Connecticut Department of Children and Families

Juan F. Strategic Plan

April 25, 2018

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AGENCY OVERVIEW:

The Department of Children and Families (DCF/Department) is a consolidated child welfare agency, having responsibility for child protection services, children's mental/behavioral health and substance use services, prevention, and for the next few months, juvenile justice.

DCF espouses the following mission and cross cutting themes:

Mission:
Working together with families and communities for children who are healthy, safe, smart and strong.

Cross-Cutting Themes:
- implementing strength-based family policy, practice and programs;
- applying the neuroscience of early childhood and adolescent development;
- expanding trauma-informed practice and culture;
- addressing racial inequities in all areas of our practice;
- building new community and agency partnerships;
- improving leadership, management, supervision and accountability; and
- becoming a learning organization.

The Department has many existing cross-system partnerships and concomitant efforts to coordinate and enhance care for Connecticut's children and families. Therefore, this Strategic Plan (Plan) has been created to reflect, intersect with and build upon other current plans and activities.

At any point in time, DCF serves approximately 36,000 children and 15,000 families across its programs and service array. Of these families, there are 2,550 investigations and 1,850 family assessments underway on any given day. Last year, the DCF Careline received 108,679 calls, 54,165 of which were reports of child abuse or neglect, of which 31,299 were accepted and assigned to either an investigative or family assessment response track. Calls to Careline have increased by 7.3% since 2015 (101,267 calls) in large part due to enhanced mandated reporting laws that broadening the pool of mandated reporters and increased the penalties for failures or delays in reporting.

Over the past 7 years, the Department has made substantial progress in many areas. From January 1, 2011 to January 1, 2018, DCF has achieved the following:

- 11.6% reduction in the number of children in placement
- 72.3% increase in the number of children placed with relatives and kin
- 97.5 % reduction in the number of children placed in out-of-state congregate care settings
- 82.4% of all children in placement are living with a foster family, compared to 67.5% in 2011

The Department has also implemented Considered Removal Child and Family Team Meetings (CR-CFTM). This has proven to be an effective method to divert children from out-of-home care and non-relative foster care, while also supporting early engagement of families. For example, in 2016, 87% of the children who were the subject of a CR-CFTM were either not removed or placed with kin.

Further, the Department has continued efforts to limit the use of Other Planned Permanent Living Arrangement (OPPLA) as a permanency goal for children age 16 and over. DCF Regional Administrators and the

Commissioner must approve OPPLA for kids less than 12. From January 1, 2013, to January 1, 2018, the proportion of all children in care with this permanency goal has decreased from 28.6% to 14.8%. In particular, of the 624 youth with OPPLA, as indicated by the February 2018 data, 82% are age 18 or older.

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

For example, a core DCF report is the Disproportionality and Disparities Pathway. As the title suggests, this data analysis allows the Department to observe disproportionality across various decision points. A review of these data does suggest that the Department is realizing some improvements with respect to reducing overrepresentation of children of color in its system. The 2017 data indicates that since 2013, there has been a 6 point reduction in the percentage of Hispanic and African American children entering DCF care. A 5 point reduction is observed for the same population with respect to congregate care usage. Moreover, for African American children, there has been a 4 percentage point reduction with respect to them being in DCF care.

Further, agency data indicates that African American children are making solid strides with achieving timely permanency, particularly through placement with kin. This is significant as a few years ago, African American children were lagging behind their Hispanic and White counterparts with respect to placement with kin.

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

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

The SWRJWG and its committees are integral to informing and shaping the Department's racial justice agenda, and serves a vital advisory role.

These aforementioned strides and prioritizations appear to align with the spirit and tenets of the newly enacted Family First Prevention Services Act. Thus, the Department appears well positioned to comport with and maximize the new funding strategies under this act to facilitate better outcomes for Connecticut's children and families.

Importantly, the Department has also invested in a robust Quality Assurance and CQI environment. As noted above, two of the Department's cross-cutting themes are to be an accountable and a learning organization. This charge has resulted in tremendous growth in the breadth of self-led reviews, the availability of data, and the infrastructures to inform data driven decision making. The Department thinks that it has the foundation and competencies to effectively monitor its performance and continue to do so post *Juan F.*

DCF believes the *Juan F.* goals 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 Plan considers its connectedness to the Department's mandates, as well as the numerous

community tables at which DCF sits where robust discussions occur regularly about how Connecticut can ensure strong, positive and sustainable outcomes for Connecticut's children and families.

The Department is proposing a variety of strategies to comply with the Revised *Juan F.* Plan and effectuate DCF's successful exit. Foundational to achieving the goals of *Juan F.*, and more importantly realizing positive outcomes for Connecticut's children and families, is having a sufficiency and adequacy of funding, resources and services. The proposed services and attending strategies are reflective of the Department's current, core priorities based upon children and families' needs, particularly in light of Connecticut's current fiscal environment and the Department's ability to timely implement select strategies. Moreover, these services and strategies are viewed to be a solid starting point congruent with the Governor's proposed budget, which supports priority services and overcomes critical resource losses that the Department will incur due to the transfer of Juvenile Justice programming to the Judicial Branch. Further, the Governor's budget allows the Department to maintain, and where needed, build essential services that are accessible to not only children in the *Juan F.* class, but for all children and families who have service needs within the Department's behavioral health, substance use and prevention mandates.

Many of the strategies contained in this Plan will benefit multiple Outcome Measures. For example, increasing the number of social workers should reduce caseload sizes (OM6), support timely quality visitation (OM 5), case planning and service engagement (OM 3+ 4) and quality Investigation/FAR and assessments (OM 1 + 2). Such an intervention should aid with better client engagement and more timely and robust documentation. Similar cross-measure impact is expected through the standing up of the new Comprehensive Child Welfare Information System (CCWIS) (e.g., time efficiencies and improved documentation and data collection (i.e., visitation)) and the restructuring of Structured Decision Making (SDM) (e.g., ongoing and accurate assessment of risk, safety and needs). Thus, some strategies will be pulled across multiple measures.

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GOAL 1: Ensure the safety and well-being of children

Targeted Outcome: Ensure timely investigation/FAR and comprehensive, accurate and quality assessments of children and families' risk, safety and needs

IMPACTED *Juan F.* OUTCOME MEASURE(S): 1 (Commencement of Investigation/FAR) + 2 (Completion of Investigation/FAR)

PIP INTERSECTION: Safety, Well-Being, Permanency, Reduction of Recurrent Maltreatment + Systemic Factor 29

KEY CHALLENGES + DATA: While the Department continues to achieve quantitative compliance with Outcome Measures 1 and 2, there is a need to support consistent, quality investigations/FAR practice across the agency. This challenge has been identified through reviews conducted by the Department, including its self-led Child and Family Services Reviews (CFSR), and noted in the Court Monitor's *Juan F.* Reports.

