

**EXECUTIVE SUMMARY**  
**Final Report: Connecticut Child and Family Services Review**  
**April 2009**

**INTRODUCTION**

This document presents a summary of the findings of the Child and Family Services Review (CFSR) for the State of Connecticut. The CFSR is the Federal Government's program for assessing the performance of State child welfare agencies with regard to achieving positive outcomes for children and families. The CFSR is authorized by the Social Security Amendments of 1994 requiring that the U.S. Department of Health and Human Services (HHS) promulgate regulations for reviews of State child and family services programs under titles IV-B and IV-E of the Social Security Act. The CFSR is implemented by the Children's Bureau (CB) of the Administration for Children and Families within HHS.

The Connecticut CFSR was conducted the week of September 22, 2008. The period under review for the onsite case reviews was from April 1, 2007, to September 26, 2008. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the Connecticut Department of Children and Families (DCF)
- The State Data Profile, prepared by CB, which provides the State's child welfare data for fiscal year (FY) 2006, FY 2007, and the CFSR 12-month target period ending on March 31, 2007
- Reviews of 65 cases that were open child welfare cases at some time during the period under review (40 foster care cases and 25 in-home services cases), including 31 cases from the Bridgeport Area Office, 17 cases from the New Britain Area Office, and 17 cases from the Norwich Area Office
- Interviews or focus groups (conducted at all three sites and at the State level) with stakeholders including, but not limited to, children, youth, parents, foster and adoptive parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, child advocates, Tribal representatives, and attorneys

**Background Information**

The CFSR assesses State performance with regard to its substantial conformity with seven child and family outcomes and seven systemic factors. For the outcome assessments, each outcome incorporates one or more of the 23 items included in the review, and each item is rated as a Strength or Area Needing Improvement (ANI) based on the results of the case reviews. An item is given an overall rating of Strength if at least 90 percent of the applicable cases reviewed are rated as a Strength. Depending on item ratings, an outcome can be "substantially achieved," "partially achieved," or "not achieved." For a State to be in substantial conformity with a particular outcome, 95 percent of the cases reviewed must be rated as having substantially achieved the outcome. Two outcomes—

Safety Outcome 1 and Permanency Outcome 1—also are evaluated based on State performance with regard to six national data indicators. For a State to be in substantial conformity with these outcomes, both the national standards for each data indicator and the case review requirements must be met.

There are 22 items that are considered in assessing the State’s substantial conformity with the seven systemic factors. Each item reflects a key Federal program requirement relevant to the Child and Family Services Plan (CFSP) for that systemic factor. An item is rated as a Strength or an ANI based on whether State performance on the item meets the Federal program requirements. A determination of the rating is based on information provided in the Statewide Assessment and from interviews with stakeholders held during the onsite CFSR. Additional information may come from other Federal reports or assessments.

Overall performance on each systemic factor is based on the ratings for the individual items incorporated in the systemic factor. For any given systemic factor, a State is rated as being either in substantial conformity with that factor (i.e., a score of 3 or 4) or not in substantial conformity with that factor (a score of 1 or 2). Specific requirements for each rating are shown in the table below.

<b>Rating the Systemic Factor</b>			
<b>Not in Substantial Conformity</b>		<b>In Substantial Conformity</b>	
1	2	3	4
None of the CFSP or program requirements is in place.	Some or all of the CFSP or program requirements are in place, but more than one of the requirements fail to function as described in each requirement.	All of the CFSP or program requirements are in place, and no more than one of the requirements fails to function as described in each requirement.	All of the CFSP or program requirements are in place and functioning as described in each requirement.

A State that is not in substantial conformity with a particular outcome or systemic factor must develop and implement a Program Improvement Plan (PIP) to address the areas of concern associated with that outcome or systemic factor.

Because many changes were made in the CFSR process based on lessons learned during the first round and in response to feedback from the child welfare field, a State’s performance in the second round of the CFSR is not directly comparable to its performance in the first round. Key changes in the process that make comparing performances difficult across reviews are the following:

- An increase in the sample size from 50 to 65 cases
- Stratification of the sample to ensure a minimum number of cases in key program areas, resulting in variations in the number of cases relevant for specific outcomes and items
- Changes in criteria for specific items to increase consistency and to ensure an assessment of critical areas such as child welfare agency efforts to involve noncustodial parents

## Key CFSR Findings Regarding Outcomes

The Connecticut CFSR identified several areas of high performance with regard to the State's performance in achieving the outcomes assessed during the review. The State was in substantial conformity with Well-Being Outcome 2, which pertains to meeting the educational needs of children in foster care and children in the in-home services cases. In addition, Connecticut's performance was rated as a Strength for item 1 (Timeliness of investigations), item 2 (Repeat maltreatment), item 5 (Foster care reentry), item 11 (Proximity of placement), and item 22 (Physical health of child).

Although the State's performance on Well-Being Outcome 3, which pertains to meeting children's physical and mental health needs, did not meet the required level for substantial conformity, the outcome was substantially achieved in 87.1 percent of cases.

While Connecticut did not achieve the 90 percent or higher required for a rating of Strength, the State performed at a fairly high level on the following items:

- Item 3: Services to prevent removal
- Item 12: Placement with siblings
- Item 19: Caseworker visits with child
- Item 23: Mental health of child

Despite these areas of strength, the CFSR identified several key concerns with regard to the State's performance in achieving desired outcomes for children and families. The most critical concerns pertained to Permanency Outcome 1 (Children have permanency and stability in their living situations), which was substantially achieved in only 32.5 percent of the cases, and Well-Being Outcome 1 (Families have enhanced capacity to provide for children's needs), which was substantially achieved in only 44.6 percent of the cases. In addition, Permanency Outcome 2 (Continuity of family relationships and connections is preserved) was substantially achieved in only 50 percent of the cases.

Within these outcomes, the following items were rated as a Strength in less than 50 percent of the applicable cases reviewed: item 9 (Adoption), item 13 (Visiting with parents and siblings in foster care), item 16 (Relationship of child in foster care with parents), item 17 (Needs and services of parents, child, and foster parents), and item 20 (Caseworker visits with parents). Another concern identified in the CFSR was that Connecticut did not meet national standards for any of the following national data indicators pertaining to children's safety and permanency:

- Absence of maltreatment recurrence
- Absence of maltreatment of children in foster care by foster parents or facility staff
- Permanency Composite 1: Timeliness and permanency of reunification
- Permanency Composite 2: Timeliness of adoptions

- Permanency Composite 3: Permanency for children in foster care for extended time periods
- Permanency Composite 4: Placement stability

Although there are no clear causal relationships to explain Connecticut’s performance with regard to the outcomes and items noted above, the State’s performance may be attributed in part to the following key challenges identified during the CFSR:

- Caseworkers are not consistently contacting fathers or engaging parents—particularly fathers—in case planning, visitation with their children, and activities that are intended to strengthen the parent-child bond, which may result in delays in both reunifications and in efforts to move forward with termination of parental rights (TPR) and adoption.
- The extreme shortage of foster and adoptive placements for children in the State may make it difficult to support children’s placement stability and to achieve adoptions in a timely manner.
- Legal delays related to the practice of holding a full evidentiary trial on any contested motion for review of the permanency plan and inconsistencies in implementation of the process for TPR in accordance with the Adoption and Safe Families Act (ASFA) can result in delays in achieving permanency for children.

### **Key CFSR Findings Regarding Systemic Factors**

With regard to systemic factors, the CFSR found that Connecticut is in substantial conformity with the systemic factors of Quality Assurance (QA) System; Staff and Provider Training; Service Array and Resource Development; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. Connecticut is not in substantial conformity with the systemic factors of Statewide Information System and Case Review System.

The specific findings regarding the State’s performance on the safety and permanency outcomes are presented in table 1 at the end of the Executive Summary. Findings regarding well-being outcomes are presented in table 2. Table 3 presents the State’s performance with regard to the seven systemic factors assessed through the CFSR. In the following section, key findings are summarized for each outcome and systemic factor. Information also is provided about the State’s performance on each outcome and systemic factor during the Federal FY 2002 CFSR.

## **I. KEY FINDINGS RELATED TO OUTCOMES**

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect**

Safety Outcome 1 incorporates two items. One pertains to the timeliness of initiating a response to a child maltreatment report (item 1), and the other relates to the recurrence of substantiated or indicated maltreatment (item 2). Safety Outcome 1 also incorporates two

national data indicators for which national standards have been established. These data indicators measure the absence of maltreatment recurrence and the absence of maltreatment of children in foster care by foster parents or facility staff.

Connecticut is not in substantial conformity with Safety Outcome 1. Although the outcome was substantially achieved in 100 percent of the applicable cases reviewed, the State did not meet the national data standards for the data indicators pertaining to the absence of maltreatment recurrence and the absence of maltreatment of children in foster care by foster parents or facility staff.

Connecticut was not in substantial conformity with this outcome in its 2002 CFSR and was required to address this outcome in its PIP. The following concerns were identified in the 2002 review:

- The State did not meet the national standard for the measure of repeat maltreatment.
- The State did not meet the national standard for the measure of maltreatment of children in foster care.

To address the identified concerns, the State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- Improved its statewide information system to track the commencement of an investigation and reviewed investigations not meeting the timeliness standard to determine where improvements were needed
- Developed a set of risk and safety assessment tools and trained staff on the tools
- Created policy and practice guidelines regarding the acceptance of reports on open cases to address repeat maltreatment
- Developed a proposal for a centralized foster care investigations unit to address consistency in investigations of maltreatment of children in foster care

The State met its target goals for this outcome by the end of the PIP implementation period.

### **Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate**

Performance on Safety Outcome 2 is assessed through two items. One item (item 3) assesses State efforts to prevent children's removal from their homes by providing the family with services to ensure children's safety while they remain in their homes. The other item (item 4) assesses efforts to manage safety and reduce the risk of harm to children in their own homes and in their foster care placements.

Connecticut is not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 80.0 percent of the applicable cases reviewed. This percentage is less than the 95 percent required for substantial conformity. The outcome was substantially achieved in 84 percent of Bridgeport Area Office cases, 82 percent of New Britain Area Office cases, and 71 percent of Norwich Area Office cases. The key findings for this outcome in the 2008 CFSR were the following:

- Service provision was inconsistent, did not address the needs of all family members, and/or did not target the key safety concerns in the family.
- Ongoing safety and risk assessments were inconsistent, especially prior to reunification or immediately following incidents that put the child at risk.

Connecticut was not in substantial conformity with this outcome in its 2002 CFSR and was required to address the outcome in its PIP. The following concerns were identified in the 2002 CFSR:

- In some cases, families experienced waiting lists for services, and the delay increased risk of harm to children.
- In some cases, families declined to participate in services, leaving the children in the home at risk of harm.

The State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- The State developed an enhanced assessment model and timely service delivery process, called the Managed Service System (MSS).
- The State developed Area Resource Groups (ARGs) in area offices to assist staff in identifying the needs of family members and the available services.
- The State established report tracking tools and a quality improvement process to monitor performance with regard to service provision.

The State met its target goals for this outcome by the end of its PIP implementation period.

### **Permanency Outcome 1: Children have permanency and stability in their living situations**

Six items are incorporated in the assessment of Permanency Outcome 1, although not all of them are relevant for all of the foster care cases reviewed. The items pertain to State efforts to prevent foster care reentry (item 5), ensure placement stability for children in foster care (item 6), and establish appropriate permanency goals for children in foster care in a timely manner (item 7). Depending on the child's permanency goal, the remaining items focus on an assessment of State efforts to achieve permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9) or to ensure that children who have a case goal of other planned permanent living arrangement (OPPLA) are in stable long-term placements and are adequately prepared for eventual independent living (item 10).

Connecticut is not in substantial conformity with Permanency Outcome 1 in its 2008 CFSR. The outcome was substantially achieved in only 32.5 percent of the foster care cases. This percentage is less than the 95 percent required for substantial conformity. The outcome was substantially achieved in 30 percent of Bridgeport Area Office cases, 40 percent of New Britain Area Office cases, and 30 percent of Norwich Area Office cases. Item 5 was a Strength, while items 7, 8, 9, and 10 were rated as ANIs. In addition to the case

review findings, Connecticut did not meet the national standards for the data indicators pertaining to timeliness and permanency of reunification (Permanency Composite 1), timeliness of adoptions (Permanency Composite 2), permanency for children in foster care for extended time periods (Permanency Composite 3), or placement stability (Permanency Composite 4).

Key findings with regard to this outcome in the 2008 CFSR were the following:

- The State was effective in preventing reentry into foster care for the cases reviewed.
- In several cases, children did not experience placement stability.
- Reunification was not achieved in a timely manner in many cases.
- The agency was not consistent with regard to filing for TPR in a timely manner.
- Adoptions were not achieved in a timely manner.
- In some cases, the goal of OPPLA was established when children were younger than age 16 and prior to full consideration of other permanency options.

Connecticut was not in substantial conformity with this outcome in its 2002 CFSR and was required to address the outcome in its PIP. The following key concerns were identified in the 2002 review:

- The State did not meet the national standards for reunifications within 12 months of entry into foster care and for adoptions within 24 months of entry into foster care.
- Fifty percent of the cases reviewed were rated as having substantially achieved Permanency Outcome 1. All items in Permanency Outcome 1 were rated as ANIs.

To address the identified concerns, the State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- Addressed reentry into foster care by developing an after-care transition plan to be used at case closing and revised flexible funds policy
- Developed ARGs to assist staff in identifying the needs of family members and available services and revised flexible funds policy
- Implemented the Multidisciplinary Assessment for Permanency (MAP) program to identify outstanding issues related to filing of the permanency plan
- Developed reports and a QA process to strengthen the tracking of Federal ASFA TPR requirements, identify barriers to timely reunification, and analyze placement stability
- Revised Permanency Planning Team policy to ensure successful and timely identification of adoptive parents

The State met its target goals for this outcome by the end of its PIP implementation period.

## **Permanency Outcome 2: The continuity of family relationships and connections is preserved for children**

Permanency Outcome 2 incorporates six items that assess State performance with regard to (1) placing children in foster care in close proximity to their parents and close relatives (item 11); (2) placing siblings together (item 12); (3) ensuring frequent visitation between children and their parents and between children and their siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

Connecticut is not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in 50.0 percent of foster care cases. This percentage is less than the 95 percent required for substantial conformity. The outcome was substantially achieved in 55 percent of Bridgeport Area Office cases, 30 percent of New Britain Area Office cases, and 60 percent of Norwich Area Office cases. Item 11 was rated as a Strength, while items 12, 13, 14, 15, and 16 were rated as ANIs.

Key findings with regard to this outcome in the 2008 CFSSR were the following:

- DCF was effective in placing children in close proximity to their parents.
- DCF was somewhat effective in ensuring that siblings were placed together when appropriate, although there were some cases where siblings were separated, and the separation was not necessary to meet the special needs of one of the siblings.
- In several cases, the frequency and/or quality of visits between children and their fathers, mothers, or siblings was insufficient to meet the needs of the child.
- There was a lack of concerted effort in some cases to maintain the child's connections with extended family, culture, religion, community, and school.
- There was inconsistency in practice with regard to agency efforts to locate and assess maternal and paternal relatives as potential placement resources for children in foster care.
- There was inconsistency in practice with regard to agency efforts to support or maintain the bond between children in foster care and their mothers and fathers.

Connecticut was not in substantial conformity with Permanency Outcome 2 during its 2002 CFSSR and was required to address this outcome in its PIP. The following concerns were identified in the 2002 review:

- The State was not consistent in ensuring sufficient visitation between children in foster care and their parents and siblings in foster care.
- The State was not consistent in making diligent efforts to locate and assess relatives as a potential placement resource, especially paternal relatives.

To address identified concerns, the State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- Addressed relative placements by implementing a family conferencing model to assist in early identification of relative resources, establishing a Licensing Review Team to review the granting of waivers on licensure requirements, providing training related to search options to locate relatives, and proposing legislation related to eligibility for the subsidized guardianship program
- Addressed sibling placements by modifying LINK (the agency's Federally subsidized case management system) to improve accuracy of data, providing training on policy, and revising policy on use of flexible funds to support sibling placements
- Revised the approval process for out-of-State residential placements and expanded the number of group homes operating in the State

The State met its target goals for this outcome by the end of the PIP implementation period

### **Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs**

Well-Being Outcome 1 incorporates four items. One item pertains to State efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second item examines State efforts to actively involve parents and children (when appropriate) in the case planning process (item 18). The two remaining items examine the frequency and quality of caseworker contacts with the children in their caseloads (item 19) and with the children's parents (item 20).

Connecticut is not in substantial conformity with Well-Being Outcome 1. The outcome was substantially achieved in only 44.6 percent of cases. This percentage is less than the 95 percent required for substantial conformity. The outcome was substantially achieved in 39 percent of Bridgeport Area Office cases, 47 percent of New Britain Area Office cases, and 53 percent of Norwich Area Office cases. The outcome also was substantially achieved in 50 percent of foster care cases and 36 percent of in-home services cases. All items assessed for this outcome were rated as ANIs.

Key findings for this outcome in the 2008 CFSR were the following:

- There was inconsistent practice with regard to assessing and addressing the service needs of fathers, mothers, children, and foster parents.
- Children, mothers, and particularly fathers were not consistently involved in case planning.
- Although performing at a fairly high level (85 percent), caseworkers were not consistent with regard to visiting children with sufficient frequency and ensuring that the visits focused on issues pertinent to case planning, service delivery, and goal attainment.
- Caseworkers were not consistent with regard to visiting parents (particularly fathers) with sufficient frequency and ensuring that visits with parents focused on issues pertinent to case planning, service delivery, and goal attainment.

Connecticut was not in substantial conformity with Well-Being Outcome 1 during its 2002 CFSR and was required to address the outcome in its PIP. The following concerns were identified in the 2002 review:

- DCF practice was inconsistent with regard to the involvement of fathers in services, case planning, and visitation.
- DCF practice was inconsistent with regard to the quality of assessments and service provision.
- DCF was inconsistent with regard to involving parents in case planning.

To address identified concerns, the State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- Trained staff on the Family Conferencing model
- Developed and trained staff on a comprehensive set of assessment tools to accurately identify child and family needs
- Developed MSS, an enhanced assessment model and timely service delivery process
- Issued a Request for Proposals for Parent/Child Centers that would provide screening and assessments, parenting education, and family support services to families referred by DCF
- Established a protocol for referring children to the Birth to Three Program
- Established reports to track involvement of parents in case planning and to track caseworker visits
- Created additional caseworker positions to ensure caseload standards were met and visits to children residing out-of-State

The State met its target goals for this outcome by the end of the PIP implementation period.

### **Well-Being Outcome 2: Children receive appropriate services to meet their educational needs**

Only one item is assessed under Well-Being Outcome 2. It pertains to State efforts to address and meet the educational needs of children in foster care and, when relevant, children in the in-home services cases (item 21).

Connecticut is in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 95.5 percent of the applicable cases. This percentage is greater than the 95 percent required for substantial conformity. The outcome was substantially achieved in 100 percent of Bridgeport Area Office cases, 92 percent of New Britain Area Office cases, and 92 percent of Norwich Area Office cases. Also, the outcome was substantially achieved in 100 percent of the foster care cases and 78 percent of the in-home services cases. There were only two cases in which reviewers determined that the child had identified educational needs that were not addressed.

Connecticut also was in substantial conformity with this outcome in its 2002 CFSR and was not required to address the outcome in its PIP.

### **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs**

This outcome incorporates two items that assess State efforts to meet the physical health (item 22) and mental health (item 23) needs of children in foster care and children in the in-home services cases, if relevant.

Connecticut is not in substantial conformity with Well-Being Outcome 3. The outcome was substantially achieved in 87.1 percent of the 65 applicable cases. This percentage is less than the 95 percent required for substantial conformity. The outcome was substantially achieved in 87 percent of Bridgeport Area Office cases, 81 percent of New Britain Area Office cases, and 93 percent of Norwich Area Office cases. Also, the outcome was substantially achieved in 95 percent of foster care cases and 73 percent of applicable in-home services cases. Item 22 was rated as a Strength, and item 23 was rated as an ANI.

Connecticut was not in substantial conformity with Well-Being Outcome 3 during its 2002 CFSR and was required to address the outcome in its PIP. The key concern of the 2002 review was that DCF was not consistent in its efforts to adequately assess and meet children's physical and mental health needs.

To address this concern, the State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- Standardized the Multi-Disciplinary Exam (MDE) documentation and referral process
- Contracted for the expansion of MDE diagnostic facilities
- Established a referral protocol to the Birth to Three Program
- Developed Memoranda of Understanding with other State agencies to enhance interagency coordination of services and referrals for DCF clients
- Increased medical, behavioral health, substance abuse, and mental health support capacity in area offices through the establishment of ARGs

The State met its target goals for this outcome by the end of the PIP implementation period.

## **II. KEY FINDINGS RELATED TO SYSTEMIC FACTORS**

### **Statewide Information System**

Substantial conformity with the systemic factor of Statewide Information System is determined by whether the State is operating an information system that can provide accurate and timely information pertaining to the status, demographic characteristics, location, and case goals for the placement of every child in foster care.

Connecticut is not in substantial conformity with the systemic factor of Statewide Information System in its 2008 CFSR. Although the State is operating a statewide information system from which staff can readily identify children's status and demographic characteristics, concerns were noted regarding the accuracy of information pertaining to the child's placement location and case goals.

Connecticut was not in substantial conformity with this factor in its 2002 CFSR and was required to address the factor in its PIP. The key concern identified in the 2002 CFSR was that the State had not been able to verify that the functional enhancements made to the statewide information system, called LINK, resulted in LINK having the capacity to identify the goals for the placement of every child who was in foster care. Although LINK's inability to capture information about children's goals had reportedly been corrected by that time, compliance with the CFSP requirement could not be confirmed until the following Adoption and Foster Care Analysis and Reporting System (AFCARS) submission.

To address this concern in its PIP, the State reviewed and analyzed the accuracy of AFCARS data with regard to children's goals and implemented the necessary corrections to the system where needed.

The State met its goals for this systemic factor by the end of its PIP implementation period.

### **Case Review System**

Five items are included in the assessment of State performance for the systemic factor of Case Review System. The items examine development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), implementation of procedures to seek TPR in accordance with the timeframes established in ASFA (item 28), and notification of foster and pre-adoptive parents and relative caregivers about the schedule for case reviews and hearings and about their right to be heard in those proceedings (item 29).

Connecticut is not in substantial conformity with the systemic factor of Case Review System. Although the 2008 CFSR determined that Connecticut has a functioning administrative review process for the periodic review of the status of each child at least every 6 months (item 26), the following concerns were identified:

- Parents, especially fathers, were not consistently involved in case planning.
- Permanency hearings were not occurring in accordance within the required 12-month timeframe. Connecticut has a State statute that requires a full evidentiary trial if a permanency plan is contested by any party. As noted in the Statewide Assessment and stakeholder interviews, when full evidentiary trials are held, the permanency hearings may not occur in accordance within the required 12-month timeframe.
- There is inconsistency in implementation of the process for TPR in accordance with ASFA requirements.
- The State is not consistent with regard to notifying foster parents, pre-adoptive parents, and relative caregivers about court hearings involving the children in their care or in notifying them of the right to be heard in court hearings.

The State was not in substantial conformity with this factor in its 2002 CFSR and was required to address the factor in its PIP. The following concerns were identified in the 2002 CFSR:

- Parents were not consistently engaged or involved in the case planning process.
- Although permanency hearings were held within the required timelines, they frequently led to full evidentiary hearings, which resulted in delays in achieving permanency for children.
- There was inconsistent implementation of the process for TPR in accordance with the provisions of ASFA.
- There was inconsistency with regard to notification to foster parents, pre-adoptive parents, and relative caregivers regarding hearings and reviews.

To address these concerns, the State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- The State adopted a family conferencing model as a mechanism for engaging parents and relatives in treatment planning. Training was provided to all area offices on family conferencing, treatment planning, and concurrent planning.
- To ensure that efforts were made to involve parents in case planning and to meet the requirements for TPR, when relevant, the State provided training and guidelines to caseworkers regarding the use of all possible search options for locating absent or noncustodial parents.
- To improve the timeliness of court hearings and consistent implementation of ASFA requirements, the State implemented MAP meetings bringing together legal, medical, behavioral health, and child protection staff to identify outstanding issues that need to be addressed before filing the permanency plan.

Connecticut's PIP did not directly address the concern identified in the 2002 CFSR related to inconsistency in notification to foster parents, pre-adoptive parents, and relative caregivers regarding hearings and reviews.

The State met its target goals with regard to this systemic factor by the end of the PIP implementation period.

### **Quality Assurance System**

Performance with regard to the systemic factor of a QA System is based on whether the State has developed standards that ensure the safety and health of children in foster care (item 30) and whether the State is operating a statewide QA system that evaluates the quality and effectiveness of services and measures program Strengths and ANIs (item 31).

Connecticut is in substantial conformity with the systemic factor of a QA System. The key findings of the 2008 CFSR were the following:

- The State has in place effective licensing standards and policies to ensure that children in foster care are provided quality services.
- The State has a clearly identifiable and functioning QA system that addresses key practice areas and provides feedback on key findings. However, stakeholders expressed concerns regarding the number of QA processes and the lack of meaningful integration of these processes.

The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address the factor in its PIP.

### **Staff and Provider Training**

The systemic factor of Staff and Provider Training incorporates an assessment of the State's training provided to new caseworkers (item 32), the ongoing training provided to agency staff (item 33), and both initial and ongoing training provided to foster and adoptive parents (item 34).

