

**Juan F. v. Malloy Exit Plan
Quarterly Report
April 1, 2014 - June 30, 2014
Civil Action No. 2:89 CV 859 (SRU)**

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April 1, 2014 - June 30, 2014

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**Juan F. v Malloy Exit Plan Quarterly Report
April 1, 2014 - June 30, 2014**

Highlights

- During the Second Quarter 2014 the Department of Children and Families, under the direction of Commissioner Joette Katz, has made significant progress in addressing a number of issues including two critical issues raised in the last quarterly report.

The first critical issue being addressed has been the hiring of additional staff to increase the number of Social Workers and Social Work Supervisors available to provide case management services to children and families. Many staff have been at levels exceeding the caseload standard for several months due to a spike in the number of reports received by the Department's Careline. With the assistance of the Governor's Office, State Legislature, Office of Policy and Management, and Department of Administrative Service the DCF has now hired 85 Social Worker Trainees and is re-filling vacant positions. Preference in hiring was given to candidates with a MSW or BSW, former DCF interns and current/former employees. Many of the new staff are in the process of training through the Department's Training Academy and will gradually assume a caseload. While I indicated in the last report that many more additional staff would be needed beyond the 85 scheduled, the spike in reports to the Careline has subsided. Given the current caseload levels, there might be a need for more staff to be hired, but the total needed would only be 5-10 positions. This will be dependent on the caseload levels in the coming months. While pockets of high caseload exist in a few of the regional sites; overall the number of staff exceeding the caseload standard has been reduced by 50% and the number of staff exceeding the standard for more than 30 days is now less than 50. The workload/caseload problems will slowly resolve over the coming months as the new staff are trained, assimilated into the area offices, gain experience and eventually are able to be given full caseloads.

In conjunction with this effort the Department has aggressively pursued targeted reviews of specific work processes including foster care licensing and the intake procedure for child welfare reports. These efforts, that included staff from all levels within the Department, resulted in numerous recommendations to reduce or eliminate forms and processes that provided no value to the children or families served. The Court Monitor had an opportunity to meet with these groups and was very impressed by their concerted efforts and dedication to streamlining each process. This effort and similarly planned efforts will improve the quality and timeliness of service to the families and also aid DCF staff by reducing workload.

The second critical issue being addressed by the DCF since the last quarterly reporting report is an approach involving the reinvestment and/or repurposing of funding for community services and family-based alternatives with the money saved by reducing the over-reliance on congregate care. The Department has worked on addressing this issue on a number of parallel tracks that has included: continued work on the "Connecticut Children's Behavioral Health Plan" that is required as part of Public Act 13-178,

meetings with the provider and advocacy groups regarding current and future service needs, collaborative efforts with sister agencies, development of critical data points and analysis, continued rollout of planned service enhancements, and ongoing discussions with the Plaintiffs. While I remain concerned regarding the availability of appropriate and timely service for the many children being "diverted" from restrictive levels of care and the funding decisions have not been fully addressed by the Legislature, I am encouraged with the quality of the planning efforts.

Discussions with both the Department and the Plaintiffs have focused on a shared vision for continuing to increase the percentage of children and youth serviced in the community and placed in family-based settings as well as an understanding that reinvestment of savings for additional community services must occur before further reductions in congregate care by the Department are undertaken. Sufficient community-based services and supports for family-based caregivers are essential to successfully reduce the over-reliance on congregate care. The Department has provided both current and projected data as well as proposed steps and targets being considered for service changes.

The legislation referenced above calls for "a comprehensive implementation plan, across agency and policy area, for meeting the mental, emotional and behavioral health needs of all children in the state, preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues on children." A draft of the plan was recently issued after numerous public forums and considerable information gathering activities. The draft coalesces with findings of both the Court Monitor quarterly and Pre-Certification reports as well as previous legislative reports and focuses on early identification and prevention actions, service array needs, integration of pediatric primary care and mental health services, disparities in access to culturally appropriate care, family and youth engagement and workforce development.

A number of new efforts are being contemplated at the time this report is being drafted and they could have a considerable impact on not only *Juan F.* class members but all children in need of such services in Connecticut. Some of the current proposals include: expansion of the Emergency Mobile Psychiatric Services (EMPS) to ensure a true 24/7 service, formal implementation of a wrap-around model for servicing children, changes to the SAFE Home program model that include aggressive family engagement, additional clinical service and shorter lengths of stay, and the development of Assessment Centers to divert children with crisis issues from hospital emergency room by providing stabilization, evaluation and coordination services.

It is also important to note that the Department has received \$9 million in new federal grant funds effective October 1, 2014 and is awaiting word regarding a number of other grant opportunities. One of the awarded grants will use a public health approach to promote prevention, early identification and intervention of children's behavioral health needs. The 5-year Elm City Project Launch (ECPL) initiative will focus on developing, implementing and studying the effectiveness of an integrated and collaborative health and mental health service system for children 0-8 in the targeted areas of New Haven. A

second award, the CONNECT Congregate Care Reduction and Diversion Planning Grant is focused during Phase II on implementing a statewide Network of Care (NOC) while a third grant, the ACF Combat Trafficking in Child Welfare will focus on conducting an in-depth analysis of the states Human Trafficking Response System including performing a needs assessment, developing inter and intra agency collaborations, and developing a data collection and reporting system.

In addition to these two critical issues referenced above, progress continued in a number of additional areas including: recruitment of foster care resources, especially relative/kin families, training and implementation of Permanency Teaming, pre-certifying Outcome Measure 6 (Repeat Maltreatment in Care), increasing use of the Results Based Accountability model with key performance expectations, further reduction of children placed out-of-state and reduction of congregate care use, development of a new SACWIS System to replace the antiquated LINK system, continued focus on addressing human trafficking and ongoing efforts to improve the Administrative Case Review process.

- The Court Monitor's quarterly review of the Department's efforts to meet the Exit Plan Outcome Measures during the period of April 1, 2014 through June 30, 2014 indicates the Department achieved 13 of the 22 Outcome Measures. The nine measures not met include: Outcome Measure 2 (Completion of Investigation), Outcome Measure 3 (Case Planning), Outcome Measure 9 (Transfer of Guardianship), Outcome Measure 10 (Sibling Placement), Outcome Measure 11 (Re-entry into DCF Custody), Outcome Measure 14 (Placement Within Licensed Capacity), Outcome Measure 15 (Children's Needs Met), Outcome Measure 17 (Worker-Child Visitation In-Home)¹, and Outcome Measure 18 (Caseload Standards).
- The Court Monitor has continued the work to pre-certify Outcome Measures in order to advance the exit process from federal oversight. Eleven Outcome Measures have been certified thus far and two additional measures will be addressed in the upcoming quarter. During the past quarter the Pre-Certification of Outcome Measure 6 (Maltreatment in DCF Care) was completed. DCF has asserted compliance with Outcome Measure 6 for the last 40 quarters. A low rate of maltreatment in out-of-home care has been an area that the Department has promoted as a strength in its overall practice. This review, similar to that the Court Monitor conducted in 2006-2007 verifies that the quantitative benchmark has been met and sustained. Further, while there were some areas for improvement noted, there were many more strengths within documented practice and performance related to the safety of children in out-of-home care. Given the very low number of children exposed to substantiated maltreatment in care, and the scenarios presented in the cases

¹ Outcome Measure 17 Worker-Child Visitation In-Home - Current automated reporting indicates the measure as statistically achieved, however this does not accurately reflect performance findings. The Outcome Measure 17 Pre-Certification Review indicated that compliance is not achieved. While DCF reports are numerically accurate based upon the algorithms utilized, user error in selection of narrative entry types, and a failure to demonstrate that workers are meeting the specific steps called for with the definition of 'visit' calls into question the automated report findings. As such, the Monitor will not indicate achievement of the measure based solely on the current reporting.

reviewed, this office finds that the areas needing improvement are best addressed in our ongoing reviews of OM15, and our review of investigation practice that are yet to be completed. The Court Monitor finds that the Department has satisfied the benchmark and qualitative requirements for this Outcome Measure 6 Pre-Certification Review. Outcome Measure 6, with a full review for the six month period identified was consistently identified with the ROM findings at a rate of 0.26% is found to be in compliance both quantitatively and qualitatively. Two Outcome Measures were found not to be at a level that we could pre-certify findings. For more details reference the Pre-Certification Review Reference section of this report.

- During the past quarter, conversations and meetings between the *Juan F.* parties has helped identify the critical data points that best inform the current status of foster care recruitment and retention efforts. As noted in the last report, there have been many changes in Department practice as well as the utilization of out-of-home care in the last three years and the recruitment and retention goals outlined in the 2008 Stipulation Regarding Outcome Measures 3 and 15 needed to be reconsidered.

Significant decreases in the number of children in placement including substantial reductions in utilization of congregate care settings and out-of-state placements as well as substantial increase in the utilization of relatives/kin as opposed to non-relatives were noted in the last report and considered by the parties. Recently, the parties met and took this into account and discussed other issues including: future plans to further reduce congregate care use and increase the use of relative/kin, length of stay data, treatment and care coordination needs of the children placed in family-based care, support and training needs of the foster families, trending and predictive data regarding the number of children in care, current DCF and private provider recruitment and retention efforts, best practice matching considerations and realistic recruitment/retention goals developed by DCF.

While these discussions continue, what is emerging is a high-level projection model that rather than focusing on only one point of data such as net gain in homes, instead focuses on the interaction of a multitude of factors that influence family-based care need. The parties and the Court Monitor will continue to collaborate on this promising effort over the next quarter.

The Division of Foster Care's monthly report for June 2014 indicates that there are 2,030 licensed DCF foster homes. This is an increase of 52 homes when compared with the First Quarter 2014 report. The number of approved private provider foster care homes is 817 which is the same as the previous quarter. The number of private provider foster homes currently available for placement is 80.

- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased by 58 from the 563 in May 2014 to 505 this quarter. While this goal may be appropriate for some youth, it is not a preferred goal due to its lack of formal permanent and stable relationships with an adult support, be it relative or kin. The Department has resumed training for staff regarding Permanency Teaming, which is a collaborative approach to permanency planning for children/youth in foster care or at risk of entering the foster care system. Permanency Teaming will be the primary means by

which caseworkers engage a child's/youth natural network (birth parents, extended family, other important adults) in addition to professional supports and conduct ongoing case management activities. Individual conversations, joint meetings and large team meetings will be utilized in this effort and there is tremendous opportunity in implementing this effort to reduce the number of meetings currently held for other specific issues. The frequent large team meetings envisioned in this approach will allow a number of topics to be addressed in a more holistic manner. This will result in a significant efficiency for children, parents, stakeholders and DCF staff with respect to time and travel and improve the clarity of plans and expectation through improved communication.

- While Outcome Measure 2 (Completion of Investigation) was again not met during the 2nd Quarter, I am very encouraged about the improving caseload/workload situation within the Department. As mentioned earlier in this report, the hiring of additional staff and the timely refilling of vacant positions is allowing the Department to provide relief to staff and enable them to better address the multiple case management mandates required of them. While it will take some time to properly train Investigation staff newly transferred into these positions, I expect the timeliness that Department addresses new reports and thus this measure to improve steadily over the coming months.
- **According to the 54 case, blind-sample conducted for the Second Quarter 2014, the Department's statewide result for Outcome Measure 3 (Case Plans), is 46.3%.** The standard is 90%. This is a decline in the rate "Appropriate Case Plan" in comparison to prior performance reported. Outcome Measure 15 requires that all needs be met within the case for 80% of the children and families served. **The Department's statewide result for OM 15 (Needs Met), with the sample calculated at a rate of 59.3% meant that the standard (80%) was not achieved for the Second Quarter 2014.** Willimantic was the only Area office to achieve the OM 3 measure at 100%. As detailed earlier, insufficient staffing resources and a failure to sufficiently reinvest money saved by the reduction in utilization of congregate care are a major impediment to improving the Department's efforts on these critical measures. Staff have received considerable training and mentoring and most staff work conscientiously to attempt to meet the complex needs of the children and families on their caseloads. Staff have been unable to compensate for the current workload demands or the lack of sufficient community-based and family-based resources. Fortunately, recent hiring efforts should help improve the workload problems over the next several months.

Six (11.1%) of the case plans were not approved at the time of the reviewers review. This is up sharply from our last reporting when the percentage was 3.6% of the case plans. Including these six, there were a total of 18.5% with Supervisor approval still lacking 25 days after the ACR or family conference. We note that in no case was the lack of approval the only reason that a case plan was deemed "not appropriate"; additional concerns were noted regarding the quality of case planning in all that did not achieve the measure. This issue of delayed approvals continues to be a concern as we cannot underscore the importance of timely sharing of accurate and clear assessments and expectations with the case participants by utilizing the case plans. It is clear that the

staffing and caseload is a factor in delay in case approval as responses from area office staff often cite a lack of approval as an oversight in the overwhelming demands of other case management priorities.

The Area Offices that met or exceeded the standard for Outcome Measure 15 were Bridgeport, Meriden New Haven, Norwalk, Norwich, and Willimantic. At the combined regional level, Region I and Region III had scores that met or exceeded the level required by OM15.

There were multiple needs noted in this quarter among the 54 cases. The number did rise slightly from that reported in our last report. In all, 223 identifiable unmet needs rose to the level of what reviewers felt had a significant negative impact on the health, safety or well being of the children and families were noted within the sample. The most common barrier identified is again the client refusal, but delays in referrals and unavailable or wait-listed services were also prevalent. The ongoing challenges of meeting the unique needs of children are in part demonstrated by the high percentage of children reported to be in overstay status in Safe Homes and STAR programs. Along with sufficient community-based resources, many more well-supported non-relative and relative foster care resources are required to meet the needs of the population of children serviced in family-type settings.

- As of August 2014, there were 116 *Juan F.* children placed in residential facilities. This is a reduction of 31 children compared with May 2014. The number of children residing in residential care for greater than 12 months was 38, which is a decrease of 2 children in comparison to the 40 reported in May 2014.
- The Department continues to reduce the number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities. As of September 2014, the number of children decreased by 10 for a total of 16 children compared to the 26 children reported for May 2014.
- The number of children age 12 years old or younger in congregate care decreased by four to 30 children as of August 2014. Of the total, eight are placed in Residential Care, 14 children reside in SAFE Homes, seven children are placed in group homes, and one is in a DCF facility.
- As of August 2014, there was one child aged 1 to 5 years of age residing in a Congregate Care placement. The child is placed in medical care setting due to complex medical conditions.
- The number of children utilizing SAFE Home temporary placements decreased to 22 as of August 2014 compared with the 28 reported as of May 2014. The number of children in SAFE Home overstay status (>60 days) during the Third Quarter, was 77.2% or 17 children. There were 12 children with lengths of stay in excess of six months as of August 2014. There are a significant number of unused beds in the SAFE Home array and DCF has been contemplating the best use of this resource.

- There were 49 youth in STAR programs as of August 2014, this is 10 less than the 59 reported in May 2014. Over half (55.1%) of the youth (27 of 49) in STAR programs were in overstay status (>60 days) as of August 2014. There were seven children with lengths of stay longer than six months as of August 2014. The lack of sufficient and appropriate treatment/placement services, especially family-based settings for older youth, hamper efforts to reduce the utilization of STAR services and manage short lengths of stay.

- The Monitor's quarterly review of the Department for the period of January 1, 2014 through March 31, 2014 indicates that the Department did not achieve compliance with nine (9) measures:
 - Completion of Investigation (77.3%)
 - Case Planning (46.3%)
 - Transfer of Guardianship (65.2%)
 - Sibling Placements (89.3%)
 - Re-entry into DCF Custody (8.0%)
 - Placement Within Licensed Capacity (96.4%)
 - Children's Needs Met (59.3%)
 - Worker-Child Visitation In-Home (N/A)²
 - Caseload Standards (83.6%)

- The Monitor's quarterly review of the Department for the period of January 1, 2014 through March 31, 2014 indicates the Department has achieved compliance with the following 13 Outcome Measures:
 - Commencement of Investigations (93.2%)
 - Search for Relatives (85.1%)
 - Repeat Maltreatment (5.8%)
 - Maltreatment of Children in Out-of Home Cases (0.1%)
 - Reunification (73.9%)
 - Adoption (34.2%)
 - Multiple Placements (96.7%)
 - Foster Parent Training (100.0%)
 - Worker-Child Visitation Out-of Home Cases (94.3% Monthly/98.9% Quarterly)
 - Residential Reduction (3.4%)

² Outcome Measure 17 Worker-Child Visitation In-Home - Current automated reporting indicates the measure as statistically achieved, however this does not accurately reflect performance findings. The Outcome Measure 17 Pre-Certification Review indicated that compliance is not achieved. While DCF reports are numerically accurate based upon the algorithms utilized, user error in selection of narrative entry types, and a failure to demonstrate that workers are meeting the specific steps called for with the definition of 'visit' calls into question the automated report findings. As such, the Monitor will not indicate achievement of the measure based solely on the current reporting.

- Discharge Measures regarding Education, Work, and Military Status (97.1%)
 - Discharge to Adult Services (100.0%)
 - Multi-disciplinary Exams (91.8%)
- The Department has maintained compliance for at least two (2) consecutive quarters³ with 13 of the Outcome Measures reported as achieved this quarter. (Measures are shown designating the number of consecutive quarters for which the measure was achieved):
 - Commencement of Investigations
 - Search for Relatives
 - Repeat Maltreatment
 - Maltreatment of Children in Out-of-Home Care
 - Reunification
 - Adoption
 - Multiple Placements
 - Foster Parent Training
 - Visitation Out-of-Home
 - Residential Reduction
 - Discharge of Youth with High School diplomas, work or military service
 - Discharge of Youth to Adult Services
 - Multi-disciplinary Exams

A full copy of the Department's Second Quarter 2014 submission including the Commissioner's Highlights may be found on page 49.

³ 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.

