

***Juan F.* v Rell**
Revised Exit Plan
July 1, 2004

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

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Introduction

1. The Monitor reserves the rights, authorities and responsibilities granted in the Monitoring Order of December 1, 1992 as modified, and all the rights, authorities and responsibilities granted in the October 7, 2003 Stipulation and Order (No. 447) all of which are incorporated in this Exit Plan by reference.
2. The Monitor reserves the right to modify the measurement procedures to be used to determine and sustain compliance with any outcome measure herein until July 1, 2004 after which time, there shall be no changes except as may be ordered by the Court. LINK and other reporting options will be finalized during this period.
3. The *Juan F.* class is:
 - A. All children who are now, or will be, in the care, custody, or supervision of the Commissioner of the Department of Children and Youth Services as a result of being abused, neglected or abandoned or being found at risk of such maltreatment; and
 - B. All children about whom the Department knows, or should know by virtue of a report to the Department, who are now, or will be, abused, neglected or abandoned, or who are now, or will be, at serious risk of such maltreatment.
4. The United States District Court for the District of Connecticut retains continuing jurisdiction over this action until the Court terminates such jurisdiction.
5. The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two quarters (six months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction. The Court Monitor shall then conduct a review of a statistically significant valid sample of cases files at 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance. The Court Monitor shall then present findings and recommendations to the District Court. The parties shall have a meaningful opportunity to be heard by the Court Monitor before rendering his findings and recommendations.
6. This Exit Plan delineates specific outcome measures whose achievement are a prerequisite for termination the Court's jurisdiction over this action. Specific definitions, guidelines, interpretations and measurement methodology are listed for each outcome measure. The only enforceable measurements are the actual outcome measure that are bolded and placed in text boxes.

7. The Defendants shall provide funding and other resources necessary to fully implement the Exit Plan.
8. Reporting is required on a quarterly basis unless otherwise stated within this document. Enhancements to LINK are underway to allow for fully automated reporting on Outcome Measures 1,2,4,9,10,16,17,20,21, and 22. Timeframes to implement and test the LINK system capabilities in regard to each measure will be staggered over the next several months. Currently, the Department can report on measures 2,5,6,8,9, 12, 14, 18, 22 and partial reporting for 19. Outcome Measure 1, 16, and 17 cannot be reported until such time that the enhancements are completed in the summer of 2004. Outcome measures 5, 7, 11 and 12 will officially be reported with a minimum six-month delay due to the logic required in capturing the forward performance measurement or discharge information. The Outcome Measure reporting requirements for Outcomes 3,4,10,15,20, and 21 will initially be met via case review conducted by the DCF Quality Improvement Division. Once measures 4, 10, 20 and 21 are automated, IS will assume LINK reporting responsibility and those elements will be eliminated from the case review protocol. Outcome measures 13 and 19 will require non-automated reporting.
9. The Court Monitor will conduct case reviews to produce two annual reports documenting the Department of Children and Families' performance and progress toward achieving the outcome measures defined within this Exit Plan. These reports will include a synopsis of the quantitative data provided by DCF in the first two quarters of the calendar year being measured, as well as the quantitative and qualitative findings from the research questions documented in the attached addendum document.
 - a. The first case review will be conducted in the first and second quarters of 2005. This initial report will be filed with the Court in September 2005.
 - b. A second case review will be conducted in the first and second quarters of 2006. This second report will be filed with the Court in September 2006.

Outcome Measure 1: Commencement of Investigation

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

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

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

Definitions and Clarifications:

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

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

Measurement Procedure to be used by Monitor:

1. The Monitor shall determine if this outcome has been achieved through LINK quarterly reports. The percentage will be determined by averaging the three (3) months in each quarter.
 - a. The universe for Outcome Measure 1 is all reports of abuse or neglect accepted at the Hotline during each reporting quarter, beginning January 1, 2004.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Phase One LINK enhancements will not be in place for reporting on the first quarter, 2004. Initial reporting using the newly defined commencement requirements is expected August 15, 2004.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented achievement of this outcome measure in LINK, for two consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this outcome measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the introduction of this document (Bullet 5).

Outcome Measure 2: Completion of the Investigation

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

Definitions and Clarifications:

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

Measurement Procedure to be used by Monitor:

1. The Monitor shall determine if this outcome has been achieved through LINK quarterly reports. The percentage will be determined by averaging the three (3) months in each quarter. DCF will report quarterly on the barriers to meeting this measure.
 - a. The universe for outcome measure two is all reports of abuse or neglect accepted at the Hotline during each reporting quarter, beginning January 1, 2004.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected May 15, 2004.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented achievement of this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this outcome measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 3: Treatment Plans

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

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

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

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

Treatment plans shall be written in the primary language of the family and/or child. Treatment planning conferences shall be conducted in the primary language of the family and/or child.

