State of Connecticut

Child and Family Services Plan
2020 - 2024

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

Submitted By:

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Vannessa Dorantes, Commissioner

In Partnership with:

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TABLE OF CONTENTS

Collaboration & Vision

In the days following their election on November 6, 2018, then Governor-elect Ned Lamont and Lt. Governor-elect Susan Bysiewicz held a policy summit attended by more than 450 people, where they announced the creation of 15 committees that were each assigned a topic encompassing a wide-variety of critical state issues. Dozens of Connecticut residents were named to serve on the committees, their memberships were specifically designed to incorporate as many viewpoints as possible. The committees were tasked with developing policy recommendations on their respective topics that the incoming Lamont-Bysiewicz administration could consider immediately upon taking the oath of office on January 9, 2019.

"This is a fresh start that none of us are going to squander. It starts right here with our policy teams. I don't want this to be one of those things where you write a really great report and it ends up on some bookshelf somewhere. What a waste that would be. What a waste of all the talent we have in this room." **— Governor-elect Lamont at the policy summit.**

These policy recommendations have and will continue to inform the current administration and strategic direction of the state and the department.

The Connecticut Department of Children and Families (DCF/Department) is a consolidated child welfare agency, having responsibility for prevention, child protective services, children's behavioral health and education. Our Governor's Office and human services agencies have reached agreement to engage in a bold step to develop the Child and Family Services Plan as a state plan, not solely the child welfare agency plan. Consistent with the Governor's leadership, we have convened stakeholders including families and youth, decision makers throughout state government, community members, and providers to begin the work of identifying current prevention work in each agency and community with a focus on collaboration, partnership, and flexibility in our service delivery systems. We set a priority to ensure children and families remain at the center of this work.

The Department utilized a number of source documents as the foundation for planning. Those documents include: Child and Family Service Reviews, Annual Progress and Services Reports, Administrative Case Reviews, internal and external data, as well as our internal quality management systems. In addition, we have articulated in this plan our intention to interconnect and integrate our strategic plans for the *Juan F.* Consent Decree approved by the Federal court, the Performance Improvement Plan approved by the Administration for Children and Families, and our current organizational assessment in process.

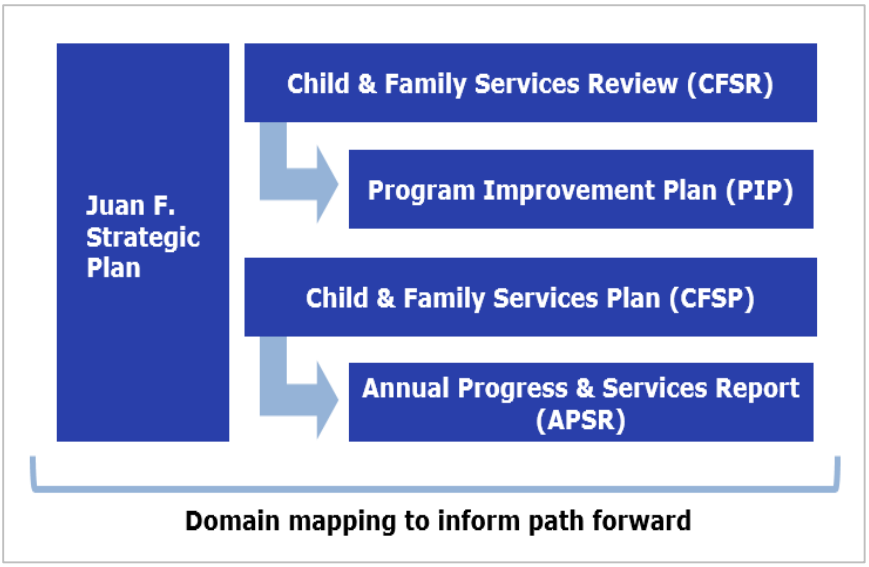


Figure 10: DCF's approach to integrating expectations

DCF has convened an initial organizational meeting of the human service state agencies with the focus to commit and participate in the development of Connecticut's **Child Welfare System**. The leaders across Connecticut's human

services agencies agree that all of our work plays an important role in strengthening and supporting families to be resilient. Collectively, we play a critical role in the prevention of child maltreatment and the unnecessary removal of children from their homes.

Susan Dreyfus recognizes in her article "Coming Together to Create the Child Welfare System We all Want", that the Family First Prevention Services Act (FFPSA) provides both opportunity and challenge. As we begin to reshape our current child protection agency we will emphasize partnership and collaboration, through focusing on prevention, and early intervention. The FFPSA requires us to explore promising practices and evidence-based practices for children and families across our state's various human service systems. The challenge ahead will be that everyone from the public and private sector come together to refine and implement our thoughtful and carefully planned blueprint for change.

Our shift will be from a system solely focused on child protection, where action is taken after harm to a child has occurred, to a collaborative child welfare system focused on prevention and early intervention. Preventing abuse and neglect and intervening early are two important ways we can maintain and stabilize a child's developmental process and avoid more costly interventions down the road.

This shift will also integrate a broader set of systems beyond a single state agency. The Child Welfare System approach, understands that the wellbeing of our families and children is a shared responsibility across the child protection agency, community-based organizations, early childhood, K-12 education, healthcare, law enforcement, judicial/courts, housing, mental health, labor, social service, etc. Partners in this new system will need to adapt and change to achieve a level of integration that ensures that no child or family falls through the cracks.

Building new capacities and competencies across the broader system will take both time and patience. To be successful we will need to work across the boundaries of state systems to integrate prevention and early intervention services.

Connecticut DCF has asked leaders of sister state agencies to develop a statement of commitment to work collaboratively to shift purposefully from a sole focus on the Department of Children and Families as the child protection agency to a child welfare system. Each state agency is in the process of identifying a point person in their agency who has the authority and breadth of knowledge to participate in planning sessions to begin a shift to focus on the state's child welfare system. Connecticut believes an integrated child welfare system collaborates, sets priorities and manages cases together. The child protection agency, behavioral health system, housing, labor, social services, education continuum, juvenile justice and mental health systems are on the same team. Their collaborative approach bypasses barriers such as competing departmental budgets and service eligibility constraints.We have organized ourselves to submit the Child and Family Services Plan as a state plan guiding and exploring the mechanisms and tasks needed to move us forward over the next 5 years. This document will serve as a beginning point, and we expect each year the plan will deepen and broaden as we review our state systems, defining ourselves as a child welfare system with a strong focus on prevention.

This first step was to stand on a philosophical foundation that supports a perspective of families and children first, shared resources, and building on the belief that together we serve and support our citizens in an effective and high quality fashion. Early on, Connecticut Governor Ned Lamont and his administration identified that working in silos create barriers for our families. To overcome this hurdle, they shifted the focus to a holistic family and child-centered service delivery system in Connecticut.

On January 7, 2019, Governor Ned Lamont announced his nomination of Vannessa Dorantes to lead the Department of Children and Families (DCF). "Vannessa Dorantes has devoted her entire professional career to improving the safety, permanency and well-being of Connecticut's children," said Lamont. "Vannessa's own experience as a case worker will help support and guide those who have direct care responsibilities working with families involved with DCF, and her strong relationships with the child welfare system, the juvenile, probate and family court system and

community provider groups will help her effect change at a department that must never waiver in its support of some of the most vulnerable among us. I know that Vannessa has the respect, admiration and support of her colleagues at DCF as she takes on this new opportunity, and I look forward to working with her."

Commissioner Dorantes outlined her focus "We need to work together as a community – inclusive of state government and DCF, advocates, families and other stakeholders - to create a pathway for children to have the best life possible. I look forward to ensuring this agency approaches its work in an open and collaborative way." A critical component to her focus is the Department's racial justice work, which works to cultivate and sustain an environment in which employees, families and DCF partners feel safe to discuss the impacts of racism, power and privilege on agency practice and their personal lives.

During Governor Lamont's first cabinet meeting, he announced his vision to implement a data-driven state government that is user-friendly, cost-effective, data-informed, and results-driven. The effort includes the deployment of a new, cross-agency performance management system that will bring private-sector discipline and customer focus to the mission of government. Housed within the Office of Policy and Management (OPM) and managed in close collaboration with the Office of the Governor, the performance management system will introduce clear priorities and align agency efforts around: jobs and the economy, child and family success, transportation, and community vitality. The performance agenda will also include:

- Streamlining digital services: Whether renewing a driver's license, enrolling in programs, or starting a business, Connecticut residents interact with the state in many ways. Modernizing digital services will mean simple web-based interactions online will begin to replace redundant requests and standing in line.
- Linking data to generate cost-saving policy lessons: Homeless individuals with severe mental health challenges can revolve in and out of jails and emergency rooms with unfortunate results and at high cost to the state. By linking jail and emergency room data, the state can reveal the portion of homeless population for which supportive housing would yield savings to the state and better results for our most vulnerable.
- Cross-agency collaboration to improve results: Low-income parents face common barriers to completing training programs that increase economic self-sufficiency. By working together, agencies can align childcare, housing and transportation supports with state workforce programs so families can overcome barriers and the state can reduce long-term subsidy.

During Commissioner Dorantes' first 90 days, she focused on conversations with stakeholders across the state, which only served to reinforce the deep sense of purpose, pride and passion felt for both the practice we engage in every day in the Department, and the people who make this work possible. Commissioner Dorantes established an organizational assessment team, mixing experienced Child Welfare executives with external technical assistance from Casey Family Programs and the Harvard Government Performance Lab. As part of a thoughtful transition, Commissioner Dorantes decided to conduct an organizational assessment to understand if the structure of the current Department supported the outcomes expected by the Administration. Governor Lamont's transition team was an integral part of the assessment and took into account the work and recommendations of the policy committees established at the Policy Summit.

Designing a Deliberative Organizational Assessment Process

The organizational assessment team used both a series of interviews with leaders of other child welfare systems, agencies and organizations, and several seminal organizational assessment and change management resources (see below for list) to arrive at a two-phased approach to the assessment (see Figure 1). This approach was intended to give space for external input to help set the vision and strategic goals of the agency and align the executive team around those goals first, ahead of diving into the detail of the structure of each division. The team also developed an overall framework for what should be produced out of both phases (see Figure 2).

Resources consulted in designing DCF's approach to organizational assessment:

- *Principle-based Organizational Structure*, by N. Dean Meyer

- *The Practice of Adaptive Leadership*, by Heifetz, Grashow & Linsky
- *A Guide to Successful Government Transitions*, by McKinsey & Company
- Interviews and discussions with 10+ leaders of other child welfare systems, agencies and organizations (both inside & outside Connecticut), and national public sector consultants

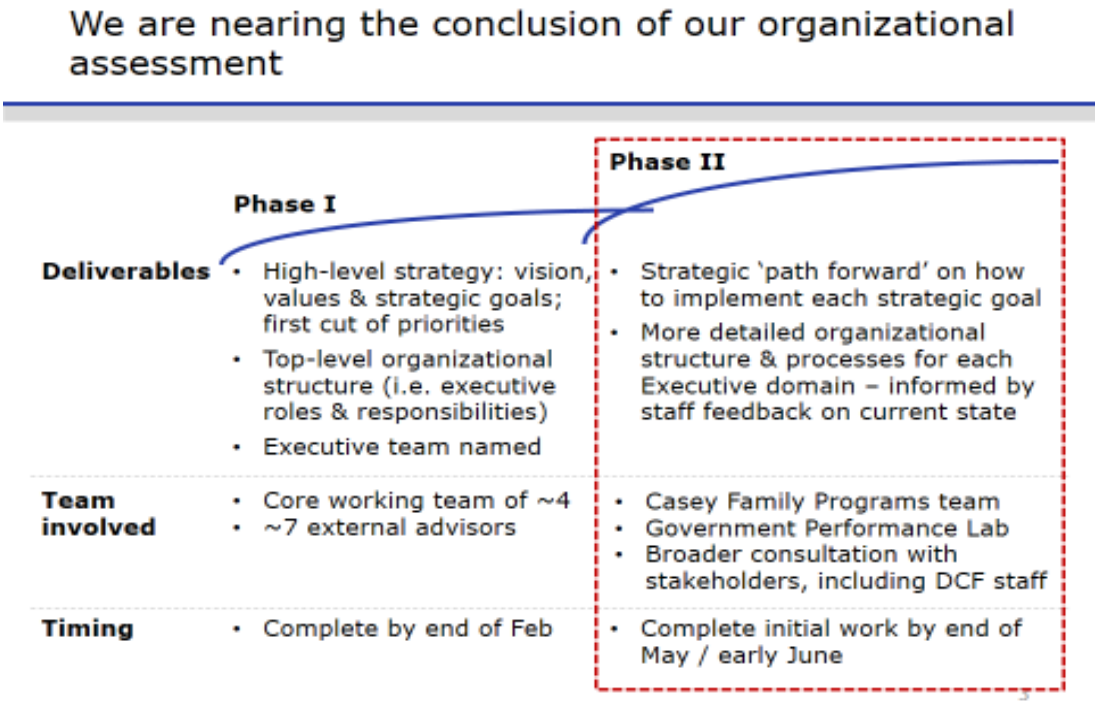


Figure 1: The transition team's approach to the organizational assessment

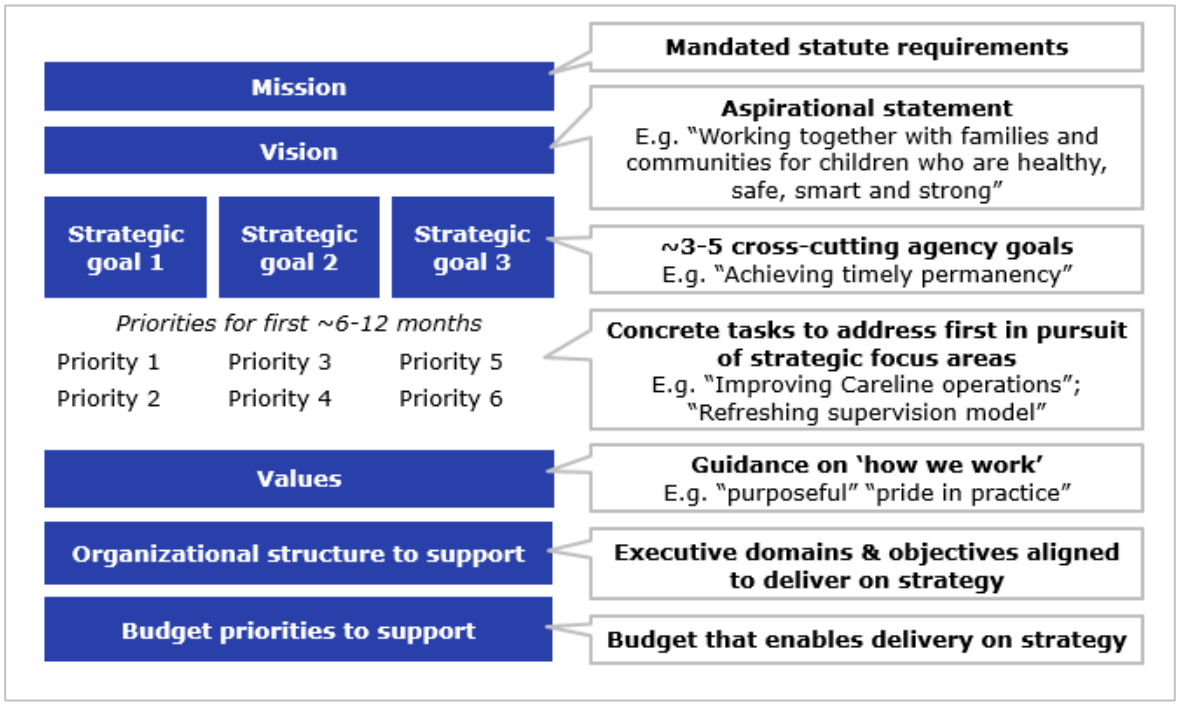


Figure 2: The guiding framework for DCF's strategic plan

Phase I: Bringing in External Learning
Phase I was focused on getting mostly external input to develop:

- A high-level agency vision & strategic goals
- A top-level organizational structure
- An executive team

During Phase I, the organizational assessment team pursued the following key activities:

National Jurisdiction Comparison
National data broken out by jurisdiction was collated across key child welfare outcome metrics, to give a sense of how DCF Connecticut is performing relative to others, and where the agency's strengths and areas for improvement lie. The strategic plans of a number of other child welfare agencies across different jurisdictions were also examined, to derive insights on strengths, weaknesses, and lessons to be learned.

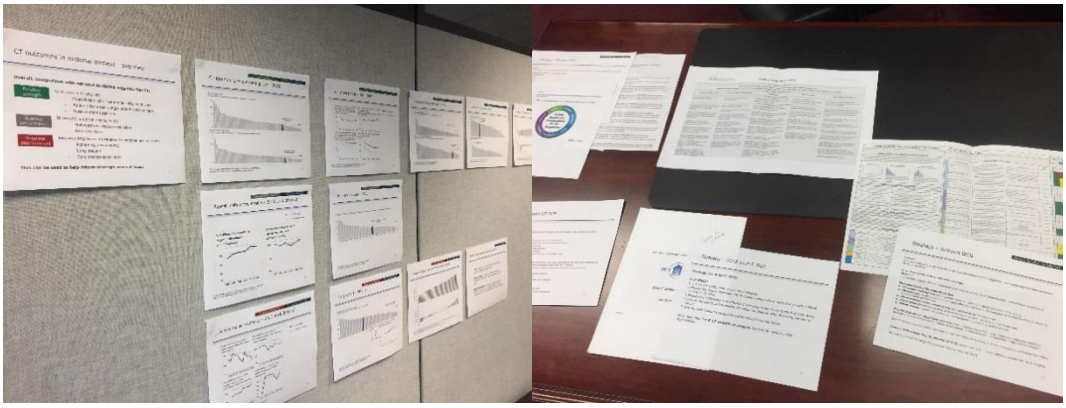


Figure 3: National jurisdiction comparison 'walk-through' of both key outcome metrics and strategic plans

Color-blocking' to understand the current state
Following advice from Meyer's *Principle-based Organizational Structure*, the organizational assessment team blocked out the current Connecticut DCF organizational chart by colors corresponding to job function, to better understand what DCF is currently set up to achieve and where gaps or redundancies may exist.

External Advisory Group
Finally, an external advisory group was convened to give advice on external perceptions of DCF's strengths, areas needing most improvement, and overall strategic direction. This group brought a wealth of experience across child welfare, including former DCF leaders & workers, providers, child & family advocates, other Connecticut state agencies, and a parent representing an advocacy group of others with also lived DCF experience. (See Figure 3 for details). The Commissioner's team heard strong feedback from its external advisors both on DCF's strengths to build on, as well as where the agency needs to progress.

Three key themes emerged from the external advisory group:

- DCF's strength lies in the passion and openness of its workforce to learn, change and partner with others
- To improve, DCF needs to foster greater consistency and remove structural barriers that get in the way of practice and permanency
- Support was voiced for internal shifts to help ensure clear lines of responsibility and accountability, while maintaining stability for line-facing staff wherever possible, so as not to distract from the work

Advisor		Position & experience in child welfare
	Martha Stone	• Executive Director, Center for Children's Advocacy • Brought case that led to the consent decree
	Brian Mattiello	• Regional VP, Charlotte Hungerford Hospital • Former DCF Chief of Staff • Former state representative
	Andrea Barton-Reeves	• President, Connecticut Bar Foundation • President & CEO, Harc, Inc. • Extensive legal & community advocacy background
	Noel Casiano	• Clinician & Lecturer, Central Connecticut State University • 15 years with DCF • Former provider (through Wheeler)
	Susan Hamilton	• Director Delinquency Defense & Child Protection, Public Defender • Former DCF Commissioner; Head of Legal; social worker • Former OPM Legislative Affairs
	Beresford Wilson	• Executive Director, FAVOR • Long history with provider networks & family advocacy • Parent who has been involved with DCF
	Matt LaRock	• Attorney, CT Attorney General's office • Former DCF Legal Division • Extensive legal background

Figure 3: The external advisory group members who have supported Phase I of the organizational assessment

Each of these activities enabled the Commissioner and the organizational assessment team to build an emerging high-level vision and strategic goals for the agency, and an executive team structure to support these goals (see Figures 4 & 5). The external views sought out were particularly impactful in focusing the organizational assessment team on making structural changes with as little impact on frontline operations as possible.

Figure 4: Emerging DCF vision and strategic goals

These strategic goals will help to focus DCF's attention, effort and resources as an agency – so that leaders and staff across all divisions are all "rowing in the same direction". Under each of these broad goals would then sit a number of more concrete metrics and prioritized activities DCF intends to pursue in the different domains and functions to achieve each goal. The vision and strategic goals are the foundation to move from a child protection agency to a Child Welfare System. This is the foundation for our sister agencies to join together and support and serve the families in Connecticut in an efficient and effective way.

Organizational Values

The strategy is about what DCF aims to do, but it is just as important to set the aspiration for **how** DCF will work to achieve its goals. To this end, it is important that agency's 3200 staff members work with purposeful pride and passion for practice, and people.

- We work with purpose – we each believe in the vision, and we each know how we can contribute to it
- We work with pride – we publicly advocate for the good work we do
- We work with passion – we see this line of work as more than a job; we see it as a calling
- We prioritize practice - we deliver high quality in what we do
- We prioritize people – we see the humanity in everyone, and work to bring out the best in colleagues and the families and children we serve

The last P in this alliteration is of course Partnerships. We recognize that the basis for achieving a child welfare system of wellbeing is through a dedicated stakeholder partnership as we cannot, and should not do this work alone.

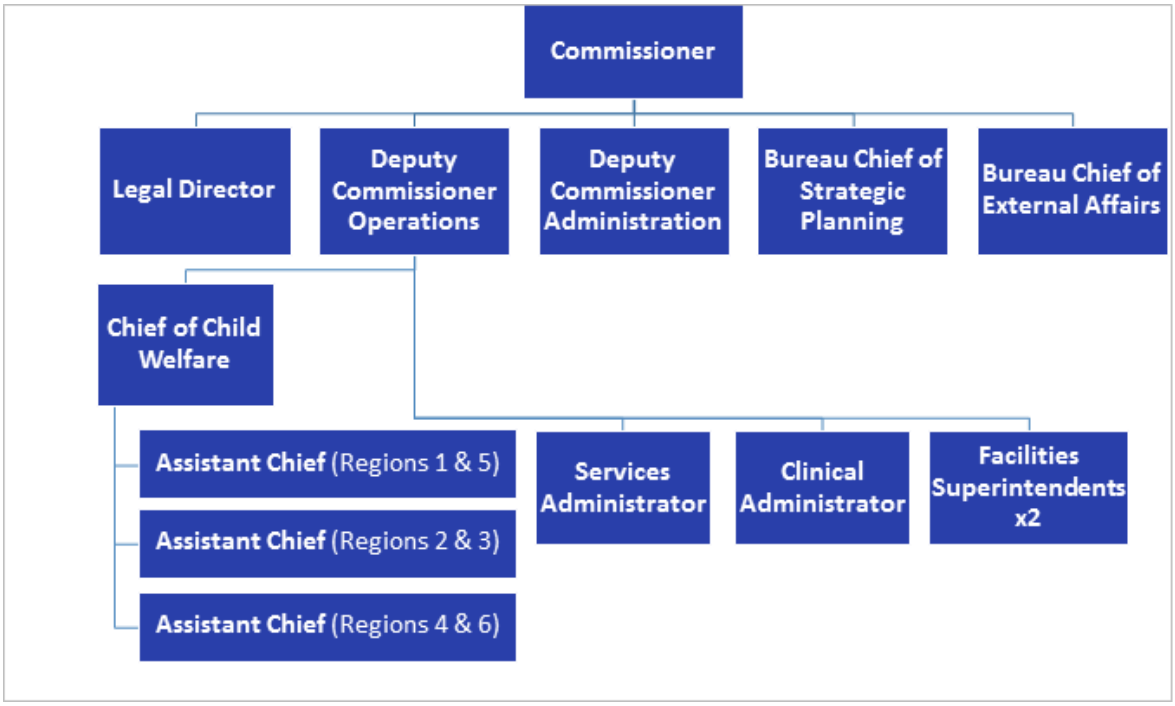


Figure 5: New DCF executive structure

Organizational structure

To bring this strategy to life, the department reorganized to streamline and clarify roles and responsibilities with five executive direct reports (see Figure 5):

- Deputy Commissioner of Operations – to deliver on the agency's core mandate and strategic goals around child safety, permanency and wellbeing

- Deputy Commissioner of Administration – to deliver the critical infrastructure that enables DCF's staff to successfully serve children and families
- Bureau Chief of Strategic Planning – to deliver on the agency's strategic goals, by developing innovative strategies, learning from past performance and designing and implementing data-driven organizational change
- Bureau Chief of External Affairs – to build the agency's external reputation and partnerships, and to deliver on the agency's legislative agenda to support its strategic goals, and build strong external relationships with sister agencies and external stakeholders.
- Legal Director – to deliver on agency's legal agenda and support its workforce and collaborative efforts with partners

Phase II: Broadening and deepening:
The DCF Executive team continued to engage with their technical assistance partners – Casey Family Programs and the Harvard Government Performance Lab – and their external advisory group to build out a more detailed roadmap towards achieving their strategic goals. This has involved mapping out all current initiatives and quality improvement activities being pursued across the agency, deciding what to prioritize, what gaps still need to be filled, and redundancies eliminated. This work also involved ensuring the Department's strategic direction aligns with other quality management and oversight mechanisms the agency is engaged in, such as the Juan F. consent decree and strategic plan, the Performance Improvement Plan (PIP), and the Child and Family Services Plan (CFSP).

Phase II was focused on:

- Domain mapping of current divisions: Focus groups, workshops and surveys with a cross-section of staff across the agency to assess the current state of each domain and to gather input on what structural alignment of teams and roles makes most sense towards achieving the agency's strategic goals. Key takeaways from the domain mapping work across regional clinical, systems and quality management teams include:
    - Valuable and innovative work being done, but it is inconsistent across regions
    - Room to reduce duplicate or redundant efforts
    - Staffing not yet balanced across offices
    - Based on the innovation found, there is significant potential growth in the systems work
- Building out the organizational structure to support the strategic goals: Using all inputs from Phase I and the Phase II domain mapping to set the organizational structure under each member of the Executive team. Insights from the national data, color blocking and external engagement from Phase I, and the domain mapping and staff engagement from Phase II were used by the Executive team to design the next layer of the organizational structure under each Executive, to Program Director level. Below is an emerging view of the organizational structure for Operations, Administration, and External Affairs (Strategic Planning and Legal are still being built out).
- Developing the strategic plan: The Department is translating our vision and strategic goals into concrete initiatives and areas of practice to prioritize over the next 12 months**.** In addition to the domain mapping and organizational structure work, the Executive team also worked with Casey Family Programs to begin further development of the strategic plan, starting by gathering all initiatives and work processes currently operating across the department. Prioritization of initiatives will be conducted in June/July, to include resources secured during the legislative budgeting process (giving greater clarity on the capacity DCF will have to resource certain initiatives).

Connecticut DCF Operations

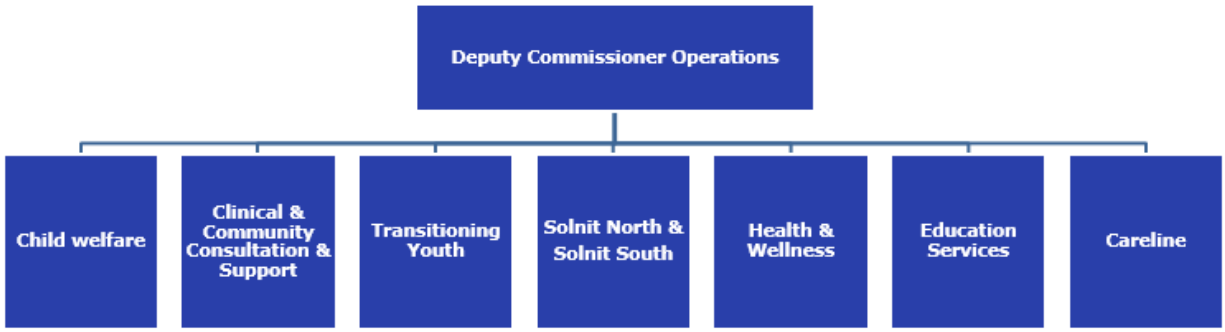


Figure 7: Emerging organizational structure under the Operations division (draft – still need OPM approval)

Objective: to deliver on the agency's core mandate and strategic goals around child safety, permanency and wellbeing

Divisions:

- Child welfare – focus on core child welfare, including child protective services (CPS) and foster care
  - Child Protective Services - Three Assistant Chiefs covering 6 regions, to bring standardization to practice
  - Foster Care – elevating and centralizing the work
- Clinical and Community Consultation & Support – focus on clinical work and programs
  - Therapeutic Foster Care work to be a focus, with performance management of clinical outcomes
  - Interagency planning to be elevated, to improve cross-agency collaboration
  - Regional clinical Directors to report to a licensed Clinical Practitioner, to ensure more specialized supervision and standardization
- Transitioning Youth - focus on adolescents and transitions
  - Congregate care work to be right sized in preparation for Family First Prevention Services Act (FFPSA)
  - Statewide Integrated Services to be consolidated
  - Wilderness School
  - Human trafficking work to be elevated
- Solnit facilities – focus on psychiatric treatment
  - Division assessment to kick off, to determine if any shifts are needed in infrastructure, design, function and outcomes
- Health and Wellness – focus on children's medical services
  - Region and Facility Health and Wellness staff report centrally to the department's Pediatrician
- Education Services – focus on educational achievement
  - Regional and Facility education staff report centrally to the departments Superintendent
- Careline - focus on accurate triaging
  - Structure to remain the same

Connecticut DCF Administration

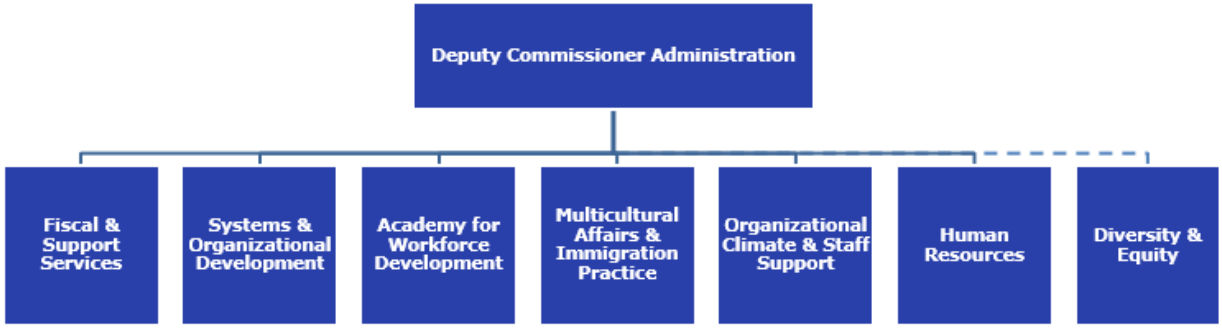


Figure 8: Emerging organizational structure under the Administration division (draft – still need OPM approval)

Objective: to deliver the critical infrastructure that enables DCF's staff to successfully serve children and families

Divisions:

- Fiscal and Support Services – focus on infrastructure to support staff
  - Structure to remain as is
  - Division mapping currently being done to better understand strengths and opportunities
- Systems and Organizational Development – focus on systems development
  - New division with Systems Program Directors to report up, created to elevate services & community relations work highlighted by the domain mapping
  - Will better align the process for securing grants, contracts and service delivery
- Academy for Workforce Development – focus on developing staff at all levels and function
  - Structure to remain as is
- Multicultural Affairs and Immigration – focus on supporting staff and multicultural immigrant families
  - Potentially looking at splitting office out between multicultural affairs and immigration, to increase capacity
- Organizational Climate and Staff Support - focus on staff experience related to the person in the profession
  - Will continue to collaborate closely with the Wilderness School
- Human Resources – focus on staff resource needs
  - Undergoing statewide analysis
  - Division mapping currently being done to better understand strengths and opportunities
- Diversity and Equity (Reporting to the Commissioner) – focus on improving DCF's diversity and equity performance according to state and federal statutes
  - Undergoing state wide analysis

Connecticut DCF External Affairs

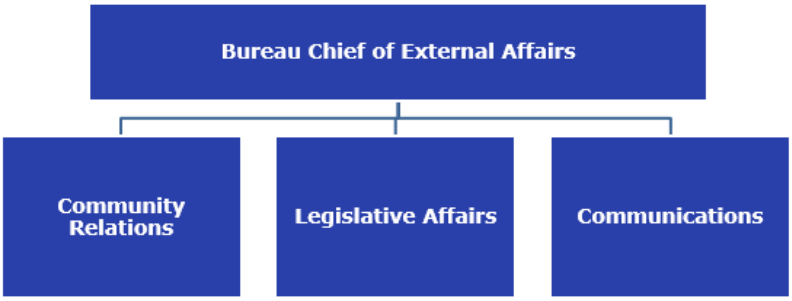


Figure 9: Emerging organizational structure under the External Affairs division (draft – still need OPM approval)

Objective: to build the agency's external reputation and partnerships; deliver on the agency's legislative agenda to support its strategic goals

Divisions:

- Community Relations – focus on addressing community issues and concerns
    - Expanding on current ombudsman work, to include community outreach
- Legislative Affairs – focus on driving DCF's legislative agenda
    - Structure refined through a Program Director
- Communications – focus on building positive realistic public image of DCF
    - Looking to build out communications capabilities further, to ensure DCF is able to be more proactive in shaping its public narrative

The work of this division is critical to the continued movement toward a Child Welfare System by developing an understanding and building agreement with our legislators who make up the CT General Assembly. DCF has dedicated the Legislative Program Director (LPD) in the Bureau of External Affairs to serve as the liaison of the Department to Connecticut's Legislative body. The LPD provides a bridge to the department and the legislature reinforcing the focus and importance of collaboration, mutually respectful relationships, serve as the point of contact for legislators to communicate with the department, and function as a conduit that offers legislators the opportunity to connect with various parties in the child welfare system. Our LPD accomplishes keeping our Legislators informed and in partnership through:

- Building strong relationships with legislators
- Responding to inquiries from legislators and other parties
- Working with Legislators to respond and meet the needs of children and families in their district
- Working together with legislators and their constituents to find collaborative legislative solutions
- Monitoring and analyzing pending legislation that may affect the Department
- Identifying various stakeholder groups to participate in drafting legislative proposals
- Participating in the drafting of legislative proposals
- Drafting testimony and prepare materials for legislative hearings and meetings
- Maintaining strong relationships with OPM, the Governor's office, other state agencies, partners in the community and the legislature to pass or modify bills and legislative initiatives

The LPD also assists with external communications and developing relationships across the state service continuum. In doing so, the LPD works with executive team to develop strategies to promote the activities of the Department and foster alliances to achieve the Department's goals.

These relationships are critical junctures upon which the CFSP is designed to reflect.

Connecticut DCF Legal division

Focus on driving forward agency's legal agenda, and providing legal expertise & support to frontline staff

Connecticut DCF Strategic Planning - organizational structures to come.

Transition work beyond the organizational assessment:
Now that the work of Phase II is wrapping up, the agency's executive team is turning their focus to the ongoing transition work that needs to continue.

- Building out the organizational structure (continued): Setting the objectives and structure of teams below Program Director level. The Department's proposed organizational structure is currently being vetted by the Office of Policy and Management. Once approvals have been gained, the Executive team will partner with Program Directors in each division to clarify the objectives and structure of the next layer of the organization
- Developing the strategic plan (continued): Prioritizing and developing the initiatives to deliver on the agency's strategic goals over the next 12 months. With agency owners and success metrics defined the Executive team will continue to engage with their technical assistance partners – Casey Family Programs and the Harvard Government Performance Lab as well as their external advisory group to build out a more detailed roadmap towards achieving their strategic goals. Using the initiative map created in Phase II of the organizational assessment as a starting point, DCF will prioritize which initiatives to focus on across divisions to deliver on the agency's mission and goals. This work will also involve ensuring the Department's strategic direction aligns with other QA and oversight mechanisms the agency is engaged in, such as the Juan F. consent decree strategic plan, the PIP, and the CFSP (see below for a visual of how the agency is thinking about the integration of different oversight & review mechanisms).
- Commissioner and Executive team 'Listening tour' - a Commissioner and Executive team tour of different DCF offices and partners across the state, to hear from a broad range of staff and stakeholders and experience the current state of the agency

In addition, The Commissioner and her team are collaboratively developing Connecticut's CFSP with stakeholders across the state. It is important that DCF engages staff and stakeholders from its sister agencies and enlist them to help shape a Child Welfare System over time. This engagement allows other Commissioners and community leaders to have conversations with their constituents, and stakeholders to provide information in a productive, comprehensive, thoughtful, and purposeful manner.

We have begun the work with our sister agencies and have developed a working group to ensure we remain focused. Each agency will continue their individual internal work, while also orchestrating the larger shift within Connecticut to a Child Welfare System. This work will be defined as the workgroup coalesces, refines, develops next steps, and implementation strategies.

Assessment of Current Performance –Improving outcomes

The Connecticut Department of Children and Families' (DCF) Program Improvement Plan (PIP) has been envisioned to be, and was developed as a part of, the State's broad efforts to serve its children, youth and families within a connected and coordinated Child Welfare System. The PIP, as well as the Juan F. Strategic Plan, were designed to be integrated with interrelated goals and strategies to reflect, intersect, integrate, and build upon plans and activities.

The Department has developed a number of cross-system partnerships and efforts to coordinate and enhance care for Connecticut's children and families. As part of our CFSP development, we have assessed our current systems and partnerships to provide an overview of workgroups, committees, and task forces to determine if there are existing workgroups that would be able to take on the work of developing a child welfare system. We found in our agency alone there are 40 legislatively mandated Task Forces, Advisory bodies, and Committees related to the work of children and families. In addition, DCF has over 100 memorandums of understanding/agreement that outline how we interact with sister agencies to better serve children and families.