Statewide																																			
Juan F. Exit Plan Report Outcome Measure Overview																																			
Measure	Measure	Base-line	2Q 2014	1Q 2014	4Q 2013	3Q 2013	2Q 2013	1Q 2013	4Q 2012	3Q 2012	2Q 2012	1Q 2012	4Q 2011	3Q 2011	2Q 2011	1Q 2011	4Q 2010	3Q 2010	2Q 2010	1Q 2010	4Q 2009	3Q 2009	2Q 2009	1Q 2009	4Q 2008	3Q 2008	2Q 2008	1Q 2008	4Q 2007	3Q 2007	2Q 2007	1Q 2007	4Q 2006	3Q 2006	
1. Commencement of Investigation	>90%	X	93.2%	93.6%	94.7%	96.0%	96.2%	95.5%	94.9%	95.7%	96.1%	96.6%	97.1%	97.3%	97.2%	97.2%	96.8%	97.4%	97.6%	97.4%	97.8%	97.6%	97.7%	97.6%	97.9%	97.4%	97.5%	97.8%	97.4%	97.0%	97.1%	96.5%	95.5%	98.7%	
2. Completion of the Investigation	>85%	73.7%	77.3%	77.6%	83.7%	92.5%	92.2%	89.1%	90.2%	92.5%	92.4%	91.9%	93.3%	94.0%	94.4%	92.7%	90.0%	91.5%	92.9%	93.7%	94.3%	94.0%	91.8%	91.3%	91.4%	89.9%	93.7%	91.5%	92.9%	94.2%	93.7%	93.0%	93.7%	94.2%	
3. Treatment Plans	>90%	X	46.3%	51.9%	NA	65.5%	63.0%	56.4%	53.7%	47.8%	63.0%	39.6%	44.4%	50.9%	NA	81.1%	67.9%	66.0%	75.5%	86.5%	47.2%	53.8%	73.1%	65.4%	81.1%	62.3%	55.8%	58.8%	51.0%	30.0%	30.3%	41.3%	41.1%	54.3%	
4. Search for Relatives	>85%	58%	85.1%	86.6%	88.3%	90.2%	85.3%	92.2%	87.3%	87.5%	89.5%	89.3%	92.0%	94.5%	94.5%	90.1%	88.8%	90.9%	91.2%	92.0%	90.0%	91.0%	91.2%	94.3%	94.3%	96.3%	95.8%	95.3%	93.6%	91.4%	93.8%	92.0%	91.4%	93.1%	
5. Repeat Maltreatment of In-Home Children	<=7%	9.3%	5.8%	6.3%	4.5%	4.9%	5.7%	4.4%	4.9%	4.3%	4.1%	4.3%	6.0%	6.1%	5.4%	5.7%	6.2%	6.5%	6.5%	5.8%	6.0%	5.4%	4.8%	5.8%	6.1%	5.7%	5.9%	5.7%	5.4%	6.1%	6.3%	7.4%	7.9%	7.9%	
6. Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.4%	0.2%	0.1%	0.2%	0.3%	0.4%	0.1%	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.3%	0.0%	0.2%	0.2%	0.7%	
7. Reunification	>60%	57.8%	73.9%	60.2%	62.5%	62.4%	62.8%	56.3%	57.6%	52.0%	61.1%	58.9%	65.0%	65.3%	73.1%	61.7%	64.9%	68.3%	67.1%	61.2%	71.4%	56.0%	71.9%	68.1%	69.6%	62.5%	64.4%	66.4%	61.0%	64.2%	67.9%	70.5%	61.3%	62.5%	
8. Adoption	>32%	12.5%	34.2%	44.0%	33.9%	32.8%	31.6%	29.5%	25.9%	39.0%	34.3%	23.7%	33.6%	40.0%	32.7%	35.6%	38.5%	25.8%	36.0%	34.7%	35.2%	36.7%	33.2%	44.7%	27.2%	32.3%	33.0%	41.5%	35.5%	36.2%	40.6%	34.5%	33.6%	27.0%	
9. Transfer of Guardianship	>70%	60.5%	65.2%	67.6%	63.8%	77.3%	65.6%	77.6%	76.5%	84.0%	76.7%	81.4%	83.1%	83.6%	78.4%	86.2%	87.3%	78.6%	74.6%	82.3%	76.3%	81.8%	75.7%	75.3%	64.9%	71.7%	70.0%	70.4%	80.8%	76.8%	88.0%	78.0%	76.4%	70.2%	
10. Sibling Placement	>95%	57%	89.3%	90.6%	89.9%	92.5%	88.0%	89.5%	87.5%	87.5%	89.2%	88.5%	91.8%	89.3%	85.8%	86.7%	83.3%	81.9%	84.8%	85.6%	83.4%	84.7%	83.1%	83.4%	82.1%	82.6%	86.8%	86.7%	85.2%	83.3%	79.1%	84.9%	85.5%	84.8%	
11. Re-Entry into DCF Custody	<=7%	6.9%	8.0%	4.8%	4.9%	5.5%	8.6%	7.4%	7.0%	9.1%	6.8%	5.8%	6.4%	7.2%	4.4%	7.7%	6.3%	7.3%	6.7%	8.4%	7.8%	9.9%	8.8%	8.2%	8.2%	4.3%	7.5%	6.7%	7.6%	7.2%	8.5%	7.5%	8.2%	4.3%	
12. Multiple Placements	>85%	X	96.7%	96.8%	97.1%	96.6%	96.7%	96.4%	96.5%	96.4%	96.6%	96.6%	96.4%	96.4%	96.1%	96.1%	96.1%	95.7%	95.8%	95.9%	95.4%	95.7%	95.8%	96.0%	95.8%	95.9%	96.3%	91.2%	92.7%	94.4%	96.0%	96.3%	95.0%	95.6%	
13. Foster Parent Training	100%	X	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
14. Placement Within Licensed Capacity	>96%	94.9%	95.4%	96.0%	95.7%	96.2%	96.4%	97.1%	96.7%	95.8%	95.3%	97.7%	96.1%	95.2%	95.6%	96.8%	96.8%	95.4%	95.1%	96.9%	96.9%	96.3%	96.6%	96.6%	96.6%	96.6%	97.0%	96.8%	96.4%	96.8%	96.9%	97.1%	96.8%	96.5%	96.7%
15. Children's Needs Met	>80%	X	59.3%	57.4%	NA	67.3%	74.1%	61.8%	53.7%	53.6%	61.1%	60.4%	55.6%	60.4%	NA	58.5%	56.6%	58.5%	52.8%	67.3%	45.3%	55.8%	63.5%	61.5%	58.5%	62.0%	55.8%	58.8%	47.1%	64.0%	51.3%	45.3%	52.1%	62.0%	
16. Worker-Child Visitation (Out-of-Home)	>85%(M) =100%(Q)	X	94.3%	94.9%	95.4%	94.6%	95.8%	95.9%	94.2%	93.6%	92.7%	95.1%	92.3%	95.0%	95.1%	95.8%	95.3%	95.3%	95.7%	96.2%	95.8%	95.1%	95.7%	95.7%	95.0%	95.4%	94.9%	95.9%	94.6%	94.8%	94.6%	95.1%	94.7%	92.5%	
17. Worker-Child Visitation (In-Home)	>85%	X	83.9%	83.0%	85.3%	86.1%	88.6%	88.1%	84.1%	87.0%	85.8%	84.8%	85.9%	86.3%	89.7%	88.5%	89.7%	89.4%	89.7%	89.6%	88.5%	88.8%	89.6%	90.5%	89.7%	90.3%	91.4%	90.8%	89.9%	89.4%	90.9%	89.0%	89.2%	85.7%	
18. Caseload Standards	100%	69.2%	83.6%	94.5%	97.6%	99.9%	99.9%	99.8%	99.9%	100.0%	99.7%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	100.0%	99.9%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
19. Reduction in the Number of Children Placed in Residential Care	<=11%	13.5%	3.4%	4.0%	4.2%	4.3%	4.9%	5.1%	5.8%	6.3%	6.9%	7.5%	8.5%	8.8%	9.8%	10.0%	9.9%	9.4%	10.1%	10.0%	9.9%	9.6%	9.7%	10.0%	10.0%	10.0%	10.4%	10.5%	10.9%	10.8%	11.0%	10.9%	11.0%	10.9%	
20. Discharge Measures	>85%	61%	97.1%	90.9%	94.5%	85.7%	86.3%	86.5%	95.9%	89.2%	85.7%	86.9%	76.5%	88.0%	79.4%	82.9%	87.2%	88.5%	87.9%	86.0%	86.9%	80.0%	92.2%	85.3%	92.2%	93.0%	92.0%	92.0%	96.0%	95.0%	X	X	100.0%	100.0%	
21. Discharge of Mentally Ill or Mentally Retarded Children	100%	X	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	92.0%	97.0%	96.1%	97.3%	98.1%	100.0%	97.6%	100.0%	97.2%	96.7%	95.0%	95.0%	98.0%	97.0%	96.0%	95.0%	X	X	97.0%	100.0%	
22. Multi-disciplinary Exams (MDE)	>85%	5.6%	91.8%	85.4%	85.1%	94.1%	93.6%	95.0%	89.7%	95.5%	93.8%	90.0%	93.4%	93.3%	96.3%	91.9%	97.5%	96.1%	96.4%	95.7%	95.7%	91.4%	94.5%	93.6%	90.1%	94.0%	93.6%	98.7%	96.4%	95.2%	96.8%	91.1%	94.2%	86.0%	

Juan F. Pre-Certification Review-Status Update Second Quarter 2014

Under the Revised Exit Plan (¶5), the Court Monitor is required to conduct what the parties and the Court Monitor refer to as a “Certification” review as follows:

The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two quarters (six months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction. The Court Monitor shall then conduct a review of a statistically significant valid sample of case files at a 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance. The Court Monitor shall then present findings and recommendations to the District Court. The parties shall have a meaningful opportunity to be heard by the Court Monitor before rendering his findings and recommendations.

In recognition of the progress made and sustained by the Department with respect to a number of Outcome Measures, and the fact that the well-being of the *Juan F.* class members will be promoted by the earliest possible identification and resolution of the any quantitative or qualitative problems affecting class members that may be identified by the review required by Revised Exit Plan ¶5, the parties and the Court Monitor agree that it is in the best-interests of the *Juan F.* class members to create a “Pre-Certification” review process. It is expected that this “pre-certification” process may, in certain instances, obviate the need to implement the full certification review for certain outcome measures after sustained compliance is achieved for all Outcome Measures.

The “Pre-Certification” process that parties and the Court Monitor have created, and to which they have agreed, is as follows:

If DCF has sustained compliance as required by the Revised Exit Plan for at least two consecutive quarters (6 months) for any Outcome Measure (“OM”), the Court Monitor may, in his discretion, conduct a “pre-certification review” of that OM (“Pre-Certification Review”). The purpose of the Pre-Certification Review is to recognize DCF’s sustained improved performance, to identify and provide a prompt and timely opportunity to remedy any problem areas that are affecting the well-being of *Juan F.* class members, and to increase the efficiency of DCF’s eventual complete compliance and exit from the Consent Decree.

Other than conducting the Pre-Certification Review earlier than the review mandated by Revised Exit Plan ¶5, the Pre-Certification Review will be conducted in accordance with the provision for review as described in the Revised Exit Plan ¶5 unless otherwise agreed upon by the parties and the Court Monitor.

If the Pre-Certification Review does not identify any material issues requiring remediation, and no assertions of noncompliance with the specific Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with all Outcome Measures, the Parties agree that the full review as per paragraph 5 of the Revised Exit Plan will not be required after the Defendants assert sustained compliance with all Outcome Measures. Upon Defendants' assertion of sustained compliance with all Outcome Measures, the parties, with the involvement and consent of the Court Monitor, agree to present for the Court's review, any agreement to conduct less than the full review process required by Revised Exit Plan (§5) for any specific Outcome Measures, as a proposed modification of the Revised Exit Plan.

During the Second Quarter 2014, a Pre-Certification Review of Outcome Measure 6 (Maltreatment of Children in Out-of-Home Care) was completed. DCF has asserted compliance with Outcome Measure 6 for the last 40 quarters. A low rate of maltreatment in out-of-home care has been an area that the Department has promoted as a strength in its overall practice. This review, similar to that the Court Monitor conducted in 2006-2007 verifies that the quantitative benchmark has been met and sustained. Further, while there were some areas for improvement noted, there were many more strengths within documented practice and performance related to the safety of children in out-of-home care. Given the very low number of children exposed to substantiated maltreatment in care, and the scenarios presented in the cases reviewed, this office finds that the areas needing improvement are best addressed in our ongoing reviews of OM15, and our review of investigation practice that are yet to be completed. The Court Monitor finds that the Department has satisfied the benchmark and qualitative requirements for this Outcome Measure 6 Pre-Certification Review. Outcome Measure 6, with a full review for the six month period identified was consistently identified with the ROM findings at a rate of 0.26% is found to be in compliance both quantitatively and qualitatively.

The *Juan F.* parties and the Court Monitor have determined that the results from eleven of the twelve completed pre-certification reviews have now met the quantitative and qualitative standards set forth for each of them and are thus pre-certified while one Pre-Certification Review was determined to not meet either the quantitative or qualitative standard. While pre-certified, these reviews have identified systemic issues that undermine DCF's successful path to achieving timely outcomes for children. These issues are more prominent in some of the reviewed measures than others. Consistency in supervision, documentation of casework efforts and communication and collaboration with families and external stakeholders all were identified as issues that impede the quality of the Department's casework and require improvement. In brief, the results of pre-certification determinations to date are reported in the following table:

Juan F. Pre-Certification Review		
Outcome Measure	Statement of Outcome	Status
OM 4: Search for Relatives	If a child(ren) must be removed from his or her home, DCF shall conduct and document a search for maternal and paternal relatives, extended formal or informal networks, friends of the child or family, former foster parents, or other persons known to the child. The search period shall extend through the first six (6) months following removal from home. The search shall be conducted and documented in at least 85.0% of the cases.	Pre-Certified October 2013
OM 5: Repeat Maltreatment of Children	No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period. This outcome shall begin to be measured within the six-month period beginning January 1, 2004.	Pre-Certified* July 2014
OM6: Maltreatment of Children in Out-of-Home Care	No more than 2% of the children in out of home care on or after January 1, 2004 shall be the victims of substantiated maltreatment by substitute caregivers while in out of home care.	Pre-Certified October 2014
OM 7: Reunification	At least 60% of the children, who are reunified with their parents or guardians, shall be reunified within 12 months of their most recent removal from home.	Not Pre-Certified June 2013
OM 8: Adoption	At least 32% of the children who are adopted shall have their adoptions finalized within 24 months of the child's most recent removal from his/her home.	Pre-Certified January 2013
OM 9: Transfer of Guardianship	At least 70% of all children whose custody is legally transferred shall have their guardianship transferred within 24 months of the child's most recent removal from his/her home.	Pre-Certified January 2013
OM 12: Multiple Placements	Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any twelve month period.	Pre-Certified April 2012
OM 14: Placement within Licensed Capacity	At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups.	Pre-Certified April 2012

* Pre-Certification granted subject to verification of correction to ROM system reporting - release delayed to June 2014.

OM 16: Worker/ Child Visitation (Child in Placement)	DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases. All children must be seen by their DCF Social Worker at least quarterly.	Pre-Certified April 2012
OM 17: Worker-Child Visitation (In-Home)	DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases. Definitions and Clarifications: 1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.	Not Pre-Certified January 2012
OM 20: Discharge Measures	At least 85.0% of all children age 18 or older shall have achieved one or more of the following prior to discharge from DCF custody: (a) Graduation from High School; (b) Acquisition of GED; (c) Enrollment in or completion of college or other post secondary training program full-time; (d) Enrollment in college or other post secondary training program part-time with part-time employment; (e) Full-time employment; (f) Enlistment full-time member of the military.	Pre-Certified September 2011
OM 21: Discharge of Mentally Ill or Developmentally Disabled Youth	DCF shall submit a written discharge plan to either/or DMHAS or DDS for all children who are mentally ill or developmentally delayed and require adult services."	Pre-Certified September 2011
OM22: Multi-disciplinary Exams	At least 85% of the children entering the custody of DCF for the first time shall have an MDE conducted within 30 days of placement."	Pre-Certified January 2013

The full report for Outcome Measure 6 (Maltreatment of Children in Out-of-Home Care) is located in Appendix 2 on page 52.

Pre-Certification Next Steps

Outcome Measure 10 (Sibling Placement) and Outcome Measure 19 (Reduction in the Number of Children in Residential Care) are the next reviews in the queue.

Quarterly DCF Court Monitor Case Review Reporting for Outcome Measure 3 and Outcome Measure 15: Second Quarter 2014

Statewide, the Second Quarter 2014 DCF performance result for Outcome Measure 3 (OM3) - Case Plans is 46.3%. This is a decline from 51.9% reported in the prior quarter. Thirteen of the 54 case plans (24.7%) that did not pass lacked timely supervisory approval (2); failed to have any supervisory approval at the time of our review (6) or lacked a developed case plan altogether (5). This is a resurfacing trend we have not seen to this magnitude since the onset of the blind review process in 2011. There is clear indication from contact with Area Office staff that part of the reason for this problem is due to understaffing and workload related demands.

Crosstabulation 1: What is the social worker's area office assignment? * Overall Score for OM3					
Area Office			Appropriate Case Plan	Not an Appropriate Case Plan	Total
Region I	Bridgeport	Count	4	1	5
		%	80.00%	20.00%	100.00%
	Norwalk	Count	1	1	2
		%	50.00%	50.00%	100.00%
Region I			71.40%	28.60%	100.00%
Region II	New Haven	Count	1	4	5
		%	20.00%	80.00%	100.00%
	Milford	Count	2	2	4
		%	50.00%	50.00%	100.00%
Region II			33.30%	66.70%	100.00%
Region III	Middletown	Count	1	1	2
		%	50.00%	50.00%	100.00%
	Norwich	Count	4	1	5
		%	80.00%	20.00%	100.00%
	Willimantic	Count	3	0	3
		%	100.00%	0.00%	100.00%
Region III			80.00%	20.00%	100.00%
Region IV	Hartford	Count	1	7	8
		%	12.50%	87.50%	100.00%
	Manchester	Count	2	2	4
		%	50.00%	50.00%	100.00%
Region IV			25.00%	75.00%	100.00%
Region V	Danbury	Count	1	1	2
		%	50.00%	50.00%	100.00%
	Torrington	Count	1	1	2
		%	50.00%	50.00%	100.00%
	Waterbury	Count	1	4	5
		%	20.00%	80.00%	100.00%
Region V			33.30%	66.70%	100.00%
Region VI	Meriden	Count	0	2	2
		%	0.00%	100.00%	100.00%
	New Britain	Count	3	2	5
		%	60.00%	40.00%	100.00%
Region VI			42.90%	57.10%	100.00%
Statewide		Count	25	29	54
		%	46.30%	53.70%	100.00%

Willimantic achieved the benchmark standard this quarter, with 100.0% of those reviewed meeting the measure. As shown, Region III maintained the highest level of performance with 80.0% overall while Region IV was at the lowest with 25.0%. In the last two year period one region has achieved the measure during a given quarter. This occurred in the Third Quarter 2013 when Region III achieved 90%.

