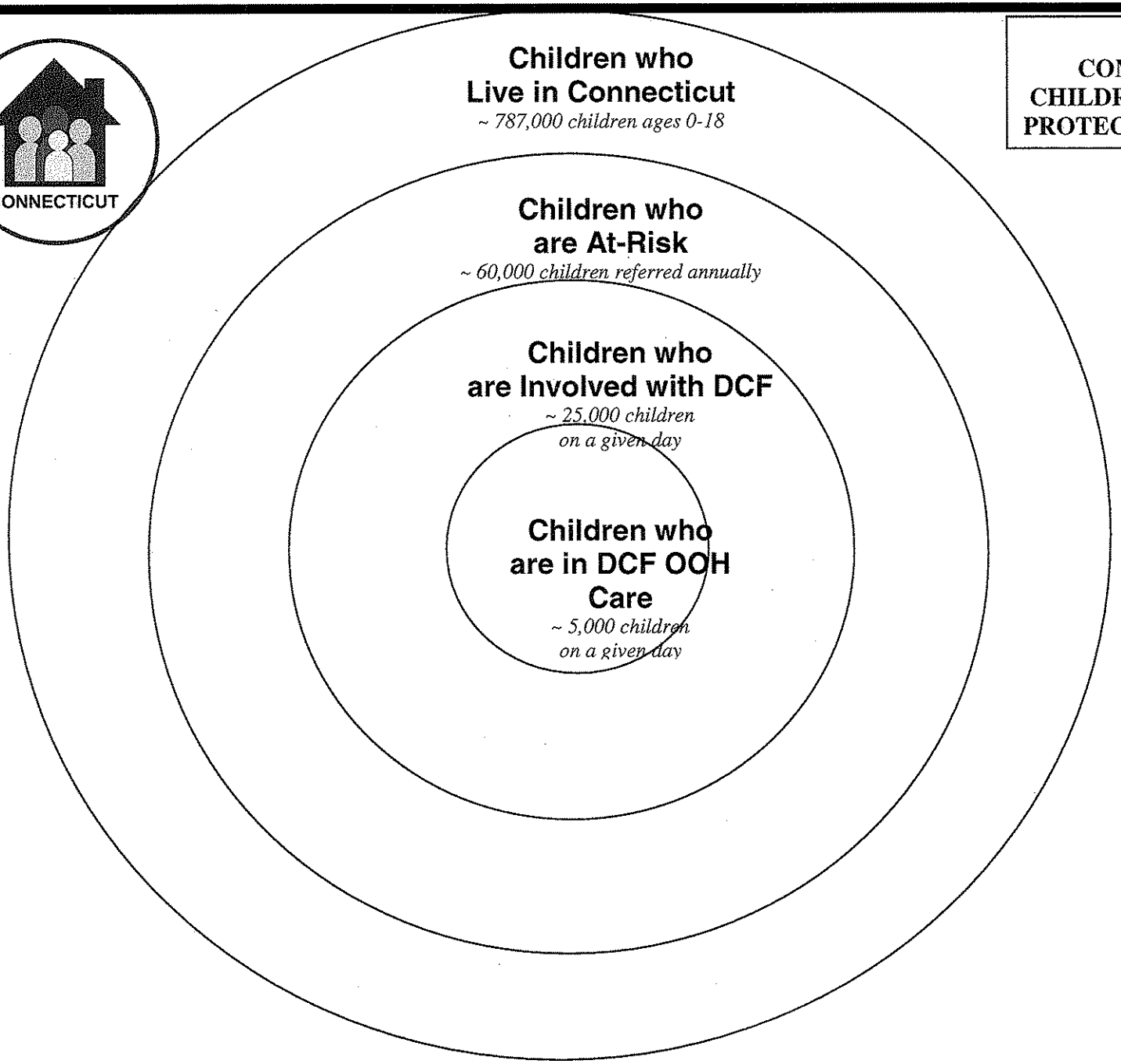
CY 2009
CONNECTICUT
CHILDREN AND CHILD
PROTECTIVE SERVICES

DCF CONNECTICUT



POPULATION RESULT:

Children in Connecticut will thrive and be safe in the community and in their homes.

Indicator 1: Rate of abuse and/or neglect per thousand

Indicator 2: Percent of children involved with juvenile justice

Indicator 3: (Education) Rate of high school graduation

Indicator 4: Rate of families intact or stable per thousand

Strategic Areas

Promote Prevention

Strategies: Invest in parent education programs, support groups, home visiting programs, and community based programs

- Juvenile delinquency diversion
- Cognitive Limitation Programming
- Positive Youth Development Programming

Maintain Safety

Strategies: Utilize standardized safety and risk assessments, and reform investigation practice and operational definitions of abuse and neglect.

- Differential Response System
- Structured Decision Making
- Intensive Safety Planning Services

Achieve Timely Permanency

Strategies: Develop a wide array of in-home support services to meet the needs of children in care with the primary goal of reunification. When this is not possible, seek timely transfer of guardianship or adoption.

