Juan F. v. Rell Exit Plan
Quarterly Report
January 1, 2008 - March 31, 2008
Civil Action No. H-89-859 (AHN)
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Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of January 1, 2008 through March 31, 2008 indicates that the Department has achieved 16 of the 22 outcome measures.

- On May 5, 2008, the plaintiffs in the *Juan F.* case forwarded notification and assertion of non-compliance with two provisions of the Revised Exit Plan of July 1, 2004 (as modified July 11, 2006). Outcome Measure 3 (Treatment Plans) and Outcome Measure 15 (Meeting Children's Needs) were the cited provisions for non-compliance.

  A Status Conference was convened by Judge Alan H. Nevas on May 21, 2008 and was attended by the Court Monitor and the *Juan F.* parties. The Court Monitor has set dates for the parties to meet and attempt to negotiate an agreement to remedy the issues cited above.

- The Department's performance on Outcome Measure 19 (Residential Reduction) was the best recorded percentage since implementation of the Exit Plan (10.5%). The percentage represents 585 children who are placed in residential facilities. However, while the overall number of children in residential settings has been reduced considerably, the children residing out-of-state are increasing each month as seen in a comparison of the May 2007 rate of 244 children in out-of-state placements versus the May 2008 rate of 294 children in out-of-state placements.

- The percentage of cases having a Multi-Disciplinary Evaluation (MDE) conducted in a timely manner was 98.7%. This is the highest recorded percentage to date and stands in contrast to the performance four years ago of less than 20% receiving this assessment.

- Based on the Monitor's review of a 51 case sample (see Monitor's Office Case Review for Outcome Measure 3 and Outcome Measure 15) the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 30 of the 51-case sample or 58.8% and attained the designation of "Needs Met" in 30 of the 51 case sample or 58.8%.

  The treatment plan findings are an improvement over the Fourth Quarter result of 51.0%. Initiatives undertaken by individual offices appear to be making some incremental improvements in performance on this measure. The specificity and sufficiency of time limited action steps and goals continue to need improvement. Provider input, family engagement, and participation rate by active case participants are still problem areas that require attention.

  The Court Monitor provides feedback to the Area Offices throughout each quarter. This allows an opportunity for individual Area Offices to better understand specific findings, undertake opportunities for improvement and discuss case specific concerns with Court Monitor.

The "Needs Met" findings are an improvement over the Fourth Quarter 2007 result of 47.1%. The lack of appropriate foster homes and wait-lists for community-based services, continue to exacerbate system gridlock problems. Discharge delays at emergency departments, group homes, residential treatment facilities, SAFE Homes, STAR programs and other treatment/placement programs continue to occur throughout the system. Many discharge delays are the result of the need for additional therapeutic foster care resources. Specialized treatment for sexually reactive children, pervasive developmentally delayed or mentally retarded (DD/MR) children, and children with assaultive behavior are not readily available. These groups of children are primarily being served by out-of-state providers. Efforts to reframe treatment models by in-state providers are desperately needed to allow children to receive treatment closer to home and with greater family participation.

- During the past quarter, the Department has implemented a qualitative review process that is similar to the Federal Child and Family Service Review process (CSFR). These pilot reviews, referred to as "Connecticut Comprehensive Outcomes Reviews" (CCOR) have been conducted in the Bridgeport and Manchester Offices. Additional reviews will occur in the Norwich and New Britain Offices in late June. This integrated review process has tremendous potential to develop into a foundational component of the child welfare quality improvement work. Staff from the Monitor's Office continue to take part in this agency-driven and managed effort.

- The Monitor’s quarterly review of the Department for the period of January 1, 2008 through March 31, 2008 indicates the Department has achieved compliance with the following 16 Outcome Measures:
  - Commencement of Investigations (97.8%)
  - Completion of Investigations (91.5%)
  - Search for Relatives (95.3%)
  - Repeat Maltreatment (5.7%)
  - Maltreatment of Children in Out-of-Home Care (0.2%)
  - Adoption (41.5%)
  - Transfer of Guardianship (70.4%)
  - Multiple Placements (91.2%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.4%)
  - Worker-Child Visitation Out-of-Home Cases (95.9% Monthly/99.1% Quarterly)
  - Worker-Child Visitation In-Home Cases (90.8%)
  - Caseload Standards (100.0%)
  - Residential Reduction (10.5%)
  - Discharge Measures (92%)
  - Multi-disciplinary Exams (98.7%)

- The Department has maintained compliance for at least four (4) consecutive quarters[1] with each of the 16 of the Outcome Measures reported achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (fourteenth consecutive quarter)
  - Completion of Investigations (fourteenth consecutive quarter)
  - Search for Relatives (tenth consecutive quarter)
  - Repeat Maltreatment (fourth consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (seventeenth consecutive quarter)
  - Adoption (sixth consecutive quarter)
  - Transfer of Guardianship (seventh consecutive quarter)
  - Multiple Placements (sixteenth consecutive quarter)
  - Foster Parent Training (sixteenth consecutive quarter)
  - Placement within Licensed Capacity (seventh consecutive quarter)
  - Visitation Out-of-Home (tenth consecutive quarter)
  - Visitation In-Home (tenth consecutive quarter)
  - Caseload Standards (fifteenth consecutive quarter)
  - Residential Reduction (eighth consecutive quarter)
  - Discharge Measures (eleventh consecutive quarter)
  - Multi-disciplinary Exams (ninth consecutive quarter)

- The Monitor's quarterly review of the Department for the period of January 1, 2008 through March 31, 2008 indicates that the Department did not achieve compliance with six (6) measures:
  - Treatment Plans (58.8%)
  - Reunification (56.5%)
  - Sibling Placements (86.7%)
  - Re-Entry (11.0%)
  - Children's Needs Met (58.8%)
  - Discharge to DMHAS and DMR (97%)

[1] 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 consecutive quarters (six-months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction.

***Juan F.* Exit Plan Report Outcome Measure Overview 1Q 2008 (January 1 - March 31, 2008)**																		
Measure	Measure	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007	4Q 2007	1Q 2008
1: **Investigation Commencement**	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%	97.0%	97.4%	97.8%
2: **Investigation Completion**	>=85%	64.2%	68.8%	83.5%	91.7%	92.6%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%	94.2%	92.9%	91.5%
3: **Treatment Plans****	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3%	30%	51%	58.8%
4: **Search for Relatives***	>=85%	X	X	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92%	93.8%	91.4%	93.6%	95.3%
5: **Repeat Maltreatment**	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.4%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%	6.1%	5.4%	5.7%
6: **Maltreatment OOH Care**	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	0.2%	0.0%	0.3%	0.2%	0.2%
7: **Reunification***	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%	65.5%	58.0%	56.5%
8: **Adoption**	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.0%	36.9%	27%	33.6%	34.5%	40.6%	36.2%	35.5%	41.5%
9: **Transfer of Guardianship**	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%	76.8%	80.8%	70.4%
10: **Sibling Placement***	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%	83.3%	85.2%	86.7%
11: **Re-Entry**	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%	9.0%	7.8%	11.0%
12: **Multiple Placements**	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	95.6%	95%	96.3%	96.0%	94.4%	92.7%	91.2%
13: **Foster Parent Training**	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: **Placement Within Licensed Capacity**	>=96%	88.3%	92%	93%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	97.1%	96.9%	96.8%	96.4%
15: **Needs Met****	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%	64%	47.1%	58.8%
16: **Worker-Child Visitation (OOH)***	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 93.1%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%	94.8% 98.7%	94.6% 98.5%	95.9% 99.1%
17: **Worker-Child Visitation (IH)***	>=85%	39%	40%	46%	33%	71.2%	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%	89.4%	89.9%	90.8%
18: **Caseload Standards+**	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
19: **Residential Reduction**	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%	10.8%	10.9%	10.5%
20: **Discharge Measures**	>=85%	74%	52%	93%	83%	X	X	95%	92%	85%	91%	100%	100%	98%	100%	95%	96%	92%
21: **Discharge to DMHAS and DMR**	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%	95%	96%	97%
22: **MDE**	>=85%	19%	24.5%	48.9%	44.7%	55.4%	52.1%	58.1%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%	95.2%	96.4%	98.7%

Monitor's Office Case Review for Outcome Measure 3 and Outcome Measure 15

Background and Methodology:

The *Juan F.* v Rell Revised Exit Plan and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the third quarter 2006. During the First Quarter 2008, the Monitor's Office reviewed a total of 51 cases.

This quarter's 51-case sample was stratified based upon the distribution of area office caseload on December 1, 2007. Data was extracted for record review from January 1, 2008 through April 10, 2008. The sample incorporates both in-home and out-of-home cases based on the caseload percentages reflected on the date that the sample was determined.

Table 1: First Quarter 2008 Sample Required (Based on December 1, 2007 Ongoing Services Caseload)

Area Office	Total Caseload	% of AO Cases Identified as In-Home	In-Home Sample	CIP Sample	Total Sample
Bridgeport	1,048	0.32	1	3	4
Danbury	325	0.17	1	1	2
Greater New Haven	902	0.27	1	2	3
Hartford	1,839	0.19	1	5	6
Manchester	1,246	0.29	1	4	5
Meriden	595	0.35	1	1	2
Middletown	425	0.29	1	1	2
New Britain	1,491	0.38	2	3	5
New Haven Metro	1,465	0.32	2	3	5
Norwalk	240	0.45	1	1	2
Norwich	1,099	0.36	1	3	4
Stamford	273	0.37	1	1	2
Torrington	458	0.09	1	1	2
Waterbury	1,233	0.19	1	3	4
Willimantic	779	0.30	1	2	3
Statewide	13,418	0.29	17	34	51

This quarter, the methodology individually assigned one DCF staff or Monitor's Review staff to review each case. Within the course of review, each case was subjected to the following methodology.

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.

2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)[2].
3. A subsequent review of the final approved plan conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. The reviewer completed an individual assessment of the treatment plan and needs met outcome measures and filled out the scoring forms for each measure.

As referenced in prior reviews, although the criterion for scoring requires consistency in definition and process to ensure validity, no two treatment plans will look alike. Each case has unique circumstances that must be factored into the decision making process. Each reviewer has been provided with direction to evaluate the facts of the case in relationship to the standards and considerations and have a solid basis for justifying the scoring.

In situations where a reviewer had difficulty assigning a score, the supervisor would become a *sounding board* for determining vote in the final designation of scoring. Reviewers could present their opinions and findings to the supervisor to assist them in the overall determination of compliance for OM3 and OM15. If a reviewer indicated that there were areas that did not attain the "very good" or "optimal" level, yet has valid argument for the overall score to be "an appropriate treatment plan" or "needs met" he or she would clearly outline the reasoning for such a determination and submit this for review by the Court Monitor for approval of an override exception. These cases are also available to the Technical Advisory Committee (TAC) for review.

During the first quarter, there were nine such cases submitted for consideration/ assistance of supervisory oversight. Included in these cases, were five case requests for override on Outcome Measure 3 and four case requests for override on Outcome Measure 15. All requests were reviewed and seven of the nine received were granted. Examples of rationale for overrides included such items as:

- A dental well-care appointment was identified as a service need not provided within six months, but area office had already scheduled the appointment to take place shortly after the ACR (the visit was confirmed). Given the short period of delay (several weeks beyond recommended semi-annual schedule) an override was granted.
- DCF consistently provided MH services to parents in the hope of reunification. Providers reported barriers in relation to the parents' cognitive delays that impacted the ability to understand the rationale for treatment or make progress in application to real life situations. The parents were inconsistent in attending and treatment was ineffective. Multiple services were attempted with no success, as the parents were unable to complete the required treatment. Given the ongoing and concerted efforts to engage the parents to achieve completion of the service and given the appropriate case management in legal filings, collateral contacts and visitation, the Monitor deemed that overall DCF was appropriate in meeting the needs in this case.
- The treatment plan had conflicting permanency goals cited in the data field vs. assessment text. Given the multiple revisions identified on the DCF-553 and the full set of corrections

[2] Attendance at the family conference is included where possible. In many cases, while there is a treatment plan due, there is not a family conference scheduled during the quarter we are reviewing. To compensate for this, the monitoring of in-home cases includes hard copy documentation from any family conference held within the six month period leading up to the treatment plan due date.

made within the narrative assessment section that clearly reflected the shared understanding achieved at the ACR, the Monitor determined that the failure to update the one data element did not result in confusion related to overall planning. The override was granted.

- Multiple legal action steps were discussed at the ACR but were not incorporated into the treatment plan. Upon further review, the Monitor established that all legal filing was done in the period of two weeks between ACR and SWS plan approval and therefore was actually not required going forward. The override was granted.

Sample Demographics

The sample consisted of 51 cases distributed among the fifteen area offices. In all the work of 51 Social Workers and 49 Social Work Supervisors was incorporated into the record review. Cases were most recently opened across the range of time from as long ago as July 24, 1997 to one most recently re-opened on December 21, 2007. At the point of review, the data indicates that the majority of cases (96.1%) were open for child protective service reasons. There were 60.8% cases that had at least one prior investigation within their history.

Crosstabulation 1: Is there a history of prior investigations? * What is the type of case assignment noted in LINK?

Is there a history of prior investigations?	CPS In-Home Family Case	CPS Child In Placement Case	Voluntary Services Child in Placement Case	Total
Yes	11	17	0	28
No	6	15	2	23
Total	17	32	2	51

While 17 cases were in-home cases at the point of selection, there were 35 children that had been in placement during some portion of the six month period reviewed. Of that number, 57.1% were female and 42.9% were male. Ages ranged from one month to17 years and 9 months as of December 31, 2007. Legal status at the point of review was most frequently committed, with 47.1% of the cases identifying the child in placement with this legal status. Thirteen of the cases were in-home cases that had no legal involvement. An additional 11.8% of the cases designated children in placement as TPR status. The table below provides additional information related to legal status for both the In-Home and Child-in-Placement cases.

Table 2: Legal Status

Legal Status	Frequency	Percent
Committed (Abused/Neglect/Uncared For)	24	47.1
N/A In-Home CPS case with no legal involvement	13	25.5
TPR/Statutory Parent	6	11.8
Not Committed	3	5.9
Protective Supervision	2	3.9
Order of Temporary Custody	1	2.0
Committed FWSN	1	2.0
DCF Custody - Voluntary Services	1	2.0
Total	51	100.0

In addition to the six children with TPR status, DCF had filed for TPR in an additional four cases.

Of the 35 children in out-of-home placement at some point during the quarter, during the quarter, three or 8.6% had documented involvement with the juvenile justice system during the period.

Racial and ethnic make-up of this sample population was most frequently identified as White and non-Hispanic.