Definitions and Clarifications:

1. “Treatment Plan” is the written, clinically appropriate working agreement between the child, family, caretakers if any, service provider(s) and DCF. The agreement describes and documents the child and/or family's service needs as well as what DCF, the family and child, and providers are required to do to achieve the goal of the treatment plan.

2. A “clinically appropriate individualized family and child specific treatment plan” includes a complete and thorough assessment in which the following elements are included:
 - a. A clear description of household members and each identified member’s status
 - b. Prior relevant case history
 - c. Reason for most recent case opening
 - d. Presenting issues and problem areas as identified by DCF or provider assessment
 - e. Family issues as perceived by the parent/caretaker/child (if over 12)
 - f. Family or child’s strengths
 - g. Family or child’s needs
 - h. Reasonable efforts as determined by the court to prevent out of home placement or reunify documented
 - i. Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)
 - j. Clearly stated case/permanency goal
 - k. Identification of the measurement of participants’ progress toward and achievement of stated goal
 - l. Timelines for completing tasks/expectations related to the case goal
 - m. Proposed services and identified responsible parties
 - n. Legal activity and status during the preceding treatment planning period.
 - o. Parental & sibling visitation schedules
3. “Approved,” indicates that the clinically appropriate individualized family and child specific treatment plan has been reviewed and approved by the SWS. This process is indicated by the approval signature of the SWS and date in LINK. The timing requirement is to complete the initial treatment plan/conference within 60 days of case opening and each 6 months thereafter. Therefore, the most current plan must be less than 7 months old. Approved treatment plans older than 7 months old at point of review will be considered non-compliant with this outcome measure.
4. In some circumstances, addendum documentation is required to adequately address service needs/goals for identified populations. The various treatment plans and addendums that may be required are:
 - a. “Child in Placement Treatment Plan” (Requirement for each child in DCF care. This is a written working document between the child, family, caretaker, service provider(s) and DCF. It describes and documents the child’s service needs as well as what each party agrees is required to address those needs and achieve the child’s permanency goal.)

- b. "Family Treatment Plan" (Requirement for each case in which there are in-home goals or there is a child in placement with the goal of reunification. This is a written working document between the child, family, caretaker, service provider(s) and DCF. It describes and documents the child and family's service needs as well as what each party agrees is required to address those needs and achieve the stated goal.)
 - c. "Independent Living Plan" (A written document between the youth, service providers and the DCF to enable permanency through independent living. This plan (DCF Form 2091) includes information in the following areas: Education, Vocation, Employment/Life Skills, Housing, Financial, Health, Mental Health, Substance Abuse, Parenting, Legal Issues and Obtaining all Essential Documents prior to discharge. Every DCF youth in out of home care, age 16 or older, shall have an Independent Living Plan, unless there is a documented reason that the youth cannot live independently.
5. The DCF form 553 or 553-F (electronically recorded in LINK via the CIP Administrative Case Review or CIP Administrative Treatment Planning Conference) will be used in conjunction with the SW case narratives to determine compliance with timing, participation and translation requirements for this outcome measure. The facilitator (out-of-home cases)/SWS (in-home cases) will be required to document the DCF efforts to engage all active participants in the development of the plan. In the Participant Section of the form, the facilitator/SWS is required to list all active case participants in the six months preceding ACR, their role, the date of invitation (DCF-556), and their level of participation. Participation should be indicated as: In-person, teleconference, written report, verbal report to SW, no participation, and not invited. Special considerations such as translator and teleconferencing shall also be recorded.

Measurement to be used by the Monitor:

1. The Department's Quality Improvement Division will conduct a quarterly LINK case review, so that a sample, representing all area offices, will be reviewed annually.
 - a. The universe includes all in-home and out-of-home cases except probate, interstate, and subsidy only cases, having an Administrative Case Review scheduled during each quarter beginning January 2004.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected August 15, 2004.

