Department of Children and Families

Annual Report Concerning At-Risk Children and Youth

February 2010

Submitted pursuant to Section 17a-62 of the Connecticut General Statutes

I. INTRODUCTION

Pursuant to Section 17a-62 of the Connecticut General Statutes (Public Act 09-96 An Act Concerning "Stuck Kids"), the Department of Children and Families (DCF) herewith submits a report regarding children who face considerable challenges due to their histories of abuse, neglect, out of home placement, and/or behavioral health needs. In accordance with the legislation, DCF must annually report information for the preceding calendar year for children and youth in the custody of the Department and trends over time.

This report contains the following information:

- the number and age of such children and youth who are living in a psychiatric hospital or out-of-state residential treatment center, the average length of stay for such children and youth, the number of children and youth who have overstayed their estimated placement time in such placements, and an analysis of the reasons for the placements out of state and overstays;
- the number and age of such children and youth who are runaways, the number of days that each child or youth has been a runaway, and an analysis of the trends relating to runaways;
- the number and age of children and youth who have a permanency plan of another planned permanency living arrangement and an analysis of the trends relating to permanency plans; and
- the number and age of children and youth who have refused services offered by the department and an analysis of the trends relating to participation in services.

Also, the statute requires the commissioner to conduct case and service reviews for each child in the groups described in subdivisions (1) to (4), inclusive, of section 17a-62.

II. DELAY DISCHARGES

Inpatient Care

Data regarding average length of stay in inpatient psychiatric facilities and the length of discharge delay for those children experiencing delays demonstrates an improved behavioral health service system overall. The average length of stay in these facilities declined to 14.8 days in the third quarter of 2009 from 19.1 days one year earlier. The average time spent in a delayed discharge was cut nearly in half during the period to 17.5 days in the third quarter of 2009 from 33.6 days a year earlier. This reflects a spectrum of system improvements including utilization oversight, enhanced coordination of care between hospital, DCF and CT BHP staff members, and greater access to treatment resources, including in-home and community based services that support children in the least restrictive setting consistent with their clinical needs.

Despite these advances, the data also show that the most common reason for a child to be in a discharge delay is the lack of a clinically appropriate discharge setting. Most often the planned setting is residential care, therapeutic group home, or therapeutic foster care. This demonstrates that the refinement of Connecticut's behavioral health treatment system for children remains an ongoing challenge, despite considerable progress made over the last several years.

Residential Care

Despite efforts to expand and enhance the variety of residential treatment resources within Connecticut, the Department continues to rely on out-of-state residential treatment centers to address the needs of children and adolescents with complex clinical presentations who require specialized intervention. As demonstrated by the data, youth who are highly aggressive, those with problem sexual behavior, and those with cognitive/developmental challenges are among those cohorts receiving care out of state. Other less frequently encountered categories of specialized treatment involve fire setting behavior, and a host of physical health concerns that require medical as well as psychiatric care.

Overall, the data demonstrate that there is a downward trend in length of stay for both in-state and out-of-state residential facilities, however, given the complexities of the youth receiving care in out-of-state facilities, it is not surprising that their average length of stay exceeds that of those youth residing in-state (448 days vs. 299 days in Q3 '09). The percentage of youth receiving care in out-of-state facilities who experience some form of discharge delay remains fairly constant at approximately 25%, although the time spent in delay status has been almost cut in half over the past year from 259 days to 133 days. Similar to youth in inpatient settings, youth who experience discharge delay from all residential treatment centers (in-state and out-of-state) are also waiting for an appropriate therapeutic placement (predominately therapeutic group home and therapeutic foster care) in which to continue their course of treatment.

The Department continues to engage in discussions with several in-state private providers to develop a variety of services to mitigate the continued necessity for out-of-state placements for children with treatment needs requiring clinical services that have been insufficiently available in Connecticut. This includes expansion of the in-state capacity to provide specialized residential treatment services for youth with mental retardation and/or other significant developmental delays or disorders, the development of specialized living and outpatient treatment programs for youth with problem sexual behavior, and the creation of specialized programs for youth with significant behavioral dyscontrol and aggression.

These programs, in conjunction with the expanding array of clinical and community supports that are now available in Connecticut, are intended to more finely attune the type of programming available in Connecticut to the needs of the youth currently requiring service from the Department. To this end the Department will be promulgating program specifications for fee-for-service program development to meet the needs in-state of more youth for whom as appropriate in-state resources are currently available.

Inpatient Psychiatric Facilities

	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09
# of youth served (# youth in delay)	514 (89)	607 (63)	571 (53)	627 (72)	532 (81)
Average Length of Stay All discharged cases	19.1	15.1	15.5	14.7	14.8
Average Age (Ave. Age of youth in delay)	13.7 (13.0)	13.3 (12.8)	13.6 (13.3)	13.6 (12.9)	13.7 (13.3)
Age Range (Age range of youth in delay)	4-18 (5-18)	3-18 (5-16)	4-18 (5-18)	4-18 (6-18)	5-18 (6-17)

Above references children and adolescents who have been hospitalized for psychiatric reasons and of those, the number of children whose discharge was delayed (hence, they remained inpatient longer than medically necessary).

Count of youth served based on discharges in the quarter

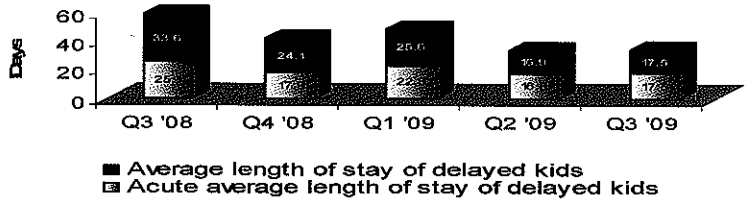
Percent of Youth in Discharge Delay Inpatient Psychiatric Facilities

Of all youth discharged from inpatient psychiatric facilities, % of cases that were delayed:

Q3 '08 - 17%
Q4 '08 - 10%
Q1 '09 - 9%
Q2 '09 - 11%
Q3 '09 - 15%

Inpatient Psychiatric Facilities

Inpatient Average Delayed and Acute Length of Stay (for delayed children only)

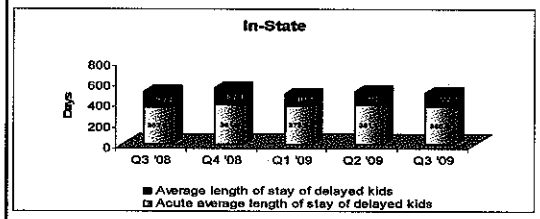


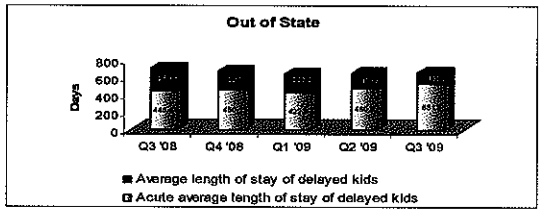
This chart refers to the average total time spent on an inpatient unit for youth who experienced discharge delay. Significant decrease for both medically necessary and delayed days noted

The above positive outcome is the result of focused attention and collaboration of the inpatient units, DCF area staff and ValueOptions

