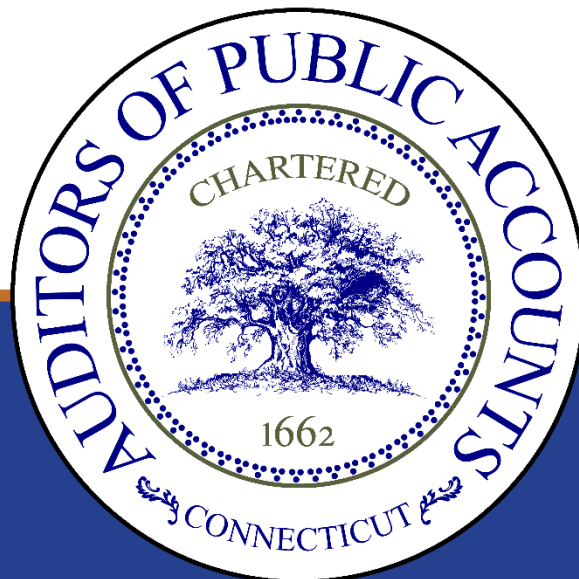


AUDITORS' REPORT

PERFORMANCE AUDIT

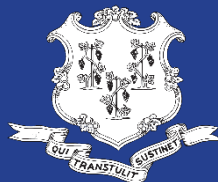
Department of Children and Families' Kinship Practices

FISCAL YEARS ENDED JUNE 30, 2018, 2019, 2020, 2021, AND 2022



STATE OF CONNECTICUT
Auditors of Public Accounts

JOHN C. GERAGOSIAN
State Auditor



CRAIG A. MINER
State Auditor

CONTENTS

INTRODUCTION.....	3
ABBREVIATIONS	4
STATE AUDITORS’ FINDINGS AND RECOMMENDATIONS	5
The Department of Children and Families Efforts to Identify Kin Lacked Consistency and Appropriate Monitoring	7
Rate of Kin Placements Was Flat as Aspirational Goal Remains Unmet.....	12
Program Data Revealed Some Positive Outcomes, but Achievement of Contracted Timeliness Goals and Performance Monitoring are Issues	14
Caregiver Support Team Data Was Inadequate	20
The Department of Children and Families Caregiver Support Team Provider Operating Capacity is Inconsistent with Contractual Terms	24
The Department of Children and Families Staff Inconsistently Made and Recorded Caregiver Support Team Referrals.....	28
Licensing of Kin Homes May Exceed Timeliness Requirements While Reporting in this Area is Limited	29
State Statute is Inconsistent with Federal Code and the Department of Children and Families Ineffectively Tracked Statutorily Required Notices	31
The Department of Children and Families did not Sufficiently Provide Required Notification of Support to Kin	33
The Department of Children and Families did not Thoroughly Analyze Waivers to Licensing Standards for Kin Caregivers Data	34
The Department of Children and Families did not Comply with Annual Reporting Requirements.....	36
The Department of Children and Families did not Promptly Respond to our Requests for Information.....	37
OBJECTIVES, SCOPE, AND METHODOLOGY	40
PROGRAM BACKGROUND	42

STATE OF CONNECTICUT



AUDITORS OF PUBLIC ACCOUNTS

JOHN C. GERAGOSIAN

STATE CAPITOL
210 CAPITOL AVENUE
HARTFORD, CONNECTICUT 06106-1559

CRAIG A. MINER

November 13, 2024

INTRODUCTION

We are pleased to submit this audit of the Department of Children and Families' Kinship Practices for the fiscal years ended June 30, 2018, 2019, 2020, 2021, and 2022. Our audit identified internal control deficiencies; instances of noncompliance with laws, regulations, or policies; and a need for improvement in practices and procedures that warrant management's attention.

The Auditors of Public Accounts wish to express our appreciation for the courtesies and cooperation extended to our representatives by the personnel of the Department of Children and Families (DCF) during the course of our examination.

The Auditors of Public Accounts also would like to acknowledge the auditors who contributed to this report:

Margaret Blume
Lallane Guiao-Seng
Xholina Nano
Scott Simoneau

A handwritten signature in black ink, appearing to read "Scott Simoneau".

Scott Simoneau
Principal Program Analyst/Performance Auditor

Approved:

A handwritten signature in black ink, appearing to read "John C. Geragosian".

John C. Geragosian
State Auditor

A handwritten signature in black ink, appearing to read "Craig A. Miner".

Craig A. Miner
State Auditor

ABBREVIATIONS

ABBREVIATION	DEFINITION
CAFAF	Connecticut Alliance of Foster and Adoptive Families
CFSR	Child and Family Service Review
C-KIN	ConnectiKIN - DCF's Statewide Kinship Navigator Program
CPM	Caregiver Practice Model
CPS	Child Protective Services
CR-CFTM	Considered Removal Child and Family Team Meeting
CST	Caregiver Support Team
DCF	Department of Children and Families
EHA	Emergency Home Assessment
FAST	Foster and Adoptive Support Team
FASU	Foster and Adoptive Services Unit
FCSIAA	Fostering Connections to Success and Increasing Adoptions Act
FFPSA	Family First Prevention Services Act
HHS	U.S. Department of Health and Human Services
KNM	Kinship Navigation Model
KNM DIT	Kinship Navigation Model Design and Implementation Team
OCR	Office of Community Relations
PDOC	Program Development and Oversight Coordinator
PIE	Provider Information Exchange
PRS	Placement Resource Search
PSI	Parenting Stress Index
PSSF	Promoting Safe and Stable Families
SGP	Subsidized Guardianship Program

STATE AUDITORS' FINDINGS AND RECOMMENDATIONS

About Kinship Care

Kinship care is full-time care of children by relatives or close family friends when the child's parents are unable to provide care. The [Department of Children and Families \(DCF\)](#) is responsible for supporting kinship caregivers in Connecticut. We provide more information about kinship care in the [Program Background](#) section.

Nationally, there are more than 2.5 million children in kinship care. Many of these arrangements are informal without child welfare system involvement or changes in legal custody. Typically, there are two types of kinship care. The most common is informal kinship care which is arranged between parent and caregiver and may not involve a child welfare agency. Kinship foster care occurs when the child is in the custody of a child welfare agency.

Federal initiatives, including the Family First Prevention Services Act of 2018, Preventing Sex Trafficking and Strengthening Families Act of 2014, and the Fostering Connections to Success and Increasing Adoptions Act of 2008, attempt to encourage kinship placements while remedying some of the child's health, social, and financial needs. More recently, these agencies are placing more children removed from their home with relatives (kin) or an adult close to the child (fictive kin). In response to federal kinship care initiatives, child welfare agencies are prioritizing placements with relatives and fictive kin, addressing barriers to licensing kin caregivers, ensuring kin become licensed foster parents, and developing programs to link kin with appropriate resources. This is demonstrated by the national increase of kinship homes from 26% in 2007 to 34% in 2021, with 134,000 children placed with relatives and fictive kin in 2021.

In 2014, the Department of Children and Families implemented caregiver support teams (CST) in its six regions to serve and provide in-home clinical support to foster families. Seven nonprofits provided these services under contract with DCF to prevent the disruption of foster placements and increase stability and permanency by providing prompt in-home interventions when necessary.

Why this Audit is Important

A kinship navigator program provides caregivers with support services and assistance in learning about, finding, and using available programs and services to meet the child's and their needs. [Public Act 06-182](#) established the kinship navigator program and required DCF to implement the program within available appropriations. DCF did not implement a kinship navigator program because funding was not available until 2023. However, the department implemented many of the program's practices. We audited several of these practices including:

- The Department of Children and Families' efforts to identify and notify relatives regarding a child removal from their parent's custody
- Assessment of kinship care placements
- Foster parent licensing support
- Referrals to caregiver support teams

We also reviewed the role of the DCF Kinship Care Ombudsman and Office of Community Relations in assisting kin guardians in accessing services.

Our evaluation of the Department of Children and Families' kinship practices disclosed the following recommendations.

Finding 1

The Department of Children and Families Efforts to Identify Kin Lacked Consistency and Appropriate Monitoring

Background

In Connecticut, children in child welfare custody are often placed full time with relatives and fictive kin through kinship care. A relative or kin caregiver is a person who provides foster care for a child they are related to by blood, marriage, or adoption descended from a common ancestor not more than three generations removed. Kin can also refer to non-related adults as fictive kin, if the person has an emotionally significant relationship that is essentially a familial relationship with the child.

Criteria

Section 17a-10b of the General Statutes requires the Department of Children and Families to make a reasonable effort to identify and notify grandparents, parents of any siblings of the child, and other adult relatives within 30 days of the child's removal. Section 17a-101m of the General Statutes requires DCF exercise due diligence to immediately identify all grandparents and other adult relatives upon the child's removal. In addition, DCF policy requires the department to continue its efforts to identify and include kin in case planning activities throughout its involvement with the family until the child and family achieve permanency.

Condition

Identifying a relative or fictive kin is the first step towards engaging them as a kinship foster parent. While DCF has practices to identify kin, we found the department does not systematically monitor whether it conducted a comprehensive search and identification of relatives within the required 30 days of the child's removal. We note that DCF is not statutorily required to identify and notify all fictive kin that may have a tie to the child.

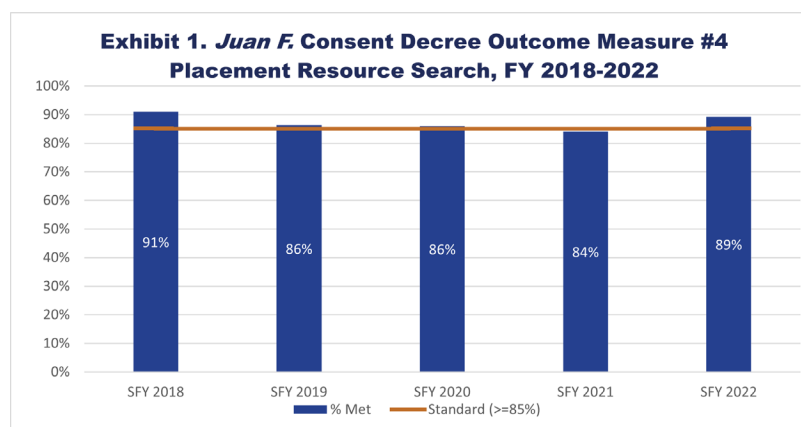
We examined the department's evaluation of related performance measures. Unfortunately, these measures have certain shortcomings that limit their usefulness.

First Measure: No Longer Comparable or as Meaningful

The first measure, developed as a result of the Juan F. Consent Decree,¹ required DCF to conduct and document a comprehensive search for maternal and paternal relatives, extended formal or informal networks, friends of the child or family, former foster parents, or other persons known to the child. We found that DCF appropriately conducted these searches in at least 85% of cases as required by the court monitor. The court monitor determined DCF followed the relative search measure and eliminated it from court monitor's oversight in 2016. DCF continues to maintain the Results Oriented Management (ROM) Placement Resource Search (PRS) reports for this measure. We found that:

- Although DCF appeared to have met the standard for the audited time period, there were significant variations among the regional offices.
- This DCF report is only quantitative and does not include the more meaningful detailed qualitative review performed by the court monitor.

Exhibit 1 shows that DCF reported it maintained the 85% standard established by the consent decree for fiscal years 2019 through 2022. The agency fell slightly below the standard (84%) for fiscal 2021. Overall, statewide numbers support its continued efforts to meet the standard since exiting the consent decree.



However, **Exhibit 2** shows that the 14 field offices' performance varied. In 2018, the Hartford, Milford, New Britain, and New Haven offices fell below the standard. For the same reporting period, the Danbury, Manchester, Middletown, and Willimantic offices reported meeting this requirement in 100% of cases.

¹ The Juan F. lawsuit was filed in 1989, indicating Connecticut's child welfare system was not meeting the needs of children subject to allegations of abuse and neglect, including those placed into the department's care and custody. The state entered into a consent decree establishing a series of benchmarks and standards to meet under court monitor review. The agency operated under court oversight until March 2022.

