

# Connecticut Citizen Review Panel

Annual Report  
2009

Presented to the Connecticut  
Department of Children and Families (DCF)



Prepared by members of the Connecticut Citizen Review Panel

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## Introduction

Thank you for interest and ongoing support and collaboration with Connecticut's Citizen Review Panels. These Citizen Review Panels (CRP) were formed as a result of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Keeping Children and Families Safe Act of 2003. Each Panel is mandated to evaluate the policies and practices of the Connecticut Department of Children and Families (DCF) and to make recommendations for the improvement of child protective services. As a result of the recommendations, the Department is required to review and respond to the CRP's report in writing. The Panel's Annual Report and DCF's response are both publicly available documents that can be shared with anyone interested in our work. Please contact Hal Gibber (information on Page 1 of this report) to obtain a copy.

In 2005, the Department of Children and Families contracted with FAVOR, Inc., a statewide family advocacy organization for children's mental and behavioral health, to administer two Citizen Review Panels. The Department continued the contract in 2007 with FAVOR to manage and further develop the two Citizen Review Panels and to assist the Panels in developing this Annual Report for 2009.

The CT Citizen Review Panels are comprised of parents and professionals who have personal and/or professional experience with Connecticut Child Protective Services through DCF. Our members represent a broad spectrum of diverse cultural and economic communities across the state of Connecticut. These members are responsible for determining the most pertinent areas of focus to review and establish the recommendations themselves. Additionally, through the panel members and those we reach through our public meetings, discussions and forums, Connecticut's citizens can be mobilized to become an influential voice for child protection that transcends agency or provider self-interest in the system. Panel members can

also provide a valuable link and leadership to the state and nation's family movement. We seek to establish and implement a full partnership with DCF.

Our CRP work for Fiscal Year 2010 began with a well planned and aggressive outreach process which resulted in a greatly expanded Panel membership for this year. Overall, close to sixty individual parents and professionals regularly attended our events and helped to plan each meeting or focus group while simultaneously fully participating in each meeting. Our group was both geographically and ethnically diverse and we are particularly proud of our success in recruiting fathers to our group. At least ten men were regular contributors and provided valuable insights and personal experience which was very helpful to our focus on family engagement. CRP members for this year can be found in our appendix.

A greatly improved orientation and training curriculum was implemented at our first two group meetings. Representatives of the Department participated at these meetings and provided valuable feedback and input as the Panels organized themselves into two primary workgroups and made decisions on the priority activities for this year's work. We went on to the task of reviewing and discussing the Commissioner's response to our recommendations from last year and the Department's response informed our decision-making concerning this year's priorities. It was concluded that the two CRPs and a regional infrastructure would assist us going forward in further expanding our membership, recruiting additional professionals who work in child welfare agencies across the state, and helping in improving both the quality and representativeness of the report. Established relationships with area office staff, Department managers and leadership, Training Academy personnel, and other community partners remain a focus for our collaboration and successful partnerships.

At our third CRP meeting in the fall, the Panel members decided upon two prioritized areas for our focus and work this year. Given that three different state agencies had asked FAVOR to work with parents and other family members in response to their commitment towards family engagement and to collect data on our progress, and review the literature in this area, the Panels selected: (1) improving family engagement, and (2) continuous quality improvement and surveying the family experience in the child welfare system. Consumer or family satisfaction clearly should provide feedback and inform the ongoing work addressing authentic collaboration and improved family engagement. Given the complementarities of the two priorities, we blended the work of both Panels and their members, throughout the project year. Representatives of each Panel came together, as a writing team, to develop and review this report.

## DCF's Response to 2008 CRP Recommendations

- 1) **Recommendation:** Draft of a Consumer Satisfaction Survey is completed by the panel.
  - **DCF Response:** The Department will establish a committee of Area and Central Office Staff to review the proposed Survey and will provide feedback to CRP members. Following this step, the Department recommends further development of the survey be completed jointly to ensure both DCF and CRP perspectives are fully represented.
  - **Timeframe: June 2009**
  
- 2) **Recommendation:** CRP modified current Parent's Right to Know brochure.
  - **DCF Response:** The Bureau of Child Welfare has forwarded the revised brochure to the Public Affairs Division for review and feedback.
  - **Timeframe: March 2009**
  
- 3) **Recommendation:** No administrative case review should go forward without the biological parent being notified and the foster parent's full participation.
  - **DCF Response:** Federal and state law requires states to establish an independent review process to ensure children and families involved with the department have periodic case reviews. Public Law 105-89.42 USCA § 675 (5) (B) requires states to conduct Administrative Case Reviews every 6 months for children placed in out-of-home care. The first review must occur within 6 months of the date child enters care.

Parents, foster parents, youth age 12 or over and attorneys who represent parents/children in Juvenile Court are mandatory invitees to the ACRs. If one of the individuals listed above was not properly notified of the ACR date, the reviewer will reschedule the ACR to enable the parent and/or other party to participate. In order to be courteous and respectful of the other participants who may be present for the review, a meeting will be held but the reviewer will advise participants that the official review will be held at a later date to provide parents and/or others the opportunity to attend and actively participate.

If none of the individuals listed above were present for the review because they were not notified, the review will be rescheduled. If notification was made to all parties but no one was present for the review, the ACR reviewer will conduct the meeting with the DCF Social Worker consistent with federal requirements.

ACRs will be rescheduled if parents, youth age 12 or over and their attorneys are unable to attend the review at the time provided. Audio conferencing is a viable option for participants should they be unable to attend the meeting but want to actively participate in the review. If special arrangements are needed, many of the ACR reviewers can accommodate scheduling a review beyond traditional work hours.

Foster parents are invited and encouraged to participate in Administrative Case Reviews. The Department cannot and will not be able to mandate their attendance.

The Department acknowledges some inadequacies in our notification process. The department will review current practice and identify system changes to strengthen participation.

Family engagement in treatment planning is a primary focus of the *Juan F.* Stipulated Agreement. To this end, the department is currently reviewing all policies and practices relative to treatment planning. Family engagement will be at the core of the department's new Practice Model currently in development by an independent consultant. Additionally, the Department is in process of modifying both the Family and Child in Placement Treatment Plan documents to make them both user and family friendly.

In August 2008, the department partnered with Casey Family Programs to develop and implement a new training model called Better Together. The core of this program involves training birth parents and child welfare staff together so that we can learn more effective ways of engaging and partnering with families through the treatment planning process. Casey has implemented this model predominately to strengthen the foster care system, focusing the model on foster care alumni, foster parents and kinship caregivers. CT will pilot this model for birth parents.

The core of this program involves training child welfare staff and parents together so that we can learn ways to improve our practice in the areas of:

1. doing strength based assessments
2. increasing levels of family engagement in developing treatment plans
3. increasing the involvement of fathers and male partners
4. increasing family and community supports in treatment planning
5. providing services that the family is interested in receiving

A Planning Team has been established consisting of birth parents, DCF staff and Casey Family program staff to select the Contractor and help organize and coordinate the roll out of this new training initiative statewide. Three CRP members serve on the Planning Committee.

