

Department of Children and Families



2025-2029 CHILD & FAMILY SERVICES PLAN (CFSP)

SUBMITTED TO:
ADMINISTRATION FOR CHILDREN AND FAMILIES
OF THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

BY:
DEPARTMENT OF CHILDREN AND FAMILIES
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COMMISSIONER

JUNE 30, 2024

Message From DCF's Commissioner

Commissioner Jodi Hill-Lilly

The Connecticut Department of Children and Families (DCF) 2025-2029 Child & Family Services Plan (CFSP) outlines our vision, strategy, and plan for the coming five years.

*DCF is focused on achieving a vision where “**Connecticut's children are safe and sound within loving and supportive families**”, which is centered on learning from and **embracing the wisdom of families with lived expertise**. Our enduring mission remains, which is based on carrying out DCF's responsibilities by “**Partnering with communities and empowering families to raise resilient children who thrive**”.*

*This strategy has been informed by looking at the needs of CT children and families and how DCF can best work to support them in carrying out our critical child welfare mission responsibilities. We approached strategic planning through three important lenses. First and foremost, by focusing on **our enduring and continual commitment to the Safety, Permanency, and Well-being** of CT children and families. Of critical importance is how we will focus even more intently on caring for and **supporting the needs of our most vulnerable and at-risk children**. Our planning involved thorough and deep evaluation of our performance, engaging our staff, partners, and most importantly people with lived expertise to identify our strengths and ways to continually work, within our Department and across the CT child welfare system, towards improved child welfare outcomes.*

*Secondly, we looked at the critical challenges faced by our children, families, and the communities in which they live. We not only looked at the data, **we also engaged with and listened to a broad set of our partners and people across the state to gain valuable insights**. We recognize that In the wake of Covid, the impacts of the Opioid epidemic, and the socio-economic conditions across the state and within our local communities – these factors present children and families with greater and more complex challenges than ever before. You will see this represented in our strategy by the even greater emphasis we are placing on **enabling capacity building through Prevention**, as well as **furthering our long-standing work in Racial Justice** in the coming five years.*

*Finally, we placed great emphasis on informing this strategy through the lens of People—which included not only gathering insights from members of the DCF workforce, but also from our partners, and by **embracing the wisdom of families with lived expertise**. This informs the continual efforts we will be taking to **engage our Workforce through an organizational culture of mutual support**, which is critical for enabling a stable, capable, and high performing child welfare workforce.*

As we embark on this journey, we will be using this strategy to guide the work of DCF—with a continual focus on improvement, performance, accountability, and results in how we care for the children and families of CT. We invite everyone to do this with us!

Contents

Message From DCF’s Commissioner	1
Executive Summary.....	4
Chapter 1 – Vision & Collaboration	4
Chapter 2 – Plan for Enacting the State’s Vision	5
Chapter 3 – Services.....	6
Chapter 4 – Consultation and Coordination Between State and Recognized Tribes.....	7
Chapter 5 – Assessment of Recent Performance in Improving Outcomes	7
CHAPTER 1: VISION & COLLABORATION	8
Our Vision & Strategy.....	12
DCF’s Approach to Strategic Planning	14
Integrated Planning Approach and Reporting	14
Our Approach to Engagement & Collaboration.....	16
Collaborative Planning Efforts for the CFSP.....	16
<i>Tribes</i>	19
<i>Legal and Judicial Communities</i>	20
<i>DCF/Judicial/OAG/Office of the Chief Public Defender Collaboration</i>	21
<i>DCF/AAG Collaboration</i>	21
CHAPTER 2: PLAN FOR ENACTING THE STATE’S VISION	28
Strategic Focus Area One: Safety.....	31
Strategic Focus Area Two: Permanency	35
Strategic Focus Area Three: Child & Family Well-Being	39
Strategic Focus Area Four: Prevention	43
Strategic Focus Area Five: Racial Justice.....	47
Strategic Focus Area Six: DCF’s Workforce.....	50
Measures of Progress - Summary	54
Staff Training, Technical Assistance & Evaluation	56
CQI and Integrated Reporting.....	59
CHAPTER 3: SERVICES	64
Service Coordination.....	71

Stephanie Tubbs Jones Child Welfare Services Program.....	73
Marylee Allen Promoting Safe and Stable Families Program (PSSF)	73
Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits	75
John H. Chafee Foster Care Program for Successful Transition to Adulthood	76
Education and Training Vouchers (ETV) Program.....	81
CHAPTER 4: CONSULTATION & COORDINATION BETWEEN STATE & TRIBES	83
Engagement & Consultation with Tribal Entities.....	84
CHAPTER 5: ASSESSMENT OF RECENT PERFORMANCE IN IMPROVING OUTCOMES.....	87
Overview of Performance	88
Child and Family Outcomes	89
Systemic Factor Outcomes	90
Appendices.....	93

Executive Summary

Chapter 1 – Vision & Collaboration

Vision: Connecticut’s Department of Children and Families (DCF) 2025-2029 Child and Family Services Plan (CFSP) is focused on achieving our vision where “**Connecticut's children are safe and sound within loving and supportive families,**” which is centered on learning from and **embracing the wisdom of families with lived expertise.** Our enduring mission remains, which is based on carrying out DCF’s responsibilities by “**Partnering with communities and empowering families to raise resilient children who thrive**”.

Chapter 1 of DCF’s 2025-2029 CFSP articulates this vision and provides an overview of our strategy for the coming five years, which is covered in detail within Chapter 2 Plan for Enacting the State’s Vision. Our vision and strategy is focused on enabling the Department’s work efforts by our enduring commitment to the **Safety, Permanency, and Well-being** of Connecticut’s children and families. This strategy is designed to drive improved outcomes through a greater emphasis on **Prevention**, as well as our continued efforts to address **Racial Justice** and equity challenges within the child welfare system. Recognizing that none of this is possible without a stable, capable, and high-performing child welfare workforce, a foundational part of our strategy is centered on enhancing engagement and supporting the needs of the DCF **Workforce**. This five-year strategic plan was developed with input from the DCF workforce, through extensive collaboration with state and community partners, and directly informed by people with lived expertise.

DCF’s approach to strategic planning integrated concurrent statewide assessment and strategy development conducted as part of the Child and Family Services Review (CFSR) and integrated annual reporting responsibilities of the Annual Progress and Services Report (APSR). A Results Oriented Management approach, a best practice embraced by child welfare experts, was used to convene expert workshops – which included DCF senior staff and community partners - to update DCFs performance improvement approach, goals, and objectives.

The chapter also documents DCF’s approach to engagement of CT agencies and community partners in the development of this Child and Family Services Plan. Those involved in this collaborative planning effort included:

- Individuals with lived expertise in the child welfare system;
- Parents and licensed foster parents;
- Kinship caregivers and youth;
- The Connecticut State Advisory Council and Regional Advisory Council Leads;
- The Governor's Task Force on Justice for Abused Children;
- Juvenile Court Judges and members of the Juvenile Court/Court Improvement Program, along with the Office of the Attorney General’s Child Welfare Division;

- Federally recognized tribes (Mohegan and Mashantucket-Pequot) and state-recognized tribes via the ICWA Organization;
- Statewide Racial Justice Working Group (RJW);
- Organizations supporting adoptive parents and caregivers, such as The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and FAVOR, Inc.

Chapter 2 – Plan for Enacting the State’s Vision

DCF’s Plan includes six enduring strategic focus areas for maintaining services and improving their work. For each focus area, DCF has defined a goal we seek to accomplish to achieve our vision of keeping Connecticut’s children safe and sound within loving and supporting families. These six strategic focus areas and goals follow here:

DCF’s 2025-2029 Goal for Ensuring Child Safety is to fully implement, integrate, and continually enhance DCF’s Safety Practice Model with an increased focus on our most vulnerable populations and complex cases. The safety of children is of the utmost importance to DCF, where safety practices are designed to keep children safety at home whenever safely possible. Connecticut has consistently met the national performance target for Recurrence of Maltreatment and for Maltreatment in Foster Care for the past five years. To enhance child safety under this 2025-2029 strategic plan, DCF will increase utilization and documentation of the ABCD Safety Paradigm to assess safety and to develop safety plans for increasing safety in the home and reducing separation whenever safely possible. The National Partnership for Child Safety is utilizing safety science and data from 35 states to inform practice improvements. Connecticut participated in an affinity group that created the “Safely to their First Birthday Policy and Practice Brief,” and this will guide the post consent decree work and the Academy for Workforce Development for safe sleep preventive discussions with families, and the Careline’s considerations for substantiations, and screenings for child fatalities. Another major objective will be to make needed improvements for Structured-Decision-Making (SDM) tools and align these with the ABCD Safety Paradigm. Additionally, strategic partnerships with law enforcement, schools, and community organizations, along with improved data sharing and staff development, will support these efforts.

DCF’s Goal for Permanency is for Connecticut’s children in foster care have improved permanency and stability in their homes year over year. DCF aims to achieve timely permanency and stability for children in their homes through a five-year strategy focused on preserving family connections and providing stable living situations for children separated from their families due to abuse, neglect, or parental incapacity. Permanency planning, which starts when a child enters the welfare system, involves reunification with the family of origin or alternative court-mandated goals like guardianship or adoption. Despite failing to meet national targets for "Permanency in 12 Months" and "Reentry to Foster Care," Connecticut has succeeded in achieving good results on permanency measures in the second and third years of care. DCF's strategy includes addressing delays due to court rules and bureaucratic processes. Objectives for improving permanency include improving family search practices, prioritizing kinship care to help overcome delays in permanency, reducing placement delays, increasing post-reunification services, and enhancing caseworker capabilities, with a goal to ensure children achieve permanency and stability within their first 12 months in foster care.

DCF’s Goal for Child and Family Well-Being is to improve access to educational, healthcare, and behavioral health services to enhance the well-being of Connecticut children and families. Protecting and improving child and family well-being over the next five years is the third goal of CT DCF. Recognizing that children's outcomes are tied to their family's well-being, DCF works with both children and caregivers to address protective factors and parental capacity, particularly in families facing poverty,

housing instability, substance abuse, and domestic violence. While Connecticut generally reports positive well-being for over 87% of children in care, challenges remain, especially in accessing mental and behavioral healthcare. DCF's strategy includes leveraging well-funded health services, enhancing support for community partners, and improving service delivery for at-risk populations. Objectives for 2025 through 2029 include increasing the capacity of extended families to support children and ensuring service delivery is needs-based, addressing gaps in foster care services, and expanding placement options to better meet the needs of families.

DCF's 2025-2029 Goal for Prevention is to work with the most impacted and at-risk communities and populations, and continue to invest in the effective implementation of the CT Family First Prevention Plan. DCF's five-year strategic focus on prevention aims to strengthen protective capacities within the child and family well-being system, reducing unnecessary entries into foster care by prioritizing early interventions and support for families. Our prevention objectives for Connecticut's children and families features leveraging the Federal Family First Prevention Services Act (FFPSA) to prioritize family-based care and improve prevention outcomes while enhancing training and support for mandated reporting groups including schools, police, and healthcare providers.

Our Goal for Racial Justice is to work within DCF, across the child welfare system, and in partnership with our local communities to improve racial equity outcomes and realize measurable reductions in disproportionality across all racial and ethnic populations. DCF continues to place a high priority on racial justice. Acknowledging the systemic and historical disadvantages faced by children and families of color, DCF commits to redesigning itself as an authentically anti-racist, trauma-informed agency. This involves assessment and evaluation practices which disaggregate outcomes data by race and ethnicity to identify disparities, implementing targeted strategies to address these disparities, and fostering strong collaboration with community partners. The Racial Justice Working Group (RJW) and the Office of Multi-Cultural Affairs (OMCA) lead efforts to ensure equitable service delivery, providing specialized linguistic services, and supporting diverse populations. DCF's objectives for racial justice include assessing and strengthening racial equity initiatives, working with judicial partners to address root causes of disproportionality, and using internal communications to educate and promote anti-racist understanding and practices within the workforce.

DCF's 2025-2029 Goal for its Workforce is to improve retention by reducing caseloads and fully implementing the Safe and Sound Practice Model. Strategic objectives and supporting actions to meet this goal include reviewing and prioritizing the post consent decree recommendations related to caseload weighting, and conducting "Safe and Sound Organizational Assessments" regularly through its partnership with the National Partnership for Child Safety. DCF will identify multiple strategies to provide physical and psychological safety (i.e., supportive daily check ins, increasing communications and connectedness, avenues to provide help, increasing safety measures, establishing shared expectations for the workplace, ability to discuss racial justice, increasing sense of belonging and inclusion, and retention strategies) statewide and at the local office level.

Chapter 3 – Services

In this 5-year strategic plan, DCF offers continuity and improvements throughout a broad range of services designed to support and strengthen families while addressing the needs of historically underserved communities. The department's efforts include analyzing existing services to identify disparities and ensure equitable outcomes, particularly for families of color, non-English speaking families, LGBTQIA+ individuals, and families in rural areas. DCF uses feedback from community assessments involving families, youth, providers, and internal staff to inform decision-making regarding

service procurement and funding allocation. This service continuum includes family preservation, support, reunification, and adoption support, with specific programs such as Family-based Recovery and Multi-systemic Therapy. Additionally, DCF collaborates with other state agencies to identify high-risk populations and enhance prevention efforts, particularly for children ages 0-3 who are most at risk for maltreatment.

Service coordination within DCF involves extensive stakeholder engagement, including regular meetings with service providers and community forums to gather input on mental health services. The Contract Management Unit supports the oversight of numerous Purchase of Service contracts, which fund community programs providing direct social services. Credentialed services offered include after-school programs, animal-assisted interventions, and therapeutic support, among others. The department also focuses on preventing foster care entries and leveraging partnerships to promote a Child Well-Being System. Additionally, DCF's coordinated efforts involve data sharing with other agencies to improve child safety and develop effective prevention programs, supporting the overall goal of maintaining children in safe, supportive home environments.

Chapter 4 – Consultation and Coordination Between State and Recognized Tribes

Continuing close communication and collaboration with the state's two federally recognized tribes, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT) remains a prominent duty of DCF in this strategic plan. Child maltreatment reports involving tribal families are relatively few, and cases are often handled by the Norwich Area Office. DCF regularly updates its processes to ensure compliance with the Indian Child Welfare Act (ICWA) and recently extended ICWA protections to Connecticut-recognized tribes, initiating quarterly meetings to enhance cooperation. Collaboration includes confidential case discussions, involvement in juvenile court proceedings, and efforts to place Native American children with kin whenever possible. DCF also engages in training and outreach to ensure ongoing compliance and effective support for tribal families.

Chapter 5 – Assessment of Recent Performance in Improving Outcomes

The Assessment of Recent Performance Summary provided in Chapter 5 summarizes results published in *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024*. Included in the assessment summary are DCF's recent progress on child and family outcomes of safety, permanency, and well-being, and systemic factors including information system, case review system, quality assurance system, staff training, service array, responsiveness to the community, foster and adoptive parent licensing, recruitment, and retention.

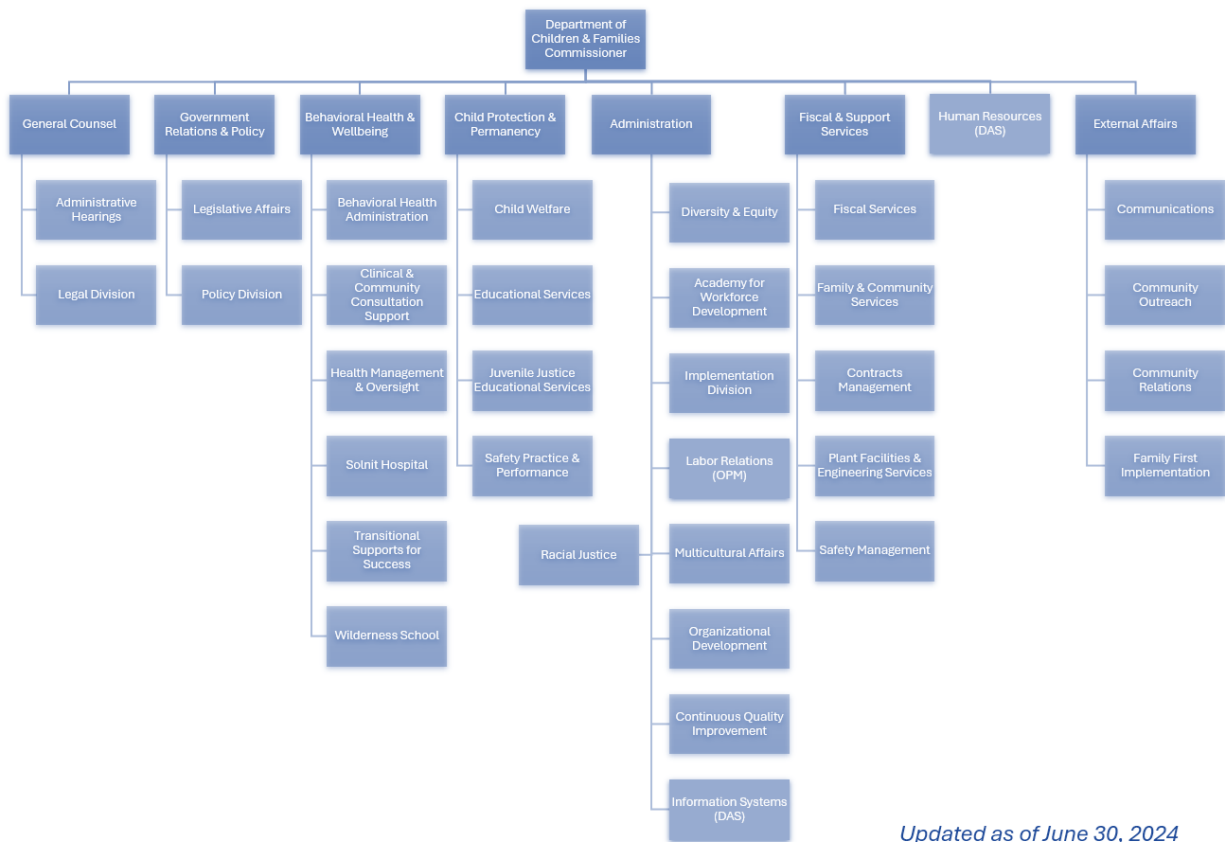
CHAPTER 1: VISION & COLLABORATION

Vision & Collaboration

State Agency Administrating the Programs

The Connecticut Department of Children and Families (DCF) is the state agency responsible for the legislative mandates of prevention, child protective services, children's behavioral health, and education. With an annual operating budget of approximately \$800 million, the Department provides contracted as well as direct services through a central office, fourteen (14) area offices, two (2) Psychiatric Residential Treatment facilities and one Psychiatric Hospital for children. The Department also operates a Wilderness School that provides experiential educational opportunities; and is responsible for operating Unified School District 2, which is a legislatively created local education agency for foster children with no other educational nexus or who are residents in one of the Department's facilities; and is responsible for the oversight of Juvenile Justice youth that are incarcerated or residing in other congregate care settings.

As depicted and described below, DCF is currently organized into the following departments in a manner that leadership believes most effectively and efficiently allows us to perform our critical child welfare mission and service responsibilities, and continually work towards achievement of our vision and execution of strategic goals:



Updated as of June 30, 2024

Figure 1. Organizational Chart of CT DCF

The following describes the responsibilities, functions, and focus of these DCF organizational units

- **Administration:** *Responsible for delivering the critical infrastructure that enables DCF's staff to successfully serve children and families*
 - Academy for Workforce Development – *focus on developing staff at all levels and functions*
 - Diversity and Equity – *focus on improving DCF's diversity and equity performance according to state and federal statutes (reports to the DCF Commissioner)*
 - Human Resources – *focus on supporting DCF human capital management and resource needs (centralized in Department of Administrative Services)*
 - Information Systems – *focus on delivering and supporting the critical technologies, data and information systems for DCF (centralized in Department of Administrative Services)*
 - Implementation Division – *focus on supporting DCF-wide implementation supports for strategic initiatives, as well as major practice and organizational changes (reports to the DCF Commissioner)*
 - Labor Relations – *focus on coordination with employee union representatives on workforce related matters*
 - Multicultural Affairs & Racial Justice – *focus on supporting staff and multicultural immigrant families, as well as leading and coordinating DCF Racial Justice (reports to the DCF Commissioner) initiatives and work efforts*
 - Organizational Development – *focus on enabling DCF's organizational development and performance*
 - Continuous Quality Improvement (CQI) – *focus on leading DCF's CQI program, developing innovative strategies and implementing data-driven organizational change*
- **Behavioral Health and Wellbeing:** *Responsible for executing DCF's statutory authorities associated with supporting, providing, and coordinating children's behavioral health services*
 - Behavioral Health Administration – *focus on the administration of DCF children's health programs and coordination of CT behavioral health partnerships and services*
 - Clinical and Community Consultation Support – *focus on overseeing a broad array of clinical and other services in the community including outpatient clinics for children, therapeutic group homes, extended day treatment programs, emergency mobile psychiatric services, respite care, family advocacy, and intensive case management*
 - Health Management and Oversight – *focus on supporting CT children and family's wellbeing by providing oversight of healthcare and interventions with an emphasis on the most vulnerable populations*
 - Solnit Children's Center(s) – *focus on providing state administered psychiatric facilities and comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional health challenges*

- Transitional Supports and Success – *focus on supporting transitional youth by activating potential in young adults to build success, justice, and lead positive change*
- Wilderness School – *focus on providing enrichment programs for that support prevention, intervention, and positive development for youth*
- **External Affairs:** *Responsible for building the agency’s external reputation and partnerships through continual engagement, collaborative efforts, and effective communications*
 - Communications – *focus on delivering effective communications and building positive realistic public image and narrative for DCF*
 - Community Outreach – *focus on driving continual collaboration and engagement with state-wide advisory bodies, local communities, and external partners*
 - Community Relations – *focus on addressing community issues and concerns*
 - Family First Implementation – *focus on effective implementation and support of DCF prevention programs and services*
- **Fiscal & Support Services:** *Responsible for DCF-wide fiscal planning and management, as well as underlying support programs and infrastructure (contracts, facilities, safety)*
- **General Counsel:** *Responsible for guiding and delivering DCF’s legal agenda, and work in coordination with judicial bodies and partners*
 - Legal Division – *focus on supporting DCF legal matters by providing legal expertise & support to frontline staff and facilities*
 - Administrative Hearings Unit – *focus on conducting administrative hearings in accordance with State statute and regulations*
- **Government Relations and Policy** – *Responsible for defining and driving DCF’s legislative and policy agenda, enabling effective relationship and partnership with sister state agencies and state and federal policy makers*
- **Child Protection & Permanency:** *Responsible for delivering on the agency’s core mandate and strategic goals of child safety, permanency, and wellbeing*
 - Child Welfare – *focus on core child welfare, including child protective services (CPS) and foster care (3 regions (14 area offices), Foster Care Division, Careline Division)*
 - Educational Services – *focus on educational achievement for children within DCF’s care*
 - Juvenile Justice Educational Services – *focus on the coordination, supervision, provision, and direction of all academic services and programs for school aged youth/children who reside in juvenile justice facilities or are incarcerated*
 - Safety Practice and Performance – *focus on the continual effectiveness and performance of DCF’s child safety policies, programs, and practices*

Our Vision & Strategy

Our Vision

*Connecticut's children are safe and sound within loving and supportive families**

**embracing the wisdom of families with lived expertise*

DCF is pleased to share its five-year strategic plan, which is focused on achieving our vision where ***“Connecticut’s children are safe and sound within loving and supportive families”***, which is centered on learning from and ***embracing the wisdom of families with lived expertise***. Our enduring mission remains, which is based on carrying out DCF’s responsibilities by ***“Partnering with communities and empowering families to raise resilient children who thrive”***.

This five-year strategic plan was designed in collaboration with community partners and directly informed by people with lived expertise. The plan is focused on enabling DCF work efforts by our enduring commitment to the Safety, Permanency, and Well-

being of Connecticut’s children and families, improving outcomes through a greater emphasis on Prevention, continued efforts to address Racial Justice and equity challenges within the child welfare system, as well as enhancing engagement and support for the DCF Workforce.