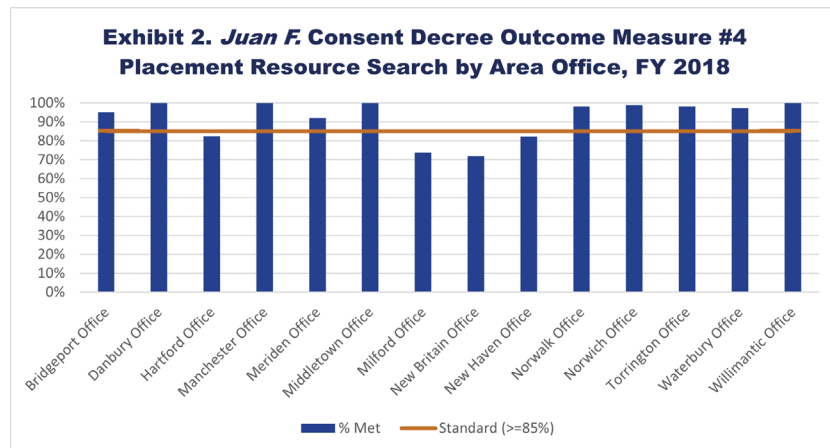
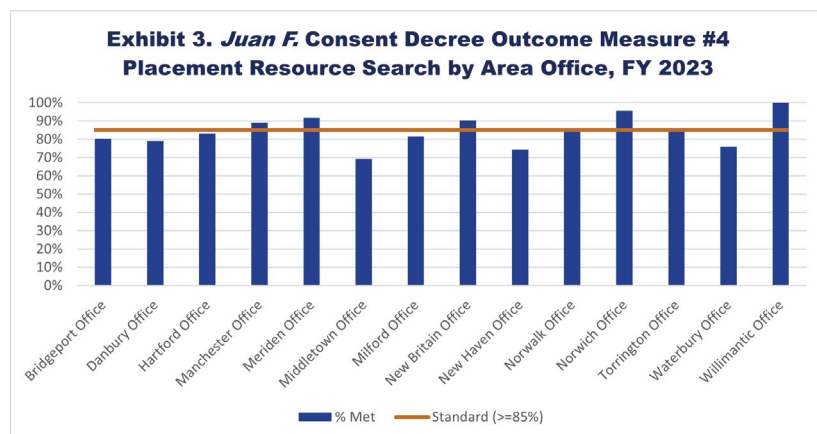


Exhibit 3 shows that half of DCF field offices did not meet the 85% standard in the fiscal year 2023 Placement Resource Search report. The exhibit shows the Middletown office had the lowest rate (69%) and Willimantic office met the requirement in 100% of the cases.



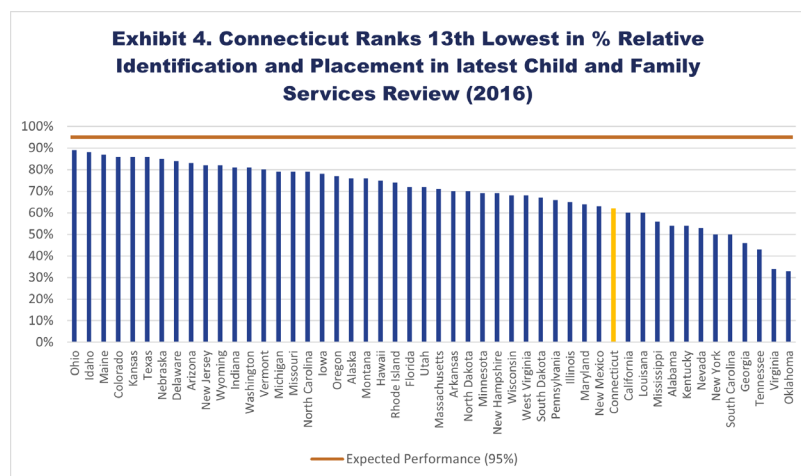
DCF documents its search efforts in its LINK case management software in narrative form with various levels of detail. For the purpose of Placement Resource Search reports, a case meets the relative placement search criteria if the child in placement has at least one PRS narrative entry in LINK during the first six months of their placement. This entry is considerably less exhaustive than the court monitor's case reviews for the measure's final certification. Case-by-case reviews would be required to understanding the diligence of DCF search efforts. The second measure, described below, appears to be more comprehensive. However, DCF does not routinely perform this level of analysis.

Second Measure: Connecticut Ranked 13th Lowest on Effort to Find Relatives

The federal Children's Bureau developed a second measure to conduct the mandatory Child and Family Service Review (CFSR) for

2015 to 2018. This outcome measure required 95% of reviewed cases to show that the child’s current or most recent placement was with an appropriate relative, or that the agency made “concerted efforts to identify, locate, inform, and evaluate” maternal or paternal relatives and found no appropriate placements.

In 2016, Connecticut scored 62% on this measure in the small sample of cases reviewed. Of 42 children, DCF placed 13 with relatives, and 17 did not meet the rating criteria for placement based on the federal CFSR instructions. For the 12 with non-kin, DCF tried to identify, locate, and inform maternal relatives in 50% of the cases and paternal relatives in approximately 43% of the cases. The department’s inadequate effort to evaluate relatives was the driving factor in not meeting the measure. Connecticut ranked 37th, while Ohio ranked 1st (89%) and Oklahoma ranked 50th (33%). No state met the 95% CFSR threshold, and each state’s performance was calculated based on a small sample of cases that varied from state to state. (Exhibit 4)



DCF social workers in the Child Protective Services and Foster Care divisions share the responsibility to identify and notify relatives and kin. DCF does not consistently use corresponding forms to note its efforts. This information could be used to indicate the extent of DCF’s search efforts. For example, we found that some DCF field offices use an informal kinship firewall checklist that includes the relative’s contact information and describes DCF’s efforts to consider each relative as a placement option before placing children in non-kin foster homes.

Context

We requested Placement Resource Search data for fiscal years 2018 through 2022. We also interviewed DCF staff about kin search practices and reviewed DCF online policies and forms. In 2022, an average of 3,152 children were in DCF care on the first of every month, and DCF placed an average of 1,331 with kin.

Effect

DCF search efforts may not identify relatives and fictive kin, and children may remain in non-kin foster care for a longer period. PRS data would not accurately portray DCF’s search efforts.

Cause

DCF management had not fully developed an adequate monitoring system to capture the extent of its efforts to perform relative and kin searches.

Recommendations

The Department of Children and Families should:

- a. Develop effective strategies and policies to standardize procedures for diligent and comprehensive relative and kin searches. The department should document and produce summary reports on the extent and results of its search efforts.
- b. Seek to amend Section 17a-10b of the General Statutes to require it to identify fictive kin caregivers and notify them of the child's removal.

Agency Response

"We do not agree with this finding. The data cited in the report shows consistent search for relatives during the audit period. The report itself specifically concludes that the "...statewide numbers support [their] maintained efforts to meet the standard since exiting the consent decree...". The audit seems to conclude that the outdated "85%" threshold is the barometer for determining whether each individual office "consistently" searched for kin.

The Connecticut Department of Children and Families is a national leader in providing child welfare services to Connecticut's residents, and its success is based largely on the Relative/Kinship Care practice. If children are unsafe at home and have to be removed, the first placement should be with a relative, kin, fictive kin, or someone the child(ren) knows. Because we believe all children should have this opportunity, we established an aspirational measure of attainment of 70%, well above the national average of 38% and the standard of 40%. Currently, 52% of children 0-18 years old in foster care are living with a relative or kin. As we continue to become a Kin First state, our Kinship practice has evolved to include the following cutting edge interventions: (1) Implemented Considered Removal-Child and Family Team Meetings (CR-CTM) before children are removed so that families can identify relatives and kin to bring to the meetings as placement options if the removal occurs; (2) Implemented the Quality Parenting Initiative (QPI) that supports bio-parent and foster parent relationships at the very beginning of the placement episode so that the child can experience stability; (3) Converted our seven non-profit Caregiver Support Teams into our Kinship Navigation model to better support kinship placements; (4) Received federal approval to create separate kinship license so that children in kinship placements can achieve legal permanency more timely and license approval occurs within 30 days of placement; and (5) Partnered with the Caregiver Advisory Council to create a Foster Care Bill of Rights. These practice changes continue to distinguish the Connecticut Kinship Care system as a national leader and further improvements will occur due to the rollout of our new client information system August 2025. Currently, we our Information Technology is based on the State Administered Child Welfare Information System (SACWIS) called LINK developed in 1998 with significant limitations to our capability of managing data

and reporting information on practice. Our new system Comprehensive Child Welfare Information System (CCWIS) that we will call CT-KIND will be an interoperable, integrated client information system that captures data and information using current technology and will provide us the capacity to conduct real time reporting, data analytics and data management activities. Unfortunately, the impact of COVID-19 caused a significant delay in the completion of the IT conversion impacting the audit period. With the completion of the CT-KIND system, most of the data requests related to this audit will be captured in automated reports rather than requiring heavy, labor-intensive manual resources.”

Finding 2

Rate of Kin Placements Was Flat as Aspirational Goal Remains Unmet

Background

Research, best practices, and federal law point to a common understanding that most foster care youth experience better outcomes when they grow up in family settings. Federal and state statutes require youth placement in the most family-like setting and encourage placements with kin including grandparents, aunts, uncles, or cousins. Kin are more likely to provide a permanent home through guardianship, custody, or adoption. The benefits of prompt kinship placements include fewer days in foster care, greater stability, and better permanency outcomes. Positive outcomes have substantial cost savings.

Criteria

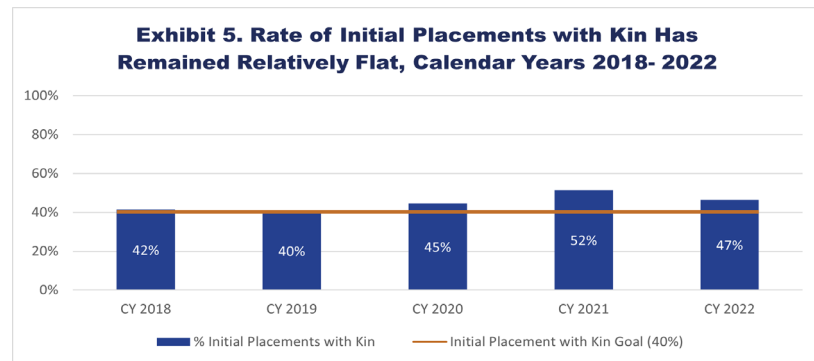
The Department of Children and Families’ 2015-2019 federal Child and Family Services Plan benchmarked that by June 2015, 40% of all initial placements and 30% of overall placements would be with relatives and kin. DCF updated the goal for overall placements in 2020 when the department established the aspirational target of 70% of kin caregiver placements.² DCF did not establish a target date to achieve this goal. Good business practices include updating benchmarks and goals when necessary.

Condition

The Department of Children and Families has not updated its goal for initial placements. **Exhibit 5** shows that DCF consistently met the 40% goal for initial placements based on data aggregated from 2018 through 2022. Though the department made historical

² DCF did not update the goals in the 2020-2024 CFSP and they remained at 40% of initial placements and 30% of overall placements with kin.

progress in initial kin placements, there has been little change since 2018. As a baseline, in 2011, 24% of initial placements were with kin. DCF improved its performance for this measure between 2011 and 2018, but the trend remained relatively flat. During 2018 through 2022, 44% of all initial placements were with kin.



Since October 1, 2015, when the overall kin placement rate first reached 40%, it remained between 40% and approximately 45% as **Exhibit 6** shows. While these rates indicate significant progress, the trend for the last five years has remained relatively flat.

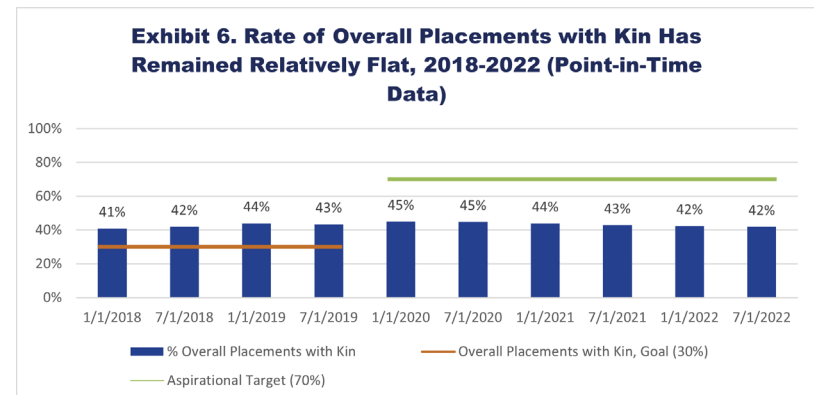


Exhibit 7 shows that Connecticut consistently performed above the national average and ranked as the 9th to 19th nationally. While Connecticut's rate of relative placement remained stable, it fell to the 19th highest state in federal fiscal year (FFY) 2021.

Exhibit 7. Connecticut Consistently Performed Above the National Average but Fell in Ranking for Relative Placement Rates, FFY 2018-2021				
	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Connecticut's Rank	12th	9th	16th	19th
Connecticut's Rate	38%	40%	38%	37%
National Average	32%	31%	34%	35%
Lowest Rate	5%	6%	7%	10%
Highest Rate	46%	49%	54%	54%

This exhibit shows lower placement rates because the national data does not include fictive kin, unlike the Connecticut-only data in

Exhibit 6. We do not have comparable data for state-by-state comparison including relatives and fictive kin, because states only report relative placements to the federal government.

Context	We reviewed DCF reporting and dashboard data on kinship care goals, and interviewed staff.
Effect	DCF did not engage potential kin caregivers. Children are denied the benefits of living with kin or fictive kin.
Cause	DCF has not developed a plan to outline steps to achieve its strategic placement goal and did not hold itself accountable to meet its goal.
Recommendation	The Department of Children and Families should create a specific, deadline driven implementation plan with measurable outcomes and supportive tools to meet its strategic goal to increase kin caregiver placements.
Agency Response	"We do not agree with this finding. The Department is meeting the goal of placing at least 40% of children with relatives at the time of their initial placement and has consistently performed above the national average in placing children with relatives. While we have not yet met our own aspirational goal of 70% of all children in care residing with relatives, we remain committed to that goal and have continued to trend in the right direction. It should also be noted there is no national standard set that high and only one other state to our knowledge has set a similar 70% aspirational goal. We disagree with the conclusion drawn in the "Effect" section that potential kin caregivers are not engaged and that foster children are denied the benefits of living with relatives/kin. Our performance on this measure contradicts this statement."
Auditors' Concluding Comments	As the data show, DCF did not place most children with kin. DCF indicated it could eventually place an additional 30% of children with kin. By not improving on its recent performance, DCF has denied some children the benefits of living with relatives or kin.