2. In addition, DCF and the Court Monitor's Office will jointly conduct a quarterly review, utilizing the protocol of the Quality Improvement Division, that includes unannounced attendance at the treatment planning conferences, to determine if this outcome measure is being achieved and to report on the quality of the treatment planning process itself. A minimum of 40 cases (representing all area offices) will be randomly selected each quarter.
3. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented achievement of this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified 90% compliance with this outcome measure based upon the aggregate data presented in the following categories (variables defined earlier):
 - a. Developed in conjunction with parents, child (If over 12, and clinically appropriate) providers and others involved with the case in the six months preceding the date of the plan.
 - b. Treatment Plan is approved by the DCF SWS
 - c. Initial Treatment Plan is approved within 60 days of the case opening or child placed out of home, and is repeated at 6 month intervals from that point forward so that all plans are less than 7 months old at the point of review.
 - d. Plan is clinically appropriate as defined in Outcome Measure 3: Definitions and Clarification 3a-o.
 - e. Treatment Plan is written in the primary language of the client¹.
 - f. Treatment planning conference is conducted in the primary language of the client.²

The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).
4. The requirement for a treatment plan document in the primary language of the client³ will be determined using a comparison of the treatment plan document and the person management data.
5. The timing requirement for the ACR/TPC will be monitored via the dates of the conferences documented under the LINK Treatment Planning Icon.

^{1,2,3} Client is the child in placement over the age of 12, the individual identified within the case name for in-home cases, and for family cases associated with a child in placement, the parent(s) or guardian with whom reunification is the goal.

Outcome Measure 4: Search for Relatives

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

Definitions and Clarifications:

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through DCF quarterly outcome reports.
 - a. The universe includes all children entering out of home during each quarter of measurement from January 1, 2004 forward, except for those children in out of home care under the voluntary services program. Until such time that the LINK system is available to produce reports on the full universe, the QID will incorporate this outcome measure into its quarterly case review process and report on those cases falling into this universe of clients.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected August 15, 2004.

2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 5: Repeat Maltreatment of Children

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through a LINK six-month outcome report.
 - a. The universe includes all children for which there is a substantiation of abuse or neglect in the biological, adoptive or guardian home during each six-month period⁴ beginning January 1, 2004 forward.
 - b. Semi-annual reporting is due to the Monitor's Office no later than 45 days from the close of each reporting period. Initial reporting is expected February 15, 2005.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for one (1) six (6) month period and maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

⁴ Slight Deviation Noted: The DCF Information Systems Division has advised that the measurement will be consistent with the federal reporting requirements for repeat maltreatment, and will use a range of 8 to 183 day timeframe rather than 6 calendar months from the date of the 1st substantiation in the reporting period.

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

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

Definitions and Clarifications:

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through LINK quarterly outcome reports.
 - a. The universe for this outcome measure includes all children in out of home care (including those in voluntary placement) during each reporting quarter from January 1, 2004 forward.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected May 15, 2004.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 7: Reunification

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

Measurements to be used by the Monitor:

1. DCF shall report quarterly on the number of children who are reunified, and what percentage of those, were reunified within 12 months of the child's removal from his/her home.
 - a. The universe for this population will consist of all children reunified (excluding voluntary service cases) during any given quarter beginning January 1, 2004 onward.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected November 15, 2004.

2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 8: Adoption

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

Measurements to be used by the Monitor:

1. DCF shall report quarterly on the number of children who are adopted, and what percentage of those are adopted within 24 months of the child's removal from his/her home.
 - a. The universe for this population will consist of all children adopted during any given quarter beginning January 1, 2004 onward.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected May 15, 2004.

2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with the measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 9: Transfer of Guardianship

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

Measurements to be used by the Monitor:

1. DCF shall report quarterly on the number of children whose guardianship is legally transferred, and what percentage of those was legally transferred within 24 months of the child's removal from their home.
 - a. The universe for this population will consist of all children for which there was a transfer of guardianship during any given quarter beginning January 1, 2004 onward.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected May 15, 2004.

2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 10: Sibling Placement

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

Definitions and Clarifications:

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

Measurements to be used by the Monitor:

1. DCF shall report quarterly on this outcome measure. Once LINK enhancements are in place to report on this measure, the percentage will be determined by averaging the three (3) months in each quarter. Prior to that period, the Quality Improvement Division will include questions related to this measure in their quarterly review process.
 - a. The universe for Outcome Measure 10 includes all siblings entering out of home care on or after January 1, 2004. Voluntary placement cases, and children with a legal status of TPR will be excluded. Until such time that the LINK system is available to produce reports on the full universe, the QID will incorporate this outcome measure into its quarterly case review process and report on those cases falling into this universe of clients.

Subsequent sibling placement changes occurring after January 1, 2004 will also be captured and reported.

- b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected August 15, 2004.
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2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 11: Re-Entry into DCF Custody

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through LINK quarterly reports. The percentage will be determined by averaging the three (3) months in each quarter.
 - a. The universe for Outcome Measure 11 includes all children entering out of home care (excluding voluntary services placements) during each quarter on or after January 1, 2004.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Due to the LINK logic required to report on this outcome measure a six-month lag time is required. Initial reporting is expected November 15, 2004.