An important aspect of formulating and implementing DCF’s vision and strategy is our department’s approach to collaboration and partnership across the State of Connecticut. This involves not only working with our sister agencies and the judiciary, but also state-wide advisory bodies, tribal entities, and most importantly a focus on collaboration and partnership to strengthen the capacity of local communities to best support the needs of all children and families, and in particular the most vulnerable and those within underserved

CT Department of Children & Families *Embracing the wisdom of families with lived expertise*



Figure 2. CT DCF Vision, Mission, & Focus Areas

communities. Through this collaborative approach, DCF aims to create a better future for the children and families of Connecticut, by leveraging the strengths of its community partners and the wisdom of children and families with lived expertise.

This plan outlines and describes our strategic focus areas, goals, objectives, and strategies for realizing this vision and accomplishing our mission, as we strive for a better future for the children and families of Connecticut. The following summarizes each of these strategic focus areas and the goals established for the next five-years, which are described in detail within Chapter 2 – Plan for Enacting the State’s Vision.

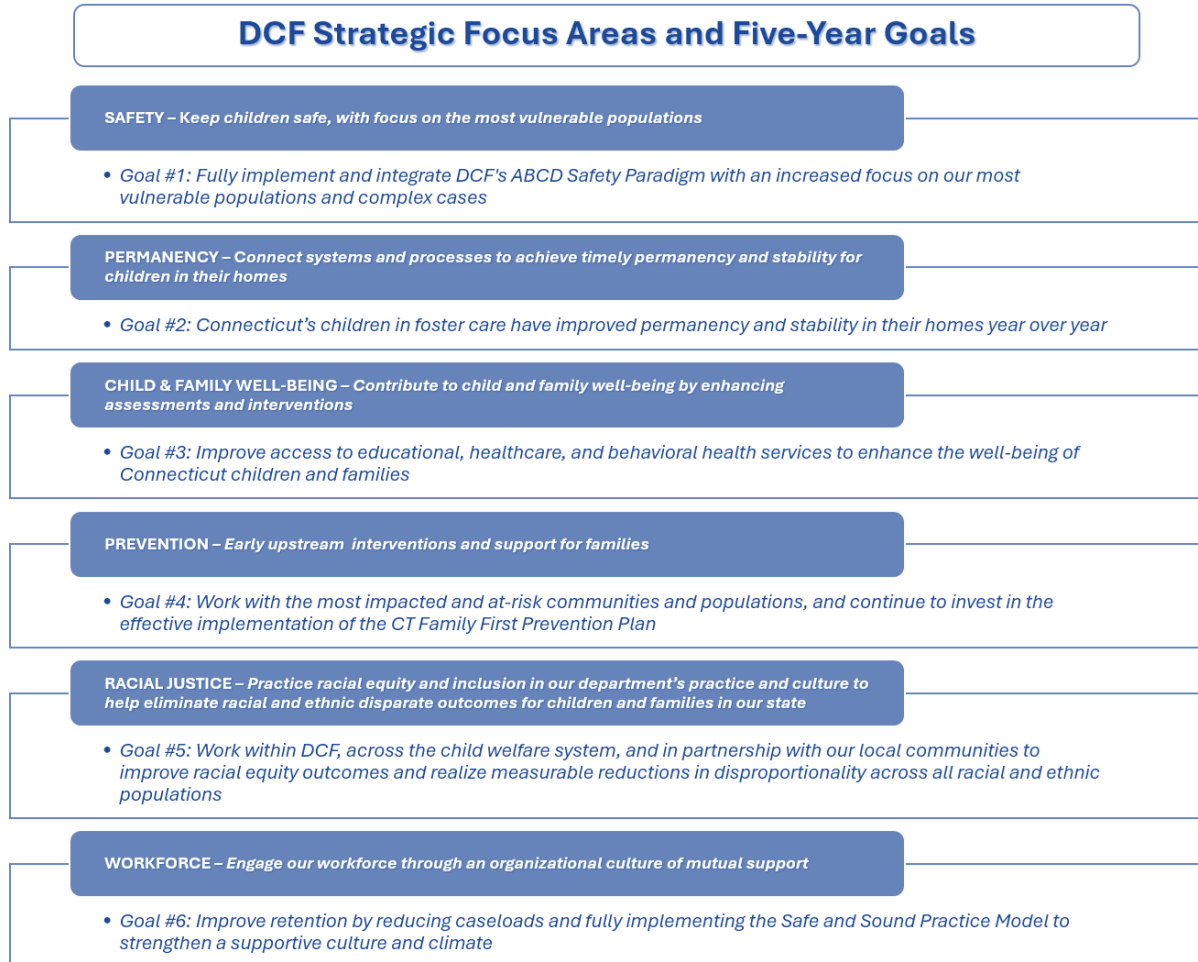


Figure 3. CT DCF Strategic Focus Areas and Goals

To effectively deliver upon DCF's mission responsibilities and achieve our vision, it is imperative for us to set the aspiration for how our organization and workforce embodies and carries out its work based upon a unifying set of values. To this end, we strive to demonstrate and continually build an organizational culture that works with purposeful pride and passion for practice, and people.

Principles & Core Values

- **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 as a contribution to the greater good
- **We prioritize practice** – we deliver high quality in what we do
- **We prioritize people** – we see the humanity in everyone, value insights from people with lived expertise, and work to bring out the best in colleagues and the families and children we serve
- **We work in partnership** – we recognize that the basis for achieving our vision is through collaboration and partnership as we cannot and should not do this work alone.

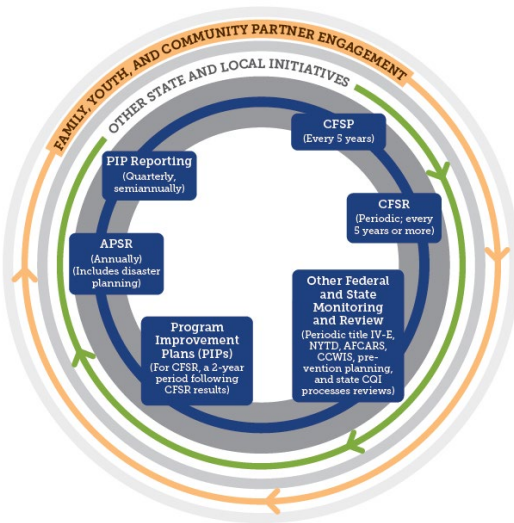
DCF's Approach to Strategic Planning

Strategy Formulation and Framework

This plan outlines the vision, mission, goals, and objectives of the organization, and the strategies and actions that will be taken to achieve them. An important aspect of a good strategic plan, especially in the child welfare space, is that it must endure and guide long-term direction and priorities. The plan is also adaptable and responsive to the changing needs and circumstances of DCF, the workforce, community and state agency partners, and allow for adjustments and revisions as needed. The diagram below illustrates our strategic planning framework ("blueprint") used to focus all collaborators on the plan's strategic focus areas and goals. The illustration also depicts relationships between key elements (e.g., vision, mission, focus areas, partnerships and collaboration, insights from people with lived expertise, and DCF principles and core values).

Integrated Planning Approach and Reporting

Development of DCF's 2025-2029 CFSP was approached by applying an integrated strategic planning approach designed to align and connect the CFSP, APSR, and CFSR child welfare systems planning, management, and evaluation processes. This was supported by incorporating best practices developed by the [Capacity Building Center for States](#), as well as aligning concurrent CFSP, Final APSR, and CFSR analysis and work efforts. F



To accomplish this, DCF established and leveraged an integrated team of internal subject matter experts, and technical assistance partners (Capacity Building Center for States, Casey Family Programs, and North Highland) to work in a highly collaborative fashion throughout the planning process. This served to both streamline and holistically inform the process of analysis in support of DCF’s planning, which involved thorough review of 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. Most importantly, this integration enabled DCF to engage and involve the DCF workforce, sister agencies, state-wide advisory bodies, community-based partners, and people with lived expertise to

simultaneously support evaluation of current performance (APSR/CFSR) and inform our strategy and plan for 2025-2029 (CFSP).

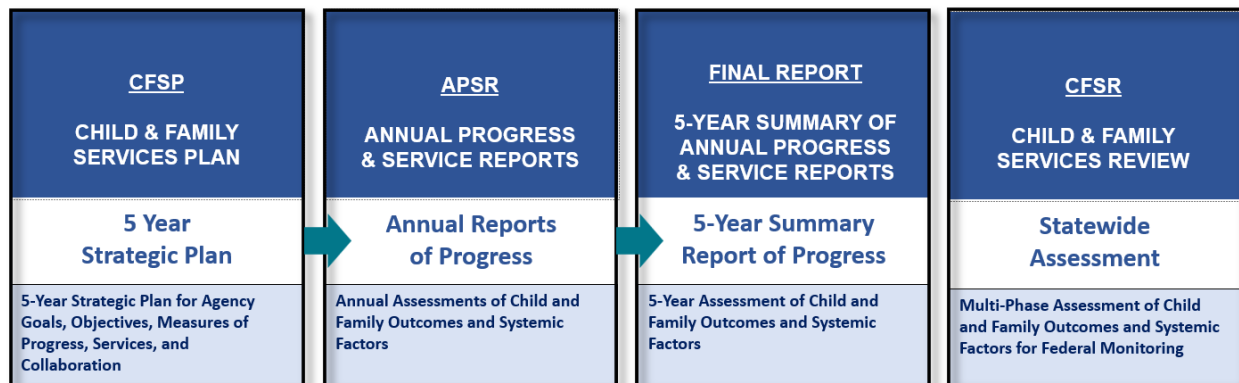


Figure 5. DCF’s Child & Family Services Plan aligns with and supports DCF’s annual APSR and the Final Report submitted with this CFSP.

Results Oriented Management Framework & Collaboration

To structure the process of goals development, analysis, and collaboration by DCF staff and community partners, we used Results Oriented Management (ROM) best practices. ROM (*also known as Results-Based Accountability or Results-Based Management*) is practiced widely across the fields of child welfare and public health and has been in use by DCF for several years, as demonstrated by DCF’s increasingly sophisticated use of monitoring data for data-driven decision making.

ROM allows us to manage, using measurable results, beginning with the vision of success and developing the means (the intermediate goals, objectives, and actions that produce progress toward the vision of success). The end product of ROM strategy is a Results Framework, or logical model for data-driven and transparent decision making, that includes objectives and actions of both DCF and its partners (See *Appendix*).

Workshops conducted to complete this plan included participation by many DCF experts and community partners and employed a Results Oriented Management approach to communicate a theory of change. This began with discussion and establishing problem statements (See Chapter 2) that DCF and partners

are working to solve and conducting workshops to brainstorm the state-of-the-art methods available as potential solutions. From these workshops, our theory of change was updated to illustrate the story of DCF's work toward success in accomplishing our vision.

The documentation resulting from DCF's ROM strategy work represents their new Results Framework. This is a visual tool, or map, that documents how DCF's work, plus the work of partners, adds up to meaningful statewide results over time. The results framework developed by DCF throughout CFSP development will aid DCF in continuing to evaluate results and impacts of services on people and serves as a framework for their ongoing evaluation and CQI efforts.

Final results frameworks for safety outcomes, permanency outcomes, and well-being outcomes are *included in the Appendix at the end of this report.*

The Results Framework was used to develop our Measures of Success, which are reported to the public through the [ROM Reports Data Portal](#) using these categories:

- *How Much Did We Do?*
- *How Well Did We Do?*
- *Are Our Children Better Off?*

Our Approach to Engagement & Collaboration

Collaborative Planning Efforts for the CFSP

DCF provides essential services, coordination, public communication, and leadership roles in protecting and promoting Connecticut's child and family welfare,. Other state and federal agencies, and a wealth of valuable community partners, each play crucial roles. Ongoing collaborative relationships are maintained with multiple agencies and community partners. A summary of these partners appears below.

Additionally, DCF reached out to many of these agency and community partners for their experience, feedback, and collaboration in developing this plan.

The following Connecticut community partners and state agencies were engaged directly by DCF during the development of this plan:

- Voices with Lived Expertise
 - Parents
 - Licensed Foster Parents
 - Kinship Caregivers
 - Youth
- Connecticut State Advisory Council
- Connecticut Regional Advisory Council Leads
- Governor's Task Force on Justice for Abused Children
- Juvenile Court Judges and members of Juvenile Court/Court Improvement Program and Office of Attorney General's Child Welfare Division
- Tribes
 - Federally recognized tribes: Mohegan, Mashantucket-Pequot Tribe

- State recognized tribes: Schaghticoke, Paucatuck Eastern Pequot, and Golden Hill Paugussett
- Connecticut Children and Families Racial Justice Working Group
- Organizations supporting adoptive parents and caregivers, including The Connecticut Alliance of Foster and Adoptive Families (CAFAF) and FAVOR, Inc.
- Other nonprofit providers and partners:
 - Casey Family Programs; NAFI Connecticut (North American Family Institute); JRI Connecticut (Justice Resource Institute); The CAYL Institute; Urban Community Alliance; Racial Justice Institute; CT Unified School District 2; Waterford Country Schools; Children’s Center of Hamden

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

Additional levels of engagement with targeted groups included:

- Connecticut Children and Families Racial Justice Working Group reviewed DCF outcomes performance data, reviewed CFSP goals and objectives language in development, and participated in a survey to record their feedback.
- CT State Advisory Council and Regional Advisory Council Leads, and Governor’s Task Force on Justice for Abused Children reviewed DCF outcomes performance data and reviewed CFSP goals and objectives language in development.
- Federally recognized tribes: Mohegan, Mashantucket-Pequot Tribe and state recognized tribes represented by the ICWA Organization reviewed CFSP goals and objectives language in development and participated in a survey to record their feedback.
- Juvenile Court Judges and members of Juvenile Court/Court Improvement Program and Office of Attorney General’s Child Welfare Division reviewed CFSP goals and objectives language in development and participated in a detailed survey to record their feedback on promoting safety, permanency and well-being through improved collaboration and court rules.

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

Connecticut State Agencies and Committees Endorsing the CFSP

These agencies and committees have signed letters to offer their agency’s endorsement of this 2025-2029 Child and Family Services Plan:

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

- Department of Social Services
- Department of Housing
- Department of Veterans Affairs

Overview of Community Partners Engaged

Below is an overview of partner engagement sessions, listening sessions, and feedback surveys conducted during the development of this plan.

Voices with Lived Expertise

DCF developed this CFSP through purposeful engagement and feedback from state agencies and community organizations, and the voices of those with lived expertise in the state's child welfare system. We held strategic engagement sessions with community partners in 2024 to better understand their experiences working and interacting with DCF, including their assessments of DCF strengths and areas of needed improvement. Additionally, as we developed strategic goals and objectives for this plan, community partners were asked to provide their feedback and to share their priorities for improving child welfare outcomes.

To be fully informed on key aspects of the CFSP development, listening forums were facilitated by DCF with groups of

- Parents with experience of their children in the system,
- Youth with lived expertise,
- licensed foster/adoptive families, and
- licensed kinship families with lived expertise,

Questions to guide the conversations were provided in advance, centering on the following themes:

- Empowerment in case planning
- Input into services and supports they received
- Role of the Social Worker
- Navigating the Child Welfare System
- Recommendations for system improvement

For the youth listening sessions conducted, youth were recruited from Youth Advisory Boards (YAB). DCF maintains a strong network of YABs that operate in each of its six regions. The primary focus of the YABs is to empower youth and young adults with the skills needed to participate in targeted advocacy for systemic change and engage in activities that will promote their personal and professional development and contribute to their success throughout later stages of their adulthood.

The forums were facilitated by a Senior Administrator from DCF supported by facilitators from the Capacity Building Center for States, Casey Family Programs, The North Highland Company, representatives of community partners including Urban Community Alliance, Racial Justice Institute, and parent advocacy groups. All individuals attending the forums received a stipend for their participation.

These forums will continue in various formats designed to include voices of lived expertise in the ongoing feedback DCF seeks in improving services performance and community outreach. Knowledge gained is particularly influential in DCF's efforts to continually develop out approach to prevention (see Chapter 2).

State Agencies, Advisory Council, and Task Force

Recommendations from the **State Advisory Council (SAC)** and **Regional Advisory Councils (RAC)** have been included in the development of the CFSP. At the statewide level, the SAC is a 17-member body, with 11 members appointed by the Governor, and representation from all six DCF RACs, to advise the Commissioner on matters pertaining to services for children and families. The membership includes parents and youth with lived expertise, adult caregivers, and persons representing a variety of sectors and professions, including attorneys, a physician, psychiatrist, and community providers.

The Governor's Task Force on Justice for Abused Children was established in accordance with the Children's Justice Act to advise the Governor and DCF concerning the prevention, identification, investigation, prosecution, and treatment of child abuse and neglect in Connecticut and the improvement of Connecticut's civil and criminal justice systems in their handling of child abuse and neglect. A DCF Senior Administrator is a tri-chair of the Task Force and receives consistent recommendations regarding policies and practices and other related matters from this group. Additionally, an engagement meeting focused on developing the goals and objectives of this plan was convened with the Governor's Task Force to ask for their recommendations. Their feedback has been integrated into this CFSP.

DCF's Office of Community Relations (OCR) staff also took part in a structured engagement session. The OCR serves families and youth, foster, adoptive, and kinship parents, providers, and citizens to resolve disputes and respond to inquiries concerning DCF. OCR staff provided input on systematic issues and recommendations based on interactions they have had with the youth and families who contact the office with special focus on the above-mentioned themes.

Tribes

Discussion meetings were convened by DCF's CFSP planning team with both of Connecticut's federally recognized tribes, the **Mashantucket-Pequot Tribal Nation (MPTN)** and the **Mohegan Tribe (MT)**. DCF routinely has engaged in outreach to both tribes requesting their participation in the various activities pertaining to CFSR results, and DCF has recently initiated engagement with the state-recognized tribes as well. This will continue as part of the both the CFSP and the CFSR activities.

To engage Connecticut's state-recognized tribes, DCF senior staff conducted meetings with each, and tribal representatives completed questionnaires to provide feedback on the service relationship between DCF and Connecticut's state-recognized tribes. Most Indian Child Welfare Act (ICWA) activity in Connecticut has centered on the State recognized resident tribes (**Schaghticoke, Paucatuck Eastern Pequot, and Golden Hill Paugussett**). Representatives of these tribes participated in engagement sessions and a written questionnaire during the development of the CFSP to provide feedback on their coordination and collaborative relationship with DCF.

For more information on DCF's engagement and collaborative relationship with tribes please see [Chapter 4: Consultation & Coordination Between State & Tribes.](#)

Legal and Judicial Communities

Juvenile Court Judges and members of Juvenile Court/Court Improvement Program and Office of Attorney General's Child Welfare Division were engaged in facilitated feedback sessions and follow-up questionnaires to collect feedback on policies, practices, and effectiveness of their working relationships with DCF to inform the development of this CFSP.

DCF, the Judicial Branch, the Office of the Attorney General (OAG), the Office of the Chief Public Defender and the private bar continue to build upon their partnerships in order to achieve safety, timely permanency and well-being for children and families involved with DCF and the juvenile court. These partnerships will continue as an essential element of engagement throughout the CFSP and CFSR processes.

On a regular basis, the DCF Commissioner meets with the Chief Administrative Judge for Juvenile Matters along with the DCF General Counsel and Legal Director to discuss and address systems issues to promote timely permanency for children. In addition, the DCF Assistant Legal Director meets with the Chief Clerk for Juvenile Matters to streamline processes, such as e-filing and development of new forms, that impact the timely filing and processing of petitions and motions. These meetings facilitate collaboration with the Judicial Branch to address systemic, or court-specific, challenges to achieving timely permanency and swift resolution to cases.

There is also a DCF/Judicial Collaborative workgroup that meets quarterly to address Racial Justice and other related issues within the juvenile court. The group includes the DCF Commissioner's Office and child welfare staff, the Superior Court for Juvenile Matters (SCJM) Chief Administrative Judge, a presiding SCJM Judge, Chief Clerk (also CIP Coordinator), the Director of Delinquency Defense and Child Protection with the Chief Public Defender's Office, representatives from the Attorney General's Office and the Center for Children's Advocacy. The workgroup has developed a disproportionality pathway for children involved with the SCJM and collaborates to develop strategies to reduce/eliminate this issue across the system. Along with this statewide workgroup, there are regular Racial and Ethnic Disproportionality (RED) meetings to address these issues at the local level, which also include schools, juvenile probation, law enforcement, and community providers.

This court collaboration is an integral part of DCF's commitment to expanding our racial justice/anti-racist work beyond our internal agency and partnering with community providers within the broader child protection system to ensure fair, just, and impartial treatment outcomes. Inclusion of our community stakeholders emphasizes a partnership which is necessary for anti-racist transformation of practice, policy, and equitable service delivery. More specifically, DCF has partnered with the Connecticut Superior Court for Juvenile Matters, and other stakeholder groups, to regularly review and analyze pathways data at all decision-making points in the court process, to better understand the underlying drivers of racial and ethnic disparity and to identify strategies to reduce those disparities and expedite permanency for children in care. One such initiative is a court-connected mediation pilot program launched in 2024. In addition, DCF and the Office of the Chief Public Defender are finalizing the plan to draw down Title IV-E revenue for pre-petition legal representation for parents and children to reduce the number of children entering the foster care system whenever safely possible.

During development of the CFSP in 2024, Juvenile Court Judges and members of Juvenile Court/Court Improvement Program and Office of Attorney General's Child Welfare Division reviewed CFSP goals and objectives language in development and participated in a detailed survey to record their feedback on promoting safety, permanency and well-being through improved collaboration and court rules.

DCF/Judicial/OAG/Office of the Chief Public Defender Collaboration

There is a standing monthly court partners meeting, which includes DCF, the Office of the Chief Public Defender (OCPD), the Chief Administrative Judge for Juvenile Matters, and the Office of the Attorney General to address any court related issues or concerns and to discuss updates and new initiatives that impact our juvenile court work, including any issues related to the private lawyers who represent parents and children in child abuse and neglect cases pursuant to contracts with OCPD. Each of the twelve courts throughout the State also hold “Brown Bag Lunches” to bring together the local Judges, DCF, AAGs, OCPD and parents/children’s counsel to learn about and discuss new initiatives and processes that may impact the individual court and/or statewide issues.

DCF/AAG Collaboration

DCF's in-house Legal Division continues to partner with the Office of Attorney General's (OAG) Child Protection Section to fortify the collaboration between the two agencies. Throughout 2023 and 2024, the OAG and DCF have partnered to navigate legal challenges, which benefits the children and families we serve. In keeping with those efforts, in-house area office attorneys meet with their local Assistant Attorneys General (AAGs) biweekly and the managers for the in-house DCF Legal Division and leadership team at the OAG Child Protection Section meet on a weekly basis. Ongoing collaborative efforts have included the following:

Consultations: In particularly complex cases, DCF includes AAGs in legal consults before petitions are filed. This has been especially helpful in cases involving interstate jurisdictional issues or unique legal issues.

Training: The OAG and DCF Legal Division have partnered on training for legal and child welfare staff on numerous topics, such as preparing to testify in court and pre-service training for new staff on the administrative hearing process. The OAG has also included DCF attorneys in monthly "lunch and learn" presentations at which a member of the OAG presents on a child welfare matter relevant to both in-house and trial practitioners. Leadership in both agencies are committed to ensuring that practice remains consistent statewide through routine and frequent communication and uniform training for staff throughout the state.

Administrative/Court Appeals: Decisions on Superior Court for Juvenile Matters may be appealed to the Appellate Court and the Connecticut Supreme Court. Also, final Decisions from Administrative Hearings may be appealed to Superior Court, the Appellate Court, and the Connecticut Supreme Court. AAGs represent DCF, in consultation with legal staff, throughout these appeal processes including by negotiating at prehearing conferences, drafting legal briefs, and presenting oral arguments before the Court. Legal Managers collaborate with AAGs on Juvenile Court appeals by reviewing legal briefs and participating in practice arguments (moots).

