Connecticut Department of Children and Families

Program Improvement Plan

Furthering Partnerships for an Integrated Child Welfare System

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Executive Summary

The 2016 Child and Family Services Review found Connecticut was out of substantial conformity with each of the seven (7) outcomes and five (5) of the seven (7) systemic factors. In response to the CFSR findings, Connecticut is charged with creating a Program Improvement Plan (PIP) that addresses those outcomes not found to be in substantial conformity.

The Connecticut Department of Children and Families' (DCF) Program Improvement Plan (PIP) has been envisioned to be and was developed as a part of the State's broad efforts to serve its children, youth and families within a connected child welfare system. Further, it was designed to interrelate with the goals and strategies of the Department's *Juan F.* Strategic Plan.

As a consolidated child welfare agency, DCF has the responsibility for child protection services, children's mental/behavioral health and substance use services, and prevention. At any point in time, DCF serves approximately 36,000 children and 15,000 families across its programs and service array, which includes 2,550 investigations and 1,850 family assessments that may be underway on any given day. Last year, the DCF Careline received over 100,000 calls[1]. Approximately 54,000 were reports of child abuse or neglect, of which 31,299 were accepted and assigned to either an investigative or family assessment response track.

Many of the reports that are accepted by the Department include presenting problems such as complex mental health issues, substance use and/or abuse, intimate partner/domestic violence (IPV/DV) and housing insecurity. Generally, approximately 39% of accepted reports include indication of mental health issues, 35% present with substance abuse indication, and 14% with housing/homelessness issues. With respect to IPV/DV, a recent case review revealed that when cases were initially known to the Department, approximately 26% present with IPV indicators. As the Department's work continued with families, the percentage of families with IPV/DV related concerns increased to 43%.

Over the last 7 years, the Department has made significant progress in a number of areas, including reducing the number of children in congregate care, which resulted from the agency's historical overreliance on congregate settings. On January 1, 2011, nearly 30% of all children in DCF care were in a congregate care setting, compared to August 2018 when fewer than 9% of all placements are in a congregate setting. Additionally DCF reduced the number of children placed in out-of-state congregate care settings by 98%. While reducing the numbers of children in congregate care settings, DCF has also significantly increased placements with relatives and kin. As of August 1, 2018, just over 42% of children in care are placed with relatives or kin.

Although the Department has remained under the Juan F. Consent Decree since 1991, we have been successful in reducing the scope of the Federal Court Monitor's oversight from 22 Exit Outcome Measures to only 5 that have yet to be achieved. Despite the significant progress DCF has made over the last seven (7) years, there continue to be challenges in achieving positive outcomes for children, particularly with regard to the achievement of timely permanency and meeting the needs of the children and families served by the Department. Several of the areas of challenge identified in the CFSR are thematically similar to those the Federal Court Monitor and the Department have identified through various review processes. Having a window into some of the areas of challenge (e.g., timely face to face, documentation, quality visitation, quality assessment, fatherhood engagement, timely permanency and needs met, etc.) in advance of receiving Connecticut's CFSR report allowed the Department to identify and implement some immediate improvements (e.g., updating the

[1] It should be noted that calls to the DCF Careline have increased by 7.3% since 2015. This is thought to be due in large part to recent laws that broadening the pool of mandated reporters and increased the penalties for failures or delays in reporting.

Intake policy to clarify face to face expectations, creation of a visitation and documentation guidance, etc.) and to presage other interventions that could be refined, expanded or developed through the PIP (e.g., Intake and FAR qualitative reviews, Foster Care quality review and Improvements, Structured Decision Making (SDM) overhaul, service array expansion and Technical Assistance, mobile technology, and agile roll-out of a new comprehensive, Connecticut Child Welfare Information System (CCWIS) (aka CT KIND).

As recognized and highlighted in the CFSR Final Report, DCF has a robust QA/QI infrastructure that has allowed leadership and field staff to review practice in the context of both qualitative and quantitative data, including CFSR findings, Court Monitor review findings, Administrative Case Reviews (ACR), In-home visitation reviews, Investigation Reviews and Permanency Reviews, many of which were supported by the DCF Office for Research and Evaluation. As part of the PIP process, court partners will add case file reviews as a mechanism to assess the court's role in timely permanency. Through these reviews the agency will continue to identify specific areas of focus to support the PIP and improve outcomes to children and families.

The Department also monitors its data and outcomes by race as part of its Racial Justice lens. Not unlike many other jurisdictions across the county, disproportionality and disparity are observed within CT's child welfare system. A review of these data does, however, suggest that the Department is realizing some improvements with respect to reducing overrepresentation of children of color in its system.

Qualitative and quantitative data reviews highlight several barriers to achieving positive outcomes and these factors helped guide the development of the PIP and the associated strategies and activities. In developing the PIP, DCF has outreached to a variety of stakeholders including facilitating two (2) PIP strategy development meetings where stakeholder involvement was key. In particular, a number of parents, including fathers, were at the table to discuss how the Department's efforts and those of others in the State can work concertedly for the purpose of improving outcomes for children and their families. Meetings were also held with court partners including Judicial, the Office of the Public Defender, and the Assistant Attorney General's Office in the development of our court strategies to address timely permanency.

The Department thinks that for Connecticut, the goals of the federal Child and Family Service Reviews (CFSR) and this attending PIP are best accomplished by building upon the many existing strengths, having open and honest conversations about areas of challenge, and promoting a broad integrative, systemic concept of child welfare. This PIP considers its connectedness to the Department's mandates, as well as the numerous community tables at which DCF sits, where substantive discussions have been occurring about how Connecticut can ensure strong, positive and sustainable outcomes for its children and families.

The deep-rootedness and further application of the agency's continuous quality improvement principles are demonstrated by its "Change Management" framework. The purpose of Change Management is to manage DCF's practice and policy change process to assure that changes are fully and accurately implemented and operationalized throughout the Department.
There are six (6) Communities of Practice that are organized around specific areas of expertise. They are: Clinical Directors, Office Directors, Foster Care, Adolescent, Quality Improvement Council and Intake. The primary purpose of the Communities of Practice is to ensure that the expertise of regional practitioners drives policy and practice and to ensure that there is information sharing at Change Management regarding the progress and status of any policy and practice change initiatives they are recommending for implementation.

The Department has submitted a Strategic Plan to drive Connecticut's exit from *Juan F.* This plan, similar to the PIP, builds upon a number of key strategies and activities in which the Department is currently investing. Both the Juan F. reviews and the CFSR have identified the same general areas and themes for consistent practice (e.g., quality visitation, ongoing assessment). Therefore, Connecticut is expecting that the PIP and the Strategic Plan will be contiguous documents that work in a complementary fashion to move the needle on the Department's safety, permanency and well-being outcomes.

Overarching goals and strategies

The Department's PIP will address the following Outcome Items + Systemic Factors that were identified as needing improvement by the CFSR:

1. Timeliness and Quality Of Child Safety and Risk Assessments
2. Recurrent Maltreatment
3. Accuracy and Quality Of Needs Assessments
4. Fatherhood Engagement
5. Safe and Timely Permanency
6. Adequacy and Effectiveness of the Service Array

As noted above, the Department has a strong Quality Assurance and Continuous Quality Improvement commitment. Consonant with one of its cross cutting themes to be a "learning organization," the Department engages in a variety of self-driven, ongoing and ad hoc qualitative processes. Using data from its own reviews, Court Monitor reviews, CFSR reviews as well as through various root cause analyses, the Department has identified some of the main, persistent areas of challenge within its practice, and has begun implementing some core strategies for improvement.

The Department recognizes that one of the best ways to improve performance on all outcomes for children and families is to improve the quality of visitation, engagement with families, and the quality of assessments, both risk and safety. In improving these aspects of practice, the Department believes that the agency's identification of needs and matching of services would improve and as a result, there would be a positive impact on preventing entries or re-entries to care, as well as a reduction of recurrent maltreatment. In additional to these areas of practice, the Department also recognizes that permanency will require additional focused strategies and must include partners within the courts. Without that partnership, the agency alone cannot make the gains in permanency that are required not only for the PIP, but most importantly for the children in care awaiting permanency.

The data and root cause analyses also validated for leadership and the regional staff, the impact of staff turnover on outcomes. The lack of reliable staffing levels in the Social Worker ranks has been determined to be a root cause preventing DCF from excelling in the areas of engagement, assessment, visitation and timely permanency. The Department has studied the factors leading to staffing instability and has developed a plan to stabilize the workforce that will in turn allow for better engagement, safety and permanency outcomes. The issues that make stable staffing difficult to achieve are not enough staff in general, high attrition rates, and long lag times between when a vacancy occurs and when a worker is prepared to assume the caseload from the exiting worker.

In addition to the work the agency has been doing to increase the social work staffing numbers, which will be further discussed, the department also acknowledges the results of the Court Monitor's Time Study noting that technology improvements would greatly reduce some of the workload issues that ultimately impact not only compliance with policy but the quality of the work. As such, DCF is in the process of replacing its child welfare system (CCWIS).

The new CCWIS, termed CT KIND, will be a mobile system, allowing staff to operate more efficiently while in the field. This will facilitate better documentation and reduce the data entry burden in the current LINK system. Assessment and case planning forms will be streamlined and optimized in CT KIND to help workers make better assessments of risk and safety, and make case planning more effective. Further, having case planning items in the field is expected to support better engagement with youth and families and more meaningful involvement with the development of their case plans. Over time, CT KIND is expected to include an integrative "Provider Portal" to better support more timely and coordinated case planning input from service

providers and foster families. That module will also include enhancements related to matching child and family needs to the service system.

Over the last several years, the Department has implemented LEAN Management Techniques to improve efficiency and reduce redundancy in the work in an effort to increase staff's time and productivity. LEAN Management is a customer-driven, waste reduction technique utilized by government agencies as part of ongoing continuous quality improvement efforts. The Department has instituted the LEAN technique to improve several internal processes including the Intake practice and the Universal Referral Form. Each LEAN event has included subject matter experts both internal and external to the agency.

The Department has refined its Service Array and Resource Assessment (SARA) process. The SARA is a two pronged body (i.e., SARA Executive (SARA Exec) and SARA Action Workgroup (SAW)) that is currently supporting the Department's management and oversight of its service array. The SARA is a mechanism whereby the Department discusses the following: service gaps, needs and challenges; contract management and oversight issues; performance; and service system expectations and outcomes. Whereas the SARA is comprised of senior leadership including the Commissioner's team and Regional Administrators, the SAW incorporates representation from each of the six regions, as well as key central office partners from the fiscal, program and contract divisions. The SARA structure is the vehicle by which the Department will be assessing ongoing service needs in line with the Connecticut budget process. To date, the SARA/SAW have reviewed substance use and foster care service bundles.