Crosstabulation 2: Race (Child or Family Case Named Individual) * Ethnicity (Child or Family Case[3] Named Individual)

Race (Child or Family Case Named Individual)	Ethnicity (Child or Family Case Named Individual)			
	Hispanic	Non-Hispanic	Unknown	Total
Black/African American	0	11	0	11
White	8	24	1	33
UTD	4	0	1	5
Multiracial (more than one race selected)	0	2	0	2
Total	12	37	2	51

In establishing the reason for the most recent case open date identified, reviewers were asked to identify all allegations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 157 allegations or issues were identified at the time of report to the Hotline. The data indicates that physical neglect remains the most frequent identified reason for referral. Thirty-seven of the 51 cases had physical neglect included in the concerns identified upon most recent referral to the Hotline. In 33 cases (64.7%) physical neglect was substantiated. This was followed by issues related to Parental Substance Abuse/Mental Health, which was present in 49.0% of the cases reviewed, and Domestic Violence and Emotional Neglect alleged in 29.4% of the cases sampled and substantiated in 17.6% and 15.7% of the cases

[3] Establishes the child's race in CIP cases, but the case named individual (primary parent/guardian) for those cases identified as in-home.

respectively. The Hotline identified prior DCF involvement in 28 cases transmitted for investigation.

Table 3: Reasons for DCF involvement at most recent case opening

Identified Issue/Concern	Number of Times Alleged/Identified	Number Substantiated
Physical Neglect	37	33
Parent's Mental Health or Substance Abuse	25	12
Emotional Neglect	15	9
Domestic Violence	15	8
Physical Abuse	5	4
Abandonment	4	0
Medical Neglect	3	1
Sexual Abuse	3	2
Educational Neglect	2	2
Emotional Abuse	2	1
Voluntary Services Referral (VSR)	2	2
Prior History of Investigations	28	n/a
Child's Behaviors	7	n/a
Child's Legal Status Became TPR prompting new case opening	6	n/a
FWSN Referral	2	n/a
Prior History of TPR for parent	1	n/a
Total	157	

The reviewers were asked to identify the primary reason for DCF involvement on the date of most recent case opening. As in past quarter's findings, "Physical Neglect" and "Substance Abuse or Mental Health (parent)" remained the most frequently cited reason for involvement with the Department.

Table 4: What is the primary reason cited for the most recent case opening?

What is the primary reason cited?	Frequency	Percent
Physical Neglect	22	43.1
Substance Abuse/Mental Health (parent)	7	13.7
TPR prompted new case	6	11.8
Emotional Neglect	4	7.8
Domestic Violence	3	5.9
Physical Abuse	3	5.9
Voluntary Services Request (VSR) for medical/mental health/ substance abuse/behavioral health of child (No CPS Issues)	2	4.0
Educational Neglect	1	2.0
FWSN Referral	1	2.0
Medical Neglect	1	2.0
Sexual Abuse	1	2.0
Total	51	100.0

Of the sample cases, 13.7% designated a "yes" response to the question, "Did the child have behavioral, medical, substance abuse or delinquent behaviors in conjunction with CPS concerns in the home?" In one case, the investigation assessment of the parent identified as alleged perpetrator, incorporated consideration of a prior instance of parental rights having been terminated for a sibling to the identified child.

This is the first quarterly review in which the review process collected a large enough sample of cases subject to Structured Decision Making assessments. This relatively new practice of assessment and scoring cases has shown promise in other states that have implemented the protocol. Given the newness of the process, results should not be given great weight at this juncture and are for informational purposes only.

SDM scores at investigation were documented for 21 of the cases reviewed.[4] Of those completed, SDM overall risk scores were most frequently deemed moderate (47.6%) at the point of investigation. Five cases had risk scores in the high range (23.8%) and six were indicated as low risk (28.6%). In three cases, there was supervisory override of the scoring.

At the point of investigation finalization, five situations were deemed "safe", an additional five were deemed "conditionally safe" and 10 were identified as "unsafe". In nine cases, there was a documented safety plan resulting from the safety assessment. In eight cases, there was evidence that services or interventions put into the home during the investigation mitigated safety factors in the home.

[4] In 30 of the cases, the case opening date pre-dated use of SDM.

Crosstabulation 3: For cases with Investigations post May 1, 2007 what is the overall scored risk level * What is the safety decision documented prior to finalization of the investigation?

For cases with Investigations post May 1, 2007 what is the overall scored risk level upon Investigation	What was the safety decision documented prior to finalization of the investigation?			
	Safe	Conditionally Safe	Unsafe	Total
Low	1	3	2	6
Moderate	4	2	4	10
High	1	0	4	5
Total	6	5	10	21

Of the 16 cases that were open at least 90 days from the initial SDM risk assessment, eight cases documented the required 90 day re-assessment.

DCF approved permanency goals were identified for all 51 cases reviewed. DCF policy requires concurrent planning when reunification or APPLA are the designated goal. Of the ten situations in which "Reunification" was the permanency goal, there was a required concurrent plan documented in 9 cases (90.0%). The one plan without an approved concurrent plan identified "TPR if there are no viable family resources" as the concurrent plan.

Of the six cases with the goal of APPLA, three (50.0%) identified a concurrent goal. In the three cases with no concurrent plan, there was appropriate consideration given to more permanent goals prior to the ACR including rationales and such tasks as referring to LLFT. In one case, the ACR identified a need to establish a more permanent plan for a child in a Department of Developmental Services (DDS) group home who was requesting a family setting. This was not done prior to the finalization of the plan document, but according to the LINK narrative documentation, has been done since that time by the newly assigned SWS.

Table 5: What is the child or family's stated goal on the most recent approved treatment plan in place during the period?

Permanency Goal	Frequency	Percent
In-Home Goals - Safety/Well Being Issues	17	33.3%
Adoption	12	23.5%
Reunification	10	19.6%
APPLA	6	11.8%
Transfer of Guardianship	4	7.8%
LTFC with a Licensed Relative	2	3.9%
Total	51	100.0%

Children in placement had various lengths of stay at the point of our review. This ranged from one month to fifteen years. The average length of stay is 854 days, but that is impacted by outliers at the upper range of the scale. To more accurately reflect the population, the median length of stay was calculated and is reported at 370 days. In looking at the length of stay in the current placement on January 1, 2008 there is a range from 14 days to 1498 days, with an average of 439 days with the same provider. To account for the outliers on the upper end of the scale, the median was calculated and is reported at 365 days.

The following is a crosstab of cases by length of stay as it relates to TPR filing and in relation to the ASFA requirement to file or identify an exception by no later than 15 months into the out of home episode.

In all cases in which the child's length of stay and permanency goal required the filing of TPR, it had been done or there was an exception filed and documented in LINK in accordance with ASFA timelines. A review of the seven exceptions found that six of the seven cases appeared to be reasonable given the circumstances at the point of identification and each of those six had been routinely revisited through discussions reflected in narratives and treatment planning documentation.[5]

Crosstabulation 4: Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA? * For child in placement, has TPR been filed?

Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA?	For child in placement, has TPR been filed?					
	yes	no	Exception noted in LINK	N/A - child's goal and length of time in care don't require	N/A - In-Home Case (CPS or Voluntary Services)	Total
Yes	1	0	7	1	0	6
No	3	5	0	10	0	18
N/A - In-Home Case (CPS or Voluntary Services)	0	0	0	0	18	18
TPR has already been granted	6	0	0	0	0	9
Total	10	5	7	11	18	51

At the point of review, the children in placement were predominantly in foster care settings. Seventeen children were in DCF non-relative licensed foster homes, five children were in relative foster homes and one child was in a special study home. Two children were living in private provider foster homes in Connecticut. Three children were in group homes. Three children were in in-state residential settings. One child in the sample was living out of state, with a relative foster parent, and one child was living out of state in a residential facility. At the time of review, one child was AWOL.

[5] One case citing an exception of "clinical reasons" in December 2006 did not appear at the time to be a valid exception from the information available in LINK. After entering DCF custody in July 2005 this adolescent had been in a DCF foster placement, two shelter placements, and a therapeutic foster care home. Of further note, this case had a goal identified as Transfer of Guardianship, but there was never an identified relative willing or able to accept this responsibility. Child is now nearing 16 and has been AWOL since January. This adolescent recently failed to show for court related to shoplifting charges. It is believed that she will return to her biological mother (who failed to cooperate with required steps to reunify after physically abusing her) although mother indicates that she is not aware of her location. It was the position of the Department at the onset of the AWOL episode that she required a residential level of care should she surface. The CANS was prepared, but she has continued to remain on AWOL status for close to four months at this juncture. Recent supervisory narratives reflect preparation of revocation of commitment paperwork.

Table 6: Current residence of child on date of LINK review

Current Residence	Frequency	Percent
N/A - Biological/Guardian Home (no CIP)	17	33.3
In-State DCF Non-Relative Licensed Foster Care	17	33.3
In-State DCF Certified/Licensed Relative Foster Care	5	9.8
Group Home	3	5.9
In-State Residential Facility	3	5.9
In-State Private Provider Foster Care	2	3.9
Out of State Relative Foster Care	1	2.0
Out of State Residential Facility	1	2.0
DCF Special Study Foster Home	1	2.0
AWOL/Unknown	1	2.0
Total	51	100.0

Monitor's Findings Regarding Outcome Measure 3 – Treatment Plans

Outcome Measure 3 requires that, *"in at least 90% of the cases, except probate, interstate and subsidy only cases, appropriate treatment plans shall be developed as set forth in the "DCF Court Monitor's 2006 Protocol for Outcome Measures 3 and 15" dated June 29, 2006 and the accompanying "Directional Guide for OM3 and OM15 Reviews" dated June 29, 2006."*

To date, the full sample of cases reviewed throughout the process indicates an overall compliance with Outcome Measure 3 of 42.6%. The first quarter 2008 case review data indicates that the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 30 of the 51-case sample or **58.8%.** This is an improvement over the prior quarter's result of 51.0% appropriate treatment plans, and is the highest achievement in any quarter to date.

Table 7: Historical Findings on OM3 Compliance - Third Quarter 2006 to First Quarter 2008

Quarter	Sample (n)	Percent Appropriate
3rd Quarter 2006	35	54.3%
4th Quarter 2006	73	41.1%
1st Quarter 2007	75	41.3%
2nd Quarter 2007	76	30.3%
3rd Quarter 2007	50	32.0%
4th Quarter 2007	51	51.0%
1st Quarter 2008	51	58.8%
Total to Date	360	42.6%

Of the 34 cases with children in placement on date of review, 20 (58.8%) achieved an overall determination of "appropriate treatment plan" during the first quarter 2008. In-Home cases also achieved this designation in 58.8% of the sample for this quarter. The following crosstabulation provides further breakdown to distinguish between voluntary and child protective services cases as well.

Crosstabulation 5: What is the type of case assignment noted in LINK? *Overall Score for OM3

Overall Score for OM3		What is the type of case assignment noted in LINK?			
		CPS In-Home Family Case (IHF)	CPS Child in Placement Case (CIP)	Voluntary Services Child in Placement Case (VSCIP)	Total
Appropriate Treatment Plan	Count	10	18	2	30
	%	58.8%	56.3%	100.0%	58.8%
Not an Appropriate Treatment Plan	Count	7	14	0	21
	%	41.2%	43.8%	.0%	41.2%
Total	Count	17	32	2	51
	%	100.0%	100.0%	100.0%	100.0%

100.0% of the cases sampled had plans less than 7 months old at the point of review. In one case, the language needs of the biological father were not accommodated via an interpreter or translation of the plan. This plan also had deficit areas that resulted in plan being deemed inappropriate. All of the plans were approved by the SWS.

In relationship to the case goal, cases with a goal of LTFC - Relative and Adoption had the highest rate of appropriate treatment plans with 100.0% (2 of 2) and 83.3% (10 of 12) respectively. The lowest rate of appropriate treatment plans were those cases designated as Transfer of Guardianship, in that all four failed to achieve an appropriate treatment plan designation.

Crosstabulation 6: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for OM3

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Reunification	Count	4	6	10
	% within goal	40.0%	60.0%	100.0%
	% within Overall Score for OM3	13.3%	28.6%	19.6%
Adoption	Count	10	2	12
	% within goal	83.3%	16.7%	100.0%
	% within Overall Score for OM3	33.3%	9.5%	23.5%
Transfer of Guardianship	Count	0	4	4
	% within goal	.0%	100.0%	100.0%
	% within Overall Score for OM3	.0%	19.0%	7.8%
Long Term Foster Care with a licensed relative	Count	2	0	2
	% within goal	100.0%	.0%	100.0%
	% within Overall Score for OM3	6.7%	.0%	3.9%
In-Home Goals - Safety/Well Being Issues	Count	10	7	17
	% within goal	58.8%	41.2%	100.0%
	% within Overall Score for OM3	33.3%	33.3%	33.3%
APPLA	Count	4	2	6
	% within goal	66.7%	33.3%	100.0%
	% within Overall Score for OM3	13.3%	9.5%	11.8%
Total	Count	30	21	51
	% within goal	58.8%	41.2%	100.0%
	% within Overall Score for OM3	100.0%	100.0%	100.0%

Greater New Haven, Middletown, Norwalk and the Willimantic Area Offices all achieved 100% compliance with Appropriate Treatment Plans. We note that this is the fifth time the Middletown Office has achieved the measure and has the overall best performance in this regard statewide with 75.0% of its reviewed treatment plans to date being deemed "appropriate treatment plans."

See the table below to see the full statewide results for by quarter.