FAVOR

FAVOR, Inc. is a statewide family-led non-profit in 2002 that has ongoing engagement with DCF, and a partner role in supporting CFSP development. FAVOR is committed to empowering families as advocates and partners to improving educational, health and other outcomes for children. FAVOR employs individuals with lived expertise and utilizes a wraparound approach that emphasizes the importance of the family and youth voices for achieving successful outcomes for children. FAVOR representatives have

provided insights and recommendations throughout the year on DCF's policies and practices, and took part in facilitated conversations providing insights and recommendations on DCF's practices and effectiveness to contribute to the development of this CFSP.

The Connecticut Alliance of Foster and Adoptive Families (CAFAF)

CAFAF was also engaged in CFSP planning and is engaged on an ongoing basis. CAFAF is a contracted provider made up of foster, adoptive, and kinship families who support, advocate, and provide training to licensed families across the State. CAFAF representatives took part in facilitated conversations providing insights and recommendations on DCF's practices and effectiveness, and their feedback has been incorporated herein.

Racial Justice Working Group

It is DCF's intention to integrate racial equity and anti-racist approaches into all areas of DCF's work. As such, DCF has created opportunities and spaces to convene in which multidisciplinary perspectives are invited to critically examine current practices and policies. Among these efforts has been the creation and regular convening of the Statewide Racial Justice Workgroup (SRJWG).

The SRJWG is charged with cultivating and sustaining an environment in which internal racial justice leads and partners discuss the impacts of racism, power, and privilege on DCF policies and practices at the individual, institutional, and systemic levels. This workgroup has afforded DCF, its community providers, and family partners the opportunity to 'turn the mirror inward' on our own worldviews and how such cultural perspectives and lived expertise shape our daily decision making and biases, both implicitly and structurally.

During development of this CFSP, the SRJWG was engaged during its regularly scheduled meetings in a review of DCF performance against statewide assessment factors over recent years, and workgroup members were engaged in a facilitated session used to inform the goals and objectives of this CFSP. During this session, over 60 focus group participants shared their insights regarding the key challenges associated with racial justice and equity across the CT child welfare system. This was then followed by group brainstorming used to identify ways in DCF could focus its strategy in the coming five years to further address and improve racial justice outcomes at the agency, across the broader child welfare system, and importantly at the local community level.

DCF's Academy for Community Partners

The Academy for Community Partners (ACP) provides individualized training that reflects or informs providers about DCF's initiatives as well as to provide requested training to enhance the skill and knowledge of providers.

The Academy for Community Partners is a component of the Academy for Workforce Development. It is currently staffed with one Program Supervisor and one Community Trainer.

The Program Supervisor and Community Trainer serve as liaisons to the community provider network for the purposes of addressing their training needs. The Program Supervisor and Community Trainer work within the community as needed to provide training. The curriculum is created by the Academy for Community Partners, which supports quality assurance in that the ACP has continuity of training and information sharing within the provider network. It also enables the ACP to provide expedited training, as well as training resources and materials to the provider network.

ACP has multiple avenues to identify training needs, including an internal connection within the Systems and Contracts Departments to respond to individualized requests for training that may be related to new service delivery or identified trends in provider training needs. To gain a better understanding of provider training needs, ACP issues an annual Training Needs Survey. The survey results serve as the road map for identifying and offering applicable training to providers that mirrors the training offered to DCF staff.

To evaluate and improve training implementation, the ACP holds focus groups for the community providers on a regular cadence to examine the applied behaviors and skills learned during a specific training. The focus groups target six areas:

- Key skills and behaviors learned
- Comfort with skills and behaviors
- Application of skills and behaviors
- Factors that support use of skills and behaviors
- Factors that impede use of skills and behaviors
- Impacts on children and families

The ACP also provides fundamental onboarding training for the community provider network which includes, but is not limited to, Advancing Anti-Racism Racial Justice, the Connecticut Child Safety Practice Model, DCF 101, Trauma and De-escalation, Implicit Bias, and Mandated Reporter. Going forward, ACP will offer a Poverty is not Neglect course as well as a course on worker safety.

Since its inception, the ACP has developed and sustained ongoing partnerships with various community providers within the State. This partnership has afforded all parties involved the ability to engage in fruitful conversations that assess the training needs of our partners. In turn, the ACP has been able to develop and facilitate regular trainings that serve the needs of community partners, providing them with a lens around child safety that mirrors that of DCF. As DCF moves forward, we will strive to include our partners at the table to co-develop future training courses. We will also develop co-training opportunities for specific courses, where providers can co-lead training with ACP staff. A train the trainer model for providers will also be developed, providing them with the opportunity to learn and teach specific curricula that can be sustained. Wellness will be an area of focus for the ACP constituents. DCF recognizes that wellness is a key factor in ensuring providers are employing strategies and techniques vital to their success in the community. To offer the best services, providers must learn how to care for themselves – a practice that will ultimately enhance the services they provide to children and families.

As ACP seeks to provide further training from 2025-2029 considering responses received from the annual Training Needs Survey, DCF looks to explore and plan the following curriculum:

- Supervisory Leadership Series for Community Providers
- Simulation Training for Community Providers
- Legal 101 for Community Providers

Joint training is conducted by all agencies to support partnership and collaboration. DCF's Academy for Community Partners provides as needed training on DCF's policies and procedures to the staff of the DDS Children Services Division and DMHAS YAS.

The areas of focus for training include:

- Mandated Reporter
- DCF 101
- ABCD Child Safety Practice Model

- Advancing Anti- Racism
- Implicit Bias
- Worker Safety
- Infant Care

Furthermore, DCF, DDS, and DMHAS staff partner to provide as needed training to the DCF Area Office Child Protection Staff (CPS) on DDS and DMHAS policies and procedures. These trainings include engaging youth with lived expertise to speak with staff about the benefits of programming.

The areas of focus for this training includes:

- History of the Agencies and their Programming
- Which Populations do they Serve?
- Eligibility Criteria for Services and Referral Process
- Services Offered in the Programs
Location of the Programs, Offices and Services

Other Community Partners Engaged by DCF

Below is an overview of additional community partners engaged by DCF on an ongoing basis.

Parents with Differing Cognitive Abilities

DCF maintains a Parents with Differing Cognitive Abilities (PWDCA) Workgroup. The PWDCA was formed in 2002 to support parents with cognitive limitations and their families. Members include all a diverse group of private providers, as well as the major human services state agencies:

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

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

DCF maintains an active PWDCA Workgroup to lead community providers, state agencies, parents, and other stakeholders through participation in virtual quarterly Workgroup meetings. In addition to reinforcing the key goals, PWDCA provides training for community providers and stakeholders. To date, the Workgroup has trained over 4,000 service providers through the work of an interdisciplinary, interagency rotating training team, including contributing \$4,000 to support the “Identifying and Working with Parents with Differing Cognitive Abilities” trainings as well as the CT Parents with Differing Cognitive Abilities Annual Meeting”. The training was developed by the CT Parents with Differing Cognitive Abilities Workgroup, a collaborative of public and private agencies, and are delivered by a rotating team of trainers from the Workgroup. Through the Department’s Academy for Workforce Development, CEUs are available to social workers.

Housing Advocates

Many of the abuse/neglect reports accepted by the Department are complicated by presenting problems such as housing insecurity. This is one of several factors that play important roles in achieving permanency for children, particularly as reported within the first 12 months.

When the family had problems with housing, and controlling for other factors, the odds of achieving permanency in the first 12 months were 36% lower than children whose family did not have such an issue. While housing was one of the most important factors associated with achieving permanency within 12 months, while it was no longer associated with achieving permanency within 12-23 months and 24-35 months.

For this reason, DCF continues to address this issue through partnerships, including the Partnership for Strong Communities, and the CT Coalition to End Homelessness, DCF remains committed to addressing homelessness for families within our state with particular emphasis on (a) ending and preventing family homelessness, (b) promoting child and family well-being and (c) ensuring that CT's Supportive Housing for Families Program is recognized as a strategy to contribute to ending family homelessness. DCF continues to participate and engage with numerous state and community-based groups that focus on these areas. Additionally, DCF has been a long-standing member for over 18 years on the Interagency Committee for Supportive Housing that focuses on the development of supportive housing units in Connecticut. These bi-monthly housing partnership meetings continue to occur virtually.

Additional DCF partnerships include several local and state housing authorities. Since 2009, DCF along with its non-profit provider Connection Inc., has joined over a dozen housing authorities in applying for Family Unification Program Vouchers (FUP). Memorandum of Understanding agreements solidifying this partnership of service, communication, and voucher subsidies have been established to serve the housing needs of DCF's most vulnerable families. During this upcoming year, the Department will await the opportunities from the federal Housing and Urban Development (HUD) for upcoming FUP and Foster Youth to Independence vouchers to apply for DCF families and youth. DCF will also continue to focus on transitioning youth for success and incorporating specific strategies to reduce the number of youths aging out of foster care to homelessness.

The Supportive Housing for Families is progressively moving forward with new initiatives over the next five years, including a Kinship Housing Assistance Program pilot to expand the efforts of the Supportive Housing for Families Program. This Pilot Program will offer temporary, short-term housing assistance to alleviate the housing challenges on families who are considering taking a relative child into their home. In many instances, the barrier to accepting a relative is the lack of appropriate housing. This program would assist a family to locate housing, provide a security deposit and a temporary housing subsidy. In addition to housing support, families would receive case management, vocational and parenting support services as needed. For families whose income may only be social security or disability, a housing voucher would be necessary.

Also, in alignment with the FFPSA, the goal of the Supportive Housing for Families program is to achieve an evidence-based rating through the Title IV-E Prevention Services Clearinghouse which was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). By becoming an evidence-based model, SHF would

showcase the efficacy of the work done over the past two decades in preventing removal of children whose family is involved with the CT Department of Children and Families when housing is a barrier. Using more than 25 years of research, most recently, through ACF Federal Demonstration Grant, over a two-year period of follow-up, 91% of children in the SHF program remained with their families (i.e., not placed in foster care). Achieving a rating of promising practice through the Clearinghouse would solidify SHF's delivery of high-quality best practice standards of care.

Connecticut Behavioral Health Partnership

DCF, the Department of Social Services (DSS), and the Department of Mental Health and Addiction Services (DMHAS) comprise the Connecticut Behavioral Health Partnership (CT BHP). They jointly manage the contract with Celeron Behavioral Health Connecticut (formerly Beacon Health Options) which serves as the Administrative Services Organization (ASO). This Administrative Services Organization manages behavioral health needs for about one million HUSKY Health members. The Partnership's goal is multifaceted, focusing on utilization management, assessing inadequacies in the network, assuring quality service delivery, ensuring the right care at the right time, preventing unnecessary institutional treatment, and improving the overall behavioral health delivery system.

DSS, DCF, and DMHAS remain the parties to the contract for the CT BHP; however, there is further collaboration with many other sister state agencies with an interest in identifying and addressing behavioral health system gaps. Those agencies include the Department of Developmental Services (DDS), the State Department of Education (DOE), the Department of Correction (DOC), Judicial Branch Court Support Services Division (JB-CSSD), and the Offices of the Healthcare Advocate and the Child Advocate.

In the past year, the CT BHP has implemented a SUD (Substance Use Disorder) 1115 waiver as a part of the ongoing efforts to fight the opioid crisis. Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to allow states to pursue innovative and flexible program designs to improve existing programs, implement new programs, improve service delivery and quality of care, and evaluate state specific policy initiatives. The SUD 1115 waiver allows coverage of residential and inpatient substance use disorders that previously had been excluded due to federal policies. It removed Medicaid payment barriers in order to improve access. Involved in this waiver initiative are DCF, DSS, DMHAS, DOC, and JB-CSSD. Connecticut received Centers for Medicare & Medicaid Services (CMS) approval of the waiver on April 14, 2022, with a demonstration approval period through March 2027.

The CT BHP identifies projects and initiatives based on both the state and national landscapes. These initiatives tend to be joint collaborative ventures which advance the behavioral health system.

The Consumer and Family Advisory Council (CFAC) was started in 2006 under the CT BHP because there was the recognition of the importance of and the need for the consumer's voice in the behavioral health system. CFAC consists of HUSKY Health members with lived expertise with behavioral health, substance abuse, and/or the child welfare or juvenile justice systems. The group focuses on advocacy through their involvement on sub-committees related to behavioral health and care coordination. Additionally, the CFAC has increased their ability to advocate by learning from behavioral health system providers and experts. Each year this group plans and implements an annual conference, iCAN, which focuses on relevant themes in behavioral health.

Last year, the theme of the conference was, "Opening Pathways to Mental Health and Addiction Recovery – Committing to Individuals and Families as True Partners". There were 135 attendees that included community providers, parents, consumers, and others with lived expertise.

ACCESS Mental Health

The ACCESS Mental Health for Youth program began in 2014 with funding from the Department. The program makes available to all youth and young adults under 22 years access to psychiatric and behavioral health services. These services occur via the PCP (Primary Care Providers) by way of phone consultations. These consultations aim to increase their knowledge of behavioral health, substance misuse and community resources. Clients can have access to this consultation service irrespective of insurance coverage.

Real-time psychiatric consultation and individual phone consultations are provided through Yale Child Study Center, Hartford Hospital, and Wheeler Clinic, each of whom serve as subcontractors for Carelon Behavioral Health (formerly Beacon Health Options). The teams consist of a Board-Certified child and adolescent psychiatrist, a behavioral health clinician, a program coordinator, and a family peer specialist. Consultations may entail diagnostic clarification, psychopharmacology recommendations, counseling recommendations, and care coordination supporting youth and their family in connecting to community resources.

DMHAS and DDS

DCF has continued to maintain a collaborative partnership with our sister agencies, DDS and DMHAS, which affords all youth exiting DCF care a multi-system approach to supporting their success. DCF works at appropriately identifying youth who may be eligible for ongoing services based on level of need, then works with DDS and DMHAS to facilitate eligibility determination for services and transition support.

Those youth who are identified as having a diagnosis of Autism Spectrum Disorder (ASD), or an Intellectual Developmental Disability (IDD) are referred to DDS upon being screened as having one or both these diagnoses. Youth having only an ASD diagnosis are screened by DDS and referred to the Autism Waiver.

For youth who are deemed in need of mental health support, those with serious mental illness are referred to DMHAS' Young Adult Services (YAS) division for eligibility determination upon turning age 16.

Once eligibility has been determined by either agency, there is ongoing case discussion in preparation for the transition of the case, typically around the youth's 21st birthday. As part of this joint work, DCF meets regularly with DDS and DMHAS where factual, clear, and concise information is shared while coordinating the process among the state agencies. Purposeful joint planning is done so that the state agencies can come together to best support youth and families. This coordination is critical to the success of transitioning youth as they age out of their DCF placement and into the adult long-term care support system. By collaborating with other state agencies, DCF can coordinate youth and families with services and connect them to resources that can support their ongoing success.

CHAPTER 2: PLAN FOR ENACTING THE STATE'S VISION

Plan for Enacting the State’s Vision

Overview of the DCF 2025-2029 Strategic Plan

The CT DCF 2025-2029 strategic plan outlines the state's vision, mission, strategic goals, supporting objectives, key actions, and measures of progress for improving its child welfare program, services, and outcomes for children and families over the next five years.

DCF’s strategy and plan is focused on achieving our vision of **“Connecticut’s children are safe and sound within loving and supportive families”**, which is centered on learning from and **embracing the wisdom of families with lived expertise**. Our enduring mission remains, which is based on carrying out DCF’s responsibilities by **“Partnering with communities and empowering families to raise resilient children who thrive”**. This five-year strategic plan was designed in collaboration with community partners and directly informed by people with lived expertise. The plan is focused on enabling DCF work efforts by our enduring commitment to the Safety, Permanency, and Well-being of Connecticut’s children and families, improving outcomes through a greater emphasis on Prevention, continued efforts to address Racial Justice and equity challenges within the child welfare system, as well as enhancing engagement and support for the DCF Workforce.

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

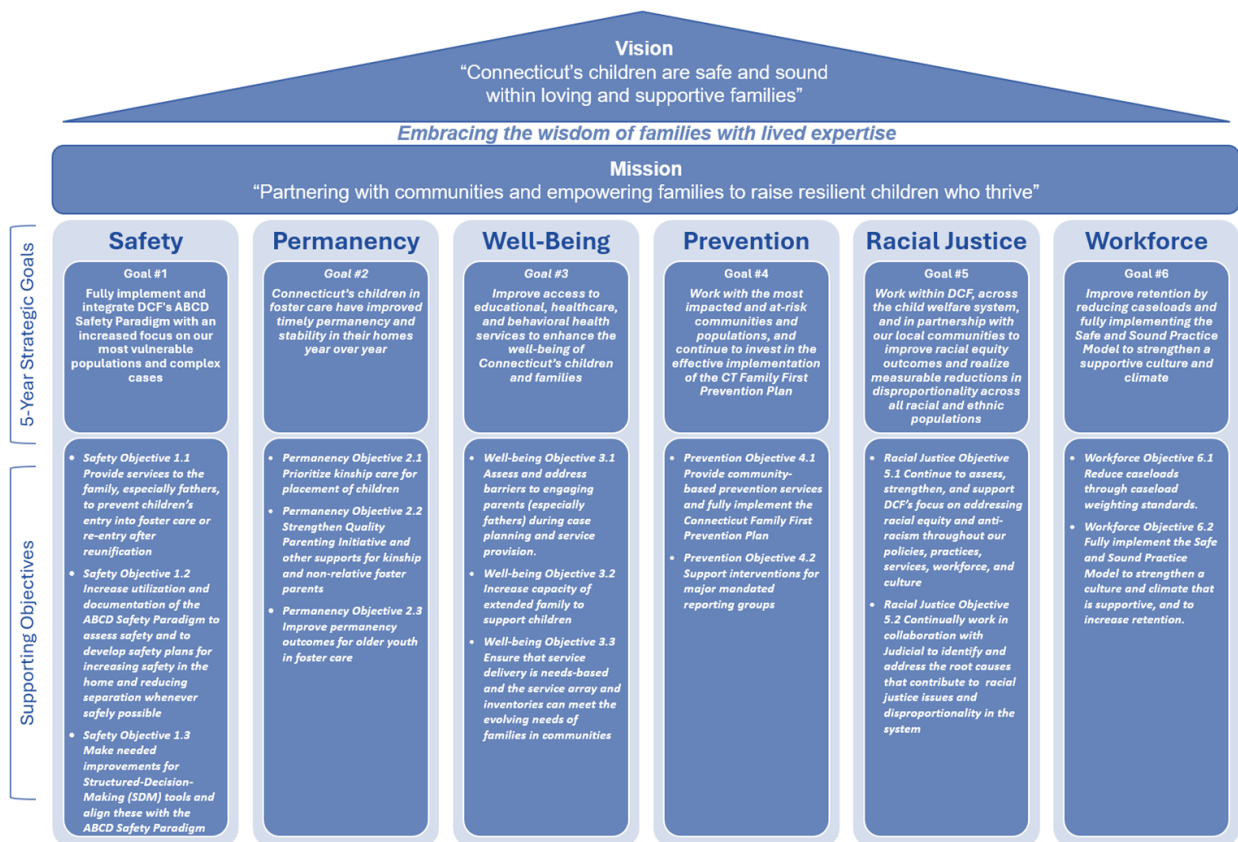


Figure 6. Illustration of CT DCF CFSP Strategy Summary

As described in Chapter 1. Vision & Collaboration, development of this strategy and plan involved extensive engagement and collaboration, with DCF various stakeholders, including families, children, youth, Tribes, courts, and other partners, who provided input and feedback on the state's strengths, needs, and priorities. These efforts involved aligning and integrated DCF's concurrent CFSR, Final APSR, and forward-looking CFSP strategy development. The benefit of this integrated planning approach is that DCF was simultaneously provided with robust and detailed analysis of current performance and factors, thoughtful capture of collaborative insights and problem solving, which were used as a direct input into the formulation of this strategic plan.

The strategic plan was developed by applying leading practices that included an implementation science framework and results-based management approach, which helped the state to conduct root cause analysis, develop a theory of change, and create a logic model for each of the goals. For each goal, the following sections provide details of DCF's plan for enacting its vision, which is specified in terms of supporting strategic objectives, key actions and timeframes, that will be implemented to achieve the desired changes in the system and the envisioned outcomes for CT children and families. The state also identified the data indicators and measures of progress that will be used to monitor and evaluate the progress and effectiveness of the plan.

Also detailed here in Chapter 2 are the approaches and methods DCF will be using to support effective execution of this strategic plan, which include staff training, technical assistance and evaluation; implementation supports, and continual use and enhancement of the department's existing QA/CQI systems.

Strategic Focus Area One: Safety

Keep children and youth safe, with focus on the most vulnerable populations

Goal #1

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

Safety of children is of the utmost importance to DCF, where safety practices are designed to keep children safety at home whenever safely possible. Absence of child safety can include maltreatment, physical abuse, neglect, emotional abuse, abandonment, and contributing factors such as parental substance abuse. Connecticut has consistently met the national performance target for Recurrence of Maltreatment and for Maltreatment in Foster Care for the past five years.

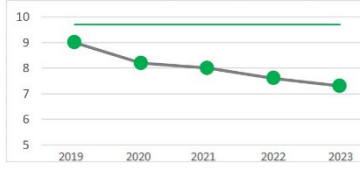
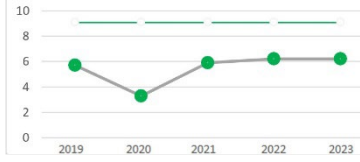
Problem Statement

Child safety, encompassing maltreatment, child abuse and neglect, is defined by Federal and Connecticut State laws. The Federal Child Abuse Prevention and Treatment Act (CAPTA) outlines child abuse and neglect as any act or failure to act by a parent or caregiver resulting in death, serious physical or emotional harm, sexual abuse, or exploitation.

Physical abuse involves nonaccidental injury to the child, such as striking or burning. Neglect refers to the failure to provide necessary food, clothing, shelter, medical care, or supervision, endangering the child's well-being. Emotional maltreatment, evidenced by observable changes in behavior or emotional response, is also part of the definition. Abandonment occurs when a parent's whereabouts are unknown, or the child is left in harmful circumstances without contact or support. Parental substance use that impairs caregiving ability is considered abuse or neglect. As an example, when DCF is notified of an infant prenatally exposed to substances, the Department assesses if the parent's use causes the infant to meet the state's definition of abuse or neglect, and offers substance use disorder treatment for both the infant and caregiver.

Current Status

While Connecticut has consistently met the national standards for Recurrence of Maltreatment and Maltreatment in Foster Care for the past five years, improving child safety remains DCF's goal. Additionally, it is important to note that children of color continue to be disproportionately over-represented in received reports and subsequent investigations and cases of maltreatment, abuse, or neglect. For additional information on 2020-2024 progress toward this goal, please see [FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024.](#)

<i>Federal Measures of Child Safety</i>	Key:					Meeting national standard
						Not meeting national standard
	'19	'20	'21	'22	'23	Trend
<i>Recurrence of Maltreatment (standard <=9.7%)</i>	9.0	8.2	8.0	7.6	7.3	
<i>Maltreatment in Foster Care (standard <=9.07 victims/100K days)</i>	5.7	3.3	5.9	6.2	6.2	

Performance Improvement Process

Improving safety outcomes for Connecticut’s children requires leveraging strengths including DCF’s skilled workforce and partnerships and safety protocols and interventions, supported by systematic safety assessment tools and prompt reporting systems. Leveraging these strengths involves continued staff development, enhancing safety assessment tools, utilizing strong data reporting, and fostering collaboration.

