

Juan F. v Rell
Exit Plan

Civil Action No. H-89-859 (AHN)

**Exit Plan Outcome Measures
Summary Report**

August 2004

Submitted by:
Exit Planning Division
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Darlene Dunbar, MSW
Commissioner

DEPARTMENT of CHILDREN and FAMILIES
Making a Difference



John G. Rowland
Governor

August 23, 2004

D. Ray Sirry, PhD, LSW, ACSW
DCF Court Monitor's Office
300 Church Street
Wallingford, CT 06492

Dear Dr. Sirry,

Please accept our submission of the Exit Plan Outcome Measures 2004 Second Quarterly Report. The following materials are included:

- Exit Outcomes Measures 1-22 Second Quarter report.
- Case reviews for Exit Outcomes Measures 3, 4, 10, 15, 16 and 17 case reviews for the First Quarter as per the negotiated extension of August 15, 2004.

Please note that a request has been made to extend the due date for the second quarter case review reports of Exit Outcomes 3, 4, 10, 15, 16 and 17 (due August 15, 2004) to September 15, 2004. In addition, LINK enhancements were completed for Exit Outcome 14 and additional improvement to this report will be completed August 29, 2004. LINK enhancements for Exit Outcomes 1, 4, 16, 17, 20 and 21 will be completed on August 29, 2004, and the LINK data reports will be submitted for the fourth quarter. Exit Outcome 10 will be completed at the December 2004 build.

Sincerely,

Darlene Dunbar, MSW
Commissioner

STATE OF CONNECTICUT

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Table of Contents

Introduction
Overview
Outcome Measure 1 : Commencement of Investigation
Outcome Measure 2 : Completion of Investigation.....
Outcome Measure 3 : Treatment Plans
Outcome Measure 4 : Search for Relatives
Outcome Measure 5 : Repeat Maltreatment of In-Home Children
Outcome Measure 6 : Maltreatment of Children in Out-of-Home Care
Outcome Measure 7 : Reunification.....
Outcome Measure 8 : Adoption
Outcome Measure 9 : Transfer of Guardianship
Outcome Measure 10: Sibling Placement
Outcome Measure 11: Re-Entry into DCF Custody.....
Outcome Measure 12: Multiple Placements.....
Outcome Measure 13: Foster Parent Training.....
Outcome Measure 14: Placement Within Licensed Capacity
Outcome Measure 15: Children’s Needs Met
Outcome Measure 16: Worker-Child Visitation (Out-of-Home).....
Outcome Measure 17: Worker- Child Visitation (In-Home)
Outcome Measure 18: Caseload Standards
Outcome Measure 19: Reduction of the Number of Children Placed in Residential Care
Outcome Measure 20: Discharge Measures
Outcome Measure 21: Discharge of Mentally Ill or Mentally Retarded Children
Outcome Measure 22: Multi-Disciplinary Exams.....
Case Review Outcomes Measures 3, 4, 10, 15, 16, and 17
Case Review Outcome Measures 20 and 21
CAFAP Foster Parent Training (Post-Licensing).....

Introduction


1. The Monitor reserves the rights, authorities and responsibilities granted in the Monitoring Order of December 1, 1992 as modified, and all the rights, authorities and responsibilities granted in the October 7, 2003 Stipulation and Order (No. 447) all of which are incorporated in this Exit Plan by reference.
2. The Monitor reserves the right to modify the measurement procedures to be used to determine and sustain compliance with any outcome measure herein until July 1, 2004 after which time, there shall be no changes except as may be ordered by the Court. LINK and other reporting options will be finalized during this period.
3. The *Juan F.* class is:
 - A. All children who are now, or will be, in the care, custody, or supervision of the Commissioner of the Department of Children and Youth Services as a result of being abused, neglected or abandoned or being found at risk of such maltreatment; and
 - B. All children about whom the Department knows, or should know by virtue of a report to the Department, who are now, or will be, abused, neglected or abandoned, or who are now, or will be, at serious risk of such maltreatment.
4. The United States District Court for the District of Connecticut retains continuing jurisdiction over this action until the Court terminates such jurisdiction.
5. The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two quarters (six months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction. The Court Monitor shall then conduct a review of a statistically significant valid sample of cases files at 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance. The Court Monitor shall then present findings and recommendations to the District Court. The parties shall have a meaningful opportunity to be heard by the Court Monitor before rendering his findings and recommendations.
6. This Exit Plan delineates specific outcome measures whose achievement are a prerequisite for termination the Court's jurisdiction over this action. Specific definitions, guidelines, interpretations and measurement methodology are listed for each outcome measure. The only enforceable measurements are the actual outcome measure that are bolded and placed in text boxes.
7. The Defendants shall provide funding and other resources necessary to fully implement the Exit Plan.
8. Reporting is required on a quarterly basis unless otherwise stated within this document. Enhancements to LINK are underway to allow for fully automated reporting on Outcome Measures 1,2,4,9,10,16,17,20,21, and 22. Timeframes to implement and test the LINK system capabilities in regard to each measure will be staggered over the next several months. Currently, the Department can report on measures 2,5,6,8,9, 12, 14, 18, 22 and partial reporting for 19. Outcome Measure 1, 16, and 17 cannot be reported until such

time that the enhancements are completed in the summer of 2004. Outcome measures 5, 7, 11 and 12 will officially be reported with a minimum six-month delay due to the logic required in capturing the forward performance measurement or discharge information. The Outcome Measure reporting requirements for Outcomes 3,4,10,15,20, and 21 will initially be met via case review conducted by the DCF Quality Improvement Division. Once measures 4, 10, 20 and 21 are automated, IS will assume LINK reporting responsibility and those elements will be eliminated from the case review protocol. Outcome measures 13 and 19 will require non-automated reporting.

9. The Court Monitor will conduct case reviews to produce two annual reports documenting the Department of Children and Families' performance and progress toward achieving the outcome measures defined within this Exit Plan. These reports will include a synopsis of the quantitative data provided by DCF in the first two quarters of the calendar year being measured, as well as the quantitative and qualitative findings from the research questions documented in the attached addendum document.
 - a. The first case review will be conducted in the first and second quarters of 2005. This initial report will be filed with the Court in September 2005.
 - b. A second case review will be conducted in the first and second quarters of 2006. This second report will be filed with the Court in September 2006.

Exit Outcomes Overview

Measure	Measure	Target Dates	Baseline	Jan-Mar 04	Apr-Jun 04
1 : Commencement of Investigation	>=90%	9/1/04	X	X	8/29/04 *
2 : Completion of the Investigation	>=85%	1/1/05	73.7%	64.2%	68.8%
3 : Treatment Plans	>=90%	7/1/05	X	Qualitative**	9/30/04
4 : Search for Relatives	85%	12/1/04	58%	11/15/04	2/15/05*
5 : Repeat Maltreatment of In-Home Children	<=7%	7/1/05	9.2%	9.4%	8.8%
6 : Maltreatment of Children in Out-of-Home Care	<=2%	5/1/06	1.2%	0.5%	0.8
7 : Reunification	>=60%	5/1/06	57.8%	9/30/04*	3/30/05*
8 : Adoption	>=32%	5/1/06	12.5%	10.7%	11.1%
9 : Transfer of Guardianship	>=70%	5/1/06	60.5%	62.8%	52.4%
10 : Sibling Placement	>=95%	5/1/06	57%	11/15/04	2/15/05 *
11 : Re-Entry into DCF Custody	<=7%	5/1/06	6.9%	9/30/04*	3/30/05*
12 : Multiple Placements	>=85%	1/1/04	X	X	95.8%
13 : Foster Parent Training	100%	12/1/04	X	X	100%
14 : Placement Within Licensed Capacity	>=96%	1/1/05	94.9%	88.3%	92.0%
15 : Children's Needs Met	>=80%	5/1/06	X	53%	9/30/04
16 : Worker-Child Visitation (Out-of-Home)	>=85%	4/1/05	X	72%	9/30/04
17 : Worker-Child Visitation (In-Home)	>=85%	10/1/05	X	39%	9/30/04
18 : Caseload Standards	0	7/30/04	69%	74%	100%
19 : Reduction in the Number of Children Placed in Residential Care	<=11%	5/1/06	13.5%	13.9%	14.3%
20 : Discharge Measures	>=85%	12/1/051	61%	74%	52%
21 : Discharge of Mentally Ill or Retarded Children	100%	1/1/05	X	43%	64%
22 : Multi-disciplinary Exams (MDE)	>=85%	5/1/06	5.6%	19.0%	24.5%

 Results based on Case Reviews

Outcome	Measure
OM1: Timeliness of Investigations	90% of all reports accepted commenced in stated timeframe
OM2: Completion of Investigations	85% of all accepted reports completed in 45 days of acceptance
OM3: Treatment Plans	90% of all cases shall have clinically appropriate plans developed in conjunction with parents, children, providers and others....within 60 days of case opening in treatment or placement date, and every six months thereafter
OM4: Search for Relatives	85% of all cases in which children are placed after January 1, 2004 must have document search
OM5: Repeat Maltreatment	No more than 7% of all children who are victims of a substantiated maltreatment shall experience additional maltreatment in the subsequent 6 months.
OM6: Maltreatment in Out of Home Care	No more than 2% of children in out of home care on or after Jan 1, 2004 shall be the victim of substantiated maltreatment by a substitute caregiver
OM7: Reunification	60% of all children reunified with parents/guardians shall be reunified within 12 months of their removal.
OM8: Adoption	32% of all children who are adoption shall be so within 24 months from date of removal
OM9: Transfer of Guardianship	70% of all children whose custody is legally transferred shall have such within 24 months of removal.
OM10: Sibling Placement	95% of siblings entering care on or after Jan 1, 2004 shall be maintained with siblings unless there are documented therapeutic reasons for separation.
OM11: Re-entry into Custody	7% or fewer of children entering care shall have had prior out of home placement in 12 months preceding most recent entry.
OM12: Multiple Placements	At least 85% of children in DCF custody shall have no more than 3 placements during any 12-month period beginning January 1, 2004.
OM13: Foster Parent Training	100% of all foster parents shall be offered the opportunity to attend required training in the primary language of the foster parent, and in close proximity to foster parents.
OM14: Placement within Licensed Capacity	At least 96% of all children placed in foster homes shall be in homes operating within licensed capacity
OM15: Children's Needs Met	At Least 85% of all families and children shall have all medical, dental, mental health, and other service needs met as specified on the most recently approved, clinically appropriate treatment plan
OM16: Worker-Child Visitation (OOH)	At least 85% of all children in out of home placement must be seen by an identified party at least once a month. 100% must be seen quarterly by their DCF worker.
OM17: Worker-Child Visitation (IH)	At least 85% of all active child participants living in the home with an open case, must be seen twice monthly.
OM18: Caseload Standards	100% of DCF staff shall not exceed caseload standard for greater than 30 days.
OM19: Residential Reduction	No greater than 11% of children in out of home care shall be in residential treatment.

OM20: Discharge Measure	85% of all children over the age of 18 and discharging from DCF custody shall have achieved one or more of the identified requirements.
OM21: Discharge of Mentally Ill or Mentally Retarded Citizens	100% of all clients requiring transfer to the adult systems shall have the required discharge plans submitted to DMR or DMHAS.
OM22: MDE's	85% of all children entering care for the first time shall have an MDE conducted within 30 days of placement

* Aug 29, 2004 – date of LINK enhancements and LINK reports available for the 4Q 2004 reports.
 Sept 30, 2004 – data collection date and LINK report available for October 15, 2004.
 Dec 2004 – date of LINK enhancement and LINK reports available for the 1Q 2005 reports.

** Treatment Plans were evaluated based on four (4) major categories (including elements a-o): Background Information (53%), Assessment Information (52%), Treatment Services (47%), and Progress Toward Case Goals (18%). In addition, two (2) additional areas were evaluated: Treatment plan must be written and treatment conference conducted in the family's primary language and treatment plans developed in conjunction with parents/child/service providers (for example, treatment plan modifications as a result of input from the ACR) .