In September 2008, Casey Family Programs released a Request for Qualifications (RFQ) to seek applications from qualified entities to develop and pilot the training curriculum consistent with the Better Together model. Based on the Review Committee Recommendations, Casey Family Programs established a contract with Madison Valley Consultants, LLC from Seattle, Washington.

In December 2008, the Contractor conducted a needs assessment with selected focus group participants (birth parents, DCF staff and community allies). The needs assessment was intended to assess current strengths and challenges to family engagement throughout the treatment planning process and to identify programmatic and curriculum implications for the *Better Together* model. The training curriculum is currently in development and is expected to be completed in January 2009. The draft of the curriculum will be forwarded to the Better Together Planning Committee for review. Once a curriculum has been finalized, the Contractor will pilot the curriculum to birth parents, DCF staff and key community constituents. It is anticipated the pilot will occur the end of April. An evaluation component is included in the program and concrete plans will be developed to ensure its sustainability.

- **Timeframe: July 2009.**

4) **Recommendation:** Foster parents become a full participating member of the child's treatment team to ensure effective step down, family reunification or timely return home if appropriate.

- **DCF Response:** The department appreciates and understands the role of the foster parent in achieving better outcomes for children in the areas of safety, permanency and well-being. We recognize that foster parents are an important and contributing member of the child's team. Their voice and perspective needs to be heard. These principles have been embraced by agency leadership and communicated to staff. Although one would argue this is good case practice to involve and engage foster parents in planning, this philosophy and activities that are associated with full engagement represents a cultural change for many DCF staff. There have been significant changes in many of the Area offices to engage, partner and involve foster parents in treatment planning. Continued efforts will be needed to further this partnership statewide. The department has modified its foster parent training program and recruitment strategies to reflect the importance and need for a strong collaboration.

Foster parents are encouraged to attend and participate in the ACR reviews for children in their care. Child Welfare staff consults with the foster parent to gather information for inclusion in the child's treatment plan.

- **Timeframe: Ongoing**

5) **Recommendation:** Foster parents be given copies of the treatment plan and have sufficient time to review prior to the ACR.

- **DCF Response:** Child Welfare staff seeks the input of family, youth, foster parents and service providers as they develop the written treatment plan. A draft of the written plan is presented for the Administrative Case Review, at which time the plan is discussed and feedback is solicited. Prior to the ACR, the ACR facilitator reviews the past six months of case activity and documentation from the preceding ACR. Following the ACR, the plan is updated and approved in LINK by the Social Work Supervisor. Prior to distribution to the foster parent, the plan is reviewed and redacted by the Legal Division when necessary to uphold confidentiality requirements. Given this practice and the importance of birth parent engagement, the department is unable to provide copies of the treatment plan to foster parents prior to the ACR.

6) **Recommendation:** Development of a brochure for foster parents focusing on the ACR process. Brochure to be developed jointly with panel members and DCF representatives.

- **DCF Response:** The ACR process is included in the current PRIDE training that is required for all licensed foster parents. Information about the ACR process can be accessed on the DCF internet. In 2003, the Office of Foster Care Services developed a Resource Family Handbook that provides valuable information to foster parents about a variety of topics,

- **Timeframe: June 2009.**

7) **Recommendation:** Biological families be regularly informed of their child's progress in substitute care settings through ACR reports and monthly meetings at a minimum.

- **DCF Response:** According to **Policy 35-15-1.1**, treatment workers are required to meet with families on a monthly basis at which time the child's progress in out-of-home care is discussed. Policy and state statutes require the department notify biological parents of the upcoming ACR. One of the functions of the ACR is to review the care and treatment plan of a child who has been removed from the home. This review occurs on an ongoing, bi-annual basis for the duration of the child's out-of-home placement. No changes in policy are required to reflect this CRP recommendation. Biological parents should be regularly kept informed of the child's progress and functioning throughout his/her placement. Parents can access the DCF chain of command should information not be forthcoming.

- **Timeframe: Ongoing**

8) **Recommendation:** Biological and foster parents to receive or be given access to peer or family advocacy support from appropriately trained and responsible individuals. Recommend piloting a family advocate function for involvement in the child welfare system similar to the family advocate's role and functioning in behavioral health.

- **DCF Response:** Accessing peer advocates to support CPS families would require the Department to submit a budget option. Given current initiatives and the department's budgetary constraints, this is unlikely. The department would be willing to consider it as a future budget option.

In terms of "family advocacy", in August 2008, the Department launched a Request for Information regarding the design and potential statewide implementation of a "Differential Response" approach to working with families following receipt of a report of abuse or neglect. Differential Response is a child welfare services practice and approach that supports more than one method of response to reports made to Child Protective Services. At the heart of Differential Response is the belief that families will respond more favorably to receiving services if approached in a non-adversarial, non-accusatory way. Many states have implemented an approach that includes the use of community partners or family advocates to assist families in connecting with needed community supports and services. The Department appreciates the role of family advocacy as part of a Differential Response approach and is still working through a draft service design for Connecticut.

The department recognizes the importance of supporting foster families for foster parent retention, recruitment and minimizing placement disruptions for children in care. Foster parents have an array of supports available to them including but not limited to the following: DCF Support Staff within the Foster Care Division, services and supports through the CT Association of Foster and Adoptive Parents (CAFAP) and Foster and Adoptive Support Teams (FAST). Additionally, foster families have been given priority access to a variety of community services that are intended to preserve placement and provide support to families caring for children with behavioral health issues. Many of these programs and supportive services have been redesigned based on feedback received by foster parents.

9) **Recommendation:** SDM training should be made available to local school systems, systems of care, family advocates, local support groups and community to ensure a strong family and youth focus.

- **DCF Response:** The department implemented Structured Decision Making (SDM) in January 2007 to increase consistency and accuracy in decision making throughout the life of a case. In order for staff to complete the SDM tools, it is necessary for front-line staff to actively engage families and gather pertinent information to make informed decisions. Following implementation, the department conducted multiple presentations on SDM to inform and educate the community. SDM has and will continue to be integrated in all phases of our work and will be incorporated into the department's Practice Model. Given the initiatives and activities outlined in the *Juan F. Stipulated Agreement* and current resources, no specific SDM training plan will be developed. However, Information regarding SDM is available at the local level.

10) **Recommendation:** Develop policy and practice to ensure the family perspective is available prior to and including the family conference. Currently there is no documentation of the family's position in initial department reports. Parents should have the opportunity to provide input and share their perspective throughout the process, including decisions made by the court.

- **DCF Response:** Recognizing the need to engage and collaborate with families to enhance our treatment planning practices, the Department adopted a Family Conferencing Model several years ago. The Department hired an independent consultant to assist the department in program design, implementation and training and provided ongoing consultation and support to DCF staff at all levels of the agency. The primary goal of the initiative was to increase the level of family involvement in case planning by providing opportunities to engage parents and their networks in problem-solving, focusing on the identified strengths and needs of the family. Family conferences were designed to assist the family in meeting their treatment plan objectives and ensuring child safety. All DCF staff are required to offer families the opportunity to have a family conference. The family is the driving force behind the convening of a family conference. Although there has been some improvement noted in family engagement, it continues to present significant practice challenges for staff statewide. It is anticipated with the roll out of the Better Together model, staff will learn more effective ways of engaging and partnering with families throughout the treatment planning process.