The Department and the Court Monitor have been engaging in Case Reviews to assess the quality and efficacy of DCF's Differential Response System (DRS) practice. A review of the Department's DRS Case Review data indicates that contact with children is an area that requires improvement. These data indicate that for only 65% of the cases reviewed, this item was rated as a strength. With respect to contact with all adult participants and case stakeholders, 70% of the reviewed cases rated both those items as a strength.

These reviews also suggest that Regional Resource Group (RRG) consultation needs to be occurring more frequently. Of cases determined to need RRG consultations, only 58% appeared to have received such support. These reviews do indicate, however, that the Department's assessment work is routinely accurate and is effectively identifying all risk and safety concerns for all children and adults associated with the case (i.e., 81%). The overall, safety and risk were rated as a strength for 82% of the reviewed cases.

STRATEGIES:

	Activities/Tasks	Core Owners	Timeframe
a.	Comprehensively revise Structured Decision Making (SDM), including creating an ongoing Quality Assurance process, and developing necessary staff training, to support timely and accurate safety, risk and need assessments	Kristina Stevens+ Kim Nilson	In Progress: Short Term
b.	Increase Intake Social Worker (SW) staffing levels by 40 positions	Cindy Butterfield	Short Term
c.	Ensure robust pre- and in-service training for DCF staff, including establishing a mechanism to track compliance with training mandates	Jodi Hill Lilly	Ongoing
d.	Conduct ongoing Differential Response System (DRS) (Intake and FAR) Case Reviews, particularly to evaluate the quality, and effectiveness of the revised DCF Intake Policy to ensure compliance with commencement and face to face standards, and appropriateness of FAR v. CPS track/track changes	Regional Administrators + QIC Community Of Practice (COP)	Ongoing
e.	Continue implementation of Eckerd Rapid Safety Feedback (ERSF), and seek increased ERSF staff positions to expand this approach into additional DCF Regions	Susan R. Smith + Lynette Warner	Medium Term

f. Roll-out mobile technology for Intake and other CPS staff	Cindy Butterfield + Valter Borges	Medium Term
g. Build Intake CCWIS modules to support efficiencies and improved information collection	Cindy Butterfield + Valter Borges	Long Term
h. Continue implementation of Considered Removal and Child and Family Team Meetings	Executive Team + Regional Administrators	Ongoing
i. Implement Safety Plan and new Family Arrangement Standards	Regional Administrators + Office Directors' (OD)COP	In Progress: Short Term
j. Ensure Supervision is supporting documentation, sufficient and quality contacts, and assessment of all-stakeholders by SWs, with 45 days as the general target (congruent with supporting what is in the best interest of children's safety and needs)	Regional Administrators +OD COP	Ongoing
k. Develop a "Pending Completion" Report and QA process to support tracking and monitoring of Investigation to disposition (e.g., Transfer to Ongoing) activities	Susan R. Smith, Lynette Warner + Quality Improvement Committee	Medium Term
l. Implement a Careline to Area Office Management notification process to minimize errors during the creation and assignment of pended reports	Kristina Stevens + Lisa Daymonde	Short Term
m. Convene Special Qualitative Review (SQR) Learning Forums and SQR Leadership Forums to support facilitated dialogues regarding lessons and finds from comprehensive reviews of critical cases	Susan R. Smith, Ken Mysogland + Rita Pelaggi	Ongoing

RACIAL JUSTICE CONSIDERATIONS:
The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department will continue to implement the cultural considerations protocol during its investigations and assessments to better ensure that bias does not impact its decision-making. Assessment of risk and safety must also occur in a manner that is objective and not influenced by bias. Ongoing analysis of SDM data and case decision point data will need to occur.

Further, this lens has an important nexus to the engagement of our clients. The Department will continue to monitor disproportionality and disparity indicators along its pathway, and invest in its data culture to ensure that ongoing evaluation of its system can occur.

OVERSIGHT + SUSTAINABILITY STRATEGIES:
The Department has a standing Senior Administrators' Meeting (SAM) that occurs every other week.   The membership of the SAM consists of the Commissioner and the Executive Team, Regional Administrators, the Court Monitor, Legal Director, Medical Director, Child and Family Administrators, Superintendents, Director of the Academy and the Director of Change Management. This body approves all policies and practice guides,

and provides direction to Change Management and the Communities of Practice (CsOP). Vital agency updates and practice direction decisions occur at and through SAM. All Change Management and CsOP recommendations are vetted by SAMs.

Next, the Department has established a Performance Expectations (PE) review process, whereby all Regions and various Central Office Divisions present as to their progress in achieving identified agency metrics. The PE presentations occur on a quarterly basis. Review of Juan F. measures is a standard part of the PE Review meetings. This includes assessment of progress with attaining the outcome measures, with particular focus on OMs 1- 6.

Further, the Department maintains a contract with the University of Connecticut (UCONN) School of Social Work to serve as a Performance Improvement Center (PIC) for DCF's Differential Response System (DRS). UCONN conducts independent analyses of DCF's DRS and generates bi-annual reports.   These data allow the Department to monitor and evaluate the functioning, quality and effectiveness of its DRS, including the Family Assessment Response.

GOAL 2: Ensure the timely development of quality case plans in partnership with children and their families

Targeted Outcome: Child and Families receive services and resources that ensure safety, address their needs, and support timely permanency

IMPACTED *Juan F.* Outcome Measure(s): 3 (Case Plans)

PIP INTERSECTION: Safety, Permanency, Well-Belling + Engagement

KEY CHALLENGES + DATA: A fundamental issue that the Department must tackle is timely approval of case plans. Of the cases reviewed by the Court Monitor during the 4th Quarter 2017, nine (9) presented with plans that were either late or not approved. While the Department attained Case Plan Approval compliance at 96.2% for the 3rd Quarter, performance for the 2nd Quarter was only 88.7%. The Department has created a "Pending Approval Case Plan" Report. We will look to establish a standard Quality Assurance process to ensure greater surveillance and timely intervention to move the needle on this domain.

Under the Revised Exit Plan, the Department must achieve compliance of 90% or better for each of the OM 3 domains. Currently, there are no domains that qualify for Pre-Certification. However, 4[5] out of the 10 domains had a Statewide Six-Month Combined average of between 85.1% - 91.6%.

Domain	6-Month Combined Average
Has the Case Plan been approved by the SWS?	91.6%
Was the family or child's language needs accommodated?	88.8%
Reason for DCF Involvement	85.1%
Identifying Information	86.0%

The following are the domains that are below the requisite level:
- Planning for Permanency
- Engagement of Child and Family
- Present Situation and Assessment to Date of Review
- Determining the Goals/Objectives
- Progress
- Action Steps to Achieving Goals Identified for the Upcoming Six-Month Period

Administrative Case Review (ACR) data and our self-led CFSR also indicate that engagement of fathers and non-custodial parents presents as a greater challenge than for children or mothers. Some of the other ongoing issues that impact achievement of these domains are as follows:

- Failure to incorporate the family feedback narrative
- Visitation efforts are not concerted to engage non-custodial parents
- Little evidence of case planning with all school age children
- Need to update the SDM prior to case plan completion
- Service Provider input solicited during the period needs to be reflected in the case planning
- Formal and informal assessments reflected in narrative, at the ACR, from SDM need to be consistent with the Goals/Objectives.
- The progress section is not consistent with LINK records and the assessment section of the case plan or it is not updated
- Action Steps often fail to include provider's roles/expectations or clearly explicate DCF's role

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[5] Has the Case Plan been Approved by the SWS

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- In Home cases often do not identify contingency goals
- For CIP cases there are often not clear action steps for the identified concurrent goals stated

Further, the Department recognizes the intersection between case planning and meeting children's and families' needs. Thus, many of the strategies and activities related to Goals 2 have inherent nexus to and will influence the achievement of Goal 3.