2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 12: Multiple Placements

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

Definitions:

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through LINK quarterly reports. The percentage will be determined by averaging the three (3) months in each quarter.
 - a. The universe for Outcome Measure 12 includes all children in out of home placement (excluding voluntary service placements) on or after January 1, 2004.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting on the annual cycle indicated in the outcome measure above is expected May 15, 2005.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 13: Foster Parent Training

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

Definitions:

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

Measurements to be used by the Monitor:

1. The Department must report aggregate quarterly training schedules and sessions held for each of the modules, for each of the area offices. For those modules that require worker participation, the name and title of that individual should be identified. Language of training must also be indicated.
2. In addition to the aggregate reports, this outcome measure will also be monitored via FASU Support worker documentation of the training offered using the LINK Provider maintenance and narrative screens. This documentation will provide the necessary verification of course offerings, and language requirement via case review in 2005 and 2006.
3. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure.

Outcome Measure 14: Placement Within Licensed Capacity

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

Definitions and Clarifications:

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through LINK quarterly reports. The percentage will be determined by averaging the three (3) months in each quarter.
 - a. The universe for Outcome Measure 14 includes all children in foster home placement (both DCF and private provider) during each quarter beginning January 1, 2004 forward.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each quarter. Initial reporting is expected May 15, 2004.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 15: Childrens' Needs Met

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

Definitions and Clarifications:

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

Measurements to be used by the Monitor:

1. The Department's Quality Improvement Division will conduct a quarterly LINK case review, so that a sample, representing all area offices, will be reviewed annually.
 - a. The universe includes all in-home and out-of-home cases except probate, interstate, and subsidy only cases, having an Administrative Case Review scheduled during each quarter beginning January 2004.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected August 15, 2004.

2. In addition, DCF and the Court Monitor's Office will jointly conduct a quarterly review, utilizing the protocol of the Quality Improvement Division, that includes unannounced attendance at the treatment planning conferences, to determine if this outcome measure is being achieved and to report on the quality of the treatment planning process itself. A minimum of 40 cases (representing all area offices) will be randomly selected each quarter.
3. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

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

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

Definitions and Clarifications:

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

Measurement to be used by the Monitor:

1. DCF shall report quarterly on this outcome measure. The percentage will be determined by averaging the three (3) months in each quarter.
 - a. The universe is all children in out of home care during each quarter beginning January 1, 2004 (excluding probate, interstate and voluntary cases for the monthly measurement)
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected May 15, 2004.
2. There are two LINK reporting formats in this outcome measure. The measure calls for all children in out of home care to be seen at least quarterly by DCF staff, and 85% to be seen monthly by either DCF staff or ICPC/private provider social workers. Therefore the logic would be applied independently:
 - a. What percentage of children placed are seen on a monthly basis by DCF/ICPC/private agency social workers?
 - b. What percentage of children in placement, regardless of where that placement is geographically, has been seen in the last quarter by his/her DCF worker?
3. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

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

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

Definitions and Clarifications:

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

Measurement to be used by the Monitor:

1. DCF shall report quarterly on this outcome measure. The percentage will be determined by averaging the three (3) months in each quarter.
 - a. The universe for Outcome Measure 17 is all children active within in-home family cases (excluding probate, interstate and voluntary services cases) during each quarter beginning January 1, 2004 onward.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected May 15, 2004.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure.

Outcome Measure 18: Caseload Standards

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

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through LINK daily reports.
 - a. The universe for this outcome measure is all caseload carrying DCF social workers and social worker trainees during each quarter beginning January 1, 2004 onward.
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected May 15, 2004.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

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

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

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

Definitions and Clarifications:

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

Measurements to be used by the Monitor:

1. DCF will report on the number of children in in-state and out-of-state residential facilities in addition to the number of new admissions and discharges from residential facilities on a quarterly basis.
 - a. The universe for Outcome Measure 19 will be all children⁵ in in-state and out-of-state residential facilities.
 - b. DCF should identify the following groups of children in residential care to generate a more accurate portrayal of children who are eligible for less restrictive settings:
 - i. Children for whom mental retardation levels require facility care until child may pass into the adult DMR system,
 - ii. Children in facilities via voluntary placement per the request of parent,
 - iii. Children for whom mental health levels require facility care until child may pass into the adult DMHAS system, and
 - iv. Children with medically complex status requiring intensive facility settings through transition to adult facility careThe Monitor may take this additional information into account when determining compliance with Outcome Measure 19.
 - c. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected July 15, 2004.

⁵ The Court Monitor reserves the right to grant exceptions on an individual child basis when deemed appropriate.