In response to a Hotline report, the family's perspective is well documented in the Investigation Protocol and if transferred, throughout the body of the narrative by the ongoing services worker. The family perspective is discussed regularly in supervisory conferences to assist in case planning. The ACR process clearly documents the parent's perspective relative to treatment planning. Both parents and children are provided legal counsel in all Juvenile Court proceedings. The Attorneys advocate and represent their clients throughout the court process. The Department represents statements and positions taken by the family and child when preparing and submitting legal documents in court.

The department believes there are sufficient safeguards in place, and the department will continue to monitor compliance with these current expectations.

11) **Recommendation:** Give families opportunities to “tell their story” through public forums which do not focus on individual cases – focus on trends, challenges and concerns. This will assist CRP in identifying additional members.

- **DCF Response:** The department recognizes the importance in eliciting family and community input to improve service delivery to children and families. The department has conducted numerous focus groups consisting of biological parents, foster parents and community providers to solicit feedback and information to assist the department in the redesign of programs and services, treatment planning and implementation of a Differential Response System. Area Advisory Councils also provide a mechanism to address issues/concerns at the local level.

Families and community providers are often asked to provide testimony relative to our service delivery in legislative hearings. Public forums held for the purposes of identifying additional CRP members would not be the responsibility of the department and would fall within the purview of the CRP.

12) **Recommendation:** Continue ongoing discussions and partnership with the Training Academy to develop new curriculum and joint training activities.

- **DCF Response:** In the spring of 2006, the Training Academy began discussions with two of CT's Citizen Review Panels, facilitated by FAVOR, to develop an ongoing partnership to enhance training opportunities for DCF staff through the Training Academy. In November 2007, the Training Academy provided the CRP's with a list of course offerings and forwarded specific curriculum requested by the panels. The Training Academy incorporated many panel recommendations for changes to the curricula, specifically in the areas of cultural competence in treatment planning and interviewing.

The Training Academy also agreed to the following: 1) a member of the CRP to serve on the Training Academy Advisory Board; 2) to open classes offered by the Training Academy to enable panel members to observe specific training sessions of interest and provide critical feedback regarding the session; and 3) CRP members to co-train in content areas of interest to ensure the family voice/perspective is heard.

CRP members have been invited to join the two Advisory Boards available within the Training Academy, the Recruitment and Retention Advisory Board and the Training

Academy Advisory Board. Since November 2007, one CRP member has joined the Training Academy Advisory Board. Although attendance has been sporadic, the input has been beneficial. The Training Academy would support an additional CRP member be designated to serve as backup to ensure parent involvement continues.

CRP members have not observed pre-service and in-service training sessions. The Academy continues to be very receptive to their involvement and feedback; however coordination of this activity with the panels has been a challenge.

Members of the CRP were also invited to join the training team of CT's Differential Response System (DRS) targeted for implementation in 2009. To date, three CRP members have been certified to train staff and community partners on DRS.

- **Timeframe: Ongoing**

13) **Recommendation:** Continue CRP partnership with DCF. CRP to review PIP, monitor progress and help identify priorities.

- **DCF Response:** The Department is willing to continue this partnership and will share materials/information as requested.
- **Timeframe: Ongoing**

14) **Recommendation:** FAVOR to coordinate a consortium of stakeholders who will provide valuable feedback from families and communities designed to improve department's CQI efforts. Staffing and financial resources will be needed to support.

- **DCF Response:** The department has an existing structure in place to gather feedback from families and the community. There are currently no additional resources available to fund any expansions at this time. However, the Department appreciates the recommendation and will consider changes to the scope of the family advocacy contract during the upcoming year.

15) **Recommendation:** Continued CRP participation in the development and implementation of DRS.

- **DCF Response:** The Department supports continued CRP involvement in the development and implementation of DRS.
- **Timeframe: Ongoing**

16) **Recommendation:** Expand FAVOR's budget to allow panels to meet year round to accomplish its stated goals/objectives for the upcoming year.

- **DCF Response:** The department is unable to increase funding at this time. We anticipate that any increase in the contractual amount would be consistent with the COLA's for private

non-profit agencies, if any, that may be included in the SFY 10 budget adopted by the legislature and signed by the Governor. The Department appreciates the recommendation and will consider changes to the scope of the family advocacy contract during the upcoming year.

## **Findings and Recommendations**

### ***I. Family Engagement***

The CRPs are pleased to inform both the Commissioner and the DCF staff of the focus and attention currently being paid to family engagement. Three different state agencies – the Department of Children and Families, Court Support Services Division, and the Department of Public Health – have each informed FAVOR of its interest and priority status assigned to the importance of understanding and improving family engagement and its operational partner casework engagement. The President’s Blue Ribbon Commission, the SAMSHA funded state mental health transformation grant, CT’s KidCare initiative and the system of care literature all have recognized the importance and value of improving the practice and enforcing the principles inherent in strengthening the relationship between parents and professionals. FAVOR CRPs held six statewide and local family focused group meetings to discuss this important issue. We were also asked by DCF to identify and recruit parents of children in the child welfare system to participate in a Casey Foundation Better Together state project. Private consultants working with the Department on implementing a new practice model also reached out to FAVOR and its CRPs to identify 15 -20 family members whose children received services through the child welfare, juvenile justice, prevention and behavioral health systems to participate in a focus group designed to provide the family perspective on how best to improve and operationalize family engagement. These recommendations and findings are known to have been to inform the consultation from the federal government on assisting DCF in its work implementing the new practice model. From an in-depth review of the family engagement literature, we offer the

following guiding principles, which will inform our recommendations and findings for improving family engagement in the child welfare system.

**Guiding Principles:**

- Demonstrating respect, genuineness, and empathy for all family members, as defined by the family.
- Active listening to each family member.
- Developing an understanding of the family’s past experiences, current situation, concerns, strengths, and potential.
- Responding to families’ concrete needs quickly.
- Clearly establishing the purpose of involvement with the family.
- Being aware of one’s own biases and prejudices about families.
- Validating the participatory role of the family in planning and making decision for their child.
- Being consistent, reliable and honest with families.
- Fully disclosing information with families.
- Honoring the culture, racial, ethnic, linguistic, and religious/spiritual backgrounds of children, youth, and families and respect difference of sexual orientation.