Residential Treatment Centers

Average Delayed and Acute Length of Stay (Delayed Youth only)





Overall length of stay has trended downward

Children referred to out of state facilities tend to remain longer given the complexity and chronic nature of their clinical needs

Average Discharge Delay Days for Out of State Centers has decreased by almost 50% from Q3 '08 (259.8) to Q3 '09 (133.3), despite the static nature of the overall Length of Stay

Residential Treatment Centers
Discharge Delay Reason Codes

In-State

	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09
Awaiting Placement	27	16	7	15	13
Family Issues	6	1	0	1	4
Awaiting Community Services	4	2	0	2	6
Educational Issues	3	6	5	2	1
Other	8	5	2	1	3

Out of State

	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09
Awaiting Placement	13	13	8	9	12
Family Issues	0	0	1	0	0
Awaiting Community Services	0	2	1	0	3
Educational Issues	0	0	2	3	0
Other	0	0	0	4	1

Similar to the data on the inpatient experience of discharge delay, the primary reason for delay in RTC is awaiting therapeutic placement (therapeutic group home and foster care are the primary sub categories)

III. RUNAWAYS

Background

Over the past two years, national experts have noted an increasing number of children leave home or take unauthorized leave from congregate care or foster placements to live life on the streets or stay in temporary living situations which constitute homelessness according to the federal definition. Safety and legal risks for these children increase exponentially with the length of time they stay away from their home and/or the services they receive. It is even more so the case for youth in DCF Care.

Federal studies and the National Alliance to End Homelessness estimate that approximately 5 to 7% of our nation's youth experience at least one night of homelessness per year. It is estimated that between 1 and 1.6 million youth have an episode of homelessness per year nationally. When unauthorized leaves of absence from care are factored into the estimate, this number is reported to be as high as 2 million youth who runaway or are on unauthorized leave from care from treatment facilities or foster homes over the course of a year.

Although data collection regarding this issue is limited, the last estimate of homeless children in Connecticut was done in 2007 by the National Runaway Homeless Youth Information Network. This survey counted 209 runaway and unaccompanied homeless children in Connecticut on a single day. This is likely to be an underestimate as a majority of the non-DCF involved youth are not reported as missing.

Separately, in the 2007/2008 school year in Connecticut, the State Department of Education reported over 2000 children and youth who were homeless and attending school. A number of schools did not report, making this a conservative estimate. The total number of runaway incidents for children and youth involved with DCF of all legal statuses for 2006, 2007, 2008 and 2009 fluctuated from 1537 to 1807.

Below are detailed data specific to those children committed to DCF for calendar year 2009. Table one outlines the programs in Connecticut that provide housing and services to children in Connecticut who are not in the care of DCF.

Table 1
Programs Serving Non-DCF Runaway and Homeless Youth
In Connecticut

Program Name	Service Area	Gender/Age Served	Type of Program	Number of Beds For Non-DCF Youth
Bridge Family Center	Greater Hartford	Female 11-17 years of age	Emergency Shelter	3 beds + 2 host homes for male youth
Council of Churches of Greater Bridgeport: Janus Center for Youth in Crisis	Greater Bridgeport	Male and Female 11-17 years of age	Host Home 24 hour Outreach and Crisis Intervention	5 beds
Kids in Crisis	Southwestern CT	Male and Female 11-17 years of age	Emergency Shelter 24 hour Outreach and Crisis Intervention	4 beds
United Services	Northeastern CT	Female 11-17 years of age	Host Home	4 beds in Manchester
Women and Families Center	Meriden		Street Outreach	No beds
Youth Continuum	New Haven		Street Outreach Transitional Living	No beds

In 2004, DCF began aggregately and uniformly tracking children who had taken unauthorized leave from DCF Care through the implementation of a Runaway Database. This effort, along with other activities, was meant to draw greater attention to these youth and reduce unauthorized leaves from care for children in the custody of DCF. In 2006, a Runaway Task Force convened by DCF drafted a number of thoughtful recommendations to further address this issue. Most of these recommendations, including a strengthened protocol for searching for children on unauthorized leave and improved reporting to police, were implemented. And, in 2008, the database was further enhanced to improve the quality and reliability of the data reported.

In April 2009, DCF initiated a comprehensive, cross-bureau working group known as the AWOL and Arrest Task Force. Each of the Department's four bureaus are represented on this Task Force and have been reviewing national literature on this subject matter and identifying promising practices to reduce the number of unauthorized leaves from DCF congregate care facilities and to reduce the number of arrests of DCF children.

More recently, a self assessment and best practice tool was disseminated to a wide array of DCF congregate care providers, including Residential Treatment Centers (RTC), Group Homes, and Short Term Assessment and Respite Programs (STAR). This review tool was introduced at a conference held on January 14, 2009 at which congregate care providers (RTCs, Group Homes, and STAR Programs) participated with representatives from local law enforcement, families, youth, DCF area office staff, and advocates. The focus of the conference was to concretely develop strategic plans to reduce unauthorized absences from care, arrests and the use of restraint and seclusion.

Additionally, the Department is also participating in a State-wide Task Force on Runaway and Homeless Youth. This task force is focusing on issues regarding all runaway and homeless youth, not just those that are DCF involved. DCF is represented on the State-wide Task Force with staff from Department's Bureau of Child Welfare, Bureau of Continuous Quality Improvement, and the Bureau of Behavioral Health and Medicine. A web page has been initiated, www.cceh.org/youth.htm, that provides resources and data regarding runaway, homeless and unaccompanied youth.

There were a total of 839 episodes of absence from care for at least one day during 2009. This number excludes those children whose only status is a committed delinquent or voluntary. This is a duplicative count as some children may have had more than one episode. Table 2 below shows that of the 839 episodes, 829 or 99% involved youth between the ages of 13-17 and that seven of ten episodes lasted no longer than 48 hours.

