



REVIEW OF EXITS FROM CONGREGATE CARE SETTINGS

Quantitative Analyses of All Congregate Care Exits Since 1/1/09
Qualitative Analyses of a Sample of Congregate Care Exits Between 1/1/12 and 3/31/12



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**CT Department of Children and Families (DCF)
Office for Research and Evaluation (ORE)**

And

DCF Regional/Area Office Quality Improvement Unit

And

DCF Administrative Case Review (ACR)

And

DCF Court Monitor's Office

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Executive Summary

Introduction

This is the second of two reports initiated as a result of informal and formal requests for information regarding the outcomes of children and youth who have exited from Congregate Care settings since the current administration of the Department of Children and Families (DCF) initiated significant policy changes in Calendar Year (CY) 2011, designed to reduce the agency's reliance on such settings. The Office for Research and Evaluation (ORE) used a mixed-method evaluation strategy (i.e., quantitative and qualitative approaches) to monitor and report on outcomes for this population, and the sub-populations requested by the *Juan F.* plaintiffs.

The quantitative approach provides descriptive statistics on relevant characteristics and trends for the population of children who exited all Congregate Care settings since 1/1/09. The qualitative approach provides additional context and detail concerning observed case practice and service needs for two samples of children who exited Congregate Care settings. The initial report provided results for a sample of 60 children with exits between 4/1/11 and 6/30/11, and the current report provides results for a sample of 56 children with exits between 1/1/12 and 3/31/12, and compares them to the previous sample of 60 children exiting during CY '11. Both samples were divided into three sub-groups, as requested by the *Juan F.* plaintiffs. The current report includes these three sub-groups which are as follows:

- 15 children age 12 years and younger at the time of their exit from a congregate care setting
- 26 children that exited an out-of-state congregate care setting
- 15 children that exited a temporary (Safe Home or Shelter) congregate care setting

Quantitative Trends for all Children-in-Placement (CIP) 1/1/09 - 4/1/13:

- The overall population of Children in Placement (CIP) has declined by about 27% since 1/1/09, likely due to a combination of effects from the implementation of the Strengthening Families practice model, Trauma-informed treatment and the availability of such services in the community, a Differential Response System that diverts families from direct DCF involvement, and Structured Decision-Making assessment tools.
- The number and proportion of CIP in congregate care has also declined, particularly since 1/1/11, from 1598 (28%) on 1/1/09 to 929 (23%) on 4/1/13.
- The number and proportion of children ages 0-12, in congregate care has declined by almost 68% since 1/1/11, from 200 to only 65 on 4/1/13.
- The number of children in out-of-state congregate care has dramatically decreased by 85% since 1/1/11, from 361 to only 54 on 4/1/13.
- The number and proportion of children in temporary congregate care settings has declined by 43% since 1/1/09, due to the elimination of Permanency Diagnostic Center (PDC) program model and major reduction in Safe Home beds, from a total of 197 on 1/1/09 to 112 on 4/1/13.

What are the characteristics of children exiting congregate care?

Quantitative Trends for Congregate Care Exits 1/1/09 - 12/31/12:

- Collectively, these children are very evenly and consistently divided across race/ethnicity since 1/1/09.
- The population progressively has become more male, increasing from 57% male in CY '09 to 61% in CY '12.

- The proportions of younger children (ages <=12 years) exiting congregate care have decreased steadily since Calendar Year (CY) 2011, due to changes in DCF policy restricting the use of such settings for young children.
- Decreased usage of Safe Home beds and elimination of the PDC program model resulted in a decline in the proportion of exits from those settings.
- Children with longer lengths of stay accounted for a greater proportion of those exiting in CY '12 compared to CY '09.
- The proportion of children exiting who are in care for child protection reasons decreased from 78% in CY '09 to about 71% in CY '12.

Quantitative Trends for Specific Sub-Groups of Congregate Care Exits 1/1/09 - 12/31/12:

- **Out-of-State:** Children are slightly more male, increasingly more Hispanic, and tend to be mostly over the age of 13. Most are exiting residential settings, and over one-third has lengths of stay more than one year.
- **Ages 0 - 12:** These children are majority male of color (i.e., Hispanic or Black) and mostly exiting from Safe Homes and hospitals primarily to family settings, including relative or other foster care placement or legal discharge to reunification home,. Fifty-three percent (53%) of these children have lengths of stay 90 days or more, although significant differences exist by age groups. The lengths of stay are dramatically shorter for children ages 0 - 6 than those ages 7 - 12.
- **Temporary Settings:** Children are slightly more male, balanced in racial and ethnic composition among Black, Hispanic, and White and increasingly older since the CY '11 policy changes restricting the use of congregate care for ages 0 - 12. Historically, the lengths of stay were relatively short but, at this point, a little less than one-half of these stays last more than 90 days.

Qualitative Review of First Quarter 2012 (1Q12) Sample of Congregate Care Exits:

- Reviewers found increased use of collaborative planning meetings that resulted in positive outcomes for children but also found a number of children that:
 - exhibited a regular pattern of placement instability
 - experienced victimization during runaway episodes

Where do children exiting congregate care go?

Quantitative Trends for Congregate Care Exits 1/1/09 - 12/31/12:

- Fewer children exiting congregate care remained at the same level of care (25% in CY '09 to 19% in CY '12); those that stepped-up to a higher level of care remained constant (12% in CY '09 and CY '12)
- Increasingly, a greater proportion of children exiting (64% in CY '09 to 68% in CY '12) either step-down or discharge entirely from DCF care.
- Most children discharging entirely from DCF care were reunified, with a small group (i.e., 25 or 17.5% over the four-year study period) discharged to guardians or transferred to the care of other agencies.

Quantitative Trends for Specific Sub-Groups of Congregate Care Exits 1/1/09 - 12/31/12:

- **Out-of-State:** Almost two-thirds of children who exit out-of-state congregate care move to another out-of-state or in-state placement. During CY '12, 75% moved to another placement in CT. Those returning in-state increasingly step-down to a lower level of care (74% in CY '12). Whereas, most remaining out-of-state move from one residential program to another.

- **Ages 0 - 12:** Exits for young children from congregate care are to family based settings (i.e., foster care of all types and permanent homes) accounting for 74% of the exit destinations for youngsters under age seven over the past four years. The exits to foster care settings have been stable but legal discharges to permanent settings have decreased steadily over the past four years. Concurrently, the proportions of exits to other congregate care settings over the same period have increased.
- **Temporary Settings:** The largest group exiting temporary settings move to foster care (i.e., family based settings), though in lesser proportions each year since 1/1/09. The next largest group moved to other non-temporary congregate care, most often group homes or residential. The third and smallest group exiting these settings to legal discharge to reunify home.

Qualitative Review of 1Q12 Sample of Congregate Care Exits:

- Reviewers again found no cases where they believed that the identified child was "rushed out" of placement due to a directive or mandate from DCF administration. Although, they found one case of a youth that left a program when it closed who was not matched to an appropriate setting and did not do well as a result. Many of the cases showed evidence of comprehensive collaboration between DCF and providers, or substantial work to identify and license appropriate relative placements, and outcomes for those cases tended to be much better than others where such teaming did not occur.
- Reviewers found cases where planned transitions were unable to occur and a few other cases where they simply did not occur that resulted in less placement stability and greater likelihood of youth engaging in risky behaviors. Bench Orders of Temporary Custody (OTCs) and youth who continue to go absent without leave (AWOL) from placements were the two most frequent precipitants observed in this review.

How well are children exiting congregate care doing since their exit?

Quantitative Trends for Congregate Care Exits 1/1/09 - 12/31/12:

- About 28% of children exiting congregate care tend to move again within 90 days of their exit, and another 13% move between 90 and 180 days.
- Over 90% of the children exiting who legally discharge have not experienced any substantiation of abuse or neglect since their legal discharge from DCF care, dating back to CY '09.
- Over 80% of children (under age 18 at exit) who legally discharge DCF care from a congregate care setting have maintained stability and avoided subsequent re-entry to DCF care. Most often, re-entry occurs within the first year following discharge, with a lesser proportion re-entering between 1 and 2 years post discharge. The latest fully observed cohort of discharges (CY '11) had the highest rate of re-entry within one year (18%) since 2009. Further, this cohort had much higher re-entry rates than those allowed of the overall DCF population under the Juan F. Consent Decree.

Quantitative Trends for Specific Sub-Groups of Congregate Care Exits 1/1/09 - 12/31/12:

- **Out-of-State:** Since CY '09, the proportion of children who exit out-of-state congregate care to another placement and move again within 90 days has fluctuated between 25% and 19%, settling at a little over 18% in CY '12. Improvements were observed in CY '11, for children who move between 90 and 180 days following their exit, but the existing data for CY '12, show a likely return to CY '09 and CY '10 levels. Less than 3% of children exiting congregate care who legally discharge experienced further substantiations of abuse or neglect each year since CY '09, and less than 18% re-entered DCF placement.
- **Ages 0 - 12:** This sub-population has experienced increased stability over the past two years. A higher percentage of these children are remaining in their same placement upon exit; and the

proportion of those that moved during 2011 and 2012, is less than that for either 2009 or 2010. More importantly, relatively few substantiations or incidences of re-entry were observed for this cohort. The 2011 and 2012 data indicate that 93% of these children did not experience repeat maltreatment and 90% did not re-enter DCF care.

- **Temporary Settings:** About 26% of children who exited temporary settings to another placement move again within 90 days, and an additional 13% move again between 90 and 180 days. Less than 15% have experienced abuse or neglect substantiations following their exit to legal discharge from DCF care. Rates of re-entry for those legally discharged had declined from CY '09 to CY '11, but began to increase in CY '12 (at 11% to date of review).

Qualitative Review of 1Q12 Sample of Congregate Care Exits:

- Reviewers found that many youth who were discharged from DCF care over age 18, returned to their families of origin with little preparation or planned service provision. Youths who had such desires and were well prepared by DCF for such transitions were functioning in much more healthy ways than those that did not.
- Concentrated and collaborative planning for transitions to adulthood between DCF and the youth are imperative to positive long-term outcomes for these youth.

How well have the needs of children exiting congregate care been met since their exit?

Quantitative data from LINK was not available to answer this question; therefore, the following points were derived solely from the qualitative review of a sample of 1Q12 congregate care exits.

- Reviewers indicated that services were implemented at relatively high rates and almost all were implemented timely when identified. All but five assessed service types (Employment Services, Post-Secondary Ed/Vocational, Supportive Housing, Domestic Violence Evaluation and Other Community Services) were implemented more than 70% of the time, and all but two types (Sexual Abuse Evaluation and Family Advocacy) were implemented timely more than 80% of the time.
- Reviewers determined that, in almost all cases, the child's placement was in appropriate proximity (92%) to his or her family/community, the least restrictive setting (98%) appropriate to meet his or her needs, and in his or her best interest (88%).
- Reviewers determined that, in almost all cases, the child's medical (92%), educational (89%) and permanency (88%) services were appropriate to meet his or her needs. More often, mental health and case goals were found not to be appropriate, both at about 71%.
- It was clear to reviewers that when collaborative decision-making occurs, whether through Team-Decision Making (TDM) or other similar processes that engage both internal and external stakeholders, family and experts, results for such complicated children are improved.
- The impact of more recent policy initiatives such as the Permanency Roundtables may also help change the future trajectories of and/or service delivery to children and youth exiting congregate care.

REVIEW OF EXITS FROM CONGREGATE CARE SETTINGS

Quantitative Analyses of all Congregate Care Exits since 1/1/09 Qualitative Analyses of all Congregate Care Exits between 1/1/12 - 4/30/12

Introduction

In January of 2011, over 1400 of Connecticut's (CT) children were in congregate care settings. As of April 2013, only 929 children were in such settings, representing a decrease of almost 35%. The Department of Children and Families (DCF/department) has been aggressively tackling the issue of over-reliance on congregate care for Connecticut children. A number of policy and practice changes have been implemented which created the necessary levers of change to reduce the number of children entering congregate care, decrease lengths of stay, facilitate the return of children to family-based care and the return of children residing in placements out of state, at a minimum, to placements within the state.

This shift has been anchored on the following key principles¹:

1. Children ages six and younger will not be placed in congregate care, except under a very few exceptions that are authorized by the Commissioner of DCF.
2. The department 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.
3. A thorough review of youth ages 13 through older adolescence in congregate care settings (including group homes), we will be conducted to determine how best to ensure their return to a family or kinship-based setting as close to their families of origin as reasonable. This includes a focus on permanency and engaging in activities to better support family based placements for all children, including adolescents.
4. When any congregate placement is made, the department 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.
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.
6. The department will work with families, providers and young people themselves to focus on outcomes for all aspects of the department's work.

