete, or conflicting data.

2024 AFCARS Data Quality Checks (most recent):

All checks continue to meet standard since FFY 2016A.

AFCARS Data Quality Checks		Limit	MFC	Perm	PS	20A	20B	21A	21B	22A	22B	23A	23B	24A	24B
AFCARS IDs don't match from one period to next	> 40%	•	•	•		20.4%	13.0%	18.1%	21.9%	20.5%	21.6%	21.1%	19.6%	20.4%	
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%
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%
Dropped records	> 10%	•	•	•		2.2%	1.7%	1.4%	1.5%	1.8%	2.8%	2.2%	0.8%	2.5%	
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%
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%
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%
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%
Missing discharge reason (exit date exists)	> 10%	•				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			•		0.1%	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%	•	•	•		85.9%	85.8%	85.4%	84.8%	85.0%	85.1%	84.1%	84.9%	85.7%	86.5%

Goals: Accurate and timely data

Connecticut is in the process of developing CT-KIND and replacing the legacy system LINK. CT-KIND will include efficient and stronger data capture to support better decision making, monitoring and self-evaluation. CT-KIND is being designed to meet the federal and state requirements. CT-KIND will include functionality to:

- regularly monitor data quality.
- alert staff to collect, enter, update, and/or correct data.
- alert staff to collect, enter, update, and/or correct data.
- generate reports of unresolved, missing, or incomplete data quality problems, and.
- meet the CCWIS requirements for data quality.

The CT-KIND solution is rooted in improved data quality practices and provides innovative tools such as dashboards for continued oversight. CT-KIND aligns data quality efforts and data/exchanges interfaces to increase collaboration with other state agencies and systems in support of those who provide services for youth and adults.

Through field validations, the systems will conditionally set fields to required, locked, pre-populated data as needed or even display alerts in real time to improve the overall data quality. Configured field validations and workflows enable

the system to prepopulate field values based on actions performed within the system. This helps reduce duplicate and redundant data entry.

Along with this, the Bureau of Continuous Quality Improvement is in the process of implementing a Data Stewardship structure to continually assess and address any data quality issues, as well as to ensure compliance with data quality requirements and best practices. This will be aligned with data cleanup efforts underway as well as automated cleanup features being implemented in CT-KIND.

What does the evidence show with respect to how end users experience the statewide information system?

The current system LINK is almost thirty years old and is not efficient. Staff are spending a lot of time completing data entry which takes time away from meeting with families. There are several databases used by staff making it cumbersome to look for information, in particular, reports and forms which are outside of LINK. Staff have to duplicate entries in certain areas due to the lack of prepopulating functionality. Additional areas the staff struggle with are the federal reporting elements as they are not mandatory fields in LINK and can be easily missed.

Other issues users are experiencing are the many manual processes due to the deficiencies of LINK. There is no ability to communicate internally or externally through the system and the majority of the current data exchanges/interfaces are outside of LINK. Staff are still using fax machines and regular mail for some of these manual activities, which new technology can alleviate. They are using other databases to enter information such as SharePoint which is not integrated fully with LINK and cannot store pictures or videos in LINK.

CT-KIND will be a smart and intuitive system slotted for the initial release and replacement of LINK in August 2025. Additional enhancement work will follow. The automated features in CT-KIND such as mandatory fields and checklists, will assist staff in completing workflows and prepopulating will assist with redundant entries for staff. Additional processes are also being put into place to easily correct data without going to IT staff through the designation of Administrative Users.

CT-KIND will have everything in one place without staff having to go in and out of different systems, and to have easy access to all case information as well as other databases that will be integrated. The goal is to make the users' jobs more efficient through improved automation for staff to reduce data entries and allow them to spend more time doing quality assessments to ultimately lead to better outcomes for the children and families served by DCF and community partners.

DCF is developing the CT-KIND system with user experience at its core and has engaged staff from across the agency for this effort. The CT-KIND platform is person-centric which is a significant change from LINK which is case-centric. We are prioritizing giving each stakeholder maximum flexibility in their own workflows through time saving automated features and intuitive editing abilities.

Conclusion:

DCF has ample data that demonstrates we are tracking required information, making it readily available statewide, and that our data is complete by AFCARS standards. DCF is developing CT-KIND with advanced data quality features that will allow the agency to minimize errors, correct inaccurate data and update missing data. There are currently plans to move forward with two FTE positions dedicated to data stewardship that will perform this work.

The current flaw in our system is we do not have a well-defined process to audit the data that is entered to see if it is correct and was entered within the established timeframe per DCF policy standards. CT-KIND will assist with this in consolidating reports, providing audit functionality, dashboards and automated checklists.

Continued Improvement and Enhanced Capabilities Through Development of the New CT-KIND System

DCF's goals in continued improvement of its CQI system includes development and migration to its new CT-KIND (Kid's Information Network Database) system.

DCF is already in the process of replacing its LINK information system with CT-KIND, which will provide the Department with a modernized Comprehensive Child Welfare Information System (CCWIS). This solution will be built upon the Maine child welfare system, Katahdin, using a Salesforce platform to promote efficiency, accuracy, timeliness and completeness of data, and will have robust reporting features through Salesforce and Tableau. The goal is to make the users' jobs more efficient through improved automation for staff to reduce data entries and allow them to spend more time doing quality assessments to ultimately lead to better outcomes for the children and families served by DCF and community partners. The initial implementation is targeted for August of 2025 and will include the following:

- CT-KIND is being built upon the Salesforce platform which is intuitive and easier to maintain and update
- CT-KIND will have everything in one place without staff having to go in and out of different systems, and to have easy access to all case information as well as other integrated databases
- CT-KIND will be person-centric making it easier to see all relevant data on children in placement
- Placement requests and processes will be automated and in real time, including any payments for a child's care
- Pictures, videos and life books will be incorporated in CT-KIND for children in placement
- Reports and will be consolidated within CT-KIND and in real time
- Staff will have the ability to create ad hoc reports based upon their caseload
- CT-KIND will have prefilling capabilities to cut down on duplicate/redundant entries
- There will be dashboards, notifications/alerts, audit functionality and automated checklists to promote timely entries
- There will be automated processes for data clean-up and Administrative Users who can correct data as opposed to relying on the Help Desk
- A Data Governance Committee, a Data Quality Plan and new policy have been put into place to assist in the continuous oversight for data quality and integrity
- As part of the Data Quality Plan, Data Stewardship structure is being implemented to oversee the accuracy, timeliness, missing and completeness of data entries
- Federal Reporting fields are being flagged and made mandatory for most processes
- Data exchanges/interfaces will be in place with community partners and providers
- Current portal functionality for Mandated Reporters, High Risk Newborns and Background Checks will be enhanced and integrated with CT-KIND
- A Provider Portal will be implemented in CT-KIND to automate licensing/relicensing processes (foster, adoptive, kinship care, facilities) and to allow for certain providers to enter information for families and children in placement to be sent directly into the child's record
- PIE will be integrated with CT-KIND to allow for provider information related to children in placement to be sent directly into the child's record, as applicable. This will allow DCF to coordinate services per CT's Family First Prevention Plan and to share accurate reporting metrics.
- CT-KIND will include data exchanges/interfaces and portal functionality to streamline, automate and improve the coordination of services. DCF currently has data exchanges/interfaces with other federally assisted programs/agencies to better coordinate services for shared clients. The primary ones are DSS for medical coverage and entitlements and child support enforcement (this exchange is in progress), SSA for entitlements and identifying information for children in care, and SDE for the monitoring of the educational needs of children being served by DCF.
- The data exchanges/interfaces with agencies such as DSS and SSA will continue to assist in determining the entitlements and benefits for the children in DCF care and are currently being enhanced so the information provided meet's the reporting and fiscal requirements. The automation and interfacing of Title IV-E components included in claiming, payments and reimbursement.

CT-KIND Training

The CT-KIND Training Team has worked collaboratively with the system integrator as well as DCF's Academy for Workforce Development (AWD). The training approach includes:

- Conducting an end-user Training Needs Analysis to assess stakeholders training preference
- Designing format, learning objectives, and course content for each work product
- Developing outlines, storyboards, and training content for each module during development Sprints 1-11
- Establishing, conducting, and testing effectiveness of content within the training environments, which will include community providers in the testing efforts
- Establishing RoboHelp online help using created training materials
- Creating an end-user training schedule
- Providing Sprint User Testing (SUT) and User Acceptance Testing (UAT) opportunities for our Community Partners to test the system prior to go-live
- Delivering the Conference Room Pilot prior to CT-KIND going live to ensure data is migrating over properly
- Providing in person/virtual training to community partners
- Creating and conducting training evaluations using the Kirkpatrick Model

Training Phase	Date Range	Status
Analysis	October 2023 – November 2023	Complete
Design	November 2023 – February 2024	Complete
Development	February 2024 – July 2025	In-Progress
Implementation	March 2025 – July 2025	In-Progress
Evaluation	July 2025 - August 2025	Not Started

Figure 8. Schedule of the completed and planned CT-KIND training by phase

The CT-KIND training program applies a blended learning approach to delivering training to community partners which utilizes various methods of delivery including self-paced learning, web-based training (WBT), micro-learning reference (recorded animations and videos), online help/user manual, in-person instructor led training (ILT) as needed, and job aids.

As a part of the CT-KIND training program for community partners, all end-users will take a WBT which will acclimate them to the CT-KIND system, including how to sign into CT-KIND and basic system navigation, as well as how to use the Provider Portal. After end-users have completed this WBT, they will participate in self-study to complete assigned WBTs and Micro-Learnings, as well as utilize module specific job aids, user guides, videos, and frequently asked questions (FAQs). Post implementation support will also be provided, which will include reinforcement of the WBTs as references.

The CT-KIND training program is developing WBTs in the “Inform Me, Show Me, Try Me, Ask Me” model, in which the instructor explains the new task and associated concepts, demonstrates how the task is performed, and in some scenarios, allows trainees to practice the task(s). The model assists participants in gaining the confidence needed to become efficient in the new system.

Providing training resources and materials will be an ongoing effort as future enhancements are made to CT-KIND after August 2025. CT-KIND will be easier to use and navigate. The CT-KIND Training Team will continue to collaborate with the AWD and system integrator training leads to provide the materials needed for end-users to learn new functionality as it is developed and released.

Systemic Factor 2: Case Review System

Situation: The Children’s Bureau assesses this systemic factor using state performance on Items 20, 21, 22, 23, and 24. Finding this system to be a strength requires that four of the five items in this system be rated as strengths.

20: Written Case Plan

21: Periodic Reviews

22: Permanency Hearings

23: Termination of Parental Rights

24: Notice of Hearings and Reviews to Caregivers

Background: In Round 4, Connecticut was not in substantial conformity with the systemic factor of Case Review System. Two of the 5 items in this systemic factor were rated as a Strength.

Item 20: Written Case Plan

Description of Systemic Factor Item: 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?

Background: In Round 4 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 Round 4 statewide assessment demonstrated that case plans for the most part were developed on time. However, consistently engaging children and family in case planning was found to be challenging for the agency. In CFSR Round 4, this item was a strength in only 31% of cases. Stakeholders reported that even when parents are engaged, their input is not consistently included in case plans.

As part of the agency’s PIP, DCF will be developing and implementing strategies to positively impact child and family engagement in case planning. There will continue to be targeted interventions specific to father engagement and involvement of our Transitioning Adolescent Youth (TAY). The agency has continued developing the local and Statewide FELT teams, modeled after the Breakthrough Series Collaboratives. These strategies and activities will be a continuation of activities that are successful, as well as include new ones. The Department has also launched the OMEGA pilot, which is a process that ACR reviewers engage in, prior to an ACR, aimed at increasing youth participation in their ACR meetings. Of significance for this reporting period, is that data for 2024 is fragmented due to the agencies new ACR rating tool having a staggered roll out, thereby limiting how reports were compiled and shared. The new tool captures detailed data that was otherwise not included in the LINK ACRI. In November 2024, statewide implementation of the ACRI in Mindshare occurred, thus the agency is confident that with data that more closely mirrors the CFSR tool, areas that rate as ANI for a sustained period can have focused strategies for timelier solutions as the need will surface sooner.

Assessment:

1. Timeliness of case plans:

The agencies rating system demonstrates a positive trend for Timely Case Plans at the statewide level, both in the LINK and Mindshare reports.

- ACRI Case Practice Element; annual aggregation from CY 2024
 - Link Reports: 96%
 - Mindshare Reports: 89%
 - Statewide composite average: 92%

LINK Report Data for 2024

Measure	Statewide	
	2024	
	Strength	
	#	%
Timely Case Plan	3407	96%

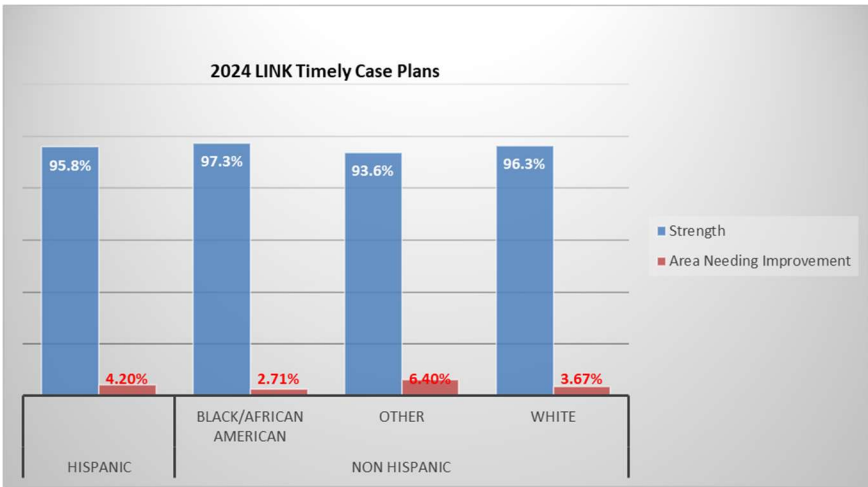
Mindshare Data for 2024

UPDATED CASE PLAN AT PRM YES PCT	UPDATED CASE PLAN AT PRM: YES	UPDATED CASE PLAN AT PRM: NO
89.7%	3690	423

Timely Case Plan is captured in the ACR rating instrument. Timely Case Plan is rated a Strength when the Case Plan is submitted 3 business days prior to the ACR.

The current available data is from both the previous rating tool (LINK) and the ACRI in Mindshare. The information that is available continues to support that the agency continues to perform well in timely case plans for children and youth in placement. To ensure case plans are timely and each child in care has a plan, as of November 2024, the agency utilizes one main report to provide quantifiable data. The report comes from the agency's Administrative Case Review (ACR) reports. In particular, it uses the ACRI report, which is accessible via the Mindshare portal. This portal generates reports that measures overall case practice, as responded to on the new ACRI tool. Timely Case Plans is one of the items.

The agency has demonstrated a strong performance in timely case plans over the last five years. This ACR report is regularly utilized by managers and supervisors to assess for any practice needs that might require attention. Additionally, missing case plans are identified by reviewers prior to the meeting, and reminders sent. The agency has sustained a strength rating between 95% to 98%. As previously noted, the data is limited at this time as it is not yet available by Race/Ethnicity in Mindshare as that report is in development. The below chart depicts the data from LINK.



The agency's strong performance in timely case plans remains consistent when race and ethnicity are considered. All groups rated within 3% points of each other over the last five years. The case plan reminders and the ACR report shared with regions have clearly had a positive impact and will remain in place to sustain high performance in this area.

2. Family Engagement in Case Planning

ACRI Case Practice Element: annual aggregation from CY 2024

The agencies rating system demonstrates a positive trend for Engagement in case planning at the statewide level, both in the LINK and Mindshare reports, but the CFSR Round 4 results are much less positive.

- CFSR Round 4, Item 13: 31% Strength, 69% ANI
- LINK Report :89%
- Mindshare Report: 89.2%
- Statewide composite rating: 89%

LINK Report:

Measure Statewide (%Strength)	2023	2024
Engagement	89%	89%

Mindshare Report:

CASE PLAN INCLUDES FAM PERSPECTIVE YES PC	CASE PLAN INCLUDES FAM PERSPECTIVE: YES	CASE PLAN INCLUDES FAM PERSPECTIVE: NO
89.2%	2114	256

The data for this indicator comes from the Administrative Case Review Instrument (ACRI). Engagement is defined in the ACRI Instructions as the following:

Evidence that the case plan was discussed with the parents/guardian/caretakers/child/youth (as appropriate)?
Evidence of engagement of the family and/or child in the development of their case plan.

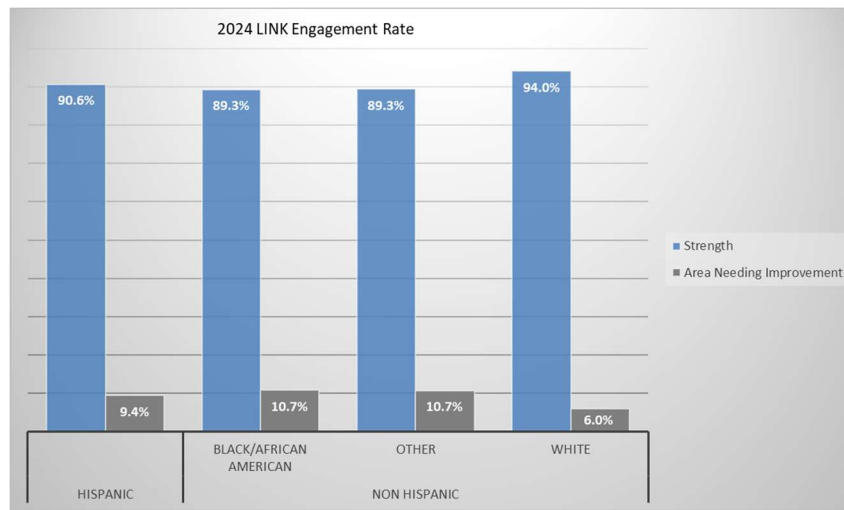
- Does the Case Plan include the perspective of the child and the family? (yes, no, N/A)
- Please check all that apply mother, father, child

Reviewers rate the families as a strength for engagement if any of the above criteria is met. As of May 2025, unlike the previous ACR tool, reviewers will begin to rate parents and children separately, rather than a whole. This is a major shift in reporting data that will become available to the Area Offices, affording them the ability to immediately address ANIs for specific participants.

Family Engagement in Case Planning for CY 2024 saw no change from CY 2023 at the statewide level. Generally, identifying whether case planning meets standards is part of the Administrative Case Reviews, however, the agency also holds CQI regional office reviews of IH cases. The data generated through the Administrative Case Reviews remain available to all agency staff through the LINK reports, and now Mindshare. The Regional Office Reviews are conducted via a CQI process, for a small sample of In-Home cases, using a rating instrument that supports standardization of the rating process. The data from these reviews is available on the agencies SharePoint site and is also distributed to Child Welfare leadership quarterly and annually, via a written report. CQI reviews of our In -Home cases, unlike our OOH ACRs, support the agency's Round 4 CFSR results.

Round 4 of the CFSR revealed that the agency did not perform within substantial conformity in Engaging Families in Case Planning (31% Strength), particularly parents, with father's having the lowest strength rating. In this sub-item, the agencies overall performance did increase from Round 3 to Round 4, from 28% to 31% but while there was a 4-point improvement, this sub-item continues to rate considerably low, which was the impetus driving the formation of a FELT PIP development subcommittee. As part of the agency's Round 4 PIP development, this FELT subcommittee will be developing strategies with a specific target for improvement in our performance around fatherhood engagement. The Department will bring together it's FELT Director, internal and external stakeholders, as well as policy and system directors, to collaboratively develop strategies at the practice and system level.

When race and ethnicity are compared, there is also a positive trendline for all groups overall. All four groups (Hispanic, Black, White, and Other) fell between an 89 and 94% strength rating in CY2024. All four groups are within 5% points of each other.



The agency has made case planning and engaging families a priority. Through a racial justice lens, strategies centered around engagement of families of color appear to have had a positive impact. In ACR, via its new tool, the following question is asked to reviewers:

- Is there indication that racial justice and equity were considered in the assessments of the family?
- Is there indication that racial justice and equity were considered in the efforts to achieved permanency?

When there is indication that racial justice and equity were not considered and had a negative impact on case planning and engagement, there is a protocol in place to report out to the chain of command on the case. The agency has historically struggled with engaging families in general and families of color in particular. The racial justice work in this area is championed by ACR and incorporated into quality assurance.

3. What does the evidence show with respect to families' experience with the case planning process?

During Round 4 of the CFSR, and also evident throughout CQI reviews, are common themes related to what families experience as part of the case planning process. The following are examples of such themes, evidenced throughout cases were engaging in Case Planning was an Area Needing Improvement:

- Families overwhelmingly did not have a copy of their case plan
- CPS staff did not have discussion of case planning with the families
- Fathers, overwhelmingly, were not engaged
- Lack of discussion child's needs
- Case planning not referenced or discussed during home visits
- Parental input not sought
- Insufficient contact to engage in case planning

Item 21: Periodic Reviews

Description of Systemic Factor Item: 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?

Background: In Round 4, Connecticut received an overall rating of Strength for Item 21 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed through stakeholder interviews showed that periodic administrative reviews occurred on time in most cases. The state had an effective process for manually identifying cases that were not automatically scheduled for review to ensure periodic reviews are held on time.

Assessment:

1. **ACR Meeting Held on or before proposed date:** Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days thereafter.
 - CFSR Round 4 Result: Strength
 - ACRI Case Practice Element: aggregation from 1/1/2024-12/31/2024
 - Link Reports – 90%
 - Mindshare Data – 81%
 - Composite rate: 86%

LINK Report

Measure	2023		2024	
	Strength		Strength	
	#	%	#	%
ACR Meeting held on or before proposed date	6394	91%	3093	90%
ACR Meeting NOT held on or before proposed date	610	9%	309	10%

Mindshare Report:

TIMELY REVIEW YES PCT	TIMELY REVIEW YES	TIMELY REVIEW NO	TIMELY REVIEW ERROR
80.5%	3259	788	65

The data for this indicator can be found in LINK reports and in Mindshare, sourced directly from the LINK meeting window. The data supports that the agency continues to perform well in holding meetings timely by ensuring they are held within 60 days of a child entering care and every 180 days thereafter. While there has been a decrease from 2023 to 2024, the agencies overall performance with this item remains strong.

- ACR – ACR Meeting held on or before proposed date- 5 percentage point decrease since CY2023.
- Counts represent the total # of ACR held (both child and parents) leading to the Strength and ANI%.

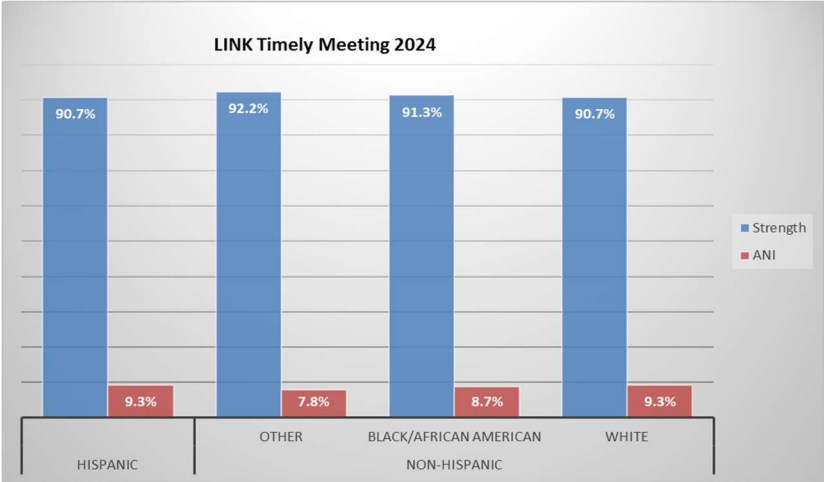
The agency continues to have consistent positive performance in the area of periodic administrative reviews based on agency data for reviews held within 60 and 180 days, despite a 5% decrease in performance. Case plan reviews occur within sixty (60) days of a child's entry into care and then every 180 days, 86% of the time. The agency's LINK system triggers the case plan review scheduling process upon a child's entry into care, to occur on or before the 60th day following entry, and every 180 days thereafter, until the child exits care.

There are several variables that have impacted the rating, resulting in the decrease. One variable impacting this measure is that the new tool in Mindshare is still in development therefore it is believed that the rating is slightly higher than 80.5%. As the data populates, various errors that result in miscalculation have been detected, resulting in questionable reliability of the data. These discrepancies are shared with the developers and fixes are scheduled to occur. A second source of the decrease is tied to staffing needs, which leads to rescheduling of meetings as caseloads are balanced. Another source is the result of parents/youth or counsel requesting that a meeting be rescheduled to a

time more amenable to their schedule or because they did not receive proper and timely notification of the meeting date and time. User Errors have also been discovered as reviewers were entering Second Session dates as the date of the meeting held, rather than the date of the Initial Session. A Second Session is held when there are factors prohibiting, or interfering with, the agency from holding one meeting with both caretakers in the session.

Internally, the process for scheduling remains intact where ACR Office Assistants, who schedule these reviews, rely on the “Due” and “Anticipated” reports on Access database (LINK Scheduler) which provide them with sixty (60) days’ notice of case plan reviews to be scheduled. This historically has allowed the agency to invite and notify participants in a timely fashion to reduce the number of meetings that would have to be rescheduled. However, while the scheduling process has not changed, the notification process did undergo a revision, and the agency is considering pivoting back to consider a merging of the old process with the new process. In prior years, the ACR Office Assistants mailed letters to all case participants being invited to the meetings. In CY 2021, the agency transitioned from a mailing notification process to an electronic notification process, using email and/or phone text, to support our virtual meeting platform given that these electronic notifications had links to the virtual meetings. This notification process had its pitfalls as it added steps to the assigned CPS staff Case Planning process, which has not been quickly adopted. Although there remains an in-person meeting option, case participants have overwhelmingly opted for the virtual meeting, which is highly supported by the electronic notification as it contains the link to the meeting. Caregivers, including parents, when given ample notice, attended most meetings but there is a percentage of parents and/or caregivers that may not have access to phones, virtual platforms, or computers, and some that did not receive their notice timely. Mailing letters once again to parents and caregivers in addition to phone and text invites with Zoom links should address this issue. Attorneys and service providers assigned to the case were also not receiving timely notification on a consistent basis as their emails were not always updated in our LINK system. Meetings were rescheduled when proper notification was not made. This remains a work in progress and the agency anticipates that with the transition to a new SACWIC system (LINK to CT-KIND), that the duplicate entries of attorneys and providers will be corrected, thereby reducing the number of errors in contact information.

When the data is broken out by race and ethnicity, all groups are at 90% or more for having their ACR’s occur timely; within 2 percentage points of one another.



Timely notification is at its core another form of engagement. At this time, there is no ongoing data collection that captures the family's experience with the periodic review process. The Office of Administrative Review is in the process of developing surveys to be disseminated via email/text after an ACR. As noted above, the department is devoted to improving parent engagement and surveys would provide real-time data as to the efficacy of the periodic review process. Coupled with an improved email and text system for ACR meetings, it is expected that there will be an improvement in engagement with families. Parents and provider’s emails continue to be entered into our system and when there is a lack of email, CPS staff forward the invitation via text to the parents and mailing a hard copy letter notification has been reinstituted.

Item 22: Permanency Hearings

Description of Systemic Factor Item: 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?

Background: In Round 4, Connecticut received an overall rating of Strength for Item 22 based on information from the statewide assessment. Information in the statewide assessment showed that initial and ongoing permanency hearings address the required content and were held on time.

Assessment:

We use several sources of information to assess the timeliness and quality of our permanency hearings through the ACR and Judicial Data.

ACR

The ACR captures "time to hearing" for a new and ongoing case as having had a permanency hearing within the last 12 months. In each instance, our goal is to ensure the time to hearing is less than or equal to 12 months. Our ACR process for new and ongoing cases in CY2024 found acceptable rates of timeliness, as shown below:

		PERM HRG YES PCT	PERM HRG YES LAST 12 MNTHS	PERM HRG NO LAST 12 MNTHS
Region I	459	70.0%	175	75
⊕ REGION: Region II - 2 Location(s)				
Region II	892	78.3%	447	124
⊕ REGION: Region III - 4 Location(s)				
Region III	1250	83.0%	673	138
⊕ REGION: Region IV - 2 Location(s)				
Region IV	454	92.5%	234	19
⊕ REGION: Region V - 3 Location(s)				
Region V	247	88.4%	153	20
⊕ REGION: Region VI - 2 Location(s)				
Region VI	811	94.7%	497	28
		84.4%	2179	404

Per agency data in Mindshare, based on a review of 2583 cases, ACRs for the CY2024 found that 84.4% of children had a hearing within 12 months of either entering out of home care, or subsequent to their initial Permanency Plan hearing. The ACR data is limited at this time, as it does not yet differentiate between initial hearings and subsequent hearings, and Mindshare data for CY2024 does not capture the universe of all Children in Placement as not all regional offices utilized the new Mindshare ACRI tool until November 2024. The average rate of Timely Permanency Hearings in CY2023 was 95% and was only representative of a sample of cases, not all cases. Additionally, while there appears to be a 10% decrease from 2023 to 2024, it is worth noting that when broken down by Region and Area Office, there are specific areas of the state where there are drastic decreases over the year, for a variety of reasons but primarily a result of court scheduling needs.

Time to Subsequent Permanency Hearing - Judicial Data

A second source of data on permanency hearings also comes from the courts. Under the CIP, average length of time in days from when the child has their first permanency hearing to the second/third etc. until final permanency is achieved is tracked. For children who exited care in FY 2024, 91% of permanency plan dispositions were held within 365 days of the prior permanency plan disposition, as shown below. This reflects a 2% increase from FY 2023.

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 achieved. This is a Court Performance measure that is calculated for our State Court Improvement Grant.

Cohort: For the children who exited care in FY 2024, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY 2024					
	# PP	# Within 365 Days	Average	Median	%Within 365 days
Total	1422	1297	310	315	91%
Black/Afr Am	258	242	294	308	94%
Hispanic/Latino	370	341	315	315	92%
White	475	429	312	315	90%
Other	319	285	314	321	89%

When comparing these multiple sources of data, it is important to note that the courts data captures subsequent hearings only, whereas agency data captures both initial and subsequent hearings. There remains an acceptable level of consistency, with a 6% variance, between our data with regards to permanency plans filed timely. Overall, timely Subsequent Permanency Hearings occur at a higher rate for Black/African American children at 94%, with their White counterparts having timely Permanency Hearings at a 90% rate. The average rate for timely subsequent hearings for all groups is 91%.

Judicial data

While DCF does not currently track notices to foster parents for court hearings, the court has developed a data entry program (CPMOH) that captures information during the court hearing. As part of the program, court staff 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 no reporting capacity for foster parent notifications. Newly, during CY 2024, the Juvenile Courts set an expectation that CPS staff provide proof to the court that a foster parent received notice of the hearing. CPS staff began e-filing the *Notice to Foster Parent of Juvenile Court Hearing* in the fall of 2024, however, a report does not yet exist that captures the rate of compliance or Foster Parent invitation/attendance.

Item 23: Termination of Parental Rights

Description of Systemic Factor Item: 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?

Background: In Round 4, Connecticut received an overall rating of Area Needing Improvement for Item 23 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment showed that TPR petitions were filed infrequently, and only a small portion of those cases where TPR was not filed had documented a compelling reason.

Assessment:

We use multiple sources of data to assess filing of TPR, including LINK Reports, ACRI, Case reviews (CF SR/CQI), judicial data and stakeholder interviews (see above for parent's response to court hearings during stakeholder interviews).

During CF SR Round 4, the agency and the court was found to have made concerted efforts to achieve adoption timely 21% of the time.

ACR Data

In reviewing a point in time sample on 5/8/2025, of the LINK Reports data of 746 children/youth in care longer than 15 months where a TPR had not yet been filed, the following was assessed:

The below data represents all pre-TPR CIP, in care 15-months or more, with no TPR Filing Date in LINK, or no TPR Filing Date in the TPR Determination window:

NO TPR Filed >15	No TPR Filed >22 <=36	NO TPR Filed >36	Total
<=22			
323, 43%	292, 39%	131, 18%	746

The following data represents the children in this cohort that had a documented exception to filing, a compelling reason that TPR would not be in the child's best interest, as well the number of children with no documented reason, who have been in care greater than 15 months.

Compelling Reasons	>15 <=22 Months	>22 <=36	>36	Grand Total
Compelling Reason	9	14	31	54
Petitions In Progress	2	6	2	10
Placed With a Relative	15	19	8	42
Services Not Provided	3	6	1	10
No Reason Documented	294	247	89	630
Grand Total	323	292	131	746

The agency data demonstrates that the agency appears to not file TPR's expeditiously until a child has been in care for close to 24 months. This is represented in the decline in percentage as one moves higher along the Time in Care continuum.

When conducting a point-in-time comparison across Race/Ethnicity for cases where a child is TPR'd, and aggregating by race and ethnicity, the data demonstrates disproportionality of Hispanic children. Currently, Hispanic children appear to have a legal status of TPR, at a higher rate, when compared to their non-Hispanic counterparts. Hispanic children appear to be TPR'd at double the rate of non-Hispanic children.

TPR'd children, by Race/Ethnicity as of 5/20/2025		
Race/Ethnicity	TPR filed/count	TPR file/%
Hispanic	278	67.97%
Non-Hispanic	131	32.03%
Other	21	5.13%
Black/African American	23	5.62%
White	87	21.27%
Grand Total	409	100.00%

There could be some fallacies in reporting due to user error, in that front-line staff could enter erroneous demographics for families or the family refused to disclose their race, resulting in staff entering data based on assumption. There are times when staff do not ask a family about their race/ethnicity when there is an already existing record in the system. Additionally, the universe of Hispanic children includes those that are bi-racial thus including other ethnic groups. Nevertheless, more emphasis will continue to be placed on discussing barriers to timely permanency during the ACR meetings. ACR meetings have been renamed Permanency Review Meetings. The focus being a robust discussion with families, social work staff, legal counsel and providers on identifying barriers to achieving the permanency plan and a plan to overcome those barriers. In particular, for children that are TPR'd, removal of barriers to exiting care is the primary focus of the meeting. Assessing what has been done to overcome barriers for achieving permanency are folded into the meeting, inclusive of timely filing of subsidy and adoption paperwork, and alerts being sent to Managers and Office Directors where the delay is a result of agency practice.

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 our State Court Improvement Grant.

Cohort: All TPR petitions filed during the FY 2024

FY 2024							
	# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
Total	405	196	307	20	16	48%	76%
Black/Afr Am	73	28	52	21	19	38%	71%
Hispanic/Latino	112	45	77	21	18	40%	69%
White	156	87	123	18	15	56%	79%
Other	64	36	55	18	15	56%	86%

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 FY 2024

FY 2024							
	# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
Total	405	231	329	18	15	57%	81%
Black/Afr Am	73	36	55	18	16	49%	75%
Hispanic/Latino	112	50	81	20	17	45%	72%
White	156	102	136	16	14	65%	87%
Other	64	43	57	17	13	67%	89%

Time to Termination of Parental Rights

Explanation: The number of days and months 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 our State Court Improvement Grant.

Cohort: All TPR petitions disposed during FY 2024

FY 2024						
	# Disps	Average	Median	Within 12 Months	Within 24 Months	Within 36 Months
Total	400	862	738	43	203	296
Black/Afr Am	73	895	888	2	28	55
Hispanic/Latino	105	996	896	4	42	64
White	156	810	689	22	85	120
Other	66	737	625	15	48	57

Court and agency data, when compared, continues to reflect that the majority of TPR filings occur within 24 months of a child's entry into care. The data also reflects that on average, TPR petitions are disposed of 2 years AFTER the filing of the Neglect Petition. For PIP Development, there is a Permanency sub-committee that will develop strategies for improvement of performance on Permanency. This subcommittee is made up of not only internal staff, but also external stakeholders, court personnel, tribal partners and individuals with lived expertise.

Item 24: Notice of Hearings and Reviews to Caregivers

Description of Systemic Factor Item: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care:

- (1) are receiving notification of any review or hearing held with respect to the child and
- (2) are informed they have a right to be heard in any review or hearing held with respect to the child?

Background: In Round 4, Connecticut received an overall rating of Area Needing Improvement for Item 24 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment showed that the current process for providing notice of court hearings and administrative hearings was not consistently effective in providing timely notice.

Assessment:

We determine the adequacy of notice to caregivers through our ACR process. Currently the reports are not aggregated by race or region but are something we may explore for the future.

- ACR Data- Reviews to Caregivers

Foster Parent + Guardian Notification of ACR in <=5 Days			
Year	Timely	Not Timely	Grand Total
2024	.3%	99.7%	100%

Foster Parent + Guardian Notification of ACR in <=21 Days			
Year	Timely	Not Timely	Grand Total
2024	75%	25%	100%

The federal expectation is that caregivers receive at least 5 days' notice of ACR meetings. Per the available data, which is limited, it would appear that the notifications are not timely or not going out at all. However, the number of letters generated has dwindled intentionally, as a result of the notices now going out electronically, via email. This email contains the link to the virtual meeting. Our attendance percentages also give us confidence that notices are going out timely, as meeting participation has not decreased. As of 11/2024, utilization of the ACRI in Mindshare went statewide and as we move through our report-development, Timely Notifications is on the list of future reports.

Participants in the Caregiver focus group feedback were asked the following:

Via a Quality Parenting Outreach Pulse, Foster parents were surveyed and asked about their experiences with the court hearing notification, attendance, their contribution and process:

Regarding the Court Hearing Notification, 154 (42%) of 371 licensed caregivers responded that they received a court notification in 2024. Caregivers received notice in 3 primary ways:

- Phone/In Person (49%)
- Email (40%)
- Mailed Letter (36%)

Regarding Court Hearing Attendance, 63% of Licensed Caregivers requested to attend court

- 45% did attend court
- 19% did not have the opportunity yet, court hadn't occurred
- 17% did not ask to attend court

All 154 caregivers reported receiving notice of the court hearing within 7 days or more prior (up to more than a month in advance).

For responses that were not included in the choices, the theme related to general comments and frustrations, including:

- Expressing frustration that social workers do not understand their desire to adopt the child, while the attorney does.
- Using Zoom for virtual court attendance.
- Expressing the sentiment that caregivers have no rights and feeling that DCF, and the courts do not prioritize children's stability.
- Criticizing the system for focusing more on having reluctant parents try to parent rather than ensuring stability for children

As a result of the survey, Connecticut has taken action by:

- Reviewing the CAFAF learning module Overview of Child Welfare Legal Process and requested updates as necessary to meet Licensed Caregiver needs.
- Increased touch points of communication and resources for Licensed Caregivers to feel confident in their role within the court process

As previously noted, since the Fall of 2024, the assigned Social Worker has to bring proof to the court via E-filing, that they have provided notification of the court hearing to the foster parent. Notification rate data is not yet available.

Overall assessment of systemic factor:

In conclusion, the Department believes that we have a Case Review System that is in Substantial Conformity with federal expectations.

Systemic Factor 3: Quality Assurance System

Situation: The Children's Bureau assesses this systemic factor using state performance on Item 25, Quality Assurance System.

Background: In Round 3, **Connecticut** was in substantial conformity with this systemic factor.

Item 25: Quality Assurance System:

Description of Factor: How well is the quality assurance system functioning statewide to ensure that it: (1) is operating in the jurisdictions where the services included in the 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?

Background

Connecticut DCF promotes a culture of continuous learning and quality improvement with the end goal of improving outcomes for the children and families we serve. The DCF vision to foster community-based programs and services that can empower families to raise resilient children can only be achieved by continuously understanding and improving the quality, safety, and efficiency of the work being done. This is accomplished through a statewide Continuous Quality Improvement (CQI) system that utilizes data and evidence to understand strengths and areas needing improvement, determines improvement strategies, and implements changes that are found to be successful.

In CFSR Round 3 and in the CFSR Round 4 Self-Assessment, Connecticut received an overall rating of Strength for Item 25 and was found to be in substantial conformity with this systemic factor. Information in the statewide assessment and collected during stakeholder interviews demonstrated that the state has a robust, multifaceted, and integrated quality assurance (QA) system. Connecticut has continued to maintain and improve the quality assurance and continuous quality improvement system that effectively drives program improvements.

In early 2021, the DCF Bureau of Continuous Quality Improvement (formerly the Bureau of Strategic Planning) partnered with the Capacity Building Center for States to conduct a CQI self-assessment to highlight areas of proficiency while also helping to identify and prioritize areas for additional improvement. Connecticut DCF embarked upon this self-assessment work to understand the agency's current CQI capacities and to help inform CQI planning moving forward. This was a comprehensive process inclusive of the self-assessment of our CQI work across seven domains and engagement with our internal staff and external partners for feedback and validation of results. This work culminated in the production of a CQI Plan and document to inform steps and work going forward to further strengthen the CQI framework at DCF.

The self-assessment reflected that DCF has significant strengths in the area of continuous quality improvement and has well-established processes in place that have allowed the agency to integrate CQI into all aspects of the work. It was noted that the areas of Leadership Support; Quality Data Collection; and the Case Record Review Process were areas of particular strength. Prior to and during this self-assessment process, there was internal restructuring work done to establish an agency wide CQI framework under the leadership of a statewide CQI Director to set the vision and priorities across the agency that is consistent with that of agency Executive Leadership. It was noted that the area of Foundational Administrative Structure to Oversee and Implement CQI was the domain in the self-assessment that presented as a priority need for us. Additionally, it was noted that the domains of Staff and Stakeholder Engagement and Communication could be strengthened, particularly regarding engagement and communication with stakeholders on CQI work, and that the Application of CQI Findings domain could also be strengthened. Much work has been done since the commencement of this self-assessment process, including development of a CFSP-related Scorecard showing trends in system performance that are regularly shared with our Statewide Advisory Committee and other internal/external partners.

Subsequent to this work with the Capacity Building Center for States, DCF recognized internal capacity and resource limitations and began working with Chapin Hall, an independent policy center at the University of Chicago. Chapin Hall helped to design and develop an updated CQI framework with the agency including connecting this work to the Prevention Plan implementation. This framework served to build upon the existing performance management system and create a holistic statewide CQI Plan. This plan was designed to embed CQI methods into the agency's daily practices. It emphasizes workforce development, racial justice, and improving outcomes for children and families by fostering a culture of continuous quality improvement. The plan clarifies roles, sets expectations, ensures stakeholder involvement, and establishes feedback mechanisms and evaluation plans for the Bureau.

The work with Chapin Hall specific to the statewide CQI plan ended on 3/31/25; this assistance was part of the larger FFPSA (Family First) work with Chapin Hall. This collaboration was critical to assist the Department with implementation of this statewide CQI framework, ensuring that CQI methods are consistently applied across the agency, supporting DCF's broader goal of empowering families through community-based programs and

services. Chapin Hall continues to support the development and evaluation of the Connecticut Kinship Navigation model, a crucial part of the Caregiver Practice Model. This work integrates with broader efforts under the FFPSA plan and supports the Bureau of Continuous Quality Improvement in aligning and enhancing continuous quality improvement initiatives.

In March 2022, DCF successfully exited the federal Juan F. Consent Decree which had been in place since 1989. This was a significant achievement for the Department as it represented the achievement and certification of each of the Outcome Measures regarding case practice with children and families. A requirement of the exit from the federal Consent Decree was the assurance that a Continuous Quality Improvement framework was in place. It was essential that DCF demonstrate the ability to self-monitor and assess performance across the agency. This was accomplished through the use of CQI processes and procedures already established.

The Department has continued to invest in a robust Quality Management and CQI environment. DCF has made critical and sustained investments in ongoing Continuous Quality Improvement, including the maintenance and allocation of necessary staff and the implementation of new CQI structures and processes to ensure that CQI is embedded in all divisions and remains sustainable.

Methodology: Item 25 is evaluated using measurements from existing data sources, data reports completed by the Bureau of Continuous Quality Improvement and other agency divisions, DCF written policy, CQI processes including Quality Improvement Leadership Team and PDSA, stakeholder input and feedback. Additionally, CQI/QA activities including case reviews, and management information and data reports (including reports from our ROM and LINK reporting systems) are also used as part of this evaluation.

Assessment

The quality assurance system is operating in the jurisdictions where the services included in the CFSP are provided:

The Department engages in various activities to ensure the effective functioning of its quality assurance system statewide and across the fourteen area offices and various divisions. The Bureau of Continuous Quality Improvement, which includes Quality/Performance Improvement; Administrative Case Review; Special Qualitative Review; CT-KIND (CCWIS); 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.

The Bureau has continued the practice of employing QI Program Supervisors (QIPSs) and staff in each region, as well as the Careline and Foster Care Divisions, to collaborate with the regional and division staff on CQI activities. There are six Quality Improvement Program Supervisors. Three QIPSs are assigned to the area offices within a super-region structure; each super-region is comprised of two regions including two to three offices per region, so each QIPS is responsible for the offices within the super-region. There is one QIPS assigned to both the Foster Care Division and Careline Division, and one QIPS is assigned to the Clinical and Community Consultation Support Division. Additionally, there is one QI Supervisor and six QI Service Consultants for the area offices and in the case review unit.

The QIPS staff are responsible for coordination of CQI activities within their divisions or regions including oversight and facilitation of the area office, regional, and division CQI teams and refinement of strategies to improve work performance and case practice based upon data for the office or division. The QI Program Supervisors collaborate extensively with the regions/ divisions on QI work including attendance at management and leadership meetings, provision of data and data analysis and communication with staff regarding the data, determination of areas needing improvement using office or division- specific data, and completion of qualitative reviews as needed. There is ongoing QI collaboration with staff on the PDSA process, one of the CQI activities to assess and improve the performance on the key operational measures (which will be further discussed below). The QI staff collaborate with the CPS staff, the Academy for Workforce Development staff, other Strategic Planning staff, and many other divisions regarding CQI activities for the offices and divisions.

There is an additional QIPS who manages and oversees the Case Practice Unit which was established in March 2023. This unit was established to provide one centralized unit within the Strategic Planning division to provide quality practice reviews, both ongoing and ad hoc. This unit is managed by a QI Program Supervisor and is staffed by five Quality Improvement Service Consultants; all five QI CSC staff were previously working in regional QI positions and are experienced with CQI reviews. The establishment of this unit allowed for consistency in staff completing quality practice reviews as well as consistent managerial oversight of these processes. This Unit is responsible for ongoing case practice reviews as well as ongoing data analysis pertaining to these case reviews. The ongoing quality case practice reviews include the Differential Response System (DRS) reviews and In-Home Case reviews which include assessment of the agency safety planning practice, and other reviews of the child welfare practice as needed to provide data and information regarding the quality of our case practice and adherence to policy and practice guidance. The data from these reviews is analyzed by CQI staff and is regularly shared with agency staff (including the Executive Team, Child Welfare Bureau staff, area office CQI teams, and other staff) to inform ongoing learning and to inform the formulation of quality improvement strategies to improve case practice and performance as part of the CQI cycle.

While much of the case reviews and data collection and reporting are completed through the CQI division and QI staff, data is shared routinely with area office staff as well as with agency leadership. All fourteen area offices have active QI Teams that are facilitated and organized in partnership between QI and Child Welfare staff. The team is led by the QIPS and in most offices the QIPS co-leads the group with the Office Director. The local CQI team consists of staff at all levels and in each division, including support staff, Clinical, Systems, Foster Care, and Child Welfare staff. The CQI teams focus on areas of opportunities to improve case practice and achieve better outcomes for the children and families we serve, with a focus on data specific to the office. The Careline and Foster Care divisions also each have a CQI team, and division- specific data and strategy implementation is shared and worked on during the CQI meetings.

The QIPS staff produce a quarterly QI statewide report which is shared across the agency to ensure clear and continuous information and feedback regarding the practice as part of a true CQI cycle. This report is discussed at regional and division management team meetings as well as the local CQI meetings via the assigned QI Program Supervisor and QI staff.

The Data Reporting and Evaluation (DRE) unit has staff responsible for duties in three primary areas: Reporting, Research and Evaluation, and Strategic Planning. The Reporting staff are responsible for oversight of development and maintenance of multiple DCF Reporting applications (i.e. Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) review reports, CT Open Data Portal, Results-Oriented Management (ROM), and Provider Information Exchange (PIE)). The Program Supervisor for Reporting provides subject-matter expertise and business analysis to generate detailed reporting requirements for our Comprehensive Child Welfare Information System (CCWIS) project, and ensuring we meet all federal requirements for data submissions including the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). This manager will also have two Database User Liaison staff to be hired in CY 2025 that will serve as full-time data stewards assisting with data quality improvement efforts to help meet state/federal data quality requirements, including those outlined in the state's CCWIS Data Quality plan.

Research and Evaluation staff conduct program evaluation and statistical analysis activities for DCF direct and/or contracted services, support research/evaluation activities being conducted by external parties, and partner with internal management to maintain/disseminate the agency's Research Agenda. Several division staff are also responsible for coordinating activities related to development of the Child and Family Services Plan (CFSP), Annual Progress of Services Report (APSR), and CFSR work. They also track and follow up on Critical Incidents involving allegations of abuse/neglect, ensuring that relevant managers have been notified, and participating in follow-up review activities as needed. There are two dedicated CFSR review teams comprised of supervisors who report to two CFSR Program Supervisors. Another Program Supervisor also handles administrative components of the ongoing CFSR process, including development of policy/procedures, assisting with development of the measurement plan, reporting out on review results, and working with the AWD (Academy for Workforce Development) to create, update and assist with provision of training curriculum to new CFSR reviewers and QA staff.

In addition, there are five Quality Assurance Program Supervisors within the Administrative Case Review (ACR) unit and twenty-nine ACR Supervisors. Each office has at least one ACR Supervisor assigned to complete the case reviews as part of the ongoing case review process including feedback provided to the assigned staff. This quality assurance work is further described in the Systemic Factor 2 section on the Case Review System.

To further our CQI development, the Bureau of CQI continues to partner with the Academy for Workforce Development on trainings focused on understanding and using data for decision-making for Social Workers, and separately, for Social Work Supervisors and Program Supervisors. A series of training courses have been conducted over the last several years to assist staff at all levels with using data and reports in their day-to-day practice. An example of this is the Leadership Data Institute for Program Supervisors and Directors to help these leaders develop or enhance skills for locating, extracting, and analyzing data. CQI also updated existing data training courses with more current content to ensure that all practice requirements evaluated in the CFSR process have been incorporated into existing pre/in-service training where relevant. Bureau managers also routinely conduct portions of the Leadership Academy for Middle Managers and the Leadership Academy for Supervisors, and consult with Academy staff to create new training, and update existing courses, concerning CQI tools and the use of data to inform decision-making.

Other positions in the area offices also complement the work of the CQI staff by focusing on the service array and the provision of clinical services. Each Region has a Systems Program Director (PD) and a Clinical PD. The Systems PD is responsible for management and oversight of the regional service system, including helping to direct and coordinate allocation of resources to maintain service delivery system programs. Each Region also has an Enhanced Service Coordinator (ESC SW) who reports directly to the Systems PD. The ESC is the gatekeeper for primary contracted services. The ESC is available to all staff and consults with social workers to identify the most appropriate service intervention to meet a family's need. The Clinical PD is responsible for directing the clinical support and services for the region, manages clinical systems and programs in the region, and oversees the Regional Resource Group (RRG). The Clinical and Systems Directors also serve as members of the Regional Executive Leadership team consisting of the Assistant Chief, Systems Program Director, Office Directors, Quality Assurance Program Supervisor and Quality Improvement Program Supervisor.

Program Leads are assigned to all DCF POS contracted services. These individuals' partner with contracted providers, Regional and Area Office Staff, Systems Program Directors (SPDs), and Central Office Divisions to ensure the provision of effective quality services. Most contracted services that deliver episodic treatment and supportive services to children and families are required to enter services data into our Provider Information Exchange (PIE) system, which our Program Leads use for contract monitoring and evaluation. Further, some of our services benefit from contracted evaluation and/or Performance Improvement Center (PIC) evaluation and technical assistance that helps ensure and improve service delivery.

As the above indicates, the Connecticut DCF has invested in resources to support implementation and oversight of its quality assurance system across the agency.

The quality assurance system has standards to evaluate the quality of services:

Connecticut DCF has standards and quality assurance processes to evaluate the quality of services provided to the children and families we serve. In addition to the comprehensive online DCF policy manual and practice guides which comply with federal policy requirements, DCF also maintains requirements for all contracted service providers.

DCF continues to self-monitor the adherence to federal and state requirements through ongoing quality assurance reviews and review of CFSR data indicators and our own aspirational targets that can be seen in the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section and in other items included here in the *Assessment of Performance* section. In addition, Connecticut DCF utilizes the CQI division staff to provide ongoing data and reporting regarding our headline indicators. DCF uses ROM and LINK reporting systems and is in the process of finalizing a Scorecard report with prior technical assistance from the Casey Foundation. This scorecard will supplement the Connecticut DCF internal reporting systems and will be accessible to and utilized by the public.

The case reviews are completed by the Case Practice Review unit staff utilizing a standardized tool that incorporates policy and practice guide expectations. The reviews are completed for a specific period under review (PUR). These reviews complement the CFSR reviews that are done and provide a larger representative sample of random cases that are reviewed for each office each month. The In Home review tool evaluates the case practice for the following domains: Risk Assessment; Safety Assessment including safety planning practice and utilization of the Child Safety Practice Model; Quantity and Quality of Visitation; Supervision and Oversight of the case; and Service Provision for families. The DRS/Differential Response tool looks at the following domains pertaining to the intake work: Timely Commencement and Completion; Contact with Children; Contact with Adults; Risk and Safety Management; Services to Family to Protect Children in the Home and Prevent Removal; Information Collected and Documented in Protocol; and Supervision.

The quality assurance system identifies strengths and needs of the service delivery system:

Significant work has been done to improve and build upon the DCF performance improvement model. In early 2021, Connecticut DCF implemented ChildStat- an adaptation of the New York City ChildStat model- as a performance management process. This process allowed for a real-time management accountability and quality improvement process using a combination of data analysis and strategy discussion to improve practice. ChildStat provided a routine synthesis and analysis of data regarding the performance of each Area Office and other divisions on specific key outcome measures. Each office and/or division presented on the same performance measures, which aligned with our operational Key Results and the Federal Performance Measures. While the ChildStat process helped DCF progress in its performance management work to identify strengths and areas needing improvement in our practice, it was noted that additional work was needed to assist agency staff in the root cause analysis and identification of strategies based upon the analysis.

Therefore, DCF worked on an updated statewide CQI plan and PDSA process to improve the performance review and tracking. Much of this work was done in collaboration with Chapin Hall, as noted above. The statewide CQI PDSA plan provides increased emphasis on reviewing the data, understanding the story behind the data, conducting root cause analysis, and implementation and tracking of improvement strategies. DCF has embarked upon this PDSA work through the PIP planning process, and we are using the PIP sub-committees to address the known areas needing improvement. Currently there are five PIP sub-committees to address the following practice areas:

- Safety and Risk Assessment
- Case Planning
- Fatherhood Engagement
- Timely Permanency
- Service Provision

Each of the PIP sub-committees are working through the [PDSA](#) model (Plan-Do-Study-Act) cycle with the same timeline which includes: determining the initial/broad problem statement; drafting research questions; developing the data plan including data sources and analysis workplan; conducting and discussing data analysis results and literature review; conducting root cause analysis including initial "fishbone" analysis; validating prevention and remediation strategies; and presenting the final strategies to the Executive Team for final approval. This PDSA work includes regular consultation, review and approval by the DCF Executive Team and other agency leaders.

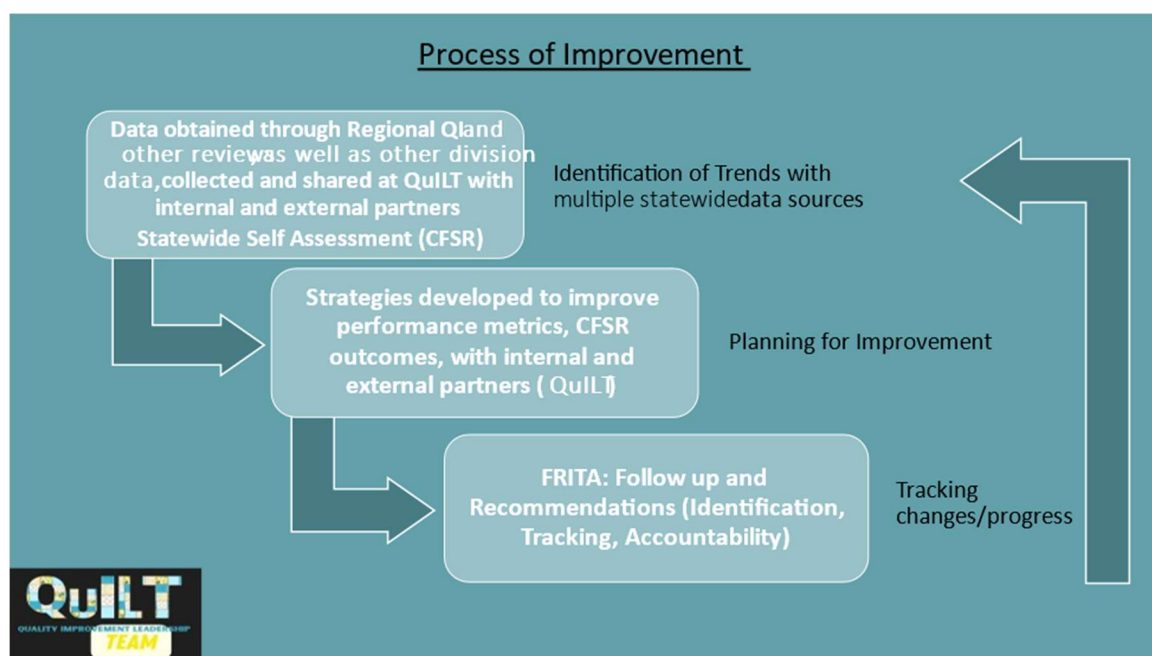
In late 2023, DCF established the Quality Improvement Leadership Governance Team (QuILT) team that meets monthly. The QuILT Governance serves as an integral piece of our CQI framework and integrates and acts as a steering committee to bring together the various aspects of our work and practice including the PDSA work, the PIP planning and sub-committee work, the local CQI Teams, the SQR work, the Senior Administrators Meeting (SAM), and the Systems and services work. QuILT makes explicit the connection between PDSA, CFSR, and the CQI teams in each region and division.

The QuILT Governance team is a statewide interdisciplinary group comprised of senior level administrators. This body helps to vet qualitative projects in the Department and support uniformity with respect to our key performance indicators, performance expectations and qualitative review processes. The focus is on improving systems, practices,

and outcomes through the review of data and implementation of statewide improvement strategies as needed. It helps to ensure the rigorous application of the CQI lens to all of our work and helps to ensure continued strategic application of a data driven, results-based approach to the practice to achieve positive outcomes for children and families. The QuILT meeting and process provides:

- A consistent cadence of data reporting and analysis regarding the seven Key Results, Federal Data Indicators, QI reviews and more
- Support to the PDSA Process/Local CQI Teams
- Assistance with ensuring regular communication regarding performance metrics across the agency.
- Review of CFSR and PIP processes including planning, implementation, and reporting
- A centralized team to review all report recommendations and ensure appropriate follow-up.

There is bi-directional feedback between the QuILT team, the PIP planning and PDSA process, and agency teams. The QuILT acts on topics raised at PIP sub-committee and other PIP/ CFSR meetings and also acts to review and approve the ongoing work of the PIP sub-committees at regular points of the work.



The steps below illustrate how the QuILT infrastructure functioned to address poor performance on a federal data indicator:

- Issue identified and discussed at regular QuILT Governance using following data sources as evidence:
 - Quantitative trend showing data indicator performance
 - Qualitative review results from relevant Case Practice Review (electronic record review only, but on a large sample of cases) to narrow down the range of contributing factors
 - Qualitative review results from CFSR/CQI results (record review, as well as case-related interviews, but on a small sample of cases) to also narrow down but also better explain why certain factors contribute to performance
 - Results of similar discussions from local office/facility QI Teams to help explain regional variation and continue to deepen understanding of contributing factors
- QuILT Governance arrives at a proposed action plan to address the contributing factors that could include strategies:
 - Make edits to qualitative Case Practice Review instruments to better capture relevant information that would further/better reveal contributing factors

- Use additional data collection methods (i.e., focus groups, surveys, etc.) to obtain further insights into the problem and potential solutions
- Create automated quantitative reports to track progress on improvements with contributing factors
- Propose specific solutions for implementation and further monitoring
- QuILT Governance presents proposals for policy, practice or further evaluation to agency executive leadership QuILT and relevant community partner groups (i.e., Statewide/Regional Advisory Councils) for refinement, approval and implementation
 - QuILT will continue to monitor and report out on results as time passes
 - Changes to policy, practice or evaluation will be reported out in the APSR
 - Such changes could also be incorporated into the CFSR PIP (if determined prior to or as part of PIP development)

DCF has both statewide and local Racial Justice workgroups that have been in place for many years. The area offices and divisions are tasked with reviewing their specific data and determining strategies.

Chapin Hall Technical Assistance (TA)

Chapin Hall at the University of Chicago is providing the Department with Technical Assistance regarding the implementation of a continuous quality improvement (CQI) plan. Previously, DCF received TA from the Capacity Building Center for States by way of coaching and consultation which included assistance with the completion of a CQI self-assessment tool. Please see above in this section for more details on Chapin Hall's TA to help develop our current CQI plan.

As Connecticut continues the implementation phase of its Family First work, the Department will continue to contract with Chapin Hall and Don Winstead Consulting to ensure there is a CQI infrastructure in place for monitoring the EBPs named in Connecticut's Statewide Prevention Plan as well as the prevention practice components governing access the EBPs. For Connecticut's community pathway populations, in partnership with Chapin Hall and the PCME, our work will focus on the co-design a CQI process to ensure a family-centered practice in alignment with Connecticut's commitment to trauma-informed care. Some specific practice elements to evaluate and build a supportive infrastructure will be:

1. Referrals and services access points
2. Family experience
3. Alignment of family needs and available services/resources/supports
4. Families First Prevention Services Act (FFPSA) required processes
 - a. Candidacy determination
 - b. CSPP development and completion
 - c. EBP and service identification
 - d. EBP and service referral and handoff
 - e. Family well-being outcomes

In early 2021, the Foster Care Division also contracted with Chapin Hall to develop the Connecticut Kinship Navigation model that is a key function of the Caregiver Practice Model; Provide expert capacity building support for initial installation of the Kinship Navigation model; and Create the evaluation design for the Connecticut Kinship Navigation model to support meeting federal evidentiary requirements for the title IV-E Kinship Navigation Program under the Family First Prevention Services Act. Chapin Hall provides implementation expertise to a peer state in their design and implementation of a kinship and adoption navigator program and leverages the experience and lessons learned there for Connecticut. This project also dovetails with Chapin Hall's related projects with DCF to support Connecticut's Family First Prevention Plan development and the completed work with the Bureau of CQI on a statewide CQI and PDSA plan. Project teams will be integrated to support full alignment and continuity of activities. This work with Chapin continues as they assist Connecticut DCF with evaluation of the C-KIN model.

The quality assurance system provides relevant reports:

Data is used to inform decision making in all aspects of DCF work. The Bureau of CQI has continued to collaborate with the Child Welfare Division and other agency divisions to ensure that ongoing quality assurance reviews and reports are completed to review the quality of our work and practice. The Bureau also ensures that this data is shared routinely with agency staff to guide quality improvement efforts and strategies to improve the practice.

QA and QI work has continued to analyze and assess the practice and provide that data and feedback to staff to inform quality improvement efforts. The Bureau of CQI conducts multiple ongoing reviews including both ongoing reviews and ad-hoc reviews as needed to respond to any questions or concerns pertaining to the practice with children and families. Reports are then provided regarding these reviews to provide both data and contextual information regarding the findings. These Quality Assurance reviews include the following:

Administrative Case Reviews: Ongoing periodic reviews are completed to assess the case plan and case goal for every child in DCF care. A case plan is written for each child in DCF care including a summary of their medical, behavioral, and mental health status and needs, as well as a description of their current placement, educational status, case goal, and other information. This case plan is written and reviewed via the Administrative Case Review (ACR) process within 60 days of the child's entry into DCF care, and the case plan is updated and reviewed every 6 months thereafter while the child remains in DCF care until he/ or she achieves permanency and exit from DCF care. These reviews are conducted in a meeting with invited family members, caretakers, and involved service providers, and the results of the meeting and the case review are documented in the ACRI tool. This standardized ACRI tool captures federal (CFSR) items pertaining to safety, permanency, and well-being. The ACR process also includes reviews of family cases associated with children in care (within certain parameters) and these case reviews assess safety and risk factors for those family cases. The ACR data is aggregated and available in the ACR Case Practice Data Report.

Differential Response System (DRS) Reviews: Ongoing monthly reviews are completed utilizing a standardized tool to examine the DRS practice (both Intake and FAR cases) in each area office, as well as the Special Investigations and Education Professional Investigations Units. This tool assesses multiple areas of DRS practice including risk and safety assessment and safety planning, contact with children and adult household members, supervision and oversight of the cases, and timely service referral and provision to the family. 80 cases are reviewed per month by CQI staff, and the results of these reviews are shared with the CPS staff and Leadership and are discussed at area office and regional CQI team meetings. The DRS practice data is aggregated and shared quarterly by QI staff.

Careline Practice Reviews: Ongoing periodic reviews are completed to ensure that the DCF Careline is appropriately screening reports that meet the threshold of suspected abuse or neglect. The Case Practice Review unit completes monthly reviews to include the screening decision, response time/type, abuse/neglect type and appropriate identification of subject children. In 2024, 810 screening decision were reviewed and there was a 94% strength rating with respect to appropriate response time, case track designation (Investigation/Family Assessment Response) and appropriate abuse/neglect type designation and use of Structured Decisions Making.

Child and Family Services Reviews (CFSR)/ Program Improvement Plan (PIP) reviews: Ongoing monthly reviews are completed utilizing the federal On-Site Review Instrument (OSRI) which provides a comprehensive examination of case practice through these reviews completed by Strategic Planning staff. Connecticut DCF successfully completed and exited the Round 3 Program Improvement Plan (PIP) in 2021 following a state-led CFSR review, and DCF elected to continue the CQI review process, utilizing the CFSR On-Site Review Instrument (OSRI) to examine our work to ensure safety, permanency, and well-being for both children in placement and family cases served by DCF. These comprehensive review results are shared with CPS staff and Leadership, including review of the individual case results with the assigned CPS team. The Department has just completed the official Round 4 state-led CFSR reviews with the period under review ending on 3/31/25. During the case review, the CT Judicial Branch Chief Administrative Judge, and the Chief Clerk/CIP Manager, for Juvenile Matters served as a "Legal/Judicial Specialist" and offered comments/feedback on Items 5 (Timely/Appropriate Case Plan) and 6 (Achieving Timely Permanency) for every foster care case reviewed. They have been engaged in every phase of the CFSR process and will continue to remain involved in helping to develop and implement the Program Improvement Plan (PIP). DCF has been conducting CQI reviews using

the OSRI and will continue such reviews under the PIP Measurement Plan when it is finalized. Staffing for these reviews is expected to remain intact at the same levels held during most of the case review period.

Critical Incident Summary Reviews: Reviews are completed by CQI staff utilizing a standardized summary format for specific cases. The criterion for the review includes all cases in which a Critical Incident is received on a family that has active involvement with the Department or recent involvement, defined as involvement within the most recent 12 months; in these cases, a Quality Improvement or Quality Assurance Program Supervisor conducts a review to complete a brief case summary including an assessment of case practice strengths and practice concerns. These Critical Incident Summary Reviews are separate from the Special Qualitative Review (SQR) assessments completed by CQI staff that are completed for fatality and "near miss" cases. The review results are then shared with the entire CPS chain of command team and CPS Leadership, and themes and trends regarding the practice strengths and areas of improvement are also shared with staff.

Sibling Visitation Reviews: Annual reviews are completed utilizing a standardized tool to examine the DCF practice regarding ensuring regular sibling visitation for all children in DCF care, as required per state statute. The review assesses the visitation for a sample of children in DCF care and each child's visitation with their siblings (including adult siblings) is evaluated and compliance with the statute is operationalized at the target child and sibling level, resulting in measurement for sibling pairs. The review results are shared with the Connecticut legislature as well as with DCF staff and Leadership.

In-Home Case Reviews: Ongoing monthly reviews are completed utilizing a standardized tool to examine the practice on in-home cases. In early 2023 the in-home tool was extensively revised to provide a complete examination of all aspects of practice to include Risk Assessment; Safety Assessment including safety planning practice and utilization of the Child Safety Practice Model; Quantity and Quality of Visitation; Supervision and Oversight of the case; and Service Provision for families. The new tool includes a significantly larger scope of review and an elevated standard for all areas of in-home case practice. The data and results are shared with DCF staff regularly.

It is expected that additional ad hoc reviews will continue to be developed and conducted as part of ongoing CQI PDSA cycles. Also, there is work occurring in some regions with "real time reviews" by QI staff which provides an opportunity for correction of the work while the work is ongoing with the child and family. The real-time reviews have been beneficial in identifying gaps in service or areas needing improvement. For example, recent real time reviews of DRS cases have provided data and information related to OSRI Item 1 (face to face contact with the child victim and subject of the report during the designated response time). These reviews provide an opportunity for self-correction and increase staff knowledge regarding their practice.

In addition, there are multiple reports and data that are provided to the agency on a consistent schedule to assist with data-informed decision making. The QI statewide Quarterly report is one piece of our consistent communication regarding QI data and practice for the area offices and divisions, as noted previously in this document. The QI staff issue email communications with current data on a regular cadence as determined by a schedule for reporting; this responsibility is shared amongst the QI staff and ensures that data and reports are consistently and widely shared. Discussions of the quarterly statewide QI reports and communications occur on a regular basis among the Area Office and division staff, and staff understand the connection between their work and the performance indicators (such as In-home visitation).

The quality assurance system evaluates implemented program improvement measures:

Connecticut DCF utilizes the Plan-Do-Study-Act (PDSA) cycle as the model for implementing and monitoring program improvement strategies, processes, and measures. The PDSA model was utilized through the ChildStat performance improvement process, and PDSA continues to be used as the framework for the expanded statewide CQI plan. For example, in early 2025, an updated qualitative review was completed regarding a sample of cases from each area office with an identified safety factor and/or high-risk rating to again assess the quality of the Department's safety assessment and safety planning practice with families. The review indicated additional opportunities for improvement in the safety planning practice, and the results have been shared with staff and with the PIP Safety and Risk Assessment sub-committee for follow up.

Another smaller example of the ongoing PDSA work is related to the utilization of trial home visits (THVs) for children, in which children are returned home while still committed to DCF. The QIPS team pulled data and completed a brief qualitative review to assess the practice regarding trial home visits. It was learned through this review that some THVs were lasting months and that in fact the state policy needed to be updated. It was also learned that data entry errors were contributing to some of the children erroneously identified as being on THV status for a long period of time. An updated policy memo was promulgated in December 2023 to provide clear practice expectations regarding the use of THVs, and training and electronic communication was provided to all child welfare staff to ensure adherence to the policy and correct entry in the LINK system. Subsequent data reviews and reports have reflected that the THV policy is being adhered to and children are not remaining on THV status past 90 days.

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 in 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 in 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.

It is noted that Connecticut DCF has continued to work on improving our partnership with stakeholders relative to our CQI work. DCF has multiple practice groups and venues that serve to ensure meaningful engagement of families with lived experience as well as community providers and others to interact and have a voice regarding the CQI work. Some of these groups include the statewide and local Fatherhood Engagement Leadership Team (FELT); the Caregiver Advisory Council (CAC); the Regional Advisory Council (RAC) and the Statewide Advisory Council (SAC); and the Court Improvement Team. Many of these groups were engaged in the CQI self-assessment process to help assess the DCF continuous quality improvement system.

Research and evaluation:

Research and evaluation are deeply integrated with the Department's mission. Our research and evaluation-related activities include:

1. Developing DCF research priorities.
2. Collaborating with outside investigators to evaluate our programs and services and conduct research on child welfare questions important to the Department.
3. Incorporating research-based findings into DCF practice.
4. Encouraging a research- and evaluation-based mindset among our staff, particularly supporting them in the use of data to understand and evaluate their work. Our staff is supported by the DCF Bureau of Continuous Quality Improvement, which provides services related to defining questions and measures of interest, obtaining data, and analyzing the results.
5. Continuing to develop data sources and infrastructure to support research, evaluation, and further dissemination of evidence into our practice.
6. Supporting Federal reporting and assessment, including the completion of Connecticut's Child and Family Services and associated Performance Improvement Plans, by conducting literature reviews and data analysis.

Important recent research and evaluation activities include:

Research-to-Practice Committee: DCF maintains a partnership with the UConn School of Social Work (SSW) and convenes a monthly Research to Practice meeting with participation by CQI staff, Child Welfare leadership and staff from the field. This has proven invaluable in helping staff understand the results of our research and evaluation work. It has also better informed our research partners on how to interpret the data as well as how to best communicate findings to the field. Feedback has been overwhelmingly positive from the field.

The SSW is currently evaluating our Differential Response System to understand the costs and benefits of our "low involvement" track for families reported to DCF (aka "FAR"). This includes analysis of our recent FAR experience in view

of a change to FAR criteria in August 2024. All CPS reports on children 0-5 are now fully investigated, rather than eligible for FAR, in order to improve safety among our youngest children.

Developing standardized interagency data-sharing protocols: The Department is developing standardized processes for sharing administrative data with other state agencies to understand the child welfare impact of state-administered programs and services. We are heavily involved in the State's P20WIN data-sharing process. P20WIN originally facilitated research and evaluation on educational data but has expanded agency participation to provide the ability to ask research questions across many fields. DCF is participating in developing P20WIN processes as well as providing substantial data support for external research proposals wishing to match DCF data with that of other State agencies.

DCF also developed and submitted proposal to P20WIN to assess the educational and labor outcomes of children in the Juvenile Justice system, for which DCF has legislatively mandated oversight. It has been approved informally and is winding through the P20WIN process.

Infrastructure supporting evaluation of contracted services: Most DCF-contracted entities that deliver treatment and supportive services are required to enter data into our Provider Information Exchange (PIE) system, which our Program Leads use for contract monitoring and evaluation, and which is used as a data source in evaluating contracted programs.

Infrastructure supporting investigator applications to DCF: Around 2022, DCF converted its research review process from an IRB to the DCF Committee for the Protection of Human Subjects (CPHS). All research, evaluation and data-sharing projects must now be approved by an external IRB. Projects are then reviewed by the CPHS for potential risks to children, families, and our staff, and assessed for the demand on our workforce and other resources. Considerable work in 2024 and 2025 has focused on developing a more investigator-friendly infrastructure to allow faster response and faster approval of studies. Additional work has been focused on issues related to our CFSP 2026-2030 strategic areas of focus and goals, as described below.

CFSP focus area: SAFETY - Keep children safe, with focus on the most vulnerable populations

Goal #1: Fully implement and integrate DCF's ABCD Safety Paradigm with an increased focus on our most vulnerable populations and complex cases

CAPTA Evaluation: The UConn SSW is concluding its evaluation of the CAPTA Notification Portal and Plan of Safe Care process. Several publications and presentations have resulted from this work already. These publications are being cited in national publications assessing the costs and benefits of law requiring reporting of substance-exposed newborns.

Other research: A selection of recent peer-reviewed publications describing other work in support of this goal includes:

- Acceptability and feasibility of trauma- and violence-informed care for intimate partner violence. Gunjan Tiyyagura, John M. Leventhal, Paula Schaeffer, Marcie Gawel, Destanee Crawley, Ashley Frechette, Sakina Reames, Cindy Carlson, Tami Sullivan, Andrea Asnes. *Child Abuse & Neglect* 157 (2024).
- A Comparison of Two Statewide Datasets to Understand Population Prevalence of Substance Use in Pregnancy: Findings and Considerations for Policy & Research. Margaret Lloyd Sieger, et al. *Maternal and Child Health Journal* (2024) 28:1121–1131

CFSP focus area: CHILD & FAMILY WELL-BEING - Contribute to child and family well-being by enhancing assessments and interventions

Goal #3: Improve access to educational, healthcare, and behavioral health services to enhance the well-being of Connecticut children and families

Connecticut Kinship Navigation Model (CKIN): CT DCF is collaborating with the University of Chicago's Chapin Hall to

design, implement, and evaluate our CT Kinship Navigator Program. The Department launched the program in the fall of 2023 and continues to work on the evaluation.

Multi-systemic Therapy – Intimate Partner Violence (MST-IPV): MST-IPV is an intensive, in-home clinical treatment program for families with active involvement in DCF due to the impact of intimate partner violence on the family, as described in the publication below. MST-IPV families and matched comparison families are now being evaluated on re-abuse, out-of-home placement, and new incidents of IPV.

- Development of a family-based treatment for co-occurring intimate partner violence and child maltreatment: the MST-IPV model. CC Swenson, CM Schaeffer. BJPsych Bulletin (2024). doi:10.1192/bjb.2023.103
- CPS Workers' Perspectives on MST-IPV and Other Interventions for Child Maltreatment and Intimate Partner Violence: A Reflexive Thematic Analysis. Lash, Malea. Antioch University ProQuest Dissertations & Theses, 2024. 31628908.

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 following peer-reviewed articles describe this project and its evaluation:

- A Breakthrough Series on Engaging Fathers and Paternal Relatives in Child Welfare: A System Response to COVID-19 and Racial Unrest. J Agosti, JL Bellamy, L Burton, et al. Journal of the Society for Social Work and Research. Volume 12, Number 3, Fall 2021. <https://doi.org/10.1086/715214>
- Evaluation of a Statewide Implementation of Fathers for Change: a Fathering Intervention for Families Impacted by Partner Violence. C Stover, R Beebe, M Clough, et al. Journal of Family Violence, Volume 37, 2022. <https://doi.org/10.1007/s10896-020-00199-5>
- Reducing Family Violence Through Child Welfare Intervention: A Propensity Score-Matched Study of Fathers for Change. R Beebe, MC Fish, et al. Journal of Interpersonal Violence. Volume 38, Issue 21-22. First published online July 20, 2023. <https://doi.org/10.1177/08862605231186121>

These articles are heavily cited as researchers and child welfare agencies continue to struggle with engaging fathers.

Educational outcomes for post-secondary education youth: Funding is 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.

Other research: A selection of recent publications describing other work in support of this goal includes:

- The STEP Learning Collaborative: A statewide Learning Healthcare System (LHS) for first episode psychosis. Laura A. Yoviene Sykes, et al. Schizophrenia Research (2025).
- CONNECTICUT'S UNSPOKEN CRISIS --Elevating the Voices of Young People. Community Science, August 2024
- Effects of child trauma screening on trauma-informed multidisciplinary evaluation and service planning in the child welfare system. Christian M. Connell, Ann Shun Swanson, Maegan Genovese, Jason M. Lang. J. Trauma. Stress. 2024
- Diagnosing Adolescent Substance Use and Co-Occurring Disorders Using the Global Appraisal of Individual Needs Quick Version-4. Justine W. Welsh, M.D. et al. Psych Res Clin Pract. 2024

CFSP focus area: RACIAL JUSTICE - Practice racial justice in our department's practice and culture to help eliminate disparate outcomes for children and families in our state

Goal #5: Work within DCF, across the child welfare system, and in partnership with our local communities to improve outcomes and realize measurable reductions in disproportionality across all racial and ethnic populations

Data development: The Department has made a commitment to eliminate disproportionality 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 by population. . This includes ensuring that there are reports, dashboards, data tools, and filters that allow the Department to disaggregate its data by race and ethnicity. Our annual review continues to identify areas of at risk populations in the child welfare process .

CFSP focus area: WORKFORCE - Engage our workforce through an organizational culture of mutual support

Goal #6: Improve retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate

DCF Workforce Retention studies: In response to DCF (and national) concerns with social worker training and retention, we've begun a series of analyses of Connecticut DCF data. As a first step, we've developed data linking social worker hiring, position and retention data with databases tracking training, supervision, caseload and geography, and are testing hypotheses developed internally and those from the literature to better understand worker experience.

Other research: A selection of recent publications describing other work in support of this goal includes:

- Nurturing Stability: Exploring the Relationship Between Child Welfare Workers' Well-Being and the Impact It Has on Retention. Acosta-Gay, Maritza. Education Doctoral. Paper 598, (2024).

Conclusions and Recommendations

The Connecticut DCF quality assurance system provides a framework to utilize evidence to understand strengths and areas needing improvement, determine improvement strategies, and implement changes that are found to be successful. Our CQI system continues to improve, and this improvement has been enhanced through the partnerships and assistance of the Capacity Building Center for States and Chapin Hall. Connecticut will continue to work to ensure that the agency demonstrates a well-functioning continuous quality improvement system that drives program improvements.

Systemic Factor 4: Staff and Provider Training

Situation: The Children's Bureau assesses this systemic factor using state performance on Items 26, 27 and 28.

- Item 26: Initial Staff Training
- Item 27: Ongoing Staff Training
- Item 28: Foster and Adoptive Parent Training

All three items look at how well training prepares staff and foster parents and staff of licensed childcare facilities to perform their basic duties, and how the state assesses the effectiveness of that preparation Finding this system to be a strength requires that at least two of the three items in this system be rated as strengths.

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factor of Staff and Provider Training. Initial Staff Training was rated as a Strength.

Assessment:

The Academy for Workforce Development remains steadfast in its commitment to provide essential training and workforce development opportunities to the DCF staff for the purposes of strengthening their skill and knowledge base. This commitment becomes evident through pre-service training, which is marked by a one hundred percent completion rate for those that remain employed by the agency. The robust in-service training catalog offers courses reflecting the interest and needs of the staff. We provide leadership programs, and workforce development programs, which support staff in their professional development. In addition, the Academy offers a variety of educational programs to staff, college, and university students to strengthen their commitment to the field of social work, while also creating a pipeline for employment to the agency.

The Academy maintains strong partnerships with multiple entities including but not limited to the area offices, central office, the facilities and community providers. These entities continue to be invited to the table to collaborate and assist with the development of in-service training curricula. The purposeful engagement has resulted in successful training development and delivery to the Departments workforce, contracted and credentialed providers.

Ongoing assessment of training remains a priority for the division. Through the use of pre- and post-tests, surveys and focus groups, the Academy is able to ascertain if the information taught in the classroom is being applied to practice to help strengthen the assessment skills of the staff. These processes also provide insight into areas of training that may need to be modified. Staff continue to participate in trainings on a regular basis. Tracking of training hours remains a consistent component within the agency. Staff is aware of the 30-hour training requirement and continue to make individual and collective strides to remain in compliance.

The Academy continues to make contributions to the workforce pipeline by maintaining a competitive and robust internship program. Students from the Connecticut State College and University system are afforded the opportunity to participate in stipend internships programs or non-stipend internship programs facilitated by the Academy. These programs have successfully afforded students an opportunity to gain exposure to the department, providing them with a clearer understanding of child protection services. Upon completion of the internship, many of the students are gainfully employed by the agency. As the needs of the profession continue to morph to meet the demands of our most vulnerable population, The Academy will continue to enhance the internship program. Our goal is to attract the students who commit to doing the work to make this a long-standing career.

Item 26: Initial Staff Training

Background: In CFSR Round 3, Connecticut received an overall rating of Strength for Item 26 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews showed that initial training prepared new staff with the basic knowledge and skills required for their positions.

Assessment

1. **What are the state's requirements for initial training, i.e., number of hours, brief description of course content and learning objectives, and who is required to attend?**

The Academy for Workforce Development 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 over 36 days of training offered during a period of four to five months, with a significant number of courses "front loaded" into the social workers' first five to six 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, providers, individuals with lived experience, quality assurance staff, medical and educational consultants. During this time of review, there were changes made to separate two classes, Engaging Families and Worker Safety, which allows participants to have two separate simulations to practice learned skills. All but two courses are held in-person to maximize the learning experience for participants.

In addition to the 25 synchronous facilitator-led courses, social workers are also to complete 11 asynchronous trainings. During the pre-service program, social workers also participate in numerous structured shadowing activities in their local offices; worker safety simulation, and a home visit simulation practice conducted with parent advocacy

partners. Two unique experiential activities, 1) touring the State of Connecticut correctional facilities and 2) navigating public transportation (*CT Transit*) are also required to enhance their ability to be empathetic to those we serve. The public transportation exercise began in September 2024. The pre-service training program integrates these various approaches to ensure all participants' varied learning styles are met.

During this period under review, a Pre-Service SharePoint website was created which allows social workers to access the asynchronous trainings and the updated PowerPoints and handouts for each of the 25 trainings.

Additional measures to support participants in their initial learning and onboarding have continued through "Learning Lofts". These are scheduled mid-way through the program for participants to discuss areas of practice they were struggling with; network with each other and share experiences; and clarify aspects of previous formal training classes. Check-in meetings with the supervisors and program supervisors of the respective group members also occur at least once during the training period. This provides 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. Both efforts are led by the assigned training coach.

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 Coach (formerly liaison) to offer 1:1 and group support/guidance. Formal feedback is provided to the participants' supervisors via "*Observation Forms*" at one distinct time during the program; and a modest graduation ceremony is facilitated by the Coach to mark the participants' accomplishment of completion. To encourage partnership, communication, and learning, bi-monthly meetings occur between the Academy staff, and supervisors/managers from the 14 area offices. In the upcoming months, we will be implementing a check in with the supervisors at the one-month mark. An additional effort was made to support training supervisors and managers through quarterly group coaching sessions. Topics have included: Work-Life Balance, DCF 4101-Revisiting the Supervision Session Agenda, Strengthening Safety Assessments Via Use of Practice Profiles, and Exploring the 8 Dimensions of Wellness. Participants said they found the following to be the most helpful from these sessions:

- "Group supervision and mentoring supports"
- "Practice profiles, mentoring and guiding staff with the safety practice model"

We also engaged group coaching participants in a two-month Transfer of Learning survey, about two months after each of the above sessions. This is an additional evaluation tool to determine the impact of training efforts. An example of a response to this survey as it pertains to Work-Life Balance, the respondent indicated "I am modeling taking breaks, protecting my own time, setting boundaries, and priorities." The group coaching session for Exploring the 8 Dimensions of Wellness Transfer of Learning questionnaire results are pending.

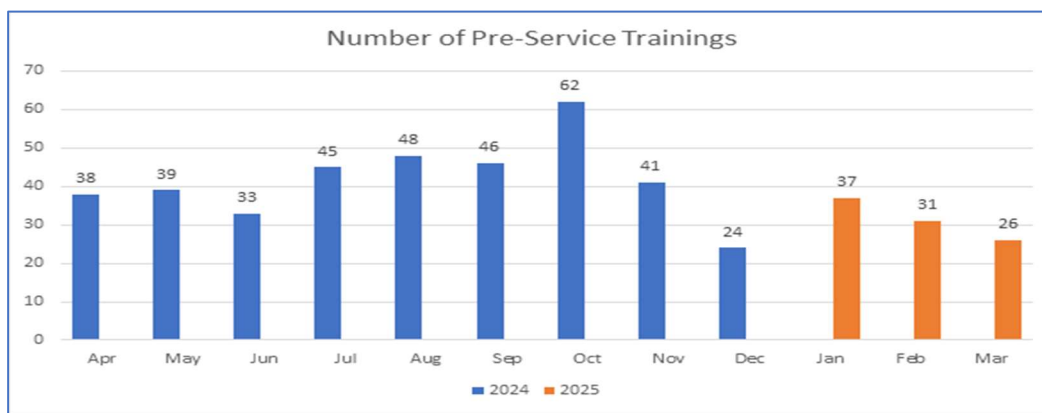
2. What is the state's process for ensuring that the state's requirements for initial training are met?