Table 2

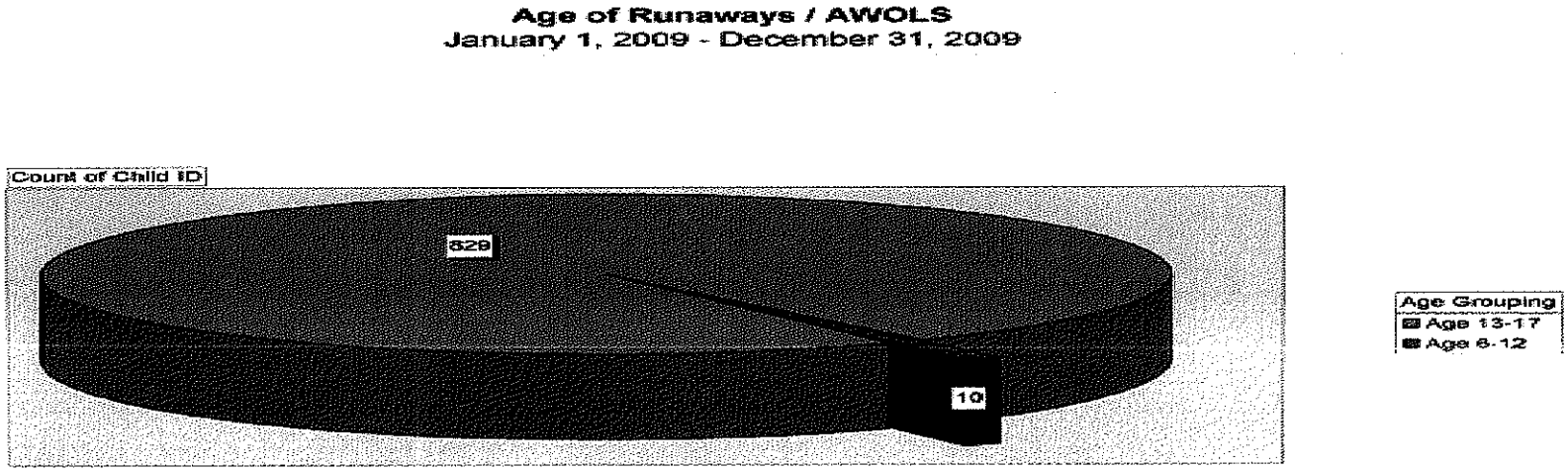
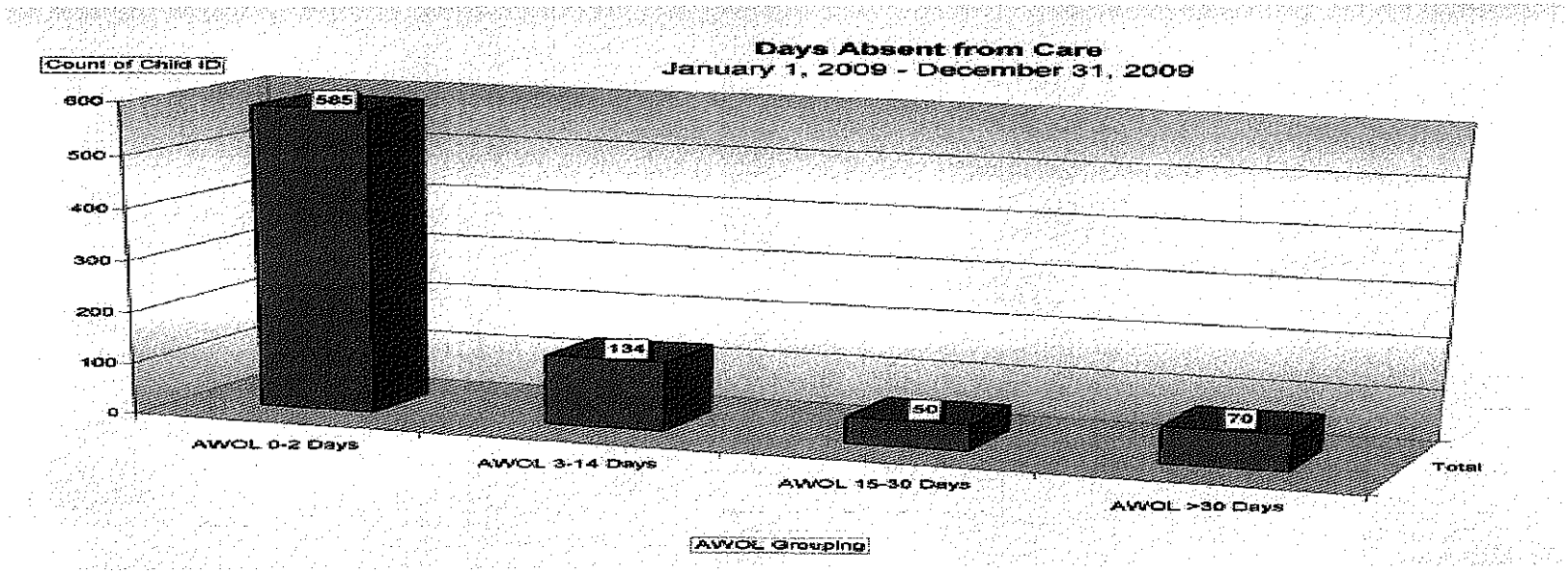


Table 3 below illustrates that the vast majority (70%) of children and youth who have an unauthorized leave from care return within 2 days.

Table 3



In 2009, the majority of unauthorized absences from care for DCF committed children occurred from residential treatment centers (RTCs). Of the 839 episodes, 284 (34%) were in RTC placements at the time of their unauthorized absence from care. The next highest placement type was foster care at 238 (28%). However, if you add all of the congregate care placement types, 571 (68 %) of the unauthorized leaves from care occur from congregate care facilities as opposed to 268 (32%) from foster care and other placement types. This data supports the decision to initially focus the work of the DCF Runaway and Arrest Task Force Strategic Planning Initiative on congregate settings in order to significantly reduce unauthorized absences from care.

Table 4

Unauthorized Absence from Care, by Placement Type
January 1, 2009 - December 31, 2009