There are examples already of cross agency collaboration that will serve as building blocks as enhancements are made across the entire system. Some examples include:

The Connecticut Behavioral Health Partnership (CT BHP) is a legislatively created collaboration between the Department of Children and Families (DCF), the Department of Social Services (DSS), and the Department of Mental Health and Addiction Services (DMHAS). It is designed to create an integrated behavioral health service system for Connecticut's Medicaid populations, including children and families who are enrolled in HUSKY Health and DCF Limited Benefit programs. The State Agencies have contracted with Beacon Health Options to serve as the Partnership's Administrative Services Organization which provides utilization management, clinical oversight and quality assurance activities related to all Medicaid funded behavioral health services and selected DCF grant funded services.

The Connecticut Children's Behavioral Health Plan Implementation Advisory Board, comprised of 12 state agencies, consumers, providers and advocates supports the work of recommendations laid out in the 2014 Children's BH Plan. The planning, implementation and formation of this work was in response to the tragedy in Newtown, Connecticut in 2012 and was intended to put forth a plan for meeting the mental, emotional and behavioral health needs of all children in the state and preventing or reducing the long term negative impact of mental, emotional and behavioral health issues on children

At any point in time, DCF serves approximately 36,000 children and 15,000 families across its programs and service array. There are 2,550 investigations and 1,850 family assessments underway on any given day. Last year, the DCF Careline received 108,679 calls, 54,165 were reports of child abuse or neglect, and 31,299 were accepted and assigned to either an investigative or family assessment response track.

Many of the reports that are 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. Generally, 39% of accepted reports include indication of mental health issues, 35% present with substance abuse indication, and 14% with housing/homelessness issues. With respect to IPV/DV, a recent case review of families revealed initially approximately 26% present with IPV indicators. However, as the department completed assessment and gained additional insight into the percentage of families with IPV/DV related concerns increased to 43%.

The child welfare context in Connecticut, as well as across the nation, is evolving from year to year. Connecticut DCF continues to see increases in child abuse and neglect reporting (+51% since Calendar Year 2006), although there have been significant changes in response to those reports. The agency attributes some of the increase in volume of reports received during Calendar Year (CY) 2018 to high-profile cases of failure to report in Connecticut that resulted in criminal charges for those involved. These cases involved school personnel, who are the largest

single category of reporters to the Department (34% of all reports in CY 2018). In addition, Connecticut has enhanced our mandated reporting laws that broadened the pool of mandated reporters and increased the penalties for failures or delays in reporting.

In an effort to sharpen the assessment skills of our staff, the Department established a contract with the Children's Research Center (CRC) that included the enhancement of the following components of our Structured Decision Making (SDM) tools:

- Update all the SDM tools, definitions, and corresponding policies from point of entry through case closing
- Develop a training program for staff: utilizing a Train the Trainer approach and the development of training modules that integrate the SDM tools into case practice, inclusive of coaching;
- Provide technical assistance and support in DCF's completion of the Risk Validation Study;
- Quality Assurance Activities designed to promote model fidelity;
- Analytic Consultation and Technical Assistance, including the development of a baseline SDM Implementation Report; and
- Create an on-line system that will provide a user-friendly method for workers to complete SDM assessments as well as collect the assessment data for analysis.

The Department will continue its partnership with the CRC. In May, 2018, DCF launched the updated SDM Careline Screening instrument, and associated training and Quality Management efforts. The release, coupled with training and oversight, has resulted in a significant decline in Connecticut's acceptance rate in CY18 (48.6%) compared to previous years. At the same time, the proportion of accepted reports that received a Family Assessment Response (FAR) rather than traditional Child Protective Services (CPS) Investigation increased to almost 45% in CY18. Also, our substantiation rate has seen steady increases from 27.4% in CY 2014, to 32.9% in CY2018, but we have held our rates of cases transferred for post-investigation services to 15.5% in CY 2014 to 16.8% in CY 2018.

In July 2019, the Safety and Risk Assessment Tools will be deployed. Following this release, CRC will begin their quality improvement efforts, inclusive of case reading, coaching and training, targeting supervisors/managers of the Careline and Intake operations. These activities are designed to promote model fidelity and integrate the tools into case practice and supervision. SDM data (beyond completion rates) will be added to current LINK reports to assess implementation and to utilize the data. These updated reports will provide the opportunity to identify families with safety plans in effect and require close monitoring of safety plans. Additionally, several activities are underway to enhance our permanency planning practice. Prior to finalization of the SDM Reunification Assessment Tool, the Department is conducting a field test with representatives from all six regions to evaluate the utility of the tool. The findings may identify additional changes that need to be made to the tool to enhance its performance in achieving permanency and increase its utility. In preparation for the release of the Reunification Assessment tool, practice guides are being created to enhance our permanency planning practice in the following key areas:

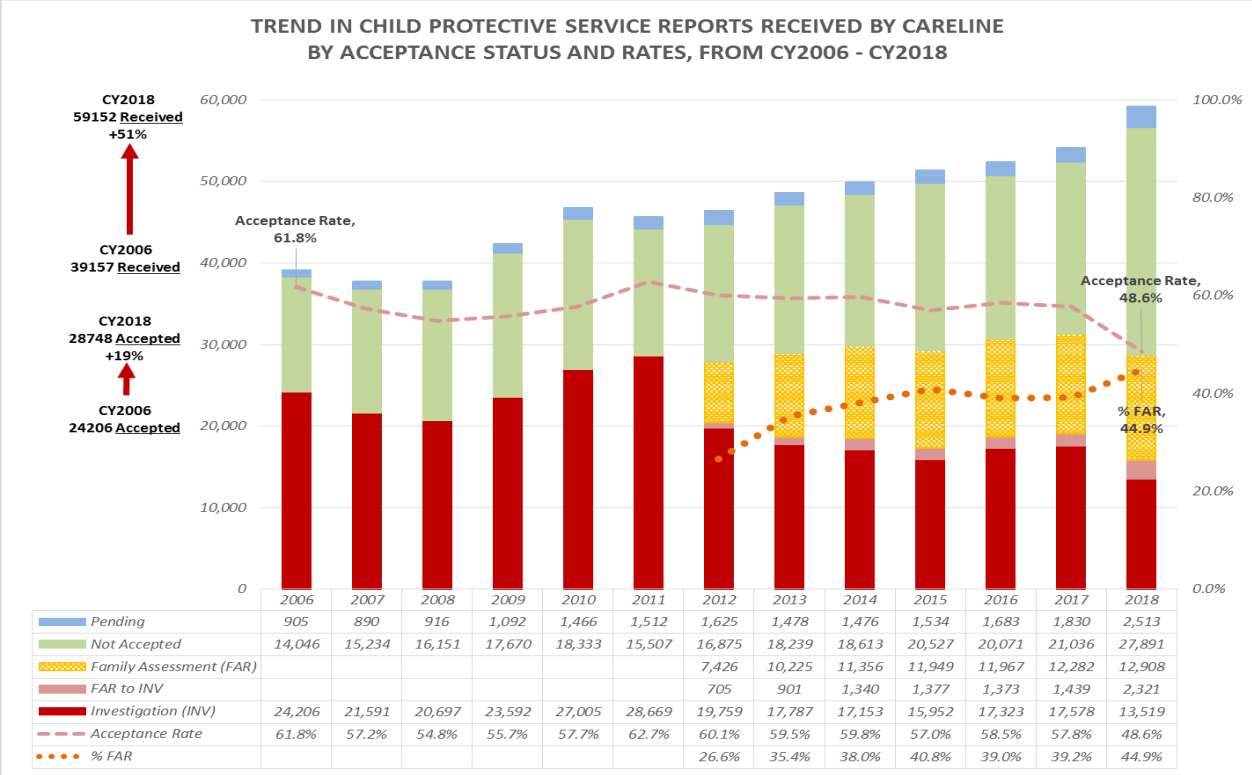
- Parent-child Visitation;
- Concurrent Planning;
- Supervision to Permanency; and
- Legal

Given the change in the administration, membership of the Steering Committee is being modified to reflect the new agency structure and leadership. Once established, the tool and the corresponding practice guides will be presented to the SDM Steering Committee for final review and approval. Quality assurance activities will be developed to assess implementation of the various practice guides that have been established. Once the Reunification Assessment tool has been approved, all the tools utilized by ongoing services will be included in Phase III of the automation process. It is anticipated this process will begin in the summer with deployment of the tools early next year. The Office for Research and Evaluation will continue receiving technical assistance from CRC's research department to create a baseline SDM report and evaluate our SDM Reunification Assessment, specifically measuring the consistency, accuracy, equality, and utility of the tool. Planning is currently underway. The Department is

committed to improving the quality of our SDM practice and believes with proper utilization, it can help us achieve the goals of safety, permanency and well-being for the children and families we serve. As such, SDM is an integral strategy of our PIP.

On March 5, 2012, the Department launched its Differential Response System (DRS). Since implementation, the Department has been committed to evaluating our Family Assessment Response to assess the impact of this approach and whether it lends itself to better outcomes for children and families. The UCONN School of Social Work has and will continue to function as our Performance Improvement Center, analyzing our Family Assessment Response and that of our contracted service, Community Support for Families (CSF) Program. The Department recognizes the importance of evaluating our overall intake process and as such, amended the MOA with UCONN to include investigations data. The analysis/evaluation is currently underway and results will be shared with senior leadership, regional and central office staff this upcoming year. This analysis will inform practice and policy changes that may be needed. UCONN has submitted their research agenda which outlines the areas of focus for this upcoming year as follows:

1. To analyze and assess potential racial disproportionality in CT's child welfare system and help inform collective efforts to reduce racial disproportionality/disparity;
    a. Does race and ethnicity impact decision-making within DCF and at what key points?
2. To explore the role of poverty in DCF involved families to assess level of impact on child welfare decisions and repeat maltreatment;
3. To gain a better understanding of chronically involved families; and
4. To explore why families engage or do not engage with CSF. Focus groups will be held with DCF/CSF staff and families. Case reviews will also be completed.



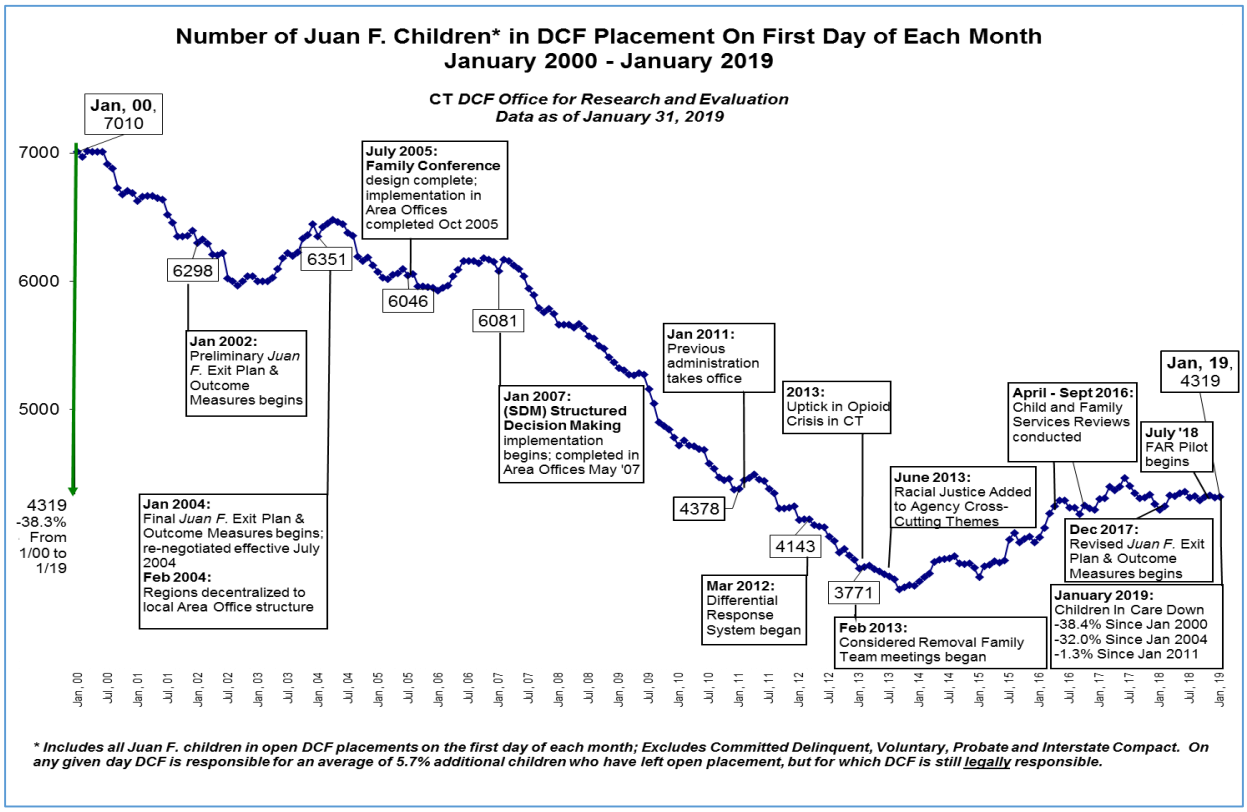
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Pending	905	890	916	1,092	1,466	1,512	1,625	1,478	1,476	1,534	1,683	1,830	2,513
Not Accepted	14,046	15,234	16,151	17,670	18,333	15,507	16,875	18,239	18,613	20,527	20,071	21,036	27,891
Family Assessment (FAR)							7,426	10,225	11,356	11,949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

It is also important to note that children of color have been increasingly disproportionately over-represented in reports to DCF accepted for response. In State Fiscal Year (SFY) 2018, African-American children were 3.7 times as likely as White children to be alleged victims in a report accepted for an Investigation response, and 2.5 times as likely for a FAR response. For the same period, Hispanic children were 3.2 times as likely for Investigation responses, and

2.3 times as likely for a FAR response. We, however, have seen improvements to disparity rates for children substantiated, and for those involved in cases that opened for post-investigation services. Disparity rates for children entering DCF care, and for those in-care, had been improving over the past several years, but unfortunately all increased in CY18 compared to CY17. Additional analysis follows.

The following 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.

As can be seen in the annotations, the department continue 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 in an effort to better serve the CT population. The following discussion of outcome performance will illustrate some of the results of those efforts.



The CFSR Round 3 Data Profile (updated version from February 28, 2019) provided data on five of the seven national indicators: Permanency in 12 Months (for both 12-23 and >=24 Month lengths of stay), Placement Stability, Maltreatment in Care, and Recurrence of Maltreatment.

Risk-standardized results for Maltreatment in Care show that CT is within the margin of error for achieving the national standard for the last two reporting periods available. The measure for Placement Stability indicated that CT was statistically better than national performance with this measure in the Child and Family Services Review from items 13B14A through 16A16B.

The remaining two national indicators related to permanency were unable to be calculated by the Children's Bureau due to a single data quality problem (exceeded the 10% limit) with missing Discharge Reasons for six of the 15 AFCARS submissions included in the measurement period. This was the only data quality problem that exceeded thresholds for any of the submissions. It is also important to note that the most recent submission (18B) had no issues with this, or any other, data quality check so the data issues appear to have been resolved as of this writing.

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

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

The ROM results for Maltreatment in Foster Care, Placement Stability and both Permanency measures reported are quite different when compared to the figures shown in the Data Profile. The ROM report shows that CT has consistently met the national standard on Maltreatment in Foster Care and Placement Stability, and in the two most recent years for the two Permanency measures, while the Data Profile does not. Further exploration of the relevant datasets will be required in order to interpret the differences.

The ROM report also provides an indication of our performance for Permanency in 12 Months, where the Data Profile was unable to do so. Unfortunately, the report shows that we have not achieved the standard, though results did improve in CY 2018 compared to CY 2017. For the same cohort of children reunified, however, their rate of Re-Entry to Foster Care rose over 3 percentage points compared to CY 2017 and now is more than twice the national standard.

<u>Child and Family Outcomes:</u>
The below sets forth the Department's current performance on Safety, Permanency and Well-Being Items:

- **Item 1**
  - CFSR Result: n=41, 59% Strength, 41% ANI
  - ROM EP#1 – CY 2014 – CY2018: The following chart shows that our standard has been met, with improvement of almost two percentage points since CY2014.

Exit Plan Measure #1: Report Responses Commenced Within Required Timeframe

Filters Active

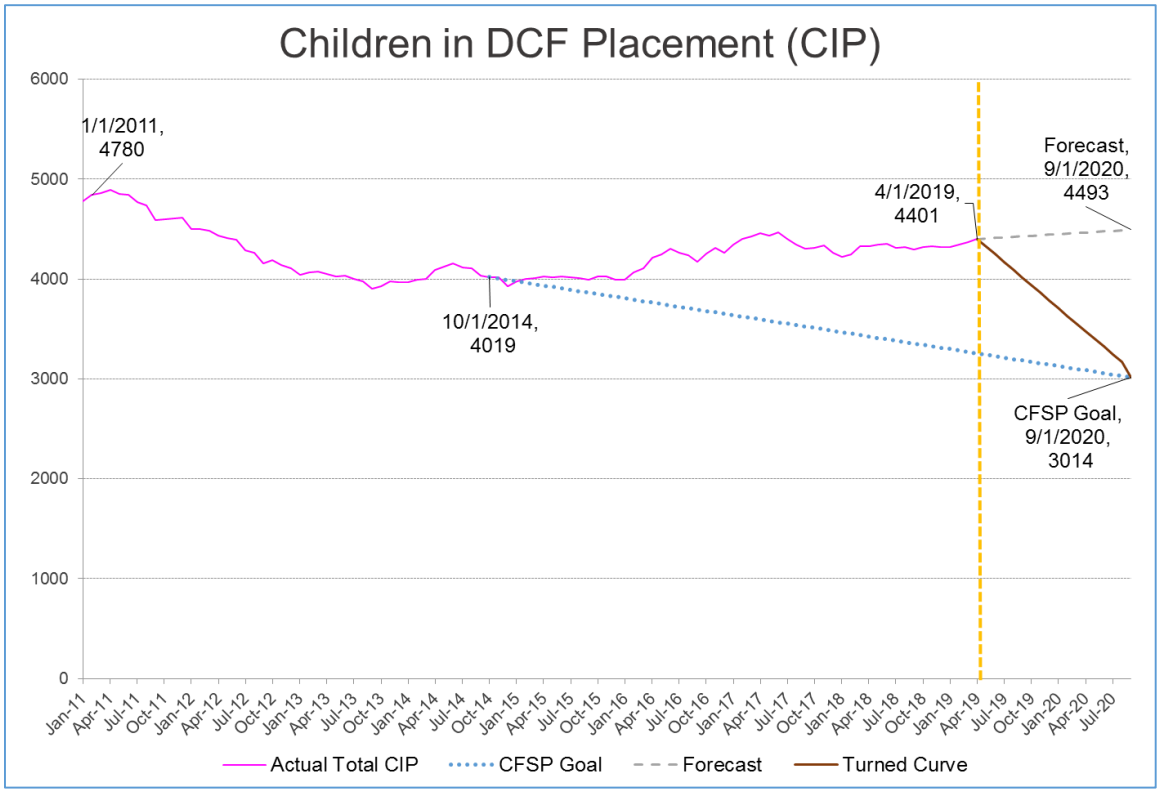
(of accepted reports with commencement due during specified time period; comparisons by Time Periods)

Report Time Period: January 1, 2014 - March 31, 2019 (Yearly)

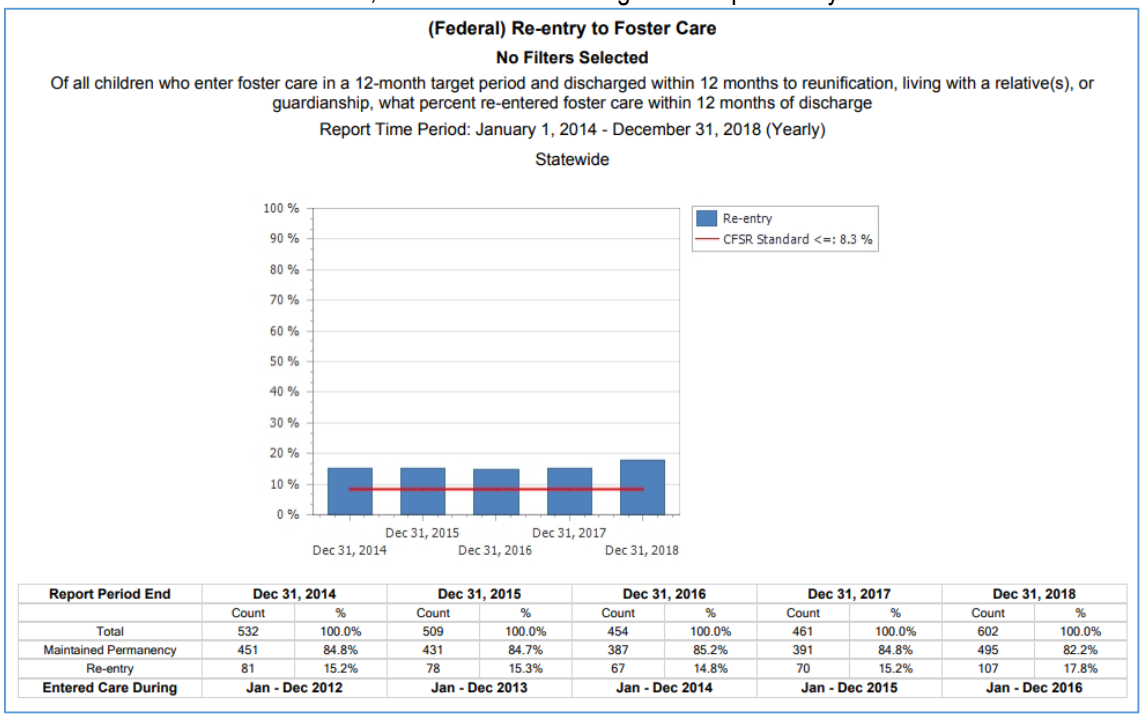
Statewide

Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan - Mar 2019 (Partial)	
Total Investigation	16857	100.0%	16685	100.0%	18130	100.0%	18284	100.0%	14591	100.0%	3544	100.0%
Investigation Met	16218	96.2%	16090	96.4%	17464	96.3%	17828	97.5%	14201	97.3%	3451	97.4%
Investigation Not Met	639	3.8%	595	3.6%	666	3.7%	456	2.5%	390	2.7%	93	2.6%
Total Assessments	12042	100.0%	12807	100.0%	12817	100.0%	13187	100.0%	14434	100.0%	4277	100.0%
Assessment Met	11464	95.2%	12372	96.6%	12429	97.0%	12863	97.5%	14136	97.9%	4189	97.9%
Assessment Not Met	578	4.8%	435	3.4%	388	3.0%	324	2.5%	298	2.1%	88	2.1%
Total	28899	100.0%	29492	100.0%	30947	100.0%	31471	100.0%	29025	100.0%	7821	100.0%
Total Met	27682	95.8%	28462	96.5%	29893	96.6%	30691	97.5%	28337	97.6%	7640	97.7%
Total Not Met	1217	4.2%	1030	3.5%	1054	3.4%	780	2.5%	688	2.4%	181	2.3%

- **Item 2**
  - CFSP Objective:
    - # of children in foster care will be reduced by 25% through continued implementation of CF-CFTM meetings: The following chart shows a 1.3% increase in the total number of children in DCF placement since the 5/1/18 data provided in our previous APSR



- CFSR Result: n=21, 57% Strength, 43% ANI
- ROM Federal Re-Entry to Foster Care – CY 2014 – CY 2018: The following chart shows that the standard was not met, and has been declining over the past two years.



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total	532	100.0%	509	100.0%	454	100.0%	461	100.0%	602	100.0%
Maintained Permanency	451	84.8%	431	84.7%	387	85.2%	391	84.8%	495	82.2%
Re-entry	81	15.2%	78	15.3%	67	14.8%	70	15.2%	107	17.8%
Entered Care During	**Jan - Dec 2012**		**Jan - Dec 2013**		**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**	

- ROM Federal Recurrence of Maltreatment – CY 2014 – CY 2018: The following chart shows that the standard was not met, but improved by .6% points since CY 2017.

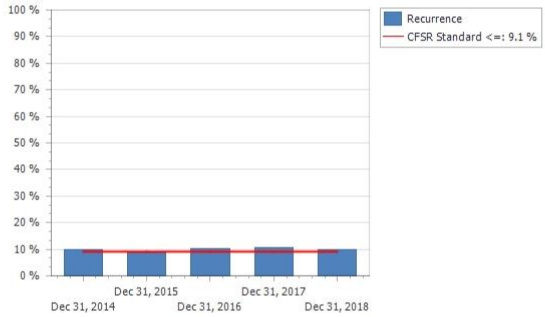
(Federal) Recurrence of Maltreatment

No Filters Selected

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

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Safe	6551	90.0%	6641	91.3%	6494	89.7%	7236	89.5%	7537	90.1%
Recurrence	730	10.0%	629	8.7%	744	10.3%	853	10.5%	826	9.9%
Total Child Victims	7281	100.0%	7270	100.0%	7238	100.0%	8089	100.0%	8363	100.0%
Initial maltreatment during	**Jan - Dec 2013**		**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**	

- ROM Federal Maltreatment in Foster Care – CY 2014 – CY 2017: The following chart shows that the standard continues to be met, and improved by 1.61 victims/100k days in care between CY 2017 and CY 2018.

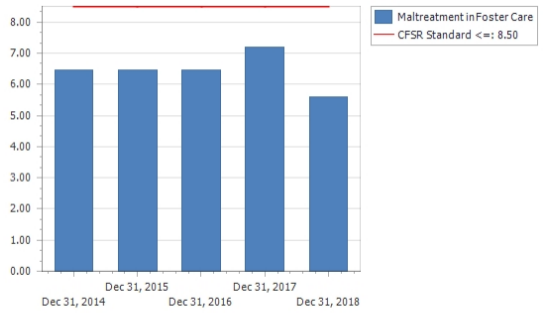
(Federal) Maltreatment in Foster Care

No Filters Selected

Of all children in foster care during a 12-month target period, what is the rate of victimization per 100,000 days of foster care

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

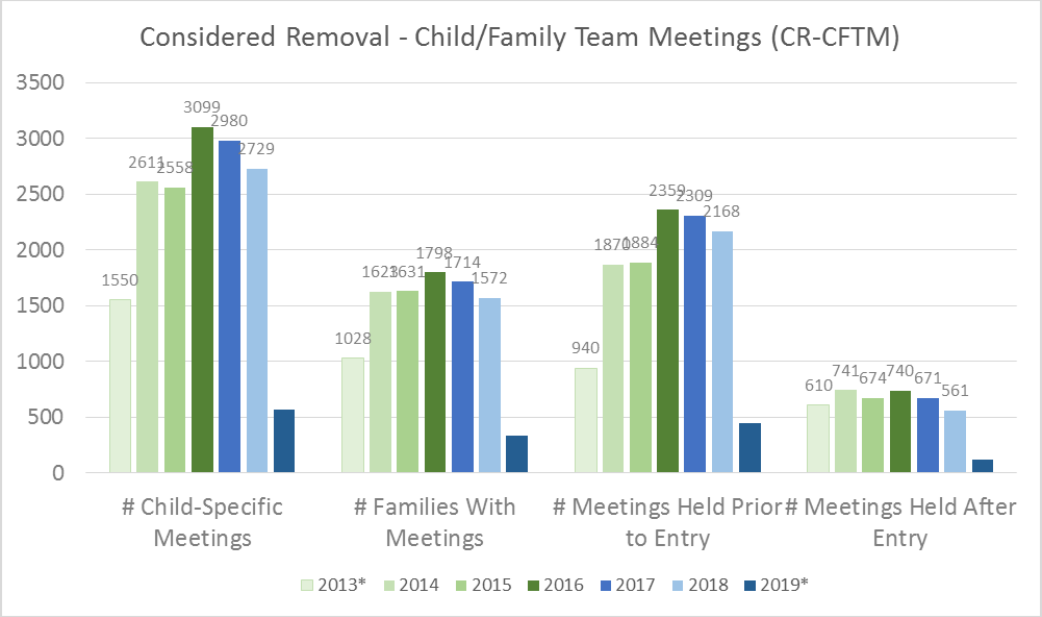
Statewide



Report Period End	Dec 31, 2014				Dec 31, 2015				Dec 31, 2016				Dec 31, 2017			
	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate	Count	Reports	Days	Rate
Maltreatment in Foster Care	5495	87.00	1,350,03 6.00	6.44	5610	85.00	1,314,48 4.00	6.47	5873	89.00	1,378,04 7.00	6.46	5902	102.00	1,417,42 9.00	7.20
Rolling 12 Month Period	**Jan - Dec 2014**				**Jan - Dec 2015**				**Jan - Dec 2016**				**Jan - Dec 2017**			

Report Period End	Dec 31, 2018			
	Count	Reports	Days	Rate
Maltreatment in Foster Care	6007	79.00	1,412,091.00	5.59
Rolling 12 Month Period	**Jan - Dec 2018**			

- CR-CFTM Data – CY14 – 1Q19 (*2019 data is partial as of 5/1/19)
  - # Child Specific Team Meetings: 4.2% decrease in CY18 compared to CY17
  - #/% Meetings Held Prior: Volume continues to decline, but proportion is actually 1.9 percentage point higher in CY18 (79.4%) compared to CY17

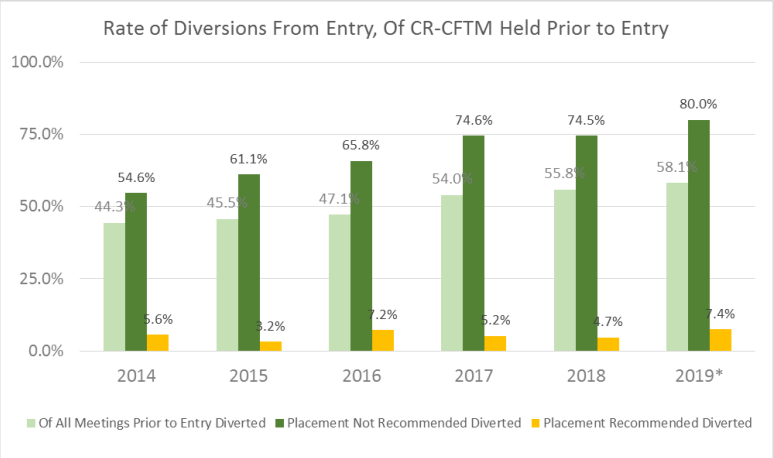


- #/% Children diverted from entering care: 1.8 percentage point increase in CY18 in proportion of meetings held resulting in diversion from foster care compared to CY17

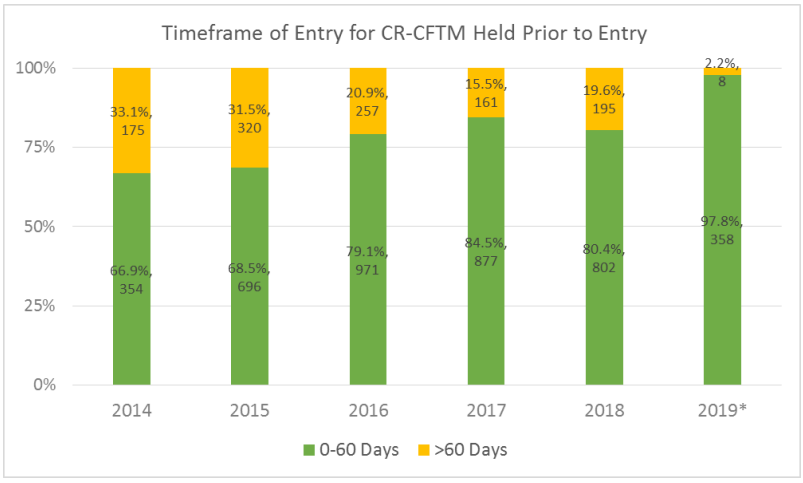
The Department has continued to utilize the Considered Removal Child and Family Team Meetings (CR-CFTM). The purposes of CR-CFTMs are to:

- bring family members to the table when DCF is initially considering removal of a child from the home using families' natural networks as resources to mitigate the safety factor and, when necessary and able, for placement;
- provide an opportunity to collaboratively plan with parents, legal guardians, children and professionals involved with the family to develop specific, individualized interventions for children and families;
- expand services and supports for families at the community level; and
- Develop specific safety plans for children at risk of removal from their homes.

This approach is consistent with the essential elements of a trauma- informed system as it attempts to minimize disruptions to safe, healthy relationships as well as separations from attachment figures, thereby supporting children exposed to trauma and reducing potential secondary trauma. Implementing this strategy has proven to be an effective method of engaging and supporting families leading to the diversion of children from out of home care and non-relative foster care.



- #/% Children who Entered Care following CR-CFTM within 60 days: Decreased from 84.5% in CY17 to 80.4% in CY18



- **Item 3**
  - CFSR Result: n=82, 51% Strength, 49% ANI
  - ACRI Case practice elements – Strength % - CY 2015 -2Q 2019 quarterly aggregation
    - Risk & Safety – Children in Home: 5 percentage point improvement since 1Q17
    - Risk & Safety – Child in Placement: 7 percentage point improvement since 1Q17

		Statewide																		
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
10	Risk & Safety - Child in Placement	93%	92%	90%	91%	92%	92%	91%	88%	89%	91%	94%	93%	93%	92%	93%	92%	92%	96%
11	Risk & Safety - Children in Home	74%	67%	64%	69%	70%	65%	65%	57%	61%	70%	66%	70%	66%	69%	70%	73%	70%	66%

- Timely Accurate SDM – Parents: 6 percentage point improvement since 1Q 2017
- Timely Accurate SDM – Child: 5 percentage point improvement since 1Q 2017

		Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
22	Timely Accurate SDM - Parents	79%	77%	75%	76%	77%	79%	77%	75%	74%	74%	76%	77%	75%	77%	75%	76%	75%	80%
23	Timely Accurate SDM - Child	87%	87%	79%	83%	77%	80%	82%	72%	74%	66%	80%	76%	77%	75%	79%	75%	77%	79%

- **Item 4**
  - CFSR Result: n=42, 86% Strength, 14% ANI
  - ROM Federal Placement Stability – CY 2014 – CY 2018: Standard continues to be met, but with an increase of 0.24 moves/1k days since CY 2017 our performance is now right at the standard line of 4.12 moves/1k days.