However, improving safety outcomes also requires that challenges are overcome, including comprehensive assessment and safety plan development. DCF’s limited number of caseworkers and high caseloads can impact comprehensiveness of safety assessments and planning. Also, gaps in service availability and abilities of many families to access services negatively affect safety outcomes. For example, collaborative stakeholder engagement and tailored services for undocumented clients are needed. Strategy considerations include strengthening services to parent’s, including fathers, enhancing safety assessment, planning through increased use of the ABCD Safety Paradigm, and Structured Decision-Making Tools (SDM) in addition to other improvements. The National Partnership for Child Safety is utilizing safety science and data from 35 states to inform practice improvements. Connecticut participated in an affinity group that created the “Safely to their First Birthday Policy and Practice Brief”, and this will guide the post consent decree work and the Academy for Workforce Development for safe sleep preventive discussions with families, and the Careline’s considerations for substantiations, and screenings for child fatalities.

Continuing to improve partnerships with state agencies and community organizations is vital. Strategic partnerships with law enforcement, schools, grassroots organizations, and other stakeholders offer diverse perspectives and support for child safety initiatives. Enhanced communication and data sharing with courts, attorneys, and legal agencies can streamline processes and ensure holistic support for children and families.

5-Year Goal for Child Safety

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

Supporting Objectives & Actions

DCF seeks meaningful improvements in child safety outcomes through a five-year strategic focus with the objectives shown below:

- ***Safety Objective 1.1 Provide services to the family, especially fathers, to prevent children’s entry into foster care or re-entry after reunification***
- ***Safety Objective 1.2 Increase utilization and documentation of the ABCD Safety Paradigm to assess safety and to develop safety plans for increasing safety in the home and reducing separation whenever safely possible***
- ***Safety Objective 1.3 Make needed improvements for Structured-Decision-Making (SDM) tools and align these with the ABCD Safety Paradigm***

Supporting Objectives and Actions 1.1

1.1 Provide services to the family, especially fathers, to prevent children’s entry into foster care or re-entry after reunification.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Evaluate practices and provide specific implementation supports and resources to enhance safety and fatherhood engagement.

Mid Term (2-4yrs)

- o Launch Phase 1 implementation p Consider additional practice initiatives to prevent entry into foster care or reentry after reunification.

Long Term (4-5+ years)

- o Begin development of PIE data with the ability to specify parent participation, including fathers, in contracted services.

Supporting Objectives and Actions 1.2

1.2 Increase utilization and documentation of the ABCD Safety Paradigm to assess safety and to develop safety plans for increasing safety in the home and reducing separation whenever safely possible.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Assess the baseline of utilization and documentation of the ABCD Safety Paradigm to assess safety and to develop DCF safety plans to increase safety in the home and reduce separations.
- o Evaluate the use of the ABCD Safety Paradigm in quality improvement case reviews (in-home and administrative case reviews of case practice and considered removal meetings). Consider the results and a phased implementation plan to continually increase the ABCD Safety Paradigm in case practice and supervision.
- o Focus specifically on increasing the details within the ABCD paradigm assessment of parents, particularly fathers, which will be documented by narratives, case plans, safety plans, considered removal notes, supervisory notes, and managerial notes.

Mid Term (2-4yrs)

- o Launch Phase 1 implementation plan.

Long Term (4-5+ years)

- o Continue implementation and monitor.

Supporting Objectives and Actions 1.3

1.3 Make needed improvements for Structured-Decision-Making (SDM) tools, and align these with the ABCD Safety Paradigm

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Complete an assessment of the SDM safety and risk tools and alternatives along with the workplan for CTKind. Special attention will be given to the SDM tools which had not been updated with Evident Change (SDM reunification tool and the value of the SDM risk assessment for ongoing, and SDM Family Strengths). Establish a phased implementation plan.

Mid Term (2-4yrs)

- o Launch Phase 1 to Integrate and simplify the set of SDM or other tools, forms, assessments
- o Launch the Phase 2 for CTKind Enhancements (first high priority) and create the training materials and train the trainers.

Long Term (4-5+ years)

- o Implement Phase 3 (pre-service and in-service), paying particular attention to vulnerable populations and complex cases, complete the policy revisions, communications, and initiate the quality improvement plan and monitoring.

Implementation Supports Needed to Achieve Safety Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: CPS staff, Director of Safety, Academy for Workforce Development, CQI Staff

Data/Systems: CTKind and Enhancements in 2025

Financing: Budget items as needed

Policy: Edit existing policies

Partnerships: TA - Capacity Building Center for States, Casey Family Programs, Chapin Hall, National Partnership for Child Safety

Measures of Progress for Child Safety – 2025-2029

Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect*

Indicator 1: Maltreatment in foster care; Target: <= 9.07 victims / 100K days **

Indicator 2: Recurrence of maltreatment; Target: <= 9.7% **

Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate*

Indicator 1: Rate of children diverted from foster care within 60 days of Considered Removal Family Team Meetings *

Indicator 2: Percentage of cases in which the ABCD Paradigm was applied prior to removal or reunification *

* New CT DCF indicators for 2025-2029

** Federal performance indicator

Strategic Focus Area Two: Permanency

Connect systems and processes to achieve timely permanency and stability for children in their homes

Goal #2

Connecticut's children in foster care have improved timely permanency and stability in their homes year over year

In child welfare, permanency represents a stable living situation, ideally one in which family connections are preserved. When children must be separated from their families due to child abuse, neglect, or parental incapacity, the larger community must provide for their protection, nurturing, and well-being. Equally important is the responsibility to ensure children are connected to family relationships intended to last a lifetime, with birth families if possible or with kinship, adoptive, or foster families when appropriate.

Problem Statement

Permanency is defined as children having stability in their living situations. Permanency planning begins when a child comes to the attention of the child welfare system. It is most often achieved when a child is reunified with their family of origin, but it may also occur when another court mandated permanency goal, such as guardianship or adoption, is obtained. Permanency is assessed continually and reported in three timeframes: the first 12 months after entering foster care, 13-24 months, and over 24 months after entering foster care. Additionally, placement stability measures whether children in out of home care experience stability in their placement setting. Permanency and placement stability are risk adjusted by age of the child at entry, as children of different ages have different likelihoods of experiencing permanency and stability regardless of the quality of care.

Current Status

Of the five national performance targets for permanency set by ACF Children's Bureau, Connecticut has met national performance targets for three of these during four of the past five years (the exception being 2020, when disruptions associated with the Covid pandemic negatively impacted many activities). The state also failed each year to meet two of the five targets: 'Permanency in 12 Months' and 'Reentry to Foster Care'. For additional information on 2020-2024 progress toward this goal, please see [FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024.](#)

Federal Measures of Permanency Key: Meeting national performance target Not meeting national performance target						
	'19	'20	'21	'22	'23	Trend
Permanency in 12 months (target >=35.2%)	28.4	24.7	23.0	24.7	24.1	
Permanency in 12 months for Children in Care 12 – 23 months (target >=43.8%)	48.1	32.0	45.7	47.3	50.8	
Permanency in 12 months For Children in Care >=24 Months (target >=37.3%)	40.4	28.6	45.4	42.9	44.9	
Re-Entry to Foster Care (target <=5.6%)	15.8	13.2	11.3	12.8	11.0	
Placement Stability (target <=4.48 moves/1000 days)	4.0	3.3	3.3	4.0	4.48	

Performance Improvement Process

Improving permanency outcomes for children in Connecticut requires leveraging strengths including the state’s resource-rich environment and comprehensive data for decision-making, facilitating timely reunification and permanency. This also requires overcoming challenges including lack of tailored services, staff skill gaps, and bureaucratic and legal delays in the court system. Strategy considerations include prioritizing kinship placement of children when available and appropriate, strengthening supports for kinship and non-relative foster parents, and increasing focus on permanency outcomes for older youth in foster care. All of these approaches can help DCF improve performance toward achieving permanency during the first 12 months in placement.

Improving permanency outcomes will require continued focus on effective partnerships with state agencies, courts, police, schools, and grassroots organizations that provide support to families suffering from poverty or housing insecurity. Improved communication and data sharing with courts, as well as addressing the timeliness of placement rules and streamlining bureaucratic processes.

5-Year Goal for Permanency

Connecticut's children in foster care have improved timely permanency and stability in their homes year over year

Supporting Objectives & Actions

DCF seeks meaningful improvements in permanency outcomes through a five-year strategic focus with the objectives shown below:

- ***Permanency Objective 2.1 Prioritize kinship care for placement of children***
- ***Permanency Objective 2.2 Strengthen Quality Parenting Initiative and other supports for kinship and non-relative foster parents***
- ***Permanency Objective 2.3 Improve permanency outcomes for older youth in foster care***

Supporting Objectives and Actions 2.1

2.1 Prioritize kinship care for placement of children

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Implement C-Kin, Connecticut's Kinship Navigation Model.
- o Create separate kinship license for kin placements, and policies.

Mid Term (2-4yrs)

- o Shift legal strategy for subsidized transfer of guardianship to expedite permanency.

Long Term (4-5+ years)

- o Enhance services provided to kin.

Supporting Objectives and Actions 2.2

2.2 Strengthen Quality Parenting Initiative and other supports for kinship and non-relative foster parents

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Complete assessment of QPI, a baseline collaboration between foster parents and biological family. Establish a phased implementation plan.

Mid Term (2-4yrs)

- o Implement Phase 1.

Long Term (4-5+ years)

- o Continue implementation and monitor.

Supporting Objectives and Actions 2.3

2.3 Improve permanency outcomes for older youth in foster care

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Apply for funding opportunities to improve permanency outcomes for older youth in foster care. Assess permanency status, identify opportunities to address barriers to permanency and design a process to improve outcomes.

Mid Term (2-4yrs)

- o Implement Phase 1.

Long Term (4-5+ years)

- o Continue implementation and monitor.

Implementation Supports Needed to Achieve Permanency Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: Foster Care Division, CPS staff, Legal Division

Data/Systems: CTKind

Financing: QPI contract and evaluation, C-Kin contract

Policy: Update Foster Care Division Policies and Practice Guide, Licensing Policies and Kinship Licensing, revise policies related to the Office of Legal Affairs to create Mediation Policy

Partnerships: Juvenile Court Judges and create a Mediation Task Force, Quality Parenting Initiative (QPI), Connecticut Association of Foster and Adoptive Families, (CAFAF), child placing agencies

Measures of Progress for Permanency – 2025-2029

Permanency Outcome 1: *Children have permanency and stability in their living situation*

Indicator 1: Permanency in 12 months for children entering foster care; Target: $\geq 35.2\%$ **

Indicator 2: Permanency in 12 months for children in foster care 12-23 months; Target: ≥ 43.8 **

Indicator 3: Permanency in 12 months for children in foster care 24 months or more; Target: $\geq 37.3\%$ **

Indicator 4: Reentry to foster care; Target: ≤ 5.6 **

Indicator 5: Placement stability; Target: ≤ 4.48 moves/1k days **

Permanency Outcome 2: *The continuity of family relationships and connections are preserved for children*

Indicator 1: Rate of initial placement in a kinship home *

Indicator 2: Rate of children in placement in a kinship home; Target: Maintain or increase percentage (current rate 40%) *

* New CT DCF indicators for 2025-2029

** Federal performance indicator

Strategic Focus Area Three: Child & Family Well-Being

Contribute to child and family well-being by enhancing assessments and interventions

Goal #3

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

Child well-being includes the physical, mental, behavioral, and emotional health and social functioning of children in a family. Protecting and promoting well-being requires access to professional services as well as a supportive environment within a family. DCF's emphasis on well-being integrates with and supports other aspects of child welfare, with a focus on engaging parents and families. Because outcomes for children are closely related to the well-being of their families, DCF works with children and their caregivers simultaneously to assess protective factors and parental capacity to provide for children's needs.

Problem Statement

A family experiencing poverty, housing instability, substance abuse, domestic violence, or child abuse or neglect have high risk factors affecting children's well-being. Among the resulting well-being factors that may be impacted are the child's regular physical and dental health care, mental and behavioral health care, and education.

Although national performance targets are not set by ACF's Children's Bureau for measures of child well-being, DCF regularly collects data representing indicators for how well a child's physical/dental health needs, mental/behavioral health needs, and educational needs are being met. DCF's data (*see Chapter 5*) demonstrates generally positive well-being status for more than 87% of children in care. Among the factors assessed, regular access to mental/behavioral healthcare is a problem for too many children in care and therefore receives significant focus by DCF.

Current Status

The following current status assessment is based on the results of DCF performance against CFSR items 12 through 18, established by the Children's Bureau, and published in DCF's *Annual Progress and Service Reports*, and *CT DCF Public ROM Reports*.

Children's Educational Needs:

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

Findings:

Educational/development needs assessed: Maintained at 95% or above since 2019

Educational/development needs addressed: Maintained 94% or above since 2019

Children's Physical/Dental Health Needs:

Did the agency address the physical/dental health needs of children? (CFSR Item #17)

Findings: Using Administrative Case Review Instrument (ACRI)

ACRI Case Practice – Physical Health Care

Assessed: Maintained at 95% or above since 2019

Addressed: Maintained at 93% or above since 2019

ACRI Case Practice – Dental Health Care

Assessed: Maintained at 90% or above since 2019

Addressed: Declined 3% since 2019 to 87% in 2023

ACRI Case Practice – Vision Health Care:

Declined 2% since 2019 to 91% in 2023

Multidisciplinary Exams (MDE) completed (within the target of 30 days of entry into system):

2019: Met

2020: (requirement waived during covid-19 disruption)

2021: Met

2022: Not met, decline in performance

2023: Not met, continued decline in performance

Children’s Mental/Behavioral Health Needs:

Did the agency address the mental/behavioral health needs of children? (CFSR Item #18)

Findings: ACRI Case Practice – Social Support/Mental Health: Maintained at 87% or above since 2019

For additional information on progress, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024.*

Performance Improvement Process

Improving well-being outcomes for children in Connecticut requires leveraging strengths, including relatively well-funded health services as compared to other states, and funding support for community partners using family-centered approaches and providing information and service coordination.

Despite the generally high level of services, access can still be a difficult challenge to overcome, particularly for at-risk populations living at or below the poverty line, and those lacking housing stability or transportation options. Gaps in foster care services, accountability, and resource allocation can all impact well-being. Strategy considerations to improve well-being outcomes include assessing and addressing barriers to engaging parents (especially fathers) during case planning and service provision, and improved assessments to enable needs-based planning and improve support relationships for families. Additionally, continued support for community partners, DCF workforce development, expansion of placement options, increased support for foster families, and increased public information regarding low-cost services available are all critical to enhancing the capacities of families to support children’s well-being.

5-Year Goal for Well-Being

Improve access to educational, healthcare, and behavioral health services to enhance the well-being of Connecticut’s children and families

Supporting Objectives & Actions

DCF seeks improvements in child and family well-being outcomes through a five-year strategic focus with objectives including:

- *Well-being Objective 3.1 Assess and address barriers to engaging parents (especially fathers) during case planning and service provision.*
- *Well-being Objective 3.2 Increase capacity of extended family to support children*
- *Well-being Objective 3.3 Ensure that service delivery is needs-based and the service array and inventories can meet the evolving needs of families in communities*

Supporting Objectives and Actions 3.1

3.1 Assess and address barriers to engaging parents (especially fathers) during case planning and service provision

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Assess parent participation (including incarcerated fathers), identify strategies, and plan a phased approach.

Mid Term (2-4yrs)

- o Implement phase 1.

Long Term (4-5+ years)

- o Continue implementation and monitor.

Supporting Objectives and Actions 3.2

3.2 Increase capacity of extended family to support children, including both maternal and paternal relatives

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Establish a phased implementation plan for rolling out C-Kin, Connecticut's Kinship Navigation Program.

Mid Term (2-4yrs)

- o Implement phase 1 of C-Kin.

Long Term (4-5+ years)

- o Continue implementation and monitor.

Supporting Objectives and Actions 3.3

3.3 Ensure that service delivery is needs-based and ensure that our service array and inventories can meet the evolving needs of families in communities

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Realign DCF's behavioral health and physical health.

Mid Term (2-4yrs)

- o Create a service array catalogue by service types
- o Engage grassroots non-traditional providers into the service array.

Long Term (4-5+ years)

- o Assess service types to meet evolving needs of families and communities. Establish a phased implementation plan.

Implementation Supports for Well-Being Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: Foster Care Division, CPS staff, Service Outcome Advisory Committee (SOAC), Enhanced Service Coordination (ESC), Program Leads, Family and Community Systems Division, Fiscal Division, Grants and Contracts

Data/Systems: CTKind, Provider Information Exchange (PIE), Evidence Based Tracker Data Collection

Financing: Budget items as needed

Policy: Child Welfare Policies, Fiscal Services Policies

Partnerships: Child Health and Development Institute (CHDI), United Way Info Line

Measures of Progress for Well-Being – 2025-2029

Well-Being Outcome 1: *Families have enhanced capacity to provide for their children's needs*

Indicator 1: Percentage of families reviewed with identified services delivered *

Indicator 2: Percentage of children in foster care receiving visits with their mother, father, and/or siblings to promote continuity of close relationships *

Well-Being Outcome 2: *Children receive appropriate services to meet their educational needs*

Indicator 1: Percent of children/youth who receive all necessary educational/developmental services as identified by MDE *

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

Indicator 1: Percent of children/youth who receive all necessary medical care as identified by MDE *

Indicator 2: Percent of children/youth who receive all necessary dental care as identified by MDE *

Indicator 3: Percent of children/youth who receive all necessary mental health treatment as identified by MDE *

Indicator 4: Percent of children/youth who receive all necessary substance abuse treatment as identified by MDE *

* New CT DCF indicators for 2025-2029

Strategic Focus Area Four: Prevention

Early upstream interventions and support for families

A child and family well-being system can help build protective capacities to prevent families from coming to the attention of the child welfare system or moving deeper into the system, including the prevention of entries into foster care. Prevention services are provided and accessed throughout the state, rather than through DCF. Prevention prioritizes keeping children safely with their families to avoid the trauma that occurs when children are placed in foster care.

Goal #4

Work with the most impacted and at-risk communities and populations, and continue to invest in the effective implementation of the CT Family First Prevention Plan

Problem Statement

Prevention services or activities are classified into three categories: Primary prevention activities are those directed toward the general public, such as public awareness or education programs focused on child development and family support.

Secondary prevention activities focus on populations at risk due to poverty, parental substance abuse, or parental mental health concerns. Secondary prevention programs may target services in communities with a high incidence of these risk factors. Secondary prevention programs may include parent education programs targeting vulnerable populations and parent support groups.

Tertiary prevention activities focus on families in which maltreatment of children has already been reported and documented. In these cases, the focus becomes preventing recurrence of maltreatment, as well as providing services to help heal the negative consequences of the maltreatment. Examples of tertiary prevention are mental/behavioral health services for families affected by maltreatment, and parent support groups for child welfare system-involved families.

Current Status

Considerable efforts are being made to prevent child maltreatment in Connecticut across all three categories of prevention. DCF established a Primary Care Management Entity (PCME) operated by Celeron Behavioral Health, which combines Voluntary Care Management (VCM), Intensive Family Care and Support (IFCS) and a new Community Pathways service under a single umbrella to more efficiently deliver both primary and secondary prevention programs. The PCME now provides data to the Department through our Provider Information Exchange (PIE) system, which allows for the integration of their data with that of our approved Evidence-Based Programs that currently include Functional Family Therapy and Multi-systemic Therapy. The PCME program provides the data concerning Child-Specific Prevention Plans, and providers for the EBPs enter data concerning actual service provision to those referred by the PCME. These data were successfully pulled together into our first FFPSA federal data submission in May 2024. The number of people with CSPPs included in that submission is quite small but the number will grow quickly during this CFSP.

Performance Improvement Process

The importance of prevention in child welfare is well recognized and yet difficult to target through public programs. One aspect of this is the difficulty of objectively measuring effectiveness of existing prevention efforts particularly since prevention includes activities of all partners and communities across the state.

This said, DCF’s assessments reveal some Connecticut communities with notably higher involvement with DCF including rates of entry of children into foster care. These are all indicators that continued efforts to improve prevention are needed.

Improving prevention outcomes for children in Connecticut requires leveraging implementation of the FFPSA, which prioritizes keeping children safely with their families to avoid the trauma that occurs when children are placed in foster care. This public law authorizes Title IV-E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. Additionally, DCF will increase focus on working with and providing supports to the major mandated reporter groups - schools, law enforcement and hospitals/pediatric care providers.

This approach to prevention is a current focus DCF and is in process of being further developed to incorporate advocacy and safety nets, family and community engagement and support, statutory/regulatory responsibilities and children and families known to the DCF system.

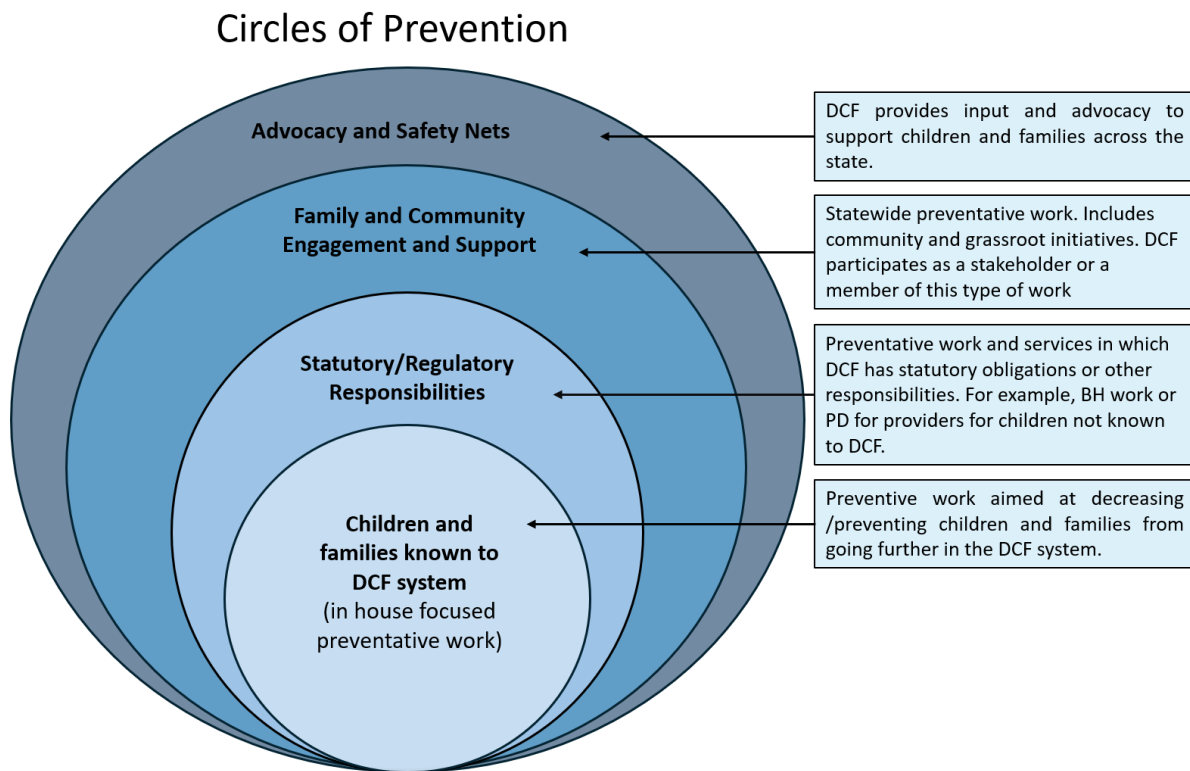


Figure 7. DCF’s Circles of Prevention model illustrates the layers of regulatory responsibilities, community engagement, and advocacy that support prevention services children and families.

5-Year Goal for Prevention

Work with the most impacted and at-risk communities and populations, and continue to invest in the effective implementation of the CT Family First Prevention Plan

Supporting Objectives & Actions

DCF’s five-year strategic focus includes these prevention objectives:

- **Prevention Objective 4.1 Provide community-based prevention services and fully implement the Connecticut Family First Prevention Plan**
- **Prevention Objective 4.2 Support interventions for major mandated reporting groups**

Supporting Objectives and Actions 4.1

4.1 Provide community-based prevention services and fully implement Connecticut’s Family First Prevention Plan (FFPP)

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Continue to offer community-based prevention services to support a child's development and functioning to address behaviors, conditions or circumstances likely to have adverse impacts (without immediate safety concerns). Potential interventions may be contracted, evidence-based prevention services, and non-child welfare public agency partners and accessible from 211 and the care management entity (CME) without requiring a DCF case.
- o Assess the current system of QRTP placement and approval processes leading to IV-E reimbursement and adjust, as necessary.