- Intensive Family Preservation Services
- Multi-systemic Therapy
- Multi-Disciplinary Assessment Process

Assure Well-Being

Strategies: Multi-disciplinary assessments to screen physical, mental and developmental needs, better manage referrals, admissions, and discharges to and from all levels and types of care

- Special Needs Review Process
- Administrative Service Organization
- Multi-disciplinary Exams

Prepare for Independence and Adulthood

Strategies: Use explicit standards of practice to ensure preparation for adulthood and independent living for children aging out of foster care and support/promote education

- Tuition Reimbursement – Post Secondary
- Ansel Casey Life Skills Program
- Enhanced relationships with adult serving systems

HEADLINE PERFORMANCE MEASURES

- The rate of children substantiated as victims of abuse or neglect
  - The number of children for whom Petitions for Delinquency Commitment were filed
- The number of children for whom Petitions for Delinquency Commitment were filed that resulted in a disposition of Commitment Delinquent or Dual Commitment
  - The rate per thousand of children who enter or re-enter DCF care
- The average number of months children spend in care before reunifying
  - The average number of months children spend in care before being adopted
- The number of children that spend any amount of time on discharge delay
  - The average lengths of stay (in days) for children discharged from CJTS or a Girls Secure program
- The percent of children age 18 or over who receive specified educational/vocational goals prior to discharge
  - The number of children who meet DMHAS or DDS eligibility, are referred for services, AND have a transition plan in place prior to leaving DCF care

STRATEGIC AREAS AND PERFORMANCE MEASURES

Strategic Area 1: Promote Prevention

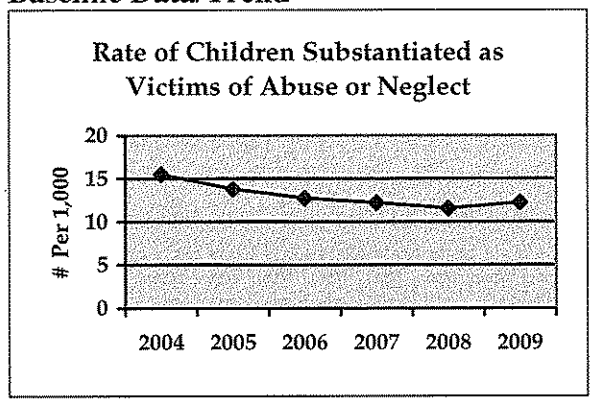
Significance: *DCF services are aimed to protect all of the state's children and youth from harm. Specifically, we strive to reduce child abuse and neglect, juvenile delinquency, and serious mental health problems whenever possible. When citizens and communities support families, negative outcomes for children can be prevented and fewer families will require ongoing protective services involvement.*

- **Performance Measure 1.1: The number of families requiring ongoing protective service involvement**
  Definition - The number of accepted child protection reports on previously closed or new cases resulting in a disposition of "Transfer to Protective Services" during SFY.

- **Performance Measure 1.2: The rate of children alleged to have been victims of child abuse or neglect**
  Definition - The rate per 1,000 children in the population who are subject to any abuse/neglect allegation during SFY.

- **Performance Measure 1.3: The rate of children substantiated as victims of child abuse or neglect**
  Definition - The rate per 1,000 children in the population for whom allegations of abuse or neglect are substantiated following a child protection service investigation during SFY.

Baseline Data/Trend



Story behind the data - The rate of children substantiated as victims has remained consistent at about 11 per 1,000 with slight variation in the last three years - 11.8 in 2007, 11 in 2008, and 11.5 in 2009. These results are consistent with the national average and trends over time. DCF has become more acutely aware of this measure and others of a similar nature over the last 15 years reforms have changed practice profoundly with respect to the manner in which reports of abuse and neglect are received, accepted,

and the way in which are investigations are commenced and completed. Over the same time period, the Department has increased its capacity to develop and analyze safety data and has increased the number and type of mandated reporters, as well as enhanced their competencies in reporting.

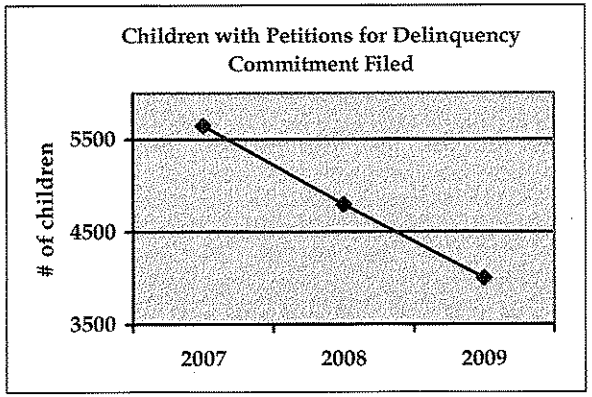
Strategies to turn the curve- The Department has set a goal of increasing its primary prevention spending by 100% over the SFY 09 level by SFY 13 to expand proven, effective services related to early childhood development, improved competencies in working with parents with cognitive limitations, juvenile delinquency diversion and positive youth development. The Department is also moving forward with the implementation of a differential response model, a unique approach to child welfare practice in low risk cases with the promise of reducing re-reports of families for a child protection response.

Data Development- The Department has developed several routine reports that measure the effectiveness of our reporting, accepting and investigation processes. These reports are available on a daily basis and accessible by staff at all levels. Considerable resources have been invested in developing this capacity, driven in part by a growing demand for national data on child safety and as part of the Department response under the *Juan F.* Consent Decree and Exit Plan. Our data capacity is viewed as substantial in this area of work.