Connecticut is in substantial conformity with the systemic factor of Staff and Provider Training. The CFSR determined that the State provides initial training for staff that is sufficient to prepare them for the duties required by their jobs. The CFSR also determined that the State's training program for foster and adoptive caregivers is generally effective in addressing the skills and knowledge necessary for them to parent the children in their care.

Despite these areas of strength, ongoing staff training was rated as an ANI. Although a range of ongoing training opportunities are provided and State policy requires that staff receive 5 days of in-service training per year, attendance at training is not tracked and there are no consequences if staff do not meet the 5-day requirement. In addition, stakeholders reported that many staff members find it difficult to access training because of a lack of time and funds for travel and the fact that many classes fill up quickly.

The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address this factor in its PIP.

### **Service Array and Resource Development**

The assessment of the systemic factor of Service Array and Resource Development addresses three questions: Does the State have in place an array of services that meet the needs of children and families served by the child welfare agency (item 35)? Are the services accessible to families and children throughout the State (item 36)? Can services be individualized to meet the unique needs of the children and family served by the child welfare agency (item 37)?

Connecticut is in substantial conformity with the systemic factor of Service Array and Resource Development. Key findings of the 2008 CFSR were the following:

- The State has an array services to assess and address the needs of children and families.
- The availability of flexible funds and wraparound services enable the agency to individualize services to meet the unique needs of children and families.
- Although improvements in service accessibility have been made since the 2002 CFSR, the accessibility of services still varies across the State, and long waiting lists for services are reported in many areas.

The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address this factor in its PIP.

### **Agency Responsiveness to the Community**

Performance with regard to the systemic factor of Agency Responsiveness to the Community incorporates an assessment of the State's consultation with external stakeholders in developing the CFSP and producing annual reports (items 38 and 39) and the extent to which the State coordinates child welfare services with services or benefits of other Federal or Federally assisted programs serving the same population (item 40).

Connecticut is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Key findings for this factor in the 2008 CFSR were the following:

- DCF engages in ongoing consultation to develop and update the CFSP through various surveys, special studies, and collaborative efforts with internal and external partners.
- The State consults with community stakeholders to update the CFSP annually and develop the Annual Progress and Services Report (APSR).
- The State has mechanisms in place to ensure coordination of services and benefits.

Connecticut was not in substantial conformity with this factor in its 2002 CFSR and was required to address the factor in its PIP. The following key concerns were identified in the 2002 CFSR:

- The State did not consistently engage in ongoing consultation with all relevant community representatives, including court representatives.
- The State did not consistently engage either the Tribes or the broader community in developing the CFSP and APSR.

To address these concerns, the State implemented the following strategies in its PIP (please see the Final Report for the full list of PIP strategies):

- Improved collaboration between the judicial system and DCF through joint efforts to address barriers to permanency for children
- Developed alternative approaches to conduct outreach in the community, including collaborating with the Department of Labor on youth employment opportunities

- Established quarterly meetings between DCF Area Directors, Department of Mental Retardation (DMR), Department of Mental Health and Addiction Services (DMHAS), and representatives from regional and local mental health authorities to discuss cases and system issues, and convened meetings between the administrators at DCF, DMR, and DMHAS to review policies and address issues that interfere with children receiving appropriate services

Connecticut's PIP did not specifically address engagement of Tribes in the CFSP or APSR process.

The State met its goals for this systemic factor by the end of its PIP implementation period.

### **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

The assessment of this systemic factor focuses on the State's standards for foster homes and child care institutions (items 41 and 42), the State's compliance with Federal requirements for criminal background checks for foster and adoptive parents (item 43), the State's efforts to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children (item 44), and the State's activities with regard to using cross-jurisdictional resources to facilitate permanent placements for waiting children (item 45).

Connecticut is in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention in its 2008 CFSR. Key findings of the 2008 CFSR were the following:

- The State has established and implemented clear standards for approving foster family homes and licensing child care institutions.
- The State applies consistent standards for all licensed child-placing agencies, child care institutions, and foster family homes.
- The State is in compliance with the Federal requirements for criminal background clearances and safety requirements for prospective foster and adoptive parents.
- The State has in place a process for the use of cross-jurisdictional resources.
- Although the State has many recruitment efforts in place, there is a lack of adequate follow-up to responses from potential resource parents, resulting in a lack of sufficient foster and adoptive family homes.

The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address it in its PIP.

**Table 1. Connecticut CFSR Ratings for Safety and Permanency Outcomes and Items**

Outcomes and Indicators	Outcome Ratings			Item Ratings	
	In Substantial Conformity?	Percent Substantially Achieved*	Met National Standards?	Rating**	Percent Strength
<b>Safety Outcome 1:</b> Children are, first and foremost, protected from abuse and neglect	No	100	Did not meet 2 of 2		
Item 1: Timeliness of investigations				Strength	100
Item 2: Repeat maltreatment				Strength	100
<b>Safety Outcome 2:</b> Children are safely maintained in their homes when possible and appropriate	No	80.0			
Item 3: Services to prevent removal				ANI	86
Item 4: Risk of harm				ANI	82
<b>Permanency Outcome 1:</b> Children have permanency and stability in their living situations	No	32.5	Did not meet 4 of 4		
Item 5: Foster care reentry				Strength	91
Item 6: Stability of foster care placements				ANI	75
Item 7: Permanency goal for child				ANI	67.5
Item 8: Reunification, guardianship, and placement with relatives				ANI	62
Item 9: Adoption				ANI	35
Item 10: Other planned permanent living arrangement				ANI	60
<b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved	No	50.0			
Item 11: Proximity of placement				Strength	100
Item 12: Placement with siblings				ANI	88
Item 13: Visiting with parents and siblings in foster care				ANI	49
Item 14: Preserving connections				ANI	75
Item 15: Relative placement				ANI	72
Item 16: Relationship of child in care with parents				ANI	45

\*95 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

\*\*Items may be rated as a Strength or an ANI. For an overall rating of Strength, 90 percent of the cases must be rated as a Strength.

**Table 2. Connecticut CFSR Ratings for Child and Family Well-Being Outcomes and Items**

Outcomes and Indicators	Outcome Ratings		Item Ratings	
	In Substantial Conformity?	Percent Substantially Achieved*	Rating**	Percent Strength
<b>Well-Being Outcome 1:</b> Families have enhanced capacity to provide for children’s needs	No	44.6		
Item 17: Needs/services of child, parents, and foster parents			ANI	49
Item 18: Child/family involvement in case planning			ANI	53
Item 19: Caseworker visits with child			ANI	85
Item 20: Caseworker visits with parents			ANI	49
<b>Well-Being Outcome 2:</b> Children receive services to meet their educational needs	Yes	95.5		
Item 21: Educational needs of child			Strength	95
<b>Well-Being Outcome 3:</b> Children receive services to meet their physical and mental health needs	No	87.1		
Item 22: Physical health of child			Strength	94
Item 23: Mental health of child			ANI	87

\*95 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

\*\*Items may be rated as a Strength or an ANI. For an overall rating of Strength, 90 percent of the cases reviewed for the item (with the exception of item 21) must be rated as a Strength. Because item 21 is the only item for Well-Being Outcome 2, the requirement of a 95-percent Strength rating applies.

**Table 3. Connecticut CFSR Ratings for Systemic Factors and Items**

<b>Systemic Factors and Items</b>	<b>In Substantial Conformity?</b>	<b>Score*</b>	<b>Item Rating**</b>
<b>Statewide Information System</b>	No	2	
Item 24: The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care			ANI
<b>Case Review System</b>	No	2	
Item 25: The State provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parents that includes the required provisions			ANI
Item 26: The State provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review			Strength
Item 27: The State provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter			ANI
Item 28: The State provides a process for TPR proceedings in accordance with the provisions of ASFA			ANI
Item 29: The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child			ANI
<b>Quality Assurance System</b>	Yes	3	
Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children			Strength
Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented			Strength
<b>Staff and Provider Training</b>	Yes	3	
Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services			Strength
Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP			ANI
Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children			Strength

<b>Systemic Factors and Items</b>	<b>In Substantial Conformity?</b>	<b>Score*</b>	<b>Item Rating**</b>
<b>Service Array and Resource Development</b>	Yes	3	
Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency			Strength
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP			ANI
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency			Strength
<b>Agency Responsiveness to the Community</b>	Yes	4	
Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP			Strength
Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP			Strength
Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or Federally assisted programs serving the same population			Strength
<b>Foster and Adoptive Parent Licensing, Recruitment, and Retention</b>	Yes	3	
Item 41: The State has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards			Strength
Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds			Strength
Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case-planning process that includes provisions for addressing the safety of foster care and adoptive placements for children			Strength
Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed			ANI
Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children			Strength

\*Scores range from 1 to 4. A score of 1 or 2 means that the factor is not in substantial conformity. A score of 3 or 4 means that the factor is in substantial conformity.

\*\*Items may be rated as a Strength or as an ANI.

**Final Report**  
**Connecticut Child and Family Services Review**  
**April 2009**

**U.S. Department of Health and Human Services**  
**Administration for Children and Families**  
**Administration on Children, Youth and Families**  
**Children's Bureau**

## INTRODUCTION

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Connecticut. The CFSR is the Federal Government's program for assessing the performance of State child welfare agencies with regard to achieving positive outcomes for children and families. It is authorized by the Social Security Amendments of 1994 requiring the Department of Health and Human Services (HHS) to promulgate regulations for reviews of State child and family services programs under titles IV-B and IV-E of the Social Security Act. The CFSR is implemented by the Children's Bureau (CB) of the Administration for Children and Families within HHS.

The Connecticut CFSR was conducted the week of September 22, 2008. The period under review for the onsite case review process was from April 1, 2007, to September 26, 2008. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the Connecticut Department of Children and Families (DCF)
- The State Data Profile, prepared by CB, which provides the State's child welfare data for fiscal year (FY) 2006, FY 2007 and the CFSR 12-month target period ending on March 31, 2007
- Reviews of 65 cases (40 foster care and 25 in-home services cases) at three sites: 31 cases from the Bridgeport Area Office, 17 cases from the New Britain Area Office, and 17 cases from the Norwich Area Office
- Interviews and focus groups (conducted at all three sites and at the State level) with stakeholders including, but not limited to, children, youth, parents, foster and adoptive parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, child advocates, Tribal representatives, and attorneys

All 65 cases were open child welfare agency cases at some time during the period under review. The key characteristics of the children in the cases reviewed are presented in the table at the end of this section. The percentages presented in this table and other tables in the document may not total exactly 100 percent due to rounding.

The first section of the report (Section A: Outcomes) presents the CFSR findings relevant to the State's performance in achieving specified outcomes for children in the areas of safety, permanency, and well-being. The second section of the report (Section B: Systemic Factors) provides an assessment and discussion of the systemic factors relevant to the child welfare agency's ability to achieve positive outcomes for children.

In reviewing this report, it is useful to know that in 1991, Connecticut entered into an agreement with lawyers representing children in the Juan F. class action lawsuit to improve services provided by DCF. The agreement was filed as a Consent Decree order in the United States District Court of Connecticut. That agreement stayed in effect until 2002 when the parties established an initial plan to achieve exit from Federal Court jurisdiction. In the fall of 2003, after all parties agreed that the Exit Plan outcomes were not met, a

new Exit Plan was established. This is referred to in the final report as the Juan F. Exit Plan. In this plan, the Court Monitor took an active role in setting 22 Outcome Measures. DCF is required to meet all 22 Outcome Measures and sustain them all for a period of two quarters before they can exit the Consent Decree. The findings with regard to these outcomes are provided in the Statewide Assessment and are presented throughout this report when relevant.

### Key Characteristics of Cases Reviewed

Case Characteristics	Foster Care	In-Home Services
<b>Total Cases</b>	40	25
<b>When case was opened/child entered foster care</b>		
Case was opened prior to the period under review	36 (90%)	16 (64%)
Case was opened during the period under review	4 (10%)	9 (36%)
<b>Child entered foster care during the period under review</b>	11 (28%)	*
<b>Child's age at start of period under review</b>		
Younger than age 10	23 (57.5%)	*
At least 10 but younger than 13	3 (7.5%)	*
At least 13 but younger than 16	6 (15%)	*
16 and older	8 (20%)	*
<b>Race/Ethnicity</b>		
American Indian/Alaskan Native Non-Hispanic	0	*
Asian Non-Hispanic	0	*
Black Non-Hispanic	14 (35%)	*
Hawaiian/Pacific Islander Non-Hispanic	0	*
Hispanic (of any race)	12 (30%)	*
White (Non-Hispanic)	11 (27.5%)	*
Unknown/Unable to Determine	0	*
Two or more races (non-Hispanic)	3 (7.5%)	*
<b>Primary reason for opening case</b>		
Physical abuse	3 (7.5%)	2 (8%)
Sexual abuse	1 (2.5%)	1 (4%)
Neglect (not including medical neglect)	16 (40%)	8 (32%)
Medical neglect	3 (7.5%)	0
Abandonment	1 (2.5%)	0
Mental/physical health of parent	1 (2.5%)	2 (8%)
Mental/physical health of child	3 (7.5%)	1 (4%)
Substance abuse by parent	6 (15.0%)	3 (12%)
Child's behavior	3 (7.5%)	3 (12%)
Domestic violence in child's home	1 (2.5%)	2 (8%)
Child in juvenile justice system	2 (5 %)	2 (8%)
Other	0	1 (4%)

\*Information on in-home services cases is not available for these characteristics.

## SECTION A: OUTCOMES

In the Outcomes Section of the CSFR Final Report, an overall rating of Strength or Area Needing Improvement (ANI) is assigned to each of the 23 items reviewed. An item is assigned an overall rating of Strength if 90 percent or more of the applicable cases reviewed were rated as a Strength. The item ratings are used to determine the performance of a State on the seven outcomes, each of which incorporates one or more of the individual items. The evaluation options for these outcomes are “substantially achieved,” “partially achieved,” and “not achieved.” For a State to be in substantial conformity with a particular outcome, 95 percent or more of the applicable cases reviewed must be rated as having substantially achieved the outcome.

Two outcomes—Safety Outcome 1 and Permanency Outcome 1—also are evaluated based on State performance with regard to six national data indicators. For a State to be in substantial conformity with these outcomes, the national standards for each data indicator must be met as well as the case review requirements. A State that is not in substantial conformity with a particular outcome must develop and implement a Program Improvement Plan (PIP) to address the areas of concern identified for that outcome.

CB has established very high standards of performance for the CFSR. The standards are based on the belief that because child welfare agencies work with our nation’s most vulnerable children and families, only the highest standards of performance should be considered acceptable. The standards are set high to ensure ongoing attention to achieving positive outcomes for children and families with regard to safety, permanency, and well-being. This is consistent with the goal of the CFSR—to promote continuous improvement in performance on these outcomes.

It should be noted, however, that States are not required to attain the 95-percent standard established for the CFSR Onsite Review or the national standards for the six data indicators by the end of their PIP implementations. CB recognizes that the kinds of systemic and practice changes necessary to bring about improvement in particular outcome areas often take time to implement. Also, improvements are likely to be incremental rather than dramatic. Instead, States work with CB to establish a specified amount of improvement or to determine specified activities for their PIPs. That is, for each outcome that is not in substantial conformity or item that is an ANI, each State (working in conjunction with CB) specifies the following: (1) how much improvement the State will demonstrate and/or the activities that it will implement to address the ANIs and (2) the procedures for demonstrating the achievement of these goals. Both the improvements specified and the procedures for demonstrating improvement vary across States. Therefore, a State can meet the requirements of its PIP and still not perform at the 95-percent (for outcomes) or the 90-percent (for items) levels established for the CFSR.

The second round of the CFSR assesses a State’s current level of performance by once more applying the high standards and a consistent, comprehensive, case review methodology. The results of this effort are intended to serve as the basis for continued PIPs

addressing areas in which a State still needs to improve, even though prior PIP goals may have been achieved. The purpose is to ensure that program improvement is an ongoing process and does not end with the completion of a PIP.

The following sections provide information on how Connecticut performed on each outcome in the first round of the CFSR as well as the current CFSR. If the outcome was not substantially achieved during the first round, the key concerns observed at that time and the strategies implemented in the PIP to address those concerns are discussed.

Because many changes were made in the CFSR process based on lessons learned during the first round and in response to feedback from stakeholders in the child welfare field, a State's performance in the second round of the CFSR is not directly comparable to its performance in the first round, particularly in regard to comparisons of data indicators or percentages regarding Strength and ANI ratings. Key changes in the CFSR case review process that make it difficult to compare performance across reviews include, but are not limited to, the following:

- An increase in the sample size from 50 to 65 cases
- Stratification of the sample to ensure a minimum number of cases in key program areas, resulting in variations in the number of cases relevant for specific outcomes and items
- Changes in criteria for specific items to enhance consistency and ensure an assessment of critical areas such as child welfare agency efforts to involve noncustodial parents in planning for their children

For each outcome, there is a table presenting the data for the case review findings and national indicators when relevant. The table is followed by a discussion of Connecticut's status with regard to substantial conformity with the outcome at the time of the State's first CFSR review held in FY 2002, the State's status relevant to the current review, and a presentation and discussion of each item (indicator) assessed under the outcome. Differences in findings across the sites included in the Onsite Review are described when noteworthy. Variations in outcome and item ratings as a function of type of case (i.e., foster care or in-home services) also are identified when appropriate.

## I. SAFETY

### Safety Outcome 1

<b>Outcome S1: Children are, first and foremost, protected from abuse and neglect</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement</b>					
<b>Degree of Outcome Achievement</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Substantially Achieved	13	9	10	32	<b>100%</b>
Partially Achieved	0	0	0	0	<b>0</b>
Not Achieved	0	0	0	0	<b>0</b>
<b>Total Applicable Cases</b>	<b>13</b>	<b>9</b>	<b>10</b>	<b>32</b>	
Not Applicable Cases	18	8	7	33	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Substantially Achieved by Site</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		

<b>Conformity of Statewide data indicators with national standards</b>			
<b>National Data Indicators</b>	<b>National Standard (%)</b>	<b>State's Percentage</b>	<b>Meets Standards?</b>
Absence of maltreatment recurrence	<b>94.6 +</b>	92.5	No
Absence of maltreatment of children in foster care by foster parents or facility staff	<b>99.68 +</b>	99.21	No

### Status of Safety Outcome 1

Connecticut is not in substantial conformity with Safety Outcome 1. Although the outcome was determined to be substantially achieved in 100 percent of the cases reviewed, the State did not meet the national standards for the data indicators pertaining to absence of maltreatment recurrence and absence of maltreatment of children in foster care by foster parents or facility staff.

Connecticut was not in substantial conformity with this outcome in its 2002 CFSR and was required to address this outcome in its PIP.

### Key Concerns From the 2002 CFSR

The following concerns were identified in the 2002 review:

- The State did not meet the national standard for the measure of repeat maltreatment.
- The State did not meet the national standard for the measure of maltreatment of children in foster care.

To address identified concerns, the State implemented the following in its PIP:

- Improved the State’s statewide information system, which is called LINK, so that it would have the ability to track the commencement and modification of investigations
- Used LINK reports and the area office quality review process to monitor investigations and identify where improvements were needed
- Developed a comprehensive assessment process and a uniform set of assessment tools to assist caseworkers and supervisors in identifying risk and safety indicators and in linking risk, safety, and family assessments to case planning outcomes
- Provided pre-service and ongoing training to all DCF caseworkers and supervisors on the new assessment tools
- Instituted policy and practice guidelines and new operational definitions for Hotline and Regional Office staff regarding the acceptance of reports on open cases to ensure consistency in report management
- Developed a proposal and work plan for a centralized foster care investigations unit to provide consistency with investigating and tracking reports of maltreatment of children in foster care

The State met its target goals for this outcome by the end of the PIP implementation period.

### **Key Findings of the 2008 CFSR**

The findings from the 2008 CFSR pertaining to the specific items assessed under Safety Outcome 1 are presented and discussed below.

#### **Item 1. Timeliness of initiating investigations of reports of child maltreatment**

**Strength**                       **Area Needing Improvement**

#### **Case Review Findings**

The assessment of item 1 was applicable for 32 (49 percent) of the 65 cases. Cases were not applicable when there were no child maltreatment reports during the period under review. In assessing item 1, reviewers were to determine whether the response to an accepted maltreatment report occurring during the period under review had been initiated in accordance with the State child welfare agency policy requirements.

Connecticut policy states that all Child Protective Services (CPS) investigations must be initiated or commenced in accordance with response times designated by the DCF Centralized Abuse and Neglect Hotline. Hotline screeners use the Structured Decision Making (SDM) Screening Criteria instrument to designate the following response timeframes to a maltreatment report:

- The investigation must commence on the same day the report is received. This designation includes referrals in which failure to respond immediately could result in the death of a child or serious injury to a child.
- The investigation must commence within 24 hours of the time the report is received. This designation is given to referrals when there is a non-life-threatening situation, but it is severe enough to warrant a response within 24 hours to secure the safety of the child and to gain access to appropriate and available witnesses.
- The investigation must commence within 72 hours of the time the report is received. This designation is assigned to those referrals that are determined to be non-life-threatening, taking into account the age and condition of the child involved.

Commencement of an investigation is defined by the State as an attempted face-to-face contact with the parent responsible for the child’s care and/or with the child or children who are the subject of the investigation.

The results of the assessment of item 1 are presented in the table below.

<b>Item 1 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	13	9	10	32	100
Area Needing Improvement	0	0	0	0	0
<b>Total Applicable Cases</b>	<b>13</b>	<b>9</b>	<b>10</b>	<b>32</b>	
Not Applicable	18	8	7	33	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		

Item 1 was rated as a Strength in all cases because the investigation was initiated and face-to-face contact was made within the timeframes required by State policy.

**Rating Determination**

Item 1 was assigned an overall rating of Strength. In 100 percent of the applicable cases, reviewers determined that the agency had initiated an investigation of a maltreatment report in accordance with required timeframes. This percentage is greater than the 90 percent required for an overall item rating of Strength. Item 1 also was rated as a Strength in Connecticut’s 2002 CFSR.

### **Statewide Assessment Information**

According to data provided in the Statewide Assessment, the commencement of investigations met the State timeframe requirements in 95.3 percent of reports reviewed in 2005, 96.4 percent of reports reviewed in 2006, 97.5 percent of reports reviewed in 2007, and 98 percent of reports reviewed from January 2008 through March 2008.

The Statewide Assessment reports that DCF policy does not specifically define what constitutes an “attempt” to make contact but does indicate that in those situations when a child is “believed to be in imminent danger, the investigator shall make every effort to see the child immediately.” Policy also dictates that “all children in the home and, if applicable, any other children of the parent or person responsible who does not reside in the home, shall be seen within 3 working days of the start of the investigation.” In addition, policy directs that if a parent refuses entry to the home and there is reasonable cause to suspect the child is in danger, the worker shall contact police for assistance.

### **Stakeholder Interview Information**

According to most stakeholders commenting on this item, DCF is initiating investigations in a timely manner. If a victim is not seen on the first attempted contact, caseworkers are making multiple contacts in an effort to see alleged victims face-to-face to ensure their safety. A few stakeholders reported that occasionally on weekends, hotline dispatchers cannot always reach an investigator immediately, and there can be a lag time of up to 5 hours.

### **Item 2. Repeat maltreatment**

**Strength**                       **Area Needing Improvement**

### **Case Review Findings**

The assessment of item 2 was applicable for 17 (26 percent) of the 65 cases. Cases were not applicable for this item if there was no substantiated or indicated maltreatment report during the period under review. For all applicable cases, reviewers were to determine if there had been a substantiated or indicated maltreatment report on the family during the period under review and, if so, whether another substantiated or indicated report involving similar circumstances had occurred within a 6-month period before or after that identified report. The results of the assessment of item 2 are presented in the table below.

<b>Item 2 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	4	7	6	17	<b>100</b>
Area Needing Improvement	0	0	0	0	<b>0</b>
<b>Total Applicable Cases</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>17</b>	
Not Applicable	27	10	11	48	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		

Item 2 was rated as a Strength when there was only one substantiated or indicated maltreatment report on the family within a 6-month period. Item 2 was rated as an ANI when there were at least two substantiated maltreatment reports on the family within a 6-month period.

#### **Rating Determination**

Item 2 was assigned an overall rating of a Strength. In 100 percent of the applicable cases, there was no recurrence of substantiated or indicated maltreatment within a 6-month period. This percentage is greater than the 90 percent required for this item to be rated as a Strength. Item 2 was rated as an area Needing Improvement in Connecticut's 2002 CFSR.

#### **Statewide Assessment Information**

According to data provided in the Statewide Assessment, the incidence of repeat maltreatment was 7.3 percent in 2006, 6.3 percent in 2007, and 5.7 percent in the first quarter of 2008.

The Statewide Assessment reports that the Connecticut DCF has conducted various studies between 2002 and 2008 to better understand the factors affecting the likelihood of both maltreatment and repeat maltreatment. In the August 2005 repeat maltreatment report involving the Middletown Area Office, three factors proved to be significant with regard to increasing the likelihood of repeat maltreatment: (1) the presence of substance abuse, (2) the absence of visits from any caseworkers, and (3) cases open for services at the time of the study.

The Statewide Assessment also reports that in January 2007, the Quality Improvement Division reviewed 98 cases as part of a study related to repeat maltreatment. Neglect was found to be the most common allegation substantiated in both the first and second reports on families; and in at least 85 percent of the cases reviewed the parent/guardian was the most common perpetrator in both reports. The study also found that 59 percent of the victims in the repeat maltreatment cases were between the ages of birth to 5 years.