STRATEGIES:

Activities/Tasks	Core Owner(s)	Timeframe
a. Convene "*Juan F.* Hackathon" to ensure common definitions, and identify issues and key strategies to ameliorate persistent challenges	Susan R. Smith + Regional Teams	Short Term
b. Increase funding and procure to support provision of Fatherhood Engagement Services (FES) across the state	Cindy Butterfield	Medium Term
c. Implement ongoing SDM Quality Assurance (QA) process to ensure that ongoing assessment are occurring and informing the case plan	Kristina Stevens + Kim Nilson	Medium Term + Ongoing
d. Utilize the ACR Collaborative Team Meeting (CTM) concept to surveil and provide timely notice to the Regions regarding barriers to timely permanency for individual children.	Susan R. Smith + Treena Mazzotta	Short Term
e. Create a QA process with the OACR to ensure notification of CTMs and timely follow-up	Susan R. Smith, Treena Mazzotta + QIC	Short Term
f. Establish Permanency Teaming Facilitator/Coach Positions in each region to support child and family engagement and timely permanency	Kristina Stevens + Regions	Medium Term
g. Convene Permanency Round-tables and receive consultation from Casey Family Program to accelerate permanency for select cohorts	Kristina Stevens + Regional Administrators	Short Term
h. Implement the Enhanced Service Coordination strategies (ESCP) to support: • Engagement and better service matches to ensure appropriate referrals to in-home services • Prioritized use of internal clinical resources (e.g., ARG) • Consistent use of multidisciplinary consultations on high priority cases	Elizabeth Duryea + Regional Administrators	In Progress: Short Term
i. Engage juveniles courts to address any barriers to permanency that are identified by the judicial system and other partners	Elizabeth Duryea	Medium Term
j. Develop the Providers' Portal in CCWIS to aid with receipt and incorporation of providers' information into Case Plans	Cindy Butterfield + Valter Borges	Long Term
k. Restructure OACR process to better align with Federal Title IV-E Case Planning requirements and maximize utility for the Department	Susan R. Smith + Treena Mazzotta	Medium Term
l. Enhance and maintain the Performance Expectation Review (PER) structure	Executive Team	Ongoing
m. Ensure Adequate and Stable Social Worker staffing	Cindy Butterfield + Executive Team	Ongoing

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RACIAL JUSTICE CONSIDERATIONS:
A recurrent challenge is client engagement. Critical to that process is having the lens, tools and resources to partner with children and families in a culturally and linguistically competent manner. The Department must continue to support its staff through training, coaching, mentoring, consultation and supervision that expects and leads to equitable outcomes for all families.

DCF will be looking to expand the breadth of data it uses to continue to analyze the use and need of interpreter and translation services. This is consonant with a recent memo in which staff were reminded to use certified interpreter and translation services and not expect bilingual staff to serve in that capacity.   The DCF Office of Multicultural Affairs and Immigration Practice will also be monitoring and regularly sharing data trends about unaccompanied minors and other immigrant populations. These are potentially valuable data to track and forecast the diverse needs of the children and families whom the Department and its providers serve, and better ensure that services are available and delivered congruently.

OVERSIGHT + SUSTAINABILITY STRATEGIES:

The Office for Administrative Case Reviews (OACR) maintains a Case Practice Report, which provides data about many elements that parallel those monitored for *Juan F.* compliance. The OACR Program Managers are charged with reviewing these reports and sharing them with the Regional Leadership Teams.

The Department's existing Performance Expectation (PER) process is a standing mechanism that supports regular review of the Department's Case Plan measure. The Quality and Planning (Q+P) Division, through its Office of Performance Management, is developing tools to enhance the effectiveness and utility of the PE meetings. Q+P is seeking to develop Region specific PE "data sheets" to help guide and focus the discussion on the areas/domains that continue to present as a challenge.

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GOAL 3: Ensure the sufficiency and efficacy of the Department's contracted service array

Targeted Outcome: Provision of culturally + linguistically competent services to meet client's needs, to promote safety, permanency + well-being

IMPACTED _Juan F._ Outcome Measure(s): 4 (Children's Needs Met)

PIP INTERSECTION: Well-Being + Permanency, Reduction of Recurrent Maltreatment + Systemic Factor 29

KEY CHALLENGES + DATA: Revised Outcome Measure (OM) 4 requires that the Department meet the medical, dental, mental health and other service needs of families and children. The expected compliance level is 85%.

Juan F. data for the 2nd and 3rd Quarter of 2017 reveals that the Statewide Six-Month Combined (average) rate for 7 of the 11 OM 4 domains was 85% of higher. In particular, the performance levels for those items ranged from 85.6% (Well-Being: Education) to 100% (Risk: Child in Placement). For 6 of those 7 domains, the Department has achieved compliance at 85% or better for each of the two consecutive quarters.

Domain	6-Month Combined Average
Risk: Child In Placement	100.0%
Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	95.4%
Permanency: DCF Case Mgmt. - Legal Action to Achieve the Permanency Goal During the Prior Six Months	94.3%%
Permanency: DCF Case Mgmt. - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	96.9%
Well-Being: Medical Needs	90.7%
Well-Being: Child's Current Placement	90.6%

The domains in which the Department's Statewide Six-Month Combined performance levels were below 85% or in which the requisite levels were not achieved for two consecutive quarters are as follows:

- Risk: In-Home
- DCF Case Management- Contracting or Providing Services to Achieve Permanency during the prior six months
- Well-Being: Dental
- Well-Being: Mental Health, Behavioral and Substance Abuse Services
- Well-Being: Education

Some of the issues impacting achievement of the above domains are as follows:

- Failure to assess all active case participants within the case plan assessment for priority needs within the required domain
- Not addressing known services wait-lists or identified barriers
- Not completing or updating the SDM
- Inaccurate SDM
- Gaps in visitation thwarting proper engagement and assessment

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- Failure to get input from providers to inform the work
- Lack of consistent supervisory oversight and directives
- Failure to follow-up on missed appointments

The Department is proposing to expand select services to better support achievement of OM 4. These efforts are part of a multipronged approach to improving case planning and needs met and as such also includes information about other efforts that increased resources and improvements to inform effective matching and utilization of other parts of the service system will yield improved outcomes. This expansion effort is in conjunction with the hiring of necessary DCF staffing, the implementation of Enhanced Service Coordinators creating improved capacity for consistency in the referral and matching practices, enhancements to the suite of Structured Decision Making tools, the roll out of the much needed CT KIND system and an analysis of the current outcomes and utilization needs across the state.