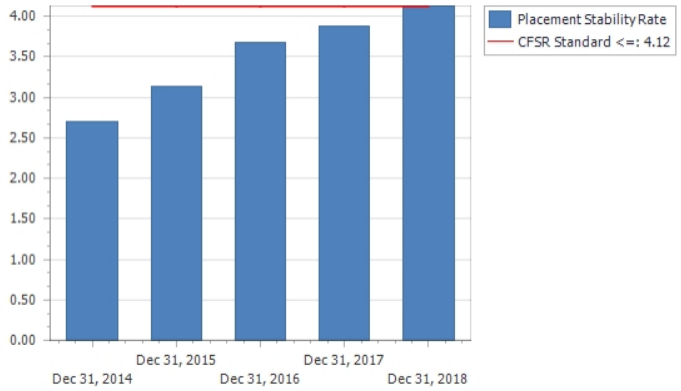
(Federal) Placement Stability - Moves per 1,000 Days in Care

No Filters Selected

Of all children who enter foster care in a 12-month target period, what is the rate of placement moves 1,000 per day of foster care

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide

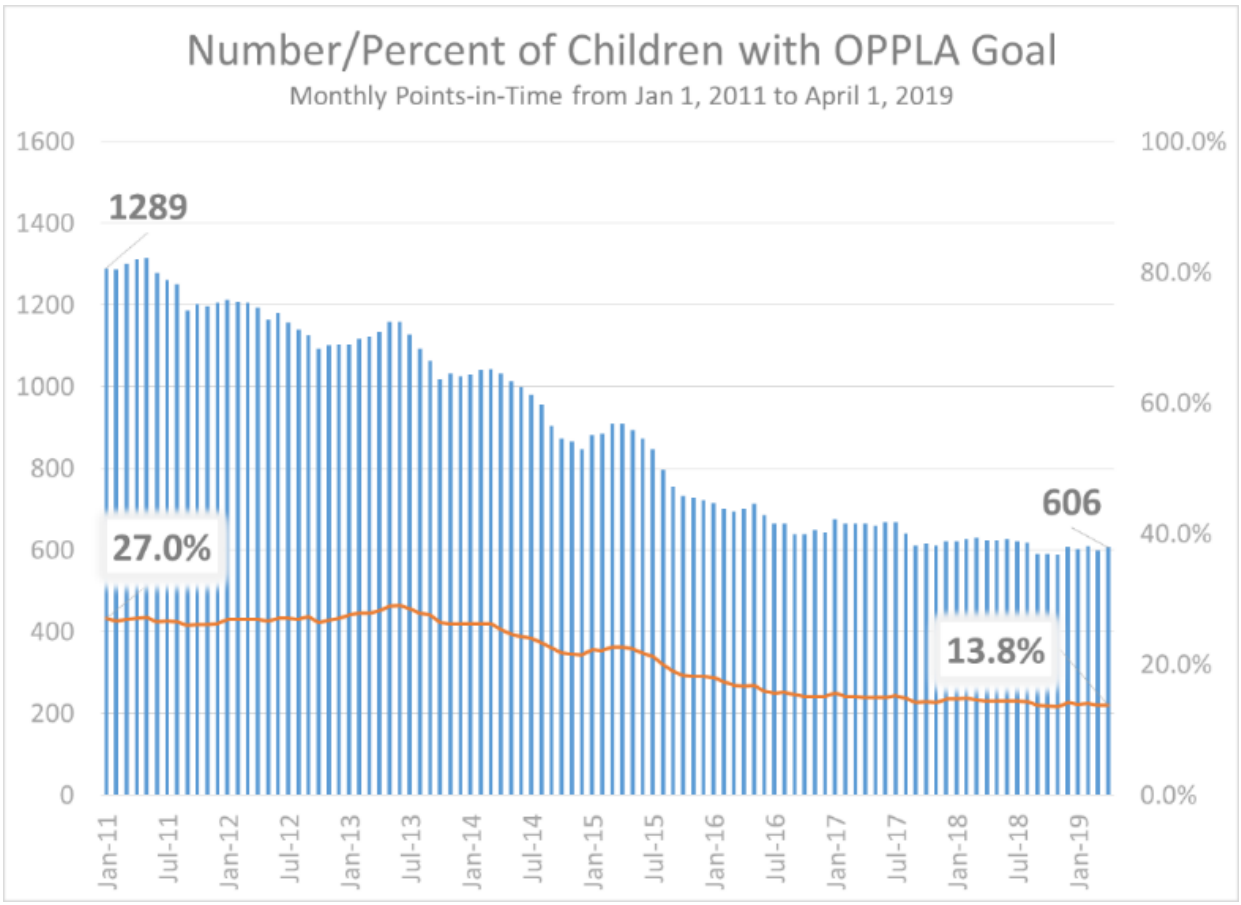


Report Period End	Dec 31, 2014				Dec 31, 2015				Dec 31, 2016				Dec 31, 2017			
	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate
Placement Stability Rate	1882	853.00	316,305.00	2.70	1943	962.00	306,732.00	3.14	2247	1,342.00	364,707.00	3.68	2048	1,306.00	336,636.00	3.88
Rolling 12 Month Period	**Jan - Dec 2014**				**Jan - Dec 2015**				**Jan - Dec 2016**				**Jan - Dec 2017**			

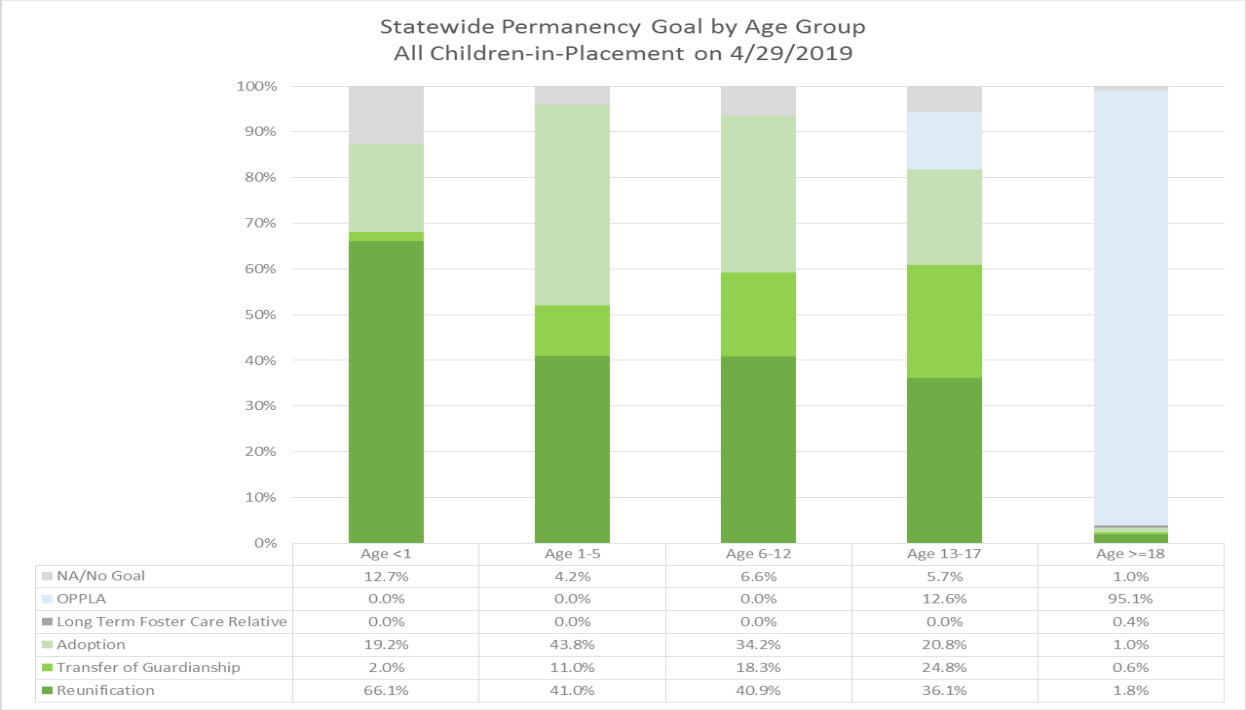
Report Period End	Dec 31, 2018			
	Count	Moves	Days	Rate
Placement Stability Rate	2228	1,498.00	363,226.00	4.12
Rolling 12 Month Period	**Jan - Dec 2018**			

- **Item 5**
  - CFSP Objective:
    - Permanency Teaming will be implemented to improve the likelihood of permanency for all children and to reduce the use of OPPLA by 50%

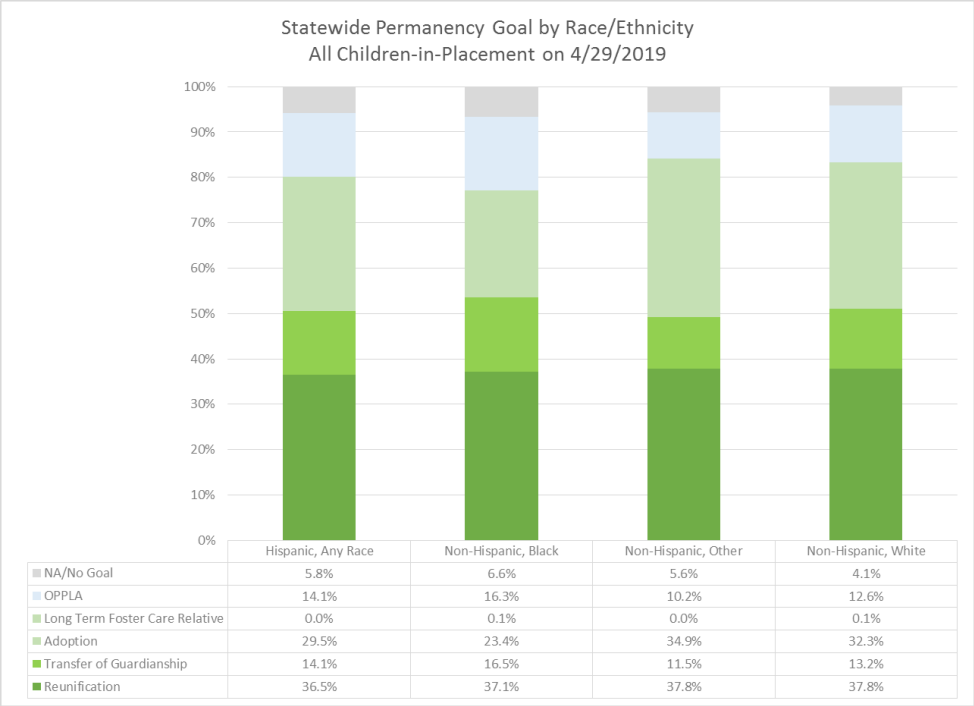
    - Trend in #/% of Children with OPPLA Goal: Declined in volume by 59 children since April 2017, and in proportion from 14.9% in April 2017 to 13.8% in April 2019



- **Other Related Data**



	Age <1	Age 1-5	Age 6-12	Age 13-17	Age >=18
NA/No Goal	12.7%	4.2%	6.6%	5.7%	1.0%
OPPLA	0.0%	0.0%	0.0%	12.6%	95.1%
Long Term Foster Care Relative	0.0%	0.0%	0.0%	0.0%	0.4%
Adoption	19.2%	43.8%	34.2%	20.8%	1.0%
Transfer of Guardianship	2.0%	11.0%	18.3%	24.8%	0.6%
Reunification	66.1%	41.0%	40.9%	36.1%	1.8%



	Hispanic, Any Race	Non-Hispanic, Black	Non-Hispanic, Other	Non-Hispanic, White
NA/No Goal	5.8%	6.6%	5.6%	4.1%
OPPLA	14.1%	16.3%	10.2%	12.6%
Long Term Foster Care Relative	0.0%	0.1%	0.0%	0.1%
Adoption	29.5%	23.4%	34.9%	32.3%
Transfer of Guardianship	14.1%	16.5%	11.5%	13.2%
Reunification	36.5%	37.1%	37.8%	37.8%

- Judicial data re: approval of OPPLA Plans During SFY 2017

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.

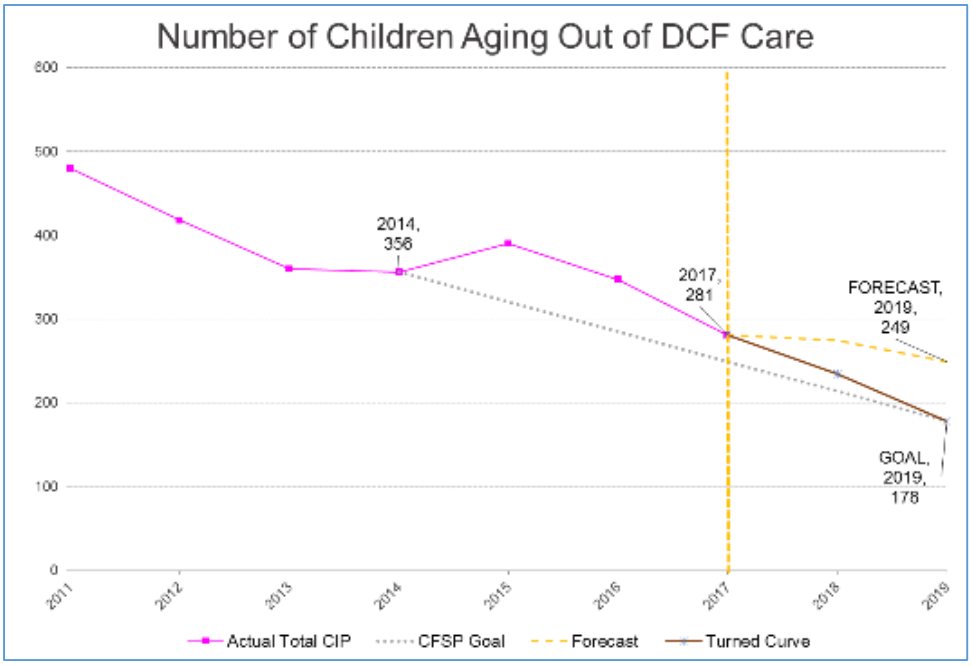
Cohort: Permanency Plans that were approved during FY18

APPLA/OPPLA Plans for FY18	
Total Number Of Permanency Plans Approved	3973
Number of APPLA/OPPLA Plans Approved	708
Number of ILP Approved	301
Number of Long Term Foster Care Approved	132
Number of Other Approved	275

- CFSR Result: n=41, 78% Strength, 22% ANI

- **Item 6**
  - CFSP Objective

- Number of youth aging out of care without legal or relational permanency will be reduced by 50%.



- CFSR Result: n=42, 31% Strength, 69% ANI
- CFSR National Data Indicator Results: The permanency measure was unable to be calculated due to a data quality issue with a single data element, discharge reason, for the measurement periods required for each measure. It should be noted that this data quality problem has already been resolved in the subsequent submission of FFY16B AFCARS data
- ROM Federal Permanency in 12 Months: While still not meeting the measure, performance improved from 24.1% in CY 2017 to 27.7% in CY 2018

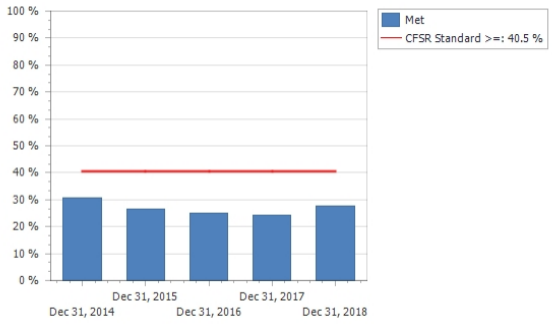
(Federal) Permanency in 12 Months

No Filters Selected

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

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Entered Care	1790	100.0%	1985	100.0%	1873	100.0%	1944	100.0%	2248	100.0%
Met (Permanency in 12)	546	30.5%	523	26.3%	465	24.8%	473	24.3%	622	27.7%
Not met	1244	69.5%	1462	73.7%	1408	75.2%	1471	75.7%	1626	72.3%
Entered Care During	**Jan - Dec 2012**		**Jan - Dec 2013**		**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**	

- ROM Federal Permanency in 12 Months for CIP 12-23 Months: While still meeting the measure, performance slightly declined from 48.2% in CY17 to 47.2% in CY18

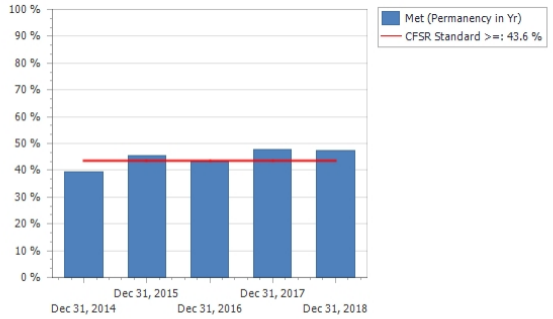
(Federal) Permanency in 12 Months for Children in Foster Care 12 to 23 Months

No Filters Selected

Of all Children in foster care on the first day of a 12- month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total 1st day of period	819	100.0%	1041	100.0%	970	100.0%	1067	100.0%	1129	100.0%
Met (Permanency in Yr)	323	39.4%	472	45.3%	419	43.2%	509	47.7%	533	47.2%
Not Met (No perm in Yr)	496	60.6%	569	54.7%	551	56.8%	558	52.3%	596	52.8%
1st day 12 month period	**Jan 1, 2014**		**Jan 1, 2015**		**Jan 1, 2016**		**Jan 1, 2017**		**Jan 1, 2018**	

- ROM Federal Permanency in 12 Months for CIP >=24 Months: Continued to meet the measure, and improved from 32% in CY17 to 35% in CY18

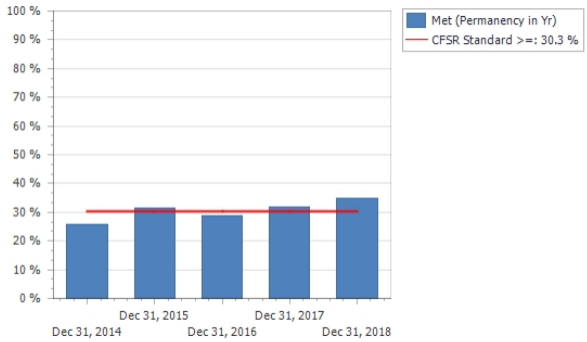
(Federal) Permanency in 12 Months for Children in Foster Care 24 Months or More

No Filters Selected

Of all children in foster care on the first day of a 12- month period who had been in foster care (in that episode) 24 months or more, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide



Report Period End	Dec 31, 2014		Dec 31, 2015		Dec 31, 2016		Dec 31, 2017		Dec 31, 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total 1st day of period	1125	100.0%	1054	100.0%	965	100.0%	942	100.0%	951	100.0%
Met (Permanency in Yr)	288	25.6%	333	31.6%	279	28.9%	301	32.0%	333	35.0%
Not Met (No permanency)	837	74.4%	721	68.4%	686	71.1%	641	68.0%	618	65.0%
1st day 12 month period	**Jan 1, 2014**		**Jan 1, 2015**		**Jan 1, 2016**		**Jan 1, 2017**		**Jan 1, 2018**	

- Judicial Data concerning Time to Permanent Placement for SFY 2017

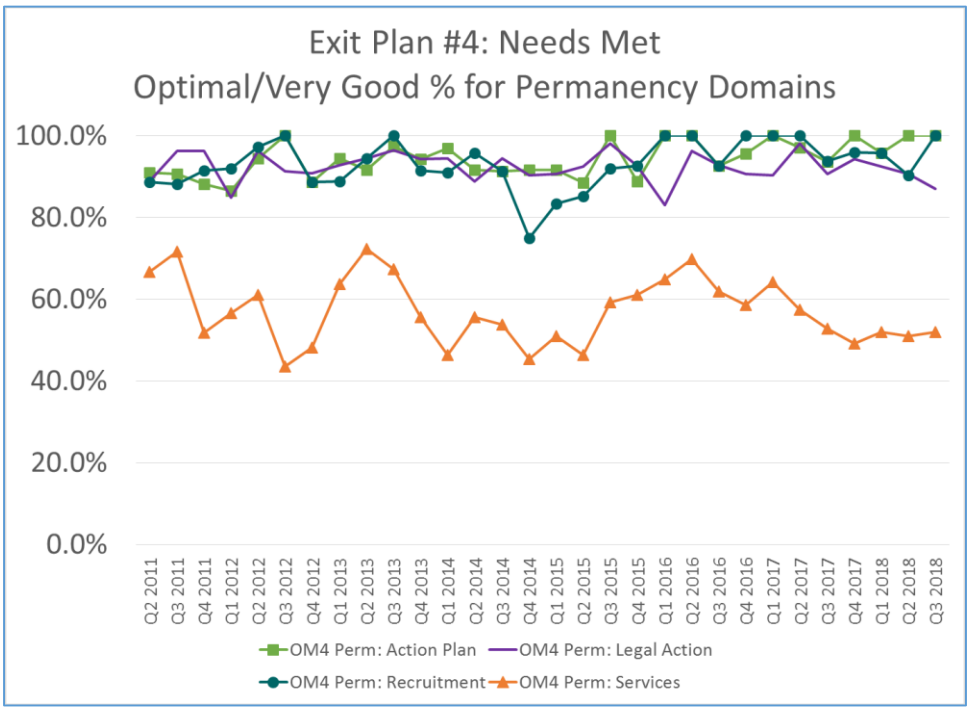
Time to Permanent Placement

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.

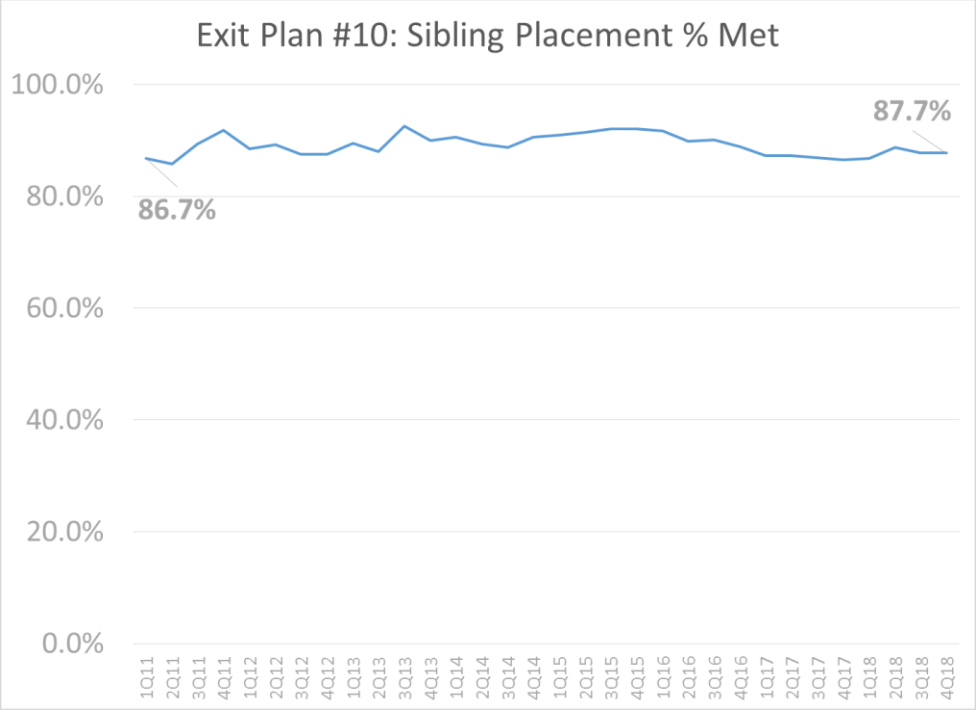
Cohort: Children who exited care by adoption, transfer of guardianship or reunification during FY18

	FY18								
	#	# Within 12 months	# Within 18 months	# Within 24 months	Average	Median	% Within 12 months	% Within 18 months	% Within 24 months
Adoption	501	13	43	164	1207	893	3%	9%	33%
Transfer of Guardianship	114	42	69	92	471	448	37%	60%	80%
Reunification	659	451	536	605	313	236	68%	81%	92%

- **Other Related Data**
  - Exit Plan (EP) #4 Needs Met: selected Permanency domains: slight declines, or little change, since 3Q 2016 (3Q 2017 is the latest available quarter)



- **Item 7**
  - CFSR Result: n=21, 76% Strength, 24% ANI
  - CIP Dashboard Since 2011 - % CIP In Kin Placement Jan 2011 – April 2019
    - **21.0%** in Kinship Care on Jan 1 2011 (17.3% in Relative only)
    - **43.2%** in Kinship Care on April 1 2019 (36.6% in Relative only)
  - EP #10 CY11 – CY18 – quarterly performance: 1% improvement in performance across time period



- **Item 8**
  - CFSR Result: n=28, 75% Strength, 25% ANI
  - 2018 Child Visitation Study Results

The DCF Office for Research and Evaluation, in collaboration with Regional Quality Improvement managers and other qualified reviewers, conducted a study of the 150 target children, who were under the care and custody of the Commissioner of DCF for at least one week between July 1, 2017 and June 30, 2018. Each child's visitation with their parents, and each of their identified siblings were evaluated. Compliance with the statute was operationalized at the identified child and sibling level, resulting in a measurement for 332 sibling pairs and 133 children with their parents.

Siblings:
Of the 332 sibling pairs, the frequency of visitation for 138 (41.6%) of the sibling pairs met or exceeded the expectation. In the previous state fiscal year (SFY2017), the frequency of visitation for 49.0% of the sibling pairs met the expectation. In SFY 2016, 49.5% of the sibling pairs met the expectation and in SFY2015, 41.4% met the expectation. Of the 332 pairs, twelve (12) had a visitation expectation of "none" with documentation that indicated visitation between the siblings was not in the best interest of the child. Of the remaining 320 sibling pairs with a visitation expectation other than "none," the visitation frequency for 126 (39.4%) sibling pairs was met or exceeded. In SFY2017, 47.2% of the sibling pairs with a visitation frequency other than "none" met the expectation.

Barriers to meeting the visitation expectations were identified. The most often identified barrier for the sibling pairs for whom DCF did not meet the visitation expectation was "Parent/Guardian Refuses to Allow Visits" (20, 10.3%). It consisted of cases in which the parents of the siblings of the target children either refused to allow visitation or did not attend scheduled visits that included the siblings. This barrier was followed by "Child Refuses to Visit" (17, 8.8%). Other barriers included "Sibling refuses visits" (16, 8.2%), "Child AWOL/Runaway" (10, 5.2%) and "Sibling's Schedule" (7, 3.6%).

For the majority (89, 45.9%) of the pairs, the "Unknown/UTD" barrier was chosen. It included cases in which there wasn't sufficient information regarding the barriers but also where visitation was allowed to be scheduled and facilitated by the caretakers, such as foster parents, guardians, adoptive parents or the target child. In some

instances, there were references in the documentation that visits occurred, but because they may be facilitated by someone other than DCF direct service staff, there wasn't information about the frequency, duration or assessments of these visits. Similar information was lacking in cases in which the target child is an adolescent and/or visiting with adult siblings. Of the 194 sibling pairs that did not meet the expected frequency, 48 (64.9%) included an adult sibling. In the absence of any known safety concerns, youth are often encouraged to manage scheduling their own visits in an effort to ensure a normative experience for them, but it is more difficult to obtain comprehensive and accurate reporting on results from them.

Parents:
The compliance determination for visitation with parents was based on 133 children of the 150 children who populated the sample, for a total of 234 unique child/parent pairs. Seventeen of the children were not included in the measure because they did not have any parents for whom visitation would have been expected during the period under review. Some of the reasons parents were not applicable included the parent's rights were terminated, the parents whose whereabouts are unknown or that the parents were deceased for the entire period under review. There was a clear visitation expectation identified in the case record for 184 (78.6%) child/parent pairs. There was documentation found in the Case Plan regarding the frequency for 149 (80.9%) of these pairs. Documentation of the expectation was found in Supervisory narratives or other narratives for 35 (19.0%) of the pairs. For 50 (21.4%) pairs, documentation could not be found for the visitation expectation.

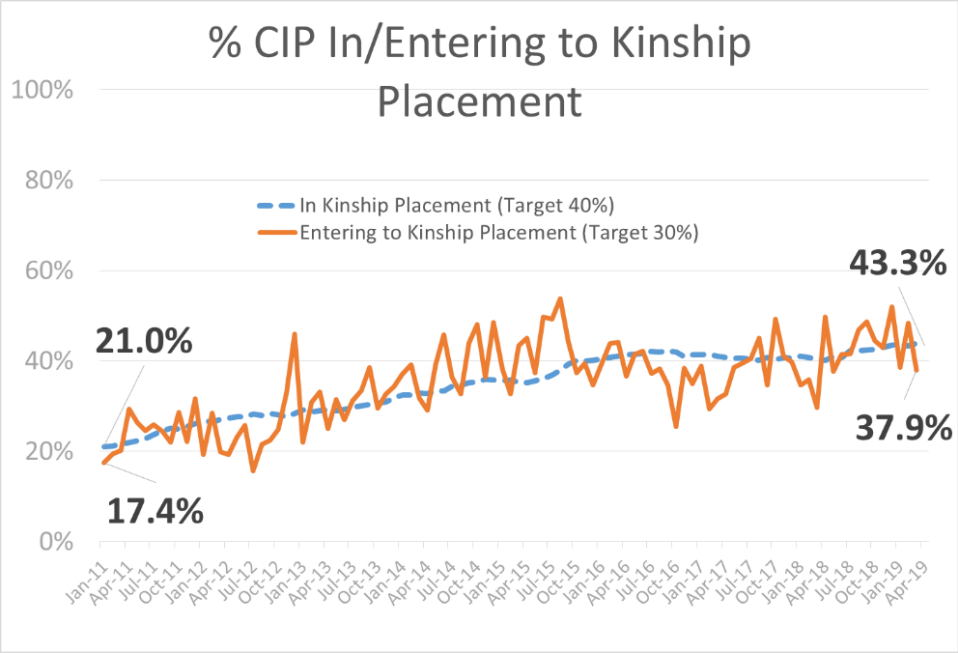
The expected frequency of visitation was met for 106 (57.6%) of the 184 child/parent pairs with a documented expectation which is a decrease from 68.2% in the 2017 report. The compliance for child/parent pairs that had an expected frequency determined by the department was based on whether or not the typical pattern of the visitation met or exceeded that expectation.

There were 78 (42.4%) child/parent pairs that did not meet the visitation expectation. Reviewers identified barriers to meeting the visitation expectation for 49 (62.8%) child/parent pairs for which the measure was not met. The "Unknown/UTD" category 29 (37.2%) included pairs in which the visitation was scheduled by the youth, caretakers or third party and there wasn't sufficient information in the record regarding those visits to determine the frequency of the visitation that occurred. The most often identified barrier was "Parent's Whereabouts Unknown/No Contact" which was present for 20 (25.6%) of the pairs.

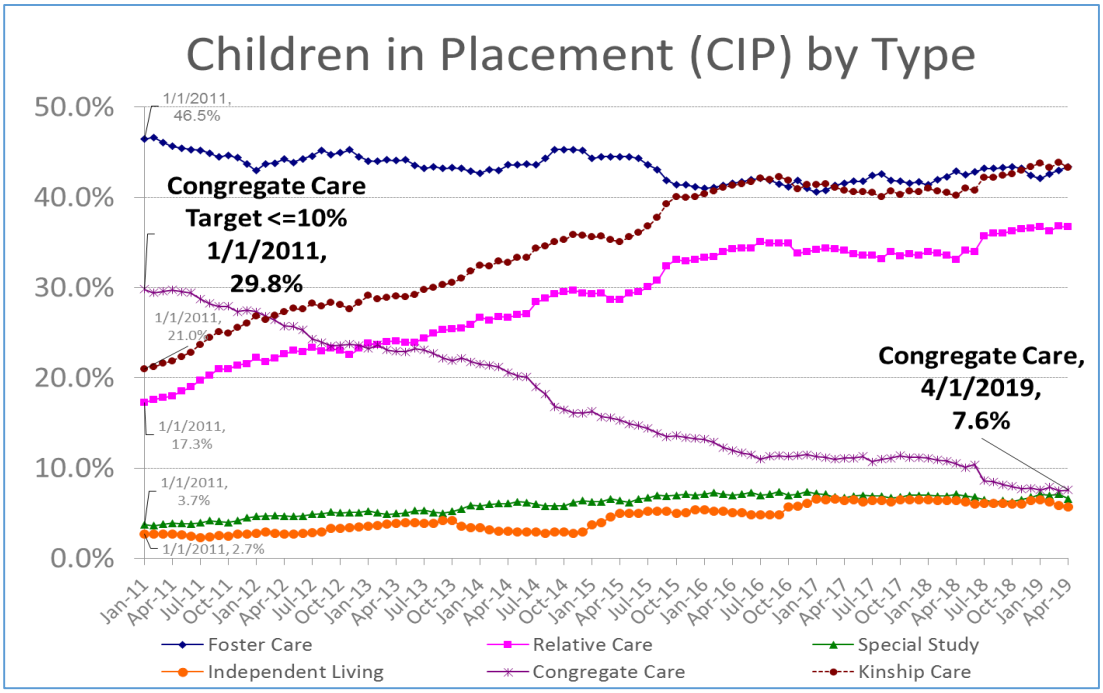
- **Item 9**
  - CFSR Result: n=42, 50% Strength, 50% ANI
  - Administrative Care Review Instrument (ACRI)- Case Practice Elements
    - Maternal Relatives: 4 percentage point improvement since 1Q17
    - Paternal Relatives: 5 percentage point improvement since 1Q17

		Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
34	Maternal relatives	94%	92%	92%	94%	93%	94%	93%	92%	92%	93%	93%	95%	94%	95%	94%	95%	94%	96%
35	Paternal relatives	91%	90%	89%	91%	91%	92%	91%	88%	88%	89%	90%	91%	91%	90%	92%	91%	91%	93%

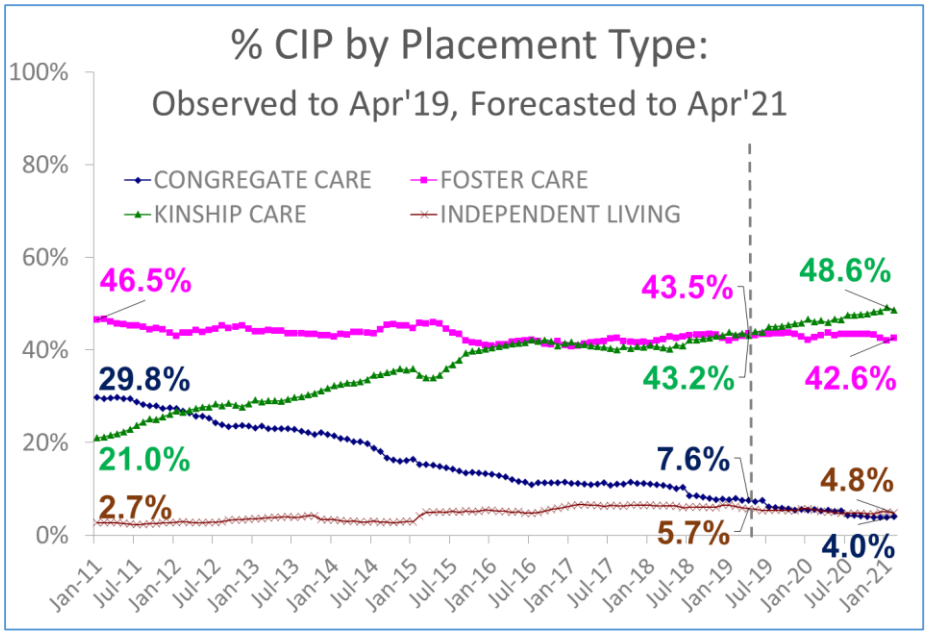
- **Item 10**
  - CFSP Objective:
    - 40% of all initial placements and 30% of overall placements will be with relatives and kin: As of April 1, 2019, 37.9% of initial placements were with kin, as well as 43.3% of overall placements, near or exceeding both our goals



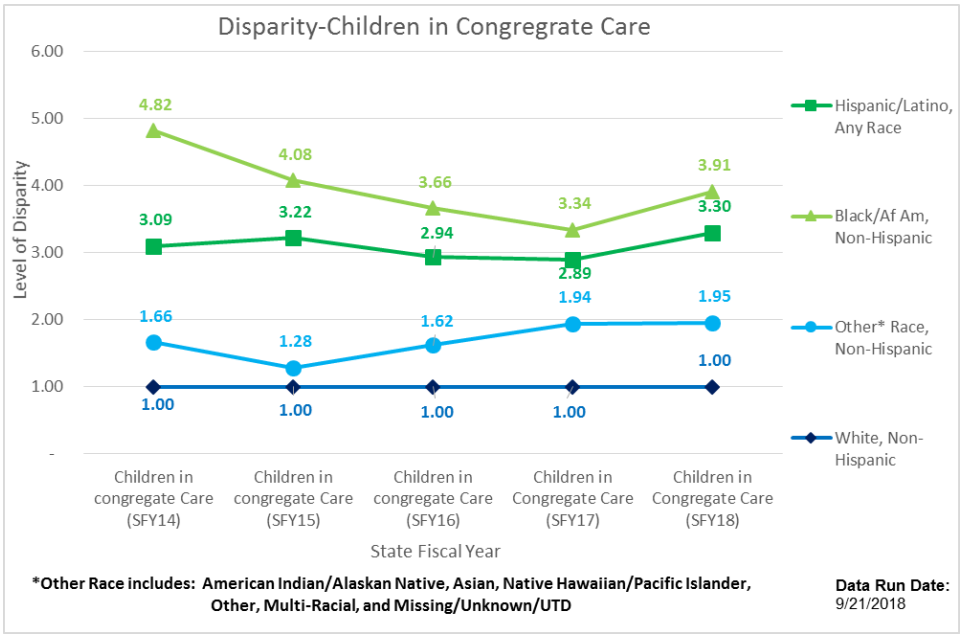
- Number of children in Congregate Care settings will be no more than 10% of total CIP: As of April 1, 2019, only 7.6% of children in placement were in Congregate Care, exceeding our goal by 2.4%



- CIP Placement Type Projections: Forecast shows we will continue to reduce the usage of Congregate Care, and continue to increase our use of Kinship placements



- SFY Comparison in CIP in CC Disparity Rates: Shows continued decline in disparity for Non-Hispanic, Black children, but increases for both Hispanic and Non-Hispanic, Other populations



- CFSR Result: n=42, 62% Strength, 38% ANI
- ROM Initial Placement with Kin CY 2014 – CY 2018: annual results show 3.2% increase from CY 2017 to CY 2018

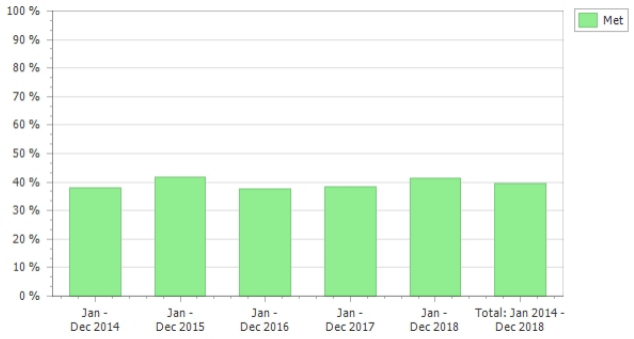
Initial Placements With Relatives (of those entering care)

No Filters Selected

Initial placement with Kin (of those entering care)

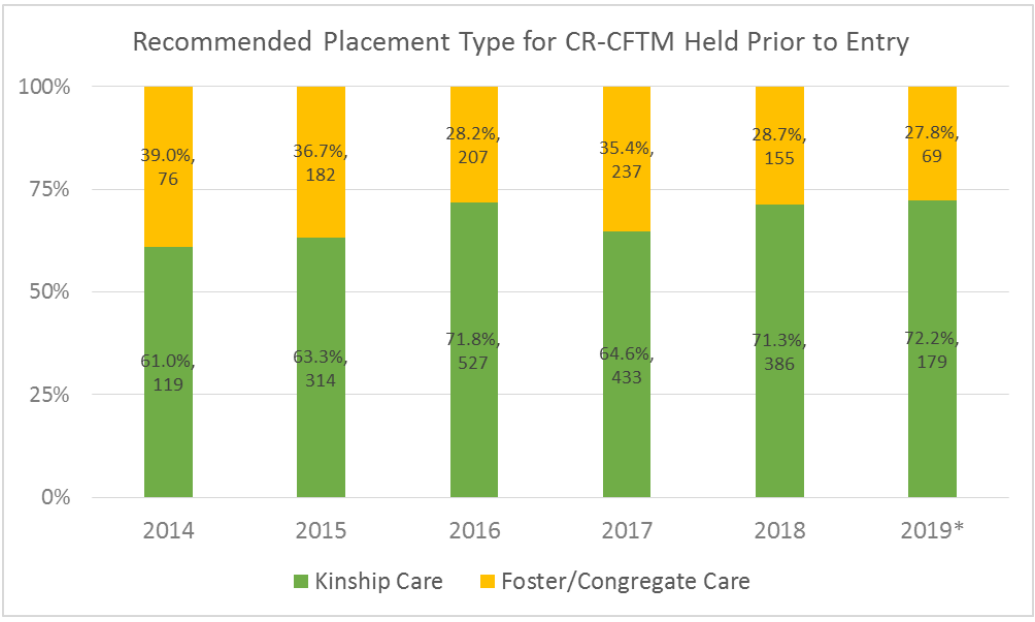
Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide

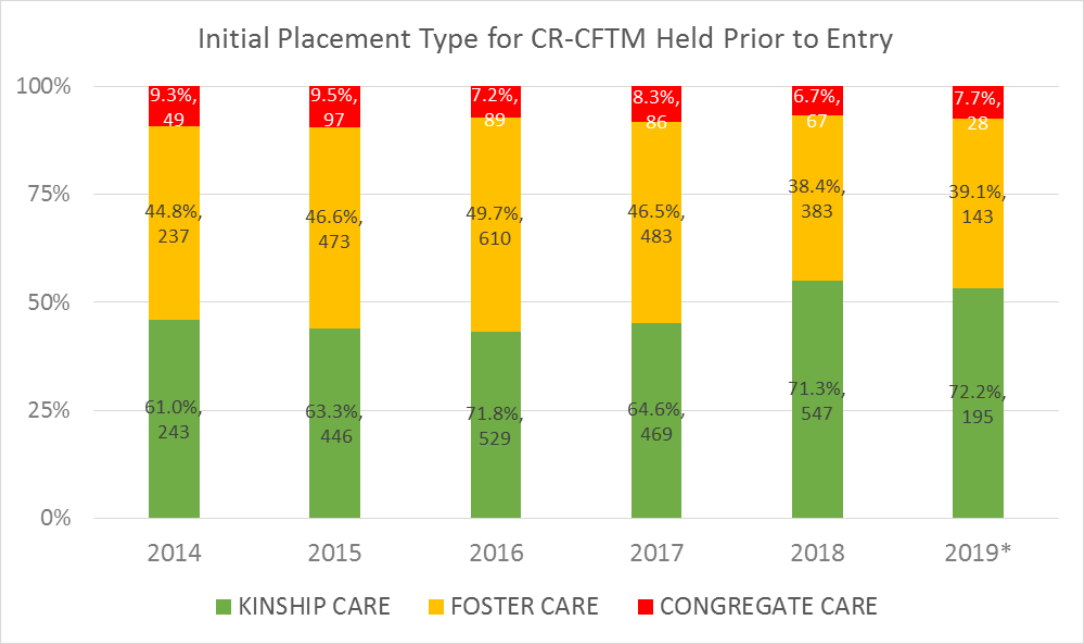


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total	1993	100.0%	2028	100.0%	2366	100.0%	2151	100.0%	2352	100.0%	10890	100.0%
Met	760	38.1%	847	41.8%	893	37.7%	823	38.3%	976	41.5%	4299	39.5%
Not Met	1232	61.8%	1170	57.7%	1466	62.0%	1328	61.7%	1370	58.2%	6566	60.3%
Unable to Calculate	1	0.1%	11	0.5%	7	0.3%	0	0.0%	6	0.3%	25	0.2%
Date data are based	**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**		**Jan - Dec 2018**		**Jan 2014 - Dec 2018**	

- CR-CFTM Data (*2019 data partial as of 5/1/19)
  - % Recommended Placement with Relatives (of those with placement recommendations) – annual aggregation CY15 – 18: More recommendations made for Kinship placements in CY18 (71.3%) compared to CY17 (64.6%)



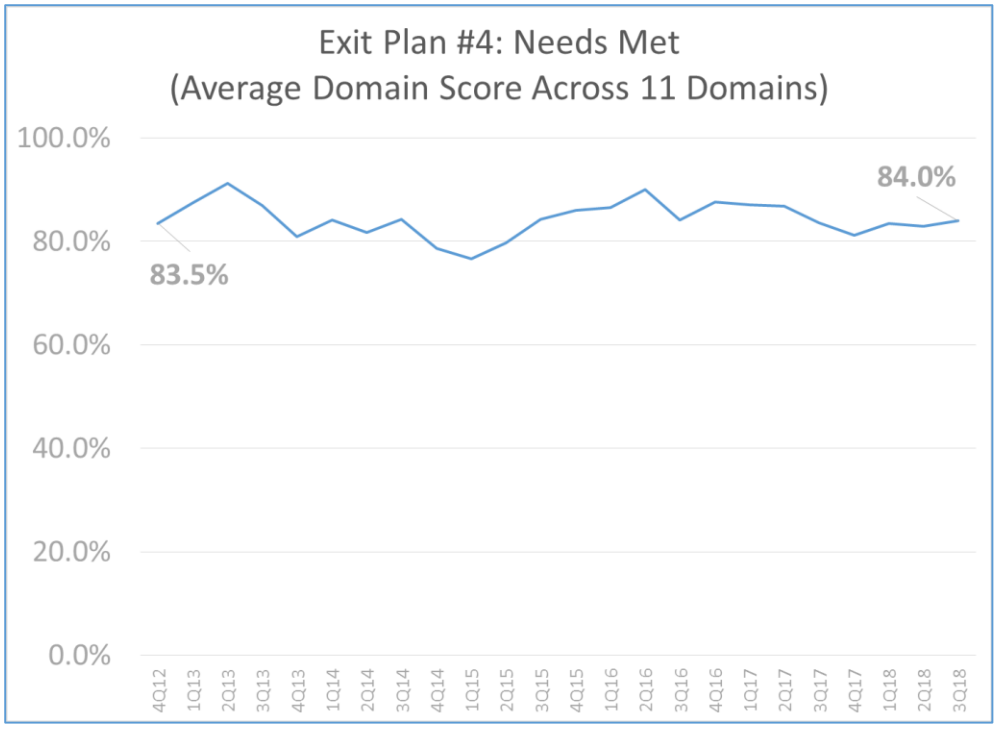
  - Of entries, #/% children placed with relatives/kin: More actual initial placements with kin in CY 2018 (71.3%) compared to CY 2017 (64.6%)



- **Item 11**
  - CFSR Result: n=24, 67% Strength, 33% ANI
  - ACRI Case Practice Elements
    - Continuity of Relationship – Child w/Parents: 3 percentage point improvement since 1Q 2017
    - Continuity of Relationship – Child w/Mothers: 2 percentage point improvement since 1Q 2017
    - Continuity of Relationship – Child w/Fathers: 2 percentage point improvement since 1Q 2017

Sl.No	Measure	Statewide												
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%
12	Continuity of Relationship - Child w / Parents	91%	90%	89%	93%	92%	93%	92%	90%	90%	92%	90%	92%	93%
13	Continuity of Relationship - Child w / Fathers	87%	89%	87%	90%	90%	90%	91%	88%	88%	89%	87%	88%	90%
14	Continuity of Relationship - Child w / Mothers	94%	91%	91%	95%	94%	95%	93%	93%	93%	94%	93%	95%	95%

- **Item 12**
  - CFSR Results for 12 (Overall) : n=82, 27% Strength, 73% ANI
    - 12A: n=82, 59% Strength, 41% ANI
    - 12B: n=73, 27% Strength, 73% ANI
    - 12C: n=41, 61% Strength, 39% ANI
  - EP #4 Needs Met – CY 2015 – CY 2018 Quarterly Aggregation for average domain scores across the 11 domains included in this measure: .5% improvement since 4Q12, as of 3Q18 (latest available data)



- **Item 13 – REFER TO SYSTEMIC FACTOR SECTIONS ON CASE REVIEW**
  - CFSR Result: n=81, 41% Strength, 59% ANI

- **Item 14/15**
  - CFSR Result Item 14: n=82, 55% Strength, 45% ANI
  - CFSR Result Item 15: n=72, 33% Strength, 67% ANI
  - ROM EP# 16 – CY 2014 – CY 2018: Continued (2%) improvement in CY 2018 (94.6%) compared to CY 2017 (92.6%)

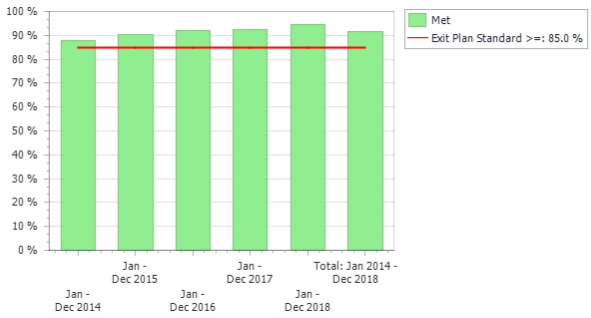
Exit Plan #16: Monthly Worker-Child Visitation (Out-of-Home)

No Filters Selected

Months worker-child visit made (of months child in care entire month)

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide



Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
Total Visit months	43944	100.0%	42570	100.0%	44202	100.0%	45512	100.0%	44859	100.0%	221087	100.0%
Met	38667	88.0%	38477	90.4%	40663	92.0%	42128	92.6%	42428	94.6%	202363	91.5%
Visited in-home	33805	76.9%	34703	81.5%	37598	85.1%	39474	86.7%	39509	88.1%	185089	83.7%
Visited in-person only	4862	11.1%	3774	8.9%	3065	6.9%	2654	5.8%	2919	6.5%	17274	7.8%
Not Met	5277	12.0%	4093	9.6%	3539	8.0%	3384	7.4%	2431	5.4%	18724	8.5%
Other not in-person visit	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No visit	5277	12.0%	4093	9.6%	3539	8.0%	3384	7.4%	2431	5.4%	18724	8.5%
Date data are based	**Jan - Dec 2014**		**Jan - Dec 2015**		**Jan - Dec 2016**		**Jan - Dec 2017**		**Jan - Dec 2018**		**Jan 2014 - Dec 2018**	

- ROM EP# 17 – CY 2014 – CY 2017: Slight (0.9%) decline in CY 2018 (88.3%) compared to CY 2016 (89.2%)

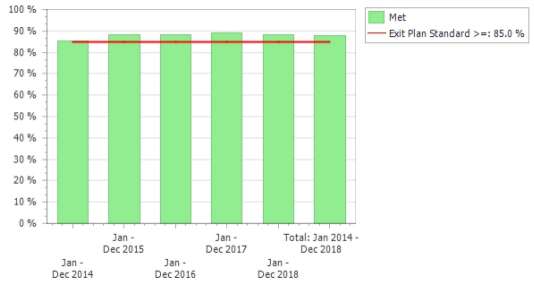
Exit Plan #17: Twice Monthly Worker-Family Visitation In-Home

No Filters Selected

Months with two worker-family visits made (of months with in-home assignment for entire month)

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide



Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
Total	30580	100.0%	30923	100.0%	34795	100.0%	37334	100.0%	39377	100.0%	173009	100.0%
Met	26036	85.1%	27268	88.2%	30745	88.4%	33306	89.2%	34780	88.3%	152135	87.9%
Not Met	4544	14.9%	3655	11.8%	4050	11.6%	4028	10.8%	4597	11.7%	20874	12.1%
No visit since case in-home assignment	304	1.0%	206	0.7%	243	0.7%	204	0.5%	138	0.4%	1095	0.6%
Only 1 visit documented this month	2920	9.5%	2391	7.7%	2637	7.6%	2576	6.9%	2869	7.3%	13393	7.7%
No visit since last calendar month	604	2.0%	501	1.6%	527	1.5%	488	1.3%	637	1.6%	2757	1.6%
No more than 1 visit in last calendar month	370	1.2%	257	0.8%	294	0.8%	330	0.9%	386	1.0%	1637	0.9%
No more than 1 visit in 2 or more calendar months	346	1.1%	300	1.0%	349	1.0%	430	1.2%	567	1.4%	1992	1.2%
Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Jan 2014 - Dec 2018	

- ACRI Case Practice Elements – CY 2015 – 2Q 2019
  - Visitation with Child and Parents: 6 percentage point improvement since 1Q 2017
  - Frequency of Visits – Parents: 11 percentage point improvement since 1Q 2017
  - Frequency of Visits – Father: 7 percentage point improvement since 1Q 2017
  - Frequency of Visits – Mother: 14 percentage point improvement since 1Q 2017
  - Quality of Visits – Parents: 9 percentage point improvement since 1Q 2017
  - Quality of Visits – Father: 8 percentage point improvement since 1Q 2017
  - Quality of Visits – Mother: 10 percentage point improvement since 1Q 2017
  - Frequency of Visits – Child: 5 percentage point improvement since 1Q 2017
  - Quality of Visits – Child: 7 percentage point improvement since 1Q 2017

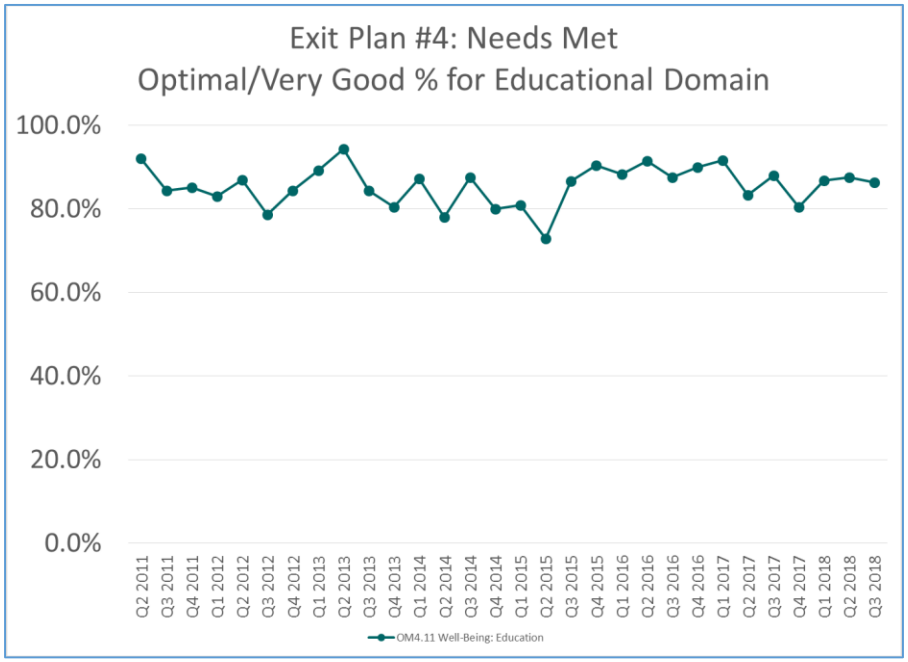
		Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
1	Visitation with Child and Parents	67%	61%	60%	64%	68%	69%	65%	58%	61%	62%	67%	63%	64%	62%	63%	64%	61%	67%
2	Frequency of visits - Parents	68%	60%	60%	65%	70%	69%	67%	59%	61%	65%	65%	66%	65%	63%	65%	67%	65%	72%
3	Frequency of visits - Father	62%	54%	54%	59%	65%	63%	61%	51%	53%	57%	55%	56%	56%	56%	57%	58%	57%	60%
4	Frequency of visits - Mother	72%	65%	64%	70%	74%	74%	71%	66%	68%	72%	74%	73%	72%	70%	72%	75%	71%	82%
5	Quality of visits - Parents	68%	62%	63%	68%	73%	73%	71%	64%	67%	70%	70%	70%	69%	68%	69%	71%	69%	76%
6	Quality of visits - Father	64%	56%	58%	61%	68%	67%	65%	56%	60%	62%	61%	61%	62%	61%	62%	63%	61%	68%
7	Quality of visits - Mother	72%	67%	68%	73%	76%	77%	75%	70%	73%	76%	79%	76%	75%	74%	74%	77%	75%	83%
8	Frequency of visits - Child	76%	71%	76%	78%	81%	83%	83%	77%	80%	83%	85%	84%	84%	83%	84%	84%	82%	85%
9	Quality of visits - Child	76%	72%	77%	80%	82%	85%	84%	77%	82%	85%	89%	86%	86%	86%	85%	87%	85%	89%

- **Item 16**
  - CFSR Result: n=53, 85% Strength, 15% ANI
  - ACRI Case Practice Elements – CY 2015 – 2Q 2019
    - Educational/development needs – Child: 1 percentage point improvement since 1Q 2017
    - Educational/development needs assessed – Child: 1 percentage point improvement since 1Q 2017

- Educational/development needs addressed – Child: 1 percentage point improvement since 1Q 2017

Sl.No	Measure	Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
26	Educational/development needs - Child	93%	93%	94%	94%	94%	95%	93%	94%	93%	94%	95%	95%	96%	94%	94%	93%	94%	94%
32	Education/development needs assessed - Child	95%	95%	96%	96%	95%	97%	94%	95%	94%	95%	96%	96%	97%	95%	95%	94%	96%	95%
33	Education/development needs addressed - Child	95%	94%	95%	95%	94%	96%	94%	94%	95%	94%	96%	95%	96%	95%	95%	94%	95%	96%

- Exit Plan #4 Needs Met – Educational Domain: little change since 3Q 2016 (3Q 2017 is the latest available quarter)



- Item 17/18
  - CFSR Result Item 17: n=58, 62% Strength, 38% ANI
  - CFSR Result Item 18: n=49, 45% Strength, 55% ANI
  - ROM EP#22 MDE – CY 2015 – CY 2018: Slight (0.1%) decrease in CY 2018 (90.8%) compared to CY 2017 (90.9%)

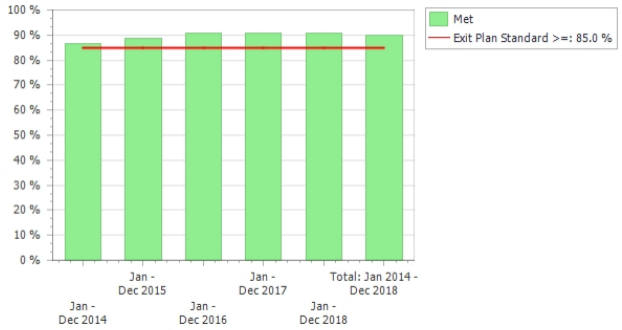
Exit Plan #22: Multi-Disciplinary Exams Completed Within 30 Days

No Filters Selected

(of children with MDEs due during Time Period; comparisons by Time Period)

Report Time Period: January 1, 2014 - December 31, 2018 (Yearly)

Statewide

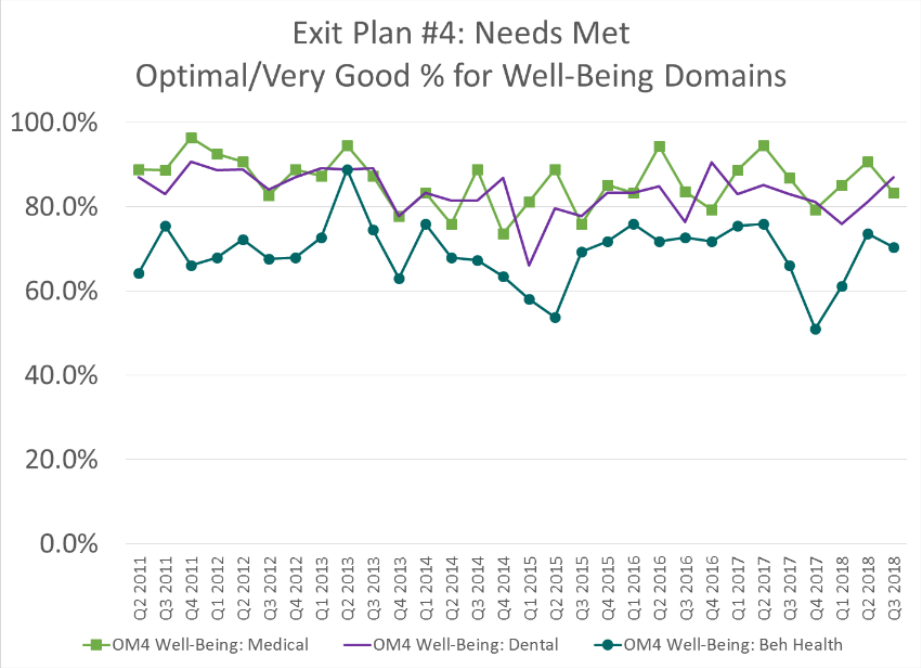


Report Period	Jan - Dec 2014		Jan - Dec 2015		Jan - Dec 2016		Jan - Dec 2017		Jan - Dec 2018		Total: Jan 2014 - Dec 2018	
Met	993	86.7%	1127	88.8%	1297	90.8%	1241	90.9%	1394	90.8%	6052	89.7%
Not met	152	13.3%	142	11.2%	132	9.2%	124	9.1%	142	9.2%	692	10.3%
Total	1145	100.0%	1269	100.0%	1429	100.0%	1365	100.0%	1536	100.0%	6744	100.0%
Child removed in	**Dec 2013 - Nov 2014**		**Dec 2014 - Nov 2015**		**Dec 2015 - Nov 2016**		**Dec 2016 - Nov 2017**		**Dec 2017 - Nov 2018**		**Dec 2013 - Nov 2018**	

- ACRI Case Practice Elements – CY 2015 – 2Q2019
  - Physical Healthcare needs – Child: 5 percentage point improvement since 1Q 2017
  - SA/Social Support/MH needs – Child: 2 percentage point improvement since 1Q 2017
  - Physical Healthcare needs assessed – Child: 3 percentage point improvement since 1Q 2017 Physical Healthcare needs addressed – Child: 5 percentage point improvement since 1Q 2017
  - Dental Healthcare needs assessed – Child: no change since 1Q 2017
  - Dental Healthcare needs addressed – Child: 1 percentage point improvement since 1Q 2017
  - Vision needs addressed – Child: 1 percentage point improvement since 1Q 2017

Sl.No	Measure	Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
24	Physical health care - Child	86%	82%	83%	85%	84%	86%	81%	82%	82%	84%	84%	86%	82%	83%	83%	84%	82%	87%
25	SA/Social Support/MH - Child	90%	84%	84%	88%	88%	91%	88%	86%	86%	86%	89%	88%	88%	87%	88%	87%	88%	88%
27	Physical health care needs assessed - Child	96%	96%	95%	96%	95%	97%	93%	94%	94%	96%	96%	96%	95%	96%	96%	96%	96%	97%
28	Physical health care needs addressed - Child	93%	92%	92%	93%	93%	93%	91%	91%	91%	93%	93%	94%	92%	94%	94%	93%	93%	96%
29	Dental health care needs assessed - Child	94%	91%	92%	94%	92%	94%	91%	91%	92%	93%	94%	93%	91%	92%	92%	92%	91%	92%
30	Dental health care needs addressed - Child	92%	89%	91%	91%	91%	92%	89%	90%	91%	91%	90%	91%	89%	90%	90%	90%	88%	92%
31	Vision needs - Child	95%	94%	95%	94%	94%	95%	92%	93%	95%	94%	95%	96%	94%	94%	94%	93%	94%	96%

- Exit Plan #4 Needs Met – Domains for Medical, Dental and Behavioral Health: mixed results noted for all domains, with little change comparing latest quarter to 3Q16 (3Q18 is latest available quarter)

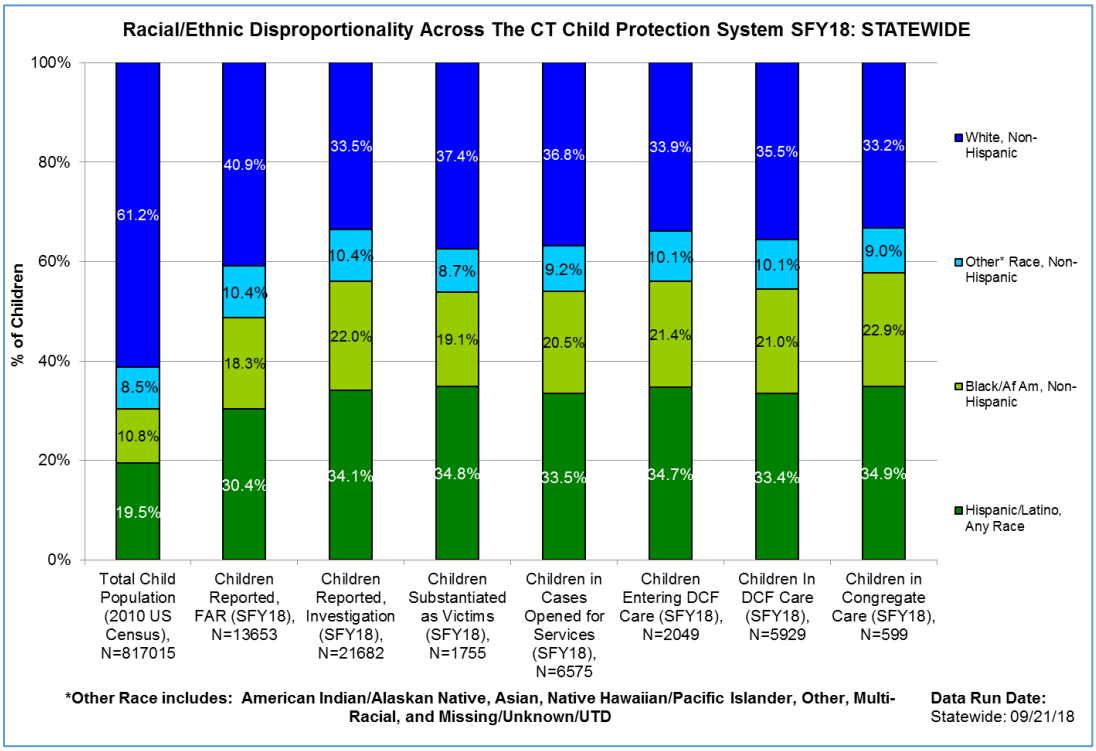


- **Item 19**
  - CFSR Result: **ANI**
  - AFCARS Data Quality Checks (most recent): All checks continue to meet standard since FFY 2016A.

AFCARS Data Quality Checks

		Limit	MFC	Perm	PS	13B	14A	14B	15A	15B	16A	16B	17A	17B	18A	18B
AFCARS IDs don't match from one period to..	>	40%	•	•	•	25.9%	17.1%	18.0%	18.7%	19.4%	17.7%	22.7%	17.6%	22.6%	18.5%	
Age at discharge greater than 21	>	5%	•	•	•	0.0%	0.4%	0.2%	0.1%	0.0%	0.4%	0.0%	0.5%	0.2%	0.2%	0.7%
Age at entry is greater than 21	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	>	10%	•	•	•	9.2%	4.6%	5.0%	6.2%	6.3%	5.5%	8.1%	5.6%	7.8%	6.1%	
Enters and exits care the same day	>	5%	•	•	•	1.7%	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%	•	•	•	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	>	5%	•	•	•	2.7%	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%		•		13.8%	23.1%	23.2%	27.0%	29.5%	26.9%	0.0%	0.0%	0.1%	0.0%	0.1%
Missing number of placement settings	>	5%			•	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	>	95%	•	•	•	80.8%	81.7%	81.5%	82.5%	83.6%	83.9%	84.6%	85.6%	85.7%	85.6%	86.2%

- SFY 2018 Disproportionality Pathway (Statewide) Chart



- Placement/Permanency Monitoring Report (Chart IX): All Children in Placement on 4/29/19 by Age and Race

The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department ensures that it evaluates its progress through a racial justice lens. This includes ensuring that there are reports, dashboards, data tools, and filters that allow the Department to disaggregate its data by race and ethnicity. Such analyses allows DCF to assess its progress in reducing disproportionality across its pathway (e.g., decision points/events)

Agency data indicates that the department is making solid strides toward achieving timely permanency for African American children, particularly through placement with kin. This is significant, as a few years ago, the department was not achieving the same permanency outcomes for African American children as it was for Hispanic and White children with respect to placement with kin.

DCF sponsors a Statewide Racial Justice Workgroup (SWRJWG) that is organized around four committees:

- Policy and Practice
- Workforce Development
- Contracts and Procurement
- Community

The DCF racial justice journey has a deep history. Leading this workgroup has afforded DCF staff the opportunity to 'turn the mirror inward' on their own worldviews and how their own personal experiences shapes daily decision-making deliberately, and at times, unconsciously. DCF has invited external stakeholders to participate in two racial justice summits to examine their own understanding of the impact of internal, interpersonal, institutional and structural racism throughout our helping systems.

#	Age Group					
Race by Gender	<1	1 - 5	6 - 12	13-17	>=18	Grand Total
American Indian Or Alaskan Native		**1**	**2**	**2**		**5**
Female			2			2
Male		1		2		3
Asian		**1**	**1**	**5**	**10**	**17**
Female		1	1	4	7	13
Male				1	3	4
Black/African American	**84**	**363**	**282**	**284**	**165**	**1178**
Female	40	173	146	139	86	584
Male	44	190	136	145	79	594
Multi-Race	**40**	**182**	**125**	**90**	**37**	**474**
Female	22	94	54	44	21	235
Male	18	88	71	46	16	239
Native Hawaiian/Other Pacific Islander		**1**	**1**	**1**	**1**	**4**
Female			1	1	1	3
Male		1				1
White	**166**	**809**	**692**	**547**	**279**	**2493**
Female	79	373	327	270	152	1201
Male	87	436	365	277	127	1292
Unknown	**17**	**47**	**22**	**18**	**2**	**106**
Female	10	22	6	11	1	50
Male	7	25	16	7	1	56
Grand Total	**307**	**1404**	**1125**	**947**	**494**	**4277**

- Placement/Permanency Report (Chart XII): Pre-TPR Children in Placement on 4/29/19 by Length of Stay (LOS) and Current Case Plan Goal

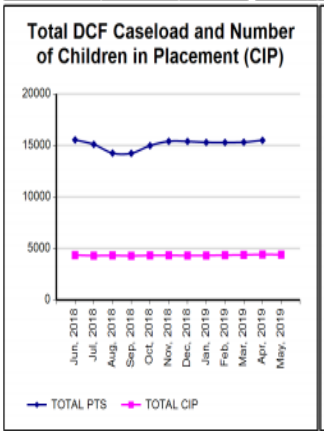
	LOS (Months)		
Current Case Plan Goal	<2	>=2	Grand Tot
#			
Reunification	77	1503	1580
Transfer of Guardianship	1	588	589
Adoption	1	714	715
OPPLA	2	90	92
(blank)	211	11	222
%			
Reunification	2.4%	47.0%	49.4%
Transfer of Guardianship	0.0%	18.4%	18.4%
Adoption	0.0%	22.3%	22.4%
OPPLA	0.1%	2.8%	2.9%
(blank)	6.6%	0.3%	6.9%
Total #	**292**	**2906**	**3198**
Total %	**9.1%**	**90.9%**	**100.0%**

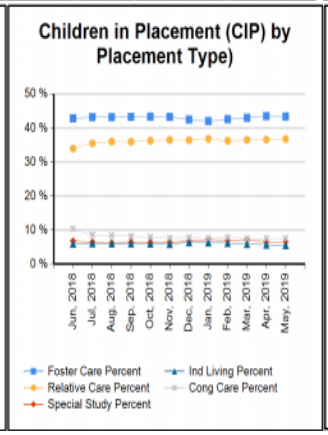
- Placement/Permanency Report: Pre-TPR Children in placement on 4/29/19 by Legal Status

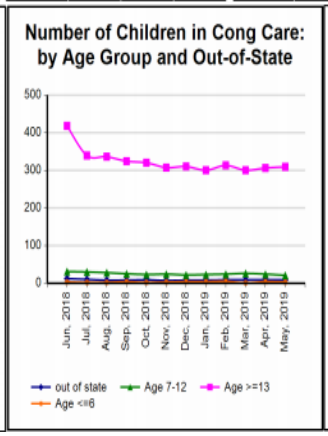
Current Case Plan Goal	#
96 Hour Hold	5
Order Of Temporary Custody	623
Commitment Abuse/Neglect/Uncared For	2515
Commitment Dual	1
Probate Court Custody	3
Protective Supervision	5
Not Committed	46
Grand Total	**3198**

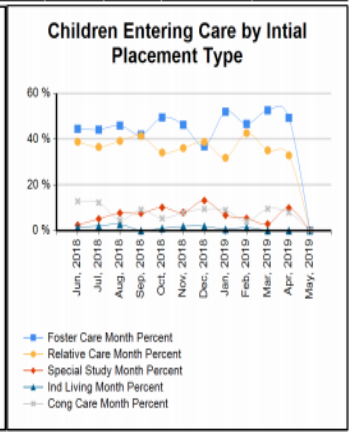
- CIP Dashboard: Children in placement on the 1st of each month from 6/1/18 – 5/1/19 by Placement Type, and Children entering placement during each month by Initial Placement Type

CIP DASHBOARD			% of Total Children-in-Placement (CIP)					# in Congregate Care Subgroups				# and % of Children Entering Placement During Time Period					
			Family Foster Care						Age Group				Kinship Care				
Observation Date	Total Caseload Points	Total CIP	Foster Care	Relative Care	Special Study	Independent Living	Congregate Care	Out of State	>=13	7-12	<6	Entries During Period	Relative Care	Special Study	Foster Care	Congregate Care	Independent Living
06/01/2018	15,543	4,352	42.9 %	34.0 %	6.8 %	6.0 %	10.4 %	12	418	31	3	211	38.9 %	2.4 %	44.5 %	12.8 %	1.4 %
07/01/2018	15,106	4,299	43.2 %	35.5 %	6.5 %	6.1 %	8.6 %	10	339	30	2	197	36.5 %	5.1 %	44.2 %	12.2 %	2.0 %
08/01/2018	14,255	4,322	43.2 %	36.0 %	6.2 %	6.1 %	8.5 %	8	336	28	2	222	39.2 %	7.7 %	45.9 %	4.5 %	2.7 %
09/01/2018	14,237	4,284	43.3 %	36.0 %	6.4 %	6.1 %	8.2 %	8	324	25	4	186	41.4 %	7.5 %	41.9 %	9.1 %	0.0 %
10/01/2018	14,985	4,319	43.4 %	36.3 %	6.3 %	6.0 %	8.0 %	9	320	23	2	208	34.1 %	10.1 %	49.5 %	5.3 %	1.0 %
11/01/2018	15,407	4,332	43.3 %	36.5 %	6.5 %	6.0 %	7.7 %	7	307	24	3	216	36.1 %	7.9 %	46.3 %	7.9 %	1.9 %
12/01/2018	15,398	4,304	42.5 %	36.4 %	6.8 %	6.4 %	7.8 %	8	310	22	4	160	38.8 %	13.1 %	36.9 %	9.4 %	1.9 %
01/01/2019	15,302	4,315	42.1 %	36.8 %	7.1 %	6.4 %	7.6 %	8	300	23	4	179	31.8 %	6.7 %	52.0 %	8.9 %	0.6 %
02/01/2019	15,292	4,344	42.6 %	36.3 %	7.0 %	6.2 %	7.9 %	9	313	24	5	150	42.7 %	5.3 %	46.7 %	4.0 %	1.3 %
03/01/2019	15,320	4,369	43.0 %	36.5 %	7.0 %	5.9 %	7.5 %	9	300	26	1	211	35.1 %	2.8 %	52.6 %	9.5 %	0.0 %
04/01/2019	15,498	4,410	43.5 %	36.6 %	6.6 %	5.7 %	7.6 %	9	306	24	4	152	32.9 %	9.9 %	49.3 %	7.9 %	0.0 %
05/01/2019	N/A	4,392	43.4 %	36.8 %	6.6 %	5.6 %	7.6 %	9	309	21	3	0	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
% Change from 6/1/2018 to Latest	-100.0%	0.9%	2.2%	9.3%	-1.7%	-6.1%	-26.3%	-25.0%	-26.1%	-32.3%	0.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%









- Congregate Care + OPPLA Dashboard: Children in placement on 5/30/18 in Congregate Care, In out-of-state Congregate Care, in Congregate Care with an OPPLA goal, and All CIP with an OPPLA goal

	Summary							
	CC CIP		CC CIP IN OOSP		CC CIP With OPPLA Count		All CIP With OPPLA Goal	
Region	#	%	#	%	#	%	#	%
Region 1	19	3.8%	0	0.0%	7	36.8%	59	11.9%
Bridgeport	15	4.7%	0	0.0%	6	40.0%	41	12.9%
Norwalk/Stamford	4	2.3%	0	0.0%	1	25.0%	18	10.2%
Region 2	50	7.5%	3	6.0%	19	38.0%	112	16.9%
Milford	22	6.7%	3	13.6%	11	50.0%	53	16.2%
New Haven	28	8.4%	0	0.0%	8	28.6%	59	17.6%
Region 3	86	9.9%	5	5.8%	26	30.2%	106	12.1%
Middletown	16	12.7%	0	0.0%	4	25.0%	14	11.1%
Norwich	35	7.4%	3	8.6%	14	40.0%	60	12.7%
Willimantic	35	12.8%	2	5.7%	8	22.9%	32	11.7%
Region 4	70	8.2%	1	1.4%	22	31.4%	129	15.1%
Hartford	42	8.1%	1	2.4%	17	40.5%	80	15.4%
Manchester	28	8.5%	0	0.0%	5	17.9%	49	14.8%
Region 5	48	5.2%	0	0.0%	17	35.4%	115	12.4%
Danbury	5	2.6%	0	0.0%	2	40.0%	18	9.2%
Torrington	18	12.4%	0	0.0%	1	5.6%	18	12.4%
Waterbury	25	4.2%	0	0.0%	14	56.0%	79	13.4%
Region 6	58	10.1%	0	0.0%	23	39.7%	90	15.6%
Meriden	16	12.3%	0	0.0%	4	25.0%	25	19.2%
New Britain	42	9.4%	0	0.0%	19	45.2%	65	14.6%
Grand Total	333	7.6%	9	2.7%	114	34.2%	611	13.9%

- Permanency Goal Distribution
  - Trend in #/% of Children with OPPLA Goal – SEE ITEM #5
  - PIT CIP by Permanency Goal and Age – SEE ITEM #5
  - PIT CIP by Permanency Goal and Race/Ethnicity – SEE ITEM #5
- Judicial Data
  - Time to Filing Termination of Parental Rights Petition (of those filed in latest FY)

Time to Termination of Parental Rights

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

Cohort: All TPR petitions disposed during FY18

FY18					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
525	743	702	29 (5.5%)	289 (55%)	452 (86%)

- Time to Filing of Parental Rights Petition from Removal Date (of those filed in latest FY)

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 FY18

FY18						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
613	343	517	17	14	56%	84%

- Time from Abuse/Neglect/Uncared For Petition Filing to TPR Granted (of TPR petitions disposed latest FY)

Time to Termination of Parental Rights

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

Cohort: All TPR petitions disposed during FY18

FY18					
# Disps	Average	Median	Within 12 months	Within 24 months	Within 36 Months
525	743	702	29 (5.5%)	289 (55%)	452 (86%)

- **Item 20**
  - CFSR Result: **ANI**
  - ACRI Case Practice Element - Timely Case Plan – CY15 – 2Q19 quarterly aggregation. 2 percentage point improvement since 1Q17.

		Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
Sl.No	Measure	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
43	Timely Case Plan	95%	95%	95%	95%	96%	96%	95%	96%	95%	96%	96%	96%	96%	94%	96%	95%	96%	97%

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

Age Group	Count
<6	4
6-12	3
13-17	6
18+	10
Grand Total	**23**

Total CIP on May 20, 2019 is 4,369. Thus only .53% of CIP with LOS >180 days appear to not have a Timely Case Plan

- ACRI Case Practice Element – Family Engagement in Case Planning. 2 percentage point improvement since 1Q17

Measure	Statewide 2018 Strength %
ACR Meeting held on or before proposed date	95%

Sl.No	Measure	Statewide																	
		Quarter 1, 2015	Quarter 2, 2015	Quarter 3, 2015	Quarter 4, 2015	Quarter 1, 2016	Quarter 2, 2016	Quarter 3, 2016	Quarter 4, 2016	Quarter 1, 2017	Quarter 2, 2017	Quarter 3, 2017	Quarter 4, 2017	Quarter 1, 2018	Quarter 2, 2018	Quarter 3, 2018	Quarter 4, 2018	Quarter 1, 2019	Quarter 2, 2019
		Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength	Strength
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
49	Engagement	81%	81%	0%	100%	0%	100%	0%	67%	83%	79%	81%	82%	81%	82%	81%	81%	80%	85%

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

It is expected that through the implementation of the PIP strategies and activities, improvement in case planning will be demonstrated and evidenced through the agency data, as well as through the PIP review data.

- **Item 21**
  - CFSR Result: **Strength**
  - ACR – Timeliness of Case Reviews
  - ACR – Of Case Reviews Held >180 Days, distribution #/% of days beyond held beyond 180

Meeting <= 180 Days	Meeting >180 Days	Total
96.5%	**3.5%**	**100.0%**

  - Foster Home Quality and Satisfaction Survey: Wave 2 still in planning stages, but we expect implementation before the end of CY19

- **Item 22**
  - CFSR Result: **Strength**
  - ACR #/% Timeliness of Permanency Hearings (within first 12 months or not)
  - ACR #/% Timeliness of Ongoing Permanency Hearings (thereafter 12 months or not)

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

	Column Labe		
	Yes	No	Grand Total
Hearing with in 12 Months	96.0%	4.0%	100.0%

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

	Column Labe		
	Yes	No	Grand Total
ThereAfter 12 months	93.5%	6.5%	100.0%

- Judicial Data – Time to Subsequent Permanency Hearing

Time to Subsequent Permanency Hearing

Explanation:

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

Cohort: For the children who exited care in FY18, the percentage of permanency plan dispositions that were held within 365 days of the prior permanency plan disposition.

FY18				
# PP	# Within 365 Days	Average	Median	%Within 365 days
1811	1749	268	273	97%

- **Item 23**
  - CFSR Result: **ANI**
  - Placement/Permanency Report – Chart XIII Pre-TPR CIP In Care >=15 Months by Permanency Goal and Status of TPR Filing (most recent available)

Current Case Plan Goal	#	%
YES	**245**	**22%**
Reunification	15	1%
Transfer of Guardianship	21	2%
Adoption	204	19%
OPPLA	4	0%
(blank)	1	0%
NO	**856**	**78%**
Reunification	222	20%
Transfer of Guardianship	330	30%
Adoption	239	22%
OPPLA	62	6%
(blank)	3	0%
Grand Total	**1101**	**100%**

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

Time to Filing of Parental Rights Petition from Removal Date

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

Cohort: All TPR petitions filed during FY18

FY18						
# TPR filed	# within 15 months	# within 24 months	Average	Median	% Within 15 months	% Within 24 months
613	343	517	17	14	56%	84%

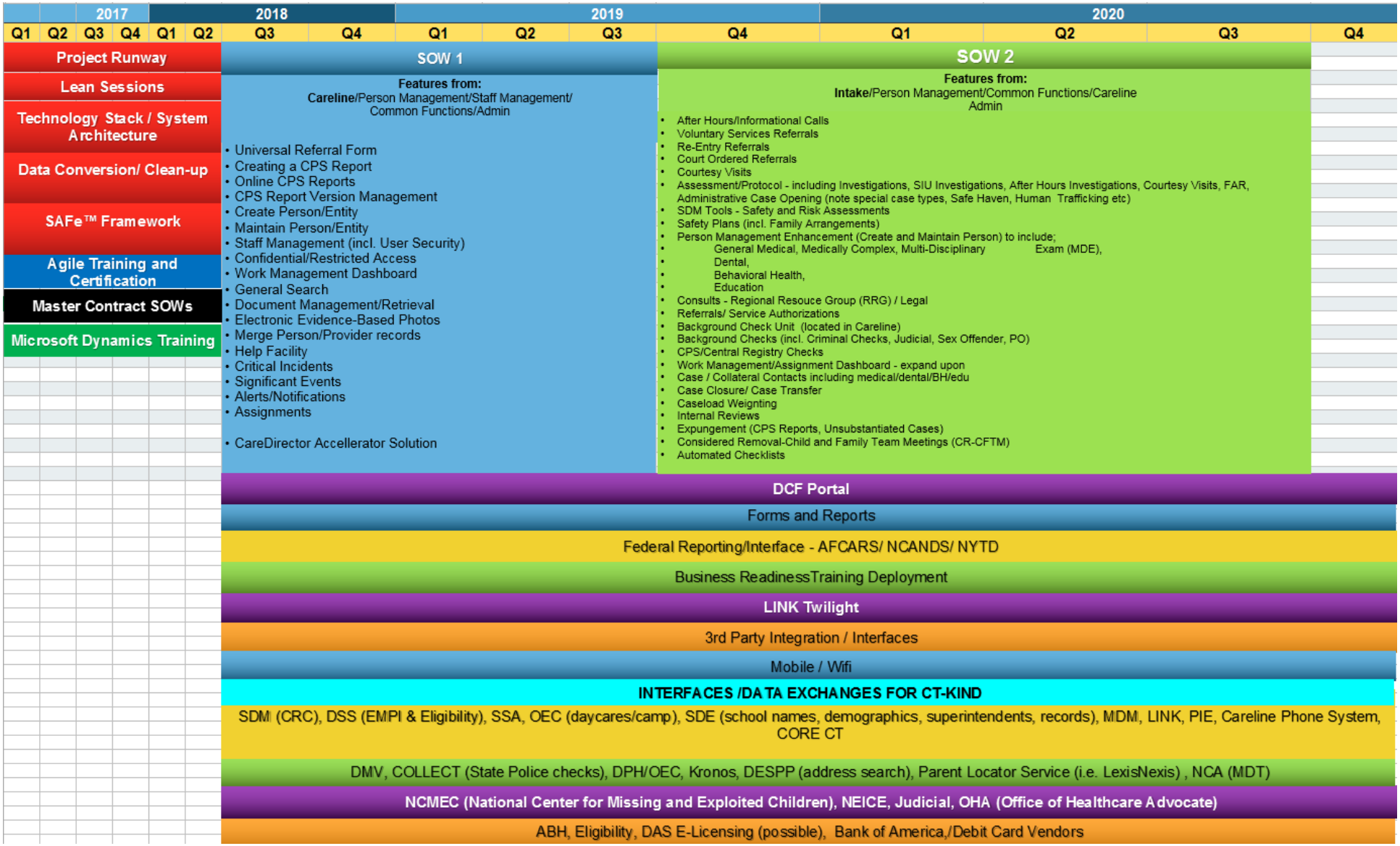
- **Item 24:**
  - ACR Data- Notice of Hearing and Reviews to Caregivers

Notification of ACR in >=5 Days			
	Not Timely	**Timely**	**Grand Total**
Foster Parent + Guardian Notice	4.2%	95.8%	100.0%
Notification of ACR in >=21 Days			
	Not Timely	**Timely**	**Grand Total**
Foster Parent + Guardian Notice	36.7%	63.3%	100.0%

- **Item 25**: See section titled "Quality Assurance System"
- **Item 26:** See section titled "Program Support**"**

Systemic Factors:

Statewide Information System:
Connecticut's SACWIS system was determined by ACF to be out of compliance in 2014. Since that time the Department has continued to invest in the agency's SACWIS system to enable accurate federal reporting and meet case record requirements. Additionally, the Department has initiated the process of replacing the SACWIS system with a CCWIS system. Extensive planning and preparation activities have occurred since 2014, including ACF's approval of the Department's Advanced Planning Document. DCF will be using Agile Project Management and will be retiring the SACWIS system module by module and replacing it with new modules from the CCWIS system. Agile Project Management is a tool in software development, which software requirements and solutions evolve through the collaborative effort of self-organizing and cross-functional teams and the customer. In CY19, DCF started to develop the CCWIS software for the first statement of work. The CCWIS project is projected to decrease the current social worker documentation time by 20%. The system will be intuitive and will automate processes that are currently manual. The following is DCF's Roadmap for the replacement of the SACWIS system and the development of the CCWIS system.


2017
2018
2019
2020
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4
Project Runway
Lean Sessions
Technology Stack / System Architecture
Data Conversion/ Clean-up
SAFe™ Framework
Agile Training and Certification
Master Contract SOWs
Microsoft Dynamics Training
SOW 1
Features from:
Careline/Person Management/Staff Management/ Common Functions/Admin
• Universal Referral Form
• Creating a CPS Report
• Online CPS Reports
• CPS Report Version Management
• Create Person/Entity
• Maintain Person/Entity
• Staff Management (incl. User Security)
• Confidential/Restricted Access
• Work Management Dashboard
• General Search
• Document Management/Retrieval
• Electronic Evidence-Based Photos
• Merge Person/Provider records
• Help Facility
• Critical Incidents
• Significant Events
• Alerts/Notifications
• Assignments
• CareDirector Accellerator Solution
SOW 2
Features from:
Intake/Person Management/Common Functions/Careline Admin
• After Hours/Informational Calls
• Voluntary Services Referrals
• Re-Entry Referrals
• Court Ordered Referrals
• Courtesy Visits
• Assessment/Protocol - including Investigations, SIU Investigations, After Hours Investigations, Courtesy Visits, FAR, Administrative Case Opening (note special case types, Safe Haven, Human Trafficking etc)
• SDM Tools - Safety and Risk Assessments
• Safety Plans (incl. Family Arrangements)
• Person Management Enhancement (Create and Maintain Person) to include;
• General Medical, Medically Complex, Multi-Disciplinary Exam (MDE),
• Dental,
• Behavioral Health,
• Education
• Consults - Regional Resouce Group (RRG) / Legal
• Referrals/ Service Authorizations
• Background Check Unit (located in Careline)
• Background Checks (incl. Criminal Checks, Judicial, Sex Offender, PO)
• CPS/Central Registry Checks
• Work Management/Assignment Dashboard - expand upon
• Case / Collateral Contacts including medical/dental/BH/edu
• Case Closure/ Case Transfer
• Caseload Weignting
• Internal Reviews
• Expungement (CPS Reports, Unsubstantiated Cases)
• Considered Removal-Child and Family Team Meetings (CR-CFTM)
• Automated Checklists
DCF Portal
Forms and Reports
Federal Reporting/Interface - AFCARS/ NCANDS/ NYTD
Business ReadinessTraining Deployment
LINK Twilight
3rd Party Integration / Interfaces
Mobile / Wifi
INTERFACES /DATA EXCHANGES FOR CT-KIND
SDM (CRC), DSS (EMPI & Eligibility), SSA, OEC (daycares/camp), SDE (school names, demographics, superintendents, records), MDM, LINK, PIE, Careline Phone System, CORE CT
DMV, COLLECT (State Police checks), DPH/OEC, Kronos, DESPP (address search), Parent Locator Service (i.e. LexisNexis) , NCA (MDT)
NCMEC (National Center for Missing and Exploited Children), NEICE, Judicial, OHA (Office of Healthcare Advocate)
ABH, Eligibility, DAS E-Licensing (possible), Bank of America,/Debit Card Vendors

2020	2021				2022			
Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

SOW 3

Features from:

Ongoing Services/Person Management/Financial/Provider/Common Functions/ Careline/Admin/Case Planning

- Ongoing Case types to include;
  - Ongoing Serives
  - SPM
  - Adolescents
  - Probate
  - Re-Entry
  - Human Trafficking
  - Medicallly Complex
  - Voluntary
- Visitation
- Supervision
- SDM (Risk Re-assessment, Reunification tool, FSNA – tied with CP)
- Resource List
- Team Meetings
- Case Merge
- Expungement (Other)
- Legal (including UVISA)
- Hearings / Appeals
- Adoption Decree / Registry
- Subsidized Adoptions and Guardianships
- Interstate Compacts (ICPC, ICJ, ICMH, ICAMA)
- Placement (incl. Congregate care, Therapeutic, foster, kin, waivers, medically complex etc.), Runaway, Amber Alert
- Transition to DMHAS/DDS (incl. Careline flows)
- Adoption/Permanency/Guardianship (Including Subsidy and PRE)
- Post-Secondary Education (PSE)
- Passport
- Centralized Medication Consent Unit (CMCU)
- Medical Review Board (MRB)
- Training / Certifications
- Runaway
- Amber Alert
- KidPix
- Create Provider - Family, Organization, Individual (including current demographic and general information)
- Maintain Provider (including current and historical demographic and general information)
- Establishing Services/Rates
- Services & Rates (associate services and rates to providers)
- Provider Directory/ Service Matching
- Case Plan Document including Approvals and Closing
- ACR Meeting including scheduling and notifications
- ACRI/CRS tool including IRR

SOW 4

Features from:

Financial/Provider/Admin

- Foster/Adoptive parent inquiry
- Pre-licensing Assessment (Foster/Adoption, Kinship)
- Licensing and relicensing (Foster/Adoption, Kinship, ICPC)
- Child Placing Agency Approved Homes
- Contracted and Credentialed Providers
- Licensed Provider Agencies (Congregate Care, Child Placing, Clinics, Extended Day Treatment)
- Other Service Providers (Business, Independent Living Clients, Colleges, Medical Providers, etc)
- Provider Support (FASU visits; training, Regulatory Specialist Quarterly Visits, Licensing Alerts, etc)
- Provider Licensing Actions (Voluntary Hold, license modifications, etc)
- Provider Record Closure
- Record and Track feedback from and about providers (Complaints and Compliments)
- Associate any related CPS reports to provider
- DCF Portal (receive and accept referrals, provide client progress notes, submit Invoices, submit reports including PIE etc)
- Associate Service Authorizations to providers, including USE plans, WAF, Behavioral Health Partnership,
- Provider Directory / Service Matching - enhancement [additional work required for provider module development]
- Create Payments as Checks/Electronic Transactions
- Payment Batch Processing or alternate method
- Check Disposition/Bank Reconciliation Process as well as Debit Cards
- Maintain Payment History (Case, Client, Provider, Service)
- Prevent/Identify Duplicate Payments
- Prevent, Identify and Process Overpayments/Accounts Receivable Process
- Manage Trust Accounts/Calculate Cost of Care
- Manage Petty Cash Accounts
- IRS-1099 Reporting
- Income Verification and Audit Confirmation Requests
- Services & Rates related to payment and claiming
- Service Authorizations tied to payment edits
- Provider Invoices to initiate payment review process
- IV-E Eligibility Derterminations and Redeterminations
- IV-E Claiming and Eligibility History
- Title IV-A TANF eligibility
- Title IV-A TANF data exchange/Claim
- PNMI Claiming
- Title IV-D Child Support data exchange Medicaid Eligibility Title XIX Medicaid DSS data exchange
- ORE Functionality (Critical Incidents and Significant Events)
- Ombudsman's Inquiries
- Threat Assessment/Workplace Violence

DCF Portal

Forms and Reports

Federal Reporting/Interface - AFCARS/ NCANDS/ NYTD

Business ReadinessTraining Deployment

LINK Twilight

3rd Party Integration / Interfaces

Mobile / Wifi

INTERFACES /DATA EXCHANGES FOR CT-KIND

SDM (CRC), DSS (EMPI & Eligibility), SSA, OEC (daycares/camp), SDE (school names, demographics, superintendents, records), MDM, LINK, PIE, Careline Phone System, CORE CT

DMV, COLLECT (State Police checks), DPH/OEC, Kronos, DESPP (address search), Parent Locator Service (i.e. LexisNexis) , NCA (MDT)

NCMEC (National Center for Missing and Exploited Children), NEICE, Judicial, OHA (Office of Healthcare Advocate)

ABH, Eligibility, DAS E-Licensing (possible), Bank of America,/Debit Card Vendors

Case Review System:

In Round 3 of the CFSR, Connecticut was not in substantial conformity with the systemic factor of Case Review System. Two of the five items comprising this systemic factor were identified as strengths, while three were identified as areas needing improvement.

In the statewide assessment prepared as part of Connecticut's Round 3 CFSR review, Connecticut was identified as having a well-functioning administrative review process for the periodic review (Item 21) of the status of each child in care both within 60 days of entry to care as well as at least every 6 months thereafter. The agency received an overall rating of strength for Item 21 based on information from the statewide assessment and stakeholder interviews. Periodic administrative reviews were found to have occurred timely in most cases and the agency has an effective process for manually identifying cases that are not automatically scheduled for a review so as to ensure periodic reviews are held timely.

As noted above the most recent data for FY 2018 reflects that timely periodic reviews continue to be an area of strength for the state.

Connecticut intends on sustaining this progress through the continued use of scheduling reports and exception reports available to the ACR Office Assistants who are responsible for the scheduling of case reviews.

Connecticut also received a strength rating for Item 22, Permanency Hearings, in CFSR Round 3 as it was determined that permanency hearings were occurring no later than twelve (12) months from the date the child entered foster care and no less frequently than every twelve (12) months thereafter. This marks an improvement from the agency's performance on this item in Round 2 of the CFSR.

In Round 3 of the CFSR, Connecticut was found to need improvement with three items within the Case Review System and those include: Item 20 (Written Case Plan), Item 23 (Termination of Parental Rights) and Item 24 (Notice of Hearings and Reviews to Caregivers).

With regard to these items, the following concerns were identified through stakeholder interviews as well as through data resulting from the CFSR case reviews.

- Case plans, while developed timely, do not sufficiently evidence that parental engagement is consistently occurring. Even when parents are engaged, stakeholders indicated that parental input was not consistently included in case plans.
- Father engagement in case planning was identified as inconsistent and generally was less consistent than engagement of mother's in case planning, although both were areas needing improvement.
- TPR petitions are filed inconsistently for children in care 15 of the most recent 22 months and only a small portion of those cases where TPR was filed had documented a compelling reason.
- The state's process for providing notice of court hearings and administrative hearings is not consistently effective in providing timely notice.

As evidenced by current data, these areas continue to be in need of improvement, particularly as related to timely TPR filing and disposition. Data for FY18 reflects 56% of the TPR filed during that timeframe were filed within 15 months, with an average time of 17 months as noted above.

Where reunification has not been achieved, the average time from filing of the original petition to filing of the petition to terminate parental rights is 19 months (see above).

To address the concerns with regard to the filing of TPR in accordance with the required provisions, Connecticut has developed strategies and associated activities, in partnership with the court, as part of the PIP which Connecticut began implementing April 1, 2019. Goal 2, Strategy 2, Activity 2.2.1 of Connecticut's PIP outlines the partnership

between the agency and the court in addressing the timely filing of TPR petitions. This includes the use of the court's web-based Child Protection automated system which will provide data and reports to the agency to assist with timely filing. TPR and adoption petition filing due dates and hearing dates are the next reports to be developed. If the TPR petition is not filed, the system will notify the agency that a compelling reason must be documented. These reports will be reviewed by the agency and the courts to monitor and document progress monthly. CPS supervisors will utilize these reports as a guide to assist staff in prioritizing next steps toward achieving timely permanency. These activities will be monitored as part of Connecticut's PIP implementation and outcomes will be reviewed through ongoing PIP case reviews.

In an effort to address performance related to parent engagement in case planning, particularly father engagement, Connecticut identified two key strategies in the PIP under Goal 3, strategies 1 + 2, which focus on fatherhood engagement. Strategy 1 focuses on the expansion of the breadth and array of fatherhood services, resources and supports to promote the positive involvement and interactions of fathers with their children by providing fathers with the skills and supports they need to be fully involved in their children's lives. Strategy 2 outlines key activities to improve engagement with fathers and non-custodial parents by providing guidance, coaching and consultation to workers and supervisors about best practices for working with fathers. Refer to Connecticut's PIP, Goal 3, Strategies 1+2 for specifics related to key activities related to this work. Additional work with our Provider community will be explored to address provider bias and father engagement.

Quality Assurance System:
As discussed above, through both the Juan F. work, and the PIP, the Department has also invested in a robust Quality Management and CQI environment. The Department believes that it has the foundation and competencies to effectively monitor its performance, and continue to do so, post Juan F. and PIP.

DCF's quality management infrastructure has allowed leadership and field staff to review practice in the context of both qualitative and quantitative data, including CFSR findings, Court Monitor review findings, Administrative Case Reviews (ACR), In-home visitation reviews, Investigation Reviews and Permanency Reviews. As part of the PIP process, court partners will add case file reviews as a mechanism to assess the court's role in timely permanency. Through these reviews, the agency will continue to identify specific areas of focus to support the PIP and improve outcomes for children and families.

As noted above, the Bureau of Strategic Planning and Quality is in the process of development. This division will refine and enhance our quality management systems to deliver on the agency's strategic goals, by developing innovative strategies, learning from past performance and designing and implementing data-driven organizational change

With respect to Quality Assurance, staff training is another means by which the Department will be improving outcomes. Program Development and Oversight Coordinators (PDOCs) are assigned to all of DCF's POS contracted services. These individuals' partner with contracted providers, Regional/Area Office Staff, Systems Program Directors (SPDs), and Central Office Divisions to ensure the provision of effective quality services. The Department has convened meetings with the PDOCs, SPDs, and Grants and Contracts Specialist as a joint group to share the Department's priorities and to disseminate data and other resources. More advanced metrics training has been provided (i.e., Pivot Tables and Advanced Analytics conducted by Chapin Hall out of the University of Chicago) to support them in conducting more depth analyses of provider program data.

Staff Training: – Please see attached Training Plan

Service Array:

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

The Department has adopted a process inclusive of senior leaders, central and regional office partners that supports the Department's management and oversight of its service array to further think through our prevention work and that linkage to FFPSA. The following chart represents our contracted services continuum:

Adolescent Community Reinforcement Approach / Assertive Continuing Care (ACRA-ACC) This service is an evidence-based substance use outpatient treatment program for substance-using adolescent's ages 12 through 17 years and their caregivers. The model provides a combination of clinic, community and home-based services, based on the individualized need of the youth and family served.

Category: Family Support service
Population Served: Youth between 12-17 years old with a substance use problem
Geographic Area: Statewide
Number of Families Served: 438

Adolescent Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) – Evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

Adopt A Social Worker - This is a statewide, faith based outreach service linking an "adopted" DCF Social Worker with a faith-based or other "covenant organization" to assist with meeting the basic material needs of DCF involved families (those with protective service Social Workers as well as foster, adoptive and kinship care families). Meeting the needs of children with, for example, beds, cribs, clothing and household furnishings, will help achieve stabilization of families and permanency for the children.

ASSERT Treatment Model (ATM) – This is a service that is being piloted and introduced within four (4) existing Connecticut Multidimensional Family Therapy (MDFT) teams. Blending 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.

Recovery Management Check-ups and Support (RMCS) provides ongoing recovery support and assessment for youth and their families after MDFT services end. Recovery Support Workers (specially trained case managers) facilitate involvement with pro-recovery peers and activities, monitor return to use and other concerns, assertively link youth and families to services as needed, and promote positive family relationships. RMCS lasts for up to 12 months following a 7-8 month course of MDFT. Recovery support sessions for youth and families take place weekly for the first 90 days, with the frequency decreasing or increasing for the remaining time depending on the needs of the youth as determined by the MDFT treatment team. Sessions may take place in person, in the community, over the phone, and by text messaging as permitted by the provider sites responsible for RMCS implementation.

Category: Family Support service
Population Served: Substance using youth between 16-21 years old (before 21st birthday at the time of referral)
Geographic Area: Areas Offices in Hartford, Manchester, Danbury, Torrington, Waterbury, Norwich, Willimantic, Meriden, and New Britain
Estimated Families Served: TBD Pilot. Program Funding: Federal

Be Responsible Be Proud - This service is designed to provide statewide sexual health education for youth involved with the child welfare & juvenile justice system or, to youth who have specialized behavioral, emotional or academic needs. Specifically, two evidence-based and one evidence-informed sexual health curriculums will be offered to identified youth. Be Proud, Be Responsible

(BPBR) will continue to be implemented in detention/juvenile justice settings as well as in foster care agencies, clinical day schools, group care facilities and community based youth service agencies. Streetwise to Sexwise will be added to this service and will be implemented in detention/juvenile justice settings where the length of stay is less than two weeks. Love Notes will also be added to this service and will be implemented in foster care agencies, group care agencies and community based youth service agencies.

Target population: Youth ages 13-19
Geographic Area: Statewide
Children served: Minimum of 250 youth; 5-20 participants in each group held one-two times per week for up to six weeks.

Care Coordination - Care Coordination – This evidence-based service provides high fidelity "Wraparound" care through the use of the Child and Family Team process. Wraparound is defined as an intensive, individualized care planning and management process for youths, ages 0-18, with serious or complex need. The primary goal of Care Coordination is to support and maintain youth exhibiting 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. Program uses the 4 family focused fluid stages of Hello, Help, Healing and Hope.
Population served: Families with a youth with a behavioral health diagnosis. ICC's work with youth that are DCF involved.
Geographic area served: Statewide.
Number of children and families being served: Estimated Families (2012) 511 -Actual Children (2012) 1,021; Estimated Families (2013) 561-Actual Children (2013) 1,122; Estimated Families (2014) 608-Actual Children (2014) 1,215 ; Estimated Families (2015) 595-Actual Children (2015) 1,189; Estimated Families (2016) 694-Actual Children (2016) 1,387; Families (2017) 744 - Children (2017) 1,295; Estimated Families (2018) 1,101 – Actual Children (2018) 1,208
Projected to be Served 2019: 1,044 Families and 1,154 children.
Funding State and Federal

Care Management Entity – This service is 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 provides 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 and Support Services and Family Preservation service
Target 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: Statewide
Numbers of children served: 150-160

Career Enhancement Training - This service is a training program, known as, Manufacturing in Motion. It is designed to develop job-related learning opportunities in a collaboration between Goodwin College and Touchstone School staff and faculty. These learning experiences will complement the formal academic program by adding career building skills and vocational education. The content of this career enhancement training will focus on areas such as customer service, office support, and personal finance, computer-aided design, manufacturing principles, allied health opportunities and career skills.

Category: Family Support and Support Services.
Target Population: Females, ages 13 to 18, attending the Touchstone School.
Geographic Area: Statewide
Numbers of children served: 30 students
Funding: Federal

Caregiver Support Team - This service is designed to prevent the disruption of foster placements and increases stability and permanency by providing timely in-home interventions involving the child (ages 0-18) and their caregiver/family. For kinship families,

this intensive in-home service is provided at the time the child is first placed with the family. The service is available at critical points for the duration of the placement as additional supports are deemed necessary.

Category: Family Support and Support Services and Family Preservation service
Target Population: Foster or kinship families for any child residing in foster home
Geographic Area: Statewide
Numbers of families served: 762

Child Advocacy Centers (CACs) – A Child Advocacy Center (CAC) is a child-focused, facility-based program where professionals from many disciplines, many whom are members of the MDT (see below) including child protection, law enforcement, prosecution, forensic interviewing, mental health, medical professionals, and victim advocates work together as a team to provide coordinated and well-informed decisions about services and supports to child victims and non-offending family members. When the CAC and community partners effectively and collaborates on the investigation the potential substantiation/ prosecution of child abuse cases increase.

Category All Service Categories
Population Served: Any child in CT that is a victim of sexual abuse including child sex trafficking, severe physical abuse, and other types as deemed appropriate by the CAC.
Geographic area: Statewide: There are 10 CAC's throughout the state of Connecticut serving the entire state.
Number of children served: The number is fluid; all cases of sexual abuse including child sex trafficking, severe physical abuse and other cases as deemed appropriate by the CAC.

The Child Abuse Centers of Excellence - this service including board certified Child Abuse Pediatricians 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
Number of children served – CY 2018 - 1759
Funding – State

Child and Family Traumatic Stress Intervention (CFTSI) - This service focuses on two key risk factors (poor social or familial support, and poor coping skills in the aftermath of potentially traumatic events) with the primary goal of preventing the development of PTSD. CFTSI seeks to reduce these risks in two ways: (1) by increasing communication between the affected child and his caregivers about feelings, symptoms, and behaviors, with the aim of increasing the caregivers' support of the child; and (2) by teaching specific behavioral skills to both the caregiver and the child to enhance their ability to cope with traumatic stress reactions

Child FIRST (Early Childhood Services)- 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.

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
Estimated number of individuals and families to be served in 2019 - 557

Child First Consultation and Evaluation - This service ensures provider fidelity to the Child First model which provides home-based assessment and parent-child therapeutic interventions for high-risk families with children under six years of age. To that end, the service delivers training, provides reflective clinical consultation, analyzes data, provides technical assistance, insures continuous quality improvement, and certifies sites that have met Child First model standards.

Category: Family Support

Population(s) to be served -Children ages 0-6
Geographic areas: Statewide

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 is intended as a component of a comprehensive case plan. As such, the individual providing this service is expected to collaborate with other service providers toward the implementation of the child or youth's individual case plan.

Category: Family Support.
The population served: committed youths 14 and older in Non-Therapeutic Foster Care and those youth who are transitioning to DMHAS regardless of their legal status.
Geographical area served: Statewide
Estimated number of children and families being served: 350

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Young Child Adaptation "Bounce Back": is a skill based, group intervention aimed at relieving symptoms of Post-Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma. This school-based treatment model will enhance the school's mental health service array to support student's learning potential and build resiliency. CBITS is designed to minimize developmental disruption and promote child recovery and resiliency for student participants through a cognitive-behavioral therapy approach that involves components of psycho-education, relaxation, social problem solving, and cognitive restructuring.

Category: Family Preservation, Family Support, and Adoption Promotion and Support Services
Population(s) to be served -Children ages 5-17
Geographic areas: Statewide
Number of sites: Outpatient Clinics and Schools (53)
Estimated number of individuals served: CY18 – 495; Projected CY19 - 809

Community Support for Families - This service engages families who have received a Family Assessment Response from the Department and helps connect them to concrete, traditional and non-traditional resources and services in their community. This collaborative approach and partnership, places the family in the lead role of its own service delivery. The provider assists the family in developing solutions, identify community resources and supports based on need and helps promote permanent connections for the family with an array of supports and resources within their community.

Category: Family Preservation and Family Support
Population(s) to be served – Children ages birth – 17 years old
Geographic areas: Statewide
Number of children/families served: 2, 340

Community Support Team - This service is provided in conjunction with the DCF New Haven Area Office and focuses on assessment, treatment and support for children and youth in out-of-home levels of care transitioning back to the community. Services include but are not limited to: in home clinical interventions and supports; delivery of therapeutic services that facilitate and support family problem solving; family education and guidance; and linkage to natural support systems.

Category: Family Preservation and Family Support
Population(s) to be served – Children in out of home care
Geographic areas: Milford, New Haven and Meriden
Number of children served: 20

Community Transition Program - This service is provided in conjunction with the Norwich Area Office and does assessment and care planning for children / youth who are transitioning from out-of-home levels of care to the community. Services are also provided to keep children/youth who are in the community from being placed in out-of-home care.

Category: Family Preservation and Family Support
Population(s) to be served – Children in out of home care
Geographic areas: Middletown, Norwich and Willimantic
Number of children served: 8

Connecticut ACCESS Mental Health: is a consultative pediatric psychiatry service 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 primary goal of the service is improve access to treatment for children with behavioral health or psychiatric problems, and to promote productive, ongoing relationships between primary care and child psychiatry increasing the access to a scarce resource of child psychiatry. 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: 7,000 calls/year

Crisis Stabilization - This service provides short term, residential treatment for children and youth with a rapidly deteriorating psychiatric condition, in order to reduce the risk of harm to self or others and divert children and youth from admission into residential or inpatient care. Interventions focus on stabilization of the child and youth's behavioral health condition including addressing any contributing environmental factors and enhancing existing outpatient services available.

Early Childhood Consultation Project (ECCP)/Mental Health Consultation to Childcare - The ECCP provides statewide mental health consultation program to pre-schools, Head Start, and service providers funded by DCF. The service is designed to meet the social/emotional needs of children birth to five by offering support, education and consultation to those who care for them to promote optimal outcomes for young children. This includes the early identification of young children's social emotional needs and intervention with appropriate services and referrals. 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. All CT towns and cities have access to this consultation. ECCP is backed by three random control trials contributing to an evidence base for preschool, as well as Infant/toddler Early Childhood Mental Health Consultation (ECMHC) (Gilliam 2007 & 2010).

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.

Elm City Project Launch: The purpose of the Elm City Project LAUNCH grant (ECPL) is to promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The 5 year grant was awarded to help develop, implement and study the effectiveness of an integrated and collaborative health and mental health service system for children 0-8 and their families in New Haven, Connecticut. To that end, this program is designed to strengthen and enhance the partnership between physical health and mental health systems at the federal, state and local levels. Connecticut's Elm City Project Launch (ECPL) project uses a public health approach to promote children's health and wellness with efforts that promote prevention, early identification and intervention.

EMPS – Mobile Crisis Intervention Service - This is a mobile, crisis intervention service for children experiencing behavioral health or psychiatric emergencies. What qualifies as an emergency is defined by the child and their family. The service is delivered through a face-to-face mobile response by trained clinicians to the child's home, school or location preferred by the family, or in rare situations through a telephonic intervention. The response time to the location of the child by the Mobile Crisis clinicians is expected to be 45 minutes or less. Mobile Crisis is available at no charge to the family and can be accessed by dialing 2-1-1 in CT. Mobile Crisis supports maintaining children in the community with their families and reducing the need for Emergency Department visits or higher levels of care.

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: 2018 = 19,965 calls and 14,585 episodes of care
Projected to be Served: 2019 & 2020 = Over 20,000 calls, serving all calls for Mobile Crisis
Funding: State

EMPS-Mobile Crisis Intervention Service System - Statewide Call Center - This service is the entry point for access to the EMPS Mobile Crisis Intervention Service System for children and youth in the State of Connecticut. The Statewide Call Center receives calls through 211, collects relevant information from the caller, determines the initial response and connects the caller with a Mobile Crisis Clinician in their area. In addition to these primary functions, the Statewide Call Center also collects data regarding calls received, triage responses and referrals to EMPS Mobile Crisis contractors. The Call Center analyzes data and compiles reports for use by DCF, the Statewide Call Center, EMPS Mobile Crisis 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: 2018 = 19,965 calls.
Projected to be Served: 2019 & 2020 = Over 20,000 calls, serving all calls through 211
Funding: State

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

Category: This service covers all service categories; Family Preservation, Family Support, and Adoption Promotion and Support Services.
Population served: Ages 5-17. Geographical Area: Statewide (19 sites)
Number of Children Served: CY15 (1109) CY16 (1115) CY17 (1166) CY18 (1009), CY19 (Projected 1006)
Number of Families Served: CY15 (555) CY16 (558) CY17 (565) CY18 (520), CY19 (Projected 517)

Family and Community Ties - This service is a foster care model that combines a wraparound approach to service delivery with professional parenting for children with serious psychiatric and behavioral problems. This service is differentiated from other foster care services by (a) the frequency and intensity of clinical contact and (b) flexibility in providing "whatever it takes" to preserve the placement of a child in a family setting. Within this program, foster parents will serve as full members of the treatment team and will complete intensive training in behavior management.

Category: Adoption Promotion and Support Services service.
Population served: Children with serious psychiatric and behavioral problems
Geographic area served: Statewide
Number of families served: Approximately 50

Family Based Recovery - This service is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance use. 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 with the parent-child dyad. Some of the model's components include the use of a safety plan when the client is at high risk of relapse or is in crisis; random drug testing; vouchers for negative drug screens; case management services; weekly relapse prevention group; and collaboration with DCF to implement this program. Average length of service is 6-7 months, which can be extended up to 12 months.

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 use. The child's must have used substances within past 30 days
Geographic area served: Statewide
Number of families to be served: Annual Capacity: 264 Clients (Length of service is variable 6 - 12 months, depending upon needs of the family)

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 (FES) – In late FY2019, the Department contracted with 6 private agencies to offer this service across the state. FES provides intensive outreach, case management services and 24/7 Dad© group programming to fathers involved with an open DCF case. The service works to engage fathers in case planning and in achieving more timely permanency.

Category: Family Support and Adoption Promotion and Support Services.
Population served: any child receiving DCF case management services.
Geographic area served: Statewide.
Number of families to be served: FY 20 – Projected 340

First Episode Psychosis – This service will 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.

Foster and Adoptive Families Support Services - This service provides a range of recruitment, retention, support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address their needs, encourage and facilitate ongoing education and skill development, and promote safe and stable home settings for foster children. This service also increases the pool of foster and adoptive families who are available to serve children in the care of the Department of Children and Families. Specific services include, a peer mentor network, post-licensing training, respite care authorization as well as a fiduciary role

for open adoption legal services and an annual conference. In addition, Liaisons are posted in each of the Area Offices to provide individualized support to families, assist DCF staff with recruitment and retention activities and facilitate support groups.

Foster Care and Adoptive Family Support Groups – This service provides both avenue and child care support group meetings for foster care and adoptive families as a means to aid in retention of foster homes and placement stability within foster and adoptive family settings. Childcare is also provided to licensed families at these support groups.

Category: Adoption Promotion and Support Services.
Population served: All licensed families (all license types)
Geographic area served: Torrington, Waterbury
Number of families to be served: Approximately 20 individuals at a 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: Bloomfield
Number of families to be served: 88 The Contractor will maintain the capacity to serve at least 20 foster parents per support group meeting and provide for child care and child activity programming for up to 20 children per support group meeting, while the licensed foster and adoptive parents are meeting.

Foster Parent Support for Medically Complex - This service, largely through the organization of a group of volunteers, provides foster care recruitment, respite and support focused on maintaining and growing the number of foster and adoptive parents who work with medically complex children in the Waterbury and Torrington area office towns. There is a child care/activity component to the program and money available for participating foster parents as well as two yearly celebrations fostering a peer community for the families.