During the current reporting period, a new training group began each month. The same trend is projected through the remainder of this reporting period although the agency did experience a decline in the number of hires monthly. Of the training groups that began and ended between 04/01/2024 through 4/30/2025, 176 social workers were hired with 23 social workers who left the agency. As of this writing, 139 social workers have completed pre-service and currently there are 14 social workers pending to complete pre-service in the coming months. This includes two social workers from group F-2025 who are scheduled to take the final test in May 2025 as they had classes to make up and could not take the test with their group.

Group	Total Hired	Left Agency	Completed Pre-Service
J-2024	26	5	21
K-2024	18	3	15
L-2024	17	2	15

Group	Total Hired	Left Agency	Completed Pre-Service
A-2025	19	1	18
B-2025	20	2	18
C-2025	32	5	27
D-2025	15	2	13
E-2025	6	2	4
F-2025	11	1	8
G-2025	5		In Progress
H-2025	7		In Progress
Grand Total	176	23	139

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. The Academy closely monitors attendance in our Learning Management System, and trainees are unable to take the final test until all classes are completed. Asynchronous trainings are also being tracked to ensure compliance and completion prior to completion of Pre-Service. The below chart includes training data from 4/1/2024 to 4/2/2025. A cutoff date of 4/1/2025 was applied to ensure the inclusion of the most recent full month of completed training data. This was necessary as the report's data collection and analysis period occurred partway through April 2025. Any data beyond 4/1/2025 cutoff is being considered projected data. Classes for June 2025 - September 2025 are still being scheduled for incoming pre-service groups.



3. What is the state requirement regarding whether staff must complete training before being assigned cases?

Courses are "front loaded" in the pre-service training program, so the most foundational classes are completed prior to case assignment. The remaining coursework is scheduled intermittently to allow for gradual case assignment and workload increase. The agency has case assignment guideline with the first case assigned after week 5 of training, the second case assigned after week 9 of training, and the third case assigned after week 12 of training. During this period under review, most groups have been graduating roughly at the 4th/5th month mark of being hired. Adherence to this guideline is managed by each area office and may vary based on individual office needs. This is not tracked by the Academy. Below is the assignment guideline chart once pre-service is completed, developed by agency leadership:

Caseload Assignment	Timeframe
25% Caseload Assignment	After completion of Pre-Service (Final Exam)
50% Caseload Assignment	After 1 month of Pre-Service completion (Final Exam)
75% Caseload Assignment	After 2 months of Pre-Service completion (Final Exam)

4. To what extent were staff who completed initial training prepared to deliver services?

The effectiveness of pre-service training is assessed in multiple ways. Training Experience Evaluations are administered at the conclusion of each course. Responses provide feedback about participant satisfaction and what they found most helpful. 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 were most helpful. A sampling of comments regarding the most helpful aspects of the trainings include:

- "The activities were helpful and the group discussions."
- "The importance of keeping fathers involved and the impact incarceration can have on their involvement."
- "The importance of family connection regarding permanency beyond DCF and the importance of making concerted efforts on building a team for our youths."
- "The hands-on walkthrough, case scenarios"

Participants' knowledge acquisition and progress in the program are assessed via a "pre-" and "post-" test. The pre-test is a multiple-choice test comprised of 72 questions and is administered on the first day of pre-service training. Participants retake the same multiple-choice test as part of a more comprehensive post-test at the end of the training program. The average pre-test score from the most recent 15 groups is 67%. The average post-test score on the multiple-choice component from fifteen of the most recently completed groups is 79%, representing a 12% improvement in scores. We recently re updated the test questions to align with current course content. The new test was implemented in December 2024.

Fifteen groups graduated from the pre-service training program during the current review 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 12%. To ensure the test questions align with current course content and case practice, the exam was updated and administered beginning with group C-2025's post-test in December 2024.

Group	Pre-Test Average	Post-Test Average
D- 2024	66%	84%
E- 2024	65%	76%
F- 2024	72%	79%
G- 2024	66%	78%
H- 2024	62%	69%
I-2024	66%	75%
J-2024	66%	77%
K-2024	65%	78%
L-2024	67%	80%
A-2025	71%	81%
B-2025	68%	78%
C-2025	69%	81%
D-2025	67%	77%
E-2025	70%	84%
F-2025	72%	83%
G-2025	76%	pending
H-2025	69%	pending

In addition to the multiple-choice section of the final test, participants also utilize a case scenario and watch excerpts from simulated home visit videos to complete a Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA) and write home visit narratives. The questions were also updated given that the home visit videos were updated in Summer 2024. Participants are also required to respond to three open-ended essay questions. The

questions focus on these key areas of practice: ABCD Child Safety Practice Model, Fatherhood Engagement, and Racial Justice. These test elements are designed to capture how participants have integrated their classroom learning into their case practice. There is evidence in the qualitative data that most participants are demonstrating an integration of their learning into practice. The rubric used for scoring of these written elements can be seen below.

Transfer of Learning Response: ABCD Safety Practice Model	SW/T demonstrated comprehension of the identified practice area. The example(s) of how the concept was utilized in case practice was relevant and provided evidence that transfer of classroom learning to practice occurred.	4 Points Provides complete and thoughtful response and fully demonstrates comprehension of the concept. Provides specific and relevant examples of use in case practice. Demonstrates critical thinking skills.	3 Points Response is thoughtful, but lacking some detail and clarity in either explanation of the concept or how it was used in practice.	2 Points Provided partial response; or response was lacking detail or critical thinking skills.	1 Point Did not provide a response to this question; or response lacked any critical thought.
Transfer of Learning Response: Fatherhood Engagement	SW/T demonstrated comprehension of the identified practice area. The example(s) of how the concept was utilized in case practice was relevant and provided evidence that transfer of classroom learning to practice occurred.	4 Points Provides complete and thoughtful response and fully demonstrates comprehension of the concept. Provides specific and relevant examples of use in case practice. Demonstrates critical thinking skills.	3 Points Response is thoughtful, but lacking some detail and clarity in either explanation of the concept or how it was used in practice.	2 Points Provided partial response; or response was lacking detail or critical thinking skills.	1 Point Did not provide a response to this question; or response lacked any critical thought.
Transfer of Learning Response: Racial Justice	SW/T demonstrated comprehension of the identified practice area. The example(s) of how the concept was utilized in case practice was relevant and provided evidence that transfer of classroom learning to practice occurred.	4 Points Provides complete and thoughtful response and fully demonstrates comprehension of the concept. Provides specific and relevant examples of use in case practice. Demonstrates critical thinking skills.	3 Points Response is thoughtful, but lacking some detail and clarity in either explanation of the concept or how it was used in practice.	2 Points Provided partial response; or response was lacking detail or critical thinking skills.	1 Point Did not provide a response to this question; or response lacked any critical thought.

Below is an example of one response answering the question, "Describe how you apply the following concept you learned in the classroom to your case practice. Provide specific examples: ABCD Safety Practice Model."

"The ABCD Paradigm has assisted this worker with assessing child safety by assessing adult protective capacity, behaviors that are harmful, child vulnerability, and dangerous conditions. This worker was recently assigned to a family that has Intimate Partner Violence. Assessing the adult protective capacities has assisted in observing the parent's ability to meet her children's basic needs as well as her readiness for change. For example, the client is no longer residing with her partner, and she is following the recommendations of the protective order. This is evidenced by the client utilizing a third party for transportation of the child to see the other parent. Additionally, the parent is actively engaged in Family Violence Prevention and can identify areas of strength and opportunities she has learned from the program.

Harmful behaviors that were impacting the children's safety have been reduced by the parents agreeing to live in different spaces. In addition, the relationship ended. Both parents involved in the relationship have agreed to services and have taken time from work to complete intakes. These changes demonstrate the desire to reduce high risk behaviors.

The children in this home were vulnerable and their stability was impacted. The parents can recognize their children's individual needs and identify the changes in their children's behaviors while they lived together as a family versus the difference in living separately.

The dangerous conditions in this home were immediately resolved by the separation of the parents. Both parents acknowledge that they are good people, but they are not good together in a relationship. When emotions of jealousy and power escalate, the parents share they are unable to interact without intense levels of emotion. Therefore, it impacts the ability to self-regulate.

This assessment tool helps to guide the work that is being done in the family's home. I can remove my personal views and utilize ABCD Paradigm to guide my assessment from a lens that attempts to break down how children are impacted in the different domains. Additionally, concrete information can be shared with the family to highlight areas of improvement and how they were able to safeguard their children using protective factors. The assessment tool can also show parents and this worker areas of opportunity for the parents to engage in to increase their ability to protect their children."

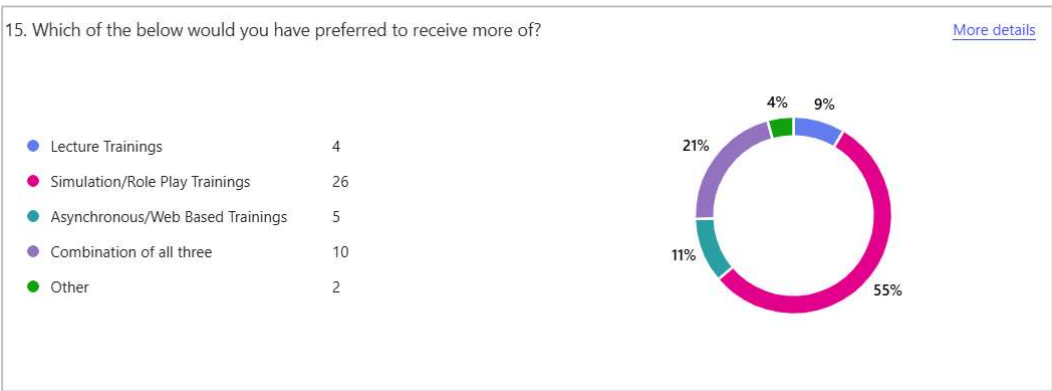
The Academy plans to strengthen the collection and analysis of this data in the coming year by collecting scoring data from the trainers. Responses are currently rated with the use of a rubric and scoring criteria but not collected and

compiled for analysis. We will begin collecting the scores in a standard format to see more globally how many trainees are meeting the expectations of these test elements.

Formal feedback is provided to the participants' supervisors via "Observation Form" two months after the start of training and "Test Rubric" after the final test. These brief assessments provide information to supervisors about the social worker's attendance, participation and professionalism in the classroom, test results and completion of in class assignments.

During this period under review, a Post Pre-Service Survey was created. This survey was implemented in February 2025 and sent to participants who completed Pre-Service training starting with Group K 2024 (graduated September 2024). This survey will help in determining the pace of trainings, preferred styles of trainings, most helpful trainings to do the job, and suggestions. This survey is distributed approximately one week after the final exam. The Post Pre-Service Survey will be administered on an ongoing basis and reviewed regularly to support continuous improvement efforts related to program delivery, scheduling, and the overall learning experience for newly hired social workers. Feedback will also inform the development of simulations and role-play activities designed to enhance learning outcomes for adult learners.

Thus far, 49 responses have been received with some of the outcomes below:





One of the questions: What do you wish would have been done differently:

- “Simulation exercises for each day”
- “The training should be done with a case throughout. (i.e. investigation, intake, case planning, ACR, perm plan) this will allow a trainee to understand the entire scope of responsibilities.”
- “I wish we had more simulations because I feel that was when a lot of my class learned the most. The hands-on experience during the simulations offers better guidance on how to approach and handle certain situations when in the field.”
- “I think that there should be more simulation training because I think those were the ones that were the most fun and most of real-life experiences is lacked.”

During this period under review, a New Social Worker Support group was piloted, beginning in April 2025. This will be comprised of five sessions to support new social workers by fostering resilience, building foundational skills, and creating a supportive peer community. This group aims to create a secure base where new social workers can navigate the complexities of their roles, share experiences, and develop critical skills necessary for their personal and professional growth. This is being piloted in one identified area office with the hopes that it can be implemented in other area offices.

The Academy is in the process of developing a transfer of learning guide in collaboration with the area office partners. Trainers have contributed a range of transfer of learning activities designed to be implemented within the area offices to complement the classroom training. These activities, aligned with each training session, will be compiled into a comprehensive document and presented to a core group of training supervisors and program managers for feedback. Once the guide has been finalized, it will be distributed to all area offices for implementation. Additionally, the Academy will continue to gather feedback from trainers, training supervisors, and program managers during statewide collaborative meetings to ensure the guide remains effective and relevant.

Regional Resource Group Orientation Series

In the current period, enhanced efforts were maintained to provide newly hired members of the agency's Regional Resource Group (RRG) with a formalized orientation/on-boarding training program to the Department. 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, **one** newly hired RRG employees participated in the Orientation Series.

The classes include but are not limited to the following:

- Mandated Reporter Training
- Child Protection and Testifying 101
- LINK for Non-Caseload Carrying Staff
- Child Safety Practice Model (CSPM) & Structured Decision Making (SDM) Day 1 & 2
- Advancing Racial Justice within Child Welfare Practice Day 1 & 2
- Legal 1
- Permanency Series: Day 1, 2, & 3
- Intimate Partner Violence Day 1 & 2
- Substance Use Day 1 & 2
- Child Trafficking Day 1 & 2
- What You Need to Know About Serving Children with Developmental Disabilities

New Legal Employee Orientation Series

In the current period, an orientation series was maintained for new legal employees, including attorneys and paralegals. Similar to the RRG Orientation Series this series is composed of facilitator lead and self-guided courses that are intended to align with legal employees' specific duties and responsibilities. During the current period, **seven** newly hired legal employees participated and/or are participating in the Orientation Series. The list of courses in this training series include but are not limited to:

- Mandated Reporter Training
- LINK for Non-Caseload Carrying Staff
- Structured Decision Making (SDM)/Child Safety Practice Model (CSPM) Day 1 & 2
- Legal 1, 2, & 3
- Permanency: Day 1, 2, & 3
- Intimate Partner Violence (IPV) Day 1 & 2
- Education
- Introduction to Substance Use Disorders Day 1 & 2
- Sexual Abuse Day 1 & 2
- Child Trafficking Day 1 & 2
- What You Need to Know About Serving Children with Developmental Disabilities

New Centralized Transportation Unit Orientation Series

In the current period, an orientation series was maintained for new Centralized Transportation Unit (CTU) employees (drivers). Similar to RRG and Legal Series, this is composed of facilitator lead and self-guided courses that are intended to align with the employee's specific duties and responsibilities. During the current period, there were **three** newly hired CTU drivers who participated in the Orientation Series. The list of the courses in this training series include but are not limited to:

- Mandated Reporter Training
- Trauma Toolkit
- Substance Use
- Crisis Intervention
- CPR/AED & First Aid/Blood Borne Pathogens
- Car Seat Safety

The Academy is in the process of creating Worker Safety and De-Escalation training/simulation geared towards new and current CTU drivers.

Item 27: Ongoing Staff Training

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 27 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews showed that although Connecticut has a catalog of ongoing in-service training and standards for the amount of ongoing training required the state recognizes there are gaps. The state is unable to produce useful reports to track staff compliance with training requirements and does not have an effective way of evaluating the effectiveness of the ongoing training.

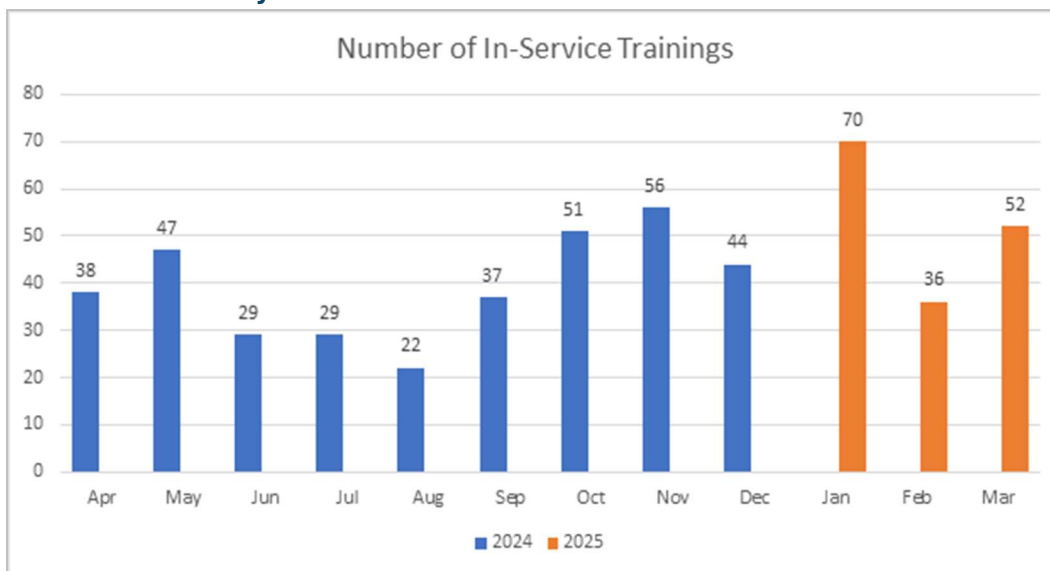
Assessment:

1. What is the established curriculum, if any, for ongoing training? What are the timeframes?

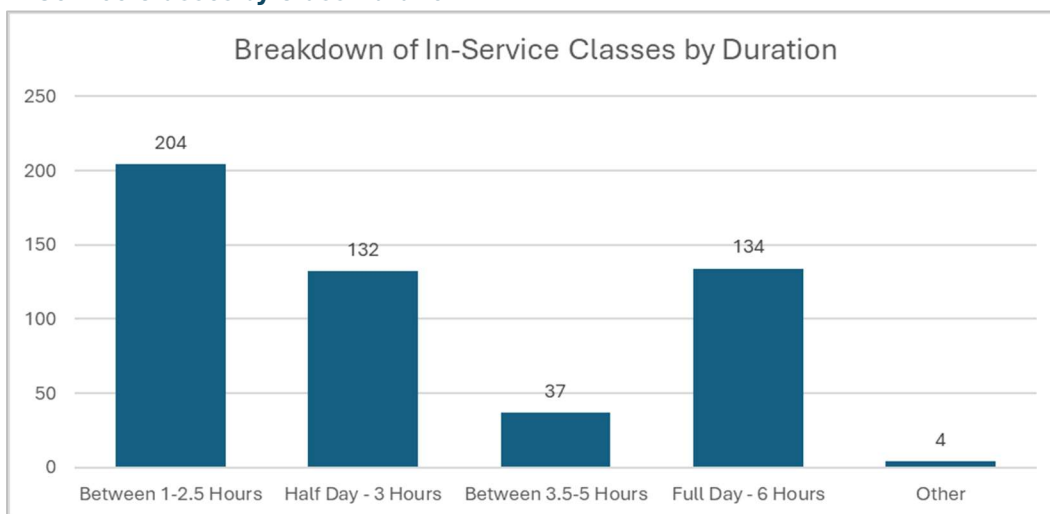
IN-SERVICE TRAINING FOR STAFF

The Academy continues to provide relevant and timely learning opportunities to enhance 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. Per agency policy, staff are required to take 30 hours of in-service training per year. The Academy, using the Learning Management System (LMS), has created a database which tracks the training hours for the workforce. Staff have been oriented to the database and have been provided with video tutorials that assist them in navigating how to access the reports, and how to enter training into the system, including approved training offered outside the Academy. This data is run quarterly, Staff can access their individual training reports at any given time. Staff who are responsible for creating yearly performance appraisals are encouraged to review their staff training compliance to reference in the appraisal. During this 2024-2025 fiscal year, the Academy offered 511 unique in-service training sessions. Below find a chart summarizing the number of in-service classes held per month for this State FY to date.

Number of In-Service Classes by Month and Year:



Number of In-Service Classes by Class Duration:



Note: "Other" is any class that is less than 1 hour or more than 6 hours

Number of In-Service Classes by Month and Year:

Month	2024	2025	Grand Total
Jan		70	70
Feb		36	36
Mar		52	52
Apr	38		38
May	47		47
Jun	29		29
Jul	29		29
Aug	22		22

Month	2024	2025	Grand Total
Sep	37		37
Oct	51		51
Nov	56		56
Dec	44		44
Grand Total	353	158	511

Number of In-Service Classes by Class Duration:

Row Labels	# of Classes
Between 1-2.5 Hours	204
Half Day - 3 Hours	132
Between 3.5-5 Hours	37
Full Day - 6 Hours	134
Other	4
Grand Total	511

Training Data Note:

The report includes training data from 4/1/2024 to 4/1/2025. A cutoff date of 4/1/2025 was applied to ensure the inclusion of the most recent full month of completed training data. This was necessary as the report's data collection and analysis period occurred partway through April 2025. Any data beyond the 4/1/2025 cutoff is considered projected data.

2. Is the staff completing the established curriculum?

For the current review period and for active staff, the Department is at 18% completion rate as an agency. It is important to note we are just about 2/3 (66%) through the 1-year review period. If we look at the Year-Over-Year Change as a percentage, the Department has made a 50% increase Year-Over-Year. Since the creation of this database during this period under review, we have developed a plan to send the information out to senior leaders on a quarterly basis. Those who complete performance appraisals can speak to compliance within the document and devise a plan to rectify the situation if needed. Focus groups held with DCF staff as part of the self-assessment process indicated that completion of ongoing training is easier for staff in some roles (i.e. Regional Resource Group) because their schedules are more flexible than line staff. Line staff stated it is very difficult to attend training as they feel they do not have enough time with full caseloads, and that there remain discrepancies between practices taught in training compared to how they are operationalized in the field. Staff felt that more skill-based training would be helpful (i.e. mock interviews with difficult clients where strong engagement skills are needed), as well as continuing to increase the offering of CEU credits to maintain licensure status.

To assist staff with completing the required hours, the Academy issues a quarterly training catalog to the entire agency. This catalog provides a robust offering of in-service courses for staff to take either in-person, or asynchronously full day and half day courses. Training courses are conducted by Academy trainers, managers, and adjunct trainers from within the agency or in the community.

Area offices, central office, and the facilities, have the ability to offer in-house training to their staff. Since this period under review, they have been equipped with a training request form. This is completed to ensure that the requested training is documented in the SABA system to capture accurate the training timeframe, training hour totals and staff attendance.

2024-2025 TRAINING YEAR

During the 2024 - 2025 training fiscal year, the Academy started the processes in expanding our training catalog by including training offerings to non-frontline DCF social workers, such as our clinical staff. The Academy also focused on developing the Fatherhood Series/ Fatherhood Microlearning Labs.

The Academy is in their final stages of piloting Fatherhood Webinar Series with Microlearning Labs, which is set to launch in the Fall 2025 and Winter 2026. In Fatherhood Webinar Series with Microlearning Labs, topics will include:

- The History of Fatherhood
- What is a Father: Types of Fathers
- Fatherhood Engagement
- Understanding Systemic and the Intersectionality of Fathers
- Understanding the Barriers in Fatherhood Engagement
- The Influence of Society and its Impact on Fatherhood
- Key Principles of Trauma Informed Care for Fathers Involved with CPS
- Working with Adolescent Fathers in CPS
- Working with Incarcerated Fathers in CPS
- Social Connections and Development of the Fatherhood Legacy Plan
- Gaining Mother's Support when Engaging Fathers
- The Fatherhood Panel: Real Life Experiences Shared

At the end of the Fatherhood Webinar Series, participants will be involved in an in-person simulation training with real fathers who had DCF involvement. The training participants will be expected to apply all the information they learned from the Fatherhood Webinar Series and Microlearning Labs and apply this knowledge to their simulation roleplay activity.

In addition to the Fatherhood Webinar Series and Microlearning Labs, the Academy also created a Differential Response Services (DRS) Fatherhood Training for new intake social work staff. This training provides a deeper understanding of the psychology of boys and men and how social work intake staff can prioritize their emotional needs during the initial assessment. The DRS Fatherhood Training assists intake staff in reviewing the importance of fatherhood engagement in CPS intake. New intake staff will also learn how to create an environment of collaboration and support among community resources. Finally, this training will hear from a panel of fathers who will share their experiences of the DCF intake process.

Concurrently, the Academy focused on meeting the training needs of our non-frontline DCF social workers, such as, our clinical staff. The Academy met with the DCF Clinical Staff to obtain a deeper understanding on their clinical trainings needs. Base off this meeting, the Academy was able to offer 13 new trainings base of off their clinical training recommendations. The new trainings the Academy were able to provide were:

- Learning From Lived Experienced of Those with Suicidal Thought: Reduce Stigma by Discussing Lived Experience and Systems to Support Individuals' Series-Adult Version and Youth Version
- Be Sensitive Be Brave: Mental Health and Suicide Prevention Training
- The Project Find: Forensic Interviewing for Individuals with Disabilities Training
- The Autism Awareness Series
 - Understanding Autism
 - Resources For Individuals with Autism Spectrum Disorder
 - Living On the Spectrum
- Youth Fire Setting: What We Need to Know to Help Them Training
- Motivational Interviewing (Partnered with The Office of Community Behavioral Health, Substance Use and IPV & Recovery Division and Faces and Voices of Recovery)
- Motivational Interviewing Training of the Trainer

- Advancing Harm Reduction Approaches Training (Partnered with The Office of Community Behavioral Health, Substance Use and IPV & Recovery Division and Faces and Voices of Recovery)
- The Drug Testing in Family Systems Monitoring: Understanding the Comprehensive Aspects of Urine Drug Testing (UDT) ((Partnered with The Office of Community Behavioral Health, Substance Use and IPV & Recovery Division and the Opioid Response Network)
- Emotional Intelligence Foundations Training
- Meditation In Social Work

In response to the fentanyl epidemic, the Academy partnered with DHMAS to provide all DCF staff with the Understanding Fentanyl Training. All DCF staff received an in-person 3-hour training that identified the risks of fentanyl use and exposure, ways to recognize and reduce risk of overdose, and tools for assessing families affected by opioid use disorder.

The Academy also partnered with the CT Drug Control Division who works to protect the health and safety of Connecticut residents by regulating all persons and firms involved in the distribution of all legal drugs, medical devices, and cosmetics in Connecticut. The CT Drug Control Division offered the CT Drug Control: Illicit and Illicit Substance training. In this training, participants were able to identify and articulate the observable signs of substance impairment. Participants learned the new terminology related to substance use. A portion of the training offered licit and illicit substance exhibits. Participants viewed the appearance, packaging, and common street names for licit and illicit drugs. Finally, participants were able to describe different licit and illicit substances and their effect.

Finally, the Academy also partnered with the Office of Community Behavioral Health, Substance Use and IPV & Recovery Division and Faces and Voices of Recover to provide all DCF Staff with The Recovery Series: This 4-part webinar series explores the key topics for creating recovery-ready workspaces in 2-hour sessions on these topics:

- What Is the Recovery Ecosystem?
- Building Recovery Capital
- Recovery-Friendly Workplaces
- Policy Barriers And Solutions

Another identified training need the Academy focused was on the topic of safety (being safe in the community and addressing safety with the families). The Academy partnered with CT State Police to offer DCF Staff the Social Media Awareness for DCF Staff Training. This training focused on the personal use of social media in a manner that mitigates risk to the personal safety of DCF staff and their families

The Academy provided the Safety Practice Model Microlearning Lab (MLL) which provided DCF staff with opportunities to revisit how the A-B-C-D Child Safety Practice Model is used, gain additional insight into how to utilize discussion guides to deepen conversations between all stakeholders and to recognize the differences between safety and risk. These Micro Learning Labs oriented participants to the DCF Safety Practice Model, and how to utilize the associated Discussion Guides and Practice Profiles. Upon completion of this series, participants understood the primary objectives of the model, identified the eight guiding practice commitments, and understood the A-B-C-D paradigm and other key features. A narrated power point, discussion questions, case vignettes, and structured transfer of learning activities were utilized to engage participants and develop skills. Topics included:

- Overview The Safety Practice Model Micro Learning Lab
- Safety Practice Model Safety Vs Risk Micro Learning Lab
- Safety Practice Model Discussion Guides Micro Learning Lab

Another consistent training need that is often identified is on the topic of writing skills. There were three new writing trainings the Academy offered during this 2024-2025 fiscal training year:

- Microlearning Lab- The Process Following a Removal: Steps to Do After A 96 Hour Hold /Order of Temporary Custody: This 60-minute microlearning lab session provided concrete steps for social workers to complete following a removal. When completed the next steps accurately can contribute to the safety for both DCF staff and the child. In addition, it provides transparency of what to expect next to the parents and caregivers.

- Clear And Concise: Perfecting Your Note-taking Enhance Notetaking Skills of Agency Administrators, To Improve Accuracy, Efficiency and Usefulness of Meeting Documentation: In this in-person training, participants learned how to capture key information, organize notes effectively, and use those notes to follow up on critical action items. The workshop was designed comprehensively to meet the needs of administrative staff looking to enhance their note-taking skills.
- One to One Writing Tutoring Workshop

In addition to writing skill base trainings, the Academy also receives a lot of training request regarding the utilization of Excel. In response to these training requests, the Academy offered the Excel Training Series. The Excel Essentials Series was designed to equip all DCF staff with essential and advanced Excel skills to enhance productivity and efficiency. This series consisted of five comprehensive sessions, each focusing on key aspects of Excel, from basic navigation to advanced data analysis. Participants gained hands-on experience through practical exercises, ensuring they can apply their new skills immediately in their daily tasks. To reinforce learning, each session included homework assignments and optional "office hours" for additional support. The following topics were covered in the Excel Training Series:

- Session 1: Introduction to Excel
- Session 2: Working with Formulas
- Session 3: Pivot Tables
- Session 4: Conditional Formatting, Charts, and Collaboration
- Session 5: Printing and Advanced Tips & Tricks

FOCUS GROUP FINDINGS

To further assess the impact training has on staff learning and development, the Academy continues to conduct focus groups for training series and statewide trainings. The focus groups center around soliciting feedback from staff on a specific training topic to determine if the content gave them the skills, knowledge and competencies needed to fulfill tasks specific to their roles. Training participants feedback was sought on six main areas:

- key skills and behaviors learned.
- comfort with skills and behaviors.
- application of skills and behaviors
- factors that support use of skills and behaviors
- factors that impede use of skills and behaviors
- impacts on children and families

Two focus groups were also held with recent participants in November 2024 for The DRS Series and The Transitional Age Youth Series. The feedback was positive as it related to the training experience and knowledge acquired to be successful in their role. Some respondents did note that practice varies in their area offices and at times they found it difficult to integrate their learning into practice due to these limitations. Focus group results will be used to collaborate with area offices to strategize and implement supervisory procedures aligned with policy and best-case practices.

Focus groups were also held in April 2025 following the fall 2024 statewide roll out of the Naloxone Administration Training. Most participants indicated that they felt the training prepared them to administer naloxone to someone in the event of an overdose. The primary barrier was not being provided naloxone doses to carry with them in the community.

Additionally, the use of a pre/post quiz for training series began in the summer 2024/fall 2024. The quizzes are 5-10 question multiple choice forms. A pre-quiz is completed at the start of the series. Participants will take the same quiz on the last day of the series. The goal is to see improvement in the average score at the end of the series to demonstrate knowledge acquisition.

The use of the Two-Month transfer of learning survey will also commence during this reporting period. Participants will receive a one question survey about two months after they complete the training series to gather information about how participants are using what they learned in practice. The survey asks, "Please provide an example of how you are using the knowledge gained from the training in your day-to-day work." This has been piloted in other series with limited

results as the response rate is low. However, any feedback that is provided will be reviewed and carefully considered to enhance the training experience in the future. Participants in the summer 2024/fall 2024 series.

DIFFERENTIAL RESPONSE SYSTEM (DRS) SERIES FOCUS GROUPS FINDINGS:

In November of 2024, there were two focus groups conducted with 16 DRS training participants. The overall findings concluded that during the DRS:

- Participants learned how to be empathic and attentive and learning to listen to the families. Learned how to documentation and utilizing time appropriately.
- The importance of supervision and time management is a skill that needs to be practiced.
- Found the handouts/resources (best practice) and the role plays all beneficial to the learning process.
- The whole DRS onboarding process was helpful.
- Utilizing ABCD Paradigm and Safety Assessment.
- Fatherhood Engagement begins in Intake.
- Minimal Facts Training was essential.
- Applying to work "It's finally making sense" could recall what was learned and apply it to the situation.
- Inconsistent supervision, regional protocols, and lack of resources were noted as challenges.
- Workers highlighted the need for agency support to assist families effectively.
- Limited Spanish-speaking staff creates strain on coworkers acting as interpreters.

TRANSITIONAL AGE YOUTH SERIES (TAY) FOCUS GROUP FINDINGS

In November of 2024, there were two focus groups conducted with 3 TAY Series training participants. The overall findings concluded that during the TAY Series:

- Understanding how trauma can impact a developing brain is imperative when working with youth.
- Learning that healthy risk taking is an essential life skill for youth to practice.
- Engaging youth in case decision making is an ongoing task.
- All youth needs to have a voice in their case planning.
- Permanency needs to be established for the youth.
- Onboarding was helpful; comfort level improved as experience increased. Clarity in applying training concepts grew over time.
- Reviewing family history before field assignments was recommended for better addressing needs, while emphasizing a racially just lens.

YOUTH CONSULTANT

During the 2024-2025 fiscal year, there is currently only one Academy for Workforce Development Youth Training Consultant. The AWD Youth Training Consultant reviewed the Academy's pre-service and in-service training to ensure staff are receiving the tools and information needed to meet the youth population. The AWD Training Consultant also led her voice to the pre-service curriculums and to the TAY Series. Finally, the AWD Youth Training Consultant recorded a video sharing her firsthand experience on when DCF became involved in her life. This video will be used in the pre-service curriculum for new social worker trainees to view.

UPCOMING 2025-2029 FUTURE IN-SERVICE TRAININGS

For the upcoming 2025-2026 training year, the Academy will continue to expand the training catalog by including training offerings for non-frontline DCF social workers. In addition, the Academy is exploring the usage of virtual reality/ virtual simulations to assist intake staff in assessing safety and risk. Currently, the Academy is in the beginning stages of creating a training course on Interviewing Training.

Initial Training for New Supervisors

1. **What is the established curriculum, if any, for new supervisors? What are the timeframes?**

Leadership Programs

Leadership Academy for Middle Managers (LAMM)

The Connecticut version of the Leadership Academy for Middle Managers (LAMM) 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 our 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 have an opportunity to present their change initiative to the Executive team, Senior leaders, and their Super Coach. During the presentations, the LAMM participants receive feedback on their change initiative with commitments and plans from the Executive team to stand up the projects. The curriculum is taught through six total sessions. See below for session titles.

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

In March 2025, the Academy launched the 9th cohort. The program returned to an in-person format. Seven (7) managers (see below grid for the breakdown of position title, race/ethnicity, and sex) from across the agency are currently participating. The participants in the current cohort represent Central and Area Offices.

Position	Race	Sex
Program Supervisor	White	F
Assistant Legal Director	Black	F
Behavioral Health Program Manager	White	F
Program Supervisor	White	F
Program Supervisor	Black	F
Program Supervisor	White	F
Program Supervisor	White	F

Leadership Academy for Supervisors (LAS)

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 (NCWWI) Leadership Academy. The LAS provides 36 hours of self-directed online learning and five full day facilitator lead "Learning Networks" to discuss the material, apply it to their function, and network with other supervisors. Participants are also required to plan and implement a change project within the agency. 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). They provide monthly coaching sessions and ongoing support in the development and implementation of the change project. The facilitator led course titles are listed below:

- LAS: Fundamentals of Leadership
- LAS: Leading Change
- LAS: Leading in Context
- LAS: Leading for Results
- LAS: Leading People

The 2024 LAS cohort began on 09/20/24 and will continue through June 2025. The program was extended this year to allow additional time for project completion. This was based on feedback from the previous cohort. There were 16 participants at the start of the program. One had to leave the program in the early stages due to competing work demands and staffing changes. The remaining 15 are expected to fully complete the program. Participants were supervisory staff from across the agency, representing local Area Offices, Central Office, and the Albert J. Solnit

Children’s Center South. The change projects varied, but many focused-on staff retention, racial justice, and permanency outcomes. Participants cited new friendships/support systems and leadership skill development as the strongest benefits of the program.

Position	Race	Sex
Advanced Clinical Social Worker/RRG - 1	Hispanic/Latino	Female
Behavioral Health Unit Supervisor - 1	Black	Male
Fiscal Administrative Supervisor - 1	White	Female
Social Work Supervisor - 2	Black	Male
Social Work Supervisor - 2	Black	Female
Social Work Supervisor - 1	Black/White	Female
Social Work Supervisor - 1	Hispanic/Latino	Male
Social Work Supervisor - 5	Hispanic/Latino	Female
Social Work Supervisor - 1	Hispanic/Latino/White	Female
Supervising Psychologist - 1	White	Female

Leading from a Supervisory Perspective (LSP)

The Academy continued to offer Leading from a Supervisory Perspective for newly promoted supervisors. This mandatory training series is offered quarterly. Since March 2024, 31 social work supervisors began the series. It was a five full day-session series but was revised in the fall of 2024 and extended to seven full days that occur over the course of two - three months. During this reporting period, the five-day series was offered two times, and the seven-day series was offered twice.

The five-day curriculum (offered between 05/02/24-06/27/24 and 07/16/24-10/22/24) included the following topics:

- Making the Transition to Supervisor
- The Human Relationships of Supervision
- The Process of Supervision
- Supervision through Leveraging Technology
- HR: From Writing an Evaluation to Writing a Work Plan and Everything in Between

The seven-day curriculum (offered between 10/31/24-12/18/24 and 02/19/25-04/23/25) includes the following topics:

- Making the Transition to Supervisor
- Exploring the Supervisory Relationship
- Supervising for Accountability and Success
- Supervising for Quality of Services
- Supervising toward Growth and Development
- Supervision and Administrative Tasks
- Supervision as Support

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 series 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.

At the end of the series participants receive up to three coaching sessions with one of the LSP Child Welfare Trainers/Coaches. The focus of this coaching experience is directly connected to the concepts of the training series to enhance participants' capacity as an effective supervisor. This is a unique supplement to the classroom experience,

meant to reinforce the transfer of learning. For those who have participated in the coaching component, response have been very positive. Some feedback from participants is below:

A nursing supervisor utilized the coaching experience to refocus her supervision so that she was not only focused on monitoring staff's completion of tasks. Her refocus created opportunity to explore staff's understanding of policy and procedure, identify areas for growth and development, and ensure she is providing opportunity to offer support.

A Social Work Supervisor spoke about the recognition she gained through coaching of the importance of being intentional with feedback. She was able to identify how doing so would allow her to aid her staff in gaining increased understanding of their role and ability to apply their skills successfully.

The list of training competencies includes but is not limited to:

Quality of Service / Case Supervision Tasks
Review and discuss each case with the assigned worker at the time that a family is first involved with the Department, or a case is transferred
SWS ensures the quality of service provided, related to safety and safety planning using the ABCD Paradigm
Approve and review use of SDM, or ensuring the safety and risk assessment concepts are being applied in non-SDM cases
Facilitate comprehensive family assessments through the use of genograms, ecomaps, and other tools
Seek appropriate consultation on cases
Review progress made in preparation for the development or updates of case plans
Review and approve case plans including appropriateness of permanency goals and/or service goals and reviewing previous ACR
Administrative Supervision Tasks
Documentation of supervision
Ensure work is timely and in compliance with agency standards
Utilizing policy, practice guides, case examples, tools (i.e. SDM), data reports, to clarify expectations and to provide concrete guidance or directives.
Ensure appropriate management of resources for their unit
Review data at the worker and unit level and use it to manage the workflow of the unit
Attend the performance management issues (evaluation of frontline staff, address disciplinary issues, etc.)
Professional Development Supervision Tasks
Assess each supervisee's ability and needs
Ensure staff development plan is in place for each supervisee (content, skills)
Use the concepts in the ABCD Child Safety Practice Model to get focused on the meaning of the work
Model the principles and strategies in the ABCD Child Safety Practice Model in Supervision
Embrace teachable moments, when redirection is needed and can be a learning opportunity for similar situations in the future
Use effective questions to promote thinking by supervisees

Supportive “Work Life” Supervision Tasks
Be available and accessible to supervisees
Build Supportive professional relationships with supervisees
Interact with supervisees and all other colleague in ways that are consistent with the principles and strategies of our ABCD Child Safety Practice Model
Detect and respond to staff feelings regarding safety assessments and safety plans, secondary trauma, disappointing outcomes, and job satisfaction.
Build and maintain morale in the unit to enhance supervisees’ job satisfaction

2. Is the staff completing the established curriculum?

Enrollment in the series is monitored by the Academy by using bi-weekly human resources reports to identify newly promoted supervisors. They are then notified of and enrolled in the next offering of the training series. Attendance is tracked and participants are manually enrolled in the next offering of missed classes until they complete all the training sessions. Twenty-one (71%) of 31 social work supervisors began and completed the training series during this reporting period. The remaining nine social work supervisors are scheduled to attend make-up classes during the spring/summer 2025 offering of the series. They all have one or two classes to make up. Participants miss class for a variety of reasons including case related emergencies and personal time off.

3. Does the training address the needed skills and knowledge?

The effectiveness of training is assessed in multiple ways. Training evaluations are distributed electronically by utilizing scanning the Secure Quick Response (SQR) codes from a 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. Responses provide feedback about participant satisfaction, if training objectives were met, if content was relevant to their role, and what they found most helpful. The comments describe the training as "amazing" and "great". Below are additional comments about what was most helpful to participants:

- "To learn from your staff and to slow things down to gain the big picture."
- "1) professional development by assessing each need and ability of supervisee 2) Using effective questions to promote thinking by supervisee."
- "Policies around HR and payroll, how to manage different experience levels."

As mentioned above, additional evaluation tools were developed and implemented during this reporting period. A focus group for this training series was held in April 2024. Participants cited Labor Relations, generational differences, communication/conflict resolution, use of the Supervision Session Agenda, tracking reports, and peer connections as the most impactful topics of the series. Most felt that their comfort level with their role will continue to increase over time, if they have the support from their chain of command. Many participants identified ways in which they applied their learning to practice, such as using the technology tools to stay organized and recognizing different learning styles. In terms of challenges, many reported offices culture, lack of support from manager, and differences between policy and area office practice as factors that impede their use of learned skills. Participants stated that proper supervision has a positive impact on the work with children and families. This feedback influenced the expansion of the series to seven days. Pre & Post quizzes were also used with training groups. The average pre-quiz score was 72% and post-quiz was 89%. This is a 24% improvement. This final tool is the Two-Month Transfer of Learning Survey. Only 10 people responded to this survey, all reporting to be using at least some of the knowledge they learned. The focus groups and surveys both yielded low participation despite multiple outreach and reminder attempts, however useful information was still gleaned from these efforts.

L.E.A.D Mentoring Program

The mentoring program provides an opportunity to assist 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 the agency.

Mentees meet at least monthly with their mentor. They also have opportunities to shadow senior leaders, participate in mock interviews and learn about the legislative process and other areas of agency focus. Mentees are strongly encouraged to design and implement a project throughout the program, with the support and guidance of their mentor. Program criteria was expanded for the 2024-2025 cohort, to include staff throughout the agency, not just P-2 employees.

The participant goals of the Mentoring Program include:

- To increase organizational commitment
- To build leadership capacity
- To increase retention via advocating, building, supporting, and impacting areas of job satisfaction
- To navigate and negotiate within DCF and the community.

Mentees must meet the following qualifications:

- Demonstrate an active commitment to career/personal development.
- Be motivated to learn and be open to ideas, change and feedback.
- Have identified short and long-term career goals.
- Completed an initial working test period and be in, at least, the second year of service.

Mentors must be a manager with the Department and have:

- Solid, successful experience with Department
- Genuine interest in the program
- Demonstrated ability to develop employees.
- The willingness to commit time to the program.
- Eagerness to share career experience.
- Coaching, feedback and listening skills.

The 2024-2025 mentoring program cohort began on September 10, 2024, with 25 mentees and 25 mentors. Of the mentees, 22 are social workers, one is a Social Work Supervisor, one is an Equal Employment Opportunity Specialist, and one is the Statewide MDE Program Coordinator. The demographic make-up is below:

Race/Ethnicity	Female	Male	Grand Total
Black	11	1	12
Black/Hispanic	1	1	2
Hispanic	3	1	4
White	5	2	7
Grand Total	20	5	25

The theme for this year's cohort is "*Mirrors Up: There's More to Me than You See*". This theme was selected to explore the importance of self-reflection in leadership development. Three mentees did not complete the program, two left the agency and one chose not to continue. The cohort will end in June 2025. Several mentees in the current cohort have chosen to work on a project. Selected projects will be presented at the closing ceremony to an audience including the Executive Team and other senior leaders. Some of the topics include:

- Implementation of Federal Substance Endangered Children (SEC) guidance with assigned outposted Police Departments
- Development of a brochure for families whose CPS cases are transitioning from the investigation unit to an ongoing service unit.
- Enhancing Staff Retention and Knowledge through a Structured Mentorship
- Implementation of a model focused on Work Group Connectedness, via *Virtual Coffee Hours*

- Design a structured, supportive, and efficient process to ensure consistent care, stability, and meaningful activities for children and youth during placement disruptions, while aiding social workers in managing their caseloads effectively.
- Increasing spiritual and religious competence and understanding the impact religion has on parenting and family dynamics.
- Evaluate whether the Department's case transfer process causes delays in safety assessments and family engagement, identify areas for improvement, and develop a formalized process with supportive timeframes to enhance efficiency and minimize gaps in safety assessments.
- Strengthen employee resilience, wellbeing, and boost workforce engagement and retention.

Coaching

Each trainer supports at least one region of the state in addition to pre-service training groups. They were historically referred to as the area office and/or pre-service group liaison. With the integration of coaching into our practice, we shifted the language away from liaison and are now referring to the trainers as area office and/or pre-service group coaches. Trainers are often called upon by the area offices to support individualized one-to-one training requests. Coaching can be an effective tool in these situations to support staff development and learning. The plan for each request is customized to the needs of the referred staff and their supervisor.

Coaching has formally been added to the Leading from a Supervisory Perspective (LSP) training series for new supervisors and is discussed in detail in the LSP section of this report. Coaching is available on a voluntary basis for the Transitional Aged Youth training series and the Supervising Trainees in-service course.

In partnership with the Danbury Area Office, the Region 5 Academy Coach designed an office specific coaching program for ongoing services social work supervisors. The coach facilitated monthly three-hour topic specific group coaching sessions in the morning and was then available for drop-in individual coaching sessions in the afternoon. These sessions occurred in December 2024, January 2025, and March 2025. The group coaching topics included Time Management, Communication, and Use of Technology; Strengthening Case Planning through Supervision; and Assessing Safety & SDM. Several supervisors also engaged in the individual coaching sessions, focusing on topics such as developing tracking systems and use of technology, accessing and using data, and supporting staff with work plans. The feedback from the supervisors and office director was positive. This model will serve as a pilot for use with other offices in the future.

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

Employed Social Work Placement (ESWP) (Formerly MSW Field Program)

The ESWP 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 internship work within their regular 40-hour work week. Employees must have at least two years of employment with the agency to participate.

A major component of the program is that it allows the social workers to use their place of employment as their placement, while maintaining their current caseload within their current unit. A practicum 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 they are 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.

Participants are provided with an external practicum instructor to help students apply classroom learning to practice. Through the internship placements, students are provided with weekly 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 with families. Examples of this include attachment, psychodynamic theory, trauma theories, family systems, CBT interventions. The interns provide regular process recordings to evaluate their work in the field and classroom assignments as they relate to their practicum experiences at DCF. They are required to integrate psychological and social theories in their case formulations to enhance their approach to daily case management tasks and how they engage with families. The interns pay closer attention to countertransference and transference in their relational work.

There were four participants accepted in ESWP for the 2024-2025 academic year (one Black male, two Black females and one Hispanic/Latino female).

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 paid educational leave 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 2024-2025 cohort was comprised of four employees (three White Females, one Black female). They all reported having positive and valuable experiences in their respective internships.

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 complete their degree in this work-friendly cohort model. Participants are guaranteed registration in online, weekend, and evening course offerings so there is no conflict with the workday. They also complete practicum education requirements following the employee internship program models described above. The first year of practicum follows the GES model. The second year follows the ESWP model. Students complete their degree in five semesters.

There are three active cohorts during this reporting period. Cohort 2023 is in their final semester and are expected to graduate in May 2025. This fourth cohort has one remaining member, a Black male. This cohort originally had four participants. Two of the Hispanic females took leaves of absences from the program due to individual needs and joined the 2024 cohort in the fall. The third Hispanic female withdrew from the program due to financial barriers.

The fifth cohort (2024) consists of one new member (a White female). She was joined by the two Hispanic females from the 2023 cohort in the fall. They are all completing their external internship in the spring of 2025. All three are expected to graduate in May 2026.

The sixth cohort (2025) began classes in January 2025 with four members (all female, 2 Black, 1 White, 1 Hispanic/Latino). One of the Black females withdrew shortly after the semester began due to personal matters. Students acknowledge the challenges related to balancing work, school, and personal responsibilities. They wish they had more time to devote to any one obligation. Despite this, they are committed to meeting their academic and professional goals. They are finding ways to make connections between classroom learning and the work with families.

Non-Employee 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.

Unpaid Regular Internship Program

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. In the current reporting period, the internship program provided placements to 25 unpaid interns across fourteen area offices and central office. Interns are assigned a supervisor to provide weekly supervision. Supervisors 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 supervisor to 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 is designed to provide supervisors with the knowledge and skills to facilitate a quality educational experience for students.

UConn/DCF MSW Stipend Program

In true Partnership, the DCF and UConn School of Social Work (SSW), provides shared stipend opportunities (\$2000 from DCF and \$2000 from UConn) for up to 5 non-DCF UCONN MSW students, entering their final year, to complete an internship at DCF. Upon successful completion of the program, interns are 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. The 2023-2024 cohort had two participants (White females), both of whom were hired in the summer of 2024. Three students participated in the 2024-2025 cohort and are expected to graduate in May 2025. These students were all female, one White, one Black, and one White/Hispanic. The 2025-2026 cohort is comprised of 3 students, one Black female, one Asian female, one Middle Eastern or North African male. They will begin their placements in the fall 2025.

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 in an area office where they receive orientation, training, supervision, and real-time experience handling child welfare activities. The stipend students are provided with a \$4000 stipend to offset the cost of their education. Upon graduation and receiving a recommendation from their agency supervisor, students must repeat a background check. If successfully completed, students are prioritized in the hiring process. If no positions are available within 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. Like the UCONN DCF Partnership, 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. There are ten stipend interns for the 2024-2025 academic year, (one Black male, one Black female, one Hispanic female, two White/Hispanic females and five White females). Five of these students are deferring employment to attend an MSW program. The others are expected to begin employment with DCF over the summer.

UConn/DCF BSW Child Welfare and Protection Track

The Academy in partnership with UCONN School of Social Work continued to offer this program which is designed to prepare those students with specialized knowledge and experience in child welfare and protection services to meet the needs of Connecticut's Hispanic/Latino families served by DCF. This partnership serves as a pipeline for students who have an interest in working for DCF in the future. Students complete their senior internship at DCF which satisfies their internship requirements. Students who successfully complete all requirements of the program receive a stipend at the end of their senior year. Those in the first cohort were given priority hiring status. Starting with the 2022 cohort, students are required to apply for a position at DCF and agree to work for at least two years, like the other stipend programs. The second cohort began with three students. Both graduates from the 2022 cohort began working for the Department in the summer of 2023, and are thriving in their roles. Cohort 2023 is comprised of two Latina females. They both report having a rich internship experience and are preparing for graduation. One student will defer employment for a year to

complete an Advanced Standing MSW program. The other student began employment with DCF during the summer 2024. There were no applicants for the 2024 cohort, but three Hispanic/Latina females were accepted for the 2025 cohort. Their internships are expected to begin in the fall 2025.

CCSU/DCF BSW Child Welfare Experiential Learning Program

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 families. This partnership serves as a pipeline for students who have an interest in working for DCF in the future. Participants 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. Participants earn a \$250 (cost split by DCF and CCSU) stipend for successful completion of this. Participants then enroll in senior year practicum and complete an internship at DCF for 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. In January 2024, a second student, a Hispanic female, began the program and is completing her senior internship as stipend intern during the 2024-2025 school year. There have been no additional applicants to the program. The agency continues to partner with the school to strategize increased enrollment.

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 \$7 million per federal fiscal year. Approximately 89% of the Academy pre-service courses are reimbursable at 75% while approximately 11% are reimbursable at 50%. Approximately 61% of The Academy's in-service courses are reimbursable at 75% while approximately 35% are reimbursable at 50%, and 4% 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 guardian's either 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).

Item 28: Foster and Adoptive Parent Training (Including Staff of State Licensed or Approved Facilities)

Description of Systemic Factor Item: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Prospective foster parents, adoptive parents, and staff receive training pursuant to the established education requirement and timeframes for the provision of initial training; and
- Current foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews described comprehensive initial training for non-relative foster and adoptive parents. The completion of the training is a condition of licensure. The training was reported to be helpful in preparing foster and adoptive parents. However, the statewide assessment and stakeholders both reported that kinship foster parents receive significantly less training than nonrelative foster parents. Although the state tracks training for licensed providers, the data show that training is not completed consistently, and the agency does not enforce consequences for non-completion.

The Round 3 PIP set several goals to enhance foster care post-licensing training:

- Better assess and align training to foster youth and foster families' needs.
- Improve the methods by which foster parents are notified of post-licensing training opportunities.
- Better track training compliance, and
- Implement pre- and post-testing for foster parent training.

Assessment:

Initial Training Requirements for Foster and Pre-Adoptive Parents

Prospective foster and pre-adoptive caregivers are required to complete pre-licensing training as a condition of licensing to be entrusted with a child in care. The training model utilized for this purpose is the "Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting" (TIPS-MAPP). This model is widely considered to be informed by evidence but is not itself listed on either the California or Title IV-E Prevention Services Evidence-Based Clearinghouses as such. 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. It consists of seven modules related to child development, trauma, separation, grief and loss, partnerships in parenting, and permanency. The prospective caregivers must also complete car seat safety training and Infant/Child CPR training and certification, and online mandated reporter, Reasonable Prudent Parenting, Foster Health, Medication management, and Connecticut Children's Bill of Rights training.

The Department finalized updates to the Kinship Pre-licensing curriculum prior to 2023. However, the pilot was delayed and rescheduled for the summer of 2023. As a result of federal kinship licensing standards, the division revisited the kinship pre-licensing curriculum. It is planning to utilize the NTDC as a foundation for kinship caregivers initial and post licensing curriculum with a goal of implementation in the fall of 2025.

In CY24, 154 prospective foster and pre-adoptive caregivers were eligible for pre-licensing training. Connecticut does not have an initial timeframe to complete the required training. A child cannot be entrusted to prospective foster or pre-adoptive caregiver without a caregiver license. 90 of the 154 prospective caregivers who started pre-licensing training in CY24 completed training within 8 weeks. The initial training has provided the basic knowledge to carry out their duties in caring for children.

Responses from licensed adoptive and foster parents during a recent Focus Group show their pre-placement training experiences with DCF included a standardized curriculum, and specialized programs through the Connecticut Alliance of Foster and Adoptive Families (CAFAF) and private providers. Many found the training to be general, pointing to a need for more skill-specific learning and better preparation for maneuvering within the DCF system itself. A "How to Navigate DCF" training was suggested. The most valued aspects of training were engaging with experienced foster parents and receiving education on various topics.

However, licensed parents consistently recommended enhancements to training content to include more practical guidance for dealing with the unique challenges of foster and adoptive care, as well as more opportunities for learning directly from those with lived experience in the system. (CAFAF foster parent mentor program). Support groups were also identified as being of particular assistance.

Ongoing Training Requirements for current foster and adoptive caregivers

Current foster and pre-adoptive caregivers must complete a set of required post licensing training within each 2-year licensing period. The training can include, but is not limited to, classes, conferences, symposiums, literature review, on-line courses, or other types of training. As mentioned in a previous section, the existing data is incomplete and unreliable. 651 foster and pre-adoptive caregivers were due for license renewal CY24. The database indicates 11% met the requirement and 9% partially met the requirement. Anecdotally, the support provided by each caregiver assigned social worker along with cross divisional team and the ongoing children needs assessment, are factors that contribute to the caregiver's ability to carry out their duties.

Post Licensing Training for Foster and Pre-Adoptive Parents

The Department offers several platforms to meet the post licensing requirement: courses managed through the contracted provider, Connecticut Alliance for Foster and Adoptive Families (CAFAF), the web-based portal through Foster Parent College, Functional Family Therapy Foster Care (FFT FC), and the Office of Academy for Community Partners. Tracking compliance for post-licensing training, however, continues to be a technological challenge. With the assignment of Foster Care Quality Improvement Program Supervisor, the division uncovered concerns with data accuracy and various staff interpretation of the post licensing policy requirement. In addition, IT was updating the SharePoint application to 365 which created a momentary barrier. At the end of 2023, IT created a temporary data solution which is under implementation and will be active until the SACWIS is up and running. In addition, the FCD policy was revised in fall 2024 and approved spring of 2025. In the fall of 2004, the division implemented the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents as the statewide curriculum for pre and post licensing training.

The Department continued its partnership with CAFAF to develop additional elective post licensing training modules for foster families and offered 60 courses including topics such as *Circle of Security Parenting with Foster Parents*; *What is QPI? Dealing with Stress in Uncertain Times*; *Trafficking*; *Parent Partnering*; and *Adapting to Changes and Transition in the Foster Home*. CAFAF typically trains over 1000 individuals across more than 200 courses offered by the agency. 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.

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,

Functional Family Therapy Foster Care (FFT FC) contracts were awarded to nine Child Placing Agencies on 8/15/2022. The implementation of FFT FC began on 9/1/2022 with a three-year implementation plan.

Each dyad, or FFT FC team, receives weekly clinical consultation in accordance with implementing an Evidenced Based Practice. Each of the FFT FC programs has at least two site visits with FFT FC clinical consultants. Site visits are opportunities for therapists and clinical supervisors to receive direct consultation with consenting families and youth.

FFT FC tracks data on six Key Performance Indicators:

1. Learning and Training,
2. Service Delivery
3. Case Completion and Outcomes
4. Clinical Decision-making Tools and Utilization,
5. Model Fidelity,
6. System Level Reporting.

All TFC Foster Parents receive 30 training hours of the Department's approved pre licensing curriculum. The Contractor is required to ensure all Foster Parents receive mandated reporter training, CPR certification and complete the DCF on-line Fostering Health training. In addition, foster parents receive 3 training sessions specific to providing FFT FC. Each session is 2 to 3 hours in duration. The Contractor provides a minimum of 2 hours of child specific training based on the child's clinical presentation within 30 days of the placement. The Contractor provides ongoing Psychoeducation to Foster Parents as the child's behavioral health needs evolve. The Contractor is responsible for tracking and monitoring all training hours completed. Lastly, The Contractor must ensure Foster Parents are knowledgeable as to the Reasonable and Prudent Parent Standard.

The Contractor provides Foster Families with 9 monthly support groups annually. 3 of the 9 must be specific to FFT FC skill building and model fidelity, the remaining 5 will provide an opportunity for mutual support and psychoeducational training. Foster Families are required to complete no less than twenty-eight (28) hours of post-licensing training per year. Support groups and child specific training will count towards fulfillment of the 28 hours. The Contractor maintains documentation as to the number and topics of training hours completed.

Staff of DCF Licensed or Approved Facilities

The Licensing Unit of the Department of Children and Families is responsible for the licensing of privately-operated child caring (congregate care) facilities, child placing agencies, extended day treatment facilities, and outpatient psychiatric clinics for children. The Licensing Unit shall also be responsible for monitoring these facilities and agencies for compliance with state law and the Regulations of Connecticut State Agencies, and for taking adverse licensing actions if warranted. This unit does not provide trainings to programs and facilities. They are expected to have and maintain the required training in order to maintain an active license.

- **Medication Administration:** For child caring facilities, the facility or agency must have sufficient Medication Administration-certified staff in order to ensure that all medication administration times are covered. If the facility does not have a medication administration-certified staff member on site, then the facility must have a plan to ensure that a medication administration-certified staff member is on-call and can arrive at the facility or agency to administer medications as needed.
- **Physical Restraint and CPR Training for Child Caring Facilities and Extended Day Treatment programs:** The facility or agency must ensure that each shift has at least two staff on duty who are trained in the proper use of physical restraint and at least one staff member who is trained in CPR.
- **Mandated Reported Training:** required for all staff provided by the ACP, see below for more info.

Personnel Files: For initial licensure, the personnel files of all facility staff listed shall be reviewed. At the time of re-licensure, the personnel files of all staff who have been hired within the previous two years shall be reviewed. The personnel files shall contain: the results of child protective services and State Police background checks; reports of physical exams, TB tests and any other required medical documentation; documentation of completion of all required training, including physical restraint training; required sign-offs for receipt of mandated reporter, confidentiality and patient's rights statutes; a copy of any license or certification required for the position; and any other documentation required by the Regulations of Connecticut State Agencies or the facility or agency's policies.

Additional DCF Trainings for Licensed Facility Staff

The trainings listed below are provided to licensed facility staff but are provided outside of the Academy for Community Providers. The following trainings are provided by DCF staff who work in these specific fields of expertise:

Private Non-Medical Institution (PNMI) - DCF Licensed PNMI eligible programs are defined by the Center for Medicare and Medicaid Services (CMS). Once a program is eligible, ongoing trainings are provided to all levels of their programs staffing to ensure the programs are aware and maintain the federal requirement standards. Below is a description of the two training courses which have been offered monthly or on an as needed basis.

- **PNMI 101 Training** is designed for clinical administrative, managerial, and supervisory staff. The objective is to provide an in-depth understanding of the PNMI Standards to support providers achieving successful outcomes for Qualitative Service Review (QSR) and Random Moment Time Study participation. Participants will also learn strategies to orient new hires and implement quality assurance processes to maximize QSR outcomes.
- **Progress Notes Training** is designed for residential milieu staff and milieu supervisors who within their role document and/or supervise service delivery related to treatment plan requirements for each youth in residence. It's also useful for clinicians, managers, and administrators. The objective is to provide an in-depth understanding of the documentation requirements. Participants are expected to leave with the knowledge and skills to support milieu progress note documentation fulfilling the requirements of QSR Standards.

Quality Review Trainings: Quality Reviews (QR) are conducted in congregate care settings to assess whether the program is meeting State and Federal requirements. Areas assessed included quality in the areas of youth engagement, family engagement as appropriate, timely treatment planning, treatment services provided appropriately as prescribed, provision of life skills assessment and education, after care planning and services, and contract expectations evaluation. In person and virtual trainings were offered to programs to understand the requirements, the review process, and outcomes of the reviews. Ongoing training is provided on an as needed basis due to staffing turnover.

Congregate Care Meetings: Bi-monthly congregate care meetings were held with both the congregate care lead and foster care leads to facilitate discussions and training on relevant topics, new initiatives, and discuss any new or ongoing concerns.

Licensed Facilities Program Lead Trainings

Additional training is provided through the recommendation and coordination of the agency's Program Lead. These are optional and supplemental trainings which have included the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training and Human Trafficking Trainings. These are coordinated and tracked by the DCF Program Lead.

Casey Life Skills: Transitional Supports and Success (TSS) uses Casey Life Skills (CLS), a set of free tools that assess the independent skills youth need to achieve their long-term goals. It aims to guide youth toward developing healthy, productive lives. Some of the functional areas that CLS assesses include:

- Daily living and self-care activities
- Maintaining healthy relationships
- Work and study habits
- Using community resources
- Money management
- Computer literacy and online safety
- Civic engagement
- Navigating the child welfare system

Program Specific Trainings - The Transitional Supports and Successes Division partners with Congregate Care Providers to provide trainings within the facilities either at their request or at the Department's recommendations regarding specific topics or new initiatives.

Academy for Community Partners

The Academy for Community Partners (ACP) is a component of the Academy for Workforce Development. The purpose of the ACP is to provide individualized training that reflects or informs the providers about DCF's initiatives as well as to provide requested training to enhance the skill and knowledge of providers. This component continues to strive to offer contracted and credentialed providers an opportunity to participate in the exact, if not similar training provided to the DCF workforce. This ensures that the providers are knowledgeable in many of the topics that the agency workforce are provided. They gain a sense of partnership and ownership through the training and come to understand and value the importance of joining with DCF in the assessment of risk and safety for our children and families.

The ACP is currently staffed with one Program Supervisor and one Community Trainer. The Program Supervisor and Community Trainer serves as a liaison to the community provider network for the purposes of addressing their training needs. The Program Supervisor and Community Trainer work within the community as needed to provide training. 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.

During this period under review, the ACP has multiple avenues to identify training needs. The agency develops training curriculum such as the ABCD Child Safety Practice Model to train the provider network in our language, regarding how to properly assess safety and risk, via a racial just lens 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 training needs.

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 training needs. The ACP also provided onboarding fundamental training for our CT Kinship Navigator network and our Racial Justice Institute.

Lastly, the ACP developed a Training Needs Survey for our community providers and received an overwhelming response that indicated that every training offered by ACP was pertinent and relevant to the services which are provided to our families. Further responses also included that the subject matter was up to date and necessary for success in their role.

To evaluate and improve training implementation, the ACP conducted a series of ABCD Child Safety Practice Model Focus Groups in March 2024, with randomly selected training participants. The 90-minute virtual focus groups were used to examine the applied behaviors and skills learned during the training to current practice. Provider feedback was sought on six main areas:

- key skills and behaviors learned.
- comfort with skills and behaviors.
- application of skills and behaviors
- factors that support use of skills and behaviors
- factors that impede use of skills and behaviors
- impacts on children and families.

The overall feedback from Providers was that skills and behaviors learned from the training were implemented during daily work activity and supported by their agency. Providers reported that Safety and Risk were more easily defined because of the training. Providers also suggested the ACP provide Refresher training, which is offered quarterly.

Mandated Reporter Asynchronous Trainings

Connecticut Mandated Reporter Training School Employees: This training takes 65 to 75 minutes to complete. This asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as school employee's staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum to incorporate the recent changes to the mandated reporter laws, as well as align with the Department's mission and strategic goals. It was made available to all school employees in August 2024.

Connecticut Mandated Reporter Training Community Providers: This training takes 60 to 70 minutes to complete. This asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as Community Provider staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum to incorporate the recent changes to the mandated reporter laws, as well as align with the Department's mission and strategic goals. It was made available to all community providers in August 2024.

Identification and Prevention of Adult Sexual Misconduct against Children: This training takes 30 minutes to complete. This asynchronous training course is designed for participants to learn the new bystander responsibilities and reporting, prevention, and victim support requirements. School employees will recognize how to help prevent and respond to child sexual abuse and assault, as well as explore and identify appropriate directions between adults and children in the school setting. Legal requirements as a memory report or discussed in detail as well as enhancing participant global understanding of the child welfare system. The ACP with the collaboration of the CT State Department of Education created this curriculum mandated by legislation. ***This training is mandated and is not a substitute for mandated reporter training for school employees*** and was made available in July 2023.

Connecticut Mandated Reporter Training School Employees Spanish Version: This training takes 65 to 75 minutes to complete. This asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as school employee's staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum to incorporate the recent changes to the mandated reporter laws, as well as align with the Department's mission and strategic goals. It was made available to all school employees in April 2025.

Connecticut Mandated Reporter Training Spanish Version: This training takes 60-70 minutes to complete. This Spanish asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect to our Spanish Speaking community providers. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as Community Provider staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum to incorporate the recent changes to the mandated reporter laws, as well as align with the Department's mission and strategic goals. It was made available to all community providers in April 2025.

Identification and Prevention of Adult Sexual Misconduct against Children Spanish Version: This training takes 30 minutes to complete. This asynchronous training course is designed for participants to learn the new bystander responsibilities and reporting, prevention, and victim support requirements. School employees will recognize how to help prevent and respond to child sexual abuse and assault, as well as explore and identify appropriate directions

between adults and children in the school setting. Legal requirements as a memory report or discussed in detail as well as enhancing participant global understanding of the child welfare system. The ACP with the collaboration of the CT State Department of Education created this curriculum mandated by legislation. ***This training is mandated and is not a substitute for mandated reporter training for school employees*** and was made available in Spanish in February 2025.

Connecticut Mandated Reporter Training ASL Version: This training takes 30 to 45 minutes to complete. This ASL asynchronous mandated reporter training course is designed to provide the most updated information regarding accurate and prompt identification and reporting of child abuse and neglect to our Deaf and Hard of Hearing community providers Spanish Speaking community providers. Legal requirements and protection for mandated reporters are discussed in detail as well as consequences for further reporting. Information regarding DCS mission and practice or also contained in the training program to enhance participants global understanding of the child welfare system, as well as Community Provider staff's role and responsibilities as a mandated reporter. The ACP updated the curriculum and made it available to all providers in August 2023.

Mandated Reporter Training for DCF Staff Certified Trainers

Mandated Reporter Train the Trainer: The training is designed to provide participants with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are reviewed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training to enhance participants' global understanding of the child welfare system.

Mandated Reporter Recertification: This Refresher virtual Mandated Reporter Training course is designed to provide participants with the most updated 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 to enhance participants' global understanding of the child welfare system.

Mandated Reporter Training for DCF Caregivers: The training is designed to provide CDCF Caregivers with the most updated information regarding the accurate and prompt identification and reporting of child abuse and neglect. Legal requirements and protections for mandated reporters are reviewed in detail, as well as consequences for failing to report. Information regarding DCF's mission and practices are also contained in the training to enhance participants' global understanding of the child welfare system.

ACP: APSR DATA

5/1/2024 - 4/1/2025

Training Type - Community Online	# Sessions	Min Date	Max Date
CT MRT - ASL	132	5/1/2024	3/23/2025
CT MRT - Community Providers	25,497	5/1/2024	4/1/2025
CT MRT - School Employees	63,021	5/1/2024	4/1/2025
CT MRT - Spanish	409	5/1/2024	3/31/2025
CT MRT - Spanish (School)	22	3/11/2025	3/31/2025
Identification and Prevention of Adult Sexual Misconduct	38,159	5/1/2024	4/1/2025
Introduction to Child Trafficking in Connecticut for Schools	33,394	5/1/2024	4/1/2025
160,634			

Mandated Reporter Trainings In -Person and Virtual

Type of MRT:	# Sessions	# Participants	Median Class Size
In Person Synchronous Virtual Trainings	4	154	38.5
In Person On-Site Trainings	154	5,569	36.6

From 05/01/25 to 09/30/25 the ACP will provide the following trainings:

ABCD Child Safety Practice Model

This two-hour virtual course will orient 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.

Child Development: As children grow physically, they also develop in their knowledge, skills, and behaviors. This 2-hour virtual course gives some basic development and infant care tips in learning more about how children grow and develop.

Child and Family Teaming Facilitation: This full day in person training will include permanency practices, the role of the facilitator, facilitation skills, youth engagement, restorative justice circle techniques, the DCF ACR pilot OMEGA and the teaming continuum. Define child/youth permanency for children in their home and children in placement. Define legal permanency and preferred/non-preferred permanency plans. Recognize the importance of building multiple permanency pathways. for children, in home and in care. Describe the value and process of permanency work and the permanency teaming model. Describe timely permanency and concurrent planning. Recognize the importance of family connections, including sibling visitation. Identify different ways to bring each child's voice into the process.

CPR and First Aid: First Aid/CPR Adult, Child, and Infant/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, aid a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals 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).

Poverty is Not Neglect: Poverty is a risk factor for child neglect, but poverty does not equal neglect. Poverty can make it more difficult for parents to meet their children's needs. However, poverty alone does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for their child.

QPI 101 (Quality Parenting Initiative): QPI, the Quality Parenting Initiative, is a national movement for foster care change, made up of a network of states. In this training, participants will Develop a basic understanding of QPI as a Systems Change and Learn the Core Principles of QPI.

Worker Safety: It is important to understand the need to be safe in any situation. There are potential safety issues inherent with this job. There can be safety concerns in our client's home and within the office environment. This training should provide you with skills that you can use to effectively deal with crisis and make you aware of safety concerns.

This is DCF: This newly added course (which replaced DCF 101) provides an overview of the Department of Children and Families, designed to educate new hires, community providers, DCF Interns, parent and youth on the agency's mission, statutory mandates and responsibilities. Participants will gain insight into the DCF in supporting families, ensuring child welfare, and fostering resilience in children. The training will also cover what families can expect when

interacting with DC, equipping attendees with essential knowledge to help navigate and engage with the system effectively.

Unique Dynamics of Kinship Care: 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 toward achieving permanency.

Untangling Roots: This newly added course aims to provide a comprehensive exploration on child specific hair care needs which includes equipping participants with both theoretical knowledge and practical skills to promote awareness, advocacy and appreciation to meet children's needs.

From 5/1/2024 - 4/1/2025 ACP has provided the following trainings:

Training	Participants Trained
ABCD Child Safety Practice Model	379
Racial Justice	251
CPR	9
Child Development/Infant Care	67
Child and Family Teaming	52
DCF 101	22
DCF Worker Safety	309
Implicit Bias	48
Kinship	31
Mandated Report Re-Certification (MRT)	24
Mandated Report Train the Trainer (MRTOT 1 day)	5
Mandated Reporter Training (MRTOT)	13
Poverty is not Neglect	91
QPI	48
QPR	5
Trauma/De-Escalation	154
Untangling Roots: Child Specific Hair Care	30
Grand Total	1,538

Attribute	Participants Trained
Participants	1,538

Attribute	Providers Trained
Providers	75

Training Data Note:

The report includes training data from 5/1/2024 to 4/1/2025. A cutoff date of 4/1/2025 was applied to ensure the inclusion of the most recent full month of completed training data. This was necessary as the report's data collection

and analysis period occurred partway through April 2025. Any data beyond the 4/1/2025 cutoff is considered projected data.

Prospective trainings for the upcoming period under review include the following:

The Academy employed multiple evaluation tools to assess the effectiveness of the LSP training series during this reporting period. The Academy of Community Providers aims to expand its training offerings from 2025 to 2029, guided by insights from our Training Needs Survey. As part of this initiative, we plan to explore and develop the following programs:

- **Supervisory Leadership Series for Community Providers:** A specialized curriculum has been created for providers and is set to launch in Fall 2025.
- **Simulation Training for Community Providers:** Currently in development.
- **Legal 101 for Community Providers:** Currently in development.

Newly Offered Training during period under review:

- **Untangling Roots:** See above description. This course debuted in November 2024.

It is noteworthy that all provider offerings include CECs, with the exception of **This is DCF**.

Conclusion

In conclusion, the Department considers our Staff and Provider Training factor to be in substantial conformity with federal requirements. A wide variety of courses are required, and others offered, to ensure that internal staff and providers are both initially trained and provided with ongoing opportunities to enhance their knowledge and skills.

Systemic Factor 5: Service Array and Resource Development

Service Array and Resource Development: The Children's Bureau assesses this systemic factor using state performance on Items 29 and 30.

- Item 29: Array of Services
- Item 30: Individualizing Services

Substantial conformity requires that at least one of the two items for this systemic factor be rated as a Strength. The Children's Bureau requires that stakeholder interviews be conducted for Systemic Factor Item 29: Array of Services, and Item 30: Individualizing Services.

The Department has statutory responsibility for prevention, child welfare, children's behavioral health, and education for youth in locked facilities. As such, the state's service array includes a full range 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.

Routine assessments of the service array ensure that the Department identifies service trends, needs and gaps in a timely way. Such assessments are possible through a variety of sources and methods, including, but not limited to, analysis of data (utilization, outcomes and waitlists), articulated needs communicated from various consumer groups (Statewide Advisory Council (SAC), Regional Advisory Council (RAC), Citizen Review Panel (CRP), Youth Advisory Board (YAB), Systems of Care (SOC), and the Children's Behavioral Health Advisory Council (CBHAC)), feedback from families and youth with lived experience within the child welfare and behavioral health systems, and feedback from its own workforce.

The Department is committed to ensuring the best possible outcomes for families and children from the programs it contracts with and funds. To do so it relies in part on the Service Outcome Advisory Committee (SOAC) to monitor, maintain and enhance a service array that is comprised of the highest quality contracted programs available to meet the needs of the children and families in Connecticut. SOAC continues its work on four (4) areas of focus which includes finalizing some and bringing others closer to resolution and implementation. The four (4) areas of focus are designed to revisit, improve, standardize and sustain existing practices that support a successful service array, and they are:

1) Review and standardize performance expectations across all its contracted programs through the development of individualized performance outcome measures (POMS). This is the first of the components to get underway and is now almost complete. The process to develop the service-specific POMS included bringing together the Program Lead over the service type, members of the SOAC Leadership Team and contracted providers currently delivery the service. Following the development of the POMS, contracts (Scopes of Service) are amended to incorporate the new expectations.

2) Revise, standardize and implement its Program Performance Management Process (PPMP) to enhance its ability to support actions toward the improvement of client outcomes, strengthen internal and external partnerships, and help identify opportunities for improvement at a program and system level.

The new Program Performance Management Process (PPMP) is active and being routinely utilized to engage individual providers and programs in tasks aimed at addressing identified areas of challenge or contractual non-compliance.

3) Establish a process, templates and cadence to evaluate its array of contracted services on a multitude of elements. This evaluation will enhance the Department's ability to support decision-making toward the improvement of client outcomes, strengthen internal and external partnerships, inform budgets and contracting, and identify opportunities for improvement at a program and system level.

An internal cross-divisional workgroup convened to move this body of work forward. A reporting approach was designed to collect, analyze and discuss data at varying stages throughout the year that will build on itself. The culmination is an end of year report with an overview from each Administrator over services about their suite of services. This is to include an analysis about whether their division has the right services, in the right amount, and if they are available where they are needed. The Administrator will also make recommendations for changes, including but not limited to, capacity, model, service delivery and even contract termination.

Templates to capture the required data elements are being developed and the proposed process will begin Summer 2025. To further aid in the creation of these reports, tools and resources will be built into the Departments reporting system, Provider Information Exchange (PIE). E.g., canned reports that will follow a set structure with pre-set fields.

The following reflects the minimum expectation regarding what data elements need to be provided in each different report:

Quarterly Unit Report

- Utilization/clients served
- Served by race/ethnicity
- Waitlist trends (if applicable)
- Staff vacancies
- Program highlights and progress on areas of focus (narrative completed by Supervisor/Administrator)

*All data broken down by total service type and contractor/area office

* Program Leads will discuss these reports with providers at Statewide quarterly meetings

Program Annual Report - Program Lead Data with Supervisor or Administrator analysis

- Budget

- Referral/admission information
- Discharge information
- Performance Outcome Measures
- Satisfaction Surveys (if available)
- Utilization Trend
- Staffing Trend
- Data driven areas of focus for the next Fiscal Year
- Program Lead recommendations
- Summary of progress (subsequent years)

Annual Division Report - prepared by Division Administrator

- Developed from Quarterly Unit reports & Program Annual Reports
- Providing high level overview of Administrators service area
- Include recommendations on specific programs
- Identify need for new programs (gaps in service)

In concert with the development of the reporting structure, a protocol has been established to monitor the timely and accurate completion of required reports. Systems Program Directors will confirm submission of reports (to a designated e-mailbox) and ensure that the report is uploaded to the Department's SharePoint site. These reports are thus, maintained and categorized for easy access by internal staff and historical documentation purposes. These reports and the storage system will also support more efficient responses to ad hoc data requests about services.

4) Update a guide for Program Leads that outlines the roles and expectations of the position. A position which is charged with supporting and coordinating the development and oversight of DCF contracted programs.

DCF has a network of internal and external partners who are committed to carrying out its mission and ensuring that CT's children and families receive optimal services from DCF-contracted providers. Program Leads are an integral part of the Department of Children and Families' approach to creating, managing, and monitoring services for which it contracts. The Program Lead supports the delivery of high quality, accountable, and successful services to children and families who are DCF involved or part of the Department's legislative mandate. This is accomplished through collaboration and partnership cross DCF divisions and regions and external providers.

Program Leads are at the heart of the program development and evaluation process. The Program Lead general role and expectations were last documented in a 2015 guide. Updates to the guide along with sustained communication of and adherence to these expectations will refine, streamline and bring consistency to the Program Lead role.

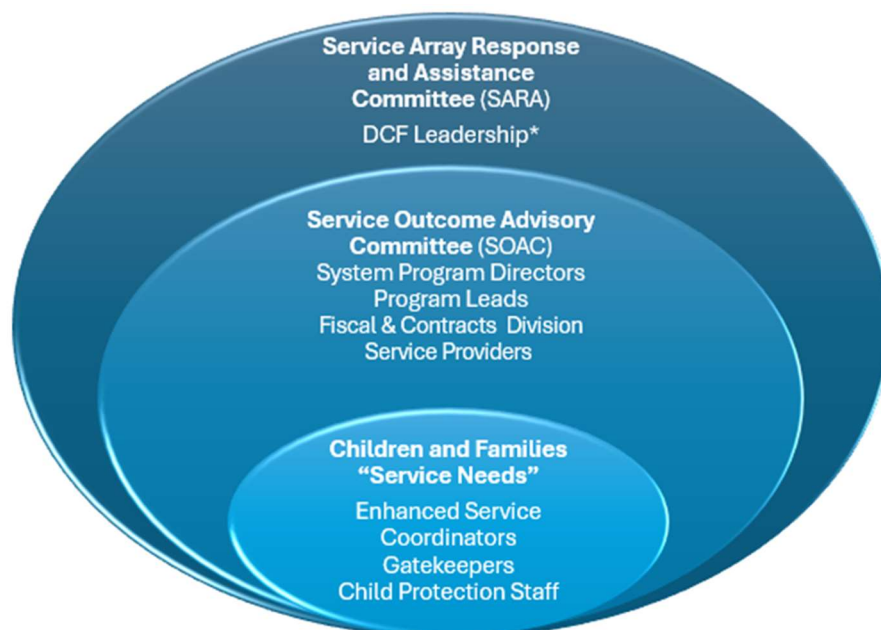
An orientation to the program development, oversight and evaluation process was held on March 4, 2025, for the Department's 33 Program Leads and their Supervisors. The core expectations for the Program Lead role within the context of the Department's larger responsibility to ensure the availability, quality of delivery and positive outcomes of services to the families, children and youth served was reviewed and discussed.

Multiple mandatory trainings for the Program Leads were scheduled following the orientation. These trainings were designed to increase the skills of the Program Lead in accessing and compiling data from the Department's PIE data portal and use of Excel pivot tables, graphs and charts. The Program Leads were directed to existing resources for ongoing guidance to support their reporting requirements. Additional micro learning opportunities to support the Program Lead work will be developed and offered as a need is identified.

The Department, again through the Service Outcome Advisory Committee (SOAC), is analyzing more efficient and accurate systems to capture and track utilization and waitlists along with the causes for them (i.e., staff vacancies). This includes possible data builds with our existing data portal, Provider Information Exchange, and considering different processes for consistent documentation by Gatekeepers.

Late in 2024, the Department resurrected the Service Array Review and Assessment Committee (SARA) which is comprised of members of DCF's Leadership Team. SOAC submits assessments and recommendations about the service array to SARA which in turn presents assessments and recommendations to the DCF Commissioner's Executive Team. This process ensures that all decisions about significant service array changes are aligned with the agency's mission, vision, and strategic directions and actions. This process will drive future decision making regarding the services DCF must continue to procure, selecting the providers to deliver services, and the funding to be allocated. DCF will continue to contract with a wide array of community providers to deliver needed services across the state that are available to families living in every town and jurisdiction.

SARA prioritizes Contracts and Fiscal Division re-procurements, and new procurements and sometimes budget option proposals in efforts to meet client needs.



The Department's Contract and Fiscal Division provides an array of support services to aid the Program Leads who are responsible for the oversight of the program components of the 89 Purchase of Service (POS) contracts, encompassing 345 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 Departmental units.

The Department further evidences its commitment to real time oversight and assessment of the service array through the work of the Family and Community Services Division (formerly the Systems Division). The Family and Community Services (FCS) Division is a primary driver of service-related work. They are tasked with engaging in active oversight of and ensuring the provision of adequate, accessible and effective services to the families and children served by DCF. The Family and Community Services Division is comprised of a team of system-focused professionals assigned in each of the DCF Regions who connect and support DCF staff, service providers and the community. The Family and Community Services Division partners with other divisions in the development of, and adherence to, mandates and guidelines essential to the overall quality of the DCF-funded service array and delivery system. The Family and Community Services Division staff maintains significant working relationships with both internal and external partners and holds the responsibility to triage and remove systems issues related to service delivery. They work 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. Additionally, the Family and Community Services Division plays an integral role in multiple statewide initiatives spanning service system, fiscal, racial justice,

learning and development, and technology spaces at DCF. The Family and Community Services Division plays a key leadership role including statewide and regional advisory councils under the leadership of a Family and Community Administrator.

The Systems Program Directors (SPDs) report to the Family and Community Administrator. The SPDs act as regional partners to broker positive working relationships between DCF, service providers and the community. They assist in managing the service array and delivery system for DCF-involved children and families as well as support internal service coordination. The SPDs serve as liaisons between the DCF administration, central office, area offices and the community to help triage issues, maximize service provision for all children and families, and ensure support service matches are aligned with presenting needs.

The Department embraces the enhanced service coordination model as a best practice to manage referrals for services with a needs-focused lens. Enhanced Service Coordinators (ESC), report to SPDs and the Family and Community Administrator. ESCs are subject matter experts who oversee the statewide enhanced service coordination model. They are accountable for consultation, coordination, and delivery of this model in their respective regions. ESC's responsibilities include the collection, tracking and analyzing of data related to service utilization, provider performance, monitoring of barriers/troubleshooting and issue resolution to help improve matching of services to better meet the needs of clients. The ESCs also track timeliness of service provision, assess alignment of service matches and address service barriers in real-time in partnership with our provider partners.

ESCs manage an increasing number of specific services. In addition to the original array of parenting services under their purview (Child First, Intensive Family Preservation, Parenting Support Services, and Reunification and Therapeutic Family Time) three additional services were added in 2024 - Fatherhood Engagement Services, Fatherhood Engagement Services Incarcerated, and Quality Parenting Centers.

Universal Referral Form (URF): The FCS Division, having played an integral role in supporting the statewide launch of an automated Universal Referral Form (URF) to initiate the service provision with the providers, continues to support staff in the Area Offices in accessing and using the URF. 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. The Division is 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.

Statewide Service Directory: Recognizing that the DCF service array is very complex and challenging to navigate, the Systems Program Directors developed a comprehensive Statewide Service Directory. The Directory will support staff by aiding them to understand better the types of services available and how to access them. This in turn serves to ensure that children and families are receiving the most appropriate services. The Directory provides information about the DCF contracted and credentialed services, including names of gatekeepers, providers, and information about each program. Hyperlinks give the user immediate access to service comparison grids that lead them through criteria designed to help determine which service is the most appropriate to meet the individualized needs of a particular child, youth or family. The Service Directory is one of many resources available to assist in meeting the needs of children and families. In addition to being widely and frequently disseminated to all staff within the Regions, it is also readily available on the Family and Community Services internal web page.

Enhanced Service Coordination Practice Training: The FCS Division convened a small workgroup to create an Enhanced Service Coordination Practice Training. Over time all of the six ESCS offered training in their Regions, but the content was varied. This initiative sought to incorporate the best information and practices from all six (6) Regions to create a single current and cohesive training that is expected to launch in Summer 2025. The curriculum will be used to train new hires, to orient them to the ESC principles, the ESC service array, how to make a service referral and why it

all matters. The training will also be available to workgroups in Area Offices as a refresher or skills enhancement opportunity.

Support for Outposted Staff: The Department of Children and Families' (DCF) commitment to supporting and improving the lives of children and families and eliminating or reducing the instances of child maltreatment is in part accomplished through its partnerships with community providers and stakeholders who together comprise the child welfare system. To support these partnerships, the DCF regions and area offices engage and collaborate with different systems and entities in the community to outpost DCF staff within their respective agencies or organizations.

