

Monitor's Office
Juan F. v Rell Exit Plan
Quarterly Report
October – December 2004

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***Juan F. v Rell* Exit Plan Quarterly Report October – December 2004**

Highlights

1. The Department of Children and Families is making steady progress toward achieving the outcome measures of the *Juan F.* Exit Plan. The DCF reform now underway is a comprehensive one that holds promise for long-term, fundamental improvement in how the DCF provides service.
2. Governor M. Jodi Rell's inclusion of \$58 million for the DCF in the FY06-07 budget provides tangible evidence that Connecticut intends to exit from the Consent Decree and improve services to children.
3. The entire \$58 million is essential to achieve the outcome measures. It is important to note that weeks of work with OPM, DCF and the Monitor's Office were required to determine and prioritize the service initiatives that will address the Department's most pressing service needs. The \$58 million omits funding for important initiatives that were not specifically linked to an outcome measure.
4. Many of the long-term planning activities are now complete and the DCF has moved into the implementation phase: The DCF has achieved compliance with six (6) of the outcome measures:
 - Timely commencement of investigations;
 - Timely completion of investigations;
 - A reduction of child maltreatment in out of home care;
 - Fewer multiple placements;
 - Offering foster parent training, and;
 - Caseload standards.
5. The DCF has maintained compliance for three consecutive quarters with three (3) of the outcome measures:
 - Multiple placements;
 - Foster parent training; and,
 - Caseload standards.
6. Table 1 on the following page demonstrates that during the quarter (October-December 2004) DCF achieved compliance with two (2) measures which they had not previously been in compliance:
 - Timely commencement of investigations, and;
 - Timely completion of investigations.

7. Areas of concern on which the DCF should continue to focus in the next quarter are:
- Worker visitation, especially for in-home cases;
 - Treatment plans; and,
 - Treatment planning and review process.

The Department's full, unedited, but verified, report to the Court Monitor is incorporated at the end of the Monitor's Report to the Court.

TABLE 1
4Q October 1-December 31, 2004
Exit Plan Report Outcome Measure Overview

Measure	Measure	Target Dates	Baseline	1Q 2004	2Q 2004	3Q 2004	4Q 2004
1: Commencement of Investigation*	>=90%	2/15/05	X	X	X	X	91.2%
2: Completion of the Investigation	>=85%	2/15/05	73.7%	64.2%	68.8%	83.5%	91.7%
3: Treatment Plans**	>=90%	8/15/05	X	X	X	10%	17%
4: Search for Relatives*	>=85%	8/15/05	58%	93%	82%	5/15/05*	8/15/05*
5: Repeat Maltreatment of In-Home Children	<=7%	5/15/06	9.3%	9.4%	8.9%	9.4%	8.9%
6: Maltreatment of Children in Out-of-Home Care	<=2%	8/15/04	1.2%	0.5%	0.8%	0.9%	0.6%
7: Reunification*	>=60%	2/15/06	57.8%	X	X	X	X
8: Adoption	>=32%	2/15/06	12.5%	10.7%	11.1%	29.6%	16.7%
9: Transfer of Guardianship	>=70%	2/15/06	60.5%	62.8%	52.4%	64.6%	63.3%
10: Sibling Placement*	>=95%	2/15/06	57%	65%	53%	5/15/05	8/15/05
11: Re-Entry into DCF Custody*	<=7%	5/15/06	6.9%	X	X	X	X
12: Multiple Placements	>=85%	5/15/04	X	X	95.8%	95.2%	95.5%
13: Foster Parent Training	100%	10/15/04	X	X	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	5/15/05	94.9%	88.3%	92.0%	93.0%	95.7%
15: Children's Needs Met	>=80%	2/15/06	X	53%	57%	53%	56%
16: Worker-Child Visitation (Out-of-Home)*	>=85% 100%	5/15/05	X	Monthly-72% Quarterly-87%	Monthly-86% Quarterly-98%	Monthly-73% Quarterly-93%	Monthly-81% Quarterly-91%
17: Worker-Child Visitation (In-Home)*	>=85%	10/15/05	X	39%	40%	46%	33%
18: Caseload Standards+	100%	5/15/04	348	298	12	16	16
19: Reduction in the Number of Children Placed in Residential Care	<=11%	5/15/06	13.5%	13.9%	14.3%	14.7%	13.9%
20: Discharge Measures	>=85%	5/15/05	61%	74%	52%	93%	83%
21: Discharge of Mentally Ill or Retarded Children	100%	5/15/05	X	43%	64%	56%	60%
22: Multi-disciplinary Exams (MDE)	>=85%	10/15/05	5.6%	19.0%	24.5%	48.9%	44.7%

Shaded areas = Case Reviews with a range of 45-135 cases sampled and reviewed during 4Q 2004. LINK will never be able to report on Outcomes 3, 13 & 15. Outcome Measure 13 is derived from data supplied by the Connecticut Association of Foster and Adoptive Parents.

Results based on Case Reviews

NOTE: Case reviews will continue to be conducted for two quarters following the LINK build (this will allow for a two quarter testing period). A LINK report will be conducted for the third quarter following the LINK Build.