Please see also Appendix A for a detailed accounting of the proposed service array enhancements, data and supporting rationale.

STRATEGIES:

Activities/Tasks	Core Owners	Timeframe
a. Expand availability of key services, including behavioral health and substance use services, to expand capacity, ameliorate waitlist and address service gap issues	Executive Team + SARA	Medium Term + Ongoing
b. Maintain infrastructures and funding consistent with the Governor's proposed budget to support priority services and overcomes critical resource losses that the Department will incur due to the transfer of Juvenile Justice service/programming categories to the Judicial Branch.	Executive Team + Cindy Butterfield	Ongoing
c. Maintain a contract procurement and oversight structure (e.g., Service Array and Resource Assessment (SARA))	Susan R. Smith, Chris Lau + Executive Team	Ongoing
d. Implement comprehensive redesign of DCF's SDM environment to better ensure quality risk and needs assessments	Kristina Stevens + Kim Nilson	Medium Term + Ongoing
e. Use SARA structure to assess adequacy, needs, gaps and congruence of service array with children's and families' needs	Executive Team	Ongoing
f. Enhance tracking on service system waitlists	Susan R. Smith, Chris Lau + Executive Team	Short Term
g. Implement the Enhanced Service Coordination strategies (ESC) to support: • Better service matches to ensure appropriate referrals to in-home services • Prioritized use of internal clinical resources (e.g., Areas Resource Group) • Consistent use of multidisciplinary consultations on high priority cases	Elizabeth Duryea + Regional Administrators	In Progress: Short Term
h. Launch Universal Referral Form	Kristina Stevens	Short Term
i. Implement Active Contract Management (ACM) to improve contract management through data-driven program/contract	Elizabeth Duryea	In Progress:

	oversight & performance management with an initial focus on in-home services beginning with Intensive Family Preservation (IFP)		Short Term
j.	Enhance the Therapeutic Foster Care (TFC) structure to support timely placement, placement stability, increased oversight and positive discharges through re-establishment of the Service Area Lead Agencies (SALAs)	Linda Dixon	Medium Term
k.	Implement a rigorous quality oversight process to monitor Foster Care post-licensing training compliance, with a focus on ensuring that foster parents have the tools and resources needed to support permanency	Sarah Gibson + Foster Care COP	Medium Term + Ongoing
l.	Implement Foster Home and Foster Youth satisfaction and discharge surveys to support system improvement and aid with recruitment and retention strategies	Sarah Gibson, Foster Care COP + ORE	Short Term + Ongoing
m.	Convene "*Juan F.* Hackathon" to ensure common definitions and identify key agency strategies to ensure that children's and families' needs are being assessed, addressed and met.	Susan R. Smith	Short Term
n.	Ensure sufficient funding for the Provider Information Exchange (PIE) data collection system to support oversight of DCF contracted services	Cindy Butterfield + Susan R. Smith	Ongoing
o.	Roll-out the Service Search Database as a tool to support SW staff's ability to identify services to better meet children and families' needs	Kristina Stevens	In Progress: Short Term
p.	Ensure Adequate and Stable Social Worker staffing	Cindy Butterfield + Executive Team	Ongoing
q.	Utilize various provider and stakeholder input mechanisms to support achievement of DCF children's and families' needs	Executive Team	Ongoing

RACIAL JUSTICE CONSIDERATIONS:

A review of data from the most recent *Juan F.* report suggests that the likely reason for the Department's lack of compliance with OM 4 is "Clients Refuse Services." This information likely implicate areas such as engagement and the availability of culturally and linguistically responsive services. Therefore, the Department will continue to implement the Culturally and Linguistically Appropriate Standards (CLAS) training for its contracted providers. In addition, DCF will continue to issue procurements using the standard Racial Justice language, questions, and scoring guidance. Moreover, the Department will look to use the Tier Classification process, which has been used to monitor contractors' compliance, to ensure that providers have substantive Multiculturalism Plans.

Finally, the Department will ensure that the Provider Information Exchange (PIE) collects client level race and ethnicity data, and supports canned reports, filtering and extracts for disaggregation. Such disaggregation will continue to be a standard aspect of DCF's Results Based Accountability (RBA) framework to evaluate utilization and outcomes by race and ethnicity. In addition, the Department will monitor its service system data (e.g., referrals and access) related to the disproportionality and disparity pathway information to better ensure equity in service receipt.

OVERSIGHT MECHANISMS + SUSTAINABILITY STRATEGIES:

The Department will maintain a structure to assess the quality, efficacy and sufficiency of its service array. Currently, the Department utilizes the Service Array and Resource Assessment (SARA) Executive meeting, as a complement to its Senior Administrators' Meeting (SAM) to serve this function. A refinement to the SARA structure is the proposed creation of a SARA Action Workgroup (SAW). The SAW will build from the existing Systems Program Director's COP, but expand to include broader Central Office and Regional representation. It will be responsible for collectively monitoring the functioning of the Department's service array and identifying any gaps. This body will regularly review RBA report cards and other materials to evaluate the quality, effectiveness and sufficiency of the Department's service system. Please see **Appendix B** for the SARA schema.

Last, the Department will continue to utilize its Statewide Provider Meetings and other stakeholder forums as mechanisms in which to share its strategic planning, and to obtain insight and input into the effectiveness and adequacy of its service array.

GOAL 4: Ensure the safety and provision of needs for children who are being served in-home

Targeted Outcome: Children and their families who are being served in-home receive timely, quality visits that are sufficient to address the presenting problems and meet their needs

IMPACTED *Juan F.* Outcome Measure(s): 5 (Worker-Child Visitation (In-Home))

PIP INTERSECTION: Well-Being + Permanency, Reduction of Recurrent Maltreatment + Systemic Factor 29

KEY CHALLENGES + DATA: Visitation is an area that is not well collected through our current LINK System. The current data entry mechanisms for visitation do not allow the Department to effectively calculate compliance, particularly as it pertains to frequency. As the Court Monitor report notes, "user error in selection of narrative entry types and failure to demonstrate that workers are meeting the specific steps called for with the definition of 'visit,'" has impacted the ability to pre-certify this measure.

In March 2018, the DCF Office for Research and Evaluation (ORE) 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.

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

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.

Presently, the Department conducts case reviews to assess its level of performance. For example, the ACR process does collect data on frequency of visits, but only a portion of In-home cases receive an ACR[6]. Therefore, we do not have automated data on the entire in-home population. This is an item that will need to be remediated by CCWIS.
Self-led reviews, including the CFSR, and those conducted by the Court Monitor's office have identified "visitation quality" as an area for improvement. A review of ACR data affirms this to be the case. Quality of visitation for mothers was assessed to be a strength in 76% of the cases. This drops to 53% and 67% for father and children, respectively.