Out-posted staff are DCF social workers assigned as liaisons between DCF and the community. Out-posted staff interact and communicate with community partners on behalf of the department for the purpose of providing information, problem solving, or training with regards to the child welfare system and DCF. Types of out-posting may include:

Community site based	Stationed outside the area office in the community outpost site, such as schools, courts, police departments, or other community-based sites
Community site based (Part-Time)	Attend site on specific days and/or specific hours or upon request
Liaisons	Available by phone or in person for information, consultation, or problem resolution

These entities include schools, police departments, or other community settings that will benefit from support, as informed by reviewing DCF Careline data. As the department's representative, the outposted staff will be assigned to an identified community site to improve communication, offer supports, information, mandated reporter training, answer questions, problem solve, and provide guidance that promote better outcomes for children and families. By being visible in a community setting, the outposted staff will enhance public awareness of the child welfare system and build trust, partnerships, and collaborations within the system.

The DCF Child Protective Services (CPS) Division and the Family and Community Services Division are working on several initiatives to increase the support to the outposted staff and their respective chain of command and offer consistency statewide. These initiatives include:

- Development of an Advisory Group consisting of outposted staff, supervisors, and program directors representing all regions and wide levels of experience.
- Development of an Outpost staff and leadership guide to provide guidance, support, and consistency to outposted staff and their leadership as they work on engaging the community for out-posting.
- Development of a statewide outposted staff directory with outposted site contact information.
- Development of an outpost log to capture trends and needs data.
- Development of an outpost site survey to help DCF assess the need and effectiveness of the outposting.
- Formalizing the use of Careline data to assist with prioritizing the need for outposting in the community.
- Offer quarterly support meetings for outposted staff, which include trainings and opportunities to network with other outposted staff.
- Offer trainings or presentations to the outposted staff, such as mandated reporter updates or presentations from providers offering services to children and families in the community.

It is anticipated that these community partnerships will strengthen lines of communication and support, thereby improve relationships and create positive outcomes for children and families.

Overall Assessment of Systemic Factor:

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 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. The Department strives to enhance the service array, service delivery and engage in resource development in several ways, including but not limited to:

- Engaging internal and external partners in a data-driven service array assessment. This is a key element of the Service Outcome Advisory Committee (SOAC) that is referenced earlier.
- Convening focus groups to inform efforts to improve the service array and service delivery. This was most evident in our efforts to develop a State Families First Prevention Services Act plan and during the development of our current ABCD Child Safety Practice Model Paradigm.
- Developing working protocols with internal and external partners to increase the accessibility and effectiveness of service delivery. This is the primary focus of the Enhanced Service Coordination approach. The Department is committed to this model and hopes to expand more broadly in the coming years.
- The Department has longstanding committed and collaborative relationships with youth and family members with lived experience. These are formalized in ongoing work with our Youth Advisory Boards (YABs), Regional Advisory Councils (RACs) Citizen Review Panels (CRP), Systems of Care (SOC), and the Statewide Advisory Council (SAC). The Department routinely seeks feedback from these groups around policy, practice and protocols related to the service array and service delivery.
- Working collaboratively with service providers in the use of a public data-sharing platform to explore community variables that will assist in the creation and refinement of services in areas of need - In the Winter of 2024, the Department established a process for sharing data ongoingly with the RACs. In addition to presenting specific data points to the group on a quarterly basis for discussion and feedback, the RACs are being trained in how to access the public facing data that is available to them on the Department's internet website.
- Academy for Community Providers (ACP) is a component of the Academy for Workforce Development. The purpose of the ACP is to provide individualized training that reflects or informs the providers about DCF's initiatives as well as to provide requested training to enhance the skill and knowledge of providers. This component continues to strive to offer contracted and credentialed providers an opportunity to participate in the exact, if not similar training provided to the DCF workforce. This ensures that the providers are knowledgeable in many of the topics that the agency workforce are provided. (See *Systemic Factor 4 Item 28* for additional information)

Item 29: Array of Services

Description of Systemic Factor Item: How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs.
- Services that address the needs of families in addition to individual children in order to create a safe home environment.
- Services that enable children to remain safely with their parents when reasonable.
- Services that help children in foster and adoptive placements achieve 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 for the purposes of Family Preservation, Family Support, Reunification, Adoption, and Independent Living. Services are provided to children and youth 0-18 years of age, or through age 21 if Services Post Majority, and are available statewide. 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

The Department holds Provider Agreements with all credentialed providers to strengthen the requirements expected of them, clarify billing and payment expectations, ensure adherence to state policy and to evaluate each of the 15 credentialed service types for revision and enhancement.

The Contract Management Unit Website (SharePoint):

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.

The Department contracts with a vast array of providers to deliver services to families and children that meet their individualized needs. For a description of services, please see the Service Continuum. These services include, but are not limited to:

<i>Services that assess the strengths and needs</i>	<i>Services that address the needs of families</i>	<i>Services that enable children to remain safely with their parents</i>	<i>Services that help achieve permanency</i>
Integrated Family Care & Support (IFCS)	Integrated Family Care and Support (IFCS)	Intensive Family Preservation (IFP)	Reunification and Therapeutic Family Time (RTFT)
Multi-disciplinary Exam (MDE)	Community Support for Families (CSF)	Family-based Recovery (FBR)	Functional Family Therapy - Foster Care (FFT-FC)
Community Support for Families (CSF)	Family-based Recover (FBR)	Child First	Permanency Placement Services Program (PPSP)
Preventative Care Management Entity (PCME)	Multidimensional Family Therapy (MDFT)	Justice Resource Institute (JRI) Intensive Diversion Program (JRI-IDP)	Wendy's Wonderful Kids
Structured Decision Making (SDM)	Multi-systemic therapy (MST)	Intimate Partner Violence - Family Assessment	Parenting Support Services (PSS)

Services that assess the strengths and needs	Services that address the needs of families	Services that enable children to remain safely with their parents	Services that help achieve permanency
		Intervention Response (IPV FAIR)	
Care Coordination	SAFE-Family Recovery (SAFE-FR)	Outpatient Psychiatric Clinics for Children (OPCC)	Fatherhood Engagement Services (FES)
	Supportive Housing	SAFE-Family Recovery (SAFE-FR)	Child First
	Preventive Care Management Entity (PCME)	Multidimensional Family Therapy (MDFT)	SAFE-Family Recovery (SAFE-FR)
	Child First	Multi-systemic Therapy (MST)	Substance Screening, Treatment and Recovery for Youth (SSTRY)
	Parenting Support Services (PSS)	Parenting Support Services (PSS)	Multi-Systemic Therapy (MST)
	Quality Parenting Centers (QPC)	Substance Screening Treatment and Recovery for Youth (SSTRY)	Functional Family Therapy (FFT)
		Urgent Crisis Centers	
		Emergency Mobile Psychiatric Services	

Systemic Factor 5a - Appendix 1 - Service Continuum

Please see the appendix for a full list and descriptions of the Department's contracted and credential services.

Item 30: Individualizing Services

Description of Systemic Factor Item: How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency? Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

Assessment:

Every service the Department contracts with has a component that requires they engage in ongoing assessments of the strengths and needs of the families and children they are serving. This starts at intake and continues throughout their involvement. These assessments are documented in treatment plans that establish goals based on those assessed strengths and needs.

This expectation was further reinforced when the Department rolled out the ABCD Child Safety Practice Model in 2022 and 2023. The Department partnered with providers to develop the model and accompanying tools (Practice Profiles) and subsequently offered training ongoingly through the Academy for Community Partners. The Department intentionally engaged in training and discussions with providers to create common definitions, language, and expectations around assessments of safety and risk.

Contract Management Unit: 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 99 Purchase of Service (POS) contracts, encompassing 330 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.

USE Plans: The Department makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans as one option to ensure that service is individualized. 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 Department utilizes a streamlined and expedited structure to secure children and youth services that is reflected in the following which is currently in effect:

- The Area Office (AO) USE plan committee can now approve up to \$25,000 per USE plan.
- For amounts between \$25,000+- \$35,000, the AO USE plan committee will have a 30-day provisional approval. The Central Office (CO) USE plan committee must provide approval beyond the 30-days.
- For amounts over \$35,000, approval must be made by the CO USE plan committee.
- All USE plans are to be reviewed yearly. The AO or CO Use plan committee can determine if it needs to be reviewed more frequently.
- Attention must be made that Therapeutic Support Services (TSS) is not used as a catch-all service. The AO committee must ensure that efforts to secure the most appropriate service occur prior to consideration of TSS service.

Top 10 Services purchased via Wraparound Funds					
October 1, 2022 - September 30, 2023,		October 1, 2023 - September 30, 2024,		October 1, 2024 - April 30, 2025 (Partial)	
Miscellaneous-Adoption	\$ 1,405,273.60	Supervised Visits - Foster Care	\$ 1,075,995.22	Supervised Visits - Foster Care	\$ 785,803.36
Supervised Visits - Foster Care	\$ 974,744.50	Camp-Foster Care	\$ 1,033,315.15	Transportation Other-Foster care CPS	\$ 561,476.33
Camp-Foster Care	\$ 918,530.80	Miscellaneous-Adoption	\$ 890,227.90	Therapeutic Support Staff - Foster	\$ 412,635.61
Extended Credentialed Services-USE	\$ 339,388.20	Other Services USE	\$ 686,746.91	Camp-Foster Care	\$ 356,649.34
Other Services USE	\$ 325,056.49	Transportation Other-Foster care CPS	\$ 452,023.98	Miscellaneous-Adoption	\$ 336,578.95
Miscellaneous-Foster Care-CPS	\$ 299,129.99	Miscellaneous-Foster Care-CPS	\$ 378,064.40	Other Services USE	\$ 325,763.44
Therapeutic Support Staff - Foster	\$ 287,527.94	Therapeutic Support Staff - Foster	\$ 368,504.01	Miscellaneous-Foster Care-CPS	\$ 257,085.79
Transportation Other-Foster care CPS	\$ 212,181.89	Extended Credentialed Services-USE	\$ 303,911.30	Extended Credentialed Services-USE	\$ 216,351.95
Respite Care-Foster Care CPS	\$ 98,641.48	Respite Care-Foster Care CPS	\$ 123,911.79	Behavior Management Foster Care	\$ 141,755.00

Top 10 Services purchased via Wraparound Funds					
October 1, 2022 - September 30, 2023,		October 1, 2023 - September 30, 2024,		October 1, 2024 - April 30, 2025 (Partial)	
Other Family Supports	\$ 83,092.00	Transportation Home-Foster Care CPS	\$ 95,989.19	After School Srvs, Trdtnl grde K-8	\$ 92,737.19
Total	\$ 4,943,566.89	Total	\$ 5,408,689.85	Total (Partial)	\$ 3,486,836.96

USE expenditures by Service description			
October 1, 2023 - September 30, 2024		October 1, 2024 - April 30, 2025	
Other Services USE	\$ 686,746.91	Other Services USE	\$ 325,763.44
Extended Credentialed Services-USE	\$ 303,911.30	Extended Credentialed Services-USE	\$ 216,351.95
Intensive Individual Support for USE	\$ 83,821.97	Intensive Individual Support for USE	\$ 10,929.50
Difficulty of Care Payment for USE Class	\$ 16,470.00	Difficulty of Care Payment for USE Class	\$ 9,540.00
Total	\$ 1,090,950.18	Total	\$ 562,584.89

Systemic Factor 6: Agency Responsiveness to the Community

Agency Responsiveness to the Community: The Children's Bureau assesses this systemic factor using state performance on two items:

- Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR
- Item 32: Coordination of CFSP Services with Other Federal Programs

Substantial conformity requires that at least one of the two items for this systemic factor be rated as a Strength.

Background: In Round 3, Connecticut was in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Item 32: Coordination of CFSP Services with Other Federal Programs was rated as a Strength.

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Description of Systemic Factor Item: How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews. Although Connecticut collaborates with a wide range of community partners, Tribal stakeholders reported that the state does not consult or engage with Tribal representatives in the creation or implementation of the CFSP or APSR.

Assessment:

The Department conducted engagement and ongoing consultation of the following groups in the CFSP and APSR:

- Individuals with lived experience in the child welfare system.
- Parents with DCF involvement
- Youth in DCF care
- Kinship caregivers

- Licensed foster parents
- The Connecticut State Advisory Council and Regional Advisory Council Leads.
- The Governor's Task Force on Justice for Abused Children.
- Juvenile Court Judges and members of the Juvenile Court/Court Improvement Program, along with the Office of the Attorney General's Child Welfare Division.
- Federally recognized tribes (Mohegan and Mashantucket-Pequot) and state-recognized tribes via the ICWA Organization.
- The Connecticut Children and Families Racial Justice Working Group.
- Organizations supporting adoptive parents and caregivers, such as The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and FAVOR, Inc.
- Other nonprofit providers and partners.
 - Casey Family Programs; NAFI Connecticut (North Atlantic Family Institute); JRI Connecticut (Justice Resource Institute); The CAYL Institute; Urban Community Alliance; Racial Justice Institute; CT Unified School District 2; Waterford Country Schools; Children's Center of Hamden.

During development of this CFSP, each agency or community partner group was engaged through dedicated engagement meetings led by DCF in which feedback was gathered using questions asking for specific information on strategic goals and objectives of the CFSP in development, along with feedback on DCF past performance, responsiveness to the community, strategic and desire for further engagement with DCF.

Additional levels of engagement with targeted groups included:

- Connecticut Children and Families Racial Justice Working Group reviewed DCF outcomes performance data, reviewed CFSP goals and objectives language in development, and participated in a survey to record their feedback.
- CT State Advisory Council and Regional Advisory Council Leads, and Governor's Task Force on Justice for Abused Children reviewed DCF outcomes performance data and reviewed CFSP goals and objectives language in development.
- Federally recognized tribes: Mohegan, Mashantucket-Pequot Tribe and state recognized tribes represented by the ICWA Organization reviewed CFSP goals and objectives language in development and participated in a survey to record their feedback.
- Juvenile Court Judges and members of Juvenile Court/Court Improvement Program and Office of Attorney General's Child Welfare Division reviewed CFSP goals and objectives language in development and participated in a detailed survey to record their feedback on promoting safety, permanency and well-being through improved collaboration and court rules.

Throughout our meetings with community partners the *Children's Bureau Child Welfare Capacity Building Collaborative Center for the States* provided essential technical support and facilitation.

Each of the following agencies were also provided a draft of the CFSP for 2024 - 2029 and 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.

- 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

Ongoing Consultation:

The Department engages stakeholders in ongoing consultation through operating a number of engagement councils, committees, and advisory boards, as well as through participation as members in various collaborative initiatives, taskforces, and advisory boards. These efforts are detailed in the section below.

State Advisory Council (SAC)

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 people representing a variety of sectors and professions, including attorneys, a physician, psychiatrist as well as other community partners, some of which are contracted providers. The SAC also includes parents and 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 is expected to attend the annual retreat and at least 3 meetings a year although she has been in attendance monthly. 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, 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.

FAVOR

FAVOR, Inc., a statewide family advocacy organization for children's behavioral health which 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 have agreed to serve as fiduciary for the SAC/RACs and Citizen Review Panels.

Their mission is 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.

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 (CRP) 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. The CRP Reports are included as an attachment to this report. The Department reviews the CRP recommendations on a regular basis, and as part of

its engagement in developing our CFSP, and often implements policy, practice, or service change/initiatives to address the recommendations.

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.
- Health and wellness promotion; and
- Performance and outcome-based services and support.

Below is a snapshot of highlights of the last 5 years for each program:

- FPSS (Family Peer Support Services) program has received over 2000 referrals and has served over 1700 unduplicated families across the state providing individual advocacy to parents/caregivers and specializing in educational advocacy and support for children and youth from Birth-Age 22. Referrals have had a steady increase on average of 100 each year for this direct service.
- FSM (Family System Manager) program has provided technical support and to various community tables at RACs, SACs, CRPs, and Community Collaboratives. FSMs supported 214 participants with lived experience to these meetings across the state in Fiscal Year 2025. By utilizing social media, distribution lists and community outreach they have touched over 10,000 parents/caregivers, youth/young adults, and providers.
- FLLA (Family Learning and Leadership Academy) has facilitated training to over 1300 parents/caregivers, youth/young adults, and providers on a variety of topics that elevate the family voice. Of note, during Fiscal Year 25, the number trained was 728.

The Caregiver Advisory Council - Please see *Assessment of Performance: Systemic Factor 7* for additional information regarding this partnership.

Engagement & Consultation with Tribal Entities

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 in the 1990's. Formal activity with the tribes is most often initiated after an accepted child maltreatment report to the DCF 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.

There is a Memorandum of Understanding (MOU) between the State and the MT that has been in effect since 2006 which governs contact. DCF and MT are in the process of updating the MOU and completion is expected in CY 2025. Contact with the tribe 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. The contact liaison in the local DCF office is a social work supervisor who 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 MT. The primary contact for the MT is Susie Jacobs, the Social Services/Case Manager for the tribe. The primary contact for MPTN is Jodi Milardo, the Child Protective Services (CPS) director for the tribe.

In 2021, DCF initiated separate virtual 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 DCF's Legal Division, and the DCF's Director of Multicultural Affairs. These meetings serve as opportunities to discuss any issues and continue to ensure ongoing coordination and collaboration in addressing child welfare matters that implicate the

tribes, as well as to gather input from the tribes on a quarterly basis, including in the development and exchange of the CFSP and subsequent APSRs. Since the submission of the CFSP, these meetings have continued on a quarterly basis and meetings later on in 2025 will be scheduled in person at the respective reservations for the first time since these meetings began. DCF and MPNT have met on 7/26/24, 9/24/24, and 3/28/25 with an upcoming meeting scheduled for 6/27/25. DCF and MT have met on 7/12/24, 9/20/24 and 3/21/25 with an upcoming meeting scheduled for 6/20/25 (in person). There were no meetings held in December due to holiday schedule conflicts.

At the September 2025 quarterly meeting, the Department's Independent Living Coordinator will join the quarterly meetings with the respective tribes to consult with them regarding eligibility for Chafee and ETV benefits and services for tribal youth. Currently, tribes do not ask DCF to administer, supervise, or oversee Chafee or ETV program benefits for eligible Indian children.

Neither MPTN nor MT have expressed any concerns regarding the Department's with ICWA compliance. The Department's Legal Division is responsible for ensuring that the ICWA notices are sent whenever the Department becomes aware that a parent may have tribal affiliation. The Department sends these notices in compliance with federal and state statute and Department policy and the Office of the Attorney General, which represents the Department in court, is well versed in federal ICWA requirements as well. They help to ensure that the Department continues to fulfill its responsibilities under ICWA for those court involved cases in which a parent has claimed tribal affiliation.

There have been no known ICWA compliance issues identified over the last several years. Newly hired social workers are trained regarding the requirements of ICWA during pre-service training. Additionally, when local training/conference opportunities arise, invitations are shared with the tribes.

Juvenile Court

DCF, the Judicial Branch, the Office of the Attorney General (OAG), and the private bar continue to build upon their partnerships in order to achieve safe, timely permanency for children in care.

DCF/Judicial Collaboration

On a regular basis, the DCF Commissioner meets with the Chief Administrative Judge for Juvenile Matters along with the DCF General Counsel and Agency Legal Director to discuss and address systems issues to promote timely permanency for children. In addition, the DCF enjoys ongoing communication with the Chief Clerk for Juvenile Matters to streamline processes, such as e-filing and development of new forms, that impact the timely filing and processing of petitions and motions. These meetings facilitate collaboration with the Judicial Branch to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases.

DCF and Judicial Branch representatives, specifically the Chief Administrative Judge, Chief Clerk for Juvenile Matters (who is also the Court Improvement Project (CIP) manager), and Program Manager (responsible for data) have met on an ongoing basis with the Children's Bureau team to prepare, conduct and analyze data from the Round 4 CFSR process. The Chief Judge also served in the role of Judicial/Legal Specialist for the case review component, reviewing and providing feedback on court-related issues that impacted the rating on Item 5 Timely and Appropriate Permanency Plans, and Item 6 Achieving Permanency Goals, for all foster care cases reviewed.

There is also a DCF/Judicial Collaborative workgroup that meets quarterly to address Racial Justice and other related issues within the juvenile court. The group includes DCF Commissioner's Office and child welfare staff, the Superior Court for Juvenile Matters (SCJM) Chief Administrative Judge, a presiding SCJM judge, Chief Clerk (also CIP Coordinator), the Director of Delinquency Defense and Child Protection with the Chief Public Defender's Office, representatives from the Attorney General's Office and the Center for Children's Advocacy. This group has developed a disproportionality pathway for children involved with the SCJM and collaborated to develop strategies to reduce/eliminate this issue across the system. A recent strategy implemented by this group was to include timely referrals for necessary services in court orders when appropriate. Along with this statewide workgroup, there are

regular meetings to address these issues at the local level, which also include schools, juvenile probation, law enforcement and community providers.

DCF/AAG Collaboration

DCF's in-house Legal Division continues to partner with the Office of Attorney General's (OAG) Child Protection Section to fortify the collaboration between the two agencies. During the period covered by this APSR, the OAG and Department have partnered to navigate legal challenges, which benefits the children and families we serve. In keeping with those efforts, in-house area office attorneys meet with their local Assistant Attorneys General (AAGs) biweekly and the managers for the in-house DCF Legal Division and leadership team at the OAG Child Protection Section meet on a weekly basis. Ongoing collaborative efforts have included the following:

- **Consultations:** In particularly complex cases, DCF includes AAGs in legal consultations before petitions are even filed. This has been especially helpful in cases involving interstate jurisdictional issues or unique legal issues.
- **Training:** The OAG and DCF Legal Division have partnered on training for legal and child welfare staff on numerous topics, such as preparing to testify in court and pre-service training for new staff on the administrative hearing process. The OAG has also included Department attorneys in monthly "lunch and learn" presentations at which a member of the OAG presents a child welfare matter relevant to both in-house and trial practitioners. Leadership in both agencies are committed to ensuring that practice remains consistent statewide by routine and frequent communication and presenting uniform training for staff throughout the state.
- **Administrative/Court Appeals:** Decisions on Superior Court for Juvenile Matters may be appealed to the Appellate Court and the CT Supreme Court. Also, 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 these appeal processes including negotiating at prehearing conferences, drafting legal briefs, and presenting oral arguments before the Court. Legal Managers collaborate with AAGs on Juvenile Court appeals by reviewing legal briefs and participating in practice arguments (moots).

DCF/Judicial/OAG/Office of the Chief Public Defender collaboration

There is a standing monthly court partners meeting, which includes DCF, the Office of the Chief Public Defender (OCPD), the Chief Administrative Judge for Juvenile Matters and the Office of the Attorney General to address any court related issues or concerns and to discuss updates and new initiatives that impact our juvenile court work, including any issues related to the private lawyers who represent parents and children in child abuse and neglect cases pursuant to contracts with OCPD. Each of the twelve courts throughout the state also hold "Brown Bag Lunches" to bring together the local Judges, DCF, AAGs, OCPD and parents/children's counsel to learn about and discuss new initiatives and processes that may impact the individual court and/or statewide issues.

Family First Prevention Services Act

Since the soft launch in October 2023, the Community Pathways call volume in November and December has been low. Several strategic steps were implemented to increase awareness and drive traffic to the line:

- Hired a media company to create and launch a paid social media campaign, which yielded immediate results, reaching 10,596 users on Facebook and Instagram between January 22–31.
- Launched an organic social media campaign, with Community Pathways content posted on Facebook and Instagram, reaching 2,771 users since December 10.
- Engaged with targeted social media communities, including Wellness Professionals of Connecticut, educators, and parent groups.
- Added Community Pathways information to the Connecting to Care CT website.
- Created a branded virtual background for Child and Family Division staff to promote Community Pathways during virtual meetings.
- Designed and ordered promotional magnets aligned with the marketing campaign and virtual background.
- Updated the Community Pathways flyer to ensure consistency with outreach messaging.

- Developed a statewide email distribution list for Connecticut public libraries to broaden dissemination.
- Distributed flyers to school districts, including Superintendents, Special Education Directors, and Board members, where available.
- Shared flyers and information with elected officials to encourage further community reach.

In the first quarter of 2024, the Community Pathways call volume averaged 20 calls or fewer a month. Efforts to increase visibility included a larger marketing push for May 2025 and June 2025 in anticipation of schools letting out for the summer. In April 2025, there were 31 calls to the Community Pathways line. Since January 2025, the total number of calls has been 100. Top reasons for calls in April were connection to an FFPSA evidence-based practice and referrals to care coordination, to include FAVOR.

Child Abuse Prevention Treatment Act (CAPTA) 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 continues to be jointly funded with the state monies from DCF and Department of Mental Health and Addiction Services (DMHAS, the state's Adult Substance Abuse Authority). The SEI Coordinator continues to be responsible for the regular convening of several working groups that inform the state's SEI Strategic Plan development, marketing, early screening/intervention, and implementation. DCF and DMHAS continue to partner in funding a family care plan coordinator position. We have been investing in and enhancing a stronger understanding statewide of the CAPTA notification portal as well as the implementation and use of family care plans for families. The FCP Coordinator has strengthened the network of providers and use of the newborn notification portal as well as increasing families using the FCP prior to birth and at time of birth. To date, every birthing hospital in the state has received the CAPTA/ Family Care Plan training, enhancing healthcare provider understanding of CAPTA/CARA legislation, CAPTA notification requirements, and FCP completion. The FCP Coordinator will also be providing training to the DCF Training Academy to inform DCF and community provider staff on supporting families through the FCP process. In 2022-2023 the two-state agencies, in collaboration with other state entities, hospitals and community partners engaged in Policy Academy which then qualified us for In-depth Technical Assistance through National Center of Substance Abuse and Child Welfare. This assistance has helped DCF in enhancing our Newborn Portal, providing equity around the use of FCP as well as ensuring equity around who receives a CAPTA notification and lastly prove an equitable lens as we update our strategic plan for the next 5 years.

The DCF/DMHAS partnership has continued to grow as we continue to partner and collaborate on more projects and initiatives together, including maternal mortality review committee, perinatal quality collaborative, Woman Opioid Work group, NASCENT advisory committee, Child Fatality Review Panel, Access Mental Health for Mothers, REACH, PROUD program, Overdose Fatality Review Panel, Intimate Partner Fatality Review Panel, Drug Endangered Children Alliance, Naloxone Policy's, and the Be In the Know Cannabis Education Campaign. They also support DCF's Regional Partnership grant CT Strengthening Families together that offers services to pregnant and parenting parents that have substance use concerns. This FFY23-24 the State has focused on supporting our hospitals as well as other clinics that have an intersecting relationship with individuals that could or would be pregnant. Each hospital has been assisting in sharing their protocols as a way to help other hospitals make adjustments to their policies and practices. In addition, CT in partnership has supported 5 other surround states with TA regarding CT process surrounding CAPTA and our newborn portal and the data that gets captured and how it is used.

Family Support Program and Early Childhood

The Family Support Programs and Early Childhood unit sits under the Clinical Consultation and Community Support Division (CCCSD) in the Office of Behavioral Health and Well-Being. The unit oversees programs in the following areas: post DCF intake, parenting, preservation, reunification, visitation, and early childhood. Our service array includes:

Early Childhood Partnerships/Collaborations

- DCF- HeadStart Partnership
- DCF- Help Me Grow Advisory Committee
- CT Family Support, Tracking, and Referral System
- Birth to Three Collaboration
- CT Interagency Birth to Three Coordinating Council
- CT 359 Network Collaboration
- Substance Exposed Infants (SEI)

Early Childhood Trainings

- CT Association for Infant Mental Health (CT-AIMH)

Early Childhood Services

- CT's Early Childhood Consultation Partnership (ECCP®)
- Therapeutic Childcare
- NEST Hub
- Child First
- Circle of Security Parenting - Parenting Support Services
- Parent Child Interaction Therapy
- Multidimensional Family Therapy and Recovery
- Multidisciplinary Evaluations of Children in Placement (MDE)
- Family Based Recovery (FBR)

Additional Services Available to Families of Children Ages 0-5

- Community Support for Families (CSF)
- Integrated Family Care and Support (IFCS)
- UConn Performance Improvement Center (providing data analysis)
- Parenting Support Services (PSS)
- Intensive Family Preservation (IFP)
- Quality Parenting Centers (QPC)
- Reunification and Therapeutic Family Time (RTFT)

While caregiver services are not specific to the 0-5 population, all of these services work with families with children of this age group. A benefit of having caregiver services, that support the child welfare involved families, connected with the early childhood services and partnership is that they all have the opportunity to support this population. Children ages 0-5 come with a family, and so services are not isolated to the child but inclusive of the parents/caregivers. Therefore, the partnership between caregiver services and early childhood is increased and supported given every program's expertise. The Family Support Programs unit is establishing standards to oversee contracts and services in order to offer equitable services to our families. These standards include reporting, the responsibility of being fiscally responsive, the development of special population protocols, the identification of trends, addressing the needs of the families, and understanding the demands/impact on the DCF Social Worker. A five-year strategic plan was established in May 2024.

OBJECTIVE	DELIVERABLE	TARGET COMPLETION DATE	APRIL 2025 UPDATE
Re-assess the service array for caregiver programs	Develop Performance Outcome Measures for all programs.	July 2024	Completed
	Support Child First evaluation	December 2025	In Progress
	Identify funds to expand the Differential Response reporting to include IFCS	October 2024	Expansion of reporting withdrawn
	Identify program needs and trends in the following areas: ▪ model/work fidelity ▪ family engagement, ▪ father engagement, ▪ toxicology/screening (as applicable), ▪ safety planning, ▪ incorporation of the child safety practice model within their work/communication with DCF, ▪ collaboration with other providers, ▪ supervision, ▪ training needs, ▪ documentation/reporting, ▪ discharge planning, and ▪ DCF/Program Lead support	October 2024	Ongoing
	Develop special protocols: ▪ prevention messaging ▪ 0-5 population ▪ fatherhood ▪ incarcerated parent ▪ family/household engagement ▪ families impacted by substance use ▪ families impacted by intimate partner violence ▪ families impacted by housing instability ▪ families impacted by adult/child mental health ▪ families impacted by adult/child cognitive abilities	June 2025	In Progress (Special protocols are under final draft for: working with children ages 0-5, working with families impacted by substance use, working with families impacted by housing instability, working with families impacted by mental health, and provider response to a critical event)
	Develop program specific practice guides including some special protocols, reports, and communication	March 2025	In Progress
	Re-design IFP and RTFT ▪ release Request for Information for community, provider, and court feedback	July 2024	Completed

OBJECTIVE	DELIVERABLE	TARGET COMPLETION DATE	APRIL 2025 UPDATE
	- analyze surveys completed by persons with lived experience - identify a base evidence-based model - identify an office/region to implement re-design		
	Evaluate the implementation of the IFP/RTFT re-design using a health and racial equity lens	April 2026	Grant Not Awarded Procurement On Hold
	Procure IFP/RTFT re-design statewide	April 2026	On Hold
	Procure Child First, CSF, and TCC or other appropriate service	FY 2026	To Be Scheduled
Partner with, and improve communication between service providers, persons with lived experience, and child welfare, training, and quality assurance divisions	Update the Family Support Programs and Early Childhood SharePoint sites	October 2024	Completed Ongoing (DCF Youth Consultant is providing feedback to the Early Childhood site)
	Attend and/or present at national child welfare related conferences	Annually	Presenting at the National Help Me Grow Conference to be held in July 2025 in CT.
	Identify leads or liaisons internally in different DCF divisions and externally with providers, model developers, and persons with lived experience	September 2024	Completed Ongoing
	Identify and oversee a Youth Consultant to infuse their perspective	December 2024	Completed Ongoing
	Identify training needs and partner with the Academy for Providers	June 2025	In Progress
Strengthen partnerships and collaborations with the Office of Early Childhood	Expand connections and relationships with the CT Interagency Birth to Three Coordinating Council, home visiting programs, Birth to Three, HeadStart, Help Me Grow, and CT 3-5-9.	June 2025	In Progress
	Develop a brief on roles and expectation for the DCF HeadStart Liaison	September 2024	On Hold
	Organize a statewide meeting and all DCF HeadStart liaisons	December 2024	On Hold
Review and update DCF policies and practice guides as needed	Review and update the Early Childhood policy and practice guide including: - referrals to Birth to Three - use of Sparkler - referrals to HeadStart - use of ECCP and TCC	December 2025	In Progress (Developing a policy infographic on screening and referral to Help Me Grow or Birth to Three. Also developing an infographic on early childhood services)
	Review and update the Reunification policy and practice guide	April 2026	In Progress

The 5-year Plan objectives include:

1. Re-assess the service array for caregiver and early childhood programs.
2. Partner with, and improve communication between, child welfare, service providers, persons with lived experience, and quality assurance and other DCF divisions.
3. Strengthen partnerships and collaborations with the CT Office of Early Childhood.
4. Review and update DCF policies and practice guides as needed.

By completing these deliverables, the Family Support Programs and Early Childhood unit expects to:

1. Influence the service array to impact family outcomes.
2. Infuse prevention messaging throughout our services to decrease second generation involvement or adverse experiences.
3. Impact availability and equitable access of services for our families.
4. Become fiscally responsive with our programs.
5. Improve coordination and implementation of services with DCF practice.
6. Improve communication process between providers and DCF - written/verbal.
7. Improve understanding by DCF staff on service array.
8. Provide training opportunities for providers to be better prepared for the complexities of our families.
9. Develop opportunities to recommend child welfare system improvement.
10. Highlight provider collaboration and safety through a Child Safety Practice model lens.

In addition to managing these services and collaboration, the Family Support Programs and Early Childhood unit is managing new ARPA funds specific to infant mental health. Contracts have been amended to include the development of the NEST HUB, sponsor Infant Mental Health Endorsements, increase conference participation, develop and execute a marketing plan, develop an infant mental health training for foster parents, and increase training opportunities.

Early Childhood Collaboration Updates

The Department is committed to engaging community partners and stakeholders in operating and improving a quality child welfare system. The following are updates from a number of these ongoing partnerships.

The Office of Early Childhood (OEC) 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, the Sparkler app, and WIDA Early Years E-Learning 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](#).

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. Improving coordination across stakeholders serving vulnerable families is critical to strengthening CT's prevention efforts. As a first step in this work, the 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, Healthy Families of America, Nurse Family Partnership, Early Head Start, Family Check-up, Minding the Baby, Family Bridge, Child First.)

- CT's Birth to Three system includes statewide early intervention services and support for infants and toddlers with disabilities and their families. The program currently serves about 10,000 children annually.
- School Readiness
- Early Head Start/Head Start programs in the state.
- Even Start family literacy program
- 2-1-1 Child Infoline 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.
- Help Me Grow-a national model, is a statewide program that serves children and their families starting from pregnancy. Services are accessed by connecting with the centralized 211 Child Development helpline. The Help Me Grow model is built upon the idea of connecting families with a system of community resources to help them thrive, like health care, quality early learning experiences, healthy nutrition, and parent support
- 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 EBT
- 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:

- Connecting parents in specific educational training programs with the childcare they need to reduce barriers to program participation, and ultimately, increase employment.
- Expansion of Family Bridge (Universal Home Visiting) pilot to a second provider site in Norwich
- Parents Connecting Parents: Parents Connecting Parents is a program that aims to share support for families within six starter communities. In partnership with CT Network for Children and Youth, the communities, local early childhood collaboratives, and parent ambassadors, the program will continue to build upon relationships that already exist through local outreach. This will foster further opportunities to share resources, break down barriers, listen to families, and support children's early childhood educational journey. A training framework has been developed that ensures parents have the tools needed to share valuable information within the local communities such as early childhood spaces for children

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

- Prevention (Primary prevention, early intervention, diversion)
- 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 Child Development Infoline
- Even Start
- Head Start/Early Head Start
- Two-generational initiatives (i.e., Family Homeless Diversion Initiative)

- SNAP EBT
- 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
- Help Me Grow
- Parents Connecting Parents

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. Each of the 14 DCF area offices have local collaboratives that work together, and the DCF and Head Start staff from these 14 local collaboratives from across the state come together on a quarterly basis. During these statewide quarterly meetings, DCF and Head Start staff meet with their key partners inclusive of the Early Childhood Consultation Program, Supportive Housing for Families, Birth to Three, Child First, a statewide representative of the Coordinated Access Network, and sister state agencies including the Department of Mental Health and Addiction Services and the State Department of Education. 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.

During the meetings, training topics have focused on resources related to DCF, OEC, and community funded parenting and early childhood programming, resources for basic needs and housing, community resources for concerns of substance misuse, mental health, and intimate partner violence, housing and basic needs resources, and other program-specific discussions. In addition to focused 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.

The partnership between Head Start and DCF within this collaborative has also benefited by establishing practices to enhance partnership to support families. Each of the 14 DCF area offices has at least one identified staff member to serve as liaison for their office, many of whom are co-located at local Head Start programs. Additionally, there has been coordination and streamlining of the referral process to increase the number of DCF children in quality early care and education and strengthening of referrals and family engagement with early intervention services. DCF staff liaisons also coordinate regular monthly rounds for active caseloads, as well as making efforts to ensure inclusion of Head Start Family Service Workers within the case planning process and Administrative Case Reviews.

The DCF and HSSCO leads participate in a workgroup with statewide partners to discuss the development of data tracking systems for local early childhood collaboratives. The goal is to establish a system that supports the creation of agendas, processes, and collaboration to enhance meetings at both the statewide and local levels. This will be achieved through quarterly meetings, where input from DCF staff, Head Start staff, and members of local collaboratives will be gathered to identify key data and trends. These insights will help guide discussions and improve engagement with families and communities.

Help Me Grow Advisory Committee

Connecticut's [Help Me Grow \(HMG\) system](#), which has been in existence statewide for 22 years, ensures that families with young children at risk for negative outcomes have access to information, support and resources. The statewide program serves children and their families starting from pregnancy. HMG connects Connecticut children and their families to community services and resources related to child health, behavior, development, and learning. HMG serves pregnant women, parents, caregivers, social service agencies, child health providers, as well as early care and education providers.

HMG consists of four components:

- **A Centralized Access Point:** The 211 Child Development Infoline is the centralized access point for HMG resources and supports, as well as Birth to Three evaluations. This access point assists families and professionals in connecting children to the grid of community resources that help them thrive.
- **Family & Community Outreach:** builds parent and provider understanding of healthy child development, supportive services available to families in the community, and how both are important to improving children's outcomes. The CT power grid for engagement includes Sparkler, a mobile friendly app for parents and caregivers to complete developmental screening (with the Ages and Stages Questionnaire), and the CT Learn the Signs Act Early Ambassador who works in communities to improve early identification of developmental delays and disabilities, including autism. HMG also partners with various state agencies and community providers to ensure families are linked to these important partners to meet children and family's needs.
- **Child Health Care Provider Outreach:** Supports early detection and intervention efforts and connects medical providers to the grid of community resources to best support families. When potential concerns are spotted early on, they can be easier to address. A partnership with CT AAP Champion and Pediatricians is strengthening Help Me Grow initiatives.
- **Data Collection & Analysis Supports:** To make sure the resource grid is working effectively, data collection and analysis of that data helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement.

The goal of the HMG Advisory Committee is to build, in partnership with families and early childhood partner agencies, a coordinated early childhood system that supports developmental screening, early identification, and linkages to services and supports. The Committee is comprised of over fifty members representing early childhood-focused programs across the state. The HMG Advisory Committee meets monthly to discuss practices, trends, and engagement efforts throughout Connecticut. It also serves as a central resource for bringing state-level work to all regions of Connecticut, offering opportunities to share, learn, and potentially replicate best practices across the state. Additionally, the Committee includes representatives from the National Help Me Grow Center, which helps ensure Connecticut is aware of and invited to participate in the Center's initiatives, such as webinars, special projects, and the annual forum. The HMG Advisory Committee plays a unique role in developing, alongside families, an equitable and coordinated early childhood system that supports developmental screening, early identification, and access to services and supports.

The HMG Advisory Committee also continues its role as the mandated stakeholder group for a federal grant from the Association of University Centers on Disabilities (AUCD) and the Centers for Disease Control and Prevention. This grant, awarded to UCONN's Center for Excellence in Developmental Disabilities (UCEDD), focuses on COVID-19 recovery and aims to strengthen resilience, promote positive behaviors, and provide resources for children, families, and communities. The grant requires a needs assessment to identify barriers and opportunities in the key areas of early identification, including: 1) parent-engaged developmental monitoring, 2) developmental and autism screening, 3) referrals, and 4) receipt of early intervention services for children ages birth to five. Based on the results of the assessment, and under the guidance of the HMG Advisory Committee, the following priorities have been identified:

- Focus on the 0-3 population through Early Head Start, infant/toddler programs, and family childcare.
- Provide education on the importance of screening and social-emotional support.
- Support the Office of Early Childhood's (OEC) Sparkler app as a tool for developmental screening, child development activities, and connections with professionals. (Note: The DCF system also promotes Sparkler.)
- Collaborate with the Department of Mental Health and Addiction Services (DMHAS) on outreach to Specialty Programs for Women & Children.
- Conduct targeted outreach to community health centers, pediatric practices, and COVID-19 testing sites.
- Ensure consistent messaging in multiple languages, including English and Spanish.
- Provide brochures to hospital newborn units, encouraging parents to sign up for the Ages and Stages Questionnaire (ASQ-3).
- Partner with the Connecticut Children's Education Practices program to provide pediatricians with evidence-based clinical information, office tools, and connections to community resources.

The HMG Advisory Committee has prioritized the development of two workgroups focused on outreach and engagement: the Community and Family Outreach workgroup and the Child Health Provider Outreach workgroup. These groups will meet quarterly to discuss targeted outreach strategies for priority populations—families/communities and medical child health providers—and report back to the larger HMG Committee.

CT Family Support, Tracking, and Referral System (STARS)

The UConn UCEDD also receives funding from the federal Office of Special Education Programs for the implementation of the CT Family Support, Tracking, and Referral System (STARS). This grant aims to develop, demonstrate, evaluate, and replicate a model interagency system for identifying, screening, referring, and tracking infants and toddlers at risk for developmental delays or disabilities. The first pilot site launched in 2022 in Hartford, with additional sites in Waterbury and Northwestern CT/Litchfield County planned for 2025-2026. The elements of the CT Family STARS model complement the work done under the UCEDD grant and align with the HMG Advisory Committee's focus. These elements include:

- An integrated data system for tracking and screening children from birth or system entry.
- Promotion and use of the ASQ-3 and Sparkler.

Parent-to-parent outreach for family participation in identifying, screening, referrals, and service evaluations. The Department has also begun participating in the [CT Family STARS](#) Advisory meetings.

Birth To Three Collaboration

The Department has monthly meetings with the Birth to Three department in OEC. Purposes of meetings focus on trends in identification and referral processes, as well as ongoing case collaboration on DCF-involved children who may be eligible for Birth to Three services. One highlight from 2024 from this collaboration is by exchanging feedback, OEC updated the Birth to Three referral form used for DCF-involved families to be streamlined and user-friendly, to ensure appropriate referrals are being sent to Birth to Three in a timely manner.

A priority of the Birth to Three collaboration meetings between DCF and OEC has been in creating supportive documents and infographics for dissemination to DCF staff on Birth to Three referral processes as well as providing resources for educating families on the Birth to Three program to ensure all eligible children are being referred and evaluated if appropriate. A workgroup consisting of DCF and OEC staff members as well as respective legal representatives are meeting on a monthly basis to revise and update the current Memorandum of Understanding between the two agencies regarding policies, procedures, and information sharing on the shared population being served. The workgroup is also discussing possible trainings and professional development opportunities for staff of the respective agencies to have on programming and procedures at DCF and OEC.

CT Interagency Birth to Three Coordinating Council

The Department has a representative participating in the [CT Interagency Birth-to-Three Coordination Council](#) which advises and assists the CT Office Of Early Childhood) in the implementation of the Birth to Three System. It was established under Part C of the IDEA (Individuals with Disabilities Education Act) and Connecticut's Birth to Three legislation. Members are appointed by the Governor and leaders of the State House of Representatives and State Senate.

CT 359 Network Collaboration

The Department has participated in the [CT 359](#) Network meetings. The CT 359 Network is a diverse coalition of individuals and organizations committed to advancing the health and well-being of CT's younger children. Their vision is for all of Connecticut's younger children to be healthy, thriving and developmentally on target at three, five and nine. Their work is supported through a grant from the national Pritzker Children's Initiative to the CT Data Collaborative. In December 2024, a representative from the Department joined a CT delegation of 2 OEC staff, one CT-Association of Infant Mental Health staff, and one representative from CT 359 at the Prenatal-to-3 Policy Impact Center in Denver, CO

Substance Exposed Infants

The Department in partners with the Department of Mental Health and Addiction Services (DMHAS) in CT's CAPTA initiative on Substance Exposed Infants (SEI). Please see CAPTA section for additional details.

Early Childhood Trainings

Academy for Workforce Development

The DCF Academy for Workforce Development offers a variety of trainings on early childhood. These include Family Care Plans and CAPTA, Early Childhood Development series, the Importance of Creating Supportive Relationships for the Young Child, the Effects of Parental Incarceration on Young Children Birth to Age 5, and Teaching and Supporting Regulation for Young Children Birth to Age 5. For a complete list of services please see the AWD Training Catalog in Appendix B.

CT Association for Infant Mental Health

The Connecticut Association for Infant Mental Health (CT-AIMH) is a professional statewide non-profit organization that offers education and expertise in infant and early childhood mental health. CT-AIMH is part of the Alliance for the Advancement of Infant Mental Health, an international organization that includes 35 other states, and 2 other countries, that partners with associations of infant mental health so that associations can support, grow, diversify, and advocate for their local infant & early childhood mental health-informed workforce.

The Connecticut Association for Infant Mental Health (CT-AIMH) provides an intensive Infant Mental Health (IMH) 8-topic training series, which is offered on an annual basis. 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 in-person training series in 2024 (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 those impacts relationships, particularly their relationships with their infants and toddlers. Topics include:

- Understanding and Observing Infant-Toddler Development; Using Screening Tools to Make Appropriate Referrals, & Collaborating with Early Child Programs to Best Support Very Young Children and Their Families
- Attachment, and Unresolved Trauma and Loss
- Integrating a Trauma Lens into Infant Mental Health Practice 1
- Integrating a Trauma Lens into Infant Mental Health Practice 2
- Family Time: Promoting Parent-Child Relationships in the Context of Child Welfare Visitation
- Culturally Responsive Practice and Racial Equity in Infant and Early Childhood Mental Health
- Observing Parents/Caregivers-Child Relationships
- Reflective Practice, How Infant Mental Health Principles Can be Integrated in the Workplace

The Academy of Workforce Development has offered NASW Continuing Education Credits to DCF staff and community partners. CT AIMH has also implemented two, half-day supplemental trainings for those who have completed the 8-topic Infant Mental Health training series. These trainings cover topics that align with infant mental health competence guidelines.

Beginning in 2023, additional opportunities have been provided for five DCF staff to attend CT AIMH's biannual conferences, held in May and November of each calendar year. The spring conference offered in May 2024 covered the topic of *"Infant and Early Childhood Mental Health: Honoring Family, Culture, and Community Relationships between Infants, Young Children, and their Adult Caregivers"*. The fall conference offered in Nov. 2024 covered other topics including *"The Implications of Kinship Care from the Voice of the Baby"*. 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 experiences are offered to DCF staff and community providers to help create a competent multi-disciplined workforce in the area of Infant and Early Childhood Mental Health.

Early Childhood Services

In addition to collaborations, partnerships, and training, the Department contracts with community providers for services that support families with children ages 0-5. These services focus on supports to the parent/caregiver, identification of needs for children ages 0-5, and engagement in services to improve the outcomes of the children. As noted in the beginning of the Family Support Programs and Early Childhood, there are many DCF contracted services that engage with families where there are children ages 0-5, but they are not specific to this population. It should be noted that programs that are overseen by this unit will develop a protocol on how to support families with young children. This protocol will set up minimal standards for these programs to follow should there be a child ages 0-5.

Early Childhood Consultation Partnership (ECCP®)

Connecticut'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 infant and early childhood mental health consultation program. It is a 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, and children ages 0-6 (up to child's entry to kindergarten) with challenging behaviors and/or social and emotional needs. ECCP was accepted into the California Evidence-Based Registry as a Promising Practice in 2022. ECCP currently operates with twenty-four ECCP Consultants who are funded by both the Connecticut Department of Children and Families and the Connecticut Office of Early Childhood.

ECCP has three primary levels of intervention, the Core Classroom service, the Family Childcare 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 Childcare Provider** service was introduced in SFY 22. This service focuses on the Family Childcare Provider and their staff to support social emotional climate, improving provider-child interactions, behavior management, and overall program quality, including provider support. 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 on-site consultation per week, followed by one month and six-month follow-up contacts.

In SFY 24, 377 Child Specific Services, 225 Core Classrooms, and 13 Family Childcare Program services were provided in 290 unduplicated centers. In SFY 25, as of April 2025, 339 Child Specific Services, 242 Core Classrooms, and 14 Family Childcare Program services were provided in 295 unduplicated centers. ECCP expects to provide an additional 140 child specific and 90 core classroom services through September 30, 2025. In addition, ECCP provides training to communities throughout Connecticut on social and emotional topics related to children birth to five. In SFY 24, ECCP provided 37 community-based trainings in which 726 people attended. In SFY 25, as of April 2025, ECCP provided 35 community-based trainings which 627 people attended. ECCP expects to provide an additional 10 community-based trainings through September 30, 2025.

ECCP is a highly utilized service throughout the state which has shown improvements for young children struggling in their early childcare centers. In SFY 24, 82% of Preschool classrooms receiving the Preschool Core Classroom intervention reported improvements in at least one domain (Emotional Support & Classroom Organization). Additionally, 89% of the Preschool classrooms reported improvements in two or more dimensions of ECCP intervention (Positive Climate; Negative Climate; Teacher Sensitivity; Regard for Student Perspective; Behavioral Management;

Productivity and Instructional Learning Formats). In SFY 24, 79% of Toddler classrooms receiving the Toddler Core Classroom intervention reported improvements in at least one domain (Emotional and Behavioral Support and Engaged Support for Learning). Additionally, 90% of the Toddler classrooms reported improvements in two or more dimensions of ECCP intervention (Positive Climate; Negative Climate; Teacher Sensitivity; Regard for Child Perspectives; Behavior Guidance; Facilitation of Learning and Development; Quality of Feedback and Language Modeling). In SFY 24, 98% of children who completed Child-Specific Services through ECCP were not suspended or expelled from their daycare/educational setting at the one-month follow up. Additionally, based on assessment tool ratings administered pre-service and post-service, 75% of caregivers and 56% of teachers reported child improvement in scores rating internalizing and externalizing behaviors.

Circle of Security - Parenting Support Services

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 eighteen additional languages. 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 who are referred to as the Parenting Support Services Program which uses a combination of COSP and Triple P Parenting. Priority is given to parents involved with DCF however community referrals are also accepted. COSP can be offered to a variety of caregivers, including biological parents, adoptive parents, foster parents, grandparents, and relative caregivers. In SFY 2024, 1339 caregivers participated in Circle of Security. In SFY 2025, as of April 1, 2025, 1494 caregivers have participated in Circle of Security.

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 childcare providers, pediatricians, and the staff and clinicians from various DCF-funded programs such as Child First, Intensive Family Preservation, Family-Based Recovery, Reunification and Therapeutic Family Time, Quality Parenting Centers, and Intimate Partner Violence-Family Intervention Assessment Response. Training has also been offered to state partners including those from the Department of Mental Health and Addiction Services, the Office of Early Childhood, and the Department of Corrections. Within DMHAS, COSP has been provided to Perinatal Support Teams, Peer Mentors, and various staff from the DMHAS Women's & Children's Programs. Within OEC, several staff from Birth to Three Programs have been trained in COSP. Within the Department of Corrections, several staff counselors have been trained in COSP. In SFY 2024, 102 professionals have been trained in Circle of Security. In SFY 2025, as of April 29, 2025, 101 professionals have been trained in Circle of Security.

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 support.

Child First affiliate sites were strategically placed in DCF Regions such that there is an affiliate serving each DCF Area Office. Since July 2021, to assist in coverage-related challenges, services were expanded to ensure coverage of all towns served within each region. Along with the expansion of towns served, additional teams were added across the state to meet service demands. High service utilization along with staffing and hiring challenges despite creative recruitment efforts have remained a challenge that has impacted waitlists for families being served. Child First continues to be used and benefit children and their caregivers both in their families of origin as well as in foster homes through reductions in caregiver-child interaction difficulties, reduction in parenting stress, reduction in child problematic behaviors, and increases in child social skills.

Child First resumed its second randomized trial (RCT) in 2023. It originally began in May 2019 however paused due to the covid pandemic. This study includes a broad age range up to six years old across multiple sites in Connecticut, North Carolina, and Colorado. Enrollments to the RCT concluded in Dec. 2024 and Child First and MDRC, the social policy research organization overseeing the research component will examine outcomes and will be following children and their families longitudinally with administrative data.

In SFY 2024, 571 children and their caregivers were engaged with Child First services. In SFY 2025, as of April 29, 2025, there have been 378 children, and their caregivers engaged in Child First services. Child First has been utilized to support the most vulnerable families with young children, as Child First intake assessment scale data demonstrates that 97% of referred caregivers and 84% of referred children experienced at least one traumatic event, 74% of caregivers experiencing difficulties in the parent-child relationship, 61% of children scoring for behavioral concerns, and 21% of caregivers scoring for maternal depression/mental health. Child First families continue to show improvements while in service, as data indicates clinically significant improvements of at least 0.5 standard deviations in assessment scale ratings from intake to discharge. Child First families show improvements with this intervention, as 86% of referred families demonstrated improvement in at least one domain (Child problem behavior, child social skills, communication skills, parenting stress, caregiver depression, caregiver PTSD symptoms, and parent -child relationship), and 62% of involved families demonstrating improvements in at least two domains. Collaboration between Child First and the DCF Enhanced Service Coordinators has been essential in facilitating referrals, triaging high needs and high priority cases, and ensuring ongoing collaboration between Child First service providers and DCF staff. 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.

Therapeutic Child Care

TI-TCC is 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).

The goals of both programs are to capitalize on young children's resilience by the following frameworks:

- The Center for Social Policy's Strengthening Families Approach and Protective Factors Framework
- 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.

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 assess the child's baseline and progress upon intake and throughout their involvement in the early care environment. 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. ARC trainers have not been available to train the new staff so Noni - developed by Teaching Strategies Inc. - was chosen as a model. Noni is yet another effective classroom intervention. Noni was specifically developed as a solution for helping teachers to mitigate the negative impact of trauma and ACEs on young children in preschool up to grade 4. Noni provides a digital training app to provide real time support and strategies for teachers based on their input. It supports them in building a trauma sensitive classroom where they can better manage and predict dysregulated child behaviors that stem from exposure to trauma, toxic stress, and ACEs.

The two programs collectively have the capacity to serve 42 children. All the referrals will come from the Department of Children and Families and the children will be living with their own families or in foster care. The classrooms both meet accreditation standards through the National Association for the Education of Young Children (NAEYC) and licensing standards through the Connecticut Office of Early Childhood. The children receive clinical intervention by a Licensed Clinical Social Worker as well as teaching staff trained to address both challenging behaviors in the classroom setting as well as the impacts of stress in early childhood. Each child has an individualized treatment plan to support their unique social-emotional needs.

The goals of therapeutic childcare seek to have children successfully transition to a less intensive educational setting as a result of the services offered. Children are discharged from the program when the child enters Kindergarten, is ready to transition to a less intensive program, parents no longer cooperate, or the child has been enrolled for a maximum of 18 months. Both programs have consistently maintained classroom capacities, with participating children successfully discharging from the program with increased social/emotional wellness, noted progress in one or more areas of problem solving, language, communication, cognitive and psychomotor skills, and children who do not make progress are referred for additional assessment through either a Birth to Three evaluation and/or special education evaluations through their local Board of Education. In addition, parent goals include improved parent-child interactions, increased knowledge of child development, and establishing connections to community resources.

NEST Hub

The Department is currently in the planning stages of piloting a program through Advanced Behavioral Health focused on supporting foster families upon placement of a child ages 0-5 in their home. The NEST Hub program is a family and community-based consultation and referral service for foster families. The foster child may or may not have complex clinical, social and educational needs. NEST HUB is a care coordination and consultation approach connecting families to valuable virtual and community-based resources they can access in homes, neighborhoods, schools, and communities. A crucial aspect of NEST HUB is its emphasis on promoting adjustment in the natural environment. Consultations with families would promote the foster parent's capacity to positively support each child placement. Monthly planning meetings have been held with the NEST Hub workgroup, consisting of DCF staff, foster care division staff, a current foster parent with lived experience in fostering and adoption of DCF children, and Advanced Behavioral Health staff. Beginning July 1, 2025, the NEST program will be piloted in the Hartford/Manchester regional offices, followed by the addition of the second piloted region of Bridgeport/Norwalk.

Parent Child Interaction Therapy (PCIT)

Parent Child Interaction Therapy (PCIT) services is an evidence-based service that utilizes dyadic therapy that is conducted through "coaching" sessions where a therapist monitors parent and child interactions and communicates with the parent to build caregiver skills to manage the child's behavior. PCIT therapy is implemented in two phases: 1) the Child-Directed Interaction Phase (CDI) where parents develop child-centered interaction skills to enhance the parent-child relationship; and (2) the Parent-Directed Interaction Phase (PDI) where caregivers learn additional behavior management skills. Average length of service is up to 20 sessions, each lasting 60 to 90 minutes. Treatment time will be based on needs of the family and families remain in treatment until parents have demonstrated mastery of the treatment skills and rate their child's behavior as within normal limits on a standardized measures of child behavior. The target population for this service is any family with a child or children between the ages of 2-7 years with emotional

or behavioral issues and their parents and caregivers residing in the State of Connecticut. Contracts with providers for this service began 7/1/24.

Family-Based Recovery (FBR)

Family-Based Recovery (FBR) 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.

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 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 between 10 and 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 per 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 Years (SFY) 24 analyzed from the Department's Provider Information Exchange (PIE) data system include:

- FBR admitted 92 clients and their family members.
 - FBR teams admitted 81 female clients (81%) and 19 male clients (19 %), 13 African American clients (1%), 22 Hispanic (22%), 52 Caucasian clients (52%), 3 clients (1%) as multiracial and 1 client that identified as Other (12%). An additional 9 clients (9%) 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. Fentanyl was the substance of choice for 9 clients.
 - 23% (n=18) of the clients completed treatment,
 - 21% (n=16) the family discontinued services,
 - 25% (n=19) the agency discontinued services,
- As July 1, 2021, completed treatment was re-defined as:
 - Case open at least 5 months,
 - Index parent attending 2/3 of scheduled sessions,
 - Index parent completing all intake tools/measures,

- Index parent completing 90-day tools/measures, and
 - Index parents completing 80% of valid substance use screens.
- Some clients not completing treatment were discharged due to obtaining a medical marijuana card. This data is captured in the FBR Quality Assurance Reports.

Performance Measures Highlights: FY 24

- 40% of clients were abstinent within the last 30 days of treatment.
- 94% of clients who completed the program were compliant with their child's medical care.
- 90% of clients who completed treatment did not have a new abuse/neglect report during treatment

Multidimensional Family Therapy and Recovery (MDFTR)

Multidimensional Family Therapy and Recovery (MDFTR) is an intensive substance use treatment and recovery program for adults impacted by substance use. MDFTR is delivered primarily in the family's home and through multiple weekly individual and family therapy sessions. The MDFTR approach incorporates, integrates, and adapts core intervention components of both Multidimensional Family Therapy (MDFT) and Multidimensional Family Recovery (MDFR) for the treatment of parental substance use, co-occurring mental health problems, and child maltreatment. MDFTR also incorporates early interventions to address co-occurring intimate partner violence. The target population for MDFTR is pregnant or parenting adult caregivers (age 18+) with a substance use disorder (with or without co-occurring mental health or intimate partner violence) who have a child aged 0-5 years inclusive who has been removed or is at risk of removal from home. Caregivers and recovery supports must be English or Spanish speaking.

Adult caregivers must meet ASAM clinical criteria for community-based substance use disorder (SUD)-focused treatment and reside in the program catchment area. MDFTR:

- Fully assesses and integrates medical, psychological, educational/work, justice, and treatment histories for caregivers
- Offers evidence-based treatment in a timely manner aiming to prevent or reduce child maltreatment and out-of-home placement for children under the age of six
- Is inclusive of the family and recovery supports as a full participant and partners
- Offers a range of interventions that utilizes strengths to address the needs of the caregiver and family
- Is sensitive and responsive to cultural differences and special needs

MDFTR is currently being piloted in DCF Region 3. Referrals began to the program in January of 2024, and to date 16 individuals have been enrolled in services through MDFTR.

Multidisciplinary Evaluations for 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. In July 2023 DCF implemented a Statewide MDE Standardization process and change. This has impacted the documentation of the MDE but not the completion of the MDE. Implementation of the new process is ongoing with frequent evaluation of the process and additional training as needed. Please see the included *Health Care Oversight and Coordination Plan* for information on MDE's completed from FY 2022 - 2023, FY 2023-2024 and FY 2024-2025 (Jan-March), and on the assessments utilized during the MDE process.

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 have implemented 988 crises call center.
- Enhanced **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 three community based, 23-hour **Urgent Crisis Centers** as an alternative to the use of emergency departments for children's mental health crisis assessment
- Developed and procured two **Sub-Acute Crisis Stabilization Centers**, with twelve to sixteen beds and short term (14 day) stay.
- Continued to invest in 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 implemented an **Urban Trauma Network** of eight provider agencies who will receive specialized training and consultation in order to provide enhanced mental health treatment to children and youth of color (and their families) who have been exposed to trauma.
- Developed and implemented a mental health promotion project using the **Gizmo's Pawesome Guide to Mental Health** for children in elementary schools who completed **Bounce Back**, which is a school-based, evidence-based group treatment for children who have been exposed to trauma.
- Supported the development of a statewide strategic plan entitled **Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut** in published by the Child Health and Development Institute (CHDI).
- Collaborated on initiative to enhance the role of persons with lived expertise in the behavioral health workforce. Activities will include identifying national and local best practices, exploring development of career pathways, assessing opportunities for fiscal sustainability, etc.

Parents with Differing Cognitive Abilities (PWDCA, formally 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 in need of specific services tailored to its 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 training was developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and is 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 over 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.

The PWDCA Workgroup has maintained a solid interest from community providers, state agencies, and stakeholders through participation in virtual quarterly Workgroup meetings. However, in 2022 there were several changes in key members. While these changes have impacted the momentum of the work, the PWDCA, which has always maintained the value of the collaboration of partner agencies, providers, and parents, the Workgroup aimed to re-structure and re-invigorate the mission of the work. In addition to reinforcing the key goals, founding members wanted to ensure there would be a way to continue popular PWDCA training for community providers and stakeholders. The PWDCA Chair was able to secure a commitment from the DCF Workforce Development Division to dedicate at least one staff person to become a PWDCA trainer. The original PWDCA Training Team met throughout the previous fiscal year to edit and complete all training materials and handouts for both in-person and virtual Training environments. Efforts continue to solidify ongoing members and identify a DCF lead to chair the workgroup. Once finalized, training will be scheduled in order to provide this well received and frequently requested training to providers and key stakeholders in the community. It is hopeful that the quarterly meetings will resume along with in-person annual meeting once the PWDCA has been re-established within the appropriate DCF division.

ACCESS Mental Health

Over 10 years ago, with a grant from DCF, ACCESS Mental Health for Youth was initiated. It is a statewide program funded by the Department of to ensure that all youth and young adults under 22 years of age, irrespective of insurance coverage, have access to psychiatric and behavioral health services. We recognized at that time, that despite their ages that young adults maintained a relationship with their PCPs (Primary Care Providers) beyond their adolescent years. The design of the program leverages those relationships to help them in connecting to behavioral health services (mental health and substance use services).

Ideally, we want to increase primary care providers' knowledge of behavioral health and substance misuse and expand their awareness of community resources. Carelon Behavioral Health (formerly Beacon Health Options) contracts with three behavioral health organizations to act as Hub teams which provide support across the state. Yale Child Study Center, Hartford Hospital and Wheeler Clinic each have teams consisting of a Board-Certified child and adolescent psychiatrists, a behavioral health clinician, a program coordinator, and a family peer specialist. The teams are responsible for providing real-time psychiatric consultation and individualized, case-based education to PCPs over the phone. Those consultations may entail diagnostic clarification, psychopharmacology recommendations, counseling recommendations, and care coordination supporting youth and their family in connecting to community resources. With the HRSA funding to support the program’s expansion to young adults, collaboration continues to occur with the Department of Mental Health and Addiction Services and the Department of Public Health, the Title V agency.

Additional funding was attained by HRSA, which afforded us the opportunity to create seven psychoeducational videos on various aspects of mental health and three provider toolkits. These videos were distributed to emergency departments, schools for parents and personnel. Given the success of ACCESS Mental Health for Youth, Connecticut State Legislators allocated ARPA (American Rescue Plan Act) funds that would allow telephonic bridge services for families. These bridge services would be up to three counseling services provided by the Hub teams to youth and young adults whose primary care providers (PCPs) were managing their medications while they were awaiting connection to mental health psychotherapy services.

ACCESS Data for July 1, 2024, to April 30, 2025

PCP Satisfaction:	4.95 (out of 5)
Total youth/young adults served:	1,208
Male:	569
Female:	631
DCF Involved:	56

Total Consultations:	5,389
Direct PCP Contact:	1,970
Initial PCP Contact:	1,208
Care Coordination and Family Support	3,326

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

Consistent with the FFPSA, 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) to map out our plan. Within the last ten years, the Child and Family Service Plan has been shared annually with the Governor’s Task Force on Justice for Abused Children (GTFJAC). The GTFJAC was first established in 1988 when officials identified the need for greater coordination of agencies involved in the investigation, intervention, and prosecution of child sexual abuse and severe physical abuse cases. The development of multidisciplinary teams (MDTs) that provide critical coordination at the beginning stages of an investigation has provided a means of maximizing community resources that strengthen and improve interagency responses and interventions. The guiding principles and values that were established initially continue to guide the direction and focus of the Task Force.

With its diverse membership, the Governor’s Task Force on Justice for Abused Children (GTFJAC) 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 the GTFJAC is currently involved in and that align with child welfare work. Three key areas of focus include:

1. Safety

Multidisciplinary Teams (MDTs) enhance the capacity of children and families to achieve positive outcomes through support, services, and resources. This will aid in decreasing the recurrence of maltreatment. Connecticut professionals with expertise in various disciplines can team complex cases. 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 for review. Below is MDT data for the teams that are funded through CAPTA:

Multidisciplinary Teams	Actuals - 10/01/22 to 9/30/23 Individuals and/or Families Served	Actual 10/1/23 to 9/30/24 Individuals and/or Families Served	Projected 10/1/24 to 9/30/25 Individuals and/or Families Served
Charlotte Hungerford Hospital – Torrington	115	113	140
Clifford Beers Clinic – New Haven County	109	130	139
Community Health Center, Inc. – Stamford	79	129	100
Klingberg Family Services – New Britain	188	631	650
Middletown Police Benevolent Association: Middlesex County	48	69	85
Sexual Assault Crisis Center of Eastern CT: Norwich/New London	167	138	140

Multidisciplinary Teams	Actuals - 10/01/22 to 9/30/23 Individuals and/or Families Served	Actual 10/1/23 to 9/30/24 Individuals and/or Families Served	Projected 10/1/24 to 9/30/25 Individuals and/or Families Served
Sexual Assault Crisis Center of Eastern CT – Windham	60	87	75
Waterbury Youth Services System– Waterbury	170	510	550

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. The MDT Evaluation Committee is a permanent GTFJAC committee. 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 committee spent the break updating the evaluation process. The evaluations resumed in March 2021, and the committee evaluated five teams in 2023. Moving forward it is expected that 4 to 6 teams will be evaluated annually, each team every 3 years.

In addition, GTFJAC leads the effort to train the state in the Minimal Facts training initiative. This training clarifies how to respond to victims of child maltreatment. The training emphasizes securing the minimal facts needed to report allegations to Careline or law enforcement to reduce the number of times victims have to repeat their abuse while ensuring timely responses to ensure child safety. There are two training versions on Minimal Facts: 1) First Responders for investigators such as law enforcement and child welfare investigators and 2) Discovers for other mandated reporters. These trainings were developed by GTFJAC and are 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 how to respond and support the child.

GTFJAC has provided trainers to conduct training for community members, organizations, schools, and state agencies. To increase the amount of training, in fall 2023 and spring 2024, the Training Committee of the GTFJAC hosted two Train the Trainers. 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 virtually and in person to increase the number of trained participants throughout the state. Over the next couple of years these two trainings will be created in an eLearning module to increase the number of professionals trained in these important curricula including schools. Data is collected to monitor the number of training courses in Connecticut and the specific professions accessing the training.

2. Permanency

In addition to Multidisciplinary Teams, Connecticut has ten Child Advocacy Centers (CAC). Each MDT is part of a CAC, some CACs have multiple MDTs. Children's Advocacy Centers coordinate the investigation, treatment, and prosecution of child abuse cases by utilizing multidisciplinary teams of professionals involved in child protective and victim advocacy services, law enforcement and prosecution, and physical and mental health. CAC/MDT support child victims and their non-offending caregivers (advocacy, services, treatment) and help preserve/maintain permanency for children within their homes. These services also aid in decreasing the recurrence of maltreatment, and advocates provide education, support, information, and referrals to assist families through the life of each case.

Every Child Advocacy Center (CAC) in Connecticut is required to be accredited through the National Children's Alliance (NCA). All ten of the CACs in the state were fully accredited by CY 2023. Over the next five years several teams will go through their reaccreditation process with the expectation they will maintain their status.

The department is pursuing a new funding flow for the CACs and MDTs. Instead of funding the 17 MDTs, the funding would go to the 10 CACs. The CACs would ensure the existing MDT structures continue with greater oversight from the CACs that are the bodies that are actually accredited.

3. 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, support, 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. CACs foster collaboration among the partner agencies and recognize the unique needs of child victims. One key partnership occurs when CACs work closely with the Office of Victims of Crime Act (VOCA) Case Management Program. This program provides holistic, supportive services for victims of crime to encourage safety and resiliency. CAC advocates connect families with VOCA Case Managers who support the personal growth and emotional healing of victims through:

- Assistance with Victims Compensation Process
- Advocacy and Emotional Support
- Connection to resources like counseling, housing assistance, childcare, transportation, etc.
- Crisis Intervention and Safety Planning

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. Over the last few years these surveys have been adjusted based on feedback from the caregivers, it has been translated into Spanish, and all necessary accommodations are provided. Over the next couple of years additional translations will be created to ensure increased accessibility for all families.

Connecticut's Court Appointed Special Advocates (CASA) executive director sits on the GTFJAC. 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 include engagement, case planning, and advocacy to ensure a coordinated approach beneficial to the child and non-offending caregivers.

GTFJAC has a Training Committee that has developed and supported in-person and virtual Statewide Training for Professionals over the past five years. The Training Committee looks to meet the training needs of the multiple disciplines involved in GTFJAC, CACs, and the MDT teams to improve the skills needed to serve Connecticut's families. Trainings have been provided to judges, public defenders, assistant attorney generals, state and local law enforcement, state and nonprofit child welfare professionals, professionals in the educational system, religious organizations, and other entities entrusted with Connecticut's children's well-being. The Training Committee continues to support the statewide "Response to Recovery" conference held in May each year. The annual, 2-day conference offers a diverse selection of session topics. It is an opportunity for law enforcement, child protective services staff, lawyers, social workers, therapists, teachers, forensic interviewers, medical professionals, and child advocacy center staff to strengthen their response to child abuse and exploitation cases across Connecticut.

During this reporting period, the task force dedicates time to each agenda for presentations to increase member knowledge in various areas. The addition of these presentations has increased member engagement in the work of the task force. The task force has received numerous presentations regarding innovations in practice, updated standards, legal issues and more. These training opportunities have allowed GTFJAC members to gain knowledge in critical areas, discuss gaps in service areas, discuss potential task force activities, and contemplate opportunities for interagency collaborations.

The Chapter Director of the Connecticut Children's Alliance (CCA) continues to provide the GTFJAC data collected from the statewide Outcome Measurement System (OMS); surveys are distributed to caregivers, multidisciplinary team members, and other key stakeholders. At the end of 2021, CCA members began using the new Youth survey. From 2021 into 2022, CCA partnered with NCA to pilot a new youth survey. The youth survey was designed to give youth (when

appropriate) a chance to share their thoughts and feelings about the CAC response. After a successful year piloting the youth survey, all the CCA members fully implemented these surveys in 2023.

The Connecticut Children’s Alliance and the GTFJAC developed and solicited virtual training presenters through an RFP for the virtual Response to Recovery conference. In June 2021, the Connecticut Children’s Alliance hired a Training Coordinator who assumed responsibility for managing the virtual series and continues to offer statewide training virtually.

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 that went into effect in August 2021. All child trafficking cases are now 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. During 2024, the MDTs reviewed 102 out of 163 possible child trafficking cases. The goal is for the MDT to review all possible cases of child trafficking, several barriers have proven to be difficult:

- Cases already open in child welfare for unrelated issues not being sent to MDT when trafficking concerns arise.
- Cases from the community not calling in the report to the DCF Careline
- Child trafficking cases not being coded correctly in NCA Trac data system for CACs (likely have reviewed a lot more than documented)

Child Trafficking Cases Reviewed Annually by MDTs:

Year	MDT Reviewed	Total Child Trafficking Referrals
2019	82	Data collection challenges, accurate data not available
2020	76	149
2021	86	241
2022	101	310
2023	98	303
2024	102	163*

*In 2024, the Department made the decision to only include the number of Child Trafficking “reports” to the DCF Careline. Child Trafficking incidents on open DCF cases are considered “referrals” for consultations to the HART liaisons. At which time, the liaison will consider referring to the MDTs.

Plans to address discrepancies in child trafficking cases being reviewed by MDTs:

- Continued training for child welfare professionals with focused attention on process to ensure cases are referred to the MDTs.
- Continued educational opportunities in the communities with signage listing the hotline number in multiple languages.
- NCA Trac training for CACs/ MDTs on how to properly document child trafficking cases.

The above summary 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.

Urban Trauma Network

The Department has partnered with The Urban Trauma Provider Network (UTPN), a program specifically developed to provide educational and training support to providers regarding the deleterious effects of trauma on youth of color across Connecticut’s urban areas. In partnership with DCF the Urban Trauma (UT) organization is leading a transformative movement to educate and provide a community-based approach to understanding the effects of discrimination for urban youth throughout Connecticut.

The Department has contracted with eight nonprofit community provider organizations to become a part of the Urban Trauma Provider Network (UTPN). These providers each received seed funding to hire an additional clinician, and they have begun receiving training, support, technical assistance and fidelity monitoring from the Urban Trauma-Performance Improvement Center or UT-PIC. The UT-PIC will help ensure that the clinical services are delivered consistent with the UTPN model of care, which is built on the work of Dr. Maysa Akbar's and Dr. Steven Kniffley.

There are three service components: (1) general outpatient mental health treatment for children and their families (2) specific outpatient treatment to a select target population of Black, Indigenous, Latinx, Asian, and or multi-racial and other minority children and their families and (3) community-based organizational activities to support the treatment and recovery of children who have been exposed to urban trauma. The organizations provide basic outpatient mental health services to children and their families. Minimally, the available services include individual therapy, family therapy, group therapy, multi-family groups and/or other mental health modalities.

Through Connecticut's CONNECT (The Connecticut Network of Care Transformation) grant, the state supported 6-month individual training, support, and coaching to assist and support community-based entities in the development of their own Health Equity Plan to reduce and eliminate disparities as they relate to Adverse Childhood Experiences (ACEs) and trauma. Connecticut developed a curriculum called Difficult Conversations: Introduction to the National CLAS Standards for use by contracted provider agencies to promote culturally appropriate language services. Finally, Connecticut is contracting with a community provider to implement a Racial Justice Provider Academy that will work with all contracted behavioral health providers to enhance their progress toward racial justice within their organizations and in their work with families and communities.

To date a total of 30 clinicians have been trained in Dr. Akbar and Dr. Kniffley's model. Children / Target Population: Ages 6 to 18, who have experienced Urban Trauma. This includes DCF involved youth. The Urban Trauma Provider Network has been making strides in advancing its mission to address trauma within urban communities through the ongoing support of the Performance Improvement center (PIC).

Catchment areas: Hartford, Waterbury, Bridgeport, New Haven. The 8 organizations have successfully completed their training in urban trauma. These organizations are actively engaged in monthly consultation sessions aimed at enhancing their expertise and collaboration in addressing trauma-related issues.

This takes place during monthly meetings with the agencies as well as 1:1 model fidelity session. Urban Trauma also hosts monthly Network meetings for all providers. The PIC also provides booster training for clinicians who need additional support in engaging families in the models. The feedback from families has been positive. The current providers do not have a waitlist and are available to work with families. The current contract with the 8 providers has ended as of 12/31/24. However, the providers continue to receive ongoing support from Urban Trauma LLC (PIC). The providers have committed to continue to provide support to the communities in which they serve.

CT CONNECT IV Grant

In October 2023, the Department was awarded a new 4-year SAMHSA grant to support schools in better meeting the behavioral health needs of their students. Since 10/1/24, 34 schools have participated in the grant activities, which includes completing a SHAPE assessment to determine their schools readiness to meet behavioral health needs of children, their sophistication with trauma informed school practices, and a connection to the state System of Care to enhance their knowledge and increased referrals to area services, including the emergency service array through Mobile Crisis, Urgent Behavioral Health Care Centers, and Sub Acute Stabilization Centers.

Urgent Crisis Centers and Subacute Crisis Stabilization Centers

Recent years have seen a significant increase in young people with behavioral health conditions presenting to hospital emergency departments (ED) for evaluation and treatment. These numbers were exacerbated during the COVID-19 pandemic and have not receded to pre-pandemic levels, frequently overwhelming the capacity of EDs. Connecticut is making an investment in building out its crisis response system by implementing two new service types: Urgent Crisis Centers and Subacute Crisis Stabilization Centers. Three community-based Urban Crisis Centers opened during

Summer 2023; another program is being developed as part of a hospital Emergency Department. One Subacute Crisis Stabilization program opened in January 2024, with another program in development and slated to open during 2025

Urgent Crisis Centers provide on-site assessment and stabilization services with linkage to ongoing appropriate supports and services. The UCC serves as an alternative to the Emergency Department for youth who otherwise might have been referred to an ED but do not require that level of care. These are non-residential programs. The UCC will: triage youth based on risk and needs; provide de-escalation and crisis stabilization services; offer a thorough assessment to determine appropriate level of care; develop a crisis safety plan collaboratively with the family; and based on assessment results, coordinate care for youth/young adults and their families to receive the appropriate level of care and type of services to meet their needs. To date, since 10/1/24, the program has expanded its clientele. UCC's have expanded their clientele over time- the first year, from 7/1/23 to 9/30/24, 1,135 clients were served. From 10/1/24 to 5/30/25, an additional 1,154 children were served, and 98% went home with their families and did not move on to higher levels of care.

The Subacute Crisis Stabilization programs will provide a resource for youth who need to be out of their home to stabilize safely but who do not require hospitalization. The Sub-Acute will provide a safe facility for youth experiencing a sub-acute behavioral health crisis (mental health and/or substance use crisis), with length of stay expected to be no longer than 14 days. The Subacute program will: engage the youth in de-escalation and stabilization techniques; provide a full diagnostic evaluation and assessment; provide medication administration and management as needed; provide individual and group treatment to prepare the youth/young adult to return to home, school and the community; work collaboratively with the family, school and other professional and informal supports to support the youth/young adult's discharge; and based on assessment results, coordinate care for youth and families to receive the appropriate level of care at discharge. From 7/1/24 through 9/30/24, 51 children were seen at the sub-acute crisis center. Since 10/1/24, an additional 61 children have been served, with 92% of youth meeting their treatment goals during their stay.

Mobile Crisis Expansion and 988

Connecticut has expanded its crisis response system to include 24/7 availability of in-person mobile clinical response to youth and families in crisis. Through the statewide centralized call center, accessed via 211 or 988, families can be connected in real time to a clinician and if needed they can respond to the youth's home, school, or other community location within 45 minutes. From October 2024 - April 2025, United Way Call Center 2-1-1 received 8,921 calls for Youth Mobile Crisis Intervention Services, including 6,465 handled by Mobile Crisis providers and 2,456 calls handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). The average statewide mobility was 96.6% and 89.1% of mobile episodes received a face-to-face response in 45 minutes or less. Connecticut also developed and implemented an extensive awareness and outreach campaign - the [1Work, 1 Voice, 1 Life - Be the One to Start the Conversation Suicide Prevention Health Promotion Awareness](#) campaign through the statewide Suicide Advisory Board.

Regional Suicide Advisory Boards

Connecticut has enhanced its support of the Regional Suicide Advisory Boards (RSAB), and through them provides training and consultation to provider organizations and community members regarding suicide prevention, screening, and intervention. The RSABs are working to continue alignment of the previous campaigns to incorporate and dually market the national 988 Lifeline campaign. Additionally, the RSABs provide a postvention responses in collaboration with other provider organizations to their communities in the aftermath of a suicide.

Integrated Family Care Support Program (IFCS)

The Integrated Family Care and Support Program (IFCS) was established in early 2020 for families referred to DCF to promote family wellbeing, to remove the stigma of DCF involvement, and to assist families in accessing concrete, traditional and non-traditional resources and services in their community. In state fiscal year 2024 (7/1/2023 – 6/30/2024), IFCS became one of three service types that comprises the Preventive Care Management Entity - a vital component of the Family First Prevention Services Act plan implementation by the State of Connecticut. With a focus on family empowerment, IFCS places families in the lead role in their care planning and promotes an array of sustainable and accessible community-based supports and services.

The IFCS mission is to provide in-person care coordination support to families through engagement, comprehensive screening, and consistent care management. By breaking down perceived and real barriers to care, and empowering families to navigate and access a local system of care, IFCS aims to strengthen family capacity and prevent further child welfare system involvement. DCF remains the sole referral source. Initial assessments include utilizing the standardized Social Drivers of Health (SDoH) screen and the North Carolina Family Assessment Scale (NCFAS-G), safety and risk domain. SDOH is a measure that covers 9 categories that impact a wide range of health, functioning, quality of life outcomes and risk assessment that can affect a member's ability to meet goals. The NCFAS-G is a validated tool covering 8 domains of family functioning that affords the opportunity to incorporate family-specific strengths and needs into crisis and care plans. Services typically last 6-9 months, aiming for sustainable community supports upon discharge.

IFCS and DCF meet monthly to review trends in referrals, barriers to care, staffing and other administrative needs. Over the past year, we have focused our collaborative efforts on the care of families with children ages 0-5 as IFCS identified an increased number of referrals of this population. IFCS has re-formatted and re-trained IFCS staff on crisis/family safety plans to ensure that the primary safety/ risk factor is highlighted on the plan. Additionally, IFCS leadership contributes to DCF workgroups, developing guidelines for working with young children and for responding to critical incidents.

On July 1, 2023, Carelon Behavioral Health started a new contract to launch the state's Family First Prevention Services Act plan, with IFCS being one of the largest service types offered under this plan. The first year was focused on formalizing and developing all service types under the plan, determining critical outcome and performance measures, and updating data collection plans, processes, and platforms. Data collection in DCF's Provider Information Exchange (PIE) system did not begin until September 1, 2024. Some outcome measures and related data collection and reporting are still under development in SFY 2025.

Carelon Behavioral Health received a total of 682 new referrals for IFCS services from 7/1/24-3/31/25. IFCS had a total of 1,042 families receiving services during that same time period and expects to serve 1,500 families by 9/30/25. Carelon Behavioral Health achieved the following outcomes from July 1, 2024 - March 31, 2025:

- *Engagement - Initial Plans of Care (POC)*
Of the families who were due to have an initial care plan created between July 1, 2024, to March 31, 2025, 73% (389) had the care plan created within 45 calendar days. The plan of care is family driven and directs the interventions, referrals, and services the family receives. IFCS staff listens to 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 fully 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 considered as "evaluation only" and are not included.
- *Met Goals at Discharge*
Of the families who had a care plan created and were discharged between July 1, 2024, to March 31, 2025, 67% (298) met their care plan goals. Unfortunately, some families with a completed initial plan of care are no longer eligible for IFCS services due to a repeat referral for investigation or they decline services after the initial plan of care is completed. These families are still included in the eligible population for this measure but often don't complete all goals before discharge. IFCS leaderships are working closely with staff on the development of care plan goals and categorization of goals met at discharge.
- *Family Satisfaction*
Data collection of the new satisfaction survey, the Youth Satisfaction Survey for Families (YSS-F), did not begin until September 1, 2024. From September 1, 2024, to March 31, 2025, IFCS received 38 surveys from families and 97% (37) indicated they were satisfied with IFCS services. There are three options to obtain the YSS-F to ensure we obtain as many surveys as possible. First, the assigned IFCS Care Coordinator will provide the family the survey at the time of the final home visits. This first step allows IFCS staff to hear of any gaps in care prior to discharge. Next, if that final home visit survey is not completed, the IFCS staff will email the family a

link with which they can directly enter their responses into their episode record in PIE. Finally, if needed the YSS-F will be administered by the Administrative Liaisons. Administrative Liaisons reach out to those families within 30 days of closing to assist with its completion. Families now also receive a link to complete the survey online if they find that more convenient.

IFCS Projected Activities through June 30, 2025:

The following activities will be a focus for the remainder of the State fiscal year:

- 1) Staff training on motivational interviewing: Motivational Interviewing (MI) is a highly rated protocol to engage families with child welfare system involvement in meeting their goals. It is our hope that increasing staff capacity in MI will result in greater engagement and greater completion of goals on care plans.
- 2) Supervisor coaching on motivational interviewing and vicarious trauma to enhance the clinical supervision of staff.
- 3) Ensure quality of data entry in PIE through collaboration with the Carelon Data team and IFCS supervisors.
- 4) Partner with DCF Division and Project Lead on draft guidelines for providers in handling critical incidents.
- 5) Partner with DCF Division and Project Lead on a review of investigation #/ reasons for referral to ensure IFCS staffing is adequate to meet the needs.
- 6) Planning for the review of fiscal year outcomes and identify any practice improvement/ training needs for SFY 25-26.

Animal Assisted Interventions/Cross Reporting

Cross Reporting is a law in CT that requires DCF staff and Animal Control Officers (ACO) to work together to “cross report” animal cruelty and child abuse and neglect. The law is called: PUBLIC ACT 14-70 - AN ACT CONCERNING CROSS REPORTING OF CHILD ABUSE AND ANIMAL CRUELTY. This law has been in place since 2011 and was expanded in 2014. 13 states including Connecticut, State Legislatures have passed Cross Reporting bills which mandate the “cross-reporting” however, CT is only one of 3 states that mandates both ACO and child protection to report animal cruelty. The law was enacted because of mounting evidence from researchers who say there’s a strong LINK between animal abuse and child abuse, intimate partner violence, and elder abuse. The FBI has been using animal cruelty as a red flag for human violence for many years. In CT, almost 1/3 of all households have a dog or a cat and family violence doesn’t stop at the human species line. Animal abuse is a potential indicator and predictor of interpersonal violence. Animal cruelty is described by professionals in this field as “the tip of the iceberg” – meaning, the way animals are regarded in a family is a window into interpersonal relationships and family dynamics.