*** **X – no LINK report expected. Case Review Only.**

+ As of August 1, 2004 the Department has achieved caseload standards. On August 1, 2004, fifteen (15) cases, over 100% caseload utilization, met the exception criteria (cases over 100% and over for 30 days or more). Data results for baseline and 1Q only reflect cases over 100% not those that meet exception criteria.

Outcome Measure 1: Commencement of Investigation

DCF shall assure that at least 90% of all reports of children alleged to be abused, or neglected, shall be prioritized, assigned and the investigation shall commence within the timeframes specified below.

If the report of child abuse or neglect is determined by the DCF Hotline to be...

- A. A situation in which failure to respond immediately could result in the death of, or serious injury to a child, then the response time for commencing an investigation is the same calendar day Hotline accepts the report.**
- B. A non-life threatening situation that is severe enough to warrant a 24-hour response to secure the safety of the child and to access the appropriate and available witnesses, then the response time for commencing an investigation is 24 hours.**
- C. A non-life threatening situation that, because of the age or condition of the child, the response time for commencing an investigation is 72 hours.**

Definitions and Clarifications:

1. "Investigation" is the fact-finding process that gathers information beginning at the report-taking phase of allegations of child abuse or neglect at the Hotline and culminates in a documented determination of substantiation, non-substantiation, or regulatory violation. The assigned investigator must acquire and analyze information to determine whether a child has been abused or neglected and is in need of protective services or other services offered by the Department or the community to ameliorate identified risks. (See DCF Policy 34-4-2)
2. The "commencement of an investigation" occurs when the DCF investigator attempts to make face-to-face contact with the parent or person responsible for the child's care, and/or with the child (ren). An "attempt" at face-to-face contact is made when the investigator visits the home, school or other setting, in an effort to interview the child (ren) and family members regarding the allegations of abuse or neglect. (See DCF Policy 34-4)
3. A "report of alleged abuse, neglect, or a child in danger of abuse or neglect" comes into existence when the DCF hotline accepts a complaint for investigation and designates a response time for the commencement of the investigation.
4. Abuse" as defined by DCF Policy 34-2-7 is "a non-accidental injury to a child, which regardless of motive is inflicted or allowed to be inflicted by the person responsible for the child's health, welfare or care; by the person given access to the child/ or by the person entrusted with the child's care; or is any injury at variance with the given history; or is a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment."

5. “Neglect” as defined by DCF Policy 34-2-7 is “a state of being denied proper care and attention physically, educationally, emotionally, or morally; or being permitted to live under conditions, circumstances or associations injurious to an individual’s well being; being abused; and/or having been abandoned.”
6. A report is “prioritized” by the DCF Hotline when it designates a response time of the same calendar day, 24, or 72 hours for the commencement of the investigation.
7. A report is “assigned” when the DCF area office designates an investigator to commence the investigation within the time frames specified in this outcome measure.
8. The Hotline shall determine the primary language of the family, if possible, so the case is assigned to an investigator who speaks that language, or DCF shall secure an interpreter to accompany the investigator.

2Q (April – June 2004) Results – Data Not Available

- To be included in LINK Build Phase 2: August 29, 2004 and reported in the 4Q Exit Plan Outcomes.

Outcome Measure 2: Completion of the Investigation

At least 85% of all reports of alleged child maltreatment accepted by the DCF Hotline shall have their investigations completed within 45 calendar days of acceptance by the Hotline.

Definitions and Clarifications:

1. The completion of the investigation occurs when the investigator has interviewed each family member, including the parents, other adults and all children in the home as well as necessary collateral contacts and the investigator's DCF supervisor verifies the investigator's determination of substantiation or non-substantiation and the determination is entered in LINK.
2. Workers who speak the primary language of the family shall conduct investigations or an interpreter shall accompany the investigators.
3. The "investigation universe" to be reported quarterly would be all investigations, including special investigations conducted by Hotline staff.

2Q (April – June 2004) Results – LINK Report

- Completion of Investigations (68.8%)

Outcome Measure 3: Treatment Plans

In at least 90% of the cases, except probate, interstate, and subsidy only cases, clinically appropriate individualized family and child specific treatment plans shall be developed in conjunction with parents, children, providers and others involved with the case and approved by a DCF supervisor within 60 days of case opening in a treatment unit, or a child's placement out-of-home, whichever comes sooner, and for each six (6) month period thereafter.

“Approved by the DCF supervisor,” means the DCF supervisor verifies and confirms that the functions of a written treatment plan are developed and used to:

- A. Identify in a time limited and goal oriented format the problem areas, needs and proposed services to be provided to all children, parents, relatives and caretakers who are active participants in the case.**
- B. Document and describe reasonable efforts to prevent out-of-home placement of children.**
- C. Define mutual responsibilities and expectations of children, parents, caretakers and service providers toward reaching identified case goals.**
- D. Document and describe reasonable efforts to reunify children with their families in a timely manner.**
- E. Determine sibling and parental visitation schedule if siblings are not placed together.**

The individualized family and child specific treatment plans are the written working agreement between the child, family, caretakers if any, service provider (s) and DCF. The agreement describes and documents the child and/or family's service needs as well as what DCF, the family, and/or the child is required to do to achieve the goals of the plan. This includes all in-home and out-of-home cases except probate, interstate, and subsidy only cases.

Definitions and Clarifications:

1. “Treatment Plan” is the written, clinically appropriate working agreement between the child, family, caretakers if any, service provider(s) and DCF. The agreement describes and documents the child and/or family's service needs as well as what DCF, the family and child, and providers are required to do to achieve the goal of the treatment plan.
2. A “clinically appropriate individualized family and child specific treatment plan” includes a complete and thorough assessment in which the following elements are included:
 - a. A clear description of household members and each identified member's status

- b. Prior relevant case history
 - c. Reason for most recent case opening
 - d. Presenting issues and problem areas as identified by DCF or provider assessment
 - e. Family issues as perceived by the parent/caretaker/child (if over 12)
 - f. Family or child's strengths
 - g. Family or child's needs
 - h. Reasonable efforts as determined by the court to prevent out of home placement or reunify documented
 - i. Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)
 - j. Clearly stated case/permanency goal
 - k. Identification of the measurement of participants' progress toward and achievement of stated goal
 - l. Timelines for completing tasks/expectations related to the case goal
 - m. Proposed services and identified responsible parties
 - n. Legal activity and status during the preceding treatment planning period.
 - o. Parental & sibling visitation schedules
3. "Approved," indicates that the clinically appropriate individualized family and child specific treatment plan has been reviewed and approved by the SWS. This process is indicated by the approval signature of the SWS and date in LINK. The timing requirement is to complete the initial treatment plan/conference within 60 days of case opening and each 6 months thereafter. Therefore, the most current plan must be less than 7 months old. Approved treatment plans older than 7 months old at point of review will be considered non-compliant with this outcome measure.
4. In some circumstances, addendum documentation is required to adequately address service needs/goals for identified populations. The various treatment plans and addendums that may be required are:
- a. "Child in Placement Treatment Plan" (Requirement for each child in DCF care. This is a written working document between the child, family, caretaker, service provider(s) and DCF. It describes and documents the child's service needs as well as what each party agrees is required to address those needs and achieve the child's permanency goal.)
 - b. "Family Treatment Plan" (Requirement for each case in which there are in-home goals or there is a child in placement with the goal of reunification. This is a written working document between the child, family, caretaker, service provider(s) and DCF. It describes and documents the child and family's service needs as well as what each party agrees is required to address those needs and achieve the stated goal.)
 - c. "Independent Living Plan" (A written document between the youth, service providers and the DCF to enable permanency through independent living. This plan (DCF Form 2091) includes information in the following areas: Education, Vocation, Employment/Life Skills, Housing, Financial, Health, Mental Health, Substance Abuse, Parenting, Legal Issues and Obtaining all Essential Documents prior to discharge. Every DCF youth in out of home care, age 16 or older, shall have an Independent Living Plan, unless there is a documented reason that the youth cannot live independently.

5. The DCF form 553 or 553-F (electronically recorded in LINK via the CIP Administrative Case Review or CIP Administrative Treatment Planning Conference) will be used in conjunction with the SW case narratives to determine compliance with timing, participation and translation requirements for this outcome measure. The facilitator (out-of-home cases)/SWS (in-home cases) will be required to document the DCF efforts to engage all active participants in the development of the plan. In the Participant Section of the form, the facilitator/SWS is required to list all active case participants in the six months preceding ACR, their role, the date of invitation (DCF-556), and their level of participation. Participation should be indicated as: In-person, teleconference, written report, verbal report to SW, no participation, and not invited. Special considerations such as translator and teleconferencing shall also be recorded.

1Q (January – March 2004) Results – Case Review

- Background Information (53%)
- Assessment Information (52%)
- Treatment Services (47%)
- Progress Toward Case Goals (18%)
- Treatment Planning Conferences conducted in primary language of the family (95%)
- Treatment Plans written in the primary language of the family (unavailable)

Outcome Measure 4: Search for Relatives

If a child(ren) must be removed from his/her home, DCF shall conduct and document a search for maternal and paternal relatives, extended formal or informal networks, friends of the child or family, former foster parents, or other persons known to the child. The search period shall extend through the first six (6) months following removal from home. The search shall be conducted and documented in at least 85% of the cases.

Definitions and Clarifications:

1. Temporary placement with relatives to whom the child is emotionally attached and who can ensure the child's safety may be the most desirable arrangement.
2. Placement with a relative or non-relative caretaker with whom the child is familiar requires the completion of an assessment for a relative licensure, independent license or special study license.
3. "Search for Relative..." as it pertains to this outcome measure is primarily for the purpose of placement. It may also include a search for visiting resources, respite or other supportive purpose.
4. As indicated, "The search period shall extend through the first six (6) months following removal from home." However, case practice should be encouraged to initiate a search prior to removal, when the worker is initially assessing the family's strengths; upon determining removal may be eminent; and continuously from that point forward as changes in the family circumstances warrant.
5. The search should be documented and updated utilizing the new LINK capabilities at frequent intervals.

Baseline Results (July – September 2003) – Case Review

- Documentation of active search for relatives and other resources (58%)
- 1Q (January – March 2004) Case Review results release date November 15, 2004
- 2Q (April – June 2004) Case Review results release date February 15, 2005

Outcome Measure 5: Repeat Maltreatment of Children

No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period. This outcome shall begin to be measured within the six-month period beginning January 1, 2004.

2Q (April – June 2004) Results – LINK Report

- Repeat Maltreatment of In-Home Children (8.8%)

Outcome Measure 6: Maltreatment of Children in Out-of-Home Care

No more than 2% of the children in out-of-home care on or after January 1, 2004 shall be the victims of substantiated maltreatment by substitute caregivers while in out-of-home care.

Definitions and Clarifications:

1. Maltreatment by parents or guardians while the child is in out-of-home care is not counted for the purpose of this measurement.
2. Regulatory violations are not considered substantiations, and shall be handled as specified in DCF policy.

2Q (April – June 2004) Results – LINK Report

- Maltreatment of Children in Out-of-Home Care
(0.8%)

Outcome Measure 7: Reunification

At least 60% of all children who are reunified with their parents or guardians shall be reunified within 12 months of their most recent removal from the child's home.

1Q (January – March 2004) Results – Data Not Available Data Available – October 15, 2004

- LINK data for exit outcomes 7 (Reunification) will be reflected for the October 2004 report as a result of 6 month lag beyond the end of the reporting period.

Outcome Measure 8: Adoption

At least 32% of the children who are adopted shall have their adoptions finalized within 24 months of the child's most recent removal from his/her home.

