Juan F. v. Rell Exit Plan
Quarterly Report
April 1, 2008 - June 30, 2008
Civil Action No. H-89-859 (AHN)
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Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of April 1, 2008 through June 30, 2008 indicates that the Department has achieved 17 of the 22 Outcome Measures.

- On May 5, 2008, the plaintiffs in the *Juan F.* case forwarded notification and assertion of non-compliance with two provisions of the Revised Exit Plan of July 1, 2004 (as modified July 11, 2006). Outcome Measure 3 (Treatment Plans) and Outcome Measure 15 (Meeting Children's Needs) were the cited provisions for non-compliance. A series of negotiations between the parties, facilitated by the Court Monitor, resulted in an agreement being reached in July 2008. The Stipulation Regarding Outcome Measures 3 and 15 was approved and made an order of the Court by the Honorable Judge Alan H. Nevas on July 17, 2008. An update on the progress in implementing the provisions of the Stipulation can be found on page 8. Key accomplishments thus far include: approval of the Family Foster Care Plan 2008-2009, finalization of the Service Needs Methodology, development of the point-in-time cohort reports and the identification of all children who have not received a timely health screen.

- The Department's performance on Outcome Measure 19 (Residential Reduction) improved to their lowest recorded percentage of 10.4%. This percentage represents a reduction from the previous quarter. Currently, there are 570 children who are placed in residential facilities. The number of children residing in out-of-state facilities decreased by ten children to 284 this quarter. However, this out-of-state total is considerably more than the July 2007 rate of 251 children in out-of-state placements.

- The percentage of cases having an initial search for relatives was the best recorded performance thus far, with 95.8% of the cases having a documented search. Utilization of relatives is imperative to appropriately meet the needs of children removed from their homes and is an important component of the recently approved Foster Care Recruitment and Retention Plan.

- Based on the Monitor's review of a 52 case sample (see Monitor's Office Case Review for Outcome Measure 3 and Outcome Measure 15) the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 29 of the 52-case sample or 55.8% and attained the designation of "Needs Met" in 29 of the 52 case sample or 55.8%.

  The treatment plan findings are a slight decrease over the First Quarter 2008 result of 58.8%. The specificity and sufficiency of time limited action steps and goals continue to require improvement. Provider input, family engagement, and the participation rate by active case participants remain problem areas that require attention.

The participation of children's attorneys in this process has dropped to the lowest point since we began reporting progress on the Exit Plan measures. There is documented engagement of the child's attorney in treatment planning discussions/planning in only 6.3% of the CIP cases. The identified attorney was not present in any ACRs attended by the Court Monitor reviewers. Participation of fathers, parents' attorneys and other DCF staff in the treatment planning process remains problematic as well, with both falling below 50.0% rate of engagement.

Cases reviewed this quarter having goals of Reunification or Another Planned Permanent Living Arrangement (APPLA) had issues identified with respect to the required concurrent planning. All 13 treatment plans, in which "Reunification" was the permanency goal, identified a required concurrent plan. However, the level of effort or action steps to achieve the stated concurrent goal varied broadly. In some cases there was no documented effort or identifiable action steps during the prior six month period. In others there were no action steps clearly identified in the final approved treatment plan document.

Of the nine cases with a goal of APPLA, six (66.7%) identified a concurrent goal. However, only one case identified a preferred permanency goal as the concurrent goal (reunification). Four of these cases identified a second APPLA goal, and two identified Long Term Foster Care (LTFC) Relative as the concurrent plan. Of these APPLA situations, one was felt to be a questionable goal due to lack of a complete assessment. In two additional situations in which APPLA was appropriate, there was a lack of Life Skills services noted in relation to achieving the goal. In one case, APPLA was appropriate given the level of mental health needs of the child, but the stated concurrent goal of "LTFC-Relative" was felt to be unrealistic, even potentially detrimental, since it was providing the child with false hope that she could transition to a relative that DCF clearly knew was not a willing resource.

The Court Monitor provides feedback regarding the reviewed cases for Outcome Measures 3 and 15 to the Area Offices throughout each quarter. This allows an opportunity for individual Area Offices to better understand specific findings, undertake opportunities for improvement and discuss case specific concerns with the Court Monitor.