Crosstabulation 7: Area Office Assignment? * Overall Score for OM3

Area Office Assignment	Number and Percentage of Plans Deemed "Appropriate Treatment Plan" (n=411)							
	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	All
Bridgeport	2 66.7%	0 0.0%	2 33.3%	3 50.0%	2 50.0%	2 50.0%	3 75.0%	14 42.4%
Danbury	0 0.0%	1 50.0%	3 100.0%	0 0.0%	2 100.0%	0 0.0%	1 50.0%	7 46.7%
Greater New Haven	2 66.7%	2 40.0%	2 40.0%	0 0.0%	0 0.0%	1 33.3%	***3*** ***100.0%***	10 37.0%
Hartford	2 50.0%	5 55.6%	2 22.2%	3 30.0%	0 0.0%	1 20.0%	2 33.3%	15 31.3%
Manchester	2 50.0%	4 57.1%	3 50.0%	3 50.0%	2 40.0%	***5*** ***100.0%***	4 80.0%	23 60.5%
Meriden	0 0.0%	2 66.7%	1 33.3%	1 33.3%	0 0.0%	***2*** ***100.0%***	1 50.0%	7 43.8%
Middletown	*1* *100.0%*	***3*** ***100.0%***	1 33.3%	1 33.3%	***2*** ***100.0%***	***2*** ***100.0%***	***2*** ***100.0%***	12 75.0%
New Britain	1 33.3%	2 25.0%	4 50.0%	0 0.0%	1 20.0%	***5*** ***100.0%***	3 60.0%	16 38.1%
New Haven Metro	2 50.0%	1 14.3%	3 37.5%	3 37.5%	1 20.0%	2 40.0%	1 20.0%	13 31.0%
Norwalk	***1*** ***100.0%***	0 0.0%	1 50.0%	0 0.0%	***2*** ***100.0%***	1 50.0%	***2*** ***100.0%***	7 53.8%
Norwich	2 66.7%	5 83.3%	3 50.0%	3 50.0%	1 25.0%	1 33.3%	2 50.0%	17 53.1%
Stamford	***1*** ***100.0%***	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	2 15.4%
Torrington	***1*** ***100.0%***	2 66.7%	2 66.7%	2 66.7%	***2*** ***100.0%***	1 50.0%	0 0.0%	10 62.5%
Waterbury	1 33.3%	0 0.0%	2 28.6%	1 14.3%	0 0.0%	1 16.7%	3 75.0%	8 21.6%
Willimantic	1 50.0%	3 75.0%	2 50.0%	2 50.0%	1 33.3%	2 66.7%	***3*** ***100.0%***	14 60.9%
State Total	19 54.3%	30 41.1%	31 41.3%	23 30.3%	16 32.0%	26 51.0%	30 58.8%	175 42.6%

One final snapshot of the overall scoring for OM 3 is a look at the rate of compliance by crosstabulating Race (Child or Family Case Named Individual) * Overall Score for OM3 and Sex of the child. The highest rate of compliance with Outcome Measure 3 results for CIP cases are those in which the child is a white male child (Four of Nine or 80%). The lowest rate of compliance is achieved in both children in placement and in-home families identified as having "UTD" race. Both these categories had zero compliance with appropriate treatment plans.

Crosstabulation 8: Overall Score for OM3 * Race (Child or Family Case Named Individual) * sex of child

Sex of Child			Overall Score for OM3		
			Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Male	Race	Black/African American	2	1	3
		White	4	4	8
		UTD	0	2	2
		Multiracial	2	0	2
		Total	8	7	15
Female	Race	Black/African American	5	3	8
		White	8	4	12
		Total	13	7	20
In-Home Case	Race	White	9	4	13
		UTD	0	3	3
		Total	9	7	16

During this quarter, Hispanic children and families seem to fare less well than Non-Hispanic children and families in relation to treatment planning. During the quarter only 16.7% of the 12 cases identified with Hispanic ethnicity had "appropriate" treatment plans, while 73.0% (27 of 37) Non-Hispanic children and families were identified as "appropriate." One of the two cases (50.0%) with Unknown Ethnicity achieved compliance with OM3. We will continue to look at this issue in upcoming quarters.

The level of engagement with children, families and providers in the development of the treatment plans, as well as, the content of the plan document itself was captured. Each case had a unique pool of active participants for DCF to collaborate with in the process. The chart below indicates the degree to which identifiable/active case participants were engaged by the social worker and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed.

Table 8: Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference (when held)
Foster Parent	77.8%	59.3%
Mother	76.2%	63.2%
Child	72.2%	35.0%
Other Participants	55.2%	41.4%
Father	50.0%	34.3%
Active Service Providers	44.9%	31.7%
Other DCF Staff	37.1%	24.2%
Attorney/GAL (Child)	18.9%	8.3%
Parents' Attorney	13.3%	6.9%

As with prior reviews, this review process continued to look at eight categories of measurement when determining overall appropriateness of the treatment planning (OM3). Scores were based upon the following rank/scale.

Optimal Score – 5
The reviewer finds evidence of all essential treatment planning efforts for both the standard of compliance and all relevant consideration items (documented on the treatment plan itself).

Very Good Score – 4
The reviewer finds evidence that essential elements for the standard of compliance are substantially present in the final treatment plan and may be further clarified or expanded on the DCF 553 (where latitude is allowed as specified below) given the review of relevant consideration items.

Marginal Score – 3
There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

Poor Score – 2
The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

Absent/Adverse Score – 1
The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts. "Reason for Involvement" and "Present Situation to Date" were most frequently ranked with an Optimal Score. Deficits were most frequently noted in two of the eight categories: "Determination of Goals/Objectives" and "Action Steps to Achieve Goals". The following table provides the scoring for each category for the sample set and the corresponding percentage of cases within the sample that achieved that ranking.

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=51), the second is the children in out of home placement (CIP) cases (n=34) and the third is the in-home family cases (n=17). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 1.

Table 9: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	43 84.3%	7 13.7%	1 2.0%	0 0.0%	0 0.0%
I.2. Identifying Information	14 27.5%	32 62.7%	5 9.8%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	27 52.9%	18 35.3%	6 11.8%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	29 56.9%	16 31.4%	6 11.8%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	13 25.5%	26 51.0	11 21.6%	1 2.0%	0 0.0%
II.2. Progress[6]	24 49.0%	19 38.8%	5 10.2%	1 2.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	5 9.8%	23 45.1%	21 41.2%	2 3.9%	0 0.0%
II.4 Planning for Permanency	27 52.9%	19 37.3%	5 9.8%	0 0.0%	0 0.0%

Table 10: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	30 88.2%	3 8.8%	1 2.9%	0 0.0%	0 0.0%
I.2. Identifying Information	6 17.6%	25 73.5%	3 8.8%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	16 47.1%	14 41.2%	4 11.8%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	18 52.9%	11 32.4%	5 14.7%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	9 26.5%	14 41.2%	10 29.4%	1 2.9%	0 0.0%
II.2. Progress	15 44.1%	14 41.2%	4 11.8%	1 2.9%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	4 11.8%	16 47.1%	13 38.2%	1 2.9%	0 0.0%
II.4 Planning for Permanency	15 44.1%	14 41.2%	5 14.7%	0 0.0%	0 0.0%

[6] Two cases were rated "too early to rate" and are therefore excluded from this measurement.

Table 11: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	13 76.5%	4 23.5%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	8 47.1%	7 41.2%	2 11.8%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	11 64.7%	4 23.5%	2 11.8%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	11 64.7%	5 29.4%	1 5.9%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	4 23.5%	12 70.6%	1 5.9%	0 0.0%	0 0.0%
II.2. Progress[7]	9 60.0%	5 33.3%	1 6.7%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	1 5.9%	7 41.2%	8 47.1%	1 5.9%	0 0.0%
II.4 Planning for Permanency	12 70.6%	5 29.4%	0 0.0%	0 0.0%	0 0.0%

As in prior quarters the eight categories measured indicate that DCF continues to struggle with assignment of action steps for the case participants in relation to goals and objectives (II.3); identifying the goals and objectives for the coming six month period (II.1).

[7] Two In-Home Family cases were rated "too early to rate" and therefore are excluded from this measurement.

In spite of the difficulties in achieving overall compliance with Outcome Measure 3, the Department has made strides in some areas which can be recognized when looking at average scores over time. While the requirement is for 90% to have an overall passing score on each component rather than achieve a statewide average within the passing range, this quarter, seven of the eight categories had average scores at or above the "very good" rank of 4. The chart of mean averages below is provided as a way to show the trends, not compliance with Outcome Measure 3.

Table 12: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 1st Quarter 2008)

Mean Scores for Categories within Treatment Planning Over Time							
	3Q2006	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45
Determining Goals/Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43

IV. Monitor's Findings Regarding Outcome Measure 15 – Needs Met

Outcome Measure 15 requires that, *"at least 80% of all families and children shall have all their medical, dental, mental health and other service needs met as set forth in the "DCF Court Monitor's 2006 Protocol for Outcome Measures 3 and 15 dated June 29, 2006, and the accompanying 'Directional Guide for OM3 and OM15 Reviews dated June 29, 2006."*

The case review data indicates that the Department of Children and Families attained the designation of "Needs Met" in 58.8% of the 51-case sample. There is disparity among the area offices when reviewing results for this measure.

Crosstabulation 9: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15

What is the social worker's area office assignment? *(compliance rate within area sample)*	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
Bridgeport (100.0%)	4	0	4
Norwalk (100.0%)	2	0	2
Norwich (100.0%)	4	0	4
Waterbury (100.0%)	4	0	4
Greater New Haven (66.7%)	2	1	3
Willimantic (66.7%)	2	1	3
Manchester (60.0%)	3	2	5
New Britain (60.0%)	3	2	5
Danbury (50.0%)	1	1	2
Meriden (50.0%)	1	1	2
Middletown (50.0%)	1	1	2
New Haven Metro (40.0%)	2	3	5
Hartford (16.7%)	1	5	6
Stamford (0.0%)	0	2	2
Torrington (0.0%)	0	2	2
Total (58.8%)	30	20	51

In reviewing the measure from inception of the process in the third quarter 2006, the highest rate of compliance with OM 15 is the Manchester Office which has a rate of 73.7% "needs met" for the 38 cases sampled. This is followed by Torrington at 68.8% within 16 cases reviewed, and the Norwich Office with 65.6% compliance within the 32 cases reviewed. The lowest rate of compliance is within the Stamford Office which shows compliance with needs met in 30.8% of the 13 cases reviewed to date. The statewide average over the course of these reviews is 53.8% achieving a "needs met" designation.

There is greater variation in relation to needs met across various case types. Of the 17 cases selected as in-home family cases, 7 or 41.2% achieved "needs met" status. Twenty-two of the 32cases with children in placement (68.8%) achieved "needs met" status. This quarter, there were two Voluntary Service children in out of home placement. One achieved the measure and one failed to achieve "needs met" status.

Crosstabulation 10: Overall Score for Outcome Measure 15 * What is the type of case assignment noted in LINK?

What is the type of case assignment noted in LINK?	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
CPS In-Home Family Case (IHF)	7 41.2%	10 58.8%	17 100.0%
CPS Child in Placement Case (CIP)	22 68.8%	10 31.3%	32 100.0%
Voluntary Services Child in Placement Case (VSCIP)	1 50.0%	1 50.0%	2 100.0%
Total	30 58.8%	21 41.2%	51 100.0%

The overall score was also looked at through the filter of the stated permanency goal. Case goals of Long Term Foster Care with a Relative, and Adoption had the best rates of compliance with Outcome Measure 15. In both of the LTFC - Relative situations, needs were met. In 91.2% of Adoption cases, reviewers indicated that needs were met.

Reunification and In-Home Family cases had the greatest number of deficits noted, and the lowest rate of achieving needs met, with only 40% and 41.2% of those respective categories achieving the measure.

The full breakdown is shown in Crosstabulation 11 below:

Crosstabulation 11: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Reunification	Count	4	6	10
	% within What is the child or family's stated goal	40.0%	60.0%	100.0%
	% within Overall Score for Outcome Measure 15	13.3%	28.6%	19.6%
	% of Total	7.8%	11.8%	19.6%
Adoption	Count	11	1	12
	% within What is the child or family's stated goal	91.7%	8.3%	100.0%
	% within Overall Score for Outcome Measure 15	36.7%	4.8%	23.5%
	% of Total	21.6%	2.0%	23.5%
Transfer of Guardianship	Count	2	2	4
	% within What is the child or family's stated goal	50.0%	50.0%	100.0%
	% within Overall Score for Outcome Measure 15	6.7%	9.5%	7.8%
	% of Total	3.9%	3.9%	7.8%
Long Term Foster Care with a licensed relative	Count	2	0	2
	% within What is the child or family's stated goal	100.0%	.0%	100.0%
	% within Overall Score for Outcome Measure 15	6.7%	.0%	3.9%
	% of Total	3.9%	.0%	3.9%
In-Home Goals - Safety/Well Being Issues	Count	7	10	17
	% within What is the child or family's stated goal	41.2%	58.8%	100.0%
	% within Overall Score for Outcome Measure 15	23.3%	47.6%	33.3%
	% of Total	13.7%	19.6%	33.3%
APPLA	Count	4	2	6
	% within What is the child or family's stated goal	66.7%	33.3%	100.0%
	% within Overall Score for Outcome Measure 15	13.3%	9.5%	11.8%
	% of Total	7.8%	3.9%	11.8%
All Permanency Goals	Count	30	21	51
	% within What is the child or family's stated goal	58.8%	41.2%	100.0%
	% within Overall Score for Outcome Measure 15	100.0%	100.0%	100.0%
	% of Total	58.8%	41.2%	100.0%

In total, Outcome Measure 15 looks at twelve categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at passing scores (5 or 4) and those not passing (3 or less) there is a marked difference in performance among the categories ranging from 69.4% to 100.0%. Please note that percentages are based on applicable cases within that category.

- Safety assessments and planning in the in-home cases was markedly improved from prior quarters.
- While there were concerns noted related to safety of children in placement these were at the marginal level. There were, no adverse or poor scores assessed related to risks/safety in either in-home or placement cases during this review.
- Mental health, behavioral health, and substance abuse services pose the greatest challenges to meeting the needs of families and children, in that only 69.4% of the cases achieved a passing score related to this category of needs.

Table 13: Treatment Plan Categories Achieving Passing Status for 1Q 2008

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
Safety – In Home (I.1)	19 100.0%	0 0.0%
DCF Case Management – **Legal Action** to Achieve the Permanency Goal During the Prior Six Months (II.2)	49 98.0%	1 2.0%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	32 94.1%	2 5.9%
Medical Needs (III.1)	48 94.1%	3 5.9%
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	34 91.9%	3 8.1%
Safety – Children in Placement (I.2)	32 88.9%	4 11.1%
Child's **Current Placement** (IV.1)	30 88.2%	4 11.8%
Educational Needs (IV. 2)	33 84.6%	6 15.4%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal **during the Prior Six Months** (II.4)	42 82.4%	9 17.6%
Dental Needs (III.2)	41 80.4%	10 19.6%
Mental Health, Behavioral and Substance Abuse Services (III.3)	34 69.4%	13 26.5%

Table 14 below provides the complete scoring for all cases by each category.

Table 14: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories[8]

Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
I.1 Safety – In Home	9 47.4%	10 52.6%	0 0.0%	0 0.0%	0 0.0%	32
I.2. Safety – Children in Placement	23 63.9%	9 25.0%	4 11.1%	0 0.0%	0 0.0%	15
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	21 56.8%	13 35.1%	3 8.1%	0 0.0%	0 0.0%	14
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	38 76.0%	11 22.0%	1 2.0%	0 0.0%	0 0.0%	1
II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal in Prior Six Months	25 73.5%	7 20.6%	1 2.9%	1 2.9%	0 0.0%	17
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal in Prior Six Months	24 47.1%	18 35.3%	9 17.6%	0 0.0%	0 0.0%	0
III.1 Medical Needs	28 54.9%	20 39.2%	3 5.9%	0 0.0%	0 0.0%	0
III.2 Dental Needs	31 60.8%	10 19.6%	6 11.8%	2 3.9%	2 3.9%	0
III.3 Mental Health, Behavioral and Substance Abuse Services	14 28.6%	22 44.9%	12 24.5%	1 2.0%	0 0.0%	2
IV.1 Child's Current Placement	19 55.9%	11 32.4%	3 8.8%	1 2.9%	0 0.0%	17
IV. 2 Educational Needs	22 56.4%	11 28.2%	5 12.8%	1 2.6%	0 0.0%	12

For a complete listing of rank scores for Outcome Measure 15 by case, see Appendix.

