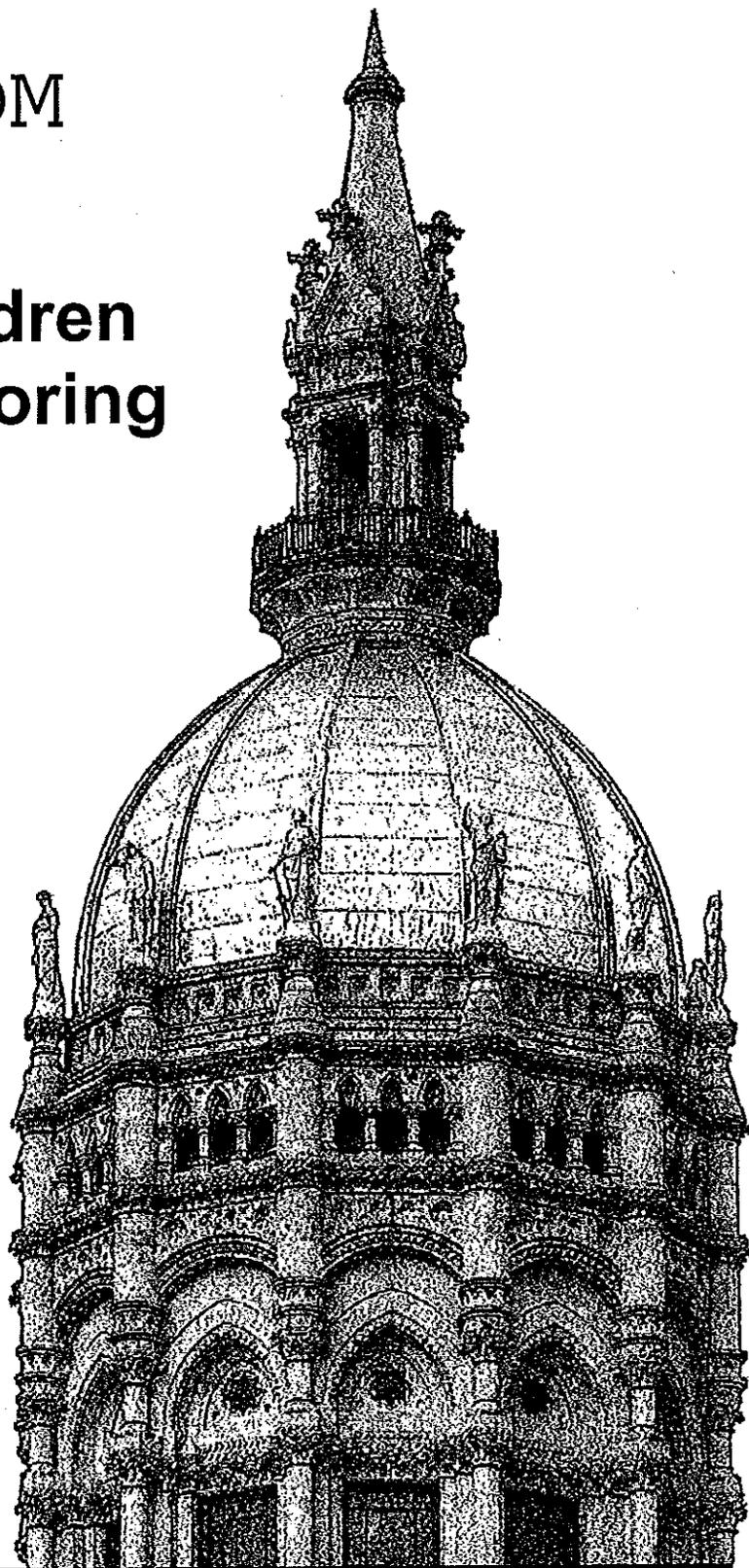


EXCERPTS FROM

**Department of Children
and Families Monitoring
and Evaluation**

DECEMBER 2007



PRI

**Legislative Program Review and
Investigations Committee**

Connecticut General Assembly

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**EXCERPTS FROM:
DEPARTMENT OF CHILDREN AND FAMILIES MONITORING AND EVALUATION
December 2007**

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Background: Overview of DCF

Connecticut established its consolidated children's agency, the Department of Children and Families, in the 1970s. The legislature combined the state's primary child welfare programs in one organization with the intent of achieving a comprehensive, coordinated statewide system of services for children and families who are at risk because of abuse or neglect, delinquency, mental illness, emotional disturbance, or substance abuse problems.

Since its formation, the department has undergone numerous internal reorganizations, shifts in policy and practice, and almost continuous critical review as it seeks to carry out its complex mission. Background information on DCF is presented in this chapter and includes: an overview of the agency's mission and operating principles; descriptions of its major mandates and associated programs and activities; and a summary of the department's current organization and budget. A brief history of the agency and children's services in Connecticut is provided in Appendix D.

Mission, Guiding Principles and Goals

The purpose and goals of the Department of Children and Families are implied in many of its legislative mandates, although there is no single statutory policy statement about the agency's role. Over time, the department has adopted various mission statements that reflect its broad scope as well as the general evolution of child welfare policy and practice. The current mission of DCF, as stated on the agency's website, is: *to protect children, improve child and family well-being and support and preserve families.*

DCF management officially adopted six guiding principles for all agency activities based on its mission statement. They include the following overarching principle encompassing the core agency mission and five specific principles intended to guide department practice:

- Overarching Principle: Safety, Permanency, and Well-Being
- Principle One: Families as Allies
- Principle Two: Cultural Competence
- Principle Three: Partnerships
- Principle Four: Organizational Commitment
- Principle Five: Work Force Development

Descriptions of each principle were developed by the department and are provided to all employees and contracted providers, and made available to the general public. A copy of the agency's mission and guiding principles document is presented in Appendix E.