Mid Term (2-4yrs)

- o Continue working with community-based partners to provide prevention services and assess opportunities for improvement. Establish a plan for ongoing communication and adjustments.
- o Continue the QRTP process and implement adjustments.

Long Term (4-5+ years)

- o Conduct an analysis of Family First Prevention Plan: calls, referrals to services, and utilization rates. Establish a phased plan for changes.

Supporting Objectives and Actions 4.2

4.2 Support interventions for major mandated reporting groups

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Engage in series of listening forums and meetings with major mandated reporter groups - schools, law enforcement and hospitals/pediatric care facilities - to determine priority needs of families and complete a plan for supports for mandated reporters.
- o Establish baseline data regarding accepted and non-accepted reports for major mandated reporter groups.

Mid Term (2-4yrs)

- o Establish and implement cadence to provide major groups with feedback on accepted and non-accepted reports and supports in the community as an alternative to reporting to DCF.
- o Pursue additional funding and supports to enhance local conditions affecting children and families within appropriate resources.

Long Term (4-5+ years)

- o Continue supports for mandated reporter groups and conduct data analysis of accepted and non-accepted reports for major mandated reporter groups to determine impact of interventions.

Implementation Supports for Prevention Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: CPS staff, Chief Administrator for External Affairs, DCF Academy, Careline

Data/Systems: CT Kind, Provider Information Exchange (PIE), data integration with the Office of Early Childhood (OEC)

Financing: Family First Funding (Health & Human Services, Promoting Safe & Stable Families)

Policy: Prevention policies development needed

Partnerships: Carelon (Prevention Care Management Entity), Chapin Hall, Don Winstead Consulting, MOU with OEC, National Partnership for Child Safety

Measures of Progress for Prevention – 2025-2029

Prevention Outcome: *Early interventions and upstream support for families*

Indicator 1: Number of families served through the Prevention Care Management Entity (PCME) Community Pathways Line of FFPP *

Indicator 2: Number of families served by any of seven evidence-based practices *

Indicator 3: Rate of children entering foster care per 1k child population *

* New CT DCF indicators for 2025-2029

Strategic Focus Area Five: Racial Justice

Practice racial equity and inclusion in our department's practices and culture to help eliminate racial and ethnic disparate outcomes for children and families in our state

Goal #5

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

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

Problem Statement

DCF has acknowledged that children and families of color (Black, Latino) are disproportionately overrepresented system-wide and experience disparate outcomes at all levels in comparison to white children and families. Our progress in fair assessment and equitable responsiveness is evident across the Department's structures, policies, practices, norms, and values. Furthermore, a strong collaboration with our community partners is needed to address how programs and policies may perpetuate systemic barriers and pursue comprehensive approaches to advance equity and support for those who have been underserved, marginalized, or adversely affected by social determinants of health.

Current Status

DCF routinely disaggregates outcomes data by race and ethnicity to identify disparities. This allows DCF to assess our progress in reducing disproportionality and disparities across its pathway (e.g., decision points/events) through calculation of 'Disparity Index'. Collectively, the current Disparity Index trends demonstrate that DCF must continue to identify opportunities to reverse trends in racial/ethnic disparities. To these ends, individual Area Offices are implementing targeted strategies to address specific pathway decisions points (Change Initiatives), with some offices beginning to see progress which may result in learning that can be spread statewide. Of note, contributing factors that impact the racial/ethnic disparities in outcomes include lower service availability, need for multiple language service delivery, limited transportation options, and higher housing instability present in some communities.

For additional information on 2020-2024 progress toward this goal, please see [FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024.](#)

Performance Improvement Process

As DCF works to move the needle forward towards its strategic goal of Racial Justice, we recognize that intentional actions are needed to identify disparities in areas of decision-making (e.g., service delivery and outcomes), foster inclusion of those with lived expertise, engage in partnership with community providers and ensure they pay deliberate attention to staffing and models that represent those who are

being served, address how policies, practices, and programs may contribute to those disparities, and implement system-wide action plans to ensure equal opportunity and advance racial equity and justice.

The Statewide Racial Justice Workgroup (RJW) provides guidance to divisions, facilities, regions and the four RJW Subcommittees on developing, facilitating, and implementing operational strategies through a racial justice/ anti-racism perspective, identifying and facilitating access to specialized linguistic services to meet the needs of diverse populations, providing guidance and support of service delivery for the Deaf and Hard of Hearing individuals, case consultation, coaching, and co-chairing the Statewide Diversity Action Teams (DAT) and supporting DAT local leads across the state in partnership with the Office of Diversity and Equity (ODE).

In 2022, DCFs OCMA began publishing a quarterly newsletter, "I.M.P.A.C.T. Inspiring Meaningful Progress Towards Anti-Racist Change & Transformation" to the DCF workforce. The "I.M.P.A.C.T." newsletter serves to keep the workforce updated on data, news, current trends, an array of resources, and trauma-informed, equitable approaches toward anti-racist change and transformation. The information shared through each newsletter is chosen with intention and purpose in elevating racial justice and equity in connection to our work.

5-Year Goal for Racial Justice

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

Supporting Objectives & Actions

DCF's five-year strategic focus for improving racial justice performance includes these objectives:

- ***Racial Justice Objective 5.1 Continue to assess, strengthen, and support DCF's focus on addressing racial equity and anti-racism throughout our policies, practices, services, workforce, and culture***
- ***Racial Justice Objective 5.2 Continually work in collaboration with Judicial to identify and address the root causes that contribute to racial justice issues and disproportionality in the system***

Supporting Objectives and Actions 5.1

5.1 Continue to assess, strengthen, and support DCF's focus on addressing racial equity and anti-racism throughout our policies, practices, services, workforce, and culture, and incorporate feedback of lived expertise

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Collaborate with partners with lived expertise to inform policies and revisions for practice guides, active participation and appointments for lived expertise experts (providing stipends) to the Statewide Advisory Board.

Mid Term (2-4yrs)

- o Explore creation of at least one full-time position for a lived expertise expert to join ongoing prevention and the quality assurance efforts through the QUILT team, and reflections of emerging CSFR data, findings, and Quality Assurance data and reports.

Long Term (4-5+ years)

- o Continue elevating the input from lived expertise experts.

Supporting Objectives and Actions 5.2

5.2 Continually work in collaboration with Judicial to identify and address the root causes that contribute to racial justice issues and disproportionality in the system

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Conduct joint discussions of pathways, bias, unique needs, trends, recommendations from the court to create a phased implementation plan.

Mid Term (2-4yrs)

- o Implement Phase 1 of the plan.

Long Term (4-5+ years)

- o Continue implementation and monitor.

Implementation Supports for Racial Justice Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: Additional position for lived expertise, Director of Multicultural Affairs, Diversity Action Teams in every DCF office and facility, DCF Academy

Data/Systems: CTKind, Provider Information Exchange (PIE)

Financing: Budget items as needed

Policy: Policies of Office of Diversity and Equity, continued review of all DCF policies, Racial Justice Policy Subcommittee

Partnerships: Communities and Racial Justice Institute / Urban Community Alliance in New Haven, Juvenile Court judges and staff

Measures of Progress for Racial Justice – 2025-2029

Racial Justice Outcome: *Practice racial equity and inclusion in our department’s practices and culture to help eliminate racial and ethnic disparate outcomes for children and families in our state*

Rates of Success – Indicator 1: Rates of success on selected measures for each identified racial/ethnic population, with populations defined as inclusive aggregations of self-identified race/ethnicity *

Selected measures for use with this indicator:

- **Safety:** Rate of children diverted from foster care within 60 days of Considered-Removal Family Team Meetings
- **Permanency:** Percentage of children achieving timely Perm in 12 months from entry
- **Well-Being** - Percentage of adolescents completing life skill assessment, by race and ethnicity
- **Prevention:** Number of families served through the Prevention Care Management Entity, by race and ethnicity of family
- **Workforce:** Number and percentages of DCF staff, by race and ethnicity

Goal #6

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

Strategic Focus Area Six: DCF's Workforce

Engage our workforce through an organizational culture of mutual support

DCF has identified its workforce as one of its six strategic focus areas for the next five years, with the goal of improving retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate.

Problem Statement

Responding to COVID-19 required immediate and fundamental shifts for the way in which child welfare agencies and the supporting child welfare workforce operated. This presents DCF with the need to understand how that has resulted in new dynamics affecting both “the work” and “the workforce” of the department so it can better assess the evolving needs of the children served across Connecticut. As DCF developed its strategy for the next five-years, it has placed great importance on taking a holistic look at the factors facing its workforce in this post-pandemic environment. The needs of the child welfare workforce will continue to evolve following the Covid-19 pandemic. DCF will focus on achieving reasonable workloads (evaluation of caseloads and capacity) and fully implementing the Safe and Sound Practice Model (organizational assessment of culture and climate), to promote worker health and well-being. By doing so, DCF aims to effectively engage and improve supports for the workforce to reduce turnover, increase retention, and improve the capacity and performance of its caseworkers, who are responsible for delivering critical services to children and families in need.

Current Status

DCF's workforce of over 3,100 employees includes a wide variety of occupational roles (such as social workers, nurses, supervisors, administrative staff, trainers, clinicians, accountants, teachers, doctors, etc.) across many areas of the organization. The majority of staff are working primarily in child protection and permanency (1839 personnel), followed in size by behavioral health and wellbeing (842 personnel), fiscal and support services (236 personnel), administration (125 personnel), legal (45 personnel), and the Commissioner's office, government relations & policy, and external affairs (23 personnel). Each position is essential to the agency's overall success, as every employee contributes to achieving DCF's goals. Retaining employees is critical because of their accumulated knowledge and experience, skills, and commitment to the mission.

Performance Improvement Process

High retention improves safety, permanency, and well-being outcomes for children and families, reduces recruitment costs, and ultimately contributes to greater productivity and better quality of service provision. Improving performance toward DCF's workforce goal assumes that by improving and stabilizing the capabilities and capacities of the DCF workforce through more effectively achieving reasonable workloads and a supportive culture and climate. To operationalize this theory of change, DCF has established two supporting objectives and several actions that will be implemented over the next five years, with different timeframes and priorities.

The first supporting objective is to improve and stabilize the capabilities and capacities of the DCF workforce through reducing caseloads, which will involve reviewing and prioritizing the post consent decree recommendations related to case load weighting, and making a proposal for budget approval, implementing the new, lower caseloads (more realistic workload expectations), and continuing implementation caseload standards and evaluating the effect on recruitment and retention.

The second supporting objective is to fully implement the Safe and Sound Practice Model. DCF is a proud member of The [National Partnership for Child Safety \(NPCS\)](#). NPCS is a quality improvement collaborative of more than thirty-five state, county and tribal child-serving jurisdictions. Since 2018, the NPCS has been working across jurisdictions to focus on applying safety science and sharing data to develop strategies in child welfare to address challenges in the workforce and prevent child maltreatment fatalities. As an evidence-based field of discipline, safety science expands the scope of learning beyond an individual case to a systemwide comprehensive analysis.

Safety science offers the child welfare field a different way to identify the factors that influence decision-making with a goal of ultimately preventing critical incidents. NPCS utilizes a standardized [critical incident review process](#), coupled with [data analysis](#) across multiple jurisdictions to identify systemic challenges that serve as barriers to child safety. This approach then shifts the focus to system improvements that will have a greater long-term impact on saving lives, as opposed to relying on single-use strategies like hitting the reset button on a trained workforce.

To adhere to the principles and practices of NPCS, CT DCF is committed to continuing the implementation of the Safe and Sound Practice Workforce Practice Model. DCF will routinely conduct organizational assessments to engage and gather feedback from the workforce to continually understand their needs, sentiment, and suggestions for improving the culture and addressing issues across the entire department, as well as at the local office level. Committed to providing support to its workforce and improving workforce culture, survey results will be used to identify multiple strategies to provide physical and psychological safety (i.e., supportive daily check ins, increasing communications and connectedness, avenues to provide help, increasing safety measures, establishing shared expectations for the workplace, ability to discuss racial justice, increasing sense of belonging and inclusion, and retention strategies) statewide and at the local office level.

Additionally, Connecticut uses the Safe Systems Improvement Tool (SSIT at the National Partnership for Child Safety), which focuses on system level improvements in four domains (family domain, professional domain, team domain, environment domain). Connecticut's internal analysis of the SSIT for child fatalities and near fatalities showed that stress and staffing are systemic improvement opportunities. The safety culture ensures that staff interviews are conducted in a supportive way and conducts opening and closing meetings for child fatalities (careful to learn from the cases in a safe space).

5-Year Goal for DCF's Workforce

Improve retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate.

Supporting Objectives & Actions

DCF's five-year strategic focus for improving workforce performance includes these objectives:

- **Workforce Objective 6.1 Reduce caseloads through caseload weighting standards.**
- **Workforce Objective 6.2 Fully implement the Safe and Sound Practice Model to strengthen a supportive culture and climate, and to increase retention.**

Supporting Objectives and Actions 6.1

6.1 Reduce caseloads through caseload weighting standards.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Review and prioritize the post consent decree recommendations related to case load weighting and make a proposal for budget approval.

Mid Term (2-4yrs)

- o Implement the new, lower, caseloads (more realistic workload expectations).

Long Term (4-5+ years)

Continue implementation of caseload standards and monitor the effect on recruitment and retention.

Supporting Objectives and Actions 6.2

6.2 Fully implement the Safe and Sound Practice Model to strengthen a supportive culture and climate, and to increase retention.

Actions & Targeted Timeframes

Near Term (1-2yrs)

- o Conduct the “Safe and Sound Organizational Assessment” through the National Partnership for Child safety, and identify progress to improving the safety culture to increase retention.
- o Use the safe systems improvement tool (National Partnership for Child Safety), which focuses on system level improvements in four domains (family domain, professional domain, team domain, environment domain), and develop a phased implementation plan

Mid Term (2-4yrs)

- o Implement Phase 1 initiatives to respond to the safe systems improvement tool to increase retention.

Long Term (4-5+ years)

- o Monitor and adjust the system level improvements for Phase 2 initiatives to increase retention.

Implementation Supports for DCF’s Workforce Objectives – 2025-2029

The implementation supports and resources below will be planned and implemented throughout the timeframes above to ensure support for the objectives above.

Staffing: CPS caseload-carrying staff and supervisors, DCF Academy

Data/Systems: CTKind, CORE-CT

Financing: Budget item for additional staffing to reduce caseload standards

Policy: Policies regarding caseload weighting and assignments

Partnerships: University Partnerships (UCONN, SCSU, St Joseph University, Middlesex Community College, Department of Administrative Services HR Business Partners, Office for Work Force Strategies, Governor's Cabinet for Workforce, Human Services Career Pipeline, National Partnership for Child Safety

Measures of Progress for DCF’s Workforce – 2025-2029

Workforce Outcome: *Reasonable workload and staff retention*

Turnover Rate – Indicator 1: Percentage of caseworkers who leave the agency during their first or second year of employment” *

Reasonable Workload/Caseload – Indicator 2: Percentage of Caseworkers meeting the caseload standard *

Vacancies – Indicator 3: Number of Vacancies in Caseload-Carrying Staff by length of time (0-15 days, 16-30 days, 31-60 days, 60+ days) *

* *New indicator for 2025-2029*

Measures of Progress - Summary

Measures of progress to meet goals, and timeframes for achieving objectives and actions, are listed within each of the six strategic focus areas above. Below is a summary of all measures of progress to meet goals to be used in subsequent APSRs in 2025 – 2029.

Summary: Measures of Progress to Meet Goals

Focus Area and Goal	Outcome Statements	Indicators
		Targets
		<p>** Indicators that are new for DCF’s CFSP 2025-2029</p> <p>* Federal Performance Indicators</p>
<p>Safety</p> <p>Goal: Fully implement, integrate, and continually enhance DCF’s Safety Practice Model with an increased focus on our most vulnerable populations and complex cases</p>	<p>Outcome 1: Children are, first and foremost, protected from abuse and neglect. (CFSR Item 1)</p>	<p>Maltreatment in foster care* <u>Target:</u> <= 9.07 victims / 100k days</p> <p>Recurrence of Maltreatment* <u>Target:</u> <= 9.7%</p> <p>Data Sources: CFSR Data Profile Reports</p>
	<p>Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. (CFSR Items 2, 3)</p>	<p>Rate of children diverted from foster care within 60 days of Considered-Removal Family Team Meetings **</p> <p>Percentage of cases in which the ABCD Paradigm was applied prior to removal or reunification **</p> <p>Data Sources: LINK Reports Case Practice Reviews Administrative Case Reviews</p>
	<p>Outcome 1: Children have permanency and stability in their living situation. (CFSR Items 4, 5, 6)</p>	<p>Permanency in 12 months for children entering foster care* <u>Target:</u> >= 35.2%</p> <p>Permanency in 12 months for children in foster care 12-23 months* <u>Target:</u> >= 43.8%</p> <p>Permanency in 12 months for children in foster care 24 months or more* <u>Target:</u> >= 37.3%</p> <p>Reentry to foster care* <u>Target:</u> <= 5.6%</p> <p>Placement stability* <u>Target:</u> <= 4.48 moves/1k days</p> <p>Data Sources: CFSR Data Profile Reports</p>
	<p>Outcome 2: The continuity of family relationships and connections is</p>	<p>Rate of initial placement in a kinship home **</p> <p>Rate of children in placement in a kinship home ** <u>Target:</u> Maintain or increase percentage (current rate 40%)</p>

	preserved for children (CFSR items 7, 8, 9, 10, 11)	Data Sources: LINK Reports / Child in Placement Dashboard Reports
Child & Family Well-Being Goal: Improve access to educational, healthcare, and behavioral health services to enhance the well-being of Connecticut children and families	Outcome 1: Families have enhanced capacity to provide for their children’s needs (CFSR items 12, 13, 14, 15)	Percentage of families reviewed with identified services delivered. ** Percentage of children in foster care receiving visits with their mother, father, and/or siblings to promote continuity of close relationships. ** Data Sources: In-Home Reviews Administrative Case Reviews
	Outcome 2: Children receive appropriate services to meet their educational needs (CFSR item 16)	Percent of children/youth who receive all necessary educational/developmental services as identified by MDE ** Data Sources: Administrative Case Reviews
	Outcome 3: Children receive appropriate services to meet their physical and mental health needs (CFSR items 17, 18)	Percent of children/youth who receive all necessary medical care as identified by MDE ** Percent of children/youth who receive all necessary dental care as identified by MDE ** Percent of children/youth who receive all necessary mental health treatment as identified by MDE ** Percent of children/youth who receive all necessary substance abuse treatment as identified by MDE ** Data Sources: Administrative Case Reviews
	Outcome: Early interventions and upstream support for families	Number of families served through the Prevention Care Management Entity (PCME) Community Pathways Line of FFPP ** Number of families served by any of seven evidence-based practices ** Rate of children entering foster care per 1k child population ** Data Sources: PIE CFSR Data Profiles (Supplemental Data)

<p>Racial Justice</p> <p>Goal: Work within DCF, across the child welfare system, and in partnership with our local communities to improve racial equity outcomes and realize measurable reductions in disproportionality across all racial and ethnic groups populations</p>	<p>Outcome: Racial equity and inclusion in our department’s practices and culture to help eliminate racial and ethnic disparate outcomes for children and families in our state</p>	<p>Rates of Success: Rates of success on selected measures for each identified racial/ethnic population, with populations defined as inclusive aggregations of self-identified race/ethnicity **</p> <p><u>Selected measures for use with this indicator:</u></p> <ul style="list-style-type: none"> • Safety: Rate of children diverted from foster care within 60 days of Considered-Removal Family Team Meetings • Permanency: Percentage of children achieving timely permanency in 12 months from entry • Well-Being: Percentage of adolescents completing life skill assessment, by race and ethnicity • Prevention: Number of families served through the Prevention Care Management Entity, by race and ethnicity of family • Workforce: Percentage of new hires that meet recruitment goals by race and ethnicity to reflect the population served.
		<p>Data Sources: PIE (for prevention disparity data) Sources for the selected measures are in the table above</p>
<p>Workforce</p> <p>Goal: Improve retention by reducing caseloads and fully implementing the Safe and Sound Practice Model to strengthen a supportive culture and climate</p>	<p>Outcome: Reasonable workload and staff retention.</p>	<p>Turnover Rate for caseworkers in first two years of service Percentage of caseworkers who leave the agency during their first or second year of employment **</p> <p>Reasonable Workload/Caseload Standard Percentage of Caseworkers meeting the caseload standard **</p> <p>Vacancies Number of Vacancies in Caseload-Carrying Staff by length of time (0-15 days, 16-30 days, 31-60 days, 60+ days) **</p>
		<p>Data Sources: DCF/DAS HR Data LINK Reports</p>
<p>Continuous Quality Improvement (CQI)</p> <p>DCF has a comprehensive CQI system in place that is continually improved upon. For more information refer to section <u>CQI and Integrated Reporting</u>, below.</p>		

Staff Training, Technical Assistance & Evaluation

Academy for Workforce Development

Over the next five years, the Academy for Workforce Development will continue making advancements in training, learning and development to strengthen the skills, and knowledge base of the workforce. During 2024-2029, concerted efforts will be made to accomplish pre-service, in-service, community training, leadership programs, educational programs, and other initiatives that will foster the training services provided to the workforce and our partners. DCF training programs, plans, and curriculum will

be continually aligned with the 5-year vision of the Department and play an important role in the effective implementation of our strategic goals and objectives of this CFSP.

For staff training activities planned for 2025-2029, please see: [2025-2029 Training Plan for the CFSP](#), developed by DCF's Academy for Workforce Development.

Throughout the CFSP period of 2025-2029, the Academy will continue to seek out and develop new training content that is relevant for all department employees to meet the learning and development needs of the whole agency.

An important area of development in the Academy is strengthening our partnership with **people with lived expertise** in Connecticut's child welfare system. To further enable this partnership, the Academy will seek to increase the pool of individuals who are interested in speaking to the pre-service training participants. As part of this work, the Academy will collaborate with the External Affairs division to identify the individuals. From there, the Academy will work to prepare them to work closely with our staff in training. This preparation includes, but is not limited to, helping them to formulate their story in a way that does not retraumatize them, provide them with training on the agency and the Academy functions, and research potential funding streams to compensate them for their expertise and time.

The Academy will research, develop, and implement a simulation scenario that will be placed at the end of the pre-service training. This will allow staff the ability to demonstrate in real time their competency and skill level acquired because of the training they received.

Technical Assistance and Capacity Building

DCF recognizes the tremendous value and return on investment that targeted technical assistance plays in building DCF's capabilities and capacities from various sources, such as the Capacity Building Center for States and Chapin Hall at the University of Chicago, CHDI, the National Partnership for Child Safety, Annie E. Casey, JRA Consultants, My People's Clinical Services. Department's continuous existing quality improvement (CQI) builds on previous coaching from the Capacity Building Center for States. Planned TA in support of our strategic goals and vision involves developing a state-wide CQI enhancement plan that integrates our previously completed CQI Self-assessment's results to refine and further build upon DCF's existing CQI infrastructure and apply implementation science to enable CQI processes across the Department.

Chapin Hall's TA has already led to the creation of an updated CQI plan designed to embed CQI methods into the agency's daily practices. This plan emphasizes workforce development, racial justice, and improving outcomes for children and families by fostering a culture of continuous quality improvement. The plan clarifies roles, sets expectations, ensures stakeholder involvement, and establishes feedback mechanisms and evaluation plans for the Bureau. Chapin Hall is now assisting with implementing this CQI framework, ensuring that CQI methods are consistently applied across the agency, supporting DCF's broader goal of empowering families through community-based programs and services. Chapin Hall is now assisting with implementing this CQI framework, ensuring that CQI. Additionally, as Connecticut implements its Family First Plan, DCF continues to work with Chapin Hall and Don Winstead Consulting to build a CQI infrastructure for monitoring evidence-based practices (EBPs) and ensuring a family-centered approach aligned with racial justice and trauma-informed care. This includes evaluating referral processes, family experiences, and the alignment of family needs with available services. Furthermore, Chapin Hall supports the development and evaluation of the Connecticut Kinship Navigation model, a crucial part of the Caregiver Practice Model. This work integrates with broader efforts under the FFPSA plan and supports the Bureau of Strategic Planning in aligning and enhancing continuous quality improvement initiatives.