2Q (April – June 2004) Results – LINK Report

- Children adopted within 24 months of the most recent removal from home (11.1%)

Outcome Measure 9: Transfer of Guardianship

At least 70% of all children, whose custody is legally transferred, shall have their guardianship transferred within 24 months of the child's most recent removal from their home.

2Q (April – June 2004) Results – LINK Report

- Transfer of Guardianship within 24 months of child's most recent removal from home (52.4%)

Outcome Measure 10: Sibling Placement

At least 95% of the siblings entering out-of-home placement shall be placed together unless there are documented therapeutic reasons for separate placements.

Definitions and Clarifications:

1. Therapeutic reasons include such things but are not limited to situations where siblings are placed with multiple relatives, one (1) sibling requires hospitalization and others do not, one (1) sibling requires detention, or where siblings were abused by another sibling, etc. The therapeutic reason the siblings must be placed apart shall be documented in LINK by the DCF supervisor.
2. "Siblings" are defined as at least two children who share, at minimum, one biological or adoptive parent, or who reside in the home and have relationship through parents/guardians who have an adult legal relationship (i.e. step-siblings).
3. The universe of siblings is limited to children under the custody of DCF with a legal status of "OTC", "committed" or "commitment-dual". TPR children are excluded from this universe of children.
4. "Placement" relates to the coinciding initial out of home placement and subsequent placement changes of sibling groups on or after January 1, 2004.
5. Partial compliance (i.e. two children together, with one in another resource without a documented therapeutic reason) does not achieve the standard. This is an all or nothing measurement.
6. The enhanced LINK monitoring system uses the term "clinical reasons". For our purpose, the definition of clinical reasons is consistent with the term "therapeutic reasons" above. "Non-clinical reasons" would be those reasons related to lack of resource; time of placement (i.e. after hours), size of sibling group, or other reason not related to the clinical/therapeutic needs of the children.

Baseline (July – September 2003) Results – Case Review

- Siblings were placed together (57%)
- Documented therapeutic reasons supporting separate sibling placements (4%)
- LINK enhancement Dec 2004 and LINK Data report available 1Q 2005

Outcome Measure 11: Re-Entry into DCF Custody

Of all children who enter DCF custody, seven (7)% or fewer shall have re-entered care within 12 months of the prior out-of-home placement.

1Q (January – March 2004) Results – Data Not Available Data Available – October 15, 2004

- LINK data for exit outcome 11 (Re-Entry into DCF Custody) will be reflected for the October 2004 report as a result of 6 month lag beyond the end of the reporting period.

Outcome Measure 12: Multiple Placements

Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any 12-month period.

Definitions:

1. This includes Safe Home placements but excludes respite, hospitalizations of less than seven (7) days, home visits, runaways or children sent to the Connecticut Juvenile Training School.

2Q (April – June 2004) Results – LINK Report

- Children with no more than (3) placements during any 12 months period (95.8%)

Outcome Measure 13: Foster Parent Training

Licensed DCF foster or pre-adoptive parents shall be offered 45 hours of post-licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. This measure does not apply to relative, special study or independently licensed foster parents for whom 9 hours of pre-service training are required.

Definitions:

1. The Department will ensure that all modules requiring social worker attendance are attended by social workers. The Department will also hold training sessions near foster parents, offer daycare, night and weekend training sessions and other inducements to make it likely that foster parents can attend the training. Attendance at training will be a factor considered in licensure or re-licensure of foster parents.
2. Training shall be offered in the primary language of the foster parents.

2Q (April – June 2004) Results – CAFAP Report

For the Year: July 1, 2003 – June 30, 2004

Database of 3,327 (foster, adoptive and relative caregivers)

- Mailed to full database current training schedule – 100%
- Include training schedule in the Communiqué newsletter (distributed to all database) and CAFAP website
- CAFAP regional liaisons hand-deliver schedules to area office FASU support worker's for use with families
- CAFAP Buddies contact their assigned families to confirm receipt of the training schedule
- Spanish-speaking foster parents are contacted by phone to inform them of the E.F.P course

Outcome Measure 14: Placement Within Licensed Capacity

At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups.

Definitions and Clarifications:

1. The placement of the sibling group must be the cause of the overcapacity to allow the exception and this must be documented in LINK. Homes already overcapacity at the time of sibling placement will not be allowed an exception.
2. "Siblings" are defined as at least two children who share, at minimum, one biological or adoptive parent, or who reside in the home and have relationship through parents/guardians who have an adult legal relationship (i.e. step siblings).

2Q (April – June 2004) Results – LINK Report

- Percentage of children placed in foster homes operating within their licensed capacity (92.0%)

Outcome Measure 15: Childrens' Needs Met

At least 80% of all families and children shall have all their medical, dental, mental health and other service needs provided as specified in their most recently approved clinically appropriate treatment plan.

Definitions and Clarifications:

1. If there are no timeframes specified in the most recent treatment plan, the timeframe used for measurement will be the six (6) months following the effective date of the treatment plan.
2. "Approved clinically appropriate treatment plan" is that treatment plan with a dated approval signature of the SWS in LINK. In addition to the SWS approval signature in LINK, the treatment plan must be less than 7 months old. Treatment plans older than 7 months old at point of review will be considered non-compliant with this outcome measure. (See Outcome Measure 3 (§3. a-o) to see full description of individual elements required prior to authorization signature of SWS.)
3. In order to document situations in which the lack of service engagement was due to the non-compliance of the child/family rather than the inaccessibility or unavailability of a service identified within the approved clinically appropriate treatment plan, the SW and SWS narratives should, as well as the treatment plan, indicate all services that were referred and accepted by a provider, and in which the lack of service provision was the result of the family/child noncompliance versus lack of service accessibility.
4. The "approved clinically appropriate treatment plan" and the Administrative Case Review documentation of the DCF 553 and DCF553-F provide the basis for establishing "service needs" in each case reviewed. If the 553 or 553-F document a need that is to be added to the treatment plan, this will be included in the identified needs for that case.

1Q (January – March 2004) Results – Case Review

- Provisions made for medical, dental, mental health and other service needs as approved by the clinically appropriate treatment plan (53%)
- 2Q results release date – September 30, 2004

Outcome Measure 16: Worker-Child Visitation (Out-of-Home)

DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate or voluntary cases. All children must be seen by their DCF social worker at least quarterly.

Definitions and Clarifications:

1. Children in out-of-home placement, pre-adoptive placements, and therapeutic foster home placements can be visited by other social workers (ICPC or private agency) if the visit is at least once a calendar month and a report documenting the substantive content of the visit is sent to DCF and entered into LINK.
2. These requirements are minimal, especially for younger children who are most vulnerable to maltreatment. Such children shall be visited more frequently and this shall be documented in LINK.

1Q (January – March 2004) Results – Case Review

- Children seen monthly by the DCF/ICPC or private provider social worker (72% monthly average)
- Children, regardless of geographical location, seen in the last quarter by DCF social worker (87%)
- 2Q case review results release date – September 30, 2004
- Data results in LINK report available 4Q 2004

Outcome Measure 17: Worker-Child Visitation (In-Home)

DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.

Definitions and Clarifications:

1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.

1Q (January – March 2004) Results – Case Review

- Families seen twice a month by the DCF social worker (39% monthly average)
- 2Q case review results release date – September 30, 2004
- Data results in LINK report available 4Q 2004

Outcome Measure 18: Caseload Standards

By July 1, 2004 the caseload of no DCF social worker shall exceed the following caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days:

- A. Investigators shall have no more than 17 investigative cases at any time.**
- B. In-Home treatment workers shall have no more than 15 cases at any time.**
- C. Out-of-Home treatment workers shall have no more than 20 individual children assigned to them at any time. This includes voluntary placements.**
- D. Adoption and adolescent specialty workers shall have no more than 20 cases at any time.**
- E. Probate workers shall have no more than 35 cases at any time. When the probate or interstate worker is also assigned to provide services to the family, those families shall be counted as in home treatment cases with a ratio of 1:20 cases.**
- F. Social workers with in-home voluntary and interstate compact cases shall have no more than 49 cases at any time.**
- G. A worker with a mixed caseload shall not exceed the maximum weighted caseload derived from the caseload standards in A through F above.**
- H. These standards supercede those of Order No. 441 dated July 29, 2003.**

2Q (April – June 2004) Results – LINK Report

- As of August 1, 2004 the Department has achieved caseload standards. On August 1, 2004, fifteen (15) cases, over 100% caseload utilization, met the exception criteria.

Outcome Measure 19: Reduction in the Number of Children Placed in Residential Care

The number of children placed in privately operated residential treatment care shall not exceed 11% of the total number of children in DCF out-of-home care.

The circumstances of all children in-state and out-of-state residential facilities shall be assessed after the Court's approval of this Exit Plan on a child specific basis to determine if their needs can be met in a less restrictive setting. The placement of any additional children out-of-state after the approval of this plan shall require the approval of the Transition Task Force.

Definitions and Clarifications:

1. Residential treatment facilities are 24-hour mental health facilities, which operate for the purpose of effecting positive change and normal growth and development for emotionally disturbed, behavioral disordered and socially maladjusted youth. Children are referred through a holistic treatment plan involving DCF staff and mental health professionals. Target Population: seriously emotionally disturbed children up to age 18. State operated facilities; stand-alone group homes, Safe Homes, and juvenile justice 24-hour facilities are not included in this measure.

2Q (April – June 2004) Results – LINK Report

- Children placed in residential treatment care (14.3%)

Outcome Measure 20: Discharge Measures

At least 85% of all children age 18 or older shall have achieved one or more of the following prior to discharge from DCF custody:

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

Definitions and Clarifications:

1. “Adolescent Discharge Plan” is the written working document between the youth, service providers and the DCF, developed at least 180 days prior to the youth’s anticipated discharge from the Department’s care. Items to be documented should include, but are not limited to: estimated date youth will leave DCF care; the youth’s anticipated living arrangement at that juncture, an estimated budget, sources and amount of income/assets; assistance to be provided by DCF, schedule for worker/youth visitation, any other plans or agencies’ assistance to facilitate the youth’s discharge from DCF care, and to facilitate their ability to maintain permanency post discharge.
2. Those youth, upon reaching the age of majority and who refuse continued DCF services against the advice and treatment plan goals of the Department, shall be documented and reported separately. Once the total of this subcategory is calculated, this population will be subtracted from the universe studied for Outcome Measure 20.
3. Those youth with significant or profound developmental delays, or who have been diagnosed with significant anomalies or mental retardation levels that preclude attainment of Outcome Measure 20 will be identified and excluded from this universe. Performance will be measured for this youth group via Outcome Measure 21.

2Q (April – June 2004) Results – Case Review

- Youth who achieved one or more measure before discharge (52%)
- Data results in LINK report available 4Q 2004

Outcome Measure 21: Discharge of Mentally Ill or Retarded Children

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

Definitions and Clarification:

1. The written discharge plan referenced above is the “Adolescent Discharge Plan”. This is the written working document between the youth, service providers and the DCF, developed at least 180 days prior to the youth’s anticipated discharge from the Department’s care. Items to be documented should include, but are limited to: estimated date youth will leave DCF care; the youth’s anticipated living arrangement at that juncture, an estimated budget, sources and amount of income/assets; assistance to be provided by DCF, schedule for worker/youth visitation, any other plans or agencies’ assistance to facilitate the youth’s discharge from DCF care, and to facilitate their ability to maintain permanency post discharge.
 - Adult Services should be continued within the community that the transitioning client is located at the point of discharge to minimize disruptions in treatment.