The Statewide Assessment discusses several area office initiatives designed to decrease the repeat maltreatment rate including the following:

- New reports on active cases are reviewed by a team for consolidation or closure if the new report does not contain new allegations or circumstances.
- Repeat maltreatment cases are reviewed for the provision of services delivered prior to the new report.
- Cases with three reports in the previous year or five reports in the lifetime of the case are reviewed.
- New investigations are assigned to the previous investigating caseworker.

### Stakeholder Interview Information

Most stakeholders commenting on this item during the Onsite Review expressed the opinion that repeat maltreatment frequently occurs in cases where parents have substance abuse problems. A few stakeholders commented that the skill level of the caseworker and supervisor are the key to preventing repeat maltreatment because when the individual needs of each family member are taken into consideration and the services needed are provided to the family, repeat maltreatment can be prevented.

Several New Britain Area Office stakeholders commenting during the onsite CFSR stated that managers in the New Britain Area Office have studied repeat maltreatment cases in an effort to improve the outcome for the Juan F. Exit Plan, but have not been able to decrease the repeat maltreatment rate below 7.2 percent. The number of caseworker visits that occurred prior to case closure was deemed significant in decreasing repeat maltreatment. In addition, chronic neglect cases were found to be the primary type of repeat maltreatment cases.

### Safety Outcome 2

<b>Safety Outcome S2: Children are safely maintained in their homes whenever possible and appropriate</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement</b>					
<b>Degree of Outcome Achievement</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Substantially Achieved	26	14	12	52	<b>80.0</b>
Partially Achieved	2	2	2	6	<b>9.2</b>
Not Achieved	3	1	3	7	<b>10.8</b>
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Substantially Achieved by Site</b>	<b>84%</b>	<b>82%</b>	<b>71%</b>		

## **Status of Safety Outcome 2**

Connecticut is not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 80 percent of the cases reviewed. This percentage is less than the 95 percent required for a determination of substantial conformity. The State was not in substantial conformity with this outcome in its 2002 CFSR and was required to address the outcome in its PIP.

## **Key Concerns From the 2002 CFSR**

The following concerns were identified in the 2002 CFSR:

- In some cases, families experienced waiting lists for services and the delay increased risk of harm to children.
- In some cases, families declined to participate in services leaving the children in the home at the same risk of harm.

The State implemented the following strategies in its PIP:

- The State developed an enhanced assessment model and timely service delivery process called the Managed Service System (MSS). It involves collaboration with external service providers and requires a review and coordination of discharge plans for children in residential care and the identification of community resources that can be accessed to support children remaining in their homes and communities.
- The State developed Area Resource Groups (ARGs) in area offices to assist staff in the development of treatment plans for complex cases requiring significant supports.
- The State established 22 Outcome Measures and developed report tracking tools and a quality improvement process to monitor performance with regard to these outcomes. Among other things, the Outcome Measures addressed issues related to caseworker-child visits, treatment plan development, and caseload standards.
- The State implemented training initiatives to address family conferencing, treatment planning, and concurrent planning.

The State met its target goals for this outcome by the end of its PIP implementation period.

## **Key Findings of the 2008 CFSR**

The findings of the 2008 CFSR pertaining to the specific items assessed under Safety Outcome 2 are presented and discussed below.

**Item 3. Services to family to protect child(ren) in the home and prevent removal or reentry into foster care**

Strength       Area Needing Improvement

**Case Review Findings**

An assessment of item 3 was applicable in 43 (66 percent) of the 65 cases. Cases were excluded if the children entered foster care prior to the period under review and there were no other children in the home, or if there was no substantiated or indicated maltreatment report or identified risk of harm to the children in the home during the period under review. For applicable cases, reviewers assessed whether, in responding to a substantiated maltreatment report or risk of harm, the agency made diligent efforts to provide services to families that would prevent placement of children in foster care while at the same time ensure their safety. The results of the assessment of item 3 are presented in the table below.

<b>Item 3 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	17	11	9	37	<b>86</b>
Area Needing Improvement	3	0	3	6	<b>14</b>
<b>Total Applicable Cases</b>	<b>20</b>	<b>11</b>	<b>12</b>	<b>43</b>	
Not Applicable	11	6	5	22	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>85%</b>	<b>100%</b>	<b>75%</b>		

Item 3 was rated a Strength in 37 cases when reviewers determined the following:

- Although no services were provided when the child was removed from the home, the removal was necessary to ensure the safety of the child (11 cases).
- Services were provided to the family to ensure the safety of the child and prevent removal (26 cases).

Case review information indicates that a range of services was offered or provided to families. This included but was not limited to the following: Day care, parent aide services, respite care for intact families (in-home care for the child identified with emotional or behavioral special needs), therapeutic mentoring, substance abuse services, intensive family preservation services, domestic violence consultation, DCF nurse consultation, and behavioral health services.

Item 3 was rated as an ANI when reviewers determined the following:

- Services were provided but service provision was inconsistent or did not address the needs of all family members and did not target the key safety concern in the family (four cases).
- Although services were provided to an individual child, the lack of family-focused services resulted in safety concerns for children in the family (two cases).

### **Rating Determination**

Item 3 was assigned an overall rating of ANI. In 86 percent of the cases, reviewers determined that the agency had made concerted efforts to maintain children safely in their own homes. This percentage is less than the 90 percent required for a rating of Strength. Item 3 was rated a Strength in the State's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, State policy directs staff to consider and use alternatives to removal if the current risk assessment indicates that use of such alternatives is appropriate. Alternatives may include an offending parent or guardian voluntarily agreeing to leave the home so that the child can remain there, or the non-offending parent or guardian obtaining a restraining order to prevent the offending household member from returning to the home or having contact with the child.

The Statewide Assessment reports that each DCF area office has discretionary/flexible funds to enhance family preservation by obtaining the services or goods that the family needs to remain together. It was noted in the Statewide Assessment that DCF staff work closely with the ARG staff to facilitate and expedite referral processes for families and children in need of specific services. In addition, the State has an intact families respite policy intended to prevent removal. This policy (DCF Policy 39.21: Respite Care for Intact Families) allows for in-home respite care of a child identified as having emotional and/or behavioral special needs to avoid "burnout" among family members and thereby prevent family disruption.

The Statewide Assessment reports that between May and October 2007, the Children's Research Center (CRC) conducted SDM case reading training sessions for DCF staff in the 14 area offices to help supervisors and program managers increase their skills with regard to ensuring the quality implementation of the SDM system and related best practices. Based on the case reviews, CRC found that caseworkers are completing the safety and risk assessments in LINK for almost all cases, but there are still some areas in which practice can be improved, including the proper use of safety plans and service agreements, clear documentation of all risk factors, more consistent definitions in safety and risk assessment, and the correct identification of primary and secondary caregivers.

### **Stakeholder Interview Information**

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the agency is generally effective in making concerted efforts to maintain children safely in their homes rather than removing children when services may have prevented

the removal. Some stakeholders indicated that the SDM is a useful tool for identifying and rating safety issues and provides consistency in decision-making. Some stakeholders also indicated that the SDM tool is useful for identifying resources and services for the family and seems to be assisting in reducing the number of removals while keeping children safe.

Some New Britain Area Office Stakeholders reported that the area office’s MSS was a good model for ensuring that proper services are provided to prevent placement or reentry and to reunify families. In comparison, some Bridgeport Area Office stakeholders indicated that wait lists for services in that area may be up to 6 months causing a delay in providing services that might keep the child safely in the home.

**Item 4. Risk of harm to child**

Strength       Area Needing Improvement

**Case Review Findings**

An assessment of item 4 was applicable for all 65 cases. In assessing item 4, reviewers were to determine whether the agency had made, or was making, diligent efforts to address the risk of harm to the children involved in each case. The results of the assessment of item 4 are presented in the table below.

<b>Item 4 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	26	14	13	53	<b>82</b>
Area Needing Improvement	5	3	4	12	<b>18</b>
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>84%</b>	<b>82%</b>	<b>76%</b>		

Item 4 was rated a Strength when reviewers determined that the risk of harm to children was appropriately addressed by the agency through the following: (1) conducting initial and ongoing assessments of risk and safety either in the children’s home or in the children’s foster home, and (2) addressing all safety-related concerns identified through the assessment.

Item 4 was rated as an ANI when reviewers determined the following:

- There were no ongoing safety and risk assessments in the child’s home during the period under review, including an assessment prior to reunification or immediately following incidents that put the child at risk (10 cases).

- There was no ongoing safety and risk assessment in the foster home during the period under review (one case).
- There were safety concerns noted; however, the case was closed without addressing the concerns prior to closure (one case).

### **Rating Determination**

Item 4 was assigned an overall rating of ANI. In 82 percent of the applicable cases, reviewers determined that the agency had made diligent efforts to assess and address the risk of harm to the child. This percentage is less than the 90 percent required for a rating of Strength. Item 4 was rated as a Strength in Connecticut's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, State policy requires caseworkers and supervisors to use the risk assessment tool at key decision points in the life of a case, including, but not limited to, the completion of an investigation, the time when a decision is being made regarding removing or reunifying a child, and at case closing. In addition, caseworkers are required to visit children in out-of-home care at least monthly, interview the child privately, and assess the child's safety in the out-of-home placement.

The Statewide Assessment reported that area offices divide their caseworkers into areas of specialization in an effort to more effectively meet the needs of the families and children served. The three main divisions are Investigations, Ongoing Services/Treatment, and the Foster Care and Adoptive Services Units (FASU). Further specialization of units for investigations include Group Care Units responsible for investigations on day care and school personnel; Sexual Abuse/Severe Physical Abuse Units responsible for investigations requiring in-depth collaboration with law enforcement; and High Risk Newborn Units responsible for investigations involving infants born with complex medical and/or substance abuse issues. Similar specialization occurs with the Ongoing Services/Treatment Division including Permanency Units, Mental Health Units, Adolescent Units, Probate Units, and Voluntary Units.

As indicated in the Statewide Assessment, feedback from the Area Advisory Council (AAC) during the Connecticut Comprehensive Outcomes Review (CCOR) conducted in Manchester was generally positive in regard to the work of the specialized units; however, a concern was raised that cases are transferred between caseworkers within the same area office at critical points in the case, which can result in a lack of continuity for clients and service providers and may contribute to failure to address risk of harm in transferred cases.

The Statewide Assessment reports that to assess safety of children in their own homes, the State uses several resources: a Protection Order Registry to track all protective and restraining orders, the Attorney General's FBI criminal history record information, DMV records, the Amber Alert emergency alert system for child abduction cases, the Safe Havens Act for voluntary surrender of infants age 30 days or younger, and a Special Review process for child fatalities conducted in consultation with the Child Welfare League of America (CWLA).

### Stakeholder Interview Information

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the agency generally is effectively assessing safety and risk. As noted under item 3, many stakeholders praised the SDM tool and process. In addition, a few stakeholders commented that the provider community has a very strong collaborative relationship with DCF and provides “an extra set of eyes and ears on the family dynamics.”

A few stakeholders expressed concern that some caseworkers do not fully understand SDM and how to implement it effectively.

## II. PERMANENCY

### Permanency Outcome 1

<b>Outcome P1: Children have permanency and stability in their living situations</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement</b>					
<b>Degree of Outcome Achievement</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Substantially Achieved	6	4	3	13	<b>32.5</b>
Partially Achieved	13	5	7	25	<b>62.5</b>
Not Achieved	1	1	0	2	<b>5.0</b>
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Substantially Achieved by Site</b>	<b>30%</b>	<b>40%</b>	<b>30%</b>		

<b>Conformity of statewide data indicators with national standards</b>			
<b>National Data Indicators</b>	<b>National Standard (Scaled Score)</b>	<b>State Score (Scaled Score)</b>	<b>Meets Standard?</b>
Composite 1: Timeliness and permanency of reunification	<b>122.6 +</b>	96.6	No
Composite 2: Timeliness of adoptions	<b>106.4 +</b>	100.0	No
Composite 3: Permanency for children in foster care for extended time periods	<b>121.7 +</b>	96.3	No
Composite 4: Placement stability	<b>101.5 +</b>	98.1	No

## **Status of Permanency Outcome 1**

Connecticut is not in substantial conformity with Permanency Outcome 1 based on the following findings:

- The outcome was substantially achieved in only 32.5 percent of the cases reviewed, which is less than the 95 percent required for an overall rating of substantial conformity.
- The State did not meet the national standards for any of the four data indicators, as shown in the table above.

Connecticut also was not in substantial conformity with this outcome in its 2002 CFSR and was required to address the outcome in its PIP.

## **Key Concerns From the 2002 CFSR**

The following concerns were identified in the 2002 CFSR:

- The State did not meet the national standards for reunifications within 12 months of entry into foster care and adoptions within 24 months of entry into foster care.
- In the case review, 50 percent of the cases reviewed were rated as having substantially achieved Permanency Outcome 1. All items in Permanency Outcome 1 were rated as ANIs.

To address identified concerns, the State implemented the following strategies in its PIP:

- Trained area offices staff on the Family Conferencing Model
- Developed a proposal for the use of transition plans at case closing to help maintain supports and reduce the likelihood of reentry into care
- Developed and implemented a formalized supervisory conference process to focus discussion on the viability of current placement goals for all children in out-of-home care
- Developed ARGs to assist caseworkers and supervisors in the development of treatment plans for complex cases and revised a Disruption Conference Policy to direct use of ARGs at various stages in the life of the case
- Implemented the Multidisciplinary Assessment for Permanency (MAP) program in area offices to bring together legal, medical, behavioral health, and child protective service staff to identify outstanding issues that need to be addressed before filing the permanency plan
- Revised policy on using flexible funds to support reunification and prevent reentry by meeting emergency needs
- Implemented a Casey Family Programs Supporting Kinship Care Collaborative in the Bridgeport Area Office

- Developed Results Oriented Management (ROM) reports and a quality assurance (QA) process to strengthen the tracking of Federal Adoption and Safe Families Act (ASFA) timelines and the identification of gaps in service that become barriers to timely reunification
- Collected data on shelter placements to better manage an emerging pattern of multiple shelter placements
- Revised Permanency Planning Team (PPT) policy to standardize the approval process of selecting appropriate families for available children and ensuring successful and timely identification of adoptive parents

The State met its target goals for this outcome by the end of its PIP implementation period.

### Key Findings of the 2008 CFSR

The findings pertaining to the items assessed under Permanency Outcome 1 are presented and discussed below.

#### Item 5. Foster care reentry

**Strength**                       **Area Needing Improvement**

#### Case Review Findings

An assessment of item 5 was applicable for 11 (27.5 percent) of the 40 foster care cases. Cases were not applicable if the child did not enter foster care during the period under review. In assessing this item, reviewers determined whether the entry into foster care during the period under review occurred within 12 months of discharge from a prior foster care episode. The results of the assessment of item 5 are presented in the table below.

<b>Item 5 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
<b>Strength</b>	5	4	1	10	<b>91</b>
<b>Area Needing Improvement</b>	0	0	1	1	<b>9</b>
<b>Total Applicable Foster Care Cases</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>11</b>	
<b>Not Applicable Foster Care Cases</b>	15	6	8	29	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>100%</b>	<b>100%</b>	<b>50%</b>		

Item 5 was rated as a Strength when the child's entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode. Item 5 was rated as an ANI in one case in which the child's entry into foster care occurred within 12 months of the date of discharge from a prior foster care placement episode.

### **Rating Determination**

Item 5 was assigned an overall rating of Strength. The item was rated as a Strength in 91 percent of the cases reviewed. This percentage is greater than the 90 percent required for a rating of Strength. Item 5 was rated as an ANI in the State's 2002 CFSR.

### **Performance on the Composite 1 Measure Relevant to the Permanency of Reunification**

The data below are presented to provide additional information about foster care reentry. There is no national standard for the measure of foster care reentry. National standards with regard to permanency have been established only for the scaled composite scores. The measure of foster care reentry is part of Composite 1: Timeliness and permanency of reunification. The State's performance on Composite 1 is shown in the table for Permanency Outcome 1.

Connecticut's performance on the individual measure of foster care reentry (measure C1.4) included in Composite 1: Timeliness and permanency of reunification was as follows: 15.3 percent of the children exiting foster care to reunification in the 12 months prior to the CFSR 12-month target period reentered foster care in less than 12 months from the time of discharge. This percentage is higher than the national median of 15.0 percent. For this measure, lower percentages reflect higher levels of performance.

### **Statewide Assessment Information**

According to the Statewide Assessment, in calculating the incidence of reentry, the State uses the Juan F. Exit Plan Outcome Measure 11 methodology, which involves a slightly different calculation than the methodology used in the Federal measure C1.4. The standard for Measure 11 requires that no more than 7 percent of the children entering DCF custody shall reenter within 12 months of a prior out-of-home placement. According to the Statewide Assessment, DCF met the Measure 11 standard only twice in the last 9 quarters. For each quarter of 2007 the reentry percentage was as follows: 7.5 percent for the first quarter, 8.5 percent for the second quarter, 9.0 percent for the third quarter, and 7.8 percent for the fourth quarter.

The Statewide Assessment reports DCF has developed an intensive reunification service that offers an array of services to families to promote reunification. In addition, caseworkers offer a family conference each time a Family Treatment Plan is due, or whenever it is considered to be useful for case planning. The Statewide Assessment also reports that SDM assessments can be useful tools to use prior to returning a child home; it can provide information needed to make an informed decision and define issues that would require services and support to prevent a child from reentering foster care.

### Stakeholder Interview Information

Some stakeholders commenting on this item during the Onsite Review expressed the opinion that formalized after-care planning is needed because children are going home to circumstances for which services were provided, but the services were not the right “fit” for the family, resulting in reentry. In some cases the case remains open, DCF services are continued, and there is court-ordered protective supervision of reunified families; but no data are available to determine the usefulness of this approach.

### Item 6. Stability of foster care placement

Strength       Area Needing Improvement

### Case Review Findings

All 40 foster care cases were applicable for an assessment of item 6. In assessing this item, reviewers were to determine whether the child experienced multiple placement settings during the period under review and, if so, whether the changes in placement settings were necessary to achieve the child’s permanency goal or meet the child’s service needs. Reviewers also assessed the stability of the child’s most recent placement setting. The results of the assessment of item 6 are presented in the table below.

Item 6 Ratings	Bridgeport Area Office	New Britain Area Office	Norwich Area Office	Total	Percent
Strength	14	7	9	30	75
Area Needing Improvement	6	3	1	10	25
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>70%</b>	<b>70%</b>	<b>90%</b>		

Item 6 was rated as a Strength when reviewers determined that the child’s current placement was stable and that the child either did not experience a placement change during the period under review or that the placement changes experienced were in the child’s best interests (i.e., they were intended to further achievement of the child’s permanency goal or to provide specialized services to the child).

Item 6 was rated as an ANI in 10 cases when reviewers determined the following:

- The child was in multiple placement settings during the period under review and at least one placement change was not planned by the agency to further attain the child’s permanency goal (nine cases).
- The child’s current placement setting at the time of the onsite CFSSR was not stable (one case).

Additional findings of the case review were the following:

- Children in 20 cases experienced only 1 placement during the period under review.
- Children in 16 cases experienced 2 placements during the period under review.
- Children in 4 cases experienced 3 or more placements during the period under review.

### **Rating Determination**

Item 6 was assigned an overall rating of ANI. In 75 percent of the cases, reviewers determined that children experienced placement stability. This percentage is less than the 90 percent required for a rating of Strength. Item 6 also was rated as an ANI in the State's 2002 CFSR.

### **Performance on the Individual Measures Included in Composite 4: Placement Stability**

The data below are presented to provide additional information about placement stability. There are no national standards for performance on these measures individually. National standards have been established only for the scaled composite score. The State's performance on Composite 4 is shown in the table for Permanency Outcome 1.

Connecticut's performance during the 12-month CFSR target period on the individual measures included in Composite 4: Placement stability is presented below.

- C4.1: 86.8 percent of the children in foster care for at least 8 days but less than 12 months experienced two or fewer placement settings. This percentage is higher than the 75th percentile of 86.0 percent.
- C4.2: 66.9 percent of the children in foster care for at least 12 months but less than 24 months experienced two or fewer placement settings. This percentage is higher than the 75th percentile of 65.4 percent.
- C4.3: 30.4 percent of the children in foster care for at least 24 months experienced two or fewer placement settings. This percentage is less than the national median of 33.9 percent.

### **Statewide Assessment Information**

According to the Statewide Assessment, placement stability is monitored in the Juan F. Exit Plan Outcome Measure 12: Multiple Placements. The standard for this measure requires that at least 85 percent of the children in DCF custody shall experience no more than three placements during a 12-month period excluding respite, hospitalizations lasting less than 7 days, runaways, home visits, the Connecticut Juvenile Training School, and voluntary cases. According to the Statewide Assessment, DCF met this standard for 16 consecutive quarters.

The Statewide Assessment reports that the State implemented a policy requiring that a disruption conference be held for any child who has experienced two foster home disruptions within an 18-month period for reasons related to the child's behavior or condition. The

purpose of the disruption conference is to solicit input from service providers, the ARG, and community consultants in developing a plan for a more appropriate placement match.

The Statewide Assessment also reports that the State uses SAFE Homes for children who experience an out-of-home placement for the first time. SAFE Homes are temporary placements that are used to thoroughly assess the child’s medical, dental, and behavioral needs to make an appropriate match with a placement resource. As indicated in the Statewide Assessment, the placement in a SAFE Home may be extended if there is a lack of placement options available for the child.

The Statewide Assessment notes that the Foster and Adoption Support Team (FAST) provides assessment, behavioral management support, respite care, and other therapeutic services to children in DCF foster care and those in pre- or post-adoptive living arrangements. The purpose of these services is to stabilize the placement so that disruptions are prevented.

**Stakeholder Interview Information**

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the agency generally is not highly effective in ensuring placement stability for children in out-of-home care. Various stakeholders identified the following concerns with regard to the issue of placement stability:

- Some caseworkers do not fully understand the detrimental effect of moving children and tend to move them rather than making efforts to support the placement.
- The placement process is not routinely based on appropriate matching of a child with an out-of-home placement that would best meet the child’s needs. This is a problem for children with severe behavioral or mental health concerns as well as infants who need to be placed with stay-at-home foster mothers. The inappropriate matching of children and placement resources was attributed to the general scarcity of foster care resources in the State.
- Foster parents are not consistently given sufficient background information on the child at the time of placement, which results in the foster parents not being adequately prepared to meet the needs of the child.
- Caseworkers do not routinely offer support to foster parents or provide them with requested services until a disruption is imminent.

A few stakeholders commented that pre-placement visits, including a full weekend in a possible placement, might assist both the child (particularly an older child) and the foster family in determining if the match is appropriate.

**Item 7. Permanency goal for child**

Strength       Area Needing Improvement

## Case Review Findings

All 40 foster care cases were applicable for an assessment of item 7. In assessing this item, reviewers were to determine whether the agency had established a permanency goal for the child in a timely manner and whether the most current permanency goal was appropriate. Reviewers also were to determine whether the agency had sought termination of parental rights (TPR) in accordance with ASFA requirements. The results of the assessment of item 7 are presented in the table below.

<b>Item 7 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	14	7	6	27	<b>67.5</b>
Area Needing Improvement	6	3	4	13	<b>32.5</b>
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>70%</b>	<b>70%</b>	<b>60%</b>		

Item 7 was rated a Strength when reviewers determined that the child’s permanency goal was appropriate and had been established in a timely manner and, if relevant, the agency had filed for TPR in accordance with the requirements of ASFA.

Item 7 was rated as an ANI when reviewers determined one or more of the following:

- The child’s current permanency goal at the time of the onsite CFSR was not appropriate given the case situation and the needs of the child (six cases).
- The child’s permanency goal was not established in a timely manner (1 case) and was not established in a timely manner or appropriate (one case).
- The agency did not meet ASFA requirements to file a timely petition for TPR or document in the case file any compelling reasons for not filing for TPR (five cases).

The following case goals were identified for the 40 foster care cases:

- Adoption only (11 cases).
- Reunification only (including reunification with relatives) (5 cases).
- Guardianship only (1 case).
- Other planned permanent living arrangement (OPPLA, which also is known as APPLA in Connecticut) (7 cases).
- Concurrent goals of reunification with parents or relatives and OPPLA (2 cases).
- Concurrent goals of guardianship and reunification with parents (2 cases).

- Concurrent goals of adoption and reunification with parents (7 cases).
- Concurrent goals of adoption and guardianship (2 cases), adoption, guardianship and reunification (2 cases), adoption and OPPLA (1 case).

The case reviews found the following information pertaining to TPR:

- At the time of the Onsite Review, 29 of the 40 children in the foster care cases had been in care for 15 of the most recent 22 months. Two of these cases were not applicable for ASFA requirement because the children lived with relatives.
- TPR was filed in a timely manner in 12 of the 27 applicable cases.
- In 15 cases that did not have TPR petitions filed in a timely manner, compelling reasons for not filing were documented in 10 cases.
- ASFA requirements were met in 81 percent (22 cases) of the 27 applicable cases.

### **Rating Determination**

Item 7 was assigned an overall rating of ANI. In 67.5 percent of the applicable cases, reviewers determined that the agency had established an appropriate permanency goal for the child in a timely manner and had met ASFA requirements. This percentage is less than the 90 percent required for a rating of Strength. Item 7 also was rated as an ANI in the State's 2002 CFSR.

