

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 4/1/11 and 6/30/11



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Office for Research and Evaluation (ORE)

DCF Regional/Area Office Quality Improvement Unit

DCF Regional /Area Office Administrative Case Review Unit

DCF Court Monitor's Office

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Executive Summary

Introduction

Early in 2012, the current administration of the Department of Children and Families (DCF) initiated significant policy changes designed to reduce the agency's reliance on congregate care settings. Over the past several months, the department has received both informal and formal requests for information about children involved in these changes.

In response, the Office for Research and Evaluation (ORE) proposed a mixed-method evaluation strategy to monitor and report on outcomes for this population and the sub-populations requested by the *Juan F.* plaintiffs and other stakeholders. The quantitative approach provides relevant characteristics and trends for the population of exits from all Congregate Care settings since January 1, 2009 to allow for comparisons before and after the recent policy changes. The qualitative approach provides additional context and detail concerning observed case practice and service needs for a sample of 60 children that exited a Congregate Care setting between April 1, 2011 and June 30, 2011. That sample was divided into three sub-groups, as requested by the *Juan F.* plaintiffs, which included:

- 17 children ages 12 and under at the time of their exit from a congregate care setting;
- 20 children that exited an out-of-state congregate care setting;
- 23 children that exited a temporary (Safe Home or Shelter) congregate care setting.

Quantitative Trends for All Children-in-Placement (CIP) 1/1/09 - 6/30/12

- The overall population of CIP has steadily declined by about 22% since January 1, 2009;
- The proportion of CIP in congregate care has declined through this 18-month period, particularly since January 1, 2011 when it dropped from 28.7% to 24.6%.
- The number and proportion of children aged birth through 12 years in congregate care placement has declined by almost 60% since January 1, 2011, from 201 to 85.
- The number of children in out-of-state congregate care placements has decreased by 63% over this period, falling from 361 to 131.
- The number and proportion of children in temporary congregate care settings has declined by 32% since January 1, 2009, from a total of 197 on 1/1/09 to 134, due largely to the elimination of the Permanency Diagnostic Center (PDC) and a major reduction in Safe Home beds due to the Commissioner's directive that no children under the age of 6 should be placed in congregate care.

What are the characteristics of children exiting from Congregate Care?

Quantitative Trends for Congregate Care Exits 1/1/09 - 6/30/12

- Collectively, these children are very evenly and consistently split in terms of gender and race/ethnicity since 1/1/09.

- The proportion of younger children (ages <=12) exiting congregate care has been steadily decreasing since Calendar Year (CY) 2011 due to changes in DCF policy restricting the use of such settings for young children.
- Children who had longer lengths of stay appear to account for a larger proportion of those exiting since CY '09, suggesting an increased focus on providing care for these children in the community.

Quantitative Trends for Specific Sub-Groups of Congregate Care Exits

- Out-of-State: Children are slightly more frequently male, increasingly more Hispanic, and tend to be mostly over the age of 13. Most are exiting from residential settings, and over a third have lengths of stay longer than one year.
- Ages 0 - 12: These children were majority female and children of color (Hispanic or Black). They are mostly discharging from Safe Homes/PDC and their exit trajectory is largely to a family setting, including reunification, relative placements or foster care. Fifty-three percent (53%) of these children had lengths of stay 90 days or longer.
- Temporary Settings: Children are more frequently male, increasingly more Hispanic, and increasingly older since the CY11 policy changes restricting use of congregate care for those ages 0 - 12. They tend to have relatively short lengths of stay, though about a quarter are longer than 90 days.

Qualitative Review of 2Q11 Sample of Congregate Care Exits:

- Reviewers of the qualitative sample from children exiting congregate care during 2Q11 found some children exhibited:
 - A pattern of placement instability,
 - Victimization during runaway episodes,
 - A high rate of pregnancy among the girls reviewed, and
 - Several who were in care following a disrupted adoption.

These issues were not seen as dissimilar to those identified during the Court Monitor's review of Outcome Measures 3 and 15 (case planning and needs met).

Where do Children Exiting from Congregate Care go?

Quantitative Trends for Congregate Care Exits 1/1/09 - 6/30/12:

- An increasingly large proportion of exits (64% in CY09 to 70% in first half of CY12) result in either a step-down or discharge from DCF care entirely.
- Correspondingly fewer exits remain at the same level of care (25% in CY09 to 20% in first half of CY12), or step-up to a higher level of care (12% in CY09 to 11% in half of CY12)
- Most of those discharged from DCF care entirely are reunified with their family, with handfuls discharged to guardians or transfers to other agencies.

Quantitative Trends for Specific Sub-Groups of Congregate Care Exits 1/1/09 - 6/30/12:

- **Out-of-State**: Almost two-thirds of those who exit from out-of-state congregate care move into some other placement, of which about two-thirds are located back in Connecticut as of the first half of CY12. Most of those remaining out-of-state youth move from one Residential program to another, but those who return to Connecticut typically step-down to a lower level of care.

- **Ages 0 - 12:** Exits for young children from congregate care were to family based settings (i.e., foster care of all types and permanency exits). These two setting types represented 94.2% of the exit placements for youngsters ages six and under.
- **Temporary Settings:** The largest group moved from a temporary setting to some form of foster care, though in lesser proportions each year since 1/1/09. The next largest move to some other form of non-temporary congregate care, most often Group Homes or Residential, followed by those who are Reunified.

Qualitative Review of 2Q11 Sample of Congregate Care Exits:

- Reviewers found no cases in which they felt the identified child was "rushed out" of placement due to a directive or mandate from DCF administration. Many of the cases showed evidence of comprehensive collaboration between DCF and providers, or substantial work to identify and license appropriate Relative placement options.
- Reviewers did not find any cases where children moved to a different placement solely as a temporary location while waiting for an appropriate level of care.
- Reviewers also found some exits followed by runaway episodes, often characterized by use of substances, promiscuity, pregnancy, and even exposure to sexual victimization/assault. There is a need to better engage youth and devise planful means to support regular visitations, or placements as appropriate, with families of origin to which they often run.

How well are children exiting from Congregate Care doing since their exit?

Quantitative Trends for Congregate Care Exits 1/1/09 - 6/30/12:

- About 30% of these children tend to move again within 90 days of their exit, and another 13% move between 90 and 180 days.
- Over 90% of the children who exited, even as long ago as CY '09, have not experienced any substantiations of abuse or neglect since their exit from care.
- Over 80% of children (under age 18 at exit) who exited DCF care from a congregate setting have maintained the stability of their discharge by avoiding subsequent re-entry to DCF care. If re-entry occurs, most often it occurs within the first year following exit, with a smaller proportion re-entering between 1 and 2 years post-exit.

Quantitative Trends for Specific Sub-Groups of Congregate Care Exits 1/1/09 - 6/30/12:

- **Out-of-State:** Consistently since CY '09, less than 25% of children who exited from out-of-state congregate care to some other placement move again within 90 days, and an additional 13% move again between 90 and 180 days. Less than 3% of those who are discharged each year since CY '09 have experienced further substantiations of abuse or neglect, and less than 18% have ever re-entered DCF placement.
- **Ages 0 - 12:** This population has experienced increased stability over the past year and a half. A higher percentage of these children are remaining in their same placement upon exit and if they do move, the proportion during 2011 is less than that for 2009 and 2010. More importantly, relatively few substantiations or incidences of re-entry were observed for this cohort. The 2011 and 2012 data indicates that 94.7% of these children did not experience repeat maltreatment and 82.6% did not re-enter DCF care.