2. DCF Policy 42-20-35 states:
Interagency coordination shall be required for youth in the following situations:
 - *DCF and the Department of Mental Health and Addiction Services shall coordinate for Department youth who are:*
 - *in residential care due to mental health issues and require further treatment*
 - *on psychotropic medication and are entering the community mental health system or*
 - *in need of continuing clinical services.*
 - *DCF and the Department of Mental Retardation shall coordinate for Department youth who are:*
 - *in residential care due to mental retardation and require continued care after DCF discharge*
 - *leaving DCF care whose diagnostic assessment/evaluation meets DMR minimum eligibility criteria.*

3. Additionally, referrals to DMHAS and/or DMR will be made only for those children or adolescents who are committed to DCF or who are dually committed, or who have been accepted into the DCF Voluntary Services Program and who meet the promulgated eligibility criteria to receive services from DMR or DMHAS as specified below:
 - For DMR, mental retardation is defined in the Connecticut General Statutes as significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior, which are manifested during the developmental period.

 - For DMHAS, eligibility is limited to those individuals who have a severe and persistent major mental illness (such as schizophrenia or bipolar disorder) of sufficient degree and duration that the provision of ongoing public-sector

behavioral health services is necessitated. Individuals with a primary diagnosis of mental retardation and/or autistic spectrum disorder an/or other developmental disorder do not meet the eligibility criteria of DMHAS and it is expected that referrals to DMHAS will not be made for said individuals.

2Q (April – June 2004) Results – Case Review

- Referrals of Youth with Criteria that May Have Required a DMHAS/DMR Referral (64%)
- Data results in LINK report available 4Q 2004

Outcome Measure 22: Multi-disciplinary Exams (MDE)

At least 85% of the children entering the custody of DCF for the first time shall have an MDE conducted within 30 days of placement.

Definitions and Clarifications:

1. A written report documenting the results of the MDE is due to DCF before treatment planning conference.
2. The MDE is not required for children entering care from hospital settings of greater than 7 days, in which age appropriate medical and mental health evaluations have been documented in LINK.
3. All cases of children in care greater than 30 days should have a multi-disciplinary examination completed for use in case planning, even if one cannot be completed and reported to DCF for inclusion in the initial treatment planning conference. Specific to this requirement:
 - a. The requirement for MDE applies only in those cases in which a child or youth has entered care for the first time, and that placement exceeds 30 days. Therefore, the universe for Outcome Measure 22 will exclude all children in placement for less than 30 days on the date of measurement.
 - b. As a measure of good practice, if a prior placement episode ended in less than 30 days with no documented MDE (or there is no evidence of an MDE in a prior placement episode lasting greater than 30 days) the worker may initiate the MDE process as if the most recent placement were an initial placement.

2Q (April – June 2004) Results – LINK Report

- Children who received MDE within 30 days of placement (24.5%)

QUARTERLY CASE REVIEW

EXIT OUTCOME MEASURES #3, #15, #16, & #17

QUARTER UNDER REVIEW: JANUARY – MARCH 2004

BASELINE REVIEW FOR EXIT OUTCOME MEASURES #4 & #10

QUARTER UNDER REVIEW: JULY – SEPTEMBER 2003

I. INTRODUCTION

The purpose of this review is to report on the Department of Children and Families' (DCF) compliance with the 2004 Exit Plan Outcome Measures (EPOM) 3, 4, 10, 15, 16, and 17.

II. METHODOLOGY

A. STUDY DESIGN AND POPULATION

This report addresses Exit Outcome Measures 3, 4, 10, 15, 16, and 17. These reviews will continue to be done on a quarterly basis for EPOM 3 and 15. Case reviews for EPOM 4, 10, 16 and 17 will be done until such time that LINK enhancements will automate those reports. A baseline review was done for EPOM 4 as this measure requires that six months lapse following the child's removal from home in order to obtain all the data necessary to report out on this measure for any given quarter. Therefore, reporting on EPOM 4 for the first quarter of 2004 cannot be completed until the third quarter of 2004. In EPOM 10, sibling groups cannot readily be identified from the LINK universe; therefore, the decision was made, in conjunction with the Court Monitor's Office, to utilize the same sample of cases for both EPOM 4 and 10.

Sampling for this case review included all DCF Area Offices. Four cases were randomly selected for review from the three largest Area Offices, which are Hartford, New Britain, and New Haven. Three cases each were drawn from the remaining eleven Area Offices. This resulted in 45 cases being reviewed for EPOM 4 and 10, 45 cases for EPOM 16, and 45 cases for EPOM 17. For EPOM 3 and 15, two separate samples of 45 cases were drawn in order to include both in-home family cases and child-in-placement cases, for a total of 90 cases. The overall number of cases reviewed in this quarterly review was 225 cases.

This is a LINK only case review. Data collection for this review used four instruments: one for EPOM 3 and 15, one for the baseline of EPOM 4 and 10, one for EPOM 16, and one for EPOM 17. The data collected was entered into an SPSS database,

cleaned, and analyzed. Safety protocols were used to address the safety and administrative concerns found during this case review. These protocols were forwarded to the area office management for notification and follow-up of these concerns.

III. FINDINGS

Outcome Measure 3: Treatment Plans

In at least 90% of the cases, except probate, interstate, and subsidy only cases, clinically appropriate individualized family and child specific treatment plans shall be developed in conjunction with parents, children, providers and others involved with the case and approved by the DCF supervisor within 60 days of case opening in a treatment unit, or a child's placement out-of-home, whichever comes sooner, and for each six (6) month period thereafter. Treatment plans shall be written in the primary language of the family and/or child. Treatment planning conferences shall be conducted in the primary language of the family and/or child.

Note: This sample included all in-home and out-of-home cases except probate, interstate, subsidy only cases, and juvenile justice cases having an Administrative Case Review scheduled during the quarter January 1, 2004 to March 31, 2004. A sample of 90 cases was drawn from the ACR Case Review Database, consisting of 45 cases from the in-home database and 45 cases from the child-in-placement database.

The following Review Questions pertain to this Outcome Measure:

#1. To what extent are clinically appropriate treatment plans documented and developed in conjunction with parents/child/service providers and others involved in the case and approved by the DCF Social Work Supervisor within the timeframes specified within the treatment plan document (or 6 months if the plan does not specify)?

- ❑ Of the 90 cases reviewed statewide, there were 79 cases (88%) that had a treatment plan written, and 11 cases (12%) that did not have a treatment plan for the quarter under review. These 11 cases are a fail for the measure. All of these cases were in-home family cases.
- ❑ Of the 79 cases reviewed that had treatment plans:
 - ❑ 31 cases (39%) were CPS in-home family cases, none of these cases met the measure.
 - ❑ 42 cases (53%) were CPS child-in-placement cases, 1 case (2%) met the measure.

- 3 cases (4%) were voluntary services in-home family cases, none of these cases met the measure.
- 3 cases (4%) were voluntary services child-in-placement cases, none of these cases met the measure.

#2. To what extent do clinically appropriate treatment plans approved by the DCF SWS include the following?

Background Information:

- a. *A clear description of household members and each member's identified member's status*
- b. *Prior relevant case history*
- c. *Reason for most recent case opening*

Assessment Information:

- d. *Presenting issues and problem areas as identified by DCF or provider assessment*
- e. *Family issues as perceived by the parent/caretaker/child (if over 12)*
- f. *Family or child's strengths*
- g. *Family or child's needs (medical, dental, mental health, educational, other service needs – housing, childcare, employment, transportation, etc.)*

Treatment:

- h. *Reasonable efforts to as determined by the court, to prevent out of home placement or reunify documented (CIP cases only)*
- j. *Clearly stated case goal*
- m. *Proposed services and identified responsible parties*
- o. *Parental and sibling visitation schedules (CIP cases only)*

Progress toward Case Goals:

- i. *Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)*
- k. *Identification of the measurement of participants' progress toward and achievement of stated goal [for those adolescents where applicable, this includes the attachment of a completed Independent Living Plan (ILP) DCF-2091]*
- l. *Timeliness of completing tasks/expectations related to the case goal*
- n. *Legal activity and status during the preceding treatment planning period*

Note: The findings that follow are based on the combined elements within the category, as described above. In order to be counted as having met the outcome measure category, a case must meet all of the elements within the category.

- Regarding Background Information:
 - **Of the 79 cases with treatment plans, 42 treatment plans (53%) met the category, 37 treatment plans (47%) did not.**
- Regarding Assessment Information:
 - **Of the 79 cases with treatment plans, 41 treatment plans (52%) met the category, 38 treatment plans (48%) did not.**
- Regarding Treatment Information
 - **Of the 79 cases with treatment plans, 37 treatment plans (47%) met the category, while 42 treatment plans (53%) did not.**
- Regarding Progress toward Case Goals
 - Of the 79 cases with treatment plans, 14 treatment plans (18%) met the category, 65 treatment plans (82%) did not.
- Overall, the Department has not met this qualitative outcome measure.

#3. To what extent does DCF meet the language requirements of the clients during treatment planning process?

- Of the 79 cases reviewed statewide in which there was a treatment plan, 75 (95%) met the outcome measure requirement that treatment planning conferences be conducted in the primary language of the family and/or child, while 4 (5%) did not.

Outcome Measure 4: Search for Relatives

If a child must be removed from his/her home, DCF shall conduct and document a search for maternal and paternal relatives, extended formal or informal networks, friends of the child or family, former foster parents, or other persons known to the child. The search period shall extend through the first six (6) months following removal from home. The search shall be conducted and documented in at least 85% of the cases.

Note: The sample drawn was from all children entering out-of-home placement in the quarter under review, July 1, 2003 to September 30, 2003. The exclusions were voluntary services and juvenile justice cases.

The following Review Question pertains to this Outcome Measure:

#4. If a child was removed from the home during the period under review, did the DCF Social Worker or Social Work Supervisor document an active search for relatives and other resources (extended formal/informal networks, friends of the

child or family, former foster parents or others known to the child) up to and through the first six months following the child's removal from home?

- ❑ Of the 45 cases reviewed statewide, 26 cases (58%) met the measure for searches conducted in accordance with the Outcome Measure requirements. There were 19 cases (42%) where an appropriate search was not completed.
- ❑ Three Area Offices achieved 100% compliance with this outcome measure: Manchester, Meriden and Torrington.

Outcome Measure 10: Sibling Placement

At least 95% of the siblings entering out-of-home placement shall be placed together unless there are documented therapeutic reasons for separate placements.

Note: The sample drawn was from all children entering out-of-home placement in the quarter under review, July 1, 2003 to September 30, 2003. The exclusions were voluntary services and juvenile justice cases.

The following Review Question pertains to this Outcome Measure:

#5. To what extent are siblings entering out-of-home placements, placed together when there are no documented therapeutic reasons (term used in LINK will be "clinical reason") for the separation of the sibling group?

- ❑ Of the 45 cases reviewed, 23 cases were reviewed statewide in which siblings entered out-of-home care at the same time. These cases represented all Area Offices with the exception of Torrington, where there were no cases found in the sample drawn meeting this criteria. Of these 23 cases, siblings were placed together in 13 cases or 57% of the time. There were 9 cases (39%) in which siblings entering care were not placed together. Additionally, there was 1 case (4%) in which siblings were not placed together, but there were documented therapeutic reasons supporting separate sibling placements.
- ❑ A Safe Home placement was not utilized in any of the 13 cases where siblings were placed together upon entering out-of-home care.
- ❑ Of the 10 cases in which siblings entering out-of-home care were not placed together (1 due to therapeutic reasons), there were 3 cases in which siblings were reunited in placement, and 1 case in which they returned home together. In the other 5 cases, siblings remained in separate placements.

Outcome Measure 15: Children's Needs Met

At least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in their most recently approved clinically appropriate treatment plan.

Note: This sample included all in-home and out-of-home cases except probate, interstate, subsidy only cases, and juvenile justice cases having an Administrative Case Review scheduled during the quarter January 1, 2004 to March 31, 2004. A sample of 90 cases was drawn from the ACR Case Review Database, consisting of 45 cases from the in-home database and 45 cases from the child-in-placement database.

The following Review Question pertains to this Outcome Measure:

#6. To what extent have the medical, dental, mental health and other service needs been provided to the child and family as specified in the most recently approved clinically appropriate treatment plan?