Functional Family Therapy (FFT) - This service provides intensive in home family focused clinical treatment, family support and empowerment, access to medication evaluation and management, crisis intervention and case management. The service is provided 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 Functional Family Therapy (FFT) model, which includes ongoing consultation and evaluation by the model developers. Length of service averages 4 months per youth and family served. Services include family focused, strength-based, trauma informed clinical treatment, offered primarily in the client's home 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.
Number of Children and Families Served: 2017 = 520; 2018 = 450.
Projected to be Served: 2019 = 500; 2020 = 520
Funding: State

Intensive Family Preservation - This service provides a 4-6 month 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 for the first weeks of the service. Based on family needs amount of contacts per week can vary. Staff work a flexible schedule, adhering to the needs of the family. A Standardized assessment tool is used to develop a treatment plan in conjunction with the family. 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
Number of Families Served – SFY (2015) 861; (2016) 890; (2017) 813, (2018) 816
Projected to be Served – (2019) 800
Funding – State

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 5-18 years with complex psychiatric disorders
Geographic Area: Statewide
Estimated Families Served: 2100-2369 annually

Intimate Partner Violence Family Assessment Intervention Response (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: Active DCF families impacted by Intimate Partner Violence.
Geographic Area: Statewide
Number of families served: FY18 – 201; FY19 – Projected 260

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) – An evidence-based treatment designed for children ages 7-15. Unlike most treatment approaches that focus on single disorders, MATCH is designed for multiple disorders and problems, including anxiety, depression and posttraumatic stress, as well as disruptive conduct.

Multidisciplinary Examination (MDE) Clinic - This service provides a comprehensive multidisciplinary evaluation including medical, dental, mental health, developmental, psychosocial and substance abuse screening within 30 days of children entering DCF care. A comprehensive summary report of findings and recommendations is completed on each child referred for service and provided to AO staff including social worker and RRG.

Category – Family Preservation / Family Support
Population served – each child placed in an out of home setting
Geographic area – Statewide
Number of children served – FY2015 – 1288; FY2016 – 1664; FY2017 – 1671; FY2018 – 1545; FY19 Projected - 1540
Funding source – State

Multidisciplinary Team (MDT's) – This service ensures the child and non-offending caregiver(s) receive a coordinated response, limited interview(s) and appropriate services for the child (ren) and non-offending caregivers. The MDT leads the coordination of the investigation and interventions for cases of child abuse/neglect among the various agencies including but not limited to DCF, police, medical, mental health, victim advocates, and prosecutors. Cases are referred to the regularly scheduled team meetings by DCF, law enforcement or other agency members of the team. Additional meetings can be scheduled to address cases of immediate concern. 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 by multiple sources including the Governor's Task Force on Justice for Abused Children (GTFJAC) and Connecticut Children's Alliance (CCA).

Category: All Service Categories
Population served: Any child in Connecticut that is a victim of sexual abuse including child sex trafficking, severe physical abuse, and other types as deemed appropriate by the MDT.
Geographic area: Statewide, There are 17 MDT's throughout the state of Connecticut serving the entire state.
Number of children being served: The number is fluid; all cases of sexual abuse including child sex trafficking, severe physical abuse and others as deemed appropriate by the MDT. . During CY 2018 the MDTs reviewed 1783 referrals (some referrals from one team are missing but is being addressed). During the first 6-months of the current reporting year (7/1/18 – 6/30/19) 926 referrals (some referrals from one team are missing but is being addressed) have been reviewed.

Multidimensional Family Therapy (MDFT) - This service provides intensive home based clinical interventions for children, ages 9- 18, exhibiting 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. The treatment objective is to eliminate the adolescent's substance use, crime, and delinquency to improve mental health, school and family functioning. After a comprehensive evaluation, a strength-based individualized service plan is developed to include goals, interventions, services and supports that specifically address the issues and problems threatening the maintenance of the child in the home or the return of the child to the home. Random on-site urine screens that offer immediate results are done as needed with parental knowledge of the results. Staff work a flexible schedule, adhering to the needs of the family. The majority of services are to be offered in the client's home, community agencies, schools and other natural settings. 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 9-18 years with complex substance abuse and mental health service needs who have at least one parent/guardian, or parental figure to be able to participate in treatment and are not actively suicidal or psychotic.
Geographic Area – Statewide
Estimated Individuals and Families to be served: 1080

Multidimensional Family Therapy (MDFT) Consultation and Evaluation - This service provides program development, training, clinical and programmatic consultation to MDFT providers statewide which integrate the standards and practices consistent with MDFT requirements and quality improvement programming. Additionally, this service provides program development, training and clinical consultation for the Family Substance use Treatment Services (FSATS) teams serving youth who are criminally involved.

Category: Family Preservation service.
Population Served: MDFT team staff.
Geographic Area – Statewide

Multidimensional Family Therapy (MDFT) Group Home.
This service utilizes the MDFT model in a 4-month in-care setting. Services include intensive clinical interventions for children with significant behavioral health service needs 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 return of the child to the home. Significant behavioral health needs and either alcohol or drug related problems, or are at risk of substance use are main focus areas of this program.
Population Served: Male Youth ages 14-18
Geographical Area: Statewide
Estimated individuals to be served: 32 annually.

Multi-systemic Therapy (MST) - MST is an evidence-based in-home treatment for youth with complex clinical, substance using, social, and educational problems. MST emphasizes behavioral change in the natural environment and uses interventions to promote the parent's capacity to monitor and intervene positively with each youth.

Category: Family Support and Family Preservation service.

Target Population: Youth between the ages of 12-17 (and their parent/caregivers), who presents with antisocial, acting out, substance using, and/or delinquent behaviors. Eighteen (18) year olds may be admitted on a case by case basis.
Geographic Area: DCF catchment areas in Bridgeport, Hartford, Manchester, Milford, New Britain, New Haven, Norwich, Waterbury, and Willimantic
Families Served: 204

MST - Building Stronger Families - This service, using a national evidence-based treatment model, provides intensive family and community based treatment to families that are active cases with DCF due to the physical abuse and/or neglect of a child in the family and due to the substance use by at least one caregiver in the family. Core services are provided to all family members as needed, including: clinical services, trauma treatment, empowerment and family support services, medication management, crisis intervention, case management and aftercare. Average length of service is 6 - 9 months per family.

Category: Family Support and Family Preservation service.
Target Population: Families who have a child between 6 - 17 years old who has had an allegation of abuse or neglect within past 180 days, and at least one caregiver with substance use related problems.
Geographic Area: The following DCF Area Offices: Meriden, New Britain, Hartford, Manchester, Waterbury, New Haven, Norwich, Bridgeport
Estimated 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, CSSD and their contracted MST providers.

MST- Emerging Adults (MST-EA) – This service provides intensive individual and community based treatment to transition-aged youth with multiple co-occurring disorders and extensive system involvement with the goal of reducing the young adult's substance use and mental illness symptoms, and promote gainful activity such as school, work, housing and positive relationships. In addition to clinical work with a therapist, a MST-EA coach serves as a positive mentor and engaged the young adult in prosocial, skill building activities. Treatment duration averages 7-8 months, with an additional 2-4 months (average) with the MST-EA coach. Sessions with the client occur 3-5 times weekly, depending upon the client's needs. In addition to increasing positive transition-age role functioning, this approach seeks to reduce symptoms of SMHC, and seek abstinence or reduction of substance misuse.

Category: Family Support and Family Preservation service
Target Population: Serves youth between their 17th and 21st birthdays who (1) are aging out of foster care or involved in the child welfare system; (2) have been referred to DMHAS by DCF for adult behavioral health services; and (3) have a behavioral health condition(s) (i.e., serious mental health and/or substance use disorders).
Geographic Area: DCF Area Offices: Milford, Bridgeport, Waterbury, Hartford, Manchester and New Britain.
Number of Families Served: FY19 – Start Up Year = served 2 YTD; contract # = 66 annually.

MST – Intimate Partner Violence (MST-IPV) –This service, building upon a national evidence-based treatment model, provides intensive family and community based treatment to families that are active cases with DCF due to the physical abuse and/or neglect of a child in the family and identification of intimate partner violence in the family. This new model takes a family-oriented, comprehensive, and integrated treatment model approach for family members involved in households with IPV that emphasizes both short- and long-term safety, protects children from witnessing violent incidents, and address the individualized risk factors for IPV including co-morbid substance use. Core services include: clinical services, trauma treatment, empowerment and family support services, medication management, crisis intervention, and case management. Average length of service is 6 - 9 months per family.

Category: Family Support and Family Preservation service.
Target Population: Families who have a child between birth - 17 years old. An allegation of abuse or neglect within past 180 days, and the identification of intimate partner violence among caregivers.
Geographic Area: New Britain
Number of Families Served: FY18 – 10; FY19 – Projected 17

MST - Problem Sexual Behavior- This service provides clinical interventions for youth who have 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, evidence based clinical model with an established curriculum, training component and philosophy of delivering care. Treatment includes comprehensive risk assessment and safety planning; strengthening family relationships and empowering families to manage youth behavior; increasing accountability; addressing any denial of the family and youth; identifying and addressing aspects of the youth's environment that contribute to antisocial and problem sexual behaviors; helping parents or caregiver to build support networks; and assisting families in proving unambiguous guidance and support that enable the youth to develop the social skills to establish healthy peer relationships and develop normative sexual behavior trajectory The average length of service is 5-7 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 10-17.4 years (exceptions for older youth on a case-by-case basis) whose referral is related to problem sexual behavior, where the offending behavior includes an identifiable victim(s), lives with a caregiver who acknowledges there was a PSB, & may have other issues.
Geographic Area: Statewide
Estimated 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.

One on One Mentoring (OOMP) – The goal of the mentoring program is to provide an important and long-lasting relationship to adolescents who are placed outside of their homes. Mentors are involved in the adolescent's life as a guide, a positive role adult model and a confidant. Mentors maintain weekly contact with their mentees and visits face to face at a minimum of three times a month. The program aims at maintaining these relationships on a long-term basis. Ideally, the relationships evolve into permanent, life-long friendships. DCF transitioned to specialized One on One Mentoring services with two specialty providers. In September 2018 the department contracted with a specialized service provider focusing on the LGBTQI adolescent population. A second provider is in the final stage of contracting for specialty services to youth that are victims of child sex trafficking; expected to officially start providing services by the end of May 2019. Both mentoring providers' service adolescents ages 14 and older, whom are committed to the Department and residing in out of home care.

Category: Family Support and Family Preservation service.
Population to be served: DCF involved adolescents ages 14-17 and 18-23 that 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 (Rise Mentoring for LGBTQI youth) and Bridgeport, New Britain and Waterbury (Child Trafficking).
Capacity: Rise 24 and Child Trafficking 12
Estimated number of individuals served July 1, 2018 to June 30, 2019: Rise 16

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. DCF referrals receive priority consideration. The severity of each referral determines whether an appointment be given that same day, within 3 business days, within 14 calendar days or within 30 calendar days.

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 (26 sites)
Number of Children Served Annually: CY17 - 24,000; CY18 – 25,331; CY19 (Projected 25,216)

Parent & Youth Training and Support - The Parent and Youth Training and Support program will deliver training and support to primary caregivers of children with behavioral health and other special needs and to youth with disabilities or those returning from juvenile justice programs or facilities funded by DCF.

Parenting Class - This service provides parenting education and skill building in English, Spanish and or Portuguese to parents in the Greater Danbury area.

Parenting Support Services (PSS) – This service is for families with children 0-17 years-of-age to support and enhance positive family functioning. Families receive one or more of the PSS interventions along with case management services using the Wraparound philosophy and process. PSS offers the evidenced-based model, Level 4 Triple P (Positive Parenting Program®) and the Circle of Security Parenting© intervention. Triple P helps parents become resourceful problem solvers and be able to create a positive and safe home learning environment for children to develop emotional, behavioral, and cognitive strengths. Circle of Security Parenting (COS) is designed to build, support, and strengthen parents' relationship capabilities so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. If needed, families may receive more than one PSS intervention. The PSS program was procured in the Spring of 2019 and will result in each area office having one PSS provider.

Category: Family Preservation service.
Population Served: Priority is given to parents involved with DCF and who have children ages 0-17. Caseload permitting and in consultation with the DCF area office, providers may serve parents referred by other community providers.
Geographic Area: Statewide
Number of Families Served – (2015) 1354; (2016) 1380; (2017) 813 ; (2018) 825
Projected to be Served – (2019) 2087
Funding – State

Performance Improvement Center – This service, Performance Improvement Center (PIC), supports and sustains the delivery of high quality Emergency Mobile Psychiatric Services (EMPS) and Care Coordination (CC) throughout the state of Connecticut by directing and implementing quality improvement activities and standardized training and workforce development activities to EMPS, and Care Coordination contractors. Quality Improvement activities include the collection, analysis, and reporting of quality improvement data provided by the EMPS Call Center (211) and EMPS contractors (and subcontractors) and the care coordination contractors. Monitoring and supporting EMPS 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 EMPS 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 Served: The contractors who provide EMPS and Care Coordination services to children and families in CT
Geographic Area: Statewide
Number of Families Served – EMPS services over 12,000 episodes of care and Care Coordination serves over 1,600 families.

Permanency Placement Services Program (PPSP) – This is a permanency placement program dedicated to DCF-committed children to support placement through adoption or guardianship. 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, guardianship placement planning and finalization services or 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
Population Served: Any children in DCF care for whom adoption recruitment and preparation or child and family permanency work is necessary.
Geographic Area: Statewide
Number of Families Served – 100. This number is fluid based upon the requested contracted service.

Reunification and Therapeutic Family Time – Reunification Readiness Assessment, Reunification Services, and Therapeutic Family Time are designed for families with children (from birth to age 17) who were removed from their home due to protective service concerns. These three service types are available to families as three separate components based on the needs of the family. Families can be referred for this service immediately following a child's removal from the home or at any time during their placement. Reunification Readiness Assessment uses a standardized assessment tool to develop service plan. Therapeutic Family Time is made available for families and assists the provider in assessment by using the Visit Coaching model. This component provides feedback and recommendations to the Department regarding the family's readiness for reunification
Reunification Services also uses a standardized assessment tool to develop the service plan, delivers a staged reunification model to support families throughout the reunification process, adopts the Wraparound Model design to engage the family and build their networks of support, delivers Therapeutic Family Time component using the Visit Coaching model and offers a Step Down option, if families require additional supports. Therapeutic Family Time – Uses the Visit Coaching Model which builds on strengths of caregivers to directly respond to the needs of their child(ren) and coaches are able to give caregivers immediate feedback regarding their interaction.

Category: Time-Limited Family Reunification and Family Support service.
Population Served – The target population includes only those families whose children are in imminent danger of out of home placement or cannot return home without intense services. Families to be served include biological and adoptive families referred by DCF and includes DCF active families only. For all services except Therapeutic Family Time, the permanency goal for the referred child must reunification.
Geographic Area – Statewide
Number of Families and Children Served - 614 Families (SFY 2015); 1032 Children (SFY2015); 1595 Families (SFY2016); 2066 Children (SFY 2016); 1020 Families (SFY 2017); 1481 Children (SFY 2017); 1170 Families (SFY 2018); 1639 Children (SFY 2018)
Number Projected to be Served – 1120 Families (SFY 2019); 1600 Children (SFY 2019)
Funding - State and Federal

SAFE Family Recovery – This is a statewide program that 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 (3) services are: (a) Screening, brief intervention and referral to treatment (SBIRT) identifies adult parent/caregivers with substance use indicators who may need a full assessment and/or treatment; (b) Multidimensional Family Recovery (MDFR) addresses the complex, multigenerational challenges facing families affected by parental substance use and child welfare system involvement; (c) Recovery Case Management Check-Ups and Support (RMCS) provide support and ongoing assessment, facilitate involvement with pro-recovery peers and activities, detect return use and other concerns, assertively link to services as needed, and promote positive family relationships. This program began on 1/1/19.

Category: Family Support.
Target Population: DCF involved adult parents and caregivers
Geographic Area: Statewide
Estimated Families Served: 4680 SBIRTs, 810 MDFR, 1080 RMCS

Sexual Treatment (JOTLAB)- This is a comprehensive community based rehabilitative specialized day treatment program that serves adjudicated and non-adjudicated male and female youth ages 8 through 17, who have engaged in inappropriate and abusive sexual behaviors. Services include: a comprehensive clinical evaluation; biweekly individual psychotherapy; monthly family/caretaker counseling; psycho-educational therapy groups as well as twice weekly social skill building groups. This service is a specialized extended day treatment program. Program re-design is in process.

Category: Family Preservation, Family Support, and Adoption Promotion and Support Services.
Target Population: DCF referred children and youth ages 8 to 17, who are appropriate for community-based treatment for problem sexual behaviors.
Geographical Area: New Haven and Milford
Number of Children Served annually: CY18 – 71; CY19 – Projected 33.

Short-term Assessment and Respite Home (STAR) - This service is a temporary congregate care program that provides short-term care, evaluation and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances. Staff provide empathic, professional child-care, and develop and maintain a routine of daily activities similar to a nurturing family structure. The children and youth receive assessment services, significant levels of structure and support, and care coordination related to family reunification, or matching with a foster family or a congregate care setting, as indicated. DCF currently has a 30 bed capacity through five separate programs throughout the state.

Short-Term Family Integrated Treatment (SFIT): This is a short-term residential treatment option providing crisis stabilization and assessment, with rapid reintegration and transition back home. The primary goal of the program is to: stabilize the youth and family (adoptive, biological, foster, kin, relative) and their extended social system; assess the family's current strengths and needs; identify and mobilize community resources; and, coordinate services to ensure rapid reintegration into the home. It is an alternative to psychiatric hospitalizations and admissions to higher levels of care, and diverts placement disruptions. The program serves DCF involved children and adolescents ages twelve (12) - seventeen (17) with the ability to seek a waiver through DCF licensing for children under the age of 12. Many of these children will have experienced multiple disruptions or a particularly traumatic event and have significant mental health and/or medical and high-risk behavior management needs. DCF currently has a 58 bed capacity through five separate programs throughout the state.

Sibling Connections Camp - This service is designed to engage, support and reconnect siblings who are placed in out of home care by providing a week long overnight camp experience focused on strengthening sibling relationships and creating meaningful childhood memories. The Sibling Connection Camp provides a normative activity for sibling groups in placements. Implementation of the program affords foster and biological families the opportunity to send their children (part of a sibling group where at least one child is in placement) to a week-long overnight camp. The camp activities are designed for sibling connection and/or reconnection.

Category: Family Support and Family Preservation.
Target Population: Children ages 8 to 17. The children are part of a sibling group, where at least one sibling is in placement.
Geographic Area: Statewide
Estimated Children Served: 88; 43 Sibling Groups

Statewide Family Organization – FAVOR – An umbrella statewide family advocacy organization that has been created to educate, support and empower families. FAVOR's mission is to provide family-focused, advocacy-based, and culturally sensitive community services that improve outcomes and family wellbeing. The Statewide Family Organization provides three levels of service and support to families who have children with serious behavioral or mental health needs. At the direct service level: Community Family Advocates provide brief and long term support to parents and caregivers using a wraparound Child and Family Team meeting approach and a peer support/assistance framework. At the regional level: Family System Managers work closely with DCF Regional Offices 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 provide feedback to DCF regarding child protection services and provide training and disseminate 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
Number of families to be served: The number served is not quite clear as they work training large groups, engage communities with the FSM positions and serve over 600 with the Advocates.

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 use of a subsidized voucher from the Department of Housing (DOH), HUD-Family Unification Program or vocational/employment services provided by the program

Category: Family Support
Target Population: DCF involved families with housing barriers who are homeless or at risk of homelessness.
Geographic area served: Statewide
Estimated number of individuals and families to be served in 2019- over 500
Funding Source: State

START – The START program will provide an array of services for youth ages 16-24 who are 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 area for up to two years with intensive case management support.

Target Population: Youth 16-24 who are homeless or at risk of becoming homeless
Geographic area served: Statewide
Estimated Youth Served: 252 youth annually; 21 per month; 70 youth for 2 year transitional track.

Supportive Work, Education & Transition Program (SWETP) - This service is a community-based stand alone, staffed apartment program that serves adolescents, age 16 and older, who are committed to DCF. The program focuses primarily on the developmental issues associated with the acquisition of independent living skills, including but not limited to: inter-personal awareness; community awareness and engagement; knowledge and management of medical conditions; and maximization of: 1) education, 2) vocation, and 3) community integration. There is on site, awake supervision, 24 hours a day, and seven days a week. Activities involving resident youth are supervised and managed at a level consistent with the nature of the activity and the individual needs of the involved youth.

Category: Family Support
Target Population: Youth16 or older and Committed Abused, Neglected or Uncared For or Dually Committed to DCF
Geographic Area: Statewide
Estimated Families Served: 26

Therapeutic Child Care Center (Trauma-Informed) This program is designed to promote, develop, and increase the social, emotional development and cognitive capacities of children, ages 2 years 9 months - 5 years who have been adversely affected by abuse and/or neglect, are presenting with behavioral health issues, and require a therapeutic and trauma-informed program to address these behavioral challenges. The program will be housed within a licensed childcare facility and will also offer support services to parents to increase positive behaviors and promote parent bonding. It is the goal of the Trauma-Informed Therapeutic Child Care Center that children will successfully transition to a less intensive educational setting as a result of the services offered.

Category: Family Support, Family Preservation ,Time-Limited Family Reunification categories
Population(s) to be served: Children aged 2.9 to -5 with behavioral health issues needing support in transitioning to regular day care or kindergarten
Geographic area to be served: Bridgeport, New Britain
Estimated number of families to be served: 42 – 60 Annually
Funding Source: State

Therapeutic Foster Care (Medically Complex) - This service approves, provides specialized training, support services and certifies families to care for children with complex medical needs. The population served is DCF referred, mixed gender children and youth with complex medical needs from birth through 17 years. A child with complex medical needs is one who has: a diagnosable, enduring, life-threatening condition; a medical condition that has resulted in substantial physical impairments; medically caused impediments to the performance of daily, age-appropriate activities at home, school or community; or a need for medically prescribed services.

Category: Family Support, Family Preservation, Time-Limited Family Reunification categories
Population(s) to be served: Children with complex medical needs
Geographic area to be served: Statewide.
Estimated number of children to be served: 75

Therapeutic Foster Care - This service is an intensive, structured, clinical level of care provided to children with serious emotional disturbance (SED) within a safe and nurturing family environment. Children in a TFC placement receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. TFC families receive support and supervision from private foster care agencies with the purpose of stabilizing and/or ameliorating a child's mental/behavioral health issues, and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan, and facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or guardianship).

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.
Estimated number of children to be served: 789

Therapeutic Group Home - This service is a congregate-care behavioral health treatment setting for children and youth. This service is a small (4-6 bed) staffed home within a local community designed for youth with psychiatric/behavioral issues (must have a specific Axis I diagnosis). Youth entering these homes come primarily from larger residential facilities. Therapeutic techniques/strategies are utilized in the relationship with the child, youth and family, primarily through group and milieu experiences. The service provides an intensive corrective relationship in which therapeutic interactions are dominant, thereby assisting the children and youth in improving relationships at school, work and/or community settings. Appropriate linkages with alternative or transition services are in place prior to a child or youth's discharge. DCF currently has a 135 bed capacity through 26 separate programs throughout the state.

Wendy's Wonderful Kids - This service is an evidence-based, child-focused model that has demonstrated positive outcomes regarding adoptions of DCF children in the following specialized groups: older children, children with specialized needs, and sibling groups. The provider engages in child specific adoption readiness and recruitment activities to help move Connecticut's longest waiting children from foster care into adoptive families.

Category: Adoption Promotion and Support Services.
Population served: Youth in DCF care in need of permanency
Geographic Area: Statewide
Children Served: 81

Work To Learn Youth Program - This youth educational/vocational program provides supportive services to assist youth and young adults, ages 16-23, 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 onsite, youth run businesses.

Category: Family Support and Adoption Promotion and Support Services.
Target Population: Committed youths ages 16 to 23.
Geographic Area: Statewide
Families Served: CY2018 - 375 unique clients, July 1, 2018 to present - 272 averaged utilization

Wrap Around New Haven – Funded by a CMS Innovative Health Grant, this initiative delivers evidence-based, culturally appropriate, integrated medical, behavioral health, and community based services coordinated by a multidisciplinary team.

Zero to Three – Safe Babies – The Zero to three Safe Babies Project, provides coordination of services to parents and children younger than 36 months in order to speed reunification or facilitate another permanency goal. The children involved in the program have been placed outside of their home for the first time via court order. The service coordination involves 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 toward reunification.

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 Milford DCF area office.
Geographic area served - Milford DCF area office.
Estimated number of individuals and families to be served – 40 children 0-3 years of age annually

The Department uses a structured process to review strengths of the service array, identify service gaps, needs and challenges; contract management and oversight issues; performance; and service system expectations and outcomes. The use of Results Based Accountability (RBA) reports for DCF's contracted services are a central component. This structure is a primary vehicle for how the Department assesses ongoing service needs in line with the Connecticut budget process.

The working group consists of representatives from the following:

- Grants and Contracts Specialists
- Fiscal
- Contracts Managers
- Director of Performance Management
- Program Development Oversight Coordinator (PDOC)
- Systems Program Directors
- Administrative Case Review Manager
- Revenue Enhancement Manager
- Directors from Clinical and Community Consultation and Support Division

- **Item 29 + Item 30: Service Array and Resource Development:**
  Please see the "Service Coordination" section for additional information regarding current and emerging mechanisms for ensuring and monitoring the breadth and effectiveness of the service system. In addition, throughout this report, the Department describes the various services and supports that are available to assess the strengths and needs of children and their families, and those that enable children to remain safely with their parents.

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

SRVC-TYPE-DESC	Total	
Camp-Foster Care	$	846,804.60
DayCare-In Home	$	345,462.11
Miscellaneous-Adoption	$	1,422,381.63
Miscellaneous-Foster Care-CPS	$	476,587.86
Other Family Supports	$	658,985.46
Other Services USE	$	426,988.46
Supervised Visits - Foster Care	$	2,479,929.19
Therapeutic Support Staff - Foster	$	824,954.61
Therapeutic Support Staff In-Home	$	264,973.75
Transportation Other-Foster care CPS	$	1,268,245.14
Grand Total	**$**	**9,015,312.81**

The Department also makes available wraparound funds and supports the creation of Unique Service Expenditure (USE) plans to ensure that service are individualized. The expenditures for July 2018 – April 2018 by Region are below:

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total
$118,772.00	$72,320.54	$269,552.73	$65,364.07	$178,852.13	$39,096.07	$743,957.54

Agency Responsiveness to the Community:
The Department receives community input from a number of statewide and local advisory councils. At the statewide level, the State Advisory Council (SAC) is a 17-member body, with 11 members appointed by the Governor, and representation from all six DCF Regional Advisory Councils (RAC), to advise the Commissioner on all matters pertaining to services for children and families. The membership includes parents, adult caregivers, and persons representing a variety of sectors and professions, including attorneys, a physician, psychiatrist and community providers.

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.

Each year, the SAC convenes a joint day-long retreat with the RACs. This meeting is attended by the Department's senior leadership, including the Commissioner and her executive team. In 2019, the SAC - RAC retreat will focus on the development of our CFSP with particular attention paid to our transition as it relates to the movement to a child welfare system and the impact of Family First Prevention Services Act. In addition, this year our retreat will be attended by various state agency Commissioners, and Legislators. Commissioner Dorantes has requested that the SAC and RAC focus on permanency, racial justice, and prevention, within the context of developing our CFSP and the response to FFPSA.

In 2017, the Department made a decision to realign the Citizen Review Panel's (CRP) from three to seven to better align with the agency's regional and statewide structure. This was done to ensure participation from all parts of the state to create plans based on regional needs and assessments and to enhance integration between the work of the CRP and the RAC's.

During the development of the Department's strategic plan, the SAC, RACs, Governor's Task Force and other stakeholder groups were consulted for their input and feedback. The input of stakeholders helped inform the Department's assessment of its performance and identify goals and objectives for the plan.

Foster and Adoptive Parent Licensing, Recruitment, and Retention: Also see the Foster and Adoptive Diligent recruitment plan for detailed information.

"Item 27 and Item 28 - Please see the Department's Training Plan. For additional information regarding training for staff who oversee contract services be refer to the "Service Coordination" section

- **Item 33**

See Foster and Adoptive Parent Diligent Recruitment Plan for assessment and detail.

- **Item 34**

See Foster and Adoptive Parent Diligent Recruitment Plan for assessment and detail.

- **Item 35:**

See Foster and Adoptive Parent Diligent Recruitment Plan for assessment and detail.

- CAFAP Report section re: Post-Licensing Retention for most recent year/quarter available – **4Q CY18**

Post-Licensing Retention

- CAFAF Retention Specialist attempted to contact 136 families who were approaching renewal of their license for the first time. 32 families were reached and agreed to complete our survey (23.5% response rate).
- Of the 32 families that responded, all were still licensed at the time of the survey. 23 plan to renew their license, 6 did not intend to renew, 3 were unsure.
- 27 reported having a positive relationship with their DCF support worker, 4 answered "undecided" and 1 replied "no."

- FASU Quarterly Status Report for most recent year/quarter available – **1Q CY19**

1st Qtr (Jan-Mar) 2019 STATUS REPORT

	LICENSED HOME DATA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
1	Number of Foster Homes Licensed During 1stQtr	5	7	6	7	32	0
2	Number of Foster Homes Closed During 1stQtr	4	4	7	5	5	3
3	Total Number of licensed Foster Homes as of Mar 2019	128	98	149	0	209	97
	ADOPTION DATA						
1	Number of Adoptive Homes Licensed During 1stQtr	5	4	5	3	4	3
2	Number of Adoptive Homes Closed During 1stQtr	0	3	5	6	19	1
3	Total Number of licensed Adoptive Homes as of Mar 2019	45	31	58	0	34	24
	FICTIVE KIN DATA						
1	Number of Fictive Kin Homes Licensed During 1stQtr	7	8	5	1	12	4
2	Number of Fictive Kin Homes Closed During 1stQtr	0	2	1	21	6	2
3	Total Number of Licensed Fictive Kin as of Mar 2019	29	20	36	0	56	27
	INDEPENDENT DATA						
1	Number of Independent Licensed During 1stQtr	0	3	2	2	3	1
2	Number of Independent Closed During 1stQtr	1	1	2	0	2	1
3	Total Number of licensed independents as of Mar 2019	16	5	14	0	20	3
	KINSHIP DATA						
1	Number of Kinship Homes Licensed During 1stQtr	17	32	27	21	24	27
2	Number of Kinship Homes Closed During 1stQtr	5	20	21	17	14	11
3	Total Number of licensed Kinship Homes as of Mar 1, 2019	90	107	140	159	178	110
4	Total Numbers of licensed Kinship Homes as of Mar 2019	92	112	144	0	179	107
	Total Number of New Homes Licensed	**34**	**54**	**45**	**34**	**75**	**35**
	Total Number of Closed Homes	**10**	**30**	**36**	**49**	**46**	**18**
	Net loss/gain	24	24	9	-15	29	17

- **Item 36**

See Foster and Adoptive Parent Diligent Recruitment Plan for assessment and detail.

Plan for Enacting the State's Vision

Over time, DCF has been building the foundation to support Connecticut's development of a Child Welfare System. We have worked to build strong cross agency relationships, formalized them with memorandums of understanding, and worked towards developing our providers to be community based, racially and linguistically sensitive, and we have used contracts to support families and communities locally. DCF has developed its strategic plans to drive this work and to integrate these plans (Connecticut's exit from Juan F., PIP, and the CFSP), by building the investment of a number of key strategies and activities within the department. Therefore, Connecticut is expecting that the CFSP will support and enhance the Connecticut DCF PIP and the Juan F. Strategic Plan to be contiguous documents that work in a complementary fashion to move the needle on the Department's safety, permanency and well-being outcomes, while transitioning from silos and a single-agency approach to a Child Welfare system incorporating multiple partners. In addition, there are a number of strategic plans required by federal grants held within DCF as well as our sister state agencies that are being linked into the CFSP – i.e. Children's Justice ACT (CJA), Child Abuse Prevention treatment Act (CAPTA), the Children's Behavioral Health Plan, Help Me Grow, Community Based Child Abuse Prevention (CBCAP). The work throughout the next five years will be thoroughly assessing these federal grants and determining how to link them, develop provider awareness to stakeholders, and how to provide access.

As part of this work, we intend to increase community and agency awareness, understanding, identifying connections and increasing access to services across agencies. We plan to build additional partners through our assessment of the state systems.

Connecticut's Governor, the state's human service agencies, and the DCF administration are positioned to build upon the many existing strengths by having open and honest conversations about areas of challenge, and promoting a broad integrative, universal concept of a Child Welfare System. The work needs to remain sensitive to DCF's mandates, the obligations of our sister agencies, and take in to account the local community work the state is a partner. There are existing touch points where substantive discussions have been occurring with a focus on how Connecticut can ensure strong, positive and sustainable outcomes for its children and families. It is important to bring this work together in a cohesive manner, while not disrupting innovation, but bringing awareness and access to our families.

In 2019, the Office of Early Childhood will develop a messaging strategy around healthy child development with input from parents, child development experts, state agency partners, early care and education program personnel, and others with expertise. 10-15 core concepts will be identified through inter-agency collaboration in order to launch a public health campaign targeted to Connecticut's families with young children. This communications effort around child development will be supported by OEC's Preschool Development Grant Birth through Five (PDG B-5) award and will contribute to building cross-systems collaboration in support of children and families.

1. Racial Justice Focus:

Our Statewide Racial Justice Workgroup (SWRJWG) and its committees are integral to informing and shaping the Child Welfare System, the statewide racial justice agenda, and serve as a vital advisory role to state leaders.

Focus on a learning, accountable and transparent organization and addressing racial inequities in all areas of the state agency's practice are inextricably linked. The intersection of these concepts is central to our past, present, and future work. DCF disseminates and uses its data, routinely disaggregated by race, ethnicity and other demographics, to identify areas of strength and opportunities for improvement. Examining its data from a racial justice lens better ensures that DCF provides quality, equitable, and outcome driven care for the children and families in Connecticut whom it serves. This work will benefit from joining with other state agencies to hear what they have learned and sharing our knowledge to improve awareness and access to our systems. DCF understands that responding to racial inequity is multipronged and requires vision, focus, commitment, tenacity and certainly partnership. The effort to reduce and eventually eliminate disproportionality and disparity in the Child Welfare System requires collaboration with and from various human services agencies and multiple stakeholders.

The state's strides and prioritizations align with the spirit and tenets of the newly enacted Family First Prevention Services Act (FFPSA). In 2018, the Connecticut Department of Children and Families was successful in amending their statutory mandate to include a focus on racial justice as a core mandate for the agency. Thus, Connecticut appears to be well positioned to transition and maximize the new funding strategies under this act to facilitate better outcomes for Connecticut's children and families.

Connecticut is proposing strategies to realize positive outcomes for children and families, and ensuring sufficiency and adequacy of funding, resources and services. The proposed plan to move to a Child Welfare System sets in motion services and attending strategies which are reflective of Connecticut's core priorities based upon children and families' needs, particularly in light of Connecticut's current fiscal environment. The services and strategies being developed are viewed to be a solid starting point congruent with the Governor's proposed budget, which supports priority services and overcomes critical resource losses. In order for children and families to succeed – we need to succeed in working together and sharing resources across the state agencies and community providers.

As we move forward in the development of a Child Welfare System with our sister agencies, we expect that this plan will evolve, develop and grow along with us. Each year through the APSR process we will deepen the plan, and

expand on how the state is moving forward. This process is an important one as we need to be sensitive to the climate and culture of government and sister agencies. At this point, we have agreement with the Governor's Office and our sister state agencies to begin the work to move forward in a collaborative fashion. Please see a letter of support from the Governor's Office and statements of commitment from our sister agencies at the end of this plan.

2. Our States movement to a Child Welfare System:

As noted above, we held our first organizational meeting with the Commissioners from 12 of our state agencies. The meeting was defined by the enthusiasm and excitement across the agencies to build on existing partnerships, develop bridges and establish additional working relationships across all agencies. There is a solid commitment to move forward and begin the work needed to identify how Connecticut will pave the way to a system that works together to meet the needs of children and family. Currently, these agencies are engaged in an assessment of their system to identify workgroups, and teams currently formed, as well as identifying a point person to lead this work. In addition, our State Advisory Council annual retreat to be held 6/20/19 will incorporate youth, Caregivers, representation from AFCAMP, FAVOR, members of the faith community, state agency representatives, and legislators to further explore, discuss and plan our next steps as we move forward to a child welfare system.

3. Court and DCF collaboration on improvement:

DCF and the Judicial Branch continue to build upon their partnership in order to achieve safe, timely permanency for children in care. As outlined in DCF's 2019 Program Improvement Plan, a collaborative workgroup is being established with the Waterbury Juvenile Court. The Waterbury Juvenile Court was selected as it has the highest volume and longest average time from TPR filing to disposition, therefore, this transformation zone has been established. Key activities to be developed and implemented by the workgroup include:

- Cross-training of attorneys for parents, children, and DCF social workers regarding utilization of permanency teaming and other teaming models,
- Incentivizing attorneys' participation in permanency teaming meetings by establishing hourly billing for the practice,
- Refining the permanency teaming qualitative case review tool, and
- Committing to subsequent training opportunities in collaboration with the Office of the Chief Public Defender.
- Identifying key metrics related to unpacking racial disparities and disproportionality within the court decision points.

The Judicial Branch has committed to conducting case file reviews, collecting and analyzing data, and modifying strategies to establish timely permanency based on the data analysis, in collaboration with the implementation team. DCF and the Judicial Branch are committed to growing these promising practices, and sharing the lessons learned beyond the Waterbury transformation zone to other courts throughout the state in the coming years.

The Judicial Branch, DCF, and the Office of the Chief Public Defender recognize that high quality legal representation for parents and children is a cornerstone of best practice for reducing delays in timely permanency, preventing unnecessary removals, and ensuring due process. DCF is in the planning stages of developing a Memorandum of Agreement with the Office of the Chief Public Defender to establish payment for enhanced representation of parents and children. DCF intends to recoup this investment by claiming reimbursement of Title IV-E funds for eligible families.