- **Temporary Settings:** About 25% of children who exited from out-of-state congregate care to some other placement move again within 90 days, and an additional 12% move again between 90 and 180 days. Only a handful have had neglect substantiations following their exit. Rates of re-entry for those legally discharged had declined from CY '09 to CY '11, but is rising again in CY1 '2 (at 12% to date).

Qualitative Review of 2Q11 Sample of Congregate Care Exits:

- Reviewers found that many of those youth who were discharged from DCF care over age 18 ended up returning to their families of origin with little preparation or planful 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 from Congregate Care been met since their exit?

Quantitative data from LINK was not available to answer this question, so the following points come solely from the qualitative review of a sample of 2Q11 congregate care exits.

- Reviewers found that the lack of substance abuse and fire-setting treatment provision were barriers to children otherwise ready to step-down to lower levels of care and/or return from out-of-state placement.
- There was a high incidence of pregnant females in the review sample, and narratives indicated a lack of available beds at Mi Casa and St. Agnes maternity homes. DCF should consider purchase of additional beds for this population.
- Youth discharged from Safe Homes did appear to have more planful discharge and service implementation than those from shelter or other congregate care settings reviewed.
- In-home services were not effective in several cases, and documentation of such progress in LINK was lacking.

Conclusion

The Department conducted this review to understand the impact of recent policy changes on the needs of children exiting congregate care. While the quantitative data show the decrease in the use of congregate care predates the current DCF administration, Commissioner Katz's initiatives have significantly accelerated these trends. Overall, however, reviewers found no cases in which they felt children were rushed out of placement due to a directive from DCF administration.

Many of the cases showed evidence of comprehensive collaboration between DCF and providers, or substantial work to identify and license appropriate relative placement options. However, many other cases demonstrated the challenges of trying to serve children with complex needs in community-based settings. While challenges do exist, these issues were not seen as dissimilar to those identified during the Court Monitor's ongoing quarterly reviews of Outcome Measures 3 and 15 (case planning and needs met).

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 4/1 - 6/30/11

Introduction

In June of 2011, over 1400 of Connecticut's children were in congregate care settings. As of July 2012, there were only 1052 children in such placements. 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 to create the necessary levers of change to reduce the number of children entering congregate care, decrease lengths of stay, to facilitate the return of children to family-based care, and for children residing in facilities out of state, to at a minimum, return them 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), 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.
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, recognizing the need for enhanced partnerships with its provider community, increased outreach to, engagement of and support for foster, adoptive and relative/kinship care placement options, and to ensure individualized, outcome oriented plans for children and their families.

Over the past year and a half, the department has achieved measurable success in reducing congregate care utilization and improving the volume of family based care placement, particularly with relatives. The department and other stakeholders have recognized the need to ensure that these reductions are not occurring in a manner that compromises the well-being of the children who have been discharged. To that end, in the fall of 2011, the DCF Office for Research and Evaluation (ORE) was asked to review all exits from out-of-state congregate care settings during Calendar Year (CY) 2011 (to date). Results from that

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):

analysis can be found in Appendix D of this report. The Connecticut (CT) Association of Nonprofits later sent a letter to the Commissioner of DCF on Feb. 27, 2012, requesting information on, among other items, the well-being and needs of children being returned to CT from out-of-state congregate care placements. The *Juan F.* Plaintiffs sent a letter dated March 16, 2012, requesting similar information about three specific cohorts of children exiting congregate care settings: (1) those being returned from out-of-state, (2) those aged 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.

Methods and Definitions

ORE staff formed a partnership with Regional and Area Office Quality Improvement and 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 approach would provide the most complete picture of these children, their needs and outcomes. The quantitative approach provides relevant characteristics and trends for the population of exits from all Congregate Care settings since January 1, 2009. The qualitative approach provides additional context and detail concerning observed case practice and service needs, based on a sample of 60 children that exited a Congregate Care setting between April 1 - June 30, 2011. The sample was divided into three sub-groups, as requested by the *Juan F.* plaintiffs, which included:

- 17 children ages 12 and under at the time of their exit from a congregate care setting;
- 20 children that exited an out-of-state congregate care setting;
- 23 children that exited a temporary (Safe Home or Shelter) congregate care setting.

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

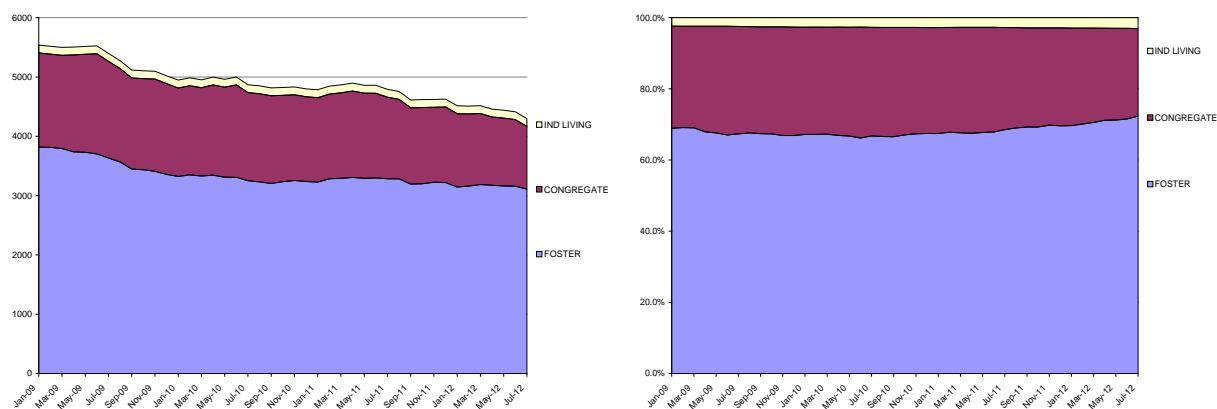
- Safe Home;
- Permanency Diagnostic Center (not currently utilized);
- STAF Home/Shelter;
- Group Home;
- Residential Treatment Center;
- Sub-Acute;
- Hospital (Medical or Psychiatric);
- Any DCF Facility, including High Meadows (now closed), The Connecticut Juvenile Training School (CJTS) and Solnit North/South (Formerly Connecticut Children's Place and Riverview Hospital, respectively).

ORE staff were 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 support from the CMO, then used that instrument to review a specified sample of children. ORE staff were then responsible for compiling the results from both methods of review into this report.

Quantitative Results

The quantitative results, representing the full universe of children exiting congregate care within the three identified categories, are organized around a series of questions that describe their characteristics, placement trajectories and outcomes. These results need to be observed in the context of significant changes occurring throughout the child welfare population, and especially in the population being served in Congregate Care settings.

The left-hand chart below shows that the overall population of children in placement has dropped by over 10% since January 2011 when the new DCF administration took over, but this was continuing a trend that shows a 22% drop since January 2009. A comparison of annual growth rates shows that the overall decline had begun to level off somewhat by the beginning of Calendar Year (CY) '10, with a 9% decrease in CY '09, followed by just over 3% declines in both CY '10 and CY '11. In CY '09 and CY '10, however, the proportion of those in Congregate Care settings declined by about 4%, but dropped by over 10% in CY '11 and by about 15% for the first half of CY '12. At the same time, the number of children in Foster Care continued to decline, though at a much slower pace than was previously seen. The Foster Care population declined by 12% in CY '09, but by only 2.6% in CY '10 and .2% in CY '11.