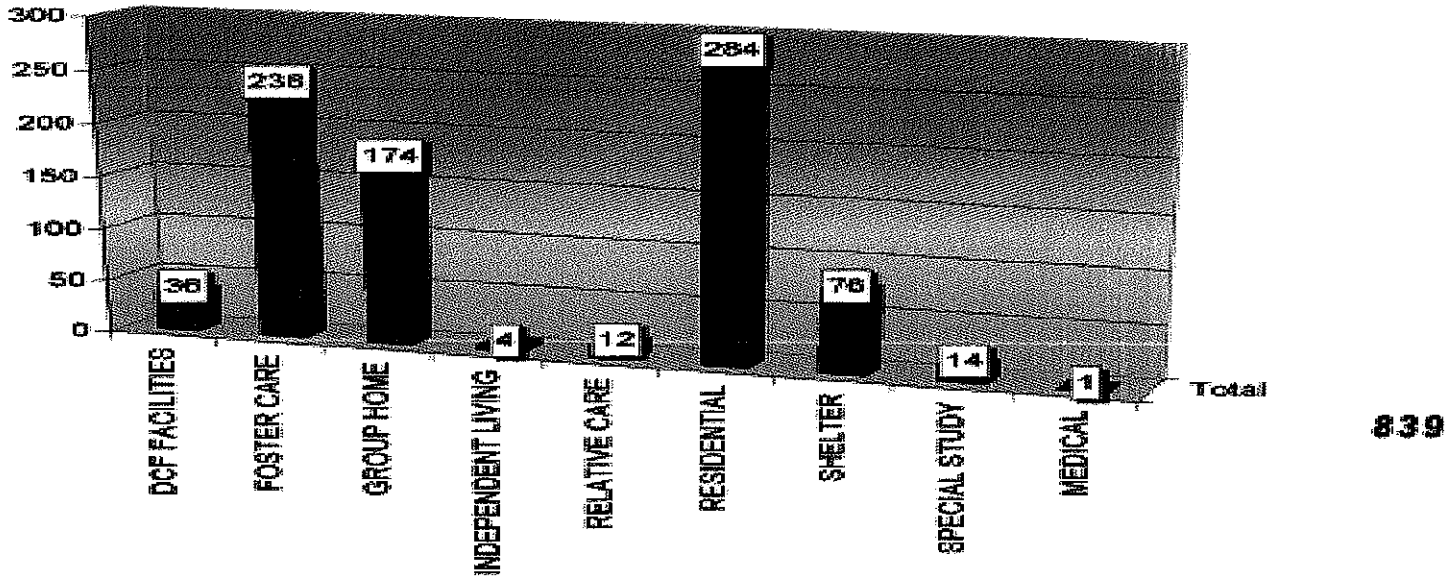
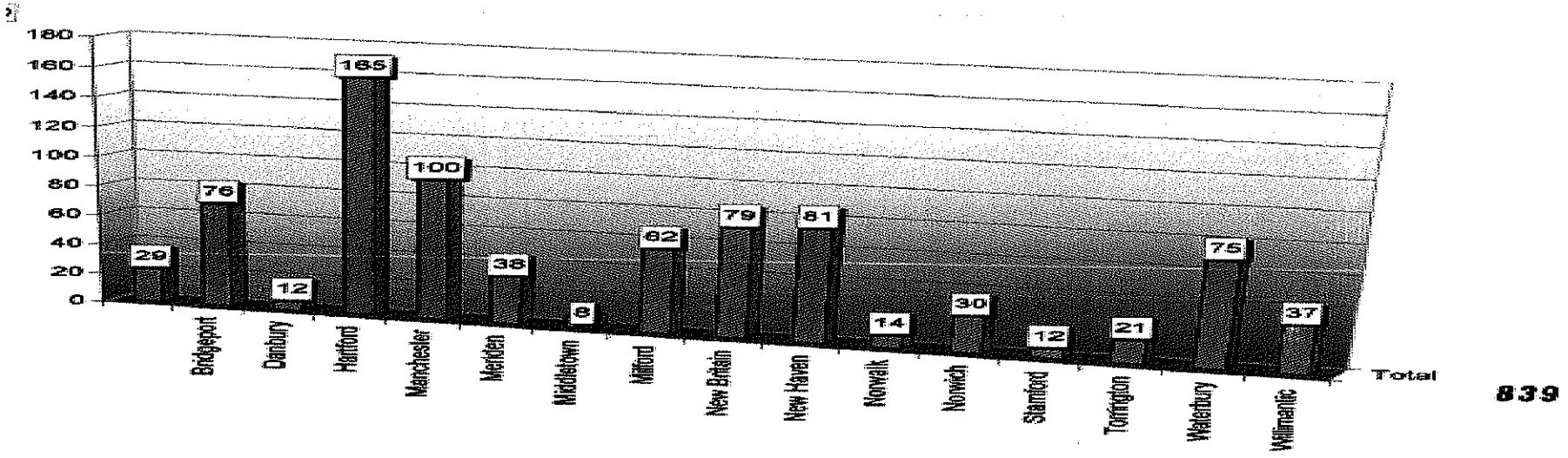


Table 5 below depicts a distribution of unauthorized absences of care by DCF area office. As would be expected, the largest Connecticut cities have a higher number of absences with the Hartford area having the highest number of children and youth with unauthorized absences from care with 165 (19.6% of total). This was followed by Manchester with 100 (11.9%), New Haven, 81(11.9%), New Britain, 79 (9.4), Bridgeport, 76 (9.1%), and Waterbury, 75 (89.3%).

Table 5

Unauthorized Absence from Care, by Area Office
January 1, 2009 - December 31, 2009



Despite national trends that demonstrate an increase in runaway behavior in 2009, the number of children and youth who have one or more episodes of unauthorized absences of care in Connecticut has remained stable. Still, anytime a child or youth is absent from care, DCF must respond efficiently and effectively. The recent improvements in the Runaway Database will permit a more thorough analysis of patterns and trends for next year's report. The DCF Runaway and Arrest Committee, in partnership with the DCF providers and area office representatives, will continue to meet and further develop and implement a comprehensive and coordinated response to reduce the number of episodes of DCF youth having unauthorized absences from care and further developing our system response when this occurs.

Currently, if a child in care runs away, the caseworker must immediately notify the DCF Hotline and those in his or her chain of command. The Social Worker is also expected to make contact with all collateral resources who might be aware of the child's whereabouts, including biological parents, relatives, schools and social service providers. Any efforts to locate the child must be carefully documented and must be continuous until the child is located or the commitment is revoked.

In some situations, the local police may notify the FBI, the National Center for Missing and Exploited Children, or other agencies for assistance. This is not necessary or appropriate in every case. Thus, a case-by-case assessment will be made in each instance regarding how to coordinate these efforts. In addition, for a DCF client who runs away from a DCF placement and is under the age of 13, and any runaway from a DCF placement who is over the age of 13 who presents an imminent danger to himself/herself or the community, a Critical Incident report shall be formally reported to the DCF Hotline.

IV. ANOTHER PLANNED PERMANENCY LIVING ARRANGEMENT (APPLA)

The Adoption and Safe Families Act (ASFA) created Another Planned Permanent Living Arrangement (APPLA) as the least preferred permanency option for children. Not intended to be a catch all for whatever temporary plan is needed, APPLA is a "living arrangement that is truly planned and permanent" in nature. ASFA defines "Planned" as intended, designed, considered, premeditated, or deliberate arrangement, and "Permanent" as an enduring, lasting, or stable relationship. The term "living arrangement" includes not only the physical placement of the child, but also the quality of care, supervision, and nurturing the child will receive. While "living arrangement" may not necessarily be a specific residence or facility it does imply certain stabilizing features.

As of January 18, 2010[1], there are 929 children in placement with a permanency goal of APPLA. Table 1 shows the breakdown by age category. You can see that 23% of all children have an APPLA goal, but the percentage is very different for older age groups than for younger children.

Table 1: Data from 1/18/2010

		Age Now Category					
Data	Permanency Goal	<1	1 - 5	6 - 10	11 - 14	15 - 17	Grand Total
# children	Reunification	157	467	286	289	340	1539
	Adoption	48	505	310	220	76	1159
	APPLA		**1**	**13**	**165**	**750**	**929**
	(blank)	37	58	32	22	38	187
	Transfer of Guardianship	5	48	48	41	39	181
	Long Term Foster Care						
	Relative			2	18	75	95
	N/A				1	4	5
%	Reunification	63.6%	43.3%	41.4%	38.2%	25.7%	37.6%
	Adoption	19.4%	46.8%	44.9%	29.1%	5.7%	28.3%
	APPLA	**0.0%**	**0.1%**	**1.9%**	**21.8%**	**56.7%**	**22.7%**
	(blank)	15.0%	5.4%	4.6%	2.9%	2.9%	4.6%
	Transfer of Guardianship	2.0%	4.4%	6.9%	5.4%	3.0%	4.4%
	Long Term Foster Care						
	Relative	0.0%	0.0%	0.3%	2.4%	5.7%	2.3%
	N/A	0.0%	0.0%	0.0%	0.1%	0.3%	0.1%
Total # children		247	1079	691	756	1322	4095

[1] Data source is Link. Data extracted from ROM report: **Distribution View of Children in DCF Placement by Length of Stay.** Includes all children in placement under age 18 and excludes children who are committed delinquent. (Permanency goals are not typically recorded in Link for children committed delinquent. CONDOIT is the case management system for Juvenile Services.)

A note regarding children without a documented permanency goal: 162 of the 187 children (87%) that do not have a permanency goal have been in placement less than 6 months. The documentation of a permanency goal is done on the child's case plan, which is completed and reviewed after the child has been in care for 6 months. However, it's important to note that all children have a permanency goal even if it has not yet been documented in DCF's LINK system.