Table 1: Outcome Measure OM3 Regional Quarterly Performance Comparison							
<i>Standard: 90%</i>							
	Region I	Region II	Region III	Region IV	Region V	Region VI	Statewide
2nd Quarter 2014	71.4%	33.3%	80.0%	25.0%	33.3%	42.9%	46.3%
1st Quarter 2014	28.6%	66.7%	80.0%	41.7%	22.2%	71.4%	51.9%
4th Quarter 2013	28.6%	50.0%	50.0%	50.0%	33.3%	75.0%	48.1%
3rd Quarter 2013	57.1%	77.8%	90.0%	46.2%	67.7%	57.1%	65.5%
2nd Quarter 2013	42.9%	88.9%	60.0%	50.0%	66.7%	71.4%	63.0%
1st Quarter 2013	37.5%	77.8%	70.0%	41.7%	55.6%	71.4%	58.2%
4th Quarter 2012	71.4%	55.6%	60.0%	46.2%	50.0%	57.1%	55.6%
3rd Quarter 2012	55.6%	54.5%	33.3%	64.3%	36.4%	55.6%	49.3%
2nd Quarter 2012	57.1%	66.7%	80.0%	45.5%	77.8%	50.0%	63.0%

The table below provides a case by case summary of the individual scores for each area office/region. The eight domains and indication related to supervisory approval are provided for reference. Court Monitor overrides are signified by an overall score reported in italics. This quarter there were 13 overrides granted for Outcome Measure 3. Many were related at least in part to the lack of family feedback narratives being incorporated into the case plans, while evidence of family engagement was clear through other parts of the documentation.

Table 2: Outcome Measure 3 Domains - Second Quarter 2014 Case Summaries by Area Office										
Area Office	Case plan Approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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	no	Absent/Averse	Absent/Averse	Poor	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Case Plan Not Appropriate
	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate Case Plan
	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	<i>Appropriate Case Plan</i>
	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	<i>Appropriate Case Plan</i>
	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	80.0%	80.0%	80.0%	60.0%	80.0%	80.0%	80.0%	80.0%	60.0%	80.0%
Norwalk	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	<i>Appropriate Case Plan</i>
	no	Absent/Averse	Absent/Averse	Poor	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Case Plan Not Appropriate
	50.0%	50.0%	50.0%	0.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Region I	71.4%	71.4%	71.4%	42.9%	71.4%	71.4%	71.4%	57.1%	71.4%	71.4%

Area Office	Case plan Approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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
Milford	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Marginal	Case Plan Not Appropriate
	yes	Very Good	Very Good	Marginal	Marginal	Very Good	TBD	Very Good	Very Good	<i>Appropriate Case Plan</i>
	yes	Optimal	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	<i>Appropriate Case Plan</i>
	no	Absent/Averse	Absent/Averse	Poor	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Case Plan Not Appropriate
	75.0%	75.0%	75.0%	25.0%	25.0%	25.0%	50.0%	75.0%	50.0%	50.0%
New Haven	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	yes	Optimal	Optimal	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Case Plan Not Appropriate
	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	yes	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Case Plan Not Appropriate
	no	Marginal	Very Good	Marginal	Very Good	Absent/Averse	TBD	Absent/Averse	Very Good	Case Plan Not Appropriate
	80.0%	80.0%	80.0%	40.0%	40.0%	40.0%	100.0%	60.0%	100.0%	20.0%
Region II	77.8%	77.8%	77.8%	33.3%	33.3%	33.3%	85.7%	66.7%	77.8%	33.3%

Area Office	Case plan Approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	<i>Appropriate Case Plan</i>
	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	100.0%	50.0%	50.0%	50.0%
Norwich	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Appropriate Case Plan
	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	<i>Appropriate Case Plan</i>
	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Not Appropriate
	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%
Willimantic	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	<i>Appropriate Case Plan</i>
	yes	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Appropriate Case Plan
	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%
Region III	100.0%	100.0%	100.0%	60.0%	80.0%	90.0%	100.0%	90.0%	90.0%	80.0%

Area Office	Case plan Approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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
Hartford	no	Optimal	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	yes	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	<i>Appropriate Case Plan</i>
	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	no	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Marginal	Case Plan Not Appropriate
	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Case Plan Not Appropriate
	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	no	Absent/Averse	Absent/Averse	Poor	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Case Plan Not Appropriate
	62.5%	87.5%	75.0%	25.0%	37.5%	25.0%	75.0%	0.0%	62.5%	12.5%
Manchester	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	yes	Optimal	Optimal	Marginal	Very Good	Very Good	Optimal	Very Good	Very Good	<i>Appropriate Case Plan</i>
	no	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Case Plan Not Appropriate
	75.0%	100.0%	100.0%	75.0%	75.0%	75.0%	100.0%	75.0%	100.0%	50.0%
Region IV	66.7%	91.7%	83.3%	41.7%	50.0%	41.7%	83.3%	25.0%	75.0%	25.0%

Area Office	Case plan Approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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
Danbury	no	Absent/Averse	Absent/Averse	Poor	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Case Plan Not Appropriate
	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Optimal	<i>Appropriate Case Plan</i>
	50.0%	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%	50.0%
Torrington	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Marginal	Case Plan Not Appropriate
	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	50.0%	50.0%	50.0%	50.0%
Waterbury	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Too early to note progress	Marginal	Very Good	Case Plan Not Appropriate
	no	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Case Plan Not Appropriate
	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Case Plan Not Appropriate
	yes	Marginal	Marginal	Marginal	Poor	Poor	Marginal	Poor	Very Good	Case Plan Not Appropriate
	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	80.0%	80.0%	80.0%	20.0%	40.0%	20.0%	50.0%	40.0%	100.0%	20.0%
Region V	77.8%	77.8%	77.8%	22.2%	44.4%	44.4%	37.5%	44.4%	77.8%	33.3%

Area Office	Case plan Approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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
Meriden	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Case Plan Not Appropriate
	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Very Good	Case Plan Not Appropriate
	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	50.0%	0.0%	100.0%	0.0%
New Britain	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	no	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Very Good	Very Good	Case Plan Not Appropriate
	yes	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Appropriate Case Plan
	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Appropriate Case Plan
	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Optimal	Case Plan Not Appropriate
	80.0%	100.0%	100.0%	80.0%	80.0%	40.0%	100.0%	80.0%	100.0%	60.0%
Region VI	85.7%	100.0%	100.0%	57.1%	57.1%	57.1%	85.7%	57.1%	100.0%	42.9%
Statewide	79.6%	87.0%	85.2%	42.6%	55.6%	55.6%	78.4%	55.6%	83.3%	46.3%

Outcome Measure 15

Though the sample results, 59.3%, are slightly higher than First Quarter (57.4%) this was difficult quarter for much of the state, with only six of the Area Offices achieving or exceeding the Outcome Measure:

"At least 80.0% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent case plan."⁴

Crosstabulation 2: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15				
		Needs Met	Needs Not Met	Total
Bridgeport	Count	4	1	5
	% area office	80.0%	20.0%	100.0%
Norwalk	Count	2	0	2
	% area office	100.0%	0.0%	100.0%
Region I		85.7%	14.3%	100.0%
Milford	Count	3	1	4
	% area office	75.0%	25.0%	100.0%
New Haven	Count	4	1	5
	% area office	80.0%	20.0%	100.0%
Region II		77.8%	22.2%	100.0%
Middletown	Count	1	1	2
	% area office	50.0%	50.0%	100.0%
Norwich	Count	4	1	5
	% area office	80.0%	20.0%	100.0%
Willimantic	Count	3	0	3
	% area office	100.0%	0.00%	100.0%
Region III		80.0%	20.0%	100.0%
Hartford	Count	1	7	8
	% area office	12.5%	87.5%	100.0%
Manchester	Count	1	3	4
	% area office	25.0%	75.0%	100.0%
Region IV		16.7%	83.3%	100.0%
Danbury	Count	1	1	2
	% area office	50.0%	50.0%	100.0%
Torrington	Count	1	1	2
	% area office	50.0%	50.0%	100.0%
Waterbury	Count	2	3	5
	% area office	40.0%	60.0%	100.0%
Region V		44.4%	55.6%	100.0%
Meriden	Count	2	0	2
	% area office	100.0%	0.0%	100.0%
New Britain	Count	3	2	5
	% area office	60.0%	40.0%	100.0%
Region VI		71.4%	28.6%	100.0%
Statewide	Count	32	22	54
	%	59.3%	40.7%	100.0%

⁴ Measure excludes Probate, Interstate and Subsidy only cases.

The Area Offices that met or exceeded the measure were Bridgeport, Meriden New Haven, Norwalk, Norwich, and Willimantic. At the combined regional level, Region I and Region III had scores that met or exceeded the level required by OM15. This is the fourth time Region III has achieved this measure to date in the last two years of our blind review process, and the second time for Region I. Region V also achieved this accomplishment; occurring once in the Second Quarter 2013.

Table 3: Outcome Measure 15 Regional Quarterly Performance Comparison							
<i>Standard: 80%</i>							
	Region I	Region II	Region III	Region IV	Region V	Region VI	Statewide
2nd Quarter 2014	85.7%	77.8%	80.0%	16.7%	44.4%	71.4%	59.3%
1st Quarter 2014	71.4%	55.6%	80.0%	25.0%	55.6%	71.4%	57.4%
4th Quarter 2013	28.6%	62.5%	60.0%	75.0%	33.3%	75.0%	57.4%
3rd Quarter 2013	57.1%	77.8%	90.0%	53.8%	66.7%	57.1%	67.3%
2nd Quarter 2013	85.7%	77.8%	80.0%	50.0%	100.0%	57.1%	74.1%
1st Quarter 2013	62.5%	77.8%	70.0%	41.7%	66.7%	71.4%	63.6%
4th Quarter 2012	71.4%	77.8%	50.0%	38.5%	50.0%	57.1%	55.6%
3rd Quarter 2012	33.3%	36.4%	60.0%	78.6%	27.3%	77.8%	53.6%
2nd Quarter 2012	71.4%	66.7%	70.0%	54.5%	77.8%	25.0%	61.1%

In the Second Quarter there were ten overrides granted by the Court Monitor to achieve Needs Met status. The majority of these were granted as a result of additional documentation provided by the Area Office in response to reviewers' emails for additional information. Some of these related to information not clear within the record regarding service provision in the prior six months, or cases in which the area office failed to clarify future planning but actions were already underway to signify progress toward those objectives/needs.

The full table of case summaries is provided by area office below. The overrides are designated by individual case OM15 scores in italics.

Table 4: Outcome Measure 15 Domains - Second Quarter 2014 Case Summaries by Area Office

Area Office	Risk: In-Home	Risk: 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	Marginal	N/A	N/A	Poor	N/A	Marginal	Marginal	Very Good	Marginal	N/A	Marginal	Needs Not Met
Bridgeport	Very Good	N/A	N/A	Optimal	N/A	Marginal	Optimal	Very Good	Very Good	N/A	Very Good	Needs Met
Bridgeport	Optimal	N/A	N/A	Very Good	N/A	Very Good	Optimal	Optimal	Optimal	N/A	Very Good	Needs Met
Bridgeport	N/A	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Met
Bridgeport	N/A	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
Area Office %	66.7%	100.0%	100.0%	80.0%	100.0%	60.0%	80.0%	100.0%	80.0%	100.0%	80.0%	80.0%
Norwalk	Optimal	N/A	N/A	Very Good	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
Norwalk	N/A	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<i>Combined Region I</i>	<i>75.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>85.7%</i>	<i>100.0%</i>	<i>71.4%</i>	<i>85.7%</i>	<i>100.0%</i>	<i>85.7%</i>	<i>100.0%</i>	<i>85.7%</i>	<i>85.7%</i>

Area Office	Risk: In-Home	Risk: 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
Milford	N/A	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
Milford	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
Milford	Very Good	N/A	N/A	Very Good	N/A	Marginal	Marginal	Very Good	Marginal	N/A	Marginal	Needs Not Met
Milford	Very Good	N/A	N/A	Optimal	N/A	Very Good	Optimal	Absent/Averse	Very Good	N/A	Very Good	Needs Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	75.0%	75.0%	75.0%	100.0%	75.0%	75.0%
New Haven	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Optimal	Very Good	N/A	N/A	Needs Met
New Haven	N/A	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Needs Not Met
New Haven	N/A	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
New Haven	Very Good	N/A	N/A	Optimal	N/A	Very Good	Marginal	Marginal	Very Good	N/A	Very Good	Needs Met
New Haven	Very Good	N/A	N/A	Very Good	N/A	Marginal	Optimal	Optimal	Very Good	N/A	Very Good	Needs Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	80.0%	80.0%	80.0%	100.0%	80.0%	80.0%
Region II	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	77.8%	77.8%	77.8%	100.0%	75.0%	77.8%

Area Office	Risk: In-Home	Risk: 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	Very Good	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	Optimal	Very Good	Optimal	<i>Needs Met</i>
Middletown	Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	50.0%	100.0%	100.0%	0.0%
Norwich	N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Needs Met
Norwich	Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Very Good	Marginal	N/A	Very Good	<i>Needs Met</i>
Norwich	Very Good	N/A	N/A	Optimal	N/A	Very Good	Optimal	Very Good	Very Good	N/A	Very Good	Needs Met
Norwich	Very Good	N/A	N/A	Very Good	N/A	Marginal	Marginal	Optimal	Marginal	N/A	Marginal	Needs Not Met
Norwich	N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	80.0%	100.0%	60.0%	100.0%	80.0%	80.0%
Willimantic	Very Good	N/A	N/A	Optimal	N/A	Very Good	Optimal	Very Good	Very Good	N/A	N/A	Needs Met
Willimantic	N/A	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
Willimantic	N/A	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Needs Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Region III %	100.0%	100.0%	100.0%	100.0%	100.0%	70.0%	90.0%	100.0%	70.0%	100.0%	88.9%	80.0%

Area Office	Risk: In-Home	Risk: 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
Manchester	N/A	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Not Met
Manchester	Marginal	N/A	N/A	Marginal	N/A	Very Good	Marginal	Very Good	Poor	N/A	Marginal	Needs Not Met
Manchester	Optimal	N/A	N/A	Absent/Averse	N/A	Very Good	Optimal	Very Good	Very Good	N/A	Very Good	Needs Met
Manchester	N/A	Very Good	Very Good	Marginal	Very Good	Marginal	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
Area Office %	50.0%	100.0%	100.0%	25.0%	100.0%	50.0%	75.0%	100.0%	50.0%	100.0%	75.0%	75.0%
Hartford	N/A	Marginal	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Optimal	Marginal	Needs Not Met
Hartford	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Marginal	Optimal	N/A	Optimal	Needs Met
Hartford	Very Good	N/A	N/A	Optimal	N/A	Marginal	Marginal	Poor	Marginal	N/A	Marginal	Needs Not Met
Hartford	Very Good	N/A	N/A	Very Good	N/A	Marginal	Marginal	Very Good	Very Good	N/A	Marginal	Needs Not Met
Hartford	N/A	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Not Met
Hartford	N/A	Very Good	Very Good	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Needs Not Met
Hartford	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Marginal	N/A	N/A	Needs Not Met
Hartford	Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Marginal	Marginal	N/A	Very Good	Needs Not Met
Area Office %	100.0%	50.0%	75.0%	100.0%	100.0%	12.5%	50.0%	50.0%	50.0%	100.0%	42.9%	12.5%
Region IV %	85.7%	66.7%	83.3%	75.0%	100.0%	25.0%	58.3%	66.7%	50.0%	100.0%	54.5%	16.7%

Area Office	Risk: In-Home	Risk: 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
Danbury	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Marginal	N/A	N/A	Needs Not Met
Danbury	N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Needs Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%
Torrington	Very Good	N/A	N/A	Optimal	N/A	Very Good	Optimal	Optimal	Very Good	N/A	Very Good	Needs Met
Torrington	N/A	Very Good	Marginal	Very Good	Marginal	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Not Met
Area Office %	100.0%	100.0%	0.0%	100.0%	0.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%
Waterbury	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
Waterbury	N/A	Very Good	Very Good	Optimal	Very Good	Marginal	Optimal	Marginal	Very Good	Very Good	Marginal	Needs Not Met
Waterbury	Very Good	N/A	N/A	Marginal	N/A	Marginal	Optimal	Marginal	Marginal	N/A	Optimal	Needs Not Met
Waterbury	Marginal	N/A	N/A	Very Good	N/A	Poor	Very Good	Marginal	Marginal	N/A	Poor	Needs Not Met
Waterbury	N/A	Very Good	Very Good	Very Good	Optimal	Marginal	Marginal	Optimal	Very Good	Very Good	Very Good	Needs Met
Area Office %	50.0%	100.0%	100.0%	80.0%	100.0%	20.0%	80.0%	40.0%	60.0%	100.0%	60.0%	40.0%
Region V %	80.0%	100.0%	80.0%	87.5%	75.0%	33.3%	88.9%	66.7%	66.7%	100.0%	66.7%	44.4%

Area Office	Risk: In-Home	Risk: 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
Meriden	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
Meriden	N/A	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
Area Office %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	10.0%	100.0%	100.0%	100.0%	100.0%
New Britain	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	N/A	Optimal	Optimal	Needs Met
New Britain	Very Good	N/A	N/A	Marginal	N/A	Poor	Marginal	Marginal	Marginal	N/A	Very Good	Needs Not Met
New Britain	Very Good	Optimal	N/A	Optimal	N/A	Very Good	Optimal	Very Good	Optimal	N/A	Very Good	Needs Met
New Britain	Very Good	N/A	N/A	Optimal	N/A	Very Good	Marginal	Very Good	Very Good	N/A	Very Good	Needs Met
New Britain	N/A	Very Good	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
Area Office %	100.0%	100.0%	100.0%	80.0%	100.0%	80.0%	40.0%	80.0%	50.0%	100.0%	100.0%	60.0%
Region VI %	100.0%	100.0%	100.0%	85.7%	100.0%	85.7%	57.1%	85.7%	66.7%	100.0%	100.0%	71.4%
Statewide %	90.6%	92.0%	91.7%	88.9%	95.8%	55.6%	75.9%	81.5%	67.9%	100.0%	78.0%	59.3%