The Department attends monthly meetings with the Department of Agriculture to ensure ongoing collaboration and discuss cases, trends, and program enhancements. DCF has 25 Cross Reporting liaisons across all 14 offices that are responsible for the following:

- Being the keeper of educational/marketing materials for DCF staff and community providers
- Being a support to social workers around Cross Reporting education and providing training to staff teams monthly
- Helping to triage cases between DCF social workers and Animal Control officers if needed.
- Attending a monthly liaison meeting with DOAG and the Careline to share efforts, discuss cases, and receive TA as needed

The following strategies also improve awareness and compliance with cross-reporting requirements:

- Cross Reporting is part of DCF's in person and online mandated reporter training
- Cross Reporting training is mandatory for DCF staff and there is a self-guided presentation with knowledge learned tests
- We have marketing materials on Cross Reporting for DCF staff, the community and anyone who works with children.
- We now receive animal cruelty reports as they come in rather than only once per month.
- We have strengthened our partnership between the DCF Careline/DOAG to receive outcome determinations on referrals made so they can close the loop with their ACOs.

- We have begun advocating for CT Kind inclusion of animal cruelty data points
- In 2024, we have begun collecting more comprehensive data on animal cruelty occurring in open/prior DCF cases to understand the LINK relationship more completely (i.e. LINK between IPV/animal cruelty.)

Item 32: Coordination of CFSP Services with Other Federal Programs

Description of Systemic Factor Item: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Background: Connecticut received an overall rating of Strength for Item 32 based on information from the statewide assessment. Information in the statewide assessment showed that the state effectively coordinates CFSP services with other federally funded or assisted programs that serve the same population.

Assessment: The agency has taken measures in addressing the coordination of services and/or benefits of other federal or federally assisted programs serving the same population. A main component of this is the development of the CT-KIND (Kid's Information Network Database) system which will include data exchanges/interfaces and automated processes to better serve the families and children in Connecticut with state and federal programs. The new system will promote collaboration, consistency and accuracy amongst community partners serving the same families inclusive of features for reporting metrics and receiving feedback from providers as well as families served.

DCF currently has data exchanges/interfaces with other federally assisted programs/agencies to better coordinate services for shared clients. The primary ones are the Department of Social Services (DSS) for medical coverage and entitlements and child support enforcement (this exchange is in progress), the Social Security Administration (SSA) for entitlements and identifying information for children in care, and the State Department of Education (SDE) for the monitoring of the educational needs of children being served by DCF. There are several Memorandum of Understandings (MOUs)/Memorandum of Agreements (MOAs) in place with other agencies, however, they are in the process of being reviewed and updated per the new requirements for CT-KIND. There are plans to enhance these data exchanges/interfaces with the development of CT-KIND.

DCF has partnered/contracted with Carelon as the Prevention Care Management Entity (PCME). Enhancement work is underway for the Provider Information Exchange (PIE) database which will be used to capture provider information for federal Family First Prevention Services per CT's Family First Services Prevention Plan. PIE will be integrated with CT-KIND to promote accurate and timely information on shared families. This will also serve as the repository for reporting and claiming for these services. There is also portal functionality that will be developed in order for providers to send information directly into the family's record so DCF staff will have this information as soon as it is available.

The CT Behavioral Health Partnership (CT BHP)

The Connecticut Behavioral Health Partnership (CT BHP) is a collaboration between the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services (DMHAS). Carelon Behavioral Health (formerly Beacon Health Options) continues to serve as the Administrative Services Organization (ASO). They manage the behavioral health services for over one million HUSKY Health members.

Carelon Behavioral Health is the primary means for organizing and integrating clinical management processes, supporting access to community services, promoting practice improvement, assuring the delivery of quality services, and preventing unnecessary institutional care. They are also expected to enhance communication and collaboration within the behavioral health delivery system, assess network adequacy on an ongoing basis, improve the overall delivery system, and provide integrated services supporting health and recovery by working with the Departments to recruit and retain both traditional and non-traditional providers.

Although DCF, DSS and DMHAS are parties to the contract with Carelon behavioral health, several sister agencies engage in active collaboration in addressing the behavioral health needs of Connecticut's residents. Those agencies include State Department of Public Health, the Department of Correction, the Department of Developmental Services, Judicial (Court Support Services Division), and the Offices of the Healthcare Advocate and the Child Advocate.

Collaboration in the Partnership is evident through several initiatives. One collaborative effort is with the Consumer and Family Advisory Council (CFAC). This group has been affiliated with the Partnership for over 10 years. It is a HUSKY Health member and family driven committee that is inclusive. This council uses its lived expertise to advocate on behalf of HUSKY health members. This body weighs in on consumer surveys, membership pamphlets and participates in focus groups on varied behavioral health issues and initiatives. Over the years, the CFAC council has also increased their ability to advocate by learning from behavioral health system providers and experts. Each year this group plan and implement an annual conference, iCAN, which focuses on relevant themes in behavioral health. This event is the region's only consumer driven event which focuses on behavioral health.

Another important collaboration is an on-going work group whose focus is on addressing the challenges faced by Connecticut's youth inpatient psychiatric facility (IPF) units and emergency departments (EDs) due to the high volumes of youth in the emergency departments awaiting their next course of treatment. Building upon ongoing efforts, this meeting gathers key leaders from across the state to discuss factors commonly assessed among highly acute youth, brainstorms solutions to safely managing these youth and improving system throughput and enhances quality and uniformity across the CT system.

The State is into the second year of the SUD (substance use disorder) 1115 Waiver. This waiver is designed to assist in addressing the opioid crisis. It is aimed at changing various aspects of the Medicaid system to support this population. Another goal of the waiver is to support the State's effort to implement an enhanced comprehensive and enduring response to opioid epidemic as well, other substances. Under the Demonstration, a full continuum of SUD care for HUSKY A, HUSKY B, HUSKY C, and HUSKY D is financed by Medicaid and Children's Health Insurance Program (CHIP) under a new Medicaid Rehabilitative State Plan. To ensure that HUSKY Health members who are involved with probation or parole and who are eligible to receive the treatment are incorporated, the Judicial Branch Court Support Services Division (JB-CSSD) and the Department of Corrections (DOC) have partnered with the Departments of Social Service, Children and Families and Mental Health and Addiction Services.

Finally, the Departments were recently awarded through SAMHSA (Substance Abuse and Mental Health Services Administration) a planning grant for the Certified Community Behavioral Health Clinics (CCBHC). This program is designed to improve access, quality and outcomes of mental health and substance use disorder services. Key components include providing integrated care, evidence-based practice, expanded access, accountability and sustainability. The Departments of Children and Families, Social Services and Mental health and Addiction Services will be joining with stakeholders from tribal nations, veteran communities, people with lived expertise, providers and other state agencies to design this behavioral health network.

In addition to consultation from SAMHSA, Carelon Behavioral Health CT, Child Health and Development Institute (CHDI), Mercer and the National Committee on Quality Assurance (NCQA) will be lending their consultation and support expertise to the project.

Transitioning to Adult Services (Mental Health/Addiction and/or Developmental Services)

The Department of Children and Families (DCF) has continued to maintain a collaborative partnership with our sister agencies, the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Services (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 and transition. Those youth who are identified as having a diagnosis of autism spectrum disorder (ASD), or an Intellectual Developmental Disability (IDD) are referred upon being screened as having one or both these diagnoses. For youth who are deemed in need of mental health support, those with serious mental illness are referred upon turning age 16 to DMHAS's Young Adult Services

(YAS) division for 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 ongoing 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 ongoing success. Connecticut continues to think holistically in terms of youth and families, and as agencies work together, youth/families can build resiliency.

Medicaid for Former Foster Youth

DCF has partnered with DSS to support former foster youth from CT that have moved to other states and have remained eligible for CT Husky coverage prior to the effective date of the SUPPORT Act. DCF has consulted with Medicaid managers at CT DSS to ensure that eligibility criteria meets all SUPPORT Act requirements as delineated in IM 23-04. DCF and DSS staff have also collaborated to produce a media announcement concerning the changes (see below for more details). DCF Health Advocate staff provide information on eligibility criteria to DCF social work staff, who pass that information along to foster youth as they approach, and after achieving, their age of majority. This includes information on continued eligibility if/when they move out of the state of CT. Health Advocates encourage social workers to always consult with them when a young adult moves out of state so that they can help review health insurance options the youth have when moving. To improve availability to this population, the Health Advocates have launched an informational presentation to social workers across the state that reviews Medicaid coverage for Services-Post Majority youth and Medicaid eligibility up through age 26. Such information is also posted on our external website in the "For Teens" area concerning health insurance and provides contact information for the Health Advocates. Staff from the Health Advocates unit also recently met with CT Association of Adoptive and Foster Families Foster Parent buddies and included this information in the training content presented. Finally, DCF and DSS staff have collaborated with [Access Health CT](#) (our state's official health insurance marketplace) and marketing consultants at Cashman & Katz to produce a one-page flyer concerning the changes that will be distributed to foster youth and foster parents through multiple information channels.

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. Additionally, DCF has been a long-standing member for over 18 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These bi-monthly housing partnership meetings continue to occur virtually.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider 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. During this upcoming year, the Department will await the opportunities from the federal Housing and Urban Development (HUD) for upcoming FUP and Foster Youth to Independence vouchers to apply for DCF families and youth. DCF will also 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 Supportive Housing for Families program will continue to move forward with the Kinship Housing Assistance Program. This pilot program would be an expansion of the Supportive Housing for Families program. It will offer temporary, short-term housing assistance to alleviate the housing challenges for families who are considering taking a

relative child into their home. In many instances, the barrier to accepting a relative is a lack of appropriate housing. This program would assist a family to locate housing, provide a security deposit and a temporary housing subsidy. In addition to housing support, families would receive case management, vocational and parenting support services, as needed. For families whose income may only be social security or disability, a housing voucher would be necessary.

Another SHF initiative is continued partnership with the RTFT (Reunification and Therapeutic Family Time) program. If housing is a barrier to reunification, DCF would make a referral highlighting the need for admission. SHF and the RTFT team would collaborate to prioritize families who are close to being reunified with their children. SHF services would include case management, vocational and parenting support. By coordinating required services, the time to reunify children is shortened, thus allowing children to return more quickly to their families.

A continued goal of the Supportive Housing for Families program is to achieve an evidence-based rating through the Title IV-E Prevention Services Clearinghouse. By becoming an evidence-based model, SHF would showcase the efficacy of the work done over the past two decades in preventing removal of children whose family is involved with the CT Department of Children and Families when housing is a barrier to reunification. The Supportive Housing for Families program along with the University of Connecticut and the Urban Institute will continue to work collaboratively to fulfill the requirements to present to the Title IV Clearinghouse over the next year. Achieving a supported rating through the Clearinghouse would solidify SHF's delivery of high-quality best practice standards of care.

The Supportive Housing for Families program works closely with HUD's Family Unification Program (FUP). Along with the DCF, the program will provide federal advocacy for more FUP vouchers to be made available to child welfare involved families and youth. These vouchers are critical for housing to remain affordable and sustainable for the DCF served. FUP vouchers can prevent future homelessness and other risk factors that lead to repeat maltreatment of children. SHF will continue to share stories on different platforms of families thriving and achieving various positive outcomes after receiving an FUP voucher.

Process for Partnering with Programs

A main component of this is the integration of the Provider Information Exchange (PIE) database with the CT-KIND system to coordinate services per CT's Family First Prevention Plan and to share accurate reporting metrics. This allows community partners/providers the ability to enter data regarding Family First Services in conjunction with Carelon, the Prevention Care Management Entity (PCME). Automated features for enhanced reporting and claiming are also a part of this integration, which will assist in better oversight and coordination of services. This will also provide oversight for the federal funding associated with Family First.

As a part of the development of CT-KIND, there are Organizational Change Management (OCM) processes in place to communicate DCF's progress in developing CT-KIND, answer any questions and solicit feedback. Regular surveys, focus groups and messaging (newsletters, videos, etc.) are ongoing to promote continuous improvements. The OCM team works in concert with the Bureau of External Affairs to inform community partners and constituents, inclusive of the advisory councils, media, and legislature. Additionally, there are business liaisons from the project team assigned to each Area Office, Central Office Divisions and Solnit Facilities to keep the end-users up to date and solicit feedback.

Coordination of Services with Federal/Federally Assisted Programs

DCF coordinates for services, benefits and federally assisted programs for the children and families served. There are several avenues in which this coordination is validated such as regular provider meetings, statewide and regional provider teams, internal meetings and through consultation with the RRG. There is also a Youth Advisory Board (YAB) for youth in DCF care to make suggestions and provide input for service improvements. An Adolescent Youth Chat feature was implemented two years ago in order for youth to access immediate assistance from DCF in the event they have an urgent matter and cannot reach their assigned Social Worker (the chat is monitored by the Office of Community Relations during regular business hours, and by the Careline staff after hours, weekends and holidays).

CT-KIND will automate many of the manual processes currently in place, including auditing capabilities and real-time reporting, so coordination of these services will be more accurate and timelier. There will also be a Provider Portal specific to services being requested or delivered to have immediate feedback on the child and/or family's progress. The data exchanges/interfaces with agencies such as DSS will continue to assist in determining the entitlements and benefits for the children in DCF care and are currently being enhanced so the information provided meets the reporting and fiscal requirements.

Additionally, the placement and provider features are being updated in CT-KIND per Title IV-E requirements to automate and streamline the processes included in claiming, payments, and reimbursement. A Foster Care Portal is also being implemented to automate processes from inquiries through relicensing to make foster and adoptive care licensing more accessible and to eliminate manual processes associated with this work.

Every effort is made by DCF to ensure services are coordinated for the shared client population. However, there have been challenges with this and a main factor is the antiquated case management system LINK. LINK was implemented in 1996, and the technology is antiquated. As a result, there are databases/repositories used external to LINK such as SharePoint and the Provider Information Exchange (PIE), and there are data exchanges/interfaces captured outside of LINK via excel spreadsheet or another document type.

A Universal Referral Form (URF) was implemented in 2019 in conjunction with an Enhanced Service Coordination structure. There are gatekeepers assigned per DCF Region to review the URF and needs of the family for services. This is sometimes done in consultation with DCF's Regional Resource Group (RRG) to ensure the appropriate services are put in place. The URF allows for more critical thinking with contracted and credentialed providers. CT-KIND will further automate the URF and will add all contracted services for the initial roll-out. Enhancement work will include looking at other service types for use with the URF to streamline the referral process for front-line staff.

The initial implementation of CT-KIND and the total replacement of LINK is planned for August 2025. There will be 2-3 years of enhancement work to meet compliance with state and federal laws regulations and plans to maintain the current business and IT partnership to promote continuous improvements. Additional features will be incorporated to further the collaboration and data sharing with community partners and service providers.

Conclusion

DCF employs an extensive variety of methodologies to ensure adequate coordination of our services with other federal or federally assisted programs available in the state, and we believe we are in Substantial Conformity with the requirements of this Systemic Factor. Methods include formal partnerships between state agencies that are the primary grantee or liaison to federal grants and relevant providers (i.e. the CT Behavioral Health Partnership and the Medicaid Partnership), shared messaging across public service awareness campaigns (i.e. Office of Early Childhood re: Safe Sleep), uniform data collection and reporting of episodic service data through the Provider Information Exchange (i.e. supports TANF claiming and MHBG reporting), and councils/committees in which consumers provide the voice of lived experience (i.e. Consumer and Family Advocacy Council). A challenge has been coordination of data between state agencies to support these efforts, that will be addressed by tighter integration of PIE with our upcoming CCWIS system, as well as additional data integrations from relevant state/federal agencies as required under CCWIS regulations.

Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention

The Children's Bureau assesses this systemic factor using state performance on four items:

- Item 33: Standards Applied Equally
- Item 34: Requirements for Criminal Background Checks
- Item 35: Diligent Recruitment of Foster and Adoptive Homes
- Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Substantial conformity requires that at least three of the four items for this systemic factor be rated as a Strength.

Background: In Round 3, Connecticut was not in substantial conformity with the systemic factors of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Item 33: Standards Applied Equally were rated as a Strength.

Recognizing the need to refine a continuous quality improvement plan for the division, the Foster Care Division's (FCD) Central Office and Regional operations received a part-time Quality Improvement Program Supervisor (QIPS). QIPS was assigned to the division in September 2022 and dedicated the fall to meeting with the staff, review existing data management tools and conduct an overall needs assessment. The QIPS provided technical assistance and support for the division's first formal ChildStat presentation. In 2023, the QIPS has begun coordination and implementation of focus Foster Care Division Continuous Quality Improvement (FCD-CQI) teams. The FCD-CQI provide quarterly updates to the Caregiver Advisory Council for their feedback and input.

In September of 2024, FCD contracted with Chapin Hall for the development of a 5-year strategic plan and CQI plan. This includes a review of existing practice, conducting focus groups, mapping and CQI synthesis, establishing a measurement framework, staff development, and implementation. This work is led by QIPS.

Item 33: Standards Applied Equally

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Background: In Round 3, Connecticut received an overall rating of Strength for Item 33, based on information from statewide self-assessment and stakeholder interviews. Information in the statewide assessment described a standard biannual licensing process that is applied equally statewide. Stakeholders confirmed this information and also confirmed that waivers were standardized with no significant differences in regions requesting waivers.

Assessment:

FCD continues to build and refine systems for quality assurance to ensure compliance with the state licensing standards. This includes the development of checklists and protocols, as well as review by staff (e.g., social workers and supervisors). Random audits of all cases by supervisors and managers also occur. Further, an electronic system was created that complemented 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 FCD staff, these required elements are also reviewed by the department's Revenue Enhancement Division.

Connecticut follows both federal and state standards for the licensing of all caregivers, this includes our child placing agencies. In 2018 as part of the Family First Workgroup, the committee conducted a crosswalk of the National Model Foster Family Home Licensing Standards with the Department existing standards. The review found that the department aligned with the national standards in physical & mental health standards, home study, home health & safety, sleeping arrangements, transportation, and foster parent assurance. The areas misaligned are the minimum age for licensing in Connecticut is 21, literacy is not required, home capacity in 5 children instead of 8, First Aid is not required, post licensing training is not required for kinship caregivers, child specific training is required for children with medical needs, and background checks are required for all household members 16 years or older and Connecticut has no time limits for assaults or felons. The Department successfully made legislative changes to raise the age to 18 for households. In 2025, the Department revised its foster care and kinship licensing regulations and will begin the process to seek legislative approval.

Connecticut state statute 17a-145 and the accompanying regulations 17a-145-130 set the standards for licensing an individual. The Department defines foster care as a person or persons who is licensed or certified by the Department or approved by a child placing agency for the care of children. The types are foster care (aka Core), pre-adoption, kinship, fictive Kin, independent (aka Interstate Compact) and therapeutic foster care. Child-placing agencies (CPA)

available data management tools to monitor practice. It contracted with Chapin Hall to develop and implement a five-year strategic and quality improvement plan using the CPM, the seven key results and existing data as a foundation. The Department submitted revision to the foster care policy which is under review with anticipated approval in the summer of 2025.

While the Department has not yet initiated a specific audit of its licensing practice due to technical and resource challenges, it relies on the policy and procedures embedded in practice ensuring licensing standard are met. Allegations of abuse or neglect are investigated by the Special Investigations Unit. Over the last three years the Department has received about 444 reports of alleged abuse and neglect were accepted for investigation. Approximately, 8% were substantiated.

	2022		2023		2024	
#Reports Recieved	840		355			
#Reports Accepted for Investigation	313	37%	355	100%	664	100%
#Completed Investigations	192		354		547	
# Substantiated	18	9%	26	7%	43	8%

Reports of regulatory violations not related to abuse or neglect are managed by FCD. When necessary, the caregivers receive a corrective action plan called the Assessment for Regulatory Compliance. The Department provides written notification of the allegation or the concern within a specified time frame. The caregiver is notified of their right to request an Administrative Hearing and given up to 20 business days to respond and present a plan to mediate. Supervisors through regular supervision and record review monitor to ensure compliance with the standards.

Waiver Process

The Department aspires to reach the goal of 70% of children who must enter care will be placed with kinship or fictive kin caregivers. From 2018-2024, on average 50% of children aged 0-17 entering care for the first time are placed with kins or a fictive kin caregiver. A contributing factor is removing criminal and child protective services history barriers through a barrier review of child protective services history and central registry placement and wavier process. The Department has two types of waivers based on approving authority. Waivers related to the home, capacity, and sleeping arrangements and financial and health standards are approved at the program supervisor level. Waiver related to criminal background clearances which require Commissioner, or their designee, approval. No child in care shall be placed with a family who is not approved or licensed.

Waivers requiring commissioner level approval applies to any household member over the age of 16. Regulations section 17a-145-152 states the granting of a license or approval shall be denied if any member of the household of a foster family or prospective adoptive family:

1. Has been convicted of injury or risk of injury to minor or other similar offenses against a minor.
2. has been convicted of impairing the morals of a minor or other similar offenses against a minor.
3. has been convicted of violent crime against a person or other similar offenses.
4. has been convicted of the possession, use, or sale of controlled substances within the past five (5) years.
5. has been convicted of illegal use of a firearm or other similar offenses.
6. has ever had an allegation of child abuse or neglect substantiated; or
7. has had a minor removed from their care because of child abuse or neglect.

The mechanism to submit the waiver request is the DCF-009 Foster Care Licensing Placement Waiver Request Form through the Microsoft SharePoint Placement Waiver page. The content focuses on the details of the history, the candidate explanation (their story) and current life circumstances. It outlines the needs of the child in relation to history and the present-day safety and ability to meet the needs and parent the child. It includes information from consultation with the Regional Resource Group which includes clinicians, substance use specialists, nursing, intimate partner violence specialists and educational consultants. It could include the results of the barrier review conducted by the Legal Division.

Elimination of Barriers to Licensure

In 2020, the Department revised policy 25-5-1 to support the elimination of barriers to licensure and placement whenever safe and appropriate to do so. The policy established a procedure to request a mandatory emergency internal review whenever a person's child protection history and or criminal history has been identified as a barrier to imminent placement. Electronic requests are submitted to a designated e-mail box which is monitored by the Legal Division. The internal review is completed within the same day or within one business day. The results of the internal child protective service and central registry history review are either upheld or reversed.

FCD Assessment and Recommendation

FCD is responsible for applying licensing standards, conducting an assessment, and making recommendations to deny or approve pre-licensing. This applies to all home assessments of candidates for licensing. The Child Protective Services Division (CPS) is a contributor and partner in decision-making to rule in and get to yes or rule out a kinship or fictive kin candidate. The approval, depending on the urgency, can be issued with verbal approval by the Director of Foster Care (under emergency or after hours). Verbal approval requires the submission of the written document within 48 hours (business days). Written approval requires FCD and CPS chain of command review and signatures from Program Supervisor to Office Director and FCD Program Director, followed by FCD Director and finally Deputy Commissioner or Commissioner for final approval.

Electronic Tracking and Reporting:

The FCD's Microsoft Team page is used to track and store waivers ([Foster Care - Placement Waivers - All Issues \(sharepoint.com\)](#)). FCD completes the required fields on the placement waiver site and uploads the waivers. It then assigns the waiver to required approving individuals. Each approving individual downloads the document, reviews, and electronically signs the document. The individual uploads their version onto the document and assigns it to the next person for approval.

In 2024, the Department processed approximately 520 requests for waivers of which 96% were approved. 76% were Program Supervisor level waivers and 22% were Commissioner level waivers. Of the Program Supervisor level waivers, 61% were related to the bedroom composition, 10% were related to overcapacity, 10% health, or 10% physical home requirements, 4% related to finances, 2% related to food and water and 2% related to a pet. Of the Commissioner level waivers, 54% were related to criminal history, 35% related to child protective services history, 10% related to fingerprint exception, and 1% of dual license and more than one child in therapeutic foster care.

	2022		2023		2024	
	#	%	#	%	#	%
Commissioner Level	122	31%	98	22%	126	24%
R-CPS History	32	26%	32	33%	40	32%
R-Criminal- 17a-145-152	62	51%	48	49%	68	54%
R-Fingerprint Exception	25	20%	13	13%	12	10%
Immunization	2	2%	0			
Private Adoption ICPC						
R-More than 1 License (DDS-CPA) 17-145-150	1	1%	4	4%	1	1%
R-TFC-More than One					1	1%
R-TFC-Criminal or CPS History			1	1%	4	3%
Program Supervisor Level	274	69%	347	78%	392	76%
Animal		0%	4	1%	8	2%
Bedroom- Reg 17-145-139	175	64%	206	59%	242	62%
Financial- Reg 17-145-147	19	7%	18	5%	16	4%
Food & Water	5	2%	8	2%	9	2%
Health- Reg 17-145-143	20	7%	28	8%	39	10%
Overcapacity- DCF 41-19-2	31	11%	48	14%	39	10%
Physical Home Requirements- Reg 17-145-137	24	9%	35	10%	39	10%
Grand Total	396		445		518	

Kinship Recruitment, Licensing and Support

ROM report of the discharges in 2024 indicates 481 children achieved permanency with a kinship or fictive kinship caregivers. 26% achieve permanency in less than 12 months, 40% between 12 and 23 months, 21% between 24 and

35 months and 13% in 36 months or more. 40% through guardianship, 29% through adoption and 31% through reunification. 63% of the children achieving permanency experienced 1 placement, 20% experienced 2 placements, 14% experienced 3 to 4 placements, and 0.4% experienced 8 or more placements. In 2024, the Department issued 406 kinship licenses.

Kinship Permanency	2022	2023		2024 #	2024%
less 12 months	92	114	↑↑↑	126	26%
12 - 23+ months	172	220	↑↑↑	193	40%
24 - 35+ months	140	112	↓↓↓	100	21%
36 months or more	167	115	↓↓↓	62	13%
Grand Total	571	561	↑↑↑	481	
Kinship Permanency	2022	2023		2024 #	2024%
Guardianship	284	252	↑↑↑	191	40%
Adoption	175	167	↑↑↑	139	29%
Reunification	112	142	↑↑↑	151	31%
Grand Total	571	561	↑↑↑	481	
				2024 Placement Stability	
				1 placement	304 63%
				2 placements	98 20%
				3- 4 placements	65 14%
				5- 7 placements	12 2%
				8+ placements	2 0.4%

Connecticut is a kinship first state and strives to place children with kin or fictive kin caregiver. The Department utilizes its Child in Placement Dashboard DCF Report Portal to track the number and the placement type of children entering and currently in care. FCD has dedicated social work staff for same day, if needed, assessment of kinship and fictive kinship caregivers for placement; staff to conduct background checks and assist with family search and engagement. It coordinates effort across divisions to assess and address the needs of the child and the caregivers.

The assessment of needs and identification of services and support is an ongoing effort and process requiring engagement of family, the child (ren), collateral contacts, and providers. The Department utilizes clinical, academic, medical, and legal consultation, as needed, to inform its assessment and service provision. There is an ongoing conversation and partnership amongst the FCD, the licensed caregivers, and CPS, and others to ensure the needs of children are identified and met as well as the caregiver. Through ongoing contact, Foster Care Support Workers provide support and is a liaison between the assigned CPS worker and the caregiver. When the caregiver self identifies or the Department identifies a training or coaching need, FCD can make a referral to CKIN, work with the Connecticut Alliance of Foster and Adoptive Families (1 liaison in every office), the Department's Academy for Workforce Development, Foster Care Support Groups and community-based organizations and providers to address the need. August 2023 saw the launch of the newly designed kinship navigation model, ConnectiKin or CKIN, which provides kinship and fictive kin caregivers with option of support outside of the Department which is family led and voluntary. By the end of 2025, the Department aspires to revise its policy, practice and regulation for kinship and is currently exploring NTDC for kinship training.

Item 34: Requirements for Criminal Background Checks

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 34, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment

described the extensive process that Connecticut has for checking criminal backgrounds and prior involvement with the child welfare system for prospective foster and adoptive parents that exceeds what is federally required. However, stakeholders noted that the process can take several months and that efforts have been made only recently to improve timeliness. Stakeholders also suggested that the process for creating and monitoring safety plans for children in the home when a background check reveals a concern is inconsistent. Each region manages the process locally, and the Central Office is involved only in those circumstances that require a waiver from the Commissioner.

Assessment: The department is authorized to conduct a national fingerprint-based criminal history record check on an applicant for a non-criminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) through the State Police Record Check (SPRC) and the FBI National Crime Information Center (NCIC). The department is obligated to ensure the information is secure and protects the individual's privacy; it's accessed by authorized users and the access complies with the approved purposes; and it has policy and procedures adhering to the regulations.

References:

- Title 28, C.F.R., Parts 20 & 25, Section 50, and Chapter IX.
- FBI CJI Security Policy 2020 CJIS Security Policy version 5-9
- Connecticut General Statute – Criminal History Checks and Fingerprinting
- CGS_17a-114 - Licensure
- CGS_17a-101g - Investigations and Safety Assessments
- CGS_17a-115a - Emergency Placements
- CGS_17a-6a - Employment & Contract

In 2021, the department underwent an FBI Criminal Justice Information Services (CJIS) Security and Policy audit. It assessed the department's compliance with federal policy and procedures regarding 1) securing records, 2) accessing the CJI system, 3) utilizing and tracking appropriately, 4) training and sustaining the workforce skills and knowledge, and 5) ensuring the departments CJI policy and procedures were aligned to federal standards. Agency compliance is critical to maintain NCIC access which alleviates the cost for caregivers, streamlines the process and reduces the barriers for kinship licensing. Since the audit, the Department updated policy, engaged in training related to security, fingerprinting and background checks. It streamlined the request for criminal background clearances by created a universal request form and guide: DCF 004-Universal Background Request Form [STATE OF CONNECTICUT](#) and instructions: [Microsoft Word - Universal Background Check Instructions \(corrected 8-2021\)](#), The Department does not allow the placement of any child with individuals that have not complied with the required background checks.

FCD social workers and supervisors utilize DCF 043 Verification of Requirements for Licensing to assure compliance with required criminal and child protectives services background clearances. All required background clearance documents are uploaded into the secured electronic record called EDOCS. In addition, policy requires FCD social workers to conduct a quarterly review of the license along with the home visit to as part of licensing maintenance which includes the addition of new household members or children reaching the age of 18. In addition, the Revenue Enhancement Division, as part of their verification for IV-E reimbursement, also reviews the secured electronic record to assure the foster care, pre-adoptive, kinship, fictive kin, CPA, and Interstate remain in compliance with the required criminal background clearances.

Addressing Safety

FCD is committed to providing quality care for children who are temporarily separated from their parents or guardians. The Caregiver Practice Model (CPM) serves as the framework for systemic and organizational transformation and guide's practice. A problem area is the department's engagement, inclusion, and partnership with licensed caregivers. One of the interventions includes the review and refinement of FCD contact standards which provides guidance on natural opportunities for inclusion to ensure caregivers receive accurate, timely and relevant information. It further expects caregivers to contribute and offer recommendations on behalf of the child and family. Licensed caregivers should experience no barriers to engagement, feel motivated and part of the broader team working towards stable and less traumatic transitions for children in care. The guide is in three sections that include

documentation standards in the electronic record and offers links to data management tools to measure and suggest frequency based on critical case junctions, i.e., entering care, change in care, allegations of abuse or neglect, regulatory violations, permanency etc. The guide supports and dovetails with the CPS assigned social worker assessment and case planning.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Background: In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 35, based on information from the statewide self-assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that recruitment and retention activities are dependent on staff time, caseloads, and placement activities. They reported that while the state data show net gains and losses of foster homes, the state does not assess how recruitment efforts are working and adjust efforts accordingly. Stakeholders also report that there are not enough Spanish-speaking foster homes for the number of children entering care.

Assessment:

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.

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.

Since 2019, the data reflects that 46% of recruitment is word of mouth and 44% is through internet search. Understanding that 46% of recruitment is based on existing caregivers' promotion and satisfaction, the Department is taking intentional steps to retain and engage them to improve the systemic factors. QPI is a key strategy to achieve this outcome. The regional QPI Steering Committee addresses regional nuances. We are building the pool of QPI champions. Caregivers are active participants, not in name only, active participants in policy and practice recommendations, they are members of model development workgroups and other committees that inform the work. A Caregiver Advisory Council was established which is led by and its members are individuals with lived experience. Quarterly town halls are scheduled across the state offering caregivers an opportunity to voice concerns and offer solutions. The QPI work of building relationships and strengthening relationships amongst all members of the child's team continues. We are working with our contract divisions to quantify and identify the gaps in services to ensure that when and if a child is placed the needed services are following the child. In Connecticut, retention, relationships, services, and support are critical to the diligent recruitment of caregivers.

One of the challenges of recruitment is the lack of reliable data. The technical solution is in the works with the update to the SACWIS system anticipated soon. Until then, FCD relies on Link reports, Microsoft SharePoint shared lists and spreadsheets to track and monitor progress. There continues to be a huge learning curve with a staff skill set managing

these various data platforms and resources are limited. Though there were known data quality issues with the information, the data was shared with the media and marketing firms and used for conversations with prospective caregivers and community providers. It is also regularly shared with the Quality Improvement Team and future consultants assisting in the development of the 5-year foster care blueprint.

Another challenge FCD is facing is the children entering care today have complex needs; not just one need, but a myriad of needs that require interagency involvement. For example, children with a combination of 2 or more of the following are entering care, children on the autism spectrum, development needs, medical needs, and behavioral needs. Their parents are struggling with addiction or mental health and / or parents with limited support. Community support is faced with staffing and resources creating the domino effect of limited availability to "right now" access to services and support. Connecticut is a kinship first state and if were not for that approach the stability and identification of available caregiver for placements would be dire. The pool of individuals willing to say "yes" to foster is changing. We are striving to embed a shared parenting approach to foster care and one of our licensed caregivers said it best, "I don't adopt children, I foster children and adopt families." After kinship, the Department is prioritizing foster care before pre-adoptive licensing. We provide finders fees. With pre-adoptive families, we are encouraging open adoption and contracted CAFAF to make available a pool of attorneys for consultation.

Caregiver Practice Model

In early 2021, the Foster Care Division contracted Chapin Hall of the University of Chicago to develop the Caregiver Practice Model (CPM). CPM offers a pathway to organizational and systemic changes to address recruitment needs, outcomes, and compliance with the CFSR standards. The CPM is used as the foundation for the Departments diligent recruitment and retention efforts. The recruitment and retention plan will be further supported by the strategic and CQI plan underdevelopment with assistance from Chapin Hall and consultation from the National Center for Diligent Recruitment.

The following elements inform the recruitment and retention plan for the Department:

Support organizational and workforce development

In 2022, the Department established a centralized unit for recruitment and pre-licensing for core and pre-adoptive caregivers. In 2024, it received 817 inquiries from potential foster and pre-adoptive caregivers. 81% identified "word of mouth" as a recruitment source. 71% were denied or withdrawn. 5% received a license and 24% are still on the path towards licensing. Centralization resulted in streamlining the process, ensuring consistency of practice, leveraging community support, caregivers, and contracted providers in the effort. In the fall of 2024, given the placement crisis, the Department decided to transfer the recruitment effort to the regional offices and local QPI Steering Committee.

Strengthening community support networks

The Department has continued with established partnerships with the faith community, Tribal Nation, Medically Complex division, Youth Advisory Board, Grassroot community organization, Contracted providers, and Caregiver Advisory Council.

Faith Based Partners

In 2023, the Department re-engage the faith community, specifically **Helping Our People Excel /Family Life Lifters**, to assist, consult, and support the implementation of statewide faith-based recruitment and retention program. 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 southern Regions 1, 2, & 3 and Family Life Lifters covers the northern Regions 4, 5, & 6. The program is building a network of faith-based organizations (FBO's) committed to the recruitment, retention, and support of caregivers. The two anchor churches boarded 15 local churches. The program had a few implementation challenges, for example staffing fluctuations and continue to work through those challenges.

Connecticut Kinship Navigation Model (CKIN)

In 2022, the Department continued the design and development of its Kinship Navigation Model with the technical support of the University of Chicago, Chapin Hall team and co-created with caregivers. Since the last report, the Department launched the model, ConnectiKin or CKIN in August 2023. The mission of CKIN is to partner with kinship caregivers to provide connections, support, and resources needed to raise resilient children who thrive. The core components of the model include a universal standard needs assessment which relies on the kinship caregiver's self-reported needs, grounded in the principle of a child and family centered practice, and conducted in a semi-structured conversational style. It includes two levels of service. Information-level which provides an individualized list of services and support in an information package and follow-up. The Partnering-level of service includes individualized care coordination supported by a customized care coordination plan, resulting in warm transfers to resources such as economic and concrete supports, peer support groups, information on benefits, and legal information. Another core component of the model is that kinship navigators will have lived experience. This means that the navigators partnering with the kinship families to support their needs will have experience with being in a kinship family themselves. The model views families as experts and participation are voluntary. In August 2023, the Department referred 254 kinship caregivers to CKIN. 5% completed the program successfully. In 2024, the referral increased to 603 and 25% completed the program. The model continues to refine its implementation toward evaluation in the winter of 2025.

Functional Family Therapy Foster Care (FFT FC)

FFT FC 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. Statewide, FFT is contracted for 588 slots with 530 caregivers listed. The clinical intervention is successful when stability of placement is assured. During 2024, FFT experience several staffing shortages and turnover and it has not been immune to the placement stability crisis or recruitment challenges. In 2024, 6% of the families recruited were licensed. The oversight of FFT-FC transferred to the Foster Care Division in the fall of 2024 with the intention to improve stability of placement and collaborate to recruit and license caregivers.

Consistent and improved messaging

To create a consistent and improve messaging and recruitment, the Department re-envisioned its brand, messaging, and material. It contracted a media and marketing firm to

- Clarify the FCD goals and objectives,
- Identify the target population,
- Communicate the need,
- Identify outreach opportunities.

In 2023, the Department launched its new brand and logo, CTFosters Mobilizing Love, Unifying Families. The new identity is simplified to CT Fosters which clarifies our core focus which is fostering. It suggests a shared mission and collective effort in Connecticut. We work together to take care of our own. The effort includes monthly social media posts, and launched a video campaign, "Right Their World". The marketing team created a virtual information session, developed brochures. In 2024, the campaign "Ready to Foster" launched. The marketing team created a newsletter, Fostering Matters, providing caregivers with policy and practice updates, celebrating milestones and sharing stories from across the state of families mobilizing love.

Engage Caregivers in Transforming Foster Care

Quality Parenting Initiative:

The Foster Care Division implemented the **Youth Law Center's Quality Parenting Initiative (QPI)** in 2021. The Department exchanges strategies, consultation, training, resources, and connections with other national QPI jurisdictions. A core principle of QPI is children entering care thrive and grow by having consistent and meaningful

relationships with caregivers. Relationships that are built, consistent and sustained with their parents, caregivers, and community but also amongst their parents, caregivers, and community. Implementation and integration of QPI into the fabric of the agency is ongoing and the penetration rate is slow and steady.

Regional QPI Steering Committee consisting of CPS, caregivers, and community providers to integrate the QPI approach of building and sustain healthy relationships between caregivers and the department, caregivers and parents with the goal of insuring children in care receive quality care and maintain relationships. Each local committee focuses on the nuance of their catchment area. In 2023 and 2024, many committees experienced challenges due to staffing and resource changes. In 2024, the main focus was to reconstitute the committee and in the winter of 2024 the committee steered their focus on recruitment and retention. The team monitored the implementation of warm calls, comfort calls and icebreakers which are designed to provide comfort not only to the child but also to their parent and begin the process towards building the co-parenting relationship. The monitoring of this practice is an element of the FCD CQI measurement framework.

QPI Activity	2022	2023	2024
Warm Call	96%	68%	60%
Comfort Call		40%	44%
Ice Breaker		12%	11%

The Caregiver Advisory Council (The Council). The Council was established in late fall 2022 as a component of the Caregiver Practice Mode. The Council is an integral partner with the department to make a difference for children in care and on all parents and caregivers: core caregivers, kin caregivers, fictive kin, relatives, and adoptive parents, as well as parents of origin and their children. The establishment of the CAREGIVER Council is one of the strategies implemented to achieve the following long-term outcomes for caregivers, children, the organization, and the system.

- Long-term outcomes for caregivers and children
 - All caregivers have a pleasant experience and are motivated through an equal partnership with DCF to make a difference for the children and youth in CT
 - All members of the family feel understood, empowered, and respected – no matter their cultural, racial, or sexual identity
 - Increased permanency, shorter length of stay in care, and better outcomes for children and youth
 - Children in care and their parents keep and further expand their networks and support systems – including potential licensed caregivers and other kin relatives
 - Children/youth experience no more than one placement
- Long-term organizational and systemic outcomes
 - An agency addressing racial justice
 - Increased retention of caregivers
 - Consistent and uniform high-quality practice with families and caregivers across the state
 - Individualized services and expanded service array, that meet the needs of the caregivers and children
 - Communities as support to families – which facilitates decrease in families needing support from CTDCF

In 2024, the Council set its sights on updating the Foster Parent Bill of Rights and it is before the legislative body for approval. The Council sought to improve caregiver voice and participation in the juvenile court proceeding. Therefore, they developed and published a Legal 101 for Caregivers brochure and developed a QPI 101 presentation for the Juvenile Court Judge, AAG, Court Services Officers and DCF Staff Attorney's meeting with public defenders is pending. As a result, the chief administrative judge of juvenile matters required the Department to notify caregivers of scheduled court proceedings. The Council assisted in the revision of FCD policy and regulations. In 2025, their focus is on transitions and will be active members in the development of the FCD CQI and strategic plan and part of CQI workgroup. The Council are champions that promote shared parenting and reinforce the children in care deserve long standing relationships.

QPI made available a technological feedback tool, **Quality Parenting Outreach**, to capture caregiver voice, needs and concerns. Caregivers receive a text request to answer three to five questions. The response is compiled, analyzed, and a report is provided. The Council along with FCD leadership lead the topic selection and develop questions. Initial QPO included foster parent attitudes, perceptions, and behaviors, foster parent caregiver connections, and case planning participation. In 2024, QPO foster parent experience with the legal system, experiences with child transitions, and court attendance. The transition QPO resulted in 147 out of 1200 caregivers responding. 44% of responders had a child entrusted less than 6 months; 39% entrusted 6 months to 2 years; 44% children reunified; 22% transitioned to Kin. The findings showed that:

- 37% were notified of a change within 7-30 days.
- 24% were notified within 7 days.
- 20% were notified on the same day (less than 6 months in care)

The results have been used to inform practice and to guide priorities for the council and FCD. The Council is exploring how to create awareness amongst the staff, court judges and public defenders and other legal partners and perhaps change the courts and system approach to transition.

Retention Events

FCD continues the ongoing sponsorship of annual signature events to create awareness and acknowledge licensed caregivers. Such as National Foster Care, Adoption, Kinship and Reunification months activities. In 2022, FCD, in partnership with the Fatherhood Engagement Leadership Team, sponsored an event spotlighting foster father, fathers and sons that has now become an annual event.

At the end of 2023, we incorporated quarterly town hall in each region. The town hall is an open forum for licensed caregivers to raise concerns, obtain information and offer feedback with the objective of improving relationships and ultimately the quality of care for children. In attendance are the Area Office CPS Leadership and FCD. They are scheduled quarterly in each region, some virtual and others in person. Themes from the recent town halls include the Inconsistency between area office and case decision, attorney representation, issues with payments and childcare, lack of collaboration, responsiveness, lack of meaningful partnership, issues with board and care reimbursement rate.

Insure consistent practice by standardizing processes and policies

Pre and Post Training Curriculum Assessment:

The post pandemic era created a need to reassess the existing pre-licensing curriculum, both virtual and in-person offerings to ensure it aligns with the latest research and meets the changing needs of children entering care. In 2023, a QI assessment of the curriculum in partnership with CAFAF, the Caregiver Advisory Council, community partners and the CQI teams occurred. The Youth Law Center reviewed Department staff training through a QPI lens and for potential opportunities to make courses available as part of post-licensing curriculum. This assessment resulted in the exploration of NTDC as a curriculum for foster care. In 2024, FCD implement NTDC as its pre-licensing curriculum. The training is delivered by a team consisting of DCF staff and a licensed caregiver.

Kinship Care Standards

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 skills, and refine caregiver training curriculum. Plummer and Associates conducted an initial review of the 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.

In 2024, a workgroup was established to review the kinship policy, kinship procedures, and draft regulations to comply with the Kin-Specific Foster Home Approval Standards. The regulations are currently under legal review and preparation for the legislative process. The team is further exploring kinship training.

Permanency Resource Exchange Specialist (PRES)

The department's PRES continues 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 department's goals. They report locally to the Regional Placement Search Foster Care Supervisor who provides daily regional assignments. They provide quarterly reports for 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.
- **Permanency Round Tables**
- **Family Search- case mining**

Maintain a surplus of caregivers (recruit and license)

The Multiethnic Placement Act (MEPA) requires states to recruit and license caregivers who reflect the racial and ethnic diversity of the children who are in the care of the Department. Meeting the MEPA standard has been elusive. Today, children in care who are under 18 years of age are 34% Latino, 31% White, 24% Black, 9% Mixed race and .3% Asian and American Indian or Alaskan Native. However, core licensed caregivers are 57% White, 19% Black, 15% Latino, 8% Mixed race and 1% Asian. In addition to the MEPA standard, it is estimated the Department needs more than 375 core licensed household which include 115 Latino households. The point-in-time data was shared with each regional QPI Steering committee, The Council, CAFAF, and the marketing firm.

Caregiver Demographic:

The Department has 2175 pre-adoptive, core, kinship, Independent, and FFT licensed or approved caregivers. Core caregivers represent 29% of the population and are the basis for this report. 27% of the core households are from region 5. However, the towns producing the most licensed caregivers are Waterbury Bridgeport and New Haven. Core caregivers in the state are predominantly White, are part of a two-caregiver household and their average age is 50.

The demographic makeup of the licensed caregiver is 68% reside in a two-caregiver household and 32% are the only caregiver in the home. Those licensed are as young as 25 years old to 85 years old and the average age of 50 years old. Households with two caregivers the average age is 49 years old (between 25-85). Households with one caregiver the average age is 53 years olds (between 28-83)

Regional Nuances

Region 1, of the children in care under the age of 18, the majority are 40% Latino. 63% of the Core households have two licensed caregivers. Core caregivers' average age is between 45-54. 37% of the Core caregivers identify as White.

Region 2, of the children in care under the age of 18, the majority are 37% are Black. 52% of the Core license households have one licensed caregiver. Core caregivers' average age is between 45-54. 42% of the Core caregivers identify as White.

Region 3, of the children in care under the age of 18, the majority are 45% White. 77% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44 and 31% are between 45-54. 74% of the Core caregivers identify as White.

Region 4, of the children in care under the age of 18, the majority are 36% are Black and 35% are Latino. 60% of the Core licensed households have two licensed caregivers. Core caregivers' average age is between 35-44. 52% of the Core caregivers identify as White.

Region 5, of the children in care under the age of 18, the majority are 41% Latino. 72% of the Core license households have two licensed caregivers. Core caregivers' average age is between 45-54. 61% of the Core caregivers are White.

Region 6, of the children in care under the age of 18, the majority are 38% Latino. 76% of the Core license households have two licensed caregivers. Core caregivers' average age is between 35-44 and 45-54. 62% of the Core caregivers identify as White.

Characteristics of children in need of foster care and adoptive homes

With a marketing and media plan under development and the plan to build on the Caregiver Practice Model and establish a 5-year blueprint for foster care that includes a strategic plan but also a CQI plan. FCD used the Annie E Casey Foster Home Estimator Recruiting Needs Worksheet to create a recruitment profile for each office. The profile includes the anticipated number of children by age and race needed based on the current population. Over 370 families must be licensed in order to meet the need,

Homes needed by age & race groups	Statewide					
		0-2 years	3-5 years	6-12 years	13-21 years	
- Native American/Alaska Native	0	0	0	0	0	0
- Black/African American	3	35	26	17	19	98
- White	9	46	31	23	22	121
- Other	3	14	10	7	8	39
-Hispanic	10	45	34	20	16	115
	25	140	100	68	65	374

Recruitment Data:

While the inquiry numbers are steady, attracting caregivers willing to parent a child with multiple needs is difficult. The complexity of the child's needs includes 2 or more of the following: autism, development needs, medical need, and behavioral needs.

The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and DCF partners 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, 863 inquiries were logged in 2024, a decrease from 2023 by 14%.

	2022	2023	2024
Interest	Inquiries	Inquiries	Inquiries
Adoption	152	81	60
Foster Care	373	451	403
Combination	337	401	358
Respite	16	44	41
Unsure	19	24	2
Total	897	1001	863

According to the data, the average inquiry per region is 143, with region 3 receiving the majority of the inquiries.

	2022	2023	2024
Region	Inquiries	Inquiries	Inquiries
1	132	162	129
2	111	225	135
3	127	149	164
4	159	195	162
5	138	154	150
6	90	115	123
Total	757	1000	863

Based on the inquiry data, 50% of prospective licensing candidates identify word of mouth and 41% identify the web-based information as the information source. This result supports the QPI approach of prioritizing relationships and partnerships, and the best source of recruitment is retention. It further supports the need to maintain the website current with the end user in mind.

Source of Inquiry	2022	2023	2024
Internet- Web Based	517	444	354
Print Media	11	12	4
Media		5	5
Word of Mouth	215	446	430
Campaigns	6	37	19
FBO	4	56	21
Walk In	4	0	
Tribe		1	
CAFAF			5
Event			3
Other			24
Total	757	1001	865

Source of Inquiry	2022	2023	2024
Internet- Web Based	68%	44%	41%
Print Media	1%	1%	0%
Media	0%	0%	1%
Word of Mouth	28%	45%	50%
Campaigns	1%	4%	2%
FBO	1%	6%	2%
Walk In	1%		
Tribe		0.1%	
CAFAF			1%
Event			0.3%
Other			3%
Total	1	1	1

License Data:

Recruitment and License have not completely recovered from the impact of the pandemic. In 2022, FCD centralized its recruitment and licensing activities. The number of licenses issued from 2021 to 2022 dropped to 37%. In 2024, found a slow increase from 37% to 41%. Kinship remains strong with 76% of the licenses issued in 2024 were kin, followed by 15% foster care.

License Issued	2022	%	2023	%	2024	%
Foster Care	47	10%	56	12%	80	15%
Adoptive	72	8%	35	8%	25	5%
Kin/Fictive Kin	339	74%	287	74%	406	76%
Independent	25	3%	18	3%	26	5%
Grand Total	483	100%	396	100%	537	100%

Licenses Closed

In 2024, 582 families closed their licenses with 61% closing due to permanency achieved which is the consistent average since 2018. The number of families closing compared to the number of families licensed remains a net loss.

License Closed	2022	%	2023	%	2024	%
Foster Care	102	16%	198	29%	151	26%
Adoptive	57	9%	67	10%	114	19%
Kin/Fictive Kin	458	72%	394	57%	299	51%
Independent	21	3%	30	4%	21	4%
Grand Total	638	100%	689	100%	585	100%

License Closed	2022	%	2023	%	2024	%
Permanency Achieved	385	60%	406	59%	349	61%
Retired	169	26%	201	29%	160	28%
Relocation/Agency Transfer	14	2%	14	2%	12	2%
Unfavorable	70	11%	68	10%	49	9%
Grand Total	638	100%	689	100%	570	100%

Permanency - Adoption

Feedback from the regions indicates 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 sex matches; and children over the age of 10; all races.

Matching for Adoption

In CY23, we realized a 13% decrease in matching requests. CY 2024 matching requests decreased from 257 to 218 or a 26% decrease in two years. Of the 218 requests, 52% were children 6 years old and younger, 39% were for 7 to 12 years old and 9% were for children 13 years and older. 32% identifying as White, 30% as multi racial, 25% as Black and 14% as Latino/a. 72% did not belong to a sibling group and 28% belonged to a sibling group of 2 or more.

Matching Requests	2022	2023	2024
Region 1	19	27	38
Region 2	62	67	37
Region 3	87	67	57
Region 4	30	27	16
Region 5	44	28	29
Region 6	52	41	41
Total	294	257	218

Sibling Groups	2022	2023	2024
Single	164	155	158
Group of 2	96	82	40
Group of 3	30	12	12
Group of 4	4	8	8
Total	294	257	218

Age	2022	2023	2024
0<6	160	138	113
7<12	96	78	85
13<17	38	41	20
Total	294	257	218

Race	2022	2023	2024
Black/African-AM	65	47	54
White	108	109	69
Hispanic	29	16	30
Multi-Race	150	85	65

Adoption Registry:

The number of registered families on the adoption registry reduced from 2022 to 2023 by 31%. In 2024, that number had no significant change with 304 families registered compared to 299 in the previous year. 52% welcomed a child into their family as a pre-adoptive placement and 21% are waiting for a match. 27% are on hold for “other” reasons (family issues, new jobs, etc.).

Registered Families	2022		2023		2024	
	#	%	#	%	#	%
Pre-Adoptive Placement	207	48%	139	46%	158	52%
Waiting for Match	98	23%	70	23%	64	21%
Matched	49	11%	36	12%	0	0%
Hold (other)	80	18%	54	18%	82	27%
Total	434	100%	299	100%	304	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 videos 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 2024, the program ended with 69 children in the program, 12 have been matched to a pre-adoptive family (monitoring), and one child was adopted as a result of the program's efforts.

WWK	2022	2023	2024
# New Referrals	18	20	3
Accepted	18	17	54
Monitoring			12
Closed	0	5	1
Waitlist	18	0	
Total in Program	54	42	70

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 realizing the child's permanency plan. Services are accessed using a service agreement with the private child placing agency. In 2024, support was 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 completed the assessment of the program and is moving forward with establishing this as a credentialed service.

Heart Gallery

From 2005 to present, over 492 children have been featured in the Heart Gallery. Currently there are 33 children featured in the Heart Gallery. Since the last report, 2025, one child was adopted on May 27, 2025 by his FFT foster parents (the adoptive parents agreed to adopt after blind inquiries came in from the Heart Gallery. One child was placed with a family on April 3, 2025, after inquiring through the Heart Gallery and became licensed. In 2024, there

were no adoptions of children on the Heart Gallery. One child was placed with a relative, another child transitioned to a sibling's foster home.

Heart Gallery	2019	2020	2021	2022	2023	2024	2025
Active and waiting	20	20	17	24	22	31	33
New entries	14	14	8	0	9	3	0
Matched with a family	15	6	7	0	10	0	2
Removed for other reason	4	6	4	0	5	1	0

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Description of Systemic Factor Item: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Background:

In Round 3, Connecticut received an overall rating of Area Needing Improvement for Item 36, based on information from statewide self-assessment and stakeholder interviews. Information in the statewide assessment and confirmed in stakeholder interviews showed that Connecticut effectively uses both in-state and out-of-state cross-jurisdictional resources to facilitate timely adoptive or permanent placements for children. However, the state acknowledged in the statewide assessment that the agency is unable to complete the Interstate Compact on the Placement of Children (ICPC) home studies in 60 days.

Assessment:

Since then, CT continues to use the National Adoption Registry and Heart Gallery (a DCF website showing photo listings of CT children awaiting adoption) as primary resources to enlist adoption resources. Each child registered is assigned to a Permanency Resource Exchange (PRE) Children Services Consultant or partner agency recruiter to promote and answer inquiries related to the children. CT accepts out-of-state families who are approved for adoption to be considered for CT children listed on the Heart Gallery.

The process begins with a referral from a DCF regional office, followed by assignment to a PRE consultant, photo listing the child and their write-up on the Heart Gallery, promotion during special recruitment events (i.e. National Adoption month), and at pre-licensing training classes. The PRE consultant follows up on any inquiries or leads for possible family resources. There are currently 23 children registered and posted to the Heart Gallery. CT will also photo list, with its permission, children who are not yet but anticipated to become legally freed for adoption.

CT follows the Interstate Compact guidelines (AAICPC Articles and Regulations) associated with requests for home studies of CT families who wish to serve as a placement/permanency resource for children currently residing in other states and uses the National Electronic Interstate Compact Enterprise (NEICE) to securely exchange all data and documents required as part of this process. CT families are assigned to regional foster care licensing teams who complete the assessment and licensing for these child-specific "independent" licenses in LINK. Once the licensing process is complete, the interstate compact staff inform the sending state of the status of the approval/denial of the request. If the out-of-state child has significant therapeutic/behavioral health needs, the home study is assigned to a private child-placing agency (CPA). Either DCF or the CPA will provide monthly contact with the child once placed through home visits, and provide quarterly reports to our ICPC office, who then shares the reports with the sending state's ICPC office. Most states require the child to be legally free before requesting adoption home study. The Interstate Compact guidelines do not typically permit two types of requests to be processed concurrently (i.e. foster home and adoption studies), but exceptions can be made on a case-by-case basis.

During CY 2024 there were 209 total incoming Regulation 2 requests, and 73 requests completed within 60 days (34%). Licensing and ICPC workers maintain manual tracking systems to help ensure adherence to timelines. Our LINK system does not provide a countdown report or alerts to track/improve home study processing times, but our new CCWIS system CT-KIND is being designed to include these features. While the tracking for children placed on the Heart Gallery and others referred to the PRE are tracked on an MS Excel log, both our LINK and ROM reporting systems maintain multiple reports concerning post-TPR children that monitor their progress towards achieving timely permanency.

3. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Overview of the DCF 2025-2029 Strategic Plan

The CT DCF 2025-2029 strategic plan outlines the state's vision, mission, strategic goals, supporting objectives, key actions, and measures of progress for improving its child welfare program, services, and outcomes for children and families over the next five years. The Department is currently awaiting the CFSR Round 4 Final Report from the Children's Bureau and will develop and begin implementation of the CFSR Program Improvement Plan (PIP) at some point before next year's APSR.

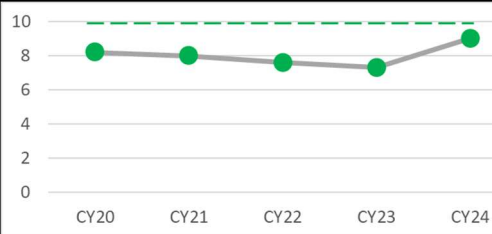
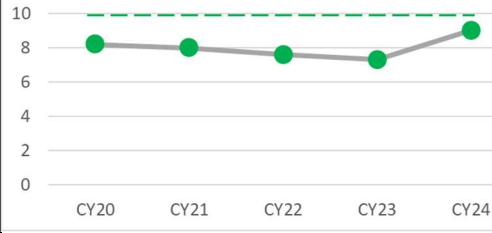
Strategic Focus Area One: Safety

Goal #1

Fully implement and integrate DCF's ABCD Safety Paradigm with an increased focus on our most vulnerable populations and complex cases

Keep children and youth safe, with focus on the most vulnerable populations

Safety of children is of the utmost importance to DCF, where safety practices are designed to keep children safety at home whenever safely possible. While Connecticut has consistently met the national standards for Recurrence of Maltreatment and Maltreatment in Foster Care for the past five years, improving child safety remains DCF's goal. Additionally, it is important to note that children of color continue to be disproportionately over-represented in received reports and subsequent investigations and cases of maltreatment, abuse, or neglect. Please see the relevant items, specifically items 1 through 3, in the Assessment of Performance section for more details.

Federal Measures of Child Safety						Key:	Meeting national standard	Not meeting national standard
	'20	'21	'22	'23	'24	Trend		
Recurrence of Maltreatment (standard <=9.7%)	8.2	8.0	7.6	7.3	9.0			
Maltreatment in Foster Care (standard <=9.07 victims/100K days)	3.3	5.9	6.2	6.2	5.8			

5-Year Goal for Child Safety

Fully implement and integrate DCF's ABCD Safety Paradigm with an increased focus on our most vulnerable populations and complex cases

Supporting Objectives & Actions

DCF seeks meaningful improvements in child safety outcomes through a five-year strategic focus with the objectives shown below:

Supporting Objectives and Actions 1.1

1.1 Provide services to the family, especially fathers, to prevent children's entry into foster care or re-entry after reunification.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- Evaluate practices and provide specific implementation supports and resources to enhance safety and fatherhood engagement.
- **Update:** Program Improvement Plan (PIP) workgroups concerning both Ongoing Safety and Risk Assessment and Fatherhood Engagement have been established to accomplish this action. The PIP plan should be submitted to the Children's Bureau, and implementation will begin, during CY 2025.

Mid Term (2-4yrs)

- Launch Phase 1 implementation p Consider additional practice initiatives to prevent entry into foster care or reentry after reunification.

Long Term (4-5+ years)

- Begin development of PIE data with the ability to specify parent participation, including fathers, in contracted services.

Supporting Objectives and Actions 1.2

1.2 Increase utilization and documentation of the ABCD Safety Paradigm to assess safety and to develop safety plans for increasing safety in the home and reducing separation whenever safely possible.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- Assess the baseline of utilization and documentation of the ABCD Safety Paradigm to assess safety and to develop DCF safety plans to increase safety in the home and reduce separations.
- Evaluate the use of the ABCD Safety Paradigm in quality improvement case reviews (in-home and administrative case reviews of case practice and considered removal meetings). Consider the results and a phased implementation plan to continually increase the ABCD Safety Paradigm in case practice and supervision.
- Focus specifically on increasing the details within the ABCD paradigm assessment of parents, particularly fathers, which will be documented by narratives, case plans, safety plans, considered removal notes, supervisory notes, and managerial notes.
- **Update:** A Program Improvement Plan (PIP) workgroups concerning Ongoing Safety and Risk Assessment has been established to accomplish this action. The PIP plan should be submitted to the Children's Bureau, and implementation will begin, during CY 2025.

Mid Term (2-4yrs)

- Launch Phase 1 implementation plan.

Long Term (4-5+ years)

- Continue implementation and monitor.

Supporting Objectives and Actions 1.3

1.3 Make needed improvements for Structured-Decision-Making (SDM) tools, and align these with the ABCD Safety Paradigm

Actions & Targeted Timeframes

Near Term (1-2yrs)

- Complete an assessment of the SDM safety and risk tools and alternatives along with the workplan for CT-Kind. Special attention will be given to the SDM tools which had not been updated with Evident Change (SDM reunification tool and the value of the SDM risk assessment for ongoing, and SDM Family Strengths). Establish a phased implementation plan.
- **Update:** The CT-KIND system will go live on 8/7/2025 with the current set of SDM tools in place. Enhancements to this set of tools has been included in the Enhancements (further development) list and prioritized within the first two phases of development. The PIP Ongoing Safety and Risk Assessment workgroup will also be addressing this item during CY 2025.

Mid Term (2-4yrs)

- Launch Phase 1 to integrate and simplify the set of SDM or other tools, forms, assessments
- Launch the Phase 2 for CT-Kind Enhancements (first high priority) and create the training materials and train the trainers.

Long Term (4-5+ years)

- Implement Phase 3 (pre-service and in-service), paying particular attention to vulnerable populations and complex cases, complete the policy revisions, communications, and initiate the quality improvement plan and monitoring.

Implementation Supports Needed to Achieve Safety Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: CPS staff, Director of Safety, Academy for Workforce Development, CQI Staff

Data/Systems: CT-Kind and Enhancements in 2025

Financing: Budget items as needed

Policy: Edit existing policies

Partnerships: Technical Assistance - National Child Welfare Center for Innovation and Advancement, Casey Family Programs, Chapin Hall, National Partnership for Child Safety

Strategic Focus Area Two: Permanency

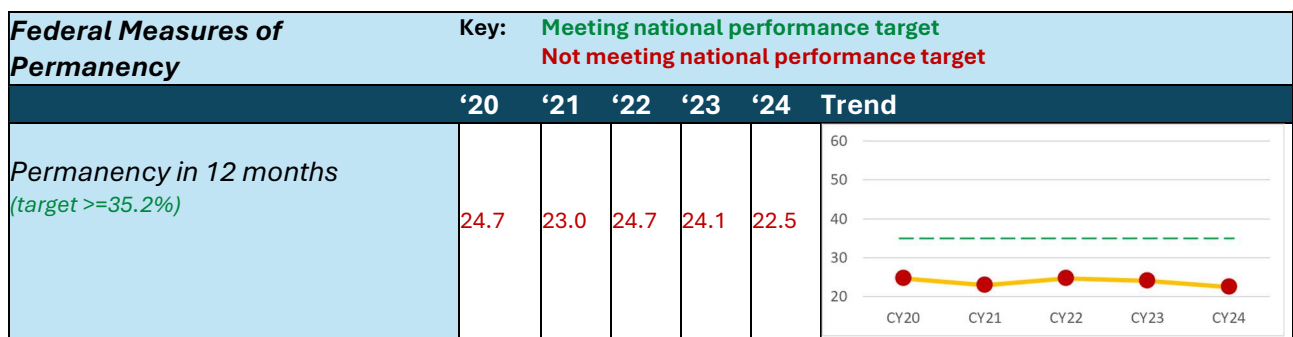
Goal #2

Connecticut's children in foster care have improved timely permanency and stability in their homes year over year

Connect systems and processes to achieve timely permanency and stability for children in their homes

In child welfare, permanency represents a stable living situation, ideally one in which family connections are preserved. When children must be separated from their families due to child abuse, neglect, or parental incapacity, the larger community must provide for their protection, nurturing, and well-being. Further, it is incumbent upon the system to ensure that children achieve timely permanency outcomes that best support their safety and well-being.

Of the five national performance targets for permanency set by ACF Children's Bureau, Connecticut has met national performance targets for two of these during four of the past five years (the exception being 2020, when disruptions associated with the Covid pandemic negatively impacted many activities). The state did not meet three of the five targets for CY 2024: 'Permanency in 12 Months', 'Reentry to Foster Care' and 'Placement Stability'. Please see the relevant items, specifically items 4 through 11, in the Assessment of Performance section for more details.



Federal Measures of Permanency	Key: Meeting national performance target Not meeting national performance target					Trend
	'20	'21	'22	'23	'24	
Permanency in 12 months for Children in Care 12 – 23 months (target >=43.8%)	32.0	45.7	47.3	50.8	45.1	
Permanency in 12 months For Children in Care >=24 Months (target >=37.3%)	28.6	45.4	42.9	44.9	39.4	
Re-Entry to Foster Care (target <=5.6%)	13.2	11.3	12.8	11.0	14.9	
Placement Stability (target <=4.48 moves/1000 days)	3.3	3.3	4.0	4.48	4.53	

5-Year Goal for Permanency

Connecticut's children in foster care have improved timely permanency and stability in their homes year over year

Supporting Objectives & Actions

DCF seeks meaningful improvements in permanency outcomes through a five-year strategic focus with the objectives shown below:

Supporting Objectives and Actions 2.1

2.1 Prioritize kinship care for placement of children

Actions & Targeted Timeframes

Near Term (1-2yrs)

- Implement C-Kin, Connecticut's Kinship Navigation Model.
- Create separate kinship license for kin placements, and policies.
- Update:** The ConnectiKin (CKIN) service model has been fully implemented since late CY 2023. CQI efforts continue to be implemented in collaboration with Chapin Hall technical assistance.

Mid Term (2-4yrs)

- Shift legal strategy for subsidized transfer of guardianship to expedite permanency.

Long Term (4-5+ years)

- Enhance services provided to kin.

Supporting Objectives and Actions 2.2

2.2 Strengthen Quality Parenting Initiative and other supports for kinship and non-relative foster parents

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Complete assessment of QPI, a baseline collaboration between foster parents and biological family. Establish a phased implementation plan.**
- **Update:** Statewide and Regional QPI Steering Committees help govern QPI implementation across CT. A Caregiver Advisory Council was also established which is led by and its members who are individuals with lived experience. Quarterly town halls are scheduled across the state offering caregivers an opportunity to voice concerns and offer solutions. Data from the Quality Parenting Outreach (QPO) text-based survey system is also used to inform planning and evaluation of implementation efforts.

Mid Term (2-4yrs)

- Implement Phase 1.

Long Term (4-5+ years)

- Continue implementation and monitor.

Supporting Objectives and Actions 2.3

2.3 Improve permanency outcomes for older youth in foster care

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Apply for funding opportunities to improve permanency outcomes for older youth in foster care. Assess permanency status, identify opportunities to address barriers to permanency and design a process to improve outcomes.**
- **Update:** A Program Improvement Plan (PIP) workgroups concerning Achieving Timely Permanency has been established to accomplish this action. The PIP plan should be submitted to the Children's Bureau, and implementation will begin, during CY 2025.

Mid Term (2-4yrs)

- Implement Phase 1.

Long Term (4-5+ years)

- Continue implementation and monitor.

Implementation Supports Needed to Achieve Permanency Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: Foster Care Division, CPS staff, Legal Division

Data/Systems: CT-Kind, Provider Information Exchange (PIE)

Financing: QPI contract and evaluation, C-Kin contract

Policy: Update Foster Care Division Policies and Practice Guide, Licensing Policies and Kinship Licensing, revise policies related to the Office of Legal Affairs to create Mediation Policy

Partnerships: Juvenile Court Judges and create a Mediation Task Force, Quality Parenting Initiative (QPI), Connecticut Association of Foster and Adoptive Families, (CAFAF), child placing agencies

Strategic Focus Area Three: Child & Family Well-Being

Goal #3

Improve access to educational, healthcare, and behavioral health services to enhance the well-being of Connecticut children and

Contribute to child and family well-being by enhancing assessments and interventions

Child well-being includes the physical, mental, behavioral, and emotional health and social functioning of children in a family. Protecting and promoting well-being requires access to professional services as well as a supportive environment within a family. DCF's emphasis on well-being integrates with and supports other aspects of child welfare, with a focus on engaging parents and families. Although there are no Statewide Data Indicators with National Performance targets set by ACF's Children's Bureau for measures of child well-being, DCF regularly collects data representing indicators for how well a child's physical/dental health needs, mental/behavioral health needs, and educational needs are being assessed and addressed by the system.

DCF performance on CFSR Round 4 Items 12 through 18, show considerable room for improvement on the overall assessment of child and parent (especially fathers) needs, including educational, physical/dental, and behavioral health areas of focus. These reviews show much better results for assessing and addressing the needs of foster parents. Related data from Administrative Case Review and In-Home Case Review processes are consistent with these results. Please see the relevant items in the Assessment of Performance section for more details.

5-Year Goal for Well-Being

Improve access to educational, healthcare, and behavioral health services to enhance the well-being of Connecticut's children and families

Supporting Objectives & Actions

DCF seeks improvements in child and family well-being outcomes through a five-year strategic focus with objectives including:

Supporting Objectives and Actions 3.1

3.1 Assess and address barriers to engaging parents (especially fathers) during case planning and service provision

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Assess parent participation (including incarcerated fathers), identify strategies, and plan a phased approach.**
- **Update:** Program Improvement Plan (PIP) workgroups concerning Engagement in Case Planning and Fatherhood Engagement have been established to accomplish this action. The PIP plan should be submitted to the Children's Bureau, and implementation will begin, during CY 2025.

Mid Term (2-4yrs)

- **Implement phase 1.**

Long Term (4-5+ years)

- **Continue implementation and monitor.**

Supporting Objectives and Actions 3.2

3.2 Increase capacity of extended family to support children, including both maternal and paternal relatives

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Establish a phased implementation plan for rolling out C-Kin, Connecticut's Kinship Navigation Program.**
- **Update:** The ConnectiKin (CKIN) service model has been fully implemented since late CY 2023.

Mid Term (2-4yrs)

- **Implement phase 1 of C-Kin.**

Long Term (4-5+ years)

- Continue implementation and monitor.

Supporting Objectives and Actions 3.3

3.3 Ensure that service delivery is needs-based and ensure that our service array and inventories can meet the evolving needs of families in communities

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Realign DCF's behavioral health and physical health.**
- **Update:** A Program Improvement Plan (PIP) workgroup concerning Provision of Services has been established to accomplish this action. The PIP plan should be submitted to the Children's Bureau, and implementation will begin, during CY 2025. Further, the combination of existing workgroups for Service Outcomes Advisory Committee (SOAC) and the Service Array Response and Assistance (SARA) Committee are both actively working to ensure that all our contracted programs have meaningful outcome metrics, standardized methods for program management are implemented, and that the service array has the best combination of services to meet the needs of our populations.

Mid Term (2-4yrs)

- Create a service array catalogue by service types
- Engage grassroots non-traditional providers into the service array.

Long Term (4-5+ years)

- Assess service types to meet evolving needs of families and communities. Establish a phased implementation plan.

Implementation Supports for Well-Being Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: Foster Care Division, CPS staff, Service Outcome Advisory Committee (SOAC), Enhanced Service Coordination (ESC), Program Leads, Family and Community Systems Division, Fiscal Division, Grants and Contracts

Data/Systems: CT-KIND, Provider Information Exchange (PIE), Evidence Based Tracker Data Collection

Financing: Budget items as needed

Policy: Child Welfare Policies, Fiscal Services Policies

Partnerships: Child Health and Development Institute (CHDI), United Way Info Line

Measures of Progress for Well-Being – 2025-2029

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Indicator 1: Percentage of families reviewed with identified services delivered *

Indicator 2: Percentage of children in foster care receiving visits with their mother, father, and/or siblings to promote continuity of close relationships *

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Indicator 1: Percent of children/youth who receive all necessary educational/developmental services as identified by MDE *

Well-Being Outcome 3: Children receive appropriate services to meet their physical and mental health needs

Indicator 1: Percent of children/youth who receive all necessary medical care as identified by MDE *

Indicator 2: Percent of children/youth who receive all necessary dental care as identified by MDE *

Indicator 3: Percent of children/youth who receive all necessary mental health treatment as identified by MDE *

Indicator 4: Percent of children/youth who receive all necessary substance abuse treatment as identified by MDE

*

* New CT DCF indicators for 2025-2029

Strategic Focus Area Four: Prevention

Goal #4

Work with the most impacted and at-risk communities and populations, and continue to invest in the effective implementation of the CT Family First Prevention

Early upstream interventions and support for families

A child and family well-being system can help build protective capacities to prevent families from coming to the attention of the child welfare system or moving deeper into the system, including the prevention of entries into foster care. Prevention services are provided and accessed throughout the state, rather than through DCF. Prevention prioritizes keeping children safely with their families to avoid the trauma that occurs when children are placed in foster care.

Considerable efforts are being made to prevent child maltreatment in Connecticut across all three categories of prevention (primary, secondary, and tertiary). DCF established a Primary Care Management Entity (PCME) operated by Carelon Behavioral Health, which combines Voluntary Care Management (VCM), Intensive Family Care and Support (IFCS) and a new Community Pathways service under a single umbrella to more efficiently deliver both primary and secondary prevention programs. The PCME now provides data to the Department through our Provider Information Exchange (PIE) system, which allows for the integration of their data with that of our approved Evidence-Based Programs that currently include Functional Family Therapy and Multi-systemic Therapy. The PCME program provides the data concerning Child-Specific Prevention Plans, and providers for the EBPs enter data concerning actual service provision to those referred by the PCME. These data were successfully pulled together into our first FFPSA federal data submission in May 2024. The number of people with CSPPs included in that submission is quite small but the number will grow quickly during this CFSP.

5-Year Goal for Prevention

Work with the most impacted and at-risk communities and populations, and continue to invest in the effective implementation of the CT Family First Prevention Plan

Supporting Objectives & Actions

DCF's five-year strategic focus includes these prevention objectives:

Supporting Objectives and Actions 4.1

4.1 Provide community-based prevention services and fully implement Connecticut's Family First Prevention Plan (FFPP)

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Continue to offer community-based prevention services to support a child's development and functioning to address behaviors, conditions or circumstances likely to have adverse impacts (without immediate safety concerns). Potential interventions may be contracted, evidence-based prevention services, and non-child welfare public agency partners and accessible from 211 and the care management entity (CME) without requiring a DCF case.**
- **Assess the current system of QRTP placement and approval processes leading to IV-E reimbursement and adjust, as necessary.**
- **Update:** The Prevention Care Management Entity (PCME) contract was awarded and implemented in CY 2023. Two additional Evidence-Based Practice (EBP) service types were then implemented in CY 2024, including Parent-Child Interaction Therapy (PCIT) and Brief Strategic Family Therapy (BSFT). The PCME offers assessment and referral for families not known to DCF through the Community Pathways service type, as well as families with youth with serious behavioral health issues through the Voluntary Care Management (VCM) service type, and families with unsubstantiated reports of abuse/neglect that continue to need support through the Integrated Family Care and Support (IFCS) service type.

Mid Term (2-4yrs)

- **Continue working with community-based partners to provide prevention services and assess opportunities for improvement. Establish a plan for ongoing communication and adjustments.**
- **Continue the QRTP process and implement adjustments.**

Long Term (4-5+ years)

- **Conduct an analysis of Family First Prevention Plan: calls, referrals to services, and utilization rates. Establish a phased plan for changes.**

Supporting Objectives and Actions 4.2

4.2 Support interventions for major mandated reporting groups

Actions & Targeted Timeframes

Near Term (1-2yrs)

- Engage in series of listening forums and meetings with major mandated reporter groups - schools, law enforcement and hospitals/pediatric care facilities - to determine priority needs of families and complete a plan for supports for mandated reporters.
- Establish baseline data regarding accepted and non-accepted reports for major mandated reporter groups.
- **Update:** DCF has trend data on the acceptance of abuse/neglect reports from major mandated reporter groups. Learning forums have been offered to community groups this year.

Mid Term (2-4yrs)

- Establish and implement cadence to provide major groups with feedback on accepted and non-accepted reports and supports in the community as an alternative to reporting to DCF.
- Pursue additional funding and supports to enhance local conditions affecting children and families within appropriate resources.

Long Term (4-5+ years)

- Continue supports for mandated reporter groups and conduct data analysis of accepted and non-accepted reports for major mandated reporter groups to determine impact of interventions.

Implementation Supports for Prevention Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: CPS staff, Chief Administrator for External Affairs, DCF Academy, Careline

Data/Systems: CT Kind, Provider Information Exchange (PIE), data integration with the Office of Early Childhood (OEC)

Financing: Family First Funding (Health & Human Services, Promoting Safe & Stable Families)

Policy: Prevention policies development needed

Partnerships: Carelon (Prevention Care Management Entity), Chapin Hall, Don Winstead Consulting, MOU with OEC, National Partnership for Child Safety

Strategic Focus Area Five: Racial Justice

Practice racial equity and inclusion in our department's practices and culture to help eliminate racial and ethnic disparate outcomes for children and families in our state

Goal #5

Work within DCF, across the child welfare system, and in partnership with our local communities to improve racial equity outcomes and realize measurable reductions in disproportionality across all racial and ethnic populations

DCF has maintained unequivocal commitment to being a fair and trauma informed child welfare agency whose beliefs, values, policies, and practices seek to eliminate racial and ethnic disparities. DCF acknowledges that children and families of color are disproportionately overrepresented and experience disparate outcomes across the system. Our progress in fair assessment and equitable responsiveness is evident across the Department's structures, policies, practices, and values. Furthermore, a strong collaboration with our community partners is needed to address how programs and policies may perpetuate systemic barriers and pursue comprehensive approaches to support those who have been underserved, marginalized, or adversely affected by social determinants of health. DCF routinely disaggregates outcomes data by race and ethnicity to identify disparities at key decision points across the system and use this data to inform planning and improvement activities aimed and reducing or eliminating such

disparities. Of note, contributing factors that impact the disparities in outcomes include lower service availability, need for multiple language service delivery, limited transportation options, and higher housing instability present in some communities.

5-Year Goal for Racial Justice

Work within DCF, across the child welfare system, and in partnership with our local communities to improve racial equity outcomes and realize measurable reductions in disproportionality across all racial and ethnic populations

Supporting Objectives & Actions

DCF's five-year strategic focus for improving racial justice performance includes these objectives:

Supporting Objectives and Actions 5.1

5.1 Continue to assess, strengthen, and support DCF's focus on addressing racial justice throughout our policies, practices, services, workforce, and culture, and incorporate feedback of lived expertise

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Collaborate with partners with lived expertise to inform policies and revisions for practice guides, active participation and appointments for lived expertise experts (providing stipends) to the Statewide Advisory Board.**
- **Update:** Collaboration on policy/practice improvements continue on an ongoing basis with our Statewide Advisory Board, which also continues to have a number of members with lived expertise.

Mid Term (2-4yrs)

- **Explore creation of at least one full-time position for a lived expertise expert to join ongoing prevention and the quality assurance efforts through the QuILT team, and reflections of emerging CSFR data, findings, and Quality Assurance data and reports.**
- **Update:** The Department has created a position in the Bureau for External Affairs for an adviser that has lived expertise and has hired the first incumbent for this position as of early CY 2024. She has wide involvement in Executive and Senior Management Team committees, including the QuILT Governance and Leadership meetings, and will be involved in helping develop the CSFR Program Improvement Plan.

Long Term (4-5+ years)

- **Continue elevating the input from lived expertise experts.**

Supporting Objectives and Actions 5.2

5.2 Continually work in collaboration with Judicial to identify and address the root causes that contribute to racial justice issues and disproportionality in the system

Actions & Targeted Timeframes

Near Term (1-2yrs)

- **Conduct joint discussions of pathways, bias, unique needs, trends, recommendations from the court to create a phased implementation plan.**
- **Update:** Collaborative efforts between the courts and the Department continue to discuss racial justice issues and identify phased implementation strategies to reduce disparity and disproportionality across the system. This has included expanding the scope of the mediation pilot and adding particular court orders to the Specific Steps form related to ensuring timely referral for services that expedite permanency.

Mid Term (2-4yrs)

- **Implement Phase 1 of the plan.**

Long Term (4-5+ years)

- **Continue implementation and monitor.**

Implementation Supports for Racial Justice Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: Additional position for lived expertise, Director of Multicultural Affairs, Diversity Action Teams in every DCF office and facility, DCF Academy
Data/Systems: CT-Kind, Provider Information Exchange (PIE)
Financing: Budget items as needed
Policy: Continued review of all DCF policies, Racial Justice Policy Subcommittee
Partnerships: Communities and Racial Justice Institute / Urban Community Alliance in New Haven, Juvenile Court judges and staff

Strategic Focus Area Six: DCF's Workforce

Goal #6

Improve retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate

Engage our workforce through an organizational culture of mutual support

DCF has identified its workforce as one of its six strategic focus areas for the next five years, with the goal of improving retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate.

DCF's workforce of over 3,100 employees includes a wide variety of occupational roles (such as social workers, nurses, supervisors, administrative staff, trainers, clinicians, accountants, teachers, doctors, etc.) across many areas of the organization. The majority of staff are working primarily in child protection and permanency (1839 personnel), followed in size by behavioral health and wellbeing (842 personnel), fiscal and support services (236 personnel), administration (125 personnel), legal (45 personnel), and the Commissioner's office, government relations & policy, and external affairs (23 personnel). Each position is essential to the agency's overall success, as every employee contributes to achieving DCF's goals. Retaining employees is critical because of their accumulated knowledge and experience, skills, and commitment to the mission.

5-Year Goal for DCF's Workforce

Improve retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate.

Supporting Objectives & Actions

DCF's five-year strategic focus for improving workforce performance includes these objectives:

Supporting Objectives and Actions 6.1

6.1 Reduce caseloads through caseload weighting standards.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- Review and prioritize the post consent decree recommendations related to case load weighting and make a proposal for budget approval.
- **Update:** The caseload weighting recommendations have been approved by relevant union, HR and OPM leadership, and will go into effect with the release of CT-KIND in August 2025. Continued challenges with recruitment and retention of social work staff will likely delay the impact of the reduction in caseload size.

Mid Term (2-4yrs)

- Implement the new, lower, caseloads (more realistic workload expectations).

Long Term (4-5+ years)

- Continue implementation of caseload standards and monitor the effect on recruitment and retention.

Supporting Objectives and Actions 6.2

6.2 Fully implement the Safe and Sound Practice Model to strengthen a supportive culture and climate, and to increase retention.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- Conduct the “Safe and Sound Organizational Assessment” through the National Partnership for Child safety and identify progress to improving the safety culture to increase retention.
- Use the safe systems improvement tool (National Partnership for Child Safety), which focuses on system level improvements in four domains (family domain, professional domain, team domain, environment domain), and develop a phased implementation plan
- **Update:** The Department is preparing to conduct the Safe and Sound Survey again during CY 2024 and will analyze results to inform systems improvements through the QULLT process, and in collaboration with our HR business partners.

Mid Term (2-4yrs)

- Implement Phase 1 initiatives to respond to the safe systems improvement tool to increase retention.

Long Term (4-5+ years)

- Monitor and adjust the system level improvements for Phase 2 initiatives to increase retention.

Implementation Supports for DCF’s Workforce Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: CPS caseload-carrying staff and supervisors, DCF Academy

Data/Systems: CT-KIND, CORE-CT

Financing: Budget item for additional staffing to reduce caseload standards

Policy: Policies regarding caseload weighting and assignments

Partnerships: University Partnerships (UCONN, SCSU, St Joseph University, Middlesex Community College, Department of Administrative Services HR Business Partners, Office for Work Force Strategies, Governor's Cabinet for Workforce, Human Services Career Pipeline, National Partnership for Child Safety

Measures of Progress

Measures of progress to meet goals, and timeframes for achieving objectives and actions, are listed within each of the six strategic focus areas above. Below is a summary of all measures of progress to meet goals to be used in subsequent APSRs in 2025 – 2029.