CQI activities are embedded within the Department’s array of community-based behavioral health supports and services for youth and families, with particular emphasis on enhancing crisis response services and facilitating the delivery of evidence-based treatments. The Child Health and Development Institute (CHDI) is a key partner in several of these activities. DCF contracts with CHDI to implement a Performance Improvement Center (PIC) for statewide Mobile Crisis Intervention Services and, more recently, the newly established network of Urgent Crisis Centers. The CHDI-PIC provides staff training and consultation, and data analysis and reporting regarding service utilization, quality and outcomes. DCF also contracts with CHDI to support the implementation of several evidence-based therapies delivered by the statewide network of contracted Outpatient Psychiatric Clinics for Children (OPCC). Examples of these interventions include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Modular Approach to Therapy for Children (MATCH), and Cognitive Behavioral Intervention for Trauma in Schools (CBITS). DCF also supports an extensive array of intensive in-home therapies which are provided by the OPCC provider network. Each of these intensive therapy models includes specialized training, consultation and data-driven model fidelity and practice improvement activities delivered by the respective model developers. Examples of these intensive in-home therapies include Multisystemic Therapy (MST), including an MST adaptation to address adolescent problem sexual behavior (MST-PSB) and an adaptation to address parental substance misuse (MST-BSF); Multidimensional Family Therapy (MDFT); Functional Family Therapy (FFT); Child First; Family-Based Recovery (FBR), and Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS).

The National Partnership for Child Safety grounds our work with safety science to focus on improving child safety by reflecting on what can be learned from our data and shared definitions to guide safety practice, particularly related to ways of supporting our workforce. Annie E. Casey provides technical assistance related to permanency for older youth in care, and ending the need for group care placements. Casey Family Programs provides technical assistance on leadership, communications, and organizational structures. JRA, particularly Jen Agosti, provides technical assistance for our racial justice work. My People’s Clinical Services provides consultation for our fatherhood work.

Capacity building services from community partners across Connecticut are essential to achieving the goals and objectives of this CFSP. *See Chapter 1: Vision and Collaboration for collaboration and support activities DCF is undertaking with organizations including state agencies, committees and task forces, community nonprofit partners, courts, native tribes, and others.*

Evaluation and Research Activities

To address the goals and objectives in this CFSP, DCF will continue to enhance its research and evaluation activities. Key activities include collaborating with external researchers to evaluate programs, incorporating research findings into practice, fostering a data-driven mindset among staff, and developing robust data infrastructure. All projects undergo rigorous review for ethical considerations and workforce demands. DCF’s Strategic Planning Bureau supports staff by defining questions, obtaining data, and analyzing results, promoting a culture of continuous quality improvement.

DCF’s research initiatives include a partnership with UConn’s School of Social Work through the Research-to-Practice Committee, enhancing staff understanding of data and research findings. This partnership includes support from a UConn data scientist and interns for DCF’s Data Reporting and Evaluation division.

Additionally, DCF is developing standardized interagency data-sharing protocols to evaluate the impact of state programs on child welfare and uses the Provider Information Exchange (PIE) system for monitoring and evaluating services. Significant recent projects include evaluating the CAPTA Notification

Portal, the Connecticut Kinship Navigation Model, and the MST-IPV program, which addresses intimate partner violence in families.

To address strategic goals, DCF will focus on improving safety for vulnerable populations and enhancing child and family well-being. Ongoing research projects support these goals, such as evaluating engagement strategies for fathers in child welfare, evaluating the CAPTA notification process, and analyzing educational outcomes for post-secondary youth. DCF is committed to eliminating racial disparities by providing training for staff on social justice issues and maintaining data suites that allow for racial and ethnic disaggregation of data. Publications by DCF staff and collaborators contribute to the broader child welfare knowledge base, supporting evidence-based practice and continuous improvement in service delivery.

For additional information on evaluation and research activities supporting DCF's goals and objectives, please see [*FINAL REPORT: Annual Progress and Services Report For the period 2020 – 2024, Connecticut DCF.*](#)

CQI and Integrated Reporting

DCF has a comprehensive CQI system in place and undergoing continual improvement. On an annual basis, DCF is continually working to align implementation support for the CFSP with ongoing evaluation and data reporting including the CQI system, LINK, Mindshare and Results Oriented Management (ROM) reporting systems, and production of the Annual Progress and Services Report (APSR).

Key elements of these alignments include:

CQI

DCF employs CQI processes to monitor and enhance service delivery. This involves regular data analysis and feedback loops to inform ongoing improvements and ensure alignment with CFSP and CFSR goals. The state incorporates implementation science principles to enhance the fidelity of program implementation, ensuring that evidence-based practices are effectively adopted and sustained.

DCF completed an agency CQI self-assessment with the support of the Capacity Building Center for States in preparation for further building out the agency's CQI framework. Recognizing internal capacity and resource limitations, CT began working with Chapin Hall who is providing technical assistance on CQI framework development with the agency and connecting this work to the Prevention Plan implementation. This technical assistance will benefit the agency as we look to expand the breadth and scope of CQI activities across the agency, ensuring that CQI is embedded in all divisions and is sustainable. The agency continues to prioritize CQI through monitoring of qualitative and quantitative measures, extensive full-time CQI staffing, and use of collaborative CQI leadership and decision-making methodologies including local multi-disciplinary CQI teams, a statewide Quality Improvement Leadership Team (QuILT), and ChildStat.

More information on DCF's assessment of CQI process, technology, and improvement needs is found in this CFSP in [*Chapter 5: Assessment of Recent Performance.*](#)

Integrated Planning and Reporting

Connecticut ensures that goals and objectives from the CFSP are consistent with those in the CFSR and APSR. The integration of these plans facilitates streamlined implementation and progress tracking.

Throughout 2023 and 2024 DCF has engaged with ACF in phases 1 – 4 of the Child and Family Services Review (CFSR). Case review, services review, and organization review developed through CFSR process has been fully integrated into this CFSP.

The goals, objectives, and actions in this CFSP have been developed to support positive, improved outcomes for children and families in the areas of safety, permanency, and well-being. These strategies and interventions have been implemented, assessed, and were refined throughout the course of the Program Improvement Plan (PIP) implementation and completion. Following PIP completion, the work relative to strategies and interventions continues. In several areas, strategies and activities that were implemented in transformation zones or single offices for the PIP are now being scaled up based on positive results.

Annual Reporting Updates and Resource Allocation

Through the APSR, Connecticut provides annual updates on progress towards the CFSP goals. This ensures transparency and allows for adjustments based on performance and changing needs. Connecticut focuses on providing necessary resources and training to support staff and stakeholders. This includes cross-training initiatives to ensure that everyone involved is well-equipped to implement the strategies outlined in the CFSP and APSR as well as CFSR and related to the PIP. One example of how this infrastructure has/will function concerns system responses to poor performance on a federal data indicator:

1. Issue identified and discussed at regular QuILT using following data sources as evidence:
 - a. Quantitative trend showing data indicator performance
 - b. Qualitative review results from relevant Case Practice Review (electronic record review only, but on a large sample of cases) to narrow down the range of contributing factors
 - c. Qualitative review results from CFSR/CQI results (soft/hard copy record review, as well as case-related interviews, but on a small sample of cases) to also narrow down but also better explain why certain factors contribute to performance
 - d. Results of similar discussions from local office/facility QI Teams to help explain regional variation and continue to deepen understanding of contributing factors
2. QuILT arrives at a proposed action plan to address the contributing factors that could include strategies such as:
 - a. Make edits to qualitative Case Practice Review instruments to better capture relevant information that would further/better reveal contributing factors
 - b. Use additional data collection methods (i.e., focus groups, surveys, etc.) to obtain further insights into the problem and potential solutions
 - c. Create automated quantitative reports to track progress on improvements with contributing factors
 - d. Propose specific solutions for implementation and further monitoring
3. QuILT leadership presents proposals for policy, practice or further evaluation to agency leadership and relevant community partner groups (i.e., Statewide/Regional Advisory Councils) for refinement, approval and implementation
 - a. QuILT will continue to monitor and report out on results as time passes
 - b. Changes to policy, practice or evaluation will be reported out in the APSR
 - c. Such changes could also be incorporated into a CFSR PIP (if determined prior to or as part of PIP development)

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

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

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

- CT-KIND is being built upon the Salesforce platform which is intuitive and easier to maintain and update
- CT-KIND will have everything in one place without staff having to go in and out of different systems, and to have easy access to all case information as well as other integrated databases
- CT-KIND will be person-centric making it easier to see all relevant data on children in placement
- Placement requests and processes will be automated and in real time, including any payments for a child's care
- Pictures, videos and life books will be incorporated in CT-KIND for children in placement
- Reports and will be consolidated within CT-KIND and in real time
- Staff will have the ability to create ad hoc reports based upon their caseload
- CT-KIND will have prefilling capabilities to cut down on duplicate/redundant entries
- There will be dashboards, notifications/alerts, audit functionality and automated checklists to promote timely entries
- There will be automated processes for data clean-up and Administrative Users who can correct data as opposed to relying on the Help Desk
- A Data Governance Committee, a Data Quality Plan and new policy have been put into place to assist in the continuous oversight for data quality and integrity
- As part of the Data Quality Plan, Data Stewardship structure is being implemented to oversee the accuracy, timeliness, missing and completeness of data entries
- Federal Reporting fields are being flagged and made mandatory for most processes
- Data exchanges/interfaces will be in place with community partners and providers
- Current portal functionality for Mandated Reporters, High Risk Newborns and Background Checks will be enhanced and integrated with CT-KIND
- A Provider Portal will be implemented in CT-KIND to automate licensing/relicensing processes (foster, adoptive, kinship care, facilities) and to allow for certain providers to enter information for families and children in placement to be sent directly into the child's record
- PIE will be integrated with CT-KIND to allow for provider information related to children in placement to be sent directly into the child's record, as applicable. This will allow DCF to coordinate services per CT's Family First Prevention Plan and to share accurate reporting metrics.

- CT-KIND will include data exchanges/interfaces and portal functionality to streamline, automate and improve the coordination of services. DCF currently has data exchanges/interfaces with other federally assisted programs/agencies to better coordinate services for shared clients. The primary ones are DSS for medical coverage and entitlements and child support enforcement (this exchange is in progress), SSA for entitlements and identifying information for children in care, and SDE for the monitoring of the educational needs of children being served by DCF. The data exchanges/interfaces with agencies such as DSS and SSA will continue to assist in determining the entitlements and benefits for the children in DCF care and are currently being enhanced so the information provided meet's the reporting and fiscal requirements. The automation and interfacing of Title IV-E components included in claiming, payments and reimbursement.

CT-KIND Training

The CT-KIND training approach includes:

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

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

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

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

As a part of the CT-KIND training program for community partners, all end-users will take a WBT which will acclimate them to the CT-KIND system, including how to sign into CT-KIND and basic system navigation. After end-users have completed this WBT, they will participate in self-study to complete assigned WBTs and Micro-Learnings, as well as utilize module specific job aids, user guides, frequently

asked questions (FAQs), and the sandbox training environment which can be accessed on-demand. Post implementation support will also be provided, which will include reinforcement of WBT.

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

CHAPTER 3: SERVICES

Services

Overview of DCF Child and Family Services Continuum

The Department routinely assesses the service array to identify needs and gaps through analysis of utilization and waitlists and articulated needs through various consumer groups (Statewide Advisory Council (SAC), Regional Advisory Council (RAC), Citizen Review Panel (CRP), Youth Advisory Board (YAB), Systems of Care (SOC), and the Children's Behavioral Health Advisory Council (CBHAC)). The Department's Contracts and Fiscal Division responds through submission of budget options, re-procurements, and new procurements in efforts to right size the available continuum of services to meet emerging needs and trends.

DCF monitors the existing service array through the Service Outcome Advisory Committee (SOAC) initiative to identify and understand disparities in services and outcomes with a focus on determining which families are most impacted. This includes assessing how well the existing service array is serving families who have been historically underserved and marginalized in the child welfare system may include families of color, non-English speaking families, tribal families, immigrant families, LGBTQIA+ youth/young adults and parents, families and children with disabilities and families living in rural areas. The Goals, Objectives and Actions outlines in CFSP Chapter 2 will drive future decision making regarding the services DCF must continue to procure, selecting the providers to deliver services, and the funding to be allocated.

DCF will continue to contract with a wide array of community providers to deliver services across the state that are available to families living in every town and jurisdiction. Through the SOAC, we continually analyze waitlists and seek efficiencies. The Department is acutely aware that access to services is a challenge for many families. The transportation needs of families are resolved in a number of ways, including incorporating into contracts that providers need to transport clients as well as provide bus or train passes as needed. The Department utilizes social workers, social worker case aides, and foster parents to ensure that families and children are able to get to service providers. The Department created a Central Transportation Unit (CTU) to help mitigate challenges associated with transporting children and parents (if there is capacity). The Department also has a mechanism to approve and utilize wraparound funding to pay general livery credentialed providers to transport parents and children over the age of five.

DCF has responsibilities for the coordination of services with federal or federally assisted programs as well. DCF currently has data exchanges/interfaces with other federally assisted programs/agencies to better coordinate services for shared clients. Continued improvements in coordinating with federal and other services are being enabled through the development of the CT-KIND (Kid's Information Network Database) system which will include data exchanges/interfaces and automated processes to better serve the families and children in Connecticut with state and federal programs. The new system will promote collaboration, consistency and accuracy amongst community partners serving the same families inclusive of features for reporting metrics and receiving feedback from providers as well as families served.

Service Continuum – Contracted Services

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.

Contracted Service Type	Family Preservation	Family Support	Time-Limited Family Reunification	Adoption Support
Adolescent College Mentoring		●		
Adopt a Social Worker (Covenant to Care)	●	●	●	●
Birth to Three	●	●	●	●
Brief Strategic Family Therapy (BSFT)		●		
Care Coordination		●		
Care Management Entity (CME)	●	●		
Child Abuse Centers for Excellence	●	●		
Child First Consultation and Evaluation (Early Childhood Services)	●	●		
Community Support for Families	●	●		
Connecting Through Literacy	●	●		
Connecticut ACCESS Mental Health	●	●		
Connecticut Strengthening Families Together		●		
Extended Day Treatment (EDT)	●	●	●	●
Family Assistance & Social Determinants of Health		●		
Family Based Recovery	●	●		
Family Support		●		
Fatherhood Engagement Services	●	●		
First Episode Psychosis Program	●	●		
Foster and Adoptive Parent Support				●

Foster Care and Adoptive Family Support Group				●
Foster Family Support				●
Functional Family Therapy (FFT)	●	●		
Functional Family Therapy – Foster Care (FFT-FC)		●	●	
Helping Youth & Parents Enter Recovery (HYPER Recovery)		●		
IICAPS - Consultation and Evaluation	●	●		●
Intensive Family Preservation	●			
Intimate Partner Violence (IPV-FAIR)	●	●	●	
Juvenile Review Board	●	●		
Juvenile Review Board Support & Enhancements	●	●		
Kinship Navigator	●	●		
Launch Program	●	●		●
Multidimensional Family Therapy (MDFT)	●			
MDFT: QA	●			
Mental Health Consultation to Child Care	●	●		
Mobile Crisis Intervention	●	●		
Mobile Crisis Intervention Statewide Call Center	●	●		
MST	●	●		
MST: Building Stronger Families	●	●		
MST: Consultation and Evaluation	●	●		
MST: Emerging Adults	●	●		
MST: Intimate Partner Violence	●	●		

MST: Problem Sexual Behavior	●	●		
Multidisciplinary Examination (MDE) Clinic	●	●		
Multidisciplinary Teams (MDT)	●	●	●	
New Haven Trauma Coalition	●	●	●	●
Outpatient Urban Trauma	●	●	●	●
Outpatient Psychiatric Clinic for Children (Child Guidance Clinic)	●	●	●	●
Parent Child Interaction Therapy (PCIT)		●		
Parenting Support Services	●	●		
Performance Improvement Center	●	●		
Permanency Placement Services Program (PPSP)		●		●
Prevention Care Management Entity: Community Pathways	●	●		
Prevention Care Management Entity: Integrated Care & Family Support (IFCS)	●	●		
Prevention Care Management Entity: Voluntary Behavioral Health		●		
Project Safe Fetal Alcohol Spectrum Disorder (FASD)	●	●	●	
Qualified Residential Treatment Programs (QRTP)	●	●		
Quality Parenting Centers		●	●	
Reunification and Therapeutic Family Time		●	●	
SAFE Family Recovery	●	●	●	
Specialized Trauma Informed Treatment Assessment (STTAR)	●		●	
Sibling Connections	●	●		
START Program for Youth and Young Adults			●	
Statewide Family Organization	●			●

Substance Screening Treatment & Recovery for Youth		●		
Supportive Housing for Families		●		
Supportive Work Education & Transition Program		●		
Survivor Care			●	
Therapeutic Childcare	●	●	●	
Transitional Services for Emerging Adults		●		
Urban Trauma Network		●		
Urgent Crisis Centers	●	●		
Urgent Crisis Centers Emergency Department	●	●		
Young Adult Services & Supports		●		
Youth Empowerment	●	●		
Youth Link Mentoring	●	●		

Service Continuum – 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 used to maintain a child in their home, with a relative, or assist with maintaining a child with their foster family for the purposes of family preservation, family support, reunification, adoption and independent living. Services are provided to children and youth 0-18 years of age, or through age 21, if the youth voluntarily remain in our Services Post Majority (SPM) program, and are available statewide. The credentialing process is handled through a DCF contracted agent who assures that all providers have passed criminal background checks and child protective services checks, as well as ensuring that they meet the training and experience qualifications for each service type. Current credentialed services include:

Credentialed Service Array

After School Services

Animal Assisted Intervention

Assessment: Diagnostic/Functional

Assessment: Perpetrator of Domestic Violence

CHAP Case Management

Community Based Life Skills

Supervised Visitation

Support Staff

Temporary Care

Therapeutic Support Staff

Transportation: General Livery

Transportation: School

After School Services are site-based and provide a range of developmentally appropriate enrichment, socialization and experiential learning opportunities for children and youth in a safe, structured and supervised setting. This service has regularly scheduled hours both before and after the school day and during school vacations which may or may not include the summer vacation period. After School services are multi-dimensional; they are not a single-sport or single-activity service.

Animal Assisted Intervention is a type of therapy that involves animals as a form of treatment. Animal Assisted Interventions are designed to help improve a client's social, emotional, and/or cognitive functioning. These interventions are provided in a variety of settings and may be group or individual in nature. Animal Assisted Interventions are provided by professionals with specialized expertise, employing specially trained animals that meet specific criteria.

Assessment: Diagnostic/Functional is available when there is a concern that the individual has a mental health and/or a substance use issue that requires further evaluation. The assessment includes an initial face-to-face screening, additional face to face contacts with the individual and collateral contacts with family members, caretakers and other treatment providers to determine the individual's strengths and limitations, to determine functional capacity, to identify natural supports and to develop or review an individualized service plan.

Assessment: Perpetrator of Domestic Violence is available when there is a concern that an individual is engaging in a pattern of coercive control behaviors impacting the safety and well-being of his or her child(ren) and the non-offending partner. The assessment will include a face-to-face interview(s) with the alleged perpetrator and may include collateral contacts with family members, DCF staff, police, court staff, victim advocates and other involved providers. The purpose of the assessment is to articulate the presence of risk factors, danger or threat posed by the individual to the non-offending partner and/or the child(ren), to make treatment recommendations and to permit the community providers to develop and implement appropriate and timely interventions to assure the safety and well-being of all family members. A screening for substance abuse or dependency and mental health issues is completed as part of the assessment.

CHAP (Community Housing Assistance Program) Case Management is a community-based program that provides case management, supervision, educational/vocational support or career development support, and life skills development services, utilizing a DCF approved Life Skills curriculum, to youth living in a community housing environment. This case management service is intended as a component of a comprehensive treatment plan.

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. This service includes an individual life skills assessment, followed by individualized and small group experiential learning opportunities.

Supervised Visitation is primarily a site-based service provided to facilitate contact between children in out-of-home care and their biological parents, relatives or significant others, to monitor this contact and to report on the contact to DCF social workers. All visitation sites must be approved by the local DCF Area Office. Supervised visitation can also be provided in alternative, more normalized community settings as part of a reunification plan and as approved by the DCF Area Office.

Support Staff is a service designed to address the individualized needs of a child or youth in the community who may be exhibiting mild to moderately challenging behaviors in the home, in school or in the community. This service provides a range of life supports focused on making positive decisions and behavioral choices, assisting with attaining social and emotional gains, connecting with positive peer and other community supports and reinforcing success in school. These individualized supports include a combination of structured and enrichment activities consistent with identified treatment plan objectives.

Temporary Care services provide a short-term break or intervention, supporting the child/youth apart from caregivers for a few hours or other relatively short period of time to assist family members with the practicalities of living and their attending to the needs of all family members. This service is provided in the home of the parent or caretaker.

Therapeutic Support Staff is a service designed to address the individualized needs of a child or youth with complex behavioral health needs. These children or youth have a current diagnosable behavioral health condition that results in moderate to acute functional impairment which substantially interferes with or limits their functioning in family, school, or community activities. This service is intended for children or youth whose level of functioning puts them at risk of entering a residential level of care, disrupting from their home or foster placement, or for children or youth who are being discharged from residential treatment or a more acute level of care. These individualized supports include a combination of structured and enrichment activities consistent with identified treatment plan objectives.

Transportation: General Livery services are available to transport children and family members to appointments when transportation is not able to be provided by DCF staff, family or caregivers, or public transportation.

Transportation: School services are available to transport children to and from school when the service is not available through the Local Educational Agency (LEA), family or caregivers, DCF staff, or public transportation.

For additional information on Child and Family Services Continuum and Service Coordination, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, Sections: Child and Family Services Continuum; Item 29: Array of Services; and Item 30: Individualizing Services.*

Service Coordination

The Department has statutory responsibility for prevention, child welfare, children's behavioral health, and education for youth in locked facilities. As such, the state's service array includes a full 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 service coordination process also involves considerable input from stakeholders at all levels. The Department hosts routinely scheduled statewide service provider meetings to gather input from contracted and credentialed providers. The Department meets regularly with the provider trade associations and hosts community forums to gather input from parents and other community members on the mental health services array. These meetings continued throughout the COVID pandemic and migrated to virtual platforms.

The Department's Contract and Fiscal Division provides an array of support services to aid the Program Leads who are responsible for the oversight of the program components of the 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 Departmental units.

The Department will leverage Chapin Hall's expertise in child welfare and working knowledge and experience in other jurisdictions on Family First Planning. Chapin Hall provided consultation to the Department towards the implementation of its federally approved five-year Title IV-E Prevention Services Plan related to the Family First Prevention Services Act. For additional information on Chapin Hall and services coordinated through the Title IV-E Prevention Services Plan, please refer to the Annual Progress and Services Report.

The Department also continues to partner with other federally funded programs serving older youth as well as other state agencies who provide services to youth and young adults. Connecticut is fortunate to have a large network of service providers who continue to work closely and collaboratively with the Department to provide services to youth that will assist them while in care, as well as when they transition from care into adulthood. The collaborative work with federally funded programs will offer services and support both current and former foster care youth to transition more successfully into adulthood. For more information on the involvement of other Federally Funded Programs, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024*

Please refer to the Populations at Greatest Risks of Maltreatment section for additional information on how the agency is coordinating services with those provided through the title IV-E Prevention Services plan.