### **Performance on the Individual Measures Included in Composite 3:**

#### **Permanency for children in foster care for extended time periods**

The data below are presented to provide additional information about permanency for children in foster care for extended time periods. There are no national standards for performance on these measures individually. National standards were established only for the scaled composite score. The State's performance on Composite 3 is shown in the table for Permanency Outcome 1.

Connecticut's performance during the 12-month CFSR target period on the individual measures included in Composite 3: Permanency for children in foster care for extended time periods was the following:

- C3.1: 20.8 percent of the children in foster care for 24 months or longer at the start of the 12-month CFSR target period were discharged from foster care to a permanent home (that is, adoption, reunification with parents or other relatives, or guardianship) by the end of the target period. This percentage is less than the national median of 25.0.
- C3.2: 88.6 percent of the children exiting foster care during the target period who were legally free for adoption at the time of exit were discharged to a permanent home. This percentage is less than the national median of 96.8 percent.
- C3.3: 59.4 percent of the children who were discharged from foster care during the 12-month target period with a discharge reason of emancipation had been in foster care for 3 years or longer at the time of discharge. This percentage is greater than the national median of 47.8 percent. For this measure, lower scores indicate more positive performance.

### **Statewide Assessment Information**

According to the Statewide Assessment, item 7 was assessed in the CCOR (the State’s internal qualitative review using the CFSR methodology) for the Bridgeport, Manchester, Norwich, and New Britain Area offices resulting in 10 cases rated as an ANI out of the 32 applicable cases reviewed (or a Strength rating of 68 percent). In cases that were rated an ANI the most common issues identified for item 7 were the following:

- Permanency goals were not established within timeframes.
- There was inappropriate use of the OPPLA goal.

State policy requires that a permanency goal is established within 45 days of placement and that goal of OPPLA is to be used only for children at least 14 years of age and for whom no other appropriate permanent goal can be identified.

### **Stakeholder Interview Information**

Some stakeholders commenting on this item during the onsite CFSR expressed the opinion that the State is not consistently effective with regard to establishing appropriate case goals in a timely manner. One concern mentioned was that sometimes the transfer of cases between caseworkers in specialized units can result in delays in reviewing the appropriateness of the permanency goal.

However, some stakeholders expressed the opinion that the MAP process, which is used for a child who is newly placed with DCF, and the PPT meetings have generally resulted in some improvements in establishing permanency goals in a timely manner. Some stakeholders commented that there are many children in foster care with a goal of OPPLA, usually because they have a strong connection to their foster parents or because they have serious behavioral/mental health issues and reside in a group home.

Many stakeholders commenting on the concurrent planning process expressed the opinion that neither the courts nor caseworkers fully understand how to implement two plans concurrently rather than consecutively. In addition, there is no statute in Connecticut that supports concurrent planning.

A few stakeholders indicated that in some instances DCF may not believe it has a strong enough case to go forward with TPR, resulting in an extension of the time period when the goal remains reunification. Stakeholders report some cases getting “stuck” when parents are compliant with service provisions outlined in their treatment plans, but caseworkers do not see necessary changes in parental capacity or underlying issues.

### **Item 8. Reunification, guardianship, or permanent placement with relatives**

Strength       Area Needing Improvement

### Case Review Findings

Item 8 was applicable for 21 (52.5 percent) of the 40 foster care cases. In assessing these cases, reviewers were to determine whether the agency had achieved the permanency goals of reunification, guardianship, or permanent placement with relatives in a timely manner or, if the goals had not been achieved, whether the agency had made, or was in the process of making, diligent efforts to achieve the goals. The results of the assessment of item 8 are presented in the table below.

Item 8 Ratings	Bridgeport Area Office	New Britain Area Office	Norwich Area Office	Total	Percent
Strength	7	5	1	13	62
Area Needing Improvement	4	2	2	8	38
<b>Total Applicable Foster Care Cases</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>21</b>	
Not Applicable Foster Care Cases	9	3	7	19	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>64%</b>	<b>71%</b>	<b>33%</b>		

Item 8 was rated a Strength when reviewers determined that the goal had been achieved in a timely manner or that the agency had made concerted efforts to achieve the goal in a timely manner. Item 8 was rated as an ANI when reviewers determined that the agency had not made concerted efforts to achieve reunification or guardianship in a timely manner. Some of the concerns identified were:

- The State did not make concerted efforts to achieve the goal of reunification with parents in a timely manner (five cases).
- The State did not make concerted efforts to achieve the goal of guardianship in a timely manner (three cases).

### Rating Determination

Item 8 was assigned an overall rating of ANI. In 62 percent of the applicable cases, reviewers determined that the agency had made diligent efforts to attain the goals of reunification, permanent placement with relatives, or guardianship in a timely manner. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 8 also was rated as an ANI in the State's 2002 CFSR.

### Performance on the Individual Measures Pertaining to Timeliness Included in Composite 1:

#### Timeliness and permanency of reunification

The data below are presented to provide additional information about the timeliness and permanency of reunification. There are no national standards for performance on these measures individually. National standards have been established only for the scaled composite score. The State's performance on Composite 1 is shown in the table for Permanency Outcome 1.

Connecticut's performance during the 12-month CFSR target period on the individual measures included in Composite 1: Timeliness and permanency of reunification is presented below.

- C1.1: 56.8 percent of the reunifications occurred in less than 12 months of the child's entry into foster care. This percentage is less than the national median of 69.9 percent.
- C1.2: The median length of stay in foster care for children discharged to reunification was 10.1 months. This length of stay is greater than the national median of 6.5 months. For this measure a lower number of months equates to a higher level of performance.
- C1.3: 27.9 percent of children entering foster care in the 6 months prior to the 12-month target period were discharged from foster care to reunification in less than 12 months of entry into foster care. This percentage is less than the national median of 39.4 percent.

### **Statewide Assessment Information**

According to the Statewide Assessment, the reunification standard (Outcome Measure 7) established in the Juan F. Exit Plan requires that at least 60 percent of the children who are reunified with parents or guardians are reunified within 12 months of their most recent removal from home. The Statewide Assessment reports that although DCF met the standard in 2006 and 2007 with performance at 64 percent and 66 percent, respectively, the State did not meet the standard for the first quarter of 2008 with 59 percent of reunifications occurring within 12 months of the child's entry into foster care.

The Statewide Assessment also reports that the Transfer of Guardianship standard (Outcome Measure 9) established by the Juan F. Exit Plan requires that 70 percent of all children whose custody is legally transferred to a guardian shall have their guardianship transferred within 24 months of their most recent removal from home. Performance on this Outcome was 69.4 percent in 2006, 79.6 percent in 2007, and 68.8 percent in the first quarter of 2008.

### **Stakeholder Interview Information**

Many stakeholders commenting on this item during the onsite CFSR expressed the opinion that the State generally makes concerted efforts to ensure that children are reunified in a timely manner. However, various stakeholders also identified the following barriers to timely reunification:

- Parent's attorneys use delay tactics, including advising parents not to comply with DCF recommendations.
- Caseworkers and the courts give families too many chances to comply with case planning requirements (especially in substance abuse cases).
- The services necessary for parents to meet case plan requirements for reunification are not immediately available.

In addition, stakeholders commented that when parents are notified that reunification is no longer an appropriate goal, the parents may identify an out-of-State relative as a possible resource for permanency. According to several stakeholders, if an Interstate Compact on the Placement of Children (ICPC) study is needed for an out-of-State relative, it can result in lengthy delays in achieving permanency.

**Item 9. Adoption**

Strength       Area Needing Improvement

**Case Review Findings**

Item 9 was applicable for 23 (57.5 percent) of the 40 foster care cases. In assessing this item, reviewers were to determine whether diligent efforts had been, or were being, made to achieve a finalized adoption in a timely manner. The results of the assessment of item 9 are presented in the table below.

<b>Item 9 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	2	3	3	8	35
Area Needing Improvement	10	3	2	15	65
<b>Total Applicable Foster Care Cases</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>23</b>	
Not Applicable Foster Care Cases	8	4	5	17	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>17%</b>	<b>50%</b>	<b>60%</b>		

Item 9 was rated a Strength when reviewers determined that the State had made diligent efforts to achieve finalized adoptions in a timely manner. Item 9 was rated as an ANI when reviewers identified the following issues:

- There were delays in filing for TPR (three cases).
- There were delays in the TPR process (after filing) (five cases).
- There was a lack of concerted effort to achieve an adoption goal when it was one of the concurrent goals (six cases).
- There were delays in completing or approving the home study and other adoption-related paperwork (one case).

Additional findings relevant to this item were the following:

- Of the 23 children with a goal of adoption, 6 achieved the goal during the period under review.

- For 1 of the 6 children who had a finalized adoption during the period under review, the adoption was finalized in less than 24 months from the child’s entry into foster care.
- Of the 17 children with a goal of adoption who were not adopted during the period under review, 6 had been in foster care for at least 24 months.

### **Rating Determination**

Item 9 was assigned an overall rating of ANI. Reviewers determined that the agency had made concerted efforts to achieve a finalized adoption in a timely manner in only 35 percent of the cases. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 9 also was rated as an ANI in the State’s 2002 CFSR.

### **Performance on the Individual Measures Included in Composite 2: Timeliness of Adoptions**

The data below are presented to provide additional information about the timeliness of adoptions. There are no national standards for performance on these measures individually. National standards have been established only for the scaled composite score. The State’s performance on Composite 2 is shown in the table for Permanency Outcome 1.

Connecticut’s performance during the 12-month CFSR target period on the individual measures included in Composite 2: Timeliness of adoptions is presented below.

- C2.1: 32.1 percent of the children exiting to adoption were discharged less than 24 months from the time of entry into foster care. This percentage is higher than the national median of 26.8 percent but lower than the national 75th percentile of 36.6 percent.
- C2.2: The median length of stay in foster care for children adopted was 33.6 months. This median length of stay is higher than the national median of 32.4 months. For this measure, a lower number of months equates to a higher level of performance.
- C2.3: 12.4 percent of children in foster care for 17 months or longer on the first day of the year were discharged to a final adoption by the last day of the year. This percentage is less than the national median of 20.2 percent.
- C2.4: 8.7 percent of children in foster care for 17 months or longer on the first day of the year became legally free for adoption (i.e., there was a TPR for both mother and father) within the first 6 months of the year. This percentage is less than the national median of 8.8 percent.
- C2.5: 67.3 percent of children who were legally free for adoption were adopted within 12 months of becoming legally free. This percentage is higher than the national 75th percentile of 53.7 percent.

### **Statewide Assessment Information**

According to the Statewide Assessment, the adoption standard (Outcome 8) established in the Juan F. Exit Plan requires that at least 32 percent of children who are adopted shall have their adoptions finalized within 24 months of the most recent removal from home.

According to the Statewide Assessment, DCF has met the Exit Plan standard in 9 of the last 17 quarters and has met the standard in each of the last six quarters; 36 percent in 2006, 38 percent in 2007, and 42 percent in the first quarter of 2008.

### **Stakeholder Interview Information**

Several stakeholders commenting on this item during the onsite CFSR expressed the opinion that the State is not consistently effective with regard to achieving adoptions in a timely manner. Various stakeholders identified the following concerns with regard to achieving timely adoptions:

- There often are delays between the time that TPR is filed and the time that the TPR hearing is held. These delays were attributed to factors such as crowded court dockets and requests for psychological evaluations, which can take a long time to schedule.
- There often are delays in finalizing adoptions because after TPR the case must be transferred to the probate court, which is responsible for hearing the adoption petition.
- If the TPR decision is appealed, the appeal can take anywhere from 8 months to 2 years to resolve.
- The delays in achieving adoptions may be attributed to delays in completion of agency paperwork requirements, arranging the adoption subsidy, and conducting home studies.

According to stakeholders, there are several systemic issues affecting timeliness of adoption. State statute requires that permanency motions are filed within 9 months of the child's removal from the home and must be heard within 90 days to ensure that the permanency hearings are held within 12 months of removal and every 12 months thereafter. As is discussed in stakeholder comments found under item 27 of this report, while most stakeholders express the opinion that this 12-month mark is generally being met, an exception to timely permanency hearings is noted when DCF files a permanency plan recommending involuntary TPR or when the parents object to the plan. In those instances, the requirement of a full evidentiary hearing or trial may cause a delay in timeliness.

### **Item 10. Permanency goal of other planned permanent living arrangement**

Strength       Area Needing Improvement

#### **Case Review Findings**

Item 10 was applicable for 10 (25 percent) of the 40 foster care cases. In assessing these cases, reviewers were to determine if the agency had made, or was making, diligent efforts to assist children in attaining their goals related to OPPLA. The results of the assessment of item 10 are presented in the table below.

<b>Item 10 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	4	1	1	6	<b>60</b>
Area Needing Improvement	1	1	2	4	<b>40</b>
<b>Total Applicable Foster Care Cases</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>10</b>	
Not Applicable Foster Care Case	15	8	7	30	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>80%</b>	<b>50%</b>	<b>33%</b>		

Item 10 was rated as a Strength in six cases when reviewers determined that the agency had made concerted efforts to ensure a long-term placement for the child and/or to provide the necessary service to prepare the child for independent living (IL). Item 10 was rated as an ANI in four cases when reviewers identified one or more of the following:

- IL services were not provided during the period under review (two cases).
- The youth was not in a permanent placement, and the agency did not make concerted efforts to find a permanent placement (two cases).

The following are additional case review findings:

- In two cases, the goal of OPPLA was established when the child was younger than age 12 (one child was 9 and the other was 10).
- In seven cases, the goal of OPPLA was established when the child was at least age 13 but younger than age 16.
- In one case, the goal of OPPLA was established when the child was 17.

### **Rating Determination**

Item 10 was assigned an overall rating of ANI. In 60 percent of the applicable cases, reviewers determined that the goal of OPPLA was being addressed in an appropriate way. That percentage is less than the 90 percent or higher required for a rating of Strength. Item 10 also was rated as an ANI in Connecticut's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, State policy requires that the goal of OPPLA is established for a child only when all other options have been exhausted. State policy also requires that the OPPLA goal must be reviewed and approved by a PPT. As indicated in the Statewide Assessment, in recent years the State has focused on both reducing the use of OPPLA as a permanency goal and on improving service provision for older youth in foster care. The Statewide Assessment reports that the Juan F. Exit Plan Court

Monitor's review of OPPLA cases revealed that about 1,300 youth had a goal of OPPLA. The Court Monitor also found that youth who have a case plan goal of OPPLA tend to be less likely than other children in foster care to have their service needs met. The unmet needs include mental health services, education services, medical and dental services, and transitional services.

In the recent CCOR of four DCF area offices using the CFSR methodology, only three of the nine applicable cases (33 percent) were rated as a Strength for item 10. Issues noted in the CCOR included the following:

- The goal of OPPLA was inappropriately selected or applied when other permanency goals could have been explored.
- The OPPLA goal was selected for children who were younger than 14 years of age without documentation of a compelling reason for the goal.
- Concurrent goals were identified, but the caseworker was not actively pursuing both goals.

The Statewide Assessment reports that the State provides the following services to children who have a case plan of OPPLA:

- The State provides a program called Life-Long Family Ties. This program, which is implemented through contracts with two community-based service providers, is designed to create lifelong connections for youth by having them identify people important to them and helping them maintain connections with those people. The Statewide Assessment reports that the program has served 130 children and youth and 75 percent have established lifelong connections with supportive people.
- In addition, the State contracts with 13 community-based service providers for the provision of a Life Skills Program, which teaches IL skills to eligible youth age 16 and older in foster care. The Statewide Assessment reports that during the State FY 2006-2007, about 248 youth were served in this program.

### **Stakeholder Interview Information**

Several stakeholders commenting on this item during the Onsite Review reported that youth are, for the most part, participating in a Life Skills course and that participation in the program is a requirement for youth prior to the age of 18. Some stakeholders, however, noted that there can be delay in providing IL services when the case is not transferred early enough to the Adolescent Services caseworker. Some stakeholders expressed the opinion that IL services are not offered early enough, especially when the OPPLA goal is established close to the age of emancipation.

A few stakeholders stated that there is inconsistency in caseworkers' knowledge about the services available to youth with the goal of OPPLA. For example, caseworkers may not know that there is a Youth Business Center that provides jobs and salaries in order for youth to establish work experience.

## Permanency Outcome 2

<b>Outcome P2: The continuity of family relationships and connections is preserved for children</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement</b>					
<b>Degree of Outcome Achievement</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Substantially Achieved	11	3	6	20	<b>50</b>
Partially Achieved	9	7	4	20	<b>50</b>
Not Achieved	0	0	0	0	<b>0</b>
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Substantially Achieved by Site</b>	<b>55%</b>	<b>30%</b>	<b>60%</b>		

### Status of Permanency Outcome 2

Connecticut is not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in only 50 percent of the cases, which is less than the 95 percent or higher required for substantial conformity. The State also was not in substantial conformity with this outcome in its 2002 CFSR and was required to address the outcome in its PIP.

### Key Concerns From the 2002 CFSR

The following concerns were identified in the 2002 review:

- The State was not consistent in ensuring sufficient visitation between children in foster care and their parents and siblings in foster care.
- The State was not consistent in making diligent efforts to locate and assess relatives as a potential placement resource, especially paternal relatives.

To address identified concerns, the State implemented the following strategies in its PIP:

- Implemented a family conferencing model to assist in the identification of relative resources early in a case
- Established a Licensing Review Team to consider the granting of waivers for relative caregivers who have been denied licensure due to substantiated CPS history and/or criminal history.

- Provided training and guidelines to direct service staff regarding all possible search options to locate family and placement resources and implemented the Locate Plus searches; modified LINK to ensure accurate and consistent documentation of sibling placement and placement resource search efforts
- Provided staff training to reinforce the definition and intent of Outcome Measure 10: Sibling Placement as established under the Juan F. Exit Plan
- Revised policy on using flexible funds to support sibling placement efforts by meeting emergency needs (e.g., allowing for purchases of cribs, additional beds, car seats, etc., if lack thereof is a barrier to siblings being placed together)
- Proposed legislation to shorten the time for relatives providing foster care to become eligible for the subsidized guardianship program from a minimum of 12 months in placement to a minimum of 6 months in placement
- Implemented a revised approval process for out-of-State residential placements and increased the number of group homes operating in the State to reduce the number of children who are placed far away from their families and communities

The State met its target goals for this outcome by the end of its PIP implementation period.

### **Key Findings of the 2008 CFSR**

The findings pertaining to the items assessed under Permanency Outcome 2 are presented and discussed below.

#### **Item 11. Proximity of foster care placement**

**Strength**                       **Area Needing Improvement**

#### **Case Review Findings**

Item 11 was applicable for 33 (82.5 percent) of the 40 foster care cases. Cases were not applicable if (1) TPR was attained prior to the period under review, (2) contact with parents was not considered to be in the child’s best interests, and/or (3) parents were deceased or their whereabouts were unknown. In assessing item 11, reviewers were to determine whether the child’s most current foster care setting was close to the child’s parents or close relatives. The results of the assessment of item 11 are presented in the table below.

<b>Item 11 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	16	10	7	33	<b>100</b>
Area Needing Improvement	0	0	0	0	<b>0</b>
<b>Total Applicable Foster Care Cases</b>	<b>16</b>	<b>10</b>	<b>7</b>	<b>33</b>	
Not Applicable Foster Care Cases	4	0	3	7	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		

Item 11 was rated as a Strength when reviewers determined that (1) the child was placed in the same community as the parents, or (2) although the child’s placement was not in the same community, it was near the parents. The item also was rated as a Strength when reviewers determined that even though the child was placed out of his or her community, the placement was necessary to meet the needs of the child and/or support attainment of the permanency goal.

**Rating Determination**

Item 11 was assigned an overall rating of Strength. In 100 percent of the cases, reviewers determined that the agency placed children in close proximity to their parents or relatives when appropriate. Item 11 was also rated as a Strength in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, of about 5,700 children in DCF placements, 500 reside in various out-of-State placements, with 325 of these children (66 percent) residing in residential placements. The CCOR of four DCF area offices rated 31 of 32 cases as a Strength for item 11. According to the Statewide Assessment, the Juan F. Exit Plan focus on measuring DCF’s efforts regarding relative resource searches and the use of flex funding to support placements had an overall positive impact on the improvement on this item.

**Stakeholder Interview Information**

A few stakeholders commenting on this item expressed the opinion that the State is effective in placing children in close proximity to parents.

**Item 12. Placement with siblings**

Strength       Area Needing Improvement

### Case Review Findings

Item 12 was applicable for 17 (42.5 percent) of the 40 foster care cases. Cases were not applicable if the child did not have a sibling in foster care at any time during the period under review. In assessing item 12, reviewers were to determine whether siblings were, or had been, placed together and, if not, whether the separation was necessary to meet the service or safety needs of one or more of the children. The results of the assessment of item 12 are presented in the table below.

<b>Item 12 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	9	3	3	15	<b>88</b>
Area Needing Improvement	1	1	0	2	<b>12</b>
<b>Total Applicable Foster Care Cases</b>	<b>10</b>	<b>4</b>	<b>3</b>	<b>17</b>	
Not Applicable Foster Care Cases	10	6	7	23	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>90%</b>	<b>75%</b>	<b>100%</b>		

Item 12 was rated as a Strength when reviewers determined that the child was placed with siblings, or that the separation of siblings was necessary because one of the siblings had special placement needs or because placement with siblings was not in the child's best interests. Item 12 was rated as an ANI in two cases when reviewers determined that the agency had not made concerted efforts to place siblings together.

### Rating Determination

Item 12 was assigned an overall rating of ANI. In 88 percent of the applicable cases, reviewers determined that the agency placed siblings together in foster care whenever appropriate. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 12 was rated as a Strength in the State's 2002 CFSR.

### Statewide Assessment Information

According to the Statewide Assessment, the Juan F. Exit Plan includes an Outcome Measure (Outcome Measure 10) for Sibling Placement and the standard for that measure requires that at least 95 percent of siblings currently in or entering out-of-home placement are placed together unless there are documented clinical reasons for separate placements. The Outcome Measure excludes Voluntary Services cases and children for whom TPR was granted. For the period January 1, 2008 to March 31, 2008, the Monitor's assessment of compliance for sibling placement measure was 86.7 percent. The State has not met the standard for this outcome since the third quarter of 2005.

The Statewide Assessment reports that in the CCOR of four area offices using the Federal CFSR methodology, 11 of the 18 cases reviewed were rated as a Strength (61 percent). DCF internal reviews of sibling placements suggest that two major variables affect this item: large sibling group size and the specialized needs of the children being placed. As a result the State has implemented recruitment efforts to find and approve additional foster homes willing to accept large sibling groups.

### **Stakeholder Interview Information**

According to some stakeholders commenting on this item, the lack of placement resources to accept sibling groups is a barrier to placing siblings together. Some stakeholders also noted that the increase in the use of relatives as placement resources has had a positive effect on keeping siblings together. Stakeholders also noted that another barrier to keeping siblings together occurs when one child needs a therapeutic care setting, but the siblings do not. It was noted that few therapeutic homes will accept a sibling whose foster care is paid at the regular rate when they can receive a higher rate for a child who requires therapeutic care. Other stakeholders reported barriers are the expenses incurred in caring for four or more siblings in addition to the foster parents' biological children. Some stakeholders reported that foster parents willing to take large sibling groups are not offered the material resources necessary to handle the additional children such as a van, additional car seats, bunk beds, and other needs.

### **Item 13. Visiting with parents and siblings in foster care**

Strength       Area Needing Improvement

### **Case Review Findings**

Item 13 was applicable for 35 (87.5 percent) of the 40 foster care cases. Cases were not applicable for an assessment of this item if the child had no siblings in foster care and if one of the following conditions was met with regard to the parents: (1) TPR was established prior to the period under review and parents were no longer involved in the child's life (or parents were deceased), or (2) visitation with a parent was not considered in the best interests of the child. In assessing this item, reviewers were to determine (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care, and (2) whether the visits occurred with sufficient frequency to meet the needs of children and families. The results of the assessment of item 13 are presented in the table below.

<b>Item 13 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	10	1	6	17	<b>49</b>
Area Needing Improvement	8	8	2	18	<b>51</b>
<b>Total Applicable Foster Care Cases</b>	<b>18</b>	<b>9</b>	<b>8</b>	<b>35</b>	
Not Applicable Foster Care Cases	2	1	2	5	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>56%</b>	<b>11%</b>	<b>75%</b>		

Item 13 was rated as a Strength when reviewers determined that the frequency and quality of visitation with parents and siblings met the needs of the children. Item 13 was rated as an ANI in 18 cases when reviewers determined one or more of the following:

- The agency did not make concerted efforts to promote visitation with mothers (3 out of 32 applicable cases).
- The agency did not make concerted efforts to promote visitation with fathers (12 of 23 applicable cases).
- The agency did not make concerted efforts to promote visitation with siblings (5 out of 9 applicable cases).

Additional information about visitation frequency is provided in the table below. The data in the table indicate that mothers were more likely to have visitation at least monthly (69 percent) than were siblings in foster care (55.5 percent) or fathers (35 percent).