Focus Area and Goal	Outcome Statements	Indicators Targets	Indicators Results
		**Indicators that are new for DCF’s CFSP 2025-2029 * Federal Performance Indicators	Most Recent Period Available
Safety Goal: Fully implement, integrate, and continually enhance DCF’s Safety Practice Model with an increased focus on our most vulnerable populations and complex cases	Outcome 1: Children are, first and foremost, protected from abuse and neglect. (CFSR Item 1)	Maltreatment in foster care* Target: <= 9.07 victims / 100k days	FFY 2022 9.66 ~
		Recurrence of Maltreatment* Target: <= 9.7%	FFY 2023 11.3% X
	Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. (CFSR Items 2, 3)	Data Sources: CFSR Data Profile Reports	
		Rate of children diverted from foster care within 60 days of Considered-Removal Family Team Meetings ** Percentage of cases in which the ABCD Paradigm was applied prior to removal or reunification **	SFY 2024 68% Data Pending
		Data Sources: LINK Reports Case Practice Reviews Administrative Case Reviews	

Focus Area and Goal	Outcome Statements	Indicators	Indicators
		Targets	Results
		** Indicators that are new for DCF's CFSP 2025-2029 * Federal Performance Indicators	Most Recent Period Available
Permanency Goal: Connecticut's children in foster care have improved permanency and stability in their homes year over year	Outcome 1: Children have permanency and stability in their living situation. (CFSR Items 4, 5, 6)	Permanency in 12 months for children entering foster care* Target: >= 35.2%	FFY 22B23A 22.0% X
		Permanency in 12 months for children in foster care 12-23 months* Target: >= 43.8%	FFY 2024 43.3% ~
		Permanency in 12 months for children in foster care 24 months or more* Target: >= 37.3%	FFY 2024 39.1% ~
		Reentry to foster care* Target: <= 5.6%	FFY 2023 3.6% ✓
		Placement stability* Target: <= 4.48 moves/1k days	FFY 2024 4.85 X
		Data Sources: CFSR Data Profile Reports	
	Outcome 2: The continuity of family relationships and connections is preserved for children (CFSR items 7, 8, 9, 10, 11)	Rate of initial placement in a kinship home **	SFY 2024 / Q1-Q3 '25 53% / 52.7% ✓
		Rate of children in placement in a kinship home ** Target: Maintain or increase percentage (current rate 40%)	ON Jan 1 '24 / Jan 1 '25 46% / 50.7% ✓
		Data Sources: LINK Reports / Child in Placement Dashboard Reports	
	Child & Family Well-Being Goal: Improve access to educational, healthcare, and behavioral health services to enhance the well-being of Connecticut children and families	Outcome 1: Families have enhanced capacity to provide for their children's needs (CFSR items 12, 13, 14, 15)	Percentage of families reviewed with identified services delivered. **
Percentage of children in foster care receiving visits with their mother, father, and/or siblings to promote continuity of close relationships. **			Data Pending
Data Sources: In-Home Reviews Administrative Case Reviews			
Outcome 2: Children receive appropriate services to meet their educational needs (CFSR item 16)		Percent of children/youth who receive all necessary educational/developmental services as identified by MDE **	SFY24 / Q1 - Q3 '25 95% / 94%
		Data Sources: Administrative Case Reviews	

Focus Area and Goal	Outcome Statements	Indicators Targets	Indicators Results
		**Indicators that are new for DCF's CFSP 2025-2029 * Federal Performance Indicators	Most Recent Period Available
	Outcome 3: Children receive appropriate services to meet their physical and mental health needs (CFSR items 17, 18)	Percent of children/youth who receive all necessary medical care as identified by MDE ** Percent of children/youth who receive all necessary dental care as identified by MDE ** Percent of children/youth who receive all necessary mental health treatment as identified by MDE ** Percent of children/youth who receive all necessary substance abuse treatment as identified by MDE **	SFY24 / Q1 - Q3 '25 91% / 89% SFY24 / Q1 - Q3 '25 83% / 80% SFY24 / Q1 - Q3 '25 72% / 79% Data Pending
		Data Sources: Administrative Case Reviews	
Prevention Goal: Work with the most impacted and at-risk communities and populations, and continue to invest in the effective implementation of the CT Family First Prevention Plan	Outcome: Early interventions and upstream support for families	Number of families served through the Prevention Care Management Entity (PCME) Community Pathways Line of FFPP ** Number of families served by any of seven evidence-based practices ** Rate of children entering foster care per 1k child population **	SFY 2024 / Q1 - Q3 '25 61 / 42 SFY 2024 / Q1 - Q3 '25 519 / 669 SFY 2024 / Q1 - Q3 '25 2.1 / 1.8
		Data Sources: PIE CFSR Data Profiles (Supplemental Data)	
Racial Justice Goal: Work within DCF, across the child welfare system, and in partnership with our local communities to improve racial equity outcomes and realize measurable reductions in disproportionality across all racial and ethnic groups populations	Outcome: Racial equity and inclusion in our department's practices and culture to help eliminate racial and ethnic disparate outcomes for children and families in our state	Rates of Success: Rates of success on selected measures for each identified racial/ethnic population, with populations defined as inclusive aggregations of self-identified race/ethnicity ** Selected measures for use with this indicator: • Safety: Rate of children diverted from foster care within 60 days of Considered-Removal Family Team Meetings • Permanency: Percentage of children achieving timely permanency in 12 months from entry • Well-Being: Percentage of adolescents completing life skill assessment, by race and ethnicity • Prevention: Number of families served through the Prevention Care Management Entity, by race and ethnicity of family • Workforce: Percentage of new hires that meet recruitment goals by race and ethnicity to reflect the population served.	Data Pending
		Data Sources: PIE (for prevention disparity data) Sources for the selected measures are in the table above	

Focus Area and Goal	Outcome Statements	Indicators Targets	Indicators Results
		** Indicators that are new for DCF's CFSP 2025-2029 * Federal Performance Indicators	Most Recent Period Available
Workforce Goal: Improve retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate	Outcome: Reasonable workload and staff retention.	Turnover Rate for caseworkers in first two years of service Percentage of caseworkers who leave the agency during their first or second year of employment **	SFY 2024 / Q1-Q3 '25 1st Year: 31% / 31% 2nd Year: 16% / 20%
		Reasonable Workload/Caseload Standard Percentage of Caseworkers meeting the caseload standard **	CY 2024 93.4%
		Vacancies Number of Vacancies in Caseload-Carrying Staff by length of time (0-15 days, 16-30 days, 31-60 days, 60+ days) **	Data Pending
		Data Sources: DCF/DAS HR Data LINK Reports	

Staff Training, Technical Assistance & Evaluation

Academy for Workforce Development

Over the next five years, the Academy for Workforce Development will continue making advancements in training, learning and development to strengthen the skills, and knowledge base of the workforce. During 2024-2029, concerted efforts will be made to accomplish pre-service, in-service, community training, leadership programs, educational programs, and other initiatives that will foster the training services provided to the workforce and our partners. DCF training programs, plans, and curriculum will be continually aligned with the 5-year vision of the Department and play an important role in the effective implementation of our strategic goals and objectives of this CFSP. For staff training activities planned for 2025-2029, please see: *2025-2029 Training Plan for the CFSP* and *Appendix B: Training Curriculum*, developed by DCF's Academy for Workforce Development.

Technical Assistance and Capacity Building

DCF recognizes the tremendous value and return on investment that targeted technical assistance plays in building DCF's capabilities and capacities from various sources, such as the former Capacity Building Center for States, Chapin Hall at the University of Chicago, Connecticut Health and Development Institute (CHDI), the National Partnership for Child Safety, Annie E. Casey, JRA Consultants, or My People's Clinical Services. The Department's existing continuous quality improvement (CQI) plan builds on previous coaching from the Capacity Building Center for States. Planned TA in support of our strategic goals and vision involves fully implementing a state-wide CQI enhancement plan that integrates our previously completed CQI Self-assessment's results to refine and further build upon DCF's existing CQI infrastructure and apply implementation science to enable CQI processes across the Department. The Department has also sought TA from the new National Child Welfare Center for Innovation and Advancement in support of our CFSR Program Improvement Plan (PIP) development and implementation that we expect to continue throughout much of the remainder of the current CFSP period. Please see the "*Update on Assessment of Performance, Systemic Factor Item 25: Quality Assurance*" section for more details on our CQI plan and implementation.

Evaluation and Research Activities

To address the goals and objectives in this CFSP, DCF will continue to enhance its research and evaluation activities. Key activities include collaborating with external researchers to evaluate programs, incorporating research findings into practice, fostering a data-driven mindset among staff, and developing robust data infrastructure. All projects undergo rigorous review for ethical considerations and workforce demands. The Department's Bureau of Continuous Quality Improvement supports staff by defining questions, obtaining data, and analyzing results, promoting a culture of continuous quality improvement. The Department's research initiatives continue to include a partnership with UConn's School of Social Work through the Research-to-Practice Committee, enhancing staff understanding of data and research findings. This partnership includes support from a UConn data scientist and interns for the Data Reporting and Evaluation division. Please see the "*Update on Assessment of Performance, Systemic Factor Item 25: Quality Assurance*" section for more details concerning ongoing research and evaluation projects.

4. Quality Assurance System

Continuous Quality Improvement

Please see the "*Update on Assessment of Performance, Systemic Factor Item 25: Quality Assurance*" section for more details on our CQI plan and implementation.

Continued Improvement and Enhanced Capabilities Through Development of the New CT-KIND Comprehensive Child Welfare Information System (CCWIS)

DCF will be replacing its LINK information system with CT-KIND on August 7, 2025, which will provide the Department with a modernized Comprehensive Child Welfare Information System (CCWIS). This solution will be based on the Maine child welfare system, Katahdin, which uses a Salesforce platform to promote efficiency, accuracy, timeliness and completeness of data, and will have robust reporting features. CT-KIND training for end-users began in May 2025, and will be completed by the end of July 2025, based on an approach that includes:

- Conducting an end-user Training Needs Analysis to assess stakeholders training preference
- Designing format, learning objectives, and course content for each work product
- Developing outlines, storyboards, and training content for each module during development Sprints 1-11
- Establishing, conducting, and testing effectiveness of content within the training environments, which will include community providers in the testing efforts
- Establishing Robo-Help online help using created training materials
- Creating an end-user training schedule
- Providing Sprint User Testing and User Acceptance Testing (UAT) opportunities for our Community Partners to test the system prior to go live
- Delivering the Conference Room Pilot, which will include community partners
- Providing in person/virtual training to community partners
- Creating and conducting training evaluations using the Kirkpatrick Model

Training Phase	Date Range	Status
Analysis	October 2023 – November 2023	Complete
Design	November 2023 – February 2024	Complete
Development	February 2024 – July 2025	In-Progress

Training Phase	Date Range	Status
Implementation	March 2025 – July 2025	In-Progress
Evaluation	July 2025 - August 2025	Not Started

The CT-KIND training program applies a blended learning approach to delivering training to community partners which utilizes various methods of delivery including self-paced learning, web-based training (WBT), micro-learning reference (recorded animations and videos), online help/user manual, in-person instructor led training (ILT) as needed, and job aids.

As a part of the CT-KIND training program for community partners, all end-users will take a WBT which will acclimate them to the CT-KIND system, including how to sign into CT-KIND and basic system navigation. After end-users have completed this WBT, they will participate in self-study to complete assigned WBTs and Micro-Learnings, as well as utilize module specific job aids, user guides, frequently asked questions (FAQs), and the sandbox training environment which can be accessed on-demand. Post implementation support will also be provided, which will include reinforcement of WBT.

The CT-KIND training program is developing WBTs in the “Inform Me, Show Me, Try Me, Ask Me” model, in which the instructor explains the new task and associated concepts, demonstrates how the task is performed, and in some scenarios, allows trainees to practice the task(s). The model assists participants in gaining the confidence needed to become efficient in the new system.

5. Update on Service Description

A. Services

Child and Family Services Continuum

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.

Please see Systemic Factor 5 for additional information regarding Services Coordination and Evaluation. Please also see Appendix A for a full list and descriptions for our Service Continuum.

Additional Committees and Councils the Department participates not previously discussed or discussed below

- Autism Spectrum Advisory Council (Legislatively Mandated council that OPM Facilitates)
- CT Stay Strong Advisory Committee (DMHAS received this grant and needed partners to sit on the committee)
- System of Care for Community Collaboratives (external collaborative with family, providers, and community members)
- School Based Division Initiative (external committee with CHDI facilitating work and engaging key partners around school-based diversion)
- Trauma Informed School Mental Health Committee as well as sitting on the Steering Committee (external committee where we also sit as a steering committee member)
- School Based Health Center Advisory Committee (legislatively mandated committee)

- Disaster Behavioral Response Network (external legislatively mandated work with DMHAS as lead and DCF as key partner)
- Threat Assessment and Threat Management Collaborative (External collaborative group with FBI as lead)
- Ending the need for group care Co-design Team (DCF led group with external partners)
- Center for Children's Advocacy Restorative Justice Learning Collaborative
- Statewide Diversity Action Team
- Commission on Racial and Ethnic Disparity in Criminal Justice
- Child Welfare League of American Equity Committee
- New England Directors Race Equity Workgroup
- Committee for the Protection of Human Subjects
- Deaf & Hard of Hearing Advisory Committee Member

B. The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES – SUBPART I- FFY2025

The purpose of the Stephanie Tubbs Jones Child Welfare Services program is to promote state and tribal flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. Funds may be used for the following purposes: (a) protecting and promoting the welfare of all children; (b) preventing the abuse, neglect, or exploitation of children; (c) supporting at-risk families through services that allow children to remain with their families or return to their families in a timely manner; (d) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (e) providing training, professional development, and support to ensure a well-qualified workforce.

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. Individuals occupying the positions supported by grant funding were selected through an interview process.

Services/Activities	SFY25 Budget	Funding (BRC)
Associate Chaplin (1 @ 70%)	\$42,010	\$42,010
Office Assistant Positions (Meriden/Norwalk) (4 @100%)	\$339,196	\$339,196
CCMC	\$220,500	\$220,500
Central Office Staff (Contract Management) (1@100%)	\$98,497	\$149,669
Solnit North Positions (14 @70%)	\$1,172,744	\$1,172,744
The Connection Inc, Supportive housing	\$100,000	\$100,000
CT PWCL-Annual Meeting/Conference	\$4,000	\$4,000
Total:	\$1,976,947	\$2,028,119

Service Descriptions and Updates

Associate Chaplin - Funding supports a part time Associate Chaplin at the Solnit North Campus. This role provides clinical pastoral services to clients and their families, attends clinical staff meetings, participate in group and individual therapy sessions, participates in discharge planning, provides emotional and spiritual support during crisis, provides pastoral counseling to agency staff, prepares, and conducts religious services, administers rites and sacraments, and acts as a liaison between the agency and various religious communities.

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 for DCF staff and other mandated reporters, 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. CCMC has steadily increased the number of consultations. (Please see Health Management and Oversight Plan for graph on numbers of consults). CCMC continues to increase availability to the DCF Careline afterhours and on weekends, assisting with providing timely information regarding the medical status of a child who is being evaluated for suspected abuse and/or neglect.

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 25 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, childcare) 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 which is used to develop a specialized unit to assess and serve the waitlisted reunification families who have children less than five years of age to expedite permanency. Services are also provided to families where housing is a barrier to the reunification process. Over the past year, more than 300 families have had their children returned to their care using this additional funding from the Stephanie Tubbs grant.

Parents with Differing Cognitive Abilities (formally Parents with Cognitive Limitations): *Please see Assessment of Performance Systemic Factor 6 for additional information.*

C. Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

Children adopted from other countries have access to services through the Connecticut Behavioral Health Partnership, which is a collaboration between the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services. Carelon Behavioral Health is the Partnership's Administrative Service Organization (ASO). Carelon makes some intensive mental health services available to people who do not have access to health insurance or who are underinsured upon special application. These children also have access to services through the Adoption Assistance Program (AAP) outlined below. The Department has no tracking mechanism for disrupted, out of country adoptions.

The Department of Children and Families contracts with UConn Health to provide post-finalization 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, including internationally, or who have taken guardianship through probate court. 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 for families. The AAP has three-four community case managers assigned to cover the four major regions 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 Connecticut Child Placing Agencies. The PPSP is funded by both state and federal funds.

DCF also has an Office of Immigration Practice that provides legal and clinical consultation regarding all immigrant clients, including children adopted from other countries. It is DCF policy to provide an immigration attorney for all undocumented migrant children for whom DCF is guardian. DCF works actively to resolve legal barriers to adoption when children committed to the Department are born outside the United States and its territories. Sometimes important legal steps are missed in the adoption of children born in other countries and DCF has been able to address these omissions effectively, assuring that the adoption is completed properly. DCF can license and support undocumented people as relative foster parents when appropriate, and to support them in becoming adoptive parents as well.

D. Services for Children Under the Age of Five (section 422(b)(18) of the Act)

The Department continues to support families with children under age 5 through its many collaborations with state agencies and other systems who have the same goal of supporting/engaging families, ensuring safety and well-being, involving the community and those lived expertise, and using data to guide discussions and services. For the full list of partnerships, collaboration, and services serving children under the age of 5, please see *Assessment of Performance Systemic Factor 6*. For efforts made to achieve timely permanency for children of all ages, please see *Assessment of Performance Item 6*.

E. Efforts to Track and Prevent Child Maltreatment Deaths

The Department participates in the statewide child fatality review panel, a body required per CT General Statute 46a-13.l (13)(b-h), which is comprised of members of the community to include various providers, police, physicians, attorneys, and various state agencies to include the Office of the Child Advocate, Department of Public Health, Department of Social Services, Department of Mental Health and Addictions Services, Medical Examiner, Judicial, and Department of Children and Families. The group reviews all fatalities in CT to include maltreatment fatalities examining data to consider, propose and/or implement interventions to reduce child fatalities. In CT child maltreatment fatalities comprise a very small number of children.

Prevention Strategies have included:

- Increased access to prevention services for mental health and substance use needs.
- Increased detection of IPV to include lethality assessments and access to services.
- Training and collaboration with pediatricians and major hospitals to identify red flags related to child abuse.

The Department is committed to being a learning organization, conducting internal quality case reviews, participating in national collaboratives as well as partnering with internal partners within the state to evaluate practice, policy and system influences to outcomes. This evaluation includes a system of improvement to both identify and rectify system challenges such as recommended changes to policy, services, practice or training.

Statewide Child Fatality Review Panel and Connecticut Medical Examiner Partnership:

There are multiple Department of Children and Families staff attending the Child Fatality Review Panel (CFRP) to include the Bureau Chief of Continuous Quality Improvement, Chief of External Affairs, Statewide Director of Child Safety Practice Performance, and Director of Special Qualitative Reviews. 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 Program Director of the DCF Special Qualitative Reviews also attends the CFRP meetings. On a consistent basis, the 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.

Child Abuse and Prevention Treatment Act (CAPTA) Grant

Considerable effort has been made to specifically address risk factors related to substance exposure of infants and young children, particularly as the fentanyl crisis increasingly had an impact in Connecticut over the past five years. Please see the *CAPTA State Plan Requirements and Update* section below for details on the efforts taken under the grant including:

- Substance Exposed Infants Strategic Plan
- Substance Exposed Pregnancy Initiative (SEPI-CT)
- Collaborations with CT Department of Mental Health and Addiction Services (DMHAS)
- DCF CAPTA Notification Portal
- DCF CAPTA Evaluation
- Array of services specifically addressing the needs of this high-risk population

Special Qualitative Review (SQR) 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). SQR's may be implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse/neglect/near fatality). 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, policy, and systemic issues. Some of the areas of review include 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 was lead earlier in the year by the University of Kentucky and is transitioning to a new agency, Center for Helping Professions. The National Partnership offers the opportunity to learn from other states and jurisdictions on 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 training and technical assistance as needed in utilizing the Safe Systems Improvement Tool (SSIT) and conducting debrief interviews, as well as collecting data. The Partnership also develops briefs related to promising as well as best practices. This support will continue under the new program.

The SSIT tool utilized in interviews with staff 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. Since October 2021 the Department has continued to enter findings to include the SSIT tool within Redcap (Research Electronic Data Capture) to effectively capture and study the systemic and family needs associated with these cases. This de-identified information is reported quarterly to the NPCCS to be considered more broadly with other jurisdictions participating in the partnership.

The Learning Forums topics have also been built into the curriculum at the Academy for Workforce Development.

The SQR division continues to have cross collaboration with multiple divisions, including the following activities occurring/planned for the period from 10/1/24-9/30/25:

- Continued to communicate the work of CQI and the Special Qualitative Review work meeting in person with area offices.
- Provided training and education based on SQR reviews via learning forums: Unsafe Sleep, Fentanyl and Immigration.
- Evaluated the data from SQR Review, In Home Reviews, DRS Reviews and Critical Incident Reviews and identified themes and trends to enhance case practice and efforts to improve outcomes for the children and families we serve. The analysis also looked at systematic factors which impact our workforce.
- Conducted reviews of fatalities and near fatalities using the Safe System Improvement Tool (SSIT) which included interviews with area office child welfare staff through a voluntary process, and safety culture improvement efforts.
- In January 2025 we created a critical incident review tool which will provide data for analysis of case practice and ensure consistency in critical incident case reviews and CQI efforts.
- Provided the Executive team with an initial summary of critical incidents with prior history utilizing a continuous quality improvement lens.
- Prepared reports summarizing research and reviewing findings for Executive team and Child Welfare leadership using data visualization. (Unsafe sleep, Critical Incident Review, themes and trends of DRS, IH SQR reviews combined)

Critical Incident Summary Reviews

A Critical Incident (CI) is defined by an actual or alleged event that may involve concerns for serious injury or death of a child that is deemed to be unexplained, at variance with explanation given or non-accidental; head trauma, poisoning, burns, sentinel injury and significant bruising, other life-threatening conditions, or an immediate safety/well-being concern for a child in placement. As part of the safety science review process, the Department's Bureau of Continuous Quality Improvement conducts comprehensive reviews of Critical Incidents that have prior history within the past 12 months. The reviews are completed by Strategic Planning staff utilizing a standardized summary format for specific cases. The criteria for the review includes all cases in which a Critical Incident is received on a family that has active involvement with the Department or recent involvement, defined as involvement within the most recent 12 months; in these cases, a Quality Improvement or Quality Assurance Program Supervisor conducts a review, using a Critical Incident Assessment tool to complete a brief case summary including an assessment of case practice strengths and practice concerns.

The Critical Incident Summary Reviews are separate from the Special Qualitative Review (SQR) assessments that are completed on cases wherein there is a fatality or "near miss". Results from these reviews are considered together with that of SQRs to develop Learning Forums (see above) and other interventions to help manage risk. The reviews also provide the Department with broad-based appraisal of case practice within the area offices. Identified areas of strengths in the case practice and areas of opportunities. In addition, to the work of Child Protective Services, the analysis looks at systemic issues, service array, changing communities and professional growth and development are identified.

Critical Incident Database

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 team members 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.

Bi-Annual Reports

This upcoming year a bi-yearly report will be created by the quality assurance team to be shared with internal stakeholders on the trends and themes as well as any areas of potential systemic improvement. The data will include information obtained from regional reviews, the SQR process as well as the Critical incident tracking log.

National Child Abuse and Neglect Data System (NCANDS)

Connecticut DCF also submits child maltreatment fatality information to the Federal government through the NCANDS process. Please note that the figures presented in the table below use the child's date of death to count within a particular year, while NCANDS uses the date that the investigation involving a substantiated maltreatment fatality was completed to do so. Data compiled for the NCANDS Child File submission is compared to Critical Incident data as part of our NCANDS data quality process that aims to improve the accuracy of our submission files or at least be able to account for them all correctly through responses to Agency File questions on the subject.

CHILD FATALITIES REPORTED TO DCF RISK MANAGEMENT UNIT AS CRITICAL INCIDENTS:						
Area Offices: Statewide						
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			
2019	3	1	2	16	18	40
2020	0	1	1	26	10	38
2021	2	6	6	21	12	47
2022	3	5	8	16	20	52
2023	6	4	8	11	13	42
2024	4	9	4	16	14	47
Totals	48	68	68	282	263	729
2019	7.5 %	2.5 %	5.0 %	40.0 %	45.0 %	100.0 %
2020	0.0 %	2.6 %	2.6 %	68.4 %	26.3 %	100.0 %
2021	4.3 %	12.8 %	12.8 %	44.7 %	25.5 %	100.0 %
2022	5.8 %	9.6 %	15.4 %	30.8 %	38.5 %	100.0 %
2023	14.3 %	9.5 %	19.0 %	26.2 %	31.0 %	100.0 %
2024	8.5 %	19.1 %	8.5 %	34.0 %	29.8 %	100.0 %

F. MaryLee Allen Promoting Safe and Stable Families (PSSF) Program (title IV-B, subpart 2)

Below please find a list for the primary focus areas of the Marylee Allen Promoting Safe and Stable Families Program. The total funding for these services is \$3,129,158. Any modifications to the plans will be submitted as required. The allocation of funds provided to the services below further supports the agency's focus on strengthening families, accurate and timely assessments to support services, and supports and reunification.

Current Spending Plan FY 2025

Services/Categories	Total Funding	Family Support	Family Preservation	Family Reunification	Adoption	Other-Planning
Reunification & TFT Services	\$1,580,956	\$347,147	\$337,185	\$488,916		
ABH / Community Collaboratives	\$360,714				\$284,700	
FAVOR	\$50,000	\$16,668	\$16,666	\$16,666		
UConn -Adoption Assistance Program	\$347,597	\$30,000			\$270,000	
Adopt a SW program	\$95,275	\$31,758	\$31,758	\$31,758		
UConn SSW PIC	\$258,840	\$64,710	\$64,710			
Don Winstead - Technical Assistance	\$97,250					\$50,000
JRA Consulting	\$34,925	\$8,730	\$8,735	\$8,730	\$8,730	
The Connection, Inc	\$300,000	\$20,000	\$40,000	\$40,000		
CWLA 2024 Conference	\$3,601					
Totals	\$3,129,158	\$519,013 23.6%	\$499,054 22.3%	\$586,070 26.2%	\$563,430 25.6%	\$50,000 2.3%

Service Descriptions and Updates

Reunification & Therapeutic Family Time (RTFT) Services: Please see *Update on Assessment Permanency Outcome 1* section for additional information

FAVOR: Please see *Systemic Factor 6* section for additional information.

Community Collaboratives:

The Department has been supporting Community Collaboratives which are designed to promote and assist communities in the development of statewide networks of care. 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.

UConn Adoption Assistance Program:

DCF contracts with UConn Health 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 for families. The AAP has three-four community case managers based in the four major regions 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. Data compiled reflects program utilization for Fiscal Year's 21, 22, 23, and 24 and through the 3rd quarter of FY 25.

2,537 calls were received in the program during this period resulting in 1,115 cases opened for direct services (assessment, counseling, case management, and educational support). The remaining 1,422 calls involved consultation with parents and professionals, requests for referral resources, and a variety of other questions specific to adoption and guardianship. Of the cases opened, 944 were managed in house at UConn Health; 171 were referred to one of the program's community case managers.

Of the 1,115 families who received direct services, 842 were families who had adopted children from DCF; 122 through private domestic or inter-country adoption, and 121 were legal guardians. The remaining 30 included adult adoptees and pre-adoptive parents. Most cases opened included more than one presenting concern. The most commonly endorsed presenting concerns were behavioral issues and requests for educational support.

The program continued to collect outcome data through a *Client Satisfaction Survey* sent to each family who received direct services. Data collected from the 297 surveys that were responded to overwhelmingly endorsed the following:

- Parents felt that they had developed a new perspective or understanding of their situation.
- Parents felt that they had strengthened their parenting abilities.
- The child's condition or behavior improved (including better performance in school, increased self-esteem, and greater comfort with adoption issues).
- The family was able to link with needed resources.
- The family was satisfied with the support received and would utilize AAP services in the future.

In addition to direct services to families, the AAP provided or sponsored 132 training courses during this period including four TAC (Training for Adoption Competency) cohorts, an annual six-session PPSP training series, and in-service training for school staff. Throughout the Covid lock-down and continuing through May 2023, two virtual teen groups were conducted. Two parent support groups have been offered each year and in September 2022, virtual AAP information sessions were added.

Adopt a Social Work Program:

This statewide program assists children and families (birth, foster, and adoptive) that are DCF involved with support and donations of goods to help families secure needed resources. The program has covenants with 100 faith-based organizations that provide goods for families and has served over 872,302 children and families since inception. 7,727 children were served in SFY 2024 with donated goods and new beds cribs, school uniforms, backpacks, and baby items valued at \$371,896. Outcomes for FY 25 through Q3 are: 5,838 children served with goods valued at \$291,232.

UCONN SSW PIC: Please see the *Assessment of Performance Introduction* for further information.

Don Winstead:

The Department of Children and Families (DCF) contracted Don Winstead Consulting, LLC from 2020 to provide consultation on the Family First Prevention Service Act (FFPSA), targeting the area of Fiscal and Revenue Enhancement. Don Winstead provides technical assistance and support to DCF in regard to FFPSA and fiscal implications to the state by reviewing and analyzing DCF and State fiscal information and reports, including Title IV-E claiming. He communicates and collaborates with the DCF Executive Team, key stakeholders and the DCF Fiscal and Revenue Enhancement FFPSA staff to gain a better understanding of what the State hopes to accomplish through the implementation of FFPSA and CT's Prevention Plan. The Contractor provided an initial assessment of observations and an analysis of the State's readiness for FFPSA implementation to the DCF Executive Team. Don Winstead continues to help answer any pertinent question regarding fiscal and reimbursement implications.

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 and partnerships with community providers, system partners, and family members with lived expertise. The services offered by JRA Consulting, Ltd have been instrumental in guiding the Department through the journey of becoming a racially just organization. Funding for JRA Consulting Ltd offers consultation, facilitation, and technical assistance to DCF Leadership, the Statewide Racial Justice Workgroup, and Divisions, Area Offices, and staff across the state.

Since June 2024, JRA Consulting Ltd has assisted the Department in: developing a revised framework for its racial justice work; identifying clear priorities to advance racial justice work in Area Offices and Divisions; creating an inventory of questions and prompts used to guide racially just practice for children and families; providing guidance on integrating those questions and prompts into existing processes and meetings; and drafting a plan to build skills and confidence for statewide leaders related to racial justice. To accomplish these tasks, JRA Consulting, Ltd has participated in regular meetings and planning calls, as well as co-facilitated meetings with the Statewide Racial Justice Workgroup and the four subcommittees. The partnership with JRA Consulting Ltd continues to be essential in advancing CT DCF's racial justice and equity work.

JRA Consulting Ltd has reached well over 200 participants from across the state, including DCF staff, system partners, and community providers and partners. JRA provided technical assistance to several Central Office Divisions as well as Area Offices and Regions. JRA Consulting Ltd continues to play an integral role in the structure and co-facilitation of the Statewide Racial Justice Workgroup as one of the Tri-Chair leads, supporting the planning and co-facilitation of bi-monthly meetings as well as meetings related to the subcommittee work. JRA Consulting Ltd has also focused on the alignment of Racial Justice work at all levels of DCF along with DCF's Safe and Sound culture, system and community partnership work, and existing case practice. She brings her deep, long-standing relationship with CT together with her experience at the national level and with other child welfare jurisdictions. Under the period of review, JRA Consulting, Ltd has co-led efforts that include intentional coaching to Central Office Divisions; review and analysis of updated racial and ethnic disparity data; work with individual Area Offices on racial justice-specific issues; and guidance for the Department on racial justice efforts at the practice, administrative, systemic, and organizational levels.

The Connection, Inc: See description under the *Stephanie Tubbs* grant.

CWLA 2024 Conference:

CWLA is a coalition of hundreds of private and public agencies that has supported children and families since 1920. Their expertise, leadership, and innovation on policies and best practices help improve the lives of millions of children across the country. The Mission is 'CWLA and our partners advance equity through policies and practices that ensure the well-being of children, youth, families, and communities'. The Vision is 'that every child will grow up in a safe, stable, and supportive family and community'. The Focus is 'children and youth who may have experienced abuse, neglect, family disruption, or a range of other factors that jeopardize their safety, permanence, or well-being'. CWLA also focuses on the families, caregivers, and the communities that care for and support these children.

The figures provided in the table reflect anticipated expenditures for FFY 2026. These programs are being supported through multiple year awards. The Community Collaboratives, FAVOR, The University of Connecticut's Adoption Assistance Program, Easter Seals Adoption Support Group, adopt a Social Work Program, 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.

Projected Spending Plan FY2026

Services/Categories	Total Funding	Family Support	Family Preservation	Family Reunification	Adoption	Other-Planning
Reunification & TFT Services	\$1,158,956	\$347,147	\$337,185	\$488,916		
ABH / Community Collaboratives	\$360,714				\$284,700	
FAVOR	\$50,000	\$16,668	\$16,666	\$16,666		
UCONN -Adoption Assistance Program	\$347,597	\$30,000			\$270,000	
Adopt a SW program	\$95,275	\$31,758	\$31,758	\$31,758		
UCONN SSW PIC	\$258,840	\$64,710	\$64,710			
Don Winstead - Technical Assistance	\$50,000					\$50,000
JRA Consulting	\$34,925	\$8,730	\$8,735	\$8,730	\$8,730	
The Connection, Inc	\$300,000	\$20,000	\$40,000	\$40,000		
CWLA 2024 Conference Valerie Lilley	\$3,601					
Totals	\$2,659,908	\$529,013 23.6%	\$499,054 22.3%	\$586,070 26.2%	\$573,430 25.6%	\$50,000 2.3%

G. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

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. The following table summarizes this information across the past five years and shows the rates using the 2020 Decennial Census child population as their basis. Maltreatment rates for all groups had been trending downwards from CY19 – CY23 but then increased again in CY24 for all groups except for Hispanic children.

AGE GROUP	DEMOGRAPHIC	VICTIMS					2020 CHILD POPULATION	VICTIM RATE/1000				
		CY20	CY21	CY22	CY23	CY24		CY20	CY21	CY22	CY23	CY24
0 - 3	ALL	2037	1697	1432	1544	1690	139474	14.60	12.17	10.27	11.07	12.12
	MALE	1065	872	751	769	893	70980	15.00	12.29	10.58	10.83	12.58
	FEMALE	972	811	693	752	779	68494	14.19	11.84	10.12	10.98	11.37
	Hispanic	662	554	470	502	514	37711	17.55	14.69	12.46	13.31	13.63
	Non-Hispanic, Black	465	412	344	370	394	15455	30.09	26.66	22.26	23.94	25.49
	Non-Hispanic, White	709	561	503	485	550	66581	10.65	8.43	7.55	7.28	8.26
	Non-Hispanic, Other	201	170	145	187	232	19727	10.19	8.62	7.35	9.48	11.76
4 - 17	ALL	3994	3618	3533	3947	4069	597243	6.69	6.06	5.92	6.61	6.81
	MALE	1929	1686	1595	1801	1861	305299	6.32	5.52	5.22	5.90	6.10
	FEMALE	2065	1908	1920	2114	2177	291944	7.07	6.54	6.58	7.24	7.46
	Hispanic	1454	1343	1278	1431	1407	154887	9.39	8.67	8.25	9.24	9.08
	Non-Hispanic, Black	772	687	753	809	831	66402	11.63	10.35	11.34	12.18	12.51
	Non-Hispanic, White	1419	1252	1204	1308	1389	298858	4.75	4.19	4.03	4.38	4.65
	Non-Hispanic, Other	349	336	298	399	442	77096	4.53	4.36	3.87	5.18	5.73
0 - 17	ALL	6028	5315	4993	5487	5753	736717	8.18	7.21	6.78	7.45	7.81
	MALE	3035	2558	2346	2567	2752	376279	8.07	6.80	6.23	6.82	7.31
	FEMALE	2993	2719	2611	2865	2952	360438	8.30	7.54	7.24	7.95	8.19
	Hispanic	2114	1897	1747	1933	1921	192598	10.98	9.85	9.07	10.04	9.97
	Non-Hispanic, Black	1236	1099	1097	1178	1222	81857	15.10	13.43	13.40	14.39	14.93
	Non-Hispanic, White	2128	1813	1706	1792	1936	365439	5.82	4.96	4.67	4.90	5.30
	Non-Hispanic, Other	550	506	443	584	674	96823	5.68	5.23	4.58	6.03	6.96

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 support 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.

In August of 2024 the Department also changed the eligibility criteria for receiving a Family Assessment Response (our alternative response) for abuse/neglect reports concerning children ages 0 - 5. From that point forward, all reports with children in that age group must have a traditional Investigation response, rather than a Family Assessment. However, if the report otherwise would have had the alternative response and did not result in a substantiation, families that have continued needs to be addressed were still referred to the community partner agencies for follow-up as if they had received the alternative response. This ensured that the provider for our unsubstantiated Investigation follow-up care

(Integrated Family Care and Support) was not over-capacity and that such families were still able to receive timely services.

Please also see the section on *Services for Children Under the Age of Five* above for further details on how the Department is serving this vulnerable population.

H. Kinship Navigator Funding (title IV-B, subpart 2)

In 2022, the Department continued the design and development of its Kinship Navigation Model with the technical support of the University of Chicago, Chapin Hall team and co-created with caregivers. Since the last report, the Department launched the model, ConnectiKin or CKIN in August 2023. The Department has also applied for continued participation in the Title IV-E Kinship Navigator program for the coming year.

The mission of CKIN is to partner with kinship caregivers to provide connections, support, and resources needed to raise resilient children who thrive. When DCF identifies a kinship family they promptly complete a referral form that is shared with the relevant CKIN community-based agency serving the family's area. A kinship navigator then contacts the family to offer support. Participation in the CKIN model is voluntary and family-led, recognizing and honoring the family's expertise in their own circumstances. For families who choose not to engage directly with CKIN, the same resources are publicly available through the United Way 211 website, ensuring broader access to support.

The core components of the service model include a universal standard needs assessment which relies on the kinship caregiver's self-reported needs, grounded in the principle of a child and family centered practice, and conducted in a semi-structured conversational style. It includes two levels of service. Information-level which provides an individualized list of services and support in an information package and follow-up. The Partnering-level of service includes individualized care coordination supported by a customized care coordination plan, resulting in warm transfers to resources such as economic and concrete supports, peer support groups, information on benefits, and legal information. Another core component of the model is that kinship navigators will have lived experience. This means that the navigators partnering with the kinship families to support their needs will have experience with being in a kinship family themselves. The model views families as experts and participation are voluntary. The number of families served by the CKIN program reached parity with that served by the former CST program in CY 2024 at 657 families served. The rates of completion for families referred still remain below that of CST (about 48%) at about 32% for the 2024 cohort. The model continues to refine its implementation toward evaluation in the winter of 2025.

Kinship Navigator Spending Plan 2025

Service/Activity	Funding,
Chapin Hall Evaluation – Navigation Model	\$177,211
Total:	\$ 177,211

Service Descriptions and Updates

Chapin Hall Evaluation – Navigation Model:

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.

I. Monthly Caseworker Visit Formula Grants

Monthly Caseworker Visitation Standards

Department of Children and Families' (DCF) policy requires all children and families with whom DCF is involved 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. During each contact, the Social Worker shall make concerted efforts to ensure that each child is seen and spoken with alone. The Social Worker shall make concerted efforts to contact each parent, guardian or other caregiver. Visits shall be frequent enough to effectively address the child's safety, permanency and well-being and achievement of case goal. Specific minimum contact standards for multiple and various child and family circumstances are outlined in [DCF Policy 20-1-1](#). Results for the FFY 2024 Monthly Caseworker Visitation reported in December 2024 showed that the Department made monthly visits to children in foster care for 95.4% of applicable visit-months, and 96.2% of those visits occurred in the residence of the child.

Please see the *Assessment of Performance, Items 14 and 15* for more details on efforts to improve compliance with visitation requirements for social workers and children/parents. Also please note that the data required to calculate compliance with monthly caseworker visitation standards are included in our AFCARS submissions, and the aggregate report will be provided to the Children's Bureau by 12/15/2025 as required.

Monthly Caseworker Visitation Grant Spending

The Monthly Caseworker Visit (MCV) Grant has been used in the past year to improve the quality of caseworker visits. The child welfare workforce has leveraged MCV funds to support team building and staff wellness events that enhance workforce retention. Grant funds have been used to support and enhance case practice related to case planning and permanency through training / speakers on client engagement and relationship-building strategies, caseworker recruitment and retention, connectiveness, and fatherhood engagement.

Monthly Casework Visitation Grant Spending Plan FY2025

Service/Activity	Funding
Central Office	\$0
Careline/Foster care	\$10,000
Bridgeport	\$7,000
Norwalk	\$7,000
New Haven	\$7,000
Milford	\$7,000
Middletown	\$5,000
Norwich	\$7,000
Willimantic	\$7,000
Hartford	\$7,000
Manchester	\$7,000
Waterbury	\$7,000
Torrington	\$5,000
Danbury	\$5,000
New Britain	\$7,000
Meriden	\$5,000
Other	\$40,030
Total Award	\$140,030

J. Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

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). There have been no changes, or challenges for timely expenditure of the funds as outlined in the 2025 - 2029 CFSP.

2024 Adoption and Legal Guardianship Incentive Payments Spending Plan

Service/Activity	Funding
Quality Parenting Initiative	\$195,000
Chapin Hall Kinship Navigator Programming	\$1,075,386
Family Life Lifters	\$218,750
Helping Our People	\$218,750
United Way 211CKIN	\$68,880
Chapin Hall FCD CQI Development	\$88,550
Foster Transformative Solutions – Kinship Standard	\$30,000
Other	\$7,324
Travel, Conferences, Training, Subscriptions	\$50,000
Total Awarded FFY 2024 - \$1,952,640	\$1,952,640

Service Descriptions and Updates

Quality Parenting Initiative: Please see *Update on Assessment of Performance, Permanency Outcome 2, Item 11* for additional information.

Chapin Hall: Please see *Technical Assistance* section for additional Information.

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 southern Regions 1, 2, & 3 and Family Life Lifters covers the northern Regions 4, 5, & 6.

United Way 211CKIN:

211 created and maintains a customized resource landing page, a user-friendly webpage focused on kin/kinship caregivers that brings together several helpful tools on 211ct.org, allowing users to explore available services, narrow down the list of resources available, and explore other related content. This page provides comprehensive, up-to-date information on the topic, including relevant resources and programs from 211's database of community services, and information from 211's eLibrary, highlights the 211 Navigator, an eligibility screener for benefits programs. And, if needed, a customized needs screening can also be built and linked to from the kinship landing page. Input and feedback from families and professional navigators will be solicited and considered for continuous improvement of the page. 211 also provides two-hour training on various dates/times at the beginning of the project to accommodate as many individual schedules as possible. It also provides regular data reports monthly on project activities as well as other specific data that will be used to evaluate the impact of the project. The funding also allocates a Resource Specialist dedicated to Kinship Navigation to the 2-1-1 Resource Department for 10 hours per week. This individual will be responsible for ongoing updates of many of the kinship-related programs in the 211 database and, as part of those

efforts, will work to establish good relationships with the program contacts so that they know to reach out when there is a program change that should be reflected in the database.

Chapin Hall FCD CQI Development:

The funding supports the development of a 5-year strategic plan for the Foster Care Division (FCD) and a CQI plan and implementation process to establish a clear direction and strategy for the division's work while aligning with the broader development and implementation of DCF's statewide CQI practices. As such, this effort focuses on supporting workforce development, racial justice, and actions that improve the safety, permanency, and well-being outcomes for children and families. The work contributes to DCF's larger vision of empowering families to raise resilient children by fostering community-based programs and services. Alongside this CQI support, the Chapin Hall team will continue to promote and assist with the implementation of Family First practices, the statewide CQI work, the design and execution of the kinship navigation model, and processes surrounding current DCF and FCD initiatives and assist with the implementation of the developed strategic plan and CQI plan as needed.

Foster Transformative Solutions – Kinship Standard:

The funding supported project planning and coordination to lead the implementation of the new federal Kin-Specific Foster Home Approval Standards outlined in ACYF-CB-IM-23-07. This included the review of the revised standards, existing policy, practice, training, and regulation changes. In the fall of 2024, it convened a kinship licensing, assessment, and support steering committee/advisory board to review and revise a kinship licensing and assessment policies, regulations and create a practice guides.

2025 FFY Adoption and Legal Guardianship Incentive Payments Spending Plan

Service/Activity	Funding
Youth Law Center Quality Parenting Initiative	\$388,000
Chapin Hall Kinship Navigator Programming	\$1,075,386
Family Life Lifters	\$656,250
Helping Our People	\$656,250
United Way 211CKIN	\$82,000
Chapin Hall FCD CQI Development	\$310,857
Foster Transformative Solutions – Kinship Standard	\$30,000
Youth Ambassadors	\$104,000
Recruitment Specialist/Community Engagement Specialist	\$200,000
Weekend for a Lifetime	\$150,000
Other	\$7,324
Travel, Conferences, Training, Subscriptions	\$52,000
Total Awarded FFY 2025 - \$1,824,500	\$3,712,067

Service, Description and Updates for Additional Services Planned for FFY 2025

Youth Ambassadors:

The Youth Ambassador Interns is a paid position of children in care or post majority young adults and are standing members of the QPI Regional Steering Team. As subject matter experts, they will inform recruitment and retention plans, participate in community presentations, meet with community leaders, and participate in pre-licensing activities and the vetting of core candidates. Youth Ambassadors will engage leadership development (advocacy) and coaching to support the role.

Recruitment Specialist/Community Engagement Specialist

Regional Community Engagement - Contract for 6:

To canvas community to identify supporters, build relationships, and create recruitment opportunities. They are a standing member of the QPI Regional Committee and assist with implementing QPI Regional Steering Committee

plans. The deliver the talking points, conduct presentations, and host a minimum of two recruitment related events/ presentation per month.

Travel, Conferences, Training, Subscriptions:

Allocation of funding to support subscription to various foster and adoption related memberships, workshops and training opportunities for the agency. Funding support workforce development and equipping staff and caregivers to deliver quality care for children in care.

Weekend for a Lifetime:

To address the placement crisis, the Department launched Weekend for a Lifetime (W4LT). W4LT delivers the pre-requisite foster care-licensing curriculum in 2.5 days compared to current 4 weeks. In the spring and the fall of 2025, the department plans to deliver the pre-licensing training to approximately 80 families with a goal of issuing licenses within forty-five days of completing the training. Participants are then licensed, ready and available to provide foster care.

K. Adoption Savings

The Department has identified the following service types that are supported by the Adoption Savings funding which offers support services to families post adoption and is open to both DCF and private adoptive families. 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. The Department is not intending to request any change to the methodology for calculating adoption savings for the coming year.

Adoption Savings Spending Plan FFY2024

Service/Activity	Funding
UCONN Adoption Assistance Program	\$314,516
Functional Family Therapy (FFT)	\$2,298,667
CAFAF	\$2,374,748
FAVOR	\$1,058,847
Family Based Recovery (FBR)	\$4,197,856
Daycare	\$373,998
Total:	\$10,352,863

Service Descriptions and Updates

UCONN Adoption Assistance Program (AAP): Please see *Mary Lee Allen Promoting Safe and Stable Families (PSSF)* section for information)

Functional Family Therapy Foster Care (FFT-FC): The implementation of FFT FC began on 9/1/2022 with a three-year implementation plan. There are 588 slots statewide to serve children and youth in Therapeutic Foster Care who meet eligibility criteria; 419 slots are being utilized currently. There have been some challenging aspects of the implementation including staffing, clinical transformation, and a lack of foster homes. Child Placing Agencies initially struggled to hire candidates due in large to a national shortage of licensed mental health professionals; however, there has been significant progress since last year with both the hiring and retention of clinical staff. While some vacancies still exist, most positions have been filled. As reported in 2023, the role of the Clinical Supervisor posed some unique challenges. The Clinical Supervisor role requires clinical and administrative oversight of the program in addition to carrying a caseload. As with many Evidence Based Practices the Clinical Supervisor is required to achieve certification as a therapist before being certified as a Clinical Supervisor. In 10/23, contracts were executed to fill a new role of Clinical Director for each contracted agency, and all positions have been filled and are in operation. This position was deemed vital for the successful implementation of FFT FC in Therapeutic Foster Care. The FFT FC Clinical Director is

responsible for the overall clinical and administrative leadership of services delivered to referred children and families. Permanency of youth and collaboration between Child Placing Agencies who deliver FFT FC, and the Department of Children and Families is a primary focus. This includes data enhancements to capture outcomes by race and ethnicity to better inform practice in an effort to reduce disruption rates and provide greater stability in the foster care system.

Implementing Evidence Based Practice in therapeutic foster care has been a heavy lift, it has required a completely new skill set moving from a "placement system" to a "treatment system". Much of the workforce is new to the field and FFT FC Clinical Consultants teach basic therapy skills in addition to Evidence Based Treatment. Perhaps the greatest challenge is the lack of foster care resources. The recruitment and retention of foster parents in a post pandemic world has proven to be multifaceted and poses never before seen complications. Many foster parents have decided to retire, recruiting a new generation of foster parents has been hard to reach and the children being screened in are clinically complex with significant complex trauma. The Department continues to work closely with FFT Partners and Child Placing Agencies to ensure implementation science is being adhered to. As part of implementation there is a robust CQI process where data is being used to analyze practice and target improvements to ensure model adherence. Program Fidelity Reports are established on a quarterly basis and reviews are held with each agency statewide.

CAFAF: Please see *Foster and Adoptive Parent Diligent Recruitment Plan* for additional information

FAVOR: Please see *Systemic Factor 6* and *Appendix A: Service Continuum* sections for additional information

Family Based Recovery (FBR): Please see *Services for Children Under 5* and *Appendix A: Service Continuum* sections for additional information.

Daycare: Financial assistance with daycare expenses to prevent children from being placed in Foster Care.

L. Family First Prevention Services Act Transition Grants

Connecticut continues to utilize its Family First Prevention Services Act (FFPSA) Transition Grant funds to support activities directly aligned with the implementation of its Family First Prevention Plan. A dedicated FFPSA Lead remains on staff under the direction of the Department of Children and Families (DCF) Prevention Services Division to oversee and finalize key implementation efforts.

Key Accomplishments to Date:

- Developed a **Business Process Map** for initiating the **Child-Specific Prevention Plan**.
- Finalized **Family First Overview Training**, including trainer notes and rollout strategy.
- Implemented **Qualified Residential Treatment Provider (QRTP)** certification and conducted training for providers and DCF staff.
- Established a QRTP Business Process Map identifying key data elements for the **Provider Information Exchange (PIE)**, **federal claiming**, and **reporting**.
- Released **Requests for Proposals (RFPs)** for two evidence-based services: **Parent-Child Interaction Therapy (PCIT)** and **Brief Strategic Family Therapy (BSFT)**.
- Awarded contracts:
- **PCIT** will be provided by four agencies across five regions.
- **BSFT** will be delivered by one provider in the region with the greatest need.
- Launched the **Family First Community Portal PIE** to support claiming and federal reporting.
- Enhanced **PCME** outreach efforts to increase awareness of Family First among the Community Pathways candidacy population.

Ongoing and Planned Activities:

- Connecticut's Family First Plan will continue to be led by DCF's Prevention Services Division through the end of the grant period. FFPSA funding will support:

- The **continued development and implementation** of a **public-private partnership** with the **Prevention Care Management Entity (PCME)** to realize Connecticut's Strengthening Families and Communities Vision.
- **Infrastructure development** and **system implementation**, including startup costs, system upgrades, IT maintenance, and ongoing operational needs.
- Ongoing **training and engagement** of community service providers and PCME staff specific to Family First service delivery.
- **Technical assistance from Chapin Hall**, including consultation and support for Plan amendments aimed at increasing access to approved evidence-based programs (EBPs).
- Delivery of provider training for approved EBPs:
- **PCIT** training completed in January 2025.
- **BSFT** training scheduled for Summer 2025.
- Ongoing discussions with the **Office of Early Childhood (OEC)** and **Court Support Services Division (CSSD)** to establish an **MOU** expanding access to in-home parenting programs under the Family First Plan:
- **Healthy Families America (HFA)**
- **Parents as Teachers (PAT)**
- **Nurse-Family Partnership (NFP)**
- Development of a strategy to **identify and add additional EBPs** to the approved Family First Plan.
- Recent hiring of a **parent and youth engagement specialist** to ensure individuals with lived experience help inform quality improvement efforts.

Please note that the state did not previously operate a Title IV-E waiver demonstration under authority of section 1130 of the Act.

Family First Prevention Services Act Transition Grant Spending Plan - FFY2025

Services/Activities	Funding
Family and Community Services Director	\$0
Chapin Hall and YWCA Hartford Prevention Plan	\$324,476
Family First Infrastructure (Information Technology Enhancements (KJMB, Mindshare, JP Morgan)	\$549,300
Staff Training	\$10,000
Parent Child Interaction Therapy	\$57,900
BSFT	\$42,350
Provider Support, Training and Certification (QRTP)	\$176,285
Total	\$1,160,311

Service Descriptions and Updates

DCF Personnel of Prevention Services Division: continues to be responsible for the installation of Connecticut's Family First Prevention Service Plan, policies supporting the services and programs established by the plan to support the populations we serve, and the evaluative measures to analyze the outcomes of the services prescribed in the plan.

Chapin Hall:

As a consultant to the Connecticut Department of Children and Families (DCF) will continue its partnership toward the successful and sustainable implementation of its federally approved five-year title IV-E prevention services plan related to the Family First Prevention Services Act (Family First). During this next project period, Chapin Hall will continue to provide Family First guidance and implementation support to the DCF team. More intensive support will focus on amending the statewide prevention plan to include additional Evidence Based Practices (EBPs), standing up and messaging the community pathway to prevention via the Care Management Entity (CME), and the development and implementation of Family First continuous quality improvement processes across the full preventive services continuum. All consultation, capacity building and technical assistance activities will be delivered in support of DCF's larger vision to transform to a racial justice-guided, prevention-oriented child welfare system with a robust array of upstream supports and services for children, families, and communities. Furthermore, the Chapin Hall team will

promote and support seamless coordination between the interrelated efforts of Family First implementation and the design and implementation of the kinship navigation model.

Family First Infrastructure:

There are modifications/additions, as appropriate to current policy, practice, and internal infrastructure to align with the prevention-focused model of case under Family First

Information Technology Enhancements:

Enhancement to the PIE and Link systems are ongoing. The onboarding of two new evidence-based practices required enhancements to ensure the data elements for reporting on performance outcome measures were installed. Additionally, Ongoing IT/Data refinements will ensure that data collection and reporting is aligned with Federal reporting requirements and will ensure continued submission of the required FFPSA dataset to the Children's Bureau.

Staff Training:

FFPSA training for DCF staff has been placed on hold pending the finalization of IT enhancements, instructions documentation and pilot of the "Child-Specific Prevention Plan (CSPP)" button for "designated staff" to initiate the CSPP for Known-to-DCF families.

Provider Support, Training, and Certification:

This will occur following the awarding of contracts for two EBPs, namely Brief Strategic Family Therapy (BSFT) and Parent-Child Interaction Therapy (PCIT).

Brief Strategic Family Therapy:

Brief Strategic Family Therapy (BSFT) is an evidence-based intervention offered to families with children between the ages of 6-17 years that are at risk for or are displaying problem behaviors including substance use disorder, conduct problems and delinquency. BSFT uses a family systems approach in order to transform family interactions that perpetuate problems into more effective and adaptive interactions. BSFT training activities were delayed and are currently on track to begin in mid-to-late June 2024 to ensure model fidelity and long-term sustainability. Please see its entry in *Appendix A: Service Continuum* for more details.

Parent Child Interaction Therapy:

PCIT is an evidence-based treatment for children ages 2-7 years with emotional or behavioral issues and their parents and caregivers. It utilizes dyadic therapy that is conducted through "coaching" sessions where a therapist monitors parent and child interactions through a two-way mirror and communicates with the parent via a wireless communication device to build caregiver skills to manage the child's behavior. Thirteen clinicians across four different services providers, covering DCF's six regions were trained using these funds during November 2024 and January 2025. PCIT service delivery began in January 2025 and has served a total of 33 families across programs. PCIT is available to families with or without DCF involvement across the state as a preventative resource. Services can be accessed directly through providers or through Community Pathways at Carelon Behavioral Health. Please see its entry in *Appendix A: Service Continuum* for more details.

CWLA Conference:

Connecticut DCF co-presented with Chapin Hall experiences and lessons learned in the installation and initial implementation stages of the Family First Prevention Services. Shared were strategies for developing the Request for Proposals that guided the selection of the state's Prevention Care Management Entity (PCME) and the specific consideration to ensure that the successful bidder could fulfill Connecticut's vision for the PCME while adhering to Federal requirements.

Family First Prevention Services Act Transition Grant Spending Plan - FFY2026

Services/Activities	Funding
Family and Community Services Director	\$100,000
Chapin Hall	\$391,589

Services/Activities	Funding
Family First Infrastructure	\$585,634
Information Technology Enhancements (KJMB, Mindshare, JP Morgan)	\$501,800
Staff Training	\$110,158
Ending the need for group care	\$250,000
CWLA Conference	\$13,525
Provider Support, Training and Certification	\$100,000
Total	\$2,052,706

Connecticut’s Department of Children and Families (DCF) is committed to fully obligating all remaining Family First Prevention Services Act (FFPSA) Transition Grant funds by June 30, 2026 (per extension request granted by Children’s Bureau on 3/12/2025). These funds will support the continued implementation and expansion of Connecticut’s Family First Prevention Services Plan, focusing on high-impact strategies that build sustainable infrastructure and reduce child protection involvement.

Key Planned Obligations Include:

Support for Continuous Quality Improvement (CQI) Framework:

DCF will invest in building a robust CQI infrastructure to ensure ongoing monitoring, evaluation, and refinement of prevention services. This includes the development of tools and protocols for collecting and analyzing outcome data, establishing feedback loops from families and providers, and using real-time data to make programmatic improvements. The CQI framework will also support fidelity monitoring of evidence-based models, equity reviews, and ensure that services are responsive to the needs of diverse populations.

Workforce Development:

Continued investment in training clinicians, providers, and community-based partners to deliver evidence-based prevention services with fidelity. Training will emphasize trauma-informed care, culturally and linguistically responsive practices, and strategies for engaging families with complex needs. Special attention will be given to building capacity in underserved communities.

Ending the Need for Group Placement:

Funds will be used to scale evidence-based mental health, substance use, and parenting programs that support family preservation and reduce reliance on congregate care. Services will be tailored to the needs of identified candidacy populations, including children with complex behavioral needs, adolescents at risk of removal, and families in crisis.

Information Technology Upgrade:

Investments will be made to enhance data systems, including upgrades to case management platforms and analytics tools. These improvements will enable better tracking of family engagement, service utilization, and outcomes, and will support seamless communication between DCF, providers, and community partners.

Enhance Tangible and Concrete Needs for Families:

DCF will allocate funds to **Community Pathways** to directly assist families with tangible and concrete needs that may arise while they are participating in prevention services. This support may include assistance with transportation, childcare, utilities, clothing, groceries, and other basic needs that, if unmet, can become barriers to engagement and family stability. By equipping Community Pathways with flexible funding, DCF aims to reduce stress on families, promote sustained participation in services, and address the underlying conditions that contribute to risk.

Together, these investments reflect Connecticut’s commitment to building a comprehensive, community-driven prevention framework that ensures families receive the right support at the right time—before child welfare involvement becomes necessary.

Please note that Connecticut did not receive a Family First Transition Act Certainty Grant, so that section is not applicable to this APSR.

M. Chafee and Education and Training Vouchers (ETV)

John H. Chafee Foster Care Independence Program (CFCIP)

Connecticut is a state-administered child welfare agency organized in six geographic regions, with Chafee funded services available in all 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 partnership 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 Chafee services can serve youth anywhere from age 14, up 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, and there have been no changes in determining eligibility or ensuring fair and equitable treatment of benefit recipients since CFSP submission. Through a policy initiative, transitioning youth may also request an extension of benefits to ensure stability of the transition plan. DCF includes the Independent Living Coordinators information on the DCF website in accordance with the federal regulations. Our services and access to such are listed on the website. As noted, we provide access through contract amendments with two providers to ensure outreach and provision is available to eligible youth not in the care of the Department within available funding allocations.

Since the submission of the 2025-2029 CFSP, our objective criteria for determining eligibility for benefits and services has continued to expand and begin including our tribal nations so as to ensure fair and equitable treatment of benefit recipients. Please see below as well as *Systemic Factor 6, interfacing with DMHAS and DDS* for additional information on all the private and public agencies we partner with to support youth transitioning out of foster care and achieving independence.

Connecticut's ongoing efforts to support the transitional age youth (TAY) population are strengthened by both state allocations and assistance from the John H. Chafee Foster Care Program for Successful Transition to Adulthood. Oversight of Connecticut's Chafee programming is managed through a designated program lead, ensuring effective administration, supervision, and strategic direction.

The state continues to implement the V.I.T.A.L. (Voice and Choice; Innovate; Thorough and Accountable; Authentic Youth Engagement; and Life Launch) practice approach, which remains central to our primary objective of preparing youth and young adults for a stable transition to adulthood. V.I.T.A.L. emphasizes youth voice, individual strengths, self-confidence, authentic engagement, and active participation in goal setting and future planning. By using the V.I.T.A.L. framework, we create opportunities for young individuals to engage with the world, explore different roles, and test age-appropriate behaviors. Simultaneously, this approach fosters positive youth development, including academic growth, participation in normative age-appropriate activities, and access to trauma-informed services.

In Connecticut, Chafee funds (aka TAY Funds) are strategically utilized across the state to provide holistic support to adolescents and young adults with lived foster care experiences, empowering them to become independent and self-sufficient. This includes youth that aged out of foster care in another state, but currently resides in the state of Connecticut. The core of the agency's TAY funding program offers a variety of financial assistance options to youth aged 18–23 (with some exceptions for younger foster youth in emergency situations). The program covers expenses that support the transition to adulthood, including:

- Car-related expenses such as repairs and insurance
- Housing assistance, including down payments, security deposits, and rental support to prevent homelessness or housing insecurity
- Emergency support for food, daily living costs, and utility bill arrearages

- Transportation support
- Future career and educational preparation for high school students, including SAT preparation, college tours, leadership forums, conferences, tutoring, and vocational training, or any other preparatory expenses not already supported through ETV or PSE funding
- Mentoring and wellness activities aimed at promoting mental health awareness, social-emotional development, and youth empowerment
- Advocacy opportunities that encourage leadership and participation in transition planning

Since July 1, 2024, the Chafee program has maintained its focus on youth-centered service delivery, emphasizing authentic engagement and tailoring services to meet the individualized needs of each young person. The majority of the Chafee spending plan has remained consistent for Federal Fiscal Years (FFY) 2024 and 2025, with one notable change which is the implementation of a new case management service model.

In November 2024, the Department transitioned from its former Work to Learn Case Management program to the newly executed *Launch Program*, supported by a combination of both federal Chafee funds and state dollars. The Launch Program offers comprehensive, individualized support in educational and vocational development, as well as life skills training, to assist youth in foster care as they transition to adulthood. Youth engage directly with a Life Skill Specialist to create a personalized learning plan aligned with their goals and vision for the future. Launch services are available statewide through five contracted program sites and are accessible to youth in all DCF regions. The program targets youth ages 14–17 and provides training and support in the following areas:

- Youth development and life skills
- Academic support, assessments, and postsecondary education preparation
- Employment skills, job readiness, internships, and job access
- Financial literacy, banking, and Individual Development Account (IDA) matched savings (for eligible young adults)
- Enhancement of personal and community connections
- Support for accessing vital personal documents
- Coordination and support of DCF Regional Youth Advisory Boards

The following section provides an overview of the Chafee spending plan for FFY 2025, including category-specific allocations and intended uses of funds.

Chafee Foster Care Independence Program Spending Plan - FFY 2025 (10/1/24-9/30/25)

Service Description	Funding
Youth Milestone Celebrations- Normalcy	\$150,000
Youth Advisory Board-Regional Boards Coordination	\$90,000
Youth Advisory Board-Statewide Coordination	\$5500
Youth Ambassadors/ Youth Training Consultants Stipends	\$15,000
Summer Youth Employment	\$200,000
Goodwin University Career Prep	\$123,936
Youth in care-Emergency Funds	\$100,000
Mentoring Youth Link	\$221,200
Upward Bound - preparation for pse/vocational planning	\$15,000
High Risk Youth Training & Consultation	\$75,000
STARS The Center for Children's Advocacy	\$20,000
START Program Expansion – The Connection	\$250,000
Manes In Motion	\$20,000
Youth in Care Direct Support Payments	\$250,000
Youth Arts Council	\$15,000
Annual Youth Conferences	\$20,000

Service Description	Funding
NYTD Gift Cards	\$6000
Liberty Bank-Youth Bank Accounts	\$5000
Unashamed Inc-Imagine Me Series	\$200,000
Launch Program-Case Management	\$274,655
Total	\$2,056,291

Service Descriptions and Updates

Youth Milestones: The Youth Milestone Events initiative aims to promote a sense of normalcy by allowing youth committed to foster care, ages 14–23, to celebrate two significant milestone events of their choosing (e.g., Quinceanera, Graduation, Birthdays). Youth collaborate with their Social Worker to propose a celebration activity, which includes planning and budgeting. For FFY 2025, the milestone event budget was \$150,000. As of April 2025, 102 youth have celebrated milestones, with total expenditures reaching \$152,393.15. Funded events included graduation celebrations, domestic and international travel, dinner parties, and sibling reunions, all highlighting personal achievements identified by the youth.

Youth Advisory Boards (YAB)

Regional Boards

DCF maintains a robust network of Youth Advisory Boards (YABs), with one functioning board in each of the agency's six regions. Historically overseen by DCF staff, these boards empower youth in foster care by fostering advocacy, leadership, and civic engagement skills critical for their transition to adulthood. To ensure meaningful engagement, DCF has completed development of a standardized onboarding curriculum for all new and returning YAB members. This curriculum includes youth friendly modules on the purpose and mission of YABs, civic engagement, public speaking legislative advocacy, strategic sharing, adolescent development, and the Jim Casey Youth Opportunities Initiative's "Brain Frames." Completion of this onboarding is a prerequisite for YAB participation and is designed to equip all youth with the foundational knowledge and skills necessary to contribute effectively to their boards

In 2025, DCF began rebuilding the YAB infrastructure to better meet youth needs. New contract amendments were developed for each of our 5 Launch program sites. As of January 2025, contract amendments were effectuated for each site to include formal support for regional YABs. Launch was chosen as ideal to help facilitate local YAB worker due to their experience with foster youth and proximity to eligible participants. This partnership includes a reciprocal referral structure to link youth with their regional YABs as well as Launch services.

Funds were allocated from our annual Chafee budget for Launch to conduct YAB support. Each Launch site received \$12,500 in per area office under their purview. Funds provide youth stipends for attendance, meeting food and other materials, transportation, and enrichment event coordination. Launch adult supports, in collaboration with DCF Youth Consultants (YC's) will manage transportation, processing of youth stipends, monthly meeting attendance tracking, and mentor youth participants in agenda planning for monthly, youth-led meetings. They co-lead the planning of DCF's Youth Summit conferences alongside the Statewide YAB Coordinator.

Statewide Board

Larger statewide YAB convenings are held on a quarterly basis, allowing youth from all regions to engage with DCF leadership and collaborate on shared statewide initiative themes and projects. The 2025 statewide initiative identified by active YAB youth members will focus on Financial Literacy 2.0: Learning Skills in Money Management and Investing. Each regional board will incorporate events and activities in their area to promote financial literacy and knowledge of investing to TAY.

YAB participation averages 5–8 youth per region per month. For FFY 2025, about 150 youth are expected to participate locally, and 100 in statewide events. For FFY 2025, a budget has been set at \$5,500 for statewide meeting coordination. Between October 1, 2024, to present, a total of \$944 has been spent toward statewide meeting needs.

Youth Ambassadors / Youth Consultants Stipends

DCF continues expanding paid opportunities for youth with lived foster care experience. Through Youth Ambassador and Youth Consultant roles, participants contribute to policy and program development and help integrate youth perspectives across many facets of the agency.

Several of the Youth Consultants are also YAB members and contribute to consulting roles in areas aligned with their strengths and interests. Youth are compensated \$20/hour for up to 10 hours per month. Responsibilities include tasks such as curriculum development, event participation, and training reviews under division leadership supervision.

Consultants are engaged in:

- Substance Use Services Division (2 youth)
- Homelessness Task Force (2 youth)
- Foster Care Support & Recruitment (1 youth)
- Academy for Workforce Development (2 youth)
- Transitional Supports & Success Event Planning Committee (1 youth)
- SOUL Family Workgroup (approx. 3 youth)

Youth also participate in external initiatives such as the New England Youth Coalition (NEYC) where up to 6 youth representatives from CT are eligible to participate. The state is currently working with Tow Youth Justice Institute to pursue lived experience representation on the Juvenile Justice Policy and Oversight Committee (JJPOC). JJPOC is an additional platform for youth members of YAB to enhance their civic engagement and serve on youth led legislative boards to advocate for policy changes in areas such as reforming juvenile justice practices, health and wellness and other initiatives. For FFY 2025, \$15,000 was allocated to support these roles, with \$620 spent as of April 2025. Recruitment for youth to fill open consultant positions will occur primarily through local and statewide YAB meetings, mass advertisement through email and TAYTalk quarterly updates, as well as social worker referrals.

Summer Youth Employment

This 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. Summer youth employment continues to serve our youth in care yearly for employment opportunities during summer break and beyond. From 7/1/2024-06/30/2025 there are 170state wide slots available and 125 have been utilized to date.

Goodwin University –Career Enhancement Training

This is a training program is designed to develop job related learning opportunities in collaboration with. 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. This work is being done in partnership with the Department's inpatient psychiatric facility Solnit South. Goodwin University has served 76 youth since 10/1/24. Utilization is sometimes less than desired due to the psychiatric acuity of the youth at Solnit South.

Emergency Funds- Youth in Care

Unanticipated, extraordinary expenses for youth whose legal status is either committed or statutory parent and youth who voluntarily remain with DCF services after reaching the age of majority. Emergency funds are targeted to meet immediate basic needs such as food, clothing, housing assistance eviction prevention, utility bill assistance, transportation and car maintenance, and other debt relief for youth in care to bolster their financial wellness and stability. From 10/1/24-9/30/25, we have earmarked \$100,000 Statewide spent to support emergency needs was \$25,768.96

Youth LINK Mentoring

In 2022, DCF initiated Youth Link mentoring services (please see its entry in *Appendix A: Service Continuum* for more details). There are two contracted providers, and the target population for this service is at risk youth. Ongoing recruitment of mentees continues to be challenging, especially for one organization. DCF currently collects performance data from both contractors which will further enhance program quality and oversight.

Upward Bound Funds (formally PSE mini supports)

These funds include non-traditional services, equipment and other activities to support future academic and vocational success of youth who have not graduated high school. Funds are designated specifically to support preparation for youth to enter post-secondary education or other vocational/ career planning programs. Funds include opportunities such as SAT prep courses, attending leadership seminars and conferences, tutoring, college admission coaching, college tours, laptops and instructional software like Microsoft Office needed for schoolwork or other work-related needs. Requests are highly individualized and cannot be met through other funding sources offered by the state agency. For FFY 2025, an annual budget was set at \$15,000 to support post-secondary education, career planning and other vocational preparation needs for high school students. As of April 2025, we have served 4 youth for a total amount spent \$5405 for the year.

We will continue to focus efforts on spreading awareness of funding availability to our staff and collaborators. We have shared information statewide through email, social media postings, community conversations and funding presentations with youth during youth advisory board meetings. We will be hosting surveys for staff and youth to complete and share input on ways that we can maximize our Upward Bound and overall TAY fund usage.

High Risk Youth Training and Consultation

Contract was effectuated in October 2023. Triangle Community Center (TCC) and Queer Youth Programming (Q+) will function as an intensive support for our high risk youth and families, as well as support deepen education for our workforce and community providers around working with this unique population. Both contracted providers will serve separate parts of the state. The primary goal will be to develop high risk training for DCF Staff, Foster Parents, and DCF Providers around the specialized case management needs for high risk youth. Both providers will recruit and prepare youth and families to participate in videos to be used for DCF training. The program will develop a high risk advisory board and facilitate quarterly meetings to include youth, agency staff supports and community members to move high risk work at DCF forward. The advisory board will execute monthly activity groups, as well as support groups for parents/caregivers and youth. An allotted budget of \$100,000 has been identified to support this project. Since 10/24, through our second-year contract with TCC, an additional four trainings were offered to DCF staff to bring the total number of trainings to eight, with over 150 staff trained. DCF is also partnering with TCC to create a training specifically for caregivers which will launch in June of 2025. Additionally, we have established “Drop-In” hours at TCC to offer DCF staff and caregivers a place to receive expert advice and support. Finally, we have created a practice approach and policy revisions around high risk youth work for DCF Staff

Center For Children's Advocacy: STTARS Restorative Justice: Center for Children's Advocacy (CCA) is working with Specialized Trauma Informed Treatment Assessment & Reunification (STTAR) programs to provide support, technical assistance, and consultation on statewide implementation of restorative justice circles in temporary placements. The goal was to implement this practice in all 7 programs (statewide, each program exclusively serving adolescents in care). Data has shown that the practice is being applied in all 7 programs with youth clients engaging in circles. In 2024, 378 circles were held of varying types such as: getting acquainted, building relationships, building community and repairing harm. Center For Children's Advocacy STTARS Restorative Justice.

Connections Inc START/Expansion Services

Connections START program is an existing contracted program serving youth ages 16-24 who are homeless or at risk of becoming homeless and who aged out of DCF care (please see its entry in *Appendix A: Service Continuum* for more details). As a result of the successful partnership with Connections Inc to reach and supporting youth during the pandemic, START program was expanded to provide additional funding for housing, eviction prevention, emergency basic need and debt relief assistance for Chafee eligible former foster youth who are no longer involved with DCF. Partnership with Connections Inc START program was expanded for FFY 2024 and 2025. For FFY 2024 (from May

2024-September 2024) a total of 20 youth were served and an average of \$9600 issued to assist youth with housing related costs including security deposits, up to 1 year of rental assistance, emergency hotel stays, utility arrearage payments, credit card debt assistance, transportation, fees related to education and/or drivers licenses, car insurance fees and car repairs.

As of January 2025, a new period of contract amendment has been approved for FFY 2025 giving an additional \$250,000 of Chafee funding to support former foster youth who are eligible for federal funding and have emergency needs. Between January 2025 and April 2025, Connections Inc has received a total of 16 requests for assistance, of which, 7 referrals are pending for housing assistance. Most of their funding requests have been for food, basic needs, housing costs and transportation. To date, a total of \$40,000 has been spent. It's anticipated that the expansion will utilize the full allotted budget of \$250,000 prior to FFY 2025 ending on 9/30/25.

Manes In Motion

Manes In Motion is a Therapeutic Riding Center that help youth with physical and emotional difficulties (autism, Down syndrome, anxiety, depression) through the use of therapeutic riding. Their mission is to improve the lives of individuals of all ages with various abilities through the benefits of equine therapy by providing safe, fun, and affordable lessons to our local community. Since 2023, the Manes in Motion program has assisted over 15 DCF youth living in out of home care.

Youth In Care Support Payments

These funds resemble stimulus payments to youth in care age 18-23. Support payment depends on remaining unspent federal funds during last quarter of the federal fiscal year. The state will calculate any remaining funds from underspent categories and divide by current Chafee eligible youth in care. That amount is then issued to each eligible youth as a direct financial payment. Availability to issue youth in care support payments for FFY 2025 will be determined based on total grant expenditures prior to September 30, 2025.

Youth Arts Council

DCF's Youth Art Collaborative program began in 2023. This art collaborative encourages youth and young adults (14-21) to explore and realize their own individual artistic identity (through drawing, painting, dancing, spoken word, etc.), fostering a sense of self-discovery and original expression. The YAC provides youth and young adults with connections to artists and the arts community in CT through mentor/mentee relationships. For mentors, it's an opportunity to encourage and guide youth and young adults to explore their inner artistic voice and be a positive role model to disadvantaged individuals who are passionate about art. Young Artists must be in DCF care and interested in participating, and willing to meet with their mentor twice per month, for a minimum of six months. Throughout the six-month period, mentors and young artists will work together to develop a cohesive art project. This project will reflect the collective experiences, voices, and perspectives of the youth participant. Guidance and support will be provided by mentors who are experienced artists to ensure the project's success and alignment with the youth's artistic goals. There have been nine youth served in the Youth Arts Council.

Youth Conference

Chafee funds have been allocated to support expanded conference participation and enrichment experiences for youth in care. These conferences are hosted by the Department of Children and Families (DCF) in collaboration with external community partners. A two-day conference was held in March 2025 for youth in care. Chafee funds in the amount of \$4,000 were budgeted to cover registration and attendance fees for up to 75 committed youth, ages 14-23.

Additionally, the Transitional Support and Success team will host a YAB led youth conference for 2025. A total of \$15,000 has been budgeted to support planning and implementation of this event. The conference will feature a full day of professional development, interactive activities, fun and information sharing about community resources available to transitional age youth. The target date for this event is summer 2025.

National Youth in Transition Database (NYTD)/Gift Cards

The Department of Children and Families (DCF) continues to oversee the National Youth in Transition Database (NYTD) survey process, with a Statewide NYTD Coordinator guiding six regional liaisons to ensure consistent and effective implementation across Connecticut.

Over the past year, the state has improved its administration of NYTD surveys, maintaining compliant status for cohorts 2024B and 2025A. While participation rates remain strong, current efforts emphasize improving data accuracy, enhancing the quality of collected information, and utilizing survey findings to inform practice. Ongoing collaboration with the Federal Reporting Team has supported IT system improvements and strengthened reporting processes to better reflect the experiences of youth in care. Recent enhancements to the federal NYTD Portal have made state data snapshots more accessible and useful.

Survey results are now shared agency-wide at the end of each cohort, with hopes at increasing awareness and encouraging integration of findings into daily practice for agency staff. NYTD insights have also been featured in leadership forums and incorporated into broader agency planning and reform. Our TAYTalk updates help communicate key findings to staff, partners, and participating youth. In addition, NYTD training is now part of the adolescent in-service series. We will continue additional staff support through regional workgroup discussions and monthly Partners in Change (PIC) calls centered around NYTD, to help strengthen staff understanding and application.

CT has had staffing changes, resulting in new liaisons identified to take over NYTD work in some regions. Attention is given to onboarding for these new staff to learn NYTD practices. Quarterly meetings are facilitated by the statewide NYTD coordinator who meets with the liaison team to address cohort challenges, share ideas, and collaborate on strategies for effective implementation of surveys. In an effort to maintain fidelity of NYTD processes and federal expectations; the coordinator also conducts quarterly narrative reviews to verify accurate documentation and survey completion.

A shared internal document has been created to track each youth's survey status, maintain updated contact information for youth, and confirmation of compensation for those to participate in their survey. This tool has proven essential in maintaining current contact information and preventing loss of contact with youth eligible for follow-up surveys.

To encourage consistent youth participation, Chafee funds are used to provide \$30 Amazon gift cards as compensation for each completed survey. We have budgeted \$6000 to support NYTD surveys for this federal fiscal year. From October 1, 2024, through April 2025, 82 gift cards have been issued, for a total spent thus far of \$2,460.

Connecticut is exploring a potential partnership with a contracted provider to support NYTD implementation, expanded outreach, and involve youth with lived experience in the survey process. This partnership would help reinforce the value of participation, create innovative ways to share results, and apply data insights to improve services for young adults in care.

Liberty Bank-Youth Bank Account

Liberty Bank is partnering with CT DCF to enhance financial literacy for adolescents and adults in foster care. Through this partnership, transitional age youth (TAY) who are committed to the care and custody of DCF will be given access to banking services and financial education between ages 14-17. Youth participants will not need a cosigner or co-owner to access youth accounts. This banking program aims to provide youth with safe and secure money management knowledge and practice

A Memorandum of Understanding (MOU) with Liberty Bank has been drafted and currently under review for approval. Youth in the program will be required to attend 4 mandatory introductory to banking courses (offered either in person or virtually) based on youth's preference. Successful completion of the introductory courses will be compensated with \$25 check that youth will take to their local Liberty Bank location to open their account. Any account that is over drafted and not brought current within 30 days, will receive one time overdraft assistance to bring the account current. Any future overdrafts will result in suspension of the youth account.

There is an identified date of April 2025 to roll out a pilot of this banking program. The pilot will run for a period of 6 months and aim to open at least 30 youth accounts. Following success in the pilot program, youth bank account programming will be offered to all eligible youth across all regions of the state.

Unashamed Inc - Imagine Me Series

The last *Imagine Me* series concluded in August 2024. The program featured 26 modules focused on positive youth development, engagement, and life skills to support overall well-being. It targeted adolescents and young adults placed in DCF acute residential facilities.

Participation increased notably, especially at Solnit North where 16 boys participated, representing an increase from the usual attendance of 6–10 youth; at Solnit South, at total of 20 girls benefited following the reopening of a third residential unit. All youth who completed the full series were recognized with a formal graduation and received a certificate. Participants reported feeling more empowered and confident.

The Department is considering offering *Imagine Me* again in FFY 2025, with plans to expand the curriculum to include more complex topics such as consent and healthy relationships.

Unashamed Inc, MY Inner Circle App

The agency has partnered with Unashamed, Inc. to develop a mobile application in conjunction with TAY who have lived experience with foster care.

My Inner Circle mobile app aims to improve experiences of youth in foster care by readily equipping them with the tools and connections necessary to thrive while in placement, as well post launch from care. Funding was issued to support stipends and participation for 6 youth to serve on the Inner Circle app development Committee. All youth participants were provided an apple iPad to complete all tasks, and learn skills of IT/technical development of a mobile app.

As of September 2024, the full contract amount of \$7982.50 was spent to support lived experience on this project. The framework of this app has launched as of January 2025 and is available for download in the Apple and Google Play stores.

Work to Learn/Launch

The Department ended Connecticut's Work to Learn model on 9-30-24. with five (5) Work to Learn sites across the state. The Work to Learn (WTL) model was designed to ensure that youth After a competitive RFP process, the new Launch Program began on 10-01-24 and will function on a 2-tiered system that aims to increase both referrals of adolescents to job training, as well as referrals of SPM youth to essential case management support. This effort also streamlines the assessment of life skills into one service type with an instrument developed from youth voice. Our goal is for more young adults have access to essential support, including vocational opportunities, financial literacy training, case management, and matched savings.

- *Our Piece of the Pie* (OPP): A comprehensive Launch 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 Launch model that helps youth access and attain a combination of educational, employment and personal development opportunities that promote success.
- My People Community Services, Inc; located in Willimantic and Manchester, offers a comprehensive launch model that helps youth access and attain a combination of educational, employment, and personal development skills.

- Community Health Resources, Inc.; located in Norwich and Middletown offers a comprehensive Launch model that helps youth access and attain a combination of educational, employment and personal development skills.

Projected Chafee Foster Care Independence Program Spending Plan - FFY 2026 (10/1/25-9/30/26)

Service Description	Funding
Youth Milestone Celebrations- Normalcy	\$150,000
Launch Program-Case Management	\$274,655
Youth Advisory Board-Coordination	\$90,000
Youth Advisory Board-Statewide Coordination	\$5500
Youth Ambassadors/ Youth Training Consultants Stipends	\$15,000
Summer Youth Employment	\$200,000
Manufacturing Career Prep for Girls	\$123,936
Youth in care-Emergency Funds	\$100,000
Mentoring Youth Link	\$221,200
Upward Bound - preparation for pse/vocational planning	\$15,000
High Risk Youth Training & Consultation	\$75,000
STARS The Center for Children's Advocacy	\$20,000
START Program Expansion – The Connection	\$250,000
Manes In Motion	\$20,000
Youth in Care Direct Support Payments	\$250,000
Youth Arts Council	\$15,000
Annual Youth Conferences	\$20,000
NYTD Gift Cards	\$6000
Liberty Bank-Youth Bank Accounts	\$10,000
Total	\$1,611,791

Additional TSS services provided outside of the Chafee Spending Plan

Casey Life Skills

Transitional Supports and Success (TSS) uses Casey Life Skills (CLS), a set of free tools that assess the independent skills youth need to achieve their long-term goals. It aims to guide youth toward developing healthy, productive lives. Some of the functional areas that CLS assesses include:

- Daily living and self-care activities
- Maintaining healthy relationships
- Work and study habits
- Using community resources
- Money management
- Computer literacy and online safety
- Civic engagement
- Navigating the child welfare system

Education and Training Vouchers (ETV)

In Connecticut, Education and Training Voucher (ETV) grant funding is designated for current and former foster youth through the Department of Children and Families (DCF). Oversight of the state's ETV program is managed by the Transitional Supports and Success (TSS) Chafee program lead. This individual works collaboratively with key agency collaborators, including postsecondary education (PSE) specialists and fiscal administrative officers, to ensure accurate tracking of expenditures and to prevent duplication of services or funding. A streamlined process has been established whereby ETV requests are received, assessed for eligibility, and processed for approval under the guidance

of the Chafee program lead. Annual ETV grant provides funding of up to \$5,000 per academic year; eligible youth may receive support for up to five years.

To ensure compliance with program regulations, quarterly meetings are held with the Department's Grants and Accounting Unit Supervising Accountant to review spending plan budgets. Additional quarterly meetings are also conducted with the fiscal department and TSS ETV program leads to review expenditures and ensure the accuracy of payment coding and approval processes.

ETV funding is offered statewide to youth between the ages of 16-26 who meet specific criteria. These include current and former foster youth who have graduated from high school and are enrolled in a formal postsecondary education program, vocational program, or job training program, and who remain with CT DCF for services after reaching the age of majority and may need additional funding to support them with their cost of attendance needs. This support is extended to those residing both in and out of state. Additional criteria also include former foster youth who were adopted or entered subsidized guardianship after the age of 16, and current/former Connecticut foster youth who live outside of the state.

CT DCF directly distributes Education Training Vouchers (ETV) to eligible youth between the ages of 16-23 who remain under the care and custody of the Department. ETV funding is awarded to youth who are attending college or vocational on campus programs and have an unmet financial or loan reimbursement financial need. After confirming these students have exhausted their financial aid awards, exhausted their annual state post-secondary education budget, ETV can be used to supplement any remaining balance for educational program and other related needs. ETV funds cover outstanding post-secondary tuition balances for Fall/Spring semester and winter/summer courses for both undergraduate and graduate programs, support expenses such as purchase of computers or other course related supplies, start-up dorm necessities for new college students, school transportation costs and other course related educational equipment needs.

Ongoing assessment of ETV usage is conducted through feedback from transitional-age youth, agency staff experienced in educational planning, community partners, and members of statewide and regional advisory councils. Data is also collected through National Youth in Transition Database (NYTD) cohorts to evaluate trends in educational and vocational success and to identify areas where support is most needed. Over the past year, a growing number of youths have expressed the need for reliable transportation to and from school programs. In response, ETV funding has been used to provide annual lump-sum payments to students who provide proof of enrollment in a postsecondary program. These funds help cover individualized transportation expenses, including Uber or Lyft rides, gas, train fares, travel to labs or field study locations, and trips to tutoring sessions or community libraries. Additionally, ETV funds have been expanded to support driving instruction for youth in care who have completed driving school but require additional practice hours before taking the driving exam.

Regarding former foster youth no longer involved with the Department- Over the past year, our program has made improvement to expand funding eligibility to former foster youth to access ETV up to the age of 26. A Personal Service Agreement (PSA) was established with Unashamed Inc., a community-based organization that serves as a fiduciary responsible for distributing ETV funds to eligible former foster youth. For FFY 2024, Unashamed Inc. was awarded \$50,000 beginning in June, to support ETV needs for former foster youth. During this initial contract period from June 2024 to the end of the federal fiscal year in September 2024, attention was focused on raising awareness of the new partnership. Public service announcements (PSAs) began in June 2024, and were distributed through various channels, including social media platforms, Department of Children and Families (DCF) announcements, and targeted email campaigns. Over 3,000 emails were sent to social workers and probation officers, supplemented by a paid advertising campaign on Facebook to maximize outreach.

As a result of these efforts, a total of 30 youth submitted applications by September 24, 2024. Of those applicants, Unashamed successfully provided support to eight youth. Program expenditures included \$21,295.88 toward tuition, \$10,029.23 for school supplies, and \$790.90 for transportation costs, bringing the total amount spent to \$32,116.01. The remaining balance of \$16,383.99 was added to the new contract amendment for FFY 2025.

Looking ahead, one of the ETV program’s primary goals is to expand awareness of available assistance among foster youth, service providers, and caregivers. In partnership with Unashamed Inc., we have begun implementing several outreach strategies starting in February 2025, including advertising ETV on metropolitan area city bus routes, posting flyer on our DCF-approved social media platforms, and attending discussions about the program through internal DCF podcasts that are posted on YouTube. Flyers have also been distributed to colleges and universities throughout the state. We are currently in the process of planning to present on a community segment of a popular local radio station; the radio interview will be used to further promote ETV to youth and families. Additionally, ongoing staff support will emphasize the availability and potential uses of ETV funding to enhance postsecondary education outcomes for the young adults served by the Department.

A secondary goal for FFY 2026 involves planning for the long-term success of the ETV program by identifying new partnerships with colleges that can provide tailored support for first-year students transitioning from foster care. DCF is currently exploring relationships with institutions such as Livingstone College and Connecticut state academic institutions to strengthen recruitment and retention efforts for youth of color and other vulnerable populations. These partnerships aim to ensure that students entering campus and student life receive the services necessary for continued academic and personal success.

This following is an overview of our planned Chafee ETV spending plan for FFY 2025 and a description of usage in each category.

2025 Proposed ETV Spending Plan

Service Description	Funding
Unashamed Inc	\$50,000
PSE Computer/Laptop & Supplies	\$65,000
Tuition	\$100,000
Books/Equipment/Supplies	\$5000
Transportation	\$75,000
Cost of attendance	\$25,000
Study Abroad fees	\$10,000
Total	\$330,000

Service Descriptions

Unashamed Inc-ETV

Contractor serves as a fiduciary partner to the Department of Children and Families (DCF) in the administration and distribution of federal Chafee Education and Training Voucher (ETV) funds. These funds support eligible former foster youth—no longer involved with DCF—who are enrolled in college or vocational training programs by covering qualified educational expenses. For FFY 2025 (10/1/24- present), budget allotment is \$50,000 with option to amend additional funds as needed. Since that time, a total of 20 applications have been submitted: 10 have been approved, with 5 fully processed and disbursed, and the remaining 5 currently under review to determine funding needs. From January 2025-present, \$26,000 has been allocated toward tuition balances, course supplies, dormitory essentials, and college care packages.