Finding 3

Program Data Revealed Some Positive Outcomes, but Achievement of Contracted Timeliness Goals and Performance Monitoring are Issues

Background

In 2014, the Department of Children and Families implemented caregiver support teams (CST) in its six regions to serve and provide in-home clinical support to foster families. Nonprofits provided these services under contract with DCF to prevent the disruption of foster placements and increase stability and permanency by providing prompt in-home interventions when necessary.

Seven nonprofit contractors provided caregiver support team services, six directly contract with DCF and one that subcontracts. There were two versions of the CST contract during the audited period. The original contract covered fiscal years 2018 through 2020, and an updated version covered fiscal years 2021 through 2022. Although the DCF kinship model is changing to C-KIN, the contracts still have similar expectations and goals.

Criteria

Section 17a-63a of the General Statutes requires DCF to determine measurable outcomes, incorporate them in the contracts, and include achievement on outcomes in an annual evaluation. DCF requires contractors to report performance measures including timeliness and client outcomes. **Exhibit 8** shows the contractual expectations for timeliness.

Exhibit 8. CST Contract Timeliness Requirements		
Milestone	FY 2018-2020	FY 2021-2022
Initial Meeting	3 business days from referral date ³	7 calendar days from referral assignment date
Assessment	7 days from intake date ⁴	14 calendar days from intake date
Support Plan	10 days from assessment date	7 calendar days from assessment date
Discharge/Transition Plan	Within 1 week of closing	Within 1 week of closing
6-Month Assessment	6 months after episode close*	6 months after episode close*

*We used 150-210 days to calculate timeliness because 180 days exactly seemed unreasonable.

Condition

We examined the timeliness of caregiver support team contractors in completing certain milestones and performance reporting on client outcome measures.

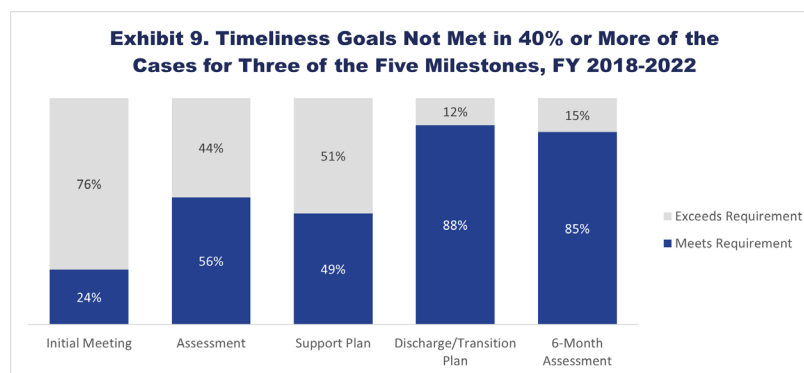
Not all Cases Met Timeliness Goals

We noted instances in which contractors did not meet the timeliness requirements in each category. **Exhibit 9** shows that the overall

³ DCF provided timeliness using three calendar days, which is what we used to assess this measure. There were 155 cases referred in fiscal years 2018-2020 with an intake date four to five days after the referral date, which is 6.5% of all cases. Some of these may have occurred within three business days, but we have no practical way to determine this. Even if all cases were within three business days, 69% of cases would still have exceeded the requirement for fiscal years 2018-2022.

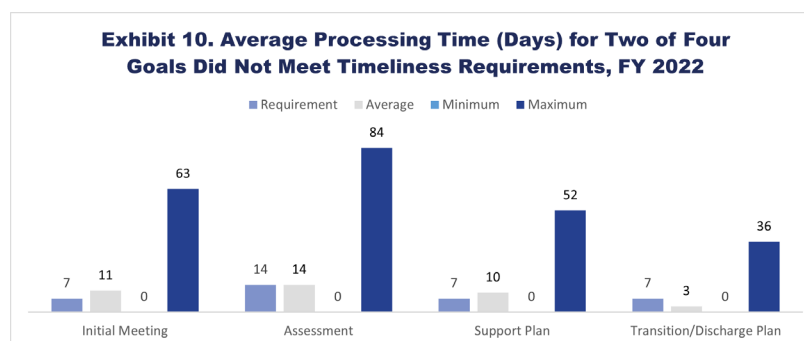
⁴ For assessment timeliness for fiscal years 2018-2020, the body of the contract states "one week of start of services," while performance measure states "seven days from date of referral." DCF provided timeliness using seven days from intake, which is what we used to assess this measure.

requirements were exceeded in 40% of cases for three of the five milestones including, Initial Meeting, Assessment, and Support Plan.

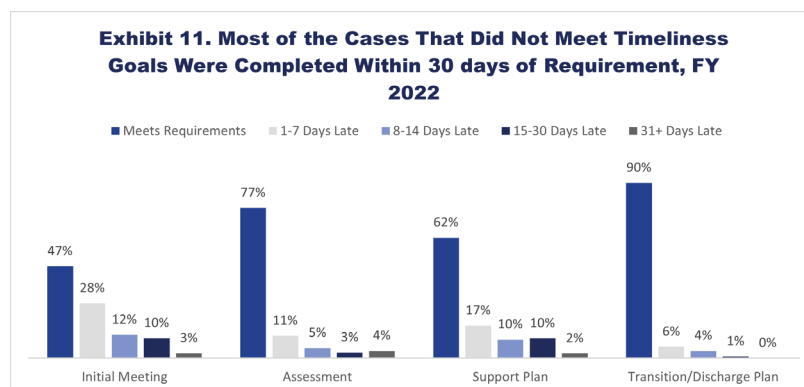


Contractors improved upon their timeliness during the audited period due in part to changes extending the deadlines. For example, intake used to take seven days (52% noncompliance) but changed to 14 days (21% noncompliance).

Average days for initial meeting and support plan did not meet timeliness requirements over five years. Average days for assessment and transition/discharge plan met the requirement, but some cases went over the standards by 29 to 70 days.



Most of the cases that failed to meet the timeliness requirements were less than 30 days late (Exhibit 11).



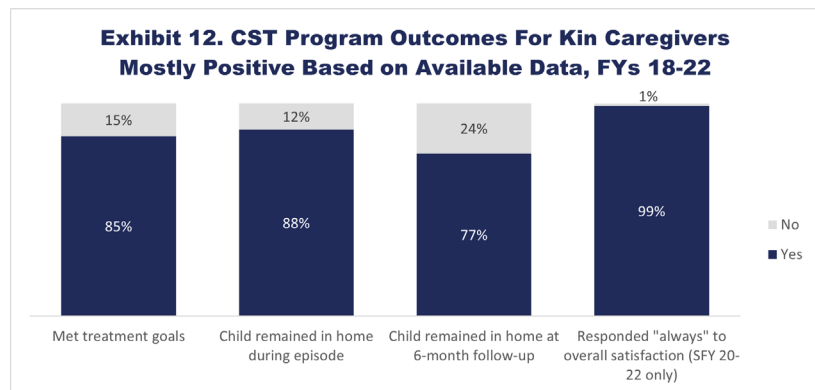
Note: All measures may not equal 100% due to rounding.

Reasons for delays in initial meetings included foster family delays (58%), CST contractor capacity issues (22%), or DCF not promptly processing the case (7%).

Available Program Outcomes Show Positive Results but Some Disparities Appear to Exist with Meeting Treatment Goals

We examined caregiver support team outcome data for four measures: clients who met treatment goals, child remaining in home during treatment episode, child remaining in foster home at six-month follow up (i.e., stability), and client satisfaction. Overall, CST outcomes appear positive, but better data collection efforts could alter some conclusions about the program's achievements. Furthermore, DCF does not have benchmarks to fully assess program success.

Exhibit 12 shows that 85% of clients met treatment goals. Regarding placement stability, children remained in their foster home during caregiver support team involvement in 88% of cases and remained in the home at the six-month follow-up in 77% of cases. Caregivers responded positively 99% of the time when asked about their overall satisfaction with the CST program. While overall outcomes in this area appear positive, we found that large amounts of missing data could affect these conclusions.

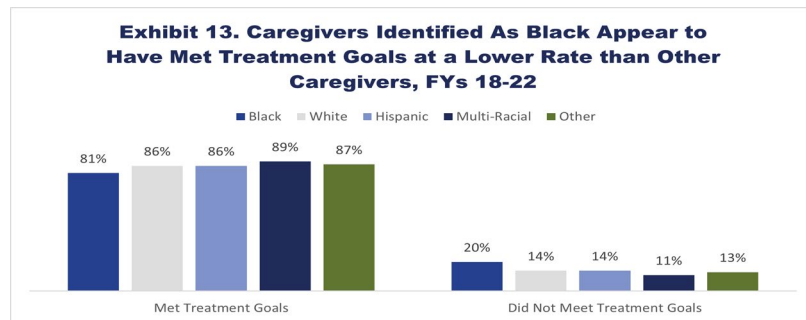


Note: All measures do not equal 100% due to rounding.

Performance varied significantly by region. We found that 74% to 91% of caregivers met treatment goals for fiscal years 2018 through 2022, with five of six regions performing at 82% or higher. The region with the lowest total performance improved from 68% in fiscal year 2018 to 82% in fiscal year 2022. Two other regions declined by 11% (97% to 86%) to 15% (90% to 75%) during this period, respectively. Contracts do not include performance objective reporting related to expected level of successful treatment goals.

We found racial and ethnic disparities in the percentage of clients who met treatment goals. Clients who identified as Black were at least 5% less likely to meet treatment goals than other clients by. For

example, **Exhibit 13** shows that 81% of Black caregivers met treatment goals compared to 86% of White and Hispanic caregivers for fiscal years 2018 through 2022.



DCF Does not Systematically Use Caregiver Support Team Performance Measures to Assess or Report on Related Performance

DCF did not systematically use data to assess caregiver support team performance and often relied on anecdotal information as a basis for performance. DCF did not appropriately evaluate contractors or utilize penalty provisions available in contracts for not meeting any of the agreed upon performance measures.

Context

We reviewed and analyzed performance measures for all 2,627 CST episodes with referred relative or kin caregivers in fiscal years 2018 through 2022. We did not use a sample. We interviewed staff and clarified how DCF uses performance data to verify our conclusions.

Effect

Clients who identify as Black encounter disparate treatment outcomes. There may be distorted picture of performance.

Cause

DCF's insufficient service capacity, contract management, data analysis, and benchmarking contributed to the lack of prompt performance measures. Families also caused delays.

Recommendations

The Department of Children and Families should:

- Assess why contractors are not meeting contractual deadlines and develop solutions to address the issues. DCF could reassess contract performance measures to ensure they are reasonable based on historical agency performance.
- Revise client outcome measures to include reasonable and comparable benchmarks based on professional standards or actual contractor experience to objectively assess their performance.

- c. Assess if there are significant disparities in treatment outcomes based on race and appropriately address any disparities.
- d. Regularly meet with contractors to discuss performance measures, and document outcomes of these meetings.
- e. Include an assessment of the achievement of performance measures in annual provider evaluations, as required by statute.

Agency Response

"We do not agree with this finding. While not all Caregiver Support Teams (CST) met all timeliness performance measures during the audit period, we do not agree with the broad finding that "...DCF does not appear to use collected data to monitor performance of contracted agencies." This portion of the finding is overly broad and appears to apply to all contracted agencies not just the CST program. The Department's contract management system relies on data as well as individual meetings with providers to monitor contract compliance and solicit input from providers and our clients to inform opportunities for contract revisions to better meet client needs. With regard to the CST program, the audit report correctly notes that delays related to the initial meeting with the family were driven by the family's needs in most cases. Caregivers are juggling a myriad of issues related to accessing services and meeting the children's basic needs immediately following what is often an emergency placement. It is difficult for them to accommodate another in-home service within the 7-day timeframe, and CST providers must balance honoring family voice and meeting the strict contract requirement of timeliness. As noted in the audit, the CST program is a clinical based support program originally designed to support all foster care placements, not just relative/kinship care. DCF decided to focus the service on relative/kin caregivers because of the continuous increase in relative/kin placement rates and the support needed once the provider engages with the caregiver. However, caregivers continued to express their desire to have CST services focus more on their need to navigate the system and connect to services and less on providing in home clinical supports. Accordingly, as of March 2023, DCF converted the CST programs into kinship navigation programs (C-KIN) to better meet these needs."

Auditors' Concluding Comments

Our comments in the finding only related to the CST program and do not extend to the department's overall contract management efforts.