In addition to considering the age of children in assessing the appropriateness of permanency goals, it is useful to examine the length of time in care. See table 2 for a breakdown of length of time for children with an APPLA goal. As the table shows, 81% of all children with an APPLA goal are between 15 and 17 years, and the majority of those children have been in care longer than 2 years. In fact, 64% of all children with an APPLA goal are aged 15-17 years and have been in care 2 years or longer. It is also important to note that the permanency plans for all children in DCF custody must be reviewed and approved annually by the juvenile court pursuant to federal and state law.

Table 2: Data from 1/18/2010

Permanency Goal	Another Planned Permanent Living Arrangement

		Distribution Category				
Data	Age Now Category	less than 12 months	from 12 up to 24 months	from 24 up to 36 months	36 months or more	Grand Total
# children	1 - 5			1		1
	6 - 10	1	1		11	13
	11 - 14	5	21	19	120	165
	15 - 17	52	106	101	491	750
%	1 - 5	0.0%	0.0%	0.1%	0.0%	0.1%
	6 - 10	0.1%	0.1%	0.0%	1.2%	1.4%
	11 - 14	0.5%	2.3%	2.0%	12.9%	17.8%
	15 - 17	5.6%	11.4%	10.9%	52.9%	80.7%
Total # children		58	128	121	622	929
Total %		6.2%	13.8%	13.0%	67.0%	100.0%

One approach to examining how the use of APPLA has changed over time is to compare the current use of APPLA to historical points in time. A simple comparison is offered below. Table 3 shows the distribution of permanency goals by age category on August 5, 2007, data that was archived from a previous analysis on the use of APPLA. Table 4 highlights the difference between these figures and the figures presented in Table 1 (for January 18, 2010).

Table 3: Data from 8/5/2007

		Age Now Cat					
Data	Permanency Goal	<1	1-5	6-10	11-14	15-17	Grand Total
#	Reunification	160	579	406	407	341	1893
	APPLA		**5**	**46**	**375**	**919**	**1345**
	Adoption	42	565	397	242	57	1303
	Transfer of Guardianship	8	103	92	57	28	288
	(blank)	52	63	27	37	38	217
	Long Term Foster Care Relative		1	18	64	98	181
%	Reunification	61.1%	44.0%	41.2%	34.4%	23.0%	36.2%
	APPLA	**0.0%**	**0.4%**	**4.7%**	**31.7%**	**62.1%**	**25.7%**
	Adoption	16.0%	42.9%	40.3%	20.5%	3.8%	24.9%
	Transfer of Guardianship	3.1%	7.8%	9.3%	4.8%	1.9%	5.5%
	(blank)	19.8%	4.8%	2.7%	3.1%	2.6%	4.2%
	Long Term Foster Care Relative	0.0%	0.1%	1.8%	5.4%	6.6%	3.5%
Total #		262	1316	986	1182	1481	5227
Total %		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

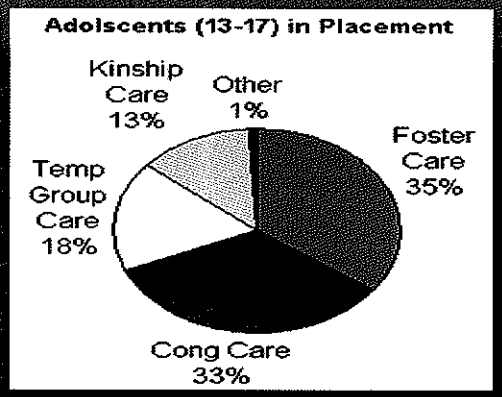
Table 4: Comparison of APPLA Data (8/5/2007 v. 1/18/2010)

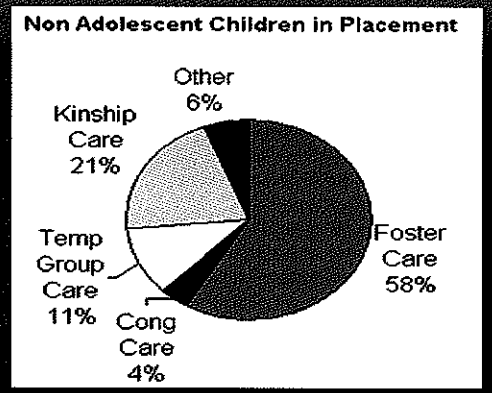
	08/05/2007	01/18/2010	Difference (points)	Percentage Difference
Total Number of Children with APPLA	**1345**	**929**	(416)	-31%
<1	0	0	--	--
1-5	5	1	(4)	-80%
6-10	46	13	(33)	-72%
11-14	375	165	(210)	-56%
15-17	919	750	(169)	-18%
Percent of all Children with APPLA	**25.7%**	**22.7%**	3.0%	-12%
<1	0.0%	0.0%	--	--
1-5	0.4%	0.1%	0.3%	-77%
6-10	4.7%	1.9%	2.8%	-60%
11-14	31.7%	21.8%	9.9%	-31%
15-17	62.1%	56.7%	5.4%	-9%

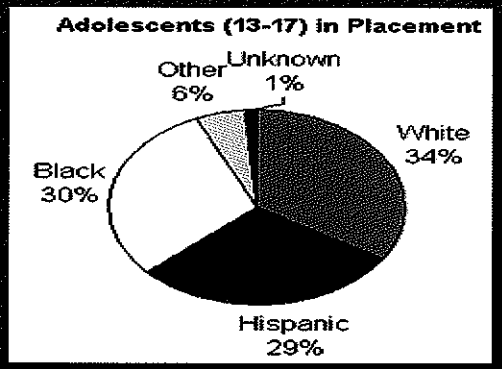
As Table 4 reflects significantly fewer children and a smaller percentage of children in care have an APPLA goal today compared to August 2007. It is notable that this is true despite the fact that there is now a greater portion of adolescents in care than in the past. The most pronounced difference in APPLA usage is with children aged 11-14, but in each age category, there has been a drop in APPLA use. Table 5 helps to reveal even more starkly that APPLA is predominately used for older children who have been in care 3 years or longer. APPLA is the predominate permanency goal (80%) for children aged 15-17 who have been in care at least 3 years. For all other age/duration groups, other goals predominate. In addition to other efforts that have contributed to these reductions, we now prohibit any child from having an APPLA goal unless that plan is approved by the Bureau Chief for Child Welfare Services. This has been in effect since 2008 and has helped ensure that no child has an APPLA goal unless it is in their best interest.