The Department recognizes that visitation is a lynchpin event that is tied to a myriad of aspects pertaining to effective care management. Many of the Department's identified interventions and desired outcomes have clear relationship to and nexus with the provision of a sufficient number of timely, quality visits. Thus, the Department will explore a variety of strategies to better ensure that robust visitation is occurring for In-Home cases.

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[6] Federal law only requires that Out-of-Home cases receive an Administrative Case Review. The Department conducts ACRs on a sample of In-Home cases as an internal, self-directed QA and CQI process.

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STRATEGIES:

Activities/Tasks	Core Owners	Timeframe
a. Support improved and automated collection of visitation data through CCWIS development	Cindy Butterfield, Valter Borges + Office of Research and Evaluation (ORE)	Ongoing
b. Ensure sufficient SW staffing to better support quality and purposeful visitation, including 80 new Ongoing and 40 Intake positions	Cindy Butterfield	Short Term + Ongoing
c. Implement In-Home Visitation Case Review tool to assess compliance and quality, and develop supporting reports	ORE + QIC	Ongoing
d. Implement viable strategies from "*Juan F.* Hackathon" that support purposeful, quality visitation	Susan R. Smith	Short Term
e. Update Visitation Matrix as necessary to support quality visitation and its documentation	Susan R. Smith + Treena Mazzotta	Ongoing
f. Revisit and clarify Supervision standards to ensure Social Work staff receive timely documented guidance and direction about visitation expectations	SAM + Change Management	Short Term
g. Create an automated "Pending Completion" report to improve oversight, tracking and monitoring of Intake cases from approval by the Intake to final case disposition	Susan R. Smith + ORE	Medium Term
h. Conduct a qualitative case review of Intake closure	Susan R. Smith + ORE	Medium Term

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RACIAL JUSTICE CONSIDERATIONS:

The Department must ensure that its hires a culturally, racially, ethnically and linguistically diverse workforce. Ensuring that staff have the tools and resources to serve families in a culturally responsive manner is essential to engagement, which is the cornerstone of fruitful and meaningful visitation with children and families. The Department must also ensure that its performance related to quality visitation evidences equity across families of all races and ethnicities. All In-Home Visitation case review data will be disaggregated by race and ethnicity to support such monitoring.

OVERSIGHT MECHANISMS + SUSTAINABILITY STRATEGIES:

Review of in-home visitation will be occurring through the required Federal PIP reviews. The Department will also establish expectations for implementation of its own In-Home Visitation tool across the Regions. The review of the data from such reviews will become a standing component of the Performance Expectation Reviews.

GOAL 5: Ensure staff maintain caseloads within established standards

Targeted Outcome: Staff consistently have manageable caseloads that support positive outcomes for children and families

IMPACTED *Juan F.* Outcome Measure(s): 6 (Caseload Standards)

PIP INTERSECTION: Safety, Permanency + Well-Being, Engagement + Reduction of Recurrent Maltreatment

KEY CHALLENGES + DATA: A February 2018, point-in-time review of the Department's caseload data, there were 113 workers with caseloads above 100%. 46 of these workers have had caseloads above this standard for 25 or more days. Approximately 50% of the Intake workers across the state are carrying more than 12 cases, which is over the standard established in the Intake Community of Practice. Approximately 61% of the Ongoing Services social Workers are over 80% caseload utilization. Central to the successful service of children and families who are involved with the Department is having a stable workforce; one carrying manageable caseloads.

Workforce turnover, including resultant case worker changes for children and families, has demonstrable impact on engagement and the achievement of permanency. Further, as the Court Monitor writes, "[t]he 2016 Time Study conducted by the Court Monitor indicated that as caseloads exceed 75% of the caseload standard, workload severely impacts the quality and quantity of service provision." Some of the findings from the Time Study are as follows:

- Social Workers cannot comply with all fundamental and key DCF policies and federal and state requirements within the 40-hour work week when they are at or below the current maximum caseload standard. Accordingly, children and families do not have all needs met or accurately assessed and monitored throughout the life of the case. In spite of diligent work and demonstrated efforts, none were able to achieve fundamental mandates/policies consistently across all cases.

- Workers spend much of their work time on tasks that do not involve direct contact with children, families or stakeholders. They include travel time, data entry, court preparation, written communications etc. [It is] demonstrate[d] that Social Worker activities are skewed toward tasks that do not focus on direct contact and engagement activities with children, families and providers.

- The lack of mobile technology for DCF staff severely limits the productivity and quality of the case record documentation and case management activities.

- The current information system is woefully inadequate, as it does not allow DCF staff to do their work in an efficient manner.

STRATEGIES:

Activities/Tasks	Core Owners	Timeframe
a. Develop and implement workforce and practice improvements as informed by the Time Study Lean Management findings	Cindy Butterfield	Medium Term + Long Term
b. Hire and maintain SW and SWS staffing levels to consistently achieve caseload standard of 75%, including adding 120 new SW positions	Cindy Butterfield	Short Term + Ongoing
c. Explore use of average attrition rates as a means to ensure stable and consistent hiring of SW and SWS staff	Cindy Butterfield	Short Term + Ongoing
d. Continue to monitor the caseload levels, including sustaining current oversight and notification process	Cindy Butterfield	Ongoing
e. Support efficiencies through mobile technology roll-out for social work staff	Cindy Butterfield + Valter Borges	Medium Term
f. Build and maintain CCWIS to support staff efficiencies and practice improvements	Cindy Butterfield + Valter Borges	Long Term
g. Ensure comprehensive pre- and in- service training for staff	Jodi Hill Lilly	Ongoing
h. Promote an agency culture that instills flexibility to support caseload decisions congruent with children's and families' best interests	Executive Team +Regional Management Teams	Short Term + Ongoing
i. Maintain staff wellness and safety cultural activities to create a healthy work environment and agency climate in furtherance of ongoing efforts to reduce turn-over and retain staff	Executive Team + Regional Administrators	Ongoing

RACIAL JUSTICE CONSIDERATIONS:
See Goal 4 Racial Justice Considerations

OVERSIGHT MECHANISMS + SUSTAINABILITY STRATEGIES:
The Department has an existing Caseload Standards Report. DCF also has an established process for directly sharing that data to the impacted Regions on a weekly basis.   The Department will continue to use the PER process to monitor caseload standards and Regional compliance. Further, the Department will use the CsOP and Change Management to devise practices, policy changes or other recommendations that support manageable caseloads.

