

**Juan F. v. Malloy Exit Plan
Quarterly Report
April 1, 2011 - June 30, 2011
Civil Action No. 2:89 CV 859 (CFD)**

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April 1, 2011 - June 30, 2011

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**Juan F. v Malloy Exit Plan Quarterly Report
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Highlights

- The Monitor's quarterly review of the Department's efforts to meet the Exit Plan Outcome Measures during the period of April 1, 2011 through June 30, 2011 indicates that the Department achieved 16 of the 20 Outcome Measures¹ reported in this document. The four measures not met included; Outcome Measure 10 (Sibling Placement), Outcome Measure 14 (Placement within Licensed Bed Capacity), and Outcome Measure 20 (Discharge of Youth Regarding Education, Work and/or Military Status), and Outcome Measure 21 (Discharge of Youth to the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS).
- As outlined in the previous Quarterly Report, the Second Quarter (April-June 2011) was utilized as a transitional period to implement the "blind" sampling methodology for Outcome Measure 3 (Case Planning) and Outcome Measure 15 (Needs Met). This transition included changes to the review methodology, as well as, the development of a revised feedback format to the Department by the Court Monitor. Regional meetings will now be utilized by the Court Monitor and senior DCF staff to present and discuss trends and findings each quarter. Implementation of this process is set to begin in the Third Quarter 2011. In addition, Commissioner Katz tasked each region to develop a strategic plan for improving case planning and related activities. These plans are now being finalized.

By agreement of the Court Monitor and the *Juan F.* parties, there is no report on Outcome Measures 3 and 15 for the Second Quarter 2011 (April-June 2011). Reporting on these measures is set to resume for the Third Quarter 2011 (July-September 2011).

- On August 4, 2011, the Department released the report "Congregate Care Rightsizing and Design: Young Children, Voluntary Placements and a Profile of Therapeutic Group Homes". This report outlines a number of goals to reduce the use of congregate care placements/treatment. The goals include eliminating placements of children age six (6) and younger in congregate care facilities except when authorized by the Commissioner; reducing the number of children ages seven (7) through twelve (12) in congregate care; conducting a review of the 1,200 youngsters ages thirteen (13) and older in congregate care; including a child's family, foster family or key adults as full participants in the admission, treatment and discharge process; implementing a brief treatment model in collaboration with the congregate care providers in CT; and in collaboration with families, providers and young people, focusing on outcomes for all Department work including the expectation that all child and family case plans include individual, timeframe specific treatment and normative outcomes for each child. The next six highlights point to some initial successes in implementing these policy statements, as well as, continued challenges.

¹ There is no report on Outcome Measure 3-Case Planning or Outcome Measure 15-Children's Needs Met this Quarter.

- As of August 2011, there were 454 *Juan F.* children placed in residential facilities. This is a decrease of 34 children compared to the 488 children reported last quarter. The number of children residing in residential care for greater than 12 months was 126, which is a decrease of six (6) children in comparison to the 132 reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities decreased by 17 to 285 compared to the 302 reported last quarter.
- The number of children age 12 years old or younger in congregate care decreased from 149 in May 2011 to 132 as of August 2011.
- As of August 2011, there were seven (7) children aged 1 to 5 years of age residing in a SAFE Home placement. This is a decrease of nine (9) children from May 2011.
- The number of children utilizing SAFE Home temporary placements increased to 79 as of August 2011 compared with the 70 reported as of May 2011. The number of children in SAFE Home overstay status (>60 days), decreased to 42 children compared with the 50 children reported last quarter. It is important to note that the Second Quarter data indicates 53.0% (42 of 79) of the children are in overstay status. There were 13 children with lengths of stay in excess of six months as of August 2011. The lack of sufficient foster/adoptive resources remains the most significant barrier to timely discharge. It also should be noted that a portion of children on overstay status are part of a sibling group which makes matching a more difficult task given the lack of foster care resources willing or able to accommodate multiple siblings.
- There were 80 youth in STAR programs as of August 2011, the same as reported in May 2011. The number of youth in overstay status (>60 days) in STAR placements increased to 48 youth, an increase from the 41 youth noted last quarter. Sixty percent (60.0%) of the youth (48 of 80) in STAR programs were in overstay status as of August 2011. There were three children with lengths of stay longer than six months as of August 2011. The lack of sufficient and appropriate therapeutic foster home resources, therapeutic group homes, and specialized residential services, hampers the efforts to further reduce the utilization of STAR services and better manage the resident's length of stay.
- During the Second Quarter 2011, the Department undertook efforts to examine its DCF Foster and Adoptive work and to produce a report of potential next steps. During the process, it was determined that a number of private foster care programs were double counting the number of foster care homes. One program was counting therapeutic foster care licensed homes that also hold a medically complex certified license, under both categories. A number of other programs were including "respite only" homes in both the respite and total number of approved homes category. The discovery of this problem required a 78 home reduction in the total foster care home count. In addition, the approved state budget transferred the Multi-Dimensional Treatment Foster Care service to the Judicial Department (CSSD). This service involves a total of 23 homes.

After a review of the data and information provided as well as a discussion with the parties the baseline total set in June 2008 has been adjusted by 101 homes and the Second Quarter foster

home totals reflect the removal of both the duplicate home and transferred foster home service. The Division of Foster Care monthly report for April 2011 indicates that there are 2,352 licensed DCF foster homes. This is an increase of 38 homes compared with the First Quarter 2011 report, with many of them being relative foster care homes. The number of approved private provider foster care homes is 851². The number of private provider foster homes currently available for placement is 84. The Department's goal as outlined in the Stipulation Regarding Outcome Measures 3 and 15 required (1) a statewide gain of 350 foster homes by June 30, 2009; and (2) an additional statewide gain of 500 foster homes by June 30, 2010. The baseline set in June 2008 and revised during the Second Quarter 2011 is 3,287 foster homes. The Department's status as of July 2011 is 3,203 homes, a net loss of 84 homes compared with the baseline set in June 2008. Additional foster care and adoptive resources remain an essential component required to address the needs of children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.

- The three permanency measures are Outcome Measure 7 (Reunification), Outcome Measure 8 (Adoption), and Outcome Measure 9 (Transfer of Guardianship) and all three were met for the Second Quarter 2011. This is the third consecutive quarter that these three measures were met. These measures examine the number of children achieving these permanency goals within the prescribed timeframes (12 months for Outcome Measure 7 and 24 months for Outcome Measure 8 and Outcome Measure 9) as they exit the Department's custody upon achieving the permanency goal. The performance for Outcome Measure 7 (Reunification) (73.1%) was the highest recorded percentage since tracking of the Exit Plan outcomes was instituted.
- Outcome Measure 20 (Discharge Measures) was not met in the Second Quarter 2011. This measure requires 85% of the youth age 18 or older to have achieved educational and/or vocational goals at the time of their discharge from DCF custody. Fifty-four (54) of the sixty-eight (68) youth in this quarter's universe or 79.4% achieved one or more of the measures. This measure had been met for 5 consecutive quarters and 22 of 24 quarters prior to the last two quarters. This Outcome Measure is part of the initial round of "certification" reviews being conducted by the Court Monitor. These "certification" reviews were conducted on Outcome Measures where the Department has demonstrated statistical compliance for a sustained period of time. The parties' agreement to have the Court Monitor undertake this review in no way limits either party or the Court Monitor from requesting and conducting additional certification reviews of the Outcome Measures as outlined in Section 5 of the Introduction of the Revised *Juan F.* Exit Plan. The findings for each of these "certification" reviews will contain valuable information regarding both the qualitative and quantitative aspects of the measure. The "certification" review for Outcome Measure 20 begins on page 15.

² The number of private provider foster care homes was adjusted this quarter to account for the transfer of Multi-Dimensional Treatment Foster care (MTFC) to CSSD, and duplicate counts of foster homes provided by private foster care programs. These adjustments total a 101 home difference from the previous quarter.

- Outcome Measure 21 (Discharge of Mentally Ill or Developmentally Disabled Youth) was not met in the Second Quarter 2011. This measure requires 100% compliance with the requirement that DCF "shall submit a written discharge plan to either DMHAS or DDS for all children who are mentally ill or developmentally disabled and require adult services". Twenty-three (23) of the twenty-five (25) youth or 92.0% requiring adult services had the required written discharge plans submitted. This Outcome Measure is part of the initial round of "certification" reviews. These "certification" reviews were conducted on Outcome Measures where the Department has demonstrated statistical compliance for a sustained period of time. The parties' agreement to have the Court Monitor undertake this review in no way limits either party or the Court Monitor from requesting and conducting additional certification reviews of the Outcome Measures as outlined in Section 5 of the Introduction of the Revised *Juan F.* Exit Plan. The findings for each of these "certification" reviews contain valuable information regarding both the qualitative and quantitative aspects of the measure. The "certification" review for Outcome Measure 21 begins on page 46.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 775 in May 2011 to 752 in August 2011. The Department's continued efforts to appropriately pursue APPLA goals for youth, including modifying the goal of children with an APPLA goal to a preferred goal, and the continued age-out of older youth is contributing to the ongoing reduction. There has been a reduction of close to nearly 400 children with APPLA goals since November 2008.
- In light of the Court decision regarding Voluntary Services (Docket No. 633) and given the recent request of the Plaintiffs, the Court Monitor is working with the Department to identify and validate any child who is waiting for Voluntary Service from either DCF or DDS.
- The Monitor's quarterly review of the Department for the period of April 1, 2011 through June 30, 2011 indicates that the Department did not achieve compliance with four (4) measures³:
 - Sibling Placements (86.7%)
 - Placement Within Licensed Capacity (95.6%)
 - Discharge Measures: (Educational & Vocational) (82.9%)
 - Discharge to DMHAS and DMR (97.0%)
- The Monitor's quarterly review of the Department for the period of April 1, 2011 through June 30, 2011 indicates the Department has achieved compliance with the following 16 Outcome Measures:
 - Commencement of Investigations (97.2%)
 - Completion of Investigations (94.4%)
 - Search for Relatives (94.5%)
 - Repeat Maltreatment (5.4%)

³ There is no report on Outcome Measure 3 and 15 for Second Quarter 2011.

- Maltreatment of Children in Out-of Home Cases (0.1%)
 - Reunification (73.1%)
 - Adoption (32.7%)
 - Transfer of Guardianship (78.4%)
 - Re-Entry into DCF Custody (4.4%)
 - Multiple Placements (96.1%)
 - Foster Parent Training (100.0%)
 - Worker-Child Visitation Out-of Home Cases (95.1% Monthly/99.2% Quarterly)
 - Worker-Child Visitation In-Home Cases (89.7%)
 - Caseload Standards (100.0%)
 - Residential Reduction (9.8%)
 - Multi-disciplinary Exams (96.3%)
- The Department has maintained compliance for at least two (2) consecutive quarters⁴ with 15 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
- Commencement of Investigations (twenty-seventh consecutive quarter)
 - Completion of Investigations (twenty-seventh consecutive quarter)
 - Search for Relatives (twenty-second consecutive quarter)
 - Repeat Maltreatment (seventeenth consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (thirtieth consecutive quarter)
 - Reunification (seventh consecutive quarter)
 - Adoption (third consecutive quarter)
 - Transfer of Guardianship (tenth consecutive quarter)
 - Multiple Placements (twenty-ninth consecutive quarter)
 - Foster Parent Training (twenty-ninth consecutive quarter)
 - Visitation Out-of-Home (twenty-third consecutive quarter)
 - Visitation In-Home (twenty-third consecutive quarter)
 - Caseload Standards (third consecutive quarter)
 - Residential Reduction (twenty-first consecutive quarter)
 - Multi-disciplinary Exams (twenty-second consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 can be found beginning on page 9.

A full copy of the Department's Second Quarter 2011 submission including the Commissioner's Highlights may be found on page 72.

⁴ The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two consecutive quarters (six-months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction.

Statewide Juan F. Exit Plan Report Outcome Measure Overview																																		
Measure	Measure	Base-line	2Q 2011	1Q 2011	4Q 2010	3Q 2010	2Q 2010	1Q 2010	4Q 2009	3Q 2009	2Q 2009	1Q 2009	4Q 2008	3Q 2008	2Q 2008	1Q 2008	4Q 2007	3Q 2007	2Q 2007	1Q 2007	4Q 2006	3Q 2006	2Q 2006	1Q 2006	4Q 2005	3Q 2005	2Q 2005	1Q 2005	4Q 2004	3Q 2004	2Q 2004	1Q 2004		
1: Commencement of Investigation	>=90%	X	97.2%	97.2%	96.8%	97.4%	97.6%	97.4%	97.8%	97.6%	97.7%	97.6%	97.9%	97.4%	97.5%	97.8%	97.4%	97.0%	97.1%	96.5%	95.5%	98.7%	96.4%	96.2%	96.1%	96.2%	95.1%	92.5%	91.2%	X	X	X		
2: Completion of the Investigation	>=85%	73.7%	94.4%	92.7%	90.0%	91.5%	92.9%	93.7%	94.3%	94.0%	91.8%	91.3%	91.4%	89.9%	93.7%	91.5%	92.9%	94.2%	93.7%	93.0%	93.7%	94.2%	93.1%	94.2%	94.2%	93.1%	92.3%	92.6%	91.7%	83.5%	68.8%	64.2%		
3: Treatment Plans	>=90%	X	N/A	81.1%	67.9%	66.0%	75.5%	86.5%	47.2%	53.8%	73.1%	65.4%	81.1%	62.3%	55.8%	58.8%	51.0%	30.0%	30.3%	41.3%	41.1%	54.3%	X	X	X	X	X	X	X	X	X	X		
4: Search for Relatives	>=85%	58%	94.5%	90.1%	88.8%	90.9%	91.2%	92.0%	90.0%	91.0%	91.2%	94.3%	94.3%	96.3%	95.8%	95.3%	93.6%	91.4%	93.8%	92.0%	91.4%	93.1%	93.9%	89.9%	89.6%	65.1%	49.2%	44.6%	82.0%	93.0%	X	X		
5: Repeat Maltreatment of In-Home Children	<=7%	9.3%	5.4%	5.7%	6.2%	6.5%	6.5%	5.8%	6.0%	5.4%	4.8%	5.8%	6.1%	5.7%	5.9%	5.7%	5.4%	6.1%	6.3%	7.4%	7.9%	7.9%	7.0%	6.3%	7.4%	9.1%	8.5%	8.2%	8.9%	9.4%	8.9%	9.4%		
6: Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.1%	0.1%	0.4%	0.2%	0.1%	0.2%	0.3%	0.4%	0.1%	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.3%	0.0%	0.2%	0.2%	0.7%	0.7%	0.4%	0.6%	0.8%	0.7%	0.8%	0.6%	0.9%	0.8%	0.5%		
7: Reunification	>=60%	57.8%	73.1%	61.7%	64.9%	68.3%	67.1%	61.2%	71.4%	56.0%	71.9%	68.1%	69.6%	57.1%	59.4%	56.5%	58.0%	65.5%	67.9%	70.5%	61.3%	62.5%	64.4%	66.4%	61.0%	64.2%								
8: Adoption	>=32%	12.5%	32.7%	35.6%	38.5%	25.8%	36.0%	34.7%	35.2%	36.7%	33.2%	44.7%	27.2%	32.3%	33.0%	41.5%	35.5%	36.2%	40.6%	34.5%	33.6%	27.0%	36.9%	40.0%	30.7%	34.4%	25.2%	33.0%	16.7%	29.6%	11.1%	10.7%		
9: Transfer of Guardianship	>=70%	60.5%	78.4%	86.2%	87.3%	78.6%	74.6%	82.3%	76.3%	81.8%	75.7%	75.3%	64.9%	71.7%	70.0%	70.4%	80.8%	76.8%	88.0%	78.0%	76.4%	70.2%	63.1%	60.7%	72.4%	64.3%	72.8%	64.0%	63.3%	64.6%	52.4%	62.8%		
10: Sibling Placement	>=95%	57%	85.8%	86.7%	83.3%	81.9%	84.8%	85.6%	83.4%	84.7%	83.1%	83.4%	82.1%	82.6%	86.8%	86.7%	85.2%	83.3%	79.1%	84.9%	85.5%	84.8%	77.0%	75.0%	94.0%	96.0%	X	X	X	X	53.0%	65.0%		
11: Re-Entry into DCF Custody	<=7%	6.9%	4.4%	7.7%	6.3%	7.3%	6.7%	8.4%	7.8%	9.9%	8.8%	8.2%	7.4%	6.7%	6.7%	11.0%	7.8%	9.0%	8.5%	7.5%	8.2%	4.3%	7.5%	6.7%	7.6%	7.2%	X	X	X	X	X	X		
12: Multiple Placements	>=85%	X	96.1%	96.1%	96.1%	95.7%	95.8%	95.9%	95.4%	95.7%	95.8%	96.0%	95.8%	95.9%	96.3%	91.2%	92.7%	94.4%	96.0%	96.3%	95.0%	95.6%	96.6%	96.2%	96.0%	95.8%	95.7%	96.2%	95.5%	95.2%	95.8%	X		
13: Foster Parent Training	100%	X	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
14: Placement Within Licensed Capacity	>=96%	94.9%	95.6%	96.8%	96.8%	95.4%	95.1%	96.9%	96.9%	96.3%	96.6%	96.6%	96.6%	97.0%	96.8%	96.4%	96.8%	96.9%	97.1%	96.8%	96.5%	96.7%	94.5%	95.2%	96.2%	94.8%	95.9%	97.0%	95.7%	93.0%	92.0%	88.3%		
15: Children's Needs Met	>=80%	X	N/A	58.5%	56.6%	58.5%	52.8%	67.3%	45.3%	55.8%	63.5%	61.5%	58.5%	52.8%	55.8%	58.8%	47.1%	64.0%	51.3%	45.3%	52.1%	62.0%	X	X	X	X	X	X	X	X	56.0%	53.0%	57.0%	53.0%
16: Worker-Child Visitation (Out-of-Home)	>=85%(M)	X	95.1%	95.8%	95.3%	95.3%	95.7%	96.2%	95.8%	95.1%	95.7%	95.7%	95.0%	95.4%	94.9%	95.9%	94.6%	94.8%	94.6%	95.1%	94.7%	92.5%	86.5%	86.8%	85.6%	83.3%	86.7%	77.9%	81.0%	73.0%	86.0%	72.0%		
	=100%(Q)	X	99.2%	99.2%	98.9%	98.9%	99.3%	99.6%	99.7%	99.0%	99.3%	99.2%	98.9%	98.6%	98.7%	99.1%	98.5%	98.7%	98.7%	99.1%	99.0%	91.5%	90.9%	93.1%	93.1%	92.8%	95.7%	93.3%	91.0%	93.0%	98.0%	87.0%		
17: Worker-Child Visitation (In-Home)	>=85%	X	89.7%	88.5%	89.7%	89.4%	89.7%	89.6%	88.5%	88.8%	89.6%	90.5%	89.7%	90.3%	91.4%	90.8%	89.9%	89.4%	90.9%	89.0%	89.2%	85.7%	87.6%	86.2%	85.6%	78.3%	81.9%	71.2%	33.0%	46.0%	40.0%	39.0%		
18: Caseload Standards	100%	69.2%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	73.1%	
19: Reduction in the Number of Children Placed in Residential Care	<=11%	13.5%	9.8%	10.0%	9.9%	9.4%	10.1%	10.0%	9.9%	9.6%	9.7%	10.0%	10.0%	10.0%	10.4%	10.5%	10.9%	10.8%	11.0%	10.9%	11.0%	10.9%	10.8%	11.3%	11.6%	11.8%	12.6%	13.7%	13.9%	14.7%	14.3%	13.9%		
20: Discharge Measures	>=85%	61%	79.4%	82.9%	87.2%	88.5%	87.9%	86.0%	86.9%	80.0%	92.2%	85.3%	92.2%	93.0%	92.0%	92.0%	96.0%	95.0%	100.0%	98.0%	100.0%	100.0%	91.0%	85.0%	92.0%	95.0%	X	X	83.0%	93.0%	52.0%	74.0%		
21: Discharge of Mentally Ill or Mentally Retarded Children	100%	X	92.0%	97.0%	96.1%	97.3%	98.1%	100.0%	97.6%	100.0%	97.2%	96.7%	95.0%	95.0%	98.0%	97.0%	96.0%	95.0%	83.0%	90.0%	97.0%	100.0%	97.0%	95.0%	70.0%	78.0%	X	X	60.0%	56.0%	64.0%	43.0%		
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	96.3%	91.9%	97.5%	96.1%	96.4%	95.7%	95.7%	91.4%	94.5%	93.6%	90.1%	94.0%	93.6%	98.7%	96.4%	95.2%	96.8%	91.1%	94.2%	86.0%	89.9%	91.1%	72.1%	58.1%	52.1%	55.4%	44.7%	48.9%	24.5%	19.0%		