What are the characteristics of children exiting from Congregate Care?

Children exiting from Congregate Care settings since January 1, 2009, have tended to be slightly more male (average of 58%) than female (42%), and those figures have remained stable with only a slight (about 3%) increase in the male population over the past three quarters. There is a consistent and almost even split along racial lines, with just over 30% of those exiting these settings having Hispanic or White heritage, just under 30% Black, and about 6% of some other race/ethnicity.

Children ages 0 - 6 accounted for about 10% of those exiting these settings during CY '09 and CY '10, which then declined to about 5% of those exiting in CY '11 and less than 4% during the first half of CY '12. A similar pattern is seen for those ages 7 - 12, who accounted for about 17% of those exiting during CY '09 and CY '10, but only 12% in CY '11 and less than 10% so far in CY '12. This phenomenon is explained by the current administrations change in policy restricting the use of such settings for children in these age groups, which has dramatically decreased the number of new admissions to congregate care for such children and so also reduces the number and proportion of those that may exit within these age ranges.

The proportion of those exiting who are leaving Residential treatment has been increasing since the current administration's policy changes. In both CY '09 and CY '10, such children accounted for about 29% of all

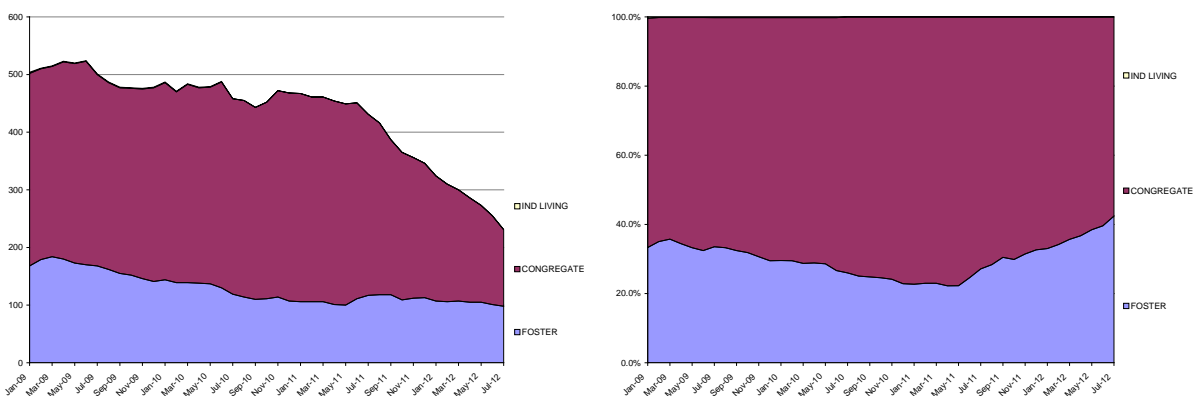
those exiting any form of congregate care. In CY '11, however, that figure rose to 35% and is at about 40% for the first half of CY '12. There were also very slight increases for Group Home and Shelter exits, and a definite decrease for PDC/Safe Homes from about 20% in CY '09-10, down to less than 10% for the first half of CY '12. The latter appears to be explained by the reduction in the need for those program models, especially for PDCs, which were eliminated entirely.

There appears to be a trend for children with longer lengths of stay accounting for a larger proportion of those exiting since CY '09. The proportion of those exiting who are in care for child protection reasons has definitely decreased, from 78% in CY '09 to about 70% in the first half of CY '12. There are corresponding slight increases in children exiting who are in care for Juvenile Justice and Voluntary reasons.

Exits from Out-of-State Congregate Care Settings

The landscape for children in out-of-state placement has also been changing significantly over the past few years. On January 1, 2009, there were over 500 children placed in out-of-state foster or congregate care settings, about 67% of which were congregate care placements. Between that time and January 1, 2011, the total volume decreased by just over 7% to 467 children, though the population of those in out-of-state congregate care actually increased by about 8%.

In the last 18 months, however, the total volume has been cut in half. As of July 1, 2012, there were only 231 children in out-of-state placement, of which only 131 (58%) were in congregate care. This represents a dramatic 63% decrease in children in out-of-state congregate care since January 1, 2011.



Children and youth exiting out-of-state congregate care have consistently been about 67% male, though that figure rose to about 75% during the first half of CY '12. The biggest group of these children are White, consistently averaging around 35% each year since CY '09. Black children had been the next largest group in CY '09 at 33%, with Hispanics at about 26%, but these groups have switched. During the first half of CY '12, Hispanics represented almost 40% of the population and Black children were only about 24%. The majority of this group has consistently been over the age of 13, with only a handful under that age.

Almost all children who exit from an out-of-state congregate care setting are leaving some form of Residential program, with only about 3% leaving a Hospital and another 3% from a Group Home setting. They have also tended to have long lengths of stay, with over 35% having had longer than one year in the placement from which they exited. This figure increased during the first half of CY 12 to over 63%. Also,

most of these children are in placement for child welfare reasons (consistently around 67% since CY '09), with the remainder split between Juvenile Justice and Voluntary cases.

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

Demographically, the exiting children in this age cohort have been majority female (62.1%). Fifty-nine percent (59%) of this population were children of color with 33.1% Hispanic and 25.9% Black. Whites represented 33.2% of the total children 12 and under who exited from congregate care. For children ages 6 and under, from the period of 2010 -2011, there has been a considerable increase in the average percentage of White children exiting (38.7%) versus that for 2009 (25.9%).

The proportion of stay lengths that are 90 days or longer has steadily increased for this cohort. During 2009, 32% of the length of stay days were over 89 days. In 2010 this rose to 41%. During 2011, it was 53%. The LOS for children ages 6 and under has presented with a similar pattern over the same period of time.

Finally, nearly ninety-six percent (96%) of the children had cases classified as Out of Home, followed by Voluntary at 4.1%. There was only one record identified as Juvenile Justice.

Exits from Temporary Congregate Care Settings

Children exiting from temporary congregate care settings, which includes either Permanency Diagnostic Centers (PDC), Safe Homes or Shelters, have consistently been slightly more male (53%) than female since CY '09. They have been slightly more Hispanic (35%) than White (30%), while the proportion of Blacks has varied from 28% in CY '09 to 25% in CY '11, but was up to 32% in the first half of CY '12.

This population aged somewhat between CY '09-10, with those ages 7 - 12 representing about 32% each year, but those ages 0 - 6 going from 27% in CY '09 to 22% in CY '10, and those 13 and older going from 41% in CY '09 to 46% in CY '10. The current administration's policies concerning the use of congregate care for children ages 12 and under has dramatically changed this landscape. In particular, children ages 0-6 exiting temporary settings dropping to 9% in CY '11 and 4.4% in the first half of CY '12. For children ages 7 – 12, that has dropped to about 26% in CY '11, but was only at 19.4% in the first half of CY '12.