The Department has contextualized these principles by embracing the importance of neuroscience, and recognizing the need for enhanced partnerships with its provider community; increased outreach to, engagement of and support for foster, adoptive and relative/kinship care homes; and individualized, outcome oriented plans for children and their families.

Over the past two and one-half years, the department has achieved measurable success in reducing congregate care utilization and improving the usage volume of family based settings, particularly with relatives. The department and other stakeholders have recognized the need to ensure that these reductions do not occur in a manner that compromises safety and well-being. To that end, in the fall of 2011, the DCF Office for

¹ Department of Children and Families [Congregate Care Rightsizing and Redesign: Young Children, Voluntary Placements and a Profile of Therapeutic Group Homes](#) Report (August 2011):

Research and Evaluation (ORE) was asked to review all exits from out-of-state congregate care settings during Calendar Year (CY) 2011. Results from that analysis are found in Appendix D of this report. The Connecticut Association of Nonprofits later sent a letter to the Commissioner of DCF in February 2012, requesting information regarding the well-being and needs of children returning to CT from out-of-state congregate care placements. Subsequently, the *Juan F.* Plaintiffs sent a letter in March 2012, requesting similar information about three specific cohorts of children exiting congregate care settings: (1) those returning from out-of-state, (2) those age six and younger, and (3) those exiting from temporary congregate care settings.

ORE proposed a mixed-method evaluation strategy to monitor and report on outcomes for this population and the sub-populations requested by the plaintiffs. In general terms, it was proposed that a report (or set of related reports) be developed to answer a set of quantitative and qualitative questions aimed at assessing the safety, permanency and well-being of this vulnerable population. This report represents the second of two such reviews.

Methods and Definitions

ORE staff formed partnerships with Regional and Area Office Quality Improvement (QI), Administrative Case Review (ACR) managers, and the DCF Court Monitor's Office (CMO) to perform a detailed analysis of these children. It was determined that a descriptive mixed-method (quantitative and qualitative) approach would provide the most complete picture of these children, their needs and outcomes. The quantitative approach provides descriptive statistics on relevant characteristics and trends for the population of youth that exited all congregate care settings since January 1, 2009. The qualitative approach provides additional context and detail concerning observed case practice and service needs. The initial report provided results for a sample of 60 children with exits between 4/1/11 and 6/30/11, and the current report provides results for a sample of 56 children with exits between 1/1/12 and 3/31/12, and compares them to the previous sample of 60 children with exits in CY '11. Both samples were divided into three sub-groups, as requested by the *Juan F.* plaintiffs. The current report includes these three sub-groups which are as follows:

- 15 children age 12 years and younger at the time of their exit from a congregate care setting who exited to a different level of care, or discharged DCF care entirely;
- 26 children who exited a temporary (i.e., Safe Home or Shelter) congregate care setting and exited to a different level of care, or discharged DCF care entirely; and
- 15 children who exited an out-of-state congregate care setting to any other placement, or discharged DCF care entirely.

Children who exited Congregate Care include all those who were in a placement that ended during the specified time period. Children in all types of episodes (i.e., Child Welfare, Juvenile Justice, Family with Service Needs, Probate and Voluntary Services) were included in the universe. Placement types categorized as "Congregate Care" include:

- Safe Home
- Permanency Diagnostic Center (not currently utilized)
- Shelter
- Group Home
- Residential Treatment Center
- Sub-Acute
- Hospital (Medical or Psychiatric)

- DCF Facility, including High Meadows (now closed), Connecticut Juvenile Training School (CJTS) and Solnit Center North and South (formerly Connecticut Children's Place and Riverview Hospital, respectively)

Following is the schema (arranged from most to least restrictive) utilized for comparing the level of care of the placement from where the children exited to the next placement where they entered or discharge.

- Hospital (including Solnit South)
- Residential (including Solnit North and CJTS)
- Group Home (of any type)
- Shelter (of any type)
- PDC/Safe Home
- Foster Care (family-based settings of any type)
- Legal Discharge (for any reason)

ORE staff was tasked with obtaining the universe and performing the quantitative analyses. ORE and CMO staff collaborated on the development of a qualitative review instrument. QI and ACR managers, with CMO supervision and support, used the instrument to review a sample of children. ORE staff compiled the results from both methods of review and generated this report.

Results

The results of the review are organized by a series of questions; the answers describe the children's characteristics, placement trajectories, and outcomes. These results need to be understood within the context of significant changes in the child welfare population, especially the population in Congregate Care settings.

The left-hand chart below shows that the overall population of children in placement has declined by over 13% since January 2011, when the new DCF administration took office. This decline continued the trend from January 2009, equaling a notable decrease of 27% across the three-year span. A comparison of annual growth rates shows that the overall decline had begun somewhat to level off by the beginning of CY '10. CY '09 experienced a 9% decrease, followed by a little over 3% decline in both CY '10 and CY '11. Whereas, the proportion of children in Congregate Care settings declined by 4% in CY '09 and CY '10; however, experienced a sizeable decreased of over 11% in CY '11, and 21% in CY '12. Simultaneously, the number of children in foster care (i.e., family-based settings) continued to decline, though at a much slower pace than was previously observed. The foster care population declined by 12% in CY '09, by only 3% in CY '10, miniscule in CY '11, but decreased by almost 5% in CY '12.

Figure 1: Number of Children in Placement, by Placement Type

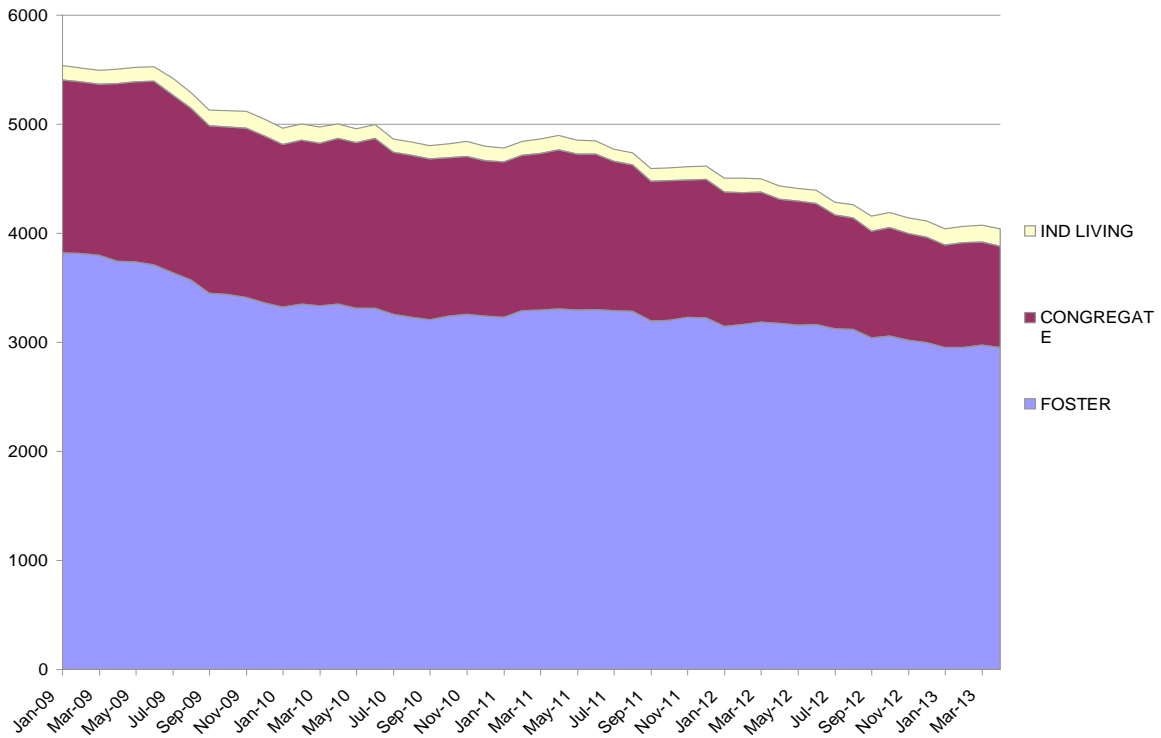
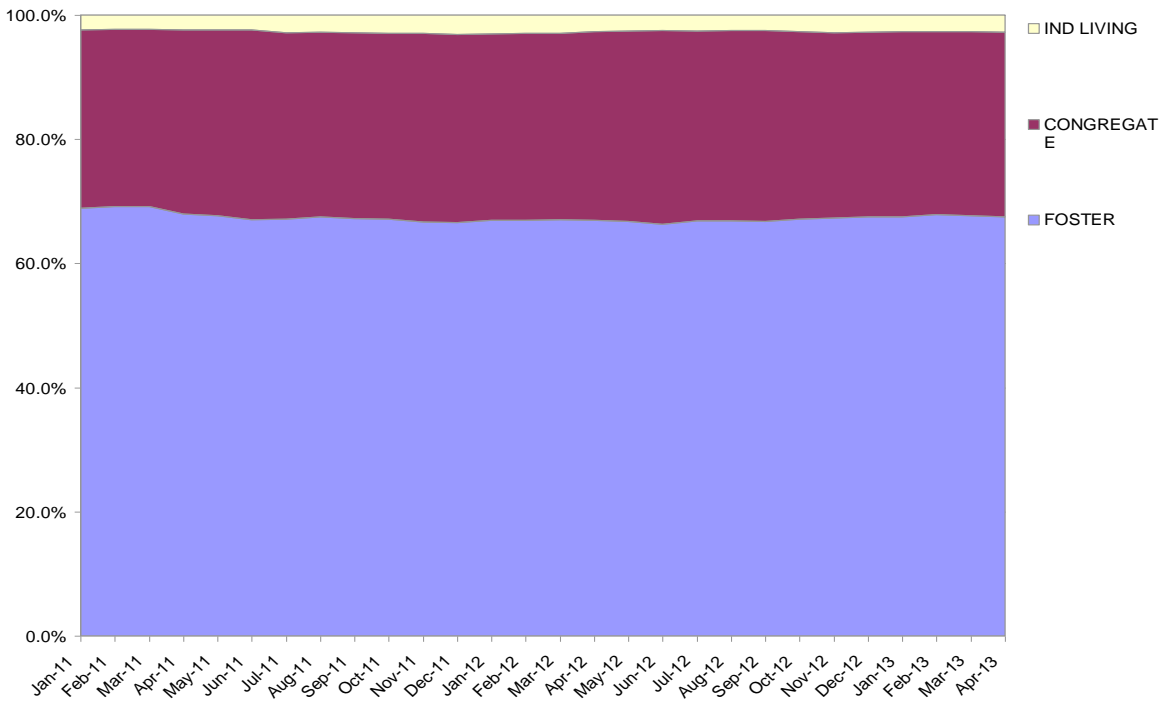


Figure 2: Percentage of Children in Placement, by Placement Type



What are the characteristics of children exiting Congregate Care?

Children exiting Congregate Care settings since January 1, 2009, have become more male, increasing steadily from 57% in CY '09 to 61% in CY '12, and consistently have been evenly divided in racial and ethnic composition, with a little over 30% Hispanic or White, and a little under 30% Black; with the remainder of about 6% another race.

Children ages 0 - 6 and 7 - 12, had a similar pattern of exits from congregate care across all four years. Children ages 0 - 6 accounted for approximately 10% of those exiting a congregate care setting in CY '09 and CY '10, declining to about 5% in CY '11, and less than 3% in CY '12. Similarly, children ages 7 - 12 accounted for about 17% of those exiting in CY '09 and CY '10, declining to 12% in CY '11, and less than 9% in CY '12. The current administration's change in policy limiting the use of such settings for children in these age groups helps to explain this pattern. The policy change decreased dramatically the number of younger children admitted to congregate care, thereby also reducing the number and proportion of children within these age ranges who may exit.

The proportion of children exiting congregate care varies by setting. The proportion of children exiting residential treatment has increased since the current administration's policy changes. In both CY '09 and CY '10, children exiting residential accounted for about 29% of all those exiting any congregate care setting then in both CY '11 and '12, increased to 35%. For group home and shelter, there were also slight increases in exits. Conversely, for PDC and Safe Homes, children exiting decreased significantly from about 20% in CY '09 - CY '10, to less than 9% in CY '12. Reduction of Safe Homes contracted beds and the elimination of the PDC program model appear to explain the significant decline. For DCF facilities, there was a slight increase in exits from about 11% in CY '10, to a little over 12% in CY '12. Lastly, exits from both psychiatric and medical hospitals remained constant in the 6% range across all four years observed.