- Of the 79 cases in which there was a treatment plan, 42 (53%) met the measure while 37 (47%) did not.
 - 31 cases (39%) were CPS in-home family cases. Thirteen cases (42%) met the measure while 18 (58%) did not.
 - 42 cases (53%) were CPS child-in-placement cases. Twenty-Four cases (57%) met the measure while 18 (43%) did not.
 - 3 cases (4%) were Voluntary Services in-home family cases. Two cases (67%) met the measure while 1 (33%) did not.
 - 3 cases (4%) were Voluntary Services child-in-placement cases. All three cases met the measure.

Outcome Measure 16: Worker-Child Visitation (Out-of-Home)

DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate or voluntary services cases. All children must be seen by their DCF social worker at least quarterly.

Note: The findings regarding EPOM 16 are divided into two categories, in accordance with the requirements of the outcome measure. The first is the Department's compliance with at least once a month visits to all out-of-home children by a DCF, ICPC, or private provider social worker. This section of the EPOM 16 excludes probate, voluntary services, and juvenile justice cases for this review. The second component is the Department's compliance with at least quarterly DCF social worker visits to all out-of-home children, which includes

voluntary services cases. This second component only excludes probate and juvenile justice cases for this review. The sample drawn this outcome measure was all children entering out-of-home placement for the quarter January 1, 2004 to March 31, 2004, who have been in placement at least 30 days. Calendar months were used to calculate the number of visits made per month.

The following Review Questions pertain to this Outcome Measure:

#7. What percentage of children placed are seen on a monthly basis by the DCF/ICPC or private provider social worker?

- Of the 45 cases reviewed statewide:

Monthly:

- January 2004: Of the 45 cases reviewed, 74% were seen by a social worker (e.g. DCF, ICPC, private provider) at least once during the month.
- Meriden, Middletown, Norwich, Stamford and Waterbury all achieved 100% compliance during this month.
- February 2004: Of the 45 cases reviewed, 78% were seen by a social worker (e.g. DCF, ICPC, private provider) at least once during the month.
- Hartford, Manchester, Meriden, Middletown, Norwich, Torrington, Waterbury and Willimantic all achieved 100% compliance.
- March 2004: Of the 45 cases reviewed, 64% were seen by a social worker (e.g. DCF, ICPC, private provider) at least once during the month.
- Middletown, Norwich, Torrington, and Waterbury all achieved 100% compliance with during this month.
- **The overall monthly average is 72%.**

#8. What percentage of children in placement, regardless of where that placement is geographically, has been seen in the last quarter by his/her DCF social worker?

Quarterly:

- 87% of all children in out-of-home placement were seen by their DCF social worker at least once during the quarter.

Outcome Measure 17: Worker-Child Visitation (In-Home)

DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.

Note: This review includes all in-home family cases during the quarter beginning January 1, 2004.

The following Review Question pertains to this Outcome Measure:

#9. What percentage of in-home family cases were seen by the DCF social worker at least twice per month per DCF policy?

- January 2004: Of the 45 cases reviewed, the social worker visited with all active case participants under the age of 19 years (who are not in out-of-home placement), twice a month, 33% (15 out of 45) of the time.
- The Waterbury Area Office achieved 100% compliance with this measure during the month of January.
- February 2004: Of the 45 cases reviewed, the social worker visited with all active case participants under the age of 19 years (who are not in out-of-home placement), twice a month, 38% (17 out of 45) of the time.
- None of the area offices achieved 100% compliance with the measure during this month.
- March 2004: Of the 45 cases reviewed, the social worker visited with all active case participants under the age of 19 years (who are not in out-of-home placement), twice a month, 47% (21 out of 45) of the time.
- The Danbury and Middletown Area Offices achieved 100% compliance with this measure during the month of March.
- The overall monthly average is 39%.**

IV. SUMMARY OF REVIEW FINDINGS

- **Outcome Measure #3 – Treatment Plans:** Overall, of the treatment plans reviewed, between 18 – 53% of the plans included the following case planning components: background information, assessment information, treatment information, and progress toward case goals. Ninety-five percent (95%) of the treatment planning conferences held were conducted in the primary language of the family and/or child.
- **Outcome Measure #4 – Search for Relatives:** Overall, 58% of the cases reviewed (26 of 45) had searches conducted and documented in compliance with this outcome measure.
- **Outcome Measure #10 – Sibling Placement:** Overall, 57% of the cases reviewed (13 of 23) had siblings placed together upon entering out-of-home care.
- **Outcome Measure #15 – Children’s Needs Met:** Overall, 53% of the cases reviewed (42 of 79) met the needs of the child and family as specified in the treatment plan.
- **Outcome Measure #16 – Worker-Child Visitation (Out-of Home):** The overall monthly average for visitation by DCF/ICPC or private provider is 72%, and 87% of children are seen by the DCF social worker at least once a quarter.
- **Outcome Measure #17 – Worker-Child Visitation (In-Home):** The overall monthly average for visitation by the DCF social worker is 39%.

QUARTERLY REVIEW April – June 2004

Outcome Measure 20: Discharge Measures **Outcome Measure 21: Discharge of Mentally Ill or Retarded Children**

This review has two purposes. The first purpose is to determine the percentage of youth who achieved goals upon discharge from DCF custody (*Exit Plan Outcome Measure #20: Discharge Measures*), and to report on any documented barriers that prevented achievement of this outcome. The second purpose is to determine the extent to which the Department of Children and Families (DCF) submitted “a written discharge plan to either/or DMHAS or DMR for all children” as required, (*Outcome #21: Discharge of Mentally Ill or Retarded Children*).

This case review included all youth, 18 year of ages or older, who were discharged from the Department’s care (defined as the point in time when the child is no longer in foster care under the care and responsibility or supervision of the DCF) between April 1, 2004 and June 30, 2004. Excluded from this group were Juvenile Justice cases, and cases that had been open only for the purpose of making monetary payments on behalf of the youth. This resulted in a review group of 31 youth for this quarter.

In accordance with the clarifications made to Exit Plan Outcome Measures #20 and #21, there are two sub-population categories identified in this review that will not be included in determining the final performance percentage for these measures. The **first** subcategory is those youth with significant or profound developmental delays, or youth who have been clinically diagnosed with Mental Retardation. The **second** subcategory is youth discharged from the Department after refusing further DCF services, unwilling to continue with the educational and treatment plan goals recommended by the Department.

A total of six youth will be reported on separately, based on the subcategories defined above. In regard to the first subcategory, three of the six youth were diagnosed with Mental Retardation. All three youth had received special education services. One of these youth, a 19-year-old African American male, was still attending high school when discharged. The other two youth, a Hispanic male and female, both age 21, had received special education diplomas. These two youth, when discharged from DCF, continued receiving services through the Department of Mental Retardation’s (DMR) adult programs. The 19-year-old youth had refused DMR services.

In regard to the second subcategory, there were three youth in this review who were discharged from the Department after refusing any further DCF services. All three youth (two female and one male) were age 18. The two females, one identified as Hispanic, were special education students, and both were attending high school at the point of discharge. Neither one was employed. The third youth, a Hispanic male, had dropped out of high school, and his employment situation was not documented in LINK. Substance abuse was not identified as an issue for any of these youth.

The remainder of the review group comprised 25 youth, twelve (48%) of whom are female and thirteen (52%) of whom are male. The racial make-up of the sample included 4 (16%) African American, 17 (68%) Caucasian, and two multi-racial (8%) youth. Two (8%) youth had no race selected in LINK. Twenty-one of the youth (84%) were noted as Non-Hispanic, while four (16%) were Hispanic. Other characteristics of this group of twenty-five youth are as follows:

Mental Health

- Six of the twenty-five youth (24 %) had substance abuse identified as an issue at the point of discharge. Eighteen of the twenty-five youth (72 %) did not. The status of one youth was not determined.
- Eleven of the twenty-five youth (44 %) were documented as having been clinically diagnosed with a psychiatric disorder.
- Three of the twenty-five youth (12 %) were identified as having been hospitalized for psychiatric reasons during the twelve-month period prior to the date of discharge.
- Eight of the twenty-three youth (35 %) were on psychiatric medication at the time of discharge. The status of two youth was not determined.
- Ten of the twenty-five youth (40%) had been in a residential placement during the twelve months prior to discharge.

Medical

- None of the twenty-five youth were identified with complex medical needs.

Educational

- Ten of the twenty-five youth (40 %) were identified as being eligible for special education services. Thirteen of the twenty-five youth (52%) were documented as not being eligible for special education services. There was no information for two youth regarding eligibility.

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

1. What is the total percentage of youth who have achieved one or more of the following prior to discharge from DCF custody?

Graduation from High School

Acquisition of a GED

Enrollment in college or other post secondary training program full-time

Enrollment in college or other post secondary training program part time with part-time employment

Full-time Employment

Enlistment full-time member of the military

Thirteen of the twenty-five youth (52%) in this review achieved one or more of the measures under Outcome Measure #20. The following table illustrates youth who achieved one or more measures by DCF office.

Table 1: Outcome Measure 20, Discharged Youth Who Achieved One or More Achievement Measures, by DCF Office		
Office	Did Youth Achieve One or More Measures Before Discharge?	
	Yes	No
Bridgeport n=6	2	4
Hartford n=2	2	0
Middletown n=1	0	1
New Haven n=11	5	6
Norwich n=1	1	0
Stamford n=2	1	1
Waterbury n=1	1	0
Willimantic n=1	1	0
<i>Totals</i> n=25	13 (52%)	12 (48%)
Six offices (Danbury, Manchester, Meriden, New Britain, Norwalk, and Torrington) are omitted from this table because they had no youth in the study population.		

Of the thirteen youth who met at least one measure, twelve (92%) did so by having graduated from high school. One of the thirteen (8 %) had earned their GED. Eight youth met two measures, i.e., high school graduation or a GED plus one other. Of these eight:

- Two of the eight youth graduated from high school and were employed full-time at the time of discharge.
- Four of the eight youth graduated from high school and were enrolled in full-time post secondary training. Two of these youth completed their educational programs – one youth received a bachelor degree and the other youth completed a culinary program.
- Two of the eight youth graduated from high school and were enrolled in part-time post secondary training and employed part-time (the last two combined count as one achievement measure).

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

Table 2: Specific Achievement Measures Met by Discharged Youth, N=25	
Measures	Number Meeting
High School Graduation Only	4 (16%)
High School Graduation And Full-Time Post-Secondary Training	4 (16%) ¹
High School Graduation And Part-Time Post Secondary Training And Part-Time Employment	2 (8%) ²
High School Graduation and Full-Time Employment	2 (8%)
High School Graduation And Full-Time Military Enlistment	0
GED Earned Only	1 (4%)
GED Earned and Full-Time Employment	0
No Achievement Measures Met	12 (48%) ³
¹ Two of the youth listed as “High School Graduation and Full-Time Post-Secondary Training “ were also employed part-time. ² One youth who was in college part-time was actually employed full-time. ³ Nine of these youth were still attending high school and one was working toward a GED.	

There were seven youth age 19 or older at discharge; six of seven (86%) achieved at least one measure. There were eighteen youth age 18 at discharge, of whom seven (39%) achieved at least one measure. There were twelve youth who participated in CHAP; nine (75%) achieved at least one measure. There were thirteen youth who did not participate in CHAP, of whom four (31%) achieved at least one measure. In addition, youth who received Independent Living Services reached an achievement measure at a much higher rate than those who did not (67% vs. 29%). Adolescent Discharge Plans and Independent Living Plans continue to have poor utilization. There were only two Adolescent Discharge Plans and nine Independent Living Plans indicated in Link for the 25 youth.

Twelve of the twenty-five youth (48 %) did not meet Outcome Measure #20. Of those youth, nine (75 %) were still attending high school, one was pursuing a GED, and one of the youth (8%) had dropped out of high school. The other youth was hospitalized at Cedarcrest at the time of discharge and his high school status was not able to be determined.