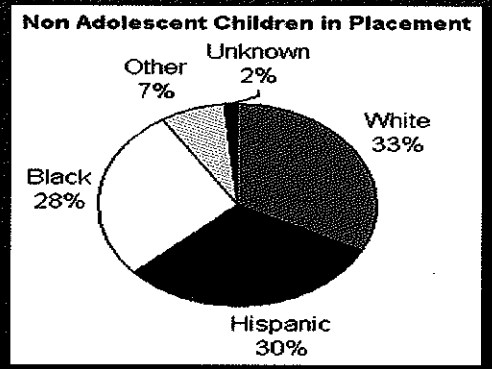
Table 4: Data from 1/18/2010

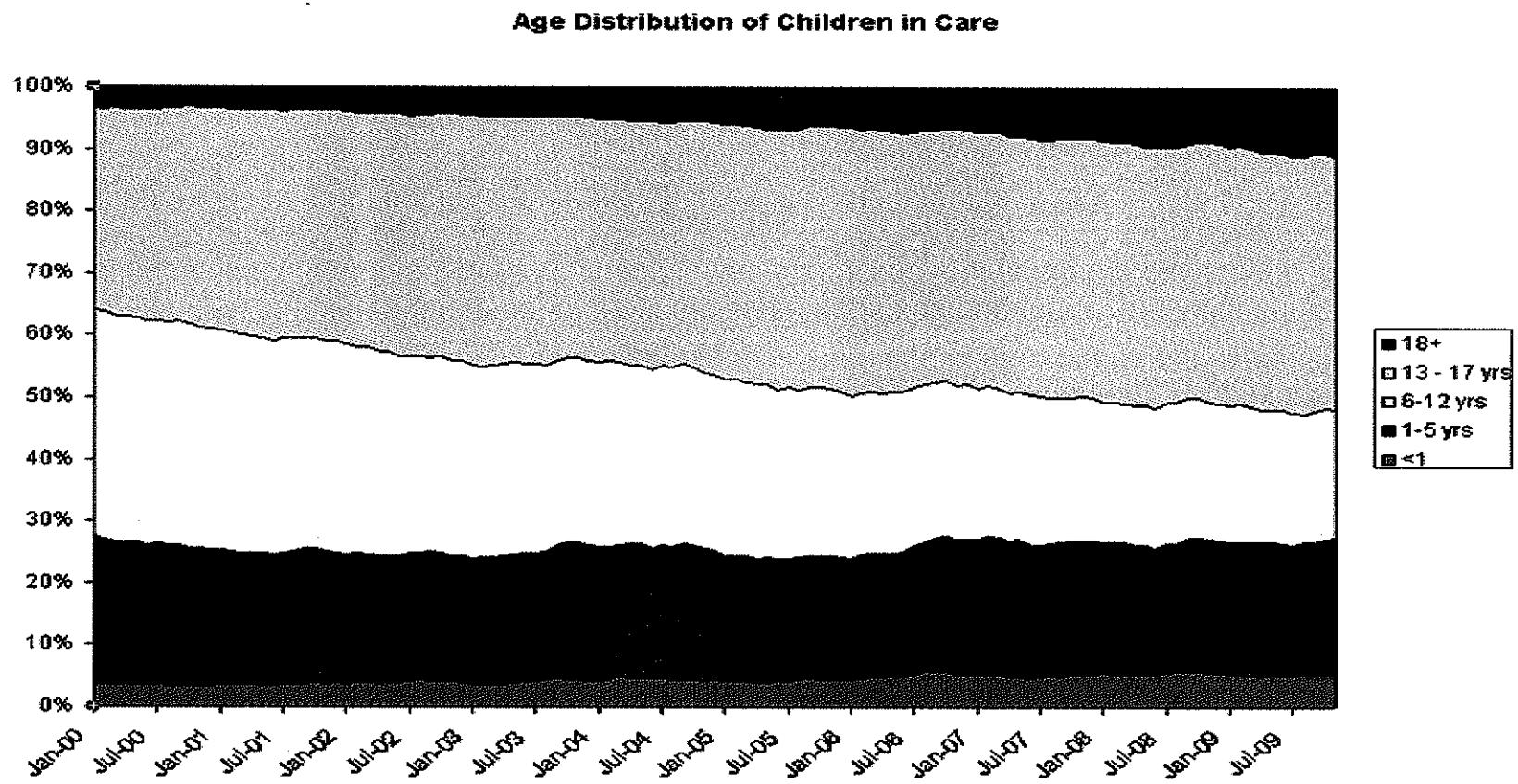
			Permanency Goal		
Data	Distribution Category	Age Now Category	Non APPLA	APPLA	Grand Total
# children	<36 months	<1	247		247
		1 - 5	996	1	997
		6 - 10	547	2	549
		11 - 14	436	45	481
		15 - 17	447	259	706
	36 months or more	1 - 5	82		82
		6 - 10	131	11	142
		11 - 14	155	120	275
		15 - 17	125	491	616
% within LOS category and age band	<36 months	<1	100.0%	0.0%	100.0%
		1 - 5	99.9%	0.1%	100.0%
		6 - 10	99.6%	0.4%	100.0%
		11 - 14	90.6%	9.4%	100.0%
		15 - 17	63.3%	36.7%	100.0%
	36 months or more	1 - 5	100.0%	0.0%	100.0%
		6 - 10	92.3%	7.7%	100.0%
		11 - 14	56.4%	43.6%	100.0%
		15 - 17	20.3%	**79.7%**	100.0%
Total #			3166	929	4095
Total %			77.3%	22.7%	100.0%


Adolscents (13-17) in Placement
Kinship Care 13%
Other 1%
Foster Care 35%
Temp Group Care 18%
Cong Care 33%