- **Performance Measure 1.4: The rate of children living in homes requiring ongoing child protective services**
  Definition - The rate per 1,000 children in the population who are alleged victims of abuse/neglect AND receive some form of post-child protection investigation services offered by DCF during SFY.

- **Performance Measure 1.5: The number of children/youth for whom Petitions for Delinquency Commitment were filed during SFY**
  Definition - The number of children/youth for whom Petitions for Delinquency Commitment were filed during SFY.

Baseline Data/Trend



Story behind the data - There was a 29% decrease (from 5,647 in 2207 to 4,000 in 2009) in the number of children for whom Petitions for Delinquency Commitment were filed. This trend is consistent with the public policy shift in this state in which the juvenile justice system has placed greater emphasis on prevention and community-based activities, and enhanced its treatment, educational and restorative philosophical approach to those youth involved in the system and their families. With reform efforts continuing to roll out within the Judicial Branch, DCF, and the provider and advocacy communities, it is anticipated that this downward trend will continue.

Strategies to turn the curve - The Department has set a goal of increasing its primary prevention spending by 100% over the SFY 09 level by SFY 13 to expand proven, effective services related to early childhood development, improved competencies in working with parents with cognitive limitations, juvenile delinquency diversion and positive youth development.

Data Development- This particular data point is collected and provided by the Judicial Branch. There is no reason why an alternative source of information for this purpose should be created by the Department. However, this cross system data dependency raises important integration questions and challenges. It gets more complicated with regard to tracking legal status of youth in care, filing of petitions, and when youth are dually committed. On-going discussions are being held between the Branch and the Department on ways in which our legacy systems can interface and ways in which combined data can collected, retrieved and analyzed in a more comprehensive and efficient manner. Progress has been made: Data reports are now regularly provided to judges as a concrete reminder of how children are doing in their courtroom. Data reports often include information such as the number of children in care, the length of stay in care, and their permanent plan. Courts and agency partners are engaging in specific efforts to ensure that the data is used in real-time to inform decision-making and practice improvements. The Judicial Branch in Connecticut provides their data to the child welfare agency, which then uses the data to populate parts of their Statewide Automated Child Welfare Information System. Reports are then provided to the Chief Judge, child welfare agency attorneys, and local court managers, who disseminate them to the local judges.

- **Performance Measure 1.6: The number of children/youth for whom Petitions for FWSN Commitment were filed during SFY**
  Definition - The number of children/youth for whom Petitions for FWSN Commitment were filed during SFY.

Strategic Area 2: Children will remain safely at home with their parents or guardians.

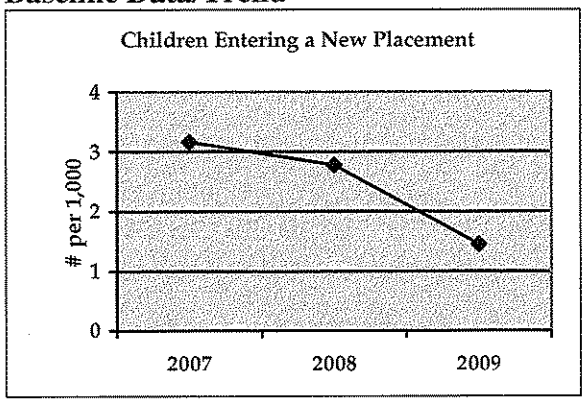
Significance: *We will strive to intervene effectively and keep children with their families whenever safely possible and avoid any unnecessary removals from home by conducting strength-based and comprehensive assessments that accurately identify risks and needs.*

- **Performance Measure 2.1: The rate of repeat maltreatment of children**
  Definition - Percent (no more than 7%) of children who are victims of substantiated maltreatment during any six-month period without an additional substantiation of maltreatment within the subsequent six months.

- **Performance Measure 2.2: The number of children removed from home**
  Definition - The number of children beginning a new episode in DCF care and custody for child protection service reasons will be reduced during SFY.

- **Performance Measure 2.3: The rate of children entering DCF care**
  Definition - The rate per 1,000 children in the population who enter a new placement episode during SFY.

Baseline Data/Trend



Story behind the data - The number of children entering care (per 1,000) has declined by more than 50% from 3.2 in 2007 to 1.5 in 2009. This phenomenon is correlated with at least two key reform efforts: 1) the introduction of a new comprehensive assessment process that provides a more consistent and research-based method of assessing risk and safety throughout the life of a case and; 2) the nearly doubling of our capacity of in-home services over the last 5 years has permitted the Department to better meet the needs of families intact and in their homes.

Strategies to turn the curve - The Department is moving forward with the implementation of a differential response model, a unique approach to child welfare practice in low risk cases with the promise of reducing re-reports of families for a child

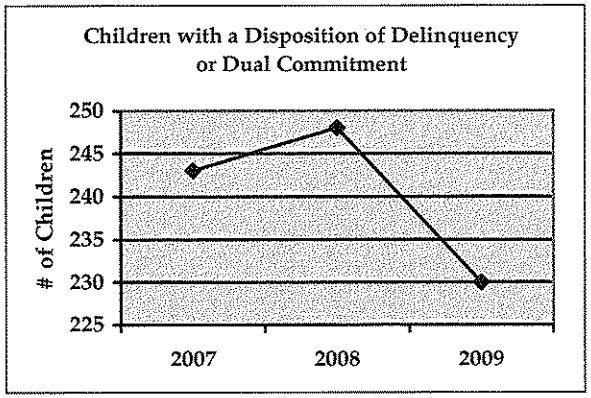
protection response. Continue the further development and application of a valid and reliable assessment instruments in assessing risk and safety and to screen for behavioral health and developmental factors. Also, the Department is committed to the continued expansion and enhancement of a full range of in-home services, increasing our capacity to meet the needs of children and families intact.