In July 2017, DCF was awarded Technical Assistance from the Government Performance Lab at the Harvard Kennedy of Government to help assess our internal screening and referral processes for matching clients to services and evaluate whether we are referring the right clients to the right service. Through a series of focus groups with staff and providers, several recommendations were made to improve our service matching for families served by DCF.

These recommendations included a range of technical tools and adaptive adjustments to our internal screening and referral pathways that have presented opportunities for us to broaden staff understanding of the service array, enhance our service coordination among clinical and non-clinical programs, increase the appropriateness of our service matches, and take a more proactive approach to engaging our service providers in data-informed contract management.

The Department is moving throughout DCF's 6 Regions to designate an "Enhanced Service Coordinator (ESC)" who will oversee a scope of service within each Region to monitor utilization trends, capacity, and coordinate clinical and multidisciplinary consults with the Regional Resource Group, staff, and providers. The ESC rollout is also enabling DCF to capture data to inform real-time decision making, including improvements to case practice and gaps in the service array.

Active Contract Management (ACM) is a framework that helps DCF collaborate more effectively with our service providers to improve outcomes for clients. ACM involves a set of strategies developed by the Harvard Kennedy School Government Performance Lab in partnership with government clients that apply high-frequency use of data and purposeful management of agency-service provider interactions to improve outcomes from contracted services. ACM, coupled with some of the technical tools we are developing to complement ESC, including an automated Universal Referral Form (URF), will help to inform future procurement decisions regarding where there is real demand.

As part of the Department's ongoing CQI efforts, a tool has been developed to support qualitative reviews of DCF's visitation work. Qualitative review work is also occurring to assess and enhance the quality of intake practice. Enhancement of these and other qualitative reviews across the Department's continuum are expected to occur over the course of the PIP. These qualitative review tools have been created in partnership with the

DCF Communities of Practice, Senior Leadership and the Court Monitor's Office. They have been developed congruent with the language and standards of the CFSR and the related items.

The Department developed a Case Review System (CRS), which is an internal data collection tool that replicates the federal CFSR Onsite Review Instrument (OSRI) and will allow the Department to engage in ongoing case reviews that mirror those of the CFSR. This platform is also intended to house other review processes, including those mentioned above. Embedding these additional tools within the CRS framework will be an iterative process. In the interim, SharePoint sites are being developed to support agency implementation of the various review processes.

The Department recognizes that neither enhancements to the technology nor quality reviews alone will generate the degree of improvement required throughout the PIP, but they will provide additional support that is needed to implement many of the other adaptive strategies. The Department also recognizes that in order to sustain improvement, there must be equal attention given to the agency culture. As such, the Department recently accepted an invitation to join the Child Safety Collaboration which will seek to promote staff health, wellness and safety to support an engaged workforce, reduce staff turnover and facilitate reliable service delivery through the application of safety science principles.

Safety Outcome 1

Connecticut DCF was found not in substantial conformity for Safety Outcome 1 on 59% of the cases reviewed. One of the most impactful reviewing findings was the identification of a gap in agency policy related to expectations for face-to-face contact with children who are the subject of a maltreatment report. This gap resulted in delayed agency contact with child victims.

Although the agency's policy specified timeframes for initial attempted contact with the family and provided guidance for commencement, the policy was silent to required timeframes for face-to-face contact with child victims. State policy requires that all reports of maltreatment are prioritized, assigned and initiated within specified timeframes, however, commencement had been defined as the investigator's attempt to make face-to-face contact with the child within the response timeframe designated by the Careline supervisor and did not address actual contact and timeframes. As a result, reviews highlighted delays in face-to-face contact with child victims and negatively impacted performance on Safety Outcome 1. In response to the identified gap in policy and impact on Safety Outcome 1, the Department has revised the investigation policy to address specific standards for timely face-to-face contact with child victims of maltreatment as outlined in Goal 1, Strategy 1. Additionally there are ongoing qualitative reviews developed to assess the efficacy of both the policy implementation and impact to agency performance on Safety Outcome 1.

Safety Outcome 2

In response to the CFSR findings related to Safety Outcome 2, which found that only 51% of the cases reviewed substantially achieved this outcome, the Department conducted further analyses to assess those factors influencing performance. Feedback from reviews and the field highlighted practice concerns with regard to the provision of safety-related services in an effort to prevent removal or re-entry to care. Although concerns were noted with regard to both initial and ongoing safety and risk assessments as well as safety-planning when safety concerns were identified, the agency struggled most with ongoing risk and safety assessments. Despite the fact that the agency utilizes formal Structured Decision-Making (SDM) tools for assessing risk and safety, and these tools, through a validation study in 2017-2018, were found to be valid, there is poor fidelity to the tools and agency staff feedback indicates they do not consistency value its use.

In addition to the poor fidelity to the tool and staff buy-in, the Department also recognizes that consistent and ongoing training related to SDM was not provided after SDM had been in place for a period of time. This,

coupled with a lack of accurate, reliable SDM reports and a QA/CQI plan related to SDM, contributed to inconsistent use and decreased perceived value of SDM by the field staff.

The agency recognized that often, family arrangements were developed as part of our safety plans, therefore, in conjunction with a comprehensive overhaul of the Department's SDM policy, the Department also developed policy and guidance related to family arrangements to ensure ongoing assessments of safety and risk.

The Department contracted with the National Council on Crime and Delinquency (NCCD) through the Children's Research Center (CRC) to update the Structured Decision Making (SDM) Tools from point of entry through case closing utilized by DCF staff.
An SDM workgroup was established consisting of regional and central office staff to update the SDM tools, definitions and policies. A Steering Committee was established consisting of senior leadership to review and approve the recommendations of the workgroup. To date, updates to the Careline Assessment, Safety and Risk Assessments have been completed, including revisions to the definitions and related policies that were informed by the Steering Committee and the Risk Validation Study. The Careline Assessment tool was deployed in May 2018.

The DCF Office for Research and Evaluation (ORE) has moved to Phase II, focusing on the production of a baseline SDM Report, as well as potential evaluation of the tools used by ongoing services. Deployment of the Safety and Risk Assessment tools will be occurring over the course of the next year. The workgroup will also re-convene to begin work on revisions to the SDM tools used by ongoing services.

CRC has partnered with ORE to develop analytic reports and a future SDM Quality Assurance (QA) process. The report development will include reports for the field to monitor completion and accuracy of SDM tools as well as provide ongoing reports for QA. Finally, the Department intends to adopt CRC's online system to complete the SDM assessments. To build internal capacity, a train-the trainer approach is being utilized, inclusive of coaching, and as stated, a comprehensive QA system will be developed to improve SDM practice and promote model fidelity as noted in Goal 1, Strategy 2.

Through its analysis the Department also identified challenges with regard to preventing entry into care for those families presenting with multiple, complex risk factors. Although connected to the quality of the risk and safety assessments, the Department also found gaps in services as well as field staff at times struggling to appropriate match needs to services, particularly when safety related concerns were present. DCF was awarded Technical Assistance from the Government Performance Lab at the Harvard Kennedy of Government to help assess the internal screening and referral processes for matching clients to services and evaluate whether children and families are being referred to the right services. Because of the nexus to Permanency Outcome 2, this will be further detailed in the coming pages.

Permanency Outcome 1

Permanency Outcome 1 represents the greatest area of need for DCF with only 24% of the CFSR cases reviewed identified as having substantially achieved the outcome, with timely achievement of permanency, Item 6, as having the greatest impact on performance. Despite establishing timely and appropriate permanency goals for children in care, the achievement of permanency is hindered by systemic issues and administrative issues such as the timeliness of adoption/guardianship applications, subsidy negotiations and court scheduling delays, particularly around termination of parental rights (TPR).

In addition to the themes identified through the CFSR reviews, the DCF Office for Research and Evaluation conducted an analysis to examine the rate of and factors associated with timely permanency among an entry cohort of children who were removed between 04/01/2015-03/31/2017. As a means to better understand the underlying issues and the drivers of these challenges, the analysis examined: 1) rate of permanency after

removal at 12-, 18-, and 24-months across the four preferred permanency goals, i.e., reunification, adoption, guardianship, and living with other relatives and, 2) significant correlates of timely permanency.

Findings indicated that some of the significant predictors of faster discharge included younger age at removal, lower number of placements, and lower number of previous episodes. It was also observed that children of black and Hispanic origin were 18% and 24% less likely to be discharged, respectively, compared to their non-Hispanic white peers.

ORE's analysis further indicated that a worker's caseload size slows permanency by 2% for every 1% he/she is above the caseload utilization standards. Therefore, interventions that better align the caseload size could positively affect timely permanency.

As part of the root-cause analysis, the Department also analyzed qualitative data from the Administrative Case Reviews regarding barriers to adoption. ACR data indicated that some of the top reasons, are "Agency delay in filing petitions;" "Court Delay" and "Foster Parent Indecision." In reviewing the ACRI data where court delays are indicated, scheduling of hearings and court-ordered evaluations often contributed to those delays. Barriers related to resources and services are among the most noted reasons for delays in reunification. We are hopeful that our Enhanced Service Coordination work related to matching families' needs to appropriate services will improve this barrier. While agency and court delays are among some of the top reasons for delays pertaining to Transfer of Guardianship, issues pertaining to identification of permanency resources are also noted to be an issue.

An analysis of DCF children in placement data indicated that a high percentage of young children, ages 0-5 in care for at least 12 months, have not achieved permanency. These children were further identified as being close to achieving permanency. As of February 2018, there were 743 children between the ages of 0-5 in care, with 85.7% (637) under the age of 3. Of the 637 children under 3, approximately half are in kinship care, less than a quarter in foster care, and 14% are placed in a pre- adoptive home. Roughly 11% of children require specialized care (medically complex and therapeutic foster care).

In order to inform strategies to increase positive permanency outcomes for this cohort, a case review tool was designed and applied to complete a thorough review of a sample of cases. The purpose was to identify case circumstances and potential barriers that may have contributed to the delay in legal permanence. Among the findings was that 42% of the barriers to permanency were a result of inconsistent engagement of parents in services and insufficient progress with DCF/Court Expectations. Solutions to these challenges require both technical and adaptive strategies that support both the workforce's concrete ability to attend to the multifaceted work of full and timely engagement through manageable caseloads and workloads while building capacity to enhance facilitation and teaming competencies through training, ongoing coaching and service provision.

Based upon these findings and the age distribution of children in foster care in CT, DCF will be targeting the PIP permanency interventions to young children, ages 0-5, before they have missed the opportunity to achieve timely permanency. For example, permanency roundtables, which is a case review model adopted from Casey Family Programs, is being modified in some regions to shift our focus from the adolescent cohort, many of whom had an OPPLA goal, to the 0-5 cohort where permanency barriers have been identified. These interventions will be further refined through case reviews that occurred regarding the permanency barriers for children aged 0-5 who are identified as "long-stayers close to a permanent home."[2]

[2] Children with goals of adoption, guardianship or live with relatives who have been in their current family-based placement for 1 year of longer; children with a goal of adoption in family-based placement and have had parental rights terminated, regardless of length of time in their current placement; or children with a goal of reunification who are currently in a trial home visit.