For additional information on the Children's Bureau grant programs listed below and the approach to engage and meaningfully involve program representatives in service coordination, please refer to the following sections:

- Children's Justice Act (CJA) - State Agencies, Advisory Council, and Task Force
- Court Improvement Project (CIP) - Legal and Judicial Communities

Service Description

For information regarding services assessments of the strengths and gaps in services, including mismatches between available services and family needs as identified through interviews and consultations with families, children, and youth; analysis of available data, including the CFSR results, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL*

PROGRESS AND SERVICES REPORT 2020 – 2024, Sections: Child and Family Services Continuum; Item 29: Array of Services, p. 117; Item 30: Individualizing Services, p. 117; Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR, p. 126; Item 32: Coordination of CFSP Services with Other Federal Programs, p. 126.

Stephanie Tubbs Jones Child Welfare Services Program

The purpose of the Stephanie Tubbs Jones Child Welfare Services program is to promote state and tribal flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. Funds may be used for the following purposes: (a) protecting and promoting the welfare of all children; (b) preventing the abuse, neglect, or exploitation of children; (c) supporting at-risk families through services that allow children to remain with their families or return to their families in a timely manner; (d) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (e) providing training, professional development, and support to ensure a well-qualified workforce.

Service Descriptions and Updates

Associate Chaplain - Funding supports a part time Associate Chaplain at the Solnit North Campus. This role provides clinical pastoral services to clients and their families, attends clinical staff meetings, participate in group and individual therapy sessions, participates in discharge planning, provides emotional and spiritual support during crisis, provides pastoral counseling to agency staff, prepares, and conducts religious services, administers rites and sacraments, and acts as a liaison between the agency and various religious communities.

Area Office – Office Assistant Positions: In an effort to enhance our service delivery to families and achieve more timely permanency for children, two Office Assistants were hired in the Meriden and Norwalk Area Offices to help coordinate our case planning efforts by conducting relative searches for children in care, to identify and locate potential relative resources, assure grandparent and relative notification as required, and provide clerical support to Area Office staff.

Connecticut Children's Medical Center (CCMC): Funding supports additional staffing for child sexual abuse, physical abuse, and psychosocial evaluations of children for whom abuse, or neglect is suspected. CCMC provides the following array of services: DCF case consultations, training for DCF staff and other mandated reporters, medical evaluations, psychosocial assessments, family and professional interviews, and ongoing participation in Multidisciplinary Team meetings. The contract is supported by both state and federal funding. The federal funding was used to increase capacity for case consultations when child abuse/neglect is suspected. CCMC was able to hire two additional providers after the resignation of one of their medical providers in 2022. Despite staffing challenges, CCMC has steadily increased the number of consultations for children and families as seen in the graph below. CCMC was also able to increase availability to the DCF Careline afterhours and on weekends, assisting with providing timely information regarding the medical status of a child who is being evaluated for suspected abuse and/or neglect.

For additional information please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024: Stephanie Tubbs Jones Child Welfare Services – Subpart I, p. 179.*

Marylee Allen Promoting Safe and Stable Families Program (PSSF)

Below please find a list for the primary focus areas of the Marylee Allen Promoting Safe and Stable Families Program. The total funding for these services is \$2,300,000.

Any modifications to the plans will be submitted as required. The allocation of funds provided to the services below further supports the agency's focus on strengthening families, accurate and timely assessments to support services, and supports and reunification.

- Reunification services (RTFT): Assist families with reunification of children that have been removed from the home.
- Adopt a Social Worker Initiative
- Technical Assistance for Family First Implementation
- Supportive Housing Program: Case management and housing subsidies for families involved in child protection
- Consulting: Fiscal Consultant on Family First
- Racial justice work within the agency
- Adoption Assistance Program
- Family advocacy through our family organization called FAVOR
- Medically complex support groups for foster parents that have children with medical complexities.

For additional information on the estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024: Marylee Allen Program, p. 190.*

Service Decision-Making process for Family Support Services

The Department has carefully considered how to target and distribute funds for family support services. When considering fund allocations for Family Support Services, the department looks closely at where these services are located in the community and how the agency can further support families by ensuring physically, culturally and linguistically accessible services to traditionally underserved populations.

For a list of services including child abuse and neglect prevention and diversion treatment services, foster care, family preservation services, reunification support services, mental health and substance use services, independent living, services to support other permanent living arrangements and a continuum of congregate care settings, please refer to the Services Continuum.

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 OES, DSS, or DMHAS, 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 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.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Policy requires all children and families with whom the Department of Children and Families are involved shall be visited regularly by the assigned Social Worker to assess progress and to assure that appropriate,

effective services are provided to achieve the case goal and respond to the needs of the family. Over the next five years, the Department team will approach every interaction with a child and family with purpose and driven from the case plan. Concerted efforts will be made to see the child individually as well as their caregiver. It is essential that visits are frequent enough to effectively address the child's need for safety, permanency, and well-being. For children in out-of-home care, the policy requires the social worker to visit the child on a monthly basis. The Department has been successful in achieving the federal standards relative to worker child visitation over the past five years and will continue to work strategically to spend down on the funds. With COVID restrictions lifted, staff have returned to in-person work. The Department will continue to leverage funding towards staff appreciation events, as well as enhancing our permanency practice through training and consultation opportunities.

For additional information on the monthly caseworker visit formula, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024: p. 196.*

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

DCF is the state agency that administers, supervises, and oversees the Chafee Program.

Transition Planning Process

Connecticut is well positioned to continue focusing on comprehensive transition planning for youth who are preparing to launch from care. Meaningful transition planning with transition-aged youth begins as early as age 16 and will be inclusive of enhanced case review and teaming practices. Administrative Case Reviews (ACR's) with adolescents and young adults will differ and cater to the individualized needs in terms of their safety, permanency, housing, education, employment, and relationship building. Young adults who remain under DCF's care after they have reached age 18 and beyond will have individualized plans called "Passports" created and updated throughout the duration of active case management. These passports will serve as the youth's roadmap to successful adult living, and gradually develop throughout the entirety of their case. Our agency will focus on reinforcing the use of specialized Omega Assessments which are qualitative reviews specific to our 18 and over population. The Omega instrument will be completed at the time of the review. This tool covers various aspects such as case information, risk and safety, well-being, permanency, and resources needed to ensure stable income, housing, employment for sustained success post launch from DCF's care. The tool also evaluates practice and quality of work to ensure continuous improvement of our Transition Support Social Work teams on getting young adults ready for transition.

Integration of Chafee with CFSP / CFSR

The future of Connecticut's work with transitional age youth population will continue to be supported in combination with state allocations, as well as assistance from the John H. Chafee Foster Care Program for Successful Transition to Adulthood. The full scope of Chafee programming will occur under the administration, supervision, and oversight of an identified program lead. For the time period covering 2024-2029, the program lead will function to ensure vision, goals and service implementation stay aligned with overall objectives of IV-B/ IV-E programs, as well as ensure Chafee program compliance with CFSR) and program improvement recommendations.

Agency Administering Chafee

The full scope of Chafee programming will occur under the administration, supervision, and oversight of an identified program lead. For the time period covering 2024-2029, the program lead will function to ensure vision, goals and service implementation stay aligned with overall objectives of IV-B/ IV-E programs, as well as ensure Chafee program compliance with (CFSR) and program improvement recommendations.

Description of Program Design and Delivery

Utilizing the V.I.T.A.L. (Voice and Choice; Innovate; Thorough and Accountable; Authentic Youth Engagement and Life Launch) practice approach, our state's primary goal is to prepare youth and young adults for a stable transition plan that focuses on their voice, individual strengths, building self-confidence, authentic engagement and allowing young adults to take part in goal setting and planning for their own future of success. Through the implementation of the V.I.T.A.L. approach, opportunities are provided for young people to interact with the world, experiment with different roles, and test out ideas and age-appropriate behaviors, while also promoting positive youth development in terms of education, age normative and developmental activities, and trauma-informed services.

Serving Youth Across the State

Connecticut supports youth who are interested in extended foster care by way of (SPM) - Youth who are committed abused, neglected, or uncared for on their 18th birthday, and have voluntarily chosen to continue receiving case management support to attain post-secondary education or vocational goals. Any youth who is receiving SPM services will have access to a full array of case management and support including individual case plans, financially supported placements, payments, medical, educational, legal, access to the National Youth in Transition Database (NYTD), Pregnancy/parenting education, connectivity and referrals to other state supported adult agencies.

DCF shares NYTD data with families, children and youth; tribes, courts and other partners; Independent Living coordinators; service providers and the public.

At present, DCF shares NYTD information through 'TAY Talk' newsletters to CT agency leaders for dissemination to their staff, as well as regularly sharing information with the (SAC and RAC). NYTD information is also shared with community providers including OPP, Marrakech, Boys and Girls Village, and Unashamed Inc., and with colleagues in TSS, CHAP/CHEER providers, juvenile justice YSB/JRBs, and other partners in diversionary programs. To this point, NYTD information sharing to the public has primarily been through requests such as citizen review panels and other requestors. Broadening the scope of how to share NYTD will be an area for continued improvement over the next years, with youth experts being engaged help DCF think of creative ways to disseminate this information.

While placed in foster care, youth will be offered experiences that promote normalcy and positive youth development through experiences such as milestone events. Milestone events allow youth between the ages of 14-23 and who are under the legal commitment of DCF to celebrate two significant milestones events of their choice. Some examples included but are not limited to, Quinceanera, Bar/Bat Mitzvah graduation, birthdays, study abroad. The overall goal of milestone celebrations is to allow youth in foster care opportunities to preserve personal relationships and commemorate greatest achievements with their loved ones. This ability to offer milestones allowed eighty-two youth and young adults during the FFY 2023, the chance to have experiences such as graduation parties with friend and family, traveling abroad to several states across the country, dinner parties and other sibling events, in celebration of personal achievements throughout the course of their development. The plan will be to continue to support these opportunities within available funding allocations.

Serving Youth of Various Ages and Stages of Achieving Independence

At present, policy allows youth committed to the Department of Children and Families (DCF) at age 18, to receive services up through age 21 if they are enrolled in an educational or vocational program. DCF offers the option to extend services to 23 when appropriate budget allocations are available, on a case-by-case basis, with Commissioner approval. Ultimately, the vision with our service array and option to extend through age 23, is to service the older adolescent population in a way that ensures more than 85% of youth are graduating high school, more than 60% are attaining employment, more than 95% are able to define positive adults in their life and less than 5% launching into homelessness.

Keeping in mind that youth who have left DCF's care without completing their secondary education are especially vulnerable. They are at most risk of living in poverty, being homeless or requiring the assistance from other state and federal agencies. Our Re-entry policy will continue to assist our 18 and over young adults who have ended services prematurely but may need to return. DCF allows any eligible young person to re-enter care between 18-21 years old, for the opportunity of re-engaging in educational or vocational or employment programming. If a youth applies for re-entry and is found eligible, he or she will be connected to our agency's Independent Living Coordinator to access services in the community that can assist with their identified needs.

DCF has partnered with DSS to support former foster youth from CT that have moved to other states and have remained eligible for CT Husky coverage prior to the effective date of the SUPPORT Act. DCF has consulted with Medicaid managers at CT DSS to ensure that eligibility criteria meet all SUPPORT Act requirements. DCF and DSS staff have also collaborated to produce a media announcement concerning the changes (see below for more details). DCF Health Advocate staff provide information on eligibility criteria to DCF social work staff, who pass that information along to foster youth as they approach, and after achieving, their age of majority. This includes information on continued eligibility if/when they move out of the state of CT.

Collaboration with Other Private and Public Agencies

Chafee programming will continue to support and help guide the structuring of our Youth Advisory Boards (YAB) both on a local and statewide level. YAB will serve as a primary training platform for youth to become valuable assets within DCF and beyond. By involving young people in decision-making processes, soliciting their ideas and recommendations, DCF aims to improve its services provision and preparation for adolescents to become staunch self-advocates, and advocates for others with lived expertise. Opportunities will continue through use of Chafee funding for YAB participants and other youth in care to work as youth consultants, ambassadors, and interns. Through these experiences, youth are provided with firsthand experiences of lending their voice as experts with lived expertise, gaining professional growth, access to higher leadership roles, employment opportunities, and overall enhanced well-being. DCF will continue to support these internal and external efforts for youth.

Statewide YAB improvement will center around recreating an infrastructure that is conducive to the needs of our current generation of youth in care and lend itself to improved capacity building for youth participants. We will enhance YAB work through collaboration with a contracted agency with close nexus to teaching skills of effective advocacy, training youth participants on the basic knowledge of civic engagement, and techniques of strategic sharing. The contracted provider will facilitate regional advisory boards and implement the use of tools such as Jim Casey Brain Frames to gain foundational understanding of adolescent development. We will utilize youth in care and YAB members to create youth friendly resources, short videos and podcasts. Topics such as Legislation 101, social capital, professional development workshops, public speaking and facilitation listening forums designed to

develop youth with lived expertise. This will allow them to discuss barriers and brainstorm solutions on topics such as access to benefits and other entitlements for preparedness which will better support their successful transition from care.

Once the onboarding and basic skills are acquired, our vision is to have YAB serve as a catalyst for youth who desire to elevate their involvement in advocacy and higher levels of the legislative process. YAB members who have demonstrated an understanding of these skills will have the opportunity to represent the State of CT as a standing member of the New England Youth Coalition (NEYC). Those selected to serve on NEYC will function as youth experts on the latest advancements in policy and programming for CT. NEYC members will be used to inform the purpose of YAB, share knowledge gained, advocacy skills and serve to mentor other youth on the advantages of YAB involvement.

In accordance with program improvement recommendations within the domain of working with Transgender, Queer, and Intersex Individuals, DCF will remain steadfast in its strategies to address and eliminate disparities and overrepresentation experienced by LGBTQIA+ children, parents, and caregivers served by the child welfare system. CT is formalizing a practice guide for staff in navigating the specialized needs of the LGBTQIA+ population of youth and families. Training in statewide resources and best practice will be required of certified individuals who will serve as champions of this unique population. The continued support of our contracted provider, Link Mentoring services will be available to youth and families. Our contracted agencies will serve different parts of the state, and function as an intensive support for our LGBTQIA+ population, creating tools and other resources such as an LGBTQIA+ training for DCF Staff, Foster Parents, and DCF Providers around the specialized case management needs of this population. Providers will recruit and prepare youth and families to participate in videos to be used for DCF training purposes. Both programs will also develop an LGBTQIA+ advisory board and facilitate quarterly meetings to include youth, agency staff support and community members to move LGBTQIA+ work at DCF forward. The advisory board will execute monthly activity groups, as well as support groups for parents/caregivers and youth.

It is through CT's collaboration with other public and private agencies that we hope to achieve better outcomes and target areas of highest need for our TAY. Homelessness and housing insecurity continue to pervade the population of current and former youth who have experienced placement in the foster care system. It is through the use of tools such as NYTD we have seen a consistent trend of approximately 20% of our 19- and 21-year-olds who have experienced homelessness at some point. Our agency's overall vision is to decrease this percentage by taking proactive steps for earlier intervention, planning and prevention of young adults experiencing homelessness. The state has identified a Housing Specialist who oversees our partnership with our Department of Housing (DOH) and Public Housing Authorities, as well as timely and equitable issuance of our FYI housing vouchers. DCF will continue to explore creative ways that offer added support around housing stability prior to a youth transitioning out of care. Through our joint efforts with community providers, we will continue to assess data collected regarding youth served and where the greatest areas of need are presenting. We will expand on existing contracts to address homelessness prevention, provide immediate relief with financial hardship and other case management supports for youth who have launched from care. Together with our Careline staff, who are the first responders to youth seeking assistance, we will develop a process to refer those who are ineligible for re-entry, to the agency Independent Living Coordinator for the purpose of screening and referral to community programs. To deepen our support of emergent housing needs, for our young adult population, we also plan to consider developing a youth housing collaborative to include youth in partnership with our Department of Housing.

The agency has begun initial discussions with Liberty Bank (CT). Liberty Bank is a financial institution that is willing to offer bank accounts to all youth in care age 14 and up. Often, our youth in care face the challenge of having no cosigner, therefore they are limited in accessing starting banking/financial wellness experience. Liberty Bank is partnering with DCF to offer starter bank accounts that will not require a cosigner. Youth in the program will have tiered accounts with higher levels of banking access based on age and completion of financial literacy curriculum. There is an identified date of July 2024 to roll out a pilot of this banking program.

In addition, DCF has partnered with DSS to support former foster youth from CT that have moved to other states and have remained eligible for CT Husky coverage prior to the effective date of the SUPPORT Act. DCF has consulted with Medicaid managers at CT DSS to ensure that eligibility criteria meets all SUPPORT Act requirements as delineated in IM 23-04. DCF and DSS staff have also collaborated to produce a media announcement concerning the changes (see below for more details). DCF Health Advocate staff provide information on eligibility criteria to DCF social work staff, who pass that information along to foster youth as they approach, and after achieving, their age of majority. This includes information on continued eligibility if/when they move out of the state of CT. Health Advocates encourage social workers to always consult with them when a young adult moves out of state so that they can help review health insurance options the youth have when moving. To improve availability to this population, the Health Advocates have launched an informational presentation to social workers across the state that reviews Medicaid coverage for Services-Post Majority youth and Medicaid eligibility up through age 26. Such information is also posted on our external website in the "For Teens" area concerning health insurance and provides contact information for the Health Advocates. Staff from the Health Advocates unit also recently met with CT Association of Adoptive and Foster Families Foster Parent buddies and included this information in the training content presented. Finally, DCF and DSS staff have collaborated with Access Health CT (our state's official health insurance marketplace) and marketing consultants at Cashman & Katz to produce a one-page flyer concerning the changes that will be distributed to foster youth and foster parents through multiple information channels.

Determining Eligibility for Benefits and Services

The full scope of Chafee programming will occur under the administration, supervision, and oversight of an identified program lead to ensure fair and equitable access to Chafee program and supports. For the time period covering 2024-2029, the program lead will function to ensure vision, goals and service implementation stay aligned with overall objectives of IV-B/ IV-E programs, as well as ensure Chafee program compliance with Federal Child and Family Services Review (CFSR) and program improvement recommendations.

The state has identified a Housing Specialist who oversees our partnership with our Department of Housing (DOH) and Public Housing Authorities, as well as timely and equitable issuance of our FYI housing vouchers.

Lastly, DCF is reprocurring our vocational support service program and the intent is to increase future referrals to job training, skill building and skill assessment, and for youth 18+, to case management.

Cooperation in National Evaluations

National Youth in Transition Database (NYTD), in collaboration with Chafee program expectations over the next 5-year period, will aim to strengthen the state's framework and infrastructure that supports completion of NYTD work. We will explore the use of a contracted agency, along with individuals who have lived expertise to contribute to the NYTD process. The goal is for the contracted provider to

facilitate NYTD surveys and oversee involvement of current and/or foster youth alumni in our agency's NYTD work. Individuals with lived expertise will be sought for tasks such as peer-to-peer outreach, lending youth voice to the importance and value of completing NYTD surveys, maintaining contact with participants in between cohorts, and assisting the agency in developing creative ways to share information on cohort data collected and use data to influence service provision.

An identified statewide coordinator for NYTD will target the development of creative methods that promote increasing the functionality and usage of NYTD data in our agency's daily work. Additional efforts will include evaluating trends across cohorts to better inform our practices and incorporate outcomes into larger systemic discussions related to our service provision, outcomes achieved and other decision making for TAY.

Education and Training Vouchers (ETV) Program

The state offers ETV assistance to Post-secondary Education (PSE) eligible students, to supplement expenses related to the "cost of attendance" at an "institution of higher education" above and beyond what provided through state allocations. Examples of expenses that are applicable for ETV include tuition and other attendance fees, equipment or materials for courses, laptops/computers, and transportation. Eligible youth may receive up to \$5,000 per year for up to 5 years of funding.

The future of our state's ETV programming will focus on expanding the knowledge and awareness of funds to eligible youth, caregivers, and other service providers. Intentional efforts will be made to educate DCF staff on availability of funds and suggested ways to utilize and enhance post-secondary education success for young adults served by our agency. DCF will develop a community partnership with a provider that will serve all eligible former foster youth in CT who are eligible to receive ETV vouchers assistance. Expanded efforts will be made to ensure eligible youth are taking advantage of ETV assistance to attend graduate school programs.

In gathering feedback from the YAB, youth in care and agency representatives, there was an identified area of need to increase support around school related transportation assistance. There has been a heightened demand for youth needing transportation to attend school programs. As a result, our agency's contracted transportation services have reached maximum capacity and are functioning on a waitlist. The plan will be to expand efforts through increasing funds offered through ETV funds to support transportation assistance. Those youth who are attending a post-secondary education or vocational program, will have increased opportunities for transportation.

A future goal for ETV is to assess the viability of partnerships with area colleges that will provide 1st year academic and transitional support to students who come from the foster care system.

For additional information on the ETV program, including funds for educational assistance and other uses, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, Educational and Training Vouchers Program, p. 212-217.*

Chafee Training

In collaboration with the Transitional Support Services Division, the Academy has launched a new series of micro learning labs aimed at lifting staff's understanding of programs and services available to DCF transitional aged youth. Program leads for various contracts and arenas of work will be present to provide an overview of the services, key considerations for matching youth to opportunities, points of

practice to ensure timely delivery of services, and troubleshooting for common challenges. In addition, time will be allotted for participants to ask questions and seek clarity regarding the information and their experiences with that area of work. These virtual sessions are open to all staff and can be a stand-alone opportunity or you can register for as many sessions to meet your needs and availability.

Beginning in July 2024, the agency is providing seven (7) different Transitional Aged Youth Micro Learning Labs for staff to better which will include the following training topics: Authentic Youth Engagement and Services Post Majority, Supporting Youth Identity, Skills and Self Expression, Child Welfare Accounting, Federal Funding Requirements', Chafee, and ETV, Post Secondary Education, OMEGA and Case Planning, and CHAPS/CHEER/TSEA and Launch.

In addition, workforce development presentations were posted and made available to all staff and vendors in the adolescent practice approach. This approach focuses on youth transitioning to adulthood and is rooted in both positive youth development (5-C model), adolescent brain development, and servicing LGBTQIAS2+ youth and families.

In 2025, the Department aims to launch a consolidated practice approach to engaging and serving LGBTQIAS2+ youth. Value has been placed upon providing senior and mid-level managerial staff with professional development opportunities that offer exposure to data. Under this premise, once proficient with pulling data and interpreting it, they can transfer the learning to their respective staff. Learning opportunities include but are not limited to: · Understanding the Numbers · Excel · Pivot · Leadership Academy for Middle Managers · Capacity Building for Active Case Management · Special Qualitative Reviews post fatalities and near fatalities. The Transitional Supports and Success team will continue to work with our regional offices across the state to present information at their work group meetings, share budgetary updates and Chafee information to education staff on the availability and ensure usage of Chafee funding to support better outcomes for TAY.

Consultation with Tribes

States are required to consult with each Indian Tribe located in the state as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care.

Consultation with each Indian Tribe in the state includes eligibility for Chafee and ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care, and specifically, availability of benefits and services made available to Indian children and youth in the state. Currently, tribes do not ask DCF to administer, supervise, or oversee the Chafee or an ETV program benefits for eligible Indian children. These engagement discussions are held annually between DCF and the CT federally recognized and state-recognized tribes, in accordance with ICWA.

Additional information on DCF consultation with Tribes is outlined in the following section *“Chapter 4: Consultation and Coordination Between State and Tribes.”*

CHAPTER 4: CONSULTATION & COORDINATION BETWEEN STATE & TRIBES

Consultation & Coordination Between State & Tribes

Engagement & Consultation with Tribal Entities

There are two federally recognized tribes in Connecticut, the Mashantucket-Pequot Tribal Nation (MPTN) and the Mohegan Tribe (MT). The state has maintained open communication with the tribes over the years since their original federal recognition in the 1990's. Formal activity with the tribes is most often initiated after an accepted child maltreatment report to the DCF central reporting CARELINE. The volume of reports on tribal families and children accounts remains small in comparison to the volume of reports received on non-tribal children, most often being just a handful of cases per year.