PSE Laptop/Supplies

Youth enrolled in a PSE program are eligible to receive funds for educational technology, including a computer, laptop, or iPad, along with basic accessories such as a laptop bag, printer, ink, mouse, and keyboard. Funding may also be used for essential dormitory start-up supplies. For FFY 2025 (10/1/24- present), budget allotment is \$65,000. From October 1, 2024- present, we have spent \$33,513

Tuition

Youth enrolled in an undergraduate or graduate PSE program with a remaining tuition balance that exceed their state allotted PSE annual budget, can access up to an additional \$5,000 in ETV funding. Eligible expenses include tuition fees and balances, costs of attendance and summer/winter session course fees. For FFY 2025 (10/1/24- present), budget allotment is \$100,000. From October 1, 2024- present, we have spent \$8609.

Books/Equipment/Course Support

Funding is available for course-related expenses such as textbooks, academic supplies, specialized tutoring, and required equipment. For FFY 2025 (10/1/24- present), budget allotment is \$5,000. From October 1, 2024- present, we have spent \$1166.

Study Abroad Support

Youth participating in approved study abroad programs may receive ETV funding for costs that exceed their state PSE budget allotment. ETV funds can cover additional costs, including travel expenses, airfare, course and program fees. For FFY 2025 (10/1/24- present), budget allotment is \$10,000. From October 1, 2024, to present we have spent \$0 under this domain.

Transportation

Youth in PSE programs may access ETV funds to cover transportation costs for semester-related academic activities. This includes ride services (e.g., Uber, Lyft), gas, train and bus vouchers. Additionally, youth who have completed a driver's education course but require further practice before taking the licensing exam, may use ETV funds for additional driving hours with a certified instructor. For FFY 2025 (10/1/24- present), budget allotment is \$75,000. From October 1, 2024- present, we have spent \$8000

Chafee Training

In collaboration with the Transitional Support Services team, the Academy for Workforce Development continue to support micro learning labs aimed at lifting staff's understanding of programs and services available to DCF transitional aged youth. Program leads for various contracts and arenas of work will be present to provide an overview of the services, key considerations for matching youth to opportunities, points of practice to ensure timely delivery of services, and troubleshooting for common challenges. Participants continue to be availed opportunity to ask questions and seek clarity regarding the information and their experiences with that area of work. These remain virtual sessions are open to all staff and can be a stand-alone opportunity or you can register for as many sessions to meet your needs and availability. There are (7) different Transitional Aged Youth Micro Learning Labs for staff which include the following training topics: Authentic Youth Engagement and Services Post Majority, Supporting Youth Identity, Skills and Self Expression, Child Welfare Accounting, Federal Funding Requirements', Chafee, and ETV, Post Secondary Education, OMEGA, and Case Planning, and CHAPS/CHEER/TSEA and Launch.

The Department continues to senior and mid- level managerial staff with professional development opportunities that offer exposure to data. Under this premise, once proficient with pulling data and interpreting it, they can transfer the learning to their respective staff. Learning opportunities include but are not limited to: · Understanding the Numbers · Excel · Pivot · Leadership Academy for Middle Managers · Capacity Building for Active Case Management · Special Qualitative Reviews post fatalities and near fatalities. The Transitional Supports and Success team will continue to work with our regional offices across the state to present information at their work group meetings, share budgetary updates and Chafee information to educate staff on their availability and ensure usage of Chafee funding to support better outcomes for TAY.

In 2025-2026, the Transitional Supports and Success team and the Academy update the in-person training on Adolescent and Transitional Age Youth. The intent is to ensure national trends on this population are addressed. It is also necessary to continue to ensure the knowledge, capacity and skill building for staff are enhanced to properly address the needs of the youth served. Please see the attached *Training Plan AWD Catalog* for additional information regarding all of the trainings listed above.

Consultation with Tribes

In 2021, DCF 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 DCF's Legal Division, and the DCF's Director of Multicultural Affairs. These meetings serve as opportunities to discuss any issues and continue to ensure ongoing coordination and collaboration in addressing child welfare matters that implicate the tribes, as well as to gather input from the tribes on a quarterly basis, including in the development of the CFSP. Since the submission of the CFSP, these meetings have continued on a quarterly basis.

At the September 2025 quarterly meeting, the Department's Independent Living Coordinator will join the quarterly meetings with the respective tribes to consult with them regarding eligibility for Chafee and ETV benefits and services for tribal youth. Currently, tribes do not ask DCF to administer, supervise or oversee Chafee or ETV program benefits for eligible Indian children.

Additional information on DCF consultation with Tribes is outlined in section *Assessment of Performance, Systemic Factor 6*.

Additional DCF Adolescent Supports and Services

Wilderness School

Wilderness School (WS) programs are critical to the DCF mission of serving adolescent populations in the care and custody of the department and community. WS programming also plays a significant role in fulfilling the agency mandate to provide prevention services to Connecticut's adolescent population. Our programs, all of which are built on a positive youth development foundation, have played a highly significant role for hundreds of adolescents each year, of course accounting for the COVID pandemic. In addition, the WS has provided intensive 1 to 20 days expedition experiences with follow-up programming to approximately 90 youth during each of summer sessions. WS collaborates with partners internal to DCF including the Youth Advisory Board, facilities, and case carrying social workers as well as community partners such as Youth Service Bureaus, Schools, and Court Support Services (CSSD). In the past 5 years, WS has worked to respond and recover from the global pandemic and the retirement of 2 (out of 4) full-time staff. In 2024, WS has refilled both open retirement positions and filled an additional full-time position increasing the administrative capacity of the full-time team (5 total). Between 2022 and 2025 WS expanded its basecamp infrastructure to include 2 YURT buildings for enhanced youth access and programming options. Furthering this effort to promote access and involvement, WS has expanded programming to include 3 and 4-day introductory expeditions, a 14-day Maine Alumni leadership trip, as well as a Summer Youth Employment (SYEMP) based 14-Day conservation/Work program; The SYEMP programs are facilitated in collaboration with The Department of Energy and Environmental Protection (DEEP) and Connecticut Forest and Parks (CTFP). The combination of traditional WS programming along with these new opportunities expands programming access to the youth and families of Connecticut.

Unified School District #2

Unified School District #2 (USD #2) serves children whose needs require that their educational program be provided within a DCF institution or facility in which they reside or receive day treatment services. Legal reference: Conn. Gen. Stat. §17a-37. Under the supervision of the Superintendent of Schools, USD #2 consists of three schools which are located at: · Solnit South Children's Center (hospital) Middletown, CT; Solnit South Children's Center (PRTF), Middletown, CT; and Solnit North Children's Center (PRTF), East Windsor, CT.

USD #2, under the administration of the No-nexus Unit, includes within its jurisdiction children who have been placed by DCF in a private residential facility or in the residential component of a regional education service center and attend the facility school and when one of the following conditions exists: parental rights have been terminated and the Commissioner of DCF has been appointed the statutory parent (including children turning 18 years old subsequent to termination of parental rights); the whereabouts of the parent(s) or guardian(s) is unknown; the parent(s) or guardian(s)

is residing as a patient or inmate in a state correction or mental health facility and does not maintain a Connecticut residence; the parent(s) or guardian(s) does not reside in Connecticut and the child is committed to the care and custody of the Commissioner of DCF; or the parent(s) or guardian(s) does not reside in Connecticut and DCF has certified that procedures to commit the child to the care and custody of the Commissioner of DCF have been initiated for that child and will be finalized within three months of the date of initiation.

DCF USD #2's Regional Education Services (RES) staff directly reports to the Superintendent of Schools for Unified School District #2 and serve the hierarchy of the six DCF regional offices. This twelve-member team (two per region) provides direct services in school-based meetings, consultation, and training to DCF personnel about educational issues specific to children involved with the agency. RES regularly interface with local education agencies, regional educational service centers, Approved Private Special Education Programs, Surrogate Parents, public and private educational agencies including CT State Department of Education (CSDE) relative to the DCF Commissioner's statutory responsibility "to provide or arrange for the provision of suitable education for every child under his/her supervision, either in public school, special education programs, private schools, work/training programs, institutions or facilities. The provision of direct and consultation services to DCF social workers is the crux of the RES role that immediately impacts children. While the training of multiple parties (DCF pre-service for social work trainees, DCF in-service for social workers, DCF foster parents) is the corollary function, the cumulative outcome of training is to embed the culture of ensuring suitable educational experiences for all children under the Commissioner's supervision.

In addition, DCF USD#2 Post-Secondary Education services offers college/post-secondary education financial assistance, within available appropriations, for students to attend an accredited college, university, or institution of higher learning, including a trade/vocational program. This two-member team assists in the assurance of the health and safety of youth under the care of DCF who are attending post-secondary education institutions. Consultations to the regional offices regarding the prescription of post-secondary education plans which match each youth's interests and strengths. Post-secondary education consultants assist students in maintaining their grades and accessing support in post-secondary education settings.

The Virtual Academy was established by Unified School District (USD#2) in February 2016 to support secondary youth in the care of the Department of Children and Families (DCF), including those involved with the Juvenile Justice system. Its creation was prompted by the 2015 standardized assessment results in the state of Connecticut. Specifically, the 11th-grade assessments—Connecticut administers standardized tests in grades 3–8 and 11—showed that over 95% of students failed to meet achievement levels in mathematics, and more than 90% did not meet proficiency in reading.

The Virtual Academy offers these students an online opportunity to access remedial coursework in Math and English Language Arts. In addition, it provides credit recovery options in all core content areas—Math, English Language Arts, Social Studies, and Science—along with elective courses, career pathway classes, and SAT/ACT preparation. Each student is paired with a certified educator who offers academic support and helps them create a personalized plan to achieve their educational goals.

In 2024, the Virtual Academy served over 54 students connected to the newly developed DCF Juvenile Justice Education Unit and issued more than 35 academic credits while students were in placement, prior to their return to their full-time Local Education Agency (LEA). Since its inception, the Virtual Academy has awarded over 661 academic credits that count toward high school graduation requirements. To date, the program has supported 199 students in earning a high school diploma. Diplomas are awarded annually to seniors who complete their graduation requirements through the Virtual Academy. The Virtual Academy has maintained an average of 24 graduates per year over the past five years. Below is a breakdown of graduates by year:

- **2019:** 25 graduates
- **2020:** 28 graduates
- **2021:** 20 graduates
- **2022:** 19 graduates
- **2023:** 26 graduates
- **2024:** 24 graduates

USD #2 Community Partnerships

The following are memberships/committees/organizations this division participates:

- Interagency Council for Ending the Achievement Gap Meeting
- CSDE Superintendent Advisory Council
- CT. Association of Public-School Superintendents
- Hartford Areas Superintendent Association
- Child Welfare Agency Network - Foster Care & Education Network
- State Advisory Council for Special Education
- CT Council of Administrators of Special Education
- Committee for the Protection of Human Subjects

Sun Scholars

SUN Scholars Inc. is a nonprofit agency that contracts with the Connecticut Department of Children and Families to provide college mentoring services to foster and adopted students. Sun's mission is to improve the post-secondary educational and career outcomes for foster and adopted students. SUN Scholars Inc. has a graduation rate 10 times the national average and a 90%+ semester to semester retention rate. 100% of Sun's graduates have successfully obtained preferred employment or are pursuing a graduate degree. SUN continually serves 60 students, its contractual maximum capacity, across Connecticut's colleges and vocational schools and provides staff contact with students on a weekly to bi-weekly basis. This data is regularly and independently verified by CT's DCF. All Sun's students struggled with extreme isolation and without the normalcy of having traditional family support. SUN works diligently to support connection, networking, community development, and to ensure all students transition from the difficult world of foster care into a successful working class lifestyle post-service. Unique to Sun's vision and program design, the majority of Sun's staff are alumni of the program and/or graduates from foster care or had been adopted. Sun's Executive Director was in foster care as well as adopted from the CT foster care system. In addition to Sun's college and career programming, SUN is home to the Robert & Anthony Dudchik (R.A.D.) Memorial Fund. This philanthropic arm of Sun Scholars is a program entirely funded with private donations and honors the lives of two adopted brothers who had a tragic and untimely passing. This year-round program is offered to Sun participants and focuses on developing community giving by participating in local volunteer projects. This year's program will culminate in a cross-country trip to visit the nation's national parks. SUN Scholars Inc. does not rely solely on federal or state contract dollars and is heavily subsidized by donor funding.

Albert J Solnit Children's Center

This is a state-administered psychiatric facility for Connecticut's children who are 13 to 17 years of age. The Solnit Center provides comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting. The program is designed to be the bridge from hospital to home and community or as a diversionary placement to avoid the need for a hospital stay. The facility provides an educational program, work experience opportunities and rehabilitation including therapeutic recreation and occupational and music therapies. The Solnit Children's Center utilizes a strength-based, family centered relational approach based on youth-adult partnership. The program model has been designed to focus treatment strategies which are trauma informed and gender responsive. It is our belief that placement is only one component in a continuing system of psychiatric treatment. When a youth is ready to leave Solnit Center, the core team assesses the youth's needs and coordinates services for post-facility care. We make every effort to return the youth to his/her home at the end of treatment. When either the youth or the family is not able to make a home goal possible, our staff work with the family, DCF Area Office, and others who are actively involved in the child's care to find the best possible solution. Options may include either a placement in a foster home, group home or residential treatment facility.

The Solnit Children's center consists of two separate campuses. The South Campus consists of four coed hospital units and three female Psychiatric Residential Treatment Facility (PRTF) facility cottages. The North Campus serves as a Psychiatric Residential Treatment Facility, providing treatment to adolescent males. Over the past 2 years, the PRTFs

have been consolidated into a unified structure with one Superintendent. A full management team has been put in place on both campuses. The team has conducted focus groups with youth to build a practice approach driven by client voice. The PRTFs received accreditation by the Joint Commission for the first time in 2024, accredited as one PRTF operating two sites.

The Albert J. Solnit Children's Center- North Campus PRTF has served 49 youth, SFY25 year to date. We anticipate serving 65 youth by year's end. 74% of North's discharges have been successful, 68% to a home setting. The Albert J. Solnit Children's Center- South Campus PRTF has served 40 youth, SFY25 year to date. We anticipate serving 47 youth by year's end. 58% of South PRTF's discharges have been successful, 53% to a home setting.

DCF Juvenile Justice Educational Unit

Public Act 18-31 established an Education Subcommittee within the Juvenile justice Policy and Oversight Committee (JJPOC) to develop a detailed plan to address concerns with overall coordination, supervision, provision, and direction of all academic services and programs for school aged youth/children who reside in juvenile justice facilities or are incarcerated. Public Act 21-174, passed in June 2021, requires DCF to the Juvenile Justice Education Unit (JJEU), separate from USD #2, that will oversee and monitor the education of children who reside in justice facilities or who are incarcerated, creating standardization, reentry processes, and quality assurance. Also, perform needs assessments, and track the educational progress of individuals in the juvenile justice system.

JJEU Pupil Service Specialists (PSS) work with students involved in the juvenile justice system and are tasked with goal setting, progress monitoring, surveying students, classroom observation, being a part of student's treatment planning and multidisciplinary team, attending student PPT meetings, facilitating student's reentry into school setting, corresponding with central office staff in school district, finding ways to get student supported in their reentry to their community. PSSs maintain regular communication with parents/guardians.

The executive team which consists of one Education Administrator and two assistant superintendents ensures that equitable, measurable, and sustainable child centered educational achievement outcomes are produced for the children in justice facilities. A process has been developed that includes stakeholders, partner agencies and service providers to determine and approve the outcomes the education facilities will produce.

The Juvenile Justice Education Unit's (JJEU) is dedication to using data-driven decision-making to improve educational outcomes for justice-involved youth. By implementing clear accountability measures, it ensures that our interventions strategies to support students who are justice-involved are effective, equitable, and aligned with statutory requirements.

There are 4 Key Elements of our Data and Accountability Framework:

1. Student Performance Tracking: Data from tools like STAR assessments are used to identify learning gaps, inform instructional strategies, and tailor interventions.
2. Academic Outcomes: We track credit accumulation, and course completion to evaluate student progress during their time in juvenile justice facilities.
3. Transition Success Rates: We monitor how well students reintegrate into their communities.
4. Program Effectiveness and Improvement: We use data to assess the impact of our initiatives, including professional development for teachers, and reentry supports.

By embedding data collection into all aspects of our work, we can ensure that educators, administrators, and stakeholders have the insights needed to make informed decisions. This proactive approach allows us to adapt programs, improve instructional methods, and expand opportunities for justice-involved youth. Ultimately, our data and accountability efforts are designed to ensure measurable progress, student achievement, and successful reintegration

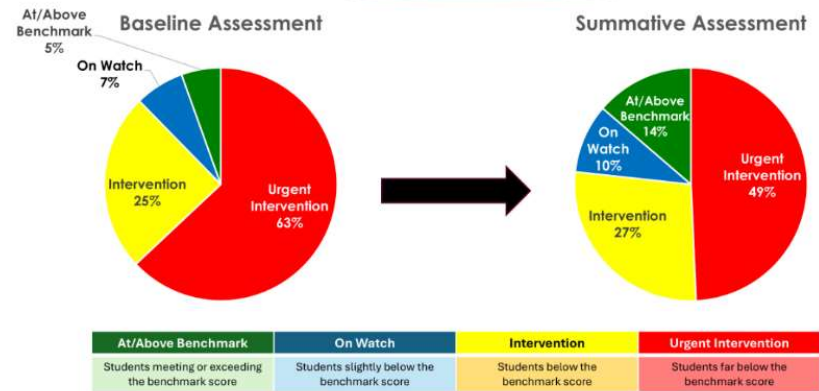
Progress:

- Utilize Star Assessment to assess reading and math levels. To gather baseline, assess student growth, and use data to drive planning. Next step is to utilize the results of Star to drive instruction.



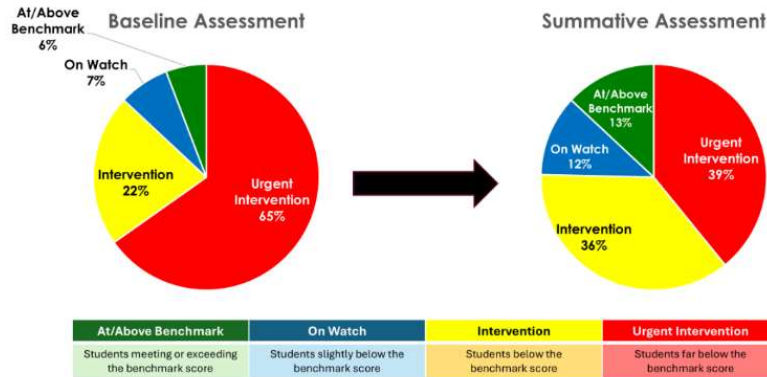
	# Students with data pairings	Average % score increase from initial assessment
Reading	73	5%
Math	69	4%

Note: Some students initially assessed prior to September 2024



CSSD STAR Math Progress (69 students)

All data preliminary – not for distribution



MYI STAR Assessment Performance

Fall 2023 – Fall 2024

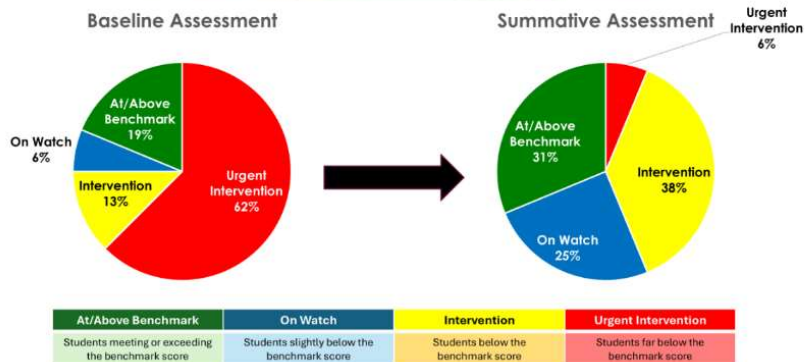
All data preliminary – not for distribution

	# Students with data pairings	Average % score increase
Reading	16	3%
Math	16	2%

Note: Some students initially assessed in Spring 2024

MYI STAR Reading Progress (16 students)

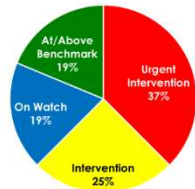
All data preliminary – not for distribution



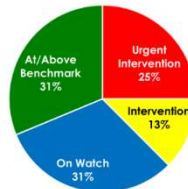
MYI STAR Math Progress (16 students)

All data preliminary -- not for distribution

Baseline Assessment



Summative Assessment



At/Above Benchmark	On Watch	Intervention	Urgent Intervention
Students meeting or exceeding the benchmark score	Students slightly below the benchmark score	Students below the benchmark score	Students far below the benchmark score

Progress:

Virtual Academy and credit recovery programs are used with efficacy across all facilities. Collaborate with CSSD to facilitate increased access for credit recovery during summer period.

Credit Recovery

All data preliminary -- not for distribution

	2023	2024
Enrollment	17	54
Graduates	1	3
Credits Earned	1.5	17.8

Reentry/ Transition Meetings.

- Transition meetings (pre-release & post release), Reentry mtgs. & circles
- Created a process and collaborated with LEAs (Local Educational Authority) to support reentry plan and help manage a successful transition.
- PSS monitor and ensure the educational credits of a student are transferred from out of home placements back to their community.
- Frequent ongoing communication with reentry coordinators as well as on an annual statewide basis.

Our growing impact

All data preliminary -- not for distribution

	Aug – Dec 2023	Aug – Dec 2024	Jan – Dec 2024
Total re-entry meetings	42	196	312
Students with re-entry meetings	24	40	65

Family Engagement

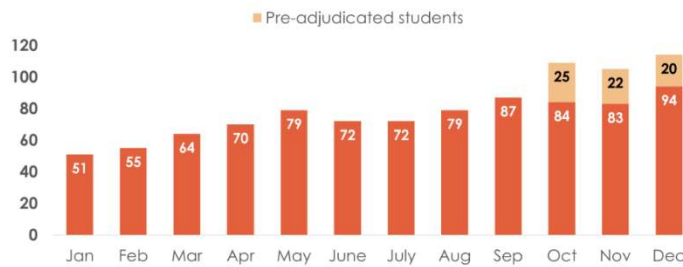
All data preliminary – not for distribution

		Mar – Dec 2023	Mar – Dec 2024	Jan – Dec 2024
Pre-release	REGIONS	193	237	270
	MYI	123	166	177
	Total	316	403	447
Post-release	REGIONS	198	523	558
	MYI	116	107	119
	Total	314	630	677

Connecting with families to provide updates on their child's progress in preparation for student's re-entry and building the student's support network as they are released.

Students Served (2024)

All data preliminary – not for distribution



Total of 174 students served

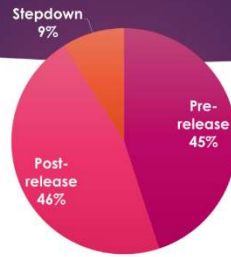
Contact with students and supports (2024)

All data preliminary – not for distribution



Total of 7,526 contacts

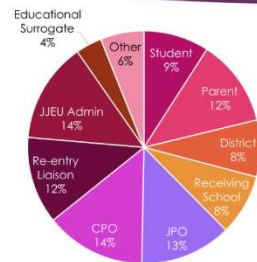
When were supports contacted? (2024)



Pre-release: Transition planning to aid in student re-entry

Contact with pre-adjudicated student supports Oct – Dec 2024

All data preliminary – not for distribution



Other = JJEU Orientation, Educational Advocate

Support	n	%
CPO	23	14%
JJEU Admin	23	14%
JPO	21	13%
Parent	20	12%
Re-entry liaison	20	12%
Student	15	9%
Receiving school	14	8%
District	13	8%
Other	10	6%
Edu. surrogate	6	4%
Total	165	100%

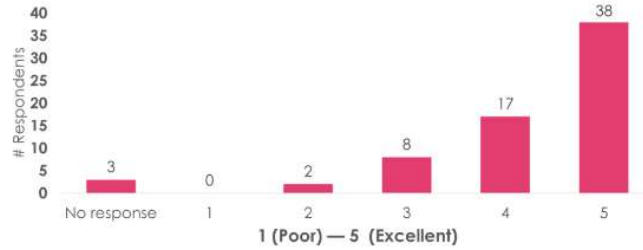
Progress: Support teacher's and school leader's effectiveness

- Developed a multi-step learning walk process partnering with the leadership at the facilities to identify strengths and areas of development.
- Provided Professional Development on student learning, teacher's planning, classroom management and ESL identification
- Meet with Educational Network providers monthly
- Learning Walk process to identify PD needs.
- Survey educational staff to gauge instructional needs and look for common trends in order to create PLCs and identify areas of growth.
- Continue to identify problems of practice with the Educational Network.
- Identify and develop new ways of supporting student learning though the network.

Total PD course evaluations received

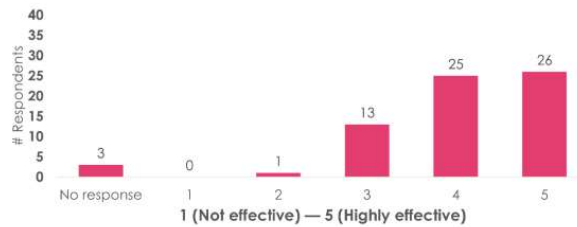
School	# Respondents
Hamden REGIONS	14
Hartford DOMUS	8
CJR	26
MYI	20
Total	68

Rate the instructor's knowledge and delivery of the subject matter



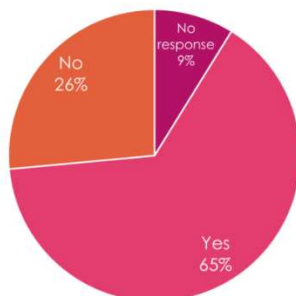
Average rating = 4.4 (65 responses)

How effectively did the instructor explain complex concepts?



Average rating = 4.2 (65 responses)

Have you been able to apply what you learned in your classroom or instruction?



Applied topic	Example response
Building rapport (x3)	"... has been helpful in building rapport and establishing routines"
Do Nows (x3)	"Elongated Do Nows and vocab we will encounter with the text"
Managing behaviors (x2)	"Asserting both expectations for classroom behavior while maintaining authentic-to-self responses in the moment"
Better communication (x2)	"Better planning and communication between staff"
Reflection on practices (x2)	"Constant reflection about what worked, what didn't"
School already applying PD content (x3)	"Our school practices regularly the subject matter presented at this training"

Progress towards vocational opportunities

The JJEU partnered with the Justice Education Center to pilot a vocational training program at Kaynor and Eli Whitney Technical High Schools, offering students hands-on learning opportunities. Next Steps for the partnership with the Justice Education Center and the Technical High Schools: To expand this opportunity and ensure greater access for students, especially those in our detention centers.

We also facilitated the implementation of virtual reality goggles in the facilities which represents a significant step forward in expanding career exploration and vocational training opportunities for our students. These innovative tools provide hands-on experiences that allow students to engage with various career pathways in fields such as manufacturing, healthcare, construction, and many more. By simulating real-world work environments, virtual reality goggles enable students to build practical skills, develop career interests, and gain exposure to industries that can lead to sustainable employment. This initiative aligns with our commitment to preparing justice-involved youth for successful reintegration into their communities with meaningful career prospects.

The next step for the VR goggles initiative is to collaborate with professionals and industry leaders across various sectors to develop recognized certification programs. By actively engaging experts in fields such as healthcare, construction, manufacturing, technology, and other high-demand industries, we can ensure that the curriculum aligns with real-world job requirements and industry standards. This collaboration will help create training modules that provides hands-on learning experiences and equip learners with the skills and credentials needed for meaningful employment opportunities. Additionally, by integrating industry feedback into the certification design, we can enhance the credibility and value of the program, making it more attractive to employers. This will also allow for ongoing updates and improvements to the curriculum, ensuring that it remains relevant as industry needs evolve. Ultimately, this initiative aims to bridge the skills gap, provide workforce-ready training, and increase career opportunities for participants using cutting-edge technology.

Committees:

Juvenile Justice Policy Oversight Committee (JJPOC)

JJPOC: Education workgroup

JJPOC: Re-entry Workgroup

Justice System Diversion

In 2019, DCF assumed responsibility for managing the State grant funding for Youth Service Bureaus (YSBs) and direct oversight of three contracted Juvenile Review Boards. These entities comprise the majority of the community-based youth diversion system in Connecticut. The system is designed to offer diversion from court post-arrest or in lieu of arrest, as well as to address truancy and other issues beyond control in school and at home. Diversion is overseen by the Juvenile Justice Policy and Oversight Committee (JJPOC) which was established to evaluate policies related to the Juvenile Justice system.

In 1978, Section 10-19o of the Connecticut General Statutes established Youth Service Bureaus (YSB). A YSB is defined in CGS 10-19m- 10-19q, inclusive, as an agency operated directly by one or more municipalities, or a private agency designated to act as an agent of one or more municipalities, for the purpose of evaluating, planning, coordinating, and implementing services. Services include prevention and intervention programs for delinquent and pre-delinquent youth, pregnant and parenting youth, and troubled youth. The statute further states that YSBs shall be the coordinating unit of community-based services to provide a comprehensive delivery of prevention and intervention, treatment, and follow-up services.

YSBs range in size and scope, from the smallest, staffed by a single part-time employee in a municipal office, to private, nonprofit agencies that provides a wide range of services to as many as 8 municipalities. Municipal YSBs may be standalone divisions or operate under a parent department, most commonly Human Services or Recreation. 22 of the YSBs are non-profits, endorsed by their town(s) to function as the YSB. In a few communities, volunteers and other community-based stakeholders provide YSB administrative functions, permitting the total YSB budget to be used for direct services. YSBs in larger cities focus on administrative efforts that coordinate the many public and private

providers in the community that offer a wide array of youth services. The coordination of these efforts helps to limit gaps in service and identify other resource needs, thereby assuring that the youth are being adequately served.

YSBs offer a broader scope of services than most other youth-serving agencies. In addition to providing direct services like other agencies, YSBs are responsible for assessing the needs of the community, identifying gaps in services and coordination of services for youth to fill gaps and avoid duplication of services. Many YSBs also play a special role in working with the juvenile justice system to meet the needs of children and youth by providing and/or making referrals to mental health, behavioral health, or other services.

YSBs are on track to increase the numbers of youth served in fiscal year 25. 880 large one-time group events and 2250 short term events will be held, touching 255,000 youth and family members. 16,200 youth will receive direct services, delivered by YSBs as an intervention for a referred issue. 3,700 youth will be served by Juvenile Review Boards for a referred incident, 85% of those coming from Police or the Juvenile Courts. Of those, JRBs are seeing 79% successfully completing the requirements for successful diversion.

DCF has worked closely with YSBs and JRB to build capacity and strengthen interventions. Much foundational work has been done to support the infrastructure in the way of data development, building the structure to standardize programming. All YSBs and JRBs are provided technical assistance and support to develop their internal capacity to collect, manage and share their data for planning and program development purposes. DCF completed a landscape analysis of all YSBs to assess their ability to meet statutory mandates and serve in a diversion capacity specifically. DCF contracted for a suite of trainings to be provided to Youth Service Bureaus and Juvenile Review Boards. Trainings scheduled for fiscal year 2025 include: Restorative Justice; State Grant Application; Youth Diversion Team (YDT)/Juvenile Review Board (JRB) Training; School Avoidance. Additional trainings to be rolled out in 2025 and 2026 will include: Youth Service Bureau Administration; Screening, Assessment and Service Matching; Authentic Family Engagement; and other topical trainings.

In 2023, legislation was passed calling for development of a plan to increase diversion of youth from arrest to community-based interventions, titled Diversion First. DCF has worked closely with JJPOC and relevant subgroups to identify best practices and mechanisms for prearrest diversion. A workgroup was formed to develop recommendations for mandatory prearrest diversion. A set of recommendations were developed through the subgroup and approved by the JJPOC in March 2025. The recommendations called for every community operating a diversion program to report yearly to DCF data on youth diverted. The recommendations also called for Police Officer Standards and Training Council to develop for law enforcement a statewide uniform policy to divert youth and an associated training curriculum. DCF developed a plan for the development of contracted Diversion Hubs to expand diversion to the 35 communities currently not offering a diversion program. These hubs will divert youth from the justice system by providing an alternative to a court referral for a juvenile arrested for the first or second time of an infraction or misdemeanors. The hubs will also divert non-arrested youth from encountering the juvenile court. These hubs will expand upon the structure of existing Juvenile Review Boards (JRBs). Existing JRBs in this state have largely been driven by a network of YSBs. Subcommittee work continues to finalize the diversion system planning. Legislation to implement the plan has been proposed and is anticipated to pass by June 2025. To help support this ongoing work, the Department participates in the following:

- Juvenile Justice Policy Oversight Committee (JJPOC) and JJPOC subgroups- Alternatives to Arrest/Diversion and Cross Agency Data Sharing/Racial and Ethnic Disparities
- Connecticut Fatherhood Initiative (CFI) Domain 3: Young People Prepared to be Responsible Parents
- Statewide Minor Homelessness Task group

6. Consultation and Coordination Between States and Tribes

Please see section *Assessment of Performance: Systemic Factor 6* for additional information.

Section C. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

CAPTA Plan, Requirements, and Updates

There have not been any substantive changes to any laws or regulations that would impact CT's eligibility for CAPTA.

CAPTA Spending Plan 2025:

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 2023 and FFY2024.

Services/Activities		Funding
Triple P Provider Training	\$102,805	\$422,734
Multidisciplinary Teams	\$175,000	
Favor - (Stipends for CRP Work)	\$36,828	
Fatherhood	\$32,400	
CT Association for Infant Mental Health	\$75,701	
Intimate Partner Violence		\$25,627
IPV-FAIR - Yale - Dr Stover	\$25,627	
Substance Exposed Infant - Plans of Safe Care		\$ 242,138
CHR -FBR Team Region 4 extension	\$81,250	
FBR - Training/QA	\$60,000	
Wheeler	\$10,750	
YALE	\$90,138	
Total		\$690,499

Service Descriptions and Updates

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. Please see its entry in *Appendix A: Services Continuum* for more details. Federal funds were allocated to PSS to offer Triple P trainings. The training also includes an accreditation process. All newly hired PSS staff members have been trained in Triple P Standard and Triple P Teen extension in SFY 2023, SFY 2024, and to date for SFY 2025. In March 2025, additional training courses were added to enhance the skillset of PSS staff and to most appropriately address the complex needs of families. The additional Triple P courses to be offered in Triple P Stepping Stones, which addresses parenting of children with autism/developmental delays, Family Transitions which addresses parenting issues for caregivers who are separated, divorced, and/or struggling with coparenting, and Triple P Pathways which addresses parenting skills for caregivers who have difficulty regulating their emotions and as a result are considered at risk of physically or emotionally harming their children.

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. It further provides ongoing training opportunities for PSS parent educators to assess, support, and address the increasingly complex needs of the families they serve.

Multidisciplinary Teams (MDT)

The purpose of Multidisciplinary Teams is to minimize secondary trauma to the child and family while improving the investigation and prosecution of the cases. Please see its entry in *Appendix A: Services Continuum* for more details.

There are 17 Multidisciplinary Teams in Connecticut, and 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 and Children's Justice Act Grant funding to support our MDTs. The following teams are federally funded under the CAPTA spending grant:

- Community Health Center, Inc. – Stamford
- Middletown Police Benevolent Association – Middlesex County
- Sexual Assault Crisis Center of Eastern CT – Norwich/Willimantic
- 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. Additionally, 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. The MDT Evaluation Committee is a permanent GTFJAC committee. 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.

FAVOR

Please see *Assessment of Performance: Systemic Factor 6* section for additional information

Fatherhood

Please see update on *Assessment of Performance: Permanency Outcome 2, Fatherhood* for additional information.

CT Association for Infant Mental Health: Please see *Assessment of Performance: Systemic Factor 6* section for additional information

Family Based Recovery (FBR) Training and Quality Assurance

The Department contracts FBR Model Development and Operations (MDO) for training, fidelity, and quality assurance for all Family Based Recovery (FBR) teams. FBR MDO provides weekly case consultation to both the clinical teams and supervisors of each team to ensure model fidelity and provide clinical support and/or education. During FY24, MDO provided consultation to 6 agencies and 43 staff members. During this time, 147 families and 302 individuals were served and impacted by FBR teams. The Department currently funds 5 FBR teams throughout the state with statewide coverage. It is important to note that during FY24, FBR was rebid through RFP, therefore referrals to the program were paused, which could have an impact the number of families and individuals served.

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. The 5-Year Plan continues to drive outreach, training, and engagement across the state.

DCF and its partners remain focused on improving CAPTA implementation, particularly Family Care Plans, and refining the state's CAPTA data collection practices. 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 Family Care Plans throughout the state to providers of pregnant and parenting women's substance use treatment services, early

childhood services, and hospital social workers. Many of these sessions continue on a virtual platform, as many hospitals' settings have found this to be easier for their staff to access, although some providers still choose to receive their trainings in person. In addition to providing key community stakeholders with information about CAPTA and Family Care Plans, 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. The Family Care Plan Coordinator and Program Manager roles have been filled since August of 2024.

Early in FY23, the initiative changed its title to SEPI-CT (Substance Exposed Pregnancy Initiative of Connecticut). In FY24 the Core Team met quarterly in July, October, January, and April. Meetings covered quarterly initiative updates, quarterly CAPTA Dashboard and Policy Academy/ Technical Assistance updates and overviews, PROUD and DMHAS/DCF updates. In March 2025 DCF, DMHAS and CAPTA evaluator Margaret Lloyd Sieger presented on CT model for CAPTA at the Child Welfare League of America Conference in DC. In addition, we supported several states such as Vermont, New Jersey, Maine and Ohio on how CT CAPTA portal flows and how the state captures the data and uses it to make decisions to support the families in CT.

SEPI CT has campaigned for Naloxone use and its safety for people of all ages, continued discussions around safe storage, and created a newsletter for distribution to providers and state agencies that highlights this importance. Lockboxes were distributed to labor and delivery units throughout the state to provide education and resources around safe storage. New Baby Kits were distributed to community health centers in each DCF Region. These kits consisted of safe sleep materials, board books, SEPI information, safe storage information and various feeding related items for babies. The FCP Coordinator continues outreach to hospitals for technical assistance and support on completing Family Care Plans and understanding the CAPTA legislation.

Substance-Exposed Infants (SEI) Strategic Plan

The five-year strategic plan has been implemented, and the initiative continues to engage hospitals, community providers and state partners to increase Family Care Plan completion, reduce stigma and support birthing people who use substances during pregnancy. Connecticut's participation in the national Policy Academy granted us access to technical assistance in moving this initiative forward, with specific efforts aimed at increasing equity in Family Care Plan implementation and utilization, as well as broadening the reach of the Family Care Plan for families. This technical assistance has allowed the state to deepen its roots within the community and hospital settings, and plan for a sustainable future of the program. Accomplishments for this year include:

- Family Care Plan (FCP) implementation checklist created, and 327 people trained on CAPTA and FCP
- Launched the FCP Virtual Tool, digital toolkit and video series on Youtube for pregnant/parenting individuals
- Updated the CAPTA Portal to capture new data in August of 2024, and reformatted the website for increased useability
- Developed the PROUD series training on screening and intervention
- Promoted ACCESS Mental Health
- Developed a Secure Storage and Lockbox brochure/initiative

Notable next steps for the coming year include:

- Create a new training on Stigma and Substance Use
- Updating all current trainings to be more interactive (i.e. pre/post-tests, quizzes, knowledge checks, activities) and incorporate feedback from pregnant/parenting individuals with lived experience and hospital providers
- Create a Screening Tool tab on the website to list out best-practice instruments with accessible links
- Expand multilingual content on the SEPI-CT website and create an option for a multilingual Virtual Tool
- Develop a Live Map of Providers

Wheeler Clinic - SEI Coordinator/Marketing

The SEPI-CT Program Specialist, also known as the Family Care Plan Coordinator, is responsible for increasing awareness and use of Family Care Plans and CAPTA Notifications throughout the state. This role works under the direction of the SEPI-CT Program Manager in collaboration with funders and key stakeholders across the state. The

Family Care Plan Coordinator has been in her role since August of 2024 and has had success in conducting outreach and engagement with birthing hospitals, as well as providing training and technical assistance around CAPTA and Family Care Plans to hospital staff and social workers, as well as community health care providers. To date, all of the birth hospitals in the state have received the CAPTA and Family Care Plans training. The FCP Coordinator was able to increase outreach in FY24 and meet with providers in the community and at birthing hospitals to provide in-person training and technical assistance. The coordinator continues to maintain positive relationships with all birthing hospitals in the state as well as with community providers and state agencies. As of March of 2025, a total of 247 individuals have received training through SEPI CT since July of 2024. A direct correlation can be made from increased outreach efforts to increased Family Care Plan completion. In FY 2024, 86% of CAPTA notifications had a FCP completed. This speaks to an increase in knowledge and awareness not only on the hospital level but on the community level as well. Feedback from the evaluations completed shows that the training courses continue to be effective in providing education surrounding CAPTA and Family Care Plans. Marketing funds were allocated to secure storage marketing materials to coincide with the Secure Storage of Medication and Other Substances video, New Baby Kits and SEPI CT marketing materials.

Campaigns

To continue education around the topic of secure storage, the initiative designed and completed Secure Storage Banner Pens and Secure Storage Half-Page Informational Sheets in January 2024. To date, 205 pens and 780 Informational Sheets have been physically distributed to DCF, DMHAS Women's Services, hospitals, and behavioral health agencies. In addition, the initiative continues to distribute SEPI-CT Wallet Cards to hospitals and behavioral health agencies. In FY24, 3,520 English and Spanish cards have been physically distributed.

FCP Website

The enhanced SEPI-CT Website launched December 1, 2022. It has grown to be a rich and accessible resource for community members, providers, and birthing hospitals. It also includes a confidential "virtual" Family Care Plan tool that allows individuals to safely and securely create a Family Care Plan with local and regional resources linked directly to their plan. This has developed to create more accessibility for families and reduce barriers in connecting to services. The website contains an expansive list of supports for birthing people who use substances, as well as a comprehensive list of providers and services locally directed at wellness, recovery, and treatment. The website also contains information for providers addressing stigma, providing care for the high risk youth population and resources for fathers. The site also includes information on completing a family care plan, with access to a digital version available on the site. In FY24, currently the SEPI-CT website has hosted 1,557 users compared to 958 users in FY23. Pageviews (number of pageviews on a website) totaled 3,725 compared to 2,723 in FY23. The number of sessions (when user views a page or screen, and no session is currently active) totaled 2,160 compared to 1,375 in FY23. The website is being promoted through meetings with hospitals, at CAPTA trainings, and at all meetings the SEPI-CT program manager and FCP coordinator attend. Resources continue to be added to the website when the Program Manager or FCP Coordinator becomes aware of a new service or program. www.sepict.org

Intimate Partner Violence with Dr. Carla Stover

Dr. Stover provides consultation and training on the two therapy models Fathers for Change and Mothers and More that are embedded in the IPV-Fair program. She provides 2 basic training courses per year on each model. The Father for Change basic training is a 2-day didactic and experiential training. The Mothers and More Training is a 1 day didactic and experiential training. These trainings are followed by twice monthly video conference calls with each of the 6 agencies providing IPV-FAIR (12 team consultation calls of 1 hour each per month) to provide model fidelity consultation for Fathers for Change and Mothers and More. She reviews 1 recorded treatment session per year per clinician for further fidelity monitoring. She also meets once per month with team supervisors and once with the entire IPV-FAIR collaborative (two 1-hour calls per month) to provide reflective supervision and implementation strategies. She also has provided quarterly fidelity reviews to agencies. This includes a review of a selected treatment session and written feedback on Fathers for Change fidelity to the clinician and their supervisor (approximately 4 hours per month). These interventions are designed to mitigate repeat maltreatment and enhance the well-being of children affected by IPV.

During the reporting period of 10/01/2024- 09/30/25, Dr. Stover has delivered two Mothers and More trainings (11/01/24 and 02/21/25) and two of her contracted Fathers for Change trainings (09/26/24-09/27/24 and 05/17/25 -05/18/25) for IPV Fair staff, and has continued to meet monthly with each team supervisor, holding calls with the IPV Fair staff, monthly All Collaborative team meetings where she offers a training module and ongoing support and strategies to keep the work within model fidelity, and is conducting all of the outlined support listed above.

For the reporting period of 10/01/25-09/30/26, it is anticipated that Dr. Stover will be contracted to complete two Mothers and More trainings and two Fathers for Change trainings for IPV Fair staff, and will continue to meet monthly with each team supervisor, holding calls with the IPV Fair staff, monthly All Collaborative team meetings with learning components, quarterly fidelity reviews to agencies and quarterly reviews of recorded sessions from each IPV Fair clinician, 1 hour monthly calls with each agency to provide reflective supervision and many other meetings where she offers a training module and ongoing support and strategies to keep the work within model fidelity.

IPV-Fair annually served 348 parents in 2023, 307 parents in 2024 and 135 parents from 10/01/24 to 04/28/25, and is on track to have serviced between 270-300 parents by 09/30/25.

During the time frame October 1, 2022, to April 28, 2025, 103 pre and post surveys were collected from mothers with a matched father who completed the IPV Fair program. A compelling statistic emerges from pre and post-tests for these matched dyads, with mothers (N=103) reporting that fathers' abusive behaviors decreased significantly. The pre-assessment average was 21.9, significantly higher than the cutoff of 10 which indicates an abusive relationship. At post assessment, the average dramatically decreased to 7.9, a statistically significant improvement ($p < 0.001$). Similarly, fathers who completed the program (N=124) had their Difficulty in Emotion Regulation Scores decreased by over 5 points on average, also a statistically significant improvement ($p < 0.001$).

Family Navigator Training

During FFY 7/1/22-9/30/2023, the Department funded the development of an IPV-FAIR Family Navigator manual and curriculum for new family navigators joining the 6 DCF-funded IPV-FAIR community agencies. Family Centered Services of Connecticut was contracted to maintain/update and conduct the training from FY 22 to FY 23. The training aimed to expand outreach to organizations utilizing case managers and enhance their knowledge base on IPV to better serve affected children and families.

The training was initially developed to be offered to the six DCF-funded IPV-FAIR agencies but in 2023 the Department opened the training up to any community provider that wanted to learn how to provide case management support to individuals impacted by IPV.

The last contracted training completed by Family CT was on 09/19/23 and had 55 participants.

The DCF contract with Family CT for the Family Navigator training ended in September 2023. Prior to the end of the contract, we developed a training sustainability plan where the last training was made into a recorded series with the goal of being able to offer this training on a regular basis at no additional cost, allowing for quicker onboarding for new IPV Fair Family Navigators while continuing to also offer this training to community providers.

The recorded series is being used in conjunction with having a live facilitator to engage the group in other learning activities, including but not limited to break out rooms, and open discussion. The recorded training series allows for the Family Navigator training to be available multiple times a year allowing for quicker onboarding of newly hired IPV Fair Family Navigators but also benefiting community providers. These offerings complement the series of IPV trainings provided by DCF and the CCMC Injury Prevention team for internal DCF staff, IPV-FAIR staff, and other interested community providers. The recorded series has been offered in April 2024 with 61 participants, June 2024 to onboard 4 newly hired IPV Fair Family Navigators, December 2024 to onboard 5 newly hired IPV Fair Family Navigators.

The next training is scheduled to begin on 05/12/25 and has 89 participants registered, who are community providers, DCF staff and IPV Fair staff. Looking ahead for the period 10/01/25-09/30/26 the Department will conduct at least three Family Navigator training courses for approximately 150 individuals.

CAPTA Projected Spending Plan FFY 2026

Services/Activities		Funding
Multidisciplinary Teams		\$136,667
Triple P Provider Training		\$340,714
Favor - (Stipends for CRP Work)		\$36,828
CT Association for Infant Mental Health (Spring/Fall 8-week series)		\$80,960
Intimate Partner Violence - FAIR		\$129,339
Substance Exposed Infant		\$238,749
Substance Exposed Children Liaison (5 RBAHO Vendors)	\$62,500	
Travel, Training, Conferences	\$51,999	
Wheeler Clinic SEI Family care plan coordinator/marketing	\$43,000	
CHR SEI	\$81,250	
Total		\$963,257

Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers

Family Care Plan

In this federal reporting year 2023-2024 the state has continued to work on 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 5 years of CAPTA portal and FCP implementation, there was unanimous agreement that continued system and practice improvements would be necessary to ensure accurate reporting practices and FCP positive outcomes for families. Increased and ongoing provider education on CAPTA and FCP 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. The Family Care Plan coordinator has been integral in educating not only hospital staff, but community providers, DCF and DMHAS service arrays on the importance of early implementation of Family Care Plans and how to support families with substance use.
- 2). Explore the ethical, stigma, and health equity themes that surround CAPTA reporting practices, including individualized work with birthing hospitals to understand their unique strengths and opportunities.
- 3). Normalize and destigmatize the Family care plan as a tool for anyone who is thinking about becoming pregnant, currently pregnant, or has recently given birth and provide individualized FCP support to empower birthing people to reach their goals. 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. Per federal legislation, the initiative will also explore opportunities to create a follow up mechanism for people who have developed a FCP to provide them with support in meeting their goals.
- 4). Explore continued opportunities to enhance CAPTA portal data through continued monitoring and quality improvement efforts, exploration of how the legalization of cannabis will impact CAPTA notifications, and ongoing provider education and enhancement of local and statewide systems. 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.
- 5). Promote strategies that enhance brief intervention and referral to treatment practices and understanding of community and state SUD treatment and recovery resources. Broad and targeted efforts will be made to ensure providers and healthcare systems are able to readily identify referral pathways and are aware of the resources available at the state level. Live overview or “101” trainings on FASD and SEI have been standardized for the

purposes of this initiative. The initiative will maintain a website with updates, resources, and other relevant content, and monthly digital campaign series.

- 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. Efforts will be made to consolidate information on existing child resources, and 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 at risk birthing people. 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.
- 8). Continue to support, enhance, and/or create opportunities for family centered interventions. The state has programs identified below that factor in the needs of families, partners, and/or significant others. The initiative will continue to collaborate with these programs as well as create new partnerships with other programs that serve fathers and other support people.

- **Youth Recovery CT:** YouthRecoveryCT (formerly known as the CROSS Initiative) is currently funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) 2020 State Opioid Response to the Opioid Crisis grant (SOR) through the Connecticut Department of Mental Health and Addiction Services (DMHAS). DMHAS has contracted with the Connecticut Department of Children and Families (DCF) to develop and implement a statewide substance use recovery support system specifically oriented to the needs of teens, young adults, and families. DCF has contracted with Wheeler Clinic to administer this initiative. The Statewide Youth Recovery Support Network increases involvement of youth and families in addressing substance use disorders in Connecticut, reduces stigma associated with substance use problems, and increases options and access to recovery supports for young people in Connecticut and their families. To build a network of sites offering peer-support groups for young people and their families, YouthRecoveryCT offers mini-grants and ongoing support to organizations that work with youth. Each YouthRecoveryCT site is tasked with offering at least one weekly SMART Recovery group for one of the following populations: teens (ages 16-18), young adults (ages 18-24), for “all ages” (ages 18 and over) or one SMART Recovery Family and Friends group. In addition, 12 total alternative peer group (APG) activities are required of community providers during the fiscal year, all of which support either the teen or young adult population. The grantees also participate in monthly network meetings and provide ongoing deidentified process data to the YouthRecoveryCT project coordinator monthly. The table below shows that teens, young adults, and families are directly benefitting from the Youth Recovery CT meetings.

Groups	Number of meetings and/or events	Total number of participants (duplicated)	Total number of NEW participants (unduplicated)
SMART Recovery (16-18)	32	105	38
SMART Recovery (18-24)	127	2417	563
SMART Recovery All Ages (18 and over)	41	243	78
Family and Friends	43	73	30
Alternative Peer Groups (APGs)	48	392	157
Total YTD	291	3230	866

- **SAFE Family Recovery (SAFE-FR):** This service provides three (3) evidence-based approaches in order to identify, engage in substance use treatment, and support parents/caregivers impacted by substance use. Services are identified based on the need of the parent/caregiver and can be accessed individually, independent of each other or as a continuum. The three services are: a. Recovery Engagement Services (RES) which utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment; b. Multidimensional Family Recovery (MDFR) addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement; c. Recovery Monitoring and Support (RMS) provide

support and ongoing assessment, facilitate involvement with recovery peers and activities, detect return to use and other concerns, assertively link to services as needed, and promote positive family relationships.

- **Home Visiting Doula services:** DCF also utilizes Office of Early Childhood Services such as home visiting programs. They improve the health of young children by providing support and services for them and their families — right in their own homes. These programs reach pregnant women, expectant fathers, and parents and caregivers of children under the age of 5.
- **Women's Specialty Programs:** The Department of Children and Family's utilizes DMHAS funded programs that specialized and comprehensive programs for women and their children. These include residential treatment, outpatient treatment, and specialized care management for women transitioning from a residential setting to community-based recovery services.
- **Women's REACH program:** It is a non-clinical program that offers recovery peer support and case management services to pregnant and parenting women and families impacted by substance use. Women's Recovery Navigator/Family Recovery Navigator, who are individuals with their own lived experiences, support individuals in accessing a variety of different services that an individual may need as they navigate their recovery and support their parenting needs.
- **PROUD:** is a SAMHSA-funded program for pregnant and postpartum women with substance use disorders living in the Greater Hartford and New Britain communities. Intercommunity, Inc., and Wheeler Clinic will provide clinical, case management, and recovery coaching services to eligible women and their family members.
- **ACCESS Mental Health for Moms** offers psychiatric expertise and consultation to medical providers treating perinatal individuals presenting with mental health and/or substance use concerns. For obstetric, pediatric, and adult primary care, and psychiatric providers treating pregnant and postpartum patients up to one year post delivery.

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. There will be continued collaborations with public and private agencies that serve our population and through community outreach via print and digital campaigns. Below are some of the committees Department staff are participating in to continue this collaboration.

- ADPC (Alcohol Drug Policy Council) co-chaired by commissioners DMHAS and DCF
- ADPC subcommittees Treatment, Prevention, Recovery, Criminal Justice - committee member
- CT Perinatal Quality Collaborative - committee member
- Medical assistance Program Oversight Council- committee member
- Maternal Fatality Committee - committee member
- IPV fatality committee - committee member
- Substance use Disorder Demo 1115 waiver - Committee State Representative
- Perinatal Collaborative - committee member
- Nascent Advisory Committee- committee member
- Overdose Fatality Review Committee- committee member.

Family Care Plan (FCP) Coordinator

The SEPI-CT Program Specialist, also known as the Family Care Plan Coordinator, is responsible for increasing awareness and use of Family Care Plans and CAPTA Notifications throughout the state. This role works under the direction of the SEPI-CT 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 Family Care Plans
- Creating, disseminating, and tracking marketing activities to increase awareness, understanding, and development of Family Care Plans
- Training and providing technical assistance to hospitals, community providers, and other state agency staff on the CAPTA notification system and Family Care Plans
- Creating a database to track trainings on Family Care Plans 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

Funding Update:

The Family Care Plan Coordinator has been in her role since October 2024. Below is a summary of major FCP Coordinator accomplishments from **July 1, 2024-June 30, 2025**. *Please note position was vacant in August and September 2024.*

Month	Accomplishment
July 2024	• FCP Coordinator last day was 7/10/24 – FCP completed one CAPTA/FCP training in July 2024 and finalized all transition documents for her exit out of the position
October 2024	• New FCP started position on 10/7/24 • Made introductions to all the hospitals as a new employee of the initiative • Introductions to SEPI-CT e-team, core team, and workgroup • Attended all e-team meetings and DMHAS-specific meetings • Shadowed CAPTA trainings • Attended Trauma and Recovery Conference • First baby shower set up • Developed all print materials for lockbox distribution project
November 2024	• Attended all e-team and related SEPI-CT meetings • Conducted Site visits for baby shower venues • Outreach to hospitals and clinics • Second baby shower prep and implementation • Managed materials for community events • Lockbox distribution • Attended Biology of Addiction training • Provided first CAPTA Training – UCFS MDFTR • Maintained and updated training database for CAPTA trainings • Analyze training feedback for ongoing QI or training efforts
December 2024	• Attended all e-team and related SEPI-CT meetings • Provided CAPTA Trainings – Danbury hospital, CT women’s consortium • Lockbox distributions – Danbury hospital, St. Mary’s, Charlotte Hungerford, Waterbury Hospital, Norwalk hospital, • Hospital outreach – Day Kimball, Middlesex, Griffin Hospital, Bridgeport, Stamford, Hartford healthcare system, and Yale • Marketing development for new videos • Maintained and updated training database for CAPTA trainings • Analyze training feedback for ongoing QI or training efforts

Month	Accomplishment
January 2025	• Attended all e-team and related SEPI-CT meetings • CAPTA Trainings – REACH Navigators, DMHAS workforce, CHR • Prepared and presented SEPI-CT updates at core team meeting • Lockbox distribution – Manchester memorial, Day Kimball, Middlesex hospital • Hospital outreach – St. Francis, John Dempsey, L&M, Hartford healthcare system, Stamford, Griffin hospital • Maintained and updated training database for CAPTA trainings • Analyze training feedback for ongoing QI or training efforts
February 2025	• Attended all e-team and related SEPI-CT meetings • CAPTA Trainings – Danbury hospital, TAG Meeting, Charlotte Hungerford Hospital • Started work on new parent/baby kits and coordinating FQHC's for drop offs • New parent/baby Kit drop offs – Wheeler Bristol, New Britain, Hartford • Conducted site visits for spring community events (baby showers) • Created the community CAPTA presentation for community organizations • Finalized the secure storage of substances and other medications brochure • Maintained and updated training database for CAPTA trainings • Analyze training feedback for ongoing QI or training efforts
March 2025	• Attended all e-team and related SEPI-CT meetings • CAPTA Trainings – Wheeler Clinic PROUD Program • New Parent/Baby kit distributions • Marketing development for videos • Maintained and updated training database for CAPTA trainings • Analyze training feedback for ongoing QI or training efforts
April 2025	• Attended all e-team and related SEPI-CT meetings • CAPTA Trainings – Stamford hospital, DCF academy, DMHAS Workforce • Meeting with the DSS Fatherhood program • Preparation and implementation of community event – baby shower

Children's Bureau Site Visit

In September 2022 CT DCF was awarded a five-year Regional Partnership Grant (RPG), known locally at CT Strengthening Families Together (CT SFT), from ACYF Children's Bureau (ACYF CB). Site Visits are required of RPG grantees to assess project progress, identify, and organize Technical Assistance, and document the project's fulfillment of the Cooperative Agreement with ACYF CB. During this reporting period DCF hosted a successful site visit with local partners and staff from ACYF CB, Mathematica and Center for Children and Family Futures on April 11-14, 2023. The site visit, which took place during the CT SFT planning year, resulted in an action plan that informed the project implementation and evaluation plan that was submitted and subsequently approved by ACYF CB in June 2023.

ACYF CB approval of the project implementation and evaluation plan was required for continued funding to implement grant-supported services.

American Rescue Plan Act Funding

CAPTA - American Rescue Plan FFY 2025 Spending Plan

Services/Activities	Funding
CT Data Collaborative	\$36,000
Wheeler Clinic (SEI Coordinator/Marketing	\$258,000
Yale- SCAN/DART	\$125,000
CCMC - SCAN/DART	\$0
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
Adam Dodge (Ending Digital Abuse training)	\$5,000
CT Coalition Against Domestic Violence (CCADV)	\$5,750
Vanguard Direct Prevention materials for NPW (SAMHSA)	\$1238
O'Donnelle Group (Safe Storage Campaign)	\$2,000
Total	\$818,866

CAPTA - American Rescue COVID Supplemental Projected FFY2026 Spending Plan

Services/Activities	Funding
CT Data Collaborative	\$17,000
End Digital Abuse Training	\$3,000
Youth Link	\$6,250
Yale- SCAN/DART	0
Substance Abuse	\$14,333
National Prevention Week	\$8,316
QA -Chestnut Health System (ACRA)	\$0
UConn Evaluation	\$23,348
Wheeler Clinic (SEI Coordinator/Marketing	\$0
Conference Supplies	\$21,250
Total	\$76,497

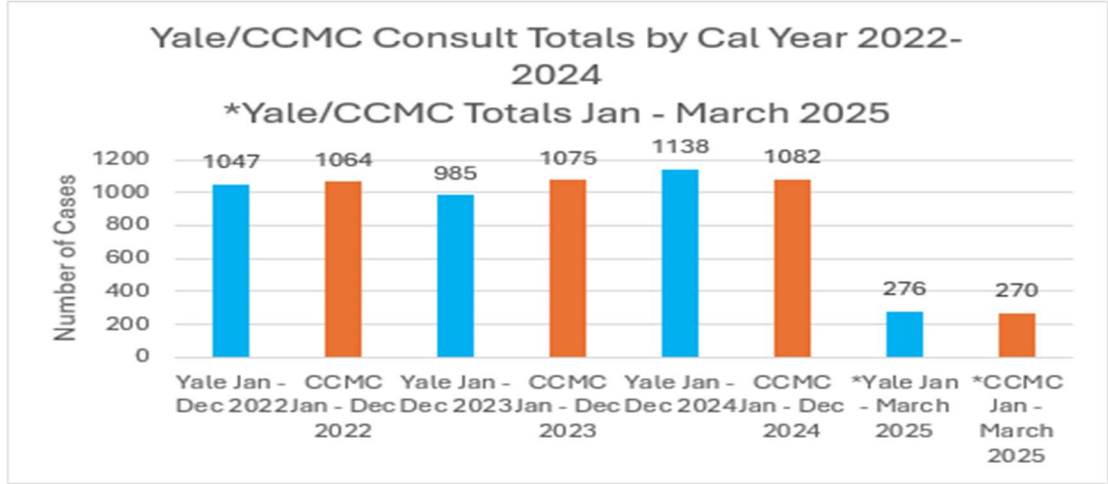
Service Descriptions and Updates

CT Data Collaborative: Funding for the CT Data Collaborative activities was obligated during this reporting period and only \$11,000 was spent during this FY23. Under this scope of work, the CT Data Collaborative has created and published Community Profiles on its website to publicly disseminate information about substance exposed infants collected through CAPTA notifications. These reports also 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 support to birth persons and infants born exposed. CT Data Collaborative is currently finalizing the hospital dashboard to be public facing and periodically updated to inform communities and drive conversation around the needs of families with substance exposed pregnancies and infants

born substance exposed. DCF has worked collaboratively with CT Hospital Association, DMHAS and SEPI CT to ensure that the dashboard provides accurate and equitable information, displayed in a meaningful and easily accessible way.

Substance-Exposed Infants (SEI): Please see **CAPTA Plan** above for additional information.

Yale/CCMC Scan/DART:



Helping Our People Excel /Family Life Lifters: Please see *Systemic Factor 7* section for additional information.

Youth Link: Please see *Report on Services, Chafee* section for additional information

CAPTA UCONN Evaluation:

The University of Connecticut, School of Social Work (UConn SSW) has concluded its evaluation of the CAPTA Notification Portal and Family Care Plan process. The evaluation is based on data collected by the online CAPTA Portal notification, the DCF administrative record system, LINK, Department of Public Health (DPH) administrative birth records, and a survey to be completed by mothers who have given birth in the last 12 months and for whom a Family Care Plan was developed. The evaluation assessed the status of CAPTA, and Family Care Plan implementation and the experiences of mothers and infants affected by this policy, including whether subsequent foster care placement occurred following a hospital notification.

The DCF contract for the CAPTA evaluation ended on 9/30/2023. Prior to the end of the CAPTA evaluation, starting on June 15, 2023, new funding from the National Institute on Drug Abuse was secured to build on the CAPTA evaluation in partnership with the PI, Dr. Margaret Lloyd Sieger. The goal of this new project is to measure the impact of the CAPTA policy approaches on treatment utilization, child maltreatment prevention, and racial disparities in child welfare system interactions.

During Fiscal Year 2023-2024, under the CAPTA evaluation, the UConn Research Team continued to collect survey data from mothers and engage with community partners to help advertising the study to potential participants. The Research Team monitored data quality and paid participants for completed responses. The survey was closed on May 31, 2023. The Research Team analyzed the survey data and summarized the findings in the final report submitted to DCF in September 2023.

Regarding the administrative data portion of the study, the Research Team has conducted several sets of analyses and disseminated findings in the forms of presentations and publications. First, the Research Team drafted and submitted a publication titled “Measuring substance use in pregnancy using two statewide datasets: Findings and considerations for policy & research”. This publication was accepted to *Maternal & Child Journal* in February of 2024. These findings were also disseminated in a poster presented at the CITYMATCH conference in Chicago, Illinois in September of 2022. Second, the Research Team drafted and submitted a publication titled “Trends in Prenatal Polysubstance Exposure in

Families in Society”. This article was published in *Families in Society* in January of 2024. These findings were also disseminated in a poster presented at the American Public Health Association’s Annual Meeting and Expo in Boston, Massachusetts in November of 2022. Third, the Research Team drafted and submitted a publication titled “Family Care Plans for Infants with Prenatal Substance Exposure”. This article was published in *Child Welfare Journal* in September of 2023. These findings were also disseminated in presentations at the NASW CT 36th Annual Statewide Conference in Southbury Connecticut in June of 2023, at the online CDN Brownbag Series, and at the Society for Social Work & Research Conference in Phoenix, Arizona in January of 2023.

The Research Team has also conducted analyses using 1) a difference-in-differences identification strategy to assess the effect of CAPTA policy implementation on racial disparities in newborn maltreatment reports involving infants with prenatal substance exposure and 2) an interrupted time series with segmented linear regression analysis to examine change in rate of reports and rate of substantiated reports before and after the CAPTA policy change. The Research Team is currently drafting manuscripts summarizing the findings from these two sets of analyses. The Research Team has submitted an abstract to present the difference-in-differences findings to the Society for Social Work & research Conference in January of 2025. The Research Team submitted a final report to DCF in September 2023 outlining how the CAPTA policy impacted rates of accepted referrals, rates of foster care placements, and differences in maltreatment report by race.

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, discuss any revisions made to the IRB protocol, and discuss findings related to the administrative data analyses.

Ongoing research into Connecticut’s CAPTA policy is underway led by Dr. Margaret Lloyd Sieger, now at the University of Kansas School of Medicine (KUMC). This study is funded by the National Institute of Drug Abuse (NIDA) and seeks to understand the impact of Connecticut CAPTA on referrals and foster placements for infants with prenatal substance exposure, the effects of family care plans on maltreatment prevention, and parents’ perspectives on how family care plans impact their access to needed supports and services. Since moving to KUMC, Dr. Lloyd Sieger has re-executed all necessary data use agreements and started recruiting mothers with family care plans for a series of interviews. Data linkage is set to begin in the upcoming year. Dr. Lloyd Sieger, Kris Robles of DCF, and Bridget Aliaga of DMHAS, presented a session titled *The Recipe for Connecticut’s Innovative Approach to CAPTA Mandates for Infants with Prenatal Substance Exposure*. Presentation at CWLA 2025 in Washington, D.C. This presentation is being turned into a manuscript to submit to NEJM Catalyst.

Recent accomplishments include upcoming publication of findings on fluctuations in referral rates at birth before and after the CAPTA policy. This new article, titled Connecticut’s Novel Prenatal Substance Exposure Policy Is Associated with Declining CPS Reports and Foster Placements will appear in *Health Affairs* on July 7.

Adam Dodge: End Technology Abuse Training (End Tab):

The Department first purchased the End Tab End Digital Abuse Training in 2022 and embedded it in the Advanced IPV Practice Series offered at least twice a year to both internal DCF staff and external community providers/members. During the first year and a half (09/2022-May 2024) of offering the training, we had approximately 165 participants. Participants found the training very informative in how they can assist victims of IPV with digital safety planning.

In May 2024, the Department purchased Adam Dodge's updated End Digital Abuse training. The training had been updated because technology has drastically changed over the past few years, meaning that the materials on safety planning and advocacy also changed. Adam shared that there were new safety features, new risks (artificial intelligence) and new approaches to securing digital accounts that did not exist when the last training was created, and we wanted to ensure that our internal staff and community providers had this updated information to assist victims of IPV with their safety planning. Since purchasing the updated training in May 2024, we have offered the updated training on the following dates: 05/29/24 with 26 training participants, 10/30/2024 with 55 training participants and on 04/16/25

with 60 training participants. We will be conducting another training course at the end of May 2025, and project that there will be at least 50 participants.

The Projected End Digital Abuse training numbers for 10/01/25 - 09/30/26 are that we will at a minimum have three End Digital Abuse trainings offered to both internal DCF staff and community providers, allowing us to provide crucial safety planning information for IPV recipients of violence to at least 150-200 participants.

Vanguard Direct Prevention materials for NPW (SAMHSA):

The Department of Children and Families Division of Behavioral and Community Services participates in many community outreach events throughout the year. These events include DCF having specific tables set up to provide information on substance use, mental health, intimate partner violence and several other individual and family-based treatment services, resources and supports available in our state. The community and provider network events that DCF participates in has adults, adolescents and children passing through to take informational pamphlets, brochures and other give away items that have resource information and outreach information printed on it. Participating in these events offers DCF the ability to partner with the community to build awareness of the local supports, services and resources that are available to help increase safety within families.

With DCF's participation in these community events, we must routinely order informational brochures and give away items that we hand out to individuals who come to our table for information on services and supports. Having opportunities to participate in local and statewide community events expands our reach of getting substance use, mental health and several other individual and family-based treatment services information to as many individuals as possible in our efforts to reduce the non-fatal and fatal substance use overdoses in Connecticut, and to support people who are having challenges connecting to other needed services.

CT's Web-based CAPTA Notification Portal

March 2024 marked the end of the fifth 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. Since operation March 14, 2019, DCF averages receiving 158 CAPTA notifications per month, down from 163 notifications per month reported at the last APSR (Figure 1).

The decrease in CAPTA notifications corresponds to a decrease in live births in Connecticut from 2022 (35,287) to 2023 (34,331). Despite these decreases the SEI identification rate held steady at 6% of the state's live births (reporting period of March 14, 2019 – March 31, 2024). In the last year, (April 2021 – April 25, 2023), 8046 CAPTA notifications were submitted to this portal in addition to how many were referred to the DCF careline. (Figure 1b). 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 birthing person 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

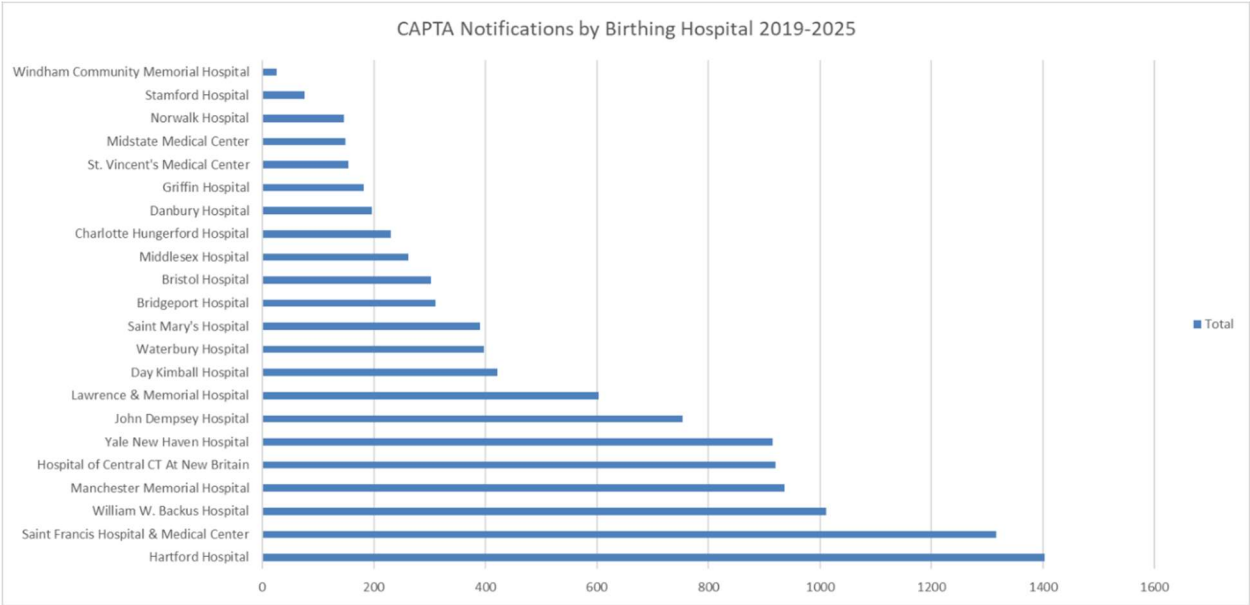
Since the launch of the CAPTA portal in March 2019, a total of 11,174 submissions have been recorded through March 2025, averaging approximately 158 notifications per month. CAPTA notifications represent about 6% of live births during this period, though live birth data for 2023 and 2024 remain provisional. The data reveal consistent patterns in substance exposure among infants, with cannabis identified in 80% of notifications, making it the most commonly reported exposure. Methadone and/or Buprenorphine exposures are tracked under the "Any MAT" category. Notably, polysubstance exposure has shown an upward trend and encompasses the majority of fentanyl-related cases, which are typically reported alongside other substances. It's important to note that the most reported exposures are not mutually exclusive, and racial and ethnic data on birthing persons are based on self-reporting and may include multiple categories selected by the reporter.

Figure 1. CAPTA Notifications Submitted 6-year data March 2019- March 2025



Most notifications come from the state’s largest birthing centers located in the state’s most populous cities, particularly Hartford, with representation from Norwich, Manchester and New Haven. (Figure 2).

Figure 2. Percent of CAPTA notifications by reporting hospital, March 2019 – April 2025



Statewide HART Team

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 LGBTQ/ GNCT and BIPOC children. 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, state attorneys, public defenders, legal services, and the faith-based community. In all, HART has over 1,500 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 held steady over the last two years. The continued high number of referrals can likely be attributed to 1) DCF HT Policy and Practice Guide that went into effect in 2021, 2) continued training efforts, and 3) the increased number of children having access to technology, internet and social media required during the pandemic.

1. DCF HT Policy and Practice Guide:

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.
- DCF now requires any child missing from care to be called into the National Center for Missing and Exploited Children (NCMEC) within the first 24-hours.

2. HART Trainings:

HART has over four hundred certified trainers in thirteen specialized curricula on Human Trafficking. Training on various aspects of human trafficking continues to be provided regularly. HART trained between 7,000 and 10,000

individuals each year over the last 4 years. A direct correlations of human trafficking training to Careline calls were noticed in reports. During 2023 and 2024 several curricula are being updated for children focused on awareness, prevention, and intervention. New internet safety training for adults was developed in partnership with the Connecticut United States Attorney's Office (CTUSAO) and have been offered 4 times over the last six months. This training will be translated to Spanish over the next several months. In addition, in partnership with the CTUSAO, we are developing internet safety training for middle and high school students. We have provided internet safety training for students over the years, but the costs have become prohibited. Having a curriculum that is at no cost to schools will be a more efficient way of getting the education to more students across the state.

The DCF in collaboration with the many HART partners will continue to strive for the eradication of child trafficking in Connecticut.

CAPTA State Liaison Officer:

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CAPTA Annual State Data Report Items

Information on Child Protective Service 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

The minimum requirement for this classification is possession of a bachelor's or master's degree in social work or a closely related field. A 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.

Data on the education, qualifications, and training of such personnel

The minimum experience and training requirements for the 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 the 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. Additional details can be found under Systemic Factor 4 Staff Training.

Degree Totals: I-2024, J-2024, K-2024, L-2024, A-2025, B-2025, C-2025, D-2025, E-2025, F-2025, G-2025, H-2025

Degree	Count	Percentage
BSW	19	10.05%
MSW	57	30.16%
Non BSW/MSW	108	57.14%
Not Reported	5	2.65%
Grand Total	189	100.00%

Degree by Group	I-2024	J-2024	K-2024	L-2024	A-2025	B-2025	C-2025	D-2025	E-2025	F-2025	G-2025	H-2025	Grand Total
Bachelors	8	14	5	9	9	11	14	10	5	8	4	2	99
BSW	3	1		7	2	1	3	1		1			19
MSW								1					1
Non BSW/MSW	5	13	5	2	7	9	10	8	5	7	4	2	77
Not Reported						1	1						2
Masters	7	12	12	8	10	9	17	4	1	3	1	4	88
MSW	5	10	4	5	10	7	9	1		2		3	56
Non BSW/MSW	2	2	8	3		2	7	2	1	1	1	1	30

Degree by Group	I-2024	J-2024	K-2024	L-2024	A-2025	B-2025	C-2025	D-2025	E-2025	F-2025	G-2025	H-2025	Grand Total
Not Reported							1	1					2
Not Reported			1					1					2
Non BSW/MSW								1					1
Not Reported			1										1
Grand Total	15	26	18	17	19	20	31	15	6	11	5	6	189

Demographic Information - Child Protective Services Personnel (as of 4/5/2025)

Staffing by Racial/Ethnic Group:

DCF Social Work Staff on 4/5/25 by:		Race/ ethnicity								
Job Code	Position Description	AMIND	ASIAN	BLACK	HISPA	NSPEC	PACIF	TWO	WHITE	Total
9243MP	Chil&FamAreaDir2RC			1						1
8634MP	Chil&FamDirFosterCareSvs				1					1
9031MP	Child&FamDirProgramOps								1	1
1927SH	ChildrenServicesConsultant			13	9	1			23	46
1943MP	Chld&FamProgDir1		1	7	8				14	30
1941MP	Chld&FamProgDir2			2	2				1	5
1940MP	Chld&FamProgDir3			2	1				3	6
6584PR	Chld&FamProgSup	1	3	24	19		1		49	97
7494SH	SocialWorkCaseAide			30	24	1			20	75
7494VR	SocialWorkCaseAideRC			2						2
7761SH	SocialWorkSupervisor	1	5	101	57	2			181	347
7761SH	SocialWorkSupervisor(RC)				1				1	2
7713SH	SW-Socl&HumanSvcs	3	17	431	209	12		8	439	1119
7746SH	SW-Socl&HumanSvcs			36	19	3		7	37	102
7746SH	SWTrne-Socl&HumanSvcs			1						1
Total		5	26	650	350	19	1	15	769	1835

Staffing by Age:

DCF Social Work Staff on 4/5/25 by:		Age Group											Total
Job code	Pos Descr	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+	
9243MP	Chil&FamAreaDir2RC								1				1
8634MP	Chil&FamDirFosterCareSvs								1				1
9031MP	Child&FamDirProgramOps					1							1
1927SH	ChildrenServicesConsultant		1	3	4	8	12	7	10	1			46
1943MP	Chld&FamProgDir1				1	1	7	16	4	1			30
1941MP	Chld&FamProgDir2						2	3					5
1940MP	Chld&FamProgDir3						1	3	2				6
6584PR	Chld&FamProgSup			3	3	21	25	20	21	4			97
7494SH	SocialWorkCaseAide		1	4	7	9	14	21	14	5			75
7494VR	SocialWorkCaseAideRC						1			1			2
7761SH	SocialWorkSupervisor		5	18	31	65	66	106	45	9		2	347
7761SH	SocialWorkSupervisor(RC)							2					2
7713SH	SW-Socl&HumanSvcs	11	92	135	142	172	194	215	122	30	5	1	1119
7746SH	SW-Socl&HumanSvcs	23	28	16	9	11	6	5	2	2			102
7746SH	SWTrne-Socl&HumanSvcs					1							1
Total		34	127	179	197	289	328	398	222	53	5	3	1835

Staffing by Sex:

DCF Social Work Staff on 4/5/25 by:		Gender		
Job code	Position Description	F	M	Total
9243MP	Chil&FamAreaDir2RC		1	1
8634MP	Chil&FamDirFosterCareSvs	1		1
9031MP	Child&FamDirProgramOps	1		1
1927SH	ChildrenServicesConsultant	35	11	46
1943MP	Chld&FamProgDir1	19	11	30
1941MP	Chld&FamProgDir2	3	2	5
1940MP	Chld&FamProgDir3	5	1	6
6584PR	Chld&FamProgSup	72	25	97
7494SH	SocialWorkCaseAide	45	30	75
7494VR	SocialWorkCaseAideRC	1	1	2
7761SH	SocialWorkSupervisor	269	78	347
7761SH	SocialWorkSupervisor(RC)	2		2
7713SH	SW-Socl&HumanSvcs	896	223	1119
7746SH	SW-Socl&HumanSvcs	83	19	102
7746SH	SWTrne-Socl&HumanSvcs	1		1
Total		1433	402	1835

Caseload Report Guide

Currently, the CT DCF 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.

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%

Assignment Type	Assignment Responsibility	Assignment Role	Case Points	Placement Points	Maximum Points	Percentage Utilization
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

In June 2024, the Office of Policy and Management (OPM) approved our revised caseload weighting request for CPS staff assignments. The Post Consent Decree Workgroup redefined the definition of 100% (as captured below). Senior Administration has set our promulgated standard at 90% of the new caseload standard. Fiscal Services has ensured that the Caseload Report and Predictive Hire Report are reflective of the new standard. The below reflects the new caseload weighting standards being implemented in CT-KIND upon its initial implementation in August 2025 for CPS staff:

Child Protective Services Promulgated Caseload Ratios	Intake			In-Home				Out-of-Home				
	Family Assessment	Investigations	Special/Education Investigations	CPS In-Home	Probate	Interstate Compact	Voluntary	CPS	CPS Out-of-Home	Adolescent	Permanency	Voluntary Out-of-Home
Max Points (100%)	10	10	8	13	25	44	15	20	18	10	15	20
Target Points (90%)	9	9	7	11	23	40	9	18	16	9	14	18
Single Case Percent Utilization	10.0%	10.0%	12.5%	7.7%	4.0%	2.3%	6.7%	5.0%	5.6%	10.0%	6.7%	5.0%

Based upon the recommendations from the Post Consent Decree Workgroup, Fiscal, Foster/Adoptive Care Division data and the Time Study, the below standards are also being implemented in CT-KIND for caseload weighting for the different assignment types in the FCD. This will need to be reviewed and monitored closely over the next year as the FCD has never had caseload weighting and it is predicted that additional enhancements to CT-KIND will be needed after a baseline is established:

Foster Care Division Promulgated Caseload Ratios	Recruitment	Licensing		Training		Support	
		Core	Kinship	Core	Kinship	Core	Kinship
Max Points (100%)	12	13	11	7	9	23	20
Target Points (90%)	11	12	10	6	8	21	18
Single Case Percent Utilization	8.3%	7.7%	9.1%	14.3%	11.1%	4.3%	5.0%

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. Please see *Chaffee and ETV, Additional DCF Adolescent Supports and Services* section for information regarding services provided for these youth.

Section D. Update to Targeted Plans from 2025-2029 CFSP

- **Foster and Adoptive Parent Diligent Recruitment Plan**

Please see full update under *Assessment of Performance: Systemic Factor 7, Item 35 Diligent Recruitment of Foster and Adoptive Homes*.

- **Health Care Oversight and Coordination Plan**

The Health Management and Oversight Division of DCF supports children and families' wellbeing by continuing to engage in health oversight 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. There have been no changes or additions made to the Health Care Oversight and Coordination Plan this year.

Policy and Practice Standards

The Health Management and Oversight 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. The practice guide was last revised in 2021, and a workgroup of nurses and health advocates continues to review each current standard as well as develop new standards in order to advance better health outcomes for children in DCF's care. This group is currently in the final stages of revising the Practice Guide for 2025-2026.

Regional Resource Group Nursing Health Oversight

The Health Management and Oversight 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".

Health Advocate

Health Advocate unit is comprised of 1 Lead Health Advocate, 5 regional Health Advocates and 1 Health Program Supervisor. The Health Advocates (HA) ensure that DCF involved children and youth have access to quality health care services by resolving barriers to medical, dental, and behavioral health care. The Health Advocates are experts in navigating the Medicaid system in CT and supporting the Area Office Social Workers along with Central Office staff.

The Health Advocates consult on a variety of cases, from eligibility and provider look-ups that can be completed same day to multi-day complex consultations for children being placed out of state or medically complex child with several DME needs. In 2021, the HAs began documenting their involvement in complex cases. This documentation tracks their assistance in multi-faceted cases, such as health insurance for out-of-state placements, dental and orthodontic concerns, complicated eligibility cases, coordination of benefits, securing DME equipment and barriers to pharmacy approval. This data does not reflect other daily tasks such as eligibility and provider look-ups, referrals to and inquiries from Community Health Network, and tasks related to the Multi-disciplinary Evaluations (MDE), Claims Health Profiles (CHP), and outstanding medical bills. In 2024, the Health Advocates assisted on 408 case consults with an average of 68 per region. This is up from 194 case consults in 2022 and 350 consults in 2023.

Care Coordination Unit

The Care Coordination Unit was developed to provide additional assistance to the regional team in their case management of medically complex cases. They are knowledgeable in-home resources including nursing, PT/OT, home health and CNA services. They also have information on residential settings both within the state and neighboring

states in the event the child's medical complexities require more intense care and oversight. They work closely with our Health Advocates on insurance, access to care and acquisition of medical equipment.

Children with Complex Medical Needs

15% to 20% 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, increased care needs and who are capable of safely caring for their advanced needs. The Medically Complex Program provides caregivers and their back-up caregivers the support and required training to allow them to have a child placed in their care.

Training of Foster Parents and Caregivers: The Health Management and Oversight Division has continued to prepare caregivers to safely manage and care for DCF's unique population through a series of training courses. These include:

- **Child Specific Medical Training:** All foster parents caring for children with complex medical needs are mandated to take child specific medical training specific to that child's medical needs prior to placement. This training is given by a medical professional familiar with the child's unique medical condition and plan of care.
- **Fostering Health for Children in Foster Care and Medication Management** is a requirement for all foster parents and is mandatory. It covers infection control, children with special health care needs, medication management and working with DCF. It is offered in both Spanish and English and via on-line training platform,
- **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. From January 2024 to March 2025 the Medically Complex Training Program has held 32 trainings. These trainings include the primary caregiver as well as any back-up caregivers that will be assisting in the care of the child in the home.
- **Age-Appropriate CPR:** All foster parents are currently required to take age-appropriate CPR.

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. The program nurses also have a statewide database of all certified caregivers to assist in finding placements that match the child's specific care needs

DCF's 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 this standard for most assessments. The percentage of children entering DCF care who had a MDE within 30 days was 90.3% for fiscal year 2021-2022, 89.2% for fiscal year 2022-2023, 87.1% for fiscal year 2023-2024, and 85.9% respectively from July 2024 to March 2025. The following table breaks down the number of MDEs performed by Area Office of the child receiving the service, state fiscal year during which the child was referred, and whether the "OM22" standard of having the MDE performed within the first 30 days from the date of child's entry was met.