Data Development- Given that this data point is population based, there is consideration that must be given as to which source of population estimates and projections is most suitable for our purposes. Sources include the US Census Bureau and the CT State Data Center. The Department is invested in getting the most reliable population estimates and has entered a contractual relationship with the CT State Data Center. Through this contract we are further developing our capacity to monitor trends and estimates at the regional and Area Office levels. This in combination with our growing GIS capability will help us better understand why and from where children enter care.

- **Performance Measure 2.4: The percent of children re-entering care after having returned home from placement**
  Definition - Percentage of children beginning a new episode in DCF care during SFY who were preceded by a previous episode ending within the past 12 months.

- **Performance Measure 2.5: The number of children for whom Petitions for Delinquency Commitment were filed during SFY that resulted in a disposition of Committed Delinquent or Dual Commitment**
  Definition - The number of children/youth for whom Petitions for Delinquency Commitment were filed during SFY that resulted in a disposition of Committed Delinquent or Dual Commitment.

Baseline Data/Trend



Story behind the data- The number of children committed delinquent or dually committed decreased 5% from 2007 to 2009. This trend is consistent with the public policy shift in this state in which the juvenile justice system has placed greater emphasis on prevention and community-based activities, and enhanced its treatment, educational and restorative philosophical approach to

those youth involved in the system and their families. With reform efforts continuing to roll out in both the Judicial Branch, DCF, and the provider and advocacy communities, it is anticipated that this downward trend will continue.

Strategies to turn the curve- Development of best practices in juvenile justice focused on maintaining family connection, positive adult relationships, family engagement, rehabilitation, the provision of community services, and adaptive living skills within the youth's community of origin.

Data Development- This particular data point is collected and provided by the Judicial Branch. There is no reason why an alternative source of information for this purpose should be created by the Department. However, this cross system data dependency raises important integration questions and challenges. It gets more complicated with regard to tracking legal status of youth in care, filing of petitions, and when youth are dually committed. On-going discussions are being held between the Branch and the Department on ways in which our legacy systems can interface and ways in which combined data can collected, retrieved and analyzed in a more comprehensive and efficient manner. Progress has been made: Data reports are now regularly provided to judges as a concrete reminder of how children are doing in their courtroom. Data reports often include information such as the number of children in care, the length of stay in care, and their permanent plan. Courts and agency partners are engaging in specific efforts to ensure that the data is used in real-time to inform decision-making and practice improvements. The Judicial Branch in Connecticut provides their data to the child welfare agency, which then uses the data to populate parts of their Statewide Automated Child Welfare Information System. Reports are then provided to the Chief Judge, child welfare agency attorneys, and local court managers, who disseminate them to the local judges.

- **Performance Measure 2.6: The rate of recidivism for children that were previously committed as delinquent**
  Definition - The percent of children/youth whose Delinquency Commitment ended during SFY that had another Delinquency Commitment begin during the next 18 months.

- **Performance Measure 2.7: The percent of children adopted during SFY whose adoption disrupted within the first 24 months of their adoption**
  Definition - Percent of children adopted during SFY whose adoption disrupted (child re-entered DCF care and has a Permanency Goal other than Reunification) within the first 24 months of their adoption.

- **Performance Measure 2.8: There number of children/youth for whom Petitions for Delinquency Commitment were filed during SFY that also resulted in a disposition of Committed FWSN**
  Definition - Number of children/youth for whom Petitions for Delinquency Commitment were filed during SFY that also resulted in a disposition of Committed FWSN.

Strategic Area 3: Children in the DCF's care will achieve more timely permanency.

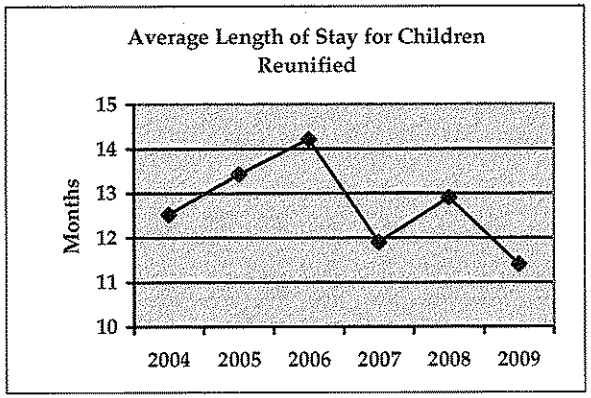
Significance: *Placement is only a temporary situation for children who are removed from their families. The goal of the child welfare system is to provide children/youth in care with lasting family connections and permanent homes. Most often, this is through returning the child home to his or her family of origin following resolution of protective concerns, after completion of behavioral health treatment, or at the conclusion of sentences for juvenile crimes. In some cases of abuse or neglect, returning home may never be safe and children may find their lifelong connection through permanent placement with relatives or adoptive families.*

- **Performance Measure 3.1: The** percent of children in care with a Permanency Goal of APPLA
  Definition - The percent of children in care on the last day of the quarter with a Permanency Goal of APPLA.