A trend of children with longer lengths of stay accounting for a greater proportion of those exiting since CY '09 appears to be emerging. Children who exited after more than a year of placement accounted for only 13% of all congregate care exits in CY '09, but increased to 19% in CY '12. Slight increases were also observed for children exiting between 9 and 12 months, and another significant increase for those exiting between 6 and 9 months in placement. The proportion of children exiting who are in care for child protection reasons decreased from 78% in CY '09 to 71% in CY '12. Conversely, the proportion of children exiting who are in care for Juvenile Justice, Family with Service Needs (FWSN) and Voluntary Services reasons increased slightly.

Exits from Out-of-State Congregate Care Settings

The landscape for children in out-of-state placement has also changed significantly over the past few years. On January 1, 2009, almost 500 children were placed in out-of-state foster or congregate care settings, of which about 66% were congregate care placements. Between January 1, 2009 and January 1, 2011, the total number of children decreased by less than 7% to 466, though the population of children in out-of-state congregate care increased by about 11%.

In the last two years, however, the total number of children in out-of-state placement decreased by more than one-half. As of April 1, 2013, 158 children were in out-of-state placement, of which only 54 (34%) were in congregate care. This declension represents a dramatic 66% decrease of children in out-of-state congregate care since January 1, 2011, and appears to be driven primarily by an 85% reduction in the use of out-of-state congregate care over the same period.

Figure 3: Number of Exits from Placements (to others or discharged), by Placement Type

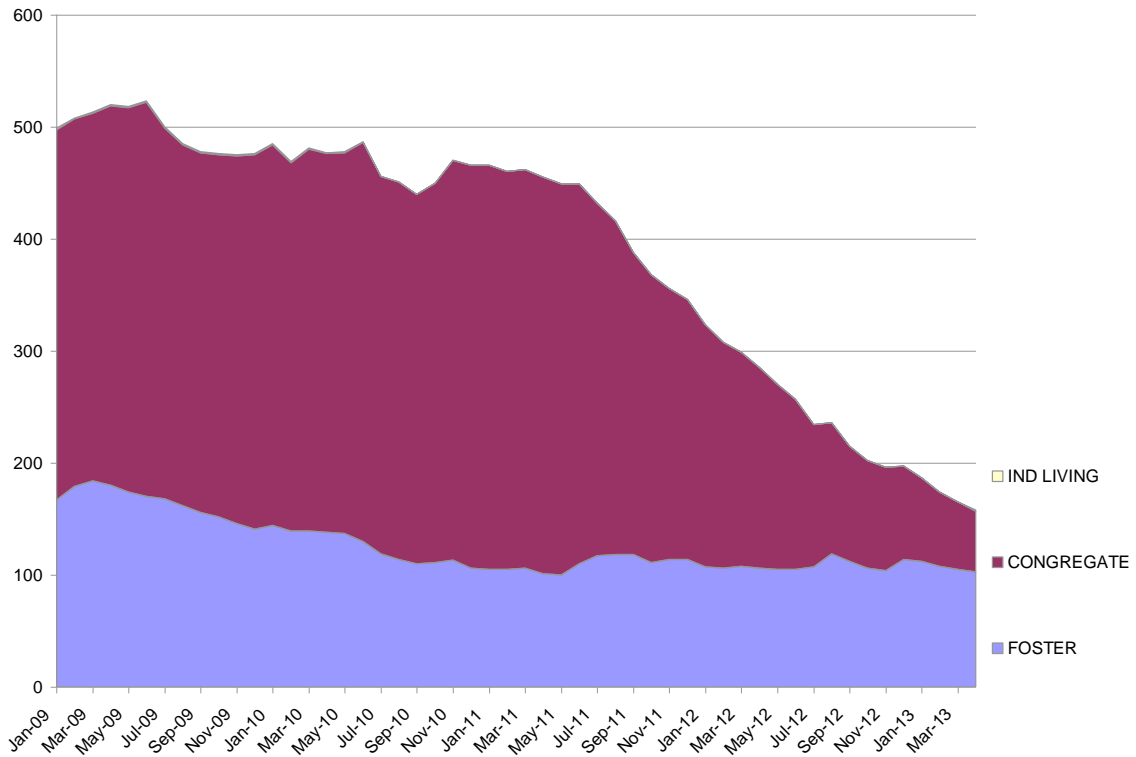
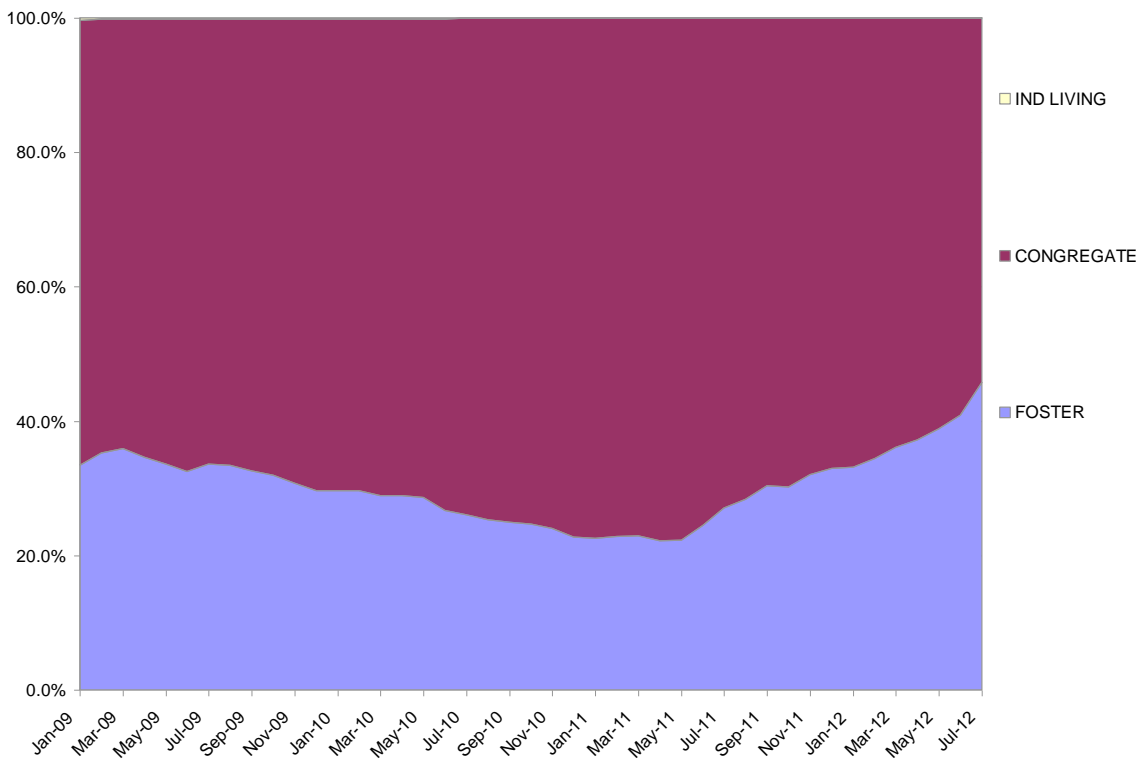


Figure 4: Percentage of Exits from Placements (to others or discharged), by Placement



Children and youth exiting out-of-state congregate care consistently have been about 67% male, though that figure increased to 75% in CY '12. White children comprise the largest racial group increasing slightly from 36% in CY '09, to about 38% in CY '12. Black children were the next largest racial group in CY '09, at 33%, followed by Hispanic children at about 26%, but these two groups have changed rank order. In CY '12, Hispanic children represented 34% of the out-of-state congregate care population and Black children were only about 23%. The age group for this population remained consistently 13 - 17 years accounting for over 73% until CY '12, when both the volume and proportion of that group decreased to a little over 56%. Correspondingly the proportion of youth age 18 and older increased to a little below 38%, but the volume (number of youth) remained constant at a little over 70.

Children in placement for child welfare reasons mostly comprise the population of children in out-of-state placement accounting for about 67% consistently since CY '09, with the remainder divided between Juvenile Justice and Voluntary Services cases. Almost all children who exit an out-of-state congregate care setting leave some form of residential program, with less than 3% leaving a hospital and over 2% leaving a group home setting. They also tend to have long lengths of stay, with over 35% staying more than one year in the placement from which they exited which increased to over 66% in CY '12. However, the volume of children with long lengths of stay decreased slightly compared to the previous two years as entries to out-of-state congregate care have significantly diminished.

Exits of Children 12 Years Old and Younger from Congregate Care Settings

Demographically, children exiting in this age cohort have been majority male (62%). Consistently, about one-third of this population has been non-Hispanic White, with the remainder being children of color. In CY '09, Hispanic children comprised a little more at 35% than non-Hispanic Black children, but as of CY '12, the composition between both groups is about equal at about 30% each.

The proportion of stays 90 days or more was steadily increasing for this cohort, but has begun decreasing. In 2009, 32% of children exiting a congregate care setting had stays more than 90 days, which increased in 2010 to 41%, and again in 2011, to 55%, then decreased slightly to 52% in CY '12. The length of stay (LOS) for children ages 6 and younger followed a similar pattern until 2012, when only 18% of exits for young children were stays more than 90 days. This result is not surprising given that almost 66% of congregate care exits for children ages 6 and younger were from hospitals, and all others except one were from Safe Homes.

Similar to both other subgroups examined in this study, the majority of this group had been in care for CPS reasons (96%); however, those in care for Voluntary Services reasons increased to 7% in CY12, from below 5% the previous 3 years.

Exits from Temporary Congregate Care Settings

Since CY '09, children exiting temporary congregate care settings, which include Permanency Diagnostic Centers (PDC), Safe Homes or Shelters, consistently have been more male (53%), and slightly more Hispanic (35%) than White (30%). The proportion of Black children has varied: 28% in CY '09, 25% in CY '11, increasing to 32% in CY '12.

This population became somewhat older between CY '09 - CY '10: children ages 7 - 12 remained constant at about 32% each year, children ages 0 - 6 decreased from 27% in CY '09 to 22% in CY '10, and those 13 and older increased from 39% in CY '09 to 43% in CY '10. The current administration's policies concerning the use of congregate care for children younger than age 13 have dramatically changed this landscape. In particular,

children ages 0 - 6 exiting temporary settings decreased to 9% in CY '11, and 3% in CY '12. Children ages 7 – 12, also decreased in CY '11 to 26%, and to 16% in CY '12.

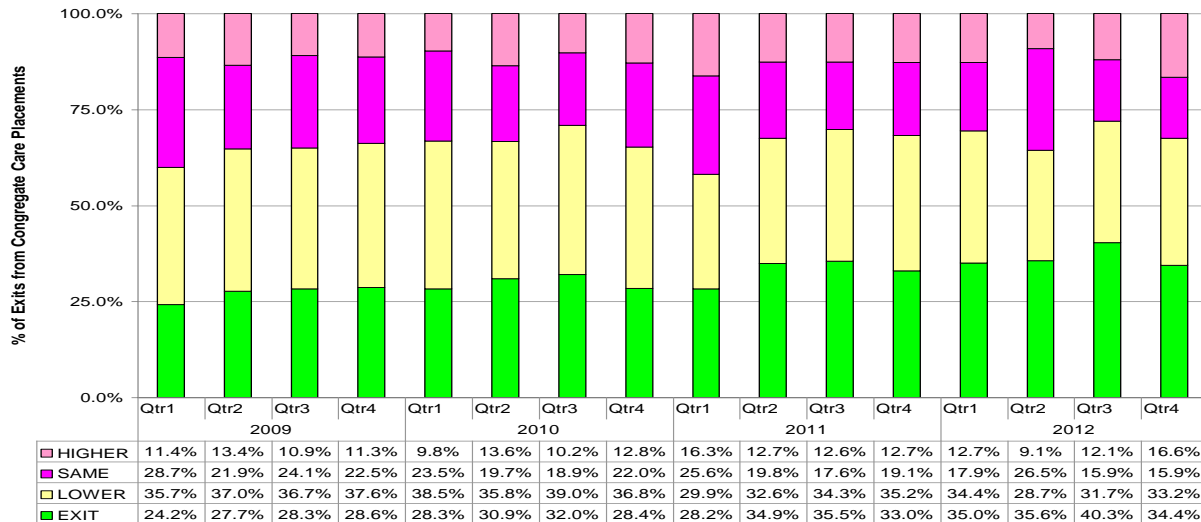
DCF’s use of these temporary care settings remained constant at an average of a little over 130 children between CY '09 and CY '10 for PDC/Safe Homes, and about 90 children in shelters. While both Shelter and Safe Home utilization diminished to an average of about 80 children on any given day in CY '11, the use of Safe Homes continued to decline to 54 in CY '12, while the average for shelters remained the same.