<b>Typical Frequency of Visits with Parents and Siblings</b>	<b>With Mother</b>	<b>With Father</b>	<b>With Siblings</b>
Visits occurred at least once a week	19 (59%)	2 (9%)	3 (33%)
Visits occurred less frequently than once a week but at least twice a month	1 (3%)	3 (13%)	0
Visits occurred less frequently than twice a month but at least once a month	2 (6%)	3 (13%)	2 (22%)
Visits occurred less frequently than once a month	9 (28%)	7 (30%)	1 (11%)
There were no visits during the period under review	1 (3%)	8 (35%)	3 (33%)
<b>Total Applicable Cases</b>	<b>32</b>	<b>23</b>	<b>9</b>

### **Rating Determination**

Item 13 was assigned an overall rating of ANI. In only 49 percent of the applicable cases, reviewers determined that the agency made concerted efforts to ensure that visitation was of sufficient frequency and quality to meet the needs of the family. This percentage is less than the 90 percent required for a rating of Strength. Item 13 was also rated as an ANI in Connecticut's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, the caseworker is responsible for facilitating visits between children and parents and between siblings in foster care. Policy requires frequent, quality visits between parents and children, and visitation between children and their parents is generally once a week or more often if ordered by the court or if necessary to meet the needs of the child. The Statewide Assessment reports that DCF provides transportation to the visits for both children and parents and the visits are held at a time that is convenient for the parents, often occurring during evenings or on weekends. Most visits are supervised by the caseworker to assess family dynamics.

The CCOR involving four DCF area offices found that for item 13, 16 of 31 applicable cases were rated as a Strength (52 percent). The primary reasons for ANI ratings for this item were the following:

- Visitation was not of sufficient frequency or quality.
- Visits were inconsistent in frequency.
- There was a lack of engagement and visitation with fathers.
- There was a lack of meaningful connections between half-siblings in foster care.

### **Stakeholder Interview Information**

Some stakeholders commenting on this item during the Onsite Review expressed the opinion that the coordination of sibling visits often is handled by foster parents and can be extremely challenging due to the children's involvement in extracurricular activities.

Some stakeholders also noted that the standard parent visitation schedule allows for only 1 hour per week, which is not sufficient to promote or maintain a bond between parent and child. Stakeholders indicated, however, that DCF has said that it does not have the resources to support a longer visitation period. Some stakeholders reported that DCF terminated its contract with visitation centers in order to have funds to implement the intensive reunification services, and that this has resulted in a gap in visitation services. They noted that although visitation services can be paid for with flexible funds on a case-by-case basis, this process does not allow agencies to build sufficient resources and hire sufficient staff to provide visitation services on a regular basis and in a family-friendly environment.

A few stakeholders commented that approval of an OPPLA goal by the courts can result in a ruling that no further reasonable efforts to find a permanent placement is required and also can result in an end to a child's visits with his or her parents.

### **Item 14. Preserving connections**

Strength       Area Needing Improvement

### Case Review Findings

Item 14 was applicable for all 40 foster care cases. In assessing item 14, reviewers were to determine whether the agency had made, or was making, diligent efforts to preserve the child’s connections to neighborhood, community, heritage, extended family, faith, and friends while the child was in foster care. This item is not rated on the basis of visits or contacts with parents or siblings in foster care. The results of the assessment of item 14 are presented in the table below.

<b>Item 14 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	18	6	6	30	<b>75</b>
Area Needing Improvement	2	4	4	10	<b>25</b>
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>90%</b>	<b>60%</b>	<b>60%</b>		

Item 14 was rated as a Strength when reviewers determined that the agency made concerted efforts to preserve the child’s connections with extended family members, religious or cultural heritage, schools, community, and friends. Item 14 was rated as an ANI in 10 cases when reviewers determined the following:

- The agency did not make concerted efforts to maintain the child’s connections to extended family (six cases).
- The agency did not make concerted efforts to maintain the child’s connections to his or her peers, neighborhood, or community (three cases).
- The agency did not make concerted efforts to preserve cultural heritage, language, or connections to extended family members (one case).

### Rating Determination

Item 14 was assigned an overall rating of ANI. In 75 percent of the cases, reviewers determined that the agency had made concerted efforts to maintain the child’s connections with extended family, culture, religion, community, and school. This percentage is less than the 90 percent required for a rating of Strength. Item 14 was rated as a Strength in the State’s 2002 CFSR.

### Statewide Assessment Information

According to the Statewide Assessment, in the CCOR of cases in four DCF area offices using the CFSR methodology, reviewers rated 24 of 32 applicable cases as a Strength for item 14 (75 percent). In the eight cases rated as an ANI for this item, the key problem identified was a lack of child engagement in community-based activities.

### Stakeholder Interview Information

While most stakeholders generally did not comment on this item during the Onsite Review, a few stakeholders commented that while there were generally no concerns with regard to notifying the Tribes when a Tribal child is removed from the home and that DCF works closely with Tribes to ensure that Tribal connections are maintained, issues sometimes present for one Tribe in regard to Tribal children accessing residential facilities and consistency of Tribal participation in case consultation.

### Item 15. Relative placement

Strength       Area Needing Improvement

#### Case Review Findings

Item 15 was applicable for 32 (80 percent) of the 40 foster care cases. Cases were not applicable if relative placement was not an option during the period under review because (1) the child was in an adoptive placement at the start of the period, or (2) the child entered foster care needing specialized services that could not be provided in a relative placement. In assessing this item, reviewers were to determine whether the agency made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of the assessment of item 15 are presented in the table below.

Item 15 Ratings	Bridgeport Area Office	New Britain Area Office	Norwich Area Office	Total	Percent
Strength	9	7	7	23	72
Area Needing Improvement	5	2	2	9	28
<b>Total Applicable Foster Care Cases</b>	<b>14</b>	<b>9</b>	<b>9</b>	<b>32</b>	
Not Applicable Foster Care Case	6	1	1	8	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>64%</b>	<b>78%</b>	<b>78%</b>		

Item 15 was rated as a Strength when reviewers determined the following:

- The child was placed with relatives (11 cases).
- The child was not placed with relatives but the agency made diligent efforts to search for both maternal and paternal relatives when applicable (12 cases).

Item 15 was rated as an ANI when reviewers determined one or more of the following:

- The agency had not made efforts to search for maternal relatives (six cases).
- The agency had not made efforts to search for paternal relatives (eight cases).

### **Rating Determination**

Item 15 was assigned an overall rating of ANI. In 72 percent of cases, reviewers determined that the agency had made diligent efforts to locate and assess relatives as potential placement resources. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 15 also was rated as an ANI in the State's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, DCF policy requires that when considering placements for a child, preference is given to a relative if (1) the relative family is able to meet foster care licensing requirements, (2) the placement permits the child to remain in their home community, or (3) it is in the child's best interests to be placed with the relative even if the relative is located in another community. Searches for relatives and relative resources are to be documented in LINK and each area office has the LocatePlus software to assist in locating relatives, friends of the child or family, former foster parents, or other persons known to the child.

The Juan F. Exit Plan uses Outcome Measure 4: Search for Relatives to monitor DCF's efforts to locate relative placements. The measure requires that upon the removal of a child, DCF must conduct and document a search for maternal and paternal relatives and significant friends. The standard for this measure is that search efforts are conducted and documented in at least 85 percent of the cases. The Statewide Assessment reports that DCF has met or exceeded this standard since the first quarter of 2006.

The Statewide Assessment also reports that a recent CCOR rated 21 of 32 cases as a Strength (66 percent) for item 15. In cases rated as ANI the predominant issue was the lack of a concerted effort to locate relatives, especially paternal relatives.

### **Stakeholder Interview Information**

Some stakeholders commenting on this item during the onsite CFSR expressed the opinion that DCF routinely searches for relatives as possible placement resources at the time that the child enters foster care. Stakeholders suggested that family conferences are a useful process for identifying potential relatives as placement or respite resources.

A few stakeholders suggested that when relatives are located, there may be difficulty placing the child with the relative if the relative cannot meet licensing requirements or if the relative lives in another State and the placement is delayed by the ICPC process.

**Item 16. Relationship of child in care with parents**

     Strength        X   Area Needing Improvement

**Case Review Findings**

Item 16 was applicable for 33 (82.5 percent) of the 40 foster care cases. Cases were not applicable if (1) parental rights had been terminated before the period under review, and parents were no longer involved with the child, (2) a relationship with the parents was not considered in the child’s best interests throughout the period under review, or (3) both parents were deceased. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to support or maintain the bond between children in foster care and their mothers and fathers through efforts other than arranging visitation. The results of the assessment of item 16 are presented in the table below.

<b>Item 16 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	9	2	4	15	<b>45</b>
Area Needing Improvement	8	7	3	18	<b>55</b>
<b>Total Applicable Foster Care Cases</b>	<b>17</b>	<b>9</b>	<b>7</b>	<b>33</b>	
Not Applicable Foster Care Cases	3	1	3	7	
<b>Total Foster Care Cases</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>40</b>	
<b>Strength by Site</b>	<b>53%</b>	<b>22%</b>	<b>57%</b>		

Item 16 was rated as a Strength when reviewers determined that the agency had made concerted efforts to support and strengthen the bond between parents and children through various activities. Item 16 was rated as an ANI when reviewers determined the following:

- The agency did not make concerted efforts to support the relationship with the mother and father (seven cases).
- The agency did not make concerted efforts to support the relationship with the mother (four cases).
- The agency did not make concerted efforts to support the relationship with the father (seven cases).

Specific findings pertaining to this item are shown in the table below.

<b>Efforts Made</b>	<b>Number of Cases With Mother</b>	<b>Number of Cases With Father</b>
Encouraging the parent's participation in school or after school activities and attendance at medical appointments and special events	13	4
Providing transportation so that parents can participate in these events, activities, or appointments	10	2
Providing opportunities for family therapeutic situations	18	6
Encouraging foster parents to mentor biological parents and serve as parenting role models for them	8	1
Encourage and facilitate contact with incarcerated parents (when appropriate) or with parents living far away from the child	3	2
<b>Total Applicable Cases</b>	<b>21</b>	<b>11</b>

### **Rating Determination**

Item 16 was assigned an overall rating of ANI. In only 45 percent of the cases, reviewers determined that the agency had made concerted efforts to support the parent-child relationships of children in foster care. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 16 was rated as a Strength in the State's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, in the CCOR of four area offices using CFSR methodology, 17 of 32 cases (53 percent) were rated as a Strength for item 16. In the 14 cases rated as an ANI, reviewers found that concerted efforts were not made to maintain and improve the parent/child bond.

### **Stakeholder Interview Information**

Some stakeholders commented that maintaining a relationship with a parent after TPR is not supported by DCF. A few stakeholders expressed the opinion that foster parents could benefit from training focused on developing skills to support the parent-child relationship.

### III. CHILD AND FAMILY WELL-BEING

#### Well-Being Outcome 1

<b>Outcome Well-Being 1: Families have enhanced capacity to provide for their children’s needs</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement</b>					
<b>Degree of Outcome Achievement</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Substantially Achieved	12	8	9	29	<b>44.6</b>
Partially Achieved	17	8	7	32	<b>49.2</b>
Not Achieved	2	1	1	4	<b>6.2</b>
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Substantially Achieved by Site</b>	<b>39%</b>	<b>47%</b>	<b>53%</b>		

#### Status of Well-Being Outcome 1

Connecticut is not in substantial conformity with Well-Being Outcome 1. The outcome was determined to be substantially achieved in only 44.6 percent of the cases reviewed. This is less than the 95 percent required for a determination of substantial conformity. The outcome was substantially achieved in 50 percent of the 40 foster care cases and 36 percent of the 25 in-home services cases.

Connecticut was not in substantial conformity with this outcome in its 2002 CFSR and was required to address the outcome in its PIP.

#### Key Concerns From the 2002 CFSR

The following concerns were identified in the 2002 review:

- DCF practice was inconsistent with regard to the involvement of fathers in services, case planning, and visitation.
- DCF practice was inconsistent with regard to the quality of assessments and service provision.
- DCF was inconsistent with regard to involving parents in case planning.

To address identified concerns, the State implemented the following strategies in its PIP:

- Trained area offices on the Family Conferencing model
- Developed a comprehensive assessment process and uniform set of assessment tools to assist caseworkers and supervisors in accurately identifying child and family needs

- Revised pre-service and ongoing training curricula to reflect the new assessment process and delivered training on the process to all DCF caseworkers and supervisors
- Developed in collaboration with external service providers the MSS, an enhanced assessment model and timely service delivery process that provides for the review and coordination of discharge plans for children in residential care and the identification of community resources to support children remaining in their homes and communities
- Issued a Request for Proposals for Parent/Child Centers that would provide screening and assessments, parenting education, and family support services to parents, caregivers, family members, and children (up to age 8) who are referred by DCF
- Established a referral protocol for referring all children to the Birth to Three Program if the children are age 3 and younger and the family was involved in a substantiated protective services case
- Established 22 Outcome Measures and developed report-tracking tools to monitor, among other things, caseworker visits with the children, treatment plan development, and caseload size
- Created 25 additional permanent social work (caseworker) positions to ensure that caseload standards are met and five new positions to serve as responsible parties for visiting all DCF children placed in out-of-State residential facilities
- Developed an initiative to significantly expand the number of group homes within the State so that children would not need to be placed out of State

The State met its target goals for this outcome by the end of the PIP implementation period.

### **Key Findings of the 2008 CFSR**

The findings pertaining to the items assessed under Well-Being Outcome 1 are presented and discussed below.

#### **Item 17. Needs and services of child, parents, and foster parents**

Strength       Area Needing Improvement

#### **Case Review Findings**

Item 17 was applicable for all 65 cases. In assessing this item, reviewers were to determine whether the agency had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. This item excludes the assessment of children's (but not parents') needs pertaining to education, physical health, and mental health. These areas are addressed in later items. The results of the assessment of item 17 are presented in the table below.

<b>Item 17 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	14	8	10	32	<b>49</b>
Area Needing Improvement	17	9	7	33	<b>51</b>
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>45%</b>	<b>47%</b>	<b>59%</b>		

Item 17 was rated as a Strength in 55 percent of the 40 foster care cases and only 40 percent of the 25 in-home services cases. Item 17 was rated as a Strength when reviewers determined that the needs of children, parents, and foster parents had been adequately assessed and that identified service needs had been met. Item 17 was rated as an ANI when reviewers determined one or more of the following:

- The agency had not assessed or met the needs of the children (7 cases).
- The agency had not assessed or met the needs of the father (26 cases).
- The agency had not assessed or met the needs of the foster parents (3 cases).
- The agency had not assessed or met the needs of the mother (12 cases).

Additional information from the case reviews is provided in the table below.

<b>Target Person for Assessment and Services</b>	<b>Foster Care Cases</b>		<b>In-Home Services Cases</b>	
	<b>Yes</b>	<b>Applicable Cases</b>	<b>Yes</b>	<b>Applicable Cases</b>
Mother's needs assessed and met	22 (71%)	31	22(88%)	25
Father's needs assessed and met	9 (41%)	22	11 (46%)	24
Foster parents' needs assessed and met	27 (90%)	30		
Child's needs assessed and met	37 ( 92.5)	40	21 (84%)	25

The data indicate that children (89 percent) and mothers (79 percent) were more likely than fathers (43 percent) to have their needs assessed and met.

### **Rating Determination**

Item 17 was assigned an overall rating of ANI. In only 49 percent of the cases, reviewers determined that the State had adequately assessed and addressed the service needs of children, parents, and foster parents. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 17 also was rated as an ANI in the State's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, in the CCOR of item 17, 30 out of 47 cases were rated as an ANI. The Statewide Assessment reports that reviewers found that when needs assessments were of high quality, appropriate services were provided to families. However, they also found that in the majority of the cases, the caseworker had not adequately assessed or addressed the needs of fathers and foster parents. The Statewide Assessment also indicates that in focus groups held with more than 100 foster parents across the State, foster parents reported that while the State maintains an adequate system of support to meet their needs, the agency does not do a good job of informing foster parents of everything that is available to them. In addition, focus group participants reported that in order to get their service needs met, they have to advocate for themselves and that their needs are not consistently assessed or addressed by DCF caseworkers.

### **Stakeholder Interview Information**

Several stakeholders commenting on this item during the onsite CFSR expressed the opinion that many foster parents do not feel that their needs are assessed and met. Stakeholders noted that often when foster parents try to contact the caseworker assigned to the children in their care, the caseworkers either do not return their calls, or return their calls several days later, which frequently is too late to address the concern. A few stakeholders indicated that when foster parents ask for support and do not get it, the placement may disrupt.

Despite these concerns, several stakeholders indicated that some caseworkers are responsive to foster parents and do make concerted efforts to meet their needs. Some stakeholders noted that FASU caseworkers are helpful and supportive of foster families, although they were not always available, and that the Birth to Three Program is helpful in meeting foster parents' needs with regard to the very young children in their care. Others stakeholders commented that a consultant behaviorist was needed to assist foster parents with addressing children's behavioral issues.

Stakeholders also commented on agency efforts to assess and meet the needs of children in foster care. Some stakeholder indicated that the ARGs are an excellent resource for caseworkers in determining the level of foster care that is needed by children and the services that are needed by children and families. However, some stakeholders also noted that when a child needs a tutor or a mentor, these service needs are not consistently addressed.

Some New Britain Area Office stakeholders commented that service provision to children and families out of that area office is very effective due in part to the design and functioning of the MSS and the close collaboration between DCF and the Department of Mental Health and Addiction Services (DMHAS).

**Item 18. Child and family involvement in case planning**

     Strength                        X   Area Needing Improvement

**Case Review Findings**

Item 18 was applicable for 64 (98 percent) of the 65 cases. A case was not applicable if parental rights had been terminated prior to the period under review; parents were not involved with the child in any way; and the child was too young, had cognitive delays, or other conditions that were barriers to participation in case planning. In assessing this item, reviewers were to determine whether parents and children (when appropriate) had been involved in the case planning process, and if not, whether their involvement was contrary to the child’s best interests. A determination of involvement in case planning required that a parent or child actively participated in identifying the services and goals included in the case plan. The results of the assessment of item 18 are presented in the table below.

<b>Item 18 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	17	7	10	34	<b>53</b>
Area Needing Improvement	13	10	7	30	<b>47</b>
<b>Total Applicable Cases</b>	<b>30</b>	<b>17</b>	<b>17</b>	<b>64</b>	
Not Applicable Cases	1	0	0	1	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>57%</b>	<b>41%</b>	<b>59%</b>		

Item 18 was rated as a Strength in 59 percent of the 39 applicable foster care cases and 44 percent of the 25 applicable in-home services cases. The item was rated as a Strength when reviewers determined that all appropriate parties had actively participated in the case planning process or that the agency had made concerted efforts to involve them in the case planning process. The item was rated as an ANI when reviewers determined that the agency had not made concerted efforts to involve the mother, father, and/or child (when appropriate) in the case planning process.

Specific information about involving mothers, fathers, and children in case planning is shown in the table below.

Person Involved in Case Planning	Foster Care Cases		In-Home Services Cases	
	Yes	Applicable Cases	Yes	Applicable Cases
Mother	27 (82%)	33	24 (96%)	25
Father	10 (42%)	24	12 (50%)	24
Children	20 (83%)	24	10 (72%)	14

Mothers were involved in case planning in 88 percent of the applicable cases, children were involved in case planning in 79 percent of applicable cases, and fathers were involved in case planning in 50 percent of applicable cases.

### Rating Determination

Item 18 was assigned an overall rating of ANI. In 53 percent of the applicable cases, reviewers determined the agency had made diligent efforts to involve parents and/or children in the case planning process. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 18 also was rated as an ANI in the State’s 2002 CFSR.

### Statewide Assessment Information

According to the Statewide Assessment, in the recent CCOR of four DCF area offices using the CFSR instrument and methodology, item 18 was rated as a Strength in 26 of the 47 cases (55 percent) reviewed. In the cases rated as an ANI, reviewers found a lack of participation of fathers in case planning. It was noted that fathers’ involvement in case planning was considerably lower than mothers’ involvement in case planning.

The Statewide Assessment also reports that many youth participating in a focus group as part of the Statewide Assessment process reported that they do not have a meaningful role in treatment planning and that they do not really understand the planning process.

### Stakeholder Interview Information

Several stakeholders commenting on this item during the onsite CFSR expressed the opinion that youth are not consistently involved in case planning nor do they consistently receive a copy of their case plan. Some stakeholders suggested that if a case was transferred early on to the adolescent unit, the adolescent was more likely to be involved in case planning.

Several stakeholders also expressed concern that the treatment plan is not a family-friendly document, and even if it is signed by parents or youth, it does not mean that they have read it and understand it. Additional information on stakeholder perceptions of the involvement of parents in case planning is provided under item 25 in the Systemic Factors section of this report.

**Item 19. Caseworker visits with child**

     Strength                        X   Area Needing Improvement

**Case Review Findings**

Item 19 was applicable for all 65 cases. In assessing this item, reviewers were to determine whether the frequency of visits between the caseworkers and children was sufficient to ensure adequate monitoring of the child’s safety and well-being and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of the assessment of item 19 are presented in the table below.

<b>Item 19 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	25	15	15	55	<b>85</b>
Area Needing Improvement	6	2	2	10	<b>15</b>
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>81%</b>	<b>88%</b>	<b>88%</b>		

Item 19 was rated as a Strength in 92.5 percent of the foster care cases and 72 percent of the in-home services cases. The item was rated as a Strength when reviewers determined that the frequency and quality of visits between the caseworkers and children were sufficient to ensure adequate monitoring of the child’s well-being and promote attainment of case goals. Item 19 was rated as an ANI when reviewers determined the following:

- The frequency of caseworker visits was not sufficient to meet the needs of the child, and when visits did occur, they did not focus on issues pertinent to case planning, service delivery, and goal attainment (four cases).
- The frequency of caseworker visits with children was not sufficient to meet the needs of the child, although when visits did occur, they were substantive (one case).
- The frequency of caseworker visits was sufficient, but the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (four cases).
- There were no visits with the child during the period under review (one case).

Specific information regarding the frequency of visitation is provided in the table below.

<b>Typical Frequency of Caseworker Visits with Child</b>	<b>Foster Care Cases</b>	<b>In-Home Services Cases</b>
Visits occurred at least once a week	6 (15%)	3 (12%)
Visits occurred less frequently than once a week but at least twice a month	13 (32.5 %)	16 (64%)
Visits occurred less frequently than twice a month but at least once a month	19 (47.5%)	3 (12%)
Visits occurred less frequently than once a month	1 (2.5%)	3 (12%)
There were no visits during the period under review	1 (2.5%)	0
<b>Total Cases</b>	<b>40</b>	<b>25</b>

### **Rating Determination**

Item 19 was assigned an overall rating of ANI. In 85 percent of the cases, reviewers determined that caseworker visits with children were of sufficient frequency and quality. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 19 was rated as a Strength in the State’s 2002 CFSR.

### **Statewide Assessment Information**

In the recent CCOR of four DCF area offices using CFSR methodology, 36 of 47 cases (77 percent) were rated as a Strength for item 19. In the 11 cases rated as ANIs, reviewers found that although the frequency of visits was sufficient, the quality of visits was insufficient to meet the needs of the children.

### **Stakeholder Interview Information**

Several stakeholders commenting on caseworker visits with children noted that although the frequency of visits appears to have improved over the years, there is inconsistency in practice with regard to the quality of the visits.

### **Item 20. Caseworker visits with parents**

Strength                     Area Needing Improvement

### **Case Review Findings**

Item 20 was applicable for 57 (88 percent) of the 65 cases. Cases were not applicable for this assessment if parental rights had been terminated prior to the period under review and parents were no longer involved in the lives of their children. Reviewers were to

assess whether the caseworker’s face-to-face contact with the children’s mothers and fathers was of sufficient frequency and quality to promote attainment of case goals and ensure the children’s safety and well-being. The results of the assessment of item 20 are presented in the table below.

<b>Item 20 Ratings</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Strength	12	8	8	28	<b>49</b>
Area Needing Improvement	14	9	6	29	<b>51</b>
<b>Total Applicable Cases</b>	<b>26</b>	<b>17</b>	<b>14</b>	<b>57</b>	
Not Applicable Cases	5	0	3	8	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>46%</b>	<b>47%</b>	<b>57%</b>		

Item 20 was rated as a Strength in 47 percent of the 32 applicable foster care cases and 52 percent of the 25 in-home services cases. The item was rated as a Strength when reviewers determined that visits occurred with sufficient frequency to meet the needs of parents and children and that visits focused on issues pertinent to case planning, service delivery, and goal attainment.

Item 20 was rated as an ANI when reviewers determined one or more of the following:

- Visits with the mother were not of sufficient frequency and/or quality (10 cases).
- Visits with the father were not of sufficient frequency and/or quality (25 cases).

Additional information from the case reviews is provided in the table below.

<b>Typical Frequency of Caseworker Visits with Parents</b>	<b>Foster Care Cases</b>		<b>In-Home Services Cases</b>	
	<b>Mother</b>	<b>Father</b>	<b>Mother</b>	<b>Father</b>
Visits occurred at least once a week	2 (7%)	1 (5%)	2 (8%)	0
Visits occurred less frequently than once a week but at least twice a month	9 (30%)	2 (10%)	15 (60%)	4 (17%)
Visits occurred less frequently than twice a month but at least once a month	11 (37%)	2 (10%)	3(12%)	7 (30%)
Visits occurred less frequently than once a month	6 (20%)	6 (29%)	5(20%)	6 (26%)
There were no visits during the period under review	2 (7%)	10 (48%)	0	6 (26%)
<b>Total Applicable Cases</b>	<b>30</b>	<b>21</b>	<b>25</b>	<b>23</b>

The data in the table indicate that in the cases reviewed, mothers were visited at least once a month in 76 percent of the applicable cases, while fathers were visited at least monthly in only 36 percent of the applicable cases.