In conducting the prior quarterly case reviews of Outcome Measures 20 and 21, it has been found that three characteristics usually have a negative association with achieving a measure. They are eligibility for special education, having an identified substance abuse issue at discharge, and presence of a psychiatric diagnosis. This negative association was supported in this review. It was found that of the ten youth who were receiving special education services (10 of 25 youth), only two youth achieved a measure. As well, of the eleven youth diagnosed with psychiatric disorders (11 of 25 youth), only three youth achieved a measure. In regard to gender, there were twelve females and thirteen males in the current review. Nine of twelve (75%) females achieved a measure, whereas only four of thirteen (31%) males achieved a measure. This review group consisted of four African Americans, seventeen Caucasians, and two Multi-Racial youth. Race appeared to have no relationship to the likelihood of achieving a measure. It is noted in this review that of the twenty-one non-Hispanic youth, twelve (57%) achieved at least one outcome measure, while one of the four Hispanic youth (25%) achieved at least one outcome measure.

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

A LINK Case Review was used to identify barriers that may have prevented the youth from achieving one or more of the six elements of Outcome Measure 20 prior to discharge from DCF. In this review, twelve out of the twenty-five youth did not meet an achievement measure, and more than one barrier could be identified for these youth. The identified barriers were as follows:

- Youth did not have or utilize a support network (1 youth)
- Youth hospitalized (1 youth)
- Youth incarcerated (2 youth)
- Youth had “Other” barriers. The reasons listed under “Other” were:
 - Youth went AWOL (1 youth)
 - Youth moved out of state (1 youth)
 - Youth did not follow through with program requirements (8 youth)
 - Youth still attending high school (9 youth)

3. What is the extent to which LINK documentation indicates that a written discharge plan has been submitted to DMHAS and/or DMR for all children who are mentally ill or mentally retarded and require adult services?

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

Fourteen of the twenty-five youth (56%) from this review did not require adult services from either DMHAS or DMR. **Of the eleven remaining youth, there was documentation that seven youth (64%) had referrals made to DMHAS or DMR for adult services.** The remaining four youth appeared to have criteria that may have required a referral to be made but there was no documentation indicating that this was done. This is illustrated in the table below:

Table 3: Referrals of Youth With Criteria That May Have Required a DMHAS/DMR Referral n=11	
Referral Made	No Referral Made
7 (64%)	4 (36%)

Review Summary

Outcome #20:

Thirteen of the twenty-five youth (52%) in this review achieved one or more of the measures under Outcome Measure #20.

Outcome #21:

Fourteen of the twenty-five youth (56%) from this review did not require adult services from either DMHAS or DMR. Of the eleven remaining youth, there was documentation that seven youth (64%) had referrals made to DMHAS or DMR for adult services.

**Connecticut Association of Foster and Adoptive Parents, Inc.
Post Licensing Training Program**

1. **Quarterly Report: April, May, June 2004**
 2. **Year-End Review: July 1, 2003 – June 30, 2004**
-

Prepared by: Christy Chandry
Program Director

Training Curriculum

The Child Welfare League of America's PRIDE core curriculum modules 1, 2, 3, 4, 7, 8, 9 and 10 are being delivered statewide for the post-licensing training of foster, adoptive and relative caregiver parents. Module 3 consists of a session written by Robin McHaelen, MSW, Executive Director of *True Colors*. The DCF Health Unit wrote modules 11 and 13.

For Spanish-speaking parents, the curriculum entitled, *Effective Foster Parenting*, written by Antonia Frese, MSW, is being delivered statewide.

A complete listing of topics offered in all the curricula follows in this report.

Invitational Process

Each foster, adoptive and relative caregiver in our database (3,327) was mailed the current schedule. (Sample included in this report). Training schedules are printed in each Communiqué newsletter and the schedule always appears on the CAFAP website.

Additionally, CAFAP regional liaisons hand-deliver schedules to each area office for the FASU support worker's use with their families. CAFAP buddies call each of their assigned families to confirm receipt of the schedule and to discuss the post-licensing training with them. Spanish-speaking parents receive a telephone call informing them of the E.F.P. course in their area and are encouraged to register.

Training Modules Planned and Completed

Quarterly Data: For the fourth quarter, 247 people were certified in the English language curricula. For this reporting period, 23 parents were certified in the Spanish-

language E.D.P. 12-week course. 30 post-licensing training modules finished this quarter and 4 Spanish-language courses finished. Please see data sheets included in this report for detailed information on all the post-licensing finishing this quarter.

Year end totals: For the period July 1, 2003 through June 30, 2004:

In the English-language curricula modules, 919 people were certified in the 126 modules completed.

In the Spanish-language E.F.P. course, 52 parents were certified in the 8 courses completed.

Enclosed in this report are data sheets listing specific information pertaining to all modules and courses offered and completed for this year.

Parent-specific informational reports are mailed each quarter to the DCF Mental Health Program Director or his/her designee. This information is mailed for the purposes of posting to each licensed parent's record and to be used at the time of license renewal. DCF FASU staff also can call the CAFAP office at any time for the latest certification information.



Participant Evaluations

Class participants complete an evaluation form at the end of each module or course. Completed evaluations are kept on file and are available upon request.

Child Protective Services Checks

CPS checks are completed on each contracted trainer and remain on file.

Module 1: The Foundation for Meeting the Developmental Needs of Children at Risk (4 sessions)

- Session One Understanding and Assessing Self-Esteem
- Session Two Building Self-Esteem and Understanding Behavior
- Session Three Communicating with Children and Youth (Part 1)
- Session Four Communicating with Children and Youth (Part 2)

Module 2: Using Discipline to Protect, Nurture and Meet Developmental Needs (3 sessions)

- Session One Promoting Positive Behavior
- Session Two Promoting Self-Responsibility and Responding to Unacceptable Behavior
- Session Three Responding to the Challenges

Module 3: Developmental Issues Related to Sexuality (2 sessions)

- Session One Addressing Developmental Issues Related to Sexuality
- Session Two Sexual Orientation and Youth

Module 4: Responding to the Signs and Symptoms of Sexual Abuse (2 sessions)

- Session One Understanding Sexual Abuse
- Session Two Responding to the Issues of Sexual Abuse

Module 5: Supporting Relationships Between Children and Their Families (3 sessions)

- Session One Respecting and Supporting Child/Birth Family Ties
- Session Two Supporting Contacts Between Children and their Families
- Session Three Becoming Partners in Parenting

Module 6: Working as a Professional Team Member (3 sessions)

- Session One Strengthening Teamwork Skills
- Session Two Developing your Professional Role
- Session Three Conflict as Opportunity

Module 7: Promoting Children's Personal and Cultural Identity (2 sessions)

- Session One Valuing and Making a Commitment to Cultural Competence
- Session Two Helping Children Develop Lifebooks

Module 8: Promoting Permanency Outcomes (4 sessions)

- Session One An Overview of Permanency Planning Practice
- Session Two Understanding Permanency Goals
- Session Three Supporting Transition to Permanent Homes through Reunification or Adoption Placement
- Session Four Foster Parent Adoption

Module 9: Managing the Fostering Experience (2 sessions)

- Session One Managing Change in your Family
- Session Two Managing the Impact of Child Abuse/Neglect Allegations

Module 10: Understanding the Effects of Chemical Dependency on Children and Families (5 sessions)

- Session One Understanding Risk and Protective Factors
- Session Two Understanding Chemical Dependency
- Session Three Recognizing the Impact of Parental Chemical Abuse on the Child and the Family
- Session Four Understanding the Implications of Prenatal and Exposure for Parenting Young Children
- Session Five Developing Partnerships with Birth Parents and Working with the Team to Strengthen Families

Module 11: Pediatric Health (1 session)

Module 13: Health Issues in Children (1 session)

**CONNECTICUT ASSOCIATION OF FOSTER AND ADOPTIVE PARENTS,
INC.**

Effective Foster Parenting

Basic Knowledge and Skill Competencies

Session 1: How to Get Children to Cooperate

- Foster family identifies their parenting style
- Foster family is familiar with the impact societal changes have made on parenting styles
- Foster family has an understanding of the three basic styles of parenting
- Foster family identifies the qualities a more democratic style instills in children

Session 2: Sexual Issues and Concerns in Foster Parenting

- Foster family identifies their attitudes toward sexuality
- Foster family knows the importance of modeling healthy relationships and establishing strong boundaries and distinctions between foster parents and their child
- Foster family knows the importance of answering children's questions about sexuality openly and honestly.

Session 3: Child Development and the Effects of Abuse and Neglect

- Foster family has a basic knowledge of the normal developmental milestones of children
- Foster family has an understanding of the impact abuse and neglect has on normal development
- Foster family identifies developmental needs of children in care

Session 4: How it Feels to Lose a Family

- Foster family evaluates whether losses in their lives are adequately resolved
- Foster family understands why separation from and loss of biological families are major issues for children in care
- Foster family knows the stages of grief and the kinds of behavior expected while experiencing these stages.

Session 5: How Children Feel and React when they move into a Foster Family

- Foster family understands the array of feelings the child has to cope with upon placement
- Foster family views the behavior problems of the child in placement as a result of separation rather than deliberate misbehavior
- Foster family is familiar with the reactions associated with children in placement

Session 6: How to Raise Responsible, Independent Children

- Foster family understands the difference between being a good parent and a responsible parent
- Foster family identifies the negative aspects of good parenting
- Foster family knows that “good parenting” can interfere with a child’s development
- Foster family can identify attitudes that influence children to be dependent and irresponsible

Session 7: Why Children Misbehavior

- Foster family knows the general purpose of children’s misbehavior
- Foster family identifies the goals of misbehavior
- Foster family knows how to respond when children misbehave

Session 8: How to Help Children Develop Healthy Self-Esteem What You Say and What Children Hear

- Foster family understands the concept, process and encouragement
- Foster family differentiates between what discourages children and what encourages them
- Foster family knows the connection between encouragement, courage and good self-esteem
- Foster family knows how encouragement instills courage
- Foster family knows how easily children can misinterpret what we say and what we do
- Foster family identifies the differences between praise and encouragement

Session 9: How to Talk so Children will Listen How to Listen so Children will Talk

- Foster family knows the role parents typically play in responding to their children
- Foster family identifies the difference between a closed response and an open response
- Foster family uses reflective listening
- Foster family helps children explore alternatives
- Foster family uses “I” messages

Session 10: Whose Problem is it? Discipline that doesn’t work

- Foster family knows physical punishment is an ineffective way of disciplining
- Foster family knows the concept of “who owns the problem”
- Foster family knows what physical punishment teaches children
- Foster family identifies the difference between parent and child owned problems