- * OM 1 LINK Reports available for the 4Q 2004 (2/15/05) reports.
- OM 4 Case review for 1Q due 11/15/04, 2Q due 2/15/05, 3Q due 5/15/05. First LINK Report 4Q due 8/15/05.
- OM 7, 11 Interim report due 4/15/05, LINK report available for 3Q due 11/15/05.
- OM 10 December 2004 LINK Enhancement and case reviews submitted for 11/15/04, 2/15/05, and 8/15/05. First LINK Report for 11/15/05.
- OM 16, 17 Case reviews for 2/15/05, 5/15/05, 8/15/05. LINK Report available for 11/15/05.

Treatment Plans**

** Treatment Plans were evaluated based on four (4) major categories (including elements a-o):

2004

1Q Background Information (53%), Assessment Information (52%), Treatment Services (47%), and Progress Toward Case Goals (18%). (Approved and Not Approved treatment plans)

2Q Background Information (60%), Assessment Information (37%), Treatment Services (43%), and Progress Toward Case Goals (32%). (Approved and Not Approved treatment plans)

3Q Background Information (66%), Assessment Information (52%), Treatment Services (55%), and Progress Toward Case Goals (35%). (Approved treatment plans only – 86)

4Q Background Information (69%), Assessment Information (67%), Treatment Services (54%), and Progress Toward Case Goals (34%). (Approved treatment plans only – 86)

In addition, two (2) additional areas were evaluated: Treatment plan must be written and treatment conference conducted in the family's primary language and treatment plans developed in conjunction with parents/child/service providers (for example, treatment plan modifications as a result of input from the ACR).

2004

1Q Treatment Plan Written in the family's primary language (n/a) and Treatment Plan Conference conducted in the family's primary language (95%)

2Q Treatment Plan Written in the family's primary language (91%) and Treatment Plan Conference conducted in the family's primary language (98%)

3Q Treatment Plan Written in the family's primary language (89%) and Treatment Plan Conference conducted in the family's primary language (97%)

4Q Treatment Plan Written in the family's primary language (97%) and Treatment Plan Conference conducted in the family's primary language (100%)

- X OM 3 and OM 15 - No LINK report expected. Case Review Only.

Caseload Standards +

1Q Data results for baseline and 1Q only reflect cases over 100% not those that meet exception criteria.

2Q As of August 1, 2004 the Department has achieved caseload standards – 100% (in accordance with the exception criteria). On August 1, 2004 fifteen (15) cases, over 100% caseload utilization, met the exception criteria (cases over 100% and not over for 30 days or more).

3Q As of November 15, 2004 the Department remains at the 100% compliance mark. The sixteen (16) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

4Q As of February 15, 2005 the Department continues to meet the 100% compliance mark. The sixteen (16) cases over 100% caseload utilization meet the exception.

Data Sources

Definitive data are now available from LINK, the DCF's information system, for 11 of the 22 outcome measures. Continued development and enhancement of LINK will allow accurate measurement of outcomes 4, 10, 16, 17, 20 and 21 shortly. Most of the data for the shaded measures on Table 1 are now derived from small case reviews of random cases, which cannot be generalized to the full population. The number varies by outcome measure for a variety of reasons (see footnote 1 on Table 1). The Department must address the correct recording of legal codes during this next quarter to ensure that accurate reporting of outcome measures 7 and 11 can be done.

The treatment plan¹ (outcome measure 3), and the children's needs met² (outcome measure 15) will always be measured by case review. Currently small-scale case reviews are conducted quarterly. A 90% statistically valid sample will be conducted in mid 2005 to give a better indicator for those two (2) critical measures. When the Department certifies that it has achieved and sustained compliance with all 22 measures for six (6) consecutive months, the Monitor's Office will conduct a 96% statistically valid review to verify the status of DCF vis-à-vis these 22 outcome measures.

Adoptions

Governor Rell has proposed several major and very significant adoption initiatives. The Governor's plan, fully and enthusiastically endorsed by the Transition Task Force, has several key components. When implemented, institutional barriers inhibiting adoption will be eliminated. The importance of these cannot be minimized. The DCF has a unique relationship with these children because DCF is, in effect, their parents until the adoption is finalized. These key initiatives are summarized below:

1. A central point of contact for all potential foster and adoptive parents to call has been established. Previously calls were received by each area office and there was a lack of consistency in how they responded to calls. Beginning March 1, 2005, when interested parties dial the same number, 1-888-KID-HERO, it will be answered by staff of the Connecticut Association of Foster and Adoptive Parents (CAFAP) from its Rocky Hill Office. Designated CAFAP staff will be assigned to answer the phone Monday through Friday from 8 AM to 8 PM. Both English and Spanish speaking staff will be available. This will ensure that all callers get the same information delivered in a consistent manner. After taking the incoming calls, CAFAP will promptly transfer information about each family to the appropriate DCF area office, and will follow up with each family to learn about their experience with DCF during the licensing process.
2. Adoption recruitment and retention activities will be increased and coordinated.
3. The unofficial practice of waiting 12 months after the child's parental rights are terminated before seeking to finalize the child's adoption has been eliminated.
4. The reimbursement differential between foster care and subsidized adoption will be eliminated.
5. Post-adoption services will be more readily available to minimize adoption disruptions.