**We have organized the recommendations into 5 categories/groups:**

- A) **Group I:** *Recommendations for Expanded and Extended Family Involvement and Support for the Concept of Kinship Care*

- The Department through its current or if need be new practice standards and its own Training Academy should introduce or strengthen the concept of involving family members throughout the child welfare process. Family members should be seen as one of the strengths that families bring to the Child and Family Team or Family Team Conferencing.
- Staff and parents alike should be encouraged, supported and required in an appropriate way to share all relevant information concerning the child with interested family members. The CRP understands that child safety and protection is the overriding principle which governs this work, but believes bringing a more positive attitude and approach in response to requests from kin and family members to get and stay involved is consistent with best practice and guiding principles.
- DCF social workers should be trained and supervised in doing effective outreach while working with parents so as to bring interested and supportive family members to the service planning table. Supervisors should ensure that all relevant and current information about the child be considered as part of the investigation and decision making concerning findings made by DCF supervisors and the court. Parents feel that it is important for DCF staff to follow through on all calls made to the hotline to utilize the Structured Decision Making tools and to validate the information reported through the phone calls. Thought should be given to strategies to validate the efficacy of the reports received and/or explaining to families how that work is currently done.
- DCF supervisors and the Training Academy should collaborate on training and reminding social workers of the importance of honoring the cultural, racial, ethnic,

linguistic and religious backgrounds of children, youth and their families. Many parents who have experienced the process feel as though double standards are sometimes at work and assumptions about people of color or people of a lower socioeconomic class result in possible inconsistent recommendations and findings.

**B) Group II: *Strategies to Enhance and Support Increased Fatherhood Participation***

- DCF should collaborate with CRPs, FAVOR, and other family organizations in the development and implementation of parenting classes and a parenting curriculum that specifically addresses parents who are separated or not living together as one household. The idea is to be prepared to address potential conflicts that might come up concerning information and what is best for the child. Both parents should be encouraged and supported in working collaboratively to obtain the highest quality of life and safest environment for each individual child.
- It is recommended that professionals and family members alike not begin conversations and meetings with an assumption and an attitude which addresses all fathers as being non-supportive, non-caring, or “dead beat” dads. The DCF social workers should not assume that fathers are not interested in their child’s welfare and quality of life. Consider each man and case as unique and avoid stereotypes and rumors wherever possible.
- DCF in collaboration with the CRPs should discuss and develop different venues or safe and supportive environments to allow both mothers and fathers opportunities to spend more quality time with each other as it pertains to what is best for their child.

- We request that DCF support the CRP, FAVOR and other family organizations in outreach and collaborations with community organizations committed to the recruitment and enhanced participation of fathers on the CRP and in all locally based family advocacy and family support group settings.

C) **Group III: *Improved Casework Engagement***

- Training child welfare staff in the best practices associated with casework engagement
  - Strengths-based assessment that engages children, youth and families through the lens of family strengths, capacities, cultural heritage, extended family resources. (eco-mapping, genogram, family connections chart)
  - Motivational Interviewing.
  - Solution focused interventions.
  - Development of mutually agreed upon plans with the delivery of concrete services that families view as helpful.
  - Family-centered case planning and management.
- If immediate safety of the child is not an issue, social workers should call families before arriving at their homes. While making the appointment, social workers should engage with families in a way that allows for building an initial and trusting relationship. Social workers should ask the family if they are aware of what the focus of the investigation or meeting will be, and upon entering the home, begin the conversation with a brief description with why the social worker is there, how the system and process works, and be sure the family is provided with appropriate

literature which describes the process and underscores their rights and responsibilities.

- While being respectful and clear so as to continue to build trust, social workers should inform families of the information they have received and be sure that parents have the opportunity to share their perspective, perception or their side of the story before any initial assumptions or decisions are made. Families should know clearly what allegations or concerns have been communicated to the Department and that their version of events has been recorded, is understood and will be considered as the social worker discusses the case with their supervisor.
- At the point in the process when the area office representatives have developed a report based upon the findings of their investigation, it is recommended that families have access to a copy of said report and an opportunity to comment before further steps are taken and findings of the report are implemented. The Panel members believe and recommend that the more families understand, are included, and the process is fair and understandable, that in the long run this subtle emphasis or change will lead towards a reduction of misunderstanding, fear and a greater willingness to accept responsibility on the part of the parents for their behavior. The CRP believes that if and when a child must be removed, the biological parents should be worked with and supported in becoming more capable, caring and successful parents and family members. The CRP shares the Department's emphasis on permanency planning and seeks to encourage reunification wherever possible but understands that if it is not in the best interest of the child or if the family is unable to keep the child safe and adequately care for them, that other plans must be developed.

- The Department should continue to support and implement the Differential Response System.

**D) Group IV: *Strategies to Improve Communication and Build Trust***

- CRP, child welfare staff and the Training Academy should meet to review current and develop new curriculum so as to train social workers on the topic of improved family engagement and its relationship to casework practice. Pre-service and in-service training are of equal importance.
- DCF child welfare staff should examine and become more familiar with the principles of wraparound and its Child and Family Team process for consideration in adapting it to child welfare practice. CRP members feel that other state agencies and community organizations should share in the responsibility for ensuring their participation in the guiding principles of family engagement.
- It is recommended that appropriate child welfare staff at both the central and regional office levels, meet with representatives of the CRPs quarterly or semi-annually to review trends, share information and ideas, and collaborate so as to ensure child safety and support to parents committed to improving their parenting skills and having their children return home. Focused discussion and a representative family voice are felt to be positive inputs for DCF social workers and decision makers. CRP members and family advocates stand ready to meet with area and central office staff to share experiences and perceptions of the child welfare system and engage in a frank discussion with a goal of mutual understanding, improved practice, and more effective family engagement.

- CRP members want to discuss the practicality and utility of defining a family advocacy role to support families in the ACR process.

E) **Group V:** *Recommendations for Increased Communications between the Department and Biological Families If and When the Child is Removed and Placed in a Substitute Care Setting*

- Biological families should be invited to accompany foster parents and DCF social workers on medical and/or dental visits, and minimally should be informed within seven days of the outcome and content of those appointments.
- DCF should consider more regular and structured visitation and contact between biological parents and foster parents while a child is in placement.
- DCF should convene a taskforce or committee comprised of DCF staff and family members to develop appropriate necessary strategies for effectively interacting with biological parents who have their own behavioral health challenges.
- The CRP respectfully requests that the Department reviews their capacity and frequency of informing parents whenever a motion is filed with the court. DCF social workers should review with the biological parents, each and every aspect of the pending legal process such as timeframes, parent's rights, and the workings of the court. FAVOR and the CRPs volunteer to assist DCF in enhancing its capacity in this regard should it choose to do so. FAVOR has family advocates specifically trained in working with the courts and with the foster care system and is ready to help with training or needed supports.

Our review of the literature on family engagement brought us into contact with two exciting ideas the Panels believe are worthy of further engaging by us in partnership with the Department.

These two ideas are:

### *One Family/One Worker*

New Jersey has implemented One Family/One Worker that emphasizes families having continuity in caseworkers and fostering trust and engagement between the family and the caseworker. Following the completion of the investigation of reported child abuse or neglect, the intake worker refers the family to the permanency social worker. The permanency social worker works with the family through the permanency hearing. When reunification is the permanency goal, the permanency workers continues to work with the family; when adoption is the permanency goal, the child and family are referred to an adoption social worker. Worker continuity has been found to benefit families – more timely permanence and increased rates of reunification – and caseworkers – higher morale and increased accountability.