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JUAN F. STRATEGIC PLAN
DATA GROUP, QUALITY ASSURANCE + PLAN UPDATE:

As noted throughout this plan, the Department will continue to utilize its QA/CQI infrastructure to oversee and drive improved performance. Some of the strategies that DCF will employ to ensure positive outcomes are as follows:

QA/CQI Activity	Purpose
Establish a University Research Partnership	Expand the Department's data and research breadth to better support actionable information and agency accountability.
Implement Staff Development Opportunities (e.g., LAS, LAMM + STEP)	Provide staff with professional development exposures to increase their competencies and leadership skills.
Continue to convene the Quality Improvement Council	Support a consistent framework for oversight of key metrics across the agency.
Increase PIE funding	Enhance the Department's contracted services system reports environment.
Continue to use RBA or other QA framework to monitor the Department's service array	Maintain a process and format for the presentation of service array performance data.
Engage in PIP Reviews	Conduct ongoing comprehensive case reviews of In-Home and Out-of-Home cases using the Federal tool and parameters.
Conduct ongoing OM1 + 2, OM 5 and Foster Care Qualitative Case Review	Ensure quality, functioning, and effectiveness of the Department's practices as it pertains to its Differential Response System; In-Home Visitation; and Foster Care system.
Launch of the revised SDM Careline tool	Ensure consistent and quality assessment/triage of incoming abuse and neglect reports
Conduct ongoing Careline "non-accept" qualitative reviews	Ensure quality and appropriateness of Careline screening activities and practices.
Restructure of ACR Process	Create a more nimble and responsive standing case review process that allows the Department to better drive client and system level improvement.
Implement Special Qualitative Review (SQR) Process + Convene SQR Learning and Leadership Forums	Use a Safety Science lens to comprehensively review critical incident cases and share global findings (e.g., internal and external practice and systems issues) and devise solutions to identified challenges and barriers.
Conduct Lean management activities	Utilize Lean Management principles and techniques to identify practice barriers and create efficiencies across the agency.
Support Juvenile Justice (JJ) population oversight	Work with the Court Monitor to determine needed DCF and Judicial cross data intersections to ensure positive outcomes for JJ youth who are part of the Juan F. class.
Ensure equitable outcomes across all populations served by the Department	Maintain the Department's commitment, oversight, and necessary infrastructure to ensure that equitable outcomes are occurring for all children and families involved with the Department, particularly through a racial justice lens.

Maintain funding for ROM and other data collection and reporting systems	Ensure that the Department as access to quality data to inform decision making, track outcomes, and ensure accountability.
Employ Active Contract Management (ACM)	Utilize a data driven process to achieve positive outcomes from DCF contracted services.
Maintain Senior Management level practice and policy, service system, and performance review meetings (e.g., SARA, SAM and PER)	Create a sustainable, Executive Team sponsored, infrastructure to monitor the agency's functioning and performance, to proactively identify issues, and quickly implement solutions.

Finally, the Department will be using its SARA, SAM and various stakeholder input structures to support ongoing reviews of and updates to the Strategic Plan. In particular, the Strategic Plan will be a standing agenda item at SAM and SARA. While this plan will be regularly reviewed and discussed, the Department will ensure that the Plan is formally updated on no less than an annual basis.

APPENDIX A

Meeting Children's and Families' Needs
2018

As noted under Goal 3, the Department expects to achieve OM 4 (Need Meet) by both ensuring the quality and effectiveness of its broader service continuum, and through targeted expansion of high-performing service types. The Department has analyzed the service array and identified service gaps and needs. Given the current fiscal constraints and considering the ability of the Department to quickly and successfully implement enhancements, only those identified services viewed as most critical and necessary, at this time, have been targeted in the Strategic Plan. Any additional service enhancements will need to be addressed in future revisions to the Strategic Plan. The table below identifies some of the key services within its array that the Department believes are fundamental to ensuring the timely achievement of children's, families' and caregivers' needs. Further, these services reflect current key priorities that will better support uniform coverage across the state. The table below also provides additional information relative to capacity, utilization, waitlists and wait days that have informed targeted expansion proposals, and will serve as a baseline to help monitor improvement.

Service Type	Annual Capacity	SFY 2017 Utilization	Average Waitlist[7]	Median Wait Days from referral to first episode	Proposed Juan F. Expansion
Intensive Family Preservation (IFP)	Statewide capacity is 766. For the three regions identified for expansion – total annual capacity is 329	Statewide utilization was 684 For the three regions identified for proposed expansion - utilization totaled 375	Waitlists across the three regions identified for expansion at any point in time have 10 families on the waitlist	16.3 days across the three regions. Wait days range between 8-22 days and is dependent on regional/provider processes	Increased capacity of up to 90 families annually across the three regions
Reunification and Therapeutic Family Time (RTFT)	Statewide capacity is 643-708 For the four regions identified for expansion – total annual capacity is 280	Statewide utilization was 1014 For the four regions identified for proposed expansion - utilization totaled 454	Waitlists across the four regions identified for expansion, at any point in time have 44 families on the waitlist, though that number is fluid and has been as high as 62 cases.	31 days across the four regions. Wait days range between 8-63 and is dependent on regional/provider processes	20% Increase in capacity across four identified regions
Intimate Partner Violence Family Assessment Intervention Response (IPV-FAIR)	Statewide capacity ranges between 240 360 families	Statewide utilization was 302 families impacted by length of stay for more severely impacted families	Waitlists across the three regions identified for expansion report that at any point in time 17 families are on a waitlist.	Per the contract a joint visit is to occur with 5 business days of the referrals. Data indicates contact with families is within the expected range.	Increase capacity minimally to 45 additional families served annually (depending on length of service)

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[7] Nota Bene: the waitlist numbers are generally lower than what actually reflects need, largely because if staff know there are no vacancies they will not refer but instead find the next best service to meet the immediate need; waitlists are impacted by staff turnover and vacancies; and increased length of stay in most service types is correlated with better outcomes. That then extends the wait times for incoming families

Service Type	Annual Capacity	SFY 2017 Utilization	Average Waitlist[7]	Median Wait Days from referral to first episode	Proposed Juan F. Expansion
Caregiver Support Teams (CST)	Statewide capacity is 676	Statewide utilization was 776	Waitlists are varied across the state. They average about 20 families at any point in time.	Statewide average was 12.8 days which reflects date from referral to first home visit. The range runs from 7.4-22.6	Increase capacity to minimally 84 additional families annually (dependent on length of service)
Therapeutic Foster Care (TFC)	No Maximum Capacity[8]	771 licensed families Serving 1211 children/youth	27 statewide	32.3 days from referral to placement. During this time per contract pre-placement visits are occurring	Additional funding has not been identified for rate increases, however, there are key areas of work underway to support better and more timely matching, placement stability, and permanency
Therapeutic Group Homes	155 group home beds	214 youth	N/A	22	No expansion is proposed, but enhanced program oversight through the improved SARA process will be occurring

Project Safe Redesign – Nearly two thirds of families involved with child welfare have struggled with substance use related issues. It is essential that the early assessment completed accurately captures the presenting issues and challenges to support comprehensive case planning and service provision. Through two LEAN events specific to Project Safe, it was reported that a high number of unnecessary evaluation referrals are generated and approximately 40% of the actual appointment times are kept by those referred. DCF has made significant practice shifts focusing on family centered and evidence-based approaches however Project SAFE has not been upgraded to align with this practice. The proposed redesign would incorporate evidence based approaches, adopt a more comprehensive, family centered practice and will be combined into a single engagement and recovery support service. This will result in improved and real time screening to identify need, increased family participation in treatment, create program efficiencies that increase statewide access to recovery services, reduce, if not eliminate no shows as initial screenings won't require an additional step and improve connect to care rates.