Finding 4

Caregiver Support Team Data Was Inadequate

Background

The Provider Information Exchange (PIE) is a web-based platform that DCF contractors use to submit program data. DCF uses PIE data to understand client populations, monitor program fidelity, evaluate outcomes, and gather information for federal reporting. For caregiver support teams, DCF used PIE data for quality assurance. PIE can generate automated reports and data extractions to generate ad hoc reports based on real-time data. PIE has multiple access levels that affect what information users can see related to programs, providers, and data detail. For CST, providers use online direct data entry or a batch upload. Data accuracy depends upon the person entering the information. PIE produces some limited data quality reports.

Criteria

The CST contracts include a list of performance measures contractors are required to report to DCF. There were 15 measures for fiscal years 2018 through 2020 and 16 for fiscal years 2021 through 2022. Best practice dictates that child welfare agencies never facilitate a living arrangement without seeking to understand child and family outcomes by disaggregating and analyzing kin-specific data to drive practice changes and measure improvements. Complete, reliable, and accurate data is essential to program management.

Condition

Caregiver Support Teams Contractors Had Concerns with the Provider Information Exchange Structure and the Department of Children and Families' Use of Provider Information Exchange Data

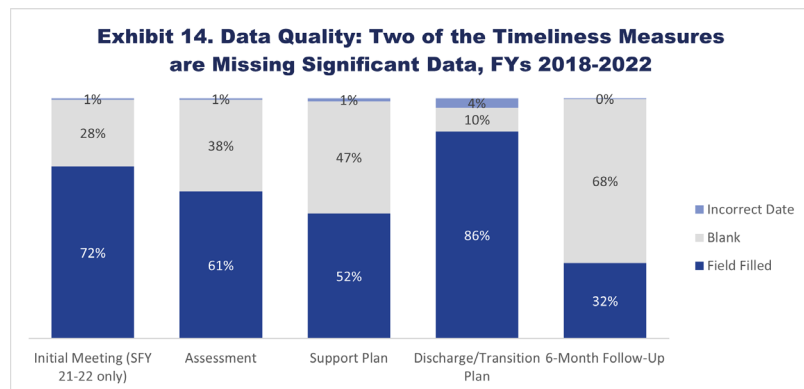
Staff from all seven caregiver support team contractors expressed concerns regarding PIE data misrepresenting performance.

- a. PIE has not been updated to reflect program changes. For example, timeliness requirements were not updated to reflect contractual changes. DCF has not trained contractors to use the PIE Parenting Stress Index (PSI) assessment tool.
- b. PIE does not appear to have sufficient answer choices to accurately depict case outcomes. Contractors noted a child may have a positive outcome by being reunified or placed with a long-term kin caregiver, but CST has to code this as a disruption, a negative outcome.
- c. CST contractors believe inadequate PIE data leads DCF to misperceive their performance. In one instance, DCF provided us with PIE data that could lead to different interpretations of program success. For example, one

source DCF provided showed almost 99% client satisfaction for fiscal years 2020 through 2022 while another source showed 29% satisfaction for fiscal years 2018 through 2023. This occurred because it was an informal table, and it did not exclude blanks.

Caregiver Support Team Data Quality was Lacking

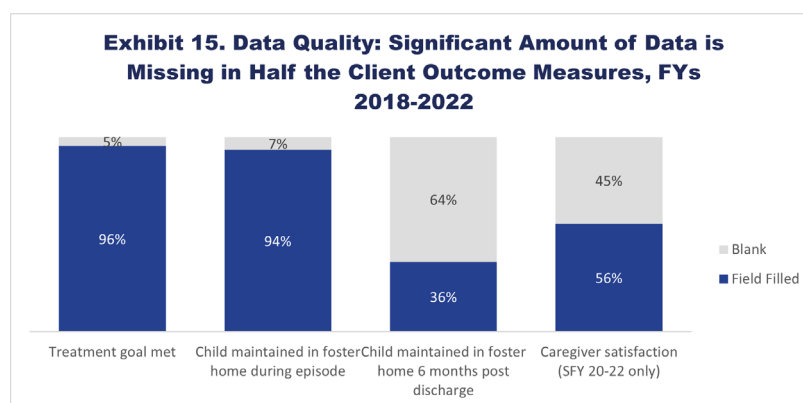
Certain client outcome and timeliness measures lacked significant data, which affects DCF's ability to understand CST performance. Some cases had milestone dates out of sequence, such as the assessment date coming before the initial meeting date. **Exhibit 14** shows the percentage of cases in which dates were present, missing, or incorrect. The extent of these issues varies among CSTs, suggesting there are opportunities to improve data quality. For example, one agency was missing 100% of assessment and support plan dates.



Note: All measures may not equal 100% due to rounding.

Exhibit 15 shows that two of the four client outcome measures lacked a significant amount of data.⁵ DCF relies on a CST contractor's client survey to determine the status of the child six-months after their discharge (i.e., still in foster care or other setting). DCF has the actual and more accurate data to determine the status of a child within its case management system but does not use that data for these purposes.

⁵ None of these measures include evaluation-only clients. Evaluation-only clients are clients whose case closed before developing a support plan.



Note: All measures may not equal 100% due to rounding.

DCF Fails to Use All of PIE's Features to Enhance Data Quality and the System Does Not Collect Data on All Contract Measures

PIE has features DCF could use to better serve clients, but the department does not sufficiently monitor data quality to maximize these capabilities. For example, PIE has a field for client IDs that would enable DCF to connect PIE client records to those in LINK. This includes access to support plans, priority needs, assessments, and goals. However, DCF does not require the provider to enter ID numbers and the department told us it usually expects these fields to be blank. While not program specific, this issue aligns with the other data quality concerns we have discussed.

Context

We interviewed CST contractors, who expressed concerns about PIE, and followed up on these concerns with DCF. We also conducted our own assessment of PIE. We reviewed and analyzed performance measures for all CST episodes with relative or kin caregivers who were referred to CST in fiscal years 2018 through 2022. We did not use a sample. We asked DCF staff to clarify how the department uses PIE data and ensure we reached the correct conclusions.

Effect

Lack of appropriate data collection denies DCF the ability to evaluate and assess outputs and outcomes to identify necessary adjustments to enhance program goals. Without any substantial changes, these inefficiencies (timeliness, missing data, no easy way to assess performance, etc.) may impede DCF's ability to evaluate C-KIN as an evidence-based program.

Cause

DCF did not use appropriate data within its case management system, update its contractor database when it changed deadlines, routinely check for and prevent errors, manage its contracts, or properly provide PIE training.

Recommendations

The Department of Children and Families should:

- a. Update its information system to include all data to allow the department and its contractors to accurately record and assess contractor performance.
- b. Develop the necessary data quality checks for its information system to ensure that it enters all appropriate and accurate data.
- c. Utilize its case management system to report on the status of a child at six months post-treatment rather than relying on less accurate survey data.
- d. Consider including contractual outcome measures that are not currently in its information system. If these outcomes are no longer important to record and track, the department should assess whether they are needed in the contracts.
- e. Regularly meet with contractors and include documented discussions about the quality of data DCF maintains in its information system.

Agency Response

"We do not agree with this finding. The Department acknowledges that the contractor data quality in PIE was lacking in certain areas during the audit period. However, the Department would offer the following clarifications related to the CST feedback on documenting case outcomes. It appears some CST staff misunderstood how the dyad data structure can be utilized to answer the questions they posed for reporting. Since the Caregiver and Child episodes are systematically linked together, data for either side of the dyad can be aggregated and/or applied to the other. The "reasons for discharge" was not removed from the data selections but were simply moved from the Caregiver section to the Child section of the reporting fields. In the scenario described, the contractor would choose "Completed Treatment" on the Caregiver episode's discharge form and then choose "Child Returned to Parent(s)" on each of the linked Child episodes for which that discharge reason is appropriate. Providers were never instructed to use "Child Disrupted" to describe this scenario on the Caregiver Discharge form for the reasons noted in the audit. In addition, the PIE system already has several features designed to address and monitor missing data elements, including Missing Data Warnings, an Unanswered Data Elements Response Percentages Report, a Data Quality Monitoring Report and Data Extract Utilities option, which allows the user to download and analyze detailed data regarding missing or inconsistent data. It's also important to note that the PIE system will be an integrated component of the new CT-KIND CCWIS system currently in development, which will allow for systematic calculation of child welfare outcomes for children/caregivers served by contracted services entering such data into PIE."

Finding 5

The Department of Children and Families Caregiver Support Team Provider Operating Capacity is Inconsistent with Contractual Terms

Background

Caregiver support team caseloads consisted of DCF kinship and core homes during our audited period.⁶

Criteria

Best practices for contract management for social service providers include that DCF should conduct frequent reviews of performance data to rapidly address service concerns; frequently share data with service providers; and hold regular, collaborative meetings with providers to build trust, troubleshoot, and identify opportunities to improve services.

Condition

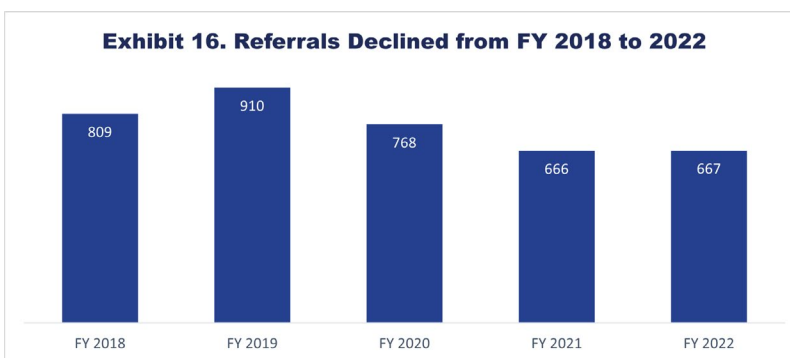
DCF did not appropriately monitor needs versus capacity. We examined the workload of Caregiver Support Team contractors in each region by analyzing the trend in referrals and the number of clients who received services and compared it to contracted capacity.⁷ While the number of overall referrals declined during the audited period, some contractors operated over or under contracted capacity.

Overall Caregiver Support Team Referrals Declined

DCF referred 3,820 caregivers to caregiver support teams during fiscal years 2018 through 2022. **Exhibit 16** shows that total CST provider referral data trended downward. DCF staff attributed the decrease in referrals to COVID-19 and an overall reduction in the number of children receiving care.

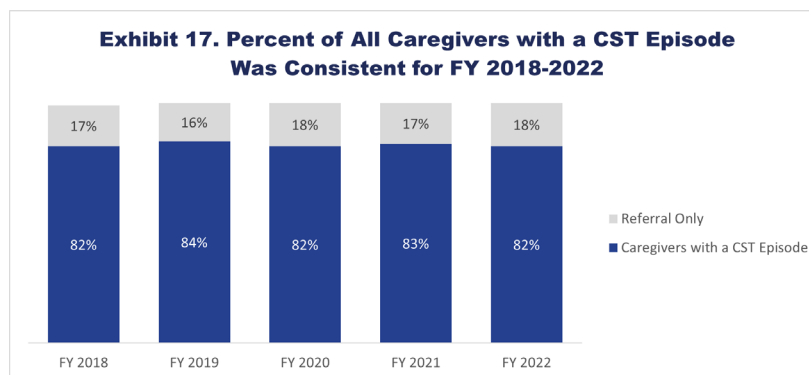
⁶ As DCF transitions to C-KIN, workers will only serve kinship homes.

⁷ The numbers in this finding include kinship and core caregivers because we could not separate referral data by type of foster home and the contracted capacity of CST providers includes all homes. The CST performance data in the other findings reflect only kinship homes and so the numbers between the findings are not comparable.



The Percent of All Caregivers with a CST Episode Was Consistent

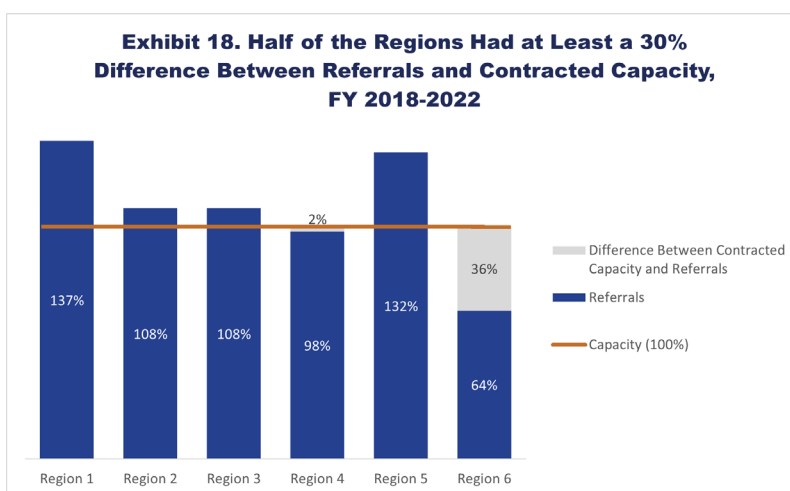
We also examined how many referred caregivers had a CST episode. Episodes are cases that went beyond the referral stage to have an initial meeting with a CST provider. This is less than the number of referrals. **Exhibit 17** shows that all referred caregivers do not have a CST episode, because some caregivers choose to not receive any services (referral only). Caregivers with an episode include those who chose to end after completing the evaluation (evaluation only), engaged in services but did not complete all treatment, and completed all treatment. Referred caregivers remained between 16% and 18%, while 82% to 84% of all caregivers had an episode.