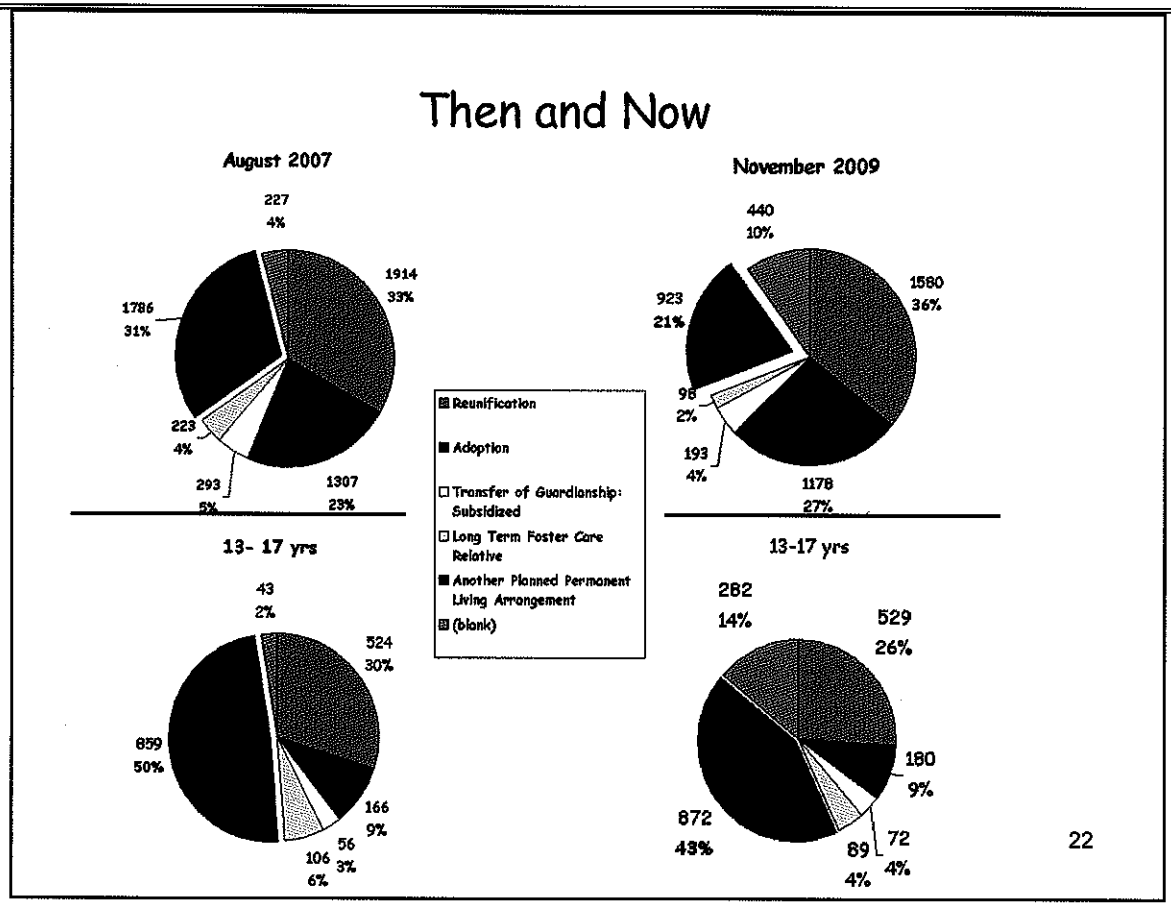

Non Adolescent Children in Placement
Other 6%
Kinship Care 21%
Foster Care 58%
Temp Group Care 11%
Cong Care 4%


Adolescents (13-17) in Placement
Other 6%
Unknown 1%
White 34%
Black 30%
Hispanic 29%


Non Adolescent Children in Placement
Other 7%
Unknown 2%
White 33%
Black 28%
Hispanic 30%



Notice the percent of children under 13 has moved from about 65% to under 50%. Children 13+ were once the minority and are now the majority of kids in care.



There are 10% fewer APPLA goals than in August 2007 looking at all children in placement; 7% less for adolescents. Special attention has been made to decrease the children with APPLA goals. Under the Special Needs Review Process within the Department, which is described in a later section, there has been over a 36% reduction in the number of youth within APPLA goals since the review process' inception. The screening of over 1100 youth identified a total of 493 youth as appropriately identified with an APPLA goal and having all their needs addressed through normal case management activity at the time of the screening.

V. REFUSAL OF SERVICES

Too often those children most in need of services are also least likely to engage in them. That is why children who refuse services deserve careful attention by the Department. Many people believe that a DCF client over that age of sixteen (16) is specifically authorized by law to refuse services from DCF. Neither Connecticut law nor DCF Policy, however, provides any authority for such a refusal. Of course, as a practical matter, there are situations where there is very little that the Department can do when a client is refusing to accept services. However, in each situation where this arises, the social worker is expected to attempt to engage the child and find out what services the child would want that may not already be included in the current service array being offered.

Characteristics of Youth Who Refused DCF Services -- October 1, 2008 - September 30, 2009

The Department has had a long-standing commitment to improving the lives and conditions of the adolescent youth under its care. This is reflected in the efforts undertaken to identify and describe the youth who discharge from the Department, including those who refuse our continued services, upon reaching the age of majority. The Division of Quality Assurance (QA) has conducted quarterly reviews of this population for many years, dating back to 2002.

QA begins this review by generating a monthly LINK report of youth discharged during each month of the quarter under review. Following the end of a quarter, contact is then made with adolescent staff and managers in each DCF Area Office to add to and modify the discharge list to ensure that every youth age 18 and older is accounted for. Quality Assurance staff then conduct a comprehensive case review of these youth utilizing a specially developed data collection tool, which is then analyzed using SPSS software.

In conducting this review, QA staff review LINK electronic records and social work narratives to gather as much information as possible to understand the circumstances related to the youth's placement experience and achievements while in the care of DCF. These data include demographics, placement, medical, educational, vocational, and behavioral health issues. Of particular interest and concern for the Department are youth who refuse our services and continued assistance upon reaching the age of majority. This is because we know through past reviews that the longer a youth stays involved with DCF, the more successful a youth is in terms of achieving goals such as high school graduation and/or full-time employment, which can lead to achieving self-sufficiency.

Once these reviews are completed and data analyzed, a report is generated and reviewed by DCF senior management. They are also posted on the DCF intranet for review and use by all DCF Area Office and facility staff. In regard to the youth who refuse our continued services, the QA Division recently looked at this sub-population for the time period from October 1, 2008 to September 30, 2009. There were 104 youth identified over these four quarters who refused our services. Since there are approximately 100 youth, age 18 and older, who discharge from the Department each quarter, this represents about a quarter of the total youth involved. The characteristics of these youth and the services provided to them are shown in the table below and described in the text following.

Table 1: Characteristics of Youth Who Refused Services Post 18 Y.O., *n*=104 October 1, 2008 to September 30, 2009				
Gender	Male	48	Female	56
Age	18	68	19	22
	20	11	21	1
	22	2		
Race	Caucasian	46	AA	48
	Multi-racial	3	UTD	7
Ethnicity	Non-Hispanic	70	Hispanic	27
	UTD	7		
Education	Graduated HS	33	Attending H.S.	28
	Working toward GED	10	Earned GED	3
	Dropped Out of H. S.	30		
Employment	Full-time Employment	6	Unemployed	65
	Part-time Employment	11	No Information	16
	Unknown # of Hours	6		
Special Education	Yes	81	No	23
Psychiatric Diagnosis	Yes	62	No	42
DMHAS/DDS Referral	Yes	54	No	8
	Services not Required	42		
Substance Abuse Issues	Yes	29	No	75
Adjudicated Delinquent	Yes	21	No	83
Residence at the Time of Case Closure	With Parents	29	With Ext. Family	26
	With Partner/Spouse	13	Own Residence	6
	Former Foster Parent	3	With Friends	9
	Transient	12	Incarcerated	2
	Unknown	4		

Youth's placement prior to leaving DCF services:

The majority of the youth (40%) who refused services during the reporting period were residing in a foster care setting. Foster care includes non-relative, relative, therapeutic and special study foster homes licensed by the Department or other licensing child placement agencies.

Fifteen percent of the youth participated in the Community Housing Assistance Program (CHAP): CHAP is a semi-supervised, subsidized, housing component for youth ready for less supervision and more independence. The goal of this program is to increase competence, self-reliance and self-sufficiency as youth transition into the least restricted out of home placement.

Fifteen percent of the youth participated in the PASS program (Preparing Adolescent for Self Sufficiency): These Group Homes provide an environment that fosters the maximization of individual outcomes in areas of education, vocation, employability, independent living skills, health, mental health, community connections and permanent connections.

Five percent of the youth were residing in a Supportive Work, Education and Transition Program (SWETP): This program involves youth-shared apartments, and staff on site 24/7 with facilities for community areas and educational/vocational services. It provides an environment that fosters individualized outcomes in areas of education, vocation, employability, independent living skills, health, mental health, and community connections.

Five percent of the youth were residing in a Transitional Living Apartment Program (TLAP): These TLAP programs are transitional living clustered apartment settings and home-like settings, with staff on site 24/7. This program is for youth in out-of-home care who are ready for a less restrictive environment, but not yet ready for independence.