### *Solution Based Casework: The Family Centered Child Welfare Practice Model of Kentucky*

*Solution Based Casework* is a child welfare practice model that uses an approach to assessment, case planning, and ongoing casework management that forms a partnership with the family to target specific everyday events in family life that 1) have caused the family difficulty and 2) represent a situation in which at least one family member cannot reliably maintain behavior that the family needs to accomplish its goals. The collaborative model combines the best of problem focused relapse prevention approaches that evolved from work with addiction, violence, and helplessness (Marlatt & Gordon, 1985; Pithers, 1990), with solution-focused models that evolved

from family systems casework and family therapy (Berg, 1994; deShazer, 1988). By integrating the two approaches, partnerships between family, caseworker, and service providers can be developed that account for basic needs and restore the family's pride in their own competence.

## ***II. Customer Satisfaction***

FAVOR and a number of Citizen Review Panel parents have spent this past year working together on a transformation grant funded continuous quality improvement project. FAVOR's role on behalf of the youth and family focused child and adolescent system of care was charged with working with parents, youth and young adults to develop principles associated with a consumer, youth, and family focus or vision. These principles were then utilized to develop an initial survey tool to assess the presence and utilization of said principles at an individual, program and system level. The measurements or evaluative criteria lent themselves to the assessment of the degree and quality of family engagement across the Department of Children and Families broad based mandate and mission. The Panels understand that transformation of a system much like elimination of stigma is a multi-year, multi-faceted and incremental process. In selecting consumer satisfaction and continuous quality improvement as our second major area of interest, this year's CRPs drew and identified the connection between family engagement and measuring the importance between its presence and utilization. Working with materials developed by the QuIC project and provided to the Panels by DCF staff, we have submitted a draft survey for the Department's review and comments. Last year we were asked by the Commissioner if we would assist in helping the agency solicit feedback and opinions from

parents who came into contact with the child welfare system. It was initially agreed to work with selected Department staff and a small number of area offices to randomly select recently closed child welfare cases. After working with designated Department representatives on the development of a final evaluation tool, certain family members would be randomly selected and decisions about the process made to determine whether families would be trained to interview or gather this information through face-to-face interviews which would complement the survey instrument's findings. The CRP suggests DCF add family engagement in child welfare to the Department's existing quality improvement activities. Attached FYI in the appendix is consumer, youth and family principles which we have developed, the draft questionnaire and other materials relevant to the customer satisfaction/CQI project. We will focus a part of our work next year upon strengthening and clarifying the relationship between family engagement and the measurement of our CQI efforts to improve upon it.

**Recommendations:**

- As part of the review of this report, we recommend the Department in its response to the recommendations received inform the Panels of its continued interest and commitment to partnering on this quality improvement or customer satisfaction process.
- We recommend the Department provide feedback on the efficacy and quality of the submitted draft survey.
- The Department give thought to which area office or offices participate with the panel in the review of recently closed cases.
- The Department identify members for a small workgroup to partner with CRP members and FAVOR staff in producing an agreed upon process and instrument to be piloted.

- The timeline for this process should be the convening of the workgroup in the fall of 2009 with data collection to take place in the late winter and early spring such that the findings can be incorporated into next year's CRP report.
- FAVOR and those CRP members that are part of the QuIC project will forward to its DCF partners any and all information and materials developed of a continuous quality improvement nature for the partners to become fully familiar with and possibly adapt and use.

The aforementioned represent our findings and recommendations in the two prioritized areas. Before closing, the CRPs want to make an additional broad based recommendation which suggests the introduction or continued use of system of care cross system partnerships, stakeholder involvement, and shared planning and decision making. These constructs, identified in the literature, are suggested to become standard Department practice and be further utilized in the child welfare system. As we review the guiding principles of shared planning and decision making and its best practices, we believe their adaptation and utilization in child welfare will surely enhance and improve family engagement and better decisions about DCF children and youth who need protection and/or care. Please consider the following:

### **Guiding Principles**

- Recognizing the importance of involving families in planning for and making decisions about their children who need protection or care.
- Embracing the value that all families are entitled to the respect of the state, and the state needs to make diligent efforts to convey respect to families who are poor, socially excluded, marginalized, or lacking power or access to resources and services.
- Actively seeking the collaboration and leadership of family members in crafting and implementing plans that support the safety, permanency and well-being of their children.
- Recognizing that families know their own histories and are able to use that information to construct thorough plans and make decisions for their children.
- Ensuring that shared decision-making is inclusive, direct and transparent.

## **Best Practices**

- Family Group Decision Making
- Family Team Conference
- Team Decision Making

## **Additional Information or Best Practice Models**

### *Family Group Decision Making/Family Group Conferencing*

Family Group Decision Making (FGDM) involves family groups in decision making about children who need protection or care and can be initiated by child welfare agencies whenever a critical decision about a child is required. In FGDM processes, a trained coordinator who is independent of the case brings together the family group and the agency personnel to create and carry out a plan to safeguard children and other family members. FGDM processes position the family group to lead decision making, and the statutory authorities agree to support family group plans that adequately address agency concerns. The statutory authorities also organize service providers from governmental and non-governmental agencies to access resources for implementing the plans. FGDM processes are not conflict-resolution approaches, therapeutic interventions or forums for ratifying professionally crafted decisions. Instead, FGDM processes actively seek the collaboration and leadership of family groups in crafting and implementing plans that support the safety, permanency and well-being of their children.

# Appendix

## ***Rationale***

### Appendix A: Citizen Review Panel Members

Self-evident

### Appendix B: Family Satisfaction Questionnaire (DCF child welfare closed cases)

Self-evident

### Appendix C: Authentic Family Participation

This information was utilized at the statewide Transformation Grant funded Workforce Development Conference. Its purpose was to assist individuals working with families so as to achieve, what in families eyes, would be seen as authentic participation.

### Appendix D: Orientation Materials

Self-evident

### Appendix E: Barriers and Recommendations (Focus Group)

Meeting notes from a focused discussion between federally funded consultants and CRP members and other parents whose purpose was to assist the Department in implementing a new practice model which emphasizes improved family engagement.