Stipulation Regarding Outcome Measures 3 and 15

During the course of the initial series of meetings between the *Juan F.* parties, considerable focus has been paid to addressing the core components of the Stipulation Regarding Outcome Measures 3 and 15. Initiatives and efforts have commenced on a variety of fronts to address the underpinnings of this agreement. One area that will receive additional monitoring over the next few months involves Stipulation §VI.A-§VI.F Prospective Placement Restrictions. This section outlines placement restrictions aimed at reducing over-use of temporary facilities, especially for children under 12 years of age and it also outlines a specific process before a child is given the permanency goal of Another Planned Permanent Living Arrangement (APPLA). While this goal may be appropriate for a small number of children served by DCF, it is generally a non-preferred permanent goal.

Stipulation §I.A - §I.B Foster Care Recruitment and Retention Plans

A. Recruitment and Retention Plan

The Department has convened a work group (Fostering the Future Working Group) that includes a cross-section of internal DCF staff, as well as, Technical Assistance from Gretchen Test and the AECF Child Welfare Strategy Group. This group is undertaking a short-term intensive review of the current status and intended direction for foster/adoptive issues including Recruitment and Retention of Relatives, Core Foster Care, and Therapeutic Foster Care. The Department intends to release a report in September that outlines the findings and provides direction for next steps.

During the Second Quarter 2011 (April-June 2011), the Department licensed 213 new DCF homes and added 65 Private Foster Care Homes. The number of homes closed during this three month period included 177 DCF homes and 60 Private Provider Foster Care Homes.

The Kid Hero line, operated by the Connecticut Association of Foster and Adoptive Parents (CAFAP), reports that 1,003 contacts were received during the Second Quarter 2011 and that 558 resulted in an inquiry moving forward. This is a 56.0% capture rate. Of the 493 inquiring families, 256 or 46.0% attended open houses within the first month (31 days). Once again, the major recruitment source noted by the inquiring families was the internet (22.0%). Additional open houses and PRIDE classes in Spanish are needed.

The total inquiries for the fiscal year were 2,040 and 56.0% of the family inquiries attended an open house within the first 31 days, an increase of 2.0% over the previous year. The Community Collaboratives were responsible for 10.0% of the inquiries.

During the Second Quarter 2011, 71 families began the required PRIDE Training and 98 completed the training. There remains concern regarding the scheduling of the trainings, in that, they are rarely offered on weekends. The Department again has indicated to the Court Monitor's Office that proposals are being considered to improve this situation.

B. Recruitment and Retention Goals

The Department's goal as outlined in the Stipulation requires (1) a statewide net gain of 350 foster family homes by June 30, 2009; and (2) an additional statewide gain of 500 foster family homes by June 30, 2010.

The baseline for foster homes was set by the Court Monitor utilizing the June 2008 Report and revised in the Second Quarter 2011. The number of foster homes reported was:

DCF Licensed Foster Homes	2,355
Private Provider Foster Homes	<u>932⁵</u>
	3,287

According to the most recent report, the April 2011 report, the number of foster homes is:

DCF Licensed Foster Homes	2,352
Private Provider Foster Care Homes	<u>851</u>
	3,203

The Department has a net loss of 84 homes since June 2008.

Stipulation §II. Automation of Administrative Case Review (ACR)

Planning and development of the automated ACR data continues. The implementation timeframe has been delayed due to the Department's resources being directed to the Differential Response initiative. The current schedule for completion of this task is Fourth Quarter 2011.

Stipulation §III. Independent Review of the Utilization of Congregate Care Facilities

As outlined in prior reports, during the previous administration, the Department forwarded their final revised copy of the Review of the Utilization of Congregate Care to the Court Monitor and the Technical Advisory Committee (TAC) on February 16, 2010.

On March 1, 2010, the TAC forwarded an addendum to the report, Utilization of Congregate Care which outlined strengths and concerns with the report and two recommendations that would lead to an articulation of priorities, targets and timelines within the next six months. The two recommended additions include:

- DCF to continue to work with the Annie E. Casey Foundation Child Welfare Strategy Group to set reasonable and achievable targets and timelines for reducing congregate care and prioritizing and making actionable a core set of recommendations for moving forward, and

⁵ The number of private foster care homes was adjusted this quarter to account for the transfer of Multi-Dimensional Treatment Foster care (MTFC) to CSSD, and duplicate counts of foster homes provided by private foster care programs. These adjustments total a 101 home difference from the previous quarter.

- DCF to work with the Monitor to have him track the reductions in congregate care and report regularly on the progress being made through the implementation of the strategies mentioned above.

Discussions between the Court Monitor, TAC and the parties resolved the disagreement and the Department incorporated the TAC's recommended language within the final revision of the Congregate Care Report.

On April 9, 2010, the Court Monitor clarified to the parties that the strategies and associated targets and timelines that are developed in consultation with the Annie E. Casey Foundation's Child Welfare Strategy group would not be subject to formal review and approval. The Department agreed to share drafts and emerging plans with the TAC, the Court Monitor, and Plaintiffs. The Court Monitor also noted that his office would continue to track and report on the progress with associated strategic efforts and quantitative changes in the utilization of congregate care. The date of the final revised report was April 16, 2010. On July 8, 2010, the Child Welfare Strategy Group presented their assessment findings to DCF. The end of the six-month period noted in the TAC recommendation and included in the final revised report to share priorities, targets and timelines was October 16, 2010.

During this quarter, the Department has continued efforts with the Child Welfare Strategy Group to focus on the utilization of relatives and efforts related to the large number of children with APPLA goals. Core changes such as improving efforts to engage youth and families, operating as teams and not in silos, advancing regional systems for children's health, safety, and learning, realigning institutions and improving the DCF Training Academy are continuing to be pursued. The results of achieving the changes are intended to impact the following outcomes:

- Increases in the percentage of first placements with relatives/kin
- Reduce the number and percentage of children entering Congregate Care
- Reduce the number of children in Congregate Care
- Increase the percentage of youth exiting to permanency.

The efforts of Foster the Future Work Group focused on relative/kinship care and recruitment and support initiatives. In addition, a work group, Congregate Care Rightsizing, has been meeting extensively to address a variety of topics including:

- Reviewing the placement process
- Setting numerical targets for reducing Congregate Care, beginning with children 12 and under
- Conducting family meetings to move target groups of youth out of Congregate Care
- Aligning Another Planned Permanency Living Arrangement (APPLA) and placement policies with strengthening families approach
- Identification of required firewalls/policy
- Creating a performance management system
- Conducting a financing assessment and share recommendations for shifting resources
- Developing a re-tooling strategy with providers

As noted in the highlights, the report "Congregate Care Rightsizing and Design: Young Children, Voluntary Placements and Profile of Therapeutic Group Homes" was released in August 2011. The complete report can be accessed on the Department's website.

Stipulation §IV. Practice Model

The DCF Practice Model is a family-centered and culturally competent approach which aligns the Department's Mission, guiding Principles and Practices. It encompasses eight core strategies: (1) family engagement; (2) initial and ongoing assessment of safety and risk; (3) differential response for very low and low risk cases; (4) comprehensive family assessments; (5) effective case planning; (6) purposeful visitation; (7) individualized services; and (8) supervision and management.

The Practice Model implementation is now designed in two phases. Phase 1 consists of three components: Family Engagement ("Partners in Change"); Purposeful Visits; and Family-Centered Assessments. These are being simultaneously implemented in Regions 1 and 3. In order to guide implementation, the management teams of Regions 1 and 3 are meeting jointly. All staff in Regions 1 and 3 will be trained in Phase 1 of the Strengthening Families Practice Model by December of 2011. To date, approximately 70.0% of the staff has been trained in "Partners in Change". Regions 2, 4, and 5 recently commenced with this training during the summer with the training initially centering on Investigations staff. Casey Family Programs is providing capacity-building support to the regions for this effort. Phase 2 of the Strengthening Families Practice Model is being finalized and implementation is set to begin in January 2012.

Stipulation §V.A. - §V.C Service Need Reviews

Since January 2010, the Department's Administrative Case Review (ACR) has utilized a "48 Hour Notification" process to notify Area Offices of safety, permanency, or well-being concerns that potentially require action steps, as well as, to provide information regarding whether the reviewed child is identified as a member of one of the eight cohorts established through the discontinued Service Needs Review process. In addition, the notification identifies whether there is a need to conduct a Collaborative Team Meeting (CTM) within 90 days of the ACR date. Collaborative Team Meetings are to include all relevant stakeholders, including family members and service providers.

The continued improvements in the ACR process are essential to realizing systemic improvements in the Department's provision of timely and appropriate treatment and permanency services to children. The findings of the First Quarter 2011 ACR SharePoint data continue to track closely with the Court Monitor's findings with respect to Outcome Measure 3 (Case Planning). The Case Planning areas of Goals/Objectives and Action Steps are those most often identified by ACR staff in this initial data as being problematic. Development of additional reporting from the database and increased utilization of the available data by Area Office staff is needed to more effectively identify strengths and areas needing improvement.

Stipulation §VI.A-§VI.F Prospective Placement Restrictions

A.-F. Prospective Placement Restrictions

During the Second Quarter 2011, the Department is provided a summary of their process and activities (there is variation from region to region and office to office). The Court Monitor has reviewed the documentation and a methodology for reviewing this issue is being developed.

Stipulation §VIII. Treatment Planning

There is no report this quarter regarding Outcome Measure 3 (Case Planning).

Stipulation §IX. Interim Performance

There is no report this quarter regarding Outcome Measure 15 (Children's Needs Met).

"Certification" Review of Outcome Measures 20 & 21

This is the first in a series of "certification" reviews being conducted by the Court Monitor regarding compliance with the 2006 Revised Exit Plan. The 2006 Revised Exit Plan states:

"The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two quarters (six months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction. The Court Monitor shall then conduct a review of statistically significant valid sample of case files at 96.0% confidence level, and such other measurements are in compliance. The Court Monitor shall then present findings and recommendations to the District Court. The parties shall have a meaningful opportunity to be heard by the Court Monitor before rendering his findings and recommendations."

The Court Monitor recently proposed an alternative plan to the parties regarding this requirement. Instead of waiting for the Department to achieve compliance with **all** Outcome Measures for two consecutive quarters, the Court Monitor will conduct "certification" reviews of Outcome Measures that the Department indicates have been in a long-term compliance status.

The benefit of this approach is two-fold. Conducting these quantitative/qualitative reviews will provide the parties with insight into issues impacting the Juan F. class sooner, rather than later; thus allowing corrective action to be implemented, if necessary, in advance of the assertion of compliance. In addition, this approach will allow the parties to limit the ongoing focus from all 22 Outcome Measures to only those measures with significant issues or considerations. This will allow efficient utilization of resources by the Department and the Court Monitor's Office and limit the need for extensive and time consuming "certification" reviews for all measures as we near the conclusion of the Juan F. case. The parties' agreement to have the Court Monitor undertake this review in no way limits either party or the Court Monitor from requesting and conducting additional certification reviews of the Outcome Measures as outlined in Section 5 of the Introduction of the Revised Juan F. Exit Plan.

Outcome Measure 20-Discharge Measures Certification Review

Outcome Measure 20: Discharge Measures requires that:

At least 85.0% of all children age 18 or older shall have achieved one or more of the following prior to discharge from DCF custody:

- A. Graduation from High School**
- B. Acquisition of GED**
- C. Enrollment in or completion of college or other post secondary training program full-time**
- D. Enrollment in college or other post secondary training program part-time with part-time employment**
- E. Full-time employment**
- F. Enlistment full-time member of the military**

Universe and Sample

This review included a sample of all youth, age 18 or older, discharged from the Department's care during the First Quarter 2011 and Second Quarter 2011. The total universe of cases for the First Quarter 2011 was 85 youth and the total for the Second Quarter 2011 was 84.

In accordance with the requirements set forth in the 2006 Revised Exit Plan, there are two sub-categories of youth that are not included in determining the final performance percentage for the measure. The first sub-category consists of youth with significant or profound developmental delays, or youth who have been clinically diagnosed with Mental Retardation. There were no youth in the First Quarter 2011 that qualified for this exception. One youth from the Second Quarter 2011 qualified for this exception, and was excluded.

The second sub-category are those identified as being discharged from the Department after refusing any further DCF services. In the First Quarter 2011, fifteen youth were included in this group. In the Second Quarter 2011, there were fourteen youth who reached age 18 and refused DCF services.

Once these exclusionary groups were accounted for, seventy (70) youth for the First Quarter 2011 and sixty-nine (69) youth from the Second Quarter 2011 comprised the universe for determining performance regarding Outcome Measure 20.

The Court Monitor randomly chose a sample of 23 cases from the total universe of the First Quarter 2011 cohort and 25 cases from the total universe of the Second Quarter 2011 cohort for the certification review.

Methodology

The "certification" review was conducted utilizing the same protocol that the Department currently uses to determine performance findings for Outcome Measure 20. This protocol was developed jointly by the Court Monitor and Department staff a number of years ago and contains all of the quantitative and qualitative elements required by the 2006 Exit Plan. A sub-sample of cases was reviewed by the Court Monitor staff independent of the DCF Quality Assurance (QA) staff using the same protocol.

The Court Monitor review staff, upon completion of their reviews, compared their data collection and findings with the data collection and findings performed by the Central Office QA staff with respect to Outcome Measure 20. Any questions or discrepancies were discussed by the two parties and resolved. Finally, a joint debriefing was held with all case review participants and managers from DCF and the Court Monitor's Office.

Findings:

The complete unedited report prepared by the Department on Outcome Measure 20 follows this summary. The report contains a wealth of important information about this cohort of children.

Some of the findings are presented in this summary. The findings are separated into two categories. One category pertains to the enforceable provisions of Outcome Measure 20. The second category contains additional findings.