Areas of focus being explored for potential reimbursement are pre-petition representation for 0-5 population at considered removal meetings in the Waterbury transformation zone, enhanced fee structure for administrative advocacy, and partnership with non-profit legal aid organizations to provide holistic legal representation on issues such as: housing, benefits, special education, restraining/protective orders, that directly impact the necessity of removal. The next step toward formalizing this plan is to convene stakeholders from DCF, Judicial, and the Office of the Chief Public Defender to determine the goals and outcomes for the next 12 months.

4. Governor's Task Force – Children's Justice Act:

Consistent with the FFPSA, the state of Connecticut is moving from a sole focused child welfare agency to a Child Welfare System Response and is using the Child and Family Services Plan (CFSP) as a vehicle to map out our plan. The Governor's Task Force (GTF), with its diverse membership, is uniquely positioned to contribute and partner in a developing child welfare system with several key stakeholders already engaged around the task force table. After review of the CFSR and PIP, there are several linkages between the work that GTF is currently engaged in and the future initiatives of GTF.

Three key areas of focus:

a. Safety:

Multi-Disciplinary Teams (MDT) enhance the capacity for children and families to achieve positive outcomes through support, services, and resources. This will aid in the decrease of recurrence of maltreatment. Complex cases can be teamed by Connecticut professionals with expertise in a variety of areas. This support is offered to any child, youth, or family in the state. The GTF also evaluates the 17 MDTs in the state of Connecticut. In 2002, in accordance with Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols, monitor and evaluate the performance of multidisciplinary teams. The MDT Evaluation Committee is a permanent GTF committee and 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 as well as areas of strength. The evaluations can be used to indicate additional training needs for professionals, identify potential policy updates across systems and highlight best practices in order to ensure improved child safety and uniform practice across the state.

In addition, GTF has submitted to DCF a draft of a policy on the agency-wide use of Minimal Facts when initially investigating cases involving sexual abuse. This would limit the number of tines the child discusses their abuse and ultimately speaks to the timely response to ensure safety for children. This training, developed by GTF, is disseminated at the Academy for Workforce Development. GTF has provided trainers for this training to community members, organizations, and state agencies. As part of the Children's Welfare system, we will also offer this training to all the sister state agencies.

b. Permanency:

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

c. Family Well Being:

Children Advocacy Centers (CAC) provide advocates to youth and families who are available throughout the process and access to Mental Health Providers. GTF is exploring the development of a forum regarding mental health to be conducted in conjunction with the 17 MDTs throughout the state.

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

Court Appointed Special Advocates (CASA) volunteers are assigned in the court process. They can serve to improve participation in the Administrative Case Review (ACR) for the child and ensure that children have jointly developed case plans. These activities speak to engagement and case plans to be beneficial to the child.

The above illustrates the first step in defining the GTF role as part of the child welfare system.

The GTF as a stakeholder has been engaged as part of the CFSP development. GTF member participation occurred in the initial stakeholder meeting on May 30, 2019. The GTF Coordinator has offered to provide support during any point in time to our sister state agencies as it relates to this work and will continue to explore all the possible linkages based on the areas identified in the PIP and the CFSP.
GTF Will Develop Statewide Training for Professionals:

- Erin's Law Implementation -- legislation that requires an age-appropriate sexual abuse and assault awareness and education program for students in kindergarten through 12th grade.
- Develop training opportunities for child welfare professionals to increase skills to meet the needs of children and families (Topic area driven. Community based training delivered through MDTs)
- Create and/or implement training for Judges, lawyers, DCF, advocates for improvement in court responses (can be topic area driven. Minimal Facts, Working with Parents with Limitations, Children with Disabilities, FI process, etc.)
- Explore the potential of developing training for youth to be reporters of suspected abuse, possibly delivered through the school system.

Goals and Objectives:
Over the first two years year of our CFSP, we will utilize our PIP as the foundation of measurement of progress as it relates to safety, permanency, and wellbeing outcomes for the child welfare agency. Throughout these 2 years, our state leaders will refine the direction towards a child welfare system for Connecticut. Through the APSR process, we will collectively report on additional actions that solidifies the direction. The beginning step towards a child welfare system is relationship building and trust building across the state agencies. This foundation will be the bedrock to move our system forward. We must acknowledge that this will be a cultural shift for Connecticut, cultural shifts are not made through emails and memos, rather through relationships and trust. Below are our goals and objectives that will move us forward.

Strategic Goals:

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

    Objectives:
    a. Assess our current MOU/A's to determine effective partnerships and improved outcomes for children and families
    b. Assess across state agencies, Task Forces and Committees that may be a support to this work
    c. The first population to focus on will be families with children ages 0 – 5.
    d. Assess DCF service array system and increase timely access to services – PIP Goal 1 Strategy 4)
    e. Focus on transitioning youth with disabilities to agencies with longer term supports. Uncover the areas of mutual support for youth and families verse the myth of "double dipping".

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

    Objectives:
    a. Define Connecticut's Safety Culture - Safety Culture provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. Organizations with a well-developed culture of excellence find ways to successfully identify improvement opportunities, implement strategies for change, evaluate change over time, and hardwire what they learn
    b. Work with our sister state agencies to introduce safety culture and touch points across agencies –.

3. Connect systems and processes to achieve timely permanency.

    Objectives:
    a. Enhanced training and support to kinship and non-relative foster parents – PIP (Goal 2 Strategy 3)
    b. Establishing a workgroup of leaders from state agencies to:
        i. Identify touch points of partnership and collaboration
        ii. Identify prevention activities, services, and innovations
    c. Build bridges across state agencies
    d. Develop a strategic plan that moves us to a Child Welfare System
    e. Enhance partnership with the courts and judicial branch – PIP (Goal 2 Strategy 2)
    f. Explore data sharing - PIP (Goal 2 Strategy 3)

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

    Objectives:
    a. Meet with our Citizen Review Panels to frame out the FFPSA and moving to a child Welfare system. Determine their interest and roll they would be interested in playing
    b. Emphasis on fatherhood services, resources, and support PIP (Goal 3 Strategy 1)
    c. Collaborate with communities and state agencies to build a strong fatherhood engagement leadership teams PIP - (Goal 3 Strategy 2)
    d. Build out system to support staff in service matching and need identification
    e. Build out infrastructure to ensure service delivery is consistent with department expectation – Families are better off after receiving the service that matches the needs identified as a result of the Social Worker assessment.

5. Eliminate racial and ethnic disparate outcomes within our department.

    Objectives:
    a. Assess innovation in communities
    b. Assess local collaborations
    c. Set tone and direction for our Statewide Advisory Council
    d. Set tone and direction for our Regional Advisory Council
    e. Increase collaboration with Judicial to address racial justice issues

Measures of Progress:
As noted above, throughout the first and second year of our CFSP, we will utilize our PIP to measure progress as defined. This will provide an alignment and consistent focus and approach to our workforce and direction for our stakeholders. The PIP maintains a robust measurement system which includes oversight by the Children's Bureau. The United States Children's Bureau is a federal agency organized under the United States Department of Health and Human Services' Administration for Children and Families. The bureau's operations involve improving child abuse prevention, foster care, and adoption. Linking the various strategic plans, goals and objectives, activities and actions provides an opportunity for the CFSP to be the umbrella which brings focus and direction to our work. During the second year, the department with our stakeholders, will expand and develop measurements of progress to provide a standard approach of measurements as we build our Child Welfare System for the 3rd, 4th, and 5th year of this plan.

Staff Training, Technical Assistance and Evaluation: – See Training Plan

Implementation Supports:

The State of Connecticut is planning to use this document as a living, breathing document that is sensitive to the development and progress made throughout the 5 years. The CFSP, and strategies outlined in this plan will be reactive to changing demands and needs of the children and families in Connecticut as well as the demands of our stakeholder groups. As part of the implementation, we will assess various learning opportunities and build in various forms of communication to our staff to promote the shift from a culture of a child welfare agencies to a child welfare system.

Services

Child and Family Services Continuum:

Below is a listing of the child and family services continuum provided by the Department followed by services offered through the Office of Early Childhood. This service continuum supports and provides direct services to families to strengthen and develop skill and to develop a natural network of health supports.

Service Type	Family Preservation	Family Support	Time-Limited Family Reunification	Adoption Support
Adolescent Community Reinforcement Approach / Assertive Continuing Care		X		
Adopt a Social Worker (Covenant to Care)	X	X	X	X
Care Coordination		X		
Care Management Entity (CME)	X	X		
Caregiver Support Team	X	X		
Child Abuse Centers for Excellence	X	X		
Cognitive Behavior Intervention for Trauma in Schools (CBITS)	X	X	X	X
Community Support for Families	X	X		
Community Support Team	X	X		
Community Transition Program	X	X		
Connecticut Access Mental Health	X	X		
Crisis Stabilization	X	X	X	
Early Childhood Services (Child First)	X	X		
Elm City Project Launch		X		
EMPS	X	X		
EMPS - Statewide Call Center	X	X		
Extended Day Treatment	X	X	X	X
Family and Community Ties				X
Family Support		X		
Fatherhood Engagement Services	X	X		
First Episode Psychosis Program	X	X		
Foster and Adoptive Parent Support				X
Foster Care and Adoptive Family Support Group				X
Foster Family Support				X
Foster Parent Support Medically Complex				X
Functional Family Therapy	X	X		
IICAPS - Consultation and Evaluation	X	X		X
Intensive Family Preservation	X			
Intimate Partner Violence	X	X	X	
Juvenile Sexual Treatment	X	X		X
MDFT	X			
MDFT: ASSERT	X			
MDFT Residential			X	
MDFT: QA	X			
Mental Health Consultation to Child Care	X	X		

MST	X	X		
MST: Building Stronger Families	X	X		
MST: Consultation and Evaluation	X	X		
MST: Emerging Adults	X	X		
MST: Family Based Recovery	X	X		
MST: Intimate Partner Violence	X	X		
MST: Problem Sexual Behavior	X	X		
Multidisciplinary Examination (MDE) Clinic	X	X		
Multidisciplinary Teams (MDT)	X	X	X	
New Haven Trauma Coalition	X	X	X	X
One on One Mentoring	X	X		
Outpatient Psychiatric Clinic for Children	X	X	X	X
Parenting Class	X	X		
Parenting Support Services	X	X		
Performance Improvement Center	X	X		
Permanency Placement Services Program - PPSP		X		X
Project Safe Fetal Alcohol Spectrum Disorder (FASD)	X	X	X	
Recovery Management Checkups & Supports	X	X		
Reunification and Therapeutic Family Time		X	X	
SAFE Family Recovery	X	X	X	
Sexual Health Training Program / Be Proud Be Responsible		X	X	
Short Term Assessment Respite (STAR)	X		X	
Short-term Family Integrated Treatment (S-FIT)		X	X	
Sibling Connections	X	X		
Start Program for Youth and Young Adults			X	
Statewide Family Organization	X			X
Supportive Housing for Families		X		
Supportive Work Education & Transition Program		X		
Survivor Care			X	
Therapeutic Child Care	X	X	X	
Therapeutic Foster Care	X	X	X	
Therapeutic Foster Care Medically Complex	X	X	X	
Therapeutic Group Home	X	X		
Work Learn/Youth Program	X	X		X
Zero to Three	X	X	X	X

Office of Early Childhood Prevention Services Continuum:

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

Current primary prevention efforts identified in the state include:

- Care4Kids, Connecticut's Child Care Subsidy Program
- Evidence-based, home visiting services for vulnerable families. Each year, over 2,000 children and families receive weekly home visits designed to improve child health, prevent child abuse and neglect, encourage positive parenting and attachment, and promote child development and school readiness. (i.e. Nurturing Families Network, Minding the Baby, Child First, Parents as Teachers)

- CT's Birth to Three system includes statewide early intervention services for infants and toddlers with disabilities and their families. The program currently serves about 10,000 children annually.
- Two-generational initiatives that support early care and education, health, and workforce readiness and self-sufficiency across two generations in the same household. Ongoing pilot projects include:
    - Family Homeless Diversion Initiative- Partnership between OEC and DOH. Rewards community providers for their work to prevent emergency shelter stays for families with young children, and thereby reduce childhood trauma
    - Connecting parents in specific educational training programs with the child care they need to reduce barriers to program participation, and ultimately, increase employment
    - Home Visiting outcomes rate card
- School Readiness
- Early Head Start/Head Start programs in the state
- 2-1-1 Program: provides connections to local services, including: housing, food, utility assistance, healthcare, mental health services, employment, crisis interventions, clothing, substance use/abuse and addiction services, legal assistance, home visiting programs, and early care and education programs
- Pyramid Framework- OEC is partnering with communities around the Pyramid framework for ECE providers and public schools, to support children's social and emotional health
- The Early Childhood Consultation Partnership (ECCP) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children.
- Women, Infants, and Children (WIC) Program
- SNAP E&T

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

DCF/Head Start/Birth to Three Partnership:

The Office of Early Childhood (OEC), through the engagement of the Head Start Collaboration Office and Family Support Division, will continue to lead in partnership with the Department of Children and Families (DCF) a statewide effort to align policies and practices to improve the coordination and services provided to vulnerable children and their families. This partnership began in 1997 and has continued to prosper and grow with quarterly statewide meetings drawing over 120 people with 14 local partnership teams from the DCF Area Office regions meeting on a monthly basis. Partnership and collaboration is critical to the work, and over the years the effort has expanded to

include partners representing mental health, housing, child care, home visiting, and the varied early childhood and family support entities that serve local communities.

This partnership continues to focus on its foundational priorities: to respectfully address child abuse and neglect together, to speed enrollment of young children receiving child welfare services into high quality early care, to coordinate community-wide supports and case management, to create a shared core body of knowledge for staff in agencies who work with young children and their families, and to ensure that planning and use of resources in communities meet the needs of vulnerable families. A few examples of the successes of this partnership includes co-location of a DCF case workers at Head Start programs, Head Start Family Service Workers invited to DCF Family Planning meetings, increase in the number of DCF referred children in quality early care and education through a common referral form, and strengthened referrals and engagement with early intervention services.

The DCF/Head Start/Birth to Three Partnership serves as a model of successful cross-agency collaboration and has an infrastructure on which to build on to implement prevention activities across agencies.

Community Based Grants for the Prevention of Child Abuse Program (CBCAP):
Since 2014, OEC has been the lead entity for the state's Community Based Grants for the Prevention of Child Abuse Program (CBCAP), under Title II of the Child Abuse Prevention and Treatment Act (CAPTA). Through this funding source, OEC will continue to develop, operate, expand, and enhance programs and initiatives designed to prevent child abuse and neglect. The 2019 application submitted in June, includes the following activities:

- Competitive innovation grants targeted at Family Resource Centers statewide to encourage innovative community-based child abuse and neglect prevention practices such as: strategies for finding the families at risk of entering the child welfare system; delivering or coordinating programs, services, or activities that support the development of protective factors that may lessen the likelihood of maltreatment; analyzing outcomes data for evaluating impacts of intervention.
- Continued funding to support the two-generational, Family Homeless Diversion Initiative in the state.
- Support for prevention activities through Prevent Child Abuse CT.
- Connecting existing infrastructure and conducting a needs assessment around parent leadership in the state.
- Support for DCF/Head Start/Birth to Three Partnership quarterly meetings around prevention topics.
- Infant mental health training and reflective supervision for early childhood and home visiting professionals.
- Connecting and integrating various trainings and frameworks—including, the Early Childhood Consultation Partnership, Infant Mental Health, and Pyramid Framework—throughout existing programs and practices.

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

Program	Prevention Goal	OEC Investment, 2020	Potential Collab on enhancements
ECCP	Support families with ECE programs with clinical supports aimed at avoiding expulsion Builds program and family social and emotional skillsets	$1,000,000 To reduce waitlist DCF has been fully funding with some temp. grant funding by OEC ($550k in 13 communities) Build $1,000,000 into State's Federal CCDF Plan	Could a "souped-up" ECCP program support several programs in each region service area? Maybe address need for trauma based preschools—now only 2 in CT.
Home Visiting	Evidence-based home visiting models	$20 million	Can data be shared/coordinated to avoid duplication?

Child Care Support	Provide child care to keep families at risk working	$130,800,000 (projected)	How can this work with DCF Child Care funds to support families at risk and foster families? Can we make priority groups for DCF families?
B-3	Support children with disabilities who are infants and toddlers	$61,000,000	Develop guidelines for referrals from DCF involved children. Infuse trauma informed practices for providers?
Pyramid Training	Providing training around a framework for ECE providers and public schools around supporting social and emotional health	$400,000 4 communities	
Homeless Diversion	Supply flexible funds for families facing homelessness with children under 6 years of age	$300,000	

Department of Children and Families:

Service Coordination:
The service coordination process also involves considerable input from stakeholders at all levels. The Department hosts statewide service provider meetings to gather input from contracted and credentialed providers. The Department meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array.

The Contract Management Unit in the Department's Fiscal Services Division provides an array of support services to aid the Department's Program Development and Oversight Coordinators (PDOCS) who are responsible for the oversight of the program components of the 96 Purchase of Service (POS) contracts, encompassing 353 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 a number of other activities as described below.

Results Based Accountability (RBA) Performance Outcomes for all POS Contracts:
The Department is committed to ensuring all contracts have RBA performance measures; and as part of that effort, a review of the contract library was performed to examine the inclusion of performance measures in each scope of service, and to catalog those performance measures by the type of measure. This review is on-going and will continue as the Department has undertaken this review with the intent of standardizing measures within like-service arrays and consistently measure them in meaningful ways.

In July 2017, DCF was awarded Technical Assistance from the Government Performance Lab at the Harvard Kennedy of Government to help assess our internal screening and referral processes for matching clients to services. We launched this effort with a series of focus groups with almost 1,000 staff and providers to elicit their feedback on ways in which we could improve our service matching for families served by DCF. The focus groups provided a range of technical and adaptive recommendations including:

- assessing our internal screening and referral pathways for redundancies;
- broadening our staff's understanding of the service array and other services in the community;
- enhancing our service coordination across clinical and non-clinical programs;
- increasing the appropriateness of our service matches so the right services gets to the right client; and

- taking more proactive approaches to engaging our service providers in data-informed contract management.

Enhanced Service Coordination (ESC) and Active Contract Management (ACM):
In response, the Department has launched this "Enhanced Service Coordination (ESC)" model in two of DCF's six Regions with a dedicated service coordinator who monitors utilization trends and service capacity, and coordinates clinical and multidisciplinary consults with the Department's clinical teams, social work staff, and providers. The ESC rollout is also enabling DCF to capture data to inform real-time decision making, including improvements to case practice, additional services available in communities and gaps in the service array. The goal moving forward is to launch this model statewide in 2019 with a dedicated service coordinator in each Region.

Related to this effort is the Department's implementation of Active Contract Management (ACM), a framework that helps DCF collaborate more effectively with our service providers to improve outcomes for clients. ACM involves a set of strategies developed by the Harvard Kennedy School Government Performance Lab in partnership with government clients that apply high-frequency use of data and purposeful management of agency-service provider interactions to improve outcomes from contracted services. ACM has enabled DCF to promote data-driven program/contract oversight and performance management with an initial focus on in-home services beginning with Intensive Family Preservation (IFP) in 2017, which is a safety-related service. IN 2018, ACM was then launched with Adolescent Community Reinforcement Approach (ACRA), an outpatient behavioral therapy for adolescents with substance use issues and their caregivers. Looking ahead in 2019, the Department has a goal of expanding ACM to 2-3 additional services, with a focus on contract types that support safety and impact the recurrence of maltreatment.

ACM, coupled with some of the technical tools we are developing to complement ESC, will help to inform future procurement decisions to match demand. One of these tools is a Universal Referral Form (URF) which has reduced individual provider specific service referral forms that are submitted in hard copy to a single automated version that can be used for the majority of providers and service types. The new URF will provide more timely, accurate, and consistent service referrals and improve data collection. This will allow for the Department to more effectively measure qualitative outcomes such as reducing entries into foster care, reducing repeat maltreatment and increasing timely permanency.

To support continued implementation of ESC and broaden staff engagement in these efforts, DCF launched a 3-day staff Capacity Building forum in partnership with the Harvard Kennedy School Government Performance Lab. These Capacity Building sessions were attended by over 40 staff in various roles and with diverse functions, to learn and apply the principles of ESC and ACM in their work. Staff that participated learned to: define large, difficult problems, analyze those problems using data and tools, and actively drive change that moves stakeholders from insight to action. A second cohort of 30 staff are slated to be trained this year. The Academy for Workforce Development and the Govt. Performance Lab (GPL) will be holding a 2nd Capacity Building training session for DCF leaders on June 17th and June 24th. Participants in this session will include: Systems Program Directors, Clinical Program Directors, Quality Assurance staff, Office Directors, Program Supervisors, and other Program Directors across the agency. These combined work streams under the umbrella of Enhanced Service Coordination have included a focus on developing an internal quality assurance structure to evaluate whether we are referring the right clients to the right service. This structure will help is to determine how this effort may help to eliminate racial and ethnic disparate outcomes for families served by DCF, one of Commissioner Dorantes strategic goals in achieving the agency's vision of partnering with communities and empowering families to raise resilient children who thrive It is important that families of color have equitable access to these services as we have seen national trends reflect that families of color are more likely to experience removals of children into foster care versus white families who are provided with access to in home services that avoid removals.

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 in with their foster family. The credentialing process is handled

through a vendor who assures that all providers have passed criminal background checks and Child Protective Services checks, as well as meeting the training and experience qualifications for each service type. 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
- Assessment
- Assessment: Perpetrator of Domestic Violence
- CHAP Case Management (open to current CHAP providers only)
- Community-based Life Skills
- Supervised Visitation
- Support Staff
- Temporary Care Services
- Therapeutic Support Staff
- Transportation: General Livery
- Transportation: School

Each provider must sign a Provider Agreement and abide by its terms and the set fee schedule. Providers must submit applications to be re-credentialed every 2 years. In addition, the network of credentialed providers is subject to monitoring and oversight by the DCF Credentialing Committee, comprised of various Department staff, chaired by a member of the Division of Contracts Management. This Committee is responsible for addressing system wide issues, provider specific issues and for establishing the protocols and schedule for site visits.

Most recently, the Department restructured the school transportation serviced type through implementation of an Administrative Services Organization (contracted by the Department) to be responsible for the receipt of all referrals and the dispatch of all transportation under this service. While the service will continue to utilize the credentialed pool of providers, the ASO will coordinate all trips, monitor through GPS in real time, and implemented a quality assure for every vehicle and driver, as well as verifying all billing.

The Contract Management Unit Website (Share Point):

The Contract Management Unit developed and launched a website for Department staff featuring a thorough description of the areas of work that the Contract Management Unit manages: Purchase of Service Contracts, Personal Service Agreements, the Contract Management Library, Credentialed Services, Procurements and Requests for Proposals, Amendments, and Budgets. The website also contains a wealth of information in links, documents, forms, and lists for all of the above services to assist Department staff with the necessary tools to navigate their work as it relates to contracts. The Contract Management Unit is currently in the process of reconfiguring this website as well as performing a Program Inventory to ensure the accuracy of the Contract Library.

Stephanie Tubbs Jones Child Welfare Services Program – SUBPART 1 FFY 2020

The table below represents the projected spending plan for FFY 2020. The services/activities outlined in this section include the agency's continued commitment to important workforce development, workforce capacity and advancing the agencies racial justice work.

Services/Activities	Funding
Triple P Provider Training	$120,306
Office Assistant Positions (Meriden/Norwalk)	$178,032
JRA Consulting- Racism	$20,000
CCMC	$220,500
Central Office Staff (Contract Management)	$127,687

Solnit North Positions	$1,219,134
The Connection	$200,000
KJMB Solutions	$115,000
CT-AIMH Membership	$540
CT Parents with Cognitive Limitation-Annual Meeting/Conference	$4,000
Travel/Conferences	$14,000

Individuals occupying the positions supported by grant funding were selected through an interview process. The providers for Triple P and KJMB were selected through a procurement process. JRA Consulting, the Connection, CCMC, and UCONN were selected based on their level of expertise.

Triple P America - 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. Families receive one or more of the PSS interventions along with case management services using the Wraparound philosophy and process. PSS offers the evidenced-based model, Level 4 Triple P (Positive Parenting Program®) and the Circle of Security Parenting© intervention. Triple P 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 (COS) is designed to build, support, and strengthen parents' relationship capabilities so they are better equipped to provide a quality of relationship that is more supportive of secure attachment. If needed, families may receive more than one PSS intervention. This allocation supports ongoing training opportunities for provider staff to ensure no interruption in the provision of services.

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 to provide support to the staff 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, and assure grandparent and relative notification as required.

JRA Consulting:
After an extensive review of DCF racial disproportionality and disparate outcomes data on children of color in care, the Department to focus deeply on addressing racial inequities in all areas of our practice beginning in February 2012. A decision was made to contract with *JRA Consulting, Ltd* to guide the agency with this effort. This was done by examining and addressing issues of racial injustice and disproportionality in the areas of racial, health, and educational disparities., The agency also developed a comprehensive approach to this work with the goal of ensuring that all of our agency policies and practices are reviewed with a racial/cultural justice lens, such that we can revise them as needed and the inequities in services and outcomes that currently exist begin to disappear. The Department is committed to continuing this work and to that end, codified the agency's commitment in legislation this past session.

Connecticut Children's Medical Center (CCMC):
Funding supports additional staffing for child sexual abuse, physical abuse and psychosocial evaluations of children for whom abuse or neglect is suspected. CCMC provides the following array of services: DCF case consultations, training, medical evaluations, psychosocial assessments, family and professional interviews, and ongoing participation in Multidisciplinary Team meetings. The contract is supported by both state and federal funding. The federal funding is used to increase capacity for case consultations when child abuse/neglect is suspected.

Central Office Staff Position:
Funding was utilized to support a staff position within the Departments Fiscal Division.

Solnit North Positions:
The Albert J. Solnit Psychiatric Centers' North Campus is a facility run by the Connecticut Department of Children and Families. It provides brief treatment, residential care and educational instruction for abused and neglected children between the ages of 13 and 18 from across the state. It offers complete multidisciplinary medical and mental health assessments for those children under its care. Individual services are designed to meet the youth's unique needs and to facilitate and support community placements when clinically indicated. The grant helps support multiple positions including Children's Services Assistants, Lead Children Services Workers and a secretarial position for a facility administrator.

The Connection:
The Supportive Housing for Families program provides permanent housing and intensive case management services to DCF families. The program began over 20 years ago, to help families recovering from substance use. DCF contracts with the Connections, Inc. to provide intensive case management services to assist families to develop and utilize a network of services in the following areas: economic (financial support, employment assistance), social (housing, transportation, family support, parenting education, child care) and health (medical/mental health care for adult and child, relapse prevention, and domestic/child/substance abuse issues). The Connections, Inc. has nine sub-contracted agencies to provide these services statewide. Permanent housing is established through DCF's partnership with the Department of Housing (DOH). The DOH provides a Housing Choice Voucher (formally "Section 8" - federal program) or Rental Assistance Program (RAP-state program) Certificate. DCF's Supportive Housing for Families Model has been recognized as a promising model of housing assistance and family support by the Child Welfare League of America, The National Alliance to End Homelessness and the National Center for Social Research. This additional federal funding is used to develop a specialized unit to assess and serve the waitlisted reunification families who have children less than five years of age in order to expedite permanency. Services are also provided to families where housing is a barrier to the reunification process.

KJMB Solutions:
KJMB Solutions is a technology consulting firm specializing in web application development, database development, networking consultation, quality assurance services, and secure web application hosting. This vendor provides all development, maintenance and support for the Provider Information Exchange (PIE) web-based application. This website allows the Department, through its contracted community-based services providers, to gather and evaluate client and program level outcomes. Funding is allocated to provide enhancements and modifications to the system.

CT AIMH Membership:
Funding is provided for membership for central/area office staff to attend CT-AIMH conferences at a discounted rate promoting key competencies relative to early childhood in the workforce.

Parents with Cognitive Limitations:
The Department of Children and Families contributed $4,000 to support the "Identifying and Working with Parents with Cognitive Limitations" trainings as well as the CT Parents With Cognitive Limitations Annual Meeting". The trainings were developed by the CT Parents with Cognitive Limitations Workgroup, a collaborative of public and private agencies, and are delivered by a rotating team of trainers from the Workgroup. They are available at no cost to public and private providers who work with families. Through the Department's Academy for Workforce Development, CEUs are available to social workers.

Travel Conferences:
The department, understanding the importance of keeping current and informed of best practices in the field, utilized funding to support Area Office and Central Office staff to attend and participate in several National and Regional conferences.

Promoting Safe and Stable Families (PSSF) SUBPART II – FFY 2020:
During this year, the Department may make some adjustments to the spending plans in support of the Family First Prevention Services Act. There are no current changes to the spending plan at this time. Any modifications to the plans will be submitted as required. The spending as outlined in this table further supports the agencies focus on strengthening families, accurate and timely assessments to support services and supports and reunification.

Services/Activities	Funding
Reunification & TFT Services	$1,173,248
ABH-Community Collaboratives	$284,700
FAVOR	$50,000
UCONN -Adoption Enhancements	$300,000
Easter Seals Support Group	$20,000
Adopt a SW program	$95,275
UCONN SSW PIC (FAR/Intake)	$164,420
CT Association for Infant Mental Health	$39,652
NCCD – CRC SDM Work	$110,879

The following represents the allocations by category:

Family Support 25%	Family Preservation 25%	Family Reunification 25%	Adoption 25%

Service Descriptions-Promoting Safe and Stable Families -Title-IV-B, subpart II:

The Community Collaboratives, FAVOR, The University of Connecticut's Adoption Assistance Program, Easter Seals Adoption Support Group, Adopt a Social Work Program, National Council on Crime and Delinquency, and CT Association for Infant Mental Health were selected by the Department based on their expertise, the nature and scope of the work directly aligned with key areas of focus for the Department and their ability to provide the service as described below.

Reunification & Therapeutic Family Time (RTFT) Services:
RTFT is a service model that contains three distinct programs: Reunification Readiness, Reunification Services and Therapeutic Family Time. Program is funded through state and federal funds.

Reunification Readiness (a 30 day assessment to determine a family's readiness for reunification. The following is a brief summary of Readiness activities:

- Review/explore safety concerns and risk factors that may impact child safety with the family and DCF;
- Assess family functioning, skills, parental capabilities, and parent's motivation to change;
- Identify family strengths and needs;
- Provide Family Time/Therapeutic Family Time services
- In collaboration with the family Identify family resources and informal/formal supports and how they may be used in safety planning;
- Observe family interactions;
- Provide a minimum of weekly visits with the parent and child.
- Identify problems and barriers that may be impacting reunification; and
- Complete initial (North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) within 14 days of referral.

Reunification Services:
A 4-6 month intervention focused on planning the safe return of children in out of home care through a staged process. The summary of the program is as follows:

- Utilizes the North Carolina Family Assessment Scale for General Services (NCFAS - G+R) to inform service delivery
- Delivers a Staged Model to support families throughout the reunification process
- Adopts a Wrap Model philosophy to engage the family and build their network of supports
- Employs Permanency Child and Family Teaming model to engage the family and their supports in case planning and decision-making
- Active engagement and involvement of father's (including non-custodial parent) in the reunification process
- Therapeutic Family Time interventions/treatment approaches including the Visit Coaching Model
- Flexibility in staff assignments based on presenting needs of the family
- Step-Down option if families require additional supports

Therapeutic Family Time: A 2-3 month intervention providing direct consultation with parents/guardians to assist them in maintaining or re-establishing relationships with children in out-of-home care. Key components include:

- Implementation of the Visit Coaching Model
- Preserves and restores the parent/child attachment, and reduces the child's sense of abandonment and loss
- A family driven service that is, culturally and linguistically sensitive, individualized, and occurs in the least restrictive, most homelike setting possible.
- Facilitates permanency planning and emphasizes continuity of relationships.

Community Collaboratives:
The Department continues to support Community Collaboratives, designed to recruit, strengthen and support neighborhood-based culturally competent foster/adoptive resources for children for many years. They are responsible for engaging new partners to broaden community ownership for planning and implementing activities that recruit and support foster and adoptive families. Funds are distributed through a fiduciary (Advanced Behavioral Health) or Personal Services Agreement and used to support meeting costs, planning efforts and activities implemented by the collaborative for the purpose of recruiting and retaining foster and adoptive families. These activities may include, but are not limited to: special family events, appreciation dinners, media/advertising, promotional items, brochure development and printing, program supplies and training. While Collaboratives have been established historically each of the six (6) Regions makes independent decisions about how to spend their allocated recruitment and retention dollars. The decision whether to have a formal Community Collaborative is revisited periodically based on the recruitment and retention needs identified in that Region.

FAVOR:
The DCF Office for Community Mental Health has contracted with FAVOR, Inc., a statewide family advocacy organization. Family System Managers (FSM) are embedded statewide in DCF regional offices. Each Family System Manager works in partnership with the DCF Regional Systems Development Program Directors, DCF staff and the CT Behavioral Health Partnership (BHP), with formal reporting and supervision provided through the Contractor. They are required to promote family driven and youth guided practices throughout the local and regional service system and to support the identification, recruitment, and participation of families in behavioral health system analysis, advocacy, planning and service provision. They provide leadership in the local and regional behavioral health system development from the family perspective while providing technical assistance and support to local systems of care including their governance.

Family System Managers conduct their work according to the following core values of the local system of care:

- family driven and youth guided;
- strength based;

- culturally and linguistically competent;
- individualized, flexible and community based approach to services and support;
- services and support provided in the least restrictive and most normative environment;
- adequate availability and access to broad array of effective services and support;
- evidence and science informed clinical interventions, services and supports;
- health and wellness promotion; and
- performance and outcome based services and support.

UCONN Adoption Enhancements:
DCF contracts with the University of Connecticut Health Center to provide post-finalization services to families who have adopted children from DCF's custody or achieved legal permanency through a transfer of guardianship. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of challenges that may or may not be directly related to adoption/guardianship. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. AAP also manages the post finalization services from a program that DCF offers for children following adoption and guardianship finalization. Within the context of the Permanency Placement and Services Program (PPSP) each child adopted from DCF's foster care system is eligible for a total of 132 hours of support services from 17 Connecticut Child Placing Agencies both pre and post legal permanency. This program is funded by both state and federal funds.

Easter Seals Adoption Support Group:
This support group was established by several adoptive parents in Waterbury, CT who had adopted children with complex medical needs through DCF. The focus was to create a network of support for families providing care to this population. Funding supports associated meeting costs.

Adopt a Social Work Program:
This statewide program assists children and families (birth, foster and adoptive) that are DCF involved with supports and donations of goods to help families' secure needed resources. This program has served over 775,000 children and families over the last 25 years.

UCONN SSW Performance Improvement Center (PIC):
The UCONN School of Social Work has been functioning as the Performance Improvement Center for the Community Support for Families Program, a contracted service designed to provide support to families who received a Family Assessment Response from the Department. The Memorandum of Agreement between the Department and UCONN was amended to expand their analysis to include all our Family Assessment Response dispositions and investigation cases. This will allow a full evaluation of the agency's overall intake process.

CT Association for Infant Mental Health:
The Connecticut Association of Infant Mental Health was contracted to provide 2 sets of the 8 full day series of training focused on unresolved trauma, "*Understanding Infant/Toddlers and Their Families and the Challenges of Unresolved Loss and Trauma: working towards deeper integration between DCF and Head Start.* Presenters known nationally for their work in child welfare and Early Head Start offered their expertise on observations of young children and their families in child welfare, on integrating a trauma lens into work with very young children and their families, on making child welfare visitations a relationship-focused experience for parents and young children. Local presenters added their competencies in reflective practice, cultural sensitivity, and assessment/referral. In the coming year two additional series of these trainings will be offered to DCF staff and community partners.

NCCD-Children's Research Center:

In August 2017, the Department established a contract with the Children's Research Center CRC that include the following components:

- Update all the SDM tools, definitions, and corresponding policies from point of entry through case closing
- Develop a training program for staff: utilizing a Train the Trainer approach and the development of training modules that integrate the SDM tools into case practice, inclusive of coaching;
- Provide technical assistance and support in DCF's completion of the Risk Validation Study;
- Quality Assurance Activities designed to promote model fidelity;
- Analytic Consultation and Technical Assistance, including the development of a baseline SDM Implementation Report; and Create an on-line system that will provide a user-friendly method for workers to complete SDM assessments as well as collect the assessment data for analysis.

The Adoption Assistance Program (AAP):

The Department of Children and Families contracts with the University of Connecticut Health Center to provide post-finalization services to families that have adopted children from DCF's custody. They also provide service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption.

Although the majority of their work encompasses DCF involved families, they do provide support to a small percentage of families who have adopted children from other countries. Overall, there are 47 adoption competent therapists in the agency's resource guide.

Currently there are over 583 adoptive parents and professionals who have requested inclusion on the community network email distribution list. The network hosts quarterly meetings which bring adoptive parents and professional together to talk about current issues and trends in adoption and share information about resources.

The Adoption Assistance Program maintains and updates the Adoption Community Network's website. The statewide calendar is utilized to highlight adoption events throughout the year and the Facebook page has 648 "friends." These resources were utilized to advertise and promote over 40 adoption events statewide.

Services for children under 5

The Department has long been committed to examining, understanding and accommodating the needs of families with children under the age of 5. While the Department's service array is intended to support families with a range of compositions, the Department has and will continue to study and assess the specific needs associated with this vulnerable cohort. To that end, specific services, partnerships and workforce development activities are core to the agency's work. Some examples of this include:

- the Early Childhood Consultation Partnership, an intervention to build the capacity of families and early childcare providers to support children 0-5 in child care settings
- Trauma Informed – Therapeutic Child Care designed to promote, develop and increase the social emotional development and cognitive capacities of young children
- Child First, a two generation, intensive, home based early childhood intervention
- Circle of Security Parenting, attachment centered parent education
- Association of Infant Mental Health Training, delivering intensive training to a range of stakeholders to build a shared knowledge base
- Early Headstart/Headstart – See below
- Safe Sleep Campaigns
- Partnerships to proactively build Plans of Safe Care involving infants born substance exposed

- Family Based Recovery, an intensive in home model supporting treatment and recovery of caregivers with a substance use disorder caring for a child between 0-6
- The Early Childhood Trauma Collaborative to expand trauma specific services for children from birth through 7
- Trauma screening for children experiencing an out of home placement to identify and inform service provision and supports

These services are designed to ensure young children achieve timely permanency, as well as remain safely in the care of their family. The Department will continue its partnership with the Office of Early Childhood in sharing data relative to the legislation increasing when needed appropriate referrals to Birth to Three, as well as promoting the social and emotional development of children through service provision and training.