Area Office	FY2021-22			FY2022-23			FY2023-24			FY2024-2025 Jul-Mar		
	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met	# MDEs	OM22 Met	% Met
Bridgeport AO	38	34	89.5%	76	73	96.1%	78	76	97.4%	87	84	96.6%
Norwalk AO	40	36	90.0%	50	39	78.0%	60	55	91.7%	46	42	91.3%
Region 1 Total	78	70	89.7%	126	112	88.9%	138	131	94.9%	133	126	94.7%
Milford AO	41	38	92.7%	85	77	90.6%	83	78	94.0%	55	52	92.9%
New Haven AO	55	46	83.6%	78	68	87.2%	104	87	83.7%	55	52	94.5%
Region 2 Total	96	84	87.5%	163	145	89.0%	187	165	88.2%	111	104	93.7%
Middletown AO	43	40	93.0%	30	26	86.7%	40	35	87.5%	20	16	80.0%
Norwich AO	132	119	90.2%	138	115	83.3%	133	123	92.5%	91	82	90.1%
Willimantic AO	54	54	100.0%	49	47	95.9%	53	46	86.8%	63	58	92.1%
Region 3 Total	229	213	93.0%	217	188	86.6%	226	204	90.3%	174	156	89.7%
Hartford AO	103	93	90.3%	121	103	85.1%	165	132	80.0%	125	84	67.2%
Manchester AO	87	80	92.0%	76	64	84.2%	89	71	79.8%	131	98	74.8%
Region 4 Total	190	173	91.1%	197	167	84.8%	254	203	79.9%	256	182	71.1%
Danbury AO	33	32	97.0%	60	56	93.3%	52	43	82.7%	55	49	89.1%
Torrington AO	49	48	98.0%	21	19	90.5%	31	31	100.0%	33	27	81.8%
Waterbury AO	89	76	85.4%	134	129	96.3%	84	72	85.7%	58	55	94.8%
Region 5 Total	171	156	91.2%	215	204	94.9%	167	146	87.4%	146	131	89.7%
Meriden AO	23	19	82.6%	29	28	96.6%	49	41	83.7%	26	24	92.3%
New Britain AO	87	74	85.1%	101	91	90.1%	113	98	86.7%	47	44	93.6%
Region 6 Total	110	93	84.5%	130	119	91.5%	162	139	85.8%	73	68	93.2%
	874	789	90.3%	1048	935	89.2%	1134	988	87.1%	893	767	85.9%

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 the CTS Young Child for children 3 to 6 years old. Children receive a referral for therapeutic intervention when indicated. The following chart represents the full 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 to 6 Years old

The DCF Statewide Coordinator meets quarterly with the MDE Clinics and Area Office Staff to discuss statewide data, new initiatives and provide a forum for discussion on the MDE process and any concerns. There are also MDE Regional meetings held that discuss regional specific data and issues and plan ways to resolve things at the local level.

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.

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.

2024 Centralized Medication Consent Unit (CMCU) Data for Annual

- A. During calendar year 2024, 479 unique youth were given consent by CT DCF CMCU to be prescribed a psychotropic medication for primarily psychiatric purposes.
- B. Intraclass polypharmacy: consent given for the prescription of two or more standing medications in the same class
 1. "ADHD medications" includes stimulants, alpha-agonists, atomoxetine, and viloxazine

- 110 unique youth were given consent for 2 concurrent ADHD medicines: for 1 youth, consent given for 3 concurrent ADHD medicines
- 2. "Antianxiety medications" includes benzodiazepines and buspirone
 - zero youth were consented for 2 concurrent antianxiety medicines
- 3. "Antidepressant medications" include SSRIs, SNRIs, TCAs, trazodone, and bupropion (Wellbutrin) but do not include atomoxetine or viloxazine (which are included in the ADHD class)
 - 25 unique youth were given consent to be prescribed 2 concurrent antidepressants, zero approved for more than 2
- 4. "Antipsychotic medications" includes both 1st generation (typical) and 2nd generation (atypical) antipsychotics as well as clozapine
 - 1 unique youth was given time-limited consent of 7 days for 2 standing antipsychotics with a directive for taper of one of them, which was successfully done, zero approved for more than 2
- 5. "Hypnotics" include Z-class sedative-hypnotics
 - zero youth were approved for any medicine in this class
- 6. "Mood stabilizers" includes lithium and anticonvulsants like Depakote, Tegretol, Lamictal prescribed primarily for psychiatric reasons
 - 1 unique youth was approved to be prescribed 2 concurrent mood stabilizers, zero approved for more than 2
- 7. "Other" includes antihistamines (hydroxyzine or diphenhydramine), propranolol, and prazosin
 - 2 unique youth were prescribed 2 concurrent medications (prazosin + hydroxyzine), zero approved for more than 2

C. Youth approved for 4 concurrent standing psychiatric medications:

- 62 unique youth were given consent to be prescribed 4 concurrent standing psychiatric medicines; of these youth, 4 were given consent to be prescribed 5 concurrent standing psychiatric medication; none were approved for more than 5.

Health Oversight of Children and Youth in Congregate Care Settings

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 childcare facilities. These nurses also provide consultation to the residential programs related to medical issues and medication errors.

Nurse consultants provide monthly training for nurses in DCF Congregate Care settings. This training covers:

- Applicable DCF regulations for congregate care settings
- Medication Administration requirements
- Nursing Standards of Care for healthcare oversight of children receiving treatment in these settings

This unit is currently the process of standardizing the work in the oversight of the congregate care settings. This includes:

- Development of a Nursing Standard of Care for nursing site reviews and investigations
- Revision of Nursing site visit Report form and Chart Review
- Revision of Congregate Care Oversight section in Health Care Standards and Practice

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.

- The DCF Medication Certification Training program certified 242 congregate care staff in 2024 and have certified 56 staff from January to March 2025.

Training for Congregate Care providers

Congregate care section Health Management and Oversight Division provides training (per State statute) that certifies non-licensed staff in congregate care settings to administer medications. The course content is offered on-line with skills testing and practicums in-person at the congregate care settings.

Statewide Medication Administration 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 consists of six representatives of non-profit community providers and representatives from the DCF, Developmental Services, Mental Health and Addiction Services, and Public Health.

The workgroup established a statewide medication certification curriculum for employees across all three agencies. This assures continuity of training material and standardized oversight where possible. The workgroup continues to meet to evaluate the statewide medication administration program to assure statewide continuity among the agencies on training, testing and oversight. Other 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)
- New Congregate Care Nurse Orientation (an orientation to DCF expectations on the medical management of DCF youth in congregate care settings)

Information Technology:

DCF continues its progress of implementing the new child welfare information system (CT Kind). The Health Management and Oversight Division members participate 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. HMO Division nursing staff has worked closely with CT Kind in the development of the medical section in the electronic health record and Multi-Disciplinary Examination section. The Division has also continued to embrace the use of Microsoft Teams, SharePoint and One Drive 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 Management and Oversight Division Education Initiatives

DCF Staff Training

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.

Enhance Nursing Orientation - SABA

HMO Standards and Practice Committee has utilized on-line training platforms for enhanced orientation of new nurses as well as training on any revisions to division and nursing practice. They have partnered with the Training Academy in the development of policy and practice specific on-line trainings with skill verification. These training are entered into the employee training database and count for required ongoing educational requirements.

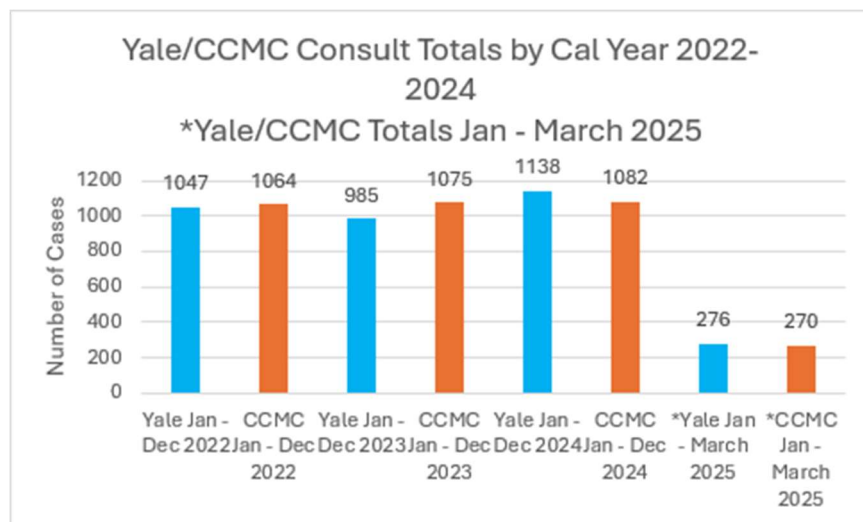
Health Management and Oversight Quarterly Learning Seminars

This committee provides quarterly learning opportunities for all staff in the HMO Division. This past year's seminar topics have included: Intimate Partner violence, Screening for substance in newborns, , developmental Disabilities, Adolescent Access to Health and Rights, Neonatal Drug screening, Childhood Asthma and Medical-Legal Topics in Child Welfare. The Division has also received focused trainings on the impact of demographics on health outcomes.

Coordination with State and Community Partners

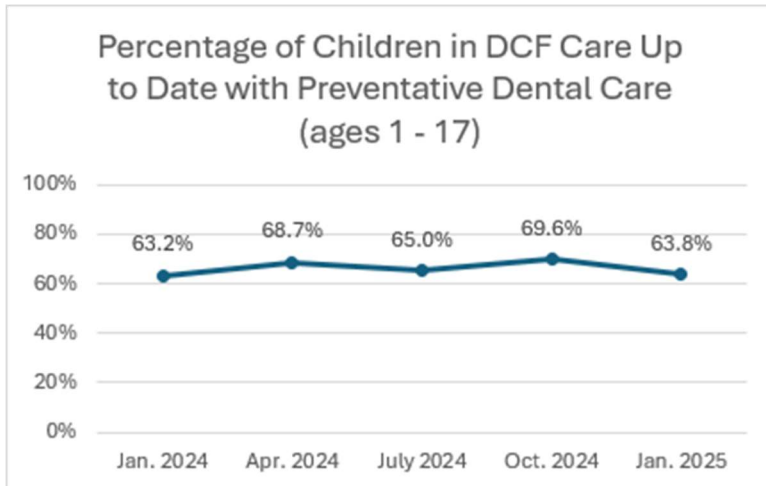
Child Abuse Center of Excellence

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 provide consultation to DCF staff and medical providers outside of their hospital networks. Case consultations are listed below.



"Health Mouths, Healthy Kids" Initiative

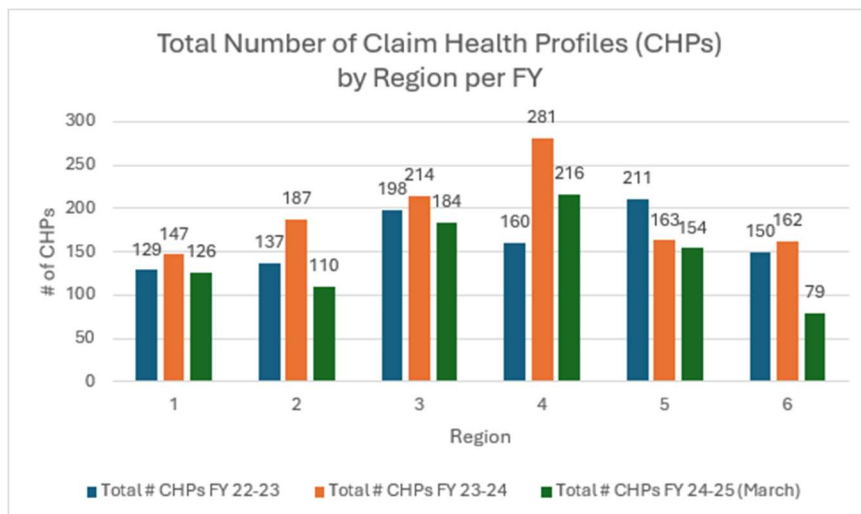
The mission of this cooperative project is to ensure that every child served by DCF and enrolled in the HUSKY Health (Medicaid) Program will receive oral health care services at an established dental home no later than age one in order to achieve optimum oral health conditions. Part of the project is 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 continue to offer trainings on this oral health initiative to social workers and foster parents. The CT Dental Health Partnership recently launched an in-depth, self-guided online training to help social workers identify the connection of oral health to systemic medical and behavioral health conditions. This training was made available to all DCF social workers. The Connecticut statewide utilization rate of dental services for children in DCF care is illustrated in the chart below. This information is shared with the social worker to increase dental preventative visit.



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.

Region	Total # CHPs		
	FY 22-23	FY 23-24	FY 24-25 (March)
1	129	147	126
2	137	187	110
3	198	214	184
4	160	281	216
5	211	163	154
6	150	162	79
Total	985	1154	869



Asthma Oversight

The Asthma Initiative, launched in Spring 2022, was an HMO Racial Justice Committee project to identify and track children in DCF care with a diagnosis of asthma to ensure their health needs are being met. This initiative became standard practice. For each child in care identified with asthma, the HAS submit a referral to Community Health Network's Intensive Care Management (CHN ICM) program called Healthy Airways. As of January 2025, a total of 218 referrals were made to the ICM Health Airways program, a total of 91% of children identified with a diagnosis of asthma.

Region	Children Diagnosed with Asthma in Care	Referred to CHN ICM	Percentage Referred to CHN ICM
1	10	10	100%
2	35	23	66%
3	32	32	100%
4	67	66	99%
5	53	47	89%
6	44	40	91%
	241	218	90.5%

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.

- **Disaster Plan**

The Connecticut Department of Children and Families Disaster Plan is called All Hazards Continuity of Operations Plan (COOP): Annex to the Connecticut Emergency Management COOP Base Plan.



DCF has not been affected by a disaster since the submission of the 2025-2029 CFSP. The agency has made the following minor changes to the plan:

1. Added language for Critical Interdependencies when applicable in some of the agencies work dependent upon external systems, organization or supports. These supports are critical to the agencies' essential functions.
2. Minor adjustment to our Careline 24/7 operations utilizing the Connecticut Juvenile Training School as a relocation in the event of an emergency.

In addition, upgrades are being made to the Everbridge System portal system to enhance communications. The plan continues to get updated annually including efforts to maintain contact with families to ensure uninterrupted essential agency operations during an emergency including updating contact lists for agency personnel, and its providers.

- **Training Plan**

The Training Plan was reviewed and assessed and there are no changes to the current plan. Please see *Appendix B* for a list of the current Academy for Workforce Development catalog listing all the courses offered during this past year.

Section E. Financial Information

Reallotment of FFY 2024 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 I: Annual Budget Request for Title IV-B

Payment Limitations - Title IV-B, Subpart 1:

- The Department did not expend Federal Title IV-B, Subpart I fund for childcare, foster care maintenance, and adoption assistance payments in either FY 2005 or 2024.
- Therefore, no non-Federal funds expended for foster care maintenance were applied as a match for the Title IV-B, Subpart I program in FY 2005.

Payment Limitations - Title IV-B, Subpart 2:

State of Connecticut - Department of Children and Families		
Maintenance of Effort		
Child and Family Services Plan for June 30, 2025, submission		
	FY 2024	FY 1992
Program Type	State Expenditures	State Baseline
Family Preservation	\$272,928,565	\$12,983,241
Family Support	\$181,952,377	\$5,278,088
Totals	\$454,88,942	\$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		

CFS 101 - Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Category: Protective Services	Population Served	Geographical Area(s) Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
CO staff	DCF staff and providers	Statewide
CT Children's Medical - Medical Child Abuse Consults	Children and families	Statewide
CT Children's Medical Center - Child Abuse Center	Children and families	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV supports services/overall impact.	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
Dr. Taylor - Conferences substance use disorder conference	Children and families	Statewide
FAVOR - Citizen Review Panel	Family Voice	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	Families involved with DCF due to concerns of IPV and Community Providers working with any individual impacted by IPV.	Statewide
MDTs Total	Birth to 18 with exceptions for older youth.	Statewide
MST IPV	Families involved with DCF due to IPV and Substance Use	Region 6
PWDCA Annual Meeting / Training	Agency and Community Providers	Statewide

Category: Family Preservation Services	Population Served	Geographical Area(s) Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV supports services/overall impact.	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	Families involved with DCF due to concerns of IPV and Community Providers working with any individual impacted by IPV.	Statewide
Chestnut Health System QA training	Clinicians / Providers	Statewide

Category: Family Preservation Services	Population Served	Geographical Area(s) Served
MST IPV	Families involved with DCF due to IPV and Substance Use	Reg 6
PWDCA Annual Meeting / Training	Agency and Community Providers	Statewide
Helping our People Excel - Faith Based Recruitment and Retention	kinship families	regions 1, 2, 3
Family Life Lifters - Faith Based Recruitment and Retention	Kinship families	Statewide
START Program - The Connection	DCF and community Youth and Young adults 18-24	Statewide
Sub Exposed Infants - RPG Supports MDFTR	caregivers 18 and older who have current or previous substance use and are pregnant or parenting a child under 6	Region 3
Sub Exposed Infants CHR	providers working with families impacted by substance use with children 0-6	Region 3
Office Assistant Positions (4 @ 100%)	DCF Staff	Statewide
The Connection, Inc. - Supportive Housing	Families	Statewide
Sub Exposed Infants Wheeler Clinic	providers working with families impacted by substance use with children 0-6	Statewide
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
Triple P American - Training	Parenting Support Services staff	Statewide
UConn Eval	Families/community/providers and leadership	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health supports and service resources.	Statewide
Wheeler Clinic SEI	providers working with families impacted by substance use with children 0-6	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	Families involved with DCF who have children under the custody of DCF and were removed from their parents due to protective service concerns.	Statewide
UCONN SW PIC - DRS Process and Evaluation	UCONN SSW Performance Improvement Center evaluates DCF DRS practices and for the Community Support for Families program	Statewide
The Connection Inc. - Supportive housing	Families	Statewide
UCONN Adoption Assistance Program	Adoptive Families	Statewide
ABH / Community Collaborative	Families/Provider/Community	Statewide
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
JRA Consulting - Racial Justice Training	DCF Staff	Statewide
ASPHA/CWLA Conference Fees	DCF Leadership	Hartford
Mindshare	DCF Staff	Statewide

Category: Family Support Services	Population Served	Geographical Area(s) Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV supports services/overall impact.	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	Families involved with DCF due to concerns of IPV and Community Providers working with any individual impacted by IPV.	Statewide
MDTs Total	Birth to 18 with exceptions for older youth.	Statewide
Chestnut Health System QA training	Clinicians / Providers	Statewide
MST IPV	Families involved with DCF due to IPV and Substance Use	Region 6
PWDCA Annual Meeting / Training	Agency and Community Providers	Statewide
Helping our People Excel - Faith Based Recruitment and Retention	kinship families	regions 1, 2, 3
Family Life Lifters - Faith Based Recruitment and Retention	Kinship families	Statewide
Sub Exposed Infants - RPG Supports MDFTR	caregivers 18 and older who have current or previous substance use and are pregnant or parenting a child under 6	Region 3

Category: Family Support Services	Population Served	Geographical Area(s)Served
Sub Exposed Infants CHR	providers working with families impacted by substance use with children 0-6	Region 3
The Connection, Inc. - Supportive Housing	Families	Statewide
Sub Exposed Infants Wheeler Clinic	providers working with families impacted by substance use with children 0-6	Statewide
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
Triple P American - Training	Parenting Support Services staff	Statewide
UConn Eval	Families/community/providers and leadership	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health supports and service resources.	Statewide
Wheeler Clinic SEI	providers working with families impacted by substance use with children 0-6	Statewide
FAVOR - Family Advocacy	Families with children with serious emotional or behavioral health needs who need advocacy and support with school special education services	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	Families involved with DCF who have children under the custody of DCF and were removed from their parents due to protective service concerns.	Statewide
The Connection Inc. - Supportive housing	Families	Statewide
UCONN Adoption Assistance Program	Adoptive Families	Statewide
ABH / Community Collaborative	Families/Provider/Community	Statewide
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
JRA Consulting - Racial Justice Training	DCF Staff	Statewide

Category: Time-Limited Family Reunification Services	Population Served	Geographical Area(s)Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV support, services/overall impact.	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	Families involved with DCF due to concerns of IPV and Community Providers working with any individual impacted by IPV.	Statewide
MST IPV	Families involved with DCF due to IPV and Substance Use	Region 6
PWDCA Annual Meeting / Training	Agency and Community Providers	Statewide
START Program - The Connection	DCF and community Youth and Young adults 18-24	Statewide
Office Assistant Positions (4 @ 100%)	DCF Staff	Statewide
The Connection, Inc. - Supportive Housing	Families	Statewide
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
Vanguard Direct - National Prevention Week	Individuals wanting substance use and mental health supports and service resources.	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	Families involved with DCF who have children under the custody of DCF and were removed from their parents due to protective service concerns.	Statewide
The Connection Inc. - Supportive housing	Families	Statewide
ABH / Community Collaborative	Families/Provider/Community	Statewide
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
JRA Consulting - Training	DCF Staff	Statewide

Category: Adoption-Promotion and Support Services	Population Served	Geographical Area(s)Served
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
UCONN Adoption Assistance Program	Adoptive Families	Statewide
ABH / Community Collaborative	Families/Provider/Community	Statewide
JRA Consulting - Racial Justice Training	DCF Staff	Statewide

Category: Other Services Related Services	Population Served	Geographical Area(s)Served
Fatherhood	Fathers with lived in experience	statewide
START Program - The Connection	DCF and community Youth and Young adults 18-24	Statewide

Solnit North Positions (10 @ 70%)	Staff who provide support to children requiring specialized care and treatment	Statewide
Staff Training/ Appreciation	DCF Staff	Statewide
Don Winstead Consulting Family First Prevention Service Act - Technical Assistance	DCF Agency Leadership	Statewide
Chapin Hall	DCF, Community, & Families	Statewide

Foster Care Maintenance	Population Served	Geographical Area(s) Served
A) Foster Family & Relative Foster Care	Youth (ages 0-21) Placed in OOH care	Statewide
B) Group/Institutional Care	Youth (ages 0-18) requiring OOH with 24-hour supervision	Statewide
Associate Chaplin	Staff who provide support to children requiring specialized care and treatment	Statewide
Solnit North Positions	Staff who provide support to children requiring specialized care and treatment	Statewide

Adoption-Subsidy Payments	Population Served	Geographical Area(s) Served
	Families who have adopted children from DCF's custody.	Statewide

Guardianship Assistance Payments	Population Served	Geographical Area(s) Served
	Families who have been granted legal guardianship of children from DCF's custody.	Statewide

Independent Living Services	Population Served	Geographical Area(s) Served
Independent Living Services	Youth making a transition from foster care to self-sufficiency	Statewide

Education & Training Vouchers	Population Served	Geographical Area(s) Served
	Youth through the age of 21 pursuing secondary education and or vocational training.	Statewide

Child Care Related to Employment Training	Population Served	Geographical Area(s) Served
	Adolescent parents and expecting adolescent parents.	Statewide

CAPTA	Population Served	Geographical Area(s) Served
Adam Dodge- End Digital Abuse Training	Providers working with individuals impacted by IPV and community individuals wanting information on Digital Safety/Digital Safety Planning.	Statewide
CT Children's Medical Center - Child Abuse Center	Children and families	Statewide
Fatherhood	Fathers with lived in experience	Statewide
Conferences	DCF Staff and Providers	Statewide
RBHAO Training and programs	DCF Staff and Providers	Statewide
CT Coalition Against Domestic Violence (CCADV) SU/IPV	Providers working with individuals impacted by IPV and community individuals wanting information on IPV support services/overall impact.	Statewide
CT-AIMH - Infant Mental Health - CT Association for mental health and UCFS	DCF staff and providers	Statewide
Dr. Taylor - Conferences substance use disorder conference	Children and families	Statewide
FAVOR - Citizen Review Panel	Family Voice	Statewide
FBR - Sub Exposed Infants - Yale Services	providers working with families impacted by substance use with children 0-6	Statewide
InFormCT - Data Collaborative - regional profiles	regional profiles of DCF and CAPTA data to be available to community	Statewide
Youth Link - Boys and Girls Village	DCF/Community Youth 14-21	Statewide
Youth Link - New Haven Pride Community Center	DCF/Community Youth 14-21	Statewide
IPV Fair - Dr. Stover	DCF involved families that have been impacted by IPV	Statewide
IPV Fair - Family Centered Services of CT	Families involved with DCF due to concerns of IPV and Community Providers working with any individual impacted by IPV.	Statewide

CAPTA	Population Served	Geographical Area(s) Served
MDTs Total	Birth to 18 with exceptions for older youth.	Statewide
Chestnut Health System QA training	Clinicians / Providers	Statewide
Helping our People Excel - Faith Based Recruitment and Retention	kinship families	regions 1, 2, 3
Family Life Lifters - Faith Based Recruitment and Retention	Kinship families	Statewide
Sub Exposed Infants - RPG Supports MDFTR	caregivers 18 and older who have current or previous substance use and are pregnant or parenting a child under 6	Region 3
Sub Exposed Infants CHR	providers working with families impacted by substance use with children 0-6	Region 3
Triple P American - Training	providers working with families impacted by substance use with children 0-6	Statewide
UConn Eval	Parenting Support Services staff	Statewide
Vanguard Direct - National Prevention Week	Families/community/providers and leadership	Statewide
Wheeler Clinic SEI	Individuals wanting substance use and mental health supports and service resources.	Statewide

CFS 101 - Part III: Annual Expenditures for Title IV-B Subpart I

CWS	Population Served	Geographical Area(s) Served
Associate Chaplain	Solnit North Youth, Staff and Families	Statewide
CO staff	DCF Staff & Providers	Statewide
CT Children's Medical - Medical Child Abuse Consults	Children and families	Statewide
Office Assistant Positions (4 @ 100%)	DCF Staff	Statewide
PWCL Annual Meeting / Training	Agency and Community Providers	Statewide
Solnit North Positions (10 @ 70%)	Staff who provide support to children requiring specialized care and treatment	Statewide
The Connection, Inc. - Supportive Housing	Families	Statewide

CFS 101 - Part III: Annual Expenditures for Title IV-B Subpart II

PSSF	Population Served	Geographical Area(s) Served
ABH / Community Collaborative	Families/Provider/Community	Statewide
Adopt a Social Worker - Covenant to Care	All DCF involved Families	Statewide
ASPHA/CWLA Conference Fees	DCF Leadership	Hartford
Chapin Hall	DCF, Community, & Families	Statewide
Don Winstead Consulting Family First Prevention Service Act - Technical Assistance	DCF Agency Leadership	Statewide
FAVOR - Family Advocacy	Families with children with serious emotional or behavioral health needs who need advocacy and support with school special education services	Statewide
JRA Consulting - Racial Justice Training	DCF Staff	Statewide
Mindshare	DCF Staff	Statewide
RTFT - BGV, CFASC, CMHA, FCA, RKids, CFGC, Village, United, Wheeler	Families involved with DCF who have children under the custody of DCF and were removed from their parents due to protective service concerns.	Statewide
The Connection Inc. - Supportive housing	Families	Statewide
UConn Adoption Assistance Program	Adoptive Families	Statewide
UConn SW PIC - DRS Process and Evaluation	UConn SSW Performance Improvement Center evaluates DCF DRS practices and for the Community Support for Families program	Statewide

CFS 101 - Part III: Chafee Program

Chafee	Population Served	Geographical Area(s) Served
Career Enhancement Training - Goodwin University	DCF Solnit South Youth	Statewide
Launch (Marrakech, My People Community, BG Village, Our Piece of the Pie	Youth who are members of the YAB	Statewide
Liberty Bank youth bank accounts	DCF Involved youth	Statewide
My Inner Circle - Unashamed - Transitional Youth Workshop	DCF Youth aged 14-21	Solnit's North and South
NYTDA- Gift card for youth participation in survey	DCF Involved youth	Statewide

Chafee	Population Served	Geographical Area(s) Served
At Risk Youth Program of CT (Advisory Board)	DCF Staff/DCF Families/DCF Caregivers/DCF Providers	Statewide
STARS - The Center for Children's Advocacy Restorative Justice Project	DCF Youth aged 14-21, DCF Staff, DCF Providers	Statewide
START Program - The Connection	DCF and community Youth and Young adults 18-24	Statewide
Summer Youth Employment	DCF Youth ages 14-21	Statewide
Triangle Community Center to Develop Training	DCF Youth aged 14-21/DCF Staff/DCF Families/DCF Caregivers/DCF Providers	Statewide
TSEA - Youth Lifeset Initiative	DCF young adults aged 17-21	regions 2-6
Unashamed Imagine me Series	Adolescent	Solnit's North and South
Upward Bound - PSE Preparation and Support; Mini Supports	Transitioning Youth	Statewide
Work To Learn - Boys & Girls Village	DCF Youth aged 16-21	Region 1
Work To Learn - Our Piece of the Pie Region 3	DCF youth aged 16-21	Region 3
Work To Learn - Our Piece of the Pie Region 4	DCF youth aged 16-21	Region 4
Work To Learn (Regions 2 and 5) - Marrakech Inc	DCF youth aged 16-21	Region 2 & 5
Workforce Deve Boards - DOL	DCF involved youth	Statewide
YAB, Jim Casey	Youth who are members of the YAB	Statewide
Youth Advisory Board Activities	Youth who are members of the YAB	Statewide
Youth Arts Council Conference	DCF Youth aged 14-21	Statewide
Youth in Care - Emergency Fund	DCF Involved youth	Statewide
Youth LINK Mentoring - Boys & Girls Village	DCF/Community Youth 14-21	Statewide
Youth LINK Mentoring - New Haven Pride Center	DCF/Community Youth 14-21	Statewide
Youth Milestones	DCF Involved youth	Statewide
Youth Stipends- See Stipends tab for details	DCF Involved youth	Statewide

CFS 101 - Part III: Education and Training Vouchers

ETV	Description of Population Served	Geographical Area(s) Served
ETV Vouchers	Adolescent	Statewide
Link Recodes	Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program,	Statewide
State University	Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program,	Statewide
Unashamed ETV Fiduciary	Adolescent	Statewide
Sun Scholars Mentoring Program	Foster youth who have graduated high school and are enrolled in a formal post-secondary education program, vocational, or job training program,	Statewide

Attachments

1. Statewide Regional CRP June 2025 Report
2. CFS 101 - Part I, Part II, Part III
3. CFS 101 - Part I: Reallotment Request
4. ETV Voucher

Appendices

Appendix A - Service Continuum Chart

Contract Service Array

The following chart represents our **Contracted 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 stability 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. 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: 444
ConnectiKIN (CKIN) - This program is an innovative statewide Kinship Navigator Program that partners with kinship caregivers to provide the connections, supports, and resources needed to raise resilient children who thrive. C-KIN also aims to provide opportunities for community outreach, connections, and collaboration so that equitable and consistent support is provided to build the confidence, connections, and self-reliance of kinship families. Category: Family Support Services and Family Preservation service. Population: All DCF-licensed kinship families with a DCF-involved child residing in their home. Geographic Area served: Statewide Annual Unduplicated Children/Families Served: 62 5

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, ensures 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 place 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 support 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
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: 1,200

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 support 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 Based Recovery - This service is an intensive, in-home clinical treatment program for families with a child under the age of six years old (birth to 72 months/6 years old) 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 the past 30 days. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 204
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 childcare 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 childcare/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: 720
Functional Family Therapy Foster Care (FFT-FC) - 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 FFT-FC receive clinical FFT services while in care and daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. Children then receive FFT interventions with their biological family prior to reunification. 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. Annual Unduplicated Children/Families Served: 555
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
The Launch Program - This program provides intensive community-based support comprised of both Casey Life Skills Assessments (CLSA) and learning modules as well as skill building interventions designed to improve outcomes and completion of vocational and educational programs while advancing in employment and developing and maintaining strong permanent supportive adult relationships. Note: This is a new service that began on 10/1/2024 Service Type: Family Support Target Population: All DCF committed youth ages 14-17 Geographic Area: Statewide Estimated Youth Served Annually: 240

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: 630
Multidimensional Family Therapy (MDFT) Helping Youth and Parents Enter Recovery (HYPER) - 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. These teams positively impact 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. 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 MDTs 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 based 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. The 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 (BSF)- 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 <u>and</u> 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. The 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 State-wide 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, an MST-EA coach serves as a positive mentor and engages the young adult in prosocial, skill building activities. Treatment duration averages 8-12 months, with an additional 2 months (average) with the MST-EA coach. Sessions with the young adult occur 3-5 times weekly, depending upon the client's needs. Category: Family Support and Family Preservation. Target Population: MST-EA serves youth between their 17th and 21st birthdays who are aging out of foster care or involved in the child welfare system and have a behavioral health condition(s) (i.e., serious mental health and/or substance use disorders). DCF involvement at the time of referral. Geographic Area: Hartford, Manchester, New Britain Annual Unduplicated Children/Families Served: 16
MST-IPV is an intensive (3-4 times weekly) evidence-based in-home treatment for families who are involved with the Department of Children and Families (DCF) due to the physical abuse and/or neglect of a child/children in the family and intimate partner violence (IPV) within the family. MST-IPV provides 24-hour emergency and crisis intervention services to children and their families by phone or pager. MST-BSF is an intensive home-based treatment approach for families with children ages 6-17 involved with the CT Department of Children and Families protective services due to neglect and physical abuse concerns where there is also a concern about the impact of parental substance abuse on the family. The mission of MST-BSF is to keep families together, assure that children are safe, prevent abuse and neglect, eliminate parental substance misuse, reduce mental health difficulties experienced by adults and children and increase natural social supports. A central part of the model is an empirically supported treatment focused on monitoring and treating parental substance abuse. MST-BSF provides multiple sessions per week with the family, 24-hour crisis support, extensive safety planning and monitoring, and case management services. The MST BSF service typically lasts 6-9 months. The MST IPV service typically lasts between 9-12 months 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/and or parental substance use. Geographic area served: New Britain and Meriden Annual Unduplicated Children/Families Served: 12-15

MST - Problem Sexual Behavior- This service provides clinical interventions for youth who will 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 (27 sites) Annual Unduplicated Children/Families Served: 13,327
Outpatient Urban Trauma Center – These centers provide outpatient mental health services for children and their families. There are three components: 1) general outpatient mental health treatment for children and their families, 2) specific outpatient treatment to minority children and their families and 3) community-based organizational activities to support the treatment and recovery of children who have been exposed to urban trauma. Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services. Target Population: Primarily children, youth and emerging young adults ages four to eighteen years of age who identify as Black, Indigenous, Latinx, Asian, Multi-racial and other children exposed to urban and other trauma. Geographical area: Five urban communities (Bridgeport, Hartford, New Britain, New Haven, and Waterbury) Annual Unduplicated Children/Families Served:

Parenting Support Services - This service utilizes 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 addition to Triple P, this service will provide short term case management support 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.

Prevention Care Management Entity- The Prevention Care Management program works with families, local providers, and DCF to ensure access for Connecticut's children and their families to parenting services, behavioral health services and other services that prevent instances of child abuse and neglect. The Contractor will provide assessment and intensive care coordination using a wraparound approach to achieve optimal outcomes for children, youth, and families through comprehensive needs assessments and the use of care management, service referral, and monitoring of ongoing progress of families for 3 distinct populations of children and families with no direct nexus to DCF oversight: Community Pathways Population: defined as children and families experiencing specific behaviors, conditions, or circumstances that are likely to have an adverse impact on a child's development or functioning, who do not fall under a Behavioral Health diagnosis and who do not meet the Target Population parameters for the Known to DCF cohort but are at increased risk for maltreatment, involvement with the child welfare system, or out-of-home placement; Known to DCF Population: defined as children and families for whom a DCF abuse and neglect investigation was unsubstantiated, but who are experiencing specific behaviors, conditions, or circumstances that could be mitigated by the provision of direct service intervention; and Behavioral Health Voluntary Population: defined as children and youth, with no nexus to DCF, who have a serious mental/behavioral health or Serious Emotional Disturbance (SED) diagnosis, who require services/supports to meet those needs for the primary purpose of receiving mental health or behavioral health related services. Category: Family Support Target Population: non-DCF involved youths through age 18. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 2,650
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 – Bridgeport, Norwalk, Milford, New Haven, Norwich, Willimantic, Hartford, Manchester, Danbury, Waterbury, New Britain Annual Unduplicated Children/Families Served: 250
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, which includes Adelbrook, ASD, BGV, JRI, Rushford, and Waterford.
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. <u>Reunification Readiness Assessment</u> uses a standardized assessment tool to develop service plans. 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. <u>Reunification Services</u> 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. <u>Therapeutic Family Time</u> – 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 be 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: <u>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</u> identifies adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment. <u>Multidimensional Family Recovery (MDFR)</u> addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement. <u>Recovery Management Check-ups and Support (RMCS)</u> 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 Annual Unduplicated Children/Families Served: 1004
Specialized Trauma Informed Treatment Assessment and Reunification (STTAR)- 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 35-bed capacity through 7 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. Category: Family Support Population Served: homeless/at-risk of homelessness youth between 16-24 years old. Geographic Area: Hartford
Substance Screening Treatment & Recovery for Youth (SSTRY) – this service provides two (2) distinctive services using three (3) evidence-based approaches in order to identify, engage in substance use treatment, and recovery support for adolescents and young adults impacted by substance use. The two services are Screening, Brief Intervention, and Referral to Treatment (SBIRT)- an evidence-based public health approach to identifying risky alcohol and other substance use and when appropriate using motivational interviewing to build a client's readiness to accept a referral to treatment; and Community Reinforcement Approach (CRA) Assertive Continuing Care (ACC)- an evidence-based behavioral therapy and recovery support intervention that seeks to use social, recreational, familial, school, or vocational reinforcers and skill training to replace substance use by emphasizing engagement in positive social activity, positive peer relationships, improved family relationships, and case management. Category: Family Support service Population Served: Substance using youth between 12-18 years old. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 180
Statewide Family Organization - Statewide Family Organization - The Statewide Family Organization will provide three levels of service and support 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
Young Adult Services & Services (YASS) - YASS are community-based, staff supervised, single family homes or apartment programs. YASS programming offers authentic engagement, education, and coaching to help young adults develop mastery of “concrete” and “soft” skills associated with adult success. Service Category: Family Support Target Population: Transitional-Aged Youth (TAY): Young Adults, ages 18-21, benefitting from continuity of care services through DCF’s Services Post Majority (SPM) work. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 39 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 Childcare - This service offers a range of support services for children in a childcare facility, including parent-child programs and an after-school program. The target population is children ages birth to 5 years old. The primary activity is the teaching of parenting skills as parents participate with their child in the childcare 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, New Britain Annual Unduplicated Children/Families Served: 42
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
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. NOTE: This service ended effective 10/1/2024 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 . The program aims at maintaining these relationships on a long-term basis. Ideally, 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

Credentialed Service Array

After School Services - Provide a variety of youth-centered activities, clinical and non-clinical, that support positive development and complement school-day activities. This time-limited programming provides indoor and outdoor physical activities, creative experiences for self- expression, rest or quiet time, and individual and small group activities to meet the academic, physical, social, and emotional needs of the youth being served. All After School Programs provide a minimum of forty-five (45) minutes of educational programming and/or educational support and homework assistance (age and developmentally appropriate). These services are designed to address the individualized needs of children with a range of behavioral health needs. Category: Family Support Population served: Any DCF-involved child, 0-18 years of age. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 100
Animal Assisted Intervention- Animal-assisted interventions (AAI) are goal oriented and structured interventions that intentionally incorporate animals in health, education, and human service for the purpose of therapeutic gains and improved health and wellness. Mounting research reveals that the physical presence, touch, comfort, and safety that animal exudes is beneficial to many in need: children, veterans, the elderly, and the developmentally disabled. An AAI team consists of an animal and the animal’s handler (often the owner) and the team is “registered” by an AAI organization that provides training and an evaluation of the team to determine readiness. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 0
Assessment & Perpetrator of Domestic Violence Assessment - Assessment of a child or youth, includes an initial face-to-face screening, additional face-to-face contacts with the individual and collateral contacts with family members, caretakers and other treatment providers, determination of the individual's strengths and limitations, development of a differential diagnosis, identification of any disability, determination of functional capacity, identification of natural supports and development of review of an individualized service plan. Assessment allows for reimbursement associated with the preparation of the assessment. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 19
CHAP Case Management - CHAP (Community Housing Assistance Program) Case Management is a community-based program that provides case management, supervision, educational/vocational support or career development support, and life skills development services, utilizing the DCF approved Life Skills Program - Ansell Casey Life Skills, to youth living in a community housing environment. Category: Family Support

Population served: Young Adults 18-21, committed to DCF care on their 18th birthday. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 36
Community Based Life Skills- Community Based Life Skills are a set of skills learned by teaching or by direct experience. These skills are used to handle problems and questions commonly encountered in daily life from adolescence through adulthood. A community-based services model focuses on the development and enhancement of the participant's knowledge of essential life skills to promote preparation for adulthood and self-sufficiency. Through program design and content, the model goal is to support and maintain a youth's connection with the community as the youth mature. This service, through the use of the DCF approved Learning Inventory of Skills Training (LIST) assessment tool and experiential learning approaches, provides youth with a set of skills necessary to assist in their transition from DCF care to self-sufficiency. This service includes an individual life skills assessment, followed by individualized and small group experiential learning opportunities. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 17
Supervised Visitation - Supervised Visitation, primarily a site-based service, is provided to facilitate contact between children or youth in out-of-home care and their biological parents, relatives, or significant others; to monitor this contact; and to report on the contact to the Department social workers. The Department Area Office must approve all sites. Category: Family Support Population Served: Any DCF-involved child, 5-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 327
Support Staff - Support Staff is a service designed to address the individualized needs of a child or youth who may be exhibiting mild to moderate challenging behaviors in the home, school, or community. This individualized support is provided by paid, trained, and supervised individuals. This service is provided typically for up to eight (8) hours per week per child or youth and includes a combination of structured and constructive activities consistent with identified case plan objectives. The service is multifaceted and should not focus on a single sport or activity. The service should assist each child or youth to develop skills that support good decision-making, prosocial choices, the refinement of pro-social behavior that foster independence and solidify acts and actions that replace problematic behaviors. Category: Family Support Population served: Any DCF-involved child, 0-18 years of age. Geographic area served: Statewide Annual Unduplicated Children/Families Served: 18
Temporary Care- Temporary Care is a service that provides a short-term break or intervention for a child or youth. This service should not be used in lieu of daycare services. Temporary care should be used as a time limited service while a more sustainable plan for care is developed. Some examples of appropriate use of temporary care include but aren't limited to; When a child/youth is on a school suspension, when a child/youth is removed on an emergency basis. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 20
Therapeutic Support Staff - Therapeutic Support Staff is a service designed to address the individualized needs of a child or youth. Current behavioral health diagnosis results in moderate to acute functional impairment which substantially interferes with, or limits, the child's or youth's role or functioning in family, school, or community activities. Category: Family Support Population Served: Any DCF-involved child, 0-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 83
Transportation (General Livery)- General Livery provides general transportation for children and youth (not including school transportation). Livery transportation requires all credential providers/staff have a valid CT Driver's License and operate under Connecticut General Statute Sec. 14-44. Category: Family Support Population Served: Any DCF-involved child, 5-18 years of age. Geographic Area: Statewide Annual Unduplicated Children/Families Served: 206

Transportation (School of Origin) - School Transportation provides transportation for children and youth to and from school. School Transportation requires all credential providers/staff have a valid CT Driver's License and operate under Connecticut General Statute Sec. 14-44.

Category: Family Support

Population Served: Any DCF-involved child, 6-18 years of age.

Geographic Area: Statewide

Annual Unduplicated Children/Families Served: 1,040

Appendix B - Training Plan - Academy for Workforce Development Catalog

DCF Classes Given May 1, 2024 – April 1, 2025

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	Target Audience	Hours
2025 Black History Month Celebration (CO-DAT)					
This event will celebrate the enduring contributions of African American labor movements and their lasting impact on workers' rights, community empowerment, and the shaping of future generations. Through insightful discussions, inspiring stories, and a shared commitment to progress, we'll honor the legacies that have paved the way for a more equitable future. Be a part of this important conversation as we reflect on the strength of labor, the power of legacy, and the importance of building a future united as one community. Join us as we hear from our distinguished guests and panelists: • DCF Director of Fatherhood Services Anthony Gay • Commission on Human Rights and Opportunities Executive Director, Tanya Hughes • DCF Chief of Staff Karrol-Ann Brown, Esq • Executive Conference Minister, Rev. Darrell Goodwin	75%	Held in House	Academy and DCF Staff	All Staff	3
A Tree Cannot Stand Without Roots: Healing and Restoring Sovereignty in African American Men					
Way too often, African American men struggle in silence without ever acknowledging the challenges they face or finding effective coping strategies. Using an experimental learning approach and real-case scenarios, this workshop will explore the metaphor "A Tree Cannot Stand Without Roots" to reflect the importance of a strong foundation, nourishment, and stability for growth and resilience to navigate challenges and foster personal growth in African American men. This workshop is designed to delve deeper into the mental health and wellness of African American men by exploring their perceptions, traumatic histories, and institutional barriers. It will also explore the significant role of grief and loss that can hinder healing. Applying Afrocentricity approaches will underpin the discussions and activities, ensuring that African American men's cultural context and heritage are central to the healing process.	75%	Held in House	Consultants	Newly Assigned Investigation Social Work Staff	3
Adobe: Acrobat Essentials					
REQUIREMENT: This training requires a "Pro" Adobe Acrobat DC license in order to create and edit PDF documents. Without this, you will be unable to participate in this training. DO NOT REQUEST A LICENSE FOR THE PURPOSE OF TAKING THIS CLASS. This is for individuals with existing licenses only. This course provides an overview of Adobe Acrobat's essential tools for creating, editing, and managing PDF documents. Participants will learn how to effectively use Acrobat to enhance document workflows, including creating fillable forms, applying digital signatures, and securing sensitive information.	50%	Held in House	Academy Staff	All Staff	3
Advancing Harm Reduction Approaches					
Participants will be introduced to the principles of harm reduction and given the effects of drugs, process addictions and compulsive behaviors and their impact. Skills and techniques will be practiced through role play, examples, and peer feedback including attainable goal progression, treatment readiness, motivational change, and maintenance of behavior change. A special section will concentrate on Medicated Assisted Treatment as a pathway of recovery.	75%	Online Training	Consultants	All Staff	3

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Assessing and Responding to Cannabis Legalization					
Participants will gain a better understanding of recent legalization of Cannabis, and the impact to case practice. Current information on cultivation, potency, and usage methods will be reviewed. This discussion-based training will include learning about the impact these changes have on child protection and parenting as a whole.	75%	Online Training	Consultants	All Staff	3
Autism Awareness and Acceptance Series: Living on the Spectrum					
The session will include a video of Russell Lehmann, an adult with autism, as well as panelists with lived experience navigating the world with Autism. Participant will hear from panelists and have an opportunity to ask questions.	75%	Online Training	Consultants	All Staff	2
Autism Awareness and Acceptance Series: Resources for Individuals with Autism Spectrum Disorder					
In this session, representatives from the Cadelon Behavioral Health Autism Services Team giving an overview of the services that are authorized for HUSKY Health Members with an autism diagnosis, as well as other resources available to HUSKY members. This presentation will also include an overview of the Department of Developmental Services eligibility and services as well as an overview of the Department of Social Services – Autism Waiver eligibility and services.	75%	Online Training	Consultants	All Staff	2
Autism Awareness and Acceptance Series: Understanding Autism					
In this session, you will learn about the diagnosis, symptomology and presentation of autism spectrum disorder. We will also provide a high-level overview of treatment considerations including some approaches for challenging behaviors, proactive and reactive strategies and how to ask the right questions. The training will be about 45 minutes and will also allow time for questions.	75%	Online Training	Consultants	All Staff	2
Balance is a 'Verb' - Creative Approaches to Work/Life Challenges					
Participants will identify ways that unpredictable and persistent challenges to routines and schedules may be contributing to higher levels of emotional, mental and physical exhaustion and lead to a sense of being 'out of balance'. They will explore how to bring 'out of the box' thinking into the process of identifying simple strategies for finding greater balance in life	50%	Online Training	Consultants	All Staff	3
Be Sensitive Be Brave for Suicide Prevention and Mental Health Training					
An interactive, self-paced, first-of-its-kind-culturally-infused online course that will teach you to spot when someone's having suicidal thoughts, ask them about it, and do your best to connect them to help. This online course will also teach you when someone's experiencing signs of common mental health conditions, ask them about it, and do your best to connect them to help. This course is unique in the ways in which culture has been infused into every step of its development. At its core, this training seeks to increase the likelihood that culturally diverse community members will (1) recognize mental health warning signs and (2) ask their loved ones about seeking mental health in culturally appropriate ways. It is rooted in cultural processes identified by the Cultural Theory and Model of Suicide (Chu et al., 2010), which distills 20 years of cultural research into four factors that conceptualize cultural suicide variations displayed by African American, Latino/a/x, Asian American,	75%	Online Training	Academy Staff	All Staff	3
Bloodborne Pathogen Training					
The Bloodborne Pathogens training is intended for individuals who are trained as a CPR and/or first aid provider or have an identified job classification in which there are tasks or procedures that increase the risk of exposure to bloodborne pathogens. This course will provide knowledge to employees with an identified risk on how to avoid exposure to blood and other potentially infectious materials, and what steps will be taken if an exposure occurs.	50%	Held in House	DCF and Academy Staff	Social Work Staff	1
Bruises, Bites and Burns					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This educational session will remind participants of the importance of understanding a child's developmental ability in the setting of a bruise, bite or burn. Participants also will understand the locations and patterns of bruising and types and locations burns most worrisome for physical abuse and learn about an approach to evaluating these injuries. Finally, as always, we will review the ways that the CT Child Abuse Centers of Excellence can support DCF's important work to keep children safe.	75%	Held in House	DCF and Academy Staff	Social Work Staff	2
Building Resilient Communities Through Partnership					
"Seeing People through the Lens of Possibility" is an engaging and thought-provoking presentation/discussion led by Don C. Sawyer III, Ph.D., a professor whose life journey from public housing in Harlem to academia exemplifies resilience and the importance of recognizing untapped potential. This talk is not just about a singular story; it's an invitation to shift our perspective from viewing individuals as mere statistics to understanding their unique narratives of struggle and triumph. The presentation interweaves personal anecdotes and academic research to inspire attendees to view people through a lens of possibility, fostering a deeper understanding of the human capacity for greatness and using this lens to guide our work with the people we serve. Outcomes: • Learn to recognize the latent potential in individuals, going beyond surface-level statistics to appreciate each person's unique story and capacity for success.	75%	Held in House	Consultants	All Staff	6
Case Planning: Boosting Your Understanding of the Practice					
The goal of this refresher course 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. Participants will be able to describe and identify the elements of the family and child in placement case plans, including consideration of cultural factors, assessment domains, summary assessment, and action plans. Participants will 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	All Staff	3
CFSR Reviewer Training Day 1: Introduction					
This 6-hour in person training is to support participants in familiarizing themselves with the CFSR Process and the main components of conducting reviews.	75%	Held in House	DCF and Academy Staff	Social Work Staff	6
CFSR Reviewer Training Day 2: Safety Outcomes					
This transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on safety outcomes, E Learning Academy module topics and test. Participants will also have independent work time to meet with their partners to complete the assigned transfer of learning activities to enhance their knowledge, build their reviewer skills, and prepare them for the next module of training. They are staffed by trainers and subject matter expert(s) to answer questions and offer support in learning.	75%	Held in House	DCF and Academy Staff	Social Work Staff	6
CFSR Reviewer Training Day 3: Permanency Outcomes					
This transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on permanency outcomes, E Learning Academy module topics and test. Participants will also have independent work time to meet with their partners to complete the assigned transfer of learning activities to enhance their knowledge, build their reviewer skills, and prepare them for the next module of training. They are staffed by trainers and subject matter expert(s) to answer questions and offer support in learning.	75%	Held in House	DCF and Academy Staff	Social Work Staff	6
CFSR Reviewer Training Day 4: Well-Being Outcomes					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on well-being outcomes, E Learning Academy module topics and test. Participants will also have independent work time to meet with their partners to complete the assigned transfer of learning activities to enhance their knowledge, build their reviewer skills, and prepare them for the next module of training. They are staffed by trainers and subject matter expert(s) to answer questions and offer support in learning.	75%	Held in House	DCF and Academy Staff	Social Work Staff	6
CFSR Reviewer Training Day 5: Rationale Statements Part 1					
This transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a focus on item ratings and rationale statements, E Learning Academy module topics and test. Participants will also have independent work time to meet with their partners to complete the assigned transfer of learning activities to enhance their knowledge, build their reviewer skills, and prepare them for the next module of training. They are staffed by trainers and subject matter expert(s) to answer questions and offer support in learning.	75%	Held in House	DCF and Academy Staff	Social Work Staff	6
CFSR Reviewer Training Day 6: Rationale Statements Part 2					
This transfer of learning lab will take a deeper dive into CFSR reviewer training expectations per the Children's Bureau with a continued focus on item ratings and rationale statements, E Learning Academy module topics and test. Participants will also have independent work time to meet with their partners to complete the assigned transfer of learning activities to enhance their knowledge, build their reviewer skills, and prepare them for the next module of training. They are staffed by trainers and subject matter expert(s) to answer questions and offer support in learning.	75%	Held in House	DCF and Academy Staff	Social Work Staff	6
CFSR Reviewer Training Study Hall					
Study halls are a supplemental component of the CFSR Reviewer training series. These half day periods will allow participants to meet with their partners to complete the assigned transfer of learning activities to enhance their knowledge, build their reviewer skills, and prepare them for the next module of training. They are staffed by trainers and subject matter expert(s) to answer questions and offer support in learning.	75%	Held in House	DCF and Academy Staff	Social Work Staff	3
Changes to the Protective Order Registry (POR)					
Review recent policy changes and how the data from this system can be retrieved or shared	75%	Online Training	Consultants	All Staff	1
Child Trafficking - What it is; how to see it, and how to respond to it: Day 1					
This child trafficking 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. This training will occur over two days, three hours for each session. This course will help you to understand the dynamics of trafficking relationships that heighten barriers to disclosure; and to identify red flags for child trafficking, both overt and subtle signs in children and their families. This course will help you to gain skills to manage the complexities of a case involving child trafficking. Staff will participate in activities designed to develop engagement techniques with children and youth who may not be ready to accept help. Consideration will also be given to re-conceptualizing safety in a trafficking scenario and participants will explore the use of a safety contract with youth who are engaging in risky behavior.	75%	Online Training	Academy Staff	All Staff	6
Child Trafficking - What it is; how to see it, and how to respond to it: Day 2					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This child trafficking 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. This training will occur over two days, three hours for each session. This course will help you to understand the dynamics of trafficking relationships that heighten barriers to disclosure; and to identify red flags for child trafficking, both overt and subtle signs in children and their families. This course will help you to gain skills to manage the complexities of a case involving child trafficking. Staff will participate in activities designed to develop engagement techniques with children and youth who may not be ready to accept help. Consideration will also be given to re-conceptualizing safety in a trafficking scenario and participants will explore the use of a safety contract with youth who are engaging in risky behavior.	75%	Online Training	Academy Staff	All Staff	6
Clerical Staff - DCF 101: The Foundations of CT Child Welfare Practice					
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. Additionally, recent initiatives to improve the agency's practice will be reviewed. Clerical staff will also receive mandated reporter training to understand their own and other's obligations with regards to reporting instances of suspected child abuse or neglect.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff - Know Your Village					
A 3-hour training is the conclusion of the clerical series with a focus on the group dynamic. The training will offer participants an opportunity to brainstorm with a panel of seasoned clerical staff. The panel will offer real time advice to challenges faced in their current roles including career mobility, navigating conflict and working the transforming DCF landscape. Participants will also be provided an opportunity to deepen the group connection with other clerical staff around the state build a support network through team building activities. A graduation ceremony for participants that have completed the series will be held at the end of this session.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff - Working Smarter Not Harder; Tips and Tools of the Trade					
The purpose of this training is to assist clerical staff in gaining an understanding of personal and professional awareness, organization and commitment, and use the tools, methods and techniques in goal setting, prioritization, scheduling, and delegation to overcome time management challenges and enhance productivity.	50%	Held in House	Academy Staff	Clerical Staff	6
Clerical Staff: Clear and Concise - Perfecting Your Notetaking for Meetings					
In this in-person training, participants will learn how to capture key information, organize notes effectively, and use those notes to follow up on critical action items. The workshop is designed comprehensively to meet the needs of administrative staff looking to enhance their note-taking skills. Objective of the training: Enhance note-taking skills of agency administrators, to improve accuracy, efficiency and usefulness of meeting documentation.	50%	Held in House	Consultants	All Staff	6
Communicate with Confidence					
This session will emphasize how act with more confidence when communicating in real-world situations. Participants will explore the role that body language, beliefs and delivery impacts confidence. They will also explore passive, aggressive, and assertive approaches to communication may impact effectiveness. Participants will receive support in how to better communicate when asked to assert an opinion and/or take a clear and firm position.	75%	Online Training	Consultants	All Staff	3
Conversations and Confrontations: How to Communicate When it Really Matters - CT DCF Conflict Resolution Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Conflict is a natural dynamic in our interactions with others, yet it is something we often avoid or handle poorly. It is possible to have emotionally charged conversations - sometimes called "confrontations" - that reach a mutually beneficial resolution and preserve the relationship. This training will identify the basics of skillful confrontations and provide participants an opportunity to prepare for the practice a conversation that needs to happen. Participants will leave with *Greater awareness of their own mindsets and the likely effect on a successful conversation. *More consciousness of what triggers them, how to deal with being triggered oneself, and how to deal with other people who are triggered, *A game plan for initiating and successfully carrying out an emotionally charged conversation.	75%	Online Training	Consultants	All Staff	3
CP E-Filing Online Training					
A Walk through of the CP E-Filing System	75%	Online Training	DCF Staff	Social Work Staff	1
CPR/AED Re - Certification					
Refresh and fine tune your existing 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.	50%	Held in House	Academy Staff	All Staff	3
CPR/First Aid Certification					
CPR/AED will provide any non-medical individual with the necessary skills to recognize an emergency, perform rescue breathes and chest compressions, apply the Automated External Defibrillation machine, ensure an open airway, provide assistance to a choking individual and the proper utilization of personal protective equipment. BASIC FIRST AID will provide any non-medically trained individuals 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).	50%	Held in House	Academy Staff	All Staff	6
CT Drug Control: Licit and Illicit Substance Training					
The CT Drug Control Division works to protect the health and safety of Connecticut residents by regulating all persons and firms involved in the distribution of all legal drugs, medical devices, and cosmetics in Connecticut. In this training, participants will be able to identify and articulate the observable signs of substance impairment. Participants will learn the new terminology related to substance use. A portion of this training will offer licit and illicit substance exhibits. Participants will view the appearance, packaging, and common street names for licit and illicit drugs. Finally, participants will be able to describe different licit and illicit substances and their effects.	75%	Held in House	Consultants	All Staff	6
CTU - Car Seat Installation					
This one-day 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	Academy Staff	Newly Hired Central Transportation Unit Staff	5
CTU - Crisis Intervention					
In this session of the TAY series, participants will connect information from adolescent brain development to promote successful launch from DCF services. Through exploration of the case planning process, ACRs, and the new Omega process, participants will explore key considerations for preparing youth to launch from DCF care into adulthood. Use of the 800, the avenue toward re-entry, and the importance of holding a Vital Summit to clarify youth's plans will also be explored.	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - Cultural Diversity					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
To develop a self-awareness about our own culture, race, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Participants will: • Define Cultural Competence. • Discuss how culture impacts the work we do with our families. • Explore the benefits and challenges associated with diversity in the workplace. • Become familiar with the diverse makeup of the workforce in relation to the community we serve. • Discuss the factors causing a disproportionate representation of minorities involved in child protective services and the outcomes for children placed in foster care • Relate how our own culture impacts our perceptions and assessments.	50%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
CTU - Substance Misuse					
This training was created to expose CTU staff to an overview of the subject of substance misuse, including a definition of substance use/misuse, relapse and recovery. The course provides information about the substances most prevalent in child welfare cases. Key elements of this training include identifying indicators of substance misuse, recognizing biases and prejudices pertaining to addiction, and identifying how safety and risk factors associated with substance misuse impact children at their different ages and developmental milestones.	75%	Held in House	Academy Staff	Newly Hired Central Transportation Unit Staff	3
Cultural Diversity for New Hires					
To develop a self-awareness about our own culture and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Participants will: • Define Cultural Competence. • Discuss how diversity and culture impact the work we do with our families. • Explore the benefits and challenges associated with diversity in the workplace. • Become familiar with the diverse makeup of the workforce in relation to the community we serve. • Discuss the factors causing a disproportionate representation of minorities involved in child protective services and the outcomes for children placed in foster care based on race. • Relate how our own culture impacts our perceptions and assessments.	75%	Held in House	Academy Staff	New Employees	3
Cultural Diversity for New Hires TOT					
Participant will be asked to conduct a self-awareness about their own culture, and the commonalities and differences with our co-workers and the families with whom we serve; and develop a skill set necessary to effectively work and communicate with our co-workers and children and families from diverse populations. Participants will receive strategies for minimizing the effect of bias in themselves and learn how measure their implicit bias based on a vast array of factors. Finally, participants are provided the opportunity to "teach-back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors.	75%	Held in House	Academy Staff	Solnit Staff	7
Cultural Diversity for New Hires TOT - Day 2					
Finally, participants are provided the opportunity to "teach back" a component of the curriculum of the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Cultural Diversity for New Hires training.	75%	Held in House	Academy Staff	Solnit Staff	7
DATA for Social Work Supervisors					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
DATA for SWS is an in-person experience aimed at orienting SWSs to the agency's data platforms and increase their familiarity with accessing and reviewing reports. Using their own tablets, SWSs will walk through locating various key data reports in the LINK and ROM system that shed light on the work being carried out in their unit. They will be guided on how to set parameters, access sub-reports, and export material to excel. Discussion will include considerations for how to analyze the data and apply it to their supervisory practice. This two-hour event will be held in the area offices and can be structured for delivery to the full supervisory staff or focused on work groups or SWSs of similar roles (DRS, Ongoing, Foster Care). Collaboration with area office leadership is welcome to identify specific reports they would like to receive focus.	75%	Held in House	DCF and Academy Staff	Supervisors	2
DCF 101					
DCF 101 is an overview of a Changed DCF was created to provide constituents across the state a more in-depth look into The Department of Children and Families. This training will cover information regarding the agency's mission and values, cross-cutting themes as well as basic statistical data relevant to the work. The training will also attempt to have participants self-reflect on their own values and bias that they may harbor around the families served by the agency and or the work of the department. This is to invoke critical thinking related to the changing perception of the agency.	75%	Held in House	Academy Staff	All Staff	2
DRS - Best Case Practice Day 1					
Enrollment into the first class gets you automatically enrolled into the remainder of training dates 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 a ten-day certificate 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. All classes are taught by academy staff and adjunct trainers who specialize in certain topic areas. Topic To Be Discussed in This 10 Part Series Will Be the Following: • Best Practice - Far •	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	6
DRS - Best Case Practice Day 2					
The second day of training will complete the continuum to case disposition. The day will start a focus on documentation, supervision and follow up. Case disposition is guided by the SDM Risk Assessment. The Risk Assessment tool will be reviewed and keys to appropriate use provided. This orientation the DRS will be concluded with case disposition (substantiation/un-substantiation, referral to services, open or close). This training will be delivered virtually through Microsoft Teams.	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	6
DRS - Child Trafficking					
This course provides the fundamentals of both understanding the issue of child trafficking and best practices in working with a youth and family affected by it. The emphasis is on the intake worker. Participants will be able to identify potential child trafficking issues with existing families, will understand when to contact the DCF Careline, and to know how to manage the complexities of a case involving a child trafficking survivor. Participants will practice engagement techniques including the use of case scenarios that will bring this work to life.	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	4
DRS - CT Drug Threat and Drug Endangered Children					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This half day training is delivered in partnership with the CT State Police. During course students will learn most up to date information around substances treating or clients/communities and the efforts to confront these challenges through collaboration between the Department and law enforcement. This training will be delivered virtually through Microsoft Teams.	75%	Online Training	Consultants	Newly Assigned Investigation Social Work Staff	3
DRS - Health and Wellness					
The goal of this training is to provide participants with the knowledge necessary to recognize and identify the health and well-being 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.	75%	Online Training	DCF Staff	Newly Assigned Investigation Social Work Staff	4
DRS - Intimate Partner Violence					
This course provides participants with information on Intimate Partner Violence (IPV) and how it will apply to an intake worker. Through group activity, lecture, and supplemental video clips, participants explore and discuss 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.	75%	Online Training	DCF and Academy Staff	Newly Assigned Investigation Social Work Staff	4
DRS - Legal Issues					
This training will assist DRS staff in further understanding the OTC process, as well as address rules of evidence in CPS investigations. The training is also designed to assist DRS staff in conducting investigations and Family Assessment Responses in a manner that is acceptable for judicial review and becoming more familiar with the different court systems	75%	Online Training	DCF and Academy Staff	Newly Assigned Investigation Social Work Staff	4
DRS - Racial Justice					
The Racial Justice training has been developed to address disproportionality in the Child Welfare System. Intake workers set the tone for a family's experience with the Department and need to have the tools to engage case participants regardless of race in a respectful and productive manner. This training will explore themes associated with disproportionality and how to overcome them as we work toward becoming a racially just organization.	75%	Online Training	DCF and Academy Staff	Newly Assigned Investigation Social Work Staff	3
DRS - Sexual Abuse - Minimal Facts for First Responders					
The "Minimal Facts for First Responders" curriculum is designed to assist DRS staff in the investigation of childhood sexual abuse. Defining "Minimal Facts," discussion of dynamics of childhood sexual abuse, and the importance of collaboration between law enforcement and DCF will be discussed. Skill-building related to interviewing will be a focus of this training.	75%	Held in House	Academy Staff and Consultants	Newly Assigned Investigation Social Work Staff	4
DRS - Special Qualitative Review					
We have partnered with Special Qualitative Review (SQR) team to bring participants a training to include infant fatality, chronic neglect and fatherhood. Through this training participants will become aware of the themes contributing to infant fatality and chronic neglect to build their assessments around highlighting and addressing these concerns effectively and without delay. This training will be offered virtually through Microsoft Teams.	75%	Online Training	Academy Staff	Newly Assigned Investigation Social Work Staff	3
DRS - Substance Use					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course is designed to enhance the participants' investigative and assessment skills related to substance use in adults and adolescents. Substance use or misuse plays a critical role in child welfare and impacts decisions related to maintaining a child safely at home and timely reunifications, as well as recurrence of maltreatment and re-entry into out of home care. Participants will be exposed to validated tools used to screen adults and adolescents. Techniques on increasing insight and awareness regarding substance use and motivation toward behavioral change will be shared and practiced. The course will conclude with a discussion on statewide resources and DCF funded services. This training will be delivered virtually through Microsoft Teams.	75%	Held in House	Academy Staff	Newly Assigned Investigation Social Work Staff	6
DRS - Worker Safety					
This ½ day training is designed to help DRS staff tune into good, safe investigation practice and to recognize potentially dangerous situations. Practical tips to enhance personal safety will be discussed. This training will be delivered virtually through Microsoft Teams.	50%	Held in House	Academy Staff	Newly Assigned Investigation Social Work Staff	2
DRS Focus Group Session					
To evaluate and improve trainings implementation, the Academy will be conducting 2 focus groups with selected training participants to participate in ONE 90-minute Virtual focus group. Focus groups will be used to examine your applied behaviors and skills learned during the DRS Training Series to current practice. In addition, your feedback will be sought on factors that enable and impede the use of new skills. Your participation and feedback in the focus group will be confidential.	75%	Held in House	Academy Staff	Social Work Staff	1.5
Early Childhood Development- Child Development Milestones and Basic Baby Care					
The growth and development milestones of children birth through five years of age will be explored as well as some of the factors that may impact typical/atypical development. This training will also consider what can cause the derailment of a child's development; and how a parent/caregiver can manage some of the challenging behaviors of young children. Do you want to know or refresh your memory and skills on how to care for an infant, change a diaper, feed, hold, or burp an infant? Then, this course is designed to demonstrate those tasks as well. Understanding why the early years are critical and the importance of providing the proper and practical care of our young children will aide participants in this training to better assess the basic needs of children.	75%	Held in House	Academy Staff	All Staff	3
Early Childhood Development: Understanding the Science of Attachment and Engagement					
Course Description: Understanding the theory of attachment and the impact of this important developmental process in early childhood is crucial to the DCF worker's casework and other providers working with child and family; as well as documentation, and the decision-making process at every point of the case involvement: Removal and placement, Case planning, Court appearances, Father Engagement, Visitation and family time, Reunification, Adoption & Termination. Participants will build upon previously gained knowledge of attachment theory as it applies to working with young children and their families involved with the DCF system. Participants will be introduced to the concept of the Circle of Security Parenting and how the Circle is "always taking place" in the lives of children and adults.	75%	Online Training	Consultants and Academy Staff	All Staff	3
Effective Interviewing: How to Gather Accurate Information Safely					
The Academy for Workforce Development and the CT State Police Department will introduce basic interviewing techniques that can be use in a traditional or nontraditional interview setting. Training participants will be provided interviewing tools to obtain a true accounting of the facts and circumstances involving and	75%	Held in House	Consultants and Academy Staff	Social Work Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
surrounding the reported situation or incident. In addition, participants will learn the proper techniques to work through some levels of resistance in interviewing. By the conclusion of this training, participants will be able to prepare, plan and execute an interview with a case participant with confidence					
Emergency Placement Focus Group Session					
The Department continues to experience a need for response to emergency placements for youth on an ongoing and increasing basis. To assist in responding timely and appropriately, the development of response guidelines is being created to support streamlining of processes. The Academy will be conducting 1 focus group with selected participants to participate in ONE 90-minute virtual focus group. The goal of this focus group is to provide feedback on experiences in managing or responding to an emergency placement need to inform the guidelines that are created. Your participation and feedback in the focus group will be confidential.	75%	Online Training	Academy Staff	All Staff	1.5
Emotional Intelligence Foundations					
Emotions drive our behavior and can either energize us or deplete us. In this session, participants learn how to identify their emotional states and explore how to not let their emotions 'control them'. Strategies for responding versus reacting to strong emotions will be shared. Self-management techniques and interpersonal skills will be explored to strengthen one's ability to cultivate meaningful relationships and decrease conflict with others.	50%	Online Training	Consultants	All Staff	3
Engaging Fathers and other Men Who Use Violence					
This training will focus on engaging fathers and other men who use patterns of coercive control in their intimate relationships. Participants will discuss people who use violence. Participants will also discuss how to the socialization of men impacts the use of violence in adulthood. Participants will ensure they are engaging with children in a safe manner accounting for their mental health needs. Also, during this course there will be an opportunity to practice and build skills around engaging fathers and other men who offend.	75%	Online Training	DCF and Academy Staff	All Staff	4
Enhancing Leadership Skills Through Self-Reflection & Feedback					
This course will provide supervisory staff with professional growth and development in their leadership skills through self-reflection and feedback. Effective leadership skills and professional growth fosters; continuous improvement, a more collaborative and efficient work environment, staff retention, improved service delivery and strengthening of our safe and sound culture. Attendees will be prepared on how to administer a feedback tool with supervisees and analyze results and utilize feedback objectively in leadership development. Participants will understand how feedback and adaptation significantly impact our own professional development.	50%	Held in House	Academy and DCF Staff	Supervisors	2
Enhancing Leadership Skills Through Self-Reflection & Feedback Virtual Group Debrief					
Facilitated debrief in which participants will explore their experience with the feedback tool. Topics for exploration include lessons learned, action planning, insights, and information sharing.	50%	Held in House	Academy and DCF Staff	Supervisors	1
Excel Basics					
This hands-on course equips you with essential skills to navigate Excel, from data entry and formatting to basic calculations and data analysis. Whether you're a beginner or need a refresher, this training provides a solid foundation for organizing, analyzing, and visualizing data effectively to enhance your productivity.	50%	Held in House	Academy Staff	All Staff	3
Excel Essentials Series: Session 1 - Introduction to Excel					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The Excel Essentials Series is designed to equip DCF staff with essential and advanced Excel skills to enhance productivity and efficiency. This series consists of five comprehensive sessions, each focusing on key aspects of Excel, from basic navigation to advanced data analysis. Participants will gain hands-on experience through practical exercises, ensuring they can apply their new skills immediately in their daily tasks. To reinforce learning, each session will include homework assignments and optional "office hours" for additional support. Note: Each session is 2-3 hours. For 2-hour sessions, the computer lab will be reserved for an extra hour for additional assistance and questions.	50%	Held in House	Academy Staff	All Staff	3
Excel Essentials Series: Session 2 - Working with Formulas					
Objectives: Learn basic to intermediate formulas. Understand relative and absolute cell references. Apply functions for common tasks.	50%	Held in House	Academy Staff	All Staff	2
Excel Essentials Series: Session 3 - Pivot Tables					
Objectives: Understand the purpose and benefits of pivot tables. Learn how to create and manipulate pivot tables. Analyze data using pivot tables.	50%	Held in House	Academy Staff	All Staff	2
Excel Essentials Series: Session 4 - Conditional Formatting, Charts, and Collaboration					
Objectives: Learn how to apply conditional formatting to data. Create and customize charts to visualize data. Understand how to collaborate with others using Excel. Learn various options for sharing and protecting workbooks.	50%	Held in House	Academy Staff	All Staff	3
Excel Essentials Series: Session 5 - Printing and Advanced Tips & Tricks					
Objectives: Learn how to efficiently print documents from Excel. Discover advanced tips and tricks for improving productivity in Excel.	50%	Held in House	Academy Staff	All Staff	3
Faces and Voices of Recovery (FVR): Our Stories Have Power - Recovery Community Messaging Power Day 1					
Faces & Voices of Recovery's groundbreaking messaging training advances the recovery agenda. There is no more potent weapon against stigma than the thousands of people who have learned to use the Our Stories Have Power recovery messaging tools. Attendees sharpen their skills as recovery communicators, learning how to tell their story with a purpose.	75%	Online Training	Consultants	All Staff	5
Faces and Voices of Recovery: Addressing Structural Sexism and Racism in Recovery Services					
Delve into the complex dynamics of systemic racism and sexism within the behavioral health landscape in this concise yet impactful webinar. Over the course of three hours, our Subject Matter Expert will guide participants through a journey of understanding and identification of these structural barriers, offering insights into their profound impact. This webinar is essential for professionals and advocates seeking to dismantle systemic barriers and promote equity within behavioral health services.	75%	Online Training	Consultants	All Staff	3
Faces and Voices of Recovery: Peer Supervision - How to Raise Your Internal Bar					
In this training supervisory staff will learn a robust framework for becoming effective supervisors. This training provides valuable, adaptable information and tools that are suitable for any peer organization. Supervisory staff will study crucial aspects of effective supervision, gaining insights into supervision styles and approaches, managing transitional changes, professional discipline, transitioning from peer to supervisory roles, identifying motivational roadblocks, and much more. This training provides essential knowledge, practical insights, and hands-on experience. Supervisory staff will gain the skills and confidence needed to excel as supervisors and enhance their organization and the people they lead.	50%	Online Training	Consultants	All Staff	6.5
Faces and Voices of Recovery: Building Recovery Capital					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This two-hour webinar describes the types of recovery capital, the internal and external resources that can be drawn upon to initiate and sustain recovery. They include individual, physical, human, social, community, and cultural resources. The training explains how to assess individual recovery capital and how to build and maintain community relationships.	75%	Online Training	Consultants	All Staff	2
Faces and Voices of Recovery: Recovery Friendly Workplaces					
This two-hour webinar describes the ways employers can support people in recovery by creating recovery-ready workplaces. Employers don't need to work in isolation; they benefit by collaborating with other sectors of the community to address barriers to employment. The training discusses the benefits of hiring people in recovery and ways to cultivate a recovery friendly workplace.	50%	Online Training	Consultants	All Staff	2
Faces and Voices of Recovery: What is the Recovery Ecosystem?					
This two-hour webinar defines recovery and the guiding principles and dimensions that support recovery. It identifies the levels of a Recovery-Ready Ecosystem model and current emerging practices in peer-recovery support services. Finally, it explains how stigma affects the recovery ecosystem and offers evidence-based interventions to enable effective advocacy for your recovery ecosystem.	50%	Online Training	Consultants	All Staff	2
Family Care Plans and CAPTA Training					
"Recent changes to federal legislation around the Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction Recovery Act (CARA) have outlined new state mandates requiring data collection around the impact of substance exposed infants and development of Family Care Plans nationwide. In CT, effective March 1, 2019, hospitals began submitting a notification to the Department of Children and Families at the time of the birth event when an infant is believed to have been substance exposed and/or displays withdrawal symptoms. This training will help community providers and health professionals better understand the impact of this legislation on the women and birthing persons we serve and be poised to help provide them with education around this mandate. Information will be provided on developing a comprehensive "Family Care Plan" prior to the time of their delivery.	75%	Online Training	Consultants	All Staff	1.5
Generations in Sync: Mastering the Art of Multigenerational Supervision					
In today's diverse workplace, supervisors must navigate the challenges of leading teams composed of multiple generations—each with its own set of values, communication styles, and expectations. "Generations in Sync" explores how supervisors can align and harmonize these differences to foster a cohesive, collaborative environment. The word "sync" embodies the goal of this session: bringing generational differences into alignment, much like gears in a machine, where each generation's unique strengths move the entire team forward together. By mastering the art of syncing these diverse perspectives, supervisors can enhance communication, build mutual respect, and create a work culture that thrives on diversity rather than being hindered by it. Participants will leave with actionable strategies to "sync" their supervision practices across generations, ensuring that everyone—whether Baby Boomer, Gen X, Millennial, or Gen Z—is moving toward shared goals with clarity and purpose.	50%	Online Training	Consultants	Supervisors	3
Harm Reduction and Stages of Change					
After completing this training, the learner will be able to: Define the difference between harm reduction vs. total abstinence; Discuss the benefits of harm reduction; Explain the Stages of Change; List the five principles of Motivational Interviewing; Define the concept of OARS.	75%	Online Training	DCF Staff	All Staff	1.5
How to Effectively Support a Young Children Birth to Age Five During an Active DCF Investigation: ACEs, Trauma Informed Care and Strategies					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
When child welfare is investigating a complaint of abuse or neglect in a family unit, chances are that is just one more stressor that the family and child(ren) of the family may be experiencing. Typically, a family who comes into care has a number of different events or situations that can overwhelm them and their family unit. These stressors also impact children of these families. It is important for all providers who work with young children to be aware of how multiple and/or long terms stressors impact children's social emotional wellbeing in a variety of ways. The ACEs study will be reviewed. The attendees will also have the opportunity to learn about trauma informed care and strategies to support children and families in their care.	75%	Online Training	DCF Staff	All Staff	3
Improving Observation & Documentation Skills through Practice					
In this course participants will enhance their observation skills and ability to provide clear and accurate documentation based on observation and objective interpretation. Participants will visit real-life settings, such as Hartford Hospital, Criminal Court, and Bushnell Park and practice observing human behavior in that setting. They will be encouraged to take notes, but not interact with others, only observe. After the observation time, participants will return to the Academy and interpret their observations 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 peer-reviews on each other's work. Finally, participants will submit their documentation to the trainers for review. The trainers will review the work and provide feedback to the participant and his or her supervisor.	75%	Held in House	Academy Staff	All Staff	6
Influencers: An AWD & Training PS/SWS Collaboration					
Participants will learn about current trends in trainee retention and reflect on the partnership between the area office and Academy for Workforce Development. Participants will engage in activities and discussion aimed at strengthening our work in preparing and retaining social worker/trainees.	50%	Held in House	Academy Staff	Social Work Staff	3
Intake Social Work Supervisor Training: Function Specific Learning for new Supervisors					
"Build a strong Unit! This training is intended for DCF Supervisors who are newly promoted and/or newly transitioned to the Intake function. Supervisors who attend this training will become more familiar with their supervisory roles and responsibilities as it relates to the Differential Response System (DRS) as well as supervising Investigations and Family Assessment Responses in accordance with DCF Policy and Practice. This training includes the following topics: • How data informs DRS • Routine and field supervision • Case trajectory from the call to careline to the case disposition • Intake specific LINK tasks • Safety and Risk assessment with utilization of SDM tools and the Child Safety Practice Model • Integration of policies, operational definitions, and practice guides into supervisory oversight of DRS case work • Advancing racial justice in DRS work • How cognitive bias impacts case decisions	75%	Held in House	Academy Staff	Supervisors	6
Intersectionality: Dissecting Social Identity to Produce Better Outcomes for Families					
This training aims to provide participants with a deep understanding of intersectionality, its relevance in child protection, and practical strategies for incorporating intersectional perspectives into their work. It combines theoretical knowledge with interactive activities, case studies, and discussions to create a well-rounded and impactful learning experience. In addition, staff will be provided essential information that is needed when it comes to creating a diverse and inclusive workplace.	75%	Held in House	Academy Staff	All Staff	6
Introduction to Pivot Tables					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
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 (ROM/LINK/ETC), as well as how to choose the fields to be included. Participants will understand how to select from the Functions that are available to summarize results in a Pivot Table, and how this tool can be used to enhance their use of data.	50%	Held in House	Consultants	All Staff	3
IPV Advanced Series: Child Exposure to IPV					
This course will focus on the impact of intimate partner violence (IPV) on children's health and development. Aspects of children's exposure to physical and psychological forms of violence across development and risk for co-occurring forms of deprivation- and threat-related adversities will be discussed. Psychological consequences of IPV exposure, including posttraumatic stress disorder (PTSD), anxiety, depression, and disruptive behavior problems will be reviewed, including how to identify and assess violence-related impairment in children at different stages of development. Another topic will focus on the difficulties of effective parenting in the context of IPV, with implications for prevention and intervention. Factors associated with resilience and recovery from violence exposure will be reviewed, with an emphasis on how advocates, caseworkers, and other professionals can promote resilience in IPV impacted families. Finally, evidence-based interventions for addressing IPV-related	75%	Held in House	Consultants	All Staff	3.5
IPV Advanced Series: Intersectionality and Disparity; Racism					
This course will provide participants with an understanding of culture and the importance of cultural considerations when working with families where IPV is present. In this training, participants will delve deeper into The Adverse Childhood Experiences Study and will be able to define and explain social determinants of health, and how social factors shape health and well-being, particularly with relation to experiences of and with violence. Because inequality, racism and structural inequalities operate as social determinants of health, this training will also explore IPV a social justice issue. At the end of this course, participants will be able to: 1. Explain and understand intimate partner violence as a social determinant of health 2. Understand the domestic violence risk and protective factor framework 3. Identify how structural inequalities sustain/inform experiences of abuse	75%	Online Training	Consultants	All Staff	3.5
IPV Advanced Series: Strangulation, Brain Injury, and Lethality					
This course will provide an in-depth look at brain injury, particularly within the context of strangulation and IPV. Participants will learn the mechanisms of brain injury and the consequences associated with those mechanisms. The training will introduce participants to the Acquired Brain Injury program at DMHAS, how to screen for a brain injury, and what to do if someone screens positively including how to refer clients to the program and what resources the program is able to provide to people who may have a brain injury. At the end of this course, participants will be able to describe: 1. mechanisms of brain injury including strangulation 2. what deficits a person with brain injury may present with 3. how to evaluate a person's functionality and independence 4. special issues unique to victims of IPV living with brain injury 5. where to obtain information pertaining to ABI resources in Connecticut	75%	Online Training	Consultants	All Staff	3.5
IPV Advanced Series: Trauma Informed Care and Motivational Interviewing with People Who Use Violence					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course will focus on the consequences of trauma exposure for both victims and perpetrators of intimate partner violence. This includes a review of important models for understanding violence and its impacts, and an exploration of factors that can increase the risk of violence. This training will also highlight how trauma and IPV intersect with the veteran population and specific strategies for integrating a trauma informed approach to working with people who use violence. At the end of this course, participants will be able to: 1. Explain the social information processing and survival models for violence for survivors of trauma and their partners. 2. Address contributing factors that can increase risk for intimate partner violence among survivors of trauma and their partners. 3. Describe three ways anger is expressed among survivors of trauma and their partners. 4. Review challenges to violence prevention and strategies for overcoming these challenges.	75%	Online Training	Consultants	All Staff	3.5
Kronos - Employee Guide					
This is an e-learning session on how to use Kronos from an employee perspective.	50%	Online Training	DCF Staff	All Staff	0.5
Kronos - Supervisor Guide					
This is an e-learning session on how to use Kronos from a supervisor perspective.	50%	Online Training	DCF Staff	Supervisors	1
LAMM: Leading Change - Day 1					
LAMM Day 1	50%	Online Training	Consultants	Managers	6
LAMM: Leading Change - Day 2					
LAMM Day 2	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading for Results - Day 4					
Participants focus on understanding the importance of using data to tell a story. The importance of utilizing data in order to move a project forward	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading for Results - Day 5					
Participants focus on understanding the importance of using data to tell a story. The importance of utilizing data in order to move a project forward	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading in Context - Day 3					
LAMM - Day 3	50%	Online Training	Academy Staff	Managers	6
LAMM: Leading People - Day 6					
Participants focus on the importance of developing and supporting the workforce while also holding them accountable	50%	Online Training	Academy Staff	Managers	6
Leadership Academy for Supervisors Kickoff					
LAS participants meet their coaches and receive orientation to the LAS program.	50%	Held in House	Academy Staff	Supervisors	3
Leadership Academy for Supervisors: Fundamentals of Leadership					
Participants will learn how to address persistent complex challenges and acquire skills for implementation of sustainable systems change.	50%	Held in House	Academy Staff	Supervisors	6
Leadership Academy for Supervisors: Leading Change					
In this module, we will focus on phased implementation, the five stages of change, using a racial equity lens, transformational leadership, and effective communication.	50%	Held in House	Academy and DCF Staff	Supervisors	6
Leadership Academy for Supervisors: Leading for Results					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Participants will learn how leaders must ensure organizations have effective internal management systems and that the organizational culture values data analysis to inform decision-making and demonstrate the achievement of outcomes.	50%	Held in House	Academy and DCF Staff	Supervisors	6
Leadership Academy for Supervisors: Leading in Context					
Participants will learn how to explain the dimensions of a systems perspective and think politically to address internal and external issues, as well as develop internal and external partnerships. This course also covers strategies for an external awareness of national policies, trends, and the organization's impact on the community.	50%	Held in House	Academy Staff	Supervisors	6
Leadership Academy for Supervisors: Leading People					
In this module, we will focus on the skills necessary to lead the workforce through change implementation	50%	Held in House	Academy Staff	Supervisors	6
Leading from a Supervisory Perspective (LSP): Exploring the Supervisory Relationship					
The relationship between a supervisor and their staff is one of the most crucial elements in staffs' ability to be successful in their job. This class looks at the role of the Safe and Sound Culture in working with your staff and considerations in exploring identity and thought biases that can impact work and work relationships. Supervisors will explore their conflict resolution style, consider how conflict plays a role in individual and group work, and develop strategies to foster collaborative work. • Increase insight regarding and comfort with discussing the Agency's Racial Justice Framework and fostering of the Safe and Sound Culture • Identifying and setting Boundaries and Expectations • Balancing the work and your staff's needs, recognizing their unique needs (True Color Profile) • Identify your DiSC conflict resolution style, consider how your staff's style might be different, and how to leverage conflict	50%	Held in House	Academy Staff	Social Work Staff	6
Leading from a Supervisory Perspective (LSP): Making the Transition to Supervisor					
This first session in the Leading from a Supervisory Perspective series will explore concepts and skills necessary to build a foundation for new supervisors. Through the training, newly promoted supervisors will be provided an opportunity to examine their common experiences; discuss and identify key initial steps; and address and gain exposure to key aspects of leadership. • Recognize the change in focus, authority, and responsibility that comes with becoming a SWS • Recognize the changing nature of relationship and boundaries • Identify the SWS role in carrying out the agency's initiatives • Establish a process to learn the work you are going to be supervising • Familiarize yourself with your DISC Style • Define how your DISC style may impact your work	50%	Held in House	Academy Staff	Social Work Staff	6
Leading from a Supervisory Perspective (LSP): Supervising for Accountability and Success					
This class provides participants with the opportunity to hear directly from Labor Relations staff regarding their key responsibilities related to the structure and documentation of supervision and the various types of interventions available to them in addressing work performance issues. Participants will receive an overview of the labor relations process, including the types of documentation and diligent efforts required of the supervisor in the process of managing work performance, as well as guidance around how to craft their staff's annual appraisals. The day rounds out with an exploration of the Yale Supervision Model and the Supervision Agenda. • Familiarizing themselves with policy and management expectations of the SWS role • Develop and understanding of your wheel of influence and how to balance your inner and outer core • Detail key considerations in holding supervision and completing the supervisory narrative • Develop comfort with delegating (and managing) the work	50%	Held in House	Academy Staff	Social Work Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Leading from a Supervisory Perspective (LSP): Supervising for Quality of Services					
Supervision is an explorative process that guides staff through the work they are responsible for carrying out in such a way as to deepen their understanding, gain insight, and align their individual motivation with the mission of the agency. This class will explore key strategies for supervisors to use in preparing for supervision sessions, utilization of the Child Safety Practice Model in case discussion, and in developing staff's critical thinking skills. • Recognize key practice for Quality of Services • Identify key strategies to use in preparing for supervision • Focus on how to align the agency's mission and initiatives with your staff's internal motivation • Identify strategies for using the Child Safety Practice Model to deepen the conversation in supervision • Recognizing the various types of identity and thought biases that impact our work our work • Increase understanding around the importance of develop/fostering critical thinking in ourselves and our staff	50%	Held in House	Academy Staff	Social Work Staff	6
Leading from a Supervisory Perspective (LSP): Supervising toward Growth and Development					
This class equips Supervisors with essential skills to enhance their team's performance and individual growth. Participants will explore various aspects of effective supervision, including understanding developmental stages, leveraging learning styles, and utilizing group supervision techniques. Additionally, the training emphasizes the use of Practice Profiles and familiarizing Supervisors with available resources via the Academy for Workforce Development. • Identifying and managing the developmental stage of your workers individual and unit as a whole • Explore how your learning style influences your work and the work of your staff • Using Group supervision to assess and educate and deepen their understanding of casework • Use of Practice Profiles. In assessing and building your staff's needs • Becoming familiar with resources available via the AWD in building your staff's needs.	50%	Held in House	Academy Staff	Social Work Staff	6
Leading from a Supervisory Perspective (LSP): Supervision and Administrative Tasks					
Staying focused on the various elements of the work to be completed by staff and ensuring that agency policy expectations are a necessary part of supervision. Successfully meeting this obligation requires organizational systems, for supervisors and staff, to keep focus where it needs to be and to assist in prioritizing the work to be done. This class will focus on the use of data, the development of tracking systems, and the functionality of various applications available in Office 365. In addition, participants will receive a presentation by the Kronos team regarding key components of that system and the supervisor's role in accurately making their staff's timecard. • Develop systems to track and organize the work • Become familiar with and recognize the importance of using Data to inform supervision • Increase capacity to work with Outlook and Excel • Detail the elements of LINK work and case process	50%	Held in House	Academy Staff	Social Work Staff	6
Leading from a Supervisory Perspective (LSP): Supervision as Support					
Supervisors are responsible not only for the work produced by their staff, but also how their staff weather the work to which they are exposed. From the potential isolation of telework, to exposure to traumatic experiences, to the challenges that come with trying to find work/life balance, staff need Supervisors that are prepared to support them. This class will focus on Supervisors gaining an understanding of their role, the techniques for engaging their staff around support, and strategies for guiding their staff in developing strategies to manage the emotions and stressors of this work. • Develop understanding the SWS role in providing support to staff in their jobs as they face work-related challenges • Recognizing secondary traumatic stress in self and in their staff and developing strategies for self-care • Identify the challenges of using technology to carryout supervision and develop strategies for increasing connection and collaboration.	50%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: Making the Transition to Supervisor					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: From Writing an Evaluation to Writing a Work Plan and Everything In Between					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: Supervision through Leveraging Technology					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: The Human Relationships of Supervision					
The Academy for Workforce Development is offering Leading from A Supervisory Perspective, a training series available to newly promoted or hired supervisors across the agency's divisions. Participants will be provided a foundational understanding of the theory behind supervision and the opportunity to explore their use of authority, conflict management style, and their individual style of learning and empathy, all crucial elements of supervision. Built from the agency's supervision and practice models, these trainings afford staff the opportunity to develop themselves as supervisors using self-assessment tools, reflective activities, and peer discussions.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading From a Supervisory Perspective: The Process of Supervision					
This course addresses the following topics: Overview of the Yale Supervision Model, four quadrants of supervision and explore themes to apply to each quadrant, learning styles, finding balance and developing strategies, review of narratives, LINK work, and tracking systems to inform supervision, writing the supervision note, and using Group supervision to assess and educate and deepen their understanding of casework.	75%	Held in House	Academy Staff	Social Work Staff	6
Leading from Supervisory Perspective (LSP) Focus Group Session					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
To evaluate and improve trainings implementation, the Academy will be conducting 2 focus groups with selected training participants to participate in ONE 90-minute virtual focus group. Focus groups will be used to examine your applied behaviors and skills learned during the LSP Training Series to current practice. In addition, your feedback will be sought on factors that enable and impede the use of new skills. Your participation and feedback in the focus group will be confidential.	75%	Held in House	Academy Staff	Social Work Staff	1.5
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	Supervisors	6
Learning Lab - Microsoft 365					
Availability: This course is available by request only. For more information or to schedule a session, please contact: DCF.Academy@ct.gov Learning Lab - Microsoft 365 is designed to provide focused, hands-on training tailored to your unique learning objectives, including support for specific projects. Through one-on-one or small group sessions, participants will dive deep into Microsoft 365's cloud-based applications and functionalities. Whether you're looking to enhance real-time collaboration across Office apps, manage files efficiently with OneDrive and SharePoint, or seek guidance on leveraging Microsoft 365 for an upcoming project, this lab offers the personalized support you need. Adapted to fit your pace and specific requirements, our lab ensures a customized learning journey, empowering you to maximize productivity and collaboration skills in the cloud.	50%	Held in House	Academy Staff	All Staff	1
Learning Lab - Microsoft Office					
Are you having a hard time getting some peace and quiet to focus on a large project that is due? Would you like the support of an IT professional to turn that Power Point presentation or Excel spreadsheet into something extraordinary or more user-friendly? If you answered "yes!" to either of these questions, the "Learning Lab – Microsoft Office" course is a perfect opportunity for you. Designed as an "open lab" where participants bring their own work materials, it is an opportunity to accomplish work on a specific project or presentation with the support of the DCF Academy IT Consultant. Registration in advance is necessary, and class size is limited due to the nature of the course.	50%	Held in House	Academy Staff	All Staff	2
Learning Lab - One-on-One Technology Training					
This one-on-one Learning Lab provides customized technology training by request only, tailored to individual needs. Participants receive personalized guidance to build skills, address specific tech challenges, and increase efficiency with essential software and organizational tools. Ideal for those seeking focused, individualized support, this lab empowers staff to optimize their daily work with technology.	50%	Held in House	Academy Staff	All Staff	3
LEGO: Learning Through Play					
: Learners participated in a demonstration of the use of Lego as it relates to science of play and its connection to child development.	75%	Held in House	Consultants	All Staff	2.5
LINK for Non-Caseload Carrying Staff					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
During this course, participants will develop a baseline understanding of the Department's Comprehensive Child Welfare Information System (CCWIS) also known as LINK as it relates to their role and function as a non-caseload carrying staff. Participants will learn the general functions of LINK, including search functions, general tab functions, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice searching cases, individuals, placements, legal status, and providers, entering narratives with accurate narrative type selection.	75%	Held in House	Academy Staff	All Staff	3
Lived Experience of Vicarious Resilience Among Child Welfare Professionals					
This half day virtual will present information regarding professional staff who work with families who face adversity and suffering and develop resilience may encourage professionals to examine their values and find positive meaning in their own life. This phenomenon is known as vicarious resilience. During this training, the following topics will be discussed: 1) Enhanced understanding of vicarious resilience 2) Enhanced knowledge of vicarious trauma 3) Increased knowledge of what contributes to sustainability in trauma-exposed professions 4) Important information for agencies on cultivating resilience in the workplace and among trauma-exposed professionals.	75%	Online Training	Consultants	New Social Worker Staff	3
Making the Most of Your Time: Effective Time Management and Organizational Tools					
The goal of this training is to enable DCF social workers to maximize their use of their time to accomplish critical work tasks; and to offer participants methods to decrease deadline related stress and reduce the need for paperwork related overtime. This will be accomplished by offering participants the opportunity to reflect on how they are currently using their time and explore options to increase their productivity through a better understanding of their inner and outer environments. The training will offer concrete tools and methods to increase the effective use of their time. Educational Objectives: OBJECTIVES • Participants will be able to identify the critical tasks of their work and be able to estimate the average amount of time needed for priority tasks. • Participants will be able to identify methods for decreasing distractions and minimizing interruptions. • Participants will be able to identify ways to create a personal environment that supports productivity	50%	Held in House	Academy Staff	All Staff	6
Medical Marijuana in CT					
This webinar will provide an overview of CT Medical Marijuana Law by Department of Consumer Protection (DCP). This webinar will provide information on the current legislation, covered conditions, how to obtain a medical marijuana card, what a medical marijuana card looks like, CT dispensaries, and other information that is relevant to understanding Medical Marijuana in Connecticut.	75%	Online Training	Consultants	All Staff	0.5
Meditation in Our Work					
Bring in the new year with healthy mediation practice. This event is open to all DCF Central Office staff. Participants will be provided the necessary education, background, and experience to successfully implement a meditation practice into their daily lives.	0%	Held in House	Academy Staff	All Staff	1
Mentee Orientation					
The orientation training will provide mentees with an overview and understanding of the history of the program, mentoring relationships, program requirements, and the mentoring process. There will be a panel discussion from previous mentees discussing their experience in the program.	50%	Online Training	DCF and Academy Staff	All Staff	3
Mentor Orientation					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The orientation training will provide mentors with an overview and understanding of the history of the program, understanding mentoring vs. supervision, effective mentoring relationships, program requirements, and the mentoring process, examples of mentoring activities, and general guidelines. Participants who have previously mentored may be asked to provide insight as to their experiences being a mentor.	50%	Online Training	DCF and Academy Staff	All Staff	1
Mentoring Professional Development Day 1 at the Wilderness School					
Professional Development Day 1. Participants will engage in team building activities with peers and mentors throughout the day. They will also engage in learning about mindfulness and intercultural development.	50%	Held in House	DCF and Academy Staff	All Staff	6
Mentoring Professional Development Day 2 - 2025					
This professional development day will include the workshop "Mirrors Up" in which participants will: Gain a deeper understanding of the multifaceted nature of personal identity; Recognize and challenge their own biases and preconceptions; Develop strategies for seeing beyond surface-level characteristics in their clients; and enhance their ability to create supportive, empowering client relationships. Other topic areas include a presentation about current case practices by the Bureau Chief of Child Welfare, group discussion about the Intercultural Development Inventory, as well as presentation skill development.	50%	Held in House	Academy Staff and Consultants	All Staff	6
Mentoring Program - Closing Ceremony					
A time for the mentors and mentees to come together, present and reflect on their experiences together over the last 9 months.	50%	Held in House	DCF and Academy Staff	All Staff	3
Mentoring Program Kick Off					
The Kick-off will provide mentees and mentors an opportunity to learn of the expectations during the upcoming cohort, overview of the program, their roles and responsibilities in the mentee/mentor relationship, upcoming activities, and reviewing of forms. Mentees and mentor will be connected with their match. Ice breaker activities will occur. Break-out sessions will occur to provide an opportunity for introductory meet and greet between the mentee and their mentor.	50%	Held in House	DCF and Academy Staff	All Staff	3
Mentoring Program: Executive Round Table					
The Executive Round Table Discussion will give participants the unique opportunity to meet and have a conversation with the members of the DCF Executive Team.	50%	Held in House	Academy and DCF Staff	All Staff	2.5
Microlearning Lab- The Process Following a Removal: Steps to Do After a 96hour hold /Order of Temporary Custody					
This 60-minute microlearning lab session will provide concrete steps for social workers to complete following a removal. When completed the next steps accurately can contribute to the safety for both DCF staff and the child. In addition, it provides transparency of what to expect next to the parents and caregivers.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Lab: Collateral Contacts and Discussion Guides					
This MLL focuses on the importance of utilizing collateral contacts to support assessment of family needs, risk, and safety. This MLL will infuse the use of ABCD Child Safety Practice Model Discussion Guides to support critical thinking and gathering of information.	75%	Online Training	Academy Staff	Social Work Staff	1.5
Microlearning Labs: DOCUMENTATION: JUST ENOUGH OF THE RIGHT DETAILS					
This interactive MLL is focused on Intake protocol. Writing tips on creating a clear, concise document with the right details are included in this MLL. Explore how small changes can enhance writing and improve the reader's ability to understand the important aspects of the case.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: INTERVIEWING CHILDREN: HOW SHOULD I ASK THAT?					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This MLL focuses on the uniqueness of children when preparing to interview. This MLL will explore how age, development, trauma and leading questions can impact information gathering. Participants will gain concrete guidance on gathering information from children.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: SDM Safety Planning					
Weather, Situation, and Time-Proof the Safety Plans made with families. This MLL gives participants an opportunity to practice creating realistic, doable, specific interventions that mitigate immediate safety concerns.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: THE C IN THE ABCD Paradigm: ASSESSING YOUNG CHILDREN					
Some of our most vulnerable are the infants and young children we work with. This MLL will demonstrate how existing resources and guides can be used to strengthen the assessment and documentation related to safety, attachment, health and development of children ages 0-5.	75%	Online Training	Academy Staff	Social Work Staff	1
Microlearning Labs: UNASKED, UNKNOWN AND ASSUMED: ASSESSING SAFETY FROM THE SWS LENS					
Supervisors who attend this MLL will become more familiar with their supervisory roles and responsibilities as it relates assessing safety. Supervisors will practice guiding staff through assessing safety using the SDM and ABCD Paradigm tools.	75%	Online Training	Academy Staff	Social Work Staff	1
MICROSOFT 365: ENHANCING PRODUCTIVITY AND COLLABORATION					
This hands-on course introduces DCF employees to Microsoft 365, its core apps, and tools, as well as providing a foundational understanding of what "the cloud" is and how it functions. This course aims to empower participants with the knowledge and skills needed to leverage available technology to enhance productivity and enable effective, real-time collaboration.	50%	Held in House	Academy Staff	All Staff	3
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 will explore the definition of mindfulness and delve into the benefits of developing a mindfulness practice. We will learn about the Buddhist roots of mindfulness and how it became a secular wellness strategy in the United States. In this course, we will explore the use of mindfulness in therapeutic modalities. We will also learn and practice several different mindfulness activities that can be easily incorporated into our busy and stressful DCF lives!	50%	Online Training	Academy Staff	All Staff	3
Mock Interview 1 - Mentoring Program					
Mentoring Program mentees engage in a mock interview for a supervisor or program supervisor level position. This simulation experience provides participants the opportunity to answer interview questions for a panel of Academy/Agency leaders as a means of practicing interviewing skills. Participants will also receive feedback from panelists for further consideration in their development. This is the first of two mock interviews	50%	Held in House	Academy and DCF Staff	All Staff	0.75
Mock Interview 2 - Mentoring Program					
Mentoring Program mentees engage in a second mock interview for a supervisor or program supervisor level position. This simulation experience provides participants the opportunity to answer interview questions for a panel of Academy/Agency leaders integrating the feedback from the first mock interview. Participants will receive additional feedback from panelists for further consideration in their development. This is the second of two mock interviews.	50%	Held in House	Academy and DCF Staff	All Staff	0.75
Motivational Interviewing Skills that Promote Peer Empowerment					
Persuasion vs. Empowerment! This session will be an overview of the skills and techniques that give peers in recovery the tools and confidence to make their own healthy choices. Participants will gain an understanding of dynamic techniques	50%	Held in House	Consultants	Social Work Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
such as reflective listening, using open-ended and meaningful questions, and the guiding principles of motivational interviewing.					
Motivational Interviewing TOT - Virtual Orientation					
Participants will review and practice foundational motivational interviewing (MI) skills in preparation for a 3-day MI Training of the Trainer.	50%	Held in House	Consultants	All Staff	2
Motivational Interviewing TOT, Day 1					
Participants will learn the 2-day motivational interviewing (MI) training. They will have the opportunity to teach back the content learned and develop DCF specific training content to be offered through in-service training.	50%	Held in House	Consultants	All Staff	6
NAMI Connecticut Vital Connections Project: Why We Didn't Tell You: Learning from Lived Experience of Those with Suicidal Thoughts					
This presentation aims to reduce the stigma of suicide by encouraging frank, open dialogue about reasons teens and adults might have for not disclosing suicidal intent. Instructors will share published research and personal stories of survivors; participants will gain insight from persons with lived experience, learn to articulate several emotional, interpersonal, practical reasons for reticence among persons contemplating suicide and identify key strategies - including therapeutic interventions - to increase the likelihood of help seeking and honesty. Learning Objectives: 1. Participants will articulate several emotional, interpersonal, and practical reasons for reticence among persons contemplating suicide. 2. Participants will summarize findings of recent published research about the nondisclosure of suicidal intent among persons who later attempted or died by suicide. 3. Participants will practice and identify several key strategies to reduce risk of suicide and increase the like	75%	Online Training	Academy Staff	All Staff	3
Now and Zen: A Time for Autumn					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect the week's practice offers at time for autumn.	0%	Online Training	DCF Staff	All Staff	0.25
Now and Zen: A Time for Peace					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect the week's practice offers at time for peace.	0%	Online Training	DCF Staff	All Staff	0.25
Observation and Documentation Activity					
This activity is part of the Observation and Documentation Class	50%	Online Training	Academy Staff	All Staff	0.25
One Note					
This OneNote training will go over the basics of OneNote and its functionality for your role. OneNote will enhance your productivity and can be a game changer for your work. In this half day session, you will learn how to take notes and share them using Microsoft OneNote. Explore interface features and the latest workflow enhancements with this note-taking app. You will learn easy ways to format your text, organize notebooks by sections, pages and sub-pages, use templates, and integrate your notes with Outlook.	50%	Online Training	Academy Staff	All Staff	3
One on One Coaching – Supervision					
This coaching experience is available to Social Work Supervisors and is aimed at increasing a supervisor's comfort and success within the supervisory session.	50%	Held in House	Academy Staff	Social Work Staff	2