## Appendix A: Citizen Review Panel Members

<b>Staff</b>		
<b>Name</b>	<b>City</b>	<b>Panel</b>
Alana Jones		FE
David C. Dal Zin		QI
Hal Gibber		QI
Melissa Aiello		FE
Sam Agyei		FE
<b>Members</b>		
<b>Name</b>	<b>City</b>	<b>Panel</b>
Alma Vazquez	Hartford	QI
Amina Moye	Hamden	FE
Ana Mele	Stratford	QI
Brenetta Henry	Hartford	QI
Carl Bush	New Haven	FE
Cheryl Martone	Westbrook	QI
Cindy Thomas	New Haven	FE
Damaris Bolorin	Hartford	QI
Darnell Moss	Meriden	FE
Deborah McCusker	Waterbury	FE
Denise Tillman	Hartford	QI
Doretha Payton	New Haven	FE
Douglas Jackson	New Haven	QI
Dwane Gear	New Haven	FE
Ellender Mathis	Hartford	FE
Ernest Sims	Meriden	QI
George McDonald	Hartford	QI
Giana Livingston	Bridgeport	QI
Holly House	Stratford	FE
Jamale Spikee	Meriden	FE
Jessie Sowatilall	Hamden	QI
John DiBiase	Meriden	FE
Jonathan Mercado	Meriden	FE
Lavetta Burruss	New Haven	QI
Linda Spells	Waterbury	QI

<b>Name</b>	<b>City</b>	<b>Panel</b>
Lynn Roberson	New Haven	FE
Margaret Roberson	New Haven	FE
Martha Miller	Hartford	FE
Mary Held	Waterbury	FE
Mary Martinez	Hartford	QI
Melodie Slocum	Bridgeport	QI
Michelle Chase	Bloomfield	QI
Michelle Tournas	Waterbury	FE
Mildred Wright	Meriden	FE
Miosotis Rivera	Meriden	QI
Monique Armour	West Haven	FE
Nakeesha Watson	Meriden	FE
Nancy Dumont	Hartford	QI
Neva Caldwell	Hamden	QI
Norma Irving	Hartford	FE
Paul Harrison	Meriden	FE
Phyllis Harrison	Bridgeport	QI
Priscilla Cummings	Bridgeport	QI
Ralph Warner	Bridgeport	FE
Rhonda Harriston	New Britain	FE
Robert Brown	Meriden	QI
Robert W Brown III	Waterbury	FE
Sabra Mayo	Hartford	QI
Shirley Leary	Meriden	FE
Sincilina Beckett	Hartford	QI
Stephen Hillyer	Hartford	FE
Susan Nazareaus	Meriden	FE
Trevor Ramsey	Hartford	FE
Velveta Scott	New Haven	FE
Venus Jawad	Bridgeport	QI
Veronica West	New Britain	QI
Virginia Gerena	Hartford	FE
Wanda Morant	Meriden	FE
Wanda Roberson	New Haven	FE

\*Panel membership was divided based upon two priority areas of work. There was, however, an exposure and participation by both Panels in each of the two priority topics.

**FE:** Family Engagement

**QI:** Quality Improvement

**Appendix B: Family Satisfaction Questionnaire (DCF child welfare closed cases)**

*DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT*

**Family Satisfaction Questionnaire**

<b>DCF Area Office:</b>	<b>Date:</b> ___/___/___ <i>Month Day Year</i>
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We are interested in your opinions about the service that you received. Please give us your feedback by answering this brief questionnaire. This information will help us evaluate and improve family engagement, keep children safe, and improve the quality of cooperation and communication between families and DCF social workers. We are interested in your honest opinions. Please, answer the following questions.

	<b>THE INVESTIGATION PROCESS</b>			
1.	Do you feel that yours input was considered in the collection of information that was used in the decision-making process regarding your case?	Yes	Somewhat	No
2.	Do you feel that the input of other family members was considered in the collection of information that was used in the decision-making process regarding your case?	Yes	Somewhat	No
	<b>UNDERSTANDING OF THE PROCESS</b>			
3.	Did staff help you understand the legal mandates regarding your child’s safety and protection that require the Department to both review and investigate claims of abuse and neglect of your children?	Yes	Somewhat	No
4.	Did a DCF representative explain how claims are received by the DCF?	Yes	Somewhat	No
5.	Did a DCF representative explain your rights when they initially contacted you?	Yes	Somewhat	No
6.	Did a DCF representative explain the investigative process in a way that was easy for you to understand?	Yes	Somewhat	No
7.	Were you allowed to ask questions?			
	<b>DECISION-MAKING</b>			
8.	Do you feel that the DCF representatives listen carefully to you?	Yes	Somewhat	No

9.	Did they try to gain your trust?	Yes	Somewhat	No
10.	Did they treat you with respect?	Yes	Somewhat	No
<b>CARE PLANNING PROCESS</b>				
11.	How satisfied were you with the decisions made by DCF staff regarding your case?	Yes	Somewhat	No
12.	How satisfied were you with the decisions made by the courts regarding your case?	Yes	Somewhat	No
13.	Do you think that you were represented fairly in the court?	Yes	Somewhat	No
14.	When you expressed your opinions, do you think you were listened to and treated fairly?	Yes	Somewhat	No
15.	Did DCF staff encourage you to participate in a family conference?	Yes	Somewhat	No
16.	Did DCF staff permit family members or family advocates to participate in the service planning process?	Yes	Somewhat	No
17.	Did the DCF help you identify and access additional resources in the community for you and your family's long-term support?	Yes	Somewhat	No
18.	Did the recommended services address your unique needs?	Yes	Somewhat	No
19.	Do you feel that the services built on your strengths and interests?	Yes	Somewhat	No
20.	Do you feel that the services built on your child's strengths and interests?	Yes	Somewhat	No
21.	Do you feel that the services built on other family members' strengths and interests?	Yes	Somewhat	No
22.	Do you feel that your overall family circumstances are better now or are getting better as a result of the services and supports you received?	Yes	Somewhat	No
<b>OVERALL ASSESSMENT OF THE PROCESS</b>				
23.	Do you feel that the overall experience with DCF helped you understand how you could improve upon your parenting skills?	Yes	Somewhat	No
24.	Do you feel that the overall experience with DCF helped you understand how you could access needed supports and services that can improve your well-being and that of, your child and your family?	Yes	Somewhat	No

## **Appendix C: Authentic Family Participation**

When attempting to achieve authentic family participation, please consider the following three questions:

1. *Individual Level:* What is authentic participation in groups with diverse members?
2. *Group Level:* What strategies can group facilitators and members use to promote authentic participation among all involved?
3. *System/State Level:* What can be done to create a culture in Connecticut that encourages, fosters and supports authentic participation of people from diverse backgrounds?

### **Pointers for Members**

- Be prepared for the meeting: read and understand materials in advance
- Bring in ideas, your own and from your community
- Keep yourself focused
- Listen carefully to what others say
- Think about what I have to offer and what I have to gain from participation
- Present your perspective; use an anecdote to help explain your view
- Speak up when you need something: when you do not understand, do not agree
- Use “jargon alert” sign when necessary
- Speak simply, clearly, and briefly
- Allow others to complete their comments
- Help convener complete all topics on the Agenda
- Get to know the convener and other members
- Build relationships in the Council
- Build support for yourself outside meetings – meeting mentor(s) or friends, colleagues
- Obtain orientation before joining a Council and prepare through training as needed
- Make sure your skills/interests match the work of the group

### **Pointers for Conveners/Facilitators**

- Offer a warm welcome, including a brief personal introduction about why you are here
- During “Introductions,” invite all members to share one personal or professional interest
- Build relationships with members; invest in getting the group to work together
- Respect everyone’s time through structure, organization, and clear expectations
  - Send out agenda and meeting materials in advance and ask members in advance for other topics to consider
  - Start and end on time
  - Communicate expectation that members will be prepared for meetings
  - Focus on completing agenda within the meeting time
  - Keep a list in the “Parking Lot” of issues tabled for later discussion; establish and use a follow-up process
- Make sure members are clear about agenda discussion items and the ways they may contribute ideas
  - Listen carefully to members’ comments
  - Encourage participants to speak simply, clearly, and briefly