As previously indicated, DCF and the courts must partner in the development of strategies that address the court delays and other related administrative delays that both DCF and the courts contribute to. The Department continues to meet with the Judicial Branch staff responsible for the Court Improvement Plan to discuss areas for mutual partnership to better support permanency. In these preliminary discussions, the courts have noted that they can work with the Department to use data from their system to create countdown reports to assist with timeliness of filing TPR and Adoption petitions by using removal date information and time standards (15 out of 22 months in care). The courts are also working on the same type of report for motions to review permanency plans due dates. The filing date and the hearing date for the next permanency plan are scheduled during the court hearing and documented using the Child Protection Memorandum of Hearing (CP MOH). In addition to the monthly reports that will capture this data, each DCF office will have daily access to a current list of filing due dates by case, filing type and social worker.

The Child Protection Memorandum of Hearing is an automated, real-time, in the courtroom data entry system that enables court staff to enter hearing quality indicators to produce documents, including court orders, hearing quality data and reports that can be immediately available to DCF and attorneys of record. This includes information regarding representation and engagement of parties that will provide data for research and provide management tools to assist in more timely and better quality hearings. The case management system is being developed as a shared data collection and reporting system available to both the court and DCF. Each agency will be able to track permanency and TPR filings, dispositions, and have the ability to track plan types and time to permanency by age, court location and DCF office location.

In an effort to further inform the PIP development and strategies related to permanency, the Department convened a number of focus groups. There were a total of fifteen (15) focus groups that included: youth, English and Spanish-speaking birth and foster families, social work staff, and DCF contracted providers. Stakeholders spoke at length about various aspects of the agency's permanency practice and when questioned about permanency teaming, feedback highlighted this is an area of challenge for the agency. Permanency teaming was trained on and implemented in 2014 however, staff in the focus groups identified that although they value the teaming model and believe in its efficacy, they don't feel they have the skill level to facilitate team meetings and certainly do not feel they have sufficient time to plan, organize and facilitate permanency team meetings. As a result of the focus group feedback, the Department has partnered with Casey Family Programs to secure technical assistance and consultation. Through this technical assistance, the Department expects to improve and enhance the permanency teaming approach and this information has been used to inform Goal 2, Strategy 1.

Permanency Outcome 2

Permanency Outcome 2 was identified as substantially achieved in 62% of the cases reviewed as part of the CFSR, and although there were challenges with the frequency and quality of visitation for mothers and fathers with children in care, performance related to fathers was significantly lower. Similarly, in those cases where children were placed in non-relative care, often there was a lack of concerted efforts to identify, locate, inform or evaluate paternal relatives. The agency was also significantly challenged with preserving connections for children in care. What the CFSR also validated for CT is the continued importance of assessing and pursuing relative care for children, particularly since 100% of the children in relative care who were reviewed as part of the CFSR sample were identified to be in a stable, appropriate placement.

Given DCF's performance as related to fathers, which significantly impacted Permanency Outcome 2, Goal 3, Strategy 1 targets fatherhood engagement and fatherhood engagement services, in addition to ongoing coaching and QA to assess implementation and practice improvement. Fatherhood engagement impacts not only permanency, but also Well-Being Outcome 1.

Well-Being Outcomes 1, 2, and 3

Well-Being Outcomes 1, 2, and 3 constitute much of the work of child welfare agencies and are directly impacted by the quality of visitation and assessment of agency staff. Although DCF did not substantially achieve any of the Well-Being outcomes, performance on Well-being outcome 2, Education, was found to be at 85%. The outcome the agency struggles with most is Well-being outcome 1.

Well-Being Outcome 1 is an area of particular challenge for CT with only 27% of the CFSR cases identified as substantially achieving the outcome. While the review found strong practice with regard to the frequency of social worker contacts with children, concerns were identified when assessing the quality of those case contacts, particularly as related to safety and case planning. The quality of visitation with children, parents and foster parents affects the agency's ability to assess needs, provide appropriate services and ensure safety. Strategies addressing staffing resources, technological advancements and engagement will improve overall quality of visitation.

Similar to Permanency Outcome 2, a lack of consistent and quality father engagement directly impacted the agency's performance on Well-Being outcome 1. Although frequency and quality of visitation with mothers was less than sufficient, with 46% rated a strength, the same was true for only 26% of the fathers reviewed as part of the CFSR process. The lack of father engagement through sufficient quality visitation directly impacts the ability of the agency to assess needs, adequately case plan or engage fathers in case planning, and ultimately provide appropriate services. Engagement is central to efficacious client level outcomes in child protection services and the broader child welfare system.

Findings from the CFSR, the root cause analysis (focus groups), the Time Study, feedback from staff during the Special Qualitative Review Learning Forums, and the Department's Fatherhood Engagement Leadership Teams (FELT) indicated that while staff value and recognize the importance of fathers, some staff expressed anxiety, fear, perceived risk of social worker safety, and challenges with respect to engaging fathers. Workload demands are also identified to misalign with agency values regarding engaging and visiting fathers and non-custodial parents.

As noted earlier in this document, families of color are disproportionately represented in Connecticut's child welfare system. Thus, the Department views the addressment of concerns regarding "fear and anxiety" about fatherhood engagement to have an inextricable nexus with racial justice and must reflect adaptive amelioration strategies that are consonant with such discussion.

Although DCF has been committed to fatherhood engagement, recent data reveals that additional focus and attention are needed. DCF's Office of Research Evaluation conducted a qualitative review of a random sample of 240 cases (40 per Region) that transferred from Intake to Ongoing Services in 2016 and 2017. Within this, a review was conducted of 812 reports that included both the Investigation and Family Response System (FAR) tracks. There were 104 (13.0%) reports in which concerted efforts to engage all family/household members were not made. Of these 104, the highest percentage (28%) of individuals for whom concerted efforts to engage were not made were fathers. This included non-custodial fathers as well as those residing in the home. Further, the Department's Longer Stayer Permanency Data indicated that 38% of fathers had no visitation and there was no documented rational for the lack of visitation.

In January 2018, in a panel discussion with DCF staff, several barriers were identified: DCF staff continue to struggle due to competing work demands; there continues to be concerns from DCF staff surrounding the benefits of engaging non-custodial parents (particularly when incarcerated), and misconception around personal safety for the children in DCF's care. Additional challenges noted included: a decrease in FELT activities

and attendance in meetings; lack of comprehensive policies and practice guides to address fatherhood work, lack of fatherhood services statewide; and maintaining momentum in terms of efforts trying to locate fathers.

DCF will be seeking to engage qualified contractors through a Request for Proposal (RFP) to assist the agency in improving father engagement through the implementation of support, guidance, education, and mentoring for fathers whose children are involved with DCF. The RFP was published during the first week of September 2018 and is expected to be fully executed by December 31, 2018. Additionally, DCF will be reinstituting the Fatherhood Engagement Leadership Teams (FELT) at the regional and local level to further support practice improvements. These activities are reflected in Goal 3, Strategy 2.

In sum, the Department will be prioritizing efforts to improve fatherhood engagement as this area of practice and the associated strategies will have cross impact and cascading benefit on both permanency and recurrent maltreatment.

Systemic Factors

Connecticut was identified to be in substantial conformity with two (2) of the seven (7) systemic factors: Quality Assurance System and Agency Responsiveness to the Community. In reviewing the CFSR findings alongside the findings from the PIP planning activities, including the root-cause analyses that were conducted, the agency has developed several strategies that will address specific systemic factors as well as impact outcomes.

- Statewide Information System: Using an agile approach, Connecticut is in the process of converting to a modern Child Welfare Information System that will support efficiencies and stronger data capture to support better decision making, monitoring and self-evaluation Goal 4, Strategy 1.
- Case Review System: Item 20, Written Case Plan, which was identified as an area needing improvement. Feedback from stakeholders and CFSR review findings indicate that one factor significantly impacting performance is the lack of engagement of parents, specifically fathers, and children in case planning. We have identified goals, activities and strategies to address engagement. Those activities, the agency expects to see an improvement in this area. Also within the Case Review Systemic factor, Item 23, Termination of Parental Rights, is an area needing improvement as a result of inconsistent timely filing of TPR petitions statewide, and a lack of documentation related to compelling reasons for those cases without a TPR filed within the required timeframe. In partnership with the courts, this is an area the agency intends to address through Goal 2, Strategy 2.
- Enhance Foster Care Post-Licensing Training: Better assess + align training to foster youth and foster families' needs; Improve the methods by which foster parents are notified of post-licensing training opportunities; better track training compliance
  Implement pre- and post-testing for foster parent trainings, Goal 2, Strategy 3.
- The Service Array and Resource Development were identified as not being in substantial conformity for both items 29 and 30, array of services and individualizing services, respectively. Stakeholders reported significant gaps in the service array for the northeast and northwest regions of the state, as well as significant waitlists for mental health and substance abuse services. Stakeholders also reported a lack of linguistic and culturally sensitive services and turnover in therapeutic service providers interferes with effective individualization of services. In partnership with the Harvard Kennedy School Government Performance Lab (HKS GPL) implement Enhanced Service Coordination (ESC) to more effectively connect children and families to needed and appropriate safety related services through better matches, prioritized use of internal clinical resources (e.g., Areas Resource Group) and consistent use of multidisciplinary consultations for high priority cases Goal 1, Strategy 4.

Goals, Strategies and Key Activities

GOAL 1: Ensure the safety of children involved with the Department and ensure accurate and timely assessments of risk and safety, both initial and ongoing, to prevent the entry or re-entry of children into care as well as to prevent recurrence of maltreatment.

STRATEGY 1

Improve safety outcomes by ensuring that all children who are the subject of a child maltreatment report, whether investigation or Family Assessment Response (FAR) are seen in a timely manner.

Narrative: In Q2 2017, the Department revised the investigation policy to include specific timeframes for responding to reports of maltreatment, including the required timeframes for contact with all children who are the subject of the maltreatment report. Policy was issued to all staff through agency e-mail and the revised policy was added to the agency's intranet site for easy access by all staff. Area office leadership also reviewed the policy with their staff and communicated the effective date.