[8] Percentages are based on applicable cases for the individual measure. Those cases marked N/A are excluded from the denominator in each row's calculation of percentage. A number of cases had both in-home and out of home status at some point during the six month period of review.

From an alternate view, the data was analyzed to provide a comparative look at the median for each of the Outcome Measure 15 categories. As with the chart provided for Outcome Measure 3, this is presented as a method to identify trends across time, and is not a reflection of overall compliance with the 80% requirement for Outcome Measure 15 - Needs Met.

Table 15: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 1st Quarter 2008)

Outcome Measure Needs Met - Median Scores Over Time							
	3Q2006	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**
Safety: In-Home	4.00	3.75	3.78	4.00	4.20	4.00	4.47
Safety: CIP	4.43	4.15	4.39	4.36	4.57	4.53	4.53
Permanency: Securing the Permanent Placement Action Plan for the Next Six Months	4.38	4.22	4.19	4.16	4.53	4.31	4.49
Permanency: DCF Case Mgmt - Legal Action to Achieve Permanency in Prior Six Months	4.29	4.45	4.67	4.67	4.74	4.65	4.74
Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve Permanency in Prior Six Months	4.42	4.42	4.20	4.43	4.56	4.47	4.65
Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve Permanency during Prior Six Months	4.17	4.03	3.79	4.13	4.12	3.98	4.29
Well-Being: Medical	4.31	4.34	4.28	4.22	4.34	4.25	4.49
Well-Being: Dental	4.47	3.93	3.87	4.13	4.12	4.25	4.29
Well-Being: Mental Health, Behavioral and Substance Abuse Services	4.40	4.07	3.72	3.91	4.02	3.88	4.00
Well-Being: Child's Current Placement	4.48	4.30	4.23	4.21	4.37	4.14	4.41
Well Being: Education	4.46	4.26	4.05	4.07	4.32	4.31	4.38

In 37 of the 51 cases, reviewers found evidence of one or more unmet needs during the prior six month period. In some cases, these needs were primary to goal achievement and in others, they were less significant, but still established at the point of the prior treatment plan development or throughout the case narratives. A total of 89 discrete needs were identified across those cases. The largest category of unmet needs is once again in the area of mental health, which accounts for 21.3% of the total identified.

Table 16: Unmet Service Needs and Identified Barriers for the 37 Cases Identified with an Unmet Need

Service Need	Barrier	Frequency
Adoption Recruitment	No Slots Available	1
Adoption Supports (PPSP)	Provider Issues (Staffing)	1
Childcare	Transportation	1
DCF Case Management/Support/Advocacy	Assessment of identified relative resources not timely	1
DCF Case Management/Support/Advocacy	Child needs to have Adolescent Worker Assigned.	1
DCF Case Management/Support/Advocacy	Delay in referrals to ARG	1
Dental Care - Other Svc or Orthodontic Care	Insurance Issue	1
Dental Care - Routine	Client Refused	1
Dental Care - Routine	Delay in Referral	1
Dental Care - Routine	Insurance Issue	1
Dental Care - Routine	Wait List	1
Dental Care- Routine	UTD	1
Domestic Violence Treatment - Perpetrator	Delay in Referral	1
Domestic Violence Treatment - Perpetrator	Placed on Wait List	1
Domestic Violence Treatment - Perpetrator	Client Refused	2
Domestic Violence Treatment - Victim	Delay in Referral/Father subsequently whereabouts unknown	1
Domestic Violence Treatment -Victim	Client Refused	1
Educational Screening/Evaluation	Provider Issue (Lack of follow through)	1
Educational Screening/Evaluation	Delay in Referral	2
Family Preservation Services	Client Refused	1
Family/Marital Counseling	Client Refused	4
Foster Care Support	Client Refused	1
Foster Care Support	Delay in Referral	1
Foster Parent Training	Client Refused	1
Foster Parent Training	No Service Identified	1
Health/Medical Screening	UTD	2
Housing Assistance	Old debt - Supportive Housing will not work with client until old bill is paid back.	1
Housing Assistance	Placed on Wait List	2
IEP Programming	Approval Process	1
Individual Counseling - Child	Hours of Operation	1
Individual Counseling - Child	Provider Issues (Staffing)	1
Individual Counseling - Child	Wait List	1
Individual Counseling - Child	Client Refused	2
Individual Counseling - Parent	Provider Issues (Staffing)	1
Individual Counseling - Parent	Client Refused	6
In-Home Parent Education and Support	Client Refused	1
Job Placement/Coaching	Multiple service expectations	1
Job Placement/Coaching	Service Deferred pending completion of another	1
Life Skills Training	Service Does Not Exist in the Community	2
Maintaining Family Ties	Delay in Referral	1
Medication Management - Child	Client Refused	1
Medication Management - Child	Insurance Issue	1

Service Need	Barrier	Frequency
Mental Health Screening - Child	Delay in Referral	1
Mentoring	Delay in Referral	4
Mentoring	Client Refused	2
Mentoring	Other - Poor Matching	1
Mentoring	Wait List	1
Other Medical Intervention	Communication Issue	1
Other Medical Intervention	Delay in ARG evaluation	1
Other Medical Intervention	Insurance Issue	1
Other Medical Intervention	Delay in Referral	2
Other OOH Service - Sibling Visitation	UTD	1
Other OOH Services - Emergency Housing	Victim's inability to leave batterer	1
Other OOH Services - Legal Aide	UTD	1
Other OOH Services - School Attendance	Foster Parent unable to get child to school regularly - require some in-home support	1
Parenting Classes	Client Refused	1
Parenting Classes	Delay in Referral	1
Parenting Classes	Service Deferred pending completion of another	1
Problem Sexual Behavior Evaluation	Provider Issues (Staffing)	1
Psychological or Psychosexual Evaluation	Client Refused	1
Social Recreational Program (In-Home Family case)	Delay in Referral	1
Social Recreational Programs (CIP)	Lack of Communication between OOH provider and DCF	1
Substance Abuse Screening - Parent	Client Refused	4
Supervised Visitation	Client Refused	1
SW/Child Visitation	UTD - Not per mandate	1
SW/Parent Visitation	UTD	1
Therapeutic Foster Care	No Slots Available	1

In looking at the barriers identified in aggregate:

- The client was the identified barrier for 31 instances identified,
- DCF case management issues were identified in 22 of the cases cited (includes deferred services, delayed referrals, internal process, financing).
- Lack of resources (wait lists, no service available, no slots, etc.) is identified in ten cases.
- Provider issues were identified in six of the cases.
- In six cases the reviewer could not establish the barrier (UTD).
- In four cases, the barrier was identified as insurance.
- In two cases, the DCF determined it appropriate to defer a service in favor of another.
- Transportation and the Local School District were each identified on one occasion.

SDM Family Strength and Needs Assessment tools were completed for 21 cases. In some instances, those with unmet needs identified through record review, had needs that had been assessed and prioritized on the SDM tool, but were then not incorporated into the development of the prior treatment plan goals and action steps.

When looking forward at the current approved treatment planning document for the upcoming six month period, 15 cases (30.6%) had evidence of a service need that was

clearly identified at the ACR/TPC or within LINK documentation but that was not incorporated into the current treatment plan document. This is an improvement over the prior period which had 30 cases identified as lacking inclusion of known service needs going forward.

Table 17 below provides the list identified by the reviewers:

Table 17: Services Not Incorporated into Current Approved Treatment Plan

Need	Barrier	Frequency
Child Care	Approval process	1
Dental Care - Routine	Insurance	1
Dental Care - Routine	Lack of Communication between DCF and FP	1
Dental Care - Routine	Issue was not raised for discussion/not addressed with parent	1
Dental Care - Routine	UTD	1
Educational Screening	UTD	1
Educational Screening	Mother needs advocate such as the educational consultant to navigate the system	1
Job Coaching/Employment	No service identified	1
Health Medical Screening	SW indicated they would follow up. No documentation, not included in plan	1
Medication Management - Child	Client Refusing	1
Medication Management - Child	Provider Unwilling to engage client	1
Medical Intervention - Other	Delay in Referral	2
Medical Intervention - Other	Lack of Communication	1
Medical Intervention - Other	UTD	1
Anger Management	Delay in Referral	1
Anger Management	Service Deferred Pending Completion of Another	1
Individual Counseling - Parent	UTD	1
Individual Counseling - Child	Client Refused	1
Individual Counseling - Child	Wait List not addressed	1
Individual Counseling - Child	Provider Issues (Staffing)	1
Psychological Assessment - ADHD	Wait List not addressed	1
Therapeutic Foster Care	No Slots Available	1
Mentoring	UTD	1
Life Long Family Ties	Delay in Referral	1
Social Recreational Program	Delay in Referral	1
Foster Parent Training	UTD - no information in provider record	1
SW/Child Visitation	UTD	1
SW/Parent Visitation	UTD	1
Case Management/Support/Advocacy	Did not incorporate assessed needs for referrals to Planned Parenthood and True Colors	1
		30

The failure to include these services directly on the treatment plan action steps to achieve stated goals for the current cycle lends to subsequent failure to address the engagement and progress of these items on future treatment planning documents, as well as, misrepresenting the level of expectation for clients, providers and DCF during the period to follow.

Appendix 1

Rank Scores for Outcome Measure 3
And
Outcome Measure 15

Outcome Measure 3 Rank Scorings by Area Office

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	1	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	4	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Optimal	Not an Appropriate Treatment Plan
Danbury	1	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Appropriate Treatment Plan
	2	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Greater New Haven	1	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
Hartford	1	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	2	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Very Good	Marginal	Marginal	Marginal	Poor	Marginal	Very Good	Not an Appropriate Treatment Plan
	5	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
	6	Marginal	Marginal	Very Good	Marginal	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
Manchester	1	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	5	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Marginal	Optimal	Not an Appropriate Treatment Plan
Meriden	1	Very Good	Very Good	Very Good	Optimal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Very Good	Too early to note progress	Very Good	Optimal	Appropriate Treatment Plan

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Middletown	1	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Very Good	Too early to note progress	Marginal	Optimal	Appropriate Treatment Plan
New Britain	1	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Very Good	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
	4	Optimal	Marginal	Optimal	Optimal	Marginal	Optimal	Poor	Optimal	Not an Appropriate Treatment Plan
	5	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
New Haven Metro	1	Optimal	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Marginal	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Marginal	Marginal	Marginal	Marginal	Optimal	Not an Appropriate Treatment Plan

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
New Haven Metro, Cont'd	3	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Marginal	Very Good	Appropriate Treatment Plan
	4	Optimal	Very Good	Optimal	Optimal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Treatment Plan
	5	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Not an Appropriate Treatment Plan
Norwalk	1	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
Norwich	1	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Poor	Very Good	Marginal	Optimal	Not an Appropriate Treatment Plan
	3	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	4	Optimal	Optimal	Very Good	Optimal	Marginal	Optimal	Marginal	Marginal	Not an Appropriate Treatment Plan

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Stamford	1	Optimal	Marginal	Marginal	Marginal	Marginal	Marginal	Poor	Marginal	Not an Appropriate Treatment Plan
	2	Very Good	Optimal	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Not an Appropriate Treatment Plan
Torrington	1	Optimal	Very Good	Marginal	Very Good	Marginal	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
	2	Very Good	Marginal	Marginal	Very Good	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
Waterbury	1	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Marginal	Marginal	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Marginal	Appropriate Treatment Plan
	3	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Appropriate Treatment Plan
	4	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Willimantic	1	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	3	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Appropriate Treatment Plan

Outcome Measure 15 Rank Scores by Area Office

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Bridgeport	1	N/A	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Needs Met
	2	N/A	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Marginal	Optimal	Very Good	Needs Met
	3	N/A	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
	4	Optimal	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
Danbury	1	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Needs Met
	2	Very Good	N/A	N/A	Optimal	Very Good	Marginal	Very Good	Absent/Averse	Poor	N/A	Poor	Needs Not Met
Greater New Haven	1	N/A	Very Good	Optimal	Optimal	N/A	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Needs Not Met
	2	Very Good	Optimal	N/A	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	N/A	Optimal	Needs Met
	3	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Optimal	Needs Met

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Hartford	1	N/A	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	2	Optimal	N/A	N/A	Optimal	N/A	Optimal	Optimal	Poor	Optimal	N/A	Optimal	Needs Not Met
	3	N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	4	N/A	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Needs Not Met
	5	N/A	Marginal	Marginal	Very Good	Poor	Very Good	Very Good	Optimal	Marginal	Poor	Marginal	Needs Not Met
	6	N/A	Marginal	Marginal	Optimal	Very Good	Marginal	Very Good	Optimal	Marginal	Marginal	N/A	Needs Not Met
Manchester	1	Optimal	Optimal	Optimal	Optimal	N/A	Optimal	Very Good	Marginal	Very Good	Very Good	Marginal	Needs Not Met
	2	N/A	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Needs Met
	3	N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Needs Met
	4	N/A	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	5	Very Good	N/A	N/A	Optimal	N/A	Very Good	Optimal	Absent/Averse	Very Good	N/A	Very Good	Needs Not Met
Meriden	1	N/A	Optimal	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Marginal	Optimal	N/A	Needs Not Met
	2	Optimal	N/A	N/A	Optimal	N/A	Optimal	Optimal	Optimal	Optimal	N/A	N/A	Needs Met

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Middletown	1	N/A	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	2	Optimal	N/A	N/A	Optimal	N/A	Optimal	Optimal	Optimal	Marginal	N/A	N/A	Needs Not Met
New Britain	1	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	N/A	Optimal	N/A	Needs Met
	2	Very Good	N/A	N/A	Optimal	N/A	Optimal	Optimal	Optimal	Very Good	N/A	Optimal	Needs Met
	3	Optimal	Optimal	Optimal	Optimal	N/A	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Needs Not Met
	4	Optimal	N/A	N/A	Optimal	N/A	Very Good	Optimal	Poor	Very Good	N/A	Marginal	Needs Not Met
	5	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A	Needs Met
New Haven Metro	1	N/A	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Marginal	Marginal	Marginal	Needs Not Met
	2	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A	Needs Met
	3	Very Good	N/A	N/A	Very Good	N/A	Optimal	Optimal	Optimal	Marginal	N/A	Optimal	Needs Not Met
	4	N/A	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	5	Very Good	N/A	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Very Good	N/A	N/A	Needs Not Met

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Norwalk	1	Optimal	N/A	N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A	Optimal	Needs Met
	2	N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
Norwich	1	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A	Needs Met
	2	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	N/A	Needs Met
	3	Very Good	Optimal	N/A	Optimal	N/A	Optimal	Very Good	Very Good	Optimal	N/A	Optimal	Needs Met
	4	N/A	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	N/A	Needs Met
Stamford	1	N/A	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Optimal	Marginal	Marginal	Needs Not Met
	2	Optimal	N/A	Optimal	N/A	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met
Torrington	1	N/A	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Very Good	Optimal	Very Good	Optimal	Needs Not Met
	2	Very Good	N/A	Very Good	Optimal	N/A	Marginal	Very Good	Marginal	Very Good	N/A	Very Good	Needs Not Met

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Waterbury	1	N/A	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Met
	2	N/A	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Needs Met
	3	N/A	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Needs Met
	4	Very Good	N/A	N/A	Optimal	N/A	Optimal	Very Good	Very Good	N/A	N/A	Very Good	Needs Met
Willimantic	1	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A	Needs Met
	2	N/A	Optimal	Optimal	Optimal	N/A	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	3	Very Good	N/A	N/A	Optimal	N/A	Marginal	Marginal	Marginal	Very Good	N/A	Very Good	Needs Not Met

***Juan F.* Action Plan**

In March 2007, the parties agreed to an action plan for addressing key components of case practice related to meeting children's needs. The *Juan F.* Action Plan focuses on a number of key action steps to address permanency, placement and treatment issues that impact children served by the Department. These issues include children in SAFE Homes and other emergency or temporary placements for more than 60 days; children in congregate care (especially children age 12 and under); and the permanency service needs of children in care, particularly those in care for 15 months or longer.