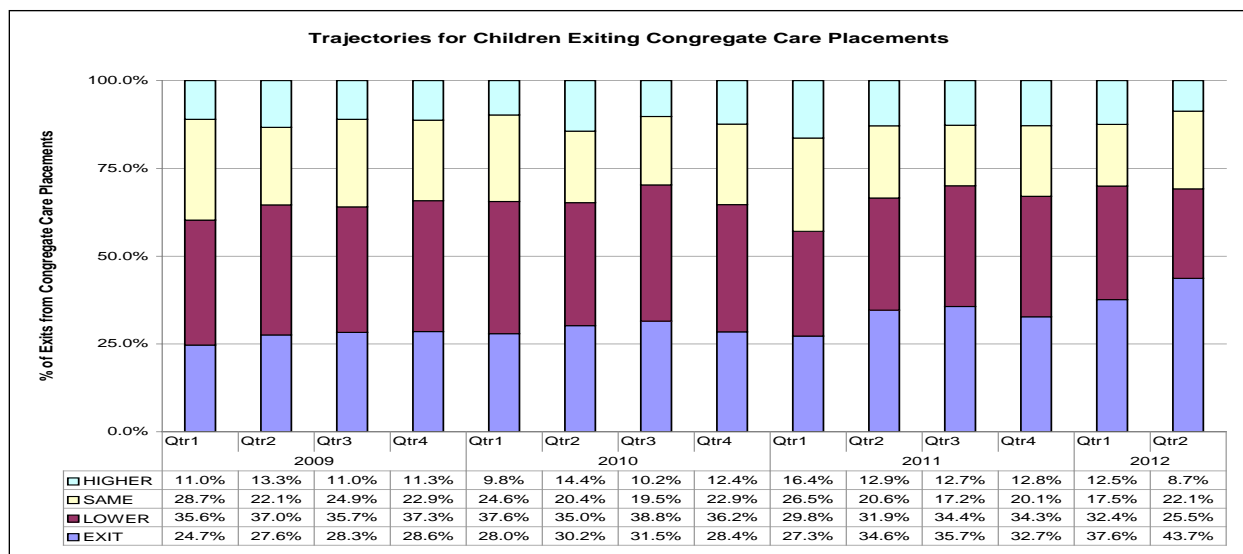
DCF's use of these settings types was very consistent between CY '09 and CY '10, averaging just over 130 children in PDCs or Safe Homes, and about 90 children in Shelters. As of CY '11, however, while Shelters utilization diminished slightly to an average of about 80 children on any given day, the use of PDCs/Safe Homes declined from about 80 children in CY '11 to about 59 in the first half of CY '12.

The majority of those who exit these settings have tended to have relatively short lengths of stay, though often not as short as is defined by the program models. About 75% of all exits from temporary congregate care in CY '09 had lengths of stay less than 90 days. There were fewer in both CY '10 (63%) and CY '11 (57%), but the first half of CY '12 has seen a slight rise back up to about 59%.

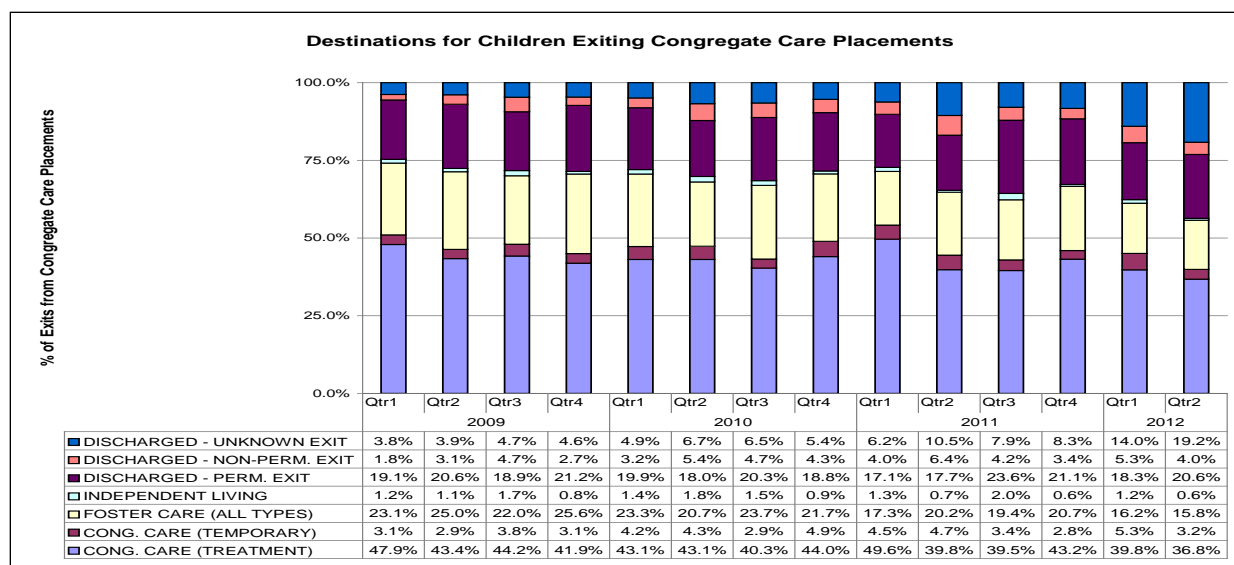
Where do Children Exiting from Congregate Care go?

Since January 2009, just about two out of every three children exiting from congregate care consistently either exit from DCF placement altogether or step-down to a lower level of care. In CY '09 almost a quarter of children remained at the same level of care, but that level dropped to about 21% for the next two calendar years. About 12% of children stepped-up to a higher level of care in CY '09 and CY '10, but that

proportion increased to just under 14% in CY '11. The following chart shows the trend for children moving from one level of care to another, remaining at the same level, or exiting from care entirely. The ordering of placement types is as follows for the purposes of this chart: 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).



The largest group (~ 43%) of children who exit from a congregate care setting move into some other form of congregate care treatment (i.e., group home, residential, sub-acute or hospital) setting. An increasingly large proportion of exits from congregate care have been to some form of legal discharge, from about 27% in CY '09 to 33% in CY '11. Most of the increase appears to be from exits to either non-permanency (e.g., emancipation or 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 those who step-down to some form of Foster Care (i.e., DCF, Kinship or Therapeutic). Such exits represented almost 24% of those exiting in CY '09, but only 19% of those exiting in CY '11. The chart below shows the detailed patterns of change for each form of next placement type or discharge.



For those children who exited DCF placement entirely, the majority (over 60%) tend to be discharged to some form of permanency, most often reunification and a few others residing with relatives/guardians. Of those few who end up with relatives, only a handful actually result in a transfer of guardianship so there is some concern about the long-term stability of such children's connections to family and community. The proportion of exits transferred to the responsibility of another agency (e.g., DDS or DMHAS) has shifted back and forth since CY '09, rising from 8% in CY '09 to over 12% in CY '10, then falling back to 8.5% in CY '11. Case reviewers found several cases where children who exited in the second quarter of 2011 appeared to be waiting for transition to DMHAS for extended periods of time. It would appear that improvements to the system to better facilitate more timely inter-agency transition might be in order.

Anywhere from 15 - 25% of all those who exited congregate care since January 2009 and were discharged are missing data that identifies the reason for their legal discharge. Of those, about 20% had been in care for Voluntary, Juvenile Justice or FWSN reasons, and most likely they were simply reunified at the termination of their time in care. Almost 80% of those where there was insufficient information to determine the reason for their legal discharge were in care for child protection reasons. This would suggest that some form of missing or incorrect placement and/or legal data in LINK is the reason why this information is unknown.