The majority of children exiting these settings tend to have relatively short lengths of stay, though often not as short as designed for the program model. About 75% of all exits from temporary congregate care in CY '09 had lengths of stay less than 90 days which decreased to 56% in CY '11 and CY '12.

Where do Children Exiting Congregate Care go?

Since January 2009, about two of every three children exiting congregate care consistently discharge from DCF placement altogether or step-down to a lower level of care. A slow but steady increase has occurred in the proportion of children discharging from DCF care altogether from about 27% in CY '09, to almost 36% in CY '12. In CY '09, almost one quarter of children remained at the same level of care, which decreased to about 21% for the next two calendar years, then to a little below 20% in CY '12. About 12% of children stepped-up to a higher level of care in CY '09 and CY '10, which increased to a little below 14% in CY '11, then decreased to a little over 12% in CY '12. The following chart shows the trends of movement across the four years: moving from one level of care to another, remaining at the same level, or discharging from DCF care entirely. It orders placement types as follows: 0 Foster Care (of any type), 1 PDC/Safe Home, 2 Shelter, 3 Group Home, 4 Residential (including CJTS, High Meadows and Solnit North), 5 Medical (all Hospitals including Solnit South).

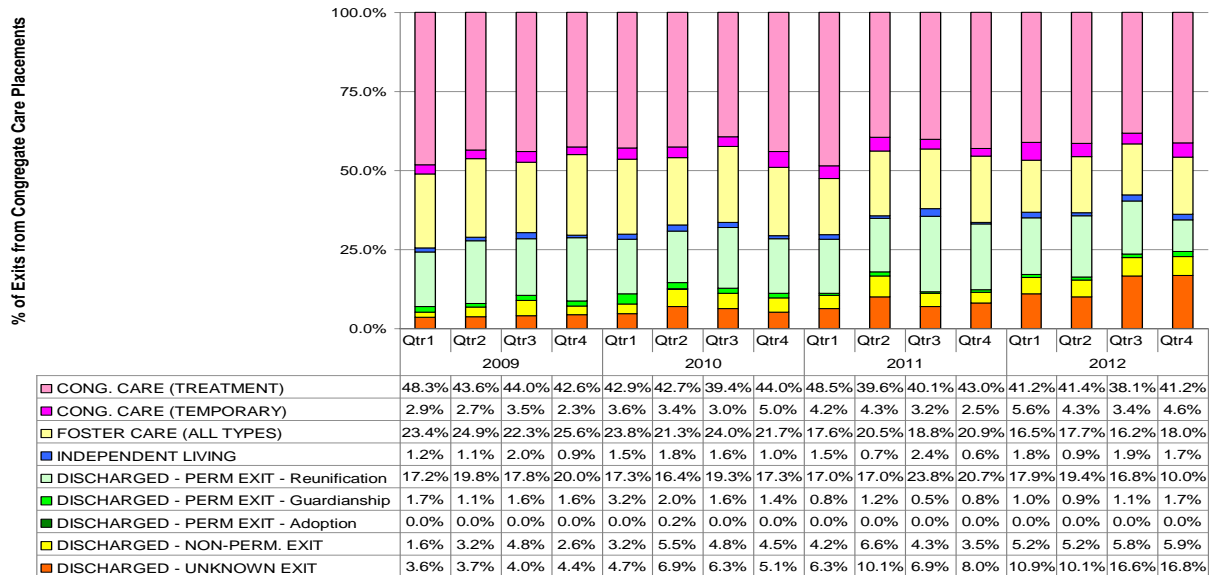
Figure 5. Trajectories for Children Exiting Congregate Care Placements



The largest group of children (~ 43%) exiting a congregate care setting move to another congregate care setting (i.e., group home, residential, sub-acute or hospital) remained consistent from CY '09 to CY '11, but decreased slightly to a little below 41% in CY '12. The proportion of legal discharge from congregate care increased from about 27% in CY '09, to a little below 36% in CY '12. Most of the increase appears to be from

emancipation, transfers to another agency or discharges for unknown reasons (i.e., most often due to data entry lag or error). Slightly decreasing in proportions are children stepping-down to foster care (i.e., DCF, relative/kinship or therapeutic foster homes) accounting for almost 24% of children exiting in CY '09, decreasing to 17% in CY '12. The chart below shows the detailed patterns of change for each form of next placement type or discharge.

Figure 6. Destinations for Children Exiting Congregate Care Placements



For those children discharged from DCF placement entirely, the majority (over 60%) tend to be discharged to permanent homes, most often reunified home with a few others to relatives/guardians. Of those few discharged to relatives, transfer of guardianship occurred only for a handful (i.e., 25 or 17.5% over the four-year study period) raising concern about the long-term stability of these children's connections to family and community. The proportion of discharge to the responsibility of another agency (e.g., DDS or DMHAS) has fluctuated since CY '09, increasing from 8% in CY '09 to a little below 12% in CY '10, decreasing to 9% in CY '11, and increasing again to 10% in CY '12. Reviewers found one case where a youth who exited in the second quarter of 2011, appeared to have an extended period of wait time for transition to DMHAS. This youth had a planned transition from congregate care to therapeutic foster care (TFC), but ran from the home and possibly involved in human trafficking. Eventually, the youth requested a return to DCF care and was placed in a group home after staying in a STAR home. While this case is not necessarily dispositive, it illustrates some of the complexities and challenges that can impact planned transition to services provided by another agency.

Data for 15 - 37% of all children and youth who exited congregate care since January 2009, to legal discharge from the Department, did not identify the reason for their legal discharge. That is missing or incorrect placement and/or legal data in LINK is the reason why this information is unknown. Of those, until CY '12, about 20% had been in care for Voluntary Services, Juvenile Justice (JJ) or FWSN reasons, and most likely they were simply reunified at the termination of their time in care. Both the volume and proportion these children represent increased dramatically in CY '12 to 56%. Previously, almost 80% of children with insufficient information to determine the reason for their legal discharge were in care for child protection reasons, which decreased to 53% in CY '12, with a corresponding increase to 36% of youth with JJ status.

The change with JJ youth might be suggestive of changes in documentation practices that have exacerbated the problem for this group.

One section of the qualitative review tool inquired whether a child exited or discharged to a setting other than the one where they were identified to go. This answer was true for 11 of the 56 cases reviewed: 4 returned home, 2 went AWOL, 1 went to detention, and the remainder went to higher levels of care than intended. Comments from the reviewers of these cases suggested that there was variance in the reasons why a child/youth did not discharge to an identified placement. In one case, the plan changed from youth moving to a shelter while waiting for reunification to a planned transition to a relative home, who ultimately assumed guardianship.

Unfortunately, the remainder of these situations stemmed from several challenges, including the youth running away, youth being waitlisted for an intended program (e.g., TFC, Family and Community Ties (FACT), and Problem Sexual Behavior Group Home), and in one case a parent reunified with the child against DCF recommendations. Notably, as with the previous review, in no cases did reviewers feel that the identified child was "rushed out" of placement due to a directive or mandate from DCF administration. Although, in one case a child moved from Klingberg residential program to a group home instead of a FACT home because the program was closing and a FACT home was not available in a timely manner.

AWOLs remained the most common reason for a child/youth moving to a setting other than the one DCF intended. In one case, the reviewer stated that a bench OTC did not allow for any planning and may have been the main factor for the child running away. A bench OTC was issued on 1/24/12; he was placed at Kids in Crisis Shelter then went AWOL 1/27/12, and found in his bio parents' home two months later. In another case, a bench OTC was issued on 9/12/11; the youth went AWOL on 3/24/12 from the West Hartford Star Home and was found, it appears, while visiting his brother who had been admitted to the hospital. Risky and unsafe behavior was often observed in these youth. Use of substances, promiscuity, and even sexual victimization/assault/trafficking were noted in those cases where youth were routinely reported as AWOL. As also noted in the previous report, effective care planning and service implementation was often challenging for these youth given their runaway behavior and inconsistent living arrangements. There seem to be continued implication of the need to engage youth better and plan ways to support regular visitations, or placements as appropriate, with relatives/birth parents. Such proactive strategies might lessen those runaway behaviors and enable youth to be with their biological families in as safe a manner as possible.

Exits from Out-of-State Congregate Care Settings

The data revealed that most children who exit out-of-state congregate care settings move to another placement (above 63% for the last four calendar years). An increasing proportion of these children are discharged entirely from DCF care (27% in CY '09, to 36% in CY '12). Of those who remain in placement, the proportion returning to CT has steadily increased from 55% in CY '09, to over 75% in CY '12. Since CY '09, of those who remain out-of-state, all but a handful have consistently moved from one residential to another. By contrast, most of those who return to another placement in CT step down to a lower level of care. That proportion has remained relatively constant at about 57% from CY '09 to CY '11, but increased in CY '12 to over 74%.

Exits of Children 12 Years Old and Younger from Congregate Care Settings

Over the past couple years, the majority of children 12 and younger exiting congregate care move to foster care of all types (54% overall, of which 11% is kinship placement) or legal discharge to permanent family settings (20%). Exits to foster care and legal discharge to permanent family settings represented 95% of

destinations for children ages 0-6. These figures have remained fairly constant for the past four calendar years. In 2010, 53% of children in this group exited to a foster care setting, which increased to 55% in 2011, but declined slightly in CY '12 to 54%.

Unfortunately, it appears that the proportion of children exiting to the same or higher level of care has increased over the past two years. In 2009, that group represented about 16% of exits, but increased to over 20% in 2012, with the largest increase in children exiting to another setting at the same level of care. The proportion of children exiting to a lower level of care has increased slightly over the same timeframe (from a little below 61% to a little over 63%), but the proportion of children who discharge DCF care entirely decreased from over 23% to a little over 17%.

Of those children in this age cohort who exited to another placement, foster care (all types) has remained consistently the most frequent setting for the next placement (62% in CY '12). Increases to Safe Homes from 4% in CY '11 to 7% in CY '12, and hospitals from 9% in CY '11 to 12% in CY '12, were also observed.

From 2009 through 2012, 469 children ages 12 and younger who exited congregate care discharged DCF placement entirely. The majority of those legally discharged were to permanent family settings (92%), with almost 83% reunified home and 9% to families with transfer guardianships. A small number (18) of these discharges, however, did not have a determinable reason documented.

Exits from Temporary Congregate Care Settings

The smallest groups of youth exiting temporary congregate care moved either to another temporary congregate care setting (consistently about 5%) or Independent Living (about 1%). Conversely, the largest group (consistently between 77% and 79%) of those exiting temporary congregate care moved to some foster care setting, though in lesser proportions each year. In CY '09, the majority of exits were to foster care (52%) which has declined steadily to 37% in CY '12. A possible reason may be that, as the total number of children exiting congregate care settings has declined; those remaining may have more intractable issues continuing to require higher levels of services than can be provided in a family setting.

The next largest group consistently is children moving to other non-temporary congregate care settings. This group has increased over the past few years, from 19% in CY '09, to almost 33% in CY '12. Most often, these children move to group homes (about 44%) or residential treatment (about 39%), with handfuls going to either hospitals or DCF facilities.

The third largest group (usually a little over 20%) of children exiting temporary congregate care discharged DCF care entirely. Most of these (over 70%) consistently discharge to permanent family settings, most often (over 85%) reunified home.

How well are children exiting congregate care doing since their exit?

Stability of children is an important measure of their well-being following exit. One method for dealing with variance in observation periods is to construct a measure that looks for subsequent events at set intervals. In this instance, we looked for further moves within 90 or 180 days of exit (highlighted in green in chart below) for all those children who moved to a subsequent placement following their exit from congregate care. Other figures (highlighted in yellow in the chart below) are also presented, but they should be interpreted with caution due to the variance in observation time.

It is not surprising for this complex population, though disappointing, that about 28% of these children tend to move within 90 days of their exit, and another 13% move between 90 and 180 days. This figure declined somewhat to 24% for exits during CY '12. Given observed system improvements through implementation of DCF practice model and increased agency support and emphasis on more children specific planning (e.g., Unique Service Expenditure (USE) Plans), this might be the start of a more positive trend. Pre-placement visits to foster placements as well as bio-parents or guardians also appeared to be a factor in the child's stability after exit or discharge. Some of these visits included over nights and weekends providing opportunities for the child/youth to become more comfortable with the family prior to placement or reunification and for the future caregivers to understand better the child/youth's needs.