Many goals have been established internally and externally for the Department of Children and Families. At this time, the department does not have a single document containing all goals for the overall agency, its mandate areas, or its specific programs. The information about DCF goals presented below was compiled from a variety of sources, including state

Behavioral health mandate goals. The goals of the DCF's behavioral health mandate, as defined in the agency's FY2008-2009 biennium governor's budget document, are:

- to address children's behavioral health needs, serve children in their homes and communities to the greatest extent possible, and use the most effective, evidence-based practices in all behavioral health services.

Goals for the department's overall behavioral health system are not clearly set out in statute. However, expected outcomes for the state's major behavioral health reform initiative, the Connecticut Behavioral Health Partnership, and for KidCare, the children's services component overseen by DCF, are described in state law. The statutory goals for KidCare are included in Appendix F.

DCF participates in the statewide mental health planning process the Department of Mental Health and Addiction Services carries out to meet federal mental health block grant funding requirements. DCF prepares the section of the federal plan on children's services, which must describe how the state will implement an organized, community-based system for improving mental health services for children with serious emotional disturbances.

In addition to describing the current state service system, the federal mental health plan must: identify and analyze system strengths, needs, and priorities; and discuss performance goals and action plans for improvement. Although goals and measures are outlined in the children's services section, the document does not appear to be used by DCF or its behavioral health bureau as a strategic guide for providing services.

A two-year strategic plan that sets goals for Riverview, the children's psychiatric hospital operated by DCF, was developed by facility staff with the help of the DCF Bureau of Continuous Quality Improvement in the spring of 2007. A multidisciplinary hospital staff workgroup is responsible for implementation, and progress is reviewed quarterly by facility management, a BCQI representative, and an on-site monitor from the Office of the Child Advocate.

Juvenile justice mandate goals. DCF's juvenile justice goals, as outlined on the agency's Juvenile Services Bureau website, are:

- to serve children in the juvenile justice system and their families; protect public safety; collaborate with the courts, communities, and partners; and provide a continuum of effective prevention, treatment, and transitional services children need to succeed in their families and communities.

Further, there are specific statutory goals for the state juvenile justice system, which apply to the courts as well as DCF. These are also listed in Appendix F and are generally reflected in the juvenile services bureau goal statement.

A statewide juvenile justice strategic plan was prepared by the DCF Juvenile Services Bureau and the Court Support Services Division of the Judicial Branch with input from many

relate to how services are to be delivered (e.g., “receive appropriate services in the least restrictive setting”). Few of the program goals identified by PRI staff incorporate the agency’s guiding principles concerning family-centered practice, partnerships, and cultural competence. For the most part, however, they are consistent with the agency’s overall and mandate area goals.

Major Duties and Responsibilities

The Department of Children and Families has broad authority and responsibility for protecting and supporting children and families by carrying out state and federal child welfare, juvenile justice, and children’s mental health and substance abuse programs. Current state statutes require the department to:

- “...plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated state-wide program of services including preventive services for children and youths...” who are abused, neglected or uncared for, mentally ill or emotionally disturbed, substance abusers, delinquent, or whose behavior does not conform to the law or acceptable community standards;⁶
- provide a “flexible, innovative, and effective program for placement, care, and treatment” of committed, transferred, and voluntarily admitted children and youth, as well as provide appropriate services as needed to the families of children and youth in its care;
- work in cooperation with other agencies and organizations to provide or arrange for preventive programs, including but not limited to teenage pregnancy and youth suicide prevention;
- establish or contract for services for the “identification, evaluation, discipline, rehabilitation, aftercare, treatment, and care of children and youth served by the agency....”; and
- “... undertake or contract for or otherwise stimulate research concerning children and youth....”

At present, the agency contracts with nearly 200 different private providers for more than 100 types of services for its clients. The Department of Children and Families, as specified in state statute, also operates the state’s only public psychiatric hospital for children and youth, two residential treatment facilities, and a secure correctional facility for delinquent boys. The department runs a therapeutic program for troubled youth through its Wilderness School, another facility named in statute. Table I-1 provides a brief description of each DCF facility.

⁶ For the purposes of DCF statutory provisions, child means a person under the age of 16 and youth means a person at least age 16 and under age 19.

Under state statute, DCF must report each year to the governor and legislature on the status of all children committed to the department. It also must establish and maintain a central registry of all children with permanency plans that recommend adoption and, under legislation enacted in 1999, have a system in place to monitor progress in implementing such plans. Information on the status of the various reports, plans, and reviews the department is required by state or federal law to produce, or to receive from service providers and advisory groups, is provided in more detail in Chapter III.

Legislation enacted in 2005 requires the department to seek accreditation from the national accrediting body for public child welfare agencies, the Council on Accreditation (COA). The COA accreditation process and standards and DCF efforts to comply with this requirement are also discussed in Chapter III.

Federal mandates. DCF is the state agency responsible for carrying out a number of federal mandates in areas of child welfare, children's behavioral health, and juvenile delinquency. Currently, the department is subject to oversight by: the U.S. Department of Health and Human Services, Administration for Children and Families; the Substance Abuse and Mental Health Services Administration of HHS; and the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. It must prepare any required state plans, grant applications, and reports for these federal agencies.