Many of the children and families sampled had priority needs met during the period under review. However, given the 59.3% rating, reviewers noted a significant number of unmet needs across a spectrum of services. Over 20% of the cases experienced issues with client or provider contact at lower than the standard with an impact to quality of case management. There were 223 unmet needs captured. Reviewers indicated that 43% of the unmet needs identified were documented within the record as the result of a client barrier. 18.3% of the unmet needs were the result of a delayed referral. 8.1% of the unmet needs were the result of provider issues (internal systems or waitlists). These 223 unmet needs included:

Table: Unmet Needs during Second Quarter 2014 (n=54)

Unmet Need	Barrier	Frequency
Anger Management: Parent	Other: Mother Incarcerated	1
ARG Consult	Delay in Referral	7
Case Management/Support/Advocacy	Failure to enter timely narratives - no input	1
Day Treatment/Partial Hospitalization: Child	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Day Treatment/Partial Hospitalization: Parent	Delay in Referral	1
Dental or Orthodontic Services	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	4
Dental or Orthodontic Services	Client Refused Service	2
Dental or Orthodontic Services	Delay in Referral	1
Dental Screenings or Evaluations	Client Refused Service	4
Dental Screenings or Evaluations	Delay in Referral	3
Dental Screenings or Evaluations	Other: Mother Has Not Provided Dental Provider Information/History	1
Dental Screenings or Evaluations	UTD from Treatment Plan Narrative of Area Office Response Provided	1
Domestic Violence Services :Victim	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	4
Domestic Violence Services :Victim	Delay in Referral	1
Domestic Violence Services: Perpetrator	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Domestic Violence Services: Perpetrator	Other: Client Incarcerated	1
Domestic Violence Services: Prevention	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Domestic Violence Services: Prevention	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Drug & Alcohol Testing: Child	Client Refused Service	1
Drug & Alcohol Testing: Parent	Client Refused Service	1
Drug/Alcohol Education: Child	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Educational Screening or Evaluation	Delay in Referral	6
Educational Screening or Evaluation	Other: Ambiguity related to type of testing required	1
Emergency Mobile Psychiatric Services (EMPS)	Client Refused Service	1
Extended Day Treatment	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Family or Marital Counseling	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Family or Marital Counseling	Service Deferred Pending Completion of Another	1
Family Preservation Services	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Family Stabilization Services	No Service Identified to Meet this Need	1
Foster Care Support	Client Refused Service	1

Unmet Need	Barrier	Frequency
Group Counseling: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Head Start Services	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	1
Health/Medical Screening or Evaluation	Client Refused Service	6
Health/Medical Screening or Evaluation	Delay in Referral	1
Housing Assistance (Section 8)	Wait List	2
Housing Assistance (Section 8)	Delay in Referral	1
IEP Programming	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
IEP Programming	Delay in Referral	1
IEP Programming	Other: SW has not seen copy of IEP - does not know what needs or services should/are being addressed	1
IEP Programming	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	1
Individual Counseling: Child	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	10
Individual Counseling: Child	Delay in Referral	2
Individual Counseling: Child	No Service Identified to Meet this Need	1
Individual Counseling: Child	Service Deferred Pending Completion of Another	1
Individual Counseling: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	14
Individual Counseling: Parent	Service Deferred Pending Completion of Another	2
Individual Counseling: Parent	Other: Mother Incarcerated	1
In-Home Parent Education and Support	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
In-Home Parent Education and Support	Wait List	2
In-Home Parent Education and Support	Delay in Referral	1
In-Home Parent Education and Support	Service Deferred Pending Completion of Another	1
In-Home Treatment	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
In-Home Treatment	Delay in Referral	1
In-Home Treatment	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	1
Inpatient Substance Abuse Treatment: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	3
Inpatient Substance Abuse Treatment: Parent	Referred Service is unwilling to engage client	1
Job Coaching/Placement	Other: Mother sporadic attendance is hindering program	1
Life Skills Training	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Life Skills Training	Delay in Referral	1
Matching/Placement Processing (includes ICO)	Approval Process	1
Matching/Placement Processing (includes ICO)	Delay in Referral	1
Medication Management: Child	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Medication Management: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	3
Mental Health Screening or Evaluation: Child	Delay in Referral	3
Mental Health Screening or Evaluation: Child	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2

Unmet Need	Barrier	Frequency
Mental Health Screening or Evaluation: Parent	Delay in Referral	3
Mental Health Screening or Evaluation: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Mental Health Screening or Evaluation: Parent	No Service Identified to Meet this Need	1
Mental Health Screening or Evaluation: Parent	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	1
Mentoring	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Other Medical Intervention - Evaluation regarding binge eating	Communication between DCF & Provider	1
Other Medical Intervention: Neurological Evaluation	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	1
Other Medical Intervention: Planned Parenthood	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Other Mental Health Need (Child): Trauma Therapy	Service Deferred Pending Completion of Another	1
Other Mental Health Need (Parent): PHP	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Other Mental Health Need (Parent): Therapeutic Mentor	Wait List	1
Other State Agency (DMR, DMHAS, MSS, etc.)	Client Refused Service	1
Outpatient Substance Abuse Treatment: Child	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Outpatient Substance Abuse Treatment: Child	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	1
Outpatient Substance Abuse Treatment: Child	Wait List	1
Outpatient Substance Abuse Treatment: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	7
Outpatient Substance Abuse Treatment: Parent	Provider Issue: Untimely provision of service, or gap in service related to staffing or lack of follow through on part of provider	1
Parenting Classes	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	2
Parenting Classes	Other: Mother Incarcerated	1
Parenting Group	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Physical Therapy	UTD from Treatment Plan Narrative of Area Office Response Provided	1
Psychiatric Evaluation: Child	Delay in Referral	1
Relapse Prevention Program: Child	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Sexual Abuse Evaluation	Delay in Referral	1
Sexual Abuse Therapy: Victim	No Service Identified to Meet this Need	1
Social Recreational Program	Delay in Referral	1
Substance Abuse Prevention: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Substance Abuse Screening/Evaluation: Child	Delay in Referral	3
Substance Abuse Screening: Parent	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	5
Substance Abuse Screening: Parent	Delay in Referral	1
Substance Abuse Screening: Parent	No Service Identified to Meet this Need	1
Supportive Housing for Recovering Families (SHRF)	Wait List	1
Therapeutic Foster Care	Client Refused Service or initially engaged but was subsequently discharged for Non-Compliance	1
Visitation: SW/Child	Visitation Standard Not Met	11
Visitation: SW/Parent	Visitation Standard Not Met	12
Visitation: SW/Provider Contacts	Lack of communication -failure to meet visitation	17

	contact standards	
		223

During the Second Quarter 2014 the level of engagement with families in case planning to achieve scores of Very Good or Optimal within our methodology as witnessed within the ACR documentation, case planning documentation and visitation documentation was at a low point for the agency with only 42.6% of the cases at that level of performance. (See Table 2 for details). This clearly is reflective of the continued strain of caseloads, as documentation fails to reflect conversations that may occur, and case plans lack the required family feedback element that is to reflect the family's position related to their progress, objectives and expectations for both the family members and Department in the past and upcoming six months.

The reviewers noted that the ACR, case planning documentation and case plan did document a discussion of all (31.8%), or some (43.2%) of the needs that were identified of unmet in the prior six month period and were necessary to be incorporated into action steps going forward. There were seven cases (15.9%) in which the reviewers indicated that there were no unmet needs carried forward from the prior period. There were four cases (9.1%) in which the needs as identified on the prior case plan or ACR were still unresolved/unmet but not incorporated into action steps going forward. There were also 10 cases for which this was the initial case plan and these were not included in the percentage calculations as they were too soon to rate.

This process included a reading of the SDM tools within the review process. In the 25 cases in which the SDM tools were incorporated, 16 or 64.0% were identical to that indicated on the prior case plan assessment. This would indicate that the unmet objective or need has been in place for the child or individual greater than six months.

In 57.4% of this case sample, there were one or more instances where there was an identified need in the documentation or at the ACR or other meeting related to case planning, and that need did not get captured appropriately as an objective with defined action steps within the case plan approved by the SWS. There were 92 instances that reviewers pointed to specific needs that were of a priority nature they felt should have been captured within the case plan objectives and were not. That table is listed below:

Unmet Need	Barrier	Frequency
Childcare/Daycare	No Service Identified to Meet this Need	1
Dental Screening or Evaluation	No Service Identified to Meet this Need	8
Dental or Orthodontic Services	No Service Identified to Meet this Need	2
Domestic Violence Services: Victims	No Service Identified to Meet this Need	2
Domestic Violence Services: Perpetrator	No Service Identified to Meet this Need	1
Domestic Violence Services: Prevention Program	No Service Identified to Meet this Need	1
Educational Screening or Evaluation	Delay in Referral	1
Educational Screening or Evaluation	No Service Identified to Meet this Need	6
Head Start Services	No Service Identified to Meet this Need	2
Tuition for Private School/College	No Service Identified to Meet this Need	1
Housing Assistance (Section 8)	No Service Identified to Meet this Need	1
Developmental Screening or Evaluation	No Service Identified to Meet this Need	1
Health or Medical Screening or Evaluation	Client Refusal	1
Health or Medical Screening or Evaluation	No Service Identified to Meet this Need	6
Medication Management: Parent	No Service Identified to Meet this Need	1
Other Medical Intervention: Lead Testing, Eye Exam, Gynecological Exam,	No Service Identified to Meet this Need	3
Extended Day Treatment	No Service Identified to Meet this Need	1
Family or Marital Counseling	Service Deferred pending completion of another	1
Individual Counseling: Parent	No Service Identified to Meet this Need	2
Individual Counseling: Child	No Service Identified to Meet this Need	3
In Home Treatment	No Service Identified to Meet this Need	1
Mental Health Screening or Evaluation: Parent	No Service Identified to Meet this Need	6
Mental Health Screening or Evaluation: Child	No Service Identified to Meet this Need	5
Psychiatric Hospitalization	No Service Identified to Meet this Need	1
Sexual Abuse Evaluation	No Service Identified to Meet this Need	1
Sexual Abuse Therapy: Victim	No Service Identified to Meet this Need	1
Other Mental Health: Behavioral Health ADHD Assessment	Wait Listed	1
Other Mental Health: Therapeutic Mentor	No Service Identified to Meet this Need	1
Matching/Placement Processing	No Service Identified to Meet this Need	1
Drug and Alcohol Testing: Child	No Service Identified to Meet this Need	1
Outpatient Substance Abuse Treatment: Parent	No Service Identified to Meet this Need	1
Outpatient Substance Abuse Treatment: Child	No Service Identified to Meet this Need	1
Substance Abuse Prevention: Parent	No Service Identified to Meet this Need	1
Substance Abuse Screening: Parent	Client Refusal	2
Substance Abuse Screening: Parent	No Service Identified to Meet this Need	4
Substance Abuse Screening: Child	No Service Identified to Meet this Need	2
Delinquency Prevention	No Service Identified to Meet this Need	1
In-Home Parent Education and Support	No Service Identified to Meet this Need	2
Mentoring	No Service Identified to Meet this Need	3
Parenting Classes	No Service Identified to Meet this Need	2
Family Preservation	No Service Identified to Meet this Need	1
Social Recreational Program	No Service Identified to Meet this Need	1
ARG Consultation	No Service Identified to Meet this Need	4
DCF SW Advocacy/Case Management	No Service Identified to Meet this Need	3
		92

JUAN F. ACTION PLAN MONITORING REPORT

August 2014

This report includes data relevant to the permanency and placement issues and action steps embodied within the Action Plan. Data provided comes from the monthly point-in-time information from LINK and the Chapin Hall 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 2014.

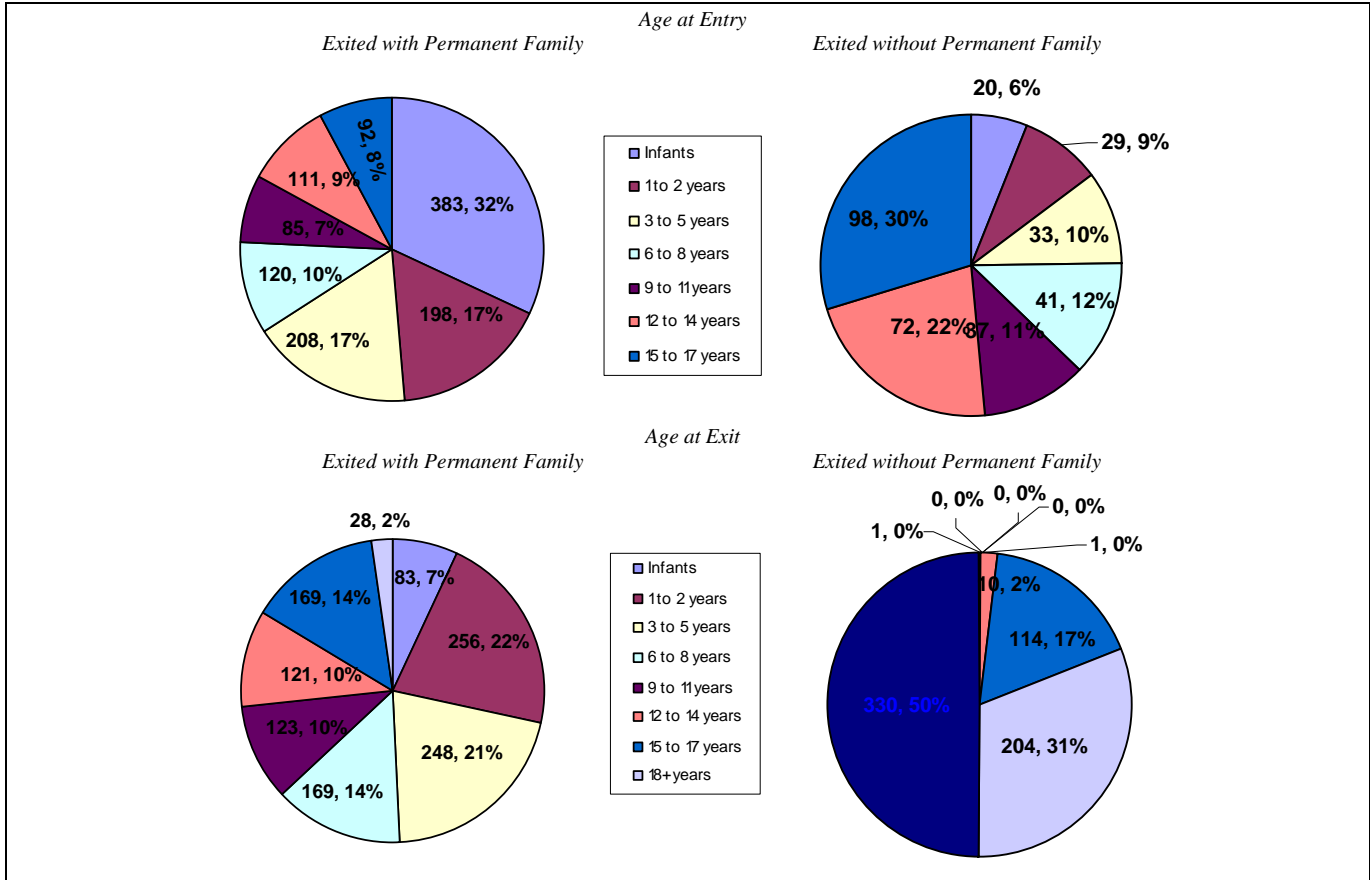
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Entries	3098	3545	3203	3091	3407	2854	2829	2628	2694	2298	1858	2006	960
Permanent Exits													
In 1 yr	1178 38.0%	1406 39.7%	1228 38.3%	1129 36.5%	1263 37.1%	1095 38.4%	1098 38.8%	1093 41.6%	1023 38.0%	705 30.7%	545 29.3%		
In 2 yrs	1637 52.8%	2078 58.6%	1805 56.4%	1740 56.3%	1973 57.9%	1675 58.7%	1676 59.2%	1582 60.2%	1376 51.1%	1044 45.4%			
In 3 yrs	1964 63.4%	2385 67.3%	2092 65.3%	2013 65.1%	2324 68.2%	1974 69.2%	1944 68.7%	1792 68.2%	1670 62.0%				
In 4 yrs	2134 68.9%	2539 71.6%	2262 70.6%	2158 69.8%	2499 73.3%	2090 73.2%	2034 71.9%	1895 72.1%					
To Date	2305 74.4%	2705 76.3%	2367 73.9%	2252 72.9%	2613 76.7%	2160 75.7%	2099 74.2%	1925 73.2%	1759 65.3%	1218 53.0%	804 43.3%	459 22.9%	97 10.1%
Non-Permanent Exits													
In 1 yr	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	196 7.3%	138 6.0%	93 5.0%		
In 2 yrs	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%	267 10.2%	243 9.0%	186 8.1%			
In 3 yrs	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%	363 12.8%	300 11.4%	272 10.1%				
In 4 yrs	406 13.1%	392 11.1%	403 12.6%	461 14.9%	449 13.2%	392 13.7%	394 13.9%	326 12.4%					
To Date	505 16.3%	490 13.8%	504 15.7%	557 18.0%	523 15.4%	440 15.4%	434 15.3%	344 13.1%	294 10.9%	215 9.4%	129 6.9%	117 5.8%	14 1.5%

	Period of Entry to Care												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<i>Unknown Exits</i>													
<i>In 1 yr</i>	105 3.4%	151 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	75 2.9%	129 4.8%	209 9.1%	153 8.2%		
<i>In 2 yrs</i>	135 4.4%	191 5.4%	171 5.3%	124 4.0%	117 3.4%	98 3.4%	91 3.2%	139 5.3%	307 11.4%	413 18.0%			
<i>In 3 yrs</i>	160 5.2%	218 6.1%	208 6.5%	163 5.3%	140 4.1%	124 4.3%	125 4.4%	192 7.3%	395 14.7%				
<i>In 4 yrs</i>	178 5.7%	242 6.8%	234 7.3%	181 5.9%	167 4.9%	156 5.5%	167 5.9%	220 8.4%					
<i>To Date</i>	258 8.3%	323 9.1%	300 9.4%	231 7.5%	218 6.4%	197 6.9%	203 7.2%	238 9.1%	418 15.5%	497 21.6%	282 15.2%	138 6.9%	11 1.1%
<i>Remain In Care</i>													
<i>In 1 yr</i>	1541 49.7%	1739 49.1%	1615 50.4%	1590 51.4%	1809 53.1%	1434 50.2%	1421 50.2%	1252 47.6%	1346 50.0%	1246 54.2%	1067 57.4%		
<i>In 2 yrs</i>	994 32.1%	956 27.0%	926 28.9%	856 27.7%	972 28.5%	763 26.7%	742 26.2%	640 24.4%	768 28.5%	655 28.5%			
<i>In 3 yrs</i>	609 19.7%	576 16.2%	537 16.8%	484 15.7%	542 15.9%	402 14.1%	397 14.0%	344 13.1%	357 13.3%				
<i>In 4 yrs</i>	380 12.3%	372 10.5%	304 9.5%	291 9.4%	292 8.6%	216 7.6%	234 8.3%	187 7.1%					
<i>To Date</i>	30 1.0%	27 0.8%	32 1.0%	51 1.6%	53 1.6%	57 2.0%	93 3.3%	121 4.6%	223 8.3%	368 16.0%	643 34.6%	1292 64.4%	838 87.3%

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).