Session 11: Discipline that does work Natural and Logical Consequences

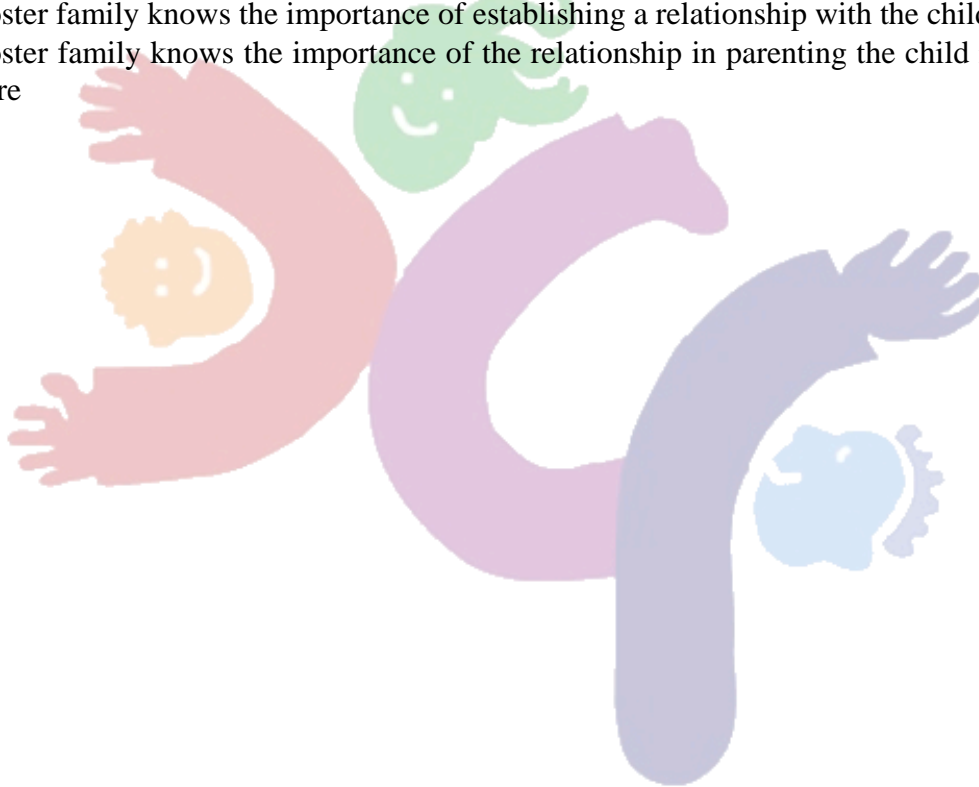
- Foster family knows the concept of natural consequences

- Foster family knows the concept of logical consequences
- Foster family understands the difference between natural and logical consequences and reward and punishment
- Foster family knows the basic principles that guide the use of natural and logical consequences
- Foster family knows how to use natural and logical consequences

Session 12: Developing confidence as a Foster Parent

Pulling it all together

- Foster family feels confident in using the new knowledge and skills they have learned
- Foster family knows the importance of establishing a relationship with the child
- Foster family knows the importance of the relationship in parenting the child in their care



Post Licensing Training Certification Totals

Total Registrants in all courses: 408 **Total Certified: 247** **DCF Staff Certified: 1**
Total Number of Courses: 30 **Total Not Certified: 161**

Class#	Mod#	Start Date	End Date	Location	Total in Town	Total	Total	DCF	Relatives	DCF	
Course	Course	Certified	Not	FP/AP Certified	Certified	Staff	Staff				
388	1	4/30/2004	4/10/2004	Naugatuck	<input type="checkbox"/>	13	9	4	9	0	0
394	2	3/30/2004	4/13/2004	Bridgeport	<input type="checkbox"/>	15	7	8	7	0	0
396	2	4/10/2004	4/17/2004	Hartford	<input type="checkbox"/>	25	15	10	13	2	0
398	2	4/12/2004	4/26/2004	New Haven	<input type="checkbox"/>	19	10	9	10	0	0
399	2	4/17/2004	4/24/2004	Norwich	<input type="checkbox"/>	11	7	4	5	2	0
400	2	3/16/2004	4/6/2004	Torrington	<input type="checkbox"/>	15	13	2	10	0	0
404	3	4/7/2007	4/7/2004	Danbury	<input type="checkbox"/>	6	2	4	2	0	0
410	3	4/12/2004	4/19/2004	Waterbury	<input type="checkbox"/>	14	8	6	8	0	0
413	4	4/3/2004	4/3/2004	New Britain	<input type="checkbox"/>	18	12	6	10	0	0
421	7	4/17/2004	4/17/2004	Willimantic	<input type="checkbox"/>	7	2	5	2	0	0
424	9	4/24/2004	4/24/2004	Rocky Hill	<input type="checkbox"/>	32	16	16	14	0	1
430	11	4/10/2004	4/10/2004	Torrington	<input type="checkbox"/>	16	12	4	11	0	0
432	13	4/27/2004	4/27/2004	Waterbury	<input type="checkbox"/>	28	11	17	11	0	0
435	1	6/5/2004	6/12/2004	Manchester	<input type="checkbox"/>	8	7	1	7	0	0
437	1	6/7/2004	6/28/2004	Torrington	<input type="checkbox"/>	12	8	4	7	0	0
438	1	6/12/2004	6/19/2004	Willimantic	<input type="checkbox"/>	2	1	1	1	0	0
439	2	6/7/2004	6/21/2004	Bridgeport	<input type="checkbox"/>	19	11	8	7	4	0
440	2	6/15/2004	6/29/2004	Hartford	<input type="checkbox"/>	21	11	10	10	0	0
445	3	5/20/2004	5/27/2004	Bridgeport	<input type="checkbox"/>	5	3	2	3	0	0
447	3	6/8/2004	6/15/2004	Old Saybrook	<input type="checkbox"/>	5	4	0	4	0	0
449	3	6/22/2004	6/29/2004	Willimantic	<input checked="" type="checkbox"/>	0	0	0	0	0	0
450	4	5/22/2004	5/22/2004	Hartford	<input type="checkbox"/>	13	9	4	9	0	0
452	4	6/26/2004	6/26/2004	New Haven	<input type="checkbox"/>	21	13	8	12	0	0
456	7	6/12/2004	6/12/2004	Danbury	<input type="checkbox"/>	6	2	4	2	0	0
457	7	5/22/2004	5/22/2004	New Haven	<input type="checkbox"/>	8	5	3	5	0	0
459	7	6/5/2004	6/5/2004	Norwich	<input type="checkbox"/>	6	6	0	6	0	0
460	7	5/26/2004	6/2/2004	Windsor	<input type="checkbox"/>	13	8	5	7	0	0
461	8	5/19/2004	6/9/2004	Waterbury	<input type="checkbox"/>	14	10	4	10	0	0
462	9	6/19/2004	6/19/2004	Norwich	<input type="checkbox"/>	13	9	4	9	0	0
464	10	6/19/2004	6/19/2004	Rocky Hill	<input type="checkbox"/>	23	16	7	14	1	0

EFP Training Certification Totals

Total Registrants in all courses: 23 *Total Certified:* 23 *Parents Certified:*
23

Total Number of Courses: 4 **Total Not Certified:** **0** **DCF Staff Certified:** 0

EFP

Course ID	Start Date	End Date	Location		Total in Course	Total Not Certified	Total in		
							Parents Certified	DCF Staff Certified	
348	3/3/2004	4/21/2004	Waterbury	<input type="checkbox"/>	7	7	0	7	0
349	3/1/2004	4/19/2004	Willimantic	<input type="checkbox"/>	4	4	0	4	0
350	3/1/2004	6/7/2004	Bridgeport	<input type="checkbox"/>	6	6	0	6	0
351	4/8/2004	5/13/2004	New London	<input type="checkbox"/>	6	6	0	6	0

Post Licensing Training Certification Totals

Total Registrants in all Courses: 1579 **Total Certified: 919** **DCF Staff Certified: 2**
Total Number of Courses: 126 **Total Not Certified: 660**

Class#	Relatives Mod#	DCF Start Date	End Date	Location	Total in FP/AP	Total Certified	Total	Total	DCF		
									Not	Cancel'd Staff	
315	2	6/24/2003	7/8/2003	New Haven	<input type="checkbox"/>	19	16	3	11	5	0
316	2	8/5/2003	8/19/2003	Norwich	<input type="checkbox"/>	14	5	9	5	0	0
317	3	7/16/2003	7/23/2003	Bridgeport	<input type="checkbox"/>	21	17	4	15	1	0
318	3	8/5/2003	8/12/2003	Rocky Hill	<input type="checkbox"/>	30	19	11	15	0	0
321	4	7/1/2003	7/8/2003	Hartford	<input type="checkbox"/>	21	13	8	12	0	0
322	4	7/8/2003	7/22/2003	New London	<input type="checkbox"/>	9	6	3	6	0	0
324	4	8/21/2003	8/28/2003	Trumbull	<input type="checkbox"/>	20	10	10	8	0	0
326	7	7/23/2003	7/30/2003	Hartford	<input type="checkbox"/>	35	24	11	22	0	0
327	7	8/6/2003	8/13/2003	Torrington	<input type="checkbox"/>	23	14	9	11	0	0
331	10	7/12/2003	7/19/2003	Waterbury	<input type="checkbox"/>	13	2	11	2	0	0
332	10	7/26/2003	8/2/2003	Willimantic	<input type="checkbox"/>	9	3	6	3	0	0
334	11	7/22/2003	7/22/2003	Danbury	<input type="checkbox"/>	15	10	5	10	0	0
335	11	7/12/2003	7/12/2003	New Haven	<input type="checkbox"/>	22	17	5	15	2	0
337	11	7/29/2003	7/29/2003	Rocky Hill	<input type="checkbox"/>	30	18	12	15	0	0
338	1	9/30/2003	10/21/2003	Bridgeport	<input type="checkbox"/>	13	11	2	11	0	0
339	1	10/4/2003	10/11/2003	Danbury	<input type="checkbox"/>	5	3	2	3	0	0
340	1	12/13/2003	12/13/2003	Hartford	<input type="checkbox"/>	13	3	10	2	1	0
341	1	10/9/2003	10/30/2003	New Haven	<input type="checkbox"/>	12	8	4	8	0	0
342	1	10/4/2003	10/11/2003	Norwich	<input type="checkbox"/>	5	2	3	2	0	0
343	1	11/8/2003	11/15/2003	Rocky Hill	<input checked="" type="checkbox"/>	2	0	2	0	0	0
344	1	11/1/2003	11/8/2003	Torrington	<input checked="" type="checkbox"/>	6	0	6	0	0	0
345	1	10/1/2003	10/22/2003	Waterbury	<input type="checkbox"/>	10	5	5	5	0	0
346	1	12/13/2003	12/13/2003	Willimantic	<input type="checkbox"/>	9	1	8	1	0	0
347	2	11/6/2003	11/20/2003	Bridgeport	<input type="checkbox"/>	23	9	14	9	0	0
348	2	10/4/2003	10/4/2003	Hartford	<input type="checkbox"/>	4	4	0	4	0	0
349	2	11/1/2003	11/8/2003	Manchester	<input type="checkbox"/>	13	8	5	8	0	0
350	2	10/18/2003	10/25/2003	New Britain	<input type="checkbox"/>	4	2	2	2	0	0
351	2	10/25/2003	11/1/2003	New Haven	<input type="checkbox"/>	5	4	1	4	0	0
352	2	11/1/2003	11/8/2003	Norwich	<input type="checkbox"/>	10	6	4	6	0	0
353	2	11/15/2003	11/22/2003	Old Saybrook	<input type="checkbox"/>	10	5	5	5	0	0