¹ Appropriate treatment plans must be completed for at least 90% of the cases.

² The identified needs of all cases must be met in at least 80% of all cases.

6. Post-secondary educational benefits will be made available to needy adoptees so that these children will have the best chance of ending the cycle of poverty permanently.

These initiatives will quicken the pace of appropriate adoptions. This will also have the additional benefit of reducing caseloads, and administrative costs associated with court reviews, Federal and State case reviews and social worker visits. These initiatives are long overdue and will benefit children immensely. Closely related, there is subsidized guardianship legislation pending that will shorten the timeframe for the caretaker to become permanent and eligible to receive a subsidy from 12 months to 6 months.

As noted on Table 1, the percentage of timely finalized adoptions declined from the third quarter to the fourth quarter. This decline was expected because a substantial adoption backlog was eliminated in the third quarter. The Monitor's Office expects finalized adoptions to continue to increase, especially in view of the Governor's proposals to eliminate adoption disincentives.

Reduction of Children in Residential Care

The efforts aimed at reducing the number of children in residential care has resulted in a decrease in the number of children placed out-of-state. The Transition Task Force has chosen to focus its initial attention on reducing the number of children placed out-of-state. Where possible, they will return to Connecticut to reunify with their parents, or live in a placement resource within Connecticut's continuum of providers including foster and adoptive homes or small, specially designed, group settings. This is initially an expensive process because the larger highly institutional cost must be paid at the same time as the smaller community based programs are developed or expanded. New programs are scheduled to be developed in 2005 at Children's Home of Cromwell, Children's Center of Hamden, Klingberg Family Centers, New Hope Manor and Waterford Country Schools. Six (6) additional programs are planned in the next fiscal year. This brings children back to Connecticut to be closer to their families. This also requires the development or enhancement of more intensive and extensive clinical and community support services to children being discharged from residential facilities, including DCF's. These more effective community based programs are expected to be greatly beneficial to children who return to Connecticut, as well as providing much needed supports to maintain children in their homes or the least restrictive settings possible.

Reallocation from the DCF to the DMR

The DCF has provided care for children with mental retardation through the voluntary services system. Yet the best expertise to meet the needs of these children without protective service needs resides with the DMR. A significant reallocation proposed by Governor Rell is the transfer of the care, treatment and money from the DCF to the DMR because the DMR is best equipped to provide the specialized services for mentally retarded children without protective service needs. Although both agencies will jointly review and plan for these children, when a determination is made by DCF that a youngster is eligible for voluntary services and that the DMR is best equipped to care for the child, services for that child will be provided by the DMR. The management of

voluntary services eligibility will continue to be managed by the DCF, while determination of mental retardation will be made by the DMR.

Other Service Needs Issues

The efforts by the TTF and the Department to address the service needs of children and meet the outcome measures has led to the identification of other concerns and issues including:

- The need to expand options for very young children to provide alternatives to placement in acute inpatient psychiatric settings and emergency rooms.
- The need for changes to the shelter service network to better address the residents' needs.

Other Major Reform Initiatives

The comprehensive reform envisioned for the DCF includes:

1. A renewed emphasis on foster care, recruitment and retention;
2. An increase from five (5) to seven (7) multi-dimensional family therapy programs to provide an effective alternative to residential placement and to maintain youth who are facing substance abuse and/or emotional and behavioral functioning issues in their communities;
3. Early childhood intervention services to sustain the current network of prevention and early intervention services;
4. Enhanced training for Social Work competencies and practice standards, an especially important initiative in view of the large number of new social workers;
5. The adoption of a Family Conferencing Model.
6. A system for management and coordination of medication administration for children;
7. Funds to sustain Connecticut's innovative supportive housing program and assess the most efficient way of expanding this highly successful program;
8. A host of service initiative proposals aimed at providing a more comprehensive continuum of care for older youth for whom DCF is the statutory parent; including additional Transitional Living Assistance Programs (TLAP) and improvements to the current group home network and,
9. Funding to continue Connecticut's two (2) highly successful sex abuse evaluation and treatment programs.

Summary

In summary:

1. The Department of Children and Families continues to make consistent forward progress toward achieving the outcome measures. Two (2) additional measures were achieved this quarter and the DCF maintained compliance with the four (4) it had previously achieved.
2. The DCF reform now underway is a comprehensive one and holds promise for a long-term, fundamental improvement in how DCF provides assistance.
3. Governor Rell has proposed a multi-faceted adoption initiative that holds promise of truly reforming the adoption system.
4. Significant progress has been made in reducing long-term stays of children in residential care.
5. Decisions have been made to better coordinate services to DMR children.
6. Efforts are continuing to ensure that the needs of children are being met.

The Departments full, unedited, but verified, report to the Court Monitor is incorporated in this Monitor's Report to the Court. It follows this section.

Respectfully submitted,

D. Ray Sirry
Juan F. Court Monitor

Attachment: DCF's Report to the Monitor