Federal monitoring and evaluation activities related to DCF, such as the Child and Family Services Reviews carried out for all state child welfare agencies, were examined in depth by committee staff. Major federal oversight activities on DCF services and programs for children and families are described in Chapter III.

Advisory groups. More than a dozen councils, committees, commissions, and boards established in accordance with state and federal law have responsibility for advising and assisting DCF or generally providing input to the governor and/or legislature on matters within the department's purview. These groups include:

- general agency advisory groups, such as the state and area advisory councils and the advisory groups for DCF facilities; and
- program or issue-specific advisory groups, such as the Behavioral Health Partnership Oversight Council and the Youth Suicide Advisory Board.

Program review staff reviewed the roles of these advisory groups in tracking program outcomes, assessing performance, and making recommendations to DCF for service improvements. Descriptive information on the advisory groups is presented in Chapter V.

State Mandate Areas and Programs

The department's many programs and activities are generally organized by its four main statutory mandate areas: child protective services; children and youth behavioral health services; juvenile justice services for adjudicated delinquents; and prevention services. DCF also categorizes its treatment services within each area on a continuum ranging from community-based and in-home services to increasingly intensive out-of-home placements. Like federal and

FIGURE I-1. DCF AGENCY SERVICES AND PROGRAMS BY MANDATE AREA (AS OF FY 07)

CHILD PROTECTION (CP)	BEHAVIORAL HEALTH (BH)	JUVENILE JUSTICE (JJ)	PREVENTION
<p><u>CP Community-Based Services</u></p> <ul style="list-style-type: none"> ▪ Hotline ▪ Social Work (Area Offices) ▪ In-Home (family preservation, parent aide, substance abuse screening) 	<p><u>BH Community-Based Services</u></p> <ul style="list-style-type: none"> ▪ KidCare ▪ Emergency mobile psych ▪ Care coordination ▪ Parent advocacy ▪ Child guidance clinics ▪ Extended day treatment ▪ Substance abuse treatment including family-focused and supportive housing programs ▪ Flexible Funding ▪ Intensive in-home treatment <ul style="list-style-type: none"> • MST (multi-systemic therapy) • MDFT (multi-dimensional family therapy) • FFT (functional family therapy) • IICAPS (intensive in-home child and adolescent psychiatric services) • FST (family support team) 	<p><u>JJ Community-Based Services</u></p> <ul style="list-style-type: none"> ▪ Parole Services ▪ Aftercare for Delinquent Youth <ul style="list-style-type: none"> • MST(multi-systemic therapy) • Outreach, Tracking and Reunification and Choice • STEP (Success Teams for Educational Progress) 	<p><u>Fund and directly provide:</u></p> <ul style="list-style-type: none"> ▪ Parent Education and Assessment Services ▪ Positive Youth Development Initiative ▪ Suicide Prevention ▪ Youth Suicide Prevention Project ▪ Early Childhood Mentoring ▪ Parents with Cognitive Limitations Workgroup ▪ Regional Homelessness Prevention Training ▪ Family Day ▪ Child Abuse Prevention Month ▪ The Wilderness School
<p><u>CP Out-of-Home Services</u></p> <ul style="list-style-type: none"> ▪ Adoption ▪ Subsidized Guardianship ▪ Relative Caregivers ▪ Foster Care ▪ Independent Living ▪ SAFE Homes 	<p><u>BH Out-of-Home Services</u></p> <ul style="list-style-type: none"> ▪ Residential treatment ▪ Group homes ▪ Therapeutic group homes (new model starting 2005) ▪ Specialized foster care ▪ Treatment foster care ▪ Professional parent ▪ Transitional (to DMHAS) ▪ Residential drug treatment ▪ Short-term residential substance abuse treatment ▪ Short-term assessment resource homes (replaced shelters) ▪ Respite services 	<p><u>JJ Out-of-Home Placements</u></p> <ul style="list-style-type: none"> ▪ Residential treatment ▪ Group homes ▪ Specialized foster care ▪ Treatment foster care ▪ Professional parent ▪ Inpatient drug treatment ▪ Short-term residential substance abuse treatment 	

Source: PRI staff analysis.

for the state HUSKY medical care program. The subsequent Behavioral Health Partnership enabling legislation incorporated the KidCare program. The BHP law also established an oversight council responsible for monitoring and evaluating implementation and administration of the new partnership, including its KidCare services.

At present, 25 KidCare community collaboratives have been established with DCF assistance and cover all communities in the state. The collaboratives are local systems of care networks composed of behavioral health and community service providers, parents, and advocates. Available services and operations vary, but the following services are in place statewide: inpatient; outpatient; home-based and emergency mobile psychiatric services; partial hospitalization; and crisis stabilization beds. Children with complex behavioral health needs are eligible for enhanced services that may include: care coordination; comprehensive assessment; intensive home-based services; respite services; extended day treatment; residential treatment; individualized support services; and behavioral management and consultation services.

DCF currently funds about 60 care coordinator positions. These employees work with the community collaboratives to provide assistance to families who need help identifying and procuring appropriate services. In partnership with the families, the care coordinators, who largely act as "service brokers," are responsible for ensuring individual service plans are developed and implemented to meet children's needs.

In accordance with statutory provisions, the Behavioral Health Partnership contracts with an Administrative Services Organization (ASO) for utilization management services that include clinical oversight, authorizing the correct level of care, and monitoring the types of services used. The current ASO contractor, Value Options, which began operating in January 2006, manages and supports a number of services provided through KidCare. It also generates data for DCF on child-specific service outcomes and service needs by type and area of the state.