Table 1. Stability of Next Placement

Data	Exit Year	STILL IN NEXT	EXITED NEXT BUT NO FURTHER PLCMNTS	MOVED AGAIN < 90 DYS	MOVED AGAIN >=90<180 DYS	MOVED AGAIN >=180 DAYS	Grand Total
#	2009	58	772	661	297	524	2312
	2010	82	630	503	241	434	1890
	2011	143	455	408	191	288	1485
	2012	433	258	293	139	95	1218
%	2009	2.5%	33.4%	28.6%	12.8%	22.7%	100.0%
	2010	4.3%	33.3%	26.6%	12.8%	23.0%	100.0%
	2011	9.6%	30.6%	27.5%	12.9%	19.4%	100.0%
	2012	35.6%	21.2%	24.1%	11.4%	7.8%	100.0%
Total #		1064	716	2115	1865	868	1341
Total %		16.3%	10.4%	30.6%	27.0%	12.6%	19.4%

Reviewers for the first quarter 2012 (1Q12) sample, as in the previous review, observed that unplanned discharges frequently involved teens who were AWOL, and that such cases were particularly challenging. In addition, reviewers noted several examples where youth's clearly and repeatedly stated desire to be with their biological family went unheeded by DCF, and resulted in youth running away to be with their family. In some instance, these youth aged out of DCF care with no planned strategy for re-integration into their family or community. Recent initiatives such as Considered Removal Child and Family Team Meeting and Permanency Roundtables and Teaming might be approaches that will aid in reducing these types of unsatisfactory discharges.

The maintenance of safety for children who discharge DCF care following their exit from congregate care is another important measure. The below chart shows that over 90% of the children who discharge, including the CY '09 cohort, have not experienced any abuse or neglect substantiations since their discharge. Of those who experienced maltreatment, most were solely for reasons of neglect. While substantiations of abuse or neglect were not noted in the reviewed 1Q12 sample, there was one case of suspected human trafficking of a child during an AWOL episode.

Table 2. Incidence of Maltreatment Following Legal Discharge from Congregate Care Settings

Data	Exit Year	NO SUBST. REPORTS	SUBST. >= 365 DAYS FROM EXIT	<365 NEGLECT ONLY	<365 ABUSE ONLY	<365 NEGLECT & ABUSE	Grand Total
#	2009	784	33	38	4	4	863
	2010	754	28	26	1		809
	2011	705	15	11	2		733
	2012	681		13		1	695
%	2009	90.8%	3.8%	4.4%	0.5%	0.5%	100.0%
	2010	93.2%	3.5%	3.2%	0.1%	0.0%	100.0%
	2011	96.2%	2.0%	1.5%	0.3%	0.0%	100.0%
	2012	98.0%	0.0%	1.9%	0.0%	0.1%	100.0%
Total #		2756	2924	76	88	7	3100
Total %		95.1%	94.3%	2.5%	2.8%	0.2%	100.0%

Subsequent re-entry to care for children who legally discharged from DCF care is still another important measure of their continued well-being. The following chart shows that over 80% of children exiting congregate care who were under age 18 at the time of discharge from DCF care have not experienced re-entry. When re-entry occurred, it was most often within the first year following discharge, with a smaller proportion re-entering between 1 and 2 years post-discharge.

Table 3. Incidence of Re-Entry Following Legal Discharge from Congregate Care Settings

Data ²	Years	No Re-Entry	<= 365 Days	365 - 730 Days	>730 Days	Grand Total
#	2009	532	102	31	16	681
	2010	483	77	20	5	585
	2011	439	101	21		561
	2012	436	47			483
%	2009	78.1%	15.0%	4.6%	2.3%	100.0%
	2010	82.6%	13.2%	3.4%	0.9%	100.0%
	2011	78.3%	18.0%	3.7%	0.0%	100.0%
	2012	90.3%	9.7%	0.0%	0.0%	100.0%
Total #		1890	327	72	21	2310
Total %		81.8%	14.2%	3.1%	0.9%	100.0%

While the overall reentry percentage for children legally discharged from congregate care settings is relatively low, their rate in comparison to children legally discharged from foster care settings is nearly twice as high. Specifically, children discharged from a foster care setting have re-entry rates between 5% and 7% over the past four years, while those discharged from congregate care settings have one-year re-entry rates ranging from 13% to 18%. As one means to assess the reason for this difference, conducting research into the effect of varying amounts of time spent in congregate care across an episode's entire duration might be considered.

Exits from Out-of-State Congregate Care Settings

Since CY '09, the proportion of children exiting out-of-state congregate care to another placement who move again within 90 days oscillate between 25% and 19%, settling at a little over 18% in CY '12. Improvements had been observed in CY '11, for children who move between 90 and 180 days following their exit, but the

² Those cells highlighted in yellow on the table below should be considered preliminary as of the date of this report due to a lack of sufficient observation time.

existing data for CY '12, shows that a return to CY '09 and CY '10 levels is likely. Less than 3% of children legally discharged each year since CY '09, have experienced further substantiations of abuse or neglect, and less than 18% have re-entered DCF placement.

Exits of Children 12 Years Old and Younger from Congregate Care Settings

Stability did not appear to be impacted negatively for children who exited congregate care in 2011 or 2012, using 2009 as a benchmark. In 2009, 6.5% to 7.7% of the children who remained in care were identified to be in their same placement. In 2011, this percentage increased to 22%. For 2012, it was too premature to draw final conclusions from the data about placement stability beyond three months post-discharge due to a lack of observation time as of the date the data was drawn from LINK.

Furthermore, the data concerning the observational points (i.e., <90 days, >=90 <180, and >=180) that measure when children move do not appear to suggest that the efforts to return children to community-based care within the last two years have resulted in increased disruption for this cohort. To the contrary, the data indicate that in 2009 and 2010, the proportions of children who exited congregate care and had subsequent moves, at every point (i.e., <90 days, >=90 <180, and >=180), was greater in comparison to the cohort of children for 2011 and the first half of 2012.

With respect to the safety of this cohort, 82% were found not to have experienced subsequent substantiations for abuse and/or neglect during the period of CY 2009 to the 2nd quarter of 2012. Data for 2011 and 2012 revealed that the rate of no substantiations ranged from 86% in 2011 to 100% in 2nd quarter, 2012. For children ages 0-6, no abuse/neglect substantiations were observed since 2nd quarter, 2011. When repeat maltreatment occurred in 2011 and 2012, it was categorized as neglect.

Finally, the re-entry rates seemed to remain relatively stable from 2009, to the first half of 2012, with one exception. In 1st quarter, 2011, the percentage of children who did not re-enter decreased to 58%, the lowest level for this almost four year period. The rate rebound and in second quarter, 2012, it was 88%.

Exits from Temporary Congregate Care Settings

Since CY '09, a slightly increasing proportion (from 22% in CY '09 to 26% in CY '12) of children who exited temporary care settings to another placement move again within 90 days, and an additional 13% move again between 90 and 180 days. In CY '11, only 2, and in CY '12, only 1 of those legally discharged from DCF care experienced substantiations of abuse, though a few more had neglect substantiations. Almost 20% of those discharged during CY '09, and about 17% of those discharged in CY '10, experienced some form of abuse or neglect (almost all neglect). Further, almost 18% of those that exited to a legal discharge in CY '09, experienced re-entry in less than one year from their exit, which decreased to only 10% in CY '10, then increased to 16% in CY '11 and is 11%; to date for exits in CY '12, which is likely to increase a little at the end of the one-year observation period.

How well have the needs of children exiting from congregate care been met since their exit?

It is not possible to conduct a meaningful evaluation of the needs of children based on automated queries of LINK data; therefore, the qualitative review of the sample of exits from congregate care during 1Q12 solely supplied the following information. The review asked an initial set of questions of whether any of a cluster of specified services was needed, provided, and was provided timely. The following table shows the complete results from this set of questions.

Table 4. Services Identified, Implemented and Implemented in a Timely Manner

SERVICE CATEGORY	29 a - ac	30 a - ac	31 a - ac
	Was the service identified as need?	Was the service implemented?	Was the service implemented in a timely manner?
ADOLESCENT/ADULT SERVICES			
a. After-School Programs (excl. Ext. Day Tx)	Yes:12 (21%) No:44 (79%)	Yes:10 (80%) No:2 (20%)	Yes:10 (100%)
b. Assistance with Basic Needs	Yes:8 (14%) No:48 (86%)	Yes:8 (100%)	Yes:8 (100%)
c. Employment Services	Yes:8 (14%) No:48 (86%)	Yes:5 (63%) No:3 (37%)	Yes:5 (100%)
d. Life Skills/Adolescent Planning	Yes:16 (29%) No:40 (71%)	Yes:12 (75%) No:4 (25%)	Yes:10 (84%) No:1 (8%) UTD:1
e. Maintaining Family Ties	Yes:18 (32%) No:38 (68%)	Yes:18 (100%)	Yes:18 (100%)
f. Mentoring	Yes:23 (41%) No:33 (59%)	Yes:16 (70%) No:7 (30%)	Yes:15 (94%) No:1 (6%)
g. Post-Secondary Voc/Educ Program	Yes:2 (4%) No:54 (96%)	Yes:0 (0%) No:2 (100%)	
h. Respite	Yes:5 (9%) No:51 (91%)	Yes:5 (100%)	Yes:5 (100%)
i. Social Recreational Programming	Yes:14 (25%) No:42 (75%)	Yes:13 (93%) No:1 (7%)	Yes:13 (100%)
j. Supportive Housing/Housing	Yes:3 (5%) No:53 (95%)	Yes:1 (33%) No:2 (67%)	Yes:1 (100%)
k. Transportation Assistance	Yes:16 (29%) No:40 (71%)	Yes:15 (94%) No:1 (6%)	Yes:15 (100%)
BEHAVIORAL HEALTH SERVICES			
l. Behavior Management Planning and Support	Yes:34 (61%) No:22 (39%)	Yes:30 (88%) No:4 (12%)	Yes:29 (97%) No:1 (3%)
m. Evaluation: Domestic Violence	Yes:2 (4%) No:54 (96%)	Yes:1 (50%) No:1 (50%)	Yes:1 (100%)
n. Evaluation: Psychiatric	Yes:17 (30%) No:39 (70%)	Yes:15 (88%) No:2 (12%)	Yes:13 (87%) No:2 (13%)
o. Evaluation: Psychological	Yes:18 (32%) No:38 (68%)	Yes:17 (94%) No:1 (6%)	Yes:14 (82%) No:3 (18%)
p. Evaluation: Sexual Abuse	Yes:5 (9%) No:51 (91%)	Yes:5 (100%)	Yes:3 (60%) No:1 (20%) UTD: 1
q. Extended Day Treatment	Yes:10 (18%) No:46 (82%)	Yes:7 (70%) No:3 (30%)	Yes:7 (100%)
r. Counseling Services (Indiv., Family, Group)	Yes:50 (89%) No:6 (11%)	Yes:42 (84%) No:8 (16%)	Yes:39 (93%) No:3 (7%)
s. In Home Services	Yes:23 (41%) No:33 (59%)	Yes:18 (78%) No:5 (22%)	Yes:17 (94%) No:1 (6%)
t. Medication Management	Yes:36 (64%) No:20 (36%)	Yes:32 (89%) No:4 (11%)	Yes:31 (97%) No:1 (3%)
CHILD WELFARE SERVICES			
u. Family Advocacy	Yes:1 (2%) No:55 (98%)	Yes:1 (100%)	Yes:0 (0%) No:1 (100%)
v. Family Reunification Services	Yes:7 (13%) No:49 (87%)	Yes:7 (100%)	Yes:6 (86%) No:1 (14%)
w. Parent Aide Services	Yes:0 (0%) No:56 (100%)		
x. Supervised Visitation	Yes:19 (34%) No:37 (66%)	Yes:18 (95%) No:1 (5%)	Yes:18 (100%)
EDUCATIONAL SERVICES			
y. PPT or 504 Meeting	Yes:41 (73%) No:15 (27%)	Yes:37 (90%) No:4 (10%)	Yes:37 (100%)
z. Other	Yes:11 (20%) No:45 (80%)	Yes:9 (82%) No:2 (18%)	Yes:8 (89%) No:1 (11%)
PHYSICAL HEALTH SERVICES			
aa. Dental Care	Yes:23 (41%) No:33 (59%)	Yes:19 (83%) No:4 (17%)	Yes:17 (90%) No:2 (10%)
ab. Medical: Acute/Emergency Care	Yes:14 (25%) No:42 (75%)	Yes:14 (100%)	Yes:14 (100%)
ac. Medical: Chronic Condition/Illness	Yes:8 (14%) No:48 (86%)	Yes:7 (88%) No:1 (12%)	Yes:6 (86%) No:1 (14%)
ad. Medical: Routine Care	Yes:26 (46%) No:30 (54%)	Yes:25 (96%) No:1 (4%)	Yes:22 (88%) No:3 (12%)
OTHER COMMUNITY SERVICES			
ae. Responses included:	Yes:15 (27%) No:41 (73%)	Yes:10 (67%) No:5 (33%)	Yes:8 (80%) No:2 (20%)
Substance Abuse Eval/Treatment (8), JJ Services (2), Trauma Therapy (1), DDS Screen (1), FACT (1), Fatherhood Parenting (1)			

It is not surprising that each case reviewed had unique sets of needs for specific services, and only four services were observed to be needed in over half the cases reviewed. These services were Counseling Services, Pupil Placement Team or 504 Meeting, Medication Management, Behavior Management

Planning/Support. The review indicated that when services were identified, they were implemented at relatively high rates and almost all in a timely fashion. All but five of the assessed service types (Employment Services, Post-Secondary Ed/Vocational, Supportive Housing, Domestic Violence Evaluation and Other Community Services) were implemented more than 70% of the time, and all but two types (Sexual Abuse Evaluation and Family Advocacy) were implemented in a timely fashion more than 80% of the time.