Outpatient Child Guidance Clinics (OPCGC) - OPCGCs are a cornerstone of Connecticut's behavioral health system for children. The Department has made significant investments to improve service provision and outcomes with the advent of evidence based practice approaches such as; Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Modular Approach to Therapy for Children – Anxiety, Depression, Trauma and Conduct Disorder (MATCH-ADTC) and Child and Family Traumatic Stress Intervention (CFTSI). Annually the child guidance clinics serve approximately 25,000 children, and anywhere from 18-21% are DCF involved. In SFY17, DCF involved children met their treatment goals at higher rates than the non-DCF

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[8] The TFC contracts support flexible licensed home capacity to expand based on the Department's placement needs. Thus, TFC providers can continuously increase the number of licensed homes without requiring contract ame1ndments.

involved children. PIE enhancements were added in October 2017 to better capture treatment dosage, length of care and treatment types to inform the referral and case planning process.

Therapeutic Foster Care (TFC) – the Department has closely reviewed the TFC work, partnering with the regions and providers to make enhancements to the system. The following are targeted efforts to increase timely access, increased stability and higher rates of permanency. SFY 2017 saw the TFC agencies serve the highest number of children in the last three years, yet there is still opportunity for improvements. The key areas of focus are:

- Timely background checks –
    - through our partnership with the Department of Emergency Services and Public Protection (DESPP) and after discussion with national partners – adjustments are being made to assure agencies have timely and complete information on the families they are approving by directly receiving all necessary background checks and working with DESPP to confirm that dedicated personnel are available to process requests more timely
    - addressing the backlog of the completion of checks has impacted DCF and TFC agencies alike based on FBI audit findings, appropriate coding and dedicated personnel. We have been working with OPM and DESPP to address the current backlog, corrected the coding issues and supporting the Department's ability to outpost dedicated personnel at DESPP to manage the demand
- Training – the establishment of a shared statewide open house and training calendar to be posted on the CAFAF website inclusive of all DCF and TFC sponsored events to increase access and improve timeliness for families pursuing licensure/approval
- Reintroduce the Service Area Lead Agency (SALA) – build on the early successes of the SALA structure, working with fiscal on the rate structure and finalizing the framework to focus on improvements to the referral and matching activities, child specific recruitment and increased permanency rates
- Child Specific Recruitment – increased focus on opportunities for partnership to increase child specific recruitment efforts rather than over reliance on generalized recruitment that is necessary but will not yield the overall desired outcomes absent other strategies.
    - A current review of regionally specific data is being reviewed together with the region to develop targeted action plans inclusive of case assignments to specific agencies to lead recruitment efforts and implement a child specific recruitment flow chart that will be shared with each of the agencies to guide this work and build on the training they have received.
    - Bolstering targeted marketing to find specialized resources for youth who identify as LGBTQTS and working with True Colors to develop a curriculum to support placements.
- Workforce Development – offer coaching opportunities for the TFC agencies specific to the 3-5-7 framework to further promote early engagement, identification of resources and improved permanency outcomes

Therapeutic Group Home - The 30 therapeutic Group Homes around the state equates to 155 beds. On average, there are 12 vacancies around the State.   There are, however, seasonal trends that impact those numbers. March through May and September through November represent higher intensity behavioral health issues that often increase the need and utilization so the already few vacancies that may be available become even fewer during these periods

The below identifies the services that the Department has identified for expansion. In determining the need for service expansion the Department considered multiple variables, examining the makeup of those that come to the attention of the Department, diagnostic presentation and needs as well as analysis of the service array specific to capacity, utilization, access and outcomes that has shown evidence of most effectively meeting the need. Additionally the identification of services was further informed by the benefit of internal review, performance expectations and the Court Monitor's reports.

Proposed Services and Supports Expansions
Targeted Implementation of MST BSF
Targeted Increase of RTFT
Targeted Expansion of IFP
Extend Coverage of Child Abuse Pediatricians
Targeted Increase of IPV FAIR
Statewide Expansion of CST
Project Safe
Fatherhood Engagement Services
Youth Villages
University Research Partnership

Multi-Systemic Therapy Building Stronger Families (MST BSF) (Targeted Expansion) **-** MST BSF intensively supports a caregiver with substance use issues caring for their children and has resulted in fewer children needing to enter care. Approximately 2/3 of families involved with child welfare are faced with substance use issues and sadly CT is not unique in this area. Given the complexity of this cohort it is essential to have access to a service type that has demonstrated positive outcomes noting that 85% of families discharged met their treatment goals, youth outcomes relative to remaining at home, in school or working exceed 90% and caregiver outcomes relative to no new reports (87%), no new arrests (91%) and increased abstinence rates (83%) exceed the established benchmarks. This expansion would create capacity in a region of the state with demonstrated need but currently no access.

Reunification and Therapeutic Family Time (RTFT) (Targeted Expansion) - Current utilization shows these programs are in great demand and exceeding utilization benchmarks. A review of outcome data show few families experiencing either subsequent reports or removals. This suite of services, of which there are three incorporated into the service model, are essential to supporting the successful reunification of children in care. In SFY17, 85-95% of children did not experience a subsequent substantiation or re-entry into care. Targeted expansion focuses on providers with the highest utilization rates in: Region 2 -172%, Region 3 - 170%, Region 4 - 149% and Region 5 - 142%. The expansion will result in a 20% increase in overall capacity across the four providers to increase more children achieving timely reunification.

Intensive Family Preservation (IFP) (Targeted Expansion) – Through a case review process examining those served through IFP, rates of subsequent substantiations or placement post case closure were found to be very low (12% and 7%) respectively. Three regions saw utilization rates exceeding 100% for this service type, Region 1 – 117%, Region 2 – 102% and in Region 6 – 123%. Expansion will support much needed capacity in these areas, reducing the likelihood of an out of home placement.

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Child Abuse Pediatricians (CAP) – This service provides an array of expert medical services to children who are suspected of being victims of abuse or neglect and to their families by acting as expert consultants to the Department of Children and Families staff to help ensure the safety and well-being of children. Included in medical services the Contractor will provide consultation to DCF regarding child sexual abuse and physical abuse evaluations, which may include comprehensive and specialized medical examinations. In addition to the real time consultation, the team also delivers ongoing training to DCF staff. This expansion would support 24/7 access to the Careline. In SFY 17 the teams exceeded contract capacity by over 62%, providing over 1300 consults and conducting more than 24 formal trainings. Twenty-five percent of the consults involved critical incidents and in over 50% of the consults the decision was modified as a result.