Juvenile justice. Primary responsibility for carrying out the state's juvenile justice policies rests with the Judicial Branch. The Juvenile Court and the Court Support Services Division conduct intake and assessment of all juveniles charged with a crime and operate the state's juvenile probation and detention programs. The Judicial Branch also contracts for a variety of community-based services for delinquent youths.

DCF's juvenile justice mandate is limited to the system's most challenging children -- adjudicated delinquents committed by the courts to the agency for care and treatment. Of the approximately 14,000 youths under age 16 referred to the Juvenile Court each year, about 1,200 adjudicated delinquents are committed to DCF for secure out-of-home care.

By law, the department runs the state's only secure residential facility for committed delinquents, the Connecticut Juvenile Training School. DCF also contracts with licensed, private providers for various types of residential treatment needed by juveniles committed to its care. In addition, the agency is responsible for:

- **Parole:** services and supervision for its juvenile justice clients who have completed out-of-home treatment and are living in the community; and

Under P.A. 79-567, which was later amended and went into effect in 1981, the state established separate law enforcement and judicial procedures, and a Families with Service Needs program, for juveniles through age 15 committing status offenses. A parallel program called Youth In Crisis (YIC) that extends a similar process and court services to 16 and 17 year olds acting out in non-criminal ways was established under legislation enacted in 2000.

The FSWN and YIC programs allow families and certain other parties to request and receive services from the juvenile court, ranging from counseling and community-based supervision to evaluations and residential treatment, without going through delinquency proceedings. Children found eligible for the programs are subject to court order and can be held in custody for violating such orders at this time.

However, legislation enacted in 2005, which became effective on October 1, 2007, prohibits children adjudicated as FWSNs from being held in a juvenile detention facility or being found delinquent solely for violating a FWSN court order. In addition, before ordering an out-of-home placement or commitment to DCF for a FWSN child, a judge must find there is no less restrictive alternative appropriate to the child's and the community's needs.

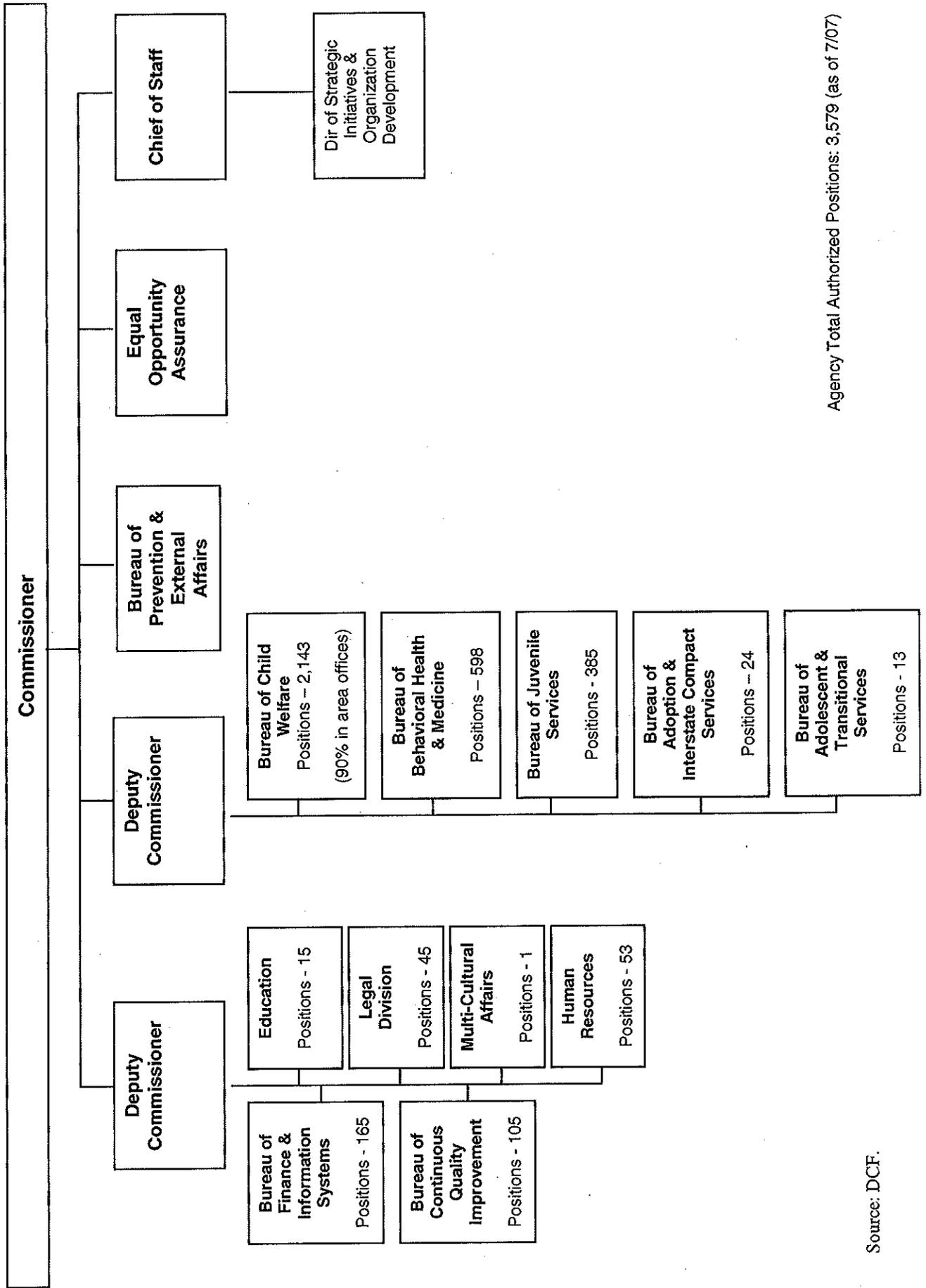
In 2006, an advisory group was created by statute (P.A. 06-188) to monitor and make recommendations concerning implementation of the requirements of the FSWN program amendments by DCF and the Judicial Department. Legislation requiring the state to establish a network of family support centers to meet the service needs of juvenile status offenders, a key recommendation from the FSWN advisory group, was passed during the June 2007 special session (P.A. 07-4, June SS).