**Rating Determination**

Item 20 was assigned an overall rating of ANI. In only 49 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with parents were sufficient to monitor the safety and well-being of the child or promote attainment of case goals. This percentage is less than the 90 percent or higher required for a rating of Strength. Item 20 also was rated as an ANI in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, the State does not have a standard outcome measure or existing management report to track caseworker visits with parents. In the recent CCOR of four DCF area offices, 21 of 47 applicable cases (45 percent) were rated as a Strength for item 20. The key concerns identified in the cases rated as an ANI were (1) the frequency of visits with fathers was significantly lower than the frequency of visits with mothers, and (2) in some cases, frequency was sufficient but the quality of the visits was not sufficient.

**Stakeholder Interview Information**

Stakeholders expressed the opinion that frequent transfers of cases between units may contribute to issues with parent visitation. Some stakeholders noted that when the court approves an OPPLA goal, no further efforts are made by caseworkers to visit with parents.

**Well-Being Outcome 2**

<b>Outcome WB2: Children receive appropriate services to meet their educational needs</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement</b>					
<b>Degree of Outcome Achievement</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Substantially Achieved	20	11	11	42	<b>95.5</b>
Partially Achieved	0	0	1	1	<b>2.3</b>
Not Achieved	0	1	0	1	<b>2.3</b>
<b>Total Applicable Cases</b>	<b>20</b>	<b>12</b>	<b>12</b>	<b>44</b>	
Not Applicable Cases	11	5	5	21	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Substantially Achieved by Site</b>	<b>100%</b>	<b>92%</b>	<b>92%</b>		

## Status of Well-Being Outcome 2

Connecticut is in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 95.5 percent of the cases reviewed. This percentage is higher than the 95 percent required for a determination of substantial conformity. The outcome was substantially achieved in 100 percent of the 35 applicable foster care cases and 78 percent of the 9 applicable in-home services cases.

Connecticut was in substantial conformity with this outcome in its 2002 CFSR and was not required to address the outcome in its PIP.

## Key Findings of the 2008 CFSR

Findings pertaining to the single item assessed under Well-Being Outcome 2 are presented and discussed below.

### Item 21. Educational needs of the child

Strength                       Area Needing Improvement

#### Case Review Findings

Item 21 was applicable for 44 (68 percent) of the 65 cases reviewed. Cases were not applicable if either of the following applied: (1) children were not of school age, or (2) children in the in-home services cases did not have service needs pertaining to education-related issues. In assessing this item, reviewers were to determine whether children’s educational needs were appropriately assessed and whether services were provided to meet those needs. The results of the assessment of item 21 are provided below.

Item 21 Ratings	Bridgeport Area Office	New Britain Area Office	Norwich Area Office	Total	Percent
Strength	20	11	11	42	95
Area Needing Improvement	0	1	1	2	5
<b>Total Applicable Cases</b>	<b>20</b>	<b>12</b>	<b>12</b>	<b>44</b>	
Not Applicable	11	5	5	21	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>100%</b>	<b>92%</b>	<b>92%</b>		

Item 21 was rated as a Strength when reviewers determined that the child's educational needs were appropriately assessed and services were provided, if necessary. Item 21 was rated as an ANI in two cases when case reviewers determined that the child had identified educational needs that were not addressed.

### **Rating Determination**

Item 21 was assigned an overall rating of Strength. In 95 percent of the applicable cases, reviewers determined that the agency had made diligent efforts to meet the educational needs of children. This percentage is equal to the 95 percent required for this item to be rated as a Strength. A 95-percent standard is established for this item because it is the only item assessed for this outcome. Item 21 also was rated as a Strength in the State's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, in the recent CCOR of four DCF Area offices, 24 of the 33 cases reviewed (73 percent) were rated as a Strength for item 21. The Statewide Assessment reports that case reviewers found that there were appropriate educational assessments in the cases, that education records were in the case file, and that there were effective partnerships between the agency and most of the school districts.

### **Stakeholder Interview Information**

Several stakeholders commenting on this item during the onsite CFSR noted that DCF has five educational consultants who cover the 14 area offices. Some stakeholders reported that special education students in DCF foster care are provided with a surrogate parent who is assigned by the Department of Education (DOE) and who advocates for the child's educational needs. Barriers to meeting the educational needs of children were cited as the transitional periods when children move from a therapeutic or psychiatric facility to a foster home or when they move between school districts.

Some stakeholders noted that DCF caseworkers usually receive copies of a child's Individualized Education Plan but are not automatically or routinely invited to the educational planning and placement team meeting, although they can make a request to attend.

### Well-Being Outcome 3

<b>Outcome WB3: Children receive adequate services to meet their physical and mental health needs</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement</b>					
<b>Degree of Outcome Achievement</b>	<b>Bridgeport Area Office</b>	<b>New Britain Area Office</b>	<b>Norwich Area Office</b>	<b>Total</b>	<b>Percent</b>
Substantially Achieved	27	13	14	54	<b>87.1</b>
Partially Achieved	2	0	0	2	<b>3.2</b>
Not Achieved	2	3	1	6	<b>9.7</b>
<b>Total Applicable Cases</b>	<b>31</b>	<b>16</b>	<b>15</b>	<b>62</b>	
Not Applicable	0	1	2	3	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Substantially Achieved by Site</b>	<b>87%</b>	<b>81%</b>	<b>93%</b>		

### Status of Well-Being Outcome 3

Connecticut is not in substantial conformity with Well-Being Outcome 3. The outcome was substantially achieved in 87.1 percent of the applicable cases, which is less than the 95 percent required for substantial conformity. The outcome was substantially achieved in 95 percent of the 40 foster care cases and 73 percent of the 22 in-home services cases.

Connecticut was not in substantial conformity with this outcome in its 2002 CFSR and was required to address the outcome in its PIP.

### Key Concerns From the 2002 CFSR

The 2002 CFSR found that DCF was not consistent in its efforts to adequately assess and meet children’s physical and mental health needs.

To address identified concerns, the State implemented the following strategies in its PIP:

- Standardized the Multi-Disciplinary Exam (MDE) documentation and referral process in all area offices and implemented a related vendor performance process
- Contracted for the expansion of hours and creation of five new MDE diagnostic facilities to eliminate wait lists and transportation barriers for children

- Established a referral protocol to refer all children age 3 and younger in a family with a substantiated protective services case to the Birth to Three Program
- Developed Memoranda of Understanding (MOUs) with the Department of Mental Retardation (DMR) and DMHAS regarding interagency coordination on the referral of children younger than age 16, assigned regional contact leads for each agency to improve communication and coordination, and distributed DMR and DMHAS policies, eligibility criteria, and referral information to all DCF area office staff
- Increased medical, behavioral health, substance abuse, and mental health support capacities in area offices through the establishment of ARGs to assist staff in the development of treatment plans for complex cases requiring significant supports

The State met its target goals for this outcome by the end of the PIP implementation period.

### Key Findings of the 2008 CFSR

Findings pertaining to the items assessed under Well-Being Outcome 3 are presented and discussed below.

#### Item 22. Physical health of the child

Strength                       Area Needing Improvement

#### Case Review Findings

Item 22 was applicable for 47 (72 percent) of the 65 cases reviewed. Cases that were not applicable were in-home services cases in which physical health concerns were not an issue. In assessing this item, reviewers were to determine whether (1) children’s physical health needs (including dental needs) had been appropriately assessed and (2) the services designed to meet those needs had been, or were being, provided. The findings of the assessment of item 22 are presented in the table below.

Item 22 Ratings	Bridgeport Area Office	New Britain Area Office	Norwich Area Office	Total	Percent
Strength	23	10	11	44	94
Area Needing Improvement	2	1	0	3	6
<b>Total Applicable Cases</b>	<b>25</b>	<b>11</b>	<b>11</b>	<b>47</b>	
Not Applicable Cases	6	6	6	18	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>92%</b>	<b>91%</b>	<b>100%</b>		

Item 22 was rated as a Strength in 97.5 percent of the 40 applicable foster care cases and 71 percent of 7 applicable in-home services cases. The item was rated as a Strength when reviewers determined that children’s health needs (medical and dental) were routinely assessed and necessary services were provided. Item 22 was rated as an ANI when reviewers determined the following:

- The child’s physical health needs were not assessed and/or fully addressed (two cases).
- The child’s dental health needs were not assessed and/or fully addressed (three cases).

**Rating Determination**

Item 22 was rated as a Strength. In 94 percent of the applicable cases, reviewers determined that the agency was effective in assessing and meeting children’s physical health needs. This percentage is greater than the 90 percent required for an overall rating of Strength. Item 22 was rated as an ANI in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, a child placed in out-of-home care is required to have an initial health screening examination within 5 days of placement. The Juan F. Exit Plan requires DCF to conduct an MDE within 30 days of a child entering the custody of DCF for the first time for at least 85 percent of the children entering foster care. Performance for the first quarter of 2008 indicates that 97 percent of cases met the criteria.

In the recent CCOR, reviewers rated 34 of 39 applicable cases (87 percent) as a Strength for item 22. However, service providers participating in focus groups conducted as part of the CCOR reported that MDE recommendations are not always followed up with service delivery and that service gaps exist in the State, especially for dental care.

**Stakeholder Interview Information**

Stakeholders commenting on this item during the Onsite Review mentioned that the ARG nurses and the medically complex units are effective in helping to ensure the provision of appropriate medical care for children with complex medical needs. Several stakeholders commented on the difficulty of locating dental providers who will accept the State’s reimbursement for services. Other stakeholders reported that it often is difficult to obtain appointments for medical and dental care.

**Item 23. Mental health of the child**

Strength                     Area Needing Improvement

### Case Review Findings

Item 23 was applicable for 47 (72 percent) of the 65 cases reviewed. Cases were not applicable if the child was too young for an assessment of mental health needs or if there were no mental health concerns. In assessing this item, reviewers were to determine whether (1) mental health needs had been appropriately assessed, and (2) appropriate services to address those needs had been offered or provided. The results of the assessment of item 23 are presented in the table below.

Item 23 Ratings	Bridgeport Area Office	New Britain Area Office	Norwich Area Office	Total	Percent
Strength	20	11	10	41	87
Area Needing Improvement	2	3	1	6	13
<b>Total Applicable Cases</b>	<b>22</b>	<b>14</b>	<b>11</b>	<b>47</b>	
Not Applicable Cases	9	3	6	18	
<b>Total Cases</b>	<b>31</b>	<b>17</b>	<b>17</b>	<b>65</b>	
<b>Strength by Site</b>	<b>91%</b>	<b>79%</b>	<b>91%</b>		

Item 23 was rated as a Strength in 97 percent of the 30 applicable foster care cases and 71 percent of the 17 applicable in-home services cases. The item was rated as a Strength when reviewers determined that children’s mental health needs were appropriately assessed and the identified mental health needs were addressed. Item 23 was rated as an ANI when reviewers determined the following:

- Mental health needs were not assessed and/or fully addressed (two cases).
- Mental health needs were assessed but services were not provided to address identified needs (four cases).

### Rating Determination

Item 23 was assigned an overall rating of ANI. In 87 percent of the applicable cases, reviewers determined that the agency had made concerted efforts to address the mental health needs of children. This percentage is less than the 90 percent or higher required for a rating of Strength. This item also was rated as an ANI in the State’s 2002 CFSR.

### Statewide Assessment Information

According to the Statewide Assessment, the MDE is required within 30 days of a child entering the custody of DCF and includes a comprehensive and age-appropriate mental health assessment that incorporates a determination of all mental health needs. Recommendations are provided to DCF for follow-up. DCF employs mental health consultants in its area offices consisting of psychiatrists, psychologists, and master’s-level social workers who are licensed for independent practice in the State of Connecticut or

are board certified. The mental health consultants provide case-specific consultation, facilitate access to mental health evaluation and treatment in emergency circumstances, provide consultation or treatment, participate in service planning and assessments, and serve as the liaison between DCF and mental health care providers.

In the recent CCOR of four DCF area offices, 29 of the 37 applicable cases reviewed (78 percent) were rated as a Strength.

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR expressed a range of opinions regarding the effectiveness of DCF in meeting children's mental health needs. Some stakeholders commented on the issue of the use of psychotropic medications with children and youth. They noted that DCF currently has a central medication approval unit that is overseen by a medical director and registered nurse who provide oversight of cases in which children have been prescribed psychotropic medications by tracking medications and new prescriptions.

Some stakeholders commented about the lack of adequate resources within DMHAS for youth who have serious mental health issues when they transition out of DCF foster care. In addition, there were concerns noted over the unmet needs of families with children on the autism spectrum who have an IQ over 70, as these children are not served by the Department of Developmental Services (DDS).

New Britain Area Office stakeholders commented that a strong ARG, a solid relationship with mental health providers, and the regular MSS care meetings enable a great job of matching children's needs with available services. ARGs also are seen as a great resource for caseworkers and assist them in determining the level of care needed by a specific child.

However, some Norwich Area Office stakeholders commented that there are wait lists for mental health providers in their communities, and sometimes the quality of providers is a concern.

## SECTION B: SYSTEMIC FACTORS

This section of the CFSR Final Report provides information regarding the State’s substantial conformity with the seven systemic factors examined during the CFSR. Information on the items included under each systemic factor comes from the Statewide Assessment and from interviews with stakeholders held during the onsite CFSR. Additional information may come from other Federal reports or assessments.

Each item included in a systemic factor reflects a key Federal program requirement relevant to the Child and Family Services Plan (CFSP) for that systemic factor. The overall rating for the systemic factors is based on the ratings for the individual items incorporated in the systemic factor. For any given systemic factor, a State is rated as being either “in substantial conformity” with that factor (i.e., a score of 3 or 4) or “not in substantial conformity” with that factor (a score of 1 or 2). Specific requirements for each rating are shown in the table below.

**Rating the Systemic Factor**

<b>Not in Substantial Conformity</b>		<b>In Substantial Conformity</b>	
1	2	3	4
None of the CFSP or program requirements is in place.	Some or all of the CFSP or program requirements are in place, but more than one of the requirements fail to function as described in each requirement.	All of the CFSP or program requirements are in place, and no more than one of the requirements fails to function as described in each requirement.	All of the CFSP or program requirements are in place and functioning as described in each requirement.

It should be noted that ratings for the items included in each systemic factor are not based on single comments from an individual stakeholder; however, these comments are included in the report when they provide important insights or clarification on the State’s performance on a particular systemic factor.

If a State is not in substantial conformity with a particular systemic factor, then that factor must be addressed in the State’s PIP. For each systemic factor, information is provided about the State’s performance in its first CFSR as well as in the current CFSR. If the systemic factor was part of the State’s PIP, the key concerns addressed in the PIP and the strategies for assessing those concerns are noted.

## I. STATEWIDE INFORMATION SYSTEM

Rating of Review Team Regarding Substantial Conformity				
	Not in Substantial Conformity		In Substantial Conformity	
Rating	1	2X	3	4

### Status of Statewide Information System

Connecticut is not in substantial conformity with the systemic factor of Statewide Information System. The State was not in substantial conformity with this factor in its 2002 CFSR and was required to address the factor in its PIP.

### Key Concerns From the 2002 CFSR

The key concern identified in the 2002 CFSR was that the State had not been able to verify that functional enhancements made to LINK, the DCF statewide information system, enabled LINK to identify the goals for the placement of every child in foster care. Although LINK's inability to capture information about children's goals had reportedly been corrected by that time, compliance with the CFSP requirement could not be confirmed until the following Adoption and Foster Care Analysis and Reporting System (AFCARS) submission.

To address this concern, the State implemented the following strategy in its PIP: it reviewed and analyzed the accuracy of AFCARS data with regard to children's goals and implemented corrections to the system where needed.

The State met its target goals for this systemic factor by the end of its PIP implementation period.

### Key Findings of the 2008 CFSR

The findings of the 2008 CFSR pertaining to the items assessed under Statewide Information System are presented below.

**Item 24. The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care**

Strength                       Area Needing Improvement

Item 24 is rated as an ANI because although the State is operating a statewide information system from which staff can readily identify children’s status and demographic characteristics, concerns were identified in the stakeholder interviews regarding the accuracy of information pertaining to the child’s placement location and case goal.

**Statewide Assessment Information**

According to the Statewide Assessment, front-line caseworkers and supervisors participating in recent focus groups agreed that considerable improvements have been made to the LINK system. These participants indicated that demographic information is easy to access and usually is accurate as long as information has been entered into the system in a timely manner. The Statewide Assessment also notes, however, that these focus group participants expressed concern that the goals for children can be accessed only by reading the treatment plan, which is a cumbersome process.

**Stakeholder Interview Information**

Some stakeholders commenting on this item during the onsite CFSR expressed the opinion that there are concerns about LINK’s ability to readily provide information on the location of every child in foster care. A key concern noted by stakeholders was that if a child is placed in foster care through a private child-placing agency, such as Support Services Foster Care or the Community Housing Assistance Program, the child-placing agency’s name and address are entered in LINK as the child’s placement location, instead of the actual location of the child’s placement. The child’s actual placement location is entered as text in the treatment plan. As a result, information on the child’s placement location is not readily available from LINK. In addition, some stakeholders identified concerns about LINK’s ability to document temporary living arrangements, trial home visits, and children who are on runaway status. A few stakeholders expressed concern regarding the timeliness of data entry for placement changes. They noted that late entry of placement changes may result in questionable accuracy of placement information at any given time.

Some stakeholders also noted that child-specific information on case goals is entered as text into treatment plans and is supposed to be entered into LINK’s case goal drop-down window as well. However, these stakeholders indicated that the same information does not always appear in both places because caseworkers do not consistently update the drop-down box information when they are updating the treatment plan. A few stakeholders indicated that system changes to address this concern are scheduled for 2009.

## II. CASE REVIEW SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		In Substantial Conformity	
	1	2X	3	4

### Status of Case Review System

Connecticut is not in substantial conformity with the systemic factor of Case Review System. The State was not in substantial conformity with this factor in its 2002 CFSR and was required to address the factor in its PIP.

### Key Concerns From the 2002 CFSR

The following concerns were identified in the 2002 CFSR:

- Parents were not consistently engaged or involved in the case planning process.
- Although permanency hearings were held within the required timelines, they frequently lead to full evidentiary hearings, which resulted in delays in achieving permanency for children.
- There was inconsistent implementation of the process for TPR in accordance with the provisions of ASFA.
- There was inconsistency with regard to notification to foster parents, pre-adoptive parents, and relative caregivers regarding hearings and reviews.

To address these concerns, the State implemented the following strategies in its PIP:

- The State adopted a family conferencing model as a mechanism for engaging parents and relatives in treatment planning. Training was provided to all area offices on family conferencing, treatment planning, and concurrent planning.
- The State modified the LINK treatment plan document to reflect family-centered practice.
- To ensure that efforts were made to involve parents in case planning and to meet the requirements for TPR, when relevant, the State provided training and guidelines to caseworkers regarding the use of all possible search options for locating absent or noncustodial parents, including the use of Locate Plus software when other search efforts failed.
- To improve the timeliness of court hearings and consistent implementation of ASFA requirements, the State implemented MAP meetings in all area offices. These meetings bring together legal, medical, behavioral health, and child protection staff to identify outstanding issues that need to be addressed before filing the permanency plan. Caseworkers, attorneys, and area office specialty

staff meet at the point where the child has been in foster care for 7 months to identify legal obstacles to permanency and strategize around these obstacles. These meetings also serve as a forum for finalizing the permanency plan and confirming due dates for court filings.

Connecticut’s PIP did not directly address the concern identified in the 2002 CFSR related to inconsistency in notification to foster parents, pre-adoptive parents, and relative caregivers regarding hearings and reviews.

The State met its target goals with regard to this systemic factor by the end of the PIP implementation period.

**Key Findings of the 2008 CFSR**

The findings of the 2008 CFSR pertaining to the items assessed under Case Review System are presented below.

**Item 25. The State provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions**

     Strength                        X   Area Needing Improvement

Item 25 is rated as an ANI because both the Statewide Assessment and the stakeholder interviews indicate that the State is not consistent in the involvement of parents, especially fathers, in case plan development. In addition, the findings for item 18 in the case review instrument, which addresses involvement of parents and children in case planning, indicate that mothers were involved in case planning in 88 percent of applicable cases, while fathers were involved in case planning in only 50 percent of applicable cases. Item 25 also was rated as an ANI in Connecticut’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, Connecticut’s case plan, which is called a treatment plan, identifies problems, needs, and services for all involved participants. The treatment plan also includes a description of reasonable efforts to prevent placement or to reunify children, the mutual responsibilities of all parties, and the evaluation of case progress toward achieving treatment plan goals in accordance with Federal requirements.

The Statewide Assessment notes that agency policy requires that a treatment planning conference (TPC) be held within 30 days of the date that a case is assigned or opened in a treatment or voluntary services unit. The completion and documentation of the initial treatment plan is required within 10 days of the TPC. A subsequent treatment plan is due within 90 calendar days of the initial

treatment plan and every 6 months thereafter. The Statewide Assessment reports that the State has a daily report that tracks those cases that are not compliant with the case plan timeliness requirements. Although the Statewide Assessment indicates that on July 7, 2008, there were 181 cases (representing about 1.4 percent of total cases) without a current treatment plan, no data were provided regarding whether the existing plans were developed and updated in accordance with State timelines.

The Statewide Assessment also reports that agency policy requires that children, parents, and all appropriate service providers are given the opportunity to participate in the development of the treatment plan. However, the Statewide Assessment does not provide data pertaining to the number or percentage of cases in which the treatment plans were developed in conjunction with the parents.

As reported in the Statewide Assessment, a standard of performance with regard to treatment plans was established by the Juan F. Exit Plan (Outcome Measure 3: Treatment Plans). This standard requires that at least 90 percent of cases shall have treatment plans that are clinically appropriate, individualized, developed with family and community members, and approved within 60 days of a case opening in a treatment unit or a child's placement in out-of-home care. The Statewide Assessment reports the following data pertaining to performance on this outcome measure:

- 2007 quarter 2: 30.3 percent of cases met the requirements.
- 2007 quarter 3: 30.0 percent of cases met the requirements.
- 2007 quarter 4: 51.0 percent of cases met the requirements.
- 2008 quarter 1: 58.8 percent of cases met the requirements.

The Statewide Assessment also indicates that Connecticut implemented a family conferencing initiative to increase the level of family involvement in case planning. It was noted that the use of family conferencing in the State grew steadily through the first quarter of 2007, but has decreased every quarter since that time (through the first quarter of 2008) as area offices have refined the model for use at designated points in the life of a case. The Statewide Assessment suggests that this decline also may be due in part to the termination of the contract for external consultation on family group conferencing which occurred in June 2008.

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR addressed two issues with regard to the case planning process. One issue pertains to whether treatment plans are being developed in a timely manner for all cases and whether they are of sufficient quality to move the child toward permanency. The other issue pertains to the involvement of parents in developing the treatment plan.

With regard to the timely development of treatment plans, most stakeholders expressed the opinion that every child has a treatment plan and that the plans generally are completed in a timely manner. However, various stakeholders expressed the following concerns about the treatment plans and their effectiveness with regard to moving the child toward permanency:

- Treatment plans sometimes lack specificity regarding the expectations for the parents.
- Treatment plans are too long and the language is too clinical for the plans to be easily read and understood by parents.
- The agency’s treatment plan is not well integrated with the other plans that are developed for the parents, for example, the court’s “specific steps” plan and the provider’s service plan. This lack of integration can be a source of confusion and frustration for parents and ultimately a barrier to achieving permanency.

Stakeholders expressed mixed opinions with regard to the involvement of parents in case planning. Some stakeholders reported that the agency generally does develop case plans with input from parents and indicated that this practice has increased considerably in recent years due to the implementation of family conferencing. Other stakeholders, however, raised the following concerns about parent involvement in case planning:

- Involvement of parents, particularly fathers, in developing the case plan varies across caseworkers—some caseworkers are effective in this area while others are not.
- DCF generally writes the plan and then meets with the parents to go over the plan. Although parents can have input at the time of the family conference, the case plan goals have been established by that time.
- The point at which the family can become involved in developing the case plan is during the TPC, but the quality of TPCs vary considerably, and some parents are not actively encouraged to provide input into the plan.

**Item 26. The State provides a process for the periodic review of the status of each child no less frequently than once every 6 months, either by a court or by administrative review**

  X   Strength                             Area Needing Improvement

Item 26 is rated a Strength because Connecticut has a functioning administrative review process for the periodic review of the status of each child no less frequently than once every 6 months. This item also was rated as a Strength in the 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, Connecticut has established an administrative case review (ACR) process that is described as an “orderly and structured meeting in which all participants are engaged in discussion focused on the permanency planning needs of the child.” The Statewide Assessment reports that an ACR is held every 180 days for each child in foster care. The individuals who must be invited to the ACR include DCF staff, service providers, the child’s parents, the child (if age 12 or older), the child’s foster parents or residential care caseworker, the parent’s and child’s counsel, and the child’s guardian *ad litem*.

The Statewide Assessment also reports that 2.87 percent of the 39,191 ACRs held from January 2006 through June 2008 were not held by their due date, and an additional 6.92 percent were overdue but completed within 30 days of the due date. (A total of 9.79 percent of cases were noncompliant with ACR time requirements.) However, the Statewide Assessment also notes that 14 percent of the ACRs in this data set did not have a due date entered in the LINK system. As indicated in the Statewide Assessment, the State is working to resolve the problem of missing due dates.