A set of monitoring strategies for the *Juan F.* Action Plan were finalized by the Court Monitor. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of the action steps outlined in the *Juan F.* Action Plan; selected on-site visits with a variety of providers each quarter; targeted reviews of critical elements of the *Juan F.* Action Plan; ongoing analysis of submitted data reports; and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the *Juan F.* Action Plan. Targeted reviews are underway that build upon the current methodology for Needs Met (Outcome Measure 15) and incorporate additional qualitative review elements including interviews with children and families, assigned DCF staff, service providers, and significant collaterals within cases reviewed. These reviews will inform the parties and promote practice improvement. These reviews were developed and piloted beginning in September 2007. The Court Monitor continues to work closely with both parties to ensure that the reviews are targeted, integrated and results orientated.

The development of a methodology for conducting a review of several cohorts of children with various permanency and placement characteristics including APPLA cases, reunification cases and adoption cases was in progress when the plaintiffs filed an assertion of noncompliance in May. While input from a variety of stakeholders was gathered and being considered in development of the methodology, the process has been put on hold pending the results of the negotiations now underway.

Juan F. **Action Plan Summary**
First Quarter Updates

- The point-in-time data submitted by the Department indicates some progress regarding children in overstay status in SAFE Homes. The number of children in SAFE Homes greater than 60 days, increased to 88 as of May 2008 in comparison with 59 children who were in overstay status as of February 2008. The same report indicates that 45 children were in placement longer than 60 days in a STAR/Shelter program as of May 2008; an increase from the 36 reported in February 2008. These point-in-time views are one view of this issue. In an effort to better understand the needs, treatment and outcomes for these children, a targeted review was completed and disseminated by the Court Monitor on March 18, 2008 ***"Juan F.*** Court Monitor's Review of Children in Overstay Status (>60Days) within Temporary Congregate Care Placement Settings and ***Juan F.*** Court Monitor's Review of Adolescents in Temporary Placement- Old Shelter Model Facilities".

- As of the date of this report, 52 therapeutic group homes are open with 2 additional homes anticipated to be opened (total of approximately 272 beds for the 54 homes).

- DCF has continued to exercise a focused review of children ages 12 and under who are being considered for congregate care placement. The number of children ages 12 and under in congregate care was 290 as of May 2008. This is a decrease from the 299 reported in November 2007. A review of the outcomes for diverted children would inform the effect and impact of these efforts to reduce reliance on congregate care.

- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and far too many children currently have this permanency goal. The Department has been far more vigorous in the consideration of selecting APPLA as a goal, but approximately 1300 children currently have APPLA as their permanency goal (pre-TPR and post-TPR). Ongoing reviews regarding children's needs being met indicate that those with APPLA goals often do not have their needs met. Ongoing efforts to review and inform case management decisions for these cases by Central Office, Area Office and Administrative Case Review staff continues. Development of a new methodology by the Court Monitor for reviewing and informing the parties of the needs of these youth is currently on hold pending the results of negotiations of the parties related to the current assertion of non-compliance.

- The Division of Foster Care monthly report for April 2008 indicates that there are 1,132 licensed foster homes (DCF regular) with 2,317 beds available. Additional foster care and adoptive resources are an essential component to address the well-documented needs and gridlock conditions that exist in the child welfare system. Sustainable improvements to placement and treatment needs of children will require the increased availability of foster and adoptive homes. Area Offices routinely struggle to locate foster care placement options that are appropriate matches for the children requiring this level of care. There are a significant number of children that are discharge-delayed

and languish in higher levels of care then clinically necessary waiting for foster/adoptive placement resources. This is a loss of 89 homes and loss of 149 beds from the totals report in January 2008.

- The practice of the Residential Care Teams (RCT) has been modified. Specific staff are assigned to specific area offices to encourage accountability in monitoring progress of the referral once a provider match has been made. The RCT staff is now responsible for faxing all clinical information to the facilities and ensuring that the clinical information is appropriate to determine that the child meets admission criteria. Facilities that experience high volume have specific staff from the Administrative Service Organization (ASO) assigned to them to address initial authorization and concurrent reviews. All children in residential treatment beyond two years have been identified and are being reviewed to determine the continued need for Residential treatment care and to facilitate discharge whenever appropriate. New clinical staff in the Bureau of Behavioral Health have been assigned the responsibility of working directly with residential providers. The ASO staff will begin joint site visits in July 2008 to facilitate better communication, treatment planning, and discharge outcomes.

- Area Office Directors have been given the task to develop plans to monitor children in residential treatment care with the intent of working toward a nine-month course of treatment. Meetings with in-state residential providers concerning this program adjustment and expectation have been ongoing. In addition, these meetings are addressing the disconnect between the services offered by in-state providers and the specific needs of children. The number of children being placed in out-of-state residential programs has been increasing each month.

- In-patient discharge delays have increased. Step-down programs are not readily available for these children, many of whom have complex needs.

- Electronic Connecticut Behavioral Health reports on all children in Emergency Departments are issued four times daily to track and monitor progress. Intensive Care Managers continue to have daily contact with Emergency Departments. The number of children served has increased and while the CARES unit continues to divert children, there are limited resources for those who require in-patient care. Children with Mental Retardation (MR)/Pervasive Developmental Delays (PDD) or those that are extremely assaultive and violent stay longer in the emergency departments and are less likely to be admitted to in-patient units. Use of out-of-state providers, specialty in-patient units, and Riverview Hospital has been utilized for these children. On-site Intensive Care managers' assistance with discharge and diversionary planning is ongoing, with utilization of Emergency Mobile Services (EMPS) in emergency departments. However, this is inconsistent across the state and is not allowed at some emergency department sites.

- A DCF contract with Value Options for a web-based registration process for the Child and Adolescent Needs and Strengths (CANS) is finalized and is being circulated for signature.

- The Building Blocks Project (five year grant) is in the second year of the grant and first year of implementation. Statewide opportunities for providers who work with children under the age of six are sponsored to assist in developing certification for infant Mental Health providers. The project is on target to reach project goals and is in good standing with the federal government. Oversight of this grant has been transferred to the Bureau of Behavioral Health to Prevention.

- All fourteen STAR homes are open and at full capacity. The last of the two old model shelter programs have been closed.

- Wait-lists for in-home services and out-patient services continue to exist on a regular basis. The implementation of the recent legislation regarding Families with Services Needs (FWSN) may be exacerbating the existing problem of timely provision of services due to the increasing number of children that the Department must serve via these referrals.

- Clinical rounds are held bi-weekly. In addition to the Residential Care Team, staff members from all four DCF facilities and selected program staff attend this review to track the wait-list for care against the immediate vacancy list. Identification of facilities in which vacancies consistently exist has been a focus of this process. Value Options is designing additional reports that will allow better tracking of the time between matching, facility acceptance of the child, and date of placement.

- The following are 9 identified populations of children outlined in the *Juan F.* Action Plan for regular updates on progress in meeting the children's permanency needs.

1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.
   Goal = 0 by 3/1/07.
   As of May 2008 there are 37 children.
2. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.
   Goal = 0 by 4/1/07.
   Previously, this category included the number of all cases with a reason indicated. This was a Department decision. The correct level should be all cases where no reason was chosen (it is blank). As of May 2008 there are 49 cases with no reason for not filing (blank). A review of the cases with compelling reasons is needed to assess the accuracy and appropriateness of the designated compelling reasons.
3. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90)
   as of November 2006.
   As of May 2008 there are 30 children with the permanency barrier titled no resource identified, 96 children with the permanency barrier of no barrier identified, and 130 that are blank. In addition, 16 have ICPC as a barrier, 31 cite a pending appeal, 3 have pending investigations, 64 indicate a special needs barrier, 23 are subsidy negotiation, 191 indicate that support is needed and 22 have foster parent indecision indicated.
4. Child post-TPR + goal of adoption + in care > 12 months + same barrier to adoption in place > 90 days (N=169) as of November 2006.
   As of May 2008 there are 192 children.
5. Child post-TPR + goal other than adoption (N=357) as of November 2006.
   As of May 2008 there are 302 children.
6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.
   As of May 2008 there are 13 children.
7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.
   As of May 2008 there are 502 children in this population.
8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months transfer of guardianship cases (N=133) as of November 2006.
   As of May 2008 there are 157 children in this population.
9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006.
   As of May 2008 there are 945 children in this population (113 are placed with a relative in a long term foster home arrangement).

- A Request for Proposal (RFP) for Emergency Mobile Psych Services (EMPS) was released in February 2008 for the first of the three phases of procurement for a new system. The RFP was rescinded in March 2008 and changes were made to sub-contracting terms. The RFP was reissued in May 2008 with responses due early in July 2008. Phase one of this project includes Greater Hartford and the Eastern portion of the state. DCF received approval from OPM to sole-service the Statewide Call Center to 211 and contract negotiations are taking place.

- The Family Conferencing model supports the principles behind the Treatment Plan and has been in use since late 2005. The strength-based practice creates an important framework for engagement that improves families and sets the stage for collaborative problem-solving. For this reason, Family Conferencing is an essential adjunct to the implementation of Structural Decision Making (SDM). The importance of an accurate needs assessment is a foundation of SDM and family conferencing/family engagement provide the appropriate collaborative framework for developing the assessment and formulation treatment plan goals and objectives with parents and parent identified kin.

  Family Conferencing data was not available. The consultant who has been working with the Department for two years is ending his contract on June 30, 2008. The Department chose not to renew this contract. A final annual report produced by the consultant is expected late in June.

  Social Work Trainees receive pre-service training in Family Conference principles. The need to address SWS training and support of supervision in this area is ongoing and to date has not been addressed in supervisory pre-service training. There is a need to enforce office-based coaching and support Family Conferencing and kinship casework. A dedicated resource to assist social workers in coordinating and facilitating Family Conferences for specific, complex case scenarios must be considered.

  Finally, Family Conferencing principles provide a perfect context for implementing Differential Response where needs assessment and timely service delivery are primary goals.

- The implementation of Structured Decision Making (SDM) continued through the previous quarter. Case readings to assess the progress and quality of the SDM data/information are ongoing and transitioning to each of the Area Offices. Contracted resources have been freed up to allow additional cases readings to occur. An ongoing challenge in the quality of SDM use is adherence and focus to definitional and documentation issues and completion rates. Case readings for ongoing services are scheduled to be completed by July 2008. Case reading trainings are concluded for all investigation staff and Hotline staff. In August 2008, case readings will begin to analyze the reunification process. While the recent and ongoing reviews conducted by the Court Monitor's office have not focused solely on SDM utilization or accuracy, the benefits and challenges have been noted by reviewers on numerous occasions, as SDM documentation is reviewed in conjunction with both the review of Outcome Measure 3

and 15, as well as, targeted reviews. Reviewers noted discrepancies between SDM scores and factual documentation within cases. Quarterly management reports are routinely being produced.

JUAN F. ACTION PLAN MONITORING REPORT
May 2008

This report includes data relevant to the permanency and placement issues and action steps embodied within the Action Plan. Data provided comes from several sources: the monthly point-in-time information from LINK, the Chapin Hall database and the Behavioral Health Partnership database.

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2008.