Prevention. The department's broad prevention mandate is to promote positive development in children, youth, families, and communities. To achieve this mandate, the department funds or directly provides: child abuse prevention services; parent education and support; positive youth development programs; early childhood services; juvenile criminal diversion projects and juvenile review boards; mentoring programs; and public awareness campaigns. Specific DCF prevention programs operating in FY 07 are listed in Figure I-1.

Children's Trust Fund. Preventing child abuse and neglect is the sole mission of the Connecticut Children's Trust Fund, which provides more direct resources for primary prevention efforts related to children and families than the department. The Children's Trust Fund was established by statute in 1983 in response to a national movement to create mechanisms in every state to coordinate and fund community-based child abuse and neglect prevention efforts (P.A. 83-20, June SS).

The fund was administered originally by DCF with input from the Children's Trust Fund Council. In 1997, the legislature made the council an independent agency with the authority to use the resources of the Children's Trust Fund to develop, operate, and fund services and initiatives to strengthen families and prevent child abuse and neglect. The council also administers the Parent Trust Fund, which was created in 2001 to fund programs aimed at improving the health, safety, and education of children by teaching parents leadership skills. Each year, the council must report to the legislative committees on human services, public

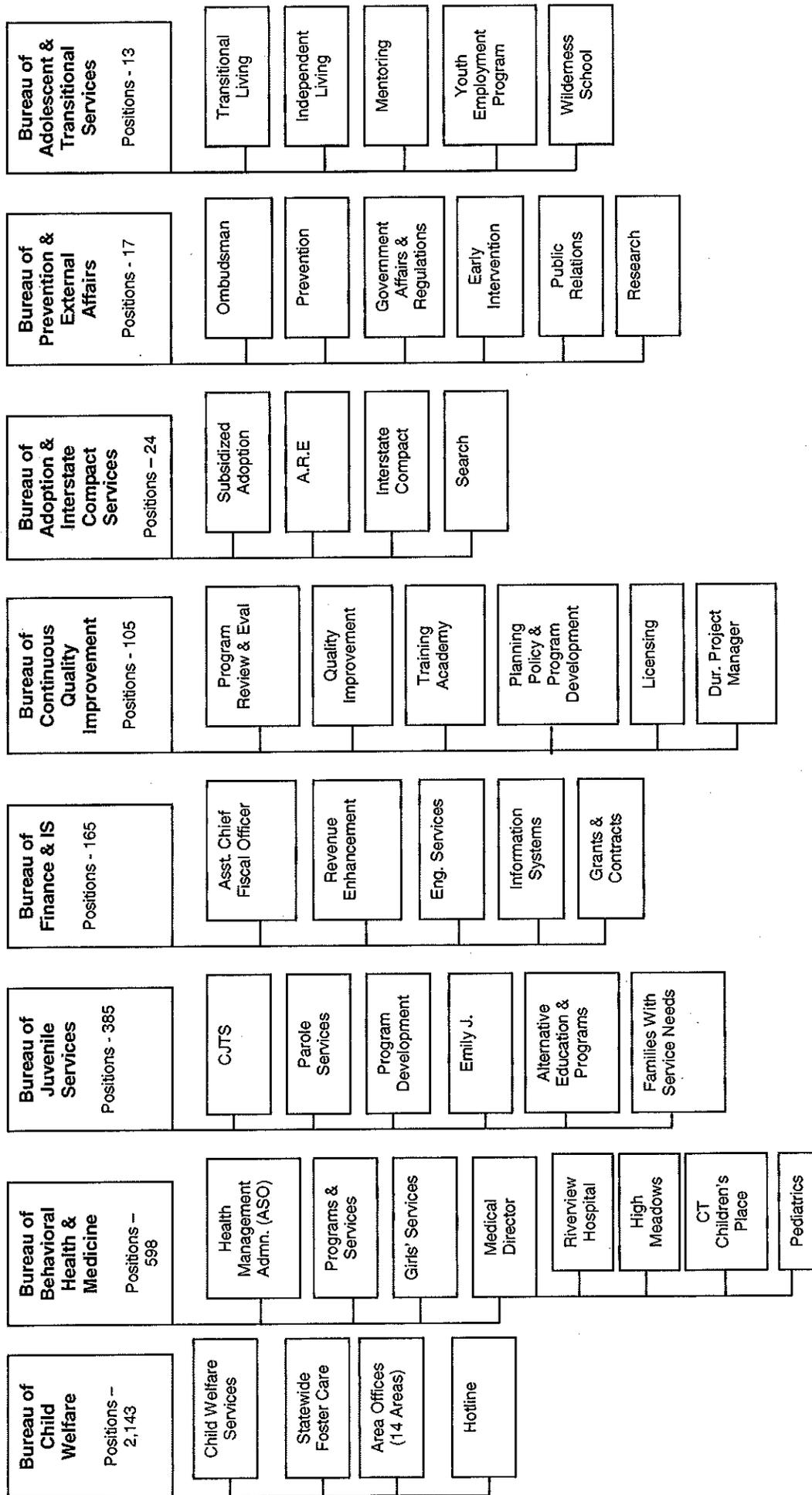
Figure I-2. Department of Children and Families Organization: July 2007



Agency Total Authorized Positions: 3,579 (as of 7/07)

Source: DCF.