Outcome Measure 20-Discharge Measures-Enforceable Provisions

- For the First Quarter 2011, the Court Monitor concurred with the Department's findings for all 23 sample cases reviewed. For the Second quarter 2011, the Court Monitor concurred with the Department's findings for the 25 sample cases reviewed.
- With the exception of minor data collection errors or missed information, the Court Monitor confirmed that the process utilized by the Central Office QA staff was well organized, very reliable and provided the Outcome Measure 20 performance data required by the 2006 Exit Plan. Managerial oversight personnel, as well as the personnel conducting the reviews has been changed a number of times during the period of measurement of Exit Plan performance. Nevertheless, the Department's adherence to their guidelines for measuring Outcome Measure 20 has resulted in very consistent QA practices and reliable findings.
- The overall finding for the seventy (70) cases in the First Quarter 2011 was 82.9% and overall finding for the Second Quarter 2011 was 78.0%. Neither of the quantitative outcomes meets the standard of >85.0% required by the 2006 Exit Plan. The Department has previously met the requirement for 22 out of the 26 quarters this outcome has been formally measured.

- The characteristics of the children who met or did not meet the measure were similar in many instances each quarter. For example the Second Quarter Report reveals that of the fourteen youth that did not meet a measure, six youth were diagnosed with a significant mental health disorder that required a DMHAS referral. Four of six youth were prescribed medication at the time of discharge. The diagnoses included: Oppositional Defiance Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, Attention Deficit Hyperactive Disorder and Reactive Attachment Disorder. Of the fourteen youth that did not meet the measure, seven were identified as Special Education students. Of the fifty-four youth who achieved the measure, fifteen (28%) had a significant mental health diagnosis and fifteen (28%) were diagnosed with Special Education needs. The diagnoses included: Post Traumatic Stress Disorder, Bipolar Disorder, Major Depressive Disorder, Child Abuse of Child, Conduct Disorder, Pervasive Developmental Disorder, and Reactive Adjustment Disorder. Of the fifteen youth, twelve (80%) were prescribed psychiatric medication and three of these youth refused to take the medication.
- According to the Second Quarter Report twenty-nine (43%) of the sixty-eight youth in the core review group graduated from high school or obtained a GED and went on to pursue a post-secondary education or training program.
- Of the Second Quarter sample, of those youth who participated in Independent Living Services (ILS), 80% achieved a measure compared to 50% of the youth who achieved a measure and that did not participant in ILS. In addition, 89% of those youth that participated in the Community Housing Assistance Program (CHAP), achieved the measure, compared to 59% of the youth that did not participate in CHAP.
- The total number of youth from the Second Quarter Report that were either an expectant parent or a parent at the time of discharge totaled 21, comprising 25.0% of the youth discharged during the quarter.

Other Findings:

- The Central Office QA staff are currently developing a proposal that will better incorporate the Area Office staff in the review and feedback components of this measure. The Court Monitor concurs that the current process does not take advantage of or utilize a well-defined feedback loop with the Area Office staff regarding the strengths, deficiencies or barriers regarding Outcome Measure 20-Discharge Measures. Despite producing detailed reports regarding all children who are discharged from care, there is little evidence that this information is utilized to improve discharge outcomes related to the educational, work, or military status of youth.
- The data involving children who discharge from care after refusing any further services can provide critical information regarding system change opportunities. The answers to the question, "Why did they refuse services and leave care", are

paramount. The documented reasons for youth refusing services from most prevalent to less prevalent were that the youth left care to live with a biological parent or extended family, the Department's assistance or involvement was no longer wanted by the youth, the youth wanted an alternative living arrangement and the youth went to live with a partner. Many youth return to their biological families once they reach the age of majority so continuing work with the biological families needs to be focus of the Department.

- Consideration of including contact with the child as part of post-discharge review should be undertaken. Interviews with these youth will provide additional information regarding engagement, provision of services and transition activities.
- The quality of the discharge documentation found in some case records was not adequate. Consideration of implementing clearly established discharge meetings that include all relevant stakeholders should be undertaken.

OFFICE FOR RESEARCH AND EVALUATION QUARTERLY REVIEW

Outcome Measure #20: Discharge Measures

January -March 2011

PURPOSE

The focus of this study is to determine the percentage of youth, age 18 or older, who achieved educational and/or vocational goals at the time of their discharge from DCF custody (Outcome Measure #20: Discharge Measures), and to report on any documented barriers that prevented achievement of this outcome.

This case review included all youth, age 18 or older, discharged from care during the quarter beginning January 1, 2011, and excludes Probate cases, Interstate and Voluntary Services cases. The total population for this study consisted of eighty five youth. The four questions that framed the design of the review and the presentation of the findings are as follows:

1. If applicable, what were the reasons for youth refusing continued DCF services?
2. What is the total percentage of youth who have achieved one or more of the following prior to discharge from DCF custody?
 - A. Graduation from High School
 - B. Acquisition of a GED
 - C. Enrollment in college or other post-secondary training program full-time
 - D. Enrollment in college or other post-secondary training program part-time with part-time employment
 - E. Full-time employment
 - F. Enlistment full-time member of the military
3. What were the identified barriers to meeting these measures?
4. What were the reasons for youth being unsuccessful with post high school/GED education and employment policy requirements?

EXCLUSION GROUPS FOR OM #20

In accordance with the clarifications made to Exit Plan Outcome Measure #20, there are two subcategories identified in this review that will not be included in determining the final performance percentage for this measure. The first subcategory consists of youth with significant or profound developmental delays, or youth who have been clinically diagnosed with Mental Retardation. There were no youth discharged in 1Q11 who were diagnosed with Mental Retardation.

The **second subcategory** identifies fifteen youth, age 18, in this review as being discharged from the Department after refusing any further DCF services. Table 1 illustrates the characteristics of these youth:

Table 1: Characteristics of the Second Subcategory Youth Who Refused Services Age 18, n=15				
Gender	Male	3	Female	12
Race	Caucasian	10	Black/AA	4
	Multi-racial	1		
Ethnicity	Non-Hispanic	13	Hispanic	2
Education	Graduated H.S.	3	Working Towards GED	1
	Attending H.S.	9	Dropped Out	1
	Earned a GED/Alternative Diploma	1		
Psychiatric Diagnosis	Yes	9	No	6
Special Education	Yes	5	No	10
Substance Abuse Issues	Yes	6	No	9
Parent/Expectant Parent	Yes	3	No	12
Criminal Involvement	Yes	7	No	8
Employment	Part-time Employment	3	Unemployed	12
Living Arrangement at Discharge	Parent	3	DDS or DHMAS	1
	Extended Family	3	Unknown	1
	Friends	5	Own Residence	2
Met Outcome Measure	Yes	4	No	11

Of the fifteen who refused DCF services, twelve (80%) youth were unemployed at the time of their case closure. Nine (60%) youth in this group had a significant Mental Health diagnosis. The more common diagnoses included: Post Traumatic Stress Disorder, Conduct Disorder Oppositional Defiant Disorder, Reactive Attachment Disorder, Bi-Polar Disorder, ADHD, and Major Depression. Eight of these nine youth were referred to DMHAS in an attempt to address their mental health needs into young adulthood. Of these eight youth, four refused DDS/DHMAS services, two youth were taking psychiatric medication, four had criminal involvement, and four youth had substance abuse issues.

1. What were the reasons for youth refusing services?

There were several reasons documented for youth refusing services from the Department. The most common reasons in order of frequency were the Department's assistance or involvement was simply no longer wanted by the youth, youth wanted an alternative living arrangement, youth left care to live with a biological parent, and youth went to live with extended family. Further

exploration as to the reasons why the youth do not want the Department's assistance would be beneficial in encouraging youth to continue with services. This also reinforces the need to continue working with the biological families as many of these youth return to them once they reach the age of majority.

2. What is the percentage of youth who achieved one or more of the measures under Outcome Measure #20?

Once the exclusion groups are accounted for, seventy youth compose the core group used to determine performance regarding Outcome Measure #20. The following is noted:

- 58 (82.9%) youth achieved one or more measures:
 - 7 (10%) youth met one outcome
 - 51 (73%) youth met two or more outcomes
- 12 (17.1%) youth did not meet a measure

The following table illustrates the number of discharged youth who met a specific achievement measure for this review:

Table 2: Specific Achievement Measures Met by Discharged Youth n=58	
Measures	Number
High School Graduation Only	6
GED only	1
High School Graduation and Full-Time (FT) Employment	2
GED and FT Post-Secondary Enrollment and FT Employment	1
High School Graduation and FT Post-Secondary Enrollment	23
High School Graduation and FT Post-Secondary Enrollment and FT Employment	2
High School Grad. and Part-Time (PT) Post-Secondary Enrollment and PT Employment	4
GED and FT Post-Secondary Enrollment	3
High School Graduation and Post-Secondary Completed	1
High School Graduation and Vocational Post-Secondary Completed	1
High School Graduation and Post-Secondary Completed and PT Employment	1
High School Graduation and Post-Secondary Completed and FT Employment	1
High School Graduation and FT Post-Secondary Enrollment and PT Employment	10
High School Graduation and FT Post-Secondary Enrollment and FT and PT Employment	1
High School Graduation and Part-Time Post-Secondary Enrollment	1
Total	58

Characteristics regarding the youth who achieved one or more measures are illustrated in **Table 3** and information regarding the twelve youth that did not meet a measure is illustrated in **Table 6**.

Table 3: Characteristics of the Youth Who Met One or More Measures				
n=58				
Gender	Male	34 (59%)	Female	24 (41%)
Race	Caucasian	29 (50%)	Multi-racial	7 (12%)
	Black/AA	22 (38%)	American Indian	0
	Asian	0		
Ethnicity	Non-Hispanic	49 (85%)	Hispanic	8 (14%)
	UTD	1 (2%)		
Age	18 Years Old	1 (2%)	19 Years Old	15 (26%)
	20 Years Old	17 (29%)	21 Years Old	14 (24%)
	22 Years Old	6 (10%)	23 Years Old	5 (9%)
Education - H.S	Graduated H.S.	51 (88%)	Earned GED	7 (12%)
Employment	Full-time Employment	9 (16%)	Unemployed	32 (55%)
	Part-time Employment	15 (26%)	Employed-Unk # Hrs	2 (3%)
Special Education	Yes	23 (40%)	No	35 (60%)
Substance Abuse Issues	Yes	20 (35%)	No	38 (65%)
Criminal Involvement	Yes	23 (40%)	No	35 (60%)
Psychiatric Diagnosis	Yes	23 (40%)	No	35 (60%)
Parent/Expectant Parent	Yes	7 (12%)	No	51 (88%)
Living Arrangement at Discharge	Parent/Ext. Family	8 (14%)	Former Foster Family	10 (17%)
	Own Residence	8 (14%)	Spouse/Partner	3 (5%)
	DMAHS/DDS	6 (10%)	Job Corps	1 (2%)
	Friends	11 (19%)	Military Barracks	2 (3%)
	Unknown/AWOL	6 (10%)	Hospital	1 (2%)
	Incarcerated	2 (3%)		
Reason for Discharge	Case Goal Achieved	15 (26%)	Youth Aged Out	3 (5%)
	Non-Compliant with Post-Secondary Education Requirements	23 (40%)	Non-Compliant with Education Requirements (HS/GED)	2 (3%)
	Refused Services (over 19 y/o)	2 (3%)	Services to be Provided by DMHAS	6 (10%)
	Non-Compliant with Placement	1 (2%)	Non-Compliant with Treatment	2 (3%)
	Enlisted in Military	1 (2%)	Youth Incarcerated	3 (5%)

Of the fifty-eight youth who achieved a measure, twenty-three (40%) had a significant Mental Health diagnosis. The more common diagnoses for this group of youth were: Post Traumatic Stress Disorder, Depression, Bipolar Disorder, Oppositional Defiant Disorder, Pervasive Developmental

Disorder, and Reactive Attachment Disorder. Of the twenty-three youth, fifteen (65%) were prescribed psychiatric medication, of whom five youth refused to take the medication.

Table 4 shows the results of Outcome Measure achievement by Area Office.

Table 4: OM #20, Discharge Measures Results by Area Office 1Q 2011, n=70				
Office		Did Youth Achieve One or More Measures Before Discharge?		
		Yes	No	Met
Bridgeport	n = 4	4	0	100%
Danbury	n =3	3	0	100%
Hartford	n =18	10	8	56%
Manchester	n =6	4	2	67%
Meriden	n =3	3	0	100%
Middletown	n =1	1	0	100%
Milford	n =6	6	0	100%
New Britain	n =7	7	0	100%
New Haven	n =2	1	1	50%
Norwalk	n =2	1	1	50%
Norwich	n =4	4	0	100%
Stamford	n =3	3	0	100%
Waterbury	n =7	7	0	100%
Willimantic	n =4	4	0	100%
Totals	n =70	58	12	82.9%

Of the seventy youth meeting the criteria for performance review, fifty-eight (82.9%) youth achieved one or more of the measures under Outcome Measure #20. The Exit Plan benchmark for this measure is 85%.

Note: Over the last year the Department's performance has fluctuated in its state-wide performance regarding this outcome. The achievement of the Outcome Measure #20 for the last five quarters is shown below:

Table 5: Comparison Table 2010 and 1Q2011				
Did Youth Achieve an Outcome Measure Before Discharge?				
		Yes	No	Met
1 Q 2010	n=80	69	11	86.2%
2 Q 2010	n=91	80	11	87.9%
3 Q 2010	n=113	100	13	88.5%
4-Q 2010	n=78	68	10	87.2%
1 Q 2011	n=70	58	12	82.9%

3. What were the identified barriers to meeting these measures?

A LINK Case review was used to identify barriers that may have prevented the youth from achieving one or more of the six elements of Outcome Measure #20 prior to discharge from DCF. The characteristics of youth not meeting the measure are outlined below:

Table 6: Characteristics of the Youth Who Did Not Meet a Measure, n=12				
Gender	Male	7	Female	5
Race	Caucasian	4	Black/AA	6
	Multi-Racial	2		
Ethnicity	Non-Hispanic	7	Hispanic	5
Age	18 Years Old	3	19 Years Old	5
	20 Years Old	1	21 Years Old	3
Education	Attending H. S.	2	Dropped Out	8
	Working toward GED	2		
Employment	Part-time Employment	3	Unemployed	8
	Full-Time Employment	1		
Parent/Expectant Parent	Yes	4	No	8
Special Education	Yes	5	No	7
Substance Abuse Issues	Yes	9	No	3
Criminal Involvement	Yes	8	No	4
Psychiatric Diagnosis	Yes	8	No	4
Living Arrangement at Discharge	Extended Family	3	Incarcerated	2
	Partner/Spouse	2	DMHAS	2
	Unknown/AWOL/UTD	3		
Reason for Discharge	Refused Services (age 19 and over)	1	Non-Compliant with Placement	1
	Unsuccessfully discharged from Job Corps	1	Non-Compliant with Educational Requirements (HS/GED)	6
	Incarceration	1	Services to be Provided by DMHAS	2

Of the twelve youth that did not meet a measure, eight youth were diagnosed with a significant mental health disorder that required DMHAS a referral. DHMAS referrals were made for seven of the eight youth that required one. The diagnoses included: Post Traumatic Stress Disorder, Depressive Disorder, Bipolar, Attention Deficit Hyperactive Disorder, and Anxiety Disorder. Five

of the eight youth were prescribed medication at the time of discharge but four refused. Of the twelve youth that did not meet a measure, five were identified as Special Education students.

Although the following characteristics are thought to negatively impact the achievement of this outcome measure, it is unclear why some youth presenting with the same issues are able to meet the outcome measure. Nevertheless, it is likely that these challenges contributed to youth failing to meet the measure.

- **Psychiatric Diagnosis:** Of the youth who did not meet the outcome measure, 67% had a significant mental health diagnosis compared to 40% of the youth who met the measure.
- **Eligibility for Special Education Services:** Of the youth who did not meet an outcome measure, 42% were eligible for Special Education Services compared to 40% of youth who met a measure.
- **Identified Substance Abuse Issues:** Of the youth who did not meet the outcome measure, 75% had substance abuse issues compared to 35% of the youth who met the measure.
- **Criminal Involvement:** Of the youth who did not meet the outcome measure, 67% had criminal involvement compared to 40% of the youth who met the measure.

Post-Secondary Education

Fifty (71%) of the seventy youth in the core review group graduated from high school or obtained a GED, and went on to pursue a post-secondary education or training program.

Types of educational programs attended by youth who pursued post-secondary education:

- Sixteen (32%) youth were enrolled in a Community College
- Eleven (22%) youth were enrolled in a Technical or Vocational school
- Twenty two (44%) youth were enrolled in a College or University
- One (2%) was enrolled but post-secondary institution was not known

Twenty (29%) youth completed a post-secondary educational program at the following post-secondary education or technical programs:

Completed a Post-Secondary Education Program (20) youth

Bachelor's Degree from the following Colleges or Universities:

- Bay Path College/Psychology
- Full Sail World Education Institute & Business Entertainment
- Naropa University /Peace Studies
- UCONN/Communications

Certificate or License from the following Technical Schools:

- Boat Builders Voc Training & Our Piece of the Pie
- Branford Hall/Medical Assistant Program
- Capitol Community College/CNA
- Computer Service and Repair
- Fox Institute/Legal Office Asst
- Lincoln Tech/Massage Therapy
- Lincoln Technical Institute/Automotive
- Lincoln Technical Institute/Motorcycle Tech Program
- Manchester Community College-BOT
Program/Supp Ed Program & Office Tech
- Naugatuck Valley Community College/CNA
- New Britain YWCA/Certified Nurse Assistant
- Paul Mitchell School of Design & Cosmetology
- Porter and Chester/Medical Assistant
- Springfield Technical Community College/Electrical
Engineering
- Total Image Beauty & Barber Academy & Barber
- Tunxis Community College/Veterinary Assistant
Certificate

Five youth who completed a post-secondary training or educational program obtained full-time employment with the following employers:

- Allied Health/Certified Nurse's Aide
- ESPN/Marketing
- Friendly's Corporation
- UTD/Medical Evaluation Specialist
- McDonald's/Food Service

Additionally, there were six youth that completed a post-secondary educational program and secured part-time employment prior to discharge from the Department.