Residence of the 20% percent of youth not included above:

- 5% College dorm
- 5% Extended family
- 5% Transient or AWOL
- 2% Shelter
- 2% Job Corp
- 1% Halfway House

Education:

Of the 36 youth who completed High School or obtained a GED:

- 19% were enrolled in a post educational program when they left DCF services
- 6% completed a vocational program
- 42% decided not to pursue post secondary education
- 33% dropped out of a post educational or vocational program prior to refusing services

Please note that DCF offers all our youth turning 18 the opportunity to continue with services on a voluntary basis. This allows for youth to participate in educational and training programs (e.g., college, vocational/trade schools, Job Corps, AmeriCorps) and receive continued support from DCF. Additionally, DCF offers mentoring services to youth in our care. Twenty-five percent of 104 youth accepted mentoring services from the Department. Mentors and youth work together on a one-to-one basis to resolve issues identified by the youth. There are currently eight federally funded, mentoring programs in use.

Thirty percent of youth completed the Life Skills Program prior to leaving DCF. The Department offers community based life skills education and training programs for youth in foster care and community settings. There are thirteen contracted Life Skills Programs across Connecticut utilized by DCF.

Employment:

Seventy-seven percent of the youth received employment supports through the Work/Learn program.
This program is a comprehensive work/learn model that helps youth to access and attain a mix of educational, employment and personal development opportunities that lead to their success. There are four Work/Learn programs in the state.

Twenty-three of these 104 youth were employed either part-time or full-time at the time of case closing:

- 30% were employed at fast-food restaurants
- 13% were employed at retail stores,
- 4% employed at a nursing home
- 4% employed as a baby-sitter.
- 48% (12 youth) not sufficient LINK documentation regarding employment circumstances

Mental Health/ Substance Abuse/ Criminal Involvement:

Sixty percent of the youth who refused services after reaching the age of majority had a severe and persistent major mental health illness (such as schizophrenia or bipolar disorder). In addition to their mental health diagnosis, 26% of these youth were adjudicated delinquent, and 26% had substance abuse problems or a combination of these issues. Of the youth that met the criteria for adult services through the Department of Mental Health and Addiction Services (DMHAS), 74% received special education services.

It is noted that in order to help prevent or minimize the disruption of mental health treatment for youth discharging from the Department, the Department is responsible for referring eligible youth to DMHAS and/or DDS. The Department successfully did this for 100% percent of the youth during the timeframe of this report.

Beyond the above, the Department is unable to present in an aggregated format the patterns or trends of children refusing services. There are clear policies and expectations and documentation requirements at an individual case level. However, we are not able to query these entries in order to present a trend analysis or present a baseline. The Department considered several options in addition to the discharged youth review, including an informal survey of Area Office staff. But the time and resources necessary to conduct this in a meaningful way were not available to the Department for this initial presentation. We will continue to explore low and no cost options for next year's report so that this section can offer a richer presentation of the status of children who refuse services and the state of our practice. The Department notes that this concern in producing the level of information contemplated in Public Act 09-96 was expressed to proponents of the legislation consistently throughout the legislative process that led to its passage.

VI. Case and Special Needs Reviews

Overview

There are several systemic and recurring means DCF utilizes in evaluating case practice and case specific outcomes. Outlined below are four specific efforts that require considerable resources and time on the part of the Department and constitute its core quality improvement activities at a case level. These efforts include the Administrative Case Review Process (ACR), Connecticut Comprehensive Outcome Review (CCOR), and Special Needs Reviews (SNR).

Effective last month, the ACR and SNR processes have been combined. Now the ACR process, which covers all open cases and requires a comprehensive review of a case every six months, makes a determination whether specific cases require immediate attention, 90-day interim reviews (as now required under the SNR) or a heightened 90-day collaborative team meeting. This effort to integrate the principles and goals of both the ACR and SNR processes will bring greater efficiency and consistency in our case planning practices and quality improvement efforts.

As a routine effort, these processes are aimed at providing an orderly and structured case review in which all participants are engaged in discussion focused on meeting the needs of children, including permanency planning. The ACR is conducted by an Administrative Case Reviewer from DCF's Division of Internal Quality Improvement. The ACR reviews the following area of practice as applicable to the case:

1) Placement-
- the continuing necessity for and the appropriateness of the placement
- the extent of progress toward alleviating or mitigating the causes necessitating placement.

2) Plans-
- the treatment plan/health plan and if applicable, independent living plan;
- the extent of compliance with the previous Treatment Plan;
- compliance with visitation plans;
- if applicable, progress made in the child's adoption plan, including the availability of an adoptive home, and progress made in terminating parental rights;
- the transition plan for youth aging out of foster care.

3) Permanency Plan-
- the current permanency plan and the rationale for its selection;
- the target date for achievement of the permanency plan;
- the services to be provided to help achieve the permanency plan;
- the responsibilities of all parties in working to attain plan.

4) Services-
- to an adolescent with his/her independent living plan;
- to the child;

- to the foster parent; and/or
- to the parent or guardian.

These processes (ACR and SNR) assure that the Department carefully reviews the status of individual children and identify those whose needs are the most challenging to meet and whose situations warrant particular care and attention. These challenging situations include children in discharge delays per section one above, children with an "Another Planned Permanency Living Arrangement" (APPLA) designation per section three above, and other children whose situation demonstrates potential special barriers to achieving permanency such as those highlighted per sections two and four.

The CCOR is another one of the Department's case review processes. It is modeled on the federal Child and Family Service Review (CFSR), which assesses the agency's performance across seven outcomes in the areas of safety, permanency and well-being. The purpose of the CCOR is to develop a better understanding of case practice using qualitative data to identify strengths and areas needing improvement. A review of case records provides basic information relating to documentation and progress toward achieving case goals. Interviews with social workers, families, providers, and youth (when appropriate) provide additional information revealing a full view of what occurred and how decisions are made within a particular case. The result is a deeper and more focused understanding of outcomes and practice within the child welfare system.

APPENDIX A

SECTION 17a-62 OF THE CONNECTICUT GENERAL STATUTES

Sec. 17a-62. Commissioner of Children and Families to monitor certain at-risk children and youth. Annual report to General Assembly. On or before February 1, 2010, and annually thereafter, the Commissioner of Children and Families shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to human services and the select committee of the General Assembly having cognizance of matters relating to children. The report shall include the following information, for the preceding calendar year, for children and youth in the custody of the Department of Children and Families: (1) The number and age of such children and youth who are living in a psychiatric hospital or out-of-state residential treatment center, the average length of stay for such children and youth, the number of children and youth who have overstayed their estimated placement time in such placements and an analysis of the reasons for the placements out of state and overstays; (2) the number and age of such children and youth who are runaways or homeless, the number of days that each child or youth has been a runaway or homeless, and an analysis of the trends relating to runaways and homelessness; (3) the number and age of children and youth who have a permanency plan of another planned permanency living arrangement and an analysis of the trends relating to permanency plans; and (4) the number and age of children and youth who have refused services offered by the department and an analysis of the trends relating to participation in services. The commissioner shall conduct case and service reviews for each child in the groups described in subdivisions (1) to (4), inclusive, of this section.

(P.A. 09-96, S. 1.)

History: P.A. 09-96 effective July 1, 2009.