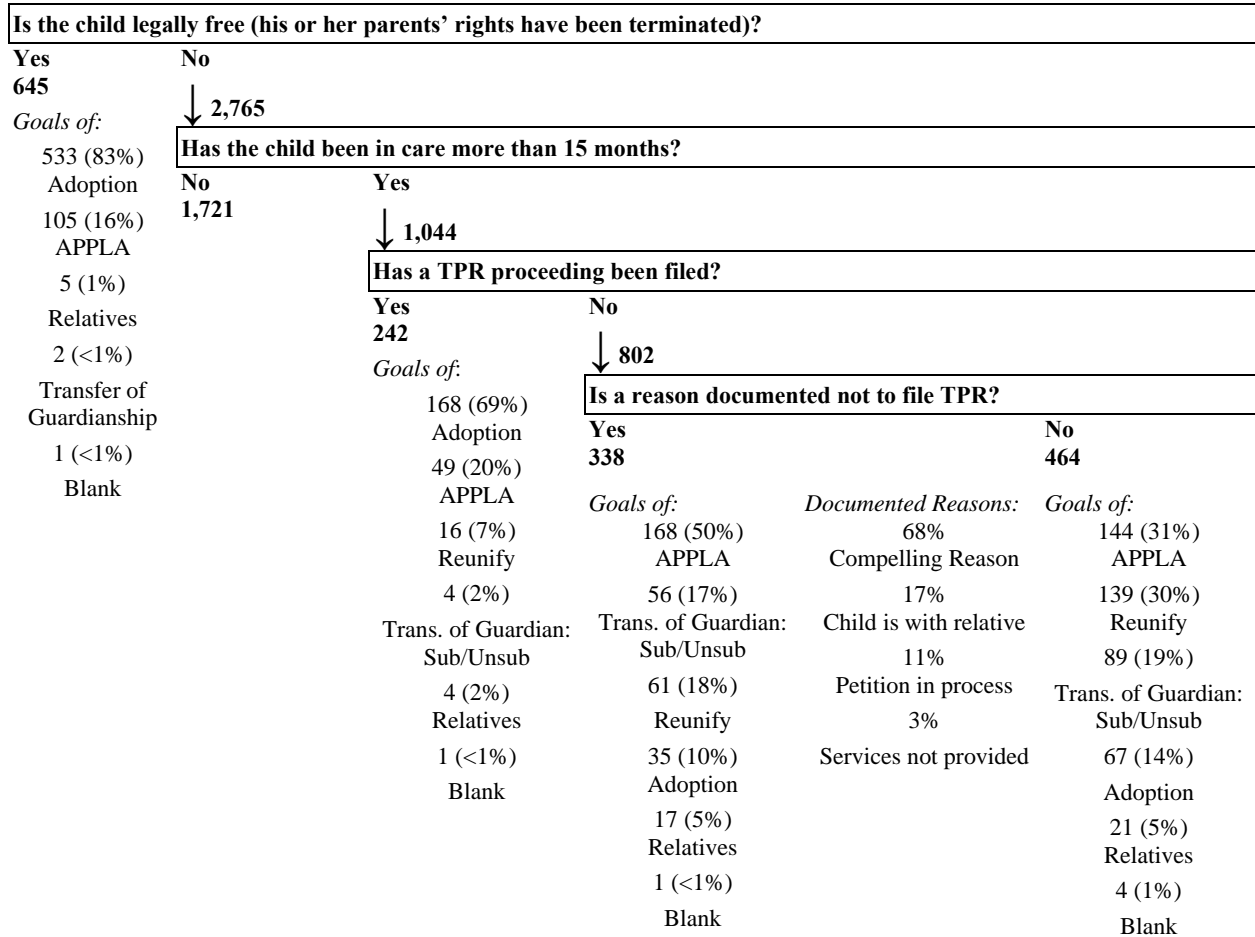
FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2013 EXIT COHORT)



Permanency Goals:

The following chart illustrates and summarizes the number of children (which excludes youth ages 18 and older) 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 AUGUST 13, 2014⁵)



Preferred Permanency Goals:

	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Reunification						
Total number of children with Reunification goal, pre-TPR and post-TPR	1200	1172	1164	1219	1312	1257
Number of children with Reunification goal pre-TPR	1200	1171	1162	1217	1311	1257
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	235	227	195	191	211	221
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	33	38	41	38	37	38
Number of children with Reunification goal, post-TPR	0	1	2	2	1	0

⁵ Children over age 18 are not included in these figures.

Transfer of Guardianship (Subsidized and Non-Subsidized)	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	263	245	238	257	261	269
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	259	243	238	257	259	268
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, ≥ 22 months 	79	82	64	82	78	86
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, ≥ 36 months 	9	14	15	15	16	25
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	4	2	0	0	2	1

Adoption	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Total number of children with Adoption goal, pre-TPR and post-TPR	966	922	947	955	977	988
Number of children with Adoption goal, pre-TPR	473	477	471	473	478	455
Number of children with Adoption goal, TPR not filed, ≥ 15 months in care	115	103	105	97	111	102
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	7	8	6	6	3	1
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	31	27	27	28	31	29
<ul style="list-style-type: none"> Reason TPR not filed, child is in placement with relative 	1	2	2	3	5	2
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	2	3	5	3	4	3
<ul style="list-style-type: none"> Reason TPR not filed, blank 	74	63	65	57	68	67
Number of cases with Adoption goal post-TPR	493	445	476	482	499	533
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care ≥ 15 months 	464	419	433	452	452	489
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care ≥ 22 months 	381	357	372	376	371	397
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	32	14	8	16	13	13
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	102	98	89	89	83	72
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	257	244	275	284	279	333

Progress Towards Permanency:	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Total number of children, pre-TPR, TPR not filed, ≥ 15 months in care, no compelling reason	434	411	389	378	439	464

Non-Preferred Permanency Goals:

	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Long Term Foster Care Relative:						
Total number of children with Long Term Foster Care Relative goal	55	61	53	58	56	52
Number of children with Long Term Foster Care Relative goal, pre-TPR	49	55	49	54	52	47
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	5	2	5	5	4	2
Long Term Foster Care Rel. goal, post-TPR	6	6	4	4	4	5
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	0	0	1	0	0	0

	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
APPLA*						
Total number of children with APPLA goal	643	602	583	567	563	505
Number of children with APPLA goal, pre-TPR	513	482	458	448	451	400
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	20	6	19	18	16	9
Number of children with APPLA goal, post-TPR	130	120	125	119	112	105
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	11	5	8	6	7	7
* 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.						

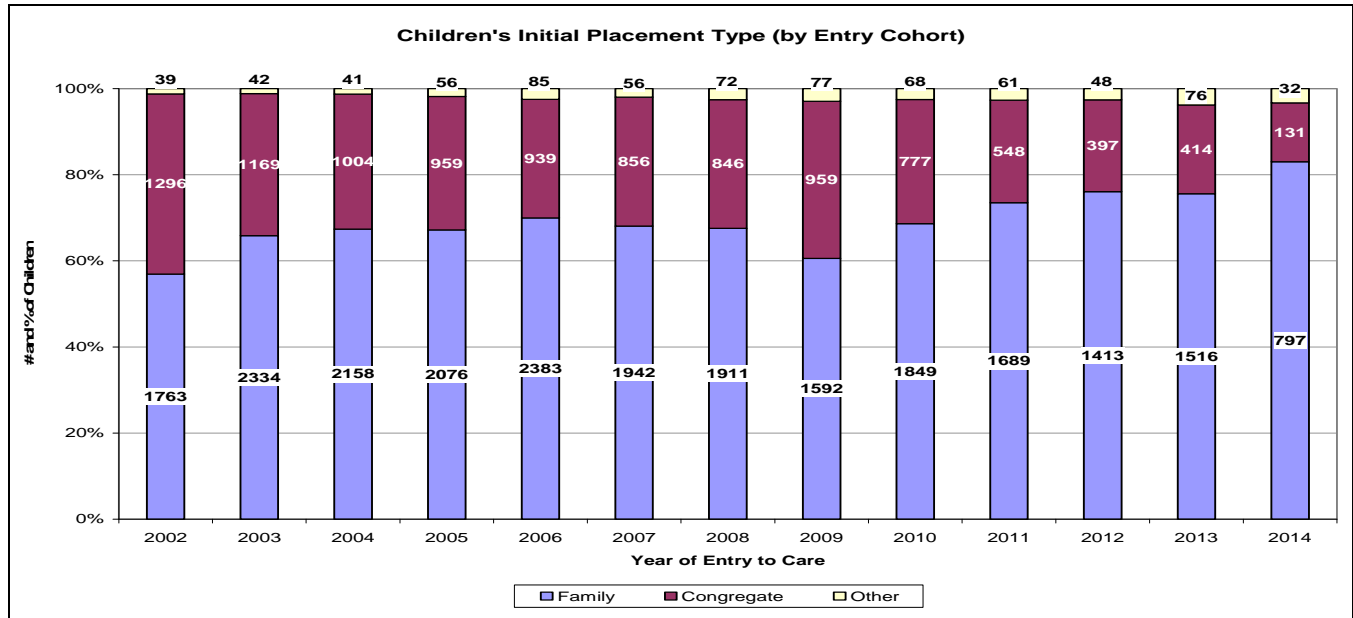
Missing Permanency Goals:

	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	24	19	19	24	24	102
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	17	11	9	11	14	18
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	8	7	5	7	6	6
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	7	5	5	5	4	4

B. PLACEMENT ISSUES

Placement Experiences of Children

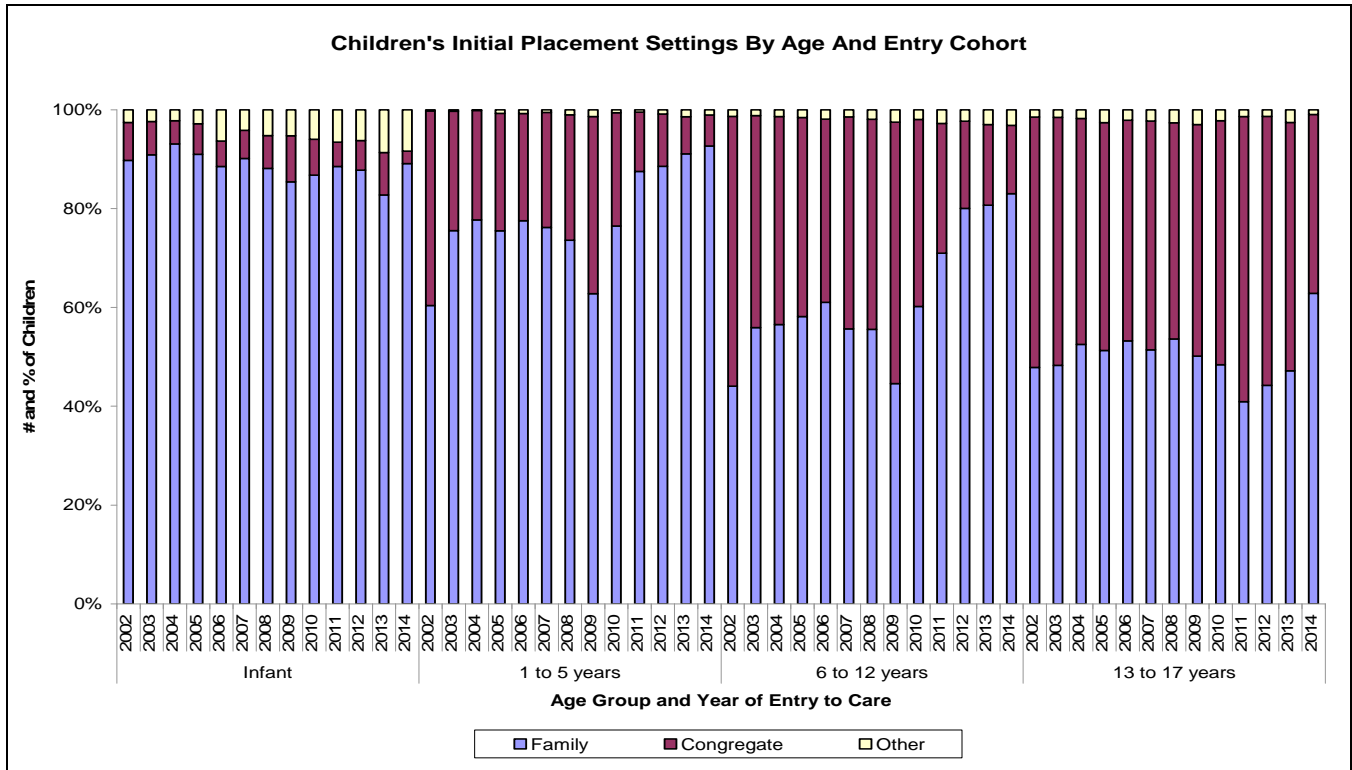
The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2014.



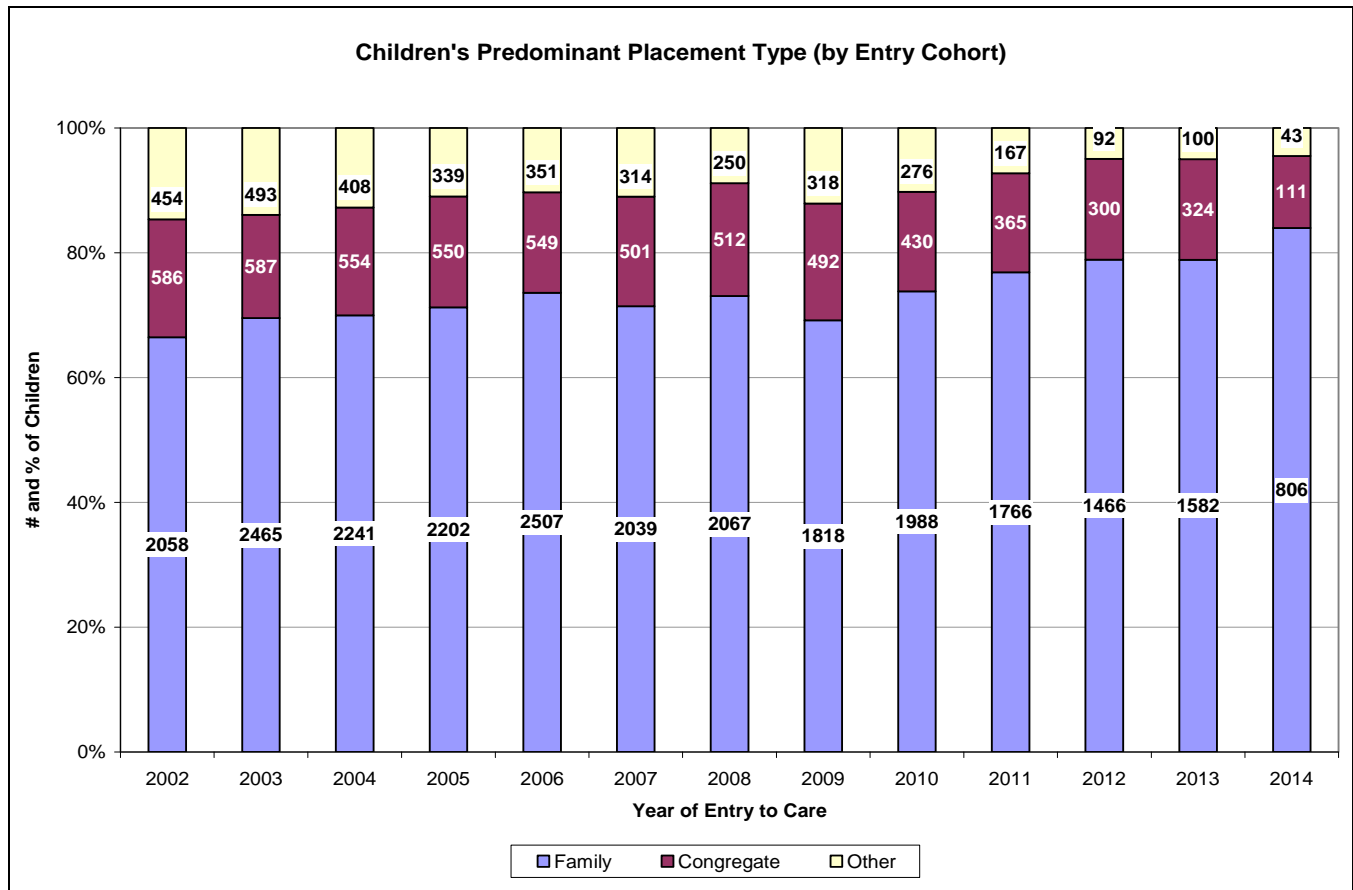
The next table shows specific care types used month-by-month for entries between July 2013 and June 2014.