At the time of discharge, there were three youth continuing their education full-time and four youth continuing on a part-time basis.

Attending a Full-Time, Post-Secondary Education Program (3 Youth)

- Scottsdale Community College
- Quinebaug Community College
- Post University

1. What were the reasons for youth being unsuccessful with post high school/GED education and employment policy requirements?

Table 7: Characteristics of Youth Who Were Non-Compliant with Post-Secondary Educational Requirements, n=23				
Gender	Male	15	Female	8
Race	Caucasian	12	Black/AA	7
	Multi-Racial	4		
Ethnicity	Non-Hispanic	19	Hispanic	4
Age	18 Years Old	1	19 Years Old	6
	20 Years Old	9	21 Years Old	4
	22 Years Old	3		
Employment	Full-time Employment	3	Unemployed	13
	Part-time Employment	5	Yes, unknown # of hours	2
Special Education	Yes	7	No	16
Psychiatric Diagnosis	Yes	9	No	14
Parent/Expectant Parent	Yes	5	No	18
Substance Abuse Issues	Yes	12	No	11
Criminal Involvement	Yes	10	No	13

Of the twenty-three youth discharged for non-compliance with the post-secondary education, fourteen (61%) youth dropped out of a post-secondary program for the following reasons: poor academic performance or lack of attendance, not wanting to pursue higher education, refusing services, and neglecting to register for classes. The other nine youth were discharged for not being in compliance with CHAP policies for reasons including; poor academic performance, mental health reasons and not wanting to pursue any further education.

Adolescent Services

Discharge Planning

This review found thirty-five (41%) youth, of the total population of eighty-five discharged youth, had Adolescent Discharge Plans completed in LINK, which shows an increase usage as compared to the last quarter of 2010 (32%), but still lower than the second quarter of 2010 (49%) and the third quarter of 2010 (46%). Of those plans that were completed this quarter, thirty (86%) were completed or updated within six months prior to the youth's discharge, which shows an increase from the fourth quarter of 2010 (26%) and third quarter of 2010 (73%). Upon further review, it was found that sixty-nine (81%) of the youth had a current Case Plan, which was an increase from the fourth quarter of 2010 at 73%.

Independent Living Services (ILS) and Community Housing Assistance Program (CHAP)

The table below illustrates achievements by youth who participated or did not participate in ILS and/or CHAP.

Table 8: Youth Who Participated in ILS and/or CHAP, n=70				
	Youth Who Participated in ILS	Youth Who Did Not Participate in ILS	Youth Who Participated in CHAP	Youth Who Did Not Participate in CHAP
Achieved One Measure	6	1	1	6
Achieved Two or More Measures	50	1	36	15
Did Not Meet a Measure	11	1	1	11
Totals	67	3	38	32
	70		70	

There was a difference noted in those who participated in CHAP, of which 97% (37) achieved a measure compared to 66% (21) of youth who did not participate in CHAP.

Parent and Expectant Parents

During this review, information was collected to determine how many of the total number of discharged youth from the total population in this quarter were either a parent or an expectant parent while in the Department's care. It was determined that fourteen (17%) youth fell into this category.

Of those fourteen youth:

- Seven (50%) youth were female and seven (50%) male
- Five (36%) youth completed Life Skills
- Seven (50%) youth completed high school or earned a GED, one (20%) of these youth completed a post-educational program prior to discharge
- One (7%) youth were employed full-time and four (29%) youth were employed part-time
- Ten (71%) youth were involved in criminal or delinquent activities
- Eleven (79%) youth had a significant mental health diagnoses, eight (57%) of these youth were referred to DMHAS for adult services, and seven (50%) of these youth were prescribed psychiatric medication but only one was taking it

Comparison of Youth Who Refused Services and Those Who Did Not

The following table compares the total youth who refused services, ages 18 or older, from the Department and those who did not. All youth who exited from care during the period under review are included in this comparison table.

Table 9: Characteristics of Youth Ages 18 or Older Who Refused Services & Youth Who Did Not, n=85										
	Age		Achieved the Measure		Level of Education	Were Employed	Received Special Education Services	Had Criminal Involvement	Had Substance Abuse Issues	Had Psych Dx
	Yrs	%	Yes	No						
Youth that Refused Services <i>n=18</i>	18	83%	33%	67%	34% Graduated High School or earned a GED 11% Attended Post-Secondary Education 56% Attending High School or GED 11% Dropped Out n	22%	28%	39%	39%	61%
	19	11%								
	20	6%								
Youth Who Did Not Refuse Services <i>n=67</i>	18	6%	84%	16%	84% Graduated High School or earned GED 40% Attended Post-Secondary Education 6% Attending High School or GED 7% Dropped Out 3% Working toward GED n	43%	42%	46%	42%	43%
	19	27%								
	20	25%								
	21	25%								
	22	9%								
	23	8%								

Upon review of the table above, those youth who refused services from the Department had a higher percentage of a psychiatric diagnosis compared to those who chose to remain with the Department. Youth who refused services were employed at a lower percentage and had less educational success compared to the youth who chose to remain with the Department. Those youth who did not refuse services were more successful in meeting the outcome measure: being successful in high school, going on to a post-secondary educational program and in obtaining employment.

Findings of Note:

Connecticut's Achievements Compared to National Statistics:

According to the Fostering Connections Resource Center report published in January 2010, approximately 25% of foster care alumni nationwide do not have a high school diploma or GED and less than 2% of foster youth finished college compared with 23% of youth in the general population. This quarter, sixty-two (73%) youth from the total number of Connecticut's discharged foster youth earned a high school diploma or GED and twenty (24%) youth completed a post-secondary program prior to leaving the Department's care. These programs completed by youth are comprised of eleven technical or training schools, four universities or colleges, and five community colleges.

Racial/Ethnic Disparities:

There was an average of a 10% difference between the Caucasian youth compared to the African-American and Multi-Racial youth and over a 25% difference of Hispanic youth in the achievement of Outcome Measure #20. Of the seventy youth in this group, fifty-eight achieved the measure. Twenty-two (79%) of the twenty-eight African-American youth achieved the measure, twenty-nine (88%) of the thirty-three Caucasian youth achieved the measure, seven (78%) of the nine Multi-Racial achieved the measure, and eight (62%) of the thirteen Hispanic youth in the core review group met the measure. There were no American Indian or Asian youth in this core review group.

Youth Who Did Not Achieve the Outcome Measure (12):

Of the twelve youth that did not meet a measure, eight youth were diagnosed with a significant mental health disorder that required a DMHAS referral. The diagnoses included: Bipolar Disorder, Mood Disorder, Depressive Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactive Disorder, and Oppositional Defiant Disorder. Five of the eight youth were prescribed medication at the time of discharge.

Also of note is the fact that of the twelve youth that did not meet a measure, five (42%) were identified as Special Education students. Further exploration of the relationship between the Department and educational settings may be pertinent in an effort to assist those youth with Special Education needs to achieve the measure that will positively impact their future ability to provide for themselves.

There did not appear to be a gender or race disparity in the number of youth that did not meet the measure in this review period. Seven of the twelve were male and five were female. Six youth were African American, four were Caucasian and five were Hispanic (the number of Hispanic youth includes those from the African American and Caucasian populations since ethnicity is reported separately).

Youth Who Refused Services at Age 18 (15):

Of particular interest is the fact that of the fifteen youth, age 18, who refused DCF services, nine (56%) of them had a significant Mental Health diagnosis, and eight of these nine required a DMHAS referral. It is unknown the role that mental health plays in a youth's decision to refuse DCF services. In question is the youth's competence to make such an important decision as to exit from DCF care. It can be suggested that children who are refusing services with significant mental health issues may have impairments around decision-making that may impact their future safety and well-being. Such impairments may lead to difficulties including an inability to secure housing, employment, services to treat their mental and physical health on their own, or increased involvement with the criminal justice system, and an increased risk of substance abuse to self-medicate.

Specifically, of these fifteen, seven (47%) had criminal involvement and six (40%) had substance abuse issues. We know that these youth often have a severely limited support system and any family or friends they have to turn to may not be in a position to provide necessary assistance. We can infer that these youth may struggle to meet their basic needs well into adulthood. It may be pertinent to develop a protocol to address when a youth with significant mental health impairments seeks to refuse DCF services; this may include contacting the youth's attorney and/or meeting with involved mental health providers and the youth's existing support system to attempt to re-engage the youth in services or to contingency plan for the youth's exit from care.

Youth Who Were Parents/Expectant Parents (14 of 85 total reviewed):

Fourteen (17%) youth that were reviewed for this quarter were either a parent or expectant parent. This group was comprised of seven (50%) males and seven (50%) females. Five (36%) youth were African-American, eight (57%) were Caucasian, seven (50%) youth were Hispanic and one (7%) youth were Multi-Racial Non-Hispanic.

Eight (57%) youth in this group received one or more of the following services: assessment, parenting classes, prenatal care, daycare, teen father program, housing, transportation. Seven (50%) of these youth met the outcome measure. Of these seven, one (14%) youth had completed a post-secondary vocational program. It was noted that five (36%) of these youth were eligible for special education. At the time of discharge from the Department's care, one (7%) youth was living in their own residence, five (36%) youth were with their parents or extended family, two (14%) with their partner/spouse, four (29%) youth were living with friends, one (4%) youth was incarcerated, and one (4%) youth was whereabouts unknown.

QUALITY ASSURANCE DIVISION **QUARTERLY REVIEW**

Outcome Measure #20: Discharge Measures

April -June 2011

PURPOSE

The focus of this study is to determine the percentage of youth, age 18 or older, who achieved educational and/or vocational goals at the time of their discharge from DCF custody (*Outcome Measure #20: Discharge Measures*), and to report on any documented barriers that prevented achievement of this outcome.

This case review included all youth, age 18 or older, discharged from care during the quarter beginning October 1, 2010, and excludes Probate cases, Interstate and Voluntary Services cases. The total population for this study consisted of eighty-four youth.

The four questions that framed the design of the review and the presentation of the findings are as follows:

5. If applicable, what were the reasons for youth refusing continued DCF services?
6. What is the total percentage of youth who have achieved one or more of the following prior to discharge from DCF custody?
 - A. Graduation from High School
 - B. Acquisition of a GED
 - C. Enrollment in college or other post-secondary training program full-time
 - D. Enrollment in college or other post-secondary training program part-time with part-time employment
 - E. Full-time employment
 - F. Enlistment full-time member of the military
7. What were the identified barriers to meeting these measures?
8. What were the reasons for youth being unsuccessful with post high school/GED education and employment policy requirements?

EXCLUSION GROUPS FOR OM #20

In accordance with the clarifications made to Exit Plan Outcome Measure #20, there are two subcategories identified in this review that will not be included in determining the final performance percentage for this measure. The first subcategory consists of youth with significant or profound developmental delays, or youth who have been clinically diagnosed with Mental Retardation. The second subcategory consists of youth who refuse continued DCF services at age 18 against the advice and case plan goals of the Department.

The first subcategory identifies one youth as being diagnosed with Mental Retardation. Table 1 illustrates the characteristics of this youth:

Table 1: Characteristics of the First Subcategory Youth with Mental Retardation, n=1		
Gender	Female	1
Age	20 Years Old	1
Race/Ethnicity	Caucasian	1
Education	Attending H.S.	1
Met One or More Measures	No	1
Serviced by Other Agencies	Yes	1

In addition to a diagnosis of Mental Retardation, this youth was also diagnosed with Adjustment Disorder and Attention Deficit Disorder and taking psychotropic medications. This youth did not meet a measure in that she was still attending high school.

The second subcategory identifies fourteen youth, age 18, in this review as being discharged from the Department after refusing any further DCF services. Table 2 illustrates the characteristics of these youth:

Table 2: Characteristics of the Second Subcategory Youth Who Refused Services Age 18, n=14				
Gender	Male	5	Female	9
Race/Ethnicity	Caucasian	4	Black/AA	4
	Hispanic	6		
Education	Graduated H.S.	1	Dropped Out	4
	Attending H.S.	9		
Psychiatric Diagnosis	Yes	9	No	5
Special Education	Yes	9	No	5
Substance Abuse Issues	Yes	9	No	5
Parent/Expectant Parent	Yes	2	No	12
Criminal Involvement	Yes	7	No	7
Employment	Part-time Employment	1	Unemployed	13
Living Arrangement at Discharge	Parent/Extended Family	8	Friends	4
	Unknown/AWOL/UTD	2		
Met Outcome Measure	Yes	1	No	13

Of the fourteen who refused DCF services, thirteen (93%) youth were unemployed at the time of their case closure. Nine (64%) youth in this group had a significant Mental Health diagnosis. The more common diagnoses included: Depression, Major Depressive Disorder, Bipolar, Oppositional Defiant Disorder, and Post Traumatic Stress Disorder. It was determined that thirteen of these youth should have had a DHMAS referral. Of the thirteen, eleven had DHMAS referrals. Of these thirteen youth, three (23%) youth were taking psychiatric medication, three (23%) had criminal involvement, and five youth (38%) had substance abuse issues.

1. What were the reasons for youth refusing services?

There were several reasons documented for youth refusing services from the Department. The most common reasons in order of frequency were that youth left care to live with a biological parent or extended family, the Department's assistance or involvement was simply no longer wanted by the youth, youth wanted an alternative living arrangement and youth went to live with a partner. This reinforces the need to continue working with the biological families as many of these youth return to them once they reach the age of majority.

2. What is the percentage of youth who achieved one or more of the measures under Outcome Measure #20?

Once the exclusion groups are accounted for, sixty-eight youth compose the core group used to determine performance regarding Outcome Measure #20.

The following is noted:

- 54 (79.4%) youth achieved one or more measures:
 - 17 (31.5%) youth met one outcome
 - 37 (68.5%) youth met two or more outcomes
- 14 (20.6%) youth did not meet a measure

The following table illustrates the number of discharged youth who met a specific achievement measure for this review:

Table 3: Specific Achievement Measures Met by Discharged Youth, n=54	
Measures	Number Meeting
High School Graduation Only	15
GED only	2
GED and Full-Time Post-Secondary Enrollment/Completion	2
High School Graduation and Full-Time Post-Secondary Enrollment/Completion	20
High School Graduation and Part-Time College/Post Secondary Program/Completion and Part-Time Employment	2
High School Graduation and Full-Time Post-Secondary Enrollment/Completion and Full-Time Military Enlistment	1

GED and Full-Time Post-Secondary Enrollment/Completion and Full-Time Employment	1
High School Graduation and Part-Time Post-Secondary Enrollment/Completion and Part-Time Employment and Full-Time Employment	1
High School Graduation and Full-Time Post-Secondary Enrollment/Completion and Full-Time Employment	8
High School Graduation and Full-Time Post-Secondary Enrollment/Completion and Part-Time Post-Secondary Enrollment/Completion	1
High School Graduation and Full-Time Post-Secondary Enrollment/Completion and Part-Time Post-Secondary Enrollment/Completion and Full-Time Employment	1
Total	54

Characteristics regarding the youth who achieved one or more measures are illustrated in **Table 4** and information regarding the fourteen youth that did not meet a measure is illustrated in **Table 7**.

Table 4: Characteristics of the Youth Who Met a Measure <i>n=54</i>				
Gender	Male	25 (46%)	Female	29 (54%)
Race/Ethnicity	Caucasian	25 (46%)	Black/AA	16 (30%)
	Hispanic	13 (24%)		
Age	19 Years Old	11 (20%)	20 Years Old	11 (20%)
	21 Years Old	20 (37%)	22 Years Old	5 (9%)
	23 Years Old	7 (13%)		
Education - H.S	Graduated H.S.	49 (91%)	Earned GED	5 (9%)
Employment	Full-time Employment	11 (20%)	Unemployed	23 (43%)
	Part-time Employment	19 (35%)	Employed-Unk # Hrs	1 (2%)
Special Education	Yes	15 (28%)	No	39 (72%)
Substance Abuse Issues	Yes	11 (20%)	No	43 (80%)
Criminal Involvement	Yes	20 (37%)	No	34 (63%)
Psychiatric Diagnosis	Yes	15 (28%)	No	39 (72%)
Parent/Expectant Parent	Yes	15 (28%)	No	39 (72%)
Living Arrangement at Discharge	Parent/Ext. Family	9 (17%)	Former Foster Parent	6 (11%)
	Own Residence	11 (20%)	Spouse/Partner	5 (9%)
	DMAHS/DDS	3 (6%)	College Dorm	1 (2%)
	Friends	6 (11%)	Incarcerated	4 (7%)
	Unknown/AWOL	3 (6%)	Homeless/Couch Surfing	1 (2%)
	Own Residence/child	5 (9%)		
Reason for Discharge	Case Goal Achieved	11 (20%)	Youth Aged Out	4 (7%)
	Youth Working Full-Time	1 (2%)	Services to be Provided by DMHAS	4 (7%)
	Refused Services (over 19 y/o)	4 (7%)	Youth Incarcerated	4 (7%)
	Enlisted in Military	1 (2%)	Youth got married	1 (2%)
	Non-Compliant with placement	1 (2%)	Non-Compliant with Educational Requirements	8 (15%)
	Non-Compliant with Post-Secondary Education	15 (28%)		

Of the fifty-four youth who achieved a measure, fifteen (28%) had a significant Mental Health diagnosis. The more common diagnoses for this group of youth were: Post Traumatic Stress Disorder, Bipolar Disorder, Major Depressive Disorder, Child Abuse of Child, Conduct Disorder, Pervasive Developmental Disorder, and Reactive Adjustment Disorder. Of the fifteen youth, twelve (80%) were prescribed psychiatric medication, of whom three youth refused to take the medication.