Intimate Partner Violence – Family Assessment Intervention Response (IPV-FAIR) (Targeted Expansion) – IPV/DV are prevalent in child protection cases as evidenced by a recent case review showing initially 26% of cases presenting with IPV indicators that as the work continued with families that percentage moved to 43% of families identifying with IPV related concerns. The IPV FAIR intervention has demonstrated reductions in abusive behavior ranging from a 9-12 point reduction in individualized behavior and 14-23 point reduction in their partners behavior. Additionally, 95% of families did not experience a subsequent report or removal. This is a highly utilized service, and one typically faced with waitlists. Expansion is being proposed in three regions with the highest waitlists and consistently high utilization. This proposal would increase access by ½ team in each of the three identified locations, expanding capacity to 75 additional families annually.

Caregiver Support Teams (Statewide Expansion) – as the Department has made great strides in engaging relatives in case planning and specifically identifying kin and fictive kin supports for children who may require a removal. Sufficient and specific support for those families is essential. Statewide utilization averages 82% and in some pockets is as high as 105%. 87% of children do not experience a disruption and 86% of families referred accepted the service. The Department remains committed to the full engagement of family and natural supports particularly when placement is required. Every region has now established practice that placement with a relative is immediately accompanied by a CST referral. As such it is important that as our use of relative and kin placements continues to grow access to a highly utilized and effective intervention is available. Such access will result in greater placement stability and higher rates of permanency.

Project Safe Redesign – Given the number of families for which substance use is an issue, it is critical to have an efficient and effective network to partner with to evaluate, assess and treat those needs. Two LEAN events were held to evaluate this longstanding model initially introduced in 2000, with an interest in building on its strengths and attending to challenges. Providers currently state that approximately 40% of the actual appointment times are kept by those referred. The proposed redesign would create efficiencies as well as more timely and convenient access. These adjustments will increase real time assessment, reduce if not eliminate no shows as initial screenings won't require an additional step and improve connect to care rates.

Youth Villages – this is an evidenced based model that provides intensive wrap around case management services and supports to youth transitioning from foster care between the ages of 16-25. A primary focus of this work would be those youth who have been designated with an OPPLA Plan. The Department has made strides through its commitment to permanency coupled with legislation that limited the use of OPPLA however this is still a cohort that for a variety of reasons can be more challenging to engage and are apprehensive about permanency. As such it is essential to implement a model of persistent engagement to support these young people in advance of a transition to adulthood.
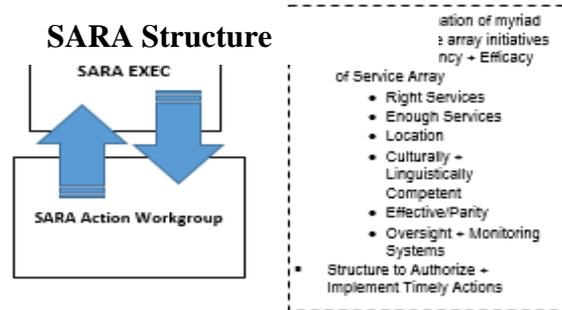
Fatherhood Engagement – the Department has advanced its focus and commitment to engaging father's and their extended networks in a more meaningful and comprehensive way. Services designed specifically to

engage and support fathers has not often been a focus of child welfare broadly. DCF believes continued attention and focus on parental engagement inclusive of fathers is essential to improving outcomes for children and youth. Two examples of this include the Department's statewide implementation of Fathers for Change (FFC) embedded into the Intimate Partner Violence Family Assessment Intervention Response (IPV-FAIR) program which has resulted in an increase in father engagement in case planning and family stability and an approach developed in one region that has yielded positive outcomes. The Department is committed to creating similar capacity across the state to provide specific outreach and programming that would increase fatherhood engagement.

University Partnership for Research - DCF's Office of Research and Evaluation is responsible for preforming the Department's statistical analysis on outcomes that is used for the Juan F. Exit Plan, the Performance Improvement Plan with the Federal Government, and all other stakeholder requests for data including RBA report cards, internal and external statistical analysis to improve the service structure and determine program effectiveness. With this extremely heavy load and the need to perform analysis and report outcomes, DCF has considered the approach of partnering with a university to add structure, staffing and credibility to DCF reporting to outside stakeholders, similar to the Washington State Institute for Public Policy (WSIPP). This type of partnership is the standard in other state children's agencies. DCF is proposing selecting a university partner to enhance the Office of Research and Evaluation.

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APPENDIX B
Service Array and Resource Assessment (SARA)

The SARA is a two pronged body (i.e., SARA Executive (SARA Exec) + 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 service gaps, needs and challenges; contract management and oversight issues; performance; and service system expectations and outcomes. The SARA structure will be the vehicle by which the Department will be assessing ongoing service needs in line with the Connecticut budget process. The charts below outlines the structure for the SARA and the proposed standing agenda for SARA Exec + SAW:

SARA Structure

SARA EXEC

SARA Action Workgroup

...ation of myriad
...e array initiatives
...ncy + Efficacy
of Service Array
- Right Services
- Enough Services
- Location
- Culturally + Linguistically Competent
- Effective/Parity
- Oversight + Monitoring Systems
- Structure to Authorize + Implement Timely Actions

High-Level Purpose	**Core Tools + Resources**
Positive, Sustainable Outcomes	Outcomes Focused Data
Outcomes Equity/Racial Justice	Action Oriented Meetings
Fiscal + Resource Stewardship	Standardized Agenda
Service Array Robustness + Effectiveness	Routinized Communication Structure
Service System Oversight + Management	Information Synthesizing + Exchange
Resource Prioritization	

SARA EXEC	**SARA Action Workgroup**
Monthly Meeting Bi-annual Joint Meeting (June + Dec)	Monthly Meeting Bi-Annual Joint Meeting (June + Dec)
Vetting + Sponsorship Review of SAW Key Findings, issues/Strengths +Recommendations Project Identification + Assignment Receive Key Updates Priority Settings	RBA and Other Key Data Reviews (Utilization, Performance + Fiscal (Wrap, USE, TFC Wrap)) Identification of High + Low Performance (SOS + Credentialed Services) Identification of Service Array Gaps Infrastructure Enhancements Information Integration Service System Improvements

Core Areas Examples
RFP/Procurement vetting
Grantsmanship
Revenue Enhancement Opportunities
Racial Justice Updates and Implications
LEAN Updates

SARA
Proposed Standing Agenda Items

SARA	SAW
Active Contract Management (ACM) + Enhanced Service Coordination (ESC)	ACM + ESC
Juan F. Strategic Plan (Quarterly)	Waitlists
PIE updates (Ad Hoc)	PIE Updates (ad hoc)
Service System Efficacy	RBA Report Cards
Gaps + Needs (Quarterly)	Gaps + Needs
Wrap, TFC Wrap + Unique Service Expenditures (USE)	Wrap, TFC Wrap + USE
Procurements	Procurements
Contract Lean Update (Quarterly)	Contract Lean Update
Strength + Challenges	Strengths + Challenges
Culturally and Linguistically Appropriate Services (Quarterly)	
Revenue Enhancement (Quarterly)	
Budget	