		Case Summaries											
First placement type		enterJul13	enterAug13	enterSep13	enterOct13	enterNov13	enterDec13	enterJan14	enterFeb14	enterMar14	enterApr14	enterMay14	enterJun14
Residential	N	5	5	9	9	10	7	5	4	2	10		2
	%	2.8%	3.1%	5.4%	5.3%	5.3%	4.2%	2.9%	2.6%	1.0%	5.8%		1.5%
DCF Facilities	N	3	7	2	3	4	3	3	4	5	5	3	
	%	1.7%	4.4%	1.2%	1.8%	2.1%	1.8%	1.8%	2.6%	2.5%	2.9%	2.3%	
Foster Care	N	76	59	63	78	87	72	71	53	94	90	62	55
	%	42.5%	36.9%	37.7%	45.6%	45.8%	43.1%	41.8%	34.9%	46.5%	52.0%	48.1%	41.0%
Group Home	N	2	6	7	2	3	1	2	1	6	2	2	1
	%	1.1%	3.8%	4.2%	1.2%	1.6%	0.6%	1.2%	0.7%	3.0%	1.2%	1.6%	0.7%
Relative Care	N	56	50	56	41	45	51	51	52	55	46	48	60
	%	31.3%	31.3%	33.5%	24.0%	23.7%	30.5%	30.0%	34.2%	27.2%	26.6%	37.2%	44.8%
Medical	N	7	6	3	5	6	10	7	8	10	2	2	3
	%	3.9%	3.8%	1.8%	2.9%	3.2%	6.0%	4.1%	5.3%	5.0%	1.2%	1.6%	2.2%
Safe Home	N	5	6	1	8	6	5	3	7	6	2	2	1
	%	2.8%	3.8%	0.6%	4.7%	3.2%	3.0%	1.8%	4.6%	3.0%	1.2%	1.6%	0.7%
Shelter	N	17	15	15	10	12	13	11	12	14	9	3	4
	%	9.5%	9.4%	9.0%	5.8%	6.3%	7.8%	6.5%	7.9%	6.9%	5.2%	2.3%	3.0%
Special Study	N	8	6	11	15	17	5	17	11	10	7	7	8
	%	4.5%	3.8%	6.6%	8.8%	8.9%	3.0%	10.0%	7.2%	5.0%	4.0%	5.4%	6.0%
Total	N	179	160	167	171	190	167	170	152	202	173	129	134
	%	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 2014 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between July 2013 and June 2014, 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)		exitJul13	exitAug13	exitSep13	exitOct13	exitNov13	exitDec13	exitJan14	exitFeb14	exitMar14	exitApr14	exitMay14	exitJun14
Residential	N	11	14	12	10	7	8	6	6	5	1	8	5
	%	5.0%	5.9%	8.2%	6.4%	3.9%	5.1%	4.8%	4.6%	4.3%	0.8%	7.2%	4.9%
DCF Facilities	N	2	5	3	5	8	3	4	3		3	2	2
	%	0.9%	2.1%	2.0%	3.2%	4.4%	1.9%	3.2%	2.3%		2.4%	1.8%	1.9%
Foster Care	N	94	90	55	76	93	78	42	52	48	55	43	50
	%	42.5%	37.8%	37.4%	48.4%	51.7%	49.4%	33.9%	40.0%	41.7%	43.3%	38.7%	48.5%
Group Home	N	31	17	15	9	12	9	7	7	11	10	5	7
	%	14.0%	7.1%	10.2%	5.7%	6.7%	5.7%	5.6%	5.4%	9.6%	7.9%	4.5%	6.8%
Independent Living	N	5	7	2	4	2	4	1		2	4	1	
	%	2.3%	2.9%	1.4%	2.5%	1.1%	2.5%	0.8%		1.7%	3.1%	0.9%	
Relative Care	N	54	70	40	38	41	37	42	41	28	39	35	25
	%	24.4%	29.4%	27.2%	24.2%	22.8%	23.4%	33.9%	31.5%	24.3%	30.7%	31.5%	24.3%
Medical	N	1	3			3			1	2	1		1
	%	0.5%	1.3%			1.7%			0.8%	1.7%	0.8%		1.0%
Safe Home	N		3	3	1	1	2	1	1	2	3	4	
	%		1.3%	2.0%	0.6%	0.6%	1.3%	0.8%	0.8%	1.7%	2.4%	3.6%	
Shelter	N	13	13	13	9	4	10	6	5	8	1	4	4
	%	5.9%	5.5%	8.8%	5.7%	2.2%	6.3%	4.8%	3.8%	7.0%	0.8%	3.6%	3.9%
Special Study	N	10	16	4	3	8	3	8	10	5	7	7	5
	%	4.5%	6.7%	2.7%	1.9%	4.4%	1.9%	6.5%	7.7%	4.3%	5.5%	6.3%	4.9%
Unknown	N				2	1	4	7	4	4	3	2	4
	%				1.3%	0.6%	2.5%	5.6%	3.1%	3.5%	2.4%	1.8%	3.9%
Total	N	221	238	147	157	180	158	124	130	115	127	111	103
	%	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 June 1, 2014 organized by length of time in care.

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

			Duration Category							Total
			30	90	180	365	545	1095	1095	
Primary type of spell (>50%)	Residential	Count	2	10	10	34	15	23	54	148
		% Row	1.4%	6.8%	6.8%	23.0%	10.1%	15.5%	36.5%	100.0%
		% Col	1.6%	4.0%	2.2%	4.6%	2.7%	2.7%	5.9%	3.8%
DCF Facilities	DCF Facilities	Count	0	7	14	9	1	4	0	35
		% Row	0.0%	20.0%	40.0%	25.7%	2.9%	11.4%	0.0%	100.0%
		% Col	0.0%	2.8%	3.0%	1.2%	0.2%	0.5%	0.0%	0.9%
Foster Care	Foster Care	Count	48	102	195	275	268	451	535	1874
		% Row	2.6%	5.4%	10.4%	14.7%	14.3%	24.1%	28.5%	100.0%
		% Col	38.1%	40.5%	42.4%	37.3%	48.5%	53.1%	58.5%	48.2%
Group Home	Group Home	Count	1	4	10	20	25	45	77	182
		% Row	0.5%	2.2%	5.5%	11.0%	13.7%	24.7%	42.3%	100.0%
		% Col	0.8%	1.6%	2.2%	2.7%	4.5%	5.3%	8.4%	4.7%
Independent Living	Independent Living	Count	0	0	0	0	0	1	3	4
		% Row	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	75.0%	100.0%
		% Col	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%	0.1%
Relative Care	Relative Care	Count	60	93	148	279	181	208	77	1046
		% Row	5.7%	8.9%	14.1%	26.7%	17.3%	19.9%	7.4%	100.0%
		% Col	47.6%	36.9%	32.2%	37.8%	32.7%	24.5%	8.4%	26.9%
Medical	Medical	Count	0	1	5	5	2	3	4	20
		% Row	0.0%	5.0%	25.0%	25.0%	10.0%	15.0%	20.0%	100.0%
		% Col	0.0%	0.4%	1.1%	0.7%	0.4%	0.4%	0.4%	0.5%
Mixed (none >50%)	Mixed (none >50%)	Count	0	0	1	12	22	45	131	211
		% Row	0.0%	0.0%	0.5%	5.7%	10.4%	21.3%	62.1%	100.0%
		% Col	0.0%	0.0%	0.2%	1.6%	4.0%	5.3%	14.3%	5.4%
Safe Home	Safe Home	Count	1	5	7	11	5	5	1	35
		% Row	2.9%	14.3%	20.0%	31.4%	14.3%	14.3%	2.9%	100.0%
		% Col	0.8%	2.0%	1.5%	1.5%	0.9%	0.6%	0.1%	0.9%
Shelter	Shelter	Count	4	10	21	22	7	2	0	66
		% Row	6.1%	15.2%	31.8%	33.3%	10.6%	3.0%	0.0%	100.0%
		% Col	3.2%	4.0%	4.6%	3.0%	1.3%	0.2%	0.0%	1.7%
Special Study	Special Study	Count	9	15	42	66	26	56	25	239
		% Row	3.8%	6.3%	17.6%	27.6%	10.9%	23.4%	10.5%	100.0%
		% Col	7.1%	6.0%	9.1%	8.9%	4.7%	6.6%	2.7%	6.1%
Unknown	Unknown	Count	1	5	7	5	1	6	7	32
		% Row	3.1%	15.6%	21.9%	15.6%	3.1%	18.8%	21.9%	100.0%
		% Col	0.8%	2.0%	1.5%	0.7%	0.2%	0.7%	0.8%	0.8%
Total	Total	Count	126	252	460	738	553	849	914	3892
		% Row	3.2%	6.5%	11.8%	19.0%	14.2%	21.8%	23.5%	100.0%
		% Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Total number of children 12 years old and under, in Congregate Care	57	41	47	42	34	30
• Number of children 12 years old and under, in DCF Facilities	3	0	1	1	0	1
• Number of children 12 years old and under, in Group Homes	14	13	12	10	9	7
• Number of children 12 years old and under, in Residential	4	8	11	11	13	8
• Number of children 12 years old and under, in SAFE Home	20	18	21	17	11	14
• Number of children 12 years old and under in Shelter	1	2	2	3	1	0
Total number of children ages 13-17 in Congregate Placements	516	477	442	434	431	380

Use of SAFE Homes, Shelters and PDCs

The analysis below provides longitudinal data for children (which may include youth ages 18 and older) who entered care in Safe Homes, Permanency Diagnostic Centers and Shelters.

	Period of Entry to Care											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Entries	3098	3545	3203	3091	3407	2854	2829	2628	2694	2298	1858	2006
SAFE Homes/PDCs	727	629	453	394	395	382	335	471	331	146	68	56
	23%	18%	14%	13%	12%	13%	12%	18%	12%	6%	4%	3%
Shelters	165	135	147	178	114	136	144	186	175	194	169	175
	5%	4%	5%	6%	3%	5%	5%	7%	6%	8%	9%	9%
Total	892	764	600	572	509	518	479	657	506	340	237	231
	29%	22%	19%	19%	15%	18%	17%	25%	19%	15%	13%	12%

	Period of Entry to Care											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Initial Plcmnts	764	600	572	509	518	479	657	506	340	237	231	74
<= 30 days	308	249	241	186	162	150	229	135	103	60	63	26
	40.3%	41.5%	42.1%	36.5%	31.3%	31.3%	34.9%	26.7%	30.3%	25.3%	27.3%	35.1%
31 - 60	180	102	114	73	73	102	110	106	57	44	41	14
	23.6%	17.0%	19.9%	14.3%	14.1%	21.3%	16.7%	20.9%	16.8%	18.6%	17.7%	18.9%
61 - 91	121	81	76	87	79	85	157	91	54	39	38	18
	15.8%	13.5%	13.3%	17.1%	15.3%	17.7%	23.9%	18.0%	15.9%	16.5%	16.5%	24.3%
92 - 183	107	124	100	118	131	110	124	136	84	56	57	16
	14.0%	20.7%	17.5%	23.2%	25.3%	23.0%	18.9%	26.9%	24.7%	23.6%	24.7%	21.6%
184+	48	44	41	45	73	32	37	38	42	38	32	0
	6.3%	7.3%	7.2%	8.8%	14.1%	6.7%	5.6%	7.5%	12.4%	16.0%	13.9%	0.0%

The following is the point-in-time data taken from the monthly LINK data, and may include those youth ages 18 and older.

Placement Issues	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Total number of children in SAFE Home	31	40	35	33	34	28	22
• Number of children in SAFE Home, > 60 days	21	35	24	22	23	20	17
• Number of children in SAFE Home, >= 6 months	7	12	12	8	10	10	12
Total number of children in STAR/Shelter Placement	73	64	75	73	70	59	49
• Number of children in STAR/Shelter Placement, > 60 days	42	30	35	46	40	30	27
• Number of children in STAR/Shelter Placement, >= 6 months	10	8	8	5	7	11	7
Total number of children in MH Shelter	1	1	1	1	1	1	1
• Total number of children in MH Shelter, > 60 days	1	1	1	1	1	1	0
• Total number of children in MH Shelter, >= 6 months	1	1	1	1	1	1	0

Time in Residential Care

Placement Issues	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014
Total number of children in Residential care	244	190	173	147	157	147	116
• Number of children in Residential care, >= 12 months in Residential placement	64	54	51	42	47	40	38
• Number of children in Residential care, >= 60 months in Residential placement	2	2	2	2	2	2	1

Appendix 1
Commissioner's Highlights from
The Department of Children & Families
Second Quarter 2014 Exit Plan Report

Commissioner Statement 2nd Quarter Report 2014

As this Administration enters the fourth quarter of its fourth year, it affords an opportunity to reflect on the important progress and improvements that have been realized during this time. I especially want to thank our staff for their tremendous work and their commitment to helping our families and children to the greatest extent possible. Much has been asked of our staff during this period of sustained and accelerated reform, and the staff has advanced our goals to an impressive degree. We have more to accomplish to be sure, but the progress has been very real.

We do very complex work, but the goals we embraced are simple: reduce the number of children in care; reduce the number of children in congregate settings; reduce the number of children served out of state; and increase the share of children living with relatives and others whom they know. This is what we have accomplished when we look at the data from September 1, 2014 compared to January 2011:

- There are 743 fewer children in care -- a decrease of 15.5 percent;
- The percentage of children in care who live with a relative or someone else they know grew from 21% in January 2011 to 35.1%;
- The percentage of children in care who live in congregate (group) care dropped from 29.8% in January 2011 to 16.8% -- a reduction of 749 children or 52.5%; and
- There are 345 fewer children in out of state care -- a decrease of 95.3 percent. The number of children out of state stands at 17 as of September 1, 2014 compared to 362 when the administration began.

There are so many changes to our practice that account for these improvements -- the Strengthening Families Practice Model, Differential Response, child and family teaming, a focus on kinship homes, and efforts to use congregate care only when necessary. But I want to focus on just one because it says so much about our new direction.

When we instituted the Considered Removal Child and Family Team Meeting (CR-CFTM) in February 2013, we knew based on the experience of other jurisdictions that it held great promise. But I don't think any of us expected the results we have seen in Connecticut so far. During the six-month period ending July 2, 2014, 1,328 children were the subject of a CR-CFTM, and 71 percent of the children received the meeting *prior* to removal. Seventy-nine (79) percent of the children were not removed. Of the children who were placed by DCF, 64 percent were placed with family or someone else they knew. Less than 10 percent of the children with a meeting prior to removal were placed into care with someone they did not know.

The CR-CFTM process -- much as the other reforms -- has demonstrated what we can accomplish if we work together respectfully with families and build upon their strengths in a solid partnership with the families, the providers and the communities in which they live.

I am also encouraged by other developments in our work. It is widely recognized that the changes in our work were making worker caseloads more difficult than ever before -- not because of the numbers but because the families who remained on the DCF caseload had needs that were far more complex as a result of Differential Response. The Governor and the Legislature responded by giving the Department authority to hire 81 social workers and social work supervisors and 30 case aides. Those new workers

are ramping up with training and with cases and are expected to carry a full load of cases by the end of the year.

In addition, for the first time in recent memory, the Department has increased the number of licensed foster homes -- even as the number of children in care is lower. Looking at the total of DCF licensed, treatment foster care and private foster care homes, there were 93 more foster homes at the end of the second quarter than there was when the calendar year began.

Finally, I also am heartened with the momentum the state is building toward developing an integrated, comprehensive and effective system to treat the behavioral health needs of children. On October 1, the Department submitted the Children's Behavioral Health Plan to the General Assembly after an exhaustive process of getting stakeholder input, including guidance from providers and experts -- most importantly the expertise of families and youths themselves based on experience seeking help. The recommendations for (1) a pooled finance system -- with the participation of the private insurance industry -- (2) a care management entity to oversee a single, coordinated system of services, and (3) an expansion of community based services -- especially in school and pediatric settings -- have been very well received. I am optimistic that we will see a plan for a comprehensive and integrated service system move forward into implementation.

Clearly we have much to be excited about in terms of the progress we have made and the progress we will continue to make. There are many challenges that remain before us due to the extreme complexity of the work. We will, I am convinced, continue to make strides forward as we work together to advance the best outcomes for Connecticut's families and children. Let us commit ourselves to continuing our direction and building upon our successes and the successes of the families and children we serve.

Appendix 2

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

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

Overview

The DCF Court Monitor's Office is undertaking a series of precertification reviews as part of the agreement of the parties via discussions arising from the Revised Juan F. v Rell Exit Plan on the 22 Outcome Measures. The latest of the measures to undergo review is Outcome Measure 6: Maltreatment of Children in Out-of-Home Care. This is a qualitative review that will supplement the quarterly data provided by the DCF and verified by the Court Monitor, regarding the instances of substantiated maltreatment while in DCF custody. The measure requires that DCF comply and sustain the following level of practice related to re-entry:

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

If this pre-certification review does not identify any material issues requiring remediation and no assertions of noncompliance with the specific Outcome Measure at issue are pending at the time the Defendants assert sustained compliance with all 22 Outcome Measures, the parties agree that the full review as outlined in paragraph 5 of the Juan F. Revised Exit Plan will not be a requirement to exit. The extent of the full review will be decided after discussions and agreement of the parties, and will be formalized in a modification of the Juan F. Revised Exit Plan at the time of assertion of compliance.

The Court Monitor's Office queried the on-line reporting now available to obtain the universe of all children that were in out-of-home placement during the six month period of July 1, 2013 through December 31, 2013. This population included 7,426 children (excludes those who were not members of the Juan F. Class: committed delinquent, ICO) In total, the current on-line reporting indicated that the measure was met within this population as 19 children in the state's custody were identified as victims of abuse/neglect during this six month time period. This equates to a 0.26% rate of maltreatment. This six month report is compatible with the quarterly rates reported during the period of 0.2% each quarter (10 cases in Third Quarter 2013 and 9 cases in Fourth Quarter 2013).

An analysis of the two subsets within the population reviewed (Children Maltreated in Out-of-home Care (N=19) and a like number of Children in Care with No Substantiated Maltreatment (n=19) did not note any major factors of significance distinguishing those cases with repeat maltreatment from those that did not.

A maltreatment rate of 0.26% supports evidence of positive case practice. When we last conducted this review in 2006, the rate of maltreatment in care was 0.18%. As with that review, our reviewers indicated that the majority of cases regardless of substantiation documented appropriate actions by the ongoing social worker in the period of time leading up to the report of abuse neglect (whether substantiated or not) if the case was

known to the Department during those months. Presenting issues that posed a risk to the child, but not to the level requiring a Careline referral were routinely addressed, and the child was prevented from experiencing maltreatment while in out-of-home placement.