2. DCF will report on its aggregate assessments of the needs of all children placed residentially sorted by in state and out-of-state.
 - a. The universe for Outcome Measure 19 will be all children in in-state and out-of-state residential facilities.
 - b. DCF should identify the following groups of children in residential care to generate a more accurate portrayal of children who are eligible for less restrictive settings:
 - i. Children for whom mental retardation levels require facility care until child may pass into the adult DMR system,
 - ii. Children in facilities via voluntary placement per the request of parent,
 - iii. Children for whom mental health levels require facility care until child may pass into the adult DMHAS system, and
 - iv. Children with medically complex status requiring intensive facility settings through transition to adult facility care
 - c. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected August 15, 2004.

3. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified compliance with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 20: Discharge Measures

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

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

Definitions and Clarifications:

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

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through quarterly outcome reports. Initial reports will be provided via sample case review conducted by the Quality Improvement Division. LINK reporting on the universe population will be implemented by December 2004. DCF is required to report quarterly on the barriers to meeting this measure.
 - a. The universe is all youth discharged from care each quarter beginning on January 1, 2004 forward (excluding Probate, Interstate and Voluntary Services⁶ cases).
 - b. Subcategory populations indicated in bullets #2 and #3 above shall be documented and reported separately from the remaining discharge population when determining final performance percentage for Outcome Measure 20.
 - c. The Department should report on those children who had not achieved any of the required measures at discharge, but who were in the active process of doing so. Specifically: youth attending high school or GED classes and/or holding part time employment at point of discharge.
 - d. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected May 15, 2004.

2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented attainment of this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

⁶ Clarification: Voluntary Services as indicated above refers to those cases in which a parent/ guardian requests Departmental services and support for their child, usually as a result of the child being impaired by an emotional, behavioral, or mental health disturbance or disorder. It does not apply to youth over the age of 18 who are required to sign a service agreement form to continue services from the Department, and, therefore, are in effect "voluntary clients" as they may choose to terminate services at any point.

Outcome Measure 21: Discharge of Mentally Ill or Retarded Children

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

Definitions and Clarification:

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

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

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

existing concurrently with deficits in adaptive behavior, which are manifested during the developmental period.

- For DMHAS, eligibility is limited to those individuals who have a severe and persistent major mental illness (such as schizophrenia or bipolar disorder) of sufficient degree and duration that the provision of ongoing public-sector behavioral health services is necessitated. Individuals with a primary diagnosis of mental retardation and/or autistic spectrum disorder an/or other developmental disorder do not meet the eligibility criteria of DMHAS and it is expected that referrals to DMHAS will not be made for said individuals.

Measurements to be used by the Monitor:

1. The Monitor shall determine if this outcome has been achieved through quarterly outcome reports. The Quality Improvement Division will provide initial reports via case review. DCF is required to report quarterly on the barriers to meeting this measure.
 - a. The universe is all children discharged from care and requiring adult services on or after January 1, 2004 (excluding probate, interstate and voluntary cases)
 - b. Quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected May 15, 2004.
2. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

Outcome Measure 22: Multi-disciplinary Exams (MDE)

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

Definitions and Clarifications:

1. A written report documenting the results of the MDE is due to DCF before treatment planning conference.
2. The MDE is not required for children entering care from hospital settings of greater than 7 days, in which age appropriate medical and mental health evaluations have been documented in LINK.
3. All cases of children in care greater than 30 days should have a multi-disciplinary examination completed for use in case planning, even if one cannot be completed and reported to DCF for inclusion in the initial treatment planning conference.

Specific to this requirement:

- a. The requirement for MDE applies only in those cases in which a child or youth has entered care for the first time, and that placement exceeds 30 days. Therefore, the universe for Outcome Measure 22 will exclude all children in placement for less than 30 days on the date of measurement.
- b. As a measure of good practice, if a prior placement episode ended in less than 30 days with no documented MDE (or there is no evidence of an MDE in a prior placement episode lasting greater than 30 days) the worker may initiate the MDE process as if the most recent placement were an initial placement.

Measurements to be used by the Monitor:

1. Until such time that LINK enhancements are realized, the quarterly reporting will be based upon current LINK capabilities.⁷
3. The Monitor shall find that DCF has complied with this outcome measure when DCF has documented this outcome measure in LINK for two (2) consecutive quarters, maintains compliance through exit from this action, and the Monitor has verified with this measure. The Department must achieve sustained compliance with all 22 Outcome Measures prior to requesting the verification process outlined in the Introduction of this document (Bullet 5).

⁷ The Monitor acknowledges that a slight over reporting of the number of MDE's not completed in a timely manner may occur during this initial reporting period due to the additional exception codes that will not be present.