Table 5 illustrates the results of Outcome Measure achievement by Area Office.

Table 5: OM #20, Discharge Measures Results by Area Office 2Q 2011, n=68				
Office		Did Youth Achieve One or More Measures Before Discharge?		
		Yes	No	Met
Bridgeport	<i>n=3</i>	2	1	66%
Danbury	<i>n=1</i>	1	0	100%
Hartford	<i>n=12</i>	8	4	66%
Manchester	<i>n=7</i>	5	2	71%
Meriden	<i>n=4</i>	4	0	100%
Middletown	<i>n=3</i>	2	1	66%
Milford	<i>n=13</i>	12	1	92%
New Britain	<i>n=2</i>	2	0	100%
New Haven	<i>n=4</i>	3	1	75%
Norwalk	<i>n=2</i>	1	1	50%
Norwich	<i>n=6</i>	5	1	83%
Torrington	<i>n=1</i>	1	0	100%
Waterbury	<i>n=4</i>	4	0	100%
Willimantic	<i>n=6</i>	4	2	66%
Totals	<i>n=68</i>	54	14	79.4%

Of the sixty-eight youth meeting the criteria for performance review, fifty-four (79.4%) youth achieved one or more of the measures under Outcome Measure #20. The Exit Plan benchmark for this measure is 85%.

Note: Over the last year the Department's performance has fluctuated in its state-wide performance regarding this outcome. The achievement of the Outcome Measure #20 for the last four quarters is shown below:

Table 6: Comparison Table 2010-2011				
Did Youth Achieve an Outcome Measure Before Discharge?				
		Yes	No	Met
3 Q 2010	<i>n=113</i>	100	13	88.5%
4-Q 2010	<i>n=78</i>	68	10	87.2%
1 Q 2011	<i>n=70</i>	58	12	82.9%
2Q 2011	<i>n =68</i>	54	14	79.4%

3. What were the identified barriers to meeting these measures?

A LINK Case review was used to identify barriers that may have prevented the youth from achieving one or more of the six elements of Outcome Measure #20 prior to discharge from DCF. The characteristics of youth not meeting the measure are outlined below:

Table 7: Characteristics of the Youth Who Did Not Meet a Measure, n=14				
Gender	Male	8	Female	6
Race/Ethnicity	Caucasian	4	Black/AA	6
	Hispanic	4		
Age	18 Years Old	4	19 Years Old	7
	20 Years Old	2	21 Years Old	1
Education	Attending H. S.	3	Dropped Out	9
	Working toward GED	2		
Employment	Part-time Employment	2	Unemployed	12
Parent/Expectant Parent	Yes	4	No	10
Special Education	Yes	7	No	7
Substance Abuse Issues	Yes	6	No	8
Criminal Involvement	Yes	8	No	6
Psychiatric Diagnosis	Yes	6	No	8
Living Arrangement at Discharge	Own Residence	1	Friends	4
	Parent/Ext. Family	3	DDS/DMHAS	2
	Partner/Spouse	1	Shelter	1
	Unknown/AWOL/UTD	2		
Reason for Discharge	Refused Services (over 19 y/o)	2	Non-Compliant with Services	10
	Services to be Provided by DMHAS	1	Youth was Married	1

Of the fourteen youth that did not meet a measure, six youth were diagnosed with a significant mental health disorder that required DMHAS a referral. The diagnoses included: Oppositional Defiance Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactive Disorder, and Reactive Attachment Disorder. Four of the six youth were prescribed medication at the time of discharge. Of the fourteen youth that did not meet a measure, seven were identified as Special Education students.

Although the following characteristics are thought to negatively impact the achievement of this outcome measure, it is unclear why some youth presenting with the same issues are able to meet the outcome measure. Nevertheless, it is likely that these challenges contributed to youth failing to meet the measure.

- **Psychiatric Diagnosis:** Of the youth who did not meet the outcome measure, 43% had a significant mental health diagnosis compared to 28% of the youth who met the measure.
- **Eligibility for Special Education Services:** Of the youth who did not meet an outcome measure, 50% were eligible for Special Education Services compared to 28% of youth who met a measure.
- **Identified Substance Abuse Issues:** Of the youth who did not meet the outcome measure, 43% had substance abuse issues compared to 20% of the youth who met the measure.
- **Criminal Involvement:** Of the youth who did not meet the outcome measure, 57% had criminal involvement compared to 37% of the youth who met the measure.

Post-Secondary Education

Twenty-nine (43%) of the sixty-eight youth in the core review group graduated from high school or obtained a GED, and went on to pursue a post-secondary education or training program.

At the time of discharge, there were seven youth continuing their education full-time and three youth continuing on a part-time basis.

Attending a Full-Time, Post-Secondary Education Program (7 Youth)

- Gateway Community College
- Capital Community College
- Salt Lake Community College
- Fox Institute
- Brio Academy
- Keystone College
- Lincoln Tech

Attending a Part-Time, Post-Secondary Education Program (3 Youth)

- Manchester Community College/Radiology
- J. Sergeant Reynolds Comm. College
- Manchester Community College

Eighteen (27%) youth completed a post-secondary educational program at the following post-secondary education or technical programs:

Completed a Post-Secondary Education Program (18) youth)

Bachelor's Degree from the following Colleges or Universities:

- University of Hartford
- Virginia Union University
- Sacred Heart University
- University of New Haven
- Johnson and Wales
- University of Hartford

Associate's Degree from the following Community Colleges:

- Mitchell College
- Capitol Community College
- Middlesex Community College

Certificate or License from the following Technical Schools:

- Job Corps - CNA program
- YWCA/CNA Program
- Connecticut Works
- Porter and Chester/Computer Networking Program
- St. Raphael Hospital
- Brio Academy
- Job Corp - New Haven
- Branford Hall
- Connecticut Culinary Institute

Seven youth who completed a post-secondary training or educational program obtained full-time employment with the following employers:

- Mothers Against Drunk Driving
- Metropolitan Day School
- Mary Wade Home
- Kid's Care Daycare
- First Investor Corporation
- Bridgeport Police Department (Dispatcher)
- See Us Grow Childcare Center

Additionally, there were four youth that completed a post-secondary educational program and secured part-time employment prior to discharge from the Department.

4. What were the reasons for youth being unsuccessful with post high school/GED education and employment policy requirements?

Table 8: Characteristics of Youth Who Were Non-Compliant with Post-Secondary Educational Requirements, n=15				
Gender	Male	7	Female	8
Race/Ethnicity	Caucasian	6	Black/AA	5
	Hispanic	4		
Age	19 Years Old	3	20 Years Old	3
	21 Years Old	9		
Employment	Full-time Employment	1	Unemployed	7
	Part-time Employment	7		
Special Education	Yes	3	No	12
Psychiatric Diagnosis	Yes	5	No	10

Table 8: Characteristics of Youth Who Were Non-Compliant with Post-Secondary Educational Requirements, n=15				
Parent/Expectant Parent	Yes	4	No	11
Substance Abuse Issues	Yes	3	No	12
Criminal Involvement	Yes	6	No	9

Of the fifteen youth discharged for non-compliance with the post-secondary education the reason for the non-compliance included the following: poor academic performance, lack of attendance, not wanting to pursue any further education, mental health issues, and dropping out of a program for no known reason.

Adolescent Services

Discharge Planning

The Adolescent Discharge Planning form in Link was initially replaced with a Microsoft Word document that was placed in the hard copy. There wasn't an electronic copy of this form in Link. That form has now been replaced with a "Discharge Planning" section in the Case Plan. It became known to the review team that this was the current practice after the reviews began therefore an examination of this section in the Case Plans is not available for this quarter. However, upon further review, it was found that fifty-four (65%) of the eighty-three youth had a current Case Plan in Link. For the last four quarters, updated plans were found in 83%, 73%, 73% and 81% of the cases. This quarter's 65% is a significant decrease from last quarter.

Independent Living Services (ILS) and Community Housing Assistance Program (CHAP)

The table below illustrates achievements by youth who participated or did not participate in ILS and/or CHAP.

Table 9: Youth Who Participated in ILS and/or CHAP, n=68				
	Youth Who participated in ILS	Youth Who Did Not Participate in ILS	Youth Who Participated in CHAP	Youth Who Did Not Participate in CHAP
Achieved Measure	53	1	41	13
Did Not Meet a Measure	13	1	5	9
Totals	66	2	46	22
	68		68	

There was a noted difference in achievement of the outcome measure for the youth who participated in ILS and CHAP, and those who did not. Of the youth who participated in ILS, 80% achieved a measure compared to 50% of the youth who did not participate in ILS. There was also a

difference noted in those who participated in CHAP, of which 89% achieved a measure compared to 59% of youth who did not participate in CHAP.

Parent and Expectant Parents (21)

During this review, information was collected to determine how many of the total number of discharged youth from the total population in this quarter were either a parent or an expectant parent at the time of discharge from the Department's care. It was determined that twenty-one (25%) youth fell into this category, which is the highest percentage since collecting data regarding parent and expectant parents.

Of those twenty-one youth:

- Fifteen (71%) youth were female and six (29%) male
- Eight (38%) youth were African-American, six (29%) were Caucasian, seven (33%) youth were Hispanic
- Thirteen (62%) youth completed Life Skills
- Fifteen (71%) youth completed high school or earned a GED, seven (33%) of these youth completed a post-educational program prior to discharge
- Four (19%) youth were employed full-time and seven (33%) youth were employed part-time
- Ten (48%) youth were involved in criminal or delinquent activities
- Nine (43%) youth had a significant mental health diagnoses, six (29%) of these youth were referred to DMHAS for adult services, and two (10%) of these youth were taking psychiatric medication.
- Three (14%) youth was living in their own residence, two (10%) youth were with their parents or extended family, four (19%) with their partner/spouse, five (24%) youth were living with friends, one (5%) youth was living with former foster parents, five (24%) were living in their own residence with their child, one (5%) was whereabouts unknown.
- Fourteen (67%) youth in this group received one or more of the following services:
 - assessment, parenting classes, prenatal care, daycare, housing, vouchers and/or baby supplies, transportation

Comparison of Youth Who Refused Services and Those Who Did Not

The following table compares the total youth who refused services, ages 18 or older, from the Department and those who did not. All youth who exited from care during the period under review are included in this comparison table.

Table 10: Characteristics of Youth Ages 18 or Older Who Refused Services & Youth Who Did Not, n=83

	Age		Achieved the Measure		Level of Education	Were Employed	Received Special Education Services	Had Criminal Involvement	Had Substance Abuse Issues	Had Psych Dx
	Yrs	%	Yes	No						
Youth that Refused Services n=20	18	60%	25%	75%	25% Graduated High School or earned a GED 50% Attending High School or GED 25% Dropped Out No Youth Attended Post-Secondary Education	10%	55%	45%	55%	55%
	19	25%								
	20	15%								
Youth Who Did Not Refuse Services n=63	18	5%	87%	13%	79% Graduated High School or earned GED 5% Attending High School or GED 13% Dropped Out 3% Working toward GED 51% Attended Post-Secondary Education	51%	33%	41%	24%	32%
	19	25%								
	20	16%								
	21	35%								
	22	8%								
	23	11%								

Upon review of the table above, those youth who refused services from the Department had a higher percentage of youth who experienced criminal involvement; higher rate of substance abuse issues, had a higher percentage of youth who had a psychiatric diagnosis and who were eligible for special education services. Youth who refused services had fewer youth employed at the time of discharge and had less educational success compared to the youth who chose to remain with the Department. Those youth who did not refuse services were more successful in meeting the outcome measure: being successful in high school, going on to a post-secondary educational program and in obtaining employment.

Findings of Note:

Connecticut's Achievements Compared to National Statistics:

According to the Fostering Connections Resource Center report published in January 2010, approximately 25% of foster care alumni nationwide do not have a high school diploma or GED and less than 2% of foster youth finished college compared with 23% of youth in the general population. This quarter, fifty-five (66%) youth from the total number of Connecticut's discharged foster youth earned a high school diploma or GED and eighteen (22%) youth completed a post-secondary program prior to leaving the Department's care. These programs completed by youth are comprised of nine technical or training schools, seven universities or colleges, and two community colleges.

Racial/Ethnic Disparities:

There was a difference noted among the racial and ethnic groups in regard to the achievement of Outcome Measure #20. Of the sixty-eight youth in this group, fifty-four achieved the measure. Sixteen (73 %) of the twenty-two African-American youth achieved the measure, twenty-five (86%) of the twenty-nine Caucasian youth achieved the measure, and thirteen (75%) of the seventeen Hispanic youth in the core review group met the measure. There were no American Indian or Asian youth in this core review group. A higher percentage of Caucasian youth achieved the measure compared to African-American (13% difference) youth and Hispanic (9% difference) youth. This will be continued to be monitored and examined in future reviews.

Youth Who Did Not Achieve the Outcome Measure (14):

Of the fourteen youth that did not meet a measure, six youth were diagnosed with a significant mental health disorder that required a DMHAS referral. The diagnoses included: Oppositional Defiance Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactive Disorder, and Reactive Attachment Disorder. Four of the six were prescribed medication at the time of discharge.

Also of note is the fact that of the fourteen youth that did not meet a measure, seven (50%) were identified as Special Education students. Further exploration of the relationship between the Department and educational settings may be pertinent in an effort to assist those youth with Special Education needs to achieve the measure that will positively impact their future ability to provide for themselves.

There did not appear to be a gender or race disparity in the number of youth that did not meet the measure in this review period. Eight of the fourteen were male and six were female. Six youth were African American, four were Caucasian and four were Hispanic.

Youth Who Refused Services (14):

Of particular interest is the fact that of the fourteen youth, age 18, who refused DCF services, nine (64%) of them had a significant Mental Health diagnosis, and five of these nine required a DMHAS referral. It was determined by the case reviewer that two of the five required a DHMAS referral which the Department did not make. It is unknown the role that mental health plays in a youth's decision to refuse DCF services. In question is the youth's competence to make such an important

decision as to exit from DCF care. It can be suggested that children who are refusing services with significant mental health issues may have impairments around decision-making that may impact their future safety and well-being including the ability to secure housing, employment, services to treat their mental and physical health on their own, involvement with the criminal justice system, and an increased risk of substance abuse to self-medicate.

Specifically, of these fourteen, seven (50%) had criminal involvement and nine (64%) had substance abuse issues. We know that these youth often have a severely limited support system and any family or friends they have to turn to may not be in a position to provide necessary assistance. We can infer that these youth may struggle to meet their basic needs well into adulthood. It may be pertinent to develop a protocol to address when a youth with significant mental health impairments seeks to refuse DCF services; this may include contacting the youth's attorney and/or meeting with involved mental health providers and the youth's existing support system to attempt to re-engage the youth in services or to contingency plan for the youth's exit from care.

Outcome Measure 21-Discharge of Mentally Ill or Developmentally Disabled Youth Certification Review

Outcome Measure 21-Discharge of Mentally Ill or Developmentally Disabled Youth requires that:

DCF shall submit a written discharge plan to either/or DMHAS or DDS for all children who are mentally ill or developmentally delayed and require adult services.

Universe and Sample

This review included a sample of all youth, age 18 or older, who were discharged from the Department's care during the First Quarter 2011 and Second Quarter 2011. Excluded from the group are Juvenile Justice, Interstate, Probate, and Voluntary Service cases and cases where the youth was 18 years old or older and had a case opened for the sole purpose of making monetary payments on behalf of the youth.

Methodology

The "certification" review was conducted utilizing the same protocol that the Department currently uses to determine performance outcomes for Outcome Measure 21.

The protocol was developed jointly by The Court Monitor and Department staff a number of years ago and contains all of the quantitative and qualitative elements required by the 2006 Revised Exit Plan. The sample cases for the First Quarter 2011 were reviewed independently from the sample cases for the Second Quarter 2011.

The Court Monitor review staff reviewed each sample case and then compared their data collection and findings with the data collection and findings performed by the Central Office QA staff with respect to Outcome Measure 21. Any questions or discrepancies were discussed by the two parties and resolved. Finally, a joint debriefing was held with all case review participants and managers from DCF and the Court Monitor's Office.

Findings:

The complete unedited copy of the Department's Outcome Measure 21 report follows this summary and contains additional information about this cohort of children.

The findings are separated into two categories. One category pertains to the enforceable provisions of Outcome Measure 21. The second category contains additional findings.

Outcome Measure 21-Discharge of Mentally Ill or Developmentally Disabled Youth

- For the First Quarter 2011, the Court Monitor concurred with the Department findings for all 23 sample cases reviewed. For the Second Quarter 2011, the Court Monitor concurred with the Department's findings of 24 of the 25 sample cases reviewed. There was one case discussed and the Department clinical staff agreed

that the youth should have been re-screened regarding the need for a referral/application to adult services. The youth in question had been appropriately screened and the determination was that a referral/application was not required. Unfortunately, the youth's condition worsened subsequent to the initial screen and a re-screening was not performed prior to discharge from care.