Question #28 of the qualitative review tool, which was used to evaluate the sample of 60 children exiting from congregate care, inquired into whether a child was discharged into a setting other than the one in which they were identified to go. Comments from the reviewers of these cases suggested that there was variability in terms of the reasons why a child/youth did not discharge to an identified placement. In the more positive scenarios, the changes were due to solid collaboration between the Department and community providers whereby face to face information exchange and clinical consultation resulted in better placement decisions. Significantly, there were no cases in which reviewers felt the identified child was "rushed out" of placement due to a directive or mandate from DCF administration.

The prioritization and resulting increased use of relative placements was also a theme that emerged with respect to why a child went to an alternative discharge setting. In some instances, the ability to reunify a

child or the availability of a family based resource (e.g., therapeutic foster care) were the identified care options to where children were subsequently placed.

AWOLs, particularly for adolescents, however, presented at the other end of the spectrum in some instances. Risky and unsafe behavior was often observed in these youth. Use of substances, promiscuity, pregnancy, and even sexual victimization/assault were noted in those cases where youth were routinely reported as AWOL. For these youth, effective care planning and service implementation was often challenging given their runaway behavior and inconsistent living arrangements. Also, there seem to be implication of the need to better engage youth and devise planful means to support regular visitations, or placements as appropriate, with relatives/birth parents. Such proactive strategies might lessen those runaways that are happening so that youth can be with their biological families.

Finally, youth's engagement and their receptivity to their discharge plan impacted their placement trajectory. Youth's refusal to go to identified placements was another reason why there would be a change in their care level.

Exits from Out-of-State Congregate Care Settings

Most of those who exit from out-of-state congregate care settings move into some other placement (above 65% for the last three calendar years). Of those who remain in placement, the proportion who return to placement in Connecticut (CT) has steadily increased from almost 53% in CY '09 to over 65% in the first half of 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 are stepping down to a lower level of care. That proportion has been relatively stable at around 57% during each of the last three calendar years, but has so far in CY '12 been much higher at over 78%.

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

As would be hoped, the majority of the exits for children 12 and under from congregate care over the past few years have been to family settings (i.e., foster care of all types (53.5%) and permanency exits (20.1%). Foster care and permanency exits represented 94.2% of the exit placements for children ages 0-6. For the cohort of children under 13, the 2011 and 2012 data indicated that the average foster care placement rate was 55.8% and 54.8%, respectively.

The percentage of exits to foster care has been relatively similar for the past three and a half years. In 2009, the average foster care placement percentage was 53.6%, which increased to 55.8% in 2011, but declined slightly for the first two quarters of 2012 to 54.8%.

For this cohort, 9.5% exited to a setting at the same level, while 8.4% went to a higher level of care. During 2009 and 2010, the average percentage of children in this age cohort who exited to a lower level was under 60. In 2011, this has increased to just under 63%. For the 1st quarter of 2012, 65.7% of the discharged children exited to a lower level setting.

Of those children who exited to another placement, foster care (all types) was identified as the top setting at 54.2%. All possible congregate care settings, including medical (7.8%), made up the balance.

From 2009 – the 2nd quarter of 2012, 475 children ages 12 and under who were discharged from congregate care left placement. The majority of those exits were to some form of permanency exit

(91.6%), and almost 83% of those exits resulted in reunification. A small number (21) of these discharges without a placement were for indeterminable reasons.

Exits from Temporary Congregate Care Settings

The largest group of those exiting from temporary congregate care end up moving to another placement; the majority of whom move consistently to some form of foster care, though in lesser proportions each year. In CY '09, this group that moved to foster care was actually a majority (52.4%) of those exiting. That figure, however, has declined steadily to only 36% in the first half of CY '12.

The next largest group are those who move into some other form of congregate care. This group has increased over the past few years, from 19% in CY '09 to just over 29% in the first half of CY '12. Most often these children move into Group Homes (about 45%) or Residential treatment (about 38%). The next biggest group (just over 20%) of those exiting temporary congregate care leave DCF care entirely. Most of these (over 75%) exit to some form of permanency, most of which (over 80%) are Reunified. The remaining handful of youth (consistently about 5%) move to some other temporary congregate care setting.

How well are children exiting from Congregate Care doing since their exit?

Stability of children exiting from congregate care to another placement is an important measure of their well-being following exit. One method for dealing with varying 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) for all those children who moved into a subsequent placement following their exit from congregate care. Other figures (highlighted in yellow) are also presented in the table below, but they should be interpreted with caution due to the variance in observation time.

About 30% of these children tend to move again within 90 days of their exit, and another 13% move between 90 and 180 days. Reviewers for the 2Q11 sample of exits noted that unplanned discharges of frequently AWOL teens from shelters, and in some cases residential treatment, were particularly difficult cases. Reviewers saw several examples where there were months of evidence in which the youth's clearly stated desire to be with their biological family went unheeded by DCF, only for the youth to end up with the family after going AWOL or aging out of DCF care with no planful means for re-integration into their family or community. Further methods for stabilizing these children's placements should continue to be explored by DCF.

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	88	776	694	316	527	2401
	2010	192	615	537	251	386	1981
	2011	375	403	422	186	161	1547
	2012	409	70	110	16		605
%	2009	3.7%	32.3%	28.9%	13.2%	21.9%	100.0%
	2010	9.7%	31.0%	27.1%	12.7%	19.5%	100.0%
	2011	24.2%	26.1%	27.3%	12.0%	10.4%	100.0%
	2012	67.6%	11.6%	18.2%	2.6%	0.0%	100.0%
Total #		1064	1864	1763	769	1074	6534
Total %		16.3%	28.5%	27.0%	11.8%	16.4%	100.0%

The maintenance of safety for children who have left DCF care following their exit from Congregate Care is another important measure to consider. Fortunately, only a few children have experienced additional substantiations of abuse or neglect. Moreover, the chart below shows that over 90% of the children who exited, even as long ago as CY '09, have not experienced any substantiations of abuse or neglect since their exit from care. Of those who did experience maltreatment, most were solely for neglect issues. While substantiations of abuse or neglect were not noted by Reviewers for exits reviewed in the 2Q11 sample, there were several cases where children were sexually assaulted while on runaway episodes. None of these cases involved sex trafficking specifically, but as part of the initiative to deal with that issue DCF has been increasing work with providers and police departments to raise awareness of the risks for runaway youth.

Data	Exit Year	NO SUBST. REPORTS	SUBST. >= 365 DAYS FROM EXIT	<365 NEGLECT ONLY	<365 ABUSE ONLY	<365 NEGLECT & ABUSE	Grand Total
#	2009	820	30	41	4	4	899
	2010	784	21	27	1		833
	2011	740	3	8	2		753
	2012	412		2			414
%	2009	91.2%	3.3%	4.6%	0.4%	0.4%	100.0%
	2010	94.1%	2.5%	3.2%	0.1%	0.0%	100.0%
	2011	98.3%	0.4%	1.1%	0.3%	0.0%	100.0%
	2012	99.5%	0.0%	0.5%	0.0%	0.0%	100.0%
Total #		2756	54	78	7	4	2899
Total %		95.1%	1.9%	2.7%	0.2%	0.1%	100.0%

Further, subsequent re-entry to care for children who exited from DCF care is another important measure of their continued well-being. The following chart shows that over 80% of children (under age 18 at exit) who exited DCF care from a congregate setting have maintained the stability of their discharge by avoiding subsequent re-entry to DCF care. If re-entry occurs, most often it occurs within the first year following exit, with a smaller proportion re-entering between 1 and 2 years post-exit.