- Establish understanding that each member will be given a reasonable time to speak and will be gently alerted when it is necessary to move on
- On occasion, summarize a discussion point or restate a question
- To encourage comments from members who haven't yet spoken about the topic, frame a question that bridges the member's interests or experience in relation to the specific discussion item
- Lead the group in creatively identifying alternative strategies to speaking in the large group that facilitate full participation of members – for example, writing down ideas, speaking individually with another Council member or convener
- Be mindful of members' attitudes and skills; be aware that these may change over time
- Inform members about training opportunities that will help them become prepared
- Be attentive to impact of group dynamics such as membership changes; mediate among differing viewpoints as needed
- Identify and develop individual and group champions of change; celebrate champions' accomplishments as individuals as well as the group as a whole
- Assure compensation for non-paid members when others are compensated as employees
- Make written communications member-friendly in length, content and tone
- Make sure that members leave the meeting clear about responsibilities and expectations
- Facilitate inclusion
- Do not monopolize conversation

### **Pointers for Groups**

- Make sure members are informed of each other's knowledge, skills and attitudes, including lived experiences
- Build shared ownership and responsibility by deciding together on group priorities and tasks
- Distribute and recognize reports and other products completed by the group
- In selecting members:
  - Strive for fair representation of those who provide and those who receive services
  - Assure that there are a number of members with self-disclosed lived experience
  - Build a group whose members' skills, interests/passion/strengths are a good match for the purpose of the group
  - Assist members in preparing and developing themselves into the role
  - Seek new members who commit to group responsibilities, including making arrangements for regular attendance and obtaining needed training
- Encourage members to build personal relationships within the group
  - Call people about the meetings in advance until they are comfortable in the group
  - Call and support members who miss meetings
  - Be genuine and warm in meetings
- Create group understanding about the value of participation
  - Members are invested in the participation of all members and group success
  - Participation includes helping each other; for example, members assist other members with transportation to meetings
  - Members help in the work of the group during and between meetings

- Members volunteer to serve as mentors for new members and others who request mentors
- Use a “jargon alert” sign that when held up, asks for more direct explanation
- Maintain and circulate an up-to-date list of members’ names and contact information
- Offer orientation to interested members
- Hold meetings in locations in non-mental health service locations, such as colleges, community centers, churches, and libraries
- Offer potential new members the opportunity to attend one or two meetings before joining to learn how the group operates; seek the person’s feedback about membership
- Evaluate the meeting each time with a simple list of questions everyone can answer (name optional). Tally results and regularly report at next meeting. Suggested questions:
  1. I understood/did not understand the discussion
  2. I feel comfortable/ do not feel comfortable participating
  3. The facilitator did/did not help the group work well together
  4. What I most liked about the meeting
  5. What I didn’t like or would like to be different
  6. Suggestions for future meetings

Helpful materials for groups to have and share:

- Written meeting pointers for participants and facilitators
- Jargon alert sign or signal
- List of acronyms
- Information about members for all members – contact list and information
- Minutes that are readable, clear and short

## ***Appendix D: Orientation Materials***

### **PowerPoint Presentation: Citizen Review Panel Training Part I**

#### History of Citizen's Review Panels

- In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) was passed
  - This requires submission of a state plan detailing compliance in order to obtain state child abuse and neglect grant, including:
    - Child abuse and neglect reporting system
    - Provision of protective services
    - Confidentiality
  - Basically...this is Federal Funding Dollars

#### 1996 CAPTA Reauthorization

- Public disclosure in cases resulting in a fatality or near fatality
- Mechanisms to ensure that the State does not require reunification of a child with a parent who has been found guilty of killing another child
- Conviction of these crimes is a ground for termination of parental rights (TPR) of surviving children
- Expedited TPR for “abandoned infants”
- Established Citizen Review Panels

#### Establishment of Citizen Review Panels

- 3 panels per state were to be created by July, 1999
  - FAVOR hosts 2 Panels
- Each of the 3 panels has the responsibility to review DCF with respect to:
  - State CAPTA plan
  - Other criteria the panel considers important

#### Requirements for Citizen Review Panels

- Composed of volunteer members that:
  - Are broadly representative of the community in which they are operating
  - Include individuals with expertise in the prevention and treatment of child abuse and neglect
  - Include individuals with experience with the child welfare system
  - Meet at least quarterly
  - Examine policies and procedures
  - Maintain confidentiality
  - Prepare an annual report with activities and recommendations

#### Why involve Citizens?

- Increase community understanding, ownership, and investment in protecting children from abuse and neglect
- Bring community standards for the protection of children into the child protection system
- Provide valuable insights those working within the system may miss

- Provide outside validation of the successes and the efforts of the staff
- Provide public outreach to assess the impact of child protection services
- Advocate for needed resources to protect children
- Promote cooperation among community resources and DCF
- Make recommendations to improved the child protection system
- Keep children safe from abuse and neglect

#### Reauthorization of CAPTA in 2003

- Evaluation practices as well as policy and procedure
- Develop a means for public comment
- Child welfare agency is to respond in writing to annual report within six months to each recommendation

#### Some of the ways the Panel does the work

- Analyze statewide data reports
- Review agency policy and procedures
- Targeted surveys
- Quality assurance reviews
- Community forums
- Focus groups
- Interviews of staff, consumers, services providers, foster parents, or others

#### Some of the Challenges

- Struggle with diverse membership
- Retention of members
- Recruitment of new members
- Keeping group “on task”

#### Next Steps

- Brainstorm priorities for this year’s work
- Schedule next meeting

### **PowerPoint Presentation: Citizen Review Panel Training Part II**

#### DCF Mission

- The mission of the Department of Children and Families is to protect children, improve child and family well-being and support and preserve families. These efforts are accomplished by respecting and working within individual cultures and communities in Connecticut, and in partnership with others.

#### Guiding Principles

- Overarching Principle - Safety/Permanency/Well-Being: The Department of Children and Families (DCF) is committed to the support and care of all children, including those in need of protection, who require mental health or substance abuse services, and who come to the

attention of the juvenile services system.

In this context, DCF asserts that all children have a basic right to grow up in safe and nurturing environments and to live free from abuse and neglect. All children are entitled to enduring relationships that create a sense of family, stability and belonging.

#### Principle One - Families as Allies

- The integrity of families and each individual family member is respected, and the importance of the attachments between family members is accepted as critical. All families have strengths and the goal is to build on these strengths. Family involvement and self-determination in the planning and service delivery process is essential.

#### Principle Two – Cultural Competence

- The diversity of all people is recognized and appreciated and children and families are to be understood in the context of their own family rules, traditions, history and culture.

#### Principle Three – Partnerships

- Children and families are best served when they are part of and supported by their community. The Department is part of this community, works in association with community members, and is committed to its services being localized, accessible and individualized to meet the variety of children and families needs.