Note: All measures do not equal 100% due to rounding.

Some Regions Operated Over or Under Contracted Capacity

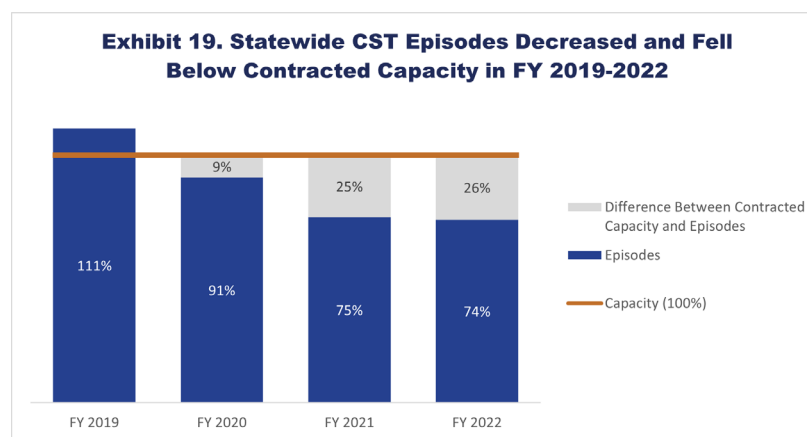
We evaluated the distribution of referred cases and utilized two ways to compare it to contracted capacity. First, we determined if the regions with the most contracted capacity received the most referrals. **Exhibit 18** shows that the distribution in referrals approximately reflects the proportion of contracted capacity in about half of the regions. The other half varied (over or under) by about a third or more.



Note: DCF did not provide the contracted capacity for region 6 in SFY 2018 and so data for region 6 only includes SFY 2019-2022. The data for the other regions includes SFY 2018-2022.

Secondly, we compared each region's number of actual episodes⁸ to contracted capacity. In fiscal year 2019, CST had a statewide contracted capacity of 687 families. This number went up to 743 in fiscal year 2022. **Exhibit 19** shows that the number of actual CST episodes fell as a percent of total contracted capacity from fiscal years 2019 through 2022.⁹

During fiscal years 2018 through 2022, regions served at 43% to 151% contracted capacity levels, the equivalent of those regions to being under capacity by 47 clients and overcapacity by 36 clients. Based on contracted caseloads, this is about an excess of 2.9 to a deficit of 2.6 full time equivalent (FTE).¹⁰

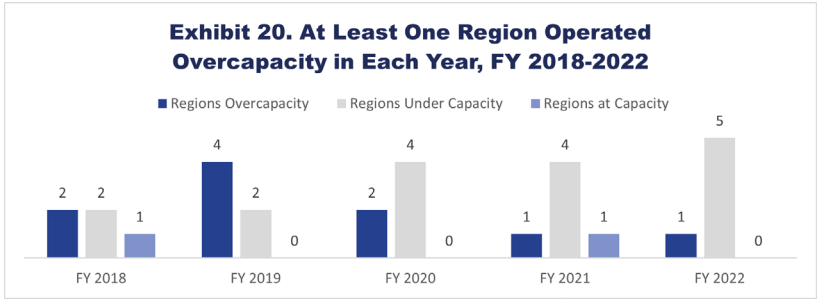


⁸ "Episodes" are cases that went beyond the referral stage to have at least an initial meeting. This is less than the number of referrals. We used episodes for comparison purposes because some referrals will have little to no contact with the CST agencies.

⁹ DCF did not provide the contracted capacity for one agency in SFY 2018 and so we cannot calculate statewide totals for this year. We do not know if this region was operating over, at, or under capacity in SFY 2018.

¹⁰ FTE calculations are based on the maximum caseload size specified in the contracts, which was 7 prior to 2020 and 8 after 2020. Based on the contracts, clients would receive six months of services, so each FTE could have approximately twice the maximum caseload size in a year.

Exhibit 20 shows the number of regions operating over or under capacity. DCF increased the contracted capacity for three regions in fiscal year 2021 and one in fiscal year 2022. DCF did not adjust capacity for the one region that was at or overcapacity in all years.



Context

We asked DCF to provide various data regarding the number of referrals and episodes for each CST agency to compare to contracted capacity. We analyzed the data and interviewed DCF staff to understand the trends and any reasons for variations in referrals and capacity.

Effect

Operating above capacity puts a burden on the contractor and does not confirm to the contract. Without consistently monitoring trends in each region’s referrals and CST episodes, DCF may not obtain useful information to understand how its area offices make referrals.

Cause

Insufficient DCF contract management contributed to variations in contracted capacity compared to actual use. While DCF attributed some of the underuse of contracted capacity to COVID-19, some regions experienced overcapacity during that time.

Recommendation

The Department of Children and Families should monitor the number of each region’s cases receiving services compared to contracted capacity, consider trends in regional performance, and adjust contracted capacity, as needed.

Agency Response

“We agree with this finding in part. The Department agrees that CST overall was operating under capacity for SFY 2020-2022 and that some regions operated under or overcapacity during the audit period. For the review period, the Department’s documentation of contract management discussions between the regional gatekeepers, the statewide contract manager and the contracted providers was challenged given the shifting of resources to prioritize the COVID-19 response, followed by the wave of staff shortages for both DCF and contracted providers. The decision to redesign the program also had an impact on contract management efforts during that time. However, many of the auditors’ findings are addressed under the new kinship navigation model, ConnectiKIN (CKIN). The CKIN model was implemented in September 2023 and embeds a performance, data, and contract management and CQI process and

protocols. It also includes standardized tools, a communication repository, and improvements to PIE.”

Finding 6

The Department of Children and Families Staff Inconsistently Made and Recorded Caregiver Support Team Referrals

Background

The Caregiver Support Team (CST) program started accepting referrals in 2014. Typically, after the child is placed in the kin caregiver’s home, a DCF social worker completes a referral form which is sent to the regional CST gatekeeper. The gatekeeper reviews the case information, logs the referral, and forwards it to the CST provider.

Criteria

DCF informed us that referrals to contracted support services for relative and fictive kin caregivers are required by DCF under internal CST program directives and the newer C-KIN program that replaced CST. Good practices include having written procedures to document the process.

Condition

DCF has not consistently made or tracked caregiver support team referrals. DCF field staff informed us that some offices only refer the family if they indicate they want services or if staff believed the family needed services. One contractor expressed concern that referrals were less than anticipated. Another contractor noted it received some referrals via sticky notes. Field offices did not consistently use logs and DCF administration included unreliable referral data in a spreadsheet developed by the central office.

Despite requiring Caregiver Support Team program managers to provide referral information, there are gaps in the completeness of DCF information depending on the DCF social worker. Contractors are concerned that data is inconsistent with their client data.

Context

We interviewed DCF administration responsible for foster care, regional CST gatekeepers, and CST contractors.

Effect

DCF has not adhered to its own referral policies for support services. Kin caregivers miss the opportunity to engage with beneficial support programs.

Cause	DCF management did not establish systems to ensure that the department consistently made and appropriately tracked mandated referrals to relative caregiver support services.
Recommendation	The Department of Children and Families should develop formal written policies and directives to ensure that it makes and tracks referrals to contracted support providers.
Agency Response	"We do not agree with this finding. As mentioned throughout the responses, the relative/kinship placement rate in Connecticut continues to increase annually, and the CST program does not have the capacity to meet all the relative/kin placements in foster care. Given that the need exceeds capacity, the CPS and Foster Care teams work with the person who performs the gatekeeping functions to triage and assure the families with the highest needs get prioritized in the referral process. There is no formal policy mandating referrals to this program, and all admissions are entered into the Provider Information Exchange (PIE) system by the provider."
Auditors' Concluding Comments	Available PIE data shows a decline in the number of referrals to CST providers and treatment episodes during the audited period. We also note some CST contractors were underutilized during the audited period. The director of the Foster Care Division and other staff informed us on several occasions that referrals to the CST program were required and that caregivers decide whether to engage the services.

Finding 7

Licensing of Kin Homes May Exceed Timeliness Requirements While Reporting in this Area is Limited

Background	The Department of Children and Families is responsible for licensing foster and adoptive families, including kinship homes that care for children in DCF custody. The primary purpose of licensing is to ensure foster parents meet specific safety and other requirements necessary to provide appropriate care for children in DCF custody.
Criteria	Section 17a-114 of the General Statutes allows DCF to place children with a relative or fictive kin caregiver who has not yet been licensed. However, the caregiver is subject to licensure pursuant to regulations adopted by the commissioner. DCF Practice Guide 24-

1-PG: Foster Care, Adoption, Guardianship states DCF will issue or deny a foster care license within 150 days of the application.

Condition

DCF could not annually or cumulatively aggregate the number of kinship caregiver licensing cases that exceeded 150-days or determine the duration of the overall kin family licensing process. DCF staff stated it takes longer than 150 days to license kin in some cases, but the department can only generate a limited report of individuals being licensed and the number of cases over the 150-day requirement on a given day. If the licensing process reaches 150 days since placement, the license is tagged as overdue and included in a report. The report is not easy to interpret because it tracks cases by child instead of caregiver. A caregiver may have multiple children causing the numbers to be duplicative.

DCF has separate reports for the child's initial placement date and foster parent's date of licensing, but these reports do not connect. DCF does not have a systematic way to connect historical data to calculate the average duration of kin caregiver licensing. Therefore, DCF cannot assess the timeliness of kinship foster care licensing.

DCF's information technology system does not provide automated notices of deadlines on individual cases. As a result, staff must create their own reminders to ensure timeliness.

Context

We interviewed DCF staff responsible for foster care licensure and reviewed applicable statutes and DCF policies.

Effect

DCF may be unable to fully assess potential barriers to licensing kinship caregivers and how timeliness of licensing impacts permanency outcomes. This makes it difficult for the department to determine solutions to improve compliance with its policy.

Cause

DCF lacked effective internal controls to ensure its information system can provide reports on the 150-day licensing requirement.

Recommendation

The Department of Children and Families should improve its data system to enable it to collect the status, progress, and timeliness of relative license applications. The department should analyze this data to identify processing trends to enable it to meet its deadlines.

Agency Response

"We agree with this finding in part. The Department agrees with the finding that not all relative/kin foster parents are licensed within 150 days of their application date, and there are often external delays that contribute to exceeding this timeframe. In order to monitor performance towards this standard, the licensing data is entered into the State Administered Child Welfare Information System (SACWIS) LINK, and a suite of reports entitled "Licensed Caregivers Reports" captures the data. Within the suite of reports is an

exception report called "Kinship/Fictive Kin License In Progress/Overdue" that provides the agency management a real time dashboard of all caregivers being licensed and the status of the process, including those over 150 days. The agency has the reporting capacity to know at any given time, how many children are in relative/kin homes in addition to whether (and why) the licensing process has exceeded 150 days. Once the homes are fully licensed, they are no longer on the exception report and the LINK system does not archive that type of historical data. The Department manages the exception report well and is able to monitor licensing status in real time. In addition, the new Comprehensive Child Welfare Information System (CCWIS) will also be able to capture and report historical data once completed."

Finding 8

State Statute is Inconsistent with Federal Code and the Department of Children and Families Ineffectively Tracked Statutorily Required Notices

Criteria

Sections 17a-10b and 17a-101m of the General Statutes require DCF to identify and notify kin within 30 days of removing a child. Kin may include the child's grandparent, parent of any sibling, other adult relatives, and adult relatives suggested by the parents depending on the statute.

State statute also requires the notices to include statements regarding the kin's rights under federal and state law and additional information regarding supports, including the requirements to obtain a foster care license and the additional supports and services available for children. It also requires a description of the subsidized guardianship program, and information about other available financial assistance.

Effective September 2023, the Permanency Planning chapter in the DCF policy manual also requires notification to relatives and certain information to include in the letter.

Condition

Sections 17a-10b and Sec. 17a-101m of the General Statutes require DCF to identify and notify relatives after a child is removed, however they have differences in who must be identified and notified and the required contents in the notification. Neither statute fully aligns with the federal requirements in Title 42 *United States Code* Chapter 7, Section 671(a)(29). For example, the notice in Section 17a-10b does not state the caregiver could enter an agreement to receive guardianship assistance payments. In addition, Section 17a-101m

does not specify identification and notification to all parents of any siblings of the child. Both components are included in the federal code.

In addition, DCF does not formally track the notification requirements in the General Statutes. DCF policy requires workers to notify relatives with a letter, but this policy is not monitored. Generally, parents may have already identified relatives and invited them to the Considered Removal Child and Family Team Meeting.

Context

We interviewed DCF administration and staff, reviewed DCF policies and forms, and analyzed requirements in state statutes and federal code.

Effect

DCF's kin caregivers may not receive prompt notification, which could impact the child's placement and stability. Conflicting statutes that do not align with federal code could cause confusion.

Cause

DCF management lacked necessary internal controls to ensure it provides required notices to kin caregivers and failed to address conflicting statutes.