Please note that 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.

Data	Exit Year	No Re-Entry	Re-entered <365 Days	Re-entered 365 - 730 Days	Re-entered >730 Days	Grand Total
#	2009	563	103	31	14	711
	2010	506	79	19		604
	2011	487	86	4		577
%	2009	79.2%	14.5%	4.4%	2.0%	100.0%
	2010	83.8%	13.1%	3.1%	0.0%	100.0%
	2011	84.4%	14.9%	0.7%	0.0%	100.0%
Total #		1556	268	54	14	1892
Total %		82.2%	14.2%	2.9%	0.7%	100.0%

It should also be noted that children who are legally discharged from a congregate care setting tend to re-enter DCF care within one year almost twice as frequently as those who are discharged from a foster care

setting. Further research into the effect of varying amounts of time spent in congregate care across an episode's entire duration should be done to examine this issue more closely.

Exits from Out-of-State Congregate Care Settings

Consistently since CY '09, less than 25% of children who exited from out-of-state congregate care to some other placement move again within 90 days, and an additional 13% move again between 90 and 180 days. Less than 3% of those who are discharged each year since CY '09 have experienced further substantiations of abuse or neglect, and less than 18% have ever re-entered DCF placement.

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

There does not appear to be a negative impact on stability for those children who exited during 2011 or 2012. For example, for the cohort who were in congregate settings in 2009, between 4%-8% of the children who were still in care were identified to be in their same placement. In comparison, 20.3% of the children who were in congregate settings during the first quarter of 2011 and 50.0% of the children who were in congregate settings during the fourth quarter were still in the same placement.

Next, while in 2009 and 2010 the relative proportion of this cohort had exited without further placement, the combined rate between those still in care and those who exited with no further placement was higher in 2011. It should be noted it is too premature to draw any conclusions on 2012 data as it represents only two quarters and it may not correctly represent the degree of stability for these children (for example, the 2nd quarter 2012 data indicates that 91.2% of the children were still in their placement at the time of analysis. Another quarter or two of data would be needed to more effectively evaluate the meaning of this information).

Furthermore, the data concerning the points when children did move does not appear to suggest that the efforts within the last eighteen months to return children to care in the community has resulted in increased disruption for this cohort. To the contrary, a review of the data indicates that in comparison to those who exited and had subsequent moves, the proportions for 2009 and 2010 at every point (i.e., <90 days, >=90 <180, and >=180), was greater than that for those who were part of the 2011 cohort.

Next, with respect to the safety of this cohort, 83.4% were found to not have experienced subsequent substantiations for abuse and/or neglect during the period of CY 2009 – the 2nd quarter of 2012. The data for 2011- 2012 revealed that the rate in which no substantiations happened ranged from 84.2% during the 1st quarter of 2011 through 100% within the 2nd quarter of 2012. With respect to those children ages 0-6, no abuse/neglect substantiations were observed since the 3rd quarter of 2010, when there were two instances. When repeat maltreatment did occur during 2011 and 2012, it was all categorized as neglect.

Finally, the re-entry rates seemed to remain relatively steady across 2009 – 2011. The only exception is the 1st quarter of 2011 where the percentage of children who did not re-enter dropped to 57.9%. This was the lowest level for this three year period. This rate, however, has recovered. During the last three quarters of 2011 the no re-entry level has ranged from 87.5% - 93.8%,

Exits from Temporary Congregate Care Settings

Since CY '09, consistently about 25% of children who exited from out-of-state congregate care to some other placement move again within 90 days, and an additional 12% move again between 90 and 180 days. None of those discharged from DCF care during CY '11 or the first half of CY '12 have experienced substantiations of abuse, though a few have had neglect substantiations. Almost 20% of those discharged

during CY '09, and about 16% of those discharged in CY '10, have experienced some form of abuse/neglect (almost all neglect). While almost 17% of those that exited to a legal discharge in CY '09 experienced re-entry in less than a year from their exit, only 10% did so from the CY '10 exit cohort. To date 12% of the children who exited a temporary congregate setting to a legal discharge during CY '11 have experienced a re-entry into care.

How well have the needs of children exiting from Congregate Care been met since their exit?

A meaningful evaluation of the needs of children is not possible to conduct based on LINK data, so the following information comes solely from the qualitative review of the sample of exits from congregate care during 2Q11. One set of questions from the review asked whether any of a set of specified services were identified, and/or provided in a timely manner. The following table shows the complete results from this set of questions.

Results show DCF did the best for youth with respect to Behavioral Health Services, Extended Day Treatment, Medically Fragile and Sexual Abuse Evaluation/Treatment. Problem areas included provision of Life Skills and Adolescent Planning Services, In-Home Mental Health Services and Substance Abuse services.

Identified Service Needed	Not Provided		Provided - Not Timely		Provided - Timely		Total Applicable
Behavioral Health Services	2	9.5%	0	0.0%	19	90.5%	21
Educational Planning Services	1	2.4%	4	9.5%	37	88.1%	42
Extended Day Tx Services	0	0.0%	0	0.0%	1	100.0%	1
Family Reunification Services	2	25.0%	2	25.0%	4	50.0%	8
Life Skills Adol Planning Services	18	90.0%	0	0.0%	2	10.0%	20
Maintaining Family Ties	6	46.2%	1	7.7%	6	46.2%	13
Mental Health-In-Home Services	8	72.7%	1	9.1%	2	18.2%	11
Mental Health-Outpatient Services	3	6.4%	5	10.6%	39	83.0%	47
Mentoring Services	8	47.1%	4	23.5%	5	29.4%	17
Parent Aide Services	0	0.0%	1	33.3%	2	66.7%	3
Physical Health - Medically Fragile Services	0	0.0%	0	0.0%	3	100.0%	3
Physical Health - Med. Mgmt Services	2	7.1%	0	0.0%	26	92.9%	28
Physical Health - Well Care Services	2	6.9%	1	3.4%	26	89.7%	29
Psychiatric Evaluation	3	30.0%	0	0.0%	7	70.0%	10
Psychological Evaluation	1	9.1%	0	0.0%	10	90.9%	11
Respite Services	0	0.0%	0	0.0%	1	100.0%	1
Sex Abuse Eval or Treatment Services	0	0.0%	0	0.0%	7	100.0%	7
Social/Recreational Services	4	33.3%	0	0.0%	8	66.7%	12
Substance Abuse Tx Services	8	53.3%	0	0.0%	7	46.7%	15
Supervised Visitation Services	5	33.3%	0	0.0%	10	66.7%	15

Under the qualitative review, there was a mixture of responses with respect to whether children's settings and services were appropriate. In a couple of cases, it was noted that youth were waiting to transition to DMHAS services. It was unclear if the wait was due to capacity or timing. When it was noted that services

were unmet, it seemed to be medical, dental and educational. This, however, did not appear to be an issue across the board.

In a few cases, the mental health needs of a parent seemed to impact the identification of and appropriateness of either the identification of a placement and/or services. It appeared that a parent's challenges sometimes complicated the planning and engagement necessary for timely and effective service implementation.