A follow-up set of questions asked more broadly whether reviewers believed that various aspects of the children's placement settings and provision of services were appropriate given their needs. Reviewers believed in the vast majority of cases that both of these conditions were true, though more often with respect to settings than services. Reviewers found more concerns with whether a placement setting was in the best interest of a child than either proximity or restrictiveness. In one case, there was very little documentation regarding engagement with the child's parents or relatives, though he had been in care for almost two years with a goal of Reunification. In that case also, the department was unable to secure placement at the recommended level of care (therapeutic foster care) when the preferred program (FACT) was unable to provide a placement option for this youth.

Table 5. Appropriateness of Placement Setting

Appropriate Setting	Yes	No	Applicable Total	N/A	Total Reviewed
Proximity	37	3	40	16	56
Least Restrictive	50	1	51	5	56
Best Interest	44	6	50	6	56
Proximity	92.5%	7.5%	100.0%	28.6%	100.0%
Least Restrictive	98.0%	2.0%	100.0%	8.9%	100.0%
Best Interest	88.0%	12.0%	100.0%	10.7%	100.0%

Concerning the appropriateness of services, reviewers found the most issues with appropriateness of mental health services (72% appropriate) and the child's case goal (71% appropriate). The issues concerning mental health services included a lack of focus on youth's trauma exposure and securing trauma-informed services (which DCF has already been addressing through our practice model implementation), and premature reunifications that occurred before sufficient progress (or even establishment) of intensive therapeutic interventions had been achieved. In one case, it appeared to reviewers as though the child had considerable unresolved issues concerning the murder of her mother that was not effectively addressed by her therapists, but action was not taken to pursue other therapeutic options on her behalf.

The disconnect between child's case goal and a combination of child's needs, service delivery and lack of successful treatment seemed to be a primary issue. In one case, a child placed at Klingberg Family Center exited when it closed, and DCF did not follow the recommendation for a Level 2 Therapeutic Group Home, instead placed her in a therapeutic foster home. She was physically assaultive, sexually reactive, and did extensive property damage at the home, resulting in her placement in an alternate detention center where she is doing well in the highly structured setting. Another main barrier to reunification in that case was the lack of a Spanish-speaking therapist to work with the child's mother on her own issues.

Table 6. Appropriateness of Services

Appropriate Services	Yes	No	Applicable Total	N/A	Total Reviewed
Mental Health	33	13	46	10	56
Medical	36	3	39	17	56
Educational	41	5	46	10	56
Permanency	35	5	40	16	56
Case Goal	25	10	35	21	56
Mental Health	71.7%	28.3%	82.1%	17.9%	100%
Medical	92.3%	7.7%	71.4%	30.4%	100%
Educational	89.1%	10.9%	62.5%	17.9%	100%
Permanency	87.5%	12.5%	82.1%	28.6%	100%
Case Goal	71.4%	28.6%	71.4%	37.5%	100%

Consistent with the previous review, an important factor in identifying and meeting children's needs prior to discharge appeared to be solid partnership and alliance among the Department, providers, families and youth. Collaborative decisions that allowed for the family and youth's input, and aided the Department and providers to wrap around critical, individualized supports and services seemed to be essential in obtaining positive outcomes and stability. In many cases where outcomes were positive, Regional Resource Group (RRG) staff was utilized prior to discharge. The RRG staff collaborated with Child Protective Services (CPS) staff as well as facility staff from where the children or youth were being discharged. Besides discharge planning, the RRG staff was utilized for on-going assessments, reviewing clinical recommendations and ensuring in-home services prior to discharge. Many reviewers stated that the comprehensive assessments were completed with the assistance of RRG staff. The process for Early Warming and/or Team Decision Making was noted in several cases to have been extremely useful in identifying the most important needs, matching them to the best available services, and motivating all parties to work towards successful outcomes.

Exits from Out-of-State Congregate Care Settings

Reviewers noted strong casework with regard to discharge planning for almost all the children exiting out-of-state congregate care settings. In one case, DCF began teaming with senior managers and RRG staff several months prior to the youth's discharge. The teaming resulted in implementation of services in a timely manner, and DCF's support of the family financially to ensure a smooth transition of the child back into the home. DCF staff attendance at educational meetings to advocate for the child's needs was also noted as having positive impact on ensuring a stable reunification. In a few other cases, the Department ensured that the child was placed in close proximity to family members who were engaged as resources for the child, resulting in improvements in functioning and well-being.

In contrast, other cases reviewed did not present with similar success. In one example, a young man became a father while in an out-of-state residential center. In the two months between the time of discharge from the center and the time the case closed (against DCF advice), he was not enrolled in adult education or a parenting program, and was still not at all employed. Another example of youth that did not fare as well is those who exhibited various degrees of impulsive and criminal behavior. Several youth were arrested for assaultive behaviors following their discharge and were placed at CJTS.

Exits of Children 12 Years Old and Younger from Congregate Care Settings

Forty percent (40%) of these children were living with a parent or relative at the time of the review. This data seems to underscore the importance of and a clear benefit of involving family members not only as placement resources, but also in planning prior to discharge. For example, in one case involving a sibling group, the

department collaborated with the father and paternal relatives prior to discharge. The father agreed to have the children live with their paternal aunt who resided out of state. Regional Resource Group staff was identified trauma-informed outpatient services in the state where the aunt lived and put together necessary education plans prior to the move. Other cases further demonstrated that collaborating with providers and parents and pro-active case planning yield positive outcomes. One example of a positive change in the trajectory for a child as a result of collaboration and planning was the child reunifying with his mother after 5-years in placement. Narratives through case closing noted a positive reunification experience for both child and his mother.

In still other cases reviewed, it was determined that increased collaboration with family members might have resulted in the children avoiding placement in a foster home after exiting congregate care. As noted in other sections of this report, the recent implementation of Considered Removal Child and Family Team Meeting (CR-CFTM) is likely to reduce the number of cases where lack of family outreach is a major factor in a child entering care given the significant percentage of children who either are able to remain with their parents or are placed with a relative if needed. Furthermore, the CR-CFTM values and the focus on permanency for all children should permeate the planning for children and youth exiting congregate care settings.

Exits from Temporary Congregate Care Settings

Of all the cases, reviewers noted 5 (20%) cases where they believed that the setting was not in the youth's best interest. The main issue in three of these cases was that the services implemented had not yet made sufficient progress in addressing the youth's behaviors prior to discharge from the congregate care setting to ensure stability. Other cases involved youth refusing services or both services and placement options, and DCF was able to do little to re-engage them. In one case, the worker doggedly attempted to engage the youth and provide needed services, but such effort simply were not effective with that youth and he ultimately refused further services and returned to live with his mother against the advice of the department. Several other cases noted youth that refused to "buy into" services as well, so further efforts to develop our skills to engage these youth, as well as to provide services with which they are willing to work, should be enhanced across the agency.

In most cases, the reviewers found few problems with how well children's needs have been met since their exit from temporary congregate care setting in 1Q12. However, there were a few cases where both mental health and case plan goals were found to be problematic. As stated in earlier sections of the report, when teaming, utilization of all available resources, and engagement of family are strong, outcomes for these children seem to be much improved.

APPENDIX A: Quantitative Analysis Tables

Click [here](#) to access an Adobe Acrobat version of these tables.

APPENDIX B: Qualitative Review Instrument

Qualitative Review Questions for Congregate Care Exits Tool

Period under Review would include the 18 month period from six months prior to the discharge from congregate care in the 1st quarter 2012 through the year anniversary date of that discharge date in 1st quarter 2013.

1. Reviewer Name _____, _____ Last Name, First Name

2a. Date of Review: 4 / / 2013 (mm/dd/yyyy)

2b. SAMPLE GROUP: {Pre-filled}

3. LINK Case ID: {Pre-filled}

4. Child's Name: {Pre-filled}

5. Child's Person ID: {Pre-filled}

6. Child's Date of Birth: {Pre-filled} (Write-in corrected date only as needed)

7. Sex of Child: (LINK shows this child as {Pre-filled}; use check boxes below to correct data only as needed)

1. Male
2. Female

8. Race: (LINK shows this child as {Pre-filled}; use check boxes below to correct data only as needed)

1. American Indian or Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian
5. White
6. Unknown
7. Blank (no race selected in LINK)
8. UTD
9. Multiracial

9. Ethnicity: (LINK shows this child as {Pre-filled}; please use check boxes below to correct that data only as needed)

1. Hispanic
2. Non-Hispanic
3. Blank (no ethnicity selected in LINK)
4. Unknown

10. Area Office Assignment at close of PUR (or last assignment if case is closed as of date of review):

(LINK shows child assigned to the {Pre-filled}; use check boxes below to correct that data only as needed)

1. Bridgeport
2. Danbury
3. Milford
4. Hartford
5. Manchester
6. Meriden
7. Middletown
8. New Britain
9. New Haven
10. Norwalk/Stamford
11. Norwich
12. Torrington
13. Waterbury
14. Willimantic

11. Assigned Ongoing Services SWS (or SWS assigned on date of closure if case is closed as of date of review):

{Pre-filled} (Write-in corrected name only as needed)

12. Assigned Ongoing Services SW (or SW assigned on date of closure if case is closed as of date of review):

{Pre-filled} (Write-in corrected name only as needed)

13. Current Legal Status in 1st Quarter 2013: (check one)

- | | |
|---|--|
| 1. <input type="checkbox"/> Not Committed | 9. <input type="checkbox"/> DCF Custody Voluntary Services |
| 2. <input type="checkbox"/> 96 hour hold | 10. <input type="checkbox"/> TPR/Statutory Parent |
| 3. <input type="checkbox"/> Order of Temporary Custody | 11. <input type="checkbox"/> Probate Court Custody or Probate Court Guardianship |
| 4. <input type="checkbox"/> Committed Abuse/Neglect/Uncared for | 12. <input type="checkbox"/> Protective Supervision |
| 5. <input type="checkbox"/> Committed Delinquent | 13. <input type="checkbox"/> N/A - In-home CPS case with no legal involvement |
| 6. <input type="checkbox"/> Commitment/FWSN | 14. <input type="checkbox"/> N/A - In-home Voluntary Service |
| 7. <input type="checkbox"/> Committed Mental Health | 15. <input type="checkbox"/> Unknown or Pending |
| 8. <input type="checkbox"/> Dually Committed | |

14. Did this identified child have involvement with the criminal justice system (juvenile or adult) during the PUR?

1. Yes
2. No
3. N/A – In-home CPS or voluntary service case

15. Date of most recent entry into DCF care prior to discharge from a congregate placement in 1st quarter 2012?

{Pre-filled} (Write-in corrected date only as needed)

16a. Date of entry into the Congregate placement from which they discharged during 1st quarter 2012?

{Pre-filled} (Write-in corrected date only as needed)

16b. Date of exit from the Congregate placement from which they discharged during 1st quarter 2012?