- **Performance Measure 3.2: The percent of children with a permanency goal of Reunification that achieves their goal within 12 months of entry into care**
  Definition - Percent of children (over 60%) who are reunified during SFY within 12 months of entry.

- **Performance Measure 3.3: The average length of time to achieve the permanency goal of Reunification**
  Definition - The average number of months children spend in care before reunifying during SFY.

Baseline Data/Trend



Story behind the data - The average number of months children spend in care before being reunified with their families has decreased from 14.2 months in 2006 to 11.2 months in 2009, or over a 20% reduction in the length of time. While this on the surface is encouraging, drawing any conclusions based on this measure alone must be cautioned (see Data Development section below).

Strategies to turn the curve - Enhance and expand the post-permanency services continuum through practice, policy and contract modification. Increase the level of family engagement through the use of ACR data on family participation in treatment plan development, the development of data to monitor progress in family conferencing, focus on engaging fathers, and external recommendations from Better Together, Area Advisory Councils, Citizen Review Panels, and family advocates.

Data Development- Developing the most reliable story about the Department's permanency practice is an on-going challenge. This is an area of analysis that requires very sophisticated and complex measurement. It is widely acknowledged that taking a composite approach (i.e. multiple measures taken together) is the most promising method. The Department has increased its reporting capacity significantly and work continues to be done in this area combining measurements like the above with key demographic and count data as our in-care population rapidly changes. There are many influences on the Department's performance in this area, and since multiple contributions are necessary to achieve timely permanency, the Department continues to evolve it analysis with key input coming from important national discussions on this very point.

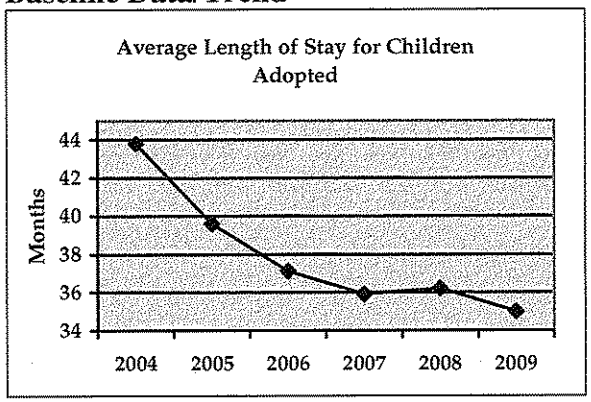
- **Performance Measure 3.4: The percentage of children with a permanency plan of Transfer of Guardianship that achieves their goal within 24 months of entry into care**
  Definition - The percentage of children (over 70%) who achieve a Permanency Plan of Transfer of Guardianship within 24 months of coming into care.

- **Performance Measure 3.5: The average length of time to achieve the permanency goal of Transfer of Guardianship**
  Definition - The average number of months children spend in care before guardianship was transferred during SFY.

- **Performance Measure 3.6: The percentage of children with a permanency plan of Adoption that achieves their goal within 24 months of entry into care**
  Definition - Percent of children (over 32%) who are adopted during SFY within 24 months of entry.

- **Performance Measure 3.7: The average length of time to achieve the permanency goal of Adoption**
  Definition - The average number of months children spend in care before being adopted during SFY.

Baseline Data/Trend



Story behind the data - The trend lines for the length of stay for children being reunified and children being adopted appear to be similar with an increase in 2008 and an even greater decrease in 2009. For children being adopted, the average length of stay is about 36 months. Under the *Juan F.* Exit Plan, considerable focus has been placed on measuring the timeliness of achieving permanency. In fact, three of the 22 outcome measures in the Exit Plan are dedicated to evaluating the speed with which reunification, adoption and transfer of guardianship are achieved. This focus, along with organizational and procedural enhancements, has yielded impressive results. During state fiscal years 1997 to 2005, averages of 615 permanent homes (both adoptions and subsidized guardianships) were found annually for children in foster care -- more than four times the number in 1996. In FY2009, 643 adoptions were finalized and 220 subsidized guardianships granted for a total of 863 new permanent homes.

Strategies to turn the curve - Develop and implement adoption and pre-adoption policy and practice improvement including standards for the utilization of PPSP contracts and for subsidized adoptions.

Data Development- Developing the most reliable story about the Department's permanency practice is an on-going challenge. This is an area of analysis that requires very sophisticated and complex measurement. It is widely acknowledged that taking a composite approach (i.e. multiple measures taken together) is the most promising method. The Department has increased its reporting capacity significantly and work continues to be done in this area combining measurements like the above with key demographic and count data as our in-care population rapidly changes. There are many influences on the Department's performance in this area, and since multiple contributions are necessary to achieve timely permanency, the Department continues to evolve it analysis with key input coming from important national discussions on this very point.