- With the exception of minor data collection errors or missed information, the Court Monitor confirmed that the process utilized by the Central Office QA staff and Regional Office staff was well organized, very reliable and provided all of the Outcome Measure 21 performance data required by the 2006 Exit Plan.
- The overall findings for the eighty-five (85) identified youth in the First Quarter 2011 was that forty-six (54.0%) did not require adult services from either DMHAS or DDS. Thirty-nine (46.0%) youth were determined to require continued adult services from either DMHAS or DDS and 38 (97%) had documentation that referrals were made. The overall findings for the eighty-three (83) identified youth in the Second Quarter 2011 was that fifty-eight (70%) did not require adult services from either DMHAS or DDS. Twenty-five (30%) youth were determined to require continued adult services from either DMHAS or DDS and twenty-three (92%) had documentation that referrals were made.
- Many of the youth in each of the reviewed quarters had criminal involvement, and/or substance abuse issues, and/or complex medical needs and/or were expectant parents at the time of discharge.
- Oversight, as well as, the conducting of the reviews has been transferred to a number of different staff over the period of Exit Plan performance measurement. In addition, Outcome Measure 21 requires coordination with Central Office Behavioral Health staff, as well as, clinical and child welfare staff in the Area Offices. Given these facts, the reliability of the findings confirms that the process in place while not infallible, is working very well.
- A number of years ago the Department instituted a review and data collection process that starts with children age 15 and up to capture information regarding children who will require adult services. This has allowed the Department to identify and track youth much more accurately than previously. The only deficiency noted in this or other informal reviews of the measure is that re-screening and re-referrals are sometimes not undertaken for youth whose condition has changed significantly.

Other Findings:

- While the enforceable provisions for Outcome Measure 21 focus on the referral to the adult agency, there is also the collaborative planning component between agencies that is critical. The record review reveals that despite multiple attempts and existing interagency agreements there are barriers that continue to prevent individual youth from receiving appropriate and timely transition services to better ensure a seamless transfer and successful outcomes.

- As with Outcome Measure 20, formalized discharge meetings with all relevant stakeholders in attendance should be undertaken for all youth.

OFFICE FOR RESEARCH AND EVALUATION QUARTERLY REVIEW

Outcome Measure # 21: Discharge of Mentally Ill

or Developmentally Disabled Youth

January-March 2011

The purpose of this study is to determine the extent to which the Department of Children and Families (DCF) submitted “a written discharge plan to either/or DMHAS or DDS for all children” as required (*Outcome Measure 21: Discharge of Mentally Ill or Developmentally Disabled Youth*).

This case review included all youth, 18 years of age or older, who were discharged from the Department’s care (defined as the point in time when the child is no longer in foster care, under the care and responsibility or supervision of the DCF) between January 1, 2011 and March 31, 2011. Excluded from this group were Juvenile Justice, Interstate, Probate, and Voluntary cases and cases where youth who were 18 and over had cases opened for the sole purpose of making monetary payments on behalf of the youth. This resulted in a review group of eighty-five youth for this quarter.

OUTCOME MEASURE #21

What is the extent to which LINK documentation indicates that a written discharge plan has been submitted to DMHAS and/or DDS for all youth who are mentally ill or developmentally disabled and require adult services?

For the purpose of this review, *Discharge Plan* was defined as the submission of a referral packet requesting young adult services from DMHAS and/or DDS. The submission and acceptance of this referral packet is the starting point for a youth to receive services. Additionally, a youth reaching the point of discharge from DCF and currently receiving services from either DMHAS or DDS would indicate that the referral had been processed and accepted as part of the youth’s discharge plan.

Of the eighty-five youth in the total review population, forty-six (54%) did not require adult services from either DMHAS or DDS. Of the 39 (46%) youth in this study who were determined to require continued adult services upon discharge, there was documentation that thirty-eight (97%) had referrals made to DMHAS or DDS for these services.

This is illustrated in the Table 1.

Table 1: OM #21				
Referrals of Youth with Criteria that Required a DMHAS/DDS Referral, by Area Office, 1Q 2011, n=39				
Office		Was DMHAS/DDS Referral Made?		
		Yes	No	Met
Bridgeport	<i>n= 1</i>	1	0	100%
Danbury	<i>n= 2</i>	2	0	100%
Hartford	<i>n= 8</i>	7	1	88%
Manchester	<i>n= 5</i>	5	0	100%
Meriden	<i>n= 2</i>	2	0	100%
Middletown	<i>n= 2</i>	2	0	100%
Milford	<i>n= 4</i>	4	0	100%
New Britain	<i>n= 3</i>	3	0	100%
Norwich	<i>n= 2</i>	2	0	100%
Stamford	<i>n= 1</i>	1	0	100%
Waterbury	<i>n= 4</i>	4	0	100%
Willimantic	<i>n= 5</i>	5	0	100%
Totals	<i>n= 39</i>	38	1	97% Statewide
The New Haven, Norwalk and Torrington offices were omitted as they did not have any youth in the review population.				

Summary

Of the thirty-nine youth in this study who were determined to require continued adult services upon discharge, there was documentation that thirty-eight (97%) of them had referrals made to DMHAS or DDS for these services. The benchmark for this measure is 100%.

The following table illustrates characteristics, achievements and housing at the point of discharge for youth with criteria that required a referral to either DMHAS or DDS:

Table 2: OM #21 Youth with Developmental Disabilities or Significant Mental Health Issues with Criteria that Required a Referral DMHAS or DDS, n=39				
Gender	Male	18	Female	21
Age	18 Years Old	12	19 Years Old	11
	20 Years Old	8	21 Years Old	7
	22 Years Old	1		
Race	White	27	Black/AA	8
	Multi-Racial	4		
Ethnicity	Hispanic	11	Non-Hispanic	28
Education	Graduated HS	22	Earned GED	2
	Attending HS	9	Dropped Out	6
Special Education	Yes	20	No	19
Complex Medical Needs	Yes	3	No	36
Employment	Full-time	2	Unemployed	27
	Part-time	10		
Placement/Housing at Discharge	DMHAS/DDS	9	Own Residence	1
	Parent/Ext. Family	7	Military Barracks	1
	Friends	8	Hospital	1
	Former Foster Family	3	Partner/Spouse	4
	Unknown/AWOL	2	Incarcerated	3
Substance Abuse Issues	Yes	20	No	19
Criminal Involvement	Yes	23	No	16
Parent/Expectant Parent	Yes	10	No	29

Of these thirty-nine youth: 46% had criminal involvement, 59% had substance abuse issues, 8% had complex medical needs and 26% were a parent or expectant parent at the time of discharge.

Upon further review it was found that of the thirty-eight youth referred to DMHAS/DDS: eighteen (47%) youth accepted the services, six (16%) youth were found ineligible for services by DMHAS/DDS, twelve (32%) youth refused services from DMHAS/DSS, and two (5%) youth did not follow up with DMHAS/DDS after the referral was made by the Department.

OFFICE FOR RESEARCH AND EVALUATION **QUARTERLY REVIEW**

April - June 2011

Outcome Measure # 21: Discharge of Mentally Ill or Developmentally Disabled Youth

The purpose of this study is to determine the extent to which the Department of Children and Families (DCF) submitted “a written discharge plan to either/or DMHAS or DDS for all children” as required (*Outcome Measure 21: Discharge of Mentally Ill or Developmentally Disabled Youth*).

This case review included all youth, 18 years of age or older, who were discharged from the Department’s care (defined as the point in time when the child is no longer in foster care, under the care and responsibility or supervision of the DCF) between April 1, 2011 and June 30, 2011. Excluded from this group were Juvenile Justice, Interstate, Probate, and Voluntary cases and cases where youth who were 18 and over had cases opened for the sole purpose of making monetary payments on behalf of the youth. This resulted in a review group of eighty-four youth for this quarter.

OUTCOME MEASURE #21

What is the extent to which LINK documentation indicates that a written discharge plan has been submitted to DMHAS and/or DDS for all youth who are mentally ill or developmentally disabled and require adult services?

For the purpose of this review, *Discharge Plan* was defined as the submission of a referral packet requesting young adult services from DMHAS and/or DDS. The submission and acceptance of this referral packet is the starting point for a youth to receive services. Additionally, a youth reaching the point of discharge from DCF and currently receiving services from either DMHAS or DDS would indicate that the referral had been processed and accepted as part of the youth’s discharge plan.

Of the eighty-three youth in the total review population, fifty-eight (70%) did not require adult services from either DMHAS or DDS. Of the twenty-five (30%) youth in this study who were determined to require continued adult services upon discharge, there was documentation that twenty-three (92%) had referrals made to DMHAS or DDS for these services.

This is illustrated in the following table:

Table 1: OM #21				
Referrals of Youth with Criteria that Required a DMHAS/DDS Referral, by Area Office, 2Q 2011, n=25				
Office		Was DMHAS/DDS Referral Made?		
		Yes	No	Met
Hartford	<i>n= 5</i>	5	0	100%
Manchester	<i>n= 4</i>	3	1	75%
Meriden	<i>n= 1</i>	1	0	100%
Middletown	<i>n= 1</i>	1	0	100%
Milford	<i>n= 2</i>	2	0	100%
New Haven	<i>n= 3</i>	2	1	67%
Norwich	<i>n= 2</i>	2	0	100%
Torrington	<i>n= 1</i>	1	0	100%
Waterbury	<i>n= 1</i>	1	0	100%
Willimantic	<i>n= 5</i>	5	0	100%
Totals	<i>n= 25</i>	23	2	92% Statewide
The Bridgeport, Danbury, New Britain and Norwalk/Stamford offices were omitted as they did not have any youth in the review population.				

Summary

Of the twenty-five youth in this study who were determined to require continued adult services upon discharge, there was documentation that twenty-three (92%) of them had referrals made to DMHAS or DDS for these services. The benchmark for this measure is 100%.

The following table illustrates characteristics, achievements and housing at the point of discharge for youth with criteria that required a referral to either DMHAS or DDS:

Table 2: OM #21 Youth with Developmental Disabilities or Significant Mental Health Issues with Criteria that Required a Referral DMHAS or DDS, n=25				
Gender	Male	16	Female	9
Age	18 Years Old	5	19 Years Old	6
	20 Years Old	4	21 Years Old	10
Race/Ethnicity	White	14	Black/AA	6
	Hispanic	5		
Education	Graduated HS	12	Earned GED	1
	Attending HS	6	Dropped Out	6
Special Education	Yes	20	No	5
Complex Medical Needs	Yes	2	No	23
Employment	Part-time	5	Unemployed	20
Placement/Housing at Discharge	DMHAS/DDS	6	Own Residence	2
	Parent/Ext. Family	8	Partner/Spouse	2
	Friends	3	Homeless/Couch Surfing	1
	Shelter	1	Incarcerated	1
	Unknown/AWOL	1		
Substance Abuse Issues	Yes	9	No	16
Criminal Involvement	Yes	12	No	13
Parent/Expectant Parent	Yes	6	No	19

Of these twenty-five youth: 48% had criminal involvement, 36% had substance abuse issues, 8% had complex medical needs and 24% were a parent or expectant parent at the time of discharge.

Upon further review it was found that of the twenty-three (92%) youth referred to DMHAS/DDS: 2, (9%) of youth were found ineligible for services by DMHAS/DDS, and 4, (17%) of the youth refused services from DMHAS/DSS.

JUAN F. ACTION PLAN MONITORING REPORT

AUGUST 2011

This report includes data relevant to the permanency and placement issues and action steps embodied within the Action Plan. The data provided comes from several sources: the monthly point-in-time information from LINK, the Chapin Hall database and the Behavioral Health Partnership database.

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table, developed using the Chapin Hall database, provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2011.

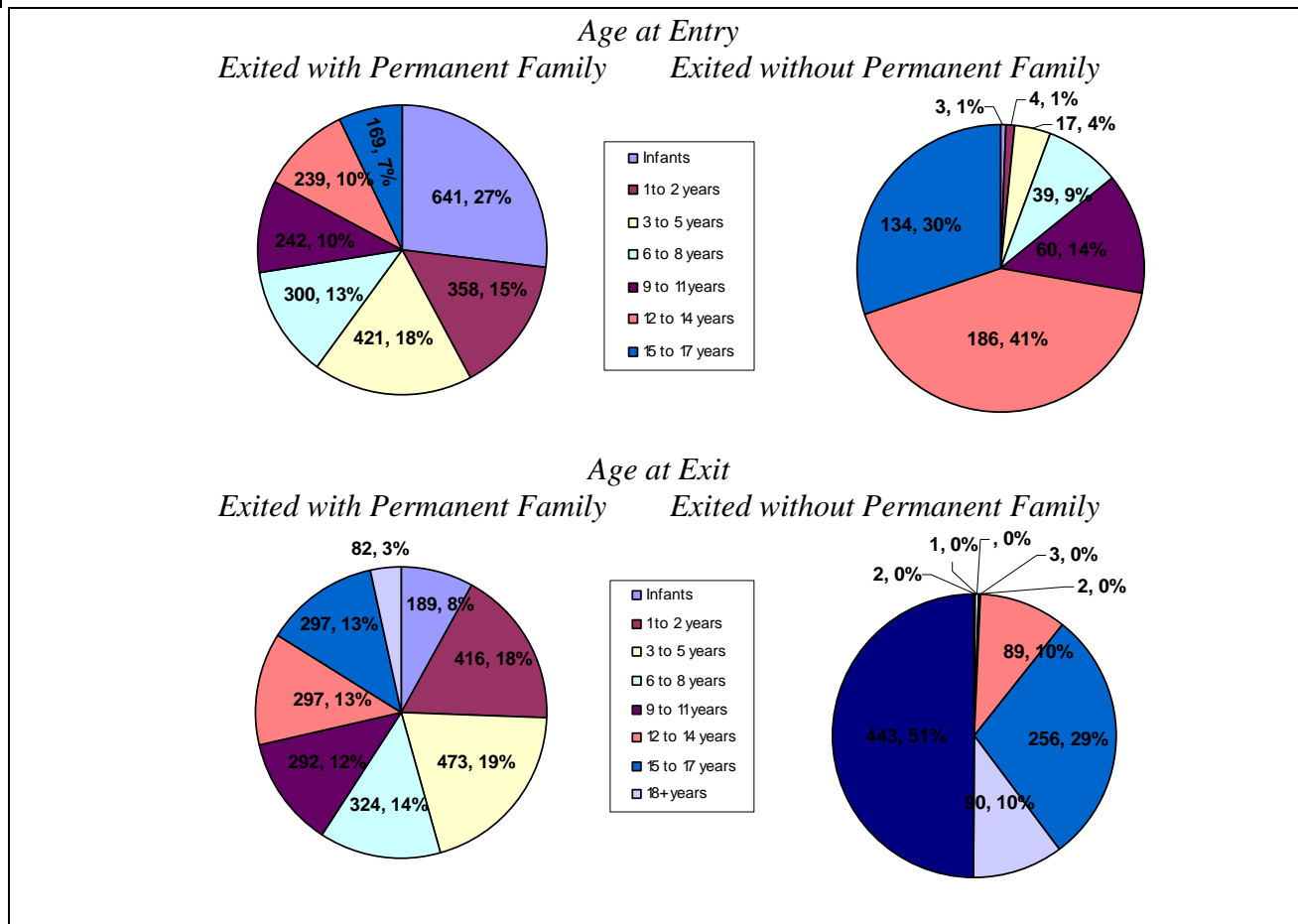
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Entries	3105	3547	3204	3093	3408	2853	2827	2629	2695	1176
Permanent Exits										
In 1 yr	1182 38.1%	1405 39.6%	1229 38.4%	1132 36.6%	1263 37.1%	1095 38.4%	1098 38.8%	1092 41.5%		
In 2 yrs	1642 52.9%	2077 58.6%	1806 56.4%	1744 56.4%	1973 57.9%	1675 58.7%	1674 59.2%			
In 3 yrs	1969 63.4%	2384 67.2%	2093 65.3%	2017 65.2%	2324 68.2%	1973 69.2%				
In 4 yrs	2140 68.9%	2539 71.6%	2263 70.6%	2162 69.9%	2500 73.4%					
To Date	2300 74.1%	2697 76.0%	2356 73.5%	2240 72.4%	2569 75.4%	2084 73.0%	1934 68.4%	1569 59.7%	989 36.7%	147 12.5%
Non-Permanent Exits										
In 1 yr	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%		
In 2 yrs	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%			
In 3 yrs	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%				
In 4 yrs	406 13.1%	392 11.1%	403 12.6%	461 14.9%	449 13.2%					
To Date	486 15.7%	470 13.3%	475 14.8%	514 16.6%	474 13.9%	389 13.6%	364 12.9%	265 10.1%	189 7.0%	36 3.1%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Unknown Exits										
<i>In 1 yr</i>	106 3.4%	154 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	78 3.0%		
<i>In 2 yrs</i>	161 5.2%	221 6.2%	208 6.5%	163 5.3%	140 4.1%	126 4.4%	110 3.9%			
<i>In 3 yrs</i>	161 5.2%	221 6.2%	208 6.5%	163 5.3%	140 4.1%	126 4.4%				
<i>In 4 yrs</i>	179 5.8%	245 6.9%	234 7.3%	181 5.9%	167 4.9%					
<i>To Date</i>	243 7.8%	307 8.7%	272 8.5%	213 6.9%	183 5.4%	145 5.1%	113 4.0%	119 4.5%	79 2.9%	20 1.7%
Remain In Care										
<i>In 1 yr</i>	1543 49.7%	1739 49.0%	1615 50.4%	1589 51.4%	1810 53.1%	1433 50.2%	1419 50.2%	1251 47.6%		
<i>In 2 yrs</i>	995 32.0%	956 27.0%	926 28.9%	854 27.6%	973 28.6%	762 26.7%	740 26.2%			
<i>In 3 yrs</i>	610 19.6%	576 16.2%	537 16.8%	482 15.6%	543 15.9%	400 14.0%				
<i>In 4 yrs</i>	380 12.2%	371 10.5%	304 9.5%	289 9.3%	292 8.6%					
<i>To Date</i>	76 2.4%	73 2.1%	101 3.2%	126 4.1%	182 5.3%	235 8.2%	416 14.7%	676 25.7%	1438 53.4%	973 82.7%

The following graphs show how the ages of children upon their entry to care, as well as at the time of exit, differ depending on the overall type of exit (permanent or non-permanent).

FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2010 EXIT COHORT)



Permanency Goals:

The following chart illustrates and summarizes the number of children (which excludes youth ages 18 and older) at various stages of placement episodes, and provides the distribution of Permanency Goals selected for them.

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON JULY 31, 2011⁶)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes	No			
640	↓ 3,232			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
471 (74%)	No	Yes		
Adoption	1,901	↓ 1,331		
156 (24%)	Has a TPR proceeding been filed?			
APPLA	Yes	No		
10 (2%)	405	↓ 926		
Relatives	<i>Goals of:</i> Is a reason documented not to file TPR?			
2 (<1%)	278 (69%)	Yes	No	
Blank	Adoption	621	324	
1 (<1%)	90 (22%)	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
Reunify	APPLA	347 (61%)	<i>Reasons:</i>	153 (43%)
0	18 (4%)	APPLA	77%	Reunify
Trans. of	Reunify	106 (19%)	Compelling	83 (23%)
Guardian:	11 (3%)	Reunify	Reason	Adoption
Sub/Unsub	Trans. of	44 (8%)	13%	76 (21%)
	Guardian:	Relatives	Child is with	APPLA
	Sub/Unsub	42 (7%)	relative	35 (10%)
	8 (2%)	Adoption	7%	Trans. of
	Relatives	32 (6%)	Petition in	Guardian:
		Trans. of	process	Sub/Unsub
		Guardian:	4%	6 (2%)
		Sub/Unsub	Service not	Relatives
			provided	2 (1%)
				Blank

⁶ Children over age 18 are not included in these figures.

Preferred Permanency Goals:

Reunification	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children with Reunification goal, pre-TPR and post-TPR	1581	1596	1606	1615	1610	1585
Number of children with Reunification goal pre-TPR	1577	1593	1605	1615	1606	1584
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	313	310	288	275	286	277
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	42	36	39	36	31	36
Number of children with Reunification goal, post-TPR	4	3	1	0	4	1

Transfer of Guardianship (Subsidized and Non-Subsidized)	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	196	169	168	166	162	177
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	194	166	166	163	159	177
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months 	62	54	48	47	39	39
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months 	25	18	19	26	17	15
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	2	3	2	3	3	0

Adoption	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children with Adoption goal, pre-TPR and post-TPR	1138	1083	1112	1136	1159	1103
Number of children with Adoption goal, pre-TPR	603	549	587	624	629	632
Number of children with Adoption goal, TPR not filed, >= 15 months in care	114	97	103	126	123	129

Adoption	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
• Reason TPR not filed, Compelling Reason	14	18	15	15	20	15
• Reason TPR not filed, petitions in progress	48	40	38	37	27	24
• Reason TPR not filed , child is in placement with relative	13	11	2	1	7	6
• Reason TPR not filed, services needed not provided	1	5	6	3	1	0
• Reason TPR not filed, blank	39	23	42	70	68	84
Number of cases with Adoption goal post-TPR	535	534	525	512	530	471
• Number of children with Adoption goal, post-TPR, in care >= 15 months	508	501	501	481	496	439
• Number of children with Adoption goal, post-TPR, in care >= 22 months	448	439	420	418	430	384
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	29	21	34	33	41	33
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	221	200	192	162	146	146
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	189	196	198	216	231	203

Progress Towards Permanency:	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	259	241	245	287	324	355

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children with Long Term Foster Care Relative goal	104	93	91	74	73	79
Number of children with Long Term Foster Care Relative goal, pre-TPR	90	83	82	62	62	69
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	8	9	8	6	4	7
Long Term Foster Care Rel. goal, post-TPR	14	10	9	12	11	10
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	3	2	1	0	0	0

APPLA*	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children with APPLA goal	893	853	814	806	775	752
Number of children with APPLA goal, pre-TPR	688	669	640	638	606	596
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	26	34	29	28	22	23
Number of children with APPLA goal, post-TPR	205	184	174	168	169	156
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	16	13	13	11	13	10

* Columns prior to Aug 07 had previously been reported separately as APPLA: Foster Care Non-Relative and APPLA: Other. The values from each separate table were added to provide these figures. Currently there is only one APPLA goal.

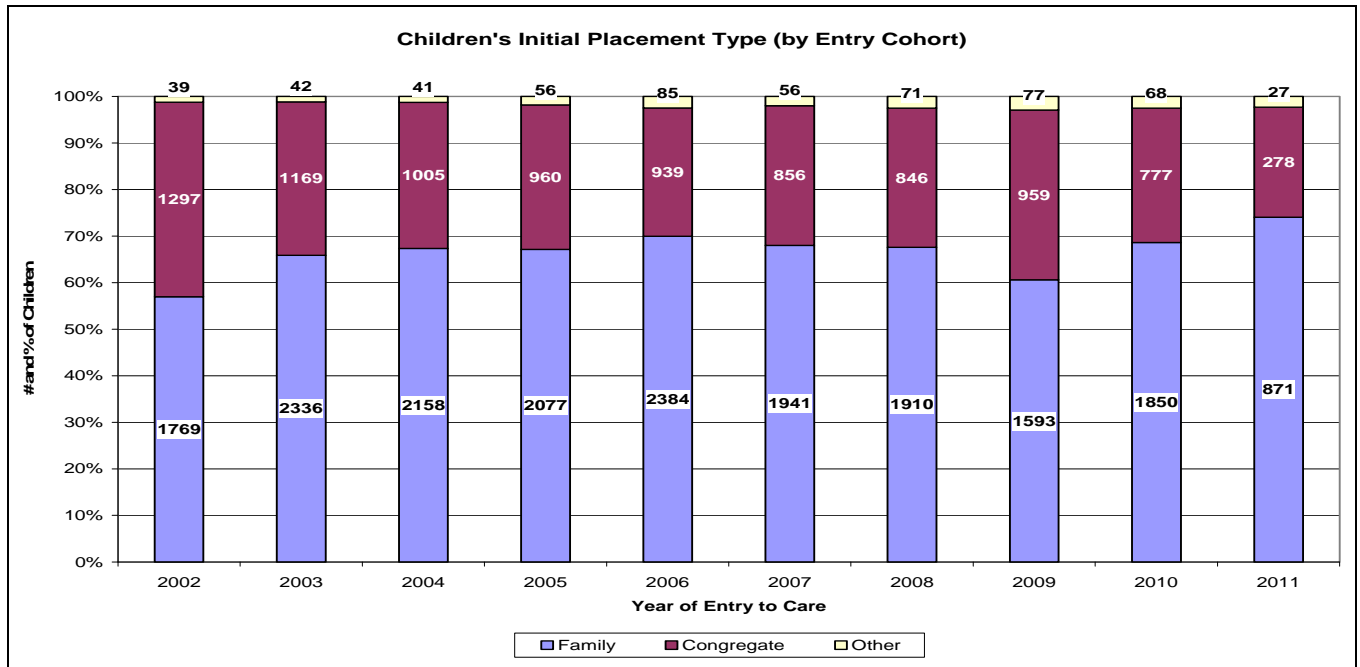
Missing Permanency Goals:

	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	21	32	32	23	19	16
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	14	20	17	13	9	7
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	6	12	10	7	5	2
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	6	11	5	3	5	2

B. PLACEMENT ISSUES

Placement Experiences of Children

The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2011.

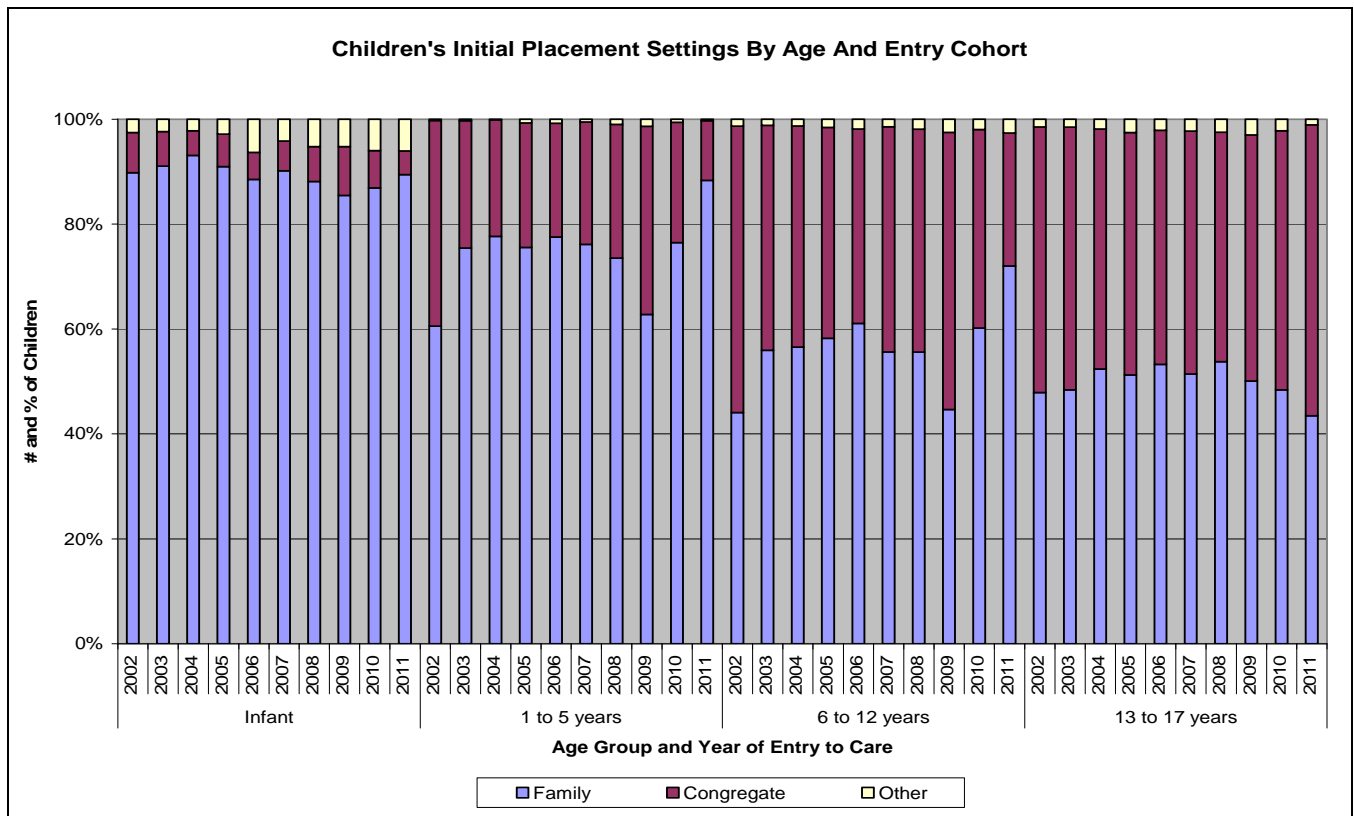


The next table shows specific care types used month-by-month for entries between July 2010 and June 2011.

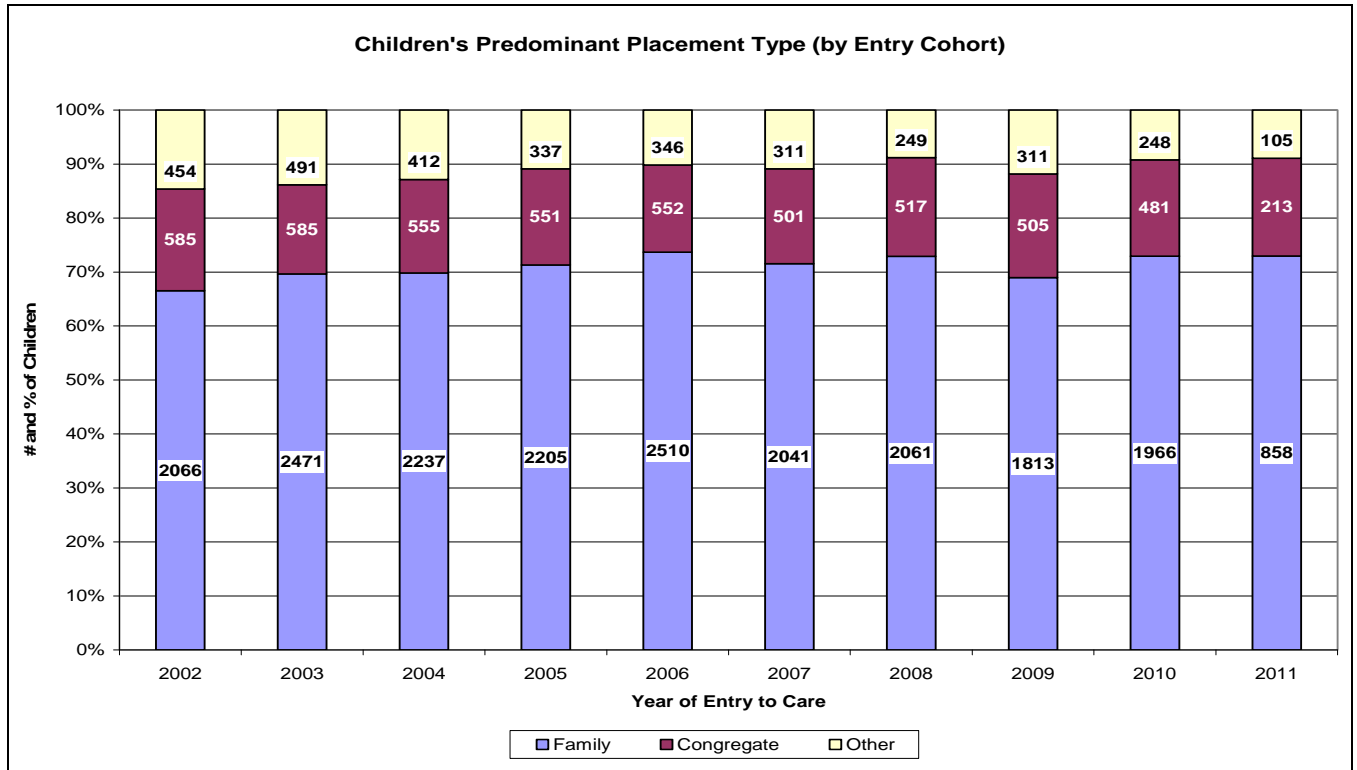
Case Summaries

First placement type		enter Jul10	enter Aug10	enter Sep10	enter Oct10	enter Nov10	enter Dec10	enter Jan11	enter Feb11	enter Mar11	enter Apr11	enter May11	enter Jun11
Residential	N	29	16	20	21	12	15	11	9	20	9	10	12
	%	11.6%	5.9%	9.0%	7.9%	5.8%	7.0%	6.1%	5.5%	9.0%	4.9%	4.4%	6.1%
DCF Facilities	N	3	4	3	2	1	3	3	3	7	4	2	1
	%	1.2%	1.5%	1.4%	.8%	.5%	1.4%	1.7%	1.8%	3.1%	2.2%	.9%	.5%
Foster Care	N	130	136	123	152	123	120	99	80	115	86	113	107
	%	52.0%	50.4%	55.4%	57.4%	59.1%	56.3%	55.0%	48.8%	51.6%	47.0%	49.3%	54.3%
Group Home	N	5	5	2	4	7	3		2	3	1	1	4
	%	2.0%	1.9%	.9%	1.5%	3.4%	1.4%		1.2%	1.3%	.5%	.4%	2.0%
Relative Care	N	18	38	40	32	33	42	31	28	39	43	59	32
	%	7.2%	14.1%	18.0%	12.1%	15.9%	19.7%	17.2%	17.1%	17.5%	23.5%	25.8%	16.2%
Medical	N	5	12	6	6	4	6	9	6	3	3	1	5
	%	2.0%	4.4%	2.7%	2.3%	1.9%	2.8%	5.0%	3.7%	1.3%	1.6%	.4%	2.5%
Safe Home	N	38	38	13	21	15	14	9	16	9	13	14	14
	%	15.2%	14.1%	5.9%	7.9%	7.2%	6.6%	5.0%	9.8%	4.0%	7.1%	6.1%	7.1%
Shelter	N	19	18	12	22	11	8	14	12	22	17	24	12
	%	7.6%	6.7%	5.4%	8.3%	5.3%	3.8%	7.8%	7.3%	9.9%	9.3%	10.5%	6.1%
Special Study	N	3	3	3	5	2	2	4	8	5	7	5	10
	%	1.2%	1.1%	1.4%	1.9%	1.0%	.9%	2.2%	4.9%	2.2%	3.8%	2.2%	5.1%
Total	N	250	270	222	265	208	213	180	164	223	183	229	197
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The chart below shows the change in level of care usage over time for different age groups.



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2002 through 2011 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between July 2010 and June 2011, and the portion of those exits within each placement type from which they exited.