	Key Activities	Projected Completion Date
1.1.1	Conduct ongoing QA and reporting on the implementation of the revised intake policy • On a monthly basis, each regional area office will conduct quality case reviews on a sample of investigation + FAR cases utilizing a standardized tool and the data will be entered into a statewide portal to all for analysis at multiple levels • Regional and Central Office QA staff, with the support of ORE and the Quality Improvement Council (QIC) will review and aggregate the review findings and prepare a report to highlight agency strengths and challenges as related to timely contact with child victims and will identify any themes that emerge. • The Office for Research and Evaluation will offer ongoing support and technical assistance throughout this process and as requested by regional leadership in order to improve practice. • Conduct monthly qualitative reviews to assess DCF visitation practice, and regularly disseminate results to staff and stakeholders through a variety of methods/means (e.g., reports, dashboard data, learning forums, supervision, etc.) to support efficacy. • Regional Offices will maintain their own QI structure, inclusive of supervisors and program supervisors, to guide data informed recommendations for practice change. Strategies and action steps will be developed and implemented at the local level. Through continued ongoing reviews, regions will assess the efficacy of practice changes, and make adjustments as needed. • Regional reports and progress will be reviewed at the statewide QIC, Change Management and Regional Office meetings by representatives of QA to inform statewide practice change.	Q1

STRATEGY 2

Enhance Effective Use, Application and Monitoring of Reliable Safety and Risk Assessment Tools (initial and ongoing). Through a comprehensive overhaul of the Department's Structured Decision Making (SDM) approach, with a focus on updating the tools and supporting timely, ongoing and accurate use of the tools.

Narrative: DCF's Office for Research and Evaluation (ORE), in partnership with Children's Research Center (CRC), conducted validation studies of existing SDM tools. ORE engaged in a Risk Validation Study to calibrate and evaluate the current performance of DCF's actuarial risk assessment. ORE, in partnership with CRC, conducted a Risk Reassessment evaluation to assess current performance of DCF's risk reassessment. ORE will partner with CRC to evaluate the performance of the Reunification Assessment.

	Key Activities	**Projected Completion Date**
1.2.1	Propose changes to SDM assessments, practice/policy considerations, training that integrates SDM into practice and develop implementation strategies. • Establish SDM Steering Committee responsible for policy, practice, and implementation planning. • Establish a workgroup to update SDM tools based on findings of the validation studies of existing tools. Field staff and leaders are included in this workgroup. • Workgroup to meet and provide recommendations for tool revisions and updates.	Q1
1.2.2	Enhance the Department's Initial and Ongoing Safety and Risk Assessments. • Workgroup to provide recommendations for modifications to the risk and safety assessments as informed by the risk validation study. • Modify Safety Assessment to include an intentional focus on child vulnerability, parental characteristics/behaviors that impact child safety and protective capacities for parent/child that may impact safety planning efforts. • Add language to the safety plan document and training manual that specifically identifies the need to monitor, update and revise safety plans at critical junctures in a case. • Improvement to ongoing and informal risk and safety assessments will be monitored through monthly supervision between social workers and direct supervisors. • Improvements will be highlighted through ongoing QA (see 1.2.5 for ongoing QA structure and reporting)	Q2

	Key Activities	Projected Completion Date
1.2.3	Develop SDM training and schedule for trainings to occur. • DCF steering committee and CRC to review the DCF Practice Model to develop an integrated SDM Practice Model which will address formal and informal assessments. • DCF and CRC to partner in developing training materials for initial and ongoing training and coaching on SDM assessments to be used in the context of practice. • DCF and CRC to partner in curriculum development which will include exercises to better integrate formal assessment tools and informal assessment skill building and case practice. • DCF Area Office Leadership to identify a cohort of early adopters to participate in monthly trainings to learn concrete practice skills that promote integration of practice and tools. • Implement Training for Trainers approach, including a Coaching Institute that includes three days of on-site coaching. • Create e-learning modules to provide an overview of SDM model/practice and modules for each assessment. • DCF, in partnership with CRC, will train Supervisors, Managers and Social Workers. • Support post-implement coaching (web-based) to support early adopters and trainers. • Area Office early adopters will serve as peer coaches and on-site subject matter experts.	Q3
1.2.4	Create an SDM quality assurance structure. • Identify specific measures of fidelity to SDM practice implementation and collect baseline data. • Conduct ongoing quality reviews using a standardized Case Reading Tool to continue to assess agency performance related to application of the SDM tools + the accuracy in assessing safety, risks + needs. The ongoing quality reviews will continue to assess both formal and informal assessments of safety, risk and needs. • Adopt Children's Research Center's (CRC) online system to complete the SDM assessments. • Partner with CRC, field staff, agency IT to develop ongoing SDM QA reports and a system for communication back to the field. • Conduct monthly qualitative reviews to assess practice relative to ongoing formal and informal safety and risk assessments, and regularly disseminate results to staff through the Change Management structure to support efficacy and cross-learning.	Q3

STRATEGY 3

Strengthen the Department's ongoing risk and safety assessments through enhanced Family Arrangement Guidance and Quality Assurance.

	Key Activities	Projected Completion Date
1.3.1	Develop policy and guidance related to Family Arrangements to ensure ongoing assessments of safety and risk. • Convene a workgroup consisting of various agency staff including: regional social workers, supervisors, administrators, quality assurance and central office program staff. • Identify gaps in current policy and practice based on internal case reviews as well as Court Monitor reviews. • Develop revised policy on Family Arrangements.	Q1
1.3.2	Distribute new policy statewide with an effective date identified. • Commissioner e-mail to all-staff to announce new policy. • New policy to be reviewed at Change Management and associated Communities of Practice.	Q1
1.3.3	Develop ongoing QA of Family Arrangement practice and adherence to new agency policy. • Sub-committee of QIC to develop case review tool for ongoing QA of a sample of family arrangements; sample size to be developed in partnership with ORE. • Case review findings to be shared at the QIC and local area office team meetings. • Recommendations for practice change to be identified as themes emerge from case reviews. • QA Managers and Office Directors will share findings and recommended practice changes in local management and leadership meetings. • QIC to develop a statewide log for all Family Arrangements to be tracked. • Regional offices will maintain the family arrangement log to inform supervision, monitoring and adherence to policy and practice guidance.	Q3

STRATEGY 4

Expand and enhance the DCF Array System and Increase Timely Access to services, with a focus on Safety-Related Services + Supports.

	Key Activities	Projected Completion Date
1.4.1	Utilize Service Array Review and Assessment (SARA) Team to identify gaps in services and determine priority areas for service expansion. • Review RBA report cards for each service type • Review data in the Provider Information Exchange (PIE) and feedback from providers, regional staff and Court Monitor data in order to prioritize service areas for expansion. • Partner with fiscal to prepare a Request for Proposal (RFP) and right-size funding that will result in increased capacity and service array expansion. • As detailed in 1.4.2, the first service bundle was reviewed by the SAW in Q2 2018 and consisted of substance use treatment services for caregivers.	Q1
1.4.2	Implement the Service Array Workgroup (SAW), a multidisciplinary working group to monitor service array efficacy + sufficiency/capacity, and engage in ongoing needs assessment process. This will ensure a governance infrastructure to assess whether the Department has the right services with sufficient capacity and that the services are producing the desired outcomes. • SAW group will meet monthly and is inclusive of staff from: Fiscal, grants and contracts, Regional Offices, and Central Office Program Oversight Staff. • SAW members will conduct data analysis based on regional office feedback for specific service types (service bundles) to identify strengths, challenges and recommendations for SARA. • SAW tri-chairs will attend the monthly SARA meeting, provide a report out based on their monthly meeting and data analysis, and will further provide feedback to the SAW membership. • The first service bundle was reviewed by the SAW in Q2 2018 which consisted of substance use treatment for caregivers. As a result of the data reviewed, client outcomes, and feedback provided by each of the regional and program representatives, contract amendment decisions were made and implemented. This positively impacted intensive in-home service provision inclusive of Family Based Recovery (FBR) and other evidenced-based practices.	Q1

	Key Activities	Projected Completion Date
1.4.3	In partnership with the Harvard Kennedy School Government Performance Lab (HKS GPL) implement Enhanced Service Coordination (ESC) Narrative: ESC has established Enhanced Service Coordinator positions in 2 of the 6 regions to date. Data maintained regarding the quality of ESC notes an increase in timeliness of service provision to families for the services that are under the Service Coordinator. • Establish Enhanced Service Coordinator positions in all 6 regions who will oversee a scope of services within the region to monitor utilization, trends, capacity and coordinate clinical and multidisciplinary consults with the Regional Resource Group staff and providers. • Prioritize use of internal clinical resources (e.g., Regional Resource Group) and consistent use of multidisciplinary consultations for high priority cases. • The QIC will partner with HKS GPL to identify key child welfare metrics to monitor the agency's performance and make any necessary revisions.	Q1
1.4.4	Implement Active Contract Management (ACM) to improve contract management through data-driven program/contract oversight + performance management with an initial focus on in-home services beginning with Intensive Family Preservation (IFP), which is a safety-related service. • Assess service utilization by engaging with IFP providers statewide through collaborative, data-driven conversations in an effort to resolve problems with service delivery and identify opportunities for system reengineering. • Expand Active Contract Management (ACM) to 2-3 additional services, with a focus on contract types that support safety and impact the recurrence of maltreatment.	Q1

GOAL 2: Achieve Safe, Timely Permanency for Children in DCF Care

STRATEGY 1

Enhance Partnerships with the Courts + Judicial Branch to improve timely permanency

Narrative: Judicial CIP completed a data analysis regarding TPR dispositions during FY 2016 and FY 2017 and identified the Waterbury court as having the highest volume overall and the highest average time from TPR filing to disposition. As a follow up, in January 2019 a meeting was held with the DCF Waterbury Office Leadership, representatives from the Assistant Attorney General's Office and Waterbury Judicial, to review the court strategies and discuss local challenges and barriers impacting timely permanency. The major themes (i.e., volume, TPR trial delays, continuances, and court staffing/resource issues) noted in the meeting were consistent with the data analysis and strategies that have been identified to date. The DCF Waterbury Leadership and the Office of the Public Defender recognized opportunities to reduce court continuances by contract attorney participation in Permanency Team Meetings to establish agreements related to the identification of permanency resources and achievement of preferred permanency goals prior to court hearings. There was agreement with the establishment of a collaborative workgroup inclusive of a Waterbury Court Judge, Judicial CIP, and representatives from the Assistant Attorney General's office, DCF and the Chief Public Defender's Office, to act as an implementation team.