Recommendations

The Department of Children and Families should:

- a. Develop a formal mechanism to track notifications to kin about a child's removal and demonstrate whether it is meeting notification deadlines as required by state and federal statute. DCF should ensure the notification is updated, easy to read, and provided in the relative's preferred language.
- b. Review state statutes for consistency with Title 42 *United States Code* Chapter 7, Section 671(a)(29), to ensure it addresses all required elements and current DCF form letters meet the federal criteria. The department may have to seek legislative changes.

Agency Response

"We agree with this finding in part. The Department employs various methods for identifying and notifying relatives when a child is removed from home, which is, in part, evidenced by the number of children in care who are placed with relatives. However, given the conflicting state and federal statutory notice provisions, the Department has not adequately documented strict compliance with all of these notice elements. The Department agrees with the recommendation to review the conflicting state statutes to eliminate redundancy and ensure compliance with applicable federal law through a legislative proposal as needed."

Finding 9

The Department of Children and Families did not Sufficiently Provide Required Notification of Support to Kin

Criteria

Section 17a-114f of the General Statutes requires the Department of Children and Families to develop a notification of support and provide it to foster parents and relative caregivers at the time of caregiver placement. It must include 12 items addressing the caregiver's training, support and privileges surrounding the child's care including legal, medical, emotional issues, and what to do if the caregiver disagrees with DCF.

Condition

DCF did not provide a notification of support to caregivers or track all information required by Section 17a-114f of the General Statutes. DCF did not provide caregivers with sufficient basic information similar to a Right to Know brochure presented to biological parents.

Although caregivers have access to some information from DCF, including Caregiver Support Team contractors, United Way 2-1-1, and the Connecticut Association of Foster and Adoptive Families, these sources are not thorough and do not replace statutory notification.

Context

We reviewed state and federal laws and researched legislative history and intent. We interviewed stakeholders and DCF foster care staff. We examined various DCF policies and forms.

Effect

Caregivers may not know how to effectively participate in the child's overall wellbeing.

Cause

DCF did not prioritize compliance with this statutory requirement.

Recommendations

The Department Children and Families should develop:

- a. A notification of support as required by Section 17a-114f of the General Statutes. The department should augment the notification of support with a more comprehensive guide for kin caregivers that provides details on topics within the notification of support and steps caregivers can take to exercise their privileges.

- b. Practices for publishing, distributing, and tracking the notification of support to ensure foster parents and relative caregivers have equitable access to information.

Agency Response

"We agree with this finding in part. While Department could not document strict compliance with this specific statutory notice provision, it complies with the intent of the language by providing all foster parents with information regarding supports available to assist them in caring for the child(ren) placed with them. This includes, but is not limited to, a comprehensive Caregivers Handbook and a host of materials and training provided through the Connecticut Association of Foster and Adoptive Families. The Department will also be reviewing this statutory notice provision and will be pursuing a legislative change to codify a Foster Parent Bill of Rights. Our commitment to supporting our foster families, including relatives, is unwavering, and we are continually exploring and implementing best practices to meet their needs."

Finding 10

The Department of Children and Families did not Thoroughly Analyze Waivers to Licensing Standards for Kin Caregivers Data

Criteria

Section 17a-114(c) of the General Statutes allows the Department of Children and Families to grant a waiver from certain non-safety related licensing standards if it is in the best interest of the child to be placed with a relative or fictive kin caregiver. DCF must document the reasons for the waiver in writing. DCF Policy 24-1 outlines the types of waivers, the approving authority for each, and the reason for the waiver.

Section 17a-114g of the General Statutes requires DCF to annually report on the safeguards it employed when it seeks to license a relative caregiver with a history of child abuse, neglect, psychiatric illness, or criminal record.

DCF is a Title IV-E agency with an approved Foster Care Program. Title IV-E agencies are required to provide a periodic review of licensing or approval standards, though there is no federal reporting requirement. The department's waiver ability and these various statutory requirements and best business practices suggest that the department should periodically examine waiver use to determine if barriers to licensing have been reduced, if waivers are appropriately used, and child wellbeing is maintained.

Condition

DCF did not analyze the use of waivers to determine if barriers to licensing have been appropriately reduced, if such waivers were used correctly, and that child wellbeing was maintained. There is no cumulative information available to evaluate the use of waivers.

DCF suggests the use of waivers has increased over time and will continue if the department shortens the licensing times. Until 2020, DCF did not have an automated system to track how many waivers it needed, granted, or denied. The department did not conduct further data analysis after that point.

Context

We interviewed DCF administration responsible for foster care licensing and waiver review. We reviewed the department's licensing policies and relevant forms. We requested available waiver log information data or evaluations from DCF for the audited period.

Effect

Insufficient evaluation of waiver requests and data hinder DCF's and any independent authority's ability to discern and analyze the use of waivers and how they affected the wellbeing of children in foster care. A lack of analysis also impedes the department's ability to understand whether there are any additional barriers for licensing of kin.

Cause

DCF did not provide resources to thoroughly analyze the use and impact of waivers throughout the audited period.

Recommendation

The Department of Children and Families should improve its efforts to analyze and report data on waivers to licensing standards for relative caregivers to strengthen foster care licensing practices and better understand their impact on child wellbeing. This information can also support the agency's reporting requirement in Section 17a-114g of the General Statutes.

Agency Response

"We do not agree with this finding. Beginning October of 2020, DCF managed and tracked licensing waivers through an electronic process that allowed for e-signatures and document archiving through our Sharepoint site. This process allows the agency to know the key decisions of an applicant's request for waiver such as when the request was made, the reason for the request and the date of the Commissioner's approval. The site provides point in time data to determine the number of waivers pending approval, and historical data to determine when an applicant received a waiver by uploading and archiving the .pdf waiver document. Prior to implementing this new system, the agency used a manual tracking process via email and hard copy filings. The waiver document was emailed to the Commissioner's office seeking an approval to proceed, the Commissioner's office would review and approve, if appropriate, and email the .pdf document back to the requestor. A hard copy of the waiver .pdf document was filed by the Commissioner's Executive Secretary in a dedicated waiver file. There are no federal or state

policy requirements for reporting waiver data in relative foster homes. The agency continuously reviews our general and relative/kin licensing practices which has prompted practice changes in the waiver process, including centralizing waiver approval to the Commissioner's office and an enhanced format with more content justifying the need for a waiver, including signatures of all CPS and Foster Care management staff supporting the need for a waiver. The final change was to create a hard copy file for all approved Commissioner waivers. This process went into effect in 2016 and was replaced by the current electronic process in 2020."

Auditors' Concluding Comments

Collection of limited waiver data does not demonstrate effectiveness of the practice. The lack of a reporting policy and analysis of DCF waiver logs hinders the department's ability to discern trends and improve overall licensing practices. It should proactively determine how an updated analysis of waiver use could benefit its efforts to dramatically increase kin and relative placements which in part rely on the use of waivers.

Finding 11

The Department of Children and Families did not Comply with Annual Reporting Requirements

Criteria

Section 17a-114g of the General Statutes requires the Department of Children and Families to annually report on its foster care licensing practices. The report must include the safeguards the department employed when it seeks to license a relative caregiver with a history of child abuse or neglect, psychiatric illness, or a criminal record.

Condition

Our review determined DCF did not submit the required annual report regarding foster care licensing practices for the audited period in accordance with Section 17a-114g of the General Statutes.

Context

We reviewed the DCF statutorily-required kinship report and requested the DCF reports due during the audited period.

Effect

The intended recipients were not able to evaluate the required information.

Cause

DCF did not assign resources required to produce the report.

Recommendations

The Department of Children and Families should develop:

- a. The report required under Section 17a-114g of the General Statutes.
- b. An adequate internal control system that tracks and monitors the submission of the report.

Agency Response

"We agree with this finding. We have now updated our reporting protocols to better adhere to the several statutory reporting requirements of the Department. We can provide those protocols upon request. Over the years we have attempted to repeal some reporting statutes. This particular law passed at the end of the previous administration and a report was never filed. We discovered it after a new foster care director was appointed. We have completed the report for 2021 - 2022 and are currently finalizing the 2022-2023 report. Those reports can also be provided if necessary."

Finding 12

The Department of Children and Families did not Promptly Respond to our Requests for Information

Criteria

Section 2-90(g) of the General Statutes requires all state agencies to provide auditors with any necessary information to facilitate the completion of our audit work upon demand. This requirement supersedes any other statute or law related to confidentiality, privacy, health information, or attorney/client privilege.

Condition

DCF did not promptly respond to our office. **Exhibit 21** provides examples of the days between our requests and the department's production of information. The department did not provide certain information.

Exhibit 21. Examples of APA Information and Access Requests

Requested Item	Date Initially Requested	Date Received	Days Elapsed
APA Access to LINK database	8/30/2023	12/6/2023	98
APA Access to PIE database	5/24/2023	9/21/2023	120
Selected PIE data	3/28/2023	10/4/2023	190
Contact name for amounts, sources, and explanations of federal and state funding related to kinship services	2/9/2023	8/10/2023	182
Copy of the blank Client Satisfaction Survey forms	3/28/2023	9/21/2023	177

Process map for kin licensing and referral to CST	2/24/2023	Not Provided	N/A
Examples of DCF tracking logs for referrals to CST	3/3/2023	Not Provided	N/A

Context

We requested various DCF data and other information from the department's designated liaison during our audit beginning in February 2023.

Effect

DCF appeared to lack transparency during the audit process. When production of information is not prompt, our office cannot efficiently and effectively conduct our review. Additionally, when oversight is hampered, it reduces the ability to address identified problems.

Cause

DCF did not assign resources required to promptly respond to our requests for information.

Recommendation

The Department of Children and Families should provide requested information to the Auditors of Public Accounts promptly in accordance with Section 2-90(g) of the General Statutes.

Agency Response

"We do not agree with this finding. The Department acknowledges that there were some delays in our ability to provide information and access to certain records during this audit process. However, some of the delay was driven by external factors related to direct access to LINK records as well as confusion regarding the scope of the audit, which was initially focused on the Kinship Navigator Program. Given that the agency did not have such a program during the years specified as the audit period, the Department incorrectly assumed that the audit was not proceeding. After several meetings, the audit shifted from a program audit of the Kinship Navigator Program to a practice audit of the agency's Relative and Kinship Foster Care practice. This initial misunderstanding contributed to the delay in providing the requested information. However, the Department values accountability and transparency and never intended to impede the audit in any way, furnished information in a timely fashion once the scope was clarified and remained available to the auditors throughout the process."

Auditors' Concluding Comments

In our initial discussions with DCF administrative staff in February 2023, DCF explained the formal Kinship Navigator Program was not implemented as required under statute, but many of the navigator functions are within the Caregiver Support Team program which started back in 2014. Written agreements with CST contractors clearly reference Kinship Navigator duties. Thus, our focus remained on how DCF identifies, locates, engages, and supports potential kin and relative caregivers.

During the first few months of our engagement, we received some of the requested information and met with DCF staff. However, DCF started delaying its production of requested information.

It is difficult to understand why DCF thought the audit was not proceeding. We remained in contact with the department during the entire audit process and continued requesting data and interviewing staff.

OBJECTIVES, SCOPE, AND METHODOLOGY

We have audited certain operations of the Department of Children and Families' Kinship Practices. The scope of our audit included, but was not necessarily limited to, the fiscal years ended June 30, 2018, 2019, 2020, 2021, and 2022. The objectives of our audit were to evaluate:

1. The efficiency and effectiveness of the Department of Children and Families in complying with its statutory obligations related to kinship practices.
2. Whether sufficient controls and practices are in place to ensure the Department of Children and Families is identifying and supporting relatives/kin caregivers by assisting them in finding and accessing the services they need; and
3. The Department of Children and Families Kinship Care Ombudsman/Office of Community Relations' role in helping kin guardians access services.

Our methodology included reviewing written policies and procedures, financial records, meeting minutes, and other pertinent documents. We interviewed various department personnel and certain external parties. We also tested selected transactions. This testing was not designed to project to a population unless specifically stated. Our methodology further included: conducting a literature review, including information from state and federal sources; reviewing relevant Connecticut and federal statutes and regulations to learn about the legal requirements and policies pertaining to child welfare; interviewing agency staff and managers from the department, including the Office of Community Relations (OCR), to ascertain agency processes, practices, limitations, and performance pertaining to kinship practices; interviewing contracted vendors to gain providers' perspectives on the sufficiency of current contracts for kinship caregiver services; analyzing specific data from each contractor entered into the Provider Information Exchange (PIE) and self-reported to understand how DCF fulfilled its respective responsibilities; examining limited financial data related to kinship functions over the last five years; analyzing placement data to understand trends and practices in Connecticut; and considering how Connecticut's practices and policies align with best practices.

We obtained an understanding of internal controls that we deemed significant within the context of the audit objectives and assessed whether such controls have been properly designed and placed in operation. We tested certain of those controls to obtain evidence regarding the effectiveness of their design and operation. Our testing was not designed to project to a population unless specifically stated. We also obtained an understanding of legal provisions that are significant within the context of the audit objectives, and we assessed the risk that illegal acts, including fraud, and violations of contracts, grant agreements, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The accompanying program background is presented for informational purposes. We obtained this information from various available sources including, but not limited to, interviews, documents, and data

provided by the department's management and state information systems. It was not subject to the procedures applied in our audit of the program. For the areas audited, we identified

1. Deficiencies in internal controls;
2. Apparent noncompliance with laws, regulations, contracts and grant agreements, policies, or procedures; and
3. A need for improvement in management practices and procedures that we deemed to be reportable.