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR addressed two issues with regard to the periodic reviews. One issue pertains to whether the periodic reviews are being held in accordance with State Plan requirements (i.e., at least once every 6 months). The other issue pertains to whether the periodic reviews are effective in moving the children toward permanency.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the majority of ACRs are held in accordance with established timeframes and that the required individuals are receiving invitations to participate. Various stakeholders identified the following factors as facilitating the timeliness of ACRs and the participation of required individuals:

- There is a tickler system in LINK that alerts staff when an ACR is due for a particular child.
- The ACR will be rescheduled if it is discovered that parents or foster parents were not invited.
- Concerted efforts are made to schedule reviews at a time that is convenient for parents.
- Invited participants who cannot attend in person are allowed to join the ACR via audioconference.
- Interpretation and translation services are provided to participants who require assistance in those areas.
- Parents have ample opportunities to express their opinions and viewpoints during the ACR.

Stakeholders expressed mixed opinions regarding the effectiveness of the reviews in moving children toward permanency. Various stakeholders identified the following factors as contributing to the effectiveness of the ACR:

- The ACR appropriately assesses the concurrent plans, the target dates, and the movement of the case toward the permanency goal.
- The ACR can monitor unmet needs and can lead to the issuance of practice alerts if outstanding issues are identified for an individual case.
- The ACR establishes a target date for filing for TPR, if required.
- ACR recommendations are included in the court report for the permanency review (Norwich Area Office stakeholders).

Despite these positive perceptions of the effectiveness of the ACR in moving children toward permanency, various stakeholders also expressed the following concerns:

- Although ACR recommendations are incorporated into treatment plans when there is agreement among the parties attending the review, when there are disagreements among parties, they must be sent to managers for resolution.

- ACR recommendations are not routinely included or considered in the court report for the permanency hearings.
- The quality assurance process requires so many steps in a case review that it is not possible to complete the review in full in the amount of time allotted.

**Item 27. The State provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter**

     Strength                        X   Area Needing Improvement

Item 27 is rated as an ANI. Connecticut has a State statute that requires a full evidentiary trial if the permanency plan filed by DCF is contested by any party. As noted in the Statewide Assessment and stakeholder interviews, when full evidentiary trials are held, the permanency hearings may not occur in accordance within the required 12-month timeframe. The Statewide Assessment does not provide data indicating the number or percentage of children who have permanency hearings at least once every 12 months.

**Statewide Assessment Information**

According to the Statewide Assessment, improvements have been made in the process for ensuring timeliness of permanency hearings. State statute requires that permanency motions are filed within 9 months of the child’s removal from the home and must be heard within 90 days to ensure that the permanency hearings are held within 12 months of removal and every 12 months thereafter. However, the Statewide Assessment does not provide data regarding the number or percent of children who have an initial permanency hearing within 12 months of entering foster care and every 12 months thereafter.

The Statewide Assessments notes that exceptions to timely permanency hearings occur when DCF files a permanency plan recommending involuntary TPR or when the parents object to the permanency plan. When DCF files a permanency plan recommending involuntary TPR or when the parents object to the plan, there is a requirement for a full evidentiary hearing, which may cause a delay in timeliness of permanency hearings.

According to the Statewide Assessment, the Court Improvement Program and the Judicial Branch produce a report on nine key performance measures. The report includes data on the average number of days from the filing of the original petition to the first permanency hearing.

The Statewide Assessment indicates that for the period from January 2007 to June 2008, the average number of days from the original filing to the first permanency hearing was as follows:

- From January 1, 2007, to June 6, 2007: 401 days
- From July 2007 to December 2007: 386 days
- From January 2008 to June 2008: 402 days

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR addressed two issues with regard to permanency hearings. One issue pertains to whether the permanency hearings are being held in accordance with State Plan requirements (i.e., at least once every 12 months). The other issue pertains to whether the permanency hearings are effective in moving children toward permanency.

Stakeholders expressed somewhat mixed opinions as to whether permanency hearings are held at least once every 12 months. Various stakeholders suggested that there are frequent delays in holding permanency hearings and identified the following concerns with regard to the timeliness of permanency hearings:

- If the permanency plan is contested by any party (regardless of the case goal), a full evidentiary trial is required, and this results in permanency hearings that are delayed beyond the 12-month point.
- If the plan is to establish a goal of adoption or transfer of guardianship and the agency is seeking TPR, the court may consolidate the evidentiary hearing with the TPR or transfer of guardianship hearing, and this may result in permanency hearings being delayed beyond the 12-month point.
- There are not enough judges, assistant attorneys general, or parents' attorneys to meet the need, and this causes scheduling difficulties and can result in hearing delays.
- Often the court will schedule about 2 days for contested hearings, but if the hearing is not completed within 2 days, it will have to be rescheduled to a future date, which is difficult because the schedules of all of the individual parties are already full.
- There are delays in hearings that are due to the granting of continuances (Bridgeport Area Office stakeholders).

Despite these concerns, some stakeholders indicated that most permanency hearings are held in a timely manner and identified the following factors as contributing to the timeliness of the hearings:

- When a permanency hearing is contested, some judges will approve the permanency plan at 12 months "without prejudice" and the contested issues are argued later at the TPR hearing.
- Court dockets make allowances for rescheduling of permanency hearings that are contested to meet the required timeframes (New Britain Area Office stakeholders).
- An additional judge was hired to handle the evidentiary trials, which has decreased the amount of time required to hear contested cases (Norwich Area Office).

Stakeholders expressed different opinions with regard to the effectiveness of the permanency hearings in moving children toward permanency. Although some stakeholders commented that permanency hearings are effective in moving cases toward permanency and build on the ACR results, other stakeholders commented that the hearings do not typically promote permanency.

**Item 28. The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act**

Strength                       Area Needing Improvement

Item 28 is rated as an ANI because stakeholder interview information indicates that filing for TPR is not consistently done in accordance with ASFA requirements. Although the Statewide Assessment indicates that the agency provides a report that contains the number of cases in which a termination petition is due or a hearing date is set, these data were not provided. Information from the case reviews indicates that ASFA requirements were met in 81 percent (22 cases) of the 27 applicable cases. This item also was rated as an ANI in the State's 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, DCF produces a monthly report that identifies and tracks children who have been in care for 15 of the past 22 months and includes the status of TPR filings. It was noted in the Statewide Assessment that the monthly report includes the following information:

- Pre-TPR children in placement by permanency goal, status of TPR filing, and time in care (months)
- Pre-TPR children in placement by permanency goal and status of TPR filing
- Pre-TPR children in placement by reason TPR not filed and permanency goal
- Pre-TPR children in placement by placement type, permanency goal, and time in care (numbers only)
- Pre-TPR children in placement by placement type, permanency goal, and time in care (percents only)
- Pre-TPR children in placement by permanency goal and age group

However, the Statewide Assessment does not provide data from these reports. The primary data provided in the Statewide Assessment for this item concerns the number of TPR filings in 2007 (871 filings) and 2006 (748 filings).

**Stakeholder Interview Information**

Although some Bridgeport Area Office and New Britain Area Office stakeholders said that TPR petitions generally are filed in accordance with ASFA requirements, several stakeholders commenting on this item during the onsite CFSR expressed the opinion that

the agency does not consistently file for TPR in accordance with ASFA requirements. Various stakeholders identified the following concerns with regard to the filing of TPR petitions:

- In cases that involve parental substance abuse, DCF caseworkers may delay filing for TPR to allow more time for the parent to complete substance abuse treatment.
- Some judges are reluctant to hear TPR petitions or grant TPR unless there is an identified adoptive family for the child or the judge believes that adoption is a realistic goal.
- Sometimes DCF caseworkers will wait until the child has been in foster care for 15 months before filing a TPR petition even when case circumstances and ASFA guidelines warrant earlier filing (Norwich Area Office).
- The agency does not always implement due diligence with regard to searching for absent parents, which can cause delays in filing the TPR petition (Norwich Area Office).

**Item 29. The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child**

Strength                       Area Needing Improvement

Item 29 is rated as an ANI because information from the Statewide Assessment and the stakeholder interviews indicates that the State is not consistent with regard to notifying foster parents, pre-adoptive parents, and relative caregivers about court hearings involving the children in their care. Opportunities for these resource parents to be heard in court hearings also are not consistently provided throughout the State. Item 29 also was rated as an ANI in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, DCF is required by standing order of the Chief Administrative Judge for Juvenile Matters to provide notice of all court proceedings concerning any child in foster care to foster parents, relative caregivers, and pre-adoptive parents of such children; to keep documentation of the notice in the case file; and to provide information about the notice to the court. The Statewide Assessment states that DCF notifies all required parties about treatment plan meetings, ACRs, and the first court hearing and also informs parties of their right to be heard in these hearings and reviews.

Although the Statewide Assessment reports that there is consistent notification of foster parents with regard to the first hearing, it also acknowledges that notification of subsequent hearings or court reviews after the first one is uncertain and that DCF does not track data relating to compliance with this item.

### Stakeholder Interview Information

Stakeholder comments during the onsite CFSR addressed two issues with regard to this item. One issue pertains to whether resource parents (i.e., foster parents, relative caregivers, and pre-adoptive parents) receive notification of the reviews and hearings that are to be held concerning a child in their care. The other issue pertains to whether resource parents are given opportunities to be heard at the reviews and hearings.

With regard to notification, most stakeholders expressed the opinion that resource parents receive notification from DCF caseworkers about administrative reviews, but are not consistently notified about court hearings.

Many stakeholders also expressed the opinion that resource parents are given opportunities to be heard at reviews and court hearings. However, various stakeholders expressed the following concerns about the opportunity of resource parents to be heard in court:

- Opportunities for foster parents to be heard in court vary from judge to judge and situation to situation.
- Foster parents can submit a written statement and the court will accept this statement. However, foster parents are not usually given an opportunity to submit a written statement (Bridgeport Area Office).

### III. QUALITY ASSURANCE SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		In Substantial Conformity	
	1	2	3X	4

#### Status of Quality Assurance System

Connecticut is in substantial conformity with the systemic factor of QA System. The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address the factor in its PIP.

#### Key Findings of the 2008 CFSR

The findings of the 2008 CFSR pertaining to the items assessed under QA System are presented below.

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children**

  X   Strength                         Area Needing Improvement

Item 30 is rated as a Strength because multiple standards are in place to address the health and safety of children in foster care. This item also was rated as a Strength in the 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, DCF standards for its foster and adoptive homes, kinship homes, facilities, psychiatric hospital, juvenile training school, and brief residential treatment and diagnostic evaluation center are in accord with nationally recognized standards such as those established by the CWLA Standards of Excellence for Family Foster Care Services, Council on Accreditation Standards for Family Foster Care, Joint Commission on Accreditation of Healthcare Organizations, Program Standards for Treatment Foster Care, and Council of Juvenile Corrections Administrators. The Statewide Assessment reports that the Office of Foster Care Services (OFCS) in the Central Office oversees the FASU in each area office and is the unit that is responsible for adherence to standards.

**Stakeholder Interview Information**

Most stakeholders commenting on this item expressed the opinion that the State has been effective in developing and implementing standards to ensure that children in foster care are provided with quality services. Various stakeholders reported the following:

- There are standards concerning visitation, how to respond to reports of maltreatment of children in foster care, and the quality of services offered by providers.
- The ACR is used to monitor the quality of services received by children in foster care.
- MDEs are used to ensure quality services. MDEs are done within 30 days of the child entering foster care and include medical, dental, and behavioral evaluations and identification of needed services.
- Safety standards are monitored by caseworkers and providers through the use of the SDM tool and home visits.
- A Case Practice Committee addresses issues around case practice, and this committee currently is working on a protocol for transferring cases between workers and between offices to ensure that standards are maintained (Norwich Area Office).

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented**

**Strength**                       **Area Needing Improvement**

Item 31 is rated as a Strength because the State has a clearly identifiable and functioning quality assurance system that addresses key practice areas and provides feedback on key findings. This item also was rated as a Strength in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, the State, through the Bureau of Continuous Quality Improvement (BCQI), is operating an identifiable QA system through the use of TPCs, ACRs, quarterly reports from the Juan F. Consent Decree Exit Plan, and CCOR of cases. The CCOR uses the CFSR onsite case review instrument and methodology. The Statewide Assessment also notes that QA activities directed at child-placing agencies and facilities are performed by the Licensing Unit and Program Review and Investigations Unit.

The Statewide Assessment identifies the following six divisions of BCQI and their primary responsibilities:

- The Internal Quality Improvement Division is responsible for the ACR process.
- The Outcome Measures Oversight Division is responsible for case review and mandates for the 22 outcome measures stipulated in the Juan F. Consent Decree.
- The External Quality Improvement Division is responsible for licensure of any agency that cares for children and ensuring quality services in congregate care settings.
- The Workforce Development Division is responsible for ensuring that all caseworkers have strong foundations in the principles and practice of effective case management and social work practice.
- The Division of Planning and Program Development is responsible for coordinating CCORs and CFSRs and for processing and coordinating agency response to critical incidents and significant events in congregant care facilities.
- The Emergency Response Division is responsible for coordination among DCF, the Department of Emergency Management, and Homeland Security.

**Stakeholder Interview Information**

Various stakeholders commenting on this item during the onsite CFSR identified the following QA processes in addition to the ACR and the quarterly reports for the Juan F. Consent Decree Exit Plan that were noted in the Statewide Assessment:

- There is a required supervisory review of five investigations to determine if the SDM tool is being used properly.
- There are LINK and ROM reports that identify trends for the area offices, such as the frequency of caseworker visitation and whether children’s medical and dental needs are being addressed.

Although most stakeholders said that the State has multiple QA systems and processes in place, many stakeholders expressed concern about the lack of integration of these systems. They suggested that the multiplicity of systems and lack of integration result in an environment in which there is a large amount of data produced from different sources but no clear process for pulling all of the data together in a manner that might promote a new practice model to improve outcomes. A few stakeholders also noted that the multiplicity of QA processes sometimes results in confusion among agency staff and redundancy of effort.

#### IV. STAFF AND PROVIDER TRAINING

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		In Substantial Conformity	
	1	2	3X	4

#### Status of Staff and Provider Training

Connecticut is in substantial conformity with the systemic factor of Staff and Provider Training. The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address the factor in its PIP.

#### Key Findings of the 2008 CFSR

The findings pertaining to the items assessed under Staff and Provider Training are presented and discussed below.

**Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services**

  X   Strength                             Area Needing Improvement

Item 32 is rated as a Strength because the State provides initial training for staff who deliver the services provided under titles IV-B and IV-E, and the training is sufficient to prepare them for the duties required by their jobs. This item was rated as Strength in the State's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, new caseworkers are required to attend 25 classes and obtain 33 days of training. During their training period, they are assigned to training units in one of the 14 area offices. The Statewide Assessment reports that training units use the "Transfer of Learning Guide" developed by the Training Academy staff to assess the caseworker's ability to apply what is taught in the class to his or her job performance and to identify further training needs.

The Statewide Assessment also reports that training for new caseworkers involves two tiers. In the first tier, caseworker trainees begin to carry cases from the date of hire but do not carry a full caseload. In the second tier, new trainees carry a full caseload (4 months of training). The Statewide Assessment notes that Tier II is completed after the new employee has been on the job between 5 and 12 months and is designed to build on the trainee's experience in the area office.

As indicated in the Statewide Assessment, during FY 2006 and FY 2007 the training academy trained 198 new staff.

### **Stakeholder Interview Information**

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the State's initial training for caseworkers is comprehensive and allows for the integration of theory with practice. Various stakeholders identified the following factors as contributing to the effectiveness of the training program:

- The training emphasizes the transfer of learning strategies to actual casework.
- Participation in training is tracked through a system called EZ Tracker, and trainees are required to make up any classes that they have missed.
- Each trainee's strengths and needs are evaluated periodically during training, and there is a pre- and post-test to assess learning.

Additional stakeholder comments on this item confirm the Statewide Assessment information that trainees carry a reduced caseload during the first tier of training and do not carry a full caseload until they begin the second tier. Some stakeholders also reported that trainees generally start out working in treatment units and then may be transitioned to an investigations or specialty unit as training progresses. Stakeholders noted that when a trainee joins an investigation unit, no cases are assigned to the trainee for several weeks while the trainee shadows tenured caseworkers.

**Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP**

Strength                       Area Needing Improvement

Item 33 is rated as an ANI. Although a wide range of ongoing training opportunities are provided and State policy requires that staff receive 5 days of in-service training per year, information from the Statewide Assessment and stakeholder interviews indicate that attendance at training is not tracked and there are no consequences if staff does not meet the 5-day requirement. In addition, stakeholders reported that many staff members find it difficult to access training because of a lack of time and funds for travel and the fact that many classes fill up quickly. This item also was rated as an ANI in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, DCF policy requires 5 days of in-service training per year; however, this is not currently regulated or monitored in a systematic way. The Statewide Assessment notes that, although training participation can be tracked by EZ Tracker when the training is provided by the Training Academy, there is no requirement to enter data into EZ Tracker regarding training obtained outside of the Training Academy.

The Statewide Assessment also notes that approximately 61 percent of the total DCF workforce received in-service training in FY 2007-2008 through 70 courses offered by the Training Academy. The Statewide Assessment reports that since the first CFSR review, the Training Academy has launched a new online catalog for in-service training courses that is intended to provide continuous learning opportunities for staff. In addition, each area office is assisted by the Training Academy in developing an Area Office Training Plan. The Statewide Assessment notes that identified training for a particular area office may be met by using in-house staff or by contracting with an external trainer. The Statewide Assessment notes that at present, individualized professional development plans are not being used to guide training, although the Training Academy’s future goal is to formalize in-service training using these plans.

As indicated in the Statewide Assessment, in addition to the in-service training classes, the Training Academy has developed and implemented the following certification courses: Engaging Fathers in Child Protection Services, Permanency Planning, and an initial supervisory course.

With regard to supervisory training, the Statewide Assessment reports that agency policy requires that newly appointed supervisors complete the pre-supervisory training program within 1 year of appointment. The Statewide Assessment also reports that the Training Academy, through a grant from the Federal Administration for Children and Families and in partnership with Fordham University,

developed new supervisory training to focus on the critical supervisory competencies. It was noted in the Statewide Assessment that since the new training was implemented, supervisors have had higher job satisfaction scores. In addition, a Leadership Institute for management teams was implemented in four area offices and a mentoring program served 26 mentoring matches during FY 2007.

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR addressed two issues with regard to ongoing training. One issue pertains to whether the ongoing training requirement is enforced in the State. The other issue concerns whether agency staff have access to the ongoing training classes that are offered.

Most stakeholders expressed the opinion that the ongoing training requirement is not enforced throughout the State. Various stakeholders identified the following concerns with regard to this issue:

- Although there is a requirement to attend annual training on content that is prescribed by an individual's supervisor, there is no formal tracking of ongoing training hours and no consequences for not obtaining the ongoing training.
- Some caseworkers are not aware that there is a requirement for ongoing training hours.
- Although caseworkers are expected to report all training hours to the Training Academy, the training hours obtained locally are not consistently sent to the Training Academy for input into the tracking system.

Most stakeholders also indicated that many caseworkers are not accessing the ongoing training that is available. Various stakeholders expressed the following concerns with regard to staff not accessing ongoing training:

- Caseworkers are not aware of the large number of available training opportunities.
- There are not enough training classes on a given subject, and as a result, they fill up quickly.
- Most Training Academy classes are given in Hartford, and caseworkers in many of the area offices do not have the funds to travel to Hartford.
- Many caseworkers do not have time to either travel to Hartford or attend trainings because of the demands of their caseloads.
- Caseworker participation in ongoing training is not always encouraged or supported by supervisors.

Despite these concerns, various stakeholders identified the following factors as facilitating caseworker participation in ongoing training opportunities:

- Notices of new trainings being offered are on the State's intranet and are distributed via e-mail.
- Innovative collaborative trainings have been developed with service providers and other stakeholders.
- Each area office can receive a training allotment of \$2,500 from the Training Academy to pay for speakers or specific ongoing training needed locally.
- The mentoring program, which includes a shadowing component, is effective as an ongoing training tool.

**Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children**

**Strength**                       **Area Needing Improvement**

Item 34 is rated as a Strength because the State’s training program for foster and adoptive caregivers is generally effective in addressing the skills and knowledge necessary for them to parent the children in their care. This item also was rated as a Strength in Connecticut’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, State policy requires that all foster and adoptive parents participate in Parent Resources for Information, Development, and Education (PRIDE) training prior to licensing. In addition, the Juan F. Consent Decree requires that DCF provide 45 hours of post-licensing training within 18 months of the initial licensure, and at least 9 hours each subsequent year. The Statewide Assessment reports that data from the Juan F. Consent Decree Exit Plan Outcome Measure pertaining to foster and adoptive parent training indicate that the State is consistently offering foster parent training as specified in the Consent Decree. Prospective foster parents seeking placement of a specific non-related child or a relative child are not required to attend PRIDE training but do receive 9 hours of pre-service training.

DCF recently completed a comprehensive review of the system for ongoing training of foster parents and modified it to require six training modules a year. DCF entered into an agreement with the Foster Parent College to provide online and DVD interactive courses for foster parents on a wide variety of topics. The Statewide Assessment reports that feedback from foster parents suggests that DCF should offer more training on dealing with children’s challenging behaviors and on parenting adolescents.

**Stakeholder Interview Information**

Most stakeholders commenting on this item during the onsite CFSR praised the PRIDE pre-service training for foster parents and indicated that it provides a lot of critical information and is effective in preparing foster parents for providing care to the children who are placed with them. Stakeholders also noted that the foster parent support groups and the support of the FASU caseworker were critical in helping foster parents apply the concepts learned in PRIDE to the reality of parenting.

Regarding training for foster and adoptive parents certified through private child-placing agencies and contracted by DCF, stakeholders commented that the contract requires a specific training curriculum, such as PRIDE for pre-service training. Training requirements for staff of State-licensed or approved facilities are listed in regulation and contracts. By regulation, training subjects

must include: restraint and seclusion, medication administration, and CPR. By contract, training subjects must include: blood-borne pathogens, first aid, childhood development, and the specific therapeutic model that the program will implement.

Despite generally favorable stakeholder comments on PRIDE training, some stakeholders expressed the opinion that foster parents are not sufficiently trained to parent children with acute needs. The following two concerns were identified with regard to this issue:

- Regular foster parents do not receive as much training as therapeutic foster parents regarding working with children with problems such as attachment disorder, oppositional defiance disorder, and other types of acute needs. Yet often children with these problems are placed in homes licensed as regular foster parents because of a scarcity of therapeutic foster homes.
- Although therapeutic foster parents receive additional training, this training is not always adequate to help them work effectively with children with acute needs.

With regard to the ongoing training offered to foster parents, several stakeholders commented that a foster parent’s participation in training is tracked, and foster parents are notified when they need to obtain more hours. However, stakeholders noted that there is no penalty for noncompliance with the required number of training hours. Instead, incentives such as gift cards are offered to encourage foster parents to attend ongoing training. Bridgeport Area Office stakeholders noted that most ongoing classes are provided by the Foster Parent Association.

Stakeholders expressed mixed opinions regarding the online training for foster parents that can be used to meet ongoing training requirements. While some stakeholders suggested that this training is valuable and effective, other stakeholders commented that although it is a convenience for foster parents who are unable to leave their homes, it is not as effective as instructor-led training. Barriers to attendance at ongoing training classes identified by some stakeholders were the distance that foster parents had to travel to access a particular class and the difficulty of finding approved child care while attending ongoing training.

**V. SERVICE ARRAY AND RESOURCE DEVELOPMENT**

<b>Rating of Review Team Regarding Substantial Conformity</b>				
<b>Rating</b>	<b>Not in Substantial Conformity</b>		<b>In Substantial Conformity</b>	
	1	2	<b>3X</b>	4

**Status of Service Array and Resource Development**

Connecticut is in substantial conformity with the systemic factor of Service Array and Resource Development. The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address the factor in its PIP.

## Key Findings of the 2008 CFSR

The findings of the 2008 CFSR pertaining to the items assessed under the systemic factor of Service Array and Resource Development are presented and discussed below

**Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency**

  X   Strength                         Area Needing Improvement

Item 35 is rated as a Strength. Although the case reviews indicate that in item 17 ratings, children and families, particularly noncustodial fathers, are not consistently having their needs assessed and identified services provided, the Statewide Assessment and stakeholder interviews suggest that the State has in place an array of services to meet the needs of children and families. This item also was rated as a Strength in the State's 2002 CFSR.

### Statewide Assessment Information

According to the Statewide Assessment, DCF provides child protection, behavioral health, juvenile justice, and prevention services and maintains an extensive service array that includes in-home services, foster care services, community-based behavioral health services, group homes, and residential treatment settings. The Statewide Assessment reports that DCF has expanded its internal capacity to serve clients by adding domestic violence consultants to each area office and adding regional medical teams composed of child psychiatrists and pediatricians to provide consultation to staff on issues pertaining to children's medical needs, including medication management.

The Statewide Assessment provides an extensive list of the services that are available. Some of the key services noted include early childhood programs, parent education and assessment services, therapeutic child care, drug and alcohol prevention programs, Parent Aide programs, intensive family preservation and reunification, Project SAFE (which offers substance abuse evaluations, drug testing, and treatment), the Family Based Recovery program, Supportive Housing for Families, respite care, family violence prevention programs, extended day treatment, crisis stabilization, permanency diagnostic centers, SAFE Homes, family centers, FAST, and foster care clinics.