	Key Activities	**Projected Completion Date**
2.1.1	Partner with the Office of the Chief Public Defender and the Juvenile Court beginning with the Waterbury transformation zone to increase timely permanency by utilizing permanency teaming in order to create opportunities for consensus around the identification of permanency resources and the achievement of legal permanence starting with 0-5 long-stayers. Permanency teaming can also be recommended by the court as a viable option prior to an in-court proceeding. The Office of the Chief Public Defender and DCF have identified gaps in knowledge of roles and responsibilities as a barrier to timely court action.	Q1
	• As a part of the technical assistance received from Casey, cross-training opportunities for contract attorneys and DCF social workers will be provided to improve understanding of each other's roles and relationships with regard to the utilization of Permanency Teaming and other teaming models.	Q2
	• The Chief Public Defender's Office will incentivize contracted attorney attendance at Permanency Team meetings by allowing them to bill hourly similar to administrative case reviews.	Q3
	• Refine the permanency teaming qualitative case review tool to include questions related to impact of contract attorney attendance on achievement of timely permanency as part of the agency's ongoing QA process.	Q4
	• Subsequent training opportunities will be identified through a shared collaborative effort between DCF and the Chief Public Defender's Office once the technical assistance has concluded.	Q6

	Key Activities	Projected Completion Date
2.1.2	Juvenile court partners will assess and improve court related delays impacting permanency beginning with the Waterbury Court as the transformation zone with a targeted focus on long-stayers ages 0-5 with a goal of TPR/Adoption.	Q1
	• Juvenile courts will research and develop a case file review tool and establish a methodology to collect data on court delays.	Q1
	• Juvenile courts will complete case file reviews for the Waterbury Transformation Zone to assess reasons for court delays (i.e., motions for continuance, docket management, and court ordered evaluations) specific to TPR as these are the cases that were identified by the CFSR as having the greatest impact on timely permanence.	Q1
	• Juvenile courts will analyze data gathered from file reviews and will share their analysis with the implementation team. Findings from the CIP file reviews will be used as baseline data to inform progress with regard to TPR disposition for 0-5 long stayers.	Q2
	• The implementation team, inclusive of a Waterbury Court Judge, and representatives from the Assistant Attorney General's office, DCF and the Chief Public Defender's Office, will convene to review the data analysis conducted by Judicial and will identify strategies based on the findings.	Q2
	• The implementation team will develop a strategic plan that will outline the frequency of ongoing CIP file reviews and team meetings.	Q3
	• The implementation team will review and modify strategies related to timely permanency within the Waterbury Transformation Zone.	Q4
	• Based upon progress within the Transformation Zone, a determination will be made as to replicating this process in the court having the second highest average time from TPR filing to disposition.	Q6
		Q7

STRATEGY 2

Enhance data sharing in partnership with the Courts and Judicial Branch and refine performance management systems with a focus on improving permanency outcomes.

	Key Activities	Projected Completion Date
2.2.1	DCF will support and Judicial will continue to train DCF staff to access court information, documents, and reports, through the Child Protection Memorandum of Hearing (CP MOH) component of Judicial's web-based Child Protection automated system. CP MOH is an automated, real-time, courtroom data entry system that enables court staff to enter hearing quality data (including client representation, party/attorney attendance, reasonable efforts findings), produce documents (including court orders) and reports that can be immediately available to DCF and attorneys of record. The CP MOH currently notifies DCF of Motions to Review Permanency Plans (MRP). • TPR and adoption petition filing due dates and hearing dates will be the next reports developed through the CP MOH starting with the Waterbury Transformation Zone. As a result, the timeliness of DCF filing of TPR petitions and adoptions will improve and hearings will be conducted timely by the court. This will improve overall time to permanency. • If the TPR petition is not filed, the CPMOH will remind DCF to document a compelling reason. • CPMOH system generated reports, immediately available to DCF and the courts, will monitor and document progress monthly. • DCF and the courts will establish a local report review schedule to be described in 2.2.3. • The CP MOH reports will be utilized during ongoing case supervision by Regional Supervisors as a guide to help staff prioritize next steps toward achieving timely permanency.	Q1 Q4
2.2.2	Judicial will continue to enhance their web-based Child Protection automated system for integration into the CT KIND system. • In an effort to address DCF filing delays, DCF will support and Judicial will continue to train all DCF Area Office staff to use existing case initiation capabilities: e-filing neglect petitions, OTCs, all supporting documents, MRPs, social studies and status reports. • Judicial will expand the e-filing (case initiation) component to include TPRs. • Judicial and DCF will develop a plan to integrate Judicial's CP e-filing functionality into the CT KIND (new CCWIS) legal module. This will facilitate more timely access to court information and documents to assist with case planning while reducing data entry burdens for DCF staff.	Q4

	Key Activities	Projected Completion Date
2.2.3	DCF will increase surveillance, managerial notification and action requirements for children with stalled permanency, other permanency delays, or not likely to achieve timely permanency given the time in care, case circumstances and permanency goal. • Create an automated "Longer Stayers" Report as a mechanism to enhance Regional Offices' access to actionable information to effectuate timely permanency. • The "long stayers" report will be utilized during at least monthly case supervision by Regional Supervisors as a guide to help staff forecast and prioritize next steps toward achieving timely permanency. • Reprioritize the cohorts that will trigger a Collaborative Team Meeting (CTM) through ACR, specifically for those children for whom permanency is delayed and/or sufficient progress has not been made and implement a notification and Quality Assurance structure. • Establish + Implement a Quality Assurance Process for CTMs using ACR Managers to follow-up with Regional Leadership staff to ensure they are aware of and acting upon issued CTMs.	Q4

STRATEGY 3

Enhance training and support to kinship and non-relative foster parents as a means to improve permanency outcomes.

	Key Activities	Projected Completion Date
2.3.1	Finalize relative/kin and fictive kin foster care practice guide, including input from relative foster parents about their support needs. • The guide will clarify the criteria for the family's suitability as a child placement resource and assist regional staff with making assessments to determine the appropriateness of placement. • Regional staff will be able to accurately assess and address the individualized support needs unique to relative/kin and fictive kin providers.	Q3
2.3.2	Enhance Foster Care Post-Licensing Training • Align foster parent training to foster family needs by surveying relative and non-relative foster parents, caseworkers, and supervisors to identify training and support needs. • Implement a DCF Foster Home Quality and Satisfaction Survey (FHQSS) with youth, foster parents + birth parents.	Q4
2.3.3	Develop a comprehensive, data informed, Foster Care Continuous Quality Improvement (CQI) plan to guide practice improvement efforts. • Track training participation and participant evaluation. • Implement pre- and post-testing for foster parent trainings • Analyze feedback and modify training as necessary.	Q5

GOAL 3: Enhance and strengthen agency engagement with children/youth and parents, especially fathers and non-custodial parents, through consistent quality visitation, timely and accurate assessments and provision of services appropriately matched to meet the identify needs of families, children and caretakers.

STRATEGY 1

Expand the breadth and array of fatherhood services, resources and supports to promote the positive involvement and interactions of fathers with their children by providing fathers with the skills and supports they need to be fully involved in their children's lives.

	Key Activities	Projected Completion Date
3.1.1	The agency will fund six (6) Fatherhood Engagement Services (FES) programs, one in each of the six DCF Regions • A Request for Proposal (RFP) will be published to seek applications from community providers wishing to receive a contract award from the agency to provide FES services. • The agency will review all proposal submitted and award contracts following reviews • FES contracts for services will be executed with the agencies awarded contracts and the Department.	Q1
3.1.2	Family Engagement Specialists will work with a target population of fathers that includes those fathers with children receiving services from the agency or who have been referred through the DCF Family Assessment Response for Community Support for Families intervention and services. • FES Teams will operate as advocates and/or the "bridge" between the DCF Social Worker, the father, and any other providers involved in services to the family. • The FES provider will have knowledge of DCF expectations, the child's/family's case plan and/or court ordered mandates in order to help fathers understand how and why it is important for them to engage with DCF.	Q2
3.1.3	FES, following a needs assessment/inventory of each father, will assist in improving parenting capacity and skill development through teaching, coaching, modeling, and supporting fathers.	Q2
3.1.4	FES will participate in the development of a Fatherhood and Non-Custodian Parent Practice Guide, as well as the development of skill enhancement and coaching for DCF staff that addresses concerns, anxieties, and values issues that some staff may have related to father engagement.	Q4
3.1.5	FES will participate in the development of surveys and focus groups that will inform the success of fatherhood engagement strategies and related adaptive changes at the 3 months, 6 months, and 1 year intervals.	Q5

	Key Activities	Projected Completion Date
3.1.6	In partnership with the agencies awarded contracts through the RFP, DCF will develop a QA plan for monitoring and evaluating efforts. As part of its mandate, the plan will: • Identify performance measures for children and fathers receiving services through the FES expansion and identify expectations regarding timeframes for data submission and format. • Conduct ongoing data reviews and monitoring of outcomes to assess the efficacy of the expanded Family Engagement Services to fathers. • Develop a plan for ongoing communication and feedback of results, including specific data on agreed-upon performance measures. Plan should include direct feedback from fathers and children, as appropriate, related to the satisfaction and efficacy of the services.	Q2 Q4

STRATEGY 2

Improve engagement with fathers and non-custodial parents by providing guidance, coaching, and consultation to workers and supervisors about best practices for working with fathers.

	Key Activities	Projected Completion Date
3.2.1	Reinstitute the Statewide Fatherhood Engagement Leadership Team (SFELT) with a revision of its goals, strategies and activities. • The SFELT, in partnership with the FES providers, will draft engagement guidance and tools. • SFELT Team will be responsible for ensuring the consistent implementation of the engagement guidance and tools with the support of regional FELT team members. • SFELT, Regional FELT Team and Family Engagement Specialists will work with the Academy for Workforce Development to create a training plan for workers and supervisors on utilizing the guide, including transfer of learning opportunities and supports to supervisors to address worker reluctance around engaging fathers and non-custodial parents as well as racial justice.	Q1 Q4

	Key Activities	Projected Completion Date
3.2.2	Regional FELT teams, consisting of DCF Staff, fathers and providers, to work with the SFELT to: • Develop and customize an Engagement Guide with tools for regional offices, in conjunction with the Family Engagement Specialists, once identified. • Provide feedback to the SFELT about strengths and challenges related to the approach and guidance and will work together to develop the implementation plan for engaging fathers and non-custodial parents. • Assist regional offices in assessing readiness by identifying social worker champions who are already utilizing the approaches or have an understanding and the skills to use the approaches. • Regional FELT team leads will participate in monthly statewide FELT team meetings to report on the progress of the implementation of the guidance and tools.	Q2
3.2.3	Conduct ongoing QA to assess efficacy of implementation of engagement guidance and tools: • Regional QA/QI staff will provide the SFELT with monthly data from the DRS and IH visitation quality reviews that include data points specific to father and non-custodial parent engagement. • Regional FELT Teams will be responsible for sharing results with staff and stakeholders to monitor progress and identify any recommendations for change.	Q4

GOAL 4: Improve safety, permanency and well-being outcomes for children and families through investment in the child welfare workforce.

STRATEGY 1

Increase time available to workers and supervisors to engage families through increased staffing resources and technological advancements.