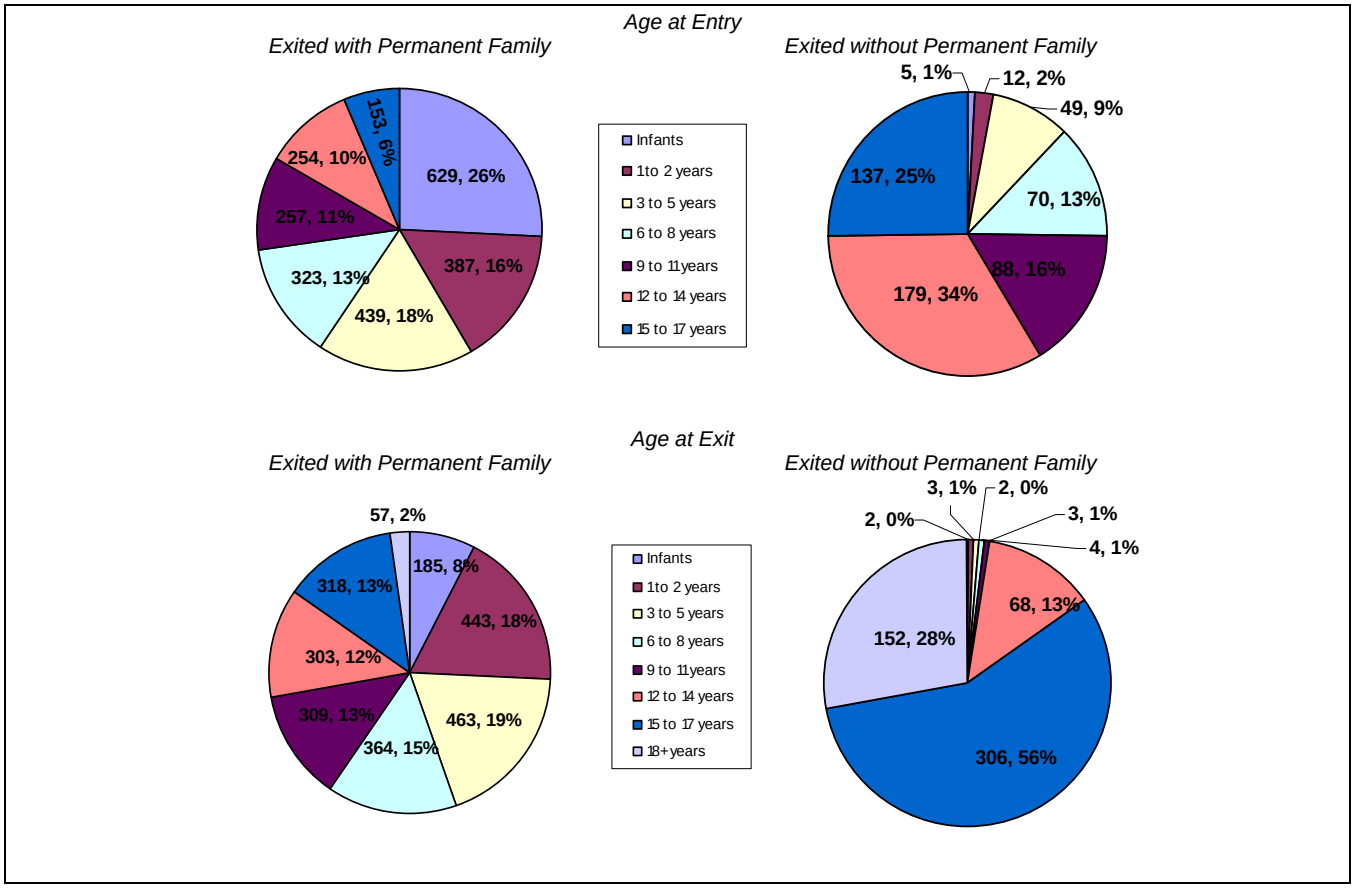
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	3103	3536	3198	3077	3391	2841	953
Permanent Exits							
In 1 yr	1183 38.1%	1396 39.5%	1222 38.2%	1086 35.3%	1222 36.0%		
In 2 yrs	1642 52.9%	2062 58.3%	1791 56.0%	1690 54.9%			
In 3 yrs	1967 63.4%	2366 66.9%	2074 64.9%				
In 4 yrs	2135 68.8%	2520 71.3%					
To Date	2244 72.3%	2591 73.3%	2217 69.3%	1903 61.8%	1798 53.0%	921 32.4%	118 12.4%
Non-Permanent Exits							
In 1 yr	273 8.8%	248 7.0%	231 7.2%	282 9.2%	247 7.3%		
In 2 yrs	331 10.7%	319 9.0%	303 9.5%	363 11.8%			
In 3 yrs	364 11.7%	365 10.3%	364 11.4%				
In 4 yrs	403 13.0%	392 11.1%					
To Date	449 14.5%	411 11.6%	395 12.4%	409 13.3%	324 9.6%	235 8.3%	37 3.9%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Unknown Exits							
In 1 yr	110 3.5%	157 4.4%	133 4.2%	127 4.1%	118 3.5%		
In 2 yrs	140 4.5%	199 5.6%	181 5.7%	178 5.8%			
In 3 yrs	166 5.3%	230 6.5%	228 7.1%				
In 4 yrs	189 6.1%	259 7.3%					
To Date	213 6.9%	272 7.7%	247 7.7%	203 6.6%	151 4.5%	58 2.0%	5 .5%
Remain In Care							
In 1 yr	1537 49.5%	1735 49.1%	1612 50.4%	1582 51.4%	1804 53.2%		
In 2 yrs	990 31.9%	956 27.0%	923 28.9%	846 27.5%			
In 3 yrs	606 19.5%	575 16.3%	532 16.6%				
In 4 yrs	376 12.1%	365 10.3%					
To Date	197 6.3%	262 7.4%	339 10.6%	562 18.3%	1118 33.0%	1627 57.3%	793 83.2%

The following graphs show how the ages of children upon their entry to care, as well as at the time of exit, differ depending on the overall type of exit (permanent or non-permanent).

FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2007 EXIT COHORT)



Permanency Goals:

The following chart illustrates and summarizes the number of children at various stages of placement episodes, and provides the distribution of Permanency Goals selected for them.

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON MAY 1, 2008[9])

Is the child legally free (his or her parents' rights have been terminated)?

Yes
934
Goals of:
632 (68%) Adoption
276 (30%) APPLA
14 (1%) Relatives
8 (1%) BLANK
2 (0%) Reunify
2 (0%) Trans. of Guardian: Sub

No
↓ 4037

Has the child been in care more than 15 months?

No
1,969

Yes
↓ 2,068

Has a TPR proceeding been filed?

Yes
502
Goals of:
345 (69%) Adoption
90 (18%) APPLA
37 (7%) Reunify
17 (3%) Trans. of Guardian: Sub/Unsub
11 (2%) Relatives
2 (0%) BLANK

No
↓ 1,566

Is a reason documented not to file TPR?

Yes
1,329
Goals of:
716 (54%) APPLA
271 (20%) Reunify
124 (9%) Adoption
112 (9%) Trans. of Guardian: Sub/Unsub
104 (8%) Relatives
2 (0%) BLANK

Documented Reasons:
72% Compelling Reason
15% Child is with relative
7% Petition in process
5% Service not provided

No
237
Goals of:
111 (47%) Reunify
70 (30%) APPLA
26 (11%) Adoption
16 (7%) Trans. of Guardian: Sub
9 (4%) BLANK
5 (2%) Relatives

[9] Children over age 18 are included in these figures.

Preferred Permanency Goals:

Reunification	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008
Total number of children with Reunification goal, pre-TPR and post-TPR	2049	2042	1894	1849	1747	1755
Number of children with Reunification goal pre-TPR	2037	2023	1876	1842	1743	1753
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	418	430	461	478	415	419
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	78	83	74	67	50	55
Number of children with Reunification goal, post-TPR	12	19	18	7	4	2

Transfer of Guardianship (Subsidized and Non-Subsidized)	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	319	305	288	279	268	254
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	318	305	288	278	266	252
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	92	87	85	88	85	73
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	31	30	28	35	34	28
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	1	0	0	1	2	2

Adoption	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008
Total number of children with Adoption goal, pre-TPR and post-TPR	1319	1335	1303	1352	1346	1305
Number of children with Adoption goal, pre-TPR	707	733	701	689	692	673

Adoption	**May 2007**	**June 2007**	**Aug 2007**	**Nov 2007**	**Feb 2008**	**May 2008**
Number of children with Adoption goal, TPR not filed, >= 15 months in care	118	130	115	121	147	150
• Reason TPR not filed, Compelling Reason	23	25	18	19	24	25
• Reason TPR not filed, petitions in progress	62	62	50	71	79	65
• Reason TPR not filed , child is in placement with relative	14	16	18	20	24	16
• Reason TPR not filed, services needed not provided	9	11	13	2	8	18
• Reason TPR not filed, blank	10	16	16	9	12	26
Number of cases with Adoption goal post-TPR	612	602	602	663	654	632
• Number of children with Adoption goal, post-TPR, in care >= 15 months	571	562	572	618	620	592
• Number of children with Adoption goal, post-TPR, in care >= 22 months	494	489	490	513	515	508
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	93	79	57	67	73	74
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	319	334	338	373	373	344
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	75	69	71	95	81	71

Progress Towards Permanency:	**May 2007**	**June 2007**	**Aug 2007**	**Nov 2007**	**Feb 2008**	**May 2008**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	199	200	272	162	197	237

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008
Total number of children with Long Term Foster Care Relative goal	203	197	182	172	165	146
Number of children with Long Term Foster Care Relative goal, pre-TPR	189	182	167	160	150	132
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	40	36	37	29	26	20
Long Term Foster Care Rel. goal, post-TPR	14	15	15	12	15	14
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	5	6	6	6	5	5

APPLA*	May 2007*	June 2007*	Aug 2007	Nov 2007	Feb 2008	May 2008
Total number of children with APPLA goal	1410	1396	1347	1302	1281	1266
Number of children with APPLA goal, pre-TPR	1102	1093	1057	1027	1008	990
• Number of children with APPLA goal, 12 years old and under, pre-TPR	115	111	102	81	73	72
Number of children with APPLA goal, post-TPR	308	303	290	275	273	276
• Number of children with APPLA goal, 12 years old and under, post-TPR	52	53	49	38	36	38
* Columns prior to Aug 07 had previously been reported separately as APPLA: Foster Care Non-Relative and APPLA: Other. The values from each separate table were added to provide these figures. Currently there is only one APPLA goal.						

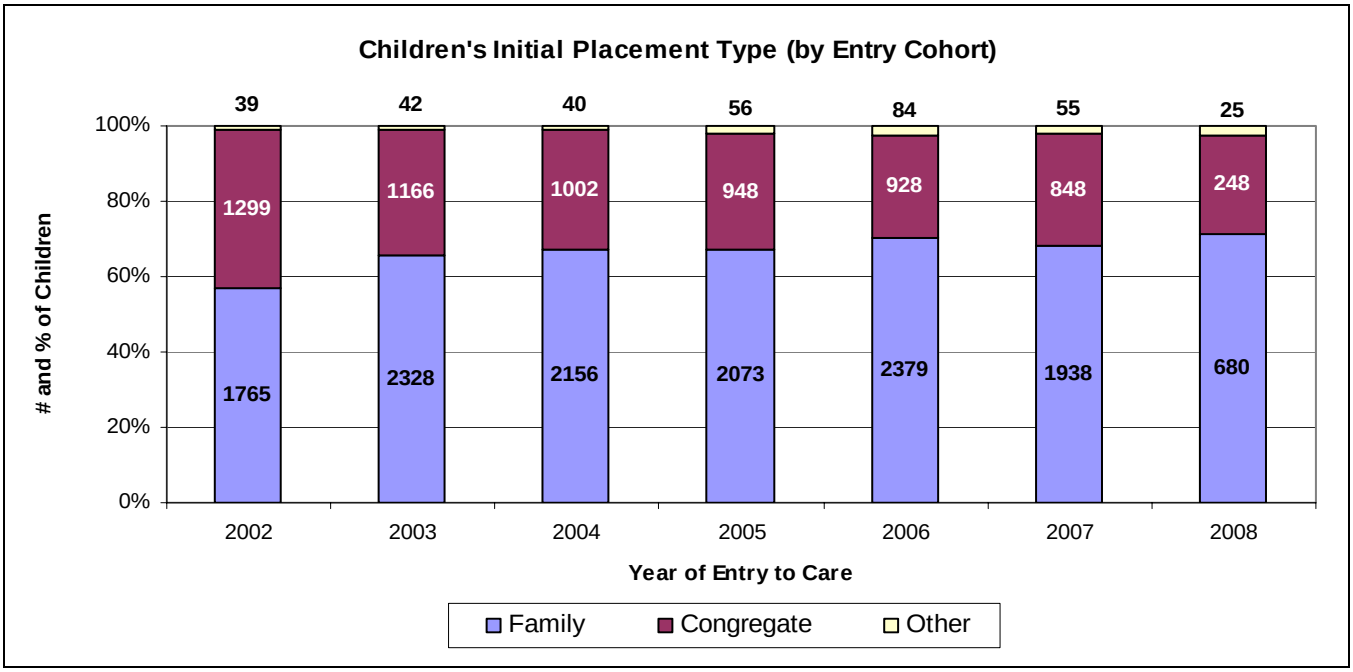
Missing Permanency Goals:

	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	36	42	23	27	47	51
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	7	9	3	11	13	21
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	2	3	2	11	12	13
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	1	1	1	5	6	11

B. PLACEMENT ISSUES

Placement Experiences of Children

The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2008.

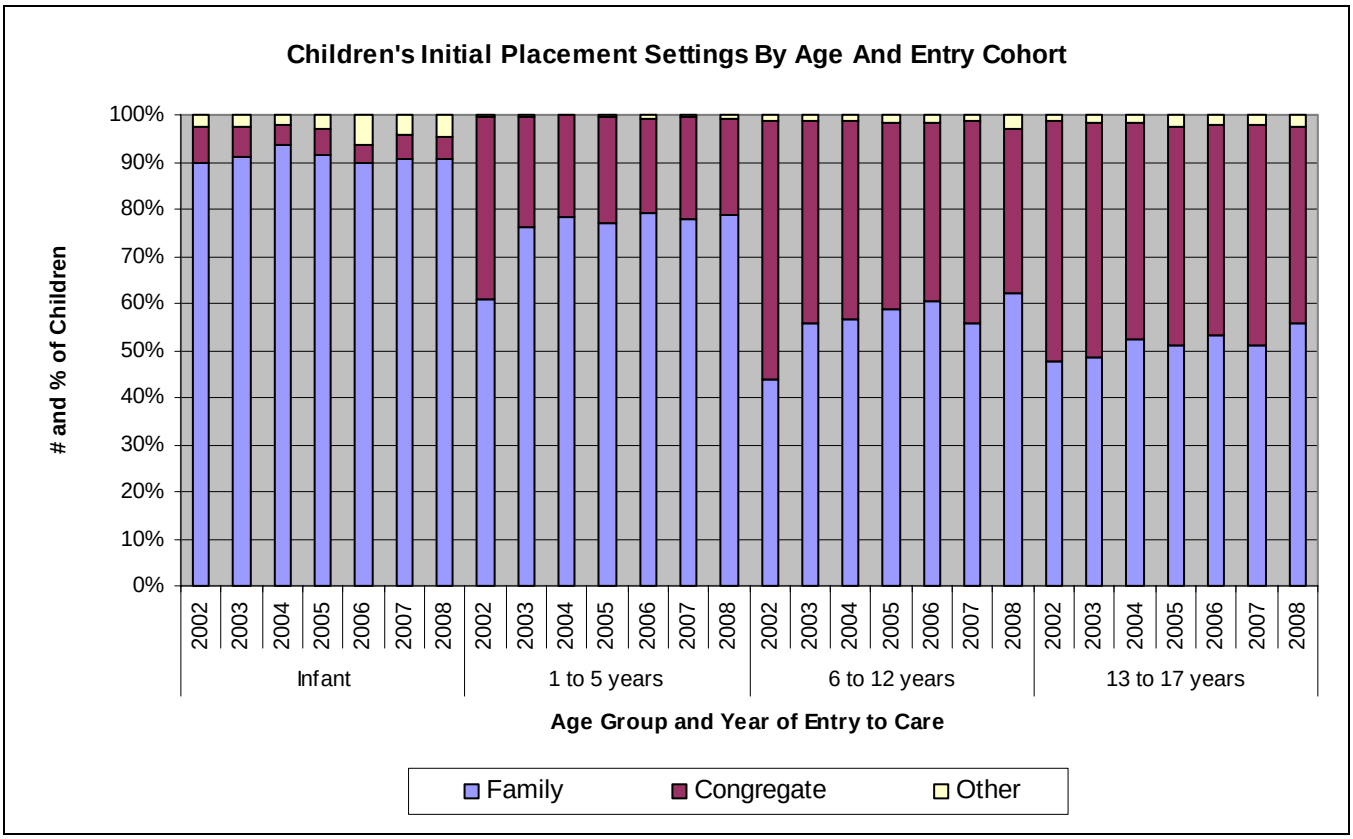


The next table shows specific care types used month-by-month for entries between May 2007 and April 2008.