Class#	Relatives Mod#	DCF Start Date	DCF End Date	Location	Total in FP/AP	Total Town	Total Certified	Total DCF	Total DCF		
									Course	Certified	Not
354	2	9/29/2003	10/13/2003	Torrington	<input type="checkbox"/>	4	2	2	1	1	0
355	2	10/23/2003	11/6/2003	Waterbury	<input type="checkbox"/>	14	5	9	5	0	0
356	3	12/6/2003	12/6/2003	Bridgeport	<input checked="" type="checkbox"/>	17	0	17	0	0	0
357	3	11/15/2003	11/15/2003	Danbury	<input checked="" type="checkbox"/>	5	1	4	1	0	0
358	3	12/1/2003	12/8/2003	Hartford	<input type="checkbox"/>	17	8	9	7	0	0
359	3	12/13/2003	12/13/2003	Naugatuck	<input type="checkbox"/>	8	4	4	4	0	0
360	3	11/5/2003	11/12/2003	New Haven	<input type="checkbox"/>	11	6	5	6	0	0
361	3	10/25/2003	10/25/2003	Rocky Hill	<input type="checkbox"/>	10	7	3	7	0	0
362	3	12/6/2003	12/6/2003	Torrington	<input checked="" type="checkbox"/>	17	0	17	0	0	0
363	3	10/18/2003	10/18/2003	Willimantic	<input checked="" type="checkbox"/>	4	0	4	0	0	0
364	4	11/1/2003	11/1/2003	Danbury	<input type="checkbox"/>	5	2	3	2	0	0
365	4	11/13/2003	11/20/2003	Hartford	<input type="checkbox"/>	17	14	3	13	0	0
366	4	10/23/2003	10/30/2003	Norwich	<input type="checkbox"/>	11	7	4	7	0	0
367	4	11/5/2003	11/12/2003	Old Saybrook	<input type="checkbox"/>	8	8	0	8	0	0
368	4	10/11/2003	10/11/2003	Rocky Hill	<input type="checkbox"/>	4	3	1	3	0	0
369	4	11/8/2003	11/8/2003	Waterbury	<input type="checkbox"/>	13	3	10	3	0	0
370	7	11/1/2003	11/1/2003	New Britain	<input type="checkbox"/>	9	3	6	3	0	0
371	7	12/3/2003	12/10/2003	New Haven	<input type="checkbox"/>	13	3	10	3	0	0
372	7	10/18/2003	10/25/2003	Norwich	<input type="checkbox"/>	7	2	5	2	0	0
373	7	12/20/2003	12/20/2003	Rocky Hill	<input type="checkbox"/>	14	4	10	4	0	0
374	7	11/8/2003	11/8/2003	Trumbull	<input type="checkbox"/>	15	4	11	4	0	0
375	8	10/4/2003	10/11/2003	New Britain	<input checked="" type="checkbox"/>	5	0	5	0	0	0
376	10	10/4/2003	10/11/2003	Bridgeport	<input type="checkbox"/>	8	5	3	5	0	0
377	10	11/15/2003	11/22/2003	New Britain	<input type="checkbox"/>	11	6	5	6	0	0
378	10	10/18/2003	10/25/2003	Willimantic	<input type="checkbox"/>	6	4	2	4	0	0
379	11	11/15/2003	11/15/2003	Bridgeport	<input type="checkbox"/>	29	17	12	15	2	0
380	11	9/25/2003	9/25/2003	New Haven	<input type="checkbox"/>	7	4	3	3	1	0
381	10	11/15/2003	11/15/2003	New London	<input checked="" type="checkbox"/>	0	0	0	0	0	0
382	13	12/3/2003	12/3/2003	Manchester	<input type="checkbox"/>	22	10	12	10	0	0
383	13	12/2/2003	12/2/2003	Waterbury	<input checked="" type="checkbox"/>	0	0	0	0	0	0
384	13	10/21/2003	10/21/2003	Willimantic	<input type="checkbox"/>	13	6	7	4	2	0
385	1	1/22/2004	2/12/2004	Bridgeport	<input type="checkbox"/>	6	3	3	3	0	0
386	1	3/20/2004	3/27/2004	Hartford	<input type="checkbox"/>	27	19	8	16	2	0
387	1	2/7/2004	2/14/2004	Manchester	<input type="checkbox"/>	5	4	1	4	0	0
388	1	4/3/2004	4/10/2004	Naugatuck	<input type="checkbox"/>	13	9	4	9	0	0
389	1	3/4/2004	3/25/2004	New Haven	<input type="checkbox"/>	12	7	5	7	0	0

Class#	Relatives Mod#	DCF Start Date	DCF End Date	Location	Total in FP/AP	Total Town Certified	Total Total	Total DCF	DCI	DCI	DCI	DCI
390	1	2/21/2004	2/28/2004	New London	<input type="checkbox"/>	9	5	4	3	1	0	
391	1	2/7/2004	2/14/2004	Norwich	<input type="checkbox"/>	4	4	0	2	2	0	
392	1	3/20/2004	3/27/2004	Old Saybrook	<input type="checkbox"/>	5	4	1	4	0	0	
393	1	3/1/2004	3/22/2004	Waterbury	<input type="checkbox"/>	17	8	9	7	1	0	
394	2	3/30/2004	4/13/2004	Bridgeport	<input type="checkbox"/>	15	7	8	7	0	0	
395	2	2/7/2004	2/14/2004	Danbury	<input type="checkbox"/>	9	6	3	5	0	0	
396	2	4/10/2004	4/17/2004	Hartford	<input type="checkbox"/>	25	15	10	13	2	0	
397	2	1/31/2004	2/7/2004	New Britain	<input type="checkbox"/>	6	6	0	6	0	0	
398	2	4/12/2004	4/26/2004	New Haven	<input type="checkbox"/>	19	10	9	10	0	0	
399	2	4/17/2004	4/24/2004	Norwich	<input type="checkbox"/>	11	7	4	5	2	0	
400	2	3/16/2004	4/6/2004	Torrington	<input type="checkbox"/>	15	13	2	10	0	0	
401	2	1/17/2004	1/24/2004	Waterbury	<input type="checkbox"/>	15	10	5	10	0	0	
402	2	3/20/2004	3/27/2004	Willimantic	<input type="checkbox"/>	11	9	2	8	1	0	
403	3	2/12/2004	2/19/2004	Bridgeport	<input type="checkbox"/>	14	8	6	8	0	0	
404	3	4/7/2004	4/7/2004	Danbury	<input type="checkbox"/>	6	2	4	2	0	0	
405	3	2/21/2004	2/21/2004	Hartford	<input type="checkbox"/>	14	11	3	9	2	0	
406	3	3/9/2004	3/23/2004	Manchester	<input type="checkbox"/>	12	7	5	6	1	0	
407	3	2/3/2004	2/10/2004	New haven	<input type="checkbox"/>	5	3	2	3	0	0	
408	3	3/20/2004	3/20/2004	New London	<input type="checkbox"/>	15	11	4	10	1	0	
409	3	1/21/2004	2/4/2004	Norwich	<input type="checkbox"/>	13	12	1	9	2	0	
410	3	4/12/2004	4/19/2004	Waterbury	<input type="checkbox"/>	14	8	6	8	0	0	
411	4	3/24/2004	3/31/2004	Bridgeport	<input type="checkbox"/>	17	11	6	11	0	0	
412	4	2/2/2004	2/9/2004	Hartford	<input type="checkbox"/>	14	13	1	13	0	0	
413	4	4/3/2004	4/3/2004	New Britain	<input type="checkbox"/>	18	12	6	10	0	0	
414	4	1/21/2004	1/28/2004	New haven	<input type="checkbox"/>	10	6	4	6	0	0	
415	4	2/28/2004	2/28/2004	Waterbury	<input type="checkbox"/>	19	10	9	9	0	0	
416	4	3/4/2004	3/11/2004	Willimantic	<input type="checkbox"/>	6	6	0	4	2	0	
417	7	2/28/2004	2/28/2004	Manchester	<input type="checkbox"/>	6	6	0	6	0	0	
418	7	1/17/2004	1/17/2004	Naugatuck	<input type="checkbox"/>	10	6	4	6	0	0	
419	7	2/21/2004	2/21/2004	Old Saybrook	<input type="checkbox"/>	14	9	5	8	0	0	
420	7	2/7/2004	2/7/2004	Rocky Hill	<input type="checkbox"/>	13	10	3	10	0	0	
421	7	4/17/2004	4/17/2004	Willimantic	<input type="checkbox"/>	7	2	5	2	0	0	
422	8	1/8/2004	1/29/2004	Meriden	<input type="checkbox"/>	13	6	7	5	0	1	
423	8	1/24/2004	1/31/2004	Willimantic	<input type="checkbox"/>	13	11	2	9	2	0	
424	9	4/24/2004	4/24/2004	Rocky Hill	<input type="checkbox"/>	32	16	16	14	0	1	
425	9	2/28/2004	2/28/2004	Willimantic	<input type="checkbox"/>	21	15	6	13	2	0	

Class#	Mod#	Relatives		End Date	Location	Total in		Total		DCF	
		Start Date	DCF Certified			Not	Town	FP/AP Certified	Staff	Cancel'd	Staff
426	10	3/6/2004	3/13/2004	Danbury	<input type="checkbox"/>	9	6	3	6	0	0
427	10	2/21/2004	2/28/2004	Windsor	<input type="checkbox"/>	12	4	8	4	0	0
428	11	1/20/2004	1/20/2004	Hartford	<input type="checkbox"/>	14	7	7	7	0	0
429	11	3/23/2004	3/23/2004	Norwich	<input type="checkbox"/>	14	9	5	7	2	0
430	11	4/10/2004	4/10/2004	Torrington	<input type="checkbox"/>	16	12	4	11	0	0
431	13	2/26/2004	2/26/2004	Rocky Hill	<input type="checkbox"/>	18	17	1	17	0	0
432	13	4/27/2004	4/27/2004	Waterbury	<input type="checkbox"/>	28	11	17	11	0	0
435	1	6/5/2004	6/12/2004	Manchester	<input type="checkbox"/>	8	7	1	7	0	0
437	1	6/7/2004	6/28/2004	Torrington	<input type="checkbox"/>	12	8	4	7	0	0
438	1	6/12/2004	6/19/2004	Willimantic	<input type="checkbox"/>	2	1	1	1	0	0
439	2	6/7/2004	6/21/2004	Bridgeport	<input type="checkbox"/>	19	11	8	7	4	0
440	2	6/15/2004	6/29/2004	Hartford	<input type="checkbox"/>	21	11	10	10	0	0
445	3	5/20/2004	5/27/2004	Bridgeport	<input type="checkbox"/>	5	3	2	3	0	0
447	3	6/8/2004	6/15/2004	Old Saybrook	<input type="checkbox"/>	5	4	1	4	0	0
449	3	6/22/2004	6/29/2004	Willimantic	<input checked="" type="checkbox"/>	0	0	0	0	0	0
450	4	5/22/2004	5/22/2004	Hartford	<input type="checkbox"/>	13	9	4	9	0	0
452	4	6/26/2004	6/26/2004	New Haven	<input type="checkbox"/>	21	13	8	12	0	0
456	7	6/12/2004	6/12/2004	Danbury	<input type="checkbox"/>	6	2	4	2	0	0
457	7	5/22/2004	5/22/2004	New Haven	<input type="checkbox"/>	8	5	3	5	0	0
459	7	6/5/2004	6/5/2004	Norwich	<input type="checkbox"/>	6	6	0	6	0	0
460	7	5/26/2004	6/2/2004	Windsor	<input type="checkbox"/>	13	8	5	7	0	0
461	8	5/19/2004	6/9/2004	Waterbury	<input type="checkbox"/>	14	10	4	10	0	0
462	9	6/19/2004	6/19/2004	Norwich	<input type="checkbox"/>	13	9	4	9	0	0
464	10	6/19/2004	6/19/2004	Rocky Hill	<input type="checkbox"/>	23	16	7	14	0	0

EFP Training Certification Totals

Total Registrants in all courses: 52 *Total Certified:* 52 *Parents Certified:*
52

Total Number of Courses: 8 Total Not Certified: 0 **DCF Staff Certified: 0**

EFP

Course ID	Start Date	End Date	Location	Total in Parents Town	Cancel'd Certified	Total Certified	Total Not DCF Staff Certified	Total Not Certified
343	9/13/2003	11/22/2003	Hartford	8	<input type="checkbox"/>	8	0	8
344	10/7/2003	12/23/2003	New Haven	4	<input type="checkbox"/>	4	0	4
345	9/23/2003	12/9/2003	Bridgeport	7	<input type="checkbox"/>	7	0	7
346	10/8/2003	12/24/2003	Waterbury	10	<input type="checkbox"/>	10	0	10
348	3/3/2003	4/21/2004	Waterbury	7	<input type="checkbox"/>	7	0	7
349	3/1/2003	4/19/2004	Willimantic	4	<input type="checkbox"/>	4	0	4
350	3/1/2003	6/7/2004	Bridgeport	6	<input type="checkbox"/>	6	0	6
351	4/8/2003	5/13/2004	New London	6	<input type="checkbox"/>	6	0	6