	Key Activities	Projected Completion Date
4.1.1	Hire 120 additional Social Workers and 12 Social Work Supervisors. • Utilize Predictive Hiring to maintain consistent staffing levels and ensure manageable workloads.	Q1
4.1.2	Implement additional Time Study + Lean Management processes to identify processes, procedures and other expectations that are unnecessary, cumbersome or add little value in order to support manageable caseloads and demands for Social Work Staff.	Q1

	Key Activities	Projected Completion Date
4.1.3	Develop new CCWIS (CT-KIND), using an agile approach to: • Roll-out the CT-KIND system starting with Careline and Intake modules. • Roll out mobile technology for Intake + Ongoing staff to support time and practice efficiencies. • Implement an automated Universal Referral Form to reduce application redundancy and accelerate children's and families' access to services. • Include an integrative Provider Portal to support input from service providers and foster parents.	Q4

STRATEGY 2

Support increased opportunities for adaptive learning by social work staff in order to positively impact staff retention, job satisfaction and family engagement.

Narrative: The agency has implemented a Learning Management System that will help to monitor and support the ongoing training needs of staff and identify gaps in training. Staff will therefore receive the necessary training and skills required in order to be successful and the agency will experience improved staff retention.

	Key Activities	Projected Completion Date
4.2.1	Implement Safety Culture initiatives and Health and Wellness activities across the agency based on collective learning as part of the Safety Culture Collaborative. This will require us to: • Develop strategies to improve team safety, reliability and effectiveness from the toolkit developed to foster critical thinking and enhance family engagement. • Conduct an organizational safety culture assessment.	Q3
4.2.2	Engage in Special Qualitative Reviews (SQR) for Critical Incidents through a Safety Science lens. This will require us to: • Convene Special Qualitative Review (SQR) Learning Forums using a facilitated dialogue approach with Social Worker Supervisors and Program Supervisors regarding lessons and findings from comprehensive reviews of critical cases. • Share aggregated statewide qualitative and quantitative information from the SQRs to inform agency practice, policy, internal and external systems improvements, and partnerships.	Q1

APPENDIX A

Connecticut Focus Groups
Teaming/Family Engagement

Summary of themes noted for focus groups conducted in Region 3, 4 & 6 with Intake Social Workers, Ongoing Social Workers, Social Work Supervisors, and Providers, as well as groups conducted for youth, birth parents and foster parents (English & Spanish) on a statewide level.

Overall very positive responses from staff and providers about improving efforts to engage the family. All see the benefits of engagement in case planning and achieving permanency outcomes. Have also seen improvements in fatherhood and youth engagement. Considered Removal Meetings are seen as very productive and a good tool for family engagement in the planning process. All group attendees appeared to be open and honest about successes and struggles.

Common theme of challenges:

- Delay in case transfer between Intake and Ongoing (loss of engagement, loss of time for service engagement-)
- Value seen in joint visit but often not occurring due to delay.
- ACR review - some areas use as Large Team Meeting, others see as duplicative process. (Youth, parents, and foster parents have participated in ARC - varying levels of participation.)
- Confusion of Staffing Titles: Permanency Team Meeting, Large Team Meeting, Family Team Meeting, Considered Removal, etc.
- Time biggest barrier for additional staffings.
- Many staff do not feel they have the skill level to facilitate team meetings. (Designated Facilitators and help in scheduling would promote team meetings.)
- Current policy on teaming too complex, staff want more discretion on when needed, especially frequency and case type.
- Too much focus on checking off every box, want focus on overall safety & wellbeing.
- No process for Intake to know case outcome and success of upfront work.
- Staff and providers concerned about turnover (especially Region 4 & 6; also noted for parents, foster parents & youth referencing change in workers) and high caseload.
- Staff expressed need for positive feedback.
- Foster Parents not being included in teaming and state poor communication of case activities (also noted by youth). Many want to work with birth families but are not given opportunity.
- Providers mainly see teaming for Youth's lifelong connections and not an ongoing process throughout the life of case. Additional providers can be resource to help facilitate team staffing.

APPENDIX B

QtiPs

March 22, 2018

Permanency Teaming Practice and Engagement

.01 ORE Team: Performance Review and ACR Management Team and Capacity Building Center

.02 Observed Themes +/- Trends:

The purpose of the focus groups was to explore how permanency teaming is being implemented; including the successes and challenges in order to inform the Program Improvement Plan. The policy pertaining to Permanency Teaming (chapter 36-8) states that DCF shall actively involve all persons connected with any child served by DCF in the process of engaging, assessing and planning for the child's best interest to achieve safety, permanency and well-being. The focus groups were held in December 2017 in regions 3, 4 and 6. The groups included 26 Intake Social Workers, 25 Ongoing Social Workers, 26 Supervisors, 31 Providers, 12 Youth, 7 Parents and 16 Foster Parents. The areas from the CFSR that permanency teaming impacts and were addressed in the focus groups include items: (4) stability of foster care, (5) permanency goal for child, (6) achieving reunification, guardianship, adoption, OPPLA,(9) preserving connections, (11) relationship of child in care with parents, (12, A,B,C) needs and services of child, parent and foster parents, (13) child and family involvement in case planning.

Although staff have a general understanding of permanency teaming and for the most part feel that it is beneficial for families, they do not agree with the timeframes of conducting large team meetings every 6-8 weeks for every case and feel that they should be allowed to have discretion on when large team meetings are held. Most of the youth, parents and foster parents had not heard of permanency teaming or had very little experience with teaming. The providers have seen an improvement in engagement and particularly with fathers, but see a lack of trust in DCF by families. They see value in permanency teaming but were not clear on their role. Some felt that they would like to be more involved in the teaming process to assist DCF staff.

.03 Data:

Some of the main themes from staff included: lack of clarity of the definition of Permanency Teaming and time frames, the time involved in planning, scheduling and conducting large team meetings, documentation of the large team meetings and other teamings, delay in transfer of cases from intake to ongoing, staff lacking facilitation skills, Considered Removal meetings are going well for the most part, staff not being recognized when they are doing permanency teaming as intended. Themes from the youth, parents and foster parents centered on: lack of communication, respect, assessing and addressing needs of child and family, not feeling like a part of the team. For the most part youth and parents found the services they received helpful. Some of the foster parents want to work with the biological parents but are not encouraged to do so which goes against how they were trained.

.04 Take-Aways:

Based on the themes from the focus groups, some of the recommendations include: Re-evaluate the permanency teaming process and either clarify the expectations or make modifications to the expectations, dedicate clerical staff to assist with scheduling of teaming meetings, identify facilitators for teaming meetings, clarify how to document team meetings, provide more training/coaching on facilitation of team meetings, clarify roles of providers in permanency teaming and provide them with more training, establish a QA process for Considered Removal meetings and case transfers, have one worker complete the investigation and then keep the case as ongoing services or have a mixed unit of both investigations and ongoing workers, recognize staff who are doing permanency teaming well, provide treatment to youth that is individualized, equal, non-judgmental, consistent and helpful, have peer mentors for parents and support groups, have a case closing teaming prior to closing to identify supports and resources once DCF is no longer involved, systemic review of foster care, consistent use of Ice Breaker meetings between foster parents and biological parents, form a task group of foster parents, FASU, CPS staff to address concerns, look at utilization of Caregiver Support

team and expand if necessary, have a panel of foster parents speak to staff, have youth, parents and foster parents periodically evaluate their social worker.

APPENDIX C

QtiPs

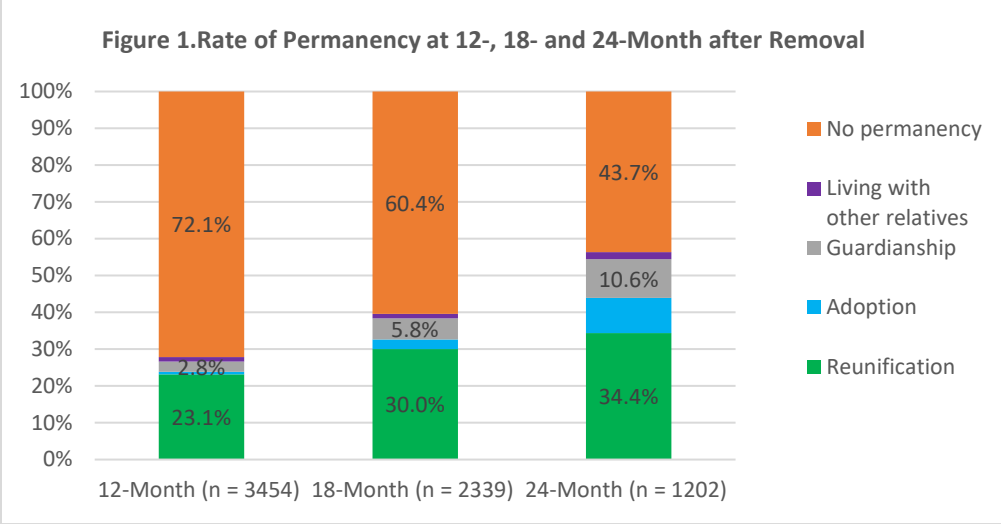
March 22, 2018

INFORMATIONAL BRIEF: PERMANENCY ANALYSIS

.01 Office Name: ORE

.02 Observed Themes +/- Trend:

The purpose of this analysis was to examine the rate of and factors associated with timely permanency among and entry cohort of children who were removed between 04/01/2015-03/31/2017. The timeframes to achieve permanency are reunification within 12-months, guardianship within 18-months and adoption within 24-months. To better understand the underlying issues and the drivers of these challenges, the Office for Research and Evaluation (ORE) conducted an analysis that examined: 1) rate of permanency after removal at 12-, 18-, and 24-months across the four preferred permanency goals, i.e., reunification, adoption, guardianship, and living with other relatives and, 2) significant correlates of timely permanency. Following is a Figure 1, which depicts the rate of permanency. The analysis also examined speedy permanency using Cox's proportional hazards model.



.03 Data:

Overall, lower number of placements, removal due to physical abuse, more siblings being placed in out-of-home, not eligible for special education, lower number of social workers, and lower episode average utilization were significantly associated with permanency at all three time periods (i.e., 12, 18, and 24-month after removal) and were also significant predictors of speedy permanency. Episode average utilization is an average of worker daily caseload across the episode. Significant permanency variations were observed across some regions after controlling for significant factors.

.04 Take Away:

To improve the rate of timely and speedy permanency, efforts could be aimed at increasing placement stability, reducing the turnover of social workers for children, and reducing the episode average utilization to a more reasonable percentage.