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Several key competencies of the AHA training curriculum are supported, including assessing and addressing the learning and developmental needs of staff, building effective leadership styles, establishing a culture of trust and openness, monitoring work performance and providing effective feedback. Coaching activity can vary depending on the individual needs. Activities include exploring worker strengths and needs prior to the supervisory session, discussion of supervisor's challenges and identification of techniques to address those challenges, use of solution focused questions within the supervisory session, providing feedback and direction to the worker, and modeling of supervision within the supervisory session.					
One on One Coaching - Writing/Grammar					
This 1:1 coaching will focus on assisting DCF staff in writing and grammar skills that are needed to perform their job tasks.	50%	Held in House	Academy Staff	Social Work Staff	3
Overview of the Evidence-Based In-Home Family Treatment Service Array					
Viewers will learn about the rich service array of Evidence-Based Treatments (EBTs) for children and families in CT. They will receive a brief overview of each EBT's target population, service framework and process. The training also offers strategies to guide the matching process of connecting youth and families to the program best matched to their specific treatment needs and an introduction to the Assisted Intervention Matching (AIM) Tool.	75%	Online Training	Consultants	RRG	2
POVERTY IS NOT NEGLECT					
Poverty is a risk factor for child neglect, but poverty does not equal neglect. Poverty can make it more difficult for parents to meet their children's needs. However, poverty alone does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for their child. In this training participants will gain a clear understanding in separating poverty from neglect in child welfare. Participants will also explore preventing poverty-related neglect at a population level.	75%	Held in House	Academy Staff	All Staff	6
Probate Matters					
This course is designed to assist ongoing Social Workers assigned to Probate Court cases to perform expected roles and tasks. Participants will receive a foundational framework for understanding the legal context of Probate Court cases. Participants are provided an overview of the Probate Court system in Connecticut, in contrast with Juveniles Court Matters, learn the importance of making well informed assessments and recommendations to Probate Court. Participants will understand the need to provide clear and consistent communication with Probate Court to support the courts' ability to reach conclusions that are in the best interest of the children and their families being served. Finally, participants will also receive instructions on how to present during testimony at Probate Hearings.	75%	Held in House	Academy Staff	All Staff	6
Program Lead Training (mandatory)					
(Opening Remarks Commissioner Jodi Hill-Lilly) Last year a multi-disciplinary workgroup was convened to revise the Program Lead (formerly PDOC) Manual that was developed in 2015. The workgroup included representatives from each of your divisions and was co-led by Susan Cunningham, Contract Management, and Sarah Gibson, Systems. This revision was identified as an important task within the overall Service Outcome Advisory Committee (SOAC) initiative. The Manual outlines the general role and expectations for those DCF staff in the role of Program Lead. In creating some foundational structure and consistency for the role it both recognizes the integral part that Program Leads play in the creating, managing, and monitoring of DCF-contracted services and offers concrete standardized approaches to carrying out and documenting this important work. The training will orient all the existing Program Leads to the revised Program Lead Manual - Program Lead General Roles and Expectations	75%	Held in House	DCF Staff	All Staff	3.5
QLS: Blind, Education, Bureau Services (BESB)					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
BESB Learning Objectives: Differential between legally blind or visually impaired. Describe services BESB can offer the visually impaired children and their families. Indicate how a teacher is eligible to be a visually impaired consultant in the state of Connecticut. Indicate when DCF should collaborate with BESB.	75%	Online Training	Consultants	All Staff	1.5
QLS: Childhood Trauma/Health Effects of Trauma					
Childhood Trauma/health effects of trauma, ACES study, a general overview of the CTS screen, and provide information on what DCF does with this information	75%	Online Training	Consultants	All Staff	2
Quality Parenting Initiative (QPI) 101					
QPI, is a national movement for foster care change, made up of a network of states, counties and private agencies committed to ensuring that all children in care have excellent parenting and lasting relationships so they can thrive and grow. QPI is built on the belief that excellent parenting with strong, positive relationships is the best intervention we can offer children to enable them to heal as they grow up to become adults. Creating a system that ensures excellent parenting requires the support and involvement of birth families, relative caregivers, foster families, young people, and others in the child welfare system. Research has demonstrated that children and youth need consistent and effective parenting to thrive. When parents cannot care for their children, another caregiver, in partnership with the child welfare system, must be able to provide loving, committed, and skilled care that enables the children to feel trust in their relationships with the adults in their lives.	75%	Online Training	Academy Staff	All Staff	3
Learning Collaborative					
The Academy for Workforce Development at the Connecticut Department of Children and Families has identified a need to bring staff across the agency into a facilitated community that elevates data gathered from the 2022 Training Needs Survey, as a Learning Collaborative to be designed for supervisors and managers. This Learning Collaborative is intended to deepen conversations, open a space for personal and professional self-reflection, and support the development of systems thinking beyond conventional training. Managers and supervisors from the area offices, central office and facilities will participate in a five -part curriculum in order expand courage, bravery, and reduce shame and guilt.	50%	Online Training	Consultants	All Staff	2
Restorative Justice - Training Day 1					
Restorative Justice 2-day training. DCF and STAR program staff will receive this cross-agency training on Restorative Justice. Co-trained by Dr. John Ducksworth (Center for Children's Advocacy) & Suffolk University's Center for Restorative Justice.	75%	Held in House	Consultants	All Staff	6
Restorative Justice -Training Day 2					
Restorative Justice 2-day training. DCF and STAR program staff will receive this cross-agency training on Restorative Justice. Co-trained by Dr. John Ducksworth (Center for Children's Advocacy) & Suffolk University's Center for Restorative Justice.	75%	Held in House	Consultants	All Staff	6
SDM Structured Decision Making - Safety Assessment Tool Online Training					
This self-paced module will introduce the Safety Assessment tool and the benefits that will occur by it being used by the agency.	75%	Online Training	DCF and Academy Staff	All Staff	0.5
Secondary Traumatic Stress: Understanding The Impact on Professionals in Trauma-Exposed Workplaces					
During this full day training, participants will learn the impact of Secondary Traumatic Stress. This training will outline specific strategies to strengthen protective factors to prevent, identify, and address STS in the workplace. Through case examples, participants will learn who is at risk, organizational and individual factors related to STS, and how to approach support staff wellness.	50%	Held in House	Academy Staff	All Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Social Emotional & Behavioral Milestones for Children Birth to Age Five and the Effects of COVID-19					
This training will explore the social emotional & behavioral milestones for children and the effects of the COVID-19 Pandemic on the various typical and atypical developmental milestones of children up to five years old. Typical development will be discussed, as well as challenges within families and early childhood programs who may have dealt with increased stressors, less peer interactions and some children not having the social interactions due to center closures and isolation at the beginning of the pandemic. This training will also provide social workers with the resources and strategies to help support caregivers of young children as they provide the support to the children in their care.	75%	Online Training	Consultants	All Staff	3
Social Media Awareness for Staff					
This training focuses on the personal use of social media in a manner that mitigates risk to the personal safety of DCF and their families.	75%	Online Training	Academy Staff	All Staff	3
Special Qualitative Review (SQR) Learning Forum - Fentanyl Use in Families and Child Protection Implications					
The forum will explore the themes found in SQR cases around the impact fentanyl is having on the families the department serves and the community. • Participants will be able to understand the signs and risks associated with fentanyl use. • Participants will the explore a case utilizing the Safety Practice Model / ABCD paradigm. Participants will be able to plan with families on securing treatment and mitigating risks of exposure to children and youth.	75%	Online Training	Academy Staff	All Staff	3
SQR Learning Forum: Death by Suicide					
The forum will explore the themes found in SQR cases involving death by suicide in youth. Participants will gain a level of comfort in screening for suicidality, knowing the risks, and planning with families. Taking into consideration: • Age, Development, Child Vulnerability • Caregiver Protective Capacity • Culture/Equity Influencers • Potential Referrals/ Community Resources • Partners Participants will gain additional knowledge on community resources/supports for families	75%	Online Training	DCF Staff	All Staff	3
SQR Learning Forum: Undocumented and Recent Migrant Families (Full and Condensed versions)					
The forum will explore the themes found in SQR cases of challenges undocumented and migrant families face in obtaining necessary services for mental health, substance use, intimate partner violence and the child welfare implications. To explore our own bias and beliefs around undocumented and migrant families. To gain more insight into assessing and planning. To understand best practices and resources available as well as important considerations when working with these families.	75%	Held in House	DCF Staff	All Staff	Full: 2.5 Prtl: 1
Street Gang Intelligence Training					
This training will discuss what social workers need to know about gangs and gang activity, with a focus on Connecticut. This presentation covers the structure, culture, and dynamics of prominent gangs and their subsets, gang activity and rivalries, and significant aspects of identification. This course will also focus on areas including: • Understanding gang and gang activity, with a focus on Connecticut • Focus on structure, culture, and dynamics of prominent gangs • Identifying gang subsets, gang activity and rivalries, and significant aspects of identification	75%	Held in House	Consultants	All Staff	3
Strengthening Case Planning through Supervision					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
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	All Staff	4
Supervising Trainees: Developing the Workforce					
This course is 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.	50%	Held in House	Academy Staff	Supervisors	6
Supervisory MLL: Case Conferences					
Quality of Service is a key focus of child protective services supervision. It is common to have in-the-moment supervisory discussions with staff when they are in the community meeting with families and providers. But true exploration of safety and risk concerns, appropriateness of services, progress and barriers relative to case goals, and the quality of worker visitations requires intentional and thoughtful face-to-face discussions. This Microlearning Lab will facilitate conversations around the strategies and techniques supervisors can use in supervision to deepen the critical thinking used by both supervisor and worker in exploring case themes and case planning. This discussion will focus on the ABCD Safety Practice Model Supervisory Tool and some of the key questions and supporting documents that can be utilized to ensure we are applying critical thinking and exploration to our supervision sessions.	75%	Held in House	Academy Staff	Supervisors	1.5
Supervisory MLL: The Supervision Session Agenda					
The Supervision Session Agenda (DCF-4101) provides a framework for the supervision process and is the document of record for the discussions and directives that occur in supervision. Broken into four sections, the Supervision Session Agenda focuses not only on the quality of services provided to the families and youth we serve, but also on the administrative issues to which social workers need to attend, and the Professional Development and Work Life discussion that are crucial to ensure our supervisory sessions are addressing all aspects of our staff's work and work experience. This microlearning lab will provide an opportunity for us to refamiliarize ourselves with the intended use of the Supervision Session Agenda, explore content that can be explored in each of the quadrants, as well as the guidance on how to document your supervision on the agenda, storage, and role of the Supervision Session Agenda in performance evaluation and collaboration with Labor Relations when warranted.	75%	Held in House	Academy Staff	Supervisors	1.5
Supporting Youth					
All youth in care need nurturing homes that provide them with a safe place to process their feelings of grief and loss, freedom to express who they are, and structure to support them in becoming responsible, healthy adults. Creating a welcoming foster home for youth is not much different from creating a safe and supportive home for any youth.	75%	Online Training	Consultants	All Staff	1
Supporting your Team through Group Coaching: DCF 4101 - Revisiting the Supervision Session Agenda					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This series is geared toward all PS and SWS interested in learning how to provide coaching support to their staff, with an emphasis on those leading trainees. This session is focused on strengthening supervision with the holistic use of the DCF 4101 Supervision Session Agenda.	50%	Online Training	Academy Staff	Social Work Staff	1
Supporting your Team through Group Coaching: Exploring the 8 Dimensions of Wellness					
This series is geared towards all PS and SWS interested in learning how to provide coaching support to their staff, with an emphasis on those leading trainees. In this coaching session, we will explore the 8 Dimensions of Wellness and how they can foster a healthier, more engaged workplace. By focusing on each dimension, supervisors can enhance their leadership skills and create a supportive environment that empowers employees to thrive both personally and professionally.	50%	Online Training	Academy Staff	Social Work Staff	1
Supporting your Team through Group Coaching: Fostering Relationships					
This series is geared toward all PS and SWS interested in learning how to provide coaching support to their staff, with an emphasis on those leading trainees. This session is focused on the value of fostering relationships with and amongst staff to enhance workforce well-being. We will explore the ways in which participants successfully foster relationships for themselves and their staff and how to strengthen	50%	Online Training	Academy Staff	Supervisors	1
Supporting your Team through Group Coaching: Strengthening Safety Assessments via Use of Practice Profiles					
This series is geared towards all PS and SWS interested in learning how to provide coaching support to their staff, with an emphasis on those leading trainees. This session is focused on strengthening safety assessments with emphasis on the use of practice profiles in supervision. Practice Profiles support consistent and effective practice, encourage skill development and critical thinking. They are used to assess skills and identify strengths and areas for development and growth within the agency's Child Safety Practice Model.	50%	Online Training	Academy Staff	Social Work Staff	1
Teaching and Supporting Self-Regulation for Young Children Birth to Age five					
This training will explore the importance of social emotional regulation in young children birth to age five. This is a skill, which is learned over time. In order to build their success in self-regulation, young children need to be given opportunities to learn. Children have to learn what emotions are, what is acceptable behaviors and learn to be empathetic to others. This training will help the attendee understand the long-term impact of these skills for the children as they age. There will also be various social emotional resources that will be shared during this training to help support the early childhood provider to support children in their care.	75%	Online Training	Consultants	All Staff	3
Team Building and Group Supervision					
This is a full day training course integrating group supervision and team building. In order for the day to be most effective, area office units must sign up as a group. Supervisor must register the entire unit. This training will be arranged and held at an offsite location in close proximity to the regional office. This program explores the essentials that team members and leaders need to understand for team success. Included in the session is discussion around the four stages of team development and how to understand and deal with different personalities on the team. Additionally, small group work identifies strengths and needs of the team. The results are developed into a plan of action and commitment based on personal ownership. The group supervision portion of this training is based on the Yale Supervision Model. This program explores a formalized process of meeting between unit members within regional offices.	50%	Held in House	Academy Staff	All Staff	3
The CT Behavioral Health Partnership Virtual Presentation					
The CT BHP Partnership consists of the Department of Children and Families (DCF), the Department of Social Services (DSS) and the Department of Mental Health and	75%	Online Training	Consultants	All Staff	1

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Addiction Services (DMHAS). Consultation is provided to the CT BHP by a legislatively mandated Oversight Council. The Departments contracted with Carelon Behavioral Health to serve as the Administrative Services Organization (ASO). Expanded in 2011 to include DMHAS, the contract is designed to create an integrated behavioral health service system for our members; Connecticut's Medicaid populations, including children and families who are enrolled in HUSKY Health and DCF Limited Benefit programs. DCF Mentees will learn that the Partnership's goal is to provide access to a more complete, coordinated, and effective system of community based behavioral health services and support. This goal is achieved by making enhancements to the current system of care in order to: • Provide access to a more complete, coordinated and effective					
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. · Participants will be able to identify the correlation between challenging behaviors and the visitation process. · Participants will be able to describe the short and long-term impact that parental separation may have on young children. · Participants will be able to describe how the use of developmentally appropriate child specific strategies can reduce children's stress and anxiety, therefore helping to reduce the frequency of challenging behaviors	75%	Online Training	Consultants	All Staff	3
The Importance of Creating Supportive Relationships for the Young Child - Birth to age Five					
This training will explore the importance of creating supportive relationships for the child, which include during any child welfare investigations phases, post placement and amongst providers. Caring for young children can be challenging, particularly when they are going through the trauma of a child welfare investigation or even a removal from the home. Children's behaviors can be all over the place. Learning how to collaborate and work together can break down barriers to communication, bringing the caregivers together. Working together provides the consistency and support that children need to succeed.	75%	Online Training	Consultants	All Staff	3
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 as well as an opportunity for an individual virtual mock interview at a later scheduled date for participants interested.	50%	Held in House	Academy Staff	All Staff	6
The Power of Words: The Long-Term Implications					
The words we choose and how we use them can build others up or tear them down; bring the community together or rip it apart. In this training, participants will explore how types of racial discrimination, and specifically those enacted through generalized statements, impact the lives of families of color and provide hands-on knowledge and strategies to approach, address, and intervene when such acts are present.	75%	Held in House	Academy Staff	All Staff	6
The Professional Business Writing Workshop					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The following topics will be discussed during this workshop: 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 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	50%	Held in House	Consultants	All Staff	6
The Project Find: Forensic Interviewing for Individuals with Disabilities Training Part 1					
The Project FIND virtual training is one session split into two half day parts. This training is designed for individuals working on multi-disciplinary teams (MDT's) and in other service organizations seeking to gain additional information about the risk factors, realities and strategies for working with individuals with disabilities and individuals with mental health disorders. The training is founded in forensic interviewing best practices with considerations and adaptations to account for individual disability, mental health disorder, language capacity and cultural background. The one-day training is designed to introduce MDT members and other service organization staff to practical applications for engaging and communicating with individuals with intellectual Disabilities, Autism Spectrum Disorder, Cerebral Palsy, Physical Disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Communication Disorders, and Trauma-Related Disorders. Understanding the unique characteristics of	75%	Online Training	Consultants	All Staff	3
The Project Find: Forensic Interviewing for Individuals with Disabilities Training Part 2					
The Project FIND virtual training is one session split into two half day parts. This training is designed for individuals working on multi-disciplinary teams (MDT's) and in other service organizations seeking to gain additional information about the risk factors, realities and strategies for working with individuals with disabilities and individuals with mental health disorders. The training is founded in forensic interviewing best practices with considerations and adaptations to account for individual disability, mental health disorder, language capacity and cultural background. The one-day training is designed to introduce MDT members and other service organization staff to practical applications for engaging and communicating with individuals with intellectual Disabilities, Autism Spectrum Disorder, Cerebral Palsy, Physical Disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Communication Disorders, and Trauma-Related Disorders. Understanding the unique characteristics of	75%	Online Training	Consultants	All Staff	3
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. Training Objectives: • Understand the Relationship Between Homelessness & Trauma • Learn How Homelessness Impacts Attachment Relationships, Early Development & Learning • Understand the Definition of Homelessness & the Basics of the McKinney Vento Law • Learn Successful Strategies for Engaging Families	75%	Held in House	Consultants	All Staff	3
Transitional Aged Youth MLL: Authentic Youth Engagement and Services Post Majority					
An overview of Services Post Majority will be provided. This discussion will include the key elements of SPM planning as well as the importance of Authentic Youth Engagement.	75%	Online Training	Academy Staff	All Staff	1
Transitional Aged Youth MLL: CHAPS/CHEER/TSEA and Launch					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
An overview of the CHAP/CHEER/TSEA programs will be provided. This will include clarity regarding the services available, information regarding the indicators that the program could be a right fit for the youth.	75%	Online Training	Academy Staff	All Staff	1
Transitional Aged Youth MLL: Child Welfare Accounting					
Child Welfare Accounting will share information regarding standard procedures for securing various types of payments, clarify common misunderstandings in the payment process, and provide direction for addressing frequently occurring errors in payment processes.	75%	Online Training	Academy Staff	All Staff	1
Transitional Aged Youth MLL: Federal Funding and Requirements - NYTD, Chafee, and ETV					
In this session, the discussion will focus on Transition Planning for our youth leading up to their launch from DCF care.	75%	Online Training	Academy Staff	All Staff	1
Transitional Aged Youth MLL: OMEGA and Case Planning with TAY					
Participants will be provided with an overview of the new Outcome Mapping for Emerging Adults (OMEGA) Assessments and Services Post Majority (SPM) Reviews.	75%	Online Training	Academy Staff	All Staff	1
Transitional Aged Youth MLL: Post Secondary Education					
Pupil Services Specialist from Unified School District will walk through the timeline for development of a youth's Post Secondary Education plan (PSE) and highlight key considerations in the planning process.	75%	Online Training	Academy Staff	All Staff	1
Transitional Aged Youth MLL: Supporting Youth Identity, Skills, and Self-Expression					
In collaboration with the Transitional Support Services Division, the Academy is excited to launch a new series of micro learning labs aimed at lifting staff's understanding of programs and services available to your transitional aged youth. Program leads for various contracts and arenas of work will be present to provide an overview of the services, key considerations for matching youth to opportunities, points of practice to ensure timely delivery of services, and troubleshooting for common challenges. In addition, time will be allotted for participants to ask questions and seek clarity regarding the information and their experiences with that area of work. These sessions are open to all staff but is aimed specifically to those working with youth aged 14 and above. Each session is a stand-alone opportunity, you can register for as many or few of the sessions as meets your needs and availability.	75%	Online Training	Academy Staff	All Staff	1
Transitional Aged Youth Series - Module 1 - Adolescent Brain Development - Day 1					
This is the first class in the Transitional Aged Youth Service. You only need to register for one class, and you will be placed in all the other sessions. • Adolescent Brain Development/Trauma/ and its impact on the work of the TSS worker: o Brain Development and Adolescence o Adolescent Parents o Transitional Age Youth	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 1: Adolescent Brain Development – Day 2					
This two-day class focuses on the brain development of adolescents and the correlation between that process and behaviors and challenges often experienced in work with adolescents in the child welfare system. This class will help participants understand how their own current beliefs and attitudes about adolescence impact our work and to consider socio-cultural assumptions and implicit biases when working with young people. The activities explore the impact of trauma and culture and provide guidance on how to employ effective practices to help young people understand their experiences and to heal and grow. Embedded in the materials are strategies for engaging in youth-adult partnerships and promotion of positive youth development.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 2: Engaging Empowering and Supporting TAY in their Identity Development					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Participants will be guided through an exploration of key factors in the development of individual identity that occurs in adolescence. The conversation that began in session 1 regarding the impact of culture on development will continue with focus on strategies to promote positive development of self and of a supportive community, with the conversation expanding to the importance of actively supporting cultural identity for all youth. The class will round out with the role of positive youth development activities and program in building competence, confidence, connections, caring, and character in our youth.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 4: Skill Development, Natural Supports, and Permanency: Fostering the TAY 's Launch into Adulthood					
This class focuses on the crucial role of securing permanency for the youth we work with an emphasis on a rounded sense of permanency, to include relational permanency. Agency expectations and legal standards regarding permanency and addressing barriers to permanency is explored. Also explored are the considerations to take when assessing the roles individuals in a youth's lives can play, both in formal permanency plans and in supporting the youth's acquisition of permanency through other relationships. Participants will be introduced to the Foster Club Permanency Pact. The vital importance of keeping the youth's voice at the center of our permanency work will be discussed throughout the session.	75%	Held in House	Academy Staff	Social Work Staff	6
Transitional Aged Youth Series - Module 5: Case Planning & Re Entry: Launch Pad					
In this session of the TAY series, participants will connect information from adolescent brain development to promote successful launch from DCF services. Through exploration of the case planning process, ACRs, and the new Omega process, participants will explore key considerations for preparing youth to launch from DCF care into adulthood. Use of the 800, the avenue toward re-entry, and the importance of holding a Vital Summit to clarify youth's plans will also be explored.	75%	Held in House	Academy Staff	Social Work Staff	6
Understanding Fentanyl					
This course allows the learner to identify the risks of fentanyl use and exposure, ways to recognize and reduce risk of overdose, and tools for assessing families affected by opioid use disorder.	75%	Online Training	DCF Staff	All Staff	0.25
Understanding Our Work with Children and Families Within the Deaf and Hard of Hearing Population					
Given Social Work Staff have a legal and ethical obligation to address the needs of diverse clients through nondiscriminatory stands and with a culturally competent lens this 3-hour interactive webinar was crafted 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. The goal of for staff to gain insight and an understanding of the Deaf and Hard of Hearing Community to strengthen their ability to appropriately assess and meet their needs. Through interactive case scenarios and stimulation, participants will be able to: Recognize unique struggles and needs affecting Deaf and Hard of Hearing individuals Clarify departmental expectations based on ADA requirements Identify the differences in cross cultural communication between the hearing and Deaf community Know the importance of appropriate language when classifying Deaf and/or Hard of Hearing individuals Identify cultural nuances	75%	Online Training	Academy Staff	All Staff	3
Unleashing the Trainer Within: Developing Skills to Engage the Adult Learner					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This one day in person event will help to prepare new trainers, and enhance the skills of current trainers, for the role of facilitating training. Through the use of lecture, group discussion, and live practice, participants will be walked through the key elements of training facilitation. Time will be spent on the following key elements: adult learning principles, learning your curriculum, classroom set up, use of the PowerPoint and handouts, posing and responding to questions, setting up and processing activities, and classroom management. Throughout the day, participations will be provided opportunity to practice various skills being covered. Active participation and wiliness to volunteer will be key to the success of this event.	50%	Held in House	Academy Staff	Supervisors	6
Wellness Leadership Forum: Recharge, Refresh & Renew					
This day long forum was designed for upper-level managers within DCF. Participants will receive information on the Safe and Sound Organizational Assessment. They will gain knowledge about mindfulness, and wellness. Discuss ways in which they can care for themselves so they can be their best self for their staff, children, and families.	50%	Held in House	DCF Staff	Supervisors	6
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, as well as techniques for interviewing children with developmental disabilities. Participants will leave with a deeper understanding of the four most common developmental disabilities encountered in the child welfare field.	75%	Held in House	DCF and Academy Staff	All Staff	6
WIC information for the DCF nurse					
overview of WIC program, WIC eligibility and Services, making referrals and partnering with WIC, WIC Breastfeeding Support	75%	Online Training	Consultants	All Staff	1.5
Worker Safety Use of Authority and De-escalation Training for On-going 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. The training will provide social workers with skills necessary to de-escalate anxious or defensive case participants and/or avoid aggressive case participants as well as potentially dangerous situations when they occur. Participants will be able to practice these learned skills in a simulated environment.	75%	Held in House	Academy Staff	Social Work Staff	6
Youth Fire setting: What We Need to Know to Help Them					
This course will offer participants a basic understanding of the extent of the problem of youth fire setting, why children and youth misuse fire, and specific interventions used by a Youth Set Fire Interventionist / Mental Health Practitioner. The information provided in this specific training is derived from the National Fire Academy (NFA) curriculum and Clinical Interventions designed for those working with children and youth involved in the Child Welfare system. The course will be interactive, and participants will have an opportunity to identify "typologies" of the fire setting behavior and interventions based on the child's individual needs in the environment in which the youth or child lives.	75%	Held in House	Academy Staff	All Staff	3
Youth with Problem Sexual Behavior: The Child Protection Response					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
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 understandings of and options for treatment.	75%	Held in House	Academy Staff	All Staff	4

Mandated Reporter Trainings:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Introduction to Child Trafficking in Connecticut for Schools					
This curriculum is designed to enhance individuals that work in school settings understanding of Child Exploitation and Trafficking. Included: Federal and State Legislation on Human Trafficking Prevalence of Child Trafficking in the U.S. and Connecticut Two primary types of trafficking will be discussed in detail - 1) Labor Trafficking and 2) Sex Trafficking Pathways to Victimization including What makes a Child Vulnerable Who are the Perpetrators Impact to the Victims Red Flags for both Labor and Sex Trafficking Educators will learn how they can intervene if they believe a child may be a victim of Exploitation or Trafficking Prevention strategies will be shared that can be implemented in Schools and in the Community The training is 2 hours, and the materials utilized are videos and PowerPoint.	75%	Online Training	DCF Staff	Providers	2
Mandated Reporter - 2023					
This asynchronous Mandated Reporter Training course is designed to provide DCF Staff with the most updated 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 are also contained in the training program to enhance participants' global understanding of the child welfare system, as well as DCF staff's role and responsibilities as a mandated reporter.	0%	Online Training	Academy Staff	All Staff	1
Mandated Reporter - Train the Trainer (TOT) - Day 1					
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to 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-back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	6
Mandated Reporter - Train the Trainer (TOT) - Day 2					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to 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-back" a component of the curriculum on the second day and receive immediate feedback from other participants as well as the instructors. Upon successful completion of the two-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	6
Mandated Reporter - Train the Trainer (TOT) - ONE Day					
The "Mandated Reporter Train-the-Trainer" certification course is a unique opportunity for staff with current or prior child protective services experience to develop their presentation and training skills; and to become certified to provide an important service to mandated reporters throughout the state. This 1-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 back" a component of the curriculum in the afternoon and receive immediate feedback from other participants as well as the instructors. Upon successful completion of this one-day course, and a demonstrated ability to present the Mandated Reporter Training curriculum, participants will receive certification to conduct the training.	0%	Held in House	Academy Staff	Social Work Staff	7
Mandated Reporter Trainer - Recertification					
This Refresher virtual Mandated Reporter Training course is designed to provide participants with the most updated 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 to enhance participants' global understanding of the child welfare system.	0%	Held in House	Academy Staff	Social Work Staff	2
Mandated Reporter Training (Community Providers)					
This asynchronous Mandated Reporter Training course is designed to provide the most updated 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 are also contained in the training program to enhance participants' global understanding of the child welfare system, as well as community provider staff's role and responsibilities as a mandated reporter.	0%	Online Training	Academy Staff	Providers	1.5
Mandated Reporter Training (School)					
This asynchronous Mandated Reporter Training course is designed to provide the most updated 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 are also contained in the training program to enhance participants' global understanding of the child welfare system, as well as school employee's staff's role and responsibilities as a mandated reporter.	0%	Online Training	Academy Staff	All Staff	1.5

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Trauma Informed Strategies for Supporting a Young Child 0-5 During an Active DCF Investigation					
When child welfare is investigating a complaint of abuse or neglect in a family unit, chances are, that is just one more stressor that the family and child(ren) of the family may be experiencing. Typically, a family who comes into care has several different events or situations that can overwhelm them and their family unit. These stressors also impact children to be aware of how multiple and/or long-term stressors impact children's social emotional well-being in a variety of ways. The ACEs study will be reviewed. The attendees will also have an opportunity to learn about trauma informed care and strategies to support children and families in their care.	75%	Held in House	Consultants	All Staff	3

Mandatory / In-Service:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Implicit Bias Training					
"Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. The goal of this training is to learn abouts and measure our implicit bias.	50%	Held in House	Academy and DCF Staff	All Staff	3
Naloxone Administration Training					
Naloxone training is a two-hour training being offered to the DCF workforce. This training course will teach you how to recognize the signs of an opioid overdose and how to administer the opioid overdose reversal drug, Naloxone. The training will cover the following areas: Overview of Opioids Identify risk factors for opioid use disorder Recognize the signs and symptoms of an opioid overdose </	50%	Held in House	Academy Staff	All Staff	2
Naloxone Administration Virtual Training					
Naloxone training is a two-hour training being offered to the DCF workforce. This training course will teach you how to recognize the signs of an opioid overdose and how to administer the opioid overdose reversal drug, Naloxone. The training will cover the following areas: Overview of Opioids Identify risk factors for opioid use disorder Recognize the signs and symptoms of an opioid overdose Understand the impact of stigma Identify prevention strategies Demonstrate how to administer the opioid overdose reversal drug Naloxone Describe the Good Samaritan Law and other protective legislation List local resources and support	50%	Held in House	Academy Staff	All Staff	2
Office of Early Childhood and The Department of Children and Families Daycare Collaboration					
This training will outline changes to the process of obtaining daycare for our DCF children based on new legislation that all children in DCF foster care, adoption for one year and children who are homeless are entitled to at least a part time but up to a full time C4Ks certificate.	75%	Online Training	DCF Staff	Social Work Staff	0.5
Recovery Engagement Services Orientation					
This Recovery Engagement Services Orientation will provide information on what are Recovery Engagement Services, their purpose and benefits, the referral process, and how Recovery Engagement Services support child safety and caregiver recovery. Recovery Engagement Services is available statewide through the SAFE Family Recovery program.	75%	Online Training	DCF Staff	Social Work Staff	0.25

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Statewide Substance Use Practice Guidance					
The asynchronous training will help viewers understand the new substance use practice guidance and develop knowledge necessary for implementing the guidance. Training objectives: Viewers will consider use of language and implicit bias when engaging with families for assessment of substance use related strengths and needs; become familiar with the UNCOPE Screening Tool and expectations for use in conjunction with other assessment tools including SDM and the ABCD Paradigm; recognize the value of motivational interviewing as an engagement tool with all individuals, and specifically when completing a substance use assessment; utilize the decision tree when substance use needs are identified and follow recommended guidance.	75%	Online Training	DCF Staff	Social Work Staff	0.75

Pre-Service Classes:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Intern - Car Seat Safety					
This course provides interns 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.	0%	Held in House	Consultants	Interns	4
Intern - Solnit North Tours					
Interns will have a tour of the Solnit North facility. They will learn about the work done there and how it is part of the larger DCF System.	0%	Held in House	DCF Staff	Interns	1
Intern - Solnit South Tours					
Interns will have a tour of the Solnit South facility. They will learn about the work done there and how it is part of the larger DCF System.	0%	Held in House	DCF Staff	Interns	1
PS - Advancing Racial Justice within Child Welfare Practice					
This two-day course provides participants the knowledge and skills to work in allyship with each other, our families, and our community partners to eliminate the disproportionality 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 racial justice efforts at the DCF.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - 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. Discussion includes the impact of culture within the assessment and treatment process as well as the role stigma can play in the arena of behavioral health concerns.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Car Seat Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This one-day course provides social workers 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	New Social Worker Staff	4
PS - Case Planning and the Case Plan - Day 1					
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. This training occurs over a two-day period comprised of the following: Case Plan Day Two The morning session 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. The afternoon session will cover the Administrative Case Review Process, ACR Federal Mandates, requirements for notification of participants; familiarize staff with the ACR LINK process, and its role in achieving successful outcomes for children.	75%	Held in House	Academy Staff	New Social Worker Staff	6
This 2-day course is designed to provide participants with a comprehensive understanding of case planning processes within the child welfare system, particularly in alignment with federal and state regulations. The course will cover key aspects such as: Federal laws and review processes for case planning, defining requirements for Family Case Plans and Child Placement Case Plans, including timelines for Administrative Case Reviews (ACR), explaining the role of the ACR Reviewer, Identifying critical tasks within the LINK system necessary for completing case plans, describing and identifying elements of the Family Case Plan and Child in Placement Case Plan, demonstrating the use of assessment tools like the SDM Family Strengths & Needs Assessment to develop action plans, articulating the importance of family feedback and demonstrating how to complete the Family Feedback Narrative for case plans.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Case Planning and the Case Plan - Day 2					
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. This training occurs over a two-day period comprised of the following: Case Plan Day Two The morning session 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. The afternoon session will cover the Administrative Case Review Process, ACR Federal Mandates, requirements for notification of participants; familiarize staff with the ACR LINK process, and its role in achieving successful outcomes for children.	75%	Held in House	Academy Staff	New Social Worker Staff	6
This 2-day course is designed to provide participants with a comprehensive understanding of case planning processes within the child welfare system, particularly in alignment with federal and state regulations. The course will cover key aspects such as: Federal laws and review processes for case planning, defining requirements for Family Case Plans and Child Placement Case Plans, including timelines for Administrative Case Reviews (ACR), explaining the role of the ACR Reviewer, Identifying critical tasks within the LINK system necessary for completing case plans, describing and identifying elements of the Family Case Plan and Child in Placement Case Plan, demonstrating the use of assessment tools like the SDM Family Strengths & Needs Assessment to develop action plans, articulating the importance of family feedback and demonstrating how to complete the Family Feedback Narrative for case plans.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - DRS - Learning Loft					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
The DRS Learning Loft provides participants with an opportunity to learn about the role of an intake social worker and associated casework. They will hear from someone currently working in intake in the area office. Participants will have the chance to ask questions and explore their interest in being assigned to intake in the future.	75%	Online Training	Academy Staff	New Social Worker Staff	2
PS - Early Childhood Developmental Milestones					
The birth to 5 population is our most vulnerable and can be the most difficult to assess. This course provides information about assessment of child development, documentation, resources, and interventions for this vulnerable population. Learners will receive helpful strategies, concrete tools and resources that can be utilized for working with young children and their families. Staff will gain insight and skills into assisting families to better understand their children's developmental stage, potential developmental delays and or disabilities.	75%	Held in House	Academy Staff	New Social Worker Staff	3
PS - 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	New Social Worker Staff	6
PS - Engaging Families in the Home and in Care - Day 1					
This combined course, Engaging Families in the Home and in Care, is designed to equip CPS workers with the knowledge and skills necessary to effectively engage families and promote child safety, permanency, and well-being. Participants will learn family-centered practices, critical thinking approaches, and solution-focused techniques to foster stronger, more collaborative relationships with families. The course emphasizes purposeful visitation, working through resistance, father engagement, and cultural competence to address challenges and support families through positive interventions. Through scenario-based simulation/role plays, attendees will practice these essential engagement skills and leave prepared to apply them in real-world situations.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families in the Home and in Care - Day 2					
This combined course, Engaging Families in the Home and in Care, is designed to equip CPS workers with the knowledge and skills necessary to effectively engage families and promote child safety, permanency, and well-being. Participants will learn family-centered practices, critical thinking approaches, and solution-focused techniques to foster stronger, more collaborative relationships with families. The course emphasizes purposeful visitation, working through resistance, father engagement, and cultural competence to address challenges and support families through positive interventions. Through scenario-based simulation/role plays, attendees will practice these essential engagement skills and leave prepared to apply them in real-world situations.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families in the Home and in Care - Simulation					
This combined course, Engaging Families in the Home and in Care, is designed to equip CPS workers with the knowledge and skills necessary to effectively engage families and promote child safety, permanency, and well-being. Participants will learn family-centered practices, critical thinking approaches, and solution-focused techniques to foster stronger, more collaborative relationships with families. The course emphasizes purposeful visitation, working through resistance, father engagement, and cultural competence to address challenges and support families through positive interventions. Through scenario-based simulation/role plays, attendees will practice these essential engagement skills and leave prepared to apply them in real-world situations.	75%	Held in House	Academy Staff	New Social Worker Staff	3
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment is clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Day 2					
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment is clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Engaging Families: In the Home and In Care & Worker Safety: A Physical and Psychological Approach for Child Welfare Staff - Simulation					
Through this combined course participants will be introduced to essential components of family centered practice and solution focused case work. Participants will deepen their knowledge of protective capacities and protective factors through small group activities. In addition to reviewing the stages of change, participants will apply the concept to a family. Models for purposeful visitation are reviewed. Participants will develop genograms for the purpose of understanding family dynamics. The difference between contracted services and credentialed services is delineated as is the importance of collaborating with service providers to ensure the right fit for children and families. Expectations of assessing secondary caretakers and home environment is clarified. Issues of worker safety are also addressed in this course. Material focuses on identifying risks and protective factors as it pertains to worker safety. A heavy emphasis is put on prevention and awareness, including self-	75%	Held in House	Academy Staff	New Social Worker Staff	3
PS - Increasing Empathy - A Walk in Their Shoes					
Participants will gain a greater appreciation of the challenges our families face through Bus Simulation Activity and Self Reflection. Participants will identify a bus route from Hartford to New Britain (with no transfers) while having a child in tow along with a stroller. Staff will then walk to the New Britain AO to meet with their Social Worker to pick up food and with the intent on meeting with the worker but are turned away. As a result, they will then take the bus back to Hartford utilizing a route (with no transfers).	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Intimate Partner Violence - Day 1					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
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	DCF and Academy Staff	New Social Worker Staff	6
PS - Intimate Partner Violence - Day 2					
This course builds on the introductory material covered in "Intimate Partner Violence, Day 1;" and is designed to provide participants with an opportunity to build their knowledge base and skills relative to working with offenders and survivors in IPV cases. Strategies for engaging and interviewing children, survivors, and offenders in the case planning process is covered. Time is also devoted to safety planning and the identification of local and statewide IPV services and resources.	75%	Held in House	DCF and Academy Staff	New Social Worker Staff	6
PS - Introduction to Child Welfare: Foundations and Best Practice - Part 1					
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. Participants become familiar with the functions of the Child Protective Careline, the investigation process and possible outcomes associated with each process. Participants will review various parental protective capacities and protective factors.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Child Welfare: Foundations and Best Practice - Part 2					
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. Participants become familiar with the functions of the Child Protective Careline, the investigation process and possible outcomes associated with each process. Participants will review various parental protective capacities and protective factors.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Introduction to Substance Use Disorders - Day 1					
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 of this course 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. Within the course, 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. Throughout the course the information presented will be weighed against the necessary practices of child protective services, the court system, and child development. Day 1 is from a	75%	Held in House	Academy Staff	New Social Worker Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
historical perspective 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.					
PS - Introduction to Substance Use Disorders - Day 2					
Participants will be exposed to the nature of addiction, relapse, and recovery, as well as an overview of the drugs most prevalent in CPS cases. The strong relation between substance abuse & child maltreatment will be highlighted. Participants will be exposed to several models of dependence and options relative to recovery. Clips from the HBO Series "Addiction" will be utilized to assist in the understanding of the process of addiction and the difficult aspects of recovery. Throughout, the information presented will be weighed against the necessary practices of child protective services, the court system, and child development. Day two introduces participants to harm reduction therapies and issues relevant to relapse and recovery. The DCF Policy and referral process is reviewed, and participants are educated on the signs, symptoms, and physical evidence associated with five different substances. The impact of the addiction on the family system is explored throughout the course.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Learning Loft					
This virtual event is an opportunity for participants in the pre-service training program to discuss areas of practice and training they are challenged by;	75%	Held in House	Academy Staff	New Social Worker Staff	1
PS - Legal 1 - Introduction to Legal Services					
This one-day course starts off the legal training series for participants and provides 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 afternoon portion of the training, and includes exploration of the petition document, jurisdictional facts, and the summary of facts.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 2 - Day 1 - Neglect Petitions, How to Write an Order of Temporary Custody and Mock Trial					
Pre-Service Legal 2 is a 2-day course. During Day 1 an exploration of immanency relative to a child's safety will occur using scenarios and classroom discussion. Additionally, participants will learn the legal forms that are used when filing an order of temporary custody, the difference between a social work affidavit and a summary of facts, and the role of trials (including testifying) in the legal process.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 2 - Day 2 - Neglect Petitions, How to Write an Order of Temporary Custody and Mock Trial					
Pre-Service Legal 2 is a 2-day course. Day 2 continues with a mock trial utilizing an actual case assigned to one of the course participants, with that participant serving as the witness in the mock trial. Trainers assist in portraying the various roles associated with a trial.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Legal 3 – The Legal Work of Permanency					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This one-day course, co-trained with a DCF Staff Attorney, 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. Discussion focuses on the role Specific Steps and rehabilitative roles they play in the court process as well as case practice. Participants are provided hands on experience in writing components of a Study in Support of Permanency Plan. In addition, participants are introduced to the implications of terminating parental rights, including an in-depth discussion of the grounds for filing a TPR. The Expectations of the court regarding the department making reasonable efforts, and the steps which need to be taken to meet those expectations, is also presented.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - LINK					
During this course, 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. Participants will learn the general functions of LINK, including search functions, general tab functions, saving material, printing, and the nature of each case icon. Participants will be oriented to and provided opportunity to practice: searching cases, individuals, placements, legal status, and providers; entering narratives utilizing codes to accurately reflect visitation benchmarks and other elements of data reports; reviewing investigations materials, entering and ending placements (including temporary placements and runaway episodes) and payments; developing visitation plans; entering legal work; completing the Placement Resource Search icon; and entering background checks.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Making the Most of Your Time					
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. Participants will 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	New Social Worker Staff	6
PS - Medical Evaluation of Child Abuse					
Participants will discuss the role of the medical provider in the evaluation of child maltreatment and the medical services available to DCF through Child Abuse Centers of Excellence (CACEs) DART (Yale) and SCAN (CCMC). Participants will understand the role of DART and SCAN in the evaluation of child maltreatment. They will also receive an overview of various forms of child maltreatment.	75%	Online Training	Consultants	New Social Worker Staff	1.5
PS - Meeting the Healthcare Needs of Children in DCF Care					
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 Management & Oversight Division within DCF.	75%	Held in House	Academy and DCF Staff	New Social Worker Staff	3
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 1					
Permanency" means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how	75%	Held in House	Academy Staff	New Social Worker Staff	6

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
the Department's 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/relational, legal and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 1: Fundamental aspects of permanency; Stay home - supporting families in caring for their children safely at home					
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 2					
Permanency” means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department’s 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/relational, legal and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 2: Go home - Successful reunification from CORE and kin/ fictive kin placements	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Permanency Series: Stay Home, Go Home, Find Home – Day 3					
Permanency” means having positive, healthy, nurturing relationships with adults who provide emotional, financial, moral, educational, and other kinds of support as youth mature into adults. This comprehensive 3-day training focuses on how the Department’s 7 aspirational targets provide the framework for achieving true permanency as it pertains to our children and youth. We will explore the importance of addressing core elements of permanency, including emotional/relational, legal and cultural permanence, while also adhering to external mandates and policies, at each case decision point. Day 3: Find home - Supporting the lifetime relationships that surround children: birth parents, adoptive parents, siblings and other meaningful connections.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Post Test and Graduation					
This course is comprised of a computer-based posttest, completion of the SDM FSNA using a sample case summary, and written assessment in narrative form based on viewing 2 virtual home visits. The final tests provide insight on the retention of knowledge from the classroom and field experiences as well as a demonstration of their individual skills. The results of and feedback stemming from the final test day is provided to and can be used by supervisors and participants to identify further training needs and areas that need increased proficiency for successful completion of the job. The post-test is administered asynchronously over the course of one week. It culminates with a virtual graduation ceremony to recognize the accomplishments of the participants.	50%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Prison Tour					
Our DCF social work Staff will be able to explore to the barriers the correctional staff and incarcerated parents are exposed to while being involved with the Department when incarcerated. As DCF staff, our ability to establish and maintain a relationship with the parents of the children we serve is critical. All family members deserve to be engaged despite their life circumstances including incarcerated parents. If we know and understand the parents, if we can communicate with them, if there is some degree of trust between us, then assessing safety, moving toward permanence, and helping the child flourish are all much easier. The prison tour will provide our DCF staff with tips, data, and resources on they can work to improve outcomes for incarcerated fathers and their children. Participation in a prison tour will assist in creating a better bond between our DCF system and the correctional system. This experience could foster changes for both systems that brings awareness and aid	75%	Held in House	DCF Staff	New Social Worker Staff	1.5
PS - Random Moment Time Study - Online Training					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
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	DCF Staff	New Social Worker Staff	1
PS - Sexual Abuse - Day 1					
This is a 2-day 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 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 assessment.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Sexual Abuse - Day 2					
This is a 2-day 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 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 assessment	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Structured Decision Making (SDM)/ABCD Child Safety Practice Model (CSPM) Day 1					
This two-day course provides an overview of the ABCD Child Safety Practice Model and 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 a hands-on application 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. This course will orient participants to the DCF Child 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.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Structured Decision Making (SDM)/ABCD Child Safety Practice Model (CSPM) Day 2					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This two-day course provides an overview of the DCF ABCD Child Safety Practice Model and 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 a hands-on application 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. This course will orient participants to the DCF Child 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.	75%	Held in House	Academy Staff	New Social Worker Staff	6
PS - Trauma Toolkit for Social Workers					
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	New Social Worker Staff	6
PS - 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	New Social Worker Staff	6
PS - Worker Safety Use of Authority and De-Escalation Training					
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. The training will provide social workers with skills necessary to de-escalate anxious or defensive case participants and/or avoid aggressive case participants as well as potentially dangerous situations when they occur. Participants will be able to practice these learned skills in a simulated environment.	50%	Held in House	Academy Staff	New Social Worker Staff	6

Self-Paced, Asynchronous Online Trainings:

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
ABCD Child Safety Practice Model (Web-Based Training)					
The goal for this training is to offer participants a comprehensive understanding of DCF's ABCD Child Safety Practice Model, fostering shared language and insight into safety principles.	75%	Online Training	Academy Staff	Providers	1
Active Shooter Online Training					
This training must be taken every few years.	0%	Online Training	Consultants	All Staff	1
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	All Staff	1
Child Protective Services - Investigations Policy 34-2 Online Training					
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	All Staff	0.75
Child Trafficking for Careline					
The goal of this training is to ensure that Careline staff have a shared understanding of both child sex and labor trafficking. Staff will get updated information about agency policy and get the information needed to respond to child trafficking referrals.	0%	Online Training	Academy Staff	Careline Staff	2
CHRO Domestic Violence (DV) Training					
Effective October 1, 2022, Public Act No. 22-82 https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00082-R00SB-00005-PA.PDF . AN ACT CONCERNING DOMESTIC VIOLENCE POSTING IN THE WORKPLACE. This bill authorizes the Commission on Human Rights and Opportunities (CHRO) to require that each state agency provide at least one hour of training and education to employees about domestic violence and the resources available to victims. The training must include information about domestic violence, abuser and victim behaviors, how domestic violence can impact the workplace, and resources for victims. This bill correspondingly requiring CHRO in conjunction with the Connecticut Coalition Against Domestic Violence to develop (1) Free online training and education video or other interactive training method, for state employees to meet the bill's training requirement and (2) a link on the CHRO website with information about domestic violence and resources available to victims.	75%	Online Training	Consultants	All Staff	1
CJIS Online - Web-Based Training					
This is a 1.5-hour online training and test on the cjisonline.com website. Employees must complete this training/certification annually per federal requirement. Training is completed on site: www.cjisonline.com	50%	Online Training	Consultants	All Staff	1.5
Cocaine – Use and Addiction					
This self-directed web-based training describes the latest research findings on cocaine, exploring the scope of abuse in the U.S., its potential long- and short-term health effects, maternal cocaine use, and treatment approaches.	75%	Online Training	Consultants	All Staff	1
Co-Occurring Disorders: A General Introduction					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This self-directed web-based training provides a basic overview of co-occurring mental health and substance use disorders. It examines signs and symptoms, screening and assessment, treatment/recovery planning and the continuum of care to assist people with co-occurring disorders. It also discussed misconceptions about co-occurring disorders. The implications of how staff can bring their personal backgrounds to their work with clients is explored.	75%	Online Training	Consultants	All Staff	1.5
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. The law was enacted because of mounting evidence from researchers who say there's a strong LINK between animal abuse and child abuse, intimate partner violence, and elder abuse.	75%	Online Training	DCF Staff	All Staff	0.5
DCF- 004: A guide for working with Universal Background Check forms					
During this half day training, participants will develop, and practice skills needed to efficiently complete accurate DCF background checks including LINK and non-LINK systems. Participants will be provided the guidelines needed to identify the specific checks required based on case circumstances and how to appropriately disseminate and store that information.	75%	Online Training	DCF Staff	All Staff	3
DCF 101 Online Training					
The purpose of this DCF 101 is to highlight the family-centered practices and policies that the Department has developed over the years and to educate the community on new DCF initiatives. We want families and our non-case load carrying staff to know that we want to work with them, to keep their children safe and at home, whenever possible	75%	Online Training	Academy Staff	All Staff	1
DCF CJIS Presentation					
This is the first part of the training. The second and third part take place on the CJIS site. Completion will be manually marked in Saba when data is received.	50%	Online Training	Consultants	All Staff	1
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	All Staff	0.5
DCF Real Talk - Episode 1: Stress vs. Burnout Guest - Stacie Watson					
DCF Real Talk Podcast - Episode 1: Stress vs. Burnout Guest - Stacie Watson with Special Guest - Stacie Watson, Transformative Leadership Strategies This episode focuses on understanding, finding tips and strategies to address burnout. What the differences are between stress and "burnout. And, to gain a better understanding of how you can better care for yourself. DCF Real Talk - Episode 01 - Stress vs Burnout Guest_ Stacie Watson (Simple HTML)	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 10: Coping vs. Healing					
DCF Real Talk Podcast - 10: Coping vs. Healing, Special Guest: Dr. Bridget Cooper Dr. Bridget Cooper discusses the explains the difference between coping vs. healing. She discusses the need to understand trauma, and best ways to heal from it.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 11: Men and Wellness					
DCF Real Talk Podcast - 11: Men's Wellness, Special Guest: Carlos Torro, a social worker from the Hartford area office, discusses the importance of men paying attention to their own health and wellness. This is an area that is often overlooked, he provides a personal account and offers strategies that men can follow.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 2: Workplace Connectedness					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
DCF Real Talk - Episode 2: Workplace Connectedness. Melanie Mercado, DCF and others from Willimantic office join this session on connectedness. This episode focuses on connectedness and its relation to and importance for helping to prevent and alleviate burnout and stay healthy. Willimantic Office was selected to participate in the innovation and implementation learning collaborative - through this project they were able to work with 8 jurisdictions nationwide, representing CT DCF.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 3: Compassion Fatigue					
DCF Real Talk - Episode 3: Compassion Fatigue. This episode focuses on "Compassion Fatigue" with co-host Nicole McKelvey-Walsh, DCF - Behavioral Health Clinical Manager; the differences between "burnout" and "compassion fatigue", and how to manage this, especially in the line of work that DCF Staff does.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 4: Resources for your Life					
DCF Real Talk - Episode 4: Resources for your Life. This episode focuses on Resources for your Life with co-host Greg Brannan, Director of Training - Deer Oaks EAP; discussing what the organization offers and brings to DCF.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 5: Preserve your Energy to Protect your Well Being					
DCF Real Talk Podcast - Episode 5: Preserve Your Energy to Project your Well Being with Special Guest - Greg Gallinoto, DCF This episode focuses on discussing practicing meditation to improve our well-being, and why it is so important, especially in the line of work that DCF Staff does, to engage in these types of activities.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 6: Greg Gallinoto Guided Meditation Experience					
DCF Real Talk Podcast - Episode 6: Greg Gallinoto Guided Meditation Experience with Special Guest - Greg Gallinoto, DCF This episode focuses on discussing practicing guided meditation techniques to improve well-being, and why it is so important, especially in the line of work that DCF Staff does, to engage in these types of activities.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 7: Holiday Support					
DCF Real Talk Podcast - Episode 7: Holiday Support with Special Guest - Nicole McKelvey We realize that this time of year can be difficult for some people as the winter months, and holidays, can be triggering. It is during this time people often reflect upon life and loved ones lost. This podcast provides insight to staff on ways in which they can cope and care for themselves. DCF Real Talk - Episode 7 - Holiday Support (Simple HTML)	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 8: Pet Therapy					
Pet Therapy - It is scientifically proven that there are several benefits for those who own a dog or a cat. They have less stress, lowered blood pressure, and the list continues. This episode explores the value and enhancements that pets can bring into people's lives as a form of self-care.	50%	Online Training	DCF Staff	All Staff	0.5
DCF Real Talk - Episode 9: Stress Management					
DCF Real Talk Podcast - 9: Stress Management, Special Guest: Dr. Nakia Black Dr. Nakia Black discusses the importance of understanding what stress is, how to recognize the signs and symptoms and best ways to manage it day to day.	50%	Online Training	DCF Staff	All Staff	0.5
Depression					
This self-directed web-based training provides an overview of depression. It discusses forms of depression, symptoms of depression, and what is known about the etiology of depression. Co-occurring illnesses, the effect of gender and age, and effective treatments are also explored.	75%	Online Training	Academy Staff	All Staff	1.5
Eating Disorders					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
v Anorexia and Atypical Anorexia, Bulimia, Binge eating with trauma, Purging. v Med workup for kids being admitted (labs, EKG, PE) v medical role of Nursing v Support offered for families. Walden Behavioral Care discussion on services	75%	Online Training	Consultants	All Staff	1.5
Ethics Training (revised)					
This Ethics 101 for public officials and state employees' course has been updated. 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	All Staff	1
Fentanyl					
This online educational training class will provide participants the education needed to discuss the dangers of opioid use while focusing specifically on the dangers of one of the deadliest forms in fentanyl. Learners will be able to discuss specific dangers in a therapeutic holistic manor with their at-risk clients. They will be knowledgeable of all the learning objectives leading to better patient care and outcomes. This training will also educate learners on ways to maintain their safety and the safety of other staff when working with clients who use fentanyl. MAT will be discussed in order to inform learners that may not be fully aware of the benefits of treatment. This will enable them to be more informed in order to make proper referrals to medical staff for treatment. By bridging the gap in care social workers will help ensure that individuals and families opioid abuse get proper care and treatment. This educational course is important to the role of social workers as they are	75%	Online Training	Consultants	All Staff	1
Fentanyl 101 Training					
During this virtual training, participants will become 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 will be provided with Connecticut data of fentanyl overdose rates, including types of fentanyl analogues seen in the community. Finally, participants will be introduced to the concept of harm reduction, including opioid overdose prevention, naloxone (Narcan) administration and fentanyl test strips.	75%	Online Training	Consultants	All Staff	2
GL-115 Training					
A mandatory annual training for DCF, to explain the requirements of GL-115. This 4-hour web-based training is required for any DCF employee, who drives a state vehicle. This training is a 4-step process outside of LMS. See attached GL-115 memo for instructions and links to complete training. Once all steps have been completed, staff will be marked as completed on transcripts and in LMS.	50%	Online Training	Consultants	All Staff	4
Growth and Failure to Thrive - What Every Child Welfare Professional Should Know					
After completing this training, learners will: 1. Understand normal child growth. 2. Define "failure to thrive." 3. Recognize why failure to thrive is important and how it can be a "red flag" event. 4. Learn how medical providers approach failure to thrive. 5. Identify an approach to communicating with the medical provider(s). 6. List resources available: • To help with understanding why a child may be failing to thrive. • To address the reasons that a child is failing to thrive. 7. Respond to failure to thrive as the red flag it can be.	75%	Online Training	DCF Staff	All Staff	1
Introduction to LINK 1 - Demonstration Videos					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
This course will provide you with guidance when using LINK to perform ongoing case management tasks.	75%	Online Training	Academy Staff	New Social Worker Staff	1
Introduction to LINK 2 - Demonstration Videos					
This course will provide you with guidance when using LINK to perform ongoing case management tasks.	75%	Online Training	Academy Staff	New Social Worker Staff	1
LAS Module 1 - Introduction Online Module					
Participants will learn how to address persistent complex challenges and acquire skills for implementation of sustainable systems change.	50%	Online Training	Consultants	All Staff	2
LAS Module 2 - Foundations of Leadership Online Module					
In this module, participants will focus on phased implementation, the five stages of change, using a racial equity lens, transformational leadership, and effective communication.	50%	Online Training	Consultants	All Staff	5
LAS Module 3 - Leading In Context Online Module					
Participants will learn how to explain the dimensions of a systems perspective and think politically to address internal and external issues, as well as develop internal and external partnerships. This course also covers strategies for an external awareness of national policies, trends, and the organization's impact on the community.	50%	Online Training	Consultants	All Staff	3.5
LAS Module 5 - Leading for Results Online Module					
In this module, participants will focus on the skills necessary to lead the workforce through change implementation.	50%	Online Training	Consultants	All Staff	4.5
LAS Module 6 - Leading Systems Change: Goal-Setting Online Module					
Participants will explore the supervisor's leadership role in the change process.	50%	Online Training	Consultants	All Staff	4.5
LINK - Legal Icons					
This asynchronous training will provide you with step-by-step instructions on completing legal icons in LINK. The goal is to ensure accurate legal information is captured in our LINK system and that the individual obtains credit for the legal work completed with our children and families.	75%	Online Training	Academy Staff	New Social Worker Staff	1
Naloxone Administration Training (Web-Based)					
Naloxone training is a one-hour web-based training offered to the DCF workforce. This course will teach you how to recognize the signs of an opioid overdose and how to administer the opioid overdose reversal drug, Naloxone. The training will cover the following areas: Overview of Opioids Identify risk factors for opioid use disorder Recognize the signs and symptoms of an opioid overdose Understand the impact of stigma Identify prevention strategies Demonstrate how to administer the opioid overdose reversal drug Naloxone Describe the Good Samaritan Law and other protective legislation List local resources and support	50%	Online Training	Academy Staff	All Staff	1
Now and Zen: A Time for Kindness					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your breath and calm the mind. Please join me each week for an opportunity to pause and reflect the week's practice offers at time for kindness.	0%	Online Training	DCF Staff	All Staff	0.25
Now and Zen: A Time to Weather the Storm					
Now and Zen is a weekly meditation practice. You may use this meditation to start your day, take a lunch break or end your workday. Each week will have a theme to help us take a pause, connect with our breath and find peace. Meditation is a wonderful way to practice self-care. In only takes a few minutes to find your	0%	Online Training	Consultants	All Staff	0.25

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
breath and calm the mind. Please join me each week for an opportunity to pause and reflect the week's practice offers at time to weather the storm.					
Qualified Residential Treatment Program (QRTP) - Family First Online Training					
This online training gives an overview of the recent changes to the usage and requirements to place in a Qualified Residential Treatment Programs (QRTP)	75%	Online Training	DCF Staff	All Staff	0.5
Reasonable Prudent Parent-Standard (RPPS) Online Course					
This asynchronous training will discuss the Reasonable and Prudent Parent Standard (RPPS). RPPS is defined as the standard characterized by careful and sensible parental decisions that maintain the health, safety and best interest of a child. Normal childhood activities are defined as extracurricular, enrichment, and social activities.	75%	Online Training	Academy Staff	All Staff	1
SANS - Security Awareness 2: Social Engineering					
Social engineering is a common tactic used by cyber criminals to create attacks. This module explains and illustrates different types of social engineering attacks and how people can detect and defend against them. As social engineering can take on any form, this module lays the foundation for secure behaviors learners can use in the event of an attack.	50%	Online Training	Consultants	All Staff	1
SANS - Security Awareness: Browsing Safely (Module)					
Browsers are the primary tool used for accessing information and online accounts. As a result, browsers, as well as their add-ons, plug-ins and extensions, are common targets for cyber-attacks. In this module, staying safe online involves key security behaviors, such as safe browsing, recognizing signs of a compromised browser or device, managing updates, looking for signs of encryption and logging off websites to remove sensitive information.	50%	Online Training	Consultants	All Staff	0.25
SANS - Security Awareness: Data Security (Module)					
Safe data-handling practices are critical at each step of accessing, sharing, transmitting, retaining and destroying data. As the foundational module of most of the compliance videos, this module describes ways to securely store or process sensitive information, restrictions on transferring or sharing information, ways to manage data retention, why it is important to follow data policies and processes, and how to destroy data securely.	50%	Online Training	Consultants	All Staff	0.25
SANS - Security Awareness: Email and Phishing					
Phishing is an email-based cyber-attack that often targets many people at once. This module explains key methods cyber attackers use to get people to click on the bait in an email message. It also identifies the primary clues that each person can use to detect phishing and how to safely check links in an email.	50%	Online Training	Consultants	All Staff	0.5
SANS - Security Awareness: Malware					
Malware is software that is used to perform malicious actions. This module explains what malware is and provides examples of commonly used malware, such as ransomware and spyware. This module also focuses on key methods attackers use to deploy malware and how each of us can defend against them, such as keeping devices updated with current versions of software and security patches for protection. Finally, the module reviews misconceptions about malware and stresses reporting any signs of infection as soon as possible.	50%	Online Training	Consultants	All Staff	0.5
SANS - Security Awareness: Passwords (Module)					
This module follows the National Institute of Standards and Technology's (NIST) recommendations for strong passwords, such as keeping passwords long, strong and unique for each online account. It also covers the use of passphrases, the importance of layered security with two-step verification and key password security behaviors that each person should employ to protect information.	50%	Online Training	Consultants	All Staff	0.3333
SANS - Security Awareness: Targeted Attacks					

Training	IV-E Rate	Venue	Trainers	Target Audience	Hours
Targeted attacks, such as spear phishing, involve research on the target before the attack is launched. While these funded cyber attackers may launch an attack for a variety of reasons, this module provides real-world examples of how a targeted attack works and how everyone in an organization can protect and defend against them. Key security behaviors include not oversharing information, following policies or procedures used to protect information, recognizing signs of spoofing and social engineering and managing links and attachments in emails.	50%	Online Training	Consultants	All Staff	0.5
SANS - Security Awareness: You are the Shield (Module)					
This introductory module explains how cyber attackers are focusing on human risk to gain access to data and information by bypassing technology's defenses. However, each person has the ability to identify and report the signs of a potential attack. Learners are encouraged to build a strong cyber shield and use training to strengthen their cyber-detection skills at work and at home.	50%	Online Training	Consultants	All Staff	0.1667
Sexual Harassment Prevention - Online Course					
On June 18, 2019, Connecticut Governor Ned Lamont signed into law Public Acts 19-16 and 19-93 (which together are also known as the "Time's Up Act"). This law expanded Sexual Harassment Prevention laws and requirements for training. The Connecticut Commission on Human Rights and Opportunities (CHRO) created the required training and made the training available to all employers. As of October 1, 2019, the law requires all employees take two (2) hours of online Sexual Harassment Prevention Training. DCF is requiring that this training be taken annually by all employees starting 2020.	50%	Online Training	Consultants	All Staff	2
Summary of Changes Regarding Information Retrieval and Sharing for the Protective Order Registry (POR) Online Training					
The self-paced module reviews the new regulations for DCF when it comes to retrieving and/or sharing information from the Protective Order Registry.	75%	Online Training	DCF Staff	All Staff	15
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.	75%	Online Training	Academy Staff	All Staff	0.5
Understanding Bipolar Disorder					
This training provides an overview of bipolar disorder. It explores the symptoms, causes, and treatments for bipolar disorder.	75%	Online Training	Consultants	All Staff	2
Understanding Opioid Addiction and Treatment					
This training explains opioid and opiate drugs and their effects on the body. It explains treatment options for clients with opioid use disorders including providing appropriate levels of care.	75%	Online Training	Consultants	All Staff	1
Working with Families Impacted by Intimate Partner Violence - Online Course					
Intimate Partner Violence (IPV) is a serious, preventable public health problem that can cause problems for every member of a family. This virtual course aims to educate on the prevalence, predictors, and impact of IPV on families, including the factors associated with IPV for both partners, parenting in the context of IPV, and the consequences of child exposure to IPV. The course will also detail the inter- and multi-generational continuity of IPV from the Offender and Non-Offender perspective. The course will provide up to date information on best practices for screening, identification, and intervention.	75%	Online Training	Consultants	All Staff	1
Working with the Incarcerated Population					
This training will provide an overview of working with the incarcerated population. It will review the prison environment, how to obtain information, visitation, and overall etiquette when working with the incarcerated population.	75%	Online Training	DCF Staff	All Staff	0.5

Department of Children and Families, Statewide Advisory Council (SAC) Membership 6/17/2025

	Required by Statute: RACs determine representative	
1.	Region 1 RAC representative	Tiffany McCarthy
2.	Region 2 RAC representative	Steven Rodriguez
3.	Region 3 RAC representative	Myke Halpin, Co-Chair
4.	Region 4 RAC representative	Jennifer Nadeau
5.	Region 5 RAC representative	Patricia Gaylord
6.	Region 6 RAC representative	Dreau Foster
	THE BELOW POSITIONS REQUIRE APPOINTMENT FROM GOVERNOR	Term end date
7.	Child care professional	Regina Moller (fiduciary) October 2025-2 nd term
8.	Child care professional	Elisabeth Cannata January 2026- 2 nd term
9.	*18-25 year old served by DCF	Neil Ford March 2026- 1 st term
10.	*18-25 year old served by DCF	VACANT
11.	Child Psychiatrist (CT Licensed)	Irvin Jennings April 2026- 1 st term
12.	Attorney with expertise in legal issues related to children and youth	Rachael Carpaneto January 2026- 2 nd term <i>Also has lived experience</i>
13.	Young person, parent or other interested in the delivery of services to children and youth, including child protection, behavioral health, juvenile justice and prevention services	Sarah Lockery, Co-chair October 2025- 2 nd term
14.	*Young person, parent or other interested in the delivery of services to children and youth, including child protection, behavioral health, juvenile justice and prevention services	Francesca Capodilupo April 2026- 1 st term
15.	*Young person, parent or other interested in the delivery of services to children and youth, including child protection, behavioral health, juvenile justice and prevention services	Stephanie Cotton January 2026- 2 nd term
16.	*Parent, foster parent or family member of children who have received, or are receiving behavioral health services, child welfare services or juvenile services	Deb Kelleher October, 2025 - 2 nd term
17.	*Parent, foster parent or family member of children who have received, or are receiving behavioral health services, child welfare services or juvenile services	VACANT
18.	*Parent, foster parent or family member of children who have received, or are receiving behavioral health services, child welfare services or juvenile services	Lisa Girard October 2025- 1 st term
19.	*Parent, foster parent or family member of children who have received, or are receiving behavioral health services, child welfare services or juvenile services	Corrina Martin July 2026- 1 st term
20.	Health Care Professional with expertise in children's health	David FitzGerald September 2026-1 st term
21.	Representative of Youth Advisory Board	Lisa Ramos September 2026-1 st term
22.	Representative of Youth Advisory Board	Gwyneth Smith September 2026-1 st term
23.	Representative of Youth Advisory Board	VACANT
24.	Organization that advocates for protection and advancement of legal rights of children	Renee Cimino September 2026-1 st term
25.	Organization that advocates for policies to promote child welfare	Krystal M. Rich March 2027- 1 st term



SAC Presentation Data on Workforce and Racial Justice 06.2025

Deputy Commissioner,
Dr. Joyce Taylor

Chief of Continuous Quality
Improvement,
Rosemary Wieworka, LMSW

Data Scientist
Kathleen McKay, PhD

Workforce outcome:
Engage our workforce through an organizational culture of mutual support to ensure that everyone is Ready, Able and at the Table.

Workforce

Indicators	FY24 Annual	FY25 Target	FY25/ FYTD Q3	Data Source
Median daily caseload utilization % for the reporting period	71%		71%	LINK query
Social work trainee turnover in first year of employment (of those beginning training in reporting period one year prior)	31%	20%	31%	BCQI Turnover database
Social work trainee turnover in second year of employment (of those beginning training in reporting period two years prior and completing first year)	16%		20%	BCQI Turnover database

Racial Justice

Indicators	FY24 Annual	FY25 Goal	FY25/ FYTD Q3	Data Source
Children achieving permanency within 12 months (%) (worst vs. best)	Black: 22.0% Hisp: 23.4% White: 24.2% Diff: 2.2%		Hisp: 22.9% Black: 23.1% White: 23.9% Diff: 1.0%	ROM Report: (Federal) Permanency in 12 Months
Children entering foster care per 1000 child population (worst vs. best)	Black: 4.5 Hisp: 2.7 White: 1.1 Diff: 3.5		Black: 4.2 Hisp: 2.6 White: 1.1 Diff: 3.1	ROM report: Removal Rate per 1000, plus census

Racial Justice outcome:
Eliminate racial and ethnic disparate outcomes within DCF and increase collaboration with our partners to address racial justice issues.

Questions?

Thank you