{Pre-filled} (Write-in corrected date only as needed)

17. Type of Congregate Placement from which child was discharged during 1st Quarter 2012:

Link shows placement setting as ***{Pre-filled}***;
if incorrect then **check one below as needed**

- | | |
|---|--|
| 1. <input type="checkbox"/> CJTS | 9. <input type="checkbox"/> Out-of state residential setting |
| 2. <input type="checkbox"/> Group Home | 10. <input type="checkbox"/> PRTF - Sub Acute Facility |
| 3. <input type="checkbox"/> In state hospital setting (Medical) | 11. <input type="checkbox"/> Safe Home |
| 4. <input type="checkbox"/> In state hospital setting (Psychiatric) | 12. <input type="checkbox"/> Shelter |
| 5. <input type="checkbox"/> In-state residential setting | 13. <input type="checkbox"/> STAR Home |
| 6. <input type="checkbox"/> Out-of-state hospital setting (Medical) | 14. <input type="checkbox"/> Temporary Emergency Foster Care Placement |
| 7. <input type="checkbox"/> Out-of-state hospital setting (Psychiatric) | 15. <input type="checkbox"/> Other _____(specify) |

18. To what setting was this child intended to go next following their exit from the congregate placement during the 1st quarter 2012? (that was approved by ASO or management, as identified in the documentation in the six months prior to discharge) (check one)

- | | |
|---|--|
| 1. <input type="checkbox"/> In-state non-relative licensed DCF foster care setting | 13. <input type="checkbox"/> Temporary Emergency Foster Care Placement |
| 2. <input type="checkbox"/> In-state licensed relative DCF foster care setting | 14. <input type="checkbox"/> Shelter |
| 3. <input type="checkbox"/> In-state private provider foster care setting | 15. <input type="checkbox"/> PTRF - Sub Acute Facility |
| 4. <input type="checkbox"/> In-state residential setting | 16. <input type="checkbox"/> Safe Home |
| 5. <input type="checkbox"/> In state hospital setting (Medical) | 17. <input type="checkbox"/> STAR Home |
| 6. <input type="checkbox"/> In state hospital setting (Psychiatric) | 18. <input type="checkbox"/> Group Home |
| 7. <input type="checkbox"/> Out-of-state non-relative foster care setting | 19. <input type="checkbox"/> CHAP/TLAP |
| 8. <input type="checkbox"/> Out of state relative foster care setting | 20. <input type="checkbox"/> Detention center/CJTS |
| 9. <input type="checkbox"/> Out-of state residential setting | 21. <input type="checkbox"/> AWOL/Unknown |
| 10. <input type="checkbox"/> Out-of-state hospital setting (Medical) | 22. <input type="checkbox"/> N/A - In-home family case (no commitment) |
| 11. <input type="checkbox"/> Out-of-state hospital setting (Psychiatric) | 23. <input type="checkbox"/> N/A - Case closed |
| 12. <input type="checkbox"/> Home of biological parent, adoptive parent or legal guardian | 24. <input type="checkbox"/> Other _____(24a. specify) |

19. To what setting did this child actually go next following their exit from the congregate placement during the 1st quarter 2012? (check one)

- | | |
|---|--|
| 1. <input type="checkbox"/> In-state non-relative licensed DCF foster care setting | 13. <input type="checkbox"/> Temporary Emergency Foster Care Placement |
| 2. <input type="checkbox"/> In-state licensed relative DCF foster care setting | 14. <input type="checkbox"/> Shelter |
| 3. <input type="checkbox"/> In-state private provider foster care setting | 15. <input type="checkbox"/> PTRF - Sub Acute Facility |
| 4. <input type="checkbox"/> In-state residential setting | 16. <input type="checkbox"/> Safe Home |
| 5. <input type="checkbox"/> In state hospital setting (Medical) | 17. <input type="checkbox"/> STAR Home |
| 6. <input type="checkbox"/> In state hospital setting (Psychiatric) | 18. <input type="checkbox"/> Group Home |
| 7. <input type="checkbox"/> Out-of-state non-relative foster care setting | 19. <input type="checkbox"/> CHAP/TLAP |
| 8. <input type="checkbox"/> Out of state relative foster care setting | 20. <input type="checkbox"/> Detention center/CJTS |
| 9. <input type="checkbox"/> Out-of state residential setting | 21. <input type="checkbox"/> AWOL/Unknown |
| 10. <input type="checkbox"/> Out-of-state hospital setting (Medical) | 22. <input type="checkbox"/> N/A - In-home family case (no commitment) |
| 11. <input type="checkbox"/> Out-of-state hospital setting (Psychiatric) | 23. <input type="checkbox"/> N/A - Case closed |
| 12. <input type="checkbox"/> Home of biological parent, adoptive parent or legal guardian | 24. <input type="checkbox"/> Other _____(24a. specify) |

20. Briefly identify the process and action steps documented to secure the identified placement for this child in the quarter of discharge. You may supplement the ACR documentation with supervisory narratives and ARG consultation narratives during the period leading up to the discharge (approximately one month). Specify in the action step what was required and identify who was to be involved (e.g., Family Members, Behavioral Health Partnership/ ASO, Area Office Administration, Central Office, OFAS, etc.) Was the CANS submitted. Was TFH, private providers, and/or FASU/OFAS, etc. required to assist the SW? - be as brief and specific as you can.

21. Were any/all of the following involved in planning and/or executing the decision to discharge this child from the congregate placement during 1Q12?

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| a Child/Youth | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b Family Members | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c CT Behavioral Health Partnership /ASO | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d Area Office Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e Central Office Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| f Office of Foster and Adoptive Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| g Area Office Resource Group | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| h Dept of Developmental Services (DDS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i Dept of Mental Health and Addiction Services (DMHAS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| j Judicial Department | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| k Other State Agency/Agencies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| l Specify the "Other" State Agency/Agencies: | | | |

22. If this child did not discharge to the identified discharge placement setting, explain the DCF rationale documented for the decision made to change the intended placement setting?

23. How many placements are documented in LINK during the period of time from discharge in 1Q12 through the year anniversary date of that discharge in the 1st quarter 2013? (Distinct providers) _____

24. How many moves are documented in LINK during the period of time from discharge in 1Q12 through the year anniversary date in the 1st quarter 2013? (note: Physical location changes - include multiple shifts to the same provider as different counts; do not include medical or psychiatric hospitalizations of less than 7 days duration as a change in placement) _____

25. Current location of child at time of this review: (check one)

- | | |
|---|--|
| 1. <input type="checkbox"/> In-state non-relative licensed DCF foster care setting | 13. <input type="checkbox"/> Temporary Emergency Foster Care Placement |
| 2. <input type="checkbox"/> In-state licensed relative DCF foster care setting | 14. <input type="checkbox"/> Shelter |
| 3. <input type="checkbox"/> In-state private provider foster care setting | 15. <input type="checkbox"/> PTRF - Sub Acute Facility |
| 4. <input type="checkbox"/> In-state residential setting | 16. <input type="checkbox"/> Safe Home |
| 5. <input type="checkbox"/> In state hospital setting (Medical) | 17. <input type="checkbox"/> STAR Home |
| 6. <input type="checkbox"/> In state hospital setting (Psychiatric) | 18. <input type="checkbox"/> Group Home |
| 7. <input type="checkbox"/> Out-of-state non-relative foster care setting | 19. <input type="checkbox"/> CHAP/TLAP |
| 8. <input type="checkbox"/> Out of state relative foster care setting | 20. <input type="checkbox"/> Detention center/CJTS |
| 9. <input type="checkbox"/> Out-of state residential setting | 21. <input type="checkbox"/> AWOL/Unknown |
| 10. <input type="checkbox"/> Out-of-state hospital setting (Medical) | 22. <input type="checkbox"/> N/A - In-home family case (no commitment) |
| 11. <input type="checkbox"/> Out-of-state hospital setting (Psychiatric) | 23. <input type="checkbox"/> N/A - Case closed |
| 12. <input type="checkbox"/> Home of biological parent, adoptive parent or legal guardian | 24. <input type="checkbox"/> Other _____(24a. specify) |

In the period of time from identification for readiness for discharge, active planning toward those efforts in the 1st quarter 2012 through the end of the PUR, please use the available ACR data, case plan documentation and supervisory and consultation narratives to respond to the following series of questions related to assessment, identification of service needs and implementation of services to support the child's discharge plan:

26a-c. What is/are the approval date(s) of the case plan(s) utilized for this review? _____
 mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

27a-c. What is/are the date(s) of the ACRI or DCF 553 used for this review? _____
 mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

28a. What is the child or family goal stated on the most recent approved Case Plan in place during the period?

(check one)

- 1. Reunification
- 2. Adoption
- 3. Transfer of Guardianship
- 4. Long Term Foster Care with a licensed Relative
- 5. APPLA
- 6. In-Home Goals – Safety/Well Being Issues
- 7. Goal indicated is not an approved DCF Goal
- 8. UTD – Plan incomplete, unapproved or missing for this period

28b. For children in care, what is the concurrent goal on the most recent approved Case Plan in place during the period?

(check one)

- 1. Reunification
- 2. Adoption
- 3. Transfer of Guardianship
- 4. Long Term Foster Care with a licensed Relative
- 5. APPLA
- 6. In-Home Goals – Safety/Well Being Issues
- 7. Goal indicated is not an approved DCF Goal
- 8. UTD – Plan incomplete, unapproved or missing for this period
- 9. N/A - No Concurrent Goal specified on case plan

29 - 31: For each of the following services, please indicate if they were (Q29) put in place, (Q30) implemented, and (Q31) was service implemented in a timely fashion in relation to when identified as a need.

Q30 - Answer N/A if your response to Q29 was No Q31 - Answer N/A if your response to Q30 was No or N/A; Answer UTD when your response to Q30 was Yes, but you cannot find documentation allowing you to assess the timeliness of implementation.

SERVICE CATEGORY	29 a - ac	30 a - ac	31 a - ac
	Was the service identified as need?	Was the service implemented?	Was the service implemented in a timely manner?
ADOLESCENT/ADULT SERVICES			
a. After-School Programs (excl. Ext. Day Tx)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
b. Assistance with Basic Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
c. Employment Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
d. Life Skills/Adolescent Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
e. Maintaining Family Ties	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
f. Mentoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
g. Post-Secondary Voc/Educ Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
h. Respite	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
i. Social Recreational Programming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
j. Supportive Housing/Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
k. Transportation Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
BEHAVIORAL HEALTH SERVICES			
l. Behavior Management Planning and Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
m. Evaluation: Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
n. Evaluation: Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
o. Evaluation: Psychological	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
p. Evaluation: Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
q. Extended Day Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
r. Counseling Services (Indiv., Family, Group)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
s. In Home Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
t. Medication Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
CHILD WELFARE SERVICES			
u. Family Advocacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
v. Family Reunification Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
w. Parent Aide Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
x. Supervised Visitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
EDUCATIONAL SERVICES			
y. PPT or 504 Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
z. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD

PHYSICAL HEALTH SERVICES			
aa. Dental Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
ab. Medical: Acute/Emergency Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
ac. Medical: Chronic Condition/Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
ad. Medical: Routine Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD
OTHER COMMUNITY SERVICES			
ae. Please Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTD

32. Comment, as necessary on the service needs assessment and implementation in preparation for and in support of discharge from the congregate care setting(*if assessment was well done, poorly done, not done in relation to a specific area of need this is where you would comment as well as on the service identification and implementation*):

33. In your opinion, from the review of the ACR documentation, the case plans and/or LINK narratives read would you find that this child is currently in the appropriate setting to meet his or her needs,)

- a) Proximity Yes No N/A
- b) Least Restrictive Yes No N/A
- c) Best Interest of Child Yes No N/A

34. In your opinion, from the review of the ACR documentation, the case plans and/or LINK narratives read would you find that this child is currently in receipt of the appropriate services to meet his or her known priority needs as it relates to mental health services? Yes No N/A

35. In your opinion, from the review of the ACR documentation, the case plans and/or LINK narratives read would you find that this child is currently in receipt of the appropriate services to meet his or her known priority needs as it relates to medical services? Yes No N/A

36. In your opinion, from the review of the ACR documentation, the case plans and/or LINK narratives read would you find that this child is currently in receipt of the appropriate services to meet his or her known priority needs as it relates to educational services? Yes No N/A

37. In your opinion, from the review of the ACR documentation, the case plans and/or LINK narratives read would you find that this child is currently in receipt of the appropriate services to meet his or her known priority needs as it relates to permanency? Yes No N/A

38. In your opinion, from the review of the ACR documentation, the case plans and/or LINK narratives read would you find that this family is currently in receipt of the appropriate services to achieve the current identified case goals? Yes No N/A

39. Provide a short summary of the factors that contributed to any positive outcomes for this child following their exit from the congregate care placement during 1Q12:

40. Provide a short summary of the factors that contributed to any negative outcomes for this child following their exit from the congregate care placement during 1Q12:

APPENDIX C: Qualitative Review Analysis Tables

Click [here](#) to access an Adobe Acrobat version of these tables.