APPENDIX D

DCF/Judicial Brainstorming re: Permanency Achievement
MARCH 21, 2018

Questions of the Court data that may help us better understand how to achieve timely permanency:

- Impact of time between removal and disposition of OTC
- Impact of time between removal and Commitment petition
- Rate of timely filing of permanency plan (by month 9)
- Descriptive statistics concerning time between filing of permanency plan and holding the permanency hearing
- Trial Home Visit questions:
    - Rate of child episodes with Trial Home Visit
    - Rate of Trial Home Visits ending in Reunification
    - Rate of Trial Home Visits that started prior to 12 month deadline, but extended past federal reunification deadline;
- Rate of timely filing of TPR (by month 15); or perm plan with exception reason
- Rate of TPRs filed that are granted, or if not to what other disposition
- Descriptive statistics concerning time between TPR filing and TPR resolution (granted or not)
    - Since filing required by 15 months, how feasible is it to achieve by 24 months?
- Barriers/challenges to achieving permanency within 12/18/24 months
    - i.e., statute re: subsidized TOG requiring initiation >=12 months, with +6 months placement with foster home prior to finalization; therefore past 18 month deadline
- Do any of the following contribute to achievement of timely permanency:
    - frequency of attorney contact with client (parent/child) – judicial does not have these data; possibly public defender's office
    - incidence of continuances – new system partial data starting in 2015 (location-based rollout ending now)
    - attorney/judge child welfare experience
    - quality hearings (CPMOH – in phase 2 now) -
    - number and/or type of Specific Steps order by the court
    - incidence of motions for psych evaluations – and time to obtain finished evaluations – have the first, and maybe more than half of courts use functionality to capture the second
    - incidence of motions to intervene – do-able now
    - incidence of motions to withdraw – do-able now (no reason for withdrawal though)y77
    - incidence of motions in opposition of permanency plan – do-able now
    - incidence of in-court reviews – might be able to do
    - incidence of mediation – terminated as of 9/16 or 9/17; very few cases
    - Judge finds that DCF has not made reasonable efforts to identify/locate parents – not captured
    - Judge finds that DCF has not made reasonable efforts to reunify – can be captured but low reliability

APPENDIX E

QtiPs

Quality and Planning (Q+P): Office for Research and Evaluation

INFORMATIONAL BRIEF: Transfer Of Cases From Intake To Ongoing

March 6, 2018

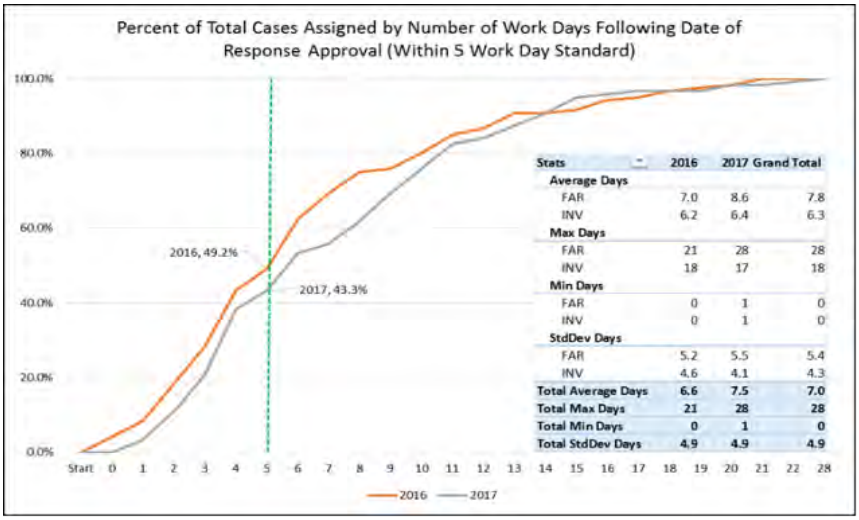
.01 ORE Team: Performance Review

.02 Observed Themes +/- Trends:

The Office for Research and Evaluation Performance Review team conducted a qualitative review of a random sample of 240 cases (40 per Region) that transferred from Intake to Ongoing Services in 2016 and 2017, to examine the number of days that elapse from Intake approval to Ongoing Services social worker assignment and the number of days that elapse between visits with the family during this transition period. Delays in case transfers have implications for frequency of visits with the family and thus the agency's ability to maintain ongoing risk and safety assessments, family engagement, continuity and delivery of services, child and family involvement in case planning and case plan development.

.03 Data:

As the below chart depicts, the average number of work days between approval and assignment was 7-days. The policy standard is 5 work days; 46.3% of the cases met this standard. The average number of days between last Intake visit and first Ongoing Services visit was 17.9 calendar days. DCF policy does not delineate a specific standard of visitation frequency during the transition period except that a Joint Home Visit with both Intake and Ongoing Services workers is required; 69 (28.8%) of the cases had a Joint Home Visit.



Stats	2016	2017	Grand Total
Average Days			
FAR	7.0	8.6	7.8
INV	6.2	6.4	6.3
Max Days			
FAR	21	28	28
INV	18	17	18
Min Days			
FAR	0	1	0
INV	0	1	0
StdDev Days			
FAR	5.2	5.5	5.4
INV	4.6	4.1	4.3
Total Average Days	**6.6**	**7.5**	**7.0**
Total Max Days	**21**	**28**	**28**
Total Min Days	**0**	**1**	**0**
Total StdDev Days	**4.9**	**4.9**	**4.9**

The case review also examined the visitation pattern from Ongoing Services social workers' assignments to the first visit between them and families to provide a comprehensive picture of the agency visitation practice during the entire transition period. The average number of days was 7.4 calendar days

.04 Take Aways:

For cases that transferred within 5 working days, the average number of calendar days between visits was 14.3. Whereas, for cases that transferred in 6 working days or more, the average number of days between visits was 20.8. This difference shows that there is a widening gap for cases transferred within 5 working days and those transferred

after 5 days. ORE and IT will create an automated “Pending Completion” LINK report which will allow regions to provide oversight, track and monitor Intake cases from approval by the Intake SWS in LINK to final case disposition and it will display the date of last face to face contact by Intake so staff may know the number of elapsing days since the last face to face contact. ORE will also conduct a qualitative case review of Intake closure.

APPENDIX F

Focused Examination of Family Engagement Practice

Report Date: March 22, 2018

Introduction:

Several different analyses were conducted to examine agency Engagement practice. The first is based on qualitative reviews of our Differential Response System conducted by regional office staff. The second is from automated reporting from our Administrative Case Review Instrument (ACRI). The last is a sentiment analysis of Permanency Summary narrative conducted as the first part of a larger qualitative analysis still in progress.

Results:

Below are the results of the Differential Response System (DRS) electronic case reviews conducted by Area Office staff. These are reports that were received during the calendar year of 2017. The results demonstrate the number and percentage of the reports in which concerted efforts were made to engage all family/household members by Area Office staff. There were a total of 812 reports which includes those that followed both the Investigation and Family Response System (FAR) tracks. There were 692 (85.2%) reports in which concerted efforts were made to engage all family/household members.

Table 1: Concerted Efforts to Engage all Family/Household Members

Office	Yes, All		No, Some		No, None		Missing		Total #	
	#	%	#	%	#	%	#	%	#	%
Bridgeport	31	88.6%	3	8.6%	0	0.0%	1	2.9%	35	100%
Danbury	51	82.3%	10	16.1%	1	1.6%	0	0.0%	62	100%
Hartford	63	71.6%	22	25.0%	2	2.3%	1	1.1%	88	100%
Manchester	76	92.7%	5	6.1%	0	0.0%	1	1.2%	82	100%
Meriden	48	85.7%	7	12.5%	0	0.0%	1	1.8%	56	100%
Middletown	44	86.3%	6	11.8%	0	0.0%	1	2.0%	51	100%
Milford	53	88.3%	5	8.3%	0	0.0%	2	3.3%	60	100%
New Britain	55	91.7%	2	3.3%	0	0.0%	3	5.0%	60	100%
New Haven	49	87.5%	7	12.5%	0	0.0%	0	0.0%	56	100%
Norwalk	24	80.0%	5	16.7%	0	0.0%	1	3.3%	30	100%
Norwich	55	93.2%	3	5.1%	0	0.0%	1	1.7%	59	100%
Torrington	47	79.7%	12	20.3%	0	0.0%	0	0.0%	59	100%
Waterbury	53	85.5%	7	11.3%	0	0.0%	2	3.2%	62	100%
Willimantic	43	82.7%	7	13.5%	0	0.0%	2	3.8%	52	100%
Grand Total	**692**	**85.2%**	**101**	**12.4%**	**3**	**0.4%**	**16**	**2.0%**	**812**	**100%**

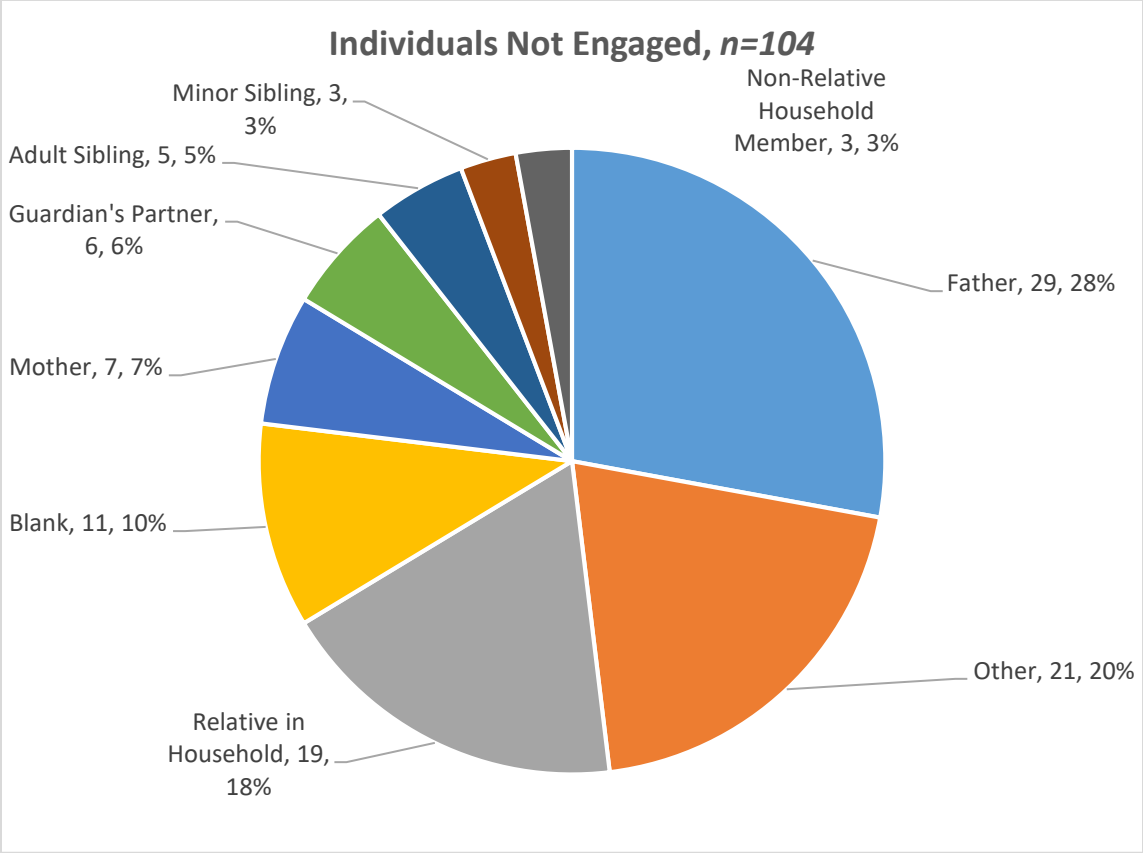
Table 2 shows the results of the reports in which concerted efforts were made to engage all family/household members by Case Type.