Office of Early Childhood:

As mentioned above, The Office of Early Childhood offers the following services that address the developmental needs of all children under the age of five:

- Care4Kids, Connecticut's Child Care Subsidy Program
- CT's Birth to Three system of early intervention services for infants and toddlers with disabilities and their families.
- 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. (Nurturing Families Network, Minding the Baby, Child First, Parents as Teachers, etc.)
- 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.
- School Readiness
- Early Head Start/Head Start programs in the state

Efforts to track and prevent child maltreatment deaths:

The Department collects and tracks data pertaining to fatalities and life threatening events reported to and accepted by the Department. Through this process, the Department is able to generate data regarding the number of fatalities reported to the Department, and disaggregate such data by whether they are determined to be due to maltreatment. Further, the Department can evaluate this data by categories of current, past or no Connecticut DCF history/involvement.

As a means to support the Department's goal to keep children safe, with a focus on the most vulnerable populations, Connecticut DCF collects key demographic data, including age.

Connecticut DCF also submits children maltreatment fatality information to the Federal government in support of national data tracking through the NCANDS process.

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			
2006	1	1	1	13	9	25
2007	2	2	0	15	5	24
2008	2	5	4	12	14	37
2009	1	2	4	12	12	31
2010	0	3	2	12	17	34
2011	4	4	3	14	17	42
2012	1	5	4	11	15	36
2013	5	5	6	13	12	41
2014	7	7	2	21	12	49
2015	4	4	4	15	14	41
2016 *	2	5	6	17	13	43
2017	3	7	4	19	29	62
2018	2	1	3	14	19	39
2019	0	0	0	11	6	17
Totals	**34**	**51**	**43**	**199**	**194**	**521**
2006	4.0 %	4.0 %	4.0 %	52.0 %	36.0 %	100.0 %
2007	8.3 %	8.3 %	0.0 %	62.5 %	20.8 %	100.0 %
2008	5.4 %	13.5 %	10.8 %	32.4 %	37.8 %	100.0 %
2009	3.2 %	6.5 %	12.9 %	38.7 %	38.7 %	100.0 %
2010	0.0 %	8.8 %	5.9 %	35.3 %	50.0 %	100.0 %
2011	9.5 %	9.5 %	7.1 %	33.3 %	40.5 %	100.0 %
2012	2.8 %	13.9 %	11.1 %	30.6 %	41.7 %	100.0 %
2013	12.2 %	12.2 %	14.6 %	31.7 %	29.3 %	100.0 %
2014	14.3 %	14.3 %	4.1 %	42.9 %	24.5 %	100.0 %
2015	9.8 %	9.8 %	9.8 %	36.6 %	34.1 %	100.0 %
2016 *	4.7 %	11.6 %	14.0 %	39.5 %	30.2 %	100.0 %
2017	4.8 %	11.3 %	6.5 %	30.6 %	46.8 %	100.0 %
2018	5.1 %	2.6 %	7.7 %	35.9 %	48.7 %	100.0 %
2019	0.0 %	0.0 %	0.0 %	64.7 %	35.3 %	100.0 %

Eckerd Rapid Safety Feedback (ERSF):

The Department has been implementing the Eckerd Rapid Safety Feedback® (RSF) model since October 2016 in three of its Regions. RSF is a unique quality assurance and coaching approach that utilizes predictive analytics to support timely intervention and support for cases identified to have a specified degree of match to cases that had poor outcomes. This model was highlighted in the 2016 report by the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF).

Predictive analytics provided by Eckerd's technology partner, Mindshare Technology, identify cases that have a specified match based on Connecticut's problem statement, to similar cases that had a poor outcome. These data are used to support real time case reviews by licensed clinicians, within DCF's Office of Research and Evaluation, to ensure accountability for identified safety actions and supports. Further, as RSF involves a coaching component through "staffings" with case workers and their supervisors, the model is intended to produce broader, lasting practice improvements.

To date, over 1400 cases have been identified for a review. Five Clinical Social Work Associates and two managers are part of the review process outlined by the model. DCF is also participating in a formal evaluation process through Casey Family Programs, which includes other states implementing the RSF model.

The Department views RSF as an intervention that aids with preventing child maltreatment fatalities. As the RSF model is applied to cases that involve children ages 0-9, it is meant to help the Department keep safe those populations (i.e., young children) that are most at risk for poor outcomes, including a fatality or life threatening injury.

Special Qualitative Reviews and Learning Forums:

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; Juan F.; CFRS/PIP). SRQs may be implemented when a catastrophic or serious event occurs (e.g., child fatality, severe abuse or neglect). This event on an open DCF case, or a case that had relevant DCF involvement within the past 12 months, may trigger a SQR. This case-level review focuses on effectiveness of practice, decision making, internal and external service delivery; compliance with policy and best practices; the role of systemic factors; and strengths of the case. SQR reports are developed to assist Senior Leadership to recognize and reinforce strengths; and identify and implement needed practice, policy, relational, service related and/or systemic changes to support positive outcomes.

The SQR reports completed are the foundation of the SQR Learning Forums. Cases of similar type are bundled together (e.g. Infants, Chronic Neglect, Substance Use) and reviewed to determine themes among these cases. These themes and the case practice history are shared and discussed at the Learning Forums. DCF staff statewide are the target audience of the learning forums. Additionally, these forums have been presented to community partners when requested (e.g. Statewide Fatality Review Panel, Center for Children's Advocacy). The purpose of the Learning Forums are to focus on the sharing of information learned from fatality cases and the practice implications.

DCF and Connecticut Medical Examiner Partnership:

The Director of the DCF Office of the Ombudsman and the Director of the DCF SQR/Safety Science Unit attend the state's Child Fatality Review Panel. On a monthly basis, these 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.

On a consistent basis, the Director of the Office of the Ombudsman has 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.

Populations at Greatest risk of maltreatment:

Analysis of the Department's SACWIS data indicates that children ages 0 -3 are at the greatest risk for maltreatment. While the Department knows that young children, as national data supports, have a greater risk for maltreatment, the agency is mindful of the possible interpretation/misinterpretation and meaning of these data when cross-tabulated by race and ethnicity. That is, children of color are overrepresented in Connecticut's child welfare system, including at the referral/reporting stage of the child welfare pathway. Further, while Connecticut has adopted a Differential Response System (DRS) approach, DCF data indicates that families of color are not referred to the Family Assessment Response (FAR) track to the same degree they are to traditional Investigation pathway.

Consistent with the Department's commitment towards building a coordinated child welfare system, this is a cohort that is equally significant to our partners, whether it be the Office of Early Childhood, the Department of Social Services or the Department of Mental Health and Addiction Services and others. To that end, increased collaboration on issues of social and emotional development, screening, early identification, workforce development and access to services and supports are essential. The beginnings of these efforts are underway through various

forums including the Connecticut Children's Behavioral Health Partnership, the Early Headstart Collaborative, and partnership with Office of Early Childhood specific to safe sleep campaign and through our collaborative CAPTA work across agencies.

The Department recognizes that identifying and understanding high risk populations is essential to developing and targeting effective prevention programs and services. The Department currently utilizes SACWIS data to understand which Connecticut populations are at the greatest risk for maltreatment. Additionally, over the course of the next 12 months, the Department will collaborate with leaders from other state agencies serving children and families, including but not limited to the Office of Early Childhood, the Department of Social Services and the Department of Mental Health and Addiction Services, to understand the risk factors that each agency considers when defining high risk populations, identify the universe of prevention services currently being deployed throughout the state, and capture best practices for family outreach and retention. Developing a shared understanding of high risk populations across agencies will support better alignment of prevention programs and services.

Interagency cooperation to define high risk populations will also support implementation of the Family First Prevention Services Act (FFPSA). Defining the children who are at imminent risk of entering foster care but who can remain safely in their home or kinship placement as long as title IV-E prevention services are provided is essential to implementing FFPSA. The Administration for Children and Families has stated that it will not further define the term "imminent risk" of entering foster care. Therefore, to determine eligibility for title IV-E prevention services, each state must define this population for themselves. The Department will utilize the information gathered through the collaborative process described above as it develops the state's "imminent risk" definition.

Specific Activities around Data Sharing

- Work with other state agencies to identify additional indicators of child safety and wellbeing. The commonly used metrics of CPS reports, investigations, and substantiations are imperfect measurements of child safety and family stability. In consultation with other agencies and community stakeholders, the Department will identify additional measurable indicators that can be used to understand the preventative effect of wide-ranging programs and services.
- Develop standardized interagency data-sharing protocol. While ensuring client confidentiality, the Department will explore and work towards developing a standardized process for sharing administrative data with other state agencies for the purposes of understanding the child welfare impact of various state-administered programs and services.
- Understanding Home Visiting outcomes. The Department will work with the Office of Early Childhood to measure and track the impact that its state and federal Home Visiting programs have on child safety. This work will inform the Department's future implementation of FFPSA title IV-E prevention services.
- Identifying the demand for a new Care 4 Kids priority group for DCF families. Using integrated administrative data, the Department will work with the Office of Early Childhood to identify the demand for subsidized childcare among the different sub-categories of DCF families.

<u>Monthly Caseworker Visits:</u>

Policy requires all children and families with whom the Department of Children and Families are involved, shall be visited regularly by the assigned Social Worker to assess progress and to assure that appropriate, effective services are provided to achieve the case goal and the needs of the family. Every interaction with a child and family shall be purposeful and derive from the case plan. Concerted efforts are made to see the child individually as well as their caregiver. Visits shall be frequent enough to effectively address the child's safety, permanency and well-being and achievement of case goal. For children in out-of- home care, the policy requires the social worker to visit the child on a monthly basis. The Department has been quite successful in achieving the federal standards relative to worker-child visitation. Funding is allocated to each region based on the percentage of children in out-of-home care that meet the population criteria as identified in the Program Instruction. Many of the regions have conducted training sessions for their staff, focusing on the following topics: purposeful visitation, supervision, permanency teaming, early childhood, and engagement of youth and families in case planning/permanency.

Child Welfare Demonstration Activities:
Connecticut has not been awarded a Child Welfare Demonstration Grant.

Adoption and Legal Guardianship incentive payments:
The Department completed 535 adoptions and 294 guardianships in 2018. Expenditure of adoption and legal guardianship incentive payments is documented through the spending plan. A number of activities and events are planned moving forward to support adoption and legal guardianship throughout the strategic plan while utilizing the Adoption and Legal guardianship incentive payments. Some of those activities are as follows:

- Training and coaching on the 3-5-7 permanency approach, the 3-5-7 Model® is a state-of-the-art, evidence-based practice that supports the work of children, youth and families in grieving their losses and rebuilding their relationships towards the goals of well-being, safety and permanency.
- Creation of child specific recruitment videos for children on the Heart Gallery, training support for licensing adoptive families (TIPS MAPP), vocational skills for adolescents in care,
- Promotional videos developed by and featuring foster youth intended to aid in recruitment of foster and adoptive families for teenagers.
- The Department continues to allocate funding for each of six (6) Regions to conduct innovative condensed pre-licensing training opportunities for prospective foster and adoptive families.
- Focused work with a marketing firm recruit to recruit pre-adoptive and foster home resources for teens.
- Promoting November as National Adoption Month while hosting significant statewide events to bring awareness of the need for adoptive homes. The activities included purchasing radio advertisements, and numerous open houses across the State.
- Promoting Connecticut Adoption Day that occurred in November during which six courts opened their doors to adoption proceedings for members of the media to highlight the adoption process.
- Hosting adoption nights around the state whereby current foster and adoptive parents bring a family they believe would be an excellent resource for the Department to hear guest speakers, including youth placed in care, talk about their experiences and the need for additional homes.
- Purchasing Department logos, banners, and giveaways to promote foster care and adoption at statewide events.
- Purchasing material to support child specific recruitment activities through the permanency resource exchange.
- Promoting the Heart Gallery across the State, which highlights the 20+ children freed for adoption but for whom the Department has not found a permanent home.
- Contract with a nationally known permanency specialist, on permanency, home study assessments, and recruitment plans.

Provide funding to the Connecticut Association of Foster and Adoptive Parents to cover the increase in open adoption agreements that are mediated between adoptive parents, relatives and birth families.

In addition, within the next five years, the Department plans to continue to support a broad array of activities that support safe and timely permanency including:

- Training and workforce development in permanency for congregate care providers, foster care providers and DCF staff (e.g., 3-5-7 training)
- Support for intensive training and licensing activities that bring foster and adoptive resources online across all six DCF regions.
- Support for an intensive training and licensing weekend that focuses specifically on locating family resources for teens in care.
- Support from a marketing firm on recruitment and permanency for youth in care

- Increased support for families with youth at home who identify as LGBTQ+
- Training for staff and providers on recruitment and retention (e.g., training focus on recruiting foster home resources who are able and willing to engage with biological families)
- Adoption month activities and Adoption Day celebrations
- Increase advertising on social media
- Continue to support purchase of high quality banners, logos, and materials to promote foster and adoption statewide events.

Permanency Resource Exchange (PRE):
Over the past year, the department has seen a drop in available adoptive homes this was a result of an increase in children obtaining permanency through relative placements and the focus to license relative and fictive kin families. Area offices also have utilized pre-adoptive families who are willing to consider providing care as legal risk foster care resources.

In 2018, the PRE was requested to match 544 children. 269 of these were single children; 222 were part of 111 groups of 2 siblings; 33 were part of 11 groups of 3 siblings and 20 were part of 5 sibling groups of 4.

The decline of family resources is in contradiction to the increased number of matching requests. The disparity between the two entities is being addressed by the ongoing education around the need for these resources in tandem with a plan to place emphasis on licensing more families who wish to foster with the intent to adopt children from the child welfare system. Photo listing on Adopt Us Kids website, A Family for Every Child website, and on the DCF website continues to occur for any child who is legally free for adoption or for whom the Court has granted the permission to photo-list. The PRE also contracts with a local video production company to create compelling videos of the children waiting for adoptive families. These videos allow families to view the children and hear about their stories in their own words. The funding for this opportunity continues and is focused on further video development and storytelling.

Services for Children Adopted from Other Countries:
Children adopted from other countries have access to the array of services available through the DCF Voluntary Services Program if the children meet eligibility criteria, as well as services through the Adoption Assistance Program (AAP) outlined below and in our APSR.

Post Adoption Assistance:
The Department of Children and Families contracts with the University of Connecticut Health Center to provide post-adoption services to families who have adopted children from DCF's custody. It also provides service to relative families who have come from the state's subsidized guardianship program. Within available funding, services may be provided to families who have adopted privately or who have adopted internationally. This program is based on an employee assistance model, i.e., to provide limited interventions and/or make referrals to local services for families experiencing a variety of problems that may or may not be directly related to adoption. This service is free of charge to families. The AAP has four community case managers based in the four major cities in the state. The Community Case manager also provides in home assessment of the family's needs and assists in coordination of appropriate services. AAP also manages the post finalization services from a program that DCF offers for children following adoption finalization. Each child adopted from DCF's foster care system is eligible for services through the Permanency Placement Services Program (PPSP), which provides an additional 132 hours of support services from 16 Connecticut Child Placing Agencies. The PPSP is funded by both state and federal funds.

Kinship navigation:
The Department has the Caregiver Support Team service available statewide. The service provides a family assessment, support in finding community based services, and aftercare supports for kinship families. The Department applied for and received federal funds for kinship navigation in 2018. These funds are being used to

train the providers in attachment disorders, emotional regulation, and building skill and competency of the staff. The Department applied for a second round of funding and will use the funding to support an evaluation of the program.

Connecticut Alliance of Foster and Adoptive Families (CAFAF):
Since 1995, DCF and The Connecticut Alliance of Foster and Adoptive Families (CAFAF) have engaged in a partnership benefiting thousands of children and families. CAFAF makes a difference in the lives of foster, adoptive and relative caregivers by providing support, training, advocacy, recruitment and retention. Each month, they receive an average of 150 inquiries to the KidHero inquiry line. The KidHero line is the centralize system for families who are interested in requesting information on becoming foster families or adoptive families. CAFAF continues to track the KidHero inquiry process to assess how individuals become aware of the ongoing need for foster parents. Their data source is ever changing to meet the recruitment strategies of the Department to better gauge what drives CT residents to become foster parents. This information is compiled into inquiry reports and sent to every DCF region on a quarterly and annual basis.

CAFAF is collaborating with the Department and an experienced local marketing firm in a statewide effort to recruit more families for our adolescent population, with a targeted campaign beginning in June. The goal is to license at least 50 families who can be matched to teens, many with complex behavioral health needs. A larger pool of families will result in better success with our matching process and thus resulting in greater placement stability and permanency. In the future, CAFAF will be tracking the results of the campaign on their Kidhero inquiry reports.

CAFAF is also in the process of developing a post-licensing training module in support of DCF's Fatherhood Initiative called, "Fatherhood Experience from Foster to Adoption" and continues to partner with DCF on the LGBTQ recruitment campaign to recruit more LGBTQ families and allies who are interested in fostering and/or adoption. They are currently in the process of collaborating with a community partner agency to create an online "Sexual Orientation Sensitivity" training for foster and adoptive parents. Both trainings will be platformed this summer using their "ProProfs" training system which enables foster parents to complete post-licensing modules from any computer with Internet access and therefore eliminating the need to travel to training. The development of these additional trainings is a result of a technology grant awarded to CAFAF in April 2019. As part of the technology grant a "smart phone app" will be developed so that families can easily track their attendance at post-licensing trainings to ensure they receive their required annual training credits.

Adoption Savings:
The Department has identified three services types that are supported by the Adoption Savings funding. The following are the selected services that the Department continues to support:

		FFY 17 Funding Reported on	Reported on		
Reporting Line Title	**DCF Program**	**FFY 17 Report**	**FFY 18 Report**	**Total**	**Percentage**
Post-Adoption or Post-Guardianship Services	UCONN - Adoption Assistance	$ 144,724	$ 350,276	$ 495,000	20.65%
Services For Children At Risk of Foster Care	Favor - Statewide Family Organization	$ 269,924	$ 657,667	$ 927,591	38.70%
Other Title IV-B or Title IV-E Allowable Services	CAFAP - Foster & Adoptive Family Support	$ 504,182	$ 469,934	$ 974,116	40.64%
		$ 918,830	$ 1,477,877	$ 2,396,707	100.00%

The Adoption Assistance program offers support services to families post adoption and is open to both DCF and private adoptive families.

The FAVOR Statewide Family Organization provides multiple levels of service and supports to families who have children with serious behavioral or mental health needs.

CAFAF provides various services, including a range of recruitment, retention, support, education, training, and advocacy services to foster families, adoptive families and relative caregivers intended to address their needs, encourage and facilitate ongoing education and skill development, and promote safe and stable home settings for foster children. This service also increases the pool of foster and adoptive families who are available to serve children in the care of the Department of Children and Families.

The Department is exploring other program initiatives that meet the requirements for use of these funds and that evidence of positive outcomes. The Department may adjust the supported programming based on the achievement of outcome measures.

Connecticut is one of only three states where the Department doesn't actually receive these funds directly into the Department's budget. The State has added a line to the Department's operating budget to identify the Adoption Savings and those funds are then appropriated through the annual budget process. The Department is able to easily access these funds.

Consultation and Coordination between States and tribes

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The State has maintained open communication with the tribes over the years since their original federal recognition. Formal activity with the tribes is most often initiated after an accepted or non-accepted child maltreatment report to the State's 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. For the time period, a total of 33 cases required ICWA related Legal Notifications from the Department. Of these 33 case notifications, just 36% were in relation to the two local tribes.

The Indian Child Welfare Act (ICWA) activity in Connecticut has centered on the State's federally recognized resident tribes. On occasion, there is activity regarding tribes in the neighboring states of Rhode Island (Narragansett), Massachusetts, (Passamaquoddy), Maine and New York. Also notable is the practice of both casinos to exercise Native American hiring preference in their gaming and hospitality enterprises; this has resulted in ICWA notices to be filed with tribes across the nation and the Bureau of Indian Affairs (BIA). There have been no occasions over the past twelve months of adverse consequences to children and families for failure to follow ICWA provisions.

Contact with the Mohegan Tribe is governed by a MOU. This includes confidential meetings of case specific discussion of State interventions with MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in meetings at tribal offices. The meetings are also used as an opportunity to advise the Tribe of new State initiatives; discussions have included Structured Decision Making, Differential Response System, Considered Child and Family Team Meetings for Considered Removals, and Permanency Team Meetings.

Regarding the MPTN, while no formal arrangement is in place for regular meetings, there has been a single point of contact at the MPTN for many years, Director of Child Protection, with the Tribes.

There have been no ICWA compliance issues identified with the MPTN or MT over the last eight years, or with other federally recognized tribes across the nation. Newly hired Social Workers are trained on ICWA during pre-service training. Additionally, when local training opportunities arise, invitations are often issued to the tribes.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Connecticut DCF maintains a broad service array for adolescents in foster care through the Chafee Foster Care Independence Program. These services include:

Personnel Expenses:
The grant supports two Pupil Services Positions established to assist youth in their transition from high school to vocational programming or college. Other responsibilities include the administration of the state's Education and Training Vouchers program (ETV). The specialists routinely meet with youth, social workers, program staff, Job Corps staff and educational personnel to review, coordinate and develop an appropriate educational plan for our youth.

One on One Mentoring:
DCF continues to provide mentoring services to youth statewide, ages 14 -23, who are committed to the department and residing in foster care. DCF transitioned to specialized One on One Mentoring services with two providers. In September, 2018 the department contracted with a specialized service provider focusing on the LGBTQ+ adolescent population. A second provider is in the final stage of contracting for specialty services to youth in care who are survivors of child sex trafficking. Both mentoring providers' service adolescents ages 14-23, whom are committed to the Department.

Community-Based Life Skills:
The Department provides youth age 14 and older who are residing in care with the opportunity to learn the life skills necessary to successfully transition to adulthood. DCF has 37 credentialed providers offering life skills statewide. The providers teach adolescents the life skills necessary to successfully transition to adulthood. DCF utilizes the Learning Inventory of Skills Training (LIST) to assess every youth to ensure appropriate life teaching opportunities are utilized to increase the youth's capacity in areas of need(s) identified. A set of skills is learned through instruction and/or by direct experience and coaching. These skills are essential, focusing on the development and enhancement of the participant's knowledge of critical life skills to promote preparation for adulthood and self-sufficiency. This service is intended as a component of a comprehensive case plan. As such, the credentialed individuals providing this service are expected to collaborate with other service providers toward the implementation of the child or youth's individual case plan.

Work to Learn:
The Department continues to support Connecticut's Work to Learn model for the five (5) work to learn sites in the state. The Jim Casey Youth Opportunities Initiative work to learn model was designed to ensure that youth aging out of foster care have increased opportunities for a successful transition to adulthood in the following areas: youth leadership, youth engagement, employment, housing and improved physical and mental health functioning. This is a youth educational/vocational program providing supportive services to assist youth, ages 16 - 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. 375 unique clients are served in a calendar year.

YV LifeSet:
DCF is in the process of finalizing contracts to support two YV LifeSet sites in Connecticut. Providers were selected through a competitive process and will apply the YV LifeSet model to provide outcome focused, comprehensive case management services to emerging adults involved with the Department. YV LifeSet aims to assist emerging adults with securing stable housing, completing vocational and/or educational programs, obtaining sustainable employment, developing and maintaining supportive and permanent adult relationships and developing the necessary life skills to successfully transition from DCF.

Youth Advocacy Training:
Chaffee supported updated production of *Speak Up* book, fliers, and videos. This book was written by Attorney Martha Stone, Executive Director of the Center for Children's Advocacy, and updated by CCA Senior Staff Attorney Sabrina Tavi.

The Center for Children's Advocacy fights for the legal rights of Connecticut's most vulnerable children and youth. CCA attorneys provide individual legal representation for abused and neglected children and for those who suffer from racial injustice, inadequate educational support, lack of access to healthcare or mental health care, homelessness, juvenile justice involvement or immigration issues. The Center's relationships with state policy makers and administrative leaders enable CCA attorneys to effect systemic change that improves the lives of thousands of children each year. These materials focus on educating youth on their rights. Teens in care assisted in delivering these materials to peers and in answering questions about youth rights while in care.

Youth involvement in licensing foster and adoptive homes:
Teens in care participated in the planning of intensive licensing events for potential foster and adoptive homes. Over the next year, the grant will assist in providing stipends for adolescents in care who assist and speak at these foster and adoptive parent licensing weekends.

Youth Advisory Boards:
The Department has a strong network of Youth Advisory Boards (YABs) that operate in each of its six regions. In order to encourage and facilitate youth participation in Youth Advisory Boards, stipends are distributed to youth who serve on the YABs. The YABs are comprised of young people in the Department's care who meet on a regular basis to provide feedback and recommendations about DCF's service array and practices. Representatives from the regional YABs convene quarterly at a statewide meeting with senior leaders at the Department, including the Commissioner. Over the next five years, this structure will continue to be used to gather input from the young people in our care about the service array available to them.

Accomplishments from YAB advocacy over the past few years have included:

- Development of the Transition Extension Application for Postsecondary Graduates in February, 2018. The Transition Extension Application allows youth in care graduating from postsecondary educational programs to apply to extend their supportive transition window into independent living (and out of the foster care system) from three months to up to six months.
- Input and support in development of the Foster Home Survey to be administered to youth after they leave a foster home and the creation of a Foster Parent Profile to be available to youth prior to their placement. This work was additionally highlighted during the state's 7th annual Youth at the Capitol Day in January 2018, an event hosted by community partner and advocacy agency Connecticut Voices for Children, in which youth were provided an opportunity to address placement disruptions and provide their ideas on how to improve the foster care system.
- Work to increase youth voice and feedback as part of the Department's ongoing Racial Justice Initiative and to lend expertise in recruiting quality foster and adoptive parents. In May 2018, in partnership with the Jim Casey Youth Opportunities Initiative, three statewide YAB young leaders attended a youth convening in San Antonio focusing on authentic youth engagement as a racial equity strategy and then brought lessons learned back to their peers and DCF senior leadership. This work has led to a standing invitation to YAB leaders to participate in the Department's Statewide Racial Justice Workgroup.
- Additionally, the statewide YAB is working in partnership with the Department's Permanency Resource Exchange (PRE) and the Moving Pictures video production company to create promotional videos and public service announcements to increase awareness for the need for foster and adoptive families. This video was shown during advertising slots in theatres on Adoption Day in 2018. The goal of the collaboration is to break down myths and misconceptions about the needs of youth, as well as the stigma of who is eligible to be a foster parent, to hopefully recruit additional highly qualified families to become foster and adoptive care providers.

- The regional and statewide boards have continued to partner with the DCF Wilderness School to provide teambuilding and leadership days. YAB members have opportunities to participate in life-changing expedition courses in which youth hike and camp overnight with experienced instructors working on life skills and engaging in self-reflection.

Wilderness School:
The grant helps support the operating costs of the Wilderness School. The Wilderness School is a prevention, intervention, and transition program for adolescents from around Connecticut. The Wilderness School offers high impact wilderness programs intended to foster positive youth development. Designed as a journey experience, the program is based upon the philosophies of experiential learning and is considered therapeutic for the participant. Studies have documented the Wilderness School's impact upon the self-esteem, personal responsibility, and interpersonal skill enhancement of adolescents attending the program.

Summer Youth Employment Program:
The Department established a Memorandum of Agreement (MOA) with the Connecticut Department of Labor and in partnership with the five regional Workforce Investment Boards to enhance access to summer youth employment opportunities for youth involved with the Department. This Memorandum facilitates the transfer of funds to programs operated by the contractors of each of the five Workforce Investment Boards. These Boards sub-contract with local businesses and government agencies to provide 6-week on the job employment training programs that include academic instruction, career awareness and work readiness training, career competency training, worksite selection and development, oversight of program activities to ensure developmental focus and other services to help prepare youth for a career. A portion of the funding is set aside to ensure that youth who want to continue past the 6-week period have the opportunity to do so. Funding is available during the entire fiscal year for this purpose.

National Youth in Transition Database (NYTD) Participation Incentives:
As part of incentivizing adolescents to participate in follow up surveys, the department continues to provide gift cards supported by this grant. Staff receive additional support and training to ensure high quality data collection.
Over the course of the next five years, the Department will be closely examining the services offered under the Chafee program to determine the level of need in the state. Because the population of adolescents with an Other Planned Permanent Living Arrangement (OPPLA) goal is expected to continue to decline, the Department will adjust accordingly. Also services will be adjusted to support older youth who achieve permanency in years two through five of this plan.

- Increasing supports for young parents in care who are incarcerated
- Increasing supports for educational planning and assessments
- Increase in support for statewide fatherhood engagement efforts
- Heightened activities to train and employ youth in care in vocations where they are underrepresented.
- Increased training and support in LGBTQ+ awareness for families of adolescents (e.g., foster/adoptive/kin/biological)
- Developing the training and supports for a Speaker's Bureau for youth in care.
- Strengthening life skills programming across the state
- Strengthening supports to engage fathers and non-custodial parents for adolescents in care.

Serving Youth Across the State:
Connecticut is a state-administered child welfare agency with six regions. Contracting for services is a centralized function that ensures services are available across the state to all youth. 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 serve youth through the age of 23. The department has statutory authority to keep young people voluntarily in the care of DCF past their 18th birthdays and have recently expanded the services that are available to transition-aged youth. There are no systemic barriers in the state that preclude us from serving youth of various ages and at various states of achieving independence.

DCF utilizes state funds to provide for financial assistance to youth who were adopted through the department's foster care program before the youth's eighteenth birthday. The state provides financial assistance for any youth adopted from foster care after December 31, 2004, regardless of age at the time of adoption. This financial assistance is solely to provide support for youth enrolling in a post-secondary program that is an accredited college, university, or institution of higher learning. Presently, the state caps the allowable amount of financial assistance in this program at an amount equivalent to the cost of tuition, fees, room and board at the state's public university. Youth may attend an institution of their choice, as long as it meets the criteria noted above. Youth and their families are responsible for any costs incurred beyond the allowable determined funding level. This support is included in the adoption subsidy agreement.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act):
Eligibility for the services in the Chafee program in Connecticut is based on age and permanency goal. All youth ages 14 and up, who are in DCF care, are eligible to access the benefits and services in the program until they reach the age of majority. Youth who are temporarily residing out of state can also access the benefits and services in the program.

Cooperation in National Evaluations:
Connecticut DCF will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee Foster Care Independence and Education and Training Vouchers (ETV) Programs (CFCIP).

CFCIP Program Improvement Efforts:
Federal Fiscal Year 2018-2019 will see efforts made by the statewide YAB to sustain the vast progress in honoring the value and impact of youth voice made under the tenure of the Commissioner. Plans for the statewide YAB work into the next fiscal year include the completion of the Foster and Adoptive Parent Recruitment Video project, the creation of a forum for youth in care to discuss the importance of race and culture while in placement, strengthening the partnership between the YABs and the state's contracted Work to Learn providers, the creation of a Strategic Sharing curriculum and Youth Speakers Bureau, and facilitating a statewide Youth Summit to highlight youth leadership opportunities and capacities in the Spring of 2019. The YABs, with the support of Federal funding and a supportive administration, remain well positioned to continue actively engaging youth in care and producing high-impact deliverables. As such, the YABs are well equipped to continue to provide input to the state's Program Improvement Plan and to ensure compliance with Federal Child and Family Services Review (CFSR) recommendations.

Stakeholder Input:
The Department has regional advisory councils (RAC) to solicit broad stakeholder input from consumers, Citizen Review Panels (CRP) and provider partners. There is also a Statewide Advisory Council for input. The Department has a Memorandum of Understanding (MOU) with the Department of Correction surrounding support for youth in care who are incarcerated. The Department has a Memorandum of Agreement with the Department of Labor that supports the summer employment program. The Department maintains a robust statewide Youth Advisory Board and local boards to solicit youth voice and input on planning. Youth in care spoke at the Youth at the Capitol Day event and youth in care will lead a Youth Summit in August, 2019 to solicit feedback from youth and families. The Jim Casey Youth Opportunity Initiative is a partner and youth in care participating in the Work to Learn program travel to the annual convening. Several provider meetings and forums are held throughout the Department to solicit feedback on service delivery and gaps. The Department continues to partner with the Connecticut Department of Public Health as part of their federal Personal Responsibility Education Program (PREP) with the goal to reduce the rates of pregnancy, STD/STI's and HIV among foster youth in Connecticut. The program continues to focus on providing evidence based interventions to youth in and aging out of foster care, high risk youth in the community as well as youth involved with the juvenile justice system. Approximately 400 system involved youth participated in PREP program interventions. PREP programming also included providing much needed training to caretakers of foster youth, service providers for youth in and transitioning from foster care as well as educators and providers for youth at risk in the community. Additionally, the Department continues to offer staff development and training to our

Adolescent Social Work staff as well as to other professionals working with at risk youth. It is important for Department staff to continue to receive the latest prevention and intervention information that will allow them to provide the needed information and services to our youth who are at a higher risk for pregnancy, HIV, or sexually transmitted disease.

National Youth in Transition Database (NYTD):

This year's work continued to focus on improving data quality. Youth continue to be provided with gift cards as incentives to participate in follow-up surveys, and staff with additional support and training to ensure high quality data collection. The Department continues to modify or identify needed modifications to the electronic data collection and reporting systems that will allow for more accurate reporting. Recent modifications include the ability to capture additional independent living services provided to youth as well as to capture youth who are in both reporting populations.

Improvements made to the NYTD surveys, data collection and reporting system were a result of a successful partnership between the Independent Living Coordinator and the Information System's Federal Reporting Subject Matter Expert. This practice and information system partnership model has been replicated for the other federal reports as well as produced a newly structured Federal Reporting Team. The Federal Reporting Team consists of practice and information systems staff and meets weekly to identify and address issues relating to NCANDS, AFCARS and NYTD reporting. This cross reporting information sharing and problem solving approach has produced a greater understanding of the connectedness of the reports and overall, improved data collection and reporting.

The Department continues to review the data available on the NYTD Portal to gauge youth outcomes and service utilization and to determine corrections for errors identified in reports. Although NYTD Independent Living Services data is available on the portal, this information has not been shared with external stakeholders due to the limitations to the current system that is based on the Department's utilization of service codes and/or payments to reflect Independent Living Services provided. The Department is currently developing a new comprehensive child welfare information system and this issue will be corrected in the new system so that accurate data on independent living services provided will be collected and reported. Development in this area includes plans to be utilize the data to improve service delivery and including outside stakeholders for a system's perspective.

The "snapshot" data provided on the NYTD Portal continues to be used with agency staff working with adolescents to help staff identify possible additional services and interventions available to assist youth in care develop the skills necessary to successfully transition to adulthood. The frequency reports are helpful to identify possible "data cleanup issues" for staff such as "last grade completed".

As stated in previous reports, outside stakeholders obtain Connecticut's NYTD data and share with legislators and interested parties at the yearly "Youth Day at the Capitol". As a result of presenting NYTD outcome data and, with youth testimony, legislation continues to be proposed and passed that will further assist youth in care to transition more successfully to adulthood.

The Department continues to utilize the Children's Bureau's "Guide to the NYTD Review" to prepare for Connecticut's review. A detailed project document has been developed identifying child welfare data collection system modifications necessary to collect quality data and increased compliancy standards.

The Department continues to utilize its Regional and Statewide Youth Advisory Boards to provide and disseminate information regarding issues related to adolescents in care.

The Department continues to partner with other federally funded programs serving older youth as well as other State agencies who provide services to youth and young adults. Connecticut is fortunate to have a large network of service providers who continue to work closely and collaboratively with the Department to provide services to youth that will assist them while in care as well as when they transition from care and into adulthood. The Department has begun

working with the University of Connecticut's School of Social Work to explore possible partnerships that will further assist current and former foster care youth to transition more successfully to adulthood. Possible initiatives being explored include collecting college information on youth in care as well as youth who have discharged to obtain educational outcome information.

Education and Training Vouchers (ETV) Program

The State of Connecticut Department of Children and Families provides a comprehensive service delivery system to support youth who have aged out of the foster care system. DCF offers youth (at age 18) the opportunity to receive DCF services. Essential to the continued receipt of service is the youth's voluntary agreement to comply with DCF policy to participate in an approved educational program. Upon enrollment in a post -secondary educational or training program, the department continues to provide services for youth. According to policy, the Department will fund up to the equivalent of cost of attendance at an identified in-state university (covers tuition, room and board, books and fees) at an approved Post-Secondary Institution of the student's choice. The Department plans to continue providing these supports to youth who have aged out of foster care.

The Department continues to directly distribute and monitor Education Training Voucher (ETV) funds to eligible current and former youth who have been in foster care and does not contract out to outside providers. Eligibility requirements are youth who have been adopted after the age of 16, sub-guardianship after the age of 16, and current youth in the foster care system. The Department has focused on expansion of these services and funds for eligible youth by collaborating with adoption, subsidized guardianship and foster units as well as the Connecticut Alliance of Foster and Adoptive Families (CAFAF) to help identify resources and eligible youth. This collaboration provides regular communication regarding policy, funding, and student needs. The new requirement of extending services to age 26 are in the planning and preparation phase of implementation.

To increase graduation rates, DCF has partnered with the Connecticut State Colleges and Universities System (CSCU) and the Connecticut State Colleges and Universities (CSCU) Office of Workforce Development, Strategic Partnerships and Sponsored Programs to develop programs that support current and former foster youth on campus through an array of mentoring, academic monitoring, tutoring, and support services. Central Connecticut State University (CCSU) developed Central's Academic Readiness and Engagement program (CARE) Scholars that is dedicated to providing students coming from foster care and adoption with resources to support them throughout their academic endeavors at CCSU. CARES focuses on three pillars of a college student success: academic, social and professional. By concentrating efforts on our vulnerable population, the hope is to increase the chances of collegiate success by motivating, empowering and encouraging students to excel. DCF's goal is to further collaborate with the Connecticut State Universities System to expand the CARE Scholars program to all 17 colleges and universities within the CSCU.