#### Principle Four – Organizational Commitment

- A successful organizational structure promotes effective communication, establishes clear directions, defines roles and responsibilities, values the input and professionalism of staff, creates a supportive, respectful and positive environment, and endorses continuous quality improvement and best practice.

#### Principle Five – Work Force Development

- The work force is highly qualified, well trained and competent, and is provided with the skills necessary to engage, assess, and intervene to assist children and families achieve safety, permanence and well-being.

#### Statutory Authority and Mandates

- The Department of Children and Families (DCF) is established under Section 17a-3 of the Connecticut General Statutes as a comprehensive, consolidated agency serving children (under age 18) and families. Its mandates include child protective and family services, juvenile justice services, mental health services, substance abuse related services, prevention and educational services (acting in the capacity of a school district for the children in our care).

#### DCF's Focus

##### SAFETY

- Protect children from abuse
- Maintain children at home whenever possible

## PERMANENCY

- Children will have permanency in their living situations
- Preserve and maintain continuity of healthy family relationships and connections

## Well-being & Prevention

- Families will have the enhanced capacity to provide for their children's needs
- Children will receive services to meet their educational, physical and behavioral healthcare needs

## Child Protective Services

- CPS carries out DCF's primary mandate and responsibility to investigate all reports of alleged child maltreatment and provide services to children found to be in such condition.

## On Any Given Day – There Are:

- 2,782 Children in foster care
  - 1,067 Children in relative care
  - 814 Children in residential care
  - 207 Children in DCF Facilities
  - 129 Adolescents in Independent Living
  - 168 Children in Safe Homes
  - 105 Children in Shelters

*Average Numbers for Calendar Year 2007*

## Foster and Adoption Services

- DCF is responsible for the coordination, planning, and implementation of foster care and adoption initiatives statewide

## Adolescent and Transitional Services

- Assists youths, under the care of DCF, to make the transition from out of home care to a self-sufficient, productive life as an adult in the community

## Substance Abuse Services

- In addition to substance abuse services provided in DCF facilities, the department funds substance abuse prevention, intervention, and treatment services in the community

## Juvenile Services

- The Bureau of Juvenile Services provides and funds residential and community-based services to over 1,000 delinquent children and youth on an annual basis.

## Mental Health Services

- DCF has statutory authority to provide for children's mental health services. Children and families can access state operated or state-funded community services directly or through referrals from providers.

## Medical / Health Services

- DCF is responsible for assuring children in its care and custody receive optimal health care. The administration of health care is overseen centrally and carried out at the area office level. Health care standards, policies, procedures and programs are developed and implemented in accordance with the criteria established by the American Academy of Pediatrics, federal mandates, state statutes and guidelines.

#### Voluntary Services

- Voluntary Services is a program for children and youth with serious emotional disturbances, mental illness and/or substance dependency. It is only for families who are not involved with DCF for abuse or neglect issues.

#### Education

- Unified School District II operates under the mandate of CT General Statute 17a-37, which requires the Commissioner of DCF to establish and maintain a school district within the Agency. USD II provides a 12 month program of K – 12 Regular and Special Education services to all children and youth committed to DCF.

#### Prevention and Early Intervention

- The Division of Prevention and Early Intervention promotes a range of best practice prevention services enabling children and families to thrive independently in their communities.

## **Appendix E: Barrier & Recommendations (Focus Group)**

### **Barriers**

- Children and adults being improperly assessed for needs
  - Having an appropriate assessment of the strengths and needs is key
- The system will tell a parent what services will meet their needs but they do not ask the parents
- Often inappropriate placements, due to only available beds
- Long waiting lists for services, often time limited services
- Issues are not being identified by the system, so they are not receiving services
  - Have to leave children in placement to receive the evaluations they need
- Flexible dollars have a lot of illogical restrictions, cookie cutter approach
- Services are not being implemented in a timely manner
- Barriers for grandparents – not being involved in case planning
  - If grandparents have had a history with DCF, not considered for placement
- Parents are having to advocate for themselves
- Foster parents are not working with birth parents
- Sometimes DCF gives out pamphlet on rights of parents in investigations, sometimes they don't
  - Workers need the time to explain to parents what is about to occur, and what their rights are in the process
  - Some workers do not know that they are supposed to give a pamphlet to parents in the investigation
- Families need to build a relationship with workers and service providers, strengths based
  - Families are the experts on their kids, and children in general
- A lot of cultural differences between workers and families
  - Can't always communicate, parents do not know what they are signing
- People are being penalized for asking for services
  - Parents go to court saying they need services, but they are not listened to
- A lot of criteria needed to get services, including being at risk for removal
- Often has to escalate the level of involvement with DCF to get services needed
- Services are not uniform, not enough services
- Because of stigma of people involved in mental health and juvenile justice, there are not enough services
  - Waiting lists
  - DCF has not made an investment in family advocacy
- IICAPS: it is problematic that the newest workers with the least experience are assigned to this intensive service
- The system needs to have more accountability
  - Starts with management-supervisors
- A lot of inconsistency between Area Offices (investigations, how they work the case, services offered/available)
  - Completely dependent on the worker who goes out
- Need all of the systems to work together better

- Parents are facing barriers in court – cannot change court appointed lawyer, who aren't always advocates

## **Recommendations**

- Should involve the parents voice in investigations, ask for their perspective on the situation
- Unsubstantiated reports should not stay on records, or be used against parents
- Significant need for more preventative services, so no need for escalation to heavier DCF involvement
- Advocates for those with disabilities
- Needed/Enhanced Training:
  - How to conduct assessments of parents and children
  - Family Centered training at the Training Academy
  - More trainings with parents should be offered
  - Family member to be trained and available at DCF to advocate for parents
  - An official training and certification for parent advocates, so they are viewed as more legitimate
  - Parents and DCF need to be trained on available services and supports
- Children should not be removed from programs immediately when they 'stabilize'
- Kin should be considered first if placement is required
- DCF needs to work more collaboratively with parents
  - Schedule meetings at flexible times so families can attend
- Families should be treated the same as foster parents by the system
- DCF needs to ensure that they explain the legalities and rights of parents when they go out on investigations
  - More peers to assist parents learn their rights, advocate
  - Grievance process
- If DCF makes promises to families (services, other), they should deliver
  - Record meetings with parents
- Ensure that always available translation services written into the case plans
- DCF should have more of their documents translated into other languages
- More Services Needed:
  - Family counseling
  - Therapy
  - Respite care (including availability on weekends)
  - Mentoring
  - Tutoring
  - Life skills
  - Family support services
  - In-home services
  - Wraparound services
  - Fun activities for families
- Connections need to be made for follow up services/referrals before people leave placement
  - Parent advocates at transition point
- Parent groups or other third party to help hold DCF management accountable
- Customer satisfaction surveys

- Education system needs to be invited to all system of care meetings, as they are a huge part of the process

**Additional Comments**

- There are a lot of really good programs available, but often not long enough
- Parent advocates have helped change the system of care
  - Received a multi-system training which was very beneficial