What also appeared to be an important factor for children's needs being identified and met prior to discharge was solid partnership and alliance between the Department, providers, families and the youth. In those instances, 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 to obtaining positive outcomes and stability.

Exits from Out-of-State Congregate Care Settings

Reviewers noted strong casework and outcomes in some cases for children who were being transitioned from DCF to either the care of the Department of Developmental Services (DDS) or the Department of Mental Health and Addictions Services (DMHAS). In contrast, not all of the cases reviewed presented with similar success. In particular, youth who have a history of AWOL behavior often do not fair as well.

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

The general best practice concepts that were noted for children returning from out of state and those exiting from congregate care settings also extended to this population. An example regarding how effective partnering and collaboration resulted in a positive change in the trajectory of a child within this age cohort is that of a youngster slated to reunify with his mother, but joint, proactive planning resulted in a coordinated decision and plan to utilize another option. Solid consultation between the DCF CPS staff, ARG, the Safe Home, and the parent's therapists supported that the child be placed first with his father rather than his mother as had originally been planned. The child was subsequently planfully transferred to his mother, with the qualitative review indicating that services had been secured for all family members.

Furthermore, efforts to support relative placements were noted in some instances for this population. In the case of a child with a 2008 date of birth, she was adopted by her aunt upon discharge from a Safe Home. Permanency Placement Services Program (PPSP) services were put in place to support this plan for adoption.

In another case, a youngster was placed with his maternal grandmother. The child received a MDE and services were put in place accordingly. The child, however, has continued to struggle at school. The qualitative review indicated that "since [he was] placed back into the home, despite appropriate services in place, there are continued concerns of youth's behaviors that are a risk to himself and others." The reviewer further notes that the department's identified goal is to stabilize the home.

These above cases seem to underscore the importance of solid case planning, effective community relationships, timely provision of supports and family engagement as key mechanisms to assist in promoting sound outcomes for young children who exit from congregate care setting.

Exits from Temporary Congregate Care Settings

Reviewers of the 2nd Quarter 2011 qualitative sample found that children exiting from Safe Homes appeared to have more planful discharges and service implementation than those from Shelters, or other congregate care settings. The delays due to the waiver process for approving/licensing relative care was identified as an initial barrier in a couple cases. Once those issues were resolved, successful relative placements were often the result. Given the efforts of OFAS to improve the foster care waiver process (e.g., lessen the rigidity of the licensing requirements), particularly for relatives, this should not present as a barrier for future cases.

APPENDIX A: Quantitative Analysis Tables

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

APPENDIX B: Qualitative Review Instrument

Points To Consider for Congregate Care Review

Welcome! We have 60 Cases to Review in 2 Days!!

The focus of this review involves a sample of 60 children who left congregate care settings during the 2nd Quarter 2011. The review will focus on the needs, planning and service provision of these children. We are looking at these issues for the period of time since the child was identified for discharge from congregate care (the placement from congregate care to another setting occurred in the 2nd quarter of 2011) through April 30, 2012. This review is focusing primarily on the ACR documentation and case plans. Supervisory and ARG consultation narratives would also be of critical nature to read. If there were reports accepted and investigated those would be necessary to read as well. Scanning narratives may be necessary, but a detailed review of each narrative entry on the CPS and provider narrative side should not be required to complete this review as if you were conducting an OM3 & OM15 review.

We estimate the time it takes to complete a review to be about 1.5 - 2 hours so that each reviewer should be able to complete 3 to 5 reviews if they are here both days. We will provide lunch both days at around 12:00. On Wednesday, we will reconvene at 1:30 to debrief on the process and overall themes identified.

Tuesday	Wednesday
Janice DeBartolo	April Brenker
Jayne Guckert	Erika Mongrain
Tracy Lovell	Janice DeBartolo
Juliann Harris	Jayne Guckert
Linda Madigan	Juliann Harris
Lori Franceschini	Marcy Hogan
Marcy Hogan	MaryAnn Hartmann
MaryAnn Hartmann	Melanie Kmetz
Melanie Kmetz	Michelle Turco
Michelle Turco	Nicole Dionis
Susan Marks Roberts	Susan Marks Roberts
Treena Mazzotta	Treena Mazzotta
Wanda Ladson	Wanda Ladson

Please remember that:

- The discharge date must have occurred in the 2nd Quarter of 2011 for this child to be included in this sample. If for some reason the child did not discharge from a congregate care setting between April 1 - June 30, 2011 then notify Fernando, Ray or Joni Beth of the need to disqualify the case from the review.
- You cannot review a case from your region, or with assigned workers or clients that you have had direct relationship.
- The review period ends on April 30, 2012.
- The tool is printed off in hard copy for your use should you want to use it. However, all responses are to be entered into the ORE SharePoint site that is accessed via the intranet at: <http://cqi.dcf.ct.gov/sites/CQI/ORE/default.aspx>
To open a new form, go to the left hand side of the site where you will see a bullet for the Qualitative Review of Congregate Care Exits Tool. Double click on this tool. This will open up the SharePoint site and you will see the electronic version of the tool. You just need to click "add new" which will open up a blank tool in which you can enter your responses; you can tab from field to field on the form as you go, click the first letter of the word or phrase of the preselected answer responses, and the answer will pre-fill for you. When you get to the bottom of the SharePoint form, click "save". If the form doesn't save, it means a required field was bypassed and needs to be filled in. You will need to review your responses. "" responses require an answer in the data field.
- JB, Ray, and Fernando are available throughout the days for questions.

Qualitative Review Questions for Congregate Care Exits Tool

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

2. Date of Review: ____/____/2012 (mm/dd/yyyy)

3. LINK Case ID: _____

4. Child's Name: _____, _____

5. Child's Person ID: _____

6. Child's Date of Birth: ____/____/____ (MM/DD/YYYY)

7a. Current legal status

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

7b. Does this identified child have involvement with the criminal justice system (juvenile or adult)?

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

8a. Is child in placement eligible for special education status?

1. ☐ Yes
2. ☐ No

8b. Does LINK educational icon, case plan or ACR documentation indicate that child has 504 protection?

Yes

2. ☐ No

1. ☐

9. Race (Child's or Family Case Name):

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

10. Sex of Child

1. ☐ Male
2. ☐ Female
99. ☐ N/A - In-home Case

11. Ethnicity (Child's or Family Case Name):

1. ☐ Hispanic
2. ☐ Non-Hispanic

3. ☐ Blank (no ethnicity selected in LINK)
 4. ☐ Unknown

12. Date of most recent removal episode? ____/____/____ (MM/DD/YYYY)

13. Date of entry into most current placement? ____/____/____ (MM/DD/YYYY)

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

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. ☐ UTD – Plan incomplete, unapproved or missing for this period
 8. ☐ Goal indicated is not an approved DCF Goal

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

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

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

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

In addition to narratives, identify the following documentation used for this review process

	Date of ACR	ACR SWS	Date of Approved Case Plan - Child	48 Hr/CTM Child	DCF-553 available	Date of Approved Case Plan - Family	48 Hr/CTM Family	DCF 553(F) available
18. a-h	/ /2011		/ /2011	Yes No	Yes No	/ /2011	Yes No N/A	Yes No N/A
19. a-h	/ /2011		/ /2011	Yes No	Yes No	/ /2011	Yes No N/A	Yes No N/A
20. a-h	/ /2012		/ /2012	Yes No N/A	Yes No N/A	/ /2012	Yes No N/A	Yes No N/A

21. Congregate Location of child prior to discharge during 2nd Quarter 2011

- | | |
|--|--|
| 1. <input type="checkbox"/> CJTS | 7. PRTF - Sub Acute Facility |
| 2. <input type="checkbox"/> Group Home | 8. <input type="checkbox"/> Safe Home |
| 3. <input type="checkbox"/> In state hospital setting | 9. <input type="checkbox"/> Shelter |
| 4. <input type="checkbox"/> In-state residential setting | 10. <input type="checkbox"/> STAR Home |
| 5. <input type="checkbox"/> Out-of state residential setting | 11. <input type="checkbox"/> Temporary Emergency Foster Care Placement |
| 6. <input type="checkbox"/> Out-of-state hospital setting | 12. <input type="checkbox"/> Other _____(specify) |

22. What level of care was identified for this child prior to their exit from the congregate placement location in the 2nd quarter 2011?