The State Auditors' Findings and Recommendations section of this report presents findings arising from our audit of the Department of Children and Families' Kinship Practices.

PROGRAM BACKGROUND

Nationally, there are more than 2.5 million children in kinship care, which is broadly defined as the full-time care of children by relatives or close family friends whose parents are unable to provide care. Many of these are informal arrangements without child welfare system involvement or changes in legal custody. Kinship care typically falls into two types. Kinship foster care occurs when the child is in the custody of a child welfare agency. Informal kinship care is more common and is arranged between parent and caregiver and may not involve a child welfare agency.

Kinship caregivers may temporarily or permanently fill in for parents unexpectedly and have to navigate multiple systems to meet the needs of the children in their care. Kinship families are racially and ethnically diverse, and various ages with grandparents representing a large proportion of kinship caregivers. The National Survey of Child and Adolescent Well-Being found that kinship caregivers tend to be older, have fewer years of education, and are more likely to be living below the federal poverty level. They tend to receive fewer services (training and peer support groups) than foster caregivers. Children in kinship care are more likely to have unmet needs and are less likely to receive needed early intervention or special education services than similar children placed in non-relative foster care.

Federal initiatives, including the Family First Prevention Services Act of 2018, Preventing Sex Trafficking and Strengthening Families Act of 2014, and the Fostering Connections to Success and Increasing Adoptions Act of 2008, attempt to encourage kinship placements while remediating some of the child's health, social, and financial needs. In response to federal kinship care initiatives, child welfare agencies are prioritizing placements with relatives and fictive kin,¹¹ addressing barriers to licensing kin caregivers, ensuring kin become licensed foster parents, and developing programs to link kin with appropriate resources. More recently, these agencies are placing more children removed from their home with relatives (kin) or an adult close to the child (fictive kin). This is demonstrated by the national increase of kinship homes from 26% in 2007 to 34% in 2021, with 134,000 children placed with relatives and fictive kin in 2021.

Kinship Care

In Connecticut, children in welfare custody are placed full time with relatives and fictive kin through kinship care when available. A relative or kin caregiver is a person who provides foster care for a specific child related to that person by blood, marriage, or adoption descended from a common ancestor not more than three generations removed. Occasionally, children can be known to the [Department of Children and Families](#) and within an informal arrangement before being placed in a formal placement with a kin caregiver who applied for a license. Formal kinship care arrangements occur when DCF has legal custody of the youth under eighteen. **Exhibit 22** highlights key characteristics of formal care (kinship and foster care) and informal care (voluntary kinship care or family arrangements).

¹¹ Kin can also refer to non-related adults as fictive kin, if the person has an emotionally significant relationship that is essentially a familial relationship with the child.

Exhibit 22. Types of Home-Based Placements for Children

Formal Care		Informal Care
Kinship Care	Nonrelative Foster Care	Voluntary Kinship Care
Kinship care arrangements in which DCF has legal custody and places the child with relatives or fictive kin	Care arrangements in which DCF has legal custody and places the child in foster care	Kinship care arrangements in which DCF does not have legal custody of the child
DCF required to assess family (i.e., background checks, Child Protective Service history)	DCF required to assess foster care family (i.e., background checks, Child Protective Service history)	No safety assessment of caregiver unless there is probate court involvement and DCF is assigned to conduct a study of the caregiver/proposed guardian's home
DCF completes home assessment	DCF completes home assessment	No assessment of services needed unless there is probate court involvement and DCF is assigned to conduct a study of the caregiver/proposed guardian's home
Caregiver is eligible for Foster Care Maintenance Payments, may be eligible for one-time subsidies to cover unusual expenses	Caregiver is eligible for Foster Care Maintenance Payments, may be eligible for one-time subsidies to cover unusual expenses	Limited financial assistance, may be referred by 2-1-1 or other community providers to programs for assistance
Child enrolled in state health insurance	Child enrolled in state health insurance	
Caregiver conditionally approved and licensed within 150 days of child being placed, waivers may be granted to certain licensing standards	Caregiver licensed prior to child placement (not eligible for a waiver)	No foster care home license
Time-limited (goal to achieve permanency, including reunification, adoption or subsidized guardianship, in 12 months)	Time-limited (goal to achieve permanency, including reunification as the primary goal, transfer of guardianship or adoption in 12 months)	No time-limit

Motivated by changes to federal policy, Connecticut extended its efforts to help meet the needs of kin caregivers by promoting internal kin placement goals, increasing efforts to identify and notify relatives, assessing and supervising kinship care placements, subsidizing guardianship programs, seeking federal kinship navigator program funds, revising licensing standards to allow waivers for non-safety standards for kinship foster homes for a specific child, and providing referrals to outside supports like the Caregiver Support Team (CST), Connecticut Alliance of Foster and Adoptive Families (CAFAF), and 2-1-1 United Way.

DCF's Responsibility for Implementing State Kinship Navigator Program

Under Section 17a-98a of Connecticut General Statutes, DCF, in consultation with the departments of Social Services, Mental Health and Addiction Services and Developmental Services, is required to establish, within available appropriations, a kinship navigator program. The program shall ensure that when DCF determines a child be placed with a relative, the department informs the relative about steps

to become a licensed foster parent and provides eligible relatives information on state services and benefits. DCF is also required to ensure that 2-1-1 Infoline program includes information on services available under the kinship navigator program. DCF maintained it did not implement a kinship navigator program because funding was not available until 2023. However, the department implemented many of the program's practices.

Many states launched some version of a kinship navigator program to provide support services and assist kinship caregivers in learning about, finding, and using programs and services to meet the child's and their needs. While kinship navigator programs vary in the type and number of kinship services they provide, Connecticut's program encompasses a full spectrum of services. According to DCF, **Exhibit 23** lists the elements of the kinship navigator program that aim to improve caregiver knowledge of services and assist them in identifying and accessing needed services.

Exhibit 23. Elements of the Connecticut Kinship Navigator Program	
Provides information about available services	Manages the distribution of guides and materials
Promotes effective public and private collaboration	Creates awareness of the caregiver's needs with the goal to enhance service provisions
Assists to identify and access services that meet the child and caregivers needs	Creates awareness of the need for licensed caregivers
Establishes a toll-free information and referral system linking	Establishes a Kinship Care Ombudsman (Office of Community Relations)
Provides outreach	May support other activities
Maintains and updates website, guides, and materials	

DCF Kinship Practices

The [Department of Children and Families](#) is a consolidated child welfare agency, responsible for child protective services, children's behavioral health, and education for youth in care. The department consists of a central office and 14 area offices organized into six regions. Each regional office, with oversight and support from the central office, is responsible for supporting kinship caregivers. Kinship licensing staff, support staff, and gatekeepers/liaisons from the Foster and Adoptive Support Unit (FASU) support kinship caregivers in various ways. Four of the regions utilize specific kin licensing staff, while others rely on a mix of support staff for kinship assistance. For two years, there has been a vacant kinship program gatekeeper/liaison position in one of the regions. Other DCF workers include placement resource specialists, office administrators with LexisNexis (an online database used to access public records to locate people) rights, and social workers from Child Protective Services (CPS).

Identification and Notification of Relatives

If the department considers removing a child, DCF workers must hold a Considered Removal Child and Family Team Meeting (CR-CFTM), which brings together the family, its DCF workers, and support people including extended family, friends, and community providers to develop a plan to mitigate the safety factors and safely keep the child at home. This includes identifying relative and natural supports who can assist in stabilizing the family. The parent has a right to suggest a relative of the child or another person to be their child's foster parent. If not possible, then the participants will consider potential placement resources and other supports for the child and family. Upon removal of a child, DCF is statutorily required to immediately make a reasonable effort to identify and provide notice to relatives of the child by blood or marriage. When appropriate, DCF must take appropriate steps to identify, locate, and offer placement to kin prior to another formal placement. Several DCF social workers must continue efforts to locate and notify kin of a child in their care.

Foster and Adoptive Support Unit and Child Protective Services workers search for potential family and kinship placements while a placement specialist searches for a core foster family (i.e., non-relative) as a contingency plan. The CPS or ongoing services social worker forward a request for a relative search to the authorized LexisNexis users. LexisNexis is an advanced search engine that links public records to identify connections between individuals, potential relatives, and fictive kin. Ideally, CPS has identified potential relatives and supports for kin caregivers at this point in the process. In an emergency removal, members of the Foster Care Division help the CPS division with relative identification, as necessary. Staff attempt to identify placement resources by asking the parents or child, case mining, social media, or legal resources.

DCF is statutorily required to notify relatives within 30 days after the child is removed from the home. DCF must inform the relative of their rights to participate in the care and placement of the child, provide a description of the requirements to become a licensed foster family, and additional services and supports available for the child including subsidies for the provision of care.

Kin Caregiver Assessments and Licensing

When DCF workers find a relative or kin who is willing to care for the child, the workers conduct background checks on the individual and household members, complete an emergency home assessment (EHA), and evaluate the suitability of the household to meet the child's unique needs. DCF considers a kinship placement if the proposed caregiver meets foster care licensing requirements, permits the child to remain in their home community, or is in the child's best interest.

For kinship placements, the caregiver will often not be licensed when the child is placed but must become licensed after placement. According to DCF Practice Guide 24-1-PG: Foster Care, Adoption, Guardianship, the license application must include results from:

- Child protective services check
- Local police check
- State police fingerprint check
- FBI Standard Fingerprint Form
- Department of Motor Vehicle records check

Additionally, all household members over 16 must submit authorizations for various background checks.

DCF may seek a waiver for non-safety related licensing standards for kinship caregivers. For example, a home may not meet space requirements, the family may have financial need, or the caregiver may have a prior history of substance use, but the caregiver can still provide safe and suitable care. DCF policy supports the elimination of child protection and criminal histories as barriers to licensure, placement, family arrangements, and limitations of access whenever safe and appropriate. In an emergency, DCF regional offices can place a child with a relative or fictive kin prior to full licensure after obtaining child abuse and criminal clearances and conducting a condensed home study to meet the unique needs of kin families. A request for a waiver regarding criminal history is conducted in accordance with DCF Policy 24-1 and documented. For consistency, DCF's legal division centrally handles decisions to allow licensure for those with a prior previous substantiation. Safety-related standards, such as conviction of certain violent crimes or placement on the DCF Central Registry, cannot be waived. However, DCF may remove a person from the Central Registry to enable placement if the individual would otherwise meet licensing standards when appropriate. The type of waiver affects who within DCF may approve it. The waivers are documented in writing.

Once the kin caregiver receives initial approval, DCF may place the child. Upon initial application approval and placement, the following should occur:

- DCF's FASU assists the caregiver to become a licensed foster care provider within 150 days;
- DCF refers the family to the region's Caregiver Support Team agency; and
- DCF provides the caregiver a statutorily required Notification of Support.

DCF provides kin with information and post-licensing training in accordance with their individualized plan. Kin caregivers must participate in nine hours of training to become licensed. DCF offers licensing training, support groups, and post-licensing training in Spanish. Licensing should take no more than 150 days, though it may take longer in practice. The caregiver must renew their license every two years.

Developing and Implementing a New Kinship Navigation Model

In December 2019, Connecticut developed a Kinship and Foster Care Workgroup as a part of its federally required Family First Prevention Services Act (FFPSA or Family First) implementation planning efforts. The Family First legislation contained several provisions to enhance support services to children and families, including development of a Kinship Navigator Program. Workgroup goals and key deliverables focused on identifying service opportunities that address and mitigate identified policy barriers to better support relatives and kin. DCF partnered with a consultant to provide guidance on developing a kinship navigator model.

The development of a statewide Kinship Navigation Model (KNM) was built on Connecticut's Caregiver Practice Model (CPM), an organizing framework that describes and guides the work of DCF and its contracted providers. DCF and its consulting group chaired a team in the planning and developing of adopting tangible deliverables with input from local stakeholders, caregivers, and youth. The focus of their findings and recommendations included improving access and referral services, improving existing services, addressing service gaps, improving system partnerships, enhancing caregiver supports, and education for families/kin caregivers.

Their work cumulated in the current implementation of the Kinship Navigation Model named ConnectiKIN (C-KIN). Unlike CST, C-KIN only serves kinship families and 50% of kinship navigators must have lived experience.¹² C-KIN provides two levels of service: the information level for caregivers who only need information on services and the partnering level those who require care coordination. Caregivers decide what level of services they need. Furthermore, in an effort to ensure the program is family led, C-KIN only communicates with DCF if the family chooses. The CST service model required communication and collaboration between the CST provider and the family's DCF social workers. This new model was implemented in August 2023.

KIN CAREGIVER SUPPORTS

DCF offers an array of services and works with key collaborators to best support kin caregivers in Connecticut. **Exhibit 24** from the Family First Kin Workgroup highlights affiliated organizations that have a history of working with DCF to offer programs and other services for DCF involved families. Additionally, kin without DCF involvement can access informal networks of services.