As described in *Chapter 1, Collaboration*, Tribes were consulted on CFSP planning and development in 2024. In addition, the completed CFSP documents completed by DCF and Tribes are made available for exchange of information.

Coordination

The MPTN has a formal reservation that includes some tribal housing. Screening is done at the Careline, and is secondarily reviewed on the local level, for a home address that may be on the MPTN reservation, which is limited to a selected number of streets. Cases that have such addresses are deferred to MPTN tribal authorities for jurisdiction. On other occasions, the state may identify, after commencing activity, that the family lives on the MPTN reservation, and a transfer of the case is made between the State and Tribal authorities. When there is activity regarding a MPTN family with an off-reservation address, the state maintains jurisdiction, providing notice to Tribal child protection, up to including occasions when the matter may be litigated in state juvenile courts, if the Tribe declines jurisdiction, or an objection to Tribal jurisdiction is raised.

The MT also has some residential homes on reservation/tribal land. But unlike MPTN, MT does not have its own child protection services to conduct investigations. All reports taken and accepted by the Careline for a home address on that land are investigated (either a traditional Investigation or Family Assessment Response) by the state. DCF provides notice to MT before visiting the homes on this property. Virtually all CT MT and MPTN (non-reservation) reports are serviced by the Norwich Area Office in DCF's Region 3. Upon initial face to face contact, every accepted report of child abuse and neglect is screened for race and ethnicity demographics, capturing any tribal affiliation information not initially indexed by Careline. Tribal affiliation is also screened and noted at this time. Results are stored in the State SACWIS system. ([LINK](#))

Native American status is captured in the Connecticut SACWIS under "Person Management." Case Plans also serve as an additional forum for addressing tribal status and Native American racial identity. There are additional checkpoints that also capture/create safeguards for identification/notifications. These include genograms completed with families (at investigation/ FAR/ongoing services) and revised by ongoing State social workers in the formulation and revision of case plans; Multi-Disciplinary Conferences to address service needs; Permanency Team Meetings (convened with in-home and out of home cases to identify natural supports and helping community), as well as canvassing of all parties if court involved.

Consultation

There is a Memorandum of Understanding (MOU) between the State and the MT that has been in effect since 2006. The MOU governs contact with the MT. DCF and MT are in the process of updating the MOU and completion is expected by the summer of 2024. Contact with the tribe includes confidential meetings of case specific discussion of state interventions of MT members. The State notifies the MT of all accepted reports regarding their members. Discussion is held in meetings at tribal offices. The meetings are also used as an opportunity to advise the Tribe of new State initiatives; recent past and present discussions have included Structured Decision Making, Differential Response System and Child and Family Team Meetings for Considered Removals and Permanency Team Meetings. The contact liaison in the local DCF office is a social work supervisor who is available to attend meetings with Tribal representatives, to provide a familiar point of contact with the Agency, and to facilitate open communication with the MT.

In 2021, DCF initiated separate quarterly meetings with the MT and MPTN. As noted above, since most of the cases involving members of these tribes are serviced in the Norwich area office, attendees include the Norwich Office Director and members of the SW team, a representative from the Judicial Branch, and members of the DCF's Legal Division, and the DCF's Director of Multicultural Affairs. These meetings serve as opportunities to discuss any issues and continue to strengthen collaboration in addressing child welfare matters that implicate the tribes.

Common Juvenile Court practice finds representatives of the MPTN and MT present, at least for initial proceedings. Neither tribe has a fully developed complement of placement resources (foster/host homes/group care) that allows for a divergent path from State care, should removal from home become necessary. When Indian children do require placement into care, commensurate with behavioral health level of care needs, the first option, is to identify family or fictive kin options in lieu of entry into traditional foster care. Placement with Native American kin is a primary objective and is pursued whenever possible.

When there are circumstances requiring CPS litigation, the MT does not seek to transfer cases to its own court system and prefers to partner with the State in the Superior Court for Juvenile Matters. The Tribe often provides support and services to its members, and Agency staff partners with the Tribe to meet the needs of Tribal families. Conversely, the MPTN may exercise the option of jurisdiction moving to its Tribal Court or keep the matter in the State court system.

Most (ICWA) related activity in Connecticut has centered on the state's federally recognized resident tribes. On occasion there is activity regarding tribes in the neighboring states of Rhode Island (Narragansett), Massachusetts (Wampanoag), Maine (Passamaquoddy) and New York. However, in 2023, the state legislature passed a law ([Public Act 23-113](#)) adopting the provisions of ICWA in state law and expanding the ICWA protections to the three Connecticut-recognized tribes: the Schaghticokes, Eastern Pequot, and Golden Hill Paugussett. DCF has initiated quarterly meetings with these tribes in March 2024, with the intention of mirroring the existing collaboration with the state's federally recognized tribes. DCF has also updated its ICWA policy to reflect that this change in state law. Consistent with ICWA, all tribes are notified of state legal activity in writing, by USPS certified mail for every step of the litigation process.

There have been no known ICWA compliance issues identified over the last several years. Newly hired social workers are trained regarding the requirements of ICWA during pre-service training. Additionally, when local training/conference opportunities arise, invitations are shared with the tribes. DCF has routinely engaged in outreach to both tribes requesting their participation in the various activities

pertaining to CFSR results and DCF has recently initiated engagement with the state-recognized tribes as well. This will continue as part of the both the CFSP and the CFSR.

Also see Chapter 1: Collaboration, for engagement of tribes in CFSP development.

CHAPTER 5: ASSESSMENT OF RECENT PERFORMANCE IN IMPROVING OUTCOMES

Assessment of Recent Performance in Improving Outcomes

Overview of Performance

At any point in time during Calendar Year (CY) 2023, DCF served approximately 19,100 children and 8,600 families across its programs and service array. During CY23 the DCF Careline received 111,448 calls, of which 69,562 were reports of child abuse or neglect. Of those reports received, 32,452 (46.7%) were accepted and assigned to either an investigation or family assessment response track. There were over 1,700 investigations and 2,500 family assessments underway across our Differential Response System (DRS) on any given day.

The CFRS Round 4 Data Profile (February 2023) provided data on all seven national indicators. Risk-standardized results for Maltreatment in Care and Reentry to Foster Care in CT are statistically better than national performance. Results for Recurrence of Maltreatment, Placement Stability, Permanency in 12 Months for those in-care 12 – 23 and >=24 Months, all show that CT is within the margin of error for achieving the national standard for the latest reporting periods available and is equivalent to national performance. Unfortunately, performance on the Permanency in 12 Months from Entry measure did not meet the standard and remains our most significant challenge with a widening gap of about 13% between current and expected performance.

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

FEDERAL MEASURE	CY11	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21	CY22	CY23	TREND
Recurrence of Maltreatment (<=9.7%)	9.7	9.1	9.2	10.1	8.7	10.2	10.5	9.9	9.0	8.2	8.0	7.6	7.3	
Maltreatment in Foster Care (<=9.07 victims/100k days)	5.0	5.3	5.5	6.6	6.4	6.5	6.9	5.6	5.7	3.3	5.9	6.2	6.2	
Placement Stability (<=4.48 moves/1k days)	3.3	3.0	2.8	2.6	3.1	3.6	3.9	4.1	4.0	3.3	3.3	4.0	4.5	
Permanency in 12 Months (>=35.2%)	39.5	37.7	34.2	30.9	26.7	25.5	24.1	27.7	28.4	24.7	23.0	24.7	24.1	
Permanency in 12 Months for Children In Care 12-23 Months (>=43.8%)	43.2	43.1	44.0	39.3	45.2	42.9	48.2	47.2	48.1	32.0	45.7	47.3	50.8	
Permanency in 12 Months for Children In Care >=24 Months (>=37.3%)	22.4	23.7	27.0	25.8	31.7	28.8	32.0	35.1	40.4	28.6	45.4	42.9	44.9	
Re-Entry to Foster Care (<=5.6%)	13.1	12.0	15.2	15.6	15.1	15.0	14.4	17.8	15.8	13.2	11.3	12.8	11.0	

The ROM reports shows that CT has consistently met the national standard on Recurrence of Maltreatment, Maltreatment in Foster Care and Placement Stability for at least the latest five years. Declines observed in Permanency in 12 Months for Children In Care for both 12 - 23 and >=24 Months during the COVID-19 response period reversed in CY 2021 through 2023 to points exceeding the

standard. However, achievement of Permanency in 12 Months from Entry has varied from year to year around 24% and is still not meeting the standard. It is also important to note that performance on the related Re-Entry to Foster Care measures improved in CY 2023 compared to 2022 to its best level yet at 11%, but we have not yet met the standard for this measure.

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

Child and Family Outcomes

Assessment of Performance 2020-2024: Safety Outcomes

For complete information on 2020-2024 progress toward DCF's goal for ensuring child safety, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 19-33.*

- Item 1: Timeliness of initiating investigations of reports of child maltreatment
- Item 2: Services to family to protect children in the home and prevent removal or reentry into foster care
- Item 3: Risk assessment and safety management

Goals, objectives, and planned activities to improve performance against these outcomes are included in *CFSP Chapter 2: Plan to Enact the State's Vision.*

Assessment of Performance 2020-2024: Permanency Outcomes

For complete information on 2020-2024 progress toward DCF's goal for permanency, and CFSR assessment items, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 33-55.*

- Item 4: Stability of foster care placement
- Item 5: Permanency goal for child
- Item 6: Achieving reunification, guardianship, adoption, or another permanent planned living arrangement
- Item 7: Placement with siblings
- Item 8: Visiting with parents and siblings in foster care
- Item 9: Preserving connections
- Item 10: Relative placement
- Item 11: Relationship of child in care with parents

Goals, objectives, and planned activities to improve performance against these outcomes are included in *CFSP Chapter 2: Plan to Enact the State's Vision.*

Assessment of Performance 2020-2024: Well-Being Outcomes

For complete information on 2020-2024 progress toward DCF's goal for child and family well-being, and CFSR assessment items, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 55-62.*

- Item 12: Needs and services of child, parents, and foster parents
- Item 13: Child and family involvement in case planning
- Item 14: Caseworker visits with child
- Item 15: Caseworker visits with parent(s)
- Item 16: Educational needs of the child
- Item 17 Physical health of the child
- Item 18: Mental/behavioral health of the child

Goals, objectives, and planned activities to improve performance against these outcomes are included in *CFSP Chapter 2: Plan to Enact the State's Vision.*

Systemic Factor Outcomes

Assessment of Performance 2020-2024, Systemic Factor 1: Information Systems

For complete information on 2020-2024 progress toward system factor outcomes for statewide information systems, and planned activities targeted at improving performance, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 63-67.*

- Item 19: Statewide information system

Planned activities targeted at improving performance of the statewide information system are included at the end of *CFSP Chapter 2: Continued Improvement of CQI Through Development of the New CT-KIND System*

Assessment of Performance 2020-2024, Systemic Factor 2: Case Review System

For complete information on 2020-2024 progress toward system factor outcomes for the case review system, and planned activities targeted at improving performance, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 67-80.*

- Item 20: Written case plan
- Item 21: Periodic reviews
- Item 22: Permanency hearings
- Item 23: Termination of parental rights
- Item 24: Notice of hearings and reviews to caregivers

Assessment of Performance 2020-2024, Systemic Factor 3: Quality Assurance System

For complete information on 2020-2024 progress toward system factor outcomes for the quality assurance system, and planned activities targeted at improving performance, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 81-91.*

- Item 25: Quality Assurance System

Planned activities targeted at improving performance of Quality Assurance System are included at the end of *CFSP Chapter 2: Continued Improvement of CQI Through Development of the New CT-KIND System*

Assessment of Performance 2020-2024, Systemic Factor 4: Staff and Provider Training

For complete information on 2020-2024 progress toward system factor outcomes for staff and provider training, and planned activities targeted at improving performance, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 91-117.*

- Item 26: Initial staff training
- Item 27: Ongoing staff training
- Item 28: Foster and adoptive parent training

Assessment of Performance 2020-2024, Systemic Factor 5: Service Array

For complete information on 2020-2024 progress toward system factor outcomes for the service array, and planned activities targeted at improving performance, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 117-123.*

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

Assessment of Performance 2020-2024, Systemic Factor 6: Agency Responsiveness to the Community

For complete information on 2020-2024 progress toward system factor outcomes for agency responsiveness to the community, and planned activities targeted at improving performance, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 123-154.*

- Item 31: State engagement and consultation with stakeholders pursuant to the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR).
- Item 32: Coordination of CFSP services with other federal programs

Assessment of Performance 2020-2024, Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention

For complete information on 2020-2024 progress toward system factor outcomes for foster and adoptive parent licensing, recruitment, and retention, and planned activities targeted at improving performance, please see *FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024, p. 154-173.*

- Item 33: Standards applied equally
- Item 34: Requirements for criminal background checks
- Item 35: Diligent recruitment of foster and adoptive homes
- Item 36: State use of cross-jurisdictional resources for placement

Appendices

References

CT DCF:

2020-2024 CFSP: [connecticut-cfsp-2020-2024-final.pdf](#)

ROM: <https://rompublic.dcf.ct.gov>

FINAL REPORT: STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES, ANNUAL PROGRESS AND SERVICES REPORT 2020 – 2024

Foster and Adoptive Parent Diligent Recruitment Plan: STATE OF CONNECTICUT DCF CHILDREN AND FAMILIES PLAN, 2025-2029

Disaster Plan: STATE OF CONNECTICUT DCF CHILDREN AND FAMILIES PLAN, 2025-2029

Health Care Oversight and Coordination Plan: STATE OF CONNECTICUT DCF CHILDREN AND FAMILIES PLAN, 2025-2029

Training Plan: STATE OF CONNECTICUT DCF CHILDREN AND FAMILIES PLAN, 2025-2029

Racial Justice 2024 Report: [final-sfy2023-cgs17a6e.pdf \(ct.gov\)](#)

Permanency Planning Practice Guide: [permanency-planning-practice-guide-912023.pdf](#)

Family First Prevention Plan: [Connecticut Family First Prevention Plan](#)

Child Welfare Information Gateway and Capacity Building Center for the States

[Child Welfare Information Gateway | Child Welfare Information Gateway](#)

[Resource Library - Center for States - Child Welfare Capacity Building Collaborative](#)

[Strategic Planning in Child Welfare: Integrating Efforts for Systems Improvement - Center for States - Child Welfare Capacity Building Collaborative](#)

[Strategic Planning in Child Welfare: Strategies for Meaningful Youth, Family, and Other Partner Engagement - Center for States - Child Welfare Capacity Building Collaborative](#)

[Kinship Care and the Child Welfare System | Child Welfare Information Gateway](#)

[Preparing Children and Youth for Adoption or Other Family Permanency | Child Welfare Information Gateway](#)

[Protective Factors Approaches in Child Welfare | Child Welfare Information Gateway](#)

[Preventing, Identifying, and Treating Substance Use Among Youth in Foster Care | Child Welfare Information Gateway](#)

[Resources on Assessment of Current Performance in Improving Outcomes | Child Welfare Information Gateway](#)

[Child and Family Services Plan and Final Report Resources | Child Welfare Information Gateway](#)

[Fostering Psychological Safety on Child Welfare Teams](#)

Other:

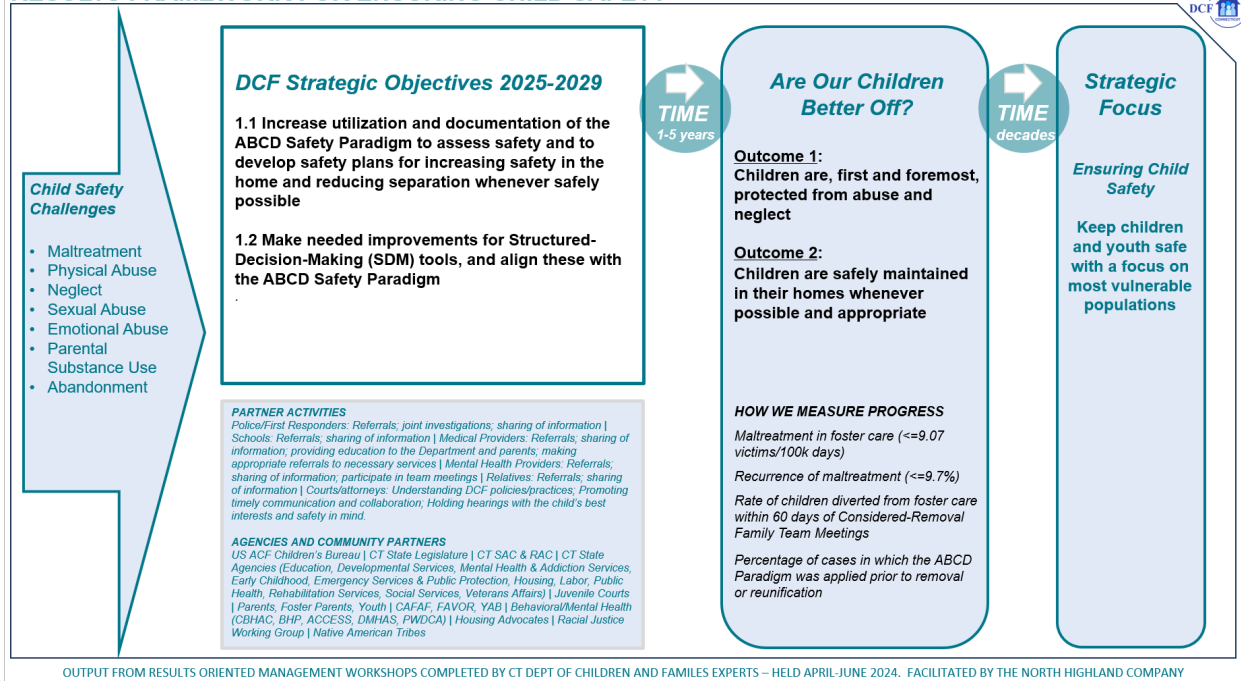
[Casey Family Programs](#)

[Plans of Safe Care – Casey Family Programs](#)

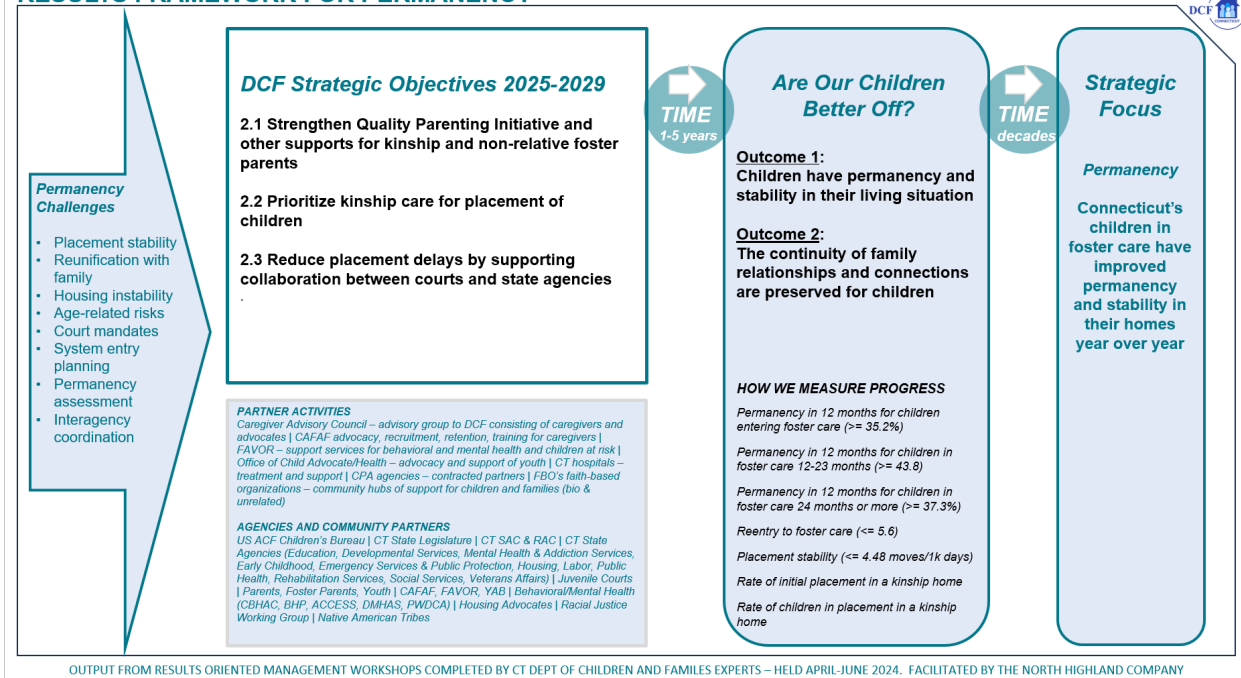
[NPCS | National Partnership for Child Safety](#)

[Resources | NPCS | National Partnership for Child Safety \(nationalpartnershipchilfsafety.org\)](#)

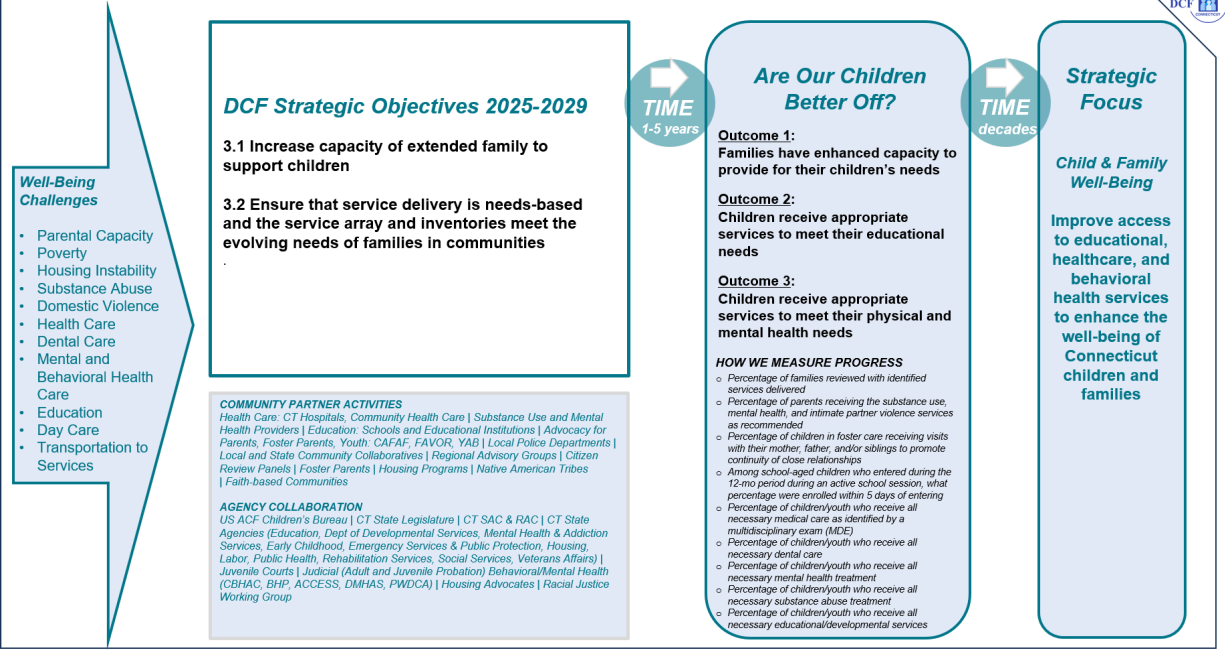
RESULTS FRAMEWORK FOR ENSURING CHILD SAFETY



RESULTS FRAMEWORK FOR PERMANENCY



RESULTS FRAMEWORK FOR ENSURING CHILD & FAMILY WELL-BEING



OUTPUT FROM RESULTS ORIENTED MANAGEMENT WORKSHOPS COMPLETED BY CT DEPT OF CHILDREN AND FAMILIES EXPERTS – HELD APRIL-JUNE 2024. FACILITATED BY THE NORTH HIGHLAND COMPANY