In 2006 it was observed by the reviewers that there were four trends of concern related to maltreatment of children in out-of-home care.

- The first issue was lack of coordinated communication between the DCF Ongoing SW, FASU social workers and service providers, in the three month period leading up to the report to Hotline and during the subsequent period shortly thereafter. While contacts or attempts to contact are often documented there is limited narrative describing collaborative assessment.
- The second trend relates to workers not assessing or minimizing the “red flags” that they often document within their own narratives.
- The third trend is related to effective use of supervision. While supervisory conferences are documented in most cases, the actual use of this time to create action steps and follow-up on prior concerns is not often documented as it relates to “red flags”.
- And lastly, the reviewers noted that case aides’ documentation of transport and visitation are often not addressed by the SW or SWS. Situations detailed by the case aides are not recognized or discussed at the supervisory level in spite of the noted risks and safety. The role of the case aide in contributing to the overall risk assessment ongoing during the life of the case needs to be examined.

This review found that there were still issues with the first three bulleted items, however the last issue was not one identified in this review. These areas will be explored later in this text. What was striking in this review was the number of cases in which the maltreatment was not at the hands of the caretaker, but another entrusted individual in the life of the child during their out-of-home placement (i.e. school, bus/transport driver).

DCF has asserted compliance with Outcome Measure 6 for the last 40 quarters. A low rate of maltreatment in out-of-home care has been an area that the Department has promoted as a strength in its overall practice. This review, similar to that the Court Monitor conducted in 2006-2007 verifies that the quantitative benchmark has been met and sustained. Further, while there were some areas for improvement noted, there were many more strengths within documented practice and performance related to the safety of children in out-of-home care. Given the very low number of children exposed to substantiated maltreatment in care, and the scenarios presented in the cases reviewed, this office finds that the areas needing improvement are best addressed in our ongoing reviews of OM15, and our review of investigation practice that are yet to be completed. The Court Monitor finds that the Department has satisfied the benchmark and qualitative requirements for this Outcome Measure 6 Pre-Certification Review. Outcome Measure 6, with a full review for the six month period identified was consistently identified with the ROM findings at a rate of 0.26% is found to be in compliance both quantitatively and qualitatively.

Sampling Methodology

The Court Monitor's Office queried the on-line reporting now available to obtain the universe of all children that were in out-of-home placement during the six month period of July 1, 2013 through December 31, 2013. This population included 7,426 children (excludes those who were not members of the *Juan F.* Class: committed delinquent, ICO) In order to provide a basis for comprehensive analysis of this outcome measure the sample included all 19 children who had an incident in the two quarters July 1, 2013 - December 31, 2013 resulting in a substantiation and an additional 19 children randomly selected from the statewide population that were in care, with or without an investigation undertaken during the period. This was undertaken to allow a review of case practice issues that may impact the success or barriers of DCF in meeting OM 6. This review was conducted via a reading of the LINK record related to each child. This could entail multiple cases and LINK entries on both the case and provider records of the system. However the review was limited in that we did not interview or submit questions to the social workers or case participants. Due to the low number of cases involved, we caution use of this data for anything other than qualitative or descriptive purposes.

The LINK record review was conducted during May and June of 2014 by several DCF Court Monitor review staff.⁶ A pilot test was conducted prior to the review to ensure issues of reliability and validity can be addressed prior to initiating the full review. Minor edits resulted to both the tool and directional guide as a result of this process.

Demographics

The sample set included 38 cases. All 19 cases with a substantiation regardless of office and 19 additional cases randomly selected from the remaining pool of children from each area office until an additional 19 were obtained. The result led to a sample including 38 children assigned to 33 social workers reporting to 31 social work supervisors. The crosstabulation table below provides a breakdown of the sample by area office and indicates those that did have substantiation during the quarter and those that did not.

⁶ Reviewers: K. Bennett, G. Bakulski, J. DeBartolo, S. Marks-Roberts, K. Sullivan Oros and J. Spector

Crosstabulation 1: Region* Were there any substantiations involving this child in OOH placement during the period of July 1, 2013 to December 31, 2013?

Regional Office		Substantiations involving this child in out-of-home placement during the quarter of October 1, 2006 through December 31, 2006?		
		Yes - Substantiation Identified (n=19)	No - No Substantiation (n=19)	Total OM6 Sample (n=38)
Region I	Bridgeport	1	1	2
	Norwalk/Stamford	1	1	2
	<i>Region</i>	2 (10.5%)	2	4
Region II	Milford	5	4	9
	New Haven	2	0	2
	<i>Region</i>	7(36.8%)	4	11
Region III	Middletown	1	1	2
	Norwich	0	1	1
	Willimantic	0	1	1
	<i>Region</i>	1(5.3%)	3	4
Region IV	Hartford	3	3	6
	Manchester	2	2	4
	<i>Region</i>	5(26.3%)	5	10
Region V	Danbury	1	1	2
	Torrington	0	1	1
	Waterbury	0	1	1
	<i>Region</i>	1(5.3%)	3	4
Region VI	Meriden	1	1	2
	New Britain	2	1	3
	<i>Region</i>	3(15.8%)	2	5
Statewide Total		19 (100.0%)	19	38

In our last review period in 2006 Norwich had the highest rate of substantiated abuse while in placement. They had no reported substantiations within this six month subsample. In this review, Region II was the highest region reporting substantiations in care, with a total of seven (7) substantiations in the six month period. Five of these substantiations occurred within the Milford office. For context of Children in Placement and those that did or did not meet the measure we provide the full reporting of the Department for the period under review. As you can see when placed in the context of the full population, the percentage of those not meeting the measure are well within the 2% requirement in all area offices. While attention should be paid to the anomaly that appears to be occurring in the Milford area office, it may likely be due to the circumstances identified (sibling group as victim) rather than a system design.

**Table 1: DCF ROM Report Six Month Period July 1, 2013 - December 31, 2013:
 Unit View for Safety in Care Exit – Exit Plan OM6**

	Met		Not Met		Total	
None - 1	2	100.0%	0	0.0%	2	100%
Bridgeport Area	502	99.8%	1	0.2%	503	100%
Danbury Area	226	99.6%	1	0.4%	227	100%
General Admin.	9	100.0%	0	0.0%	9	100%
Hartford Area	1314	99.8%	3	0.2%	1317	100%
Hotline Area	2	100.0%	0	0.0%	2	100%
Manchester Area	480	99.6%	2	0.4%	482	100%
Meriden Area	344	100.0%	0	0.0%	344	100%
Middletown Area	260	99.6%	1	0.4%	261	100%
Milford Area	374	98.7%	5	1.3%	379	100%
New Britain Area	676	99.9%	1	0.1%	677	100%
New Haven Area	651	99.7%	2	0.3%	653	100%
Norwalk/Stamford Area	239	99.6%	1	0.4%	240	100%
Norwich Area	691	100.0%	0	0.0%	691	100%
Torrington Area	374	100.0%	0	0.0%	374	100%
Unassigned Area	5	100.0%	0	0.0%	5	100%
Waterbury Area	737	99.9%	1	0.1%	738	100%
<u>Willimantic Area</u>	<u>511</u>	<u>100.0%</u>	<u>0</u>	<u>0.0%</u>	<u>511</u>	<u>100%</u>
Statewide	7397	99.8%	18	0.2%	7415	100

Dates of the most recent removal for the children within the sample ranged from April 2004 through October 2013. The children had a range of ages spanning from birth to 18 years, with an average age of 11 which is higher than that of our population in 2006, which was 7.04 years old. Within the full sample set of 38, the children were most likely to be white (50.0%) and of Non-Hispanic ethnicity (73.7%). Children of color had a disproportionately higher rate of maltreatment in out-of-home care. This can be seen in the crosstabulation below which shows 71.4% of multi-racial and 58.3% of the Black African American children were victims of repeat maltreatment, while only 36.8% of White children were victims while in care during the quarter.

Crosstabulation 2: Child's Race * Were there any substantiations involving this child in out-of-home placement during the period of July 1, 2013 - December 31, 2013?

Child's Race		Were there any substantiations involving this child in out-of-home placement during the quarter of October 1, 2006 through December 31, 2006?		
		Yes (n=19)	No (n=19)	Total (n=38)
Black/African American	Count	7	5	12
	% within Race	58.3%	41.7%	100.0%
	% of Total Subset	36.8%	26.3%	31.6%
White	Count	7	12	19
	% within Race	36.8%	63.2%	100.0%
	% of Total Subset	36.8%	63.2%	50.0%
Multiracial	Count	5	2	7
	% within Race	71.4%	28.6%	100.0%
	% of Total Subset	26.3%	10.5%	18.4%
Total	Count	19	19	38
	% of Subset	100.0%	100.0%	100.0%

Ethnicity did not seem to have the same disproportionally as did race. The rates of maltreatment in out-of-home care were equally distributed with 50.0% falling in both categories for those identified as Hispanic or non-Hispanic homes.

Children were identified as having a diagnosed mental health or medical condition in 27 of the 38 cases reviewed (71.1%). Analysis does show that the rate is somewhat higher in cases with substantiations (78.9%) than without (63.2%). We note within this report that the overall rate of children with a documented Axis diagnosis has far surpassed that reported in population surveyed in 2006 which was 44%.

Crosstabulation 3: Does this child have any diagnosed conditions? * Were there any substantiations involving this child in out-of-home placement during the period of review?

Does this child have any diagnosed conditions?	Were there any substantiations involving this child in out-of-home placement during the period of review		
	Yes	No	Total
Yes	15	12	27
No	4	7	12
Total	19	19	38

The most common occurring disorders noted on the Axis diagnosis were: ADHD and ADD, Adjustment Disorder (with and without Depressed Mood) Depressive Disorder, PTSD, Anxiety Disorder, Oppositional Defiant Disorder, Conduct Disorder, Learning

Disorder. Additionally there were cases of Bi-Polar, Mild Developmental Disorder, Personality Disorder, Reactive Attachment Disorder, Mood Disorder, Cannabis and Alcohol Abuse, and Child Sexual Abuse, complex medical needs, and obesity.

The review captured the placement at the time of the incident and on December 31, 2013. The latter placement most frequently identified was a DCF Licensed Foster Home (26.3%). However, when looking at the individual subsets of those cases in which the measure was met or not met, the demographics are slightly different. For the subset of 19 children meeting the measure it was significantly found to be a relative foster home that was the residence on that date. For the population of those 19 children who did not meet the measure, the most frequently identified placement *at the close of the period* under review was a DCF licensed non- relative foster home (36.8%).

Crosstabulation 4: Current residence of this child on December 31, 2013 * Was Outcome Measure 6 met?				
Current residence of this child on December 31, 2013		Was OM 6 was met?		Total
		yes	no	
In-state non-relative licensed DCF foster care	Count	3	7	10
	% in Outcome 6 met?	15.8%	36.8%	26.3%
In-state licensed relative DCF foster care	Count	4	2	6
	% in Outcome 6 met?	21.1%	10.5%	15.8%
In-State Pre-Adoptive	Count	3	0	3
	% in Outcome 6 met?	15.8%	.0%	7.9%
In-state private provider foster care	Count	3	4	7
	% in Outcome 6 met?	15.8%	21.1%	18.4%
Out of state relative foster care	Count	1	0	1
	% in Outcome 6 met?	5.3%	.0%	2.6%
Detention Center/CJTS	Count	0	3	3
	% in Outcome 6 met?	.0%	15.8%	7.9%
Safe Home	Count	1	1	2
	% in Outcome 6 met?	5.3%	5.3%	5.3%
Group Home	Count	1	0	1
	% in Outcome 6 met?	5.3%	.0%	2.6%
AWOL	Count	1	1	2
	% in Outcome 6 met?	5.3%	5.3%	5.3%
Other (Adopted - case closed, Biological parent w/PS, Non-licensed relative (pending))	Count	2	1	3
	% in Outcome 6 met?	10.5%	5.3%	7.9%
Total	Count	19	19	38
	% in Outcome 6 met?	100.0%	100.0%	100.0%

As shown in the table above, two of the cases included children leaving out-of-home care during the period. One child was adopted, and one child reunified with protective supervision in place.

We note that the substantiations did not necessarily occur within the placement setting that the child resided in at the close of the period. In fact, the highest rate of substantiations occurred in "other" settings - those outside of the home or living space of the child - during transportation or educational programming (36.8%). This was followed by substantiations within a relative setting (21.1%). This demographic needs to be looked at closely, as transportation issues related to relative *and* therapeutic foster care providers have been noted in many of our Outcome Measure 15 reviews. These concerns are significant enough to factor into a reduction in scoring as it impacts the provision of services routinely. We have also commented frequently on the need for improvements to the supports and services to relative foster parents serving youth with mental health needs - clearly the demographic identified within this OM6 population reviewed.

Crosstabulation 5: In what setting did the substantiated maltreatment or regulatory violation occur? * Current residence of this child on December 31, 2013 (Not Met Subset: n=19)								
In what setting did the substantiated maltreatment or regulatory violation occur?	Current residence of this child on December 31, 2013							Total
	DCF foster care setting	Licensed relative DCF foster care setting	In-state private provider foster care setting	CJTS	Safe Home	AWOL	Other	
In-state non-relative licensed DCF foster care setting	1	0	1	0	0	0	1	3
In-state licensed relative DCF foster care setting	2	2	0	0	0	0	0	4
In-state private provider foster care setting	0	0	1	0	0	1	0	2
Detention Center/CJTS	0	0	0	3	0	0	0	3
Other (School, Transport, etc)	4	0	2	0	1	0	0	7
Total	7	2	4	3	1	1	1	19

This review also examined the role supervisory conferencing may play in cases of maltreatment while in care. Reviewers found that on the whole, the average number of supervisory sessions varied slightly for the two subsets during the six month period. There was a range of frequency from zero to 9 documented entries within the cases. For the 19 cases in which the measure was met, the median was 4.47 entries, while the unmet group of 19 was 5.53 entries. Additional oversight would be expected due to the nature of

increased risk and safety planning required. Frequency of supervision as a factor (regardless of content) does not appear to have an impact upon repeat maltreatment.

However, our review also looked at the role the supervisor played in addressing risks clearly identified by social worker during the period. These were issues being brought to the attention of the supervisor through narratives or supervisory sessions that required some action to a safeguard child or improve well being in the out-of-home placement. These occurred in both subsets of the review populations regardless of substantiation. However, there appears to be a high correlation to a lack of documented supervisory direction regarding safety/risk and subsequent substantiations. As shown below, when issues were identified and addressed, the rate of substantiation is at its lowest (2). When raised within the narratives or conferences, but not subsequently addressed; the rate of substantiations increased to the highest rate (14).

Crosstabulation 6: Were these concerns addressed in supervision with the ongoing services SWS? * Were there any substantiations involving this child in out-of-home placement during the period of review July 1, 2013 to December 31, 2013?

Were these concerns addressed in supervision with the ongoing services SWS?	Were there any substantiations involving this child in out-of-home placement during the PUR?		
	yes	no	Total
Yes	2	4	6
No	14	7	21
N/A - SW did not identify concerns to SWS	3	8	11
Total	19	19	38

The role of visitation between worker and child in out-of-home care was also looked at as a factor. The review found six cases met or exceeded the monthly requirement for visitation (15.8%) within the full sample of 38 cases. However, there is a vastly different perspective when reviewing the two populations of those children with substantiations (n=19) and those without (n=19).

Even excluding the cases that were not open in the three month period prior to the Careline accepted report, the Outcome Measure 16 visitation standard was not met for either cohort reviewed. For the "OM6 Met" Subset (Yes), the rate of compliance with the visitation standard is 50.0%. For those in the "OM6 Not Met" (No) set, the visitation was met or exceeded in 73.6% of the cases. Given the small numbers, it is difficult to determine if this is a contributory factor or not. Review of additional data or interview would provide more insight into this matter.

Crosstabulation 7: Did LINK indicate Outcome 6 was met? * Describe the worker visitation with the child in out-of-home placement during the period?					
Did LINK indicate Outcome 6 was met?	Describe the worker visitation with the child in out-of-home placement during the period?				Total
	Exceeded monthly requirement	Met monthly requirement	Did not meet monthly requirement	N/A - No open case in prior period	
Yes	0	1	1	17	19
No	5	9	5	0	19
Total	5	10	6	17	38

During the six month period of our review from July 1, 2013 through December 31, 2013 the visitation performance for the cases looked slightly different. As shown below, 15 or 78.9% of the "Met" cohort exceeded or met the visitation standard; thereby not meeting the standard. In comparison 17 or 89.4% of those in the "Not Met" cohort achieved the visitation measure. This would logically occur given the practice to base increases in visitation and prioritize visits based upon risk.

Crosstabulation 8: Did LINK indicate Outcome 6 was met? * Describe worker visitation with the child in out-of-home placement during the six month period of July 1, 2013 - December 31, 2013?				
Did LINK indicate Outcome 6 was met?	Describe worker visitation with the child in out-of-home placement during the six month period of July 1, 2013 - December 31, 2013?			Total
	Exceeded monthly requirement	Met monthly requirement	Did not meet monthly requirement	
Yes	6	9	4	19
No	6	11	2	19
Total	12	20	6	38

The quality of the visits was also rated by our reviewers during the period of July through December. In all, 28 of the 38 cases (73.7%) were felt to show adequate or excellent quality of visits - with documentation reflecting purposeful discussions and safety assessment during the period under review as per the guidelines specified by DCF protocol. When isolating the cohort groups as to those who met OM6 (Yes) and those who did not meet OM6 (No), the rate of those faring poorly increased as the rate of failing the measure increased: "Not Met" ANI having a rate of 31.6% vs. "Met" ANI having a rate of 21.1%.