Strategic Area 4: Assure Well-Being

Significance: *For children who cannot live safely in their homes, the next most appropriate option is another family setting. Ideally, the placement is familiar to the child—with relatives or family friends or in his or her home community. Placing children appropriately also means avoiding multiple placement moves, as such experiences are damaging for children who must repeatedly severe bonds. Congregate care settings are appropriate placements only for children whose therapeutic need requires more restrictive settings, which are meant to be temporary. Regardless of the placement setting, all children should maintain connection with any siblings and experience safety while they are in our care.*

- **Performance Measure 4.1:** The percent of children in DCF custody that experience no more than three placements during any 12-month period.
  Definition - The percent of children in DCF custody that experience no more than three placements during any 12-month period.

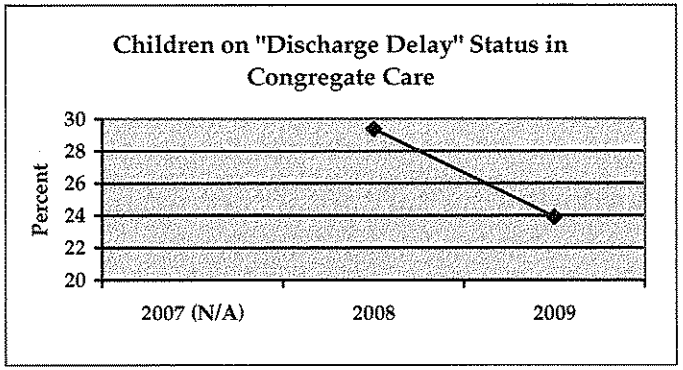
- **Performance Measure 4.2: The percentage of children in care placed in the same placement with all of their siblings**
  Definition - The percentage of siblings (at least 95%) in out-of-home placement placed together unless there are documented clinical reasons for separate placements.

- **Performance Measure 4.3: The percentage of children in care placed in relative foster care**
  Definition - The percent of children that spend any amount of time in Relative Foster Care during the SFY.

- **Performance Measure 4.4: The percentage of children in care living in family care settings**
  Definition - The percent of children that spend any amount of time in Family Foster Care during the State Fiscal Year.

- **Performance Measure 4.5: The percentage of children on "discharge delay" status in congregate care settings**
  Definition - The number and percent of children that spent any amount of time on discharge delay status during the State Fiscal Year.

Baseline Data/Trend



Story behind the data - The percent of children on "Discharge Delay" status decreased from 29.3% to 23.9%. Data for 2007 is not available as this reporting capacity has only recently emerged. The above indicates a desired direction, but trending will take place over time. This data is now carefully tracked and produced on a quarterly basis. Considerable attention is being paid to this data point within the Department, as an explicit requirement of the CT Behavioral Health Partnership and within the provider and advocacy communities. Work also continues in adhering to best practice and level of care guidelines regarding admissions to and discharges from congregate care settings, building the relationships between and among the levels of care to assure better transitions for children and youth, and further developing the capacity of community-based care so that step downs from more restrictive levels of care can be successful. Finally, internal to DCF, formal special needs reviews are conducted on children and youth that are experiencing delays in an effort to bring greater resource and attention to these cases.

Strategies to turn the curve - Since January 1, 2006 the CT Behavioral Health Partnership (CT BHP), which is administered by Value Options under contract with DCF and the Department of Social Services (DSS), has managed Medicaid mental health and substance abuse services. The goal is to provide enhanced access to, and coordination of, a more complete and effective system of community-based behavioral health services and supports for children and families. Staff works closely with family members, providers and other local social service programs to promote a treatment plan that addresses cultural needs, strengths, and preferences of the family.

An essential activity of the CTBHP is the review and authorization of care to insure that proper services are obtained and that they are properly utilized. Utilizing Level of Care Behavioral Health Services Guidelines developed by the CTBHP, value options provides initial authorizations, concurrent reviews, continuing care authorizations, and prompts discharge plans. Through focused reviews, provider profiling, case consultation, data collection & analysis, and assistance with care management, Value Options promotes optimal utilization and flow through the service system.

In addition, the CTBHP identified a series of performance initiatives that use management and CQI tools to improve the children's behavioral health system. Recent projects include the following:

1) Child Psychiatric Inpatient Hospital: The purpose of this initiative is to reduce inpatient length of stay and reduce discharge delay days in psychiatric inpatient programs. Recent data demonstrates that child psychiatric inpatient hospital days have declined despite during the same period of time total enrollment increased by 4% indicating that the effect was not due to serving fewer children. Data also shows that the total number of discharge delays and the number and percentage of discharge delay days have been reduced.

2) Psychiatric Residential Treatment Facility: The purpose of this initiative is to reduce length of stay through the implementation of focal treatment planning. Outcomes are not yet available for this outcome.

3) Hospital – EMPS Emergency Department: This initiative has been focused on improving the working relationship between hospital emergency departments (EDs) and EMPS providers across the state to (1) reduce the number of children and

youth that present to the ED; (2) divert more children to community care vs. inpatient hospitalization, and (3) the prevention/reduction of ED overstays. DCF, DSS, & Value Options worked with EMPS providers and the Connecticut Hospital Association to develop a template for a memorandum of understanding between emergency departments focused on accomplishing the stated goals.