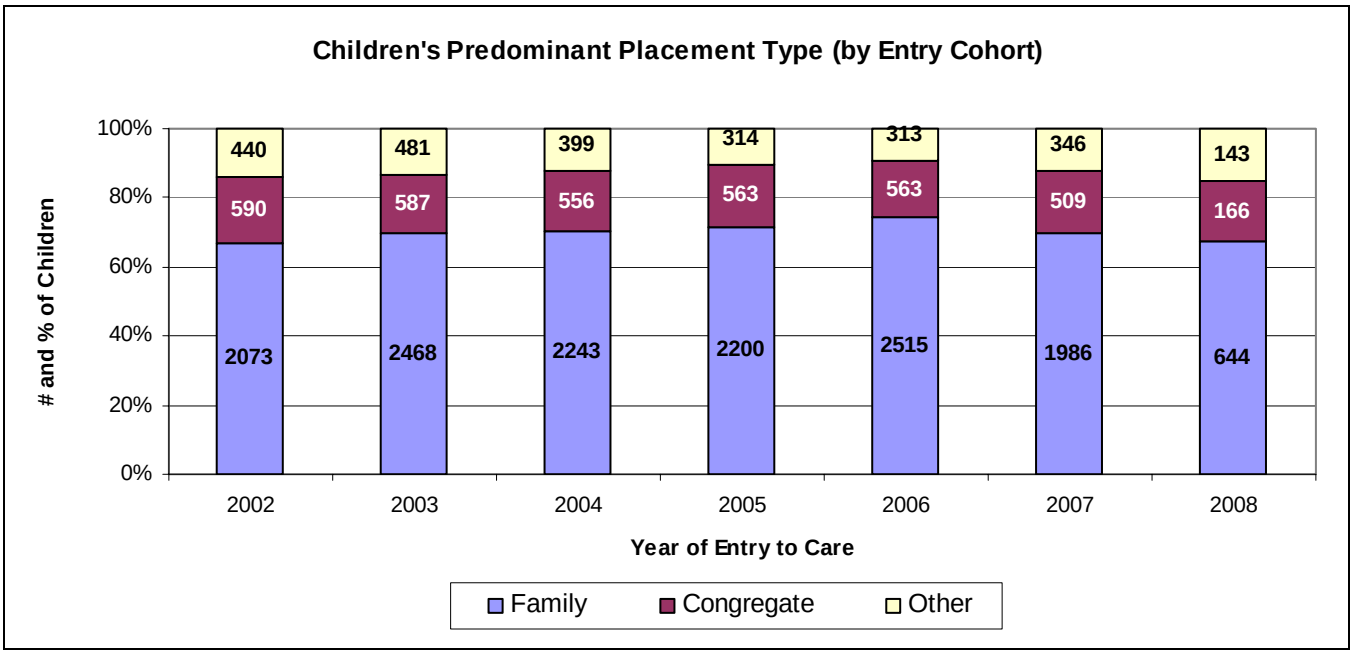
Case Summaries

First placement type		enter May07	enter Jun07	enter Jul07	enter Aug07	enter Sep07	enter Oct07	enter Nov07	enter Dec07	enter Jan08	enter Feb08	enter Mar08	enter Apr08
Residential	N	19	23	18	26	30	19	10	18	18	17	20	24
	%	8.6%	9.9%	8.0%	10.3%	12.7%	7.8%	4.1%	10.6%	7.3%	7.6%	8.6%	9.6%
DCF Facilities	N	4	3	3	9	2	5	7	5	1	6	4	2
	%	1.8%	1.3%	1.3%	3.6%	.8%	2.0%	2.9%	2.9%	.4%	2.7%	1.7%	.8%
Foster Care	N	118	113	117	127	99	125	114	98	122	108	135	142
	%	53.4%	48.5%	52.0%	50.2%	41.9%	51.0%	46.5%	57.6%	49.6%	48.2%	57.9%	56.8%
Group Home	N		8	5	2	3	6	7	2	4	2	5	6
	%		3.4%	2.2%	.8%	1.3%	2.4%	2.9%	1.2%	1.6%	.9%	2.1%	2.4%
Independent Living	N	1		1							1		
	%	.5%		.4%							.4%		
Relative Care	N	34	36	21	44	35	26	47	21	44	44	18	31
	%	15.4%	15.5%	9.3%	17.4%	14.8%	10.6%	19.2%	12.4%	17.9%	19.6%	7.7%	12.4%
Medical	N	5	2	4	7	7	8	4	1	5	4	5	10
	%	2.3%	.9%	1.8%	2.8%	3.0%	3.3%	1.6%	.6%	2.0%	1.8%	2.1%	4.0%
Safe Home	N	27	28	35	18	42	38	36	18	27	18	23	21
	%	12.2%	12.0%	15.6%	7.1%	17.8%	15.5%	14.7%	10.6%	11.0%	8.0%	9.9%	8.4%
Shelter	N	9	10	12	11	14	13	11	3	14	11	16	9
	%	4.1%	4.3%	5.3%	4.3%	5.9%	5.3%	4.5%	1.8%	5.7%	4.9%	6.9%	3.6%
Special Study	N	4	10	9	9	4	5	9	4	11	13	7	5
	%	1.8%	4.3%	4.0%	3.6%	1.7%	2.0%	3.7%	2.4%	4.5%	5.8%	3.0%	2.0%
Total	N	221	233	225	253	236	245	245	170	246	224	233	250
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The chart below shows the change in level of care usage over time for different age groups.



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2002 through 2008 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between May 2007 and April 2008, and the portion of those exits within each placement type from which they exited.

Case Summaries

Last placement type in spell (as of censor date)		exit May07	exit Jun07	exit Jul07	exit Aug07	exit Sep07	exit Oct07	exit Nov07	exit Dec07	exit Jan08	exit Feb08	exit Mar08	exit Apr08
Residential	N	14	41	24	53	13	17	26	16	21	20	18	27
	%	4.9%	12.2%	8.5%	14.2%	4.8%	7.7%	8.9%	6.2%	8.9%	9.2%	7.3%	12.5%
DCF Facilities	N	2	5	4	9	2	4	4	3	1	4	5	1
	%	.7%	1.5%	1.4%	2.4%	.7%	1.8%	1.4%	1.2%	.4%	1.8%	2.0%	.5%
Foster Care	N	159	158	131	168	118	104	133	141	113	102	122	116
	%	55.6%	47.2%	46.3%	44.9%	43.9%	47.1%	45.4%	54.2%	47.9%	46.8%	49.2%	53.7%
Group Home	N	13	13	19	16	16	11	11	8	7	11	9	15
	%	4.5%	3.9%	6.7%	4.3%	5.9%	5.0%	3.8%	3.1%	3.0%	5.0%	3.6%	6.9%
Independent Living	N	6	6	8	9	10	5	9	2	3	4	6	
	%	2.1%	1.8%	2.8%	2.4%	3.7%	2.3%	3.1%	.8%	1.3%	1.8%	2.4%	
Relative Care	N	55	77	63	69	60	46	66	55	61	48	52	30
	%	19.2%	23.0%	22.3%	18.4%	22.3%	20.8%	22.5%	21.2%	25.8%	22.0%	21.0%	13.9%
Medical	N	1	1	3	1	1	3	2	3		4	4	1
	%	.3%	.3%	1.1%	.3%	.4%	1.4%	.7%	1.2%		1.8%	1.6%	.5%
Safe Home	N	16	14	16	14	19	12	21	11	9	8	12	6
	%	5.6%	4.2%	5.7%	3.7%	7.1%	5.4%	7.2%	4.2%	3.8%	3.7%	4.8%	2.8%
Shelter	N	10	6	7	4	15	6	13	12	15	9	9	7
	%	3.5%	1.8%	2.5%	1.1%	5.6%	2.7%	4.4%	4.6%	6.4%	4.1%	3.6%	3.2%
Uknown	N	1		2	3	3	1		1	1		2	2
	%	.3%		.7%	.8%	1.1%	.5%		.4%	.4%		.8%	.9%
PSS	N	9	14	6	28	12	12	8	8	5	8	9	11
	%	3.1%	4.2%	2.1%	7.5%	4.5%	5.4%	2.7%	3.1%	2.1%	3.7%	3.6%	5.1%
Total	N	286	335	283	374	269	221	293	260	236	218	248	216
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on April 1, 2008 organized by length of time in care.

Primary type of spell (>50%) * Duration Category Crosstabulation

			Duration Category							
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Primary type of spell (>50%)	Residential	Count	24	33	40	116	71	149	179	612
		% of Row	3.9%	5.4%	6.5%	19.0%	11.6%	24.3%	29.2%	100.0%
		% of Col	10.4%	8.8%	8.7%	13.0%	11.4%	10.8%	11.1%	11.0%
	DCF Facilities	Count	2	8	8	22	4	20	11	75
		% of Row	2.7%	10.7%	10.7%	29.3%	5.3%	26.7%	14.7%	100.0%
		% of Col	.9%	2.1%	1.7%	2.5%	.6%	1.5%	.7%	1.3%
	Foster Care	Count	110	162	186	376	277	737	914	2762
		% of Row	4.0%	5.9%	6.7%	13.6%	10.0%	26.7%	33.1%	100.0%
		% of Col	47.8%	43.1%	40.6%	42.2%	44.3%	53.5%	56.5%	49.5%
	Group Home	Count	5	5	12	15	15	46	65	163
		% of Row	3.1%	3.1%	7.4%	9.2%	9.2%	28.2%	39.9%	100.0%
		% of Col	2.2%	1.3%	2.6%	1.7%	2.4%	3.3%	4.0%	2.9%
	Independent Living	Count	0	1	0	2	1	3	2	9
		% of Row	.0%	11.1%	.0%	22.2%	11.1%	33.3%	22.2%	100.0%
		% of Col	.0%	.3%	.0%	.2%	.2%	.2%	.1%	.2%
	Relative Care	Count	38	68	112	216	159	253	145	991
		% of Row	3.8%	6.9%	11.3%	21.8%	16.0%	25.5%	14.6%	100.0%
		% of Col	16.5%	18.1%	24.5%	24.2%	25.4%	18.4%	9.0%	17.8%
	Medical	Count	6	8	1	6	3	2	3	29
		% of Row	20.7%	27.6%	3.4%	20.7%	10.3%	6.9%	10.3%	100.0%
		% of Col	2.6%	2.1%	.2%	.7%	.5%	.1%	.2%	.5%
	Mixed (none >50%)	Count	1	1	5	20	24	81	223	355
		% of Row	.3%	.3%	1.4%	5.6%	6.8%	22.8%	62.8%	100.0%
		% of Col	.4%	.3%	1.1%	2.2%	3.8%	5.9%	13.8%	6.4%
	Safe Home	Count	28	45	49	63	17	13	7	222
		% of Row	12.6%	20.3%	22.1%	28.4%	7.7%	5.9%	3.2%	100.0%
		% of Col	12.2%	12.0%	10.7%	7.1%	2.7%	.9%	.4%	4.0%
	Shelter	Count	9	21	20	14	10	4	1	79
		% of Row	11.4%	26.6%	25.3%	17.7%	12.7%	5.1%	1.3%	100.0%
		% of Col	3.9%	5.6%	4.4%	1.6%	1.6%	.3%	.1%	1.4%
	Special Study	Count	4	22	20	36	40	68	56	246
		% of Row	1.6%	8.9%	8.1%	14.6%	16.3%	27.6%	22.8%	100.0%
		% of Col	1.7%	5.9%	4.4%	4.0%	6.4%	4.9%	3.5%	4.4%
	Unknown	Count	3	2	5	5	4	2	11	32
		% of Row	9.4%	6.3%	15.6%	15.6%	12.5%	6.3%	34.4%	100.0%
		% of Col	1.3%	.5%	1.1%	.6%	.6%	.1%	.7%	.6%
Total		Count	230	376	458	891	625	1378	1617	5575
		% of Row	4.1%	6.7%	8.2%	16.0%	11.2%	24.7%	29.0%	100.0%
		% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008
Total number of children 12 years old and under, in Congregate Care	317	319	312	290	299	290
• Number of children 12 years old and under, in DCF Facilities	18	17	10	16	14	11
• Number of children 12 years old and under, in Group Homes	51	53	50	53	54	51
• Number of children 12 years old and under, in Residential	70	71	70	59	53	58
• Number of children 12 years old and under, in SAFE Home	145	146	139	130	120	143
• Number of children 12 years old and under, in Permanency Diagnostic Center	18	17	15	19	21	15
• Number of children 12 years old and under in MH Shelter	15	15	10	9	11	10
Total number of children ages 13-17 in Congregate Placements	989	982	967	952	943	906

Use of SAFE Homes, Shelters and PDCs

The analysis below provides longitudinal data for children who entered care in Safe Homes, Permanency Diagnostic Centers and Shelters.

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	**3103**	**3536**	**3198**	**3077**	**3391**	**2841**	**953**
SAFE Homes & PDCs	729 23%	629 18%	453 14%	392 13%	395 12%	382 13%	89 9%
Shelters	166 5%	132 4%	147 5%	176 6%	111 3%	135 5%	50 5%
Total	895 29%	761 22%	600 19%	568 18%	506 15%	517 18%	139 15%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Initial Placements	**895**	**761**	**600**	**568**	**506**	**517**	**139**
<= 30 days	350 39%	308 40%	249 42%	241 42%	184 36%	162 31%	68 49%
31 - 60	285 32%	180 24%	102 17%	112 20%	73 14%	72 14%	26 19%
61 - 91	106 12%	119 16%	81 14%	76 13%	86 17%	79 15%	32 23%
92 - 183	103 12%	106 14%	125 21%	99 17%	117 23%	143 28%	13 9%
184+	51 6%	48 6%	43 7%	40 7%	46 9%	61 12%	0 0%

The following is the point-in-time data taken from the monthly LINK data.