Crosstabulation 9: Did LINK indicate Outcome 6 was met? * Describe the quality of worker visitation with the child in out-of-home placement during the six month period of July 1, 2013 - December 31, 2013?				
Did LINK indicate Outcome 6 was met?	Describe worker visitation with the child in out-of-home placement during the six month period of July 1, 2013 - December 31, 2013?			Total
	Excellent	Adequate/Good	Area Needing Improvement	
Yes	2	13	4	19
No	2	11	6	19
Total	4	24	10	38

Some comments of reviewers reflecting each level of assessment were categorized as:

Excellent

- Visit narratives indicate a purposeful visit where SW assessed safety, risk, and other issues of an out of control teen mom and the one year old child in placement. Reunification was the goal and seriously in question and the SW was committed to ensuring efforts were made to support and encourage this mom and their relationship before another permanency option was considered. The visitation benchmark was met and in addition a few parent/child visits were also supervised by the SW - allowing her to observe the interactions first hand.
- A nearly 18 year old client was seen apart from her caretakers 7 times during the period. Conversations occurred alone and with case planning and safety/risk discussed along with service issues. The reviewer remarked that case management was well done.
- The SW's visits leading up to and following the "incident" were purposeful, thorough and included all required aspects of safety and risk assessment. Youth has significant, very serious mental health issues and poor self image related to sexual abuse history by father. This child has been bullied by the siblings who are in placement with her. She has lacked positive childhood experiences of nurturing and good emotional bonding. The area office SW's narratives are excellent. Good communication with youth's therapist as well as youth - shows connection and commitment to youth.

Adequate/Good

- Visits occurred and included all family members during the PUR. Child was too young to have formal conversations but did appear healthy and happy and bonded to his foster family. However, no safety assessment was conducted within the foster home. SW never documented that she viewed the sleeping arrangements or conducted a walk through of the foster home.
- Contact appears largely positive though one of the notes during the period appeared to be the Intensive In-Home provider report (IICAPS), not the social

- worker's visit. Otherwise it appeared that SW did have discussion with youth about school, family and comfort and in the foster home. These reflected no concerns in the home or elsewhere up to point of incident during transport.
- Overall the quality of the visitation was good, as the area office SW became aware that the maternal grandparents were under a lot of stress (financial, relationship with daughter). The child's behaviors and needs were discussed. At the April ACR a discussion regarding the removal of the child and placement with paternal grandmother was openly broached. This was due to the foreclosure in maternal grandmother's home, but also as there was no suggestion of physical discipline by maternal grandparents and indication that stress was at level to predict behavior toward child that was subsequently identified in the incident. AOSW had identified no risks or concerns during the PUR.
 - Visits with the child in placement met the benchmark and were of good quality. Child frequently had episodes of threatening to harm herself and disruptive behaviors in the home. This ultimately led to pre-adoptive home disruption. There was private discussion and SW saw living arrangement when visits were made. Discussed issues of planning and safety as child talked about self injurious behaviors and needed better ways to cope. SW was able to help youth calm down when upset and child reached out to SW.

Area Needing Improvement

- SW did not meet visitation benchmark requirement. Youth was seen only twice during PUR and those visits were of poor quality. Youth was AWOL much of the PUR, and had been AWOL much of the prior PUR. Youth had been at risk of AWOL with accompanying other high risk behaviors and little outreach was documented. SW did not assess or plan for youth, supervision was not adequate.
- Monthly placement visits were documented with separate conversations however it was not noted if safety concerns were addressed specifically. There was an ongoing concern regarding domestic violence by foster father with his live-in partner and there were no documented discussions regarding this violence with the youth or the TFC program.
- Child was placed via OTC from probate 10/22/13 and was not seen by DCF SW until 11/19 or 11/21 (unclear), then again 12/4 and 12/30. Only one of these visits demonstrated adequate quality interaction and indicated child was seen alone for private discussion. During this period, the child was identified as alleged victim of a report dated 12/9 but not seen until 12/30 by OSW and by the ISW on 1/8.

In reviewing the narrative related to the child during the visits, provider contacts, and supervision, nine of the 12 instances of maltreatment which were open in the period leading up to the incident had documented concerns of the worker leading up to the report to Hotline. In three cases, there was no documentation of identified risks/concerns noted prior to the report to Hotline.

Crosstabulation 10: Did the SW assess the placement environment for any risk factors or concerns for this child during the PUR suggesting the need for additional safety planning leading up to maltreatment, if such did occur during the PUR? * Did LINK indicate Outcome 6 was met?			
Did the SW assess the placement environment for any risk factors or concerns for this child during the PUR suggesting the need for additional safety planning leading up to maltreatment , if such did occur during the PUR	Did LINK indicate Outcome 6 was met?		Total
	Yes	No	
Yes	9	13	22
No	10	6	16
Total	19	19	38

The assessment of risk is a key factor in case management and safety planning. Our reviewers looked at evidence of ongoing risk assessment in case practice. For the 19 cases with no repeat maltreatment, the SW documented ongoing risk assessment and identified issues related to risk or safety were identified in nine of the cases. There were two cases in which reviewers noted that possible risk factors that were referred to within the narrative were not addressed, or assessed appropriately as possible factors of potential neglect/abuse. No risk was identified in the out-of-home placement setting for the remaining eight children.

Within the subset of those 19 children who were the subject of substantiated maltreatment, the SW documented the risk assessment with identified issues in 13 of cases. There were four cases in which possible risk factors that appeared to be written about within the narrative were not addressed, or assessed appropriately as possible factors of potential neglect/abuse. The last two cases were assessed by the worker during the period, but the placement setting and child were not identified as being at risk for abuse/neglect or requiring any safety planning prior to the Careline referral.

Contact with the out-of-home provider to discuss the risks identified was clearly documented in 60% of the cases with documented concerns. There was little discrepancy between the subsets in regard to the rate of documented contact with the out-of-home provider in regard to concerns. Additionally, in cases where outside providers were involved with the child or made the report (i.e. therapists, parole, PPSP, supervised visitation, schools) these providers had documented contacted in 71.4% of the records.

The following frequencies of risks were identified by the reviewers within the records reviewed:

Frequency Table 2: Risks or Safety Concerns Identified within Ongoing Social Worker Narratives within the Period Under Review (n=38)

Risk or Safety Concern	Frequency within Children in Met Cohort(n=19)	Frequency within Children in Not Met Cohort (n=19)
Observed Abuse/Neglect (by Caretaker)	0	2
Caretaker states they are overwhelmed by child's behavior	0	1
Caretaker not capable of handling child's special needs/behavioral needs	0	1
Caregiver requests child's removal	1	2
Child is physically aggressive with peers/caregivers	1	4
Child is beyond the control of caregiver	0	2
Child requires a higher level of care but has not yet transition to that appropriate setting	1	1
Other	<u>3</u> (Other CIP in the home, Alcohol use, DV in foster home)	<u>6</u> (DV, Sibling issues, substance abuse, AWOL behaviors, provocative behaviors of youth, animosity between relative caretaker and parent)
Total	6	19

In the subset of children that met the outcome measure, only one case had an accepted report at the Careline during the period under review. For the subset of children that did not meet the measure, the Careline accepted 22 reports. Additionally reviewers noted the presence of 5 non-accepts in the not-met cohort. Reviewers felt that the majority (92.1%) of these cases documented appropriate actions by the ongoing social worker in the period of time leading up to the report of abuse neglect (whether subsequently substantiated or not). Several of these situations occurred in settings outside of the placement setting not normally associated with routine risk assessment activities (school/transport). In three cases however, the reviewers noted issues that they felt were not appropriately addressed. Two of those did have repeat maltreatment documented during the period under review.

Crosstabulation 11: If immediate removal was not recommended, were actions taken by the Ongoing Services Social Worker to reduce the risks in placement upon identifying such risks or concerns? * Did LINK indicate Outcome 6 was met?			
If immediate removal was not recommended, were actions taken by the ongoing services sw to reduce the risks in placement upon identifying such risks or concerns?	Did LINK indicate Outcome 6 was met?		Total
	Yes	No	
Yes	2	6	8
No	1	2	3
N/A - no risks/concerns identified	16	5	21
N/A - immediate removal required due to the level of safety concerns	0	6	6
Total	19	19	38

Each these scenarios included youth of adolescent age with an Axis diagnosis, and relatively recent alcohol or cannabis use documented but not adequately treated:

Met Subset:

- This youth indicated to SW that she was drinking with her friends. This disclosure was not discussed with the foster parent or raised in supervision. There was a history of alcoholism in family. The need for possible intervention or additional diligence on part of foster parent seemed to be overlooked.

Not Met Subset:

- There was suspicion that the youth's foster parent was using drugs and allowing the teens in her home to use drug and alcohol. When the first report was accepted at the Careline, the foster mother sought legal counsel and refused to cooperate with any requests for evaluation or discussions. The Department did not sanction the foster mother's behavior nor, did they make plans to move child to respite or seek a more appropriate placement. Within a short period of time, a second referral came in as foster parent was arrested for selling drugs. At that point the child had to be abruptly removed.
- A Careline report was made regarding another youth; peripherally involving this young man also in residence at CJTS. The report involved inappropriate physical and emotional treatment by a staff member. The substantiated findings were that this youth too was subject to the maltreatment/abuse. This SW did not document any discussion or support to the youth regarding the incident at CJTS throughout the investigation or post substantiation.
- A female adolescent in a therapeutic foster home was bringing an adult male into the home to engage in sexual activity, using drugs and alcohol, and not attending school. The foster mother had no control over the youth. This was clearly documented within the record yet no meetings were held by request of the Department with the TFC case manager and foster mother until the placement was disrupting.

Community provider actions documented in the record were also reviewed in the light of mandated reported and acceptable practices. In all, there were 30 providers involved and identified in the documentation. Of those thirty, 83.3% of the time the provider response documented to concerns raised was adequate to the risk presented. There were five instances in which the reviewer felt that the partnering provider appeared to fail to react appropriately to the concerns identified or put adequate safety plans in place.

In thirteen of these cases, the probation officer was involved but not aware of any risk or concerns for safety. In four cases, the child was removed immediately for safety reasons. This left six cases in which the probation officer was aware of safety concerns for his or her client and in the position along with the DCF Social Worker to make decisions related to safety and risk during the PUR. The reviewers felt that in 50% (3 of those 6 cases) of the scenarios, the documentation related to the PO showed adequate safety planning decisions for their clients.

In the twelve cases with reports of abuse or neglect during the quarter, there were eight regulatory violation cited along with the 12 substantiations of abuse or neglect. The regulatory violations were secondary to the substantiations. There was no case in which only regulatory violations were cited.

The reviewers felt that the Investigations Social Worker response to the level of risk and safety for the cohort of 19 children in the not met group was appropriate in 84.2% of the cases they investigated. There was documentation that the Investigation Social Worker contacted the Ongoing Social Worker regarding the child in ten of the open DCF cases (n=12) investigated or 83.3% of the time. There were 3 instances in which reviewers felt improvements to assessment, response or communication could have been improved. All of the met cohort were deemed appropriate.

For the group of 19 children substantiated as abuse or neglect victims the maltreatment occurred in a variety of settings:

Table 3: Setting in Which Maltreatment in Out-of-home Care Occurred

Setting	Frequency	Percent
In-State DCF Relative Foster Home ⁷	5	26.3%
School Bus/Van Driver	4	21.1%
In State DCF Non-Relative Foster Home	3	15.8%
CJTS	3	15.8%
In State Private Provider Foster Home	2	10.5%
School Setting	2	10.5%
	19	100.0%

Among the perpetrators, there were four licensed relative caretakers, and one "other" household member living in the relative home", four non-relative foster parents, three CJTS staff, two school aides, 4 bus/van drivers, and an uncle outside of the home.

Investigation findings included the following (some cases had multiple substantiations included within one report):

- Physical Neglect Substantiations – 16
- Emotional Neglect Substantiations – 2
- Physical Abuse Substantiations – 4
- Medical Neglect Substantiation – 1
- Regulatory Violations – 8

⁷ Four of the homes were fully licensed. One home was not yet licensed at the time of the event subsequently substantiated - was in the assessment phase of licensure process.

Table 4: Substantiations by Child(n=19)

child	Emotional neglect substantiated?	Medical neglect substantiated?	Physical abuse substantiated?	Physical neglect substantiated?
1	no	no	yes	yes
2	no	no	no	yes
3	no	no	no	yes
4	no	no	no	yes
5	no	no	yes	yes
6	no	no	no	yes
7	no	no	no	yes
8	no	no	no	yes
9	no	yes	no	no
10	no	no	yes	yes
11	no	no	no	yes
12	no	no	no	yes
13	no	no	no	yes
14	no	no	no	yes
15	no	no	no	yes
16	no	no	no	yes
17	yes	no	no	no
18	yes	no	no	no
19	no	no	yes	yes
N	19	19	19	19

In 14 of the 19 cases substantiated (73.7%), the reviewers felt that appropriate action was taken to reduce the likelihood of additional safety risks involving the child and provider/perpetrator identified.

- In nine situations the child was removed as a result of the incident substantiated.
- The rate of cases with repeat or serial perpetrators within the subset of the 19 unmet cases was three individuals, or 15.8%.
- One provider had a history of prior regulatory violations.
- A total of three of the 19 (15.8%) out-of-home placements with substantiations were in overcapacity status at the time of the substantiation.
- Seven cases of the 19 substantiations (36.8%) of the cases that should have had documentation of FASU remediation or PREU involvement did not contain such within the record.

The substantiated cases in which the reviewers questioned the adequacy of DCF actions included issues of a lack of adherence to identified protocol, internal communication issues, and provider contract oversight. Reviewers' comments included:

- Though the investigation protocol was complete, in the case of the substantiation of the CJTS victim there was no documented interaction between the SIU investigator and the assigned Ongoing SW. There was no indication in the child's record that the SW was aware of the ongoing investigation or had communication supporting the child's mental health/well being regarding this experience.
- There was no documented communication between the Special Investigation Unit (SIU) and the Ongoing Treatment Social Worker or Social Work Supervisor in this case. SIU deferred interview of youth for police and MDT interviews. The police interviewed child at school without the social worker present and then declined to facilitate and MDT based on earlier poor outcome. As such, the SIU Social Worker neither conducted nor was part of any interview with this youth regarding the allegations.
- The substantiation was on the child's van driver. SIU never had a successful contact with this driver during the investigation. There have been ongoing concerns with this transportation company, yet this company continues to be utilized by DCF for this child's daily transportation, even after the substantiation. The driver's employment with the company is believed still intact, though it was agreed they would not transport this child. Where is the contract management?
- SIU completed their investigation. CJTS cooperated with investigation. CJTS staff correctly put on administrative leave immediately which was the appropriate action. However, while the Area Office called parent to inform her of incident timely, there was little documentation related to impact of incident and no one visited youth until one month later.
- A less than adequate investigation assessment was conducted. Further the Ongoing SW did not meet with SIU or child until 1/8/2014 (report was made 12/9/13). Foster mother and school had taken lead to change route for youth so that van driver would no longer have contact (but as with the other scenario in this report, this person was still was driving other children).
- Regulatory violation cited in investigation finding and home placed on hold but child was not removed as a result of the incident. The foster mother was extremely passive throughout. There was no discipline, the absence of effective parenting fed into the child's escalation of behaviors.
- There were no contacts with outside providers during the period under review - all communication with them was done by the foster mother.
- All indication was that child was at high risk for AWOL and in need of inpatient substance abuse treatment. She should have been place in higher level of care and SW should have pushed to get probation to get Detention on board earlier. Child has now been on AWOL since 9/2013.

Other systems issues in the subsets' data regardless of substantiation:

- There was no approved case plan since June 17, 2013, and no ACR in December. It is unclear what assessment was done.
- There is a lack of assessment of a marginal/waivered foster home during this PUR. Relatives were living with those being licensed who were clearly not

appropriate, and there was no walk through or viewing of sleeping arrangements after FASU initial walk-through.

- Who takes the role in dually committed youth? There is a lack of clarity in the record.
- The reviewer found cases with clear physical abuse or neglect without entry on central registry as would have been the case in the past. There is a need for clarity as to what the parameters are for inclusion/exclusion to the central registry.
- How is it possible that foster parents have open DCF cases? This review showed A TFC foster family had an open DCF case. A second substantiation including our youth fell just outside of the timeframe. It became clear that TFC case management was not including the DCF team in its decision making. The TFC manager was working on behalf of foster family's best interest attempting to maintain a child in placement in a home with clear risk due to domestic violence and drug concerns. (*Note: This issue was raised to the Area Administrator.*)
- Need to reinforce the proper means of Non-Accept documentation by SWS.
- The Private Provider foster homes continue to be difficult to review as there are no FASU records related to oversight. This is a longstanding issue. We cannot tell how often the visits are made or what supports are put in place.
- Supervisory oversight was sparse. No entry at time of case transfer.

Notes from the June 24, 2014 Reviewer Debriefing Meeting captured trends they concurred on within the group. In discussion the reviewers noted the following:

Special Investigations Unit

- The consensus of the reviewers is that the SIU investigations were generally thorough and of a good quality.
- One aspect of difficulty appeared to be limited communication documented/collaboration with some assigned DCF Social Worker/Social Work Supervisor and this almost at times seemed to be a detriment to the SIU effort. The difficulty appeared not due to the lack of effort on the SIU attempt to contact, but on the lack of response.
- There were several investigations in learning institutions and transportation companies. A few were substantiated and closed without fully closing the loop via full interviews.
- In a few investigations the focus did not expand to include other children similarly situated in the foster home. Has this policy/protocol changed?

Ongoing Services - Area Offices

- Overall there was generally good casework noted - with the substantiations related to unforeseen events in many cases.
- Reviewers were positive regarding the number of relative homes in the sample. However, they were clear to point to inconsistencies in the process of overturning prior substantiations versus granting waivers, and family arrangements versus licensing. Different areas of the state are approaching this matter in different ways. The agency must decide upon a process and promulgate a policy regarding licensure and support for relatives.
- Supervision continues to be inconsistent within the cases reviewed.
- Reviewers cited an area of need related to kids on AWOL for extended period of time with no real documented effort to locate. Once located, the reviewers saw little effort to address the issues to resolve risk factors leading to AWOL.
- There appeared to be a lack of support documented by the assigned DCF Social Worker for children of substantiated abuse at CJTS. Workers did not visit or contact these dually committed youth for weeks after the event.

OFAS/FASU

- There was evidence of FASU in the communication of the investigations.
- There is a lack of documentation in general on the Therapeutic Foster Care homes as to where the "buck stops". How does information get communicated so that DCF AOSW can make appropriate safety decisions? Who sees the Assessment of Regulatory and Policy Compliance (OFCS-PSPC)? It doesn't seem that the Ongoing Social Worker has access to know what to expect in relation to their assigned child in placement.
- Reviewers had concerns about agency allowing foster homes the opportunity to "voluntarily withdraw" when the agency had clear grounds for revocation of the license. It is unclear why any foster home, DCF or Therapeutic should remain open if they are substantiated and have an open CPS case.