Case Summaries

Last placement type in spell (as of)		exit Jul10	exit Aug10	exit Sep10	exit Oct10	exit Nov10	exit Dec10	exit Jan11	exit Feb11	exit Mar11	exit Apr11	exit May11	exit Jun11
Residential	N	21	34	17	16	19	15	15	12	19	6	16	19
	%	8.1%	10.1%	7.4%	7.2%	7.5%	6.5%	12.2%	8.1%	9.1%	3.4%	7.3%	8.9%
DCF Facilities	N	2	4	3	4		4			2	3	2	2
	%	.8%	1.2%	1.3%	1.8%		1.7%			1.0%	1.7%	.9%	.9%
Foster Care	N	128	155	103	113	121	120	59	75	99	90	104	107
	%	49.4%	46.1%	44.8%	50.7%	48.0%	51.9%	48.0%	50.7%	47.6%	50.8%	47.3%	50.2%
Group Home	N	25	24	25	15	11	16	7	10	10	12	7	18
	%	9.7%	7.1%	10.9%	6.7%	4.4%	6.9%	5.7%	6.8%	4.8%	6.8%	3.2%	8.5%
Independent Living	N	6	6	2	1	5	3	2	2	1	1	2	5
	%	2.3%	1.8%	.9%	.4%	2.0%	1.3%	1.6%	1.4%	.5%	.6%	.9%	2.3%
Relative Care	N	47	56	45	47	60	44	25	29	52	40	55	37
	%	18.1%	16.7%	19.6%	21.1%	23.8%	19.0%	20.3%	19.6%	25.0%	22.6%	25.0%	17.4%
Medical	N	2	3		4		2		3	4	2	2	
	%	.8%	.9%		1.8%		.9%		2.0%	1.9%	1.1%	.9%	
Safe Home	N	6	16	14	10	15	13	3	6	6	6	9	4
	%	2.3%	4.8%	6.1%	4.5%	6.0%	5.6%	2.4%	4.1%	2.9%	3.4%	4.1%	1.9%
Shelter	N	9	8	13	7	8	8	7	6	11	10	14	2
	%	3.5%	2.4%	5.7%	3.1%	3.2%	3.5%	5.7%	4.1%	5.3%	5.6%	6.4%	.9%
Special Study	N	12	27	5	5	13	5	4	3	2	3	8	17
	%	4.6%	8.0%	2.2%	2.2%	5.2%	2.2%	3.3%	2.0%	1.0%	1.7%	3.6%	8.0%
Unknown	N	1	3	3	1		1	1	2	2	4	1	2
	%	.4%	.9%	1.3%	.4%		.4%	.8%	1.4%	1.0%	2.3%	.5%	.9%
Total	N	259	336	230	223	252	231	123	148	208	177	220	213
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on July 1, 2011 organized by length of time in care.

Primary type of spell (>50%) * Duration Category Crosstabulation

			Duration Category							Total
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	
Primary type of spell (>50%)	Residential	Count	11	19	49	97	55	99	98	428
		% of Row	2.6%	4.4%	11.4%	22.7%	12.9%	23.1%	22.9%	100.0%
		% of Col	6.3%	5.7%	10.6%	11.1%	9.7%	10.8%	8.1%	9.4%
	DCF Facilities	Count	1	5	7	10	4	8	6	41
		% of Row	2.4%	12.2%	17.1%	24.4%	9.8%	19.5%	14.6%	100.0%
		% of Col	.6%	1.5%	1.5%	1.1%	.7%	.9%	.5%	.9%
	Foster Care	Count	87	120	186	396	302	496	691	2278
		% of Row	3.8%	5.3%	8.2%	17.4%	13.3%	21.8%	30.3%	100.0%
		% of Col	49.7%	36.1%	40.2%	45.5%	53.2%	54.1%	56.9%	50.2%
	Group Home	Count	4	2	9	34	22	52	87	210
		% of Row	1.9%	1.0%	4.3%	16.2%	10.5%	24.8%	41.4%	100.0%
		% of Col	2.3%	.6%	1.9%	3.9%	3.9%	5.7%	7.2%	4.6%
	Independent Living	Count	0	0	0	1	2	3	1	7
		% of Row	.0%	.0%	.0%	14.3%	28.6%	42.9%	14.3%	100.0%
		% of Col	.0%	.0%	.0%	.1%	.4%	.3%	.1%	.2%
	Relative Care	Count	29	110	130	232	111	144	80	836
		% of Row	3.5%	13.2%	15.6%	27.8%	13.3%	17.2%	9.6%	100.0%
		% of Col	16.6%	33.1%	28.1%	26.7%	19.5%	15.7%	6.6%	18.4%
	Medical	Count	3	2	2	3	5	3	2	20
		% of Row	15.0%	10.0%	10.0%	15.0%	25.0%	15.0%	10.0%	100.0%
% of Col		1.7%	.6%	.4%	.3%	.9%	.3%	.2%	.4%	
Mixed (none >50%)	Count	1	3	4	11	19	67	197	302	
	% of Row	.3%	1.0%	1.3%	3.6%	6.3%	22.2%	65.2%	100.0%	
	% of Col	.6%	.9%	.9%	1.3%	3.3%	7.3%	16.2%	6.7%	
Safe Home	Count	14	23	24	33	14	11	3	122	
	% of Row	11.5%	18.9%	19.7%	27.0%	11.5%	9.0%	2.5%	100.0%	
	% of Col	8.0%	6.9%	5.2%	3.8%	2.5%	1.2%	.2%	2.7%	
Shelter	Count	13	34	26	26	4	0	0	103	
	% of Row	12.6%	33.0%	25.2%	25.2%	3.9%	.0%	.0%	100.0%	
	% of Col	7.4%	10.2%	5.6%	3.0%	.7%	.0%	.0%	2.3%	
Special Study	Count	9	11	23	27	29	31	43	173	
	% of Row	5.2%	6.4%	13.3%	15.6%	16.8%	17.9%	24.9%	100.0%	
	% of Col	5.1%	3.3%	5.0%	3.1%	5.1%	3.4%	3.5%	3.8%	
Unknown	Count	3	3	3	0	1	2	6	18	
	% of Row	16.7%	16.7%	16.7%	.0%	5.6%	11.1%	33.3%	100.0%	
	% of Col	1.7%	.9%	.6%	.0%	.2%	.2%	.5%	.4%	
Total	Count	175	332	463	870	568	916	1214	4538	
	% of Row	3.9%	7.3%	10.2%	19.2%	12.5%	20.2%	26.8%	100.0%	
	% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Congregate Care Settings

Placement Issues	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children 12 years old and under, in Congregate Care	235	223	190	171	149	132
• Number of children 12 years old and under, in DCF Facilities	10	9	8	4	6	4
• Number of children 12 years old and under, in Group Homes	45	41	40	37	34	31
• Number of children 12 years old and under, in Residential	41	39	41	51	44	40
• Number of children 12 years old and under, in SAFE Home	113	117	90	78	61	54
• Number of children 12 years old and under, in Permanency Diagnostic Center	11	12	8	1	1	0
• Number of children 12 years old and under in Shelter	15	5	3	0	3	3
Total number of children ages 13-17 in Congregate Placements	784	755	756	748	752	729

Use of SAFE Homes, Shelters and PDCs

The analysis below provides longitudinal data for children (which may include youth ages 18 and older) who entered care in Safe Homes, Permanency Diagnostic Centers and Shelters.

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Entries	3105	3547	3204	3093	3408	2853	2827	2629	2695	1176
SAFE Homes & PDCs	728 23%	629 18%	453 14%	395 13%	395 12%	382 13%	335 12%	471 18%	331 12%	75 6%
Shelters	165 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	101 9%
Total	893 29%	764 22%	600 19%	573 19%	509 15%	518 18%	479 17%	657 25%	506 19%	176 15%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Initial Plcmnts	893	764	600	573	509	518	479	657	506	176
<= 30 days	351 39%	308 40%	249 42%	242 42%	186 37%	162 31%	150 31%	229 35%	135 27%	71 40%
31 - 60	284 32%	180 24%	102 17%	114 20%	73 14%	73 14%	102 21%	110 17%	106 21%	49 28%
61 - 91	106 12%	121 16%	81 14%	76 13%	87 17%	79 15%	85 18%	157 24%	91 18%	23 13%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Initial Plcmnts	893	764	600	573	509	518	479	657	506	176
92 - 183	101 11%	107 14%	124 21%	100 17%	118 23%	131 25%	110 23%	124 19%	136 27%	33 19%
184+	51 6%	48 6%	44 7%	41 7%	45 9%	73 14%	32 7%	37 6%	38 8%	0 0%

The following is the point-in-time data taken from the monthly LINK data, and may include those youth ages 18 and older.

Placement Issues	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children in SAFE Home	123	121	125	99	90	70	79
• Number of children in SAFE Home, > 60 days	57	55	64	59	56	50	42
• Number of children in SAFE Home, >= 6 months	8	11	14	14	12	15	13
Total number of children in STAR/Shelter Placement	89	83	78	84	75	80	80
• Number of children in STAR/Shelter Placement, > 60 days	52	38	42	44	41	41	48
• Number of children in STAR/Shelter Placement, >= 6 months	6	10	5	3	6	4	3
Total number of children in Permanency Planning Diagnostic Center	17	17	15	11	1	1	0
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	14	14	11	9	1	1	0
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	3	6	4	1	1	1	0
Total number of children in MH Shelter	8	6	1	2	0	1	2
• Total number of children in MH Shelter, > 60 days	7	4	0	1	0	1	1
• Total number of children in MH Shelter, >= 6 months	1	1	0	0	0	0	1

Placement Issues	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011
Total number of children in Residential care	496	505	475	462	477	488	454
• Number of children in Residential care, >= 12 months in Residential placement	136	153	141	129	129	132	126
• Number of children in Residential care, >= 60 months in Residential placement	3	2	2	2	1	2	2

Appendix 1

Stipulation Regarding Outcome Measure 3 and 15 **Target Cohorts**

Stipulation Regarding Outcome Measure 3 and 15 -Target Cohorts*

The Target Cohorts shall include the following:

1. All children age 12 and under placed in any non-family congregate care settings (excluding children in SAFE Homes for less than 60 days);
2. All children who have remained in any emergency or temporary facility, including STAR homes or SAFE homes, for more than 60 days;
3. All children on discharge delay for more than 30 days in any nonfamily congregate care setting, with the exception of in-patient psychiatric hospitalization;
4. All children on discharge delay for more than seven days that are placed in an inpatient psychiatric hospital;
5. All children with a permanency goal of Another Planned Permanent Living Arrangement (“APPLA”);
6. All children with a permanency goal of adoption who have been in DCF custody longer than 12 months for whom a petition for termination of parental rights (TPR) for all parents has not been filed, and no compelling reason has been documented for not freeing the child for adoption;
7. All children with a permanency goal of adoption and for whom parental rights have been terminated (except those who are living in an adoptive home with no barrier to adoption and are on a path to finalization); and
8. All children with a permanency goal of reunification who have been in DCF custody longer than 12 months and have not been placed on a trial home reunification, or have not had an approved goal change.

* Information taken from Stipulation Regarding Outcome Measures 3 and 15, Section V.B. Court Ordered July 17, 2008.

Appendix 2
Commissioner's Highlights from
The Department of Children & Families
Second Quarter 2011 Exit Plan Report

Commissioner Statement

This 2011 Second Quarter *Juan F.* Exit Plan Report marks the passage of the first half year of this new administration. Many changes have occurred in short order: a new vision, a new agency structure, a new direction for our work, and a new leadership team. These transformations are led first and foremost by the new vision for the Department's work. Rather than being an agency focused almost exclusively on safety and placement, we have set a broader sight that includes safety but encompasses well-being in its holistic scope: health, safety, learning in and out of school, development of special talents, and opportunities to give back to the community.

Re-framing the mission of the Department to that of promoting the holistic well-being of children represents a major culture shift within the agency. To ensure that all departmental activities contribute to that vision and mission, the new administration articulated six overarching themes. All Department work is judged by how well it meshes with these six themes:

- A family-centered approach to all service delivery, reflected in development and implementation of a Strengthening Families Practice Model and the Differential Response System;
- Trauma-informed practice as related to children and families but also to the workforce that serves them;
- Application of the neuroscience of child and adolescent development to agency policy, practice and programs;
- Development of stronger community partnerships;
- Improvements in leadership, management, supervision and accountability; and
- Becoming a learning organization.

In addition, four agency transformations have begun and are ongoing:

- The bureaus that divided the Department and its Central Office are gone. Staff encased within these bureaucratic structures have been sent to the area offices where the work with children and families occurs. Layers of bureaucracy have been removed that previously separated children and families from decision makers.
- The regional offices are being more robustly supported to become comprehensive children's service systems capable of assisting children and their families regardless of how they come to require services. Governor Malloy and the Legislature supported establishing six non-classified regional administrators who will report directly to the Commissioner. These administrators have been hired and assumed their positions in late August.
- The Department's two behavioral health institutions are being consolidated, and new brief treatment units are being developed for special populations. In addition to the consolidation of Riverview Hospital and the Connecticut Children's Place, the function of the medical director at these two facilities is being merged with that of the Connecticut Juvenile Training School.
- The new Academy for Family and Workforce Knowledge and Development was established. The Academy will support work throughout the Department and will ensure that the six overarching themes (above) of this administration's vision for the Department are fully integrated into the new agency culture.

As part of the agency's transformation, I have issued several policy directives that promote practice change across the agency. These include a directive to agency area office staff to make announced, rather than unannounced, visits with parents and families and a directive that relative foster care will be the presumed placement for children rather than the exception. Also, I have told the staff that out-of-state placements will no longer occur without my personal approval. Exceptions will and have been made for children when no in-state resource is appropriate to meet the child's needs. Fortunately, we have already seen a significant reduction in the number of children in an out-of-state residential program from 369 in April to 276 in September.

In addition, under the leadership of Deputy Commissioner Dr. Janice Gruendel, the Department began a complex analytic process in May of 2011 that will end in October 2011 with publication of a series of papers and reports designed to articulate major changes that will be needed to reduce the agency's reliance on congregate care. The first report, *Congregate Care Rightsizing: Younger Children and the Voluntary Placement Program*, was issued last month and examines all congregate placements of children ages 12 and younger. It recommends the return of these children to family settings and the development of policy, practice and programs to assure that few, in any, young children enter congregate care over the coming 12 to 18 months. There are six key principles that underlie the report and the goals that it sets for future action:

1. DCF will not place children ages six and younger in congregate care, except under a very few exceptions that will require the Commissioner's personal authorization. This will require attention to the neuroscience of early childhood development and a stronger set of relationships with families, foster families (including relative and kinship families) and community providers.
2. DCF will work to dramatically reduce the numbers of children ages 7 through 12 who are placed in congregate care, beginning with those whose permanency goal calls for reunification with their families, placement in a foster family or adoption. To accomplish this will require increased supports for families and increased foster and adoptive family resources. We already have seen a recent dramatic reduction in the number of children in this age group
3. For the 1,200 youngsters ages 13 through older adolescence now in congregate care settings (including group homes), DCF will conduct a thorough review to determine how best to ensure their return to a family or kinship-based setting as close to their families of origin as reasonable.
4. When any congregate placement is made, DCF will expect and require the facility to include the child's family or foster family (and other key adults in the child's life) as full participants in the admission, treatment and discharge process. Every child, upon admission, will have a discharge plan,
5. DCF will work with the congregate care sector within the State of Connecticut to gradually implement a brief treatment model in all cases in which that is appropriate. In the Department's own behavioral health facilities, DCF also is moving to a brief treatment model that will be generally limited to 120 days or less. The average stay in private residential treatment and therapeutic group homes is now close to a year or more.
6. DCF will work with families, providers and young people themselves to focus on outcomes for all aspects of the Department's work. This means the Department will expect child and family plans to include both treatment and normative outcomes to be accomplished within a timeframe specific to each child.

The Department will meet with key stakeholders, including families and representatives from both the community and congregate care sectors, to talk through implications of the reports and identify next steps that together can be taken to better serve children and families in a highly effective, family-centered and cost-responsible manner.

Contained within the *Congregate Care Rightsizing* report is *A Profile of Therapeutic Group Homes*, which examines the program, cost, length of stay and other aspects of the Department's system of 52 therapeutic group homes. Recommendations are in development to convert some homes now serving young children to programs that will allow youngsters now in out-of-state residential treatment to return to Connecticut and begin to be reintegrated into the community.

In the coming weeks another report, *Advancing Foster Family Care*, will be issued and will outline a series of strategies to:

- increase recruitment of child-specific family homes;
- increase the numbers of relative foster family homes;
- decrease the numbers of foster families who drop out of the system due to challenges that the Department can address; and
- provide both child and family in-home and community supports to foster families who need them.

Taken together, these actions will assure that sufficient foster families are recruited and retained so that children can return from congregate settings and so that future congregate care placements of younger children are largely eliminated. Every effort must be made to keep children living with a family -- their birth family or a relative, if possible, and a foster family if it is not. Further, we must retain the foster families we have now by giving them our every support. Children need them and will continue to do so.

The changes and reform activities have been sweeping, swift, and substantive over this short span of just six months. As much as we have done, I know there is much that remains. I want to thank all the men and women who work here at the Department for the great energy and commitment that they have brought to this reform effort. Given the fiscal uncertainty surrounding state government, the ability to focus on the mission at hand shows the tremendous dedication of our staff.

I am confident our Department is ready to embrace this culture shift. There exists an eagerness to move forward based on a conviction that families offer the best resources of strength for children. Working together with families, we are poised to make great strides. I also want to thank our many partners, including service providers, advocates, Legislators, and the Governor for joining together to advance this mission. The support of Governor Malloy during trying fiscal times has been particularly important. Finally, I thank the families themselves for their resolve to do everything they can for their children. It is our families on whom we most depend for success. They truly hold the future in their hands, and the Department will support those families at every opportunity.