Figure I-3. DCF Bureaus (July 2007)



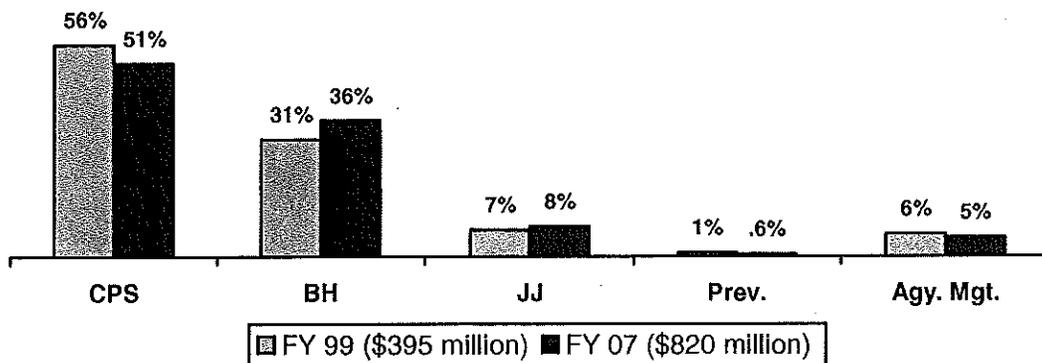
Source: DCF.

Table I-2. DCF Budget by Major Program: FY 07

Agency Programs	Total Est. Expend. (\$ in millions)	% of Total
Child Protective Services (CPS)	\$417.095	50.9%
CPS Community-Based Services	\$24.993	3.0%
CPS Out-of-Home Services	\$223.183	27.2%
CPS Administration	\$168.917	20.6%
Children & Families Behavioral Health (BH)	\$293.654	35.8%
BH Community-Based Services	\$78.606	9.6%
BH Out-of-Home Services	\$152.880	18.6%
BH State-Operated Facility	\$54.964	6.7%
BH Administration	\$7.202	0.9%
Juvenile Justice (JJ)	\$65.901	8.0%
JJ Community-Based Services	\$18.775	2.3%
JJ Out-of-Home Placement	\$17.593	2.1%
JJ State-Operated Facility	\$25.055	3.1%
JJ Administration	\$4.477	0.5%
Prevention for Children & Families	\$4.904	0.6%
Agency Management Services	\$38.449	4.7%
TOTAL	\$820.005	100.0 %

Source of Data: Governor's Budget FY 2008 - FY 2009 Biennium (February 2007).

Figure I-4. DCF Budget by Major Category: FY 99 and FY 07



Source of Data: DCF and Governor's Budget.

Appendix C

DCF: Developments Since 1999

In 1999, the program review committee study of DCF found long-standing deficiencies in the areas of agency management and strategic planning. The study also revealed little integration of funding and activities across protective services, behavioral health, and juvenile justice systems, an overall lack of leadership, and weak, fragmented accountability. In particular, the committee found the agency's behavioral health and juvenile justice mandates had suffered from lack of attention and resources, largely because of DCF's focus on the *Juan F.* child welfare lawsuit. The main goals of establishing a consolidated children's agency back in 1974—strong leadership on children's issues and comprehensive, integrated community-based services that promote the well-being of children and families—had not been achieved.

For many years, experts and practitioners have agreed comprehensive services, with a single point of entry, coordinated delivery, and flexible funding, result in better outcomes for troubled children and their families. Research studies also support the many benefits of providing a broad range of integrated, community-based human services.

There was no evidence in 1999 (or now) linking effective service delivery to a particular organizational model (e.g., a consolidated agency, an umbrella agency, coordinated independent agencies, etc.). According to national experts, what seems more important than any specific structure is: having clear policy to guide decisions on programs and services; ways to systematically assess results; strategic planning to achieve measurable goals; and a strong management commitment to quality assurance and continuous improvement.

However, the agency's lack of progress in integrating children's services despite 25 years of consolidation, and the domination of its protective services mandate due to the *Juan F.* consent decree, led the program review committee to look beyond trying to "fix" DCF to incorporate these critical elements. To strengthen the chances of achieving the department's mission, the final 1999 report recommended a comprehensive reform of the state system for serving children and families, briefly described below.

1999 Study Recommendations

The DCF report accepted by the program review committee in November 1999 proposed implementing a new structure and system for providing children's services that centered on:

- enacting a clear state policy on children and families focused on outcomes;
- establishing an independent secretary for children, responsible for
 - regularly evaluating goals and results,
 - coordinating policies, programs and resources across agencies involved in children's services to achieve the goals, and
 - implementing a community-based children's service delivery system statewide.

out its responsibilities since the 1999 PRI study was completed. One dramatic difference is lower caseloads for the agency's social workers, a factor that contributes to more timely performance of important protective services functions (e.g., investigations, visits, permanency planning). In recent years, DCF has consistently met the caseload standards required for its child welfare staff (17-20 cases per worker depending on their assignment) under the *Juan F.* consent decree.