Placement Issues	**Mar 2007**	**May 2007**	**June 2007**	**Aug 2007**	**Nov 2007**	**Feb 2008**	**May 2008**
Total number of children in SAFE Home	179	170	168	160	143	133	154
Number of children in SAFE Home, > 60 days	99	107	114	100	81	59	88
Number of children in SAFE Home, >= 6 months	25	33	38	34	18	21	26
Total number of children in STAR/Shelter Placement	78	83	87	77	95	93	71
Number of children in STAR/Shelter Placement, > 60 days	35	39	46	39	50	36	45
Number of children in STAR/Shelter Placement, >= 6 months	10	8	8	8	9	10	8
Total number of children in Permanency Planning Diagnostic Center	18	22	20	17	22	23	18
Total number of children in Permanency Planning Diagnostic Center, > 60 days	15	16	17	14	14	13	14
Total number of children in Permanency Planning Diagnostic Center, >= 6 months	8	9	8	5	6	7	5
Total number of children in MH Shelter	15	16	16	12	12	15	12
Total number of children in MH Shelter, > 60 days	13	14	16	12	11	11	11
Total number of children in MH Shelter, >= 6 months	6	6	5	8	9	9	7

Time in Residential Care

Placement Issues	March 2007	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008
Total number of children in Residential care	675	674	685	657	633	614	613
• Number of children in Residential care, >= 12 months in Residential placement	215	226	232	227	200	190	166
• Number of children in Residential care, >= 60 months in Residential placement	6	7	7	6	7	7	5

Appendix 2

The Department of Children & Families
Juan F. Exit Plan Outcome
Measure Summary Report for First Quarter:
January 1, 2008 –March 31, 2008

Juan F. v Rell
Exit Plan

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

Exit Plan Outcome Measures
Summary Report
First Quarter 2008
January 1, 2008 - March 31, 2008

June 2008

Submitted by:
Department of Children and Families
505 Hudson Street, 10th Floor
Hartford, CT 06106
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Exit Plan Outcome Measures
Summary Report
First Quarter 2008

Contents

Commissioner's Highlights
First Quarter 2008 Exit Plan Report
May 2008

Four years of dedicated, hard work by Department staff under the *Juan F.* Exit Plan has brought us to the point where it is established practice that we consistently meet or come close to meeting 20 of its 22 goals. In the First Quarter of 2008, 16 goals were achieved, three additional measures came within four percent of the goal and a final measure came within 8.3 percent of the goal. Of the 16 goals met, eight exceeded or tied the highest level of performance in the history of the Exit Plan. It is a measure of our staff's success, and the ability to work together as a team with families, communities and other stakeholders, that the discussion around the Exit Plan is now limited primarily to two critical remaining measures -- treatment planning and meeting children's needs.

At the same time, I must make clear that we cannot and must not be content with the level of achievement to date and cannot allow ourselves to maintain the "improvement plateau" that we seem to have hit -- having met 16 or 17 goals for each of the last seven quarters. To the contrary, this is the time for us to increase our intensity and focus with even greater concentration on the challenges that remain in relation to Outcome Measures 3 (treatment planning) and 15 (needs met). More specifically, we need to clearly and consistently document goals, action steps and progress in our treatment plans and ensure timely access to necessary medical, dental and behavioral health services. In addition, we need to dramatically reduce the inappropriate use of the non-preferred or alternative permanency goal of Another Planned Permanent Living Arrangement ("APPLA"). Toward that end, we will be implementing some immediate action steps that will need to be implemented to improve our performance in these areas.

1Q 2008 (January 1 - March 31, 2008) Exit Plan Report Outcome Measure Overview																		
Measure	Measure	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007	4Q 2007	1Q 2008
1: **Investigation Commencement**	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%	97.0%	97.4%	97.8%
2: **Investigation Completion**	>=85%	64.2%	68.8%	83.5%	91.7%	92.6%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%	94.2%	92.9%	91.5%
3: **Treatment Plans****	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3%	30%	51%	58.8%
4: **Search for Relatives***	>=85%	X	X	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92%	93.8%	91.4%	93.6%	95.3%
5: **Repeat Maltreatment**	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.4%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%	6.1%	5.4%	5.7%
6: **Maltreatment OOH Care**	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	0.2%	0.0%	0.3%	0.2%	0.2%
7: **Reunification***	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%	65.5%	58.0%	56.5%
8: **Adoption**	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.0%	36.9%	27%	33.6%	34.5%	40.6%	36.2%	35.5%	41.5%
9: **Transfer of Guardianship**	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%	76.8%	80.8%	70.4%
10: **Sibling Placement***	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%	83.3%	85.2%	86.7%
11: **Re-Entry**	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%	9.0%	7.8%	11.0%
12: **Multiple Placements**	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	95.6%	95%	96.3%	96.0%	94.4%	92.7%	91.2%
13: **Foster Parent Training**	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: **Placement Within Licensed Capacity**	>=96%	88.3%	92%	93%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	97.1%	96.9%	96.8%	96.4%
15: **Needs Met****	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%	64%	47.1%	58.8%
16: **Worker-Child Visitation (OOH)***	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 93.1%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%	94.8% 98.7%	94.6% 98.5%	95.9% 99.1%
17: **Worker-Child Visitation (IH)***	>=85%	39%	40%	46%	33%	71.2%	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%	89.4%	89.9%	90.8%
18: **Caseload Standards+**	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
19: **Residential Reduction**	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%	10.8%	10.9%	10.5%
20: **Discharge Measures**	>=85%	74%	52%	93%	83%	X	X	95%	92%	85%	91%	100%	100%	98%	100%	95%	96%	92%
21: **Discharge to DMHAS and DMR**	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%	95%	96%	97%
22: **MDE**	>=85%	19%	24.5%	48.9%	44.7%	55.4%	52.1%	58.1%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%	95.2%	96.4%	98.7%

Below is a summary of our accomplishments and remaining challenges:

ACCOMPLISHMENTS

Department staff met the following 16 outcomes in the first quarter of 2008:

- Commencement of Investigations: The goal of 90 percent was exceeded for the fourteenth quarter in a row with a current achievement of 97.8 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 91.5 percent of cases, also exceeding the goal of 85 percent for the fourteenth consecutive quarter.
- Search for Relatives: For the tenth consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 95.3 percent of children, ***our best performance since the beginning of the Exit Plan***.
- Repeat Maltreatment: For the fourth consecutive quarter, staff exceeded the goal of 7 percent by achieving 5.7 percent, ***our best performance since the beginning of the Exit Plan.***
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the seventeenth consecutive quarter with an actual measure of 0.2 percent.
- Timely Adoption: For the sixth consecutive quarter, staff exceeded the 32 percent goal for finalizing adoptions within two years of a child's entering care by meeting the goal in 41.5 percent of adoptions in the quarter, ***our best performance since the beginning of the Exit Plan***.
- Timely Transfer of Guardianship: For the seventh consecutive quarter, staff exceeded the 70 percent goal for achieving a transfer within two years of a child's removal with a performance of 70.4 percent.
- Multiple Placements: For the sixteenth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 91.2 percent.
- Foster Parent Training: For the sixteenth consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the seventeenth consecutive quarter, staff met the 96 percent goal with an actual rate of 96.4 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the tenth consecutive quarter staff have exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95.9 percent of applicable cases, ***our best performance since the beginning of the Exit Plan***.
- Worker to Child Visitation in In-Home Cases: For the tenth consecutive quarter, workers met required visitation frequency in 90.8 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the sixteenth quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the eighth consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by hitting 10.5 percent, ***our best performance since the beginning of the Exit Plan***.

- Discharge Measures: For the eleventh consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 92 percent of applicable cases.
- Multi-disciplinary Exams: For the ninth consecutive quarter, staff met the 85 percent goal by ensuring that 96.7 percent of children entering care received a timely multi-disciplinary exam, ***our best performance since the beginning of the Exit Plan***.

CHALLENGES

It is precisely because we have met or nearly met 20 of the 22 Exit Plan outcome measures that so much attention, both externally and internally, is devoted to the two that remain. Despite advancing in much of our work, significant improvements in treatment planning and the timely provision of appropriate services are necessary for the Department to support vulnerable children and families in the best way possible.

Effective treatment planning is built around family participation, and the Department has and continues to offer enhanced and expanded pre-service and in-service training on kinship casework and family conferencing. In addition, a training video has been produced and is available at every area office and at the Training Academy. Parent advocates, system of care providers and care coordinators receive consultation to promote family participation, and the Bureau of Continuous Quality Improvement tracks data on the use and effectiveness of the family conferencing model in our casework. In addition, eight Intensive Care Managers, who specialize in securing community services to prevent out-of-home placement, are deployed to the area offices to assist in treatment planning for children with the most complex needs. Finally, the Administrative Case Review (ACR) process has been modified so that treatment plans are examined in accordance with the criteria used by the Court Monitor in measuring performance on Outcome Measure 3. ACR staff are now required to provide area office staff with written feedback within two days, and this feedback reflects any changes that should occur to the treatment plan in order to improve the treatment planning for that child.

As a result of all these efforts, 58.8 percent of treatment plans met the standards in the Court Monitor's case review in the First Quarter 2008 -- *approximately a 30 percent increase over last quarter and the highest level recorded under the Exit Plan to date.* I am confident that further progress will be demonstrated.

The outcome measure for meeting the needs of children is more complex and presents a series of challenges to the way Connecticut and the Department provides services to vulnerable children. The Department is focusing on improving access to timely and appropriate behavioral health and other services, securing care in the most home-like and least restrictive setting appropriate for the particular child and promoting timely permanency for more children.

First and foremost, we are committed to preventing children from entering care to begin with and, where that cannot be achieved consistent with child safety, to reunifying children with their biological families as quickly as safely possible. We have promising trends to report in

this regard. The number of children in care has declined by 883 children or 13.7 percent from September 2004 (6,422) to May 2008 (5,539). Meanwhile, the number of families served in in-home cases has increased by 1,067 families or 37% from January 2002 (2835) to January 2008 (3902).

A number of initiatives have supported these trends, including Structured Decision Making, Family Conferencing, and Reconnecting Families, an initiative to provide services that families need to enable and support reunification shortly after the point of removal. Reconnecting Families began statewide operation in April and at least 336 families will receive services designed to promote a quick and safe reunification. In addition, the Department's capacity to serve about 2,000 children and families with intensive in-home services to meet their behavioral health needs -- including the substance abuse treatment needs of parents -- has been greatly instrumental in this trend toward fewer children in care. This capacity to provide intensive in-home clinical services was virtually non-existent prior to 2005.

In addition, the development of a Differential Response System (DRS) represents a major shift in how child welfare is practiced in Connecticut and extends the realistic expectation (based on the experience of other jurisdictions) that fewer children will be abused or neglected and fewer children will enter state care. DRS utilizes a non-blaming, strength-based, assessment approach to engage families in identifying needs for the majority of accepted reports to the Hotline. There is no associated substantiation or placement of any adult on the Central Registry. The traditional forensic-based approach of a child protective services investigation will be utilized only for those cases indicating serious injury or risk of immediate harm to a child. Currently, several community partners are involved with DCF in planning this effort, which is expected to be implemented statewide in State Fiscal Year 2009.

Another measure of improvement is that the percentage of children in care who are in a residential placement stands at 10.5 percent, which is the lowest level under the Exit Plan. The number of children served in a residential placement has remained below 600 since February when that threshold was crossed for the first time under the Exit Plan. As of May 12, 2008, there were 292 fewer children in residential placement, representing a reduction of about one-third since April, 2004 when 889 children were in residential programs. There has also been a 27 percent reduction in the children served in a residential program out of state since September 2004.

A key factor in reducing reliance on residential placements is the development of 51 therapeutic group homes (TGH) since the Spring of 2005, and the development of three more during the balance of this fiscal year, which allows us to serve approximately 278 youth in the most family-like and community-based setting possible based on their clinical needs. A Youth Advisory Board meets monthly and convenes up to 35 youth from TGH programs around the state to offer a consumer perspective on improving services. A contract has recently been awarded for a full and ongoing evaluation focusing on the success youth have upon transitioning from the homes.

We also recognize that, along with the promising signs of progress in meeting children's behavioral health needs, too many children experience discharge delays and too many children receive care in congregate settings as opposed to family homes. We are committed to improving the retention of existing foster homes and the recruitment of new foster homes so that more children can live with families.

A wide variety of initiatives are underway to address these ongoing challenges, including work to better match individual children to appropriate treatment settings and to discharge children who no longer require and benefit from their current treatment setting. Improvements to Emergency Mobile Psychiatric Services, including an expansion of the hours of available service, are expected to take effect later this calendar year and promise to divert more children from the most intensive in-patient settings and to increase the number of children served in family and community settings. Also contributing to that outcome, eleven additional Enhanced Care Clinics became operational in March to provide more timely access to community based behavioral health services. In addition, work is underway to strengthen the local systems of care and "Wraparound" service models. Also, greater scrutiny is being applied for all referrals to residential care for children under the age of 12 through the use of case conferences with top-level behavioral health administration.

In addition to enhancing the capacity to provide community based treatment services, the Department is also carrying out a variety of initiatives to find more family resources and to better promote permanency for all the children in care. More specifically, the Department now is in the midst of a targeted radio advertising, community event, and Internet recruitment drive for more foster and adoptive homes. This is unfolding as the Department is developing new plans to focus efforts on improving: (1) how we retain foster families, and (2) how we engage families who have already indicated their interest in foster care or adoption by calling the 888-KID-HERO line and are in the pre-licensing process. This plan will be data driven and derived from the characteristics of children who need family homes. In addition, a Request for Information (RFI) was recently released seeking input from the provider community on ways to improve treatment and therapeutic foster care, with a focus on assessments, the transition from congregate care to family homes and preventing disruptions. The RFI is asking for ways to improve services to prevent disruptions, including day care, intensive in home psychiatric services, peer specialists, emergency mobile psychiatric services, respite and mentoring.

The Department is working to improve permanency planning for all children in care. The use of an APPLA designation, instead of a preferred permanency goal of reunification, adoption or transfer of guardianship, is being carefully scrutinized, and Department policy now requires prior approval from a multi-disciplinary team prior to selecting that permanency goal for a child. Further, children for whom progress toward permanency is unsatisfactory are being identified through automated reports and will also be the subject of multi-disciplinary teams' efforts to promote achievement of the permanency goals. The teams will develop plans that will be incorporated in the child's treatment plans and monitored for implementation. Finally, the ACR process is also identifying children for whom there is not adequate progress toward permanency so that the Bureau of Child Welfare can follow up and help remove barriers.

As in treatment planning, the Court Monitor's case review for Outcome Measure 15 Needs Met also showed that we are meeting the standard in 58.8 percent of cases, an improvement of 11 percent from the previous quarter. In the reviews of both Outcome Measures, a number of the cases came within a single element of meeting the standard and others came with two elements of the standard. Accordingly, we see progress in these two Outcome Measures and believe that we are closer to reaching all the goals then ever before.

While we have a number of initiatives underway to promote improvements in each of these areas, we understand that these are complex and difficult issues that will resist short-term or "easy" solutions. Nonetheless, we need to apply all of our collective efforts to meeting these final and important challenges. While success in meeting Outcome Measures 3 and 15 has not come as fast as any of us would like, the Department is looking to achieve improvements that are long-lasting and sustainable.

We are in sight of the goal and, more than ever before, must make this our top priority.
Given that we have achieved so much success in meeting and sustaining so many critical outcomes for children and families, I am confident that these final challenges can and will be met.