Table 2: Concerted Efforts to Engage of all Family/Household Members by Case Type								
	Yes, All		No, Some		No, None		Total	
Case Type	#	%	#	%	#	%	#	%
CPS Investigation	439	88.5%	54	10.9%	3	0.6%	496	100.0%
FAR	251	84.2%	47	15.8%	0	0.0%	298	100.0%
Missing	2	100.0%	0	0.0%	0	0.0%	2	100.0%
Grand Total	**692**	**86.9%**	**101**	**12.7%**	**3**	**0.4%**	**796**	**100.0%**

Of the 496 of the reports that followed the Investigation track, 439 (88.5%) demonstrated that concerted efforts were made to engage all family/ household members. This is 4.3% higher than the 251 (84.2%) reports in which concerted efforts to engage were made. In total, there were 104 (13.0%) reports in which concerted efforts to engage all family/household members were not made.

Chart 1 illustrates the breakdown of the 104 reports in which concerted efforts to engage all family/household members were not made by relationship to the children.

Chart 1: Individuals Not Engaged



The highest percentage of individuals for whom concerted efforts to engage were not made in the reports reviewed were fathers at 28%. This includes non-custodial fathers as well as those residing in the home. The other point to be noted is that 18% of relatives residing in the home and at times providing care were not engaged. The category listed as "Other" included cases in which multiple individuals were identified, and those in which reviewers listed names and the relationship to the child was not able to be determined. Those

in the "Blank" category consist of those where it was noted that some of the family/household members were not engaged but the reviewer did not indicate the relationship to the child.

One other source of information on our engagement practice comes from the Administrative Case Review (ACR) Instrument data. Specifically, ACR reviewers assess (among many other issues) whether the treatment plan assessment has adequately covered engagement practice, as well as an evaluation of frequency and quality of worker visitation. Results in the table below since July 2017 (month we resumed use of these data points) show that our treatment plans meet the Juan F Outcome measure for Engagement consistently over 80% of the time. Also, our frequency and quality of visitation with children is consistently at/above 84%. There is room for improvement with frequency and quality of visits with parents, and with mother and father as measured independently.

Table 3: ACRI Case Practice Results (July 2017 – March 2018 as of 3/21/18)

	Statewide (Strength %)								
	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
ACRI Case Practice Measure	%	%	%	%	%	%	%	%	%
Engagement	80%	83%	81%	81%	83%	81%	80%	83%	77%
Frequency of visits - Parents	65%	65%	65%	64%	67%	66%	63%	68%	65%
Frequency of visits - Father	55%	55%	54%	53%	58%	58%	53%	60%	56%
Frequency of visits - Mother	73%	74%	74%	73%	74%	73%	71%	74%	72%
Quality of visits - Parents	67%	73%	72%	69%	70%	70%	68%	71%	67%
Quality of visits - Father	57%	62%	62%	58%	63%	64%	59%	65%	59%
Quality of visits - Mother	75%	81%	79%	78%	76%	75%	76%	75%	75%
Frequency of visits - Child	85%	84%	86%	83%	84%	84%	84%	83%	88%
Quality of visits - Child	89%	89%	89%	86%	86%	86%	86%	88%	91%

Finally, an analysis of the narrative comments entered by ACR staff in the Permanency Rating Summary was begun to help figure out what is identified as strengths and weaknesses in these areas. To date, we have performed sentiment analysis on a number of different areas that answers how often certain issues were identified in a positive/neutral or negative manner. Table 4 shows that engagement was mentioned in these summaries about 35% of the time. When mentioned, this concept was mentioned in a positive light about 62% of the time. Further qualitative analysis of a sample of these reviews is ongoing at this time.

Table 4: Sentiment Analysis of Various Concept/Issues Mentioned in ACRI Permanency Rating Summaries						
	All		Positive/Neutral		Negative	
Concept/Issue	#	%	#	%	#	%
Life Skills	340	4.7%	274	80.6%	66	19.4%
Timely Manner	1272	17.7%	1125	88.4%	147	11.6%
Concerted Effort	2876	40.0%	2503	87.0%	373	13.0%
Services	3035	42.2%	2099	69.2%	936	30.8%
Comply	423	5.9%	230	54.4%	193	45.6%
Completed & Success	1398	19.5%	939	67.2%	459	32.8%
Attend & Engaged, etc.	2487	34.6%	1536	61.8%	951	38.2%
Hesitant etc.	1007	14.0%	81	8.0%	926	92.0%
Stalled etc. (Court/No Court)	697	9.7%	460	66.0%	237	34.0%
Substance Abuse	907	12.6%	293	32.3%	712	78.5%
Mental Health	1866	26.0%	786	42.1%	1121	60.1%
Incarcerated	828	11.5%	62	7.5%	766	92.5%
TOTAL PERMANENCY SUMMARIES Dec16-Aug17	7189	100.0%				

Appendix G

Maltreatment Recurrence Brief

Report Date: March 22, 2018

Introduction

The Child and Family Services Review (CFSR) indicator, recurrence of maltreatment, measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of maltreatment and is described as, "Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months?" A lower value is desirable. This indicator is calculated using data from NCANDS.

- NUMERATOR includes of the children in the denominator, the number who had another substantiated or indicated maltreatment report within 12 months of their initial report.
- DENOMINATOR includes the number of children with at least one substantiated or indicated maltreatment report in a 12-month period.

The goal of this analysis is to identify the factors that are correlated with the rate of repeat maltreatment. This summary describes the population of all children who experience repeat maltreatment, factors they do and do not share with those who do not experience repeat maltreatment, and examine the factors that contribute to the agency's repeat maltreatment rate, which is persistently above the national standard. The primary goal of the analysis is to help the agency reduce the rate of repeat maltreatment, so this report will also examine cases of repeat maltreatment that fall outside of the timespan covered by the federal standard. The findings of the project will better inform DCF's tools and practices in order to improve outcomes for children in care by addressing the factors that contribute to repeat maltreatment.

Methods

All children whose first substantiated reports accepted between 01/01/2011-12/31/2016 were included in the analysis. The relationships between many variables, including race, age, gender, number of children in the home, geography, number of prior allegations and abuse/neglect type, on whether or not a given child will be a victim of repeat maltreatment were examined in this analysis. Other important factors under examination were from the SDM risk assessment at the first substantiated report. Maltreatment recurrence was defined any subsequent substantiated allegations within 12-month following the first substantiated report. Logistic regression was used to examine predictors of maltreatment recurrence.

Results:

This analysis showed that there were no statistical differences with regard to Race or Gender on the incidence of Repeat Maltreatment. Child with developmental or physical disability, child with delinquency history, perpetrator being foster care provider, caregiver alcohol abuse, caregiver drug abuse, caregiver mental health problem, domestic violence in the household, prior neglect investigation in the family, having child under two in the family and lack of family support were all significantly associated with greater odds of maltreatment recurrence, while older age, child physical abuse, child sexual abuse, and unsafe housing were significantly associated with lower odds of maltreatment recurrence. Significant maltreatment recurrence variations were observed across regions.

Table 1. Significant Predictors of Maltreatment Recurrence (N = 35,513)

Factors	%	OR (95% CI)
Age at first substantiated maltreatment during 2011-2016		
≤ 5 years	45.4%	Reference Group
6-12 years	34.7%	*0.96 (0.88-1.06), ns*
13-17 years	19.9%	0.80 (0.71-0.90) ***
Child – physical or developmental disability	10.1%	1.22 (1.09-1.36) ***
Child – delinquency history	3.9%	1.46 (1.23-1.74) ***
Child – physical abuse	6.1%	0.80 (0.67-0.97) *
Child – sexual abuse	4.5%	0.76 (0.59-0.98) *
Perpetrator being foster care provider	2.8%	1.30 (1.06-1.59) *
Caregiver alcohol abuse	25.5%	1.30 (1.19-1.41) ***
Caregiver drug abuse	39.8%	1.16 (1.08-1.26) ***
Caregiver mental health problem	37.8%	1.25 (1.16-1.35) ***
Domestic violence	21.9%	1.08 (1.04-1.13) ***
Prior neglect investigation in the family		
None	36.3%	Reference Group
One or two	31.1%	1.63 (1.47-1.80) ***
Three or more	32.6%	2.01 (1.81-2.22) ***
Having child under two in the family	32.1%	1.11 (1.01-1.21) *
Family lacking support	4.0%	1.23 (1.04-1.46) *
Unsafe housing	1.4%	0.46 (0.31-0.67) ***
Region		
Region 1	15.9%	1.19 (1.04-1.37) *
Region 2	18.2%	1.55 (1.37-1.76) ***
Region 3	18.7%	1.50 (1.33-1.70) ***
Region 4	19.7%	Reference Group
Region 5	13.7%	1.51 (1.32-1.72) ***
Region 6	13.8%	1.23 (1.08-1.42) **

Note. * p <.05; ** p <.01; *** p <.001; ns, not significant which is defined as p ≥.05. OR, odds ratio. CI, confidence interval. Logistic regression was used to examine predictors of maltreatment recurrence.
Examples of how to interpret odds ratio (OR = 1.19 for region 1): After adjusting for other significant factors, the odds of having maltreatment recurrence for children in region 1 were 19% higher than those in region 4. Another example (OR = 0.46 for unsafe housing): Adjusting for other significant factors, the odds of maltreatment recurrence for children with unsafe housing were 54% lower than those without this issue.

A separate analysis that uses fixed effects logistical regression was conducted to control for special situations involving children that belong to multiple cases. The analysis was organized around 8,774 cases that comprised the original dataset that represented individual children. Results from this analysis show that for every additional child present in the home the likelihood of recurrence is reduced by roughly 24%, for every additional year in age the likelihood of recurrence is reduced by 2%, and for every additional report associated with a child the likelihood of recurrence is reduced by 10%. For example, in a family with 2 children, a 10 year old is 16% less likely to experience repeat maltreatment than a 2 year old sibling. The analysis also showed that while medical neglect accounts for about 3% of the population, children who were victims of this type of neglect are approximately 57% more likely to be a victim of repeat maltreatment compared to victims of other forms of neglect. Similar to the analysis above, there were no statistically significant results by Race/Ethnicity for Black and Hispanic groups (compared to White), though "Other" race were 37% less likely to experience repeat maltreatment. Further analysis on other variables not examined in this analysis such as length of time to complete the index investigation are planned for the future.