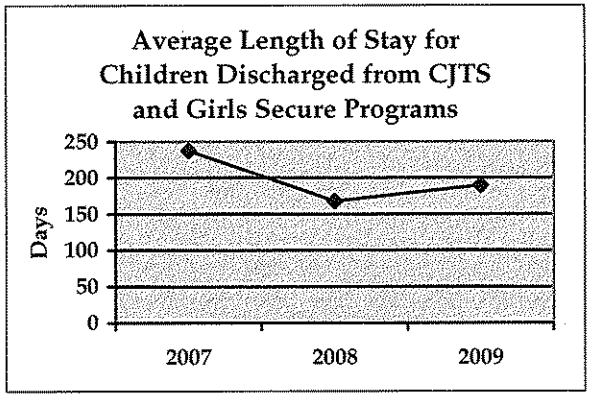
Data Development- Since February 2006, The DCF and the Department of Social Services formed the Connecticut Behavioral Health Partnership (CT BHP) to plan and implement an integrated public behavioral health service system for children and families. The primary goal of the CT BHP is to provide enhanced access to and coordination of a more complete and effective system of community-based behavioral health services and supports and to improve member outcomes. Secondary goals include better management of state resources and increased federal financial participation in the funding of behavioral health services. Value Options, the Administrative Services Organization, has the capability to track services received by children enrolled in Medicaid and is currently able to generate over 200 reports, including length of time to answer the phone, length of time for providers to get questions answered, list of children residing in residential facilities, hospital discharge delays, daily census reports, and aggregate reports regarding authorizations, admissions and discharges to identify trends. This new reporting environment, however, is in its infancy stage and continues to be enhanced by expanded data collection efforts and improved analysis.

- **Performance Measure 4.6: The percentage of children having their needs met**
  Definition - The percentage (over 80%) of all children/families that have all of their medical, dental, mental health and other service needs met.

- **Performance Measure 4.7: The percentage of children experiencing an arrest while in DCF care**
  Definition - The percent of children experiencing legal trouble resulting in a change of either placement and/or delinquency status while in a Non-Congregate Care placement setting.

- **Performance Measure 4.8: The length of stay in a locked juvenile justice or criminal justice settings**
  Definition - The average lengths of stay (in days) for children discharged from CJTS or a Girls Secure programs during SFY.

Baseline Data/Trend



Story behind the data - There has been an overall reduction in the length of stay for children discharged from CJTS and Girls Secure programs from 2007 to 2009. This reduction has been made possible through the development of community-based programming, including educational re-entry support programs and Family Support Centers, that provide better support to youth an their families live safely in their communities. It is also related to the further development of clinical and educational programming within CJTS and the Girls' Network of providers. More broadly stated, this trend is consistent with the public policy shift in this state in which the juvenile justice system has placed greater emphasis on prevention and community-based activities and enhanced its treatment, educational and restorative philosophical approach to those youth involved in the system and their families.

Strategies to turn the curve - CJTS facility reconfiguration to accommodate the population of youth 16 and older Open a secure facility for the treatment of juvenile services females and assure that service provision within the facility reflects gender-specific principles of treatment. Develop a continuum of community services and placement resources specific to the needs of youth 16 and over that will fall under the purview of juvenile services as a result of "Raise the Age" statute change. Achieve and maintain ACA accreditations of CJTS and for the planned Girls' Secure setting.

Data Development- This area of our practice could benefit from a greater collection and analysis of qualitative and longitudinal data regarding youth based on their reason for involvement, geography, length of involvement, service types received, and recidivism rates. This information is captured unevenly and not in a comprehensive manner. Within the last six months, staff from DCF's Quality Improvement Division have been assigned to support CJTS in developing this collection and analysis.

Strategic Area 5: Prepare for Independence and Adulthood

Significance: *Youth leaving DCF because they are in transition from child welfare, children's mental health, or juvenile justice system to independent living or adult systems of care can be particularly vulnerable. In addition to meeting their basic needs for food, shelter and care, we must ensure that young people receive training and support for acquiring knowledge, skills, and aptitudes for self-sufficiency.*

- **Performance Measure 5.1: The percentage of eligible youth that graduate from high school**
  Definition - The percentage of youth discharged at age 18 or older who graduated high school during the SFY.

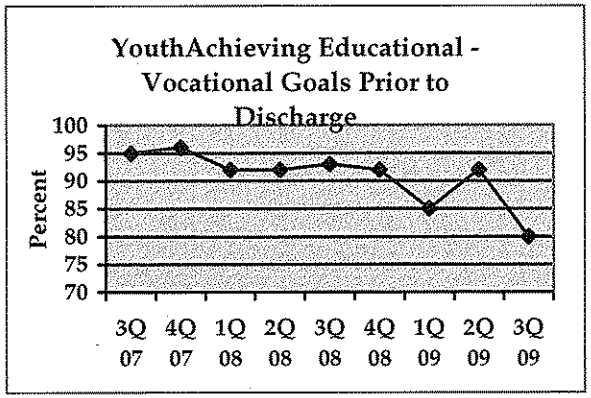
- **Performance Measure 5.2: The percentage of high school graduates enrolled in post-secondary education or vocational training**
  Definition - The percentage of youth receiving DCF services that are enrolled in some form of post-secondary education program on the last day of SFY.

- **Performance Measure 5.3: The percentage of youth having completed an independent living skills course prior to their transition from DCF care**
  Definition - The percent of youth discharged at age 18 or older who completed a Life Skills class during the SFY.