Structural changes made in the agency since 1999 include a separate bureau that oversees behavioral health and medical functions. The types and amounts of DCF community-based mental health services have greatly expanded. The department also has improved automated information systems and more capacity for internal quality improvement functions than it did in 1999.

One of the most significant developments for DCF is the on-going implementation of the court-approved exit plan for the *Juan F.* consent decree. The agency now has a strategic "roadmap" for ending federal judicial oversight of the state's child protection services system.

Major developments related to DCF operations that program review staff has identified to date are highlighted in Table C-1. Despite the many changes that have occurred since 1999, there are continued concerns about the department's ability to meet the needs of at-risk children and families. The ultimate question is: do DCF clients have better outcomes as a result of the state services they receive?

The importance of tracking results, and targeting corrective actions to achieve and sustain desired outcomes, was recognized by the *Juan F.* plaintiffs. A primary goal of the original consent decree and current exit plan is to ensure that DCF has strong internal capacity for continuous quality improvement through self-monitoring and evaluation.

Further, experts agree an effective accountability system is essential for ensuring programs and services have desired results, and that public and private resources are used efficiently. This requires the following elements: clear goals; good quality performance measures; strong communication and reporting on results; and a commitment from managers and decision makers to use this feedback to achieve and sustain desired outcomes. Each of these elements were assessed through the current PRI study of the DCF monitoring and evaluation system.

History of DCF

Major events related to the Department of Children and Families and the delivery of services to at-risk children in Connecticut over time are presented in Figure D-1. As the figure indicates, the predecessor agency to the DCF, the Department of Children and Youth Services (DCYS), was established in 1969. DCYS was created to oversee the state's two secure facilities for adjudicated juvenile delinquents (the Meriden School for Boys and Long Lane School for Girls). At that time, and since the Juvenile Court was created in 1941, the judicial branch was and still is responsible for juvenile detention and probation, in addition to all court proceedings related to juveniles.⁴

Also at that time, protective services for abused or neglected children, including adoption and foster care, were carried out by the State Welfare Department. Behavioral health services for Connecticut residents of any age were the responsibility of the Department of Mental Health (DMH). That agency operated or funded a number of mental health and substance abuse programs for children and youth, including psychiatric hospital units for adolescents and outpatient clinics for children, until the late 1970s.

Legislation enacted in 1974 (S.A. 74-52) mandated the transfer of services for "dependent, neglected and uncared for children" from the welfare department, to DCYS. The act also established a study commission, comprised of state agency heads and mental health experts, to: 1) develop a transfer plan for psychiatric and related services for children and adolescents within the mental health department; and 2) provide the legislature with recommendations for further consolidation of children's services.

The study commission report issued in 1975 outlined the structure and duties of a cabinet level agency -- an expanded Department Children and Youth Services -- responsible for: "... the care and treatment of delinquent, dependent, neglected, uncared-for, mentally ill and emotionally disturbed children, while guarding against the possibility of any preventable harm coming to any of them." The proposed department structure incorporated: significant citizen participation through statewide, regional, and facility advisory groups; regionalized service delivery and liaisons with private, nonprofit providers; and a strong evaluation, research and planning office. The commission's plan also recommended the agency be organized to promote coordinated service delivery, early intervention and prevention, and treatment based on a child's needs rather than disability category or legal status.

Public Act 75-524 implemented the commission's recommendation for a consolidated children's agency structure. Connecticut was the first state to create a state agency with jurisdiction over all major spheres of child welfare services -- child protection, behavioral health,

⁴ In Connecticut, unlike all but two other states (North Carolina and New York), juveniles are defined as persons under age 16. Individuals age 16 and over who violate the law are, under most circumstances, treated by the courts as adults and subject to adult probation requirements and incarceration in adult correctional facilities. However, beginning in 2010, Connecticut juvenile court jurisdiction will be extended to 16 and 17 year olds (P.A. 07-04, June SS).

Committee established in 2006 (P.A. 06-18), could significantly expand DCF's responsibilities for delinquency-related services. It has also prompted reexamination of the governor's plan to close the Connecticut Juvenile Training School as a juvenile correctional facility during 2008.

Court cases. The action that has had the most influence on DCF operations over the past decade is the 1989 *Juan F. v. O'Neill* federal class action lawsuit and its resulting settlement plans. Alleging the state did not adequately protect the children in its care, the lawsuit raised issues regarding the policies and practices of the then Department of Children and Youth Services in the following areas: investigation of abuse and neglect cases; foster care and other out-of-home placements; medical and mental health care; adoption; staffing; and management.

The parties agreed to mediate a resolution to the suit and, with the help of a settlement judge, negotiated a consent decree that was ordered by the U.S. District Court in January 1991. An independent monitor solely responsible to the trial judge for the case was later appointed to track and report on the department's compliance progress. The federal court also ruled the consent decree requires no less than 100 percent compliance and that the state must provide the funding necessary to implement its mandates.

Efforts to achieve compliance with the *Juan F.* consent decree have dominated agency resources and activities ever since it was ordered. The department's budget and workforce have substantially increased to improve social worker caseload ratios, the timeliness of case management functions, and the availability of appropriate services for children committed to the agency, as called for by the consent decree provisions.⁶ The agency's multimillion dollar automated information system known as LINK, and an internal training academy for all DCF staff, were also put in place to meet consent decree requirements.