- | | |
|---|--|
| 1. <input type="checkbox"/> In-state non-relative licensed DCF foster care setting | 12. <input type="checkbox"/> Temporary Emergency Foster Care Placement |
| 2. <input type="checkbox"/> In-state licensed relative DCF foster care setting | 13. <input type="checkbox"/> Detention center/CJTS |
| 3. <input type="checkbox"/> In-state private provider foster care setting | 14. <input type="checkbox"/> Safe Home |
| 4. <input type="checkbox"/> In-state residential setting | 15. <input type="checkbox"/> Group Home |
| 5. <input type="checkbox"/> In state hospital setting | 16. <input type="checkbox"/> CHAP/TLAP |
| 6. <input type="checkbox"/> Out-of-state non-relative foster care setting | 17. <input type="checkbox"/> AWOL/Unknown |
| 7. <input type="checkbox"/> Out of state relative foster care setting | 18. <input type="checkbox"/> STAR Home |
| 8. <input type="checkbox"/> Out-of state residential setting | 19. <input type="checkbox"/> N/A - In-home family case |
| 9. <input type="checkbox"/> Out-of-state hospital setting | 20. <input type="checkbox"/> N/A - Case Closed |
| 10. <input type="checkbox"/> Home of biological parent, adoptive parent or legal guardian | 21. <input type="checkbox"/> Other _____(specify) |
| 11. <input type="checkbox"/> Shelter | |

23-27 a-ii. Briefly identify the participants, 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: Behavioral Health (ASO), Area Office Administration, Central Office, OFAS, or ARG involved? Was the CANS submitted, was TFH private provider, FASU, etc. required to assist the SW - be as brief and specific as you can.

	Action	ASO Involved?	AO Involved?	CO Involved?	OFAS Involved?	ARG Involved	CANS Submitted?	Outside Provider Involved?
23a-h		Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
24a-h		Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
25a-h		Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
26a-h		Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
27a-h		Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A

28. If child did not discharge to the identified placement level, explain what the rationale was for the decision made to change the level of care?

29. How many placements does LINK document during the period of time from discharge in 2Q 2011 through March 31, 2012? (Distinct providers) _____

30. How many moves does LINK document during the period of time from discharge in 2Q 2011 through March 31, 2012? (Physical location changes - may include multiple shifts to the same provider as different counts) _____

31. Current location of child at time of this review

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

In the period of time from identification for readiness for discharge and active planning toward those efforts in the 2nd quarter 2011 through the date of this review, please use the available ACR data, case plan documentation and supervisory and consultation narratives to respond to the following questions:

32. What individualized community provider service needs were identified for this child and family prior to their 2Q11 exit from a congregate care setting? Check all that apply.

- a. Behavioral Health Services
- b. Educational Planning/Services
- c. Extended Day Treatment
- d. Family Reunification Services
- e. Life Skills/Adolescent Planning
- f. Maintaining Family Ties
- g. Mental Health - In Home Services
- h. Mental Health - Outpatient Services (Individual, Family, Group)
- i. Mentoring
- j. Parent Aide Services
- k. Physical Health - Medically Fragile
- l. Physical Health - Medication Management
- m. Physical Health - Well Care
- n. Psychiatric Evaluation
- o. Psychological Evaluation
- p. Respite
- q. Sexual Abuse Evaluation and/or Therapy
- r. Social Recreational Programming
- s. Substance Abuse Treatment
- t. Supervised Visitation
- u. Other _____

33. What services were put in place to meet the needs of this child following their 2011 exit from a congregate care setting? Check all that apply and indicate if they were 1) put in place and 2) if it was timely to the discharge/exit from the congregate care setting or subsequent identification noted in proximity to the move.

Service Category	Question 33 a-u Was Service Put in Place			Question 34 a-u Timely to Discharge		
a. Behavioral Health Services	Yes	No	N/A	Yes	No	N/A
b. Educational Planning/Services	Yes	No	N/A	Yes	No	N/A
c. Extended Day Treatment	Yes	No	N/A	Yes	No	N/A
d. Family Reunification Services	Yes	No	N/A	Yes	No	N/A
e. In Home Services - Mental Health	Yes	No	N/A	Yes	No	N/A
f. Life Skills/Adolescent Planning	Yes	No	N/A	Yes	No	N/A
g. Maintaining Family Ties	Yes	No	N/A	Yes	No	N/A
h. Mental Health - Outpatient Services (Individual, Family, Group)	Yes	No	N/A	Yes	No	N/A
i. Mentoring	Yes	No	N/A	Yes	No	N/A
j. Parent Aide Services	Yes	No	N/A	Yes	No	N/A
k. Physical Health - Medically Fragile	Yes	No	N/A	Yes	No	N/A
l. Physical Health - Medication Management	Yes	No	N/A	Yes	No	N/A
m. Physical Health - Well Care	Yes	No	N/A	Yes	No	N/A
n. Psychiatric Evaluation	Yes	No	N/A	Yes	No	N/A
o. Psychological Evaluation	Yes	No	N/A	Yes	No	N/A
p. Respite	Yes	No	N/A	Yes	No	N/A
q. Sexual Abuse Evaluation and/or Therapy	Yes	No	N/A	Yes	No	N/A
r. Social Recreational Programming	Yes	No	N/A	Yes	No	N/A
s. Substance Abuse Treatment	Yes	No	N/A	Yes	No	N/A
t. Supervised Visitation	Yes	No	N/A	Yes	No	N/A
u. Other _____	Yes	No	N/A	Yes	No	N/A

35. Comment if necessary:

36. (a-f) How did the most current ACR rate the progress in the last six months, in alleviating the reasons for or issues of this child in placement at the time of the most recent ACR?

	Mother	Father	Guardian	Child	Caretaker	DCF
Fully Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almost Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderately Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Progress/Almost No Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A Child Returned Home (No DCF 553 at 6 months from Discharge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. In your opinion, from the review of the ACR documentation, the last two 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 |

- 37.d In your opinion, from the review of the ACR documentation, the last two 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

- 37.e In your opinion, from the review of the ACR documentation, the last two 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

37.f In your opinion, from the review of the ACR documentation, the last two 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.g In your opinion, from the review of the ACR documentation, the last two 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

37.h In your opinion, from the review of the ACR documentation, the last two 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

38. Provide short summary comment on your responses to Question 37a-37h:

39. Date of Exit from Congregate Care during 2Q2011: ____/____/2011

40. Quarter of Exit: 2Q/2011

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.