APPENDIX D: Review of Children that Exited an Out-of-State Congregate Care Placement Between 1/1/11 and 9/30/11 (DCF ORE, December 2011)

Data Request

12.9.11

Request Date: October, 2011

Completed Date: December, 2011

Request Details:

The Commissioner's office asked ORE to prepare a dashboard report that included the number of children placed in out-of-state congregate care placements in September 2011. The trend showed a considerable reduction in the point-in-time figures for these children during 2011, and ORE was asked to conduct a review of those children who exited from such placements during 2011 to find out where they had gone following this placement exit, and how they have been doing since that time.

Request Response:

Information for the 250 children who exited an out-of-state congregate care placement between January 1 and September 30, 2011 was extracted from LINK by ORE staff and categorized by whether they had moved into another placement, had been discharged from DCF care, or their outcome was unknown.

There were 110 children who had been discharged from DCF care or whose outcome was unknown, and each of their LINK records were reviewed to determine their placement status. If they had gone into another placement, data were collected on the type and geographic location of placement. If they were discharged, reviewers looked for documentation of services provided to the child/family at or following discharge, and whether or not they experienced any of a selection of adverse events following their discharge.

This population is a mix of children being served for protective, voluntary and juvenile justice (JJ) services. It should be noted that 38 (34.5%) of the 110 records reviewed concerned children who were involved in JJ episodes, and therefore have limited information available in the LINK database. Basic information concerning payments, placements and legal status are present in LINK for these children, but most narrative concerning services and other outcomes is maintained solely in CONDOIT. As ORE staff do not currently have client-level access to that system, we were unable to fully review the records for these 38 children.

1. From where did all children in out-of-state Congregate Care placements exit during CY '11 (from 1/1 - 9/30/11)?

- Most exits from out-of-state Congregate Care placements during this timeframe were from Residential placements (243, 97%), with the remainder from Group Homes (7, 3%).
- The largest group of youth exited from placements in Massachusetts (130, 52%), with an additional 9 in RI and 2 more in NY; for a total of 141 (56.4%) exiting from placements in a state bordering CT. The next largest group of children exited from placements in Pennsylvania (56, 22%), then 21

(8%) in Vermont, 11 (4%) in Maine, and a scattering of 6 or fewer across 9 other states as far away as Florida and Utah.

2. What happened immediately following their exit from these out-of-state placements, and was there any variance by age group in the immediate outcome for children exiting out-of-state Congregate Care?

- 161 (63%) of these children moved from one placement to another, while 89 (37%) were discharged from DCF care entirely.
- Children who stayed in care have significantly more previous placements (prior to the out-of-state placement from which they exited) than those that were discharged. The median number of previous placements for those who moved from one placement to another is 3, with an average of 4.7, while the median for those who were discharged is only 1, with an average of 2.3. The number of previous placements ranged for both groups from 0 to more than 20.
- The only noteworthy variance by age group is that those who exited at age 18 or older were discharged from DCF care completely at a higher rate than those of younger ages (47% compared to 34%).
- Of those who remained in care, children age 18 or older were more likely to enter some form of Independent Living arrangement rather than continuing in either a Group Home or Residential facility than those that exited at younger ages.

3. What kinds of placements did those who moved from the out-of-state placement to another go to, were the next placements located in CT or elsewhere?

- 161 (63%) of these children moved from one placement to another. Of these 161 children, the majority (109, 68%) were placed with a provider located in Connecticut. Forty children (25%) moved to another placement in the same state in which they were already placed, and 12 (7%) moved to a placement in another state's facility. Broken down by original placement type, the results are as follows:
 - 3 (2%) children moved from out-of-state Group Home care to another placement, of these:
 - 1 went to a CT Group Home
 - 1 went to a different out-of-state Group Home
 - 1 went to an out-of-state Residential Treatment program
 - 158 (98%) children moved from out-of-state Residential Care to another placement, of these:
 - 50 (32%) moved to another out-of-state placement
 - 44 (88%) moved to another out-of-state Residential placement
 - 2 (4%) moved to an out-of-state Group Home
 - 2 (4%) moved to an out-of-state Sub-Acute
 - 2 (4%) moved to an out-of-state Hospital (1 for medical, 1 for psychiatric reasons)
 - 108 (68%) moved to a placement in CT, of these:
 - 29 (27%) to a Group Home
 - 25 (23%) to a DCF Facility
 - 19 (18%) to a Residential facility
 - 12 (11%) to Independent Living
 - 9 (8%) to Foster Care (6 to Core, and 1 each to Relative, Special Study and Therapeutic)

- 14 (13%) to some form of temporary care (detention or Manson Youth, shelter, hospital, Safe Home or on Runaway status but with an open episode of care still as of the review)

4. How many of the children who exited out-of-state placements for other placements remained in that placement as of the date of the review?

- About 86% of the 161 children placed have not experienced any additional placement changes after exiting the out-of-state placement (i.e., the subsequent placement has been stable).
- Those that were moved to placements in CT maintained such stability at a lower rate (84%) than those placed in the same (90%) or other state (92%) from which their exit occurred.
- Predictably, those whose next placements were other Congregate or DCF Facilities had better stability (about 92% with no further moves) than those in either a setting designed to be temporary (10 of 16, or 63%) or foster care (3 of 9, or 33%).

5. For what reasons were children immediately discharged from DCF care following their exit from out-of-state-placement?

- 89 (37%) of these children were discharged from DCF care entirely, of these:
 - 85 (95.5%) children were discharged from out-of-state Residential care, of these:
 - 66 (78%) were Reunified
 - 10 (12%) were Transferred to Another Agency
 - 6 (60%) to DMHAS
 - 4 (40%) to DDS
 - For the most part, reviewers believe these youth to be doing well. One young adult remained in DCF care until age 21, following a lengthy history of 24 placements since age 10 due to extensive mental health issues. She actually continues to reside in the out-of-state DMHAS group home in which she has lived over the past year, and her exit actually represented only the end of DCF's legal responsibility for her. Though her parents' rights were terminated many years ago, she continues to have a good relationship with them and enjoys spending time with her grandmother and three sisters. In another example, the youth is residing in a DMHAS home while his worker helps find an apartment for him to live independently. At the same time he is getting help fighting a denial of SSI benefits, and is attending community college. In another example, however, a girl was placed in a newly established DDS group home with a couple of other girls and they were all arrested for fighting with each other within two months of placement.
 - 9 (10%) either ran away, were emancipated or living with another relative
 - 4 (4.5%) children were discharged from out-of-state Group Homes, of these:
 - 3 (75%) were Transferred to Another Agency (all to DMHAS)
 - 1 (10%) ran away in June and is currently whereabouts unknown

6. What services were provided to children at or following their discharge from DCF?

- Reviewers could not find documentation of services provided at or following discharge for over half (48, 54%) of the 89 children. Most of these children (33, 69%) without documentation were JJ cases whose primary database of record is CONDOIT and not LINK. At this time ORE staff do not

have client-level access to the CONDOIT system and so we could not explore further their records within the time available. We were, however, able to find documentation that about 32% of all those discharged received some form of behavioral health service, about 24% received some form of independent living service, and about 14% received a service related to ensuring their physical health. (Additional detail on specific services is available on request.)

- In some cases, having the right combination of services in place over long periods of time seemed to help maintain a stable reunification. In one Voluntary Services case, a 15 year old girl with a history of trauma, mental health and developmental issues exited from a Massachusetts residential program after a year-long stay. Prior to her placement there she had been receiving in-home services from All Pointe and CRI, and they both resumed provision of services as she was preparing for and after her placement ended, though the exact mix of services provided was altered to better fit her current situation. WR funding was secured to ensure the availability of services, and her mother was able to secure DDS services upon her second application with the help of an advocate from the Office of Protection and Advocacy.

7. How many of the discharged children have not been the subject of any abuse/neglect reports since discharge?

- 66 (74%) of the 89 children discharged were under age 18 at the time of discharge. All but 11 of the 66 children discharged under age 18 have not yet had another abuse/neglect report since discharge. All but four of these 66 children were reunified or went to live with a relative, so there is insufficient information to detect a meaningful difference in the incidence of repeat allegations by discharge type.

8. How many of the discharged children have remained in their own homes since discharge?

- 66 (74%) of the 89 children discharged were under age 18 at the time of discharge. All but 4 of the 66 children discharged under age 18 have remained in their own homes since discharge. All but four of these 66 children were reunified or went to live with a relative, so there is insufficient information to detect a meaningful difference in the incidence of foster care re-entry by discharge type.
- One example of a stable reunification illustrates how persistent attempts to find the right match between service, family situation and need can bring positive outcomes. A 15 year old girl was reunified with her mother following an 18 month stay in a Residential Treatment Center (RTC) in Vermont, which was her only placement throughout the episode. She and her family participated in outpatient mental health treatment, including Multi-Systemic Therapy, and in the Y-US program regularly in an effort to prevent placement, though ultimately her behaviors became so out-of-control that it was necessary. The family's participation in her treatment was significantly limited by the distance to the RTC, and even though family sessions were offered on the weekends and DCF reimbursed their travel expenses, the family participated in only 6 family sessions during her stay there. Intensive Family Reunification, marriage counseling and then grief counseling (when father suddenly died) were then attempted to help facilitate and ensure a stable reunification, but the child and family reported little benefit. In spite of these barriers, a different family therapist was then employed with whom they all connected very well, resulting in the child's reunification in June. The case was closed in October as no further risk factors arose since the child's exit from care.

- One example of a re-entry that demonstrates the fragility of some reunifications is that of a 15 year old girl who was reunified with her mother from an RTC in Massachusetts. She had been in that placement for 9 months and had been in 7 previous placements during the preceding four years. Her mother called the Hotline less than a month after the girl returned home, requesting the child's removal, but then refused to meet with DCF and the case was closed. Three months after returning home, the teen overdosed on pills because she didn't want to move to Florida with her mother and wanted "people to feel bad for her." The teen's mother cooperated with the hospital, though not with DCF, and the family moved to Florida a few days later. Five months later, the teen again overdosed on pills in Connecticut after returning for a visit with a friend. Her mother was uncooperative, and the girl ran away from the hospital upon her release the following month. She was quickly arrested for assaulting a police officer and placed in a shelter, and several days later was remanded by the judge to detention. DCF is investigating to determine if she had been the victim of human trafficking. In this case, it appears as though short-term (about 2 months) of compliance with residential and reunification services was insufficient to overcome the significant amount of presenting issues, and the reunification was prematurely accomplished in order to allow the child to move with her mother to Florida.

9. How many of the discharged children have not experienced any other adverse event documented since discharge?

- Among the 89 discharged children, reviewers found no documentation describing any of the targeted adverse events following discharge for 53 (60%) of the children.. Almost all discharged children had no problems with unplanned pregnancy, substance abuse treatment compliance, suspensions/expulsions from school, or psychiatric hospitalizations. More children experienced problems with arrests/incarcerations, compliance with psychiatric medications and mental health treatment, but the most frequently observed issues (each documented for about 21% of discharged children) had to do with stability of housing and sufficient income for themselves or the families with whom they reside. (Additional detail on specific events is available on request.)
 - Some unstable living situations arise from adolescent assertions of independence, and the system's inability to successfully re-engage them during such times. In one example, a sixteen year-old with a history of 8 previous placements over 5 years and numerous mental health issues refused to return to his out-of-state placement while in CT at a court hearing. He moved in with his maternal grandmother against DCF advice, and his commitment was revoked not long after that time. Within a couple months, he refused to continue working with IICAPS, left his grandmother's home in June and reportedly has been couch-surfing and/or homeless ever since. Finally, he requested and was formally emancipated by the court in November.
 - Two of these youth were placed at the Manson Youth correctional center due to arrests for various offenses that occurred following discharge. One of these youth ,age 17.5, had run away from the placement during a home visit in order to attend a funeral, then refused to return to placement or cooperate with any DCF services so his commitment was revoked and custody returned to his mother. He actually was rarely at his home since that time, and ended up arrested for multiple charges including possession of marijuana and assault 3. He was placed at Manson Youth Institution on a \$100,000 bond, where he remained as of when the case closed in August because he was sentenced as an adult, and was not eligible for DCF Parole Services.