The Statewide Assessment notes that DCF evaluates the State’s service array and identifies gaps in services on an ongoing basis using internal data and data from the Connecticut Behavioral Health Partnership (BHP). Each year DCF submits budgetary proposals for service expansion or modification based on the needs and gaps identified through the utilization plan.

**Stakeholder Interview Information**

Most stakeholders commenting on this item during the Onsite Review expressed the opinion that the State has an adequate array of services to address the needs of the children and families served by DCF. Some stakeholders indicated that the service array for DCF clients has improved since DCF assumed responsibility for behavioral health services.

Services that were identified by stakeholders as key components of the service array included, but were not limited to, the following: the Child Guidance Clinics (26 are located around the State), extended day treatment programs, mentoring programs, IL services, respite care services, intensive in-home services, and emergency mobile psychiatric crisis intervention, in addition to other services. Several stakeholders also praised the Support Team for Educational Progress (STEP) program, which assists youth in transitioning from educational programs at juvenile justice or residential facilities to attendance at public schools. Several stakeholders also praised the FAST program, which can provide rapid support to foster families experiencing difficulties dealing with the behavioral or emotional problems of children in their care.

**Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP**

Strength                     Area Needing Improvement

Item 36 is rated as an ANI. Although improvements in service accessibility have been made since the 2002 CFSR, the accessibility of services still varies across the State and long waiting lists for services are reported in many areas. This item also was rated as an ANI in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, since the inception of the Juan F. Consent Decree, DCF has focused on ensuring that DCF practice and service delivery are uniform and consistent across the State. DCF and the Department of Social Services (DSS), Connecticut’s Medicaid agent, formed the Connecticut BHP with ValueOptions as the Administrative Service Organization (ASO). The partnership works on redesigning the behavioral health service delivery system for low-income parents and children and regularly analyzes issues of service accessibility and customer satisfaction as a method of continuous quality improvement.

The Statewide Assessment reports that the BHP issued the following results from a series of interviews conducted with 200 clients in 2007 that evaluated accessibility and customer satisfaction:

- “Location of service is convenient”: For inpatient services, 67 percent of respondents agreed with this statement; for day treatment services, 86 percent of respondents agreed with this statement. For emergency department services, 89 percent of respondents agreed with this statement.
- “Appointments for counseling are at convenient times”: 94.4 percent of respondents agreed with this statement.
- “Client is able to obtain an appointment with counselor as often as desired”: 87.7 percent of respondents agreed with this statement.
- “Travel time to access services is 30 minutes or less”: 83.3 percent of respondents agreed with this statement.
- “Lack of transportation caused a problem in getting to appointments”: 23.5 percent of respondents agreed with this statement.

The Statewide Assessment reports that to improve service accessibility, DCF and Connecticut’s 2-1-1 Infoline launched an online resource directory for staff to search for appropriate services for children and families that are provided in a language that is appropriate for the client. The Statewide Assessment comments that when DCF reorganized from three regions to 14 local area offices, an analysis across the area offices was done to help inform redistribution of State service dollars and resources.

### **Stakeholder Interview Information**

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that many of the services in the service array are not readily accessible to the children and families who need them. Various stakeholders identified the following concerns with regard to the accessibility of needed services:

- There are long waiting lists for many services, particularly parenting classes, mentoring services, and dental services.
- The limited work hours of some services providers make it difficult for clients who work to access the service.
- IL services are not consistently provided to all eligible youth.
- Family visitation services are inadequate in some parts of the State.
- There is a shortage of respite services for foster parents.
- There is a considerable dearth of foster homes, particularly for children with medically complex and/or therapeutic needs.
- The lack of sufficient transportation in many areas of the State makes it difficult for clients to access services.
- There are insufficient intensive outpatient substance abuse services for youth.
- There is a lack of sufficient numbers of Spanish-speaking caseworkers, service providers, and therapists.
- There are an insufficient number of child psychiatrists who can provide medication management for children in foster care.
- The process of accessing services often is confusing to families who are not experienced with the service system.

- There is a trend in the State of using paraprofessional service providers when professional service providers are needed to achieve desired outcomes.
- The Tribes sometimes have difficulty accessing placements for Tribal youth in a group home or residential facility when this level of care is required.

Stakeholders also noted that some children who need specialized residential services must be sent out of State to receive those services because of a scarcity of residential treatment services in the State to address problems such as children who start fires, children with aggressive behaviors, children who are sexual offenders, and children with a dual diagnosis of mental retardation and mental illness who need hospitalization. State-level stakeholders reported, however, that DCF currently is working with the BHP and the Connecticut Association of Non-Profits to develop in-State capacity to meet some of the specialized residential needs. Several stakeholders commented that a 24-bed secure facility for girls is expected to be opened in 2010.

Despite the concerns identified, almost all stakeholders commenting on the issue of service array praised the increase in flexible funds that are available to area offices and noted that these funds have been helpful in providing for immediate services needs. Many stakeholders also praised MSS in New Britain, which involves a network of providers who meet with DCF on a regular basis to ensure proper services are provided to prevent placement and reunify children.

**Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency**

**Strength**                       **Area Needing Improvement**

Item 37 is rated as a Strength. Although the case reviews indicate that in item 17 ratings, children and families, particularly noncustodial fathers, are not consistently having their needs assessed and identified services provided, the Statewide Assessment and stakeholder interviews suggest that the State has the capacity to individualize services for families through flexible funds and wraparound services. This item also was rated as a Strength in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, in 2007 DCF implemented the use of the SDM assessment at critical points in the life of a case. One of the tools in the SDM assessment is the Family Strengths and Needs Assessment (FSNA), which is used to evaluate the presenting strengths and needs of each family member and to identify any services needed. The FSNA is used to inform the treatment plan so that it can be individualized for families.

The Statewide Assessment also reports that when appropriate services are not available through contracted providers or through the BHP, flexible funding dollars are accessible to purchase the needed services. The flexible funding budget for State FY 2007 was \$29.5 million. The Statewide Assessment notes that during focus groups held with agency staff, foster parents, and service providers, participants consistently identified the availability of flexible funds as an effective DCF practice for individualizing service delivery.

**Stakeholder Interview Information**

Many stakeholders commenting on this item during the onsite CFSR expressed the opinion that the State generally is effective in individualizing services to families. Various stakeholders identified the following factors as facilitating individualization of service delivery:

- ValueOptions, which is the State ASO, has a liaison in each area office that is available to caseworkers for assistance in finding the right service for their clients.
- The State recently has put more wraparound services into the community.
- The Medically Complex Units and ARGs in area offices provide assistance in finding services to meet the unique needs of families with special needs.
- The availability of flexible funding has made a major contribution to the agency’s ability to individualize services for clients.

**VI. AGENCY RESPONSIVENESS TO THE COMMUNITY**

<b>Rating of Review Team Regarding Substantial Conformity</b>				
<b>Rating</b>	<b>Not in Substantial Conformity</b>		<b>In Substantial Conformity</b>	
	1	2	3	<b>4X</b>

**Status of Agency Responsiveness to the Community**

Connecticut is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Connecticut was not in substantial conformity with this systemic factor in its 2002 CFSR and was required to address the factor in its PIP.

**Key Concerns From the 2002 CFSR**

The following concerns were identified in the 2002 CFSR:

- The State did not consistently engage in ongoing consultation with all relevant community representatives, including court representatives.

- The State did not consistently engage either the Tribes or the broader community in developing the CFSP and the Annual Progress and Services Report (APSR).

To address these concerns, the State implemented the following strategies in its PIP:

- Improved collaboration between the judicial system and DCF through joint efforts to address barriers to permanency for children that included, but was not limited to, the following: establishing quarterly meetings among DCF Area Directors, principal attorneys, and local Juvenile Court judges to address emerging concerns, and establishing a process wherein Area Directors share those concerns with the Central Office for follow-up with the DCF Commissioner and Juvenile Court Administrator
- Developed alternative approaches to conduct outreach in the community, including collaborating with the Department of Labor on youth employment opportunities
- Established quarterly meetings among DCF Area Directors, DMR, DMHAS, and representatives from regional and local mental health authorities to discuss cases and system issues, and convened meetings among the administrators at DCF, DMR, and DMHAS to review policies and address issues that interfere with children receiving appropriate services

Connecticut's PIP did not specifically address engagement of Tribes in the CFSP or APSR process.

The State met its target goals with regard to this systemic factor by the end of its PIP implementation period.

### **Key Findings of the 2008 CFSR**

The findings of the 2008 CFSR pertaining to the items assessed under agency responsiveness to the community are presented below.

**Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP**

**Strength**                       **Area Needing Improvement**

Item 38 is rated a Strength because the DCF engages in ongoing consultation to develop and update the CFSP through various surveys, special studies, and collaborative efforts with internal and external partners. This item was rated as an ANI in the State's 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, Connecticut statute established the State Advisory Council (SAC), which has responsibility for making recommendations to the DCF Commissioner regarding programs, legislation, or the proposed budget and for educating the public about DCF policies, duties, and programs. The SAC may issue any reports it deems necessary to the Governor and the Commissioner. The SAC, which consists of 17 members appointed by the Governor, also serves as one of the three Citizen Review Panels (CRPs) required under the Child Abuse Prevention and Treatment Act.

The Statewide Assessment also describes the AAC for each DCF area office. Each AAC advises the area director on the development and delivery of services and on the coordination of services for children and their families. Feedback from the SAC and AACs is incorporated into the Department's CFSP and helps to inform DCF regarding policy initiatives and budget development.

In addition, DCF meets and obtains feedback on a regular basis from members of the judicial branch. As indicated in the Statewide Assessment, this process results in improved progression of the case and identification of areas needing further improvement. DCF also receives ongoing feedback from its three CRPs, two of which are overseen by Family Advocacy Organization for Children's Mental Health (FAVOR), an advocacy group for improved children's mental health services.

According to the Statewide Assessment, there are two Federally recognized Tribes in the State—the Mashantucket Pequot Tribal Nation and the Mohegan Tribe of Indians of Connecticut. The State has MOUs with the Tribes outlining the responsibilities of each party relating to abuse and neglect allegations involving Tribal members. The Norwich Area Office employs Tribal liaisons who are responsible for ongoing communication and facilitation of work on specific cases.

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR confirmed information in the Statewide Assessment regarding the consultation role of the AACs and the SAC. According to State-level stakeholders, the chairs of the AACs meet quarterly to share information and also meet quarterly with the chair of the SAC. Stakeholders reported that information from the AACs, the SAC, and the CRP is used to develop the CFSP. Stakeholders also reported that DCF has made a conscious effort to reach out to parents, youth, and consumers of services for their input. However, some State-level stakeholders expressed concern that community stakeholders do not always receive timely and detailed feedback from DCF regarding the status of their recommendations or how the information provided to the Commissioner is used to drive legislative, policy, and practice changes.

Some stakeholders indicated that the three CRPs are helpful in engaging consumer input, particularly from families who have had recent involvement with DCF. Some stakeholders noted, however, that it may be difficult for families to travel to the meetings, and some panels meet during the day, which is not always convenient for parents.

Stakeholders at the local level provided positive examples of outreach to community members. Bridgeport Area Office stakeholders described the AAC in that office as having a good mix of private providers, private citizens, advocates, and other stakeholders and being very active in collaborating with community groups and in providing input into DCF Central Office planning activities. Both New Britain and Bridgeport stakeholders reported that their area offices are very responsive to the community at the administrative level. Some New Britain stakeholders expressed the opinion that DCF caseworkers in that office are professional, available, and provide immediate responses to provider phone calls. Norwich Area Office stakeholders commented that the AAC in that area office provides a forum for DCF to address community issues and that their input and recommendations are used in planning.

Stakeholder comments indicate that collaboration exists between DCF and the Tribes on case-specific issues, but did not confirm whether DCF seeks or obtains Tribal input on the CFSP.

**Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP**

**Strength**                       **Area Needing Improvement**

Item 39 is rated a Strength because the State consults with community stakeholders to update the CFSP annually and to develop the annual reports of progress and services. This item was rated as an ANI in the State's 2002 CFSR.

**Statewide Assessment Information**

BCQI is responsible for the development of the APSR. Bureau staff collaborate with internal and external stakeholders to develop the APSR, with the most recent one submitted June 30, 2008. Information and recommendations from the SAC and input from the Connecticut Association of Foster and Adoptive Parents (CAFAP), FAVOR, and the two Federally recognized Tribes were used in the development of the APSR.

According to the Statewide Assessment, a 2007 study done by the Connecticut legislature's Program Review and Investigations Committee noted a need for improvement in communication and collaboration between DCF and its advisory committees as well as communication between the advisory committees.

**Stakeholder Interview Information**

Several stakeholders commented that DCF consults with community stakeholders to develop the APSR. According to stakeholders, information from the SAC and CRPs is integrated into the APSR. As with item 38, stakeholder comments indicate that collaboration

exists between DCF and the Tribes on case-specific issues but did not confirm whether or not Tribal input on the APSRs is sought or obtained.

**Item 40. The State’s services under the CFSP are coordinated with services or benefits of other Federal or Federally-assisted programs serving the same population**

  X   **Strength**                             **Area Needing Improvement**

Item 40 is rated as a Strength because the State has mechanisms in place to ensure coordination of services and benefits. This item also was rated as Strength in Connecticut’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, DCF engages in ongoing partnerships with other State agencies that provide services to children and families. Partnerships occur through ongoing meetings and interagency agreements to coordinate planning and transitioning of clients between the agencies. Interagency agreements are in place with DDS, DMHAS, DSS, and DOE, as well as the Judicial Branch, which is responsible for juvenile justice youth who are delinquent but not committed, and the Department of Public Health (DPH), which is responsible for investigation of abuse and neglect in day care homes and day care centers.

The Statewide Assessment notes that these agreements have improved coordination of services and benefits and identification of issues for further improvement.

**Stakeholder Interview Information**

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that DCF is effective in collaborating with partners to coordinate services with other Federal or Federally assisted programs. Various stakeholders identified the following collaborative boards and teams:

- There is a State-level child fatality review team, consisting of the Office of the Child Advocate, CWLA, and DCF, that conducts reviews of child deaths on open DCF cases. A report is issued with recommendations for systemic and policy changes; learning forums are conducted.
- There is a State-level Youth Suicide Advisory Board, chaired by DCF, which includes representatives from DCF, DPH, the courts, and schools.
- There are agreements between the DCF Central Office and other State agencies, such as DMR and DMHAS, to identify children and youth who are being served by DCF but also need assistance from DMR and DMHAS. DCF has an internal process in place to make referrals to DMHAS and DMR and to coordinate transfer of cases when appropriate.

- There is improved communication and collaboration between DCF and the courts, although this was noted to be generally more effective at the State level than at local levels.
- There are local service-coordination efforts among DCF and Temporary Assistance to Needy Families, law enforcement, the schools, domestic violence services, and the courts.
- There is a DCF collaboration with Head Start in several local offices that has increased the enrollment of DCF-involved children into Head Start programs and improved case coordination between the agencies.

**VII. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

<b>Rating of Review Team Regarding Substantial Conformity</b>				
<b>Rating</b>	<b>Not in Substantial Conformity</b>		<b>In Substantial Conformity</b>	
	1	2	<b>3X</b>	4

**Status of Foster and Adoptive Parent Licensing, Recruitment, and Retention**

Connecticut is in substantial conformity with this systemic factor. The State was in substantial conformity with this factor in its 2002 CFSR and was not required to address the factor in its PIP.

**Key Findings of the 2008 CFSR**

The findings of the 2008 CFSR pertaining to the items assessed under this systemic factor are presented below.

**Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards**

  X   **Strength**                             **Area Needing Improvement**

Item 41 is rated as a Strength because the State has established and implemented clear standards for approving foster family homes and licensing child care institutions. This item also was rated as a Strength in the State’s 2002 CFSR.

### **Statewide Assessment Information**

According to the Statewide Assessment, Connecticut's standards for foster and adoptive homes are governed by both State regulation and departmental policy and are in accord with nationally recognized guidelines as described under item 30 (quality assurance standards) of this report.

The Statewide Assessment reports that DCF's licensing unit and foster care units ensure that standards are being met through ongoing review of licenses. Foster care providers are relicensed every 2 years, and relicensure includes an updated review of criminal records and protective service cases. Quarterly reviews are conducted by the licensing unit of all 263 licensed child care facilities and group homes. The Statewide Assessment notes that a child may be placed with a relative who is not licensed for up to 90 days pending completion of the licensing process if a criminal record and child abuse or neglect record search has been completed. All foster and adoptive homes must be licensed prior to a child being placed. In addition, criminal records and child abuse records must be in compliance with regulations in order for a license to be granted. Waivers must be approved by the Commissioner and are rarely granted.

Licenses are granted to the following four types of family care homes:

- Foster or pre-adoptive care (general use)
- Relative care (child specific)
- Special study care (child specific)
- Independent interstate care (child specific)

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR generally expressed the opinion that State standards are in accord with national standards and that homes are not licensed until all licensing requirements are met. A few stakeholders noted that standards for child care facilities were tightened in the last 2 years and that multiple facilities were closed when problems were identified. A few stakeholders commented, however, that it is difficult to close foster homes, even when an abuse or neglect investigation is substantiated, due to the shortage of foster homes in the State. Some stakeholders noted that waivers for foster homes are rare and usually are issued for families classified as providing special study care to a specific child. They noted that all waivers must be approved through the Licensing Review Team and the Commissioner.

According to some stakeholders, new child care facilities can obtain a 60-day provisional license that can be extended six times, which enables the licensing unit staff to monitor the facility while it is on provisional license for 6 to 9 months. Although licensing staff review facilities for compliance with licensing standards while program staff monitor the quality of the services, stakeholders report that if a concern is identified for a particular facility, a coordinated approach to investigation usually is pursued.

**Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds**

**Strength**                       **Area Needing Improvement**

Item 42 is rated a Strength because the State applies consistent standards for all licensed child-placing agencies, child care institutions, and foster family homes. This item also was rated as a Strength in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, licensed or approved foster family homes must meet the same standards. In order to ensure uniformity of licensing standards and approval processes, DCF licensing functions are centrally managed and standards are promulgated on a statewide basis. The Licensing Unit, part of BCQI, is composed of nine regulatory consultants under one manager and is responsible for licensing child care facilities and the quarterly reviews of 263 residential facilities and group homes. Foster parent licensing is managed by foster care staff in the 14 area offices and is overseen by the OFCS in DCF’s Central Office, which ensures that there are standardized procedures and consistency of licensing and service delivery in all areas of the State. The State applies consistent standards to the foster homes approved through a private child-placing agency as those approved through DCF.

The Statewide Assessment reports that Connecticut statute requires that “No child in the custody of the Commissioner of Children and Families shall be placed with any person, unless such person is licensed by the Department for that purpose.” An exception is provided for placing a child with a relative who is not licensed for up to 90 days pending completion of the licensing process.

**Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR were in general agreement that standards are applied uniformly to all homes or child care facilities.

**Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children**

**Strength**                       **Area Needing Improvement**

Item 43 is rated as a Strength because the State is in compliance with the Federal requirements for criminal background clearances and safety requirements for prospective foster and adoptive parents. This item also was rated as a Strength in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, the foster care unit is required to conduct a criminal record check on each candidate for licensure and all household members age 16 or older residing in the home. Criminal record checks are required upon initial inquiry (prior to application), prior to relicensure, and whenever circumstances indicate the need for a criminal background check.

DCF contracts with the Department of Public Safety (DPS) to conduct criminal background checks that include local, State, FBI, and sex offender databases, and incorporate fingerprint checks. Criminal record checks also are conducted on all prospective foster parents applying to contracted child-placing agencies.

**Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR stated that criminal backgrounds checks are done by DPS before the family starts the foster parent training program. In addition, DPS sets a flag on the record so if an arrest occurs in the future, DCF is notified of the new offense. Criminal checks are redone with each relicensure. According to stakeholders, relatives receive the same background checks.

**Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed**

Strength                       Area Needing Improvement

Item 44 is rated as an ANI. Although there are many recruitment efforts that are ongoing in the State, there is a lack of adequate follow up when potential resource parents respond to recruitment efforts. Calls from potential resource parents are received by a contractor and then referred to DCF local area offices, but DCF offices are not consistently following up on the calls. At present, there are an insufficient number of foster homes in the State to meet the needs of the foster care population, including Spanish-speaking foster parents and foster homes for adolescents and children with medically complex needs. This item also was rated as an ANI in the State’s 2002 CFSR.

**Statewide Assessment Information**

According to the Statewide Assessment, DCF centralized foster care management into OFCS in 2006 to improve recruitment and retention efforts and to standardize procedures across the 14 DCF area offices. All of the area office FASUs prepare local recruitment and retention plans. In a collaborative effort with the University of Connecticut’s Department of Public Policy, a comprehensive

survey was completed regarding public perceptions and motivations toward becoming foster or adoptive parents. This survey was used to generate a profile of the person most likely to become a foster parent. This information, along with other findings, enables recruitment staff to target their efforts more effectively.

The Statewide Assessment also notes that DCF uses data about the demographics of children entering foster care to help inform recruitment targets for each community. DCF has a statewide media campaign on the Connecticut Radio Network, as well as print materials and a website. According to the Statewide Assessment, adoption recruitment utilizes a waiting child feature on a local television station that features child-specific profiles and segments focusing on successful adoption experiences or other adoption awareness features. DCF also sponsors a Heart Gallery, which is a traveling exhibit of photos of children waiting for adoption, that has been in such venues as museums, theaters, art galleries, libraries, malls, churches, hospitals, and commercial spaces. In addition, a Google ad was purchased so that a search on the word “adoption” or related phrases results in a link to DCF’s website.

### **Stakeholder Interview Information**

Stakeholders commenting on this item during the onsite CFSR addressed two issues. One issue pertains to the State’s diligent efforts to recruit foster and adoptive parents to meet the needs of the children in foster care and the other concerns the types of children who are most in need of foster and adoptive families.

With regard to diligent recruitment, some stakeholders indicated that although the State has implemented various types of outreach and advertising efforts, including targeting recruitment to foster families who reflect the ethnic and racial diversity of children in foster care, the recruitment process is not effective because of a lack of adequate follow-up to many prospective families who respond to the outreach and advertising efforts. These stakeholders reported that CAFAP maintains a contract with the State to receive incoming calls from families interested in fostering and/or adopting and that last year they received more than 6,000 calls. Although these calls are all referred to DCF area offices for follow-up, stakeholders suggested that because of a lack of timely and appropriate follow-up with these families, only about 200 new homes were licensed.

Various stakeholders identified the additional following barriers to recruiting and maintaining foster parents:

- The State is not always able to provide funding for day care expenses, which makes it difficult for families to become foster parents when both parents work outside the home.
- There is a shortage of Spanish-speaking recruitment staff, which results in a shortage of Spanish-speaking foster homes.
- Many foster parents adopt the children in their care and decide not to foster other children.
- Many foster parents leave fostering because they become frustrated when DCF caseworkers do not return their phone calls or provide them with support when they request it.

With regard to the adequacy of foster and adoptive homes, most stakeholders commenting on this item during the onsite CFSSR expressed the opinion that the agency does not have enough foster homes for the population of children in foster care, with the three greatest needs currently being homes for children younger than 5 years old, homes for adolescents, and homes for children with medically complex concerns. The availability of foster homes for children with specialized needs and for adolescents was described as “horrible” and as resulting in emergency placements in homes that were not a good match, thus requiring the caseworker to immediately begin looking for a more appropriate placement.

Despite these concerns, various stakeholders identified the following factors as promoting recruitment of foster and adoptive homes for children:

- DCF has used a Lifelong Family Ties Project to find homes for older youth and frequently uses child-specific recruitment for this population.
- DCF provides an incentive for foster parents who successfully refer a new family, and the foster parent association has a contract to conduct outreach.

**Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children**

**Strength**                       **Area Needing Improvement**

Item 45 is rated as a Strength because the State has in place a process for the use of cross-jurisdictional resources, although some concerns over the timeliness of the ICPC process were noted. This item also was rated as a Strength in the State’s 2002 CFSSR.

**Statewide Assessment Information**

According to the Statewide Assessment, the Bureau of Adoption and the Interstate Compact Services are responsible for facilitating Connecticut’s cross-jurisdictional placements including management of the centralized Adoption Resource Exchange. This exchange serves as the single point of entry for licensed adoptive families both in and out of Connecticut for registration and matching for available Connecticut children. Among the recruitment efforts, DCF also contracts with AdoptUsKids, uses the Heart Galleries in a partnership with the State of Rhode Island, features a child on the North American Council for Adoptable Children national recruitment poster, and works with the Adoption Community of New England to feature children in their quarterly newsletter. The Statewide Assessment did not provide data related to the number or percentage of children placed cross-jurisdictionally.

**Stakeholder Interview Information**

Most stakeholders commenting on this item during the onsite CFSR confirmed that DCF uses AdoptUsKids, Heart Galleries, and other websites and exchanges in its efforts to find permanent placements for children. Some stakeholders expressed the opinion that caseworkers respond immediately when out-of-State families express an interest in adopting a specific child and that the State utilizes interstate placements with relatives and non-relatives.

Stakeholders expressed mixed opinions regarding the timeliness and effectiveness of the ICPC process. Some stakeholders stated that there were not extensive problems when ICPC was used and described the ICPC as an effective and smooth process that is implemented with the assistance of the State office liaison. Other stakeholders commented that the ICPC process was a barrier to timely placements of children, with some noting that if an ICPC study is needed, there can be delays of 6-8 months.