- **Performance Measure 5.4: The percentage of youth living in a Community Housing Assistance Program (CHAP) at the time of their transition from care**
  Definition - The percent of youth over the age of 18 residing in a CHAP living arrangement, of all youth over the age of 18 receiving DCF services (in open placement or CHAP) on the last day of SFY.

- **Performance Measure 5.5: The percentage of youth achieving their educational, vocational, and/or employment goals at the time of their transition from care**
  Definition - The percent (over 85%) of children age 18 or over who receive specified educational/vocational goals prior to discharge.

Baseline Data/Trend



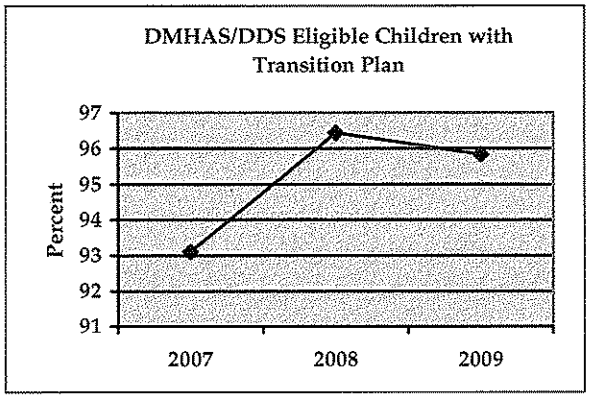
Story behind the data - There was slight variability in the percent of youth achieving educational - vocational goals prior to discharge with a sharp decrease in the first and third quarters of 2009. This most recent decline in performance is attributed to a more stringent and enhanced review of cases to assure the highest quality of work in transitioning youth. This increased scrutiny is in part inspired by important data development work being done at the Department in order to meet new federal requirements under the National Youth in Transition Database (NYTD). With the addition of this new requirement, greater focus is being given to the means and systems used to effectively prepare youth in foster care for adulthood and independent living. This additional focus is embraced in Connecticut and critical work is being done to enhance the outcomes for youth who are exiting foster care, if in the first instance they do not achieve legal permanency by the time they age out.

Strategies to turn the curve - Implement the NYTD life skills assessment with all youth in care age 14 or older and their caretakers, and implement a process to prioritize access to contracted Independent Living courses. Develop alternative concepts of permanency for adolescents by creating and implementing policy supporting the active re-establishment of family of origin or other permanent adult relationships that may be appropriate as a component of transition planning.

Data Development - The NYTD requires that States engage in two data collection activities. First, the State is to collect information on each youth who receives independent living services paid for or provided by the State and transmit this information to the federal government biannually. Second, the State is to collect demographic and outcome information on certain youth in foster care whom the State will follow over time to collect additional outcome information. This information will allow the federal government to track which independent living services States provide and assess the collective outcomes of youth. States will report to NYTD four types of information about youth: services provided to youth, youth characteristics, outcomes, and basic demographics. In terms of services, States will identify the type of independent living services or financial assistance that the State provides to youth. Connecticut is currently in a planning process to meet these requirements.

- **Performance Measure 5.6: Then number of youth meeting DMHAS or DDS eligibility will have been referred for service and have a transition plan in place prior to leaving DCF care**
Definition - The number of children who meet DMHAS or DDS eligibility, are referred for services, AND have a transition plan in place prior to leaving DCF care.

Baseline Data/Trend



Story behind the data - The percent of youth meeting eligibility who were referred for services and had a transition plan in place prior to leaving care increased from 2007 to 2008 and then slightly decreased in 2009. The Department has placed great emphasis on this area of practice over the last 5 years, and routine measurement is part of the *Juan F.* Exit Plan. In order to effectively accomplish this, policy and explicit protocols were developed to guide practice internally, and formal Memorandum of Agreements were entered into by DCF with both DMHAS and DDS. These agreements guide eligibility, transfer procedures, and monitoring and oversight activities. Over this same time period, resources were added to both DMHAS and DDS to enhance their capacity to serve youth referred to them by DCF. It is also important to note that for the percentage of referrals that are found not made as measured under the Exit Plan on a quarterly basis, follow-up with each of those specific cases is completed to assure 100% compliance with referrals. These steps have combined to not only increase the percentage of referrals done on a timely basis, but the number of individuals referred to the adult systems of care has increased substantially.

Strategies to turn the curve - Continued practice emphasis on and measurement of transition work. Recent increases in resources to both DDS and DMHAS promise to improve capacity of those agencies to more promptly accept referrals and to serve the youth once transitioned.

Data Development - The National Youth in Transition Database (NYTD) requires that States engage in two data collection activities. First, the State is to collect information on each youth who receives independent living services paid for or provided by the State and transmit this information to the federal government biannually. Second, the State is to collect demographic and outcome information on certain youth in foster care whom the State will follow over time to collect additional outcome information. This information will allow the federal government to track which independent living services States provide and

assess the collective outcomes of youth. States will report to NYTD four types of information about youth: services provided to youth, youth characteristics, outcomes, and basic demographics. In terms of services, States will identify the type of independent living services or financial assistance that the State provides to youth. Connecticut is currently in a planning process to meet these requirements.

- **Performance Measure 5.7: The number of children in care who subsequently return to receive DCF services as a parent**
  Definition - Number of parents with a case open during SFY who had a history of prior placement in DCF care.