Over the years, a series of corrective action agreements and revised monitoring orders have been developed by the parties and the court to address disputes over noncompliance. Since 1999, DCF, in conjunction with the other parties and the court monitor have focused on developing and implementing a plan for "exiting" court oversight that contains specific performance goals and a set timeframe for meeting them. The first exit plan, approved by the court in February 2002, has been revised several times and now contains 22 outcome measures that are monitored on a quarterly basis. The quarterly progress report issued June 20, 2007 by the Juan F court monitor's office states DCF is in compliance with a majority of the current exit plan requirements but still faces challenges in several areas (i.e., treatment planning and meeting children's needs).

Two other federal class action lawsuits, *Emily J.*, which was filed in 1993, and *W.R., et al v. Connecticut Department of Children and Families* from 2002, also have had an impact, although to a lesser extent, on the agency. The *Emily J.* case was brought on behalf of children placed in juvenile detention centers and affected both the Judicial Department and DCF. An initial settlement agreement reached in 1997 established requirements that applied primarily to the Judicial Department. Under a second settlement agreement reached in 2002, DCF and the Judicial Department were both ordered to carry out a corrective action plan for improving

⁶ Between FY 91 and FY 07, the total DCF budget grew from about \$152 million to close to \$1 billion. Over the same time period, the agency workforce went from about 1,700 to nearly 3,500 permanent full-time employees.

Figure D-1. Major Events Related to Children's Services in Connecticut

2007	<ul style="list-style-type: none"> • DCF issues <i>Juan F.</i> Action Plan for improving performance on exit plan outcomes • <i>W.R.</i> class action settlement agreement finalized • <i>Emily J.</i> case closed • Law to expand jurisdiction of juvenile court to 16 and 17 year olds effective 2010 enacted
2006	<ul style="list-style-type: none"> • <i>Juan F.</i> Exit Plan modified to incorporate new case review method and additional data reporting • Federal court orders management authority be returned to DCF, disbands task force
2005	<ul style="list-style-type: none"> • Revised <i>Emily J.</i> settlement agreement requires community services for juveniles • Governor announces plan to close CJTS in 2008 • DCF, in collaboration with DSS, mandated to implement the Connecticut Behavioral Health Partnership community-based service delivery system, which incorporates KidCare
2004	<ul style="list-style-type: none"> • Revised <i>Juan F.</i> Exit Plan establishes 22 specific goals • DCF issues "Positive Outcomes for Children," a plan to guide <i>Juan F.</i> compliance efforts
2003	<ul style="list-style-type: none"> • Federal court orders management authority for DCF be given to three-member task force headed by <i>Juan F.</i> court monitor
2002	<ul style="list-style-type: none"> • DCF closes Long Lane School • First exit plan for <i>Juan F.</i> consent decree negotiated and approved by court • Federal class action lawsuit claiming DCF failed to provide adequate services to youth with serious mental health issues, <i>W.R. v. DCF</i>, filed
2001	<ul style="list-style-type: none"> • DCF opens Connecticut Juvenile Training School for delinquent boys • Federal Administration for Children begins Child and Family Services Review (CSFR) process of state child welfare agencies
2000	<ul style="list-style-type: none"> • DCF, in consultation with DSS, mandated to develop, fund, and evaluate KidCare community-based behavioral health service delivery system for children and youth
1997	<ul style="list-style-type: none"> • DCF required by law to implement, within available appropriations, a "system of care" planning process for children with mental health needs • Children's Trust Fund Council established as independent agency with authority to fund community-based child abuse prevention programs
1995	<ul style="list-style-type: none"> • Independent Office of the Child Advocate and Child Fatality Review Panel established
1994	<ul style="list-style-type: none"> • DCF responsibility for substance abuse services for children clarified in statute
1993	<ul style="list-style-type: none"> • DCYS agency name changed to Department of Children and Families • Federal class action lawsuit regarding juvenile detention conditions, <i>Emily J. v. Weicker</i>, filed
1991	<ul style="list-style-type: none"> • <i>Juan F.</i> consent decree approved; requires significant child welfare system reforms, substantial increase in DCYS staff and program funding
1989	<ul style="list-style-type: none"> • Federal class action lawsuit alleging state's failure to protect children in DCYS custody, <i>Juan F. v O'Neill</i>, filed
1988	<ul style="list-style-type: none"> • Interagency agreement transfers authority for children's substance abuse services to DCYS
1983	<ul style="list-style-type: none"> • Children's Trust Fund created to coordinate and fund child abuse prevention efforts
1981	<ul style="list-style-type: none"> • State program for juveniles committing status offenses, Family with Service Needs (FWSN), goes into effect
1975	<ul style="list-style-type: none"> • Psychiatric services for children transferred to DCYS as recommended by study commission
1974	<ul style="list-style-type: none"> • Transfer of protective services to DCYS mandated; commission to study and recommend consolidation of children's services created
1972	<ul style="list-style-type: none"> • DCYS revamps Long Lane School as co-educational facility for juvenile delinquents
1969	<ul style="list-style-type: none"> • Department of Children and Youth Services, the state juvenile correction agency, established as state's juvenile correction agency (to operate the two state facilities for juvenile delinquents, Long Lane School for Girls and Meriden School for Boys)
1965	<ul style="list-style-type: none"> • State Welfare Department responsible for children's protective services
1953	<ul style="list-style-type: none"> • State Department of Mental Health, responsible for psychiatric services for adults and children, established
1941	<ul style="list-style-type: none"> • Juvenile Court, responsible for court proceedings, probation and detention for those under 16, established