¹² Lived kin caregiving experience includes having been a foster child or have experience as a kin caregiver.

Exhibit 24. Supports for Formal and Informal Kin Caregivers in Connecticut	
Formal Care	Informal Care
Kinship caregivers with children who <i>have</i> an active DCF case	Kinship caregivers with children who <i>do not have</i> an active DCF case
<ul style="list-style-type: none"> Caregiver Support Team (CST) (Attachment, Regulation & Competency Grow) Connecticut Alliance of Foster & Adoptive Families (CAFAF) Office of Community Relations (OCR)/DCF Ombudsman DCF Service Array (including Subsidized Guardianship Program (SGP)) 	<ul style="list-style-type: none"> 211 Referral & Information Probate Court Department of Social Services (Temporary Assistance for Needy Families, Medicaid) Department of Aging Department of Education Office of Early Childhood Support Groups <p>After Achieving Permanency</p> <ul style="list-style-type: none"> Subsidy (Permanent Subsidized Transfer of Guardianship, Subsidized Transfer of Guardianship, or Adoption) Adoption Assistance Program All of the above

Formal DCF Programs for Kin Caregivers

- Caregiver Support Team

From 2014-2022, DCF implemented Caregiver Support Teams in all six regions to serve and provide in-home clinical support to kinship and non-kinship foster families. DCF contracted with nonprofits to prevent the disruption of foster placements and increase stability and permanency by providing timely in-home interventions involving the child and their caregiver/family. For kinship families, this intensive in-home service was provided at the time the child was placed with the family and at critical points.

Exhibit 25 shows that the contracts for CST included certain performance activity measures.

Exhibit 25. Caregiver Support Team Performance and Activity Measures	
Intake & Assessment	<ul style="list-style-type: none"> a. The number of families referred by each Area Office. b. The number of referred families who accept CST Services. c. The percent of initial meetings held with family within 7 calendar days from the date of referral assignment. d. The number of assessments completed. e. The percent of assessments completed and provided to the family & department within 14 calendar days from date of intake. f. The percent of assessments that considered all required domains.
Support Plans	<ul style="list-style-type: none"> a. The number of support plans completed. b. The percent of support plans that address all priority areas of needs identified in the assessment.

	c. The percent of support plans developed and provided to the family and department within seven calendar days from date of assessment.
Discharge/Transition Plans	a. The number of discharge/transition plans provided to the family and department. b. The percent of discharge/transition plans provided to the family and department within one week of case closing. c. The percent of children/youth served that maintain birth family or other positive sustainable adult connections. d. The percent of caregivers who receive outside services including training, linkages to behavioral health services, financial assistance, and other relevant community referrals during the CST episode.
Client Outcomes	a. The percent of children/youth that are maintained in their foster or adoptive settings <ul style="list-style-type: none"> i. while served in CST ii. at the six-month interval after receiving CST services. b. The percent of parents/caretakers who report <ul style="list-style-type: none"> i. satisfaction with CST services and ii. support plan met identified needs, as evidenced by survey responses collected by contractor at discharge.

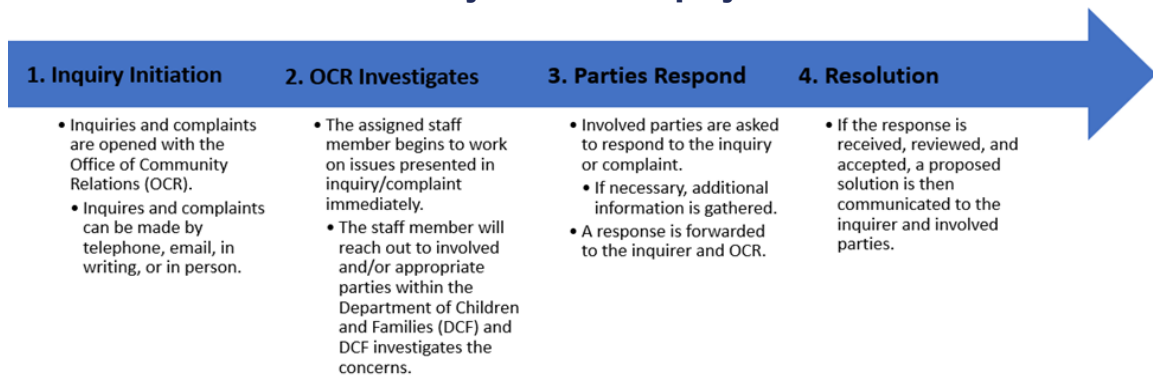
- **Connecticut Alliance of Foster and Adoptive Families**

DCF partnered with the Connecticut Alliance of Foster and Adoptive Families (CAFAF) since 2014 to provide foster parents, adoptive families, and kinship caregivers a range of support, education, training, and advocacy intended to address and meet their unique needs. Additionally, CAFAF offers about 35-45 “buddies” as part of their Peer-to-Peer Mentoring program to support new foster families during the first six months of placement. As of 2020, the program had assigned 890 families a peer mentor. Additionally, CAFAF offers resources and communicates about the nearly 40 support groups in the state.

- **Office of Community Relations within DCF**

The Office of Community Relations (OCR) (formerly the Ombudsman’s Office) within DCF responds to inquiries from DCF involved families, youth, foster and adoptive parents, providers, and citizens involved. It completes in-depth reviews of constituent inquiries and seeks to bring together regional office staff, foster parents, and relatives to gain a mutual understanding of all parties involved. **Exhibit 26** illustrates the inquiry process from the receipt of a concern or question to the initiation of an investigation in which DCF staff responds to concerns through the resolution. OCR provides individuals information on DCF policies, protocol, practice, and community resources such as the Connecticut Alliance of Foster and Adoptive Families (CAFAF) or the Children’s Lawline when Family Court is involved.

Exhibit 26. Office of Community Relations Inquiry Flow Chart



We requested certain data about OCR activities and DCF provided a report containing an analysis of inquiries from foster parents and relatives from fiscal years 2019 through 2021. A review of the data shows that relatives were 21% of those who reached out for assistance. Grandparents made up 13% of all inquiries to (1) offer themselves as a resource for children being placed (2) express confusion regarding licensing requirements, and (3) ask questions about their licensing eligibility due to their own DCF history.

The data suggests kin cases are complex and require a higher level of effort to coordinate difficult activities including navigating potentially turbulent family dynamics.

- **Subsidized Guardianship Program**

Section 17a-126 of the General Statutes established the Subsidized Guardianship Program (SGP) for licensed and provisionally approved kin caregivers who have provided foster care for six consecutive months for a child whom reunification with a parent or adoption are not viable permanency options. Kin caregivers may receive a monthly payment (between \$9,125 to \$10,220 per year per child) on behalf of the child based on the circumstances of the caregiver and the needs of the child. They do not exceed the foster care maintenance payment that would have been paid on behalf of the child if they were placed in a licensed foster home. To facilitate a placement, DCF may fund extraordinary expenses for a child or foster parent to purchase tangible and concrete supports for a relative or fictive caregiver. The Office of Early Childhood recently modified its Care 4 Kids rules so that DCF subsidized guardian families are treated the same as foster care families. Therefore, SGP kin caregivers may also be eligible for daycare assistance.

Informal Kin Caregiver Support Programs

- **United Way 2-1-1**

DCF started funding United Way's youth mobile crisis program and resource directory for children and family services in 2009. DCF and United Way recently made scope changes to their contract to incorporate a specific online landing page for kinship navigation, train kinship navigators on how to use the new landing page help locate resources and services and hire a dedicated resource specialist for kinship navigation.

We asked United Way to identify any barriers or concerns related to kinship caregivers based on caller data. In their 2-1-1 Call and Referral Data from calendar years 2017 through 2019, they found the top three caregiver searches in the state were financial assistance, legal services, and support groups. United Way staff referred caregivers to probate courts in New Haven, Bridgeport, Waterbury and Hartford, DCF's Subsidized Guardianship Program, and Connecticut Legal Services which saw an increase in referrals in 2019. Related website searches revealed that caregivers were searching key words like kinship caregiver, foster care and adoption support

group, grandparents raising children, and financial assistance. Their E-library had an average of 4,000 views per month specifically for its white paper report on Kinship Caregivers/Grandparents Raising Grandchildren/Custodial Relatives. Some barriers included providers not always updating their websites for relevant services.

- **Probate Court**

Probate courts handle matters involving the care and guardianship of children including terminating parental rights and granting adoptions and emancipations of minors. Probate courts offer support to kin caregivers including financial assistance for those who meet eligibility criteria. These caregivers tend not to be DCF involved, and services for this population can be scarce. Of the approximately 3,500 annual petitions involving termination of parental rights, 20% of these probate court cases were DCF involved. Probate courts identified several barriers that impact kinship caregivers for DCF planning purposes. They noted limited funding opportunities for caregivers in informal family arraignments. Their Family Specialists/Regional Children Courts are not statewide. Families needed waivers for filing fees and had significant financial needs.

Dedicated Resources

Over the last five years, the DCF annual operating budget was between \$776 million and \$795 million. DCF operated through a central office, fourteen area offices, and two facilities. DCF does not specifically track how much it spends on kinship services. Generally, many types of DCF staff perform kinship activities. DCF contracted with CSTs to provide significant support to kinship and core foster home caregivers. Caregiver Support Team contracts totaled over \$24 million of DCF funding from fiscal years 2018 through 2022. In 2022, DCF set aside about \$5.2 million for CSTs. Due to cost-of-living adjustments, DCF spent \$5.4 million, an increase of \$252,666.

Exhibit 27 shows how DCF originally budgeted and expended amounts by region across the state. In region 2, Bridges operated as a subcontractor of Family Centered Services, which also provides CST services in that region.

Exhibit 27. Caregiver Support Team Contractor Funding, FYE June 30, 2022			
Region	Contractor	Contracted Amount	Amount Expended
1	Family & Children's Agency	\$ 555,752	\$ 577,982
2	Family Centered Services and Bridges	836,930	870,407
3	United Community & Family Services	1,017,097	1,057,781
4	Community Health Resources	1,353,796	1,338,745
5	Family & Children's Aid	842,700	1,019,422
6	Wheeler	573,967	568,571
	Total	\$ 5,180,242	\$ 5,432,908

DCF invested funding in developing a kinship navigator program during the audited period. DCF utilized its existing CST program to provide support to kinship families during the licensing process. The CST program shared some elements with the federal kinship navigator program but differed from the newly implemented C-KIN which began in 2023. While Connecticut's state budget did not specifically identify funding for kinship navigation services, with the implementation of C-KIN, DCF apportioned \$5.8 million in 2023 for C-KIN through a line item in the DCF budget.

Federal Funding

In October 2018, the Administration for Children and Families awarded DCF funds to develop a kinship navigator program. The kinship navigator language is highlighted in the Family First Prevention Services

Act (FFPSA) as part of the new law to help establish, evaluate, or maintain kinship navigator programs. The funds were used to train providers on attachment disorders, emotional regulation, and enhance competency of the staff. DCF received a second round of funding to support an evaluation of the CST program. During the audited period, DCF used the two federal programs, the MaryLee Allen Promoting Safe and Stable Families (PSSF) Program and the Adoption Incentive, to support the development of an evidenced-based kinship navigator program. That program is now known as C-KIN in Connecticut.

Under the Family First Act of 2018, jurisdictions can receive ongoing federal reimbursement for up to 50% of their expenditures relating to kinship navigator programs that meet certain requirements. This federal support is available regardless of whether the children for whom the services are being accessed meet income eligibility requirements for Title IV-E or are candidates for foster care. To prepare agencies to qualify for the new kinship navigator program funding while current program models eligible for Title IV-E reimbursement were being identified, the United States Congress, through annual appropriations bills, set aside \$20 million in funding appropriated under Title IV-B, Subpart 2 of the Social Security Act in each of fiscal years 2018 through 2022.

States, tribes, and territories do not have to meet federal Title IV-E kinship navigator program requirements to receive the Title IV-B funding mentioned above but should utilize these funds to prepare themselves to meet these requirements and receive ongoing reimbursement under the Family First Act. Connecticut does not have an evidence-based model and has not met Title IV-E funding requirements and as such, has not accessed the 50% percent reimbursement awards permissible under FFPSA. However, DCF has been appropriated funds from the PSSF Program under Title IV-B Subpart 2 of the Social Security Act. DCF submitted federal financial reports from 2018 through 2022 to the federal Administration for Children and Families for approximately \$1 million.

In addition to federal funds, DCF utilizes state Education and Training Voucher Program funds to provide services to youth who have left foster care for kinship guardianship or adoption after becoming 16.

External Factors Present Challenges For DCF

External factors affected kinship services during the audited period. COVID-19 impacted assessments as face-to-face assessments were not done but could have impacted the outcomes. In March 2022, DCF exited the Juan F. Consent Decree after it achieved certification of all outcome measures. While DCF no longer has this additional layer of oversight, it continues internal and external oversight, including but not limited to, the federal Child and Family Services Reviews done nationally for all child welfare systems.