The "Needs Met" findings showed a slight decrease from the First Quarter 2008 result of 58.8%. The lack of appropriate foster homes and wait-lists for community-based services, continue to exacerbate system gridlock problems and hinder timely provision of appropriate services to in-home families. Discharge delays at emergency departments, group homes, residential treatment facilities, SAFE Homes, STAR programs and other treatment/placement programs continue to occur throughout the system. Many discharge delays are the result of the need for additional therapeutic foster care resources. Specialized treatment for sexually reactive children, pervasive developmentally delayed or mentally retarded (DD/MR) children, and children with assaultive behavior are not readily available. These groups of children are primarily being served by out-of-state providers. Efforts to reframe treatment models by in-state providers are needed to allow children to receive treatment closer to home and with greater family participation. Missed medical and dental

screenings and unaddressed medical, dental, and mental health treatment needs contributed to the lack of improvement with Outcome Measure 15.

Over a number of quarters, concerns have arisen regarding the Department's policy requiring that therapeutic mentor services cease when a child enters congregate care. These services cannot be contracted for outside of what may be available within the facilities' spectrum of services. Several children in recent review periods had an identified need for this service that was subsequently not met due to the inability of the facility to provide the service (either not available or wait-listed) and the Department's failure to secure the service through its contracted providers in the community. It is clear that Social Workers are presented with a dilemma as they attempt to comply with a policy mandate and address the needs of their clients. It is short-sighted to discontinue an established service, since the mentor could provide considerable assistance to a transitioning child (both entering and discharging from a program) and a degree of stability and connectedness during the course of treatment. Likewise, once discharge planning begins, the introduction of the therapeutic mentor to support the child through the stress of a transition seems a valid reason to secure an outside service that can continue to provide a positive connection beyond the confines and treatment environment of the facility.

- During the past quarter, the Department completed implementation of a qualitative review process that is similar to the Federal Child and Family Service Review process (CSFR). Pilot reviews, referred to as "Connecticut Comprehensive Outcomes Reviews" (CCOR), were conducted in the Bridgeport, Manchester, New Britain and Norwich Offices. This integrated review process has tremendous potential to develop into a foundational component of child welfare quality improvement work and will be a key initiative within the framework of the Connecticut Practice Model. The Practice Model initiative is a component of the Stipulation Regarding Outcome Measures 3 and 15. Staff from the Monitor's Office continue to take part in this agency-driven and managed effort.

- The Monitor’s quarterly review of the Department for the period of April 1, 2008 through June 30, 2008 indicates the Department has achieved compliance with the following 17 Outcome Measures:
  - Commencement of Investigations (97.5%)
  - Completion of Investigations (93.7%)
  - Search for Relatives (95.8%)
  - Repeat Maltreatment (5.9%)
  - Maltreatment of Children in Out-of-Home Care (0.3%)
  - Adoption (33.0%)
  - Transfer of Guardianship (70.0%)
  - Re-entry into care (6.7%)
  - Multiple Placements (96.3%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.8%)
  - Worker-Child Visitation Out-of-Home Cases (94.9% Monthly/98.7% Quarterly)

- Worker-Child Visitation In-Home Cases (91.4%)
- Caseload Standards (100.0%)
- Residential Reduction (10.4%)
- Discharge Measures (92%)
- Multi-disciplinary Exams (93.6%)

- The Department has maintained compliance for at least four (4) consecutive quarters[1] with 16 of the 17 Outcome Measures reported achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (fifteenth consecutive quarter)
  - Completion of Investigations (fifteenth consecutive quarter)
  - Search for Relatives (eleventh consecutive quarter)
  - Repeat Maltreatment (fifth consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (eighteenth consecutive quarter)
  - Adoption (seventh consecutive quarter)
  - Transfer of Guardianship (eighth consecutive quarter)
  - Multiple Placements (seventeenth consecutive quarter)
  - Foster Parent Training (seventeenth consecutive quarter)
  - Placement within Licensed Capacity (eighth consecutive quarter)
  - Visitation Out-of-Home (eleventh consecutive quarter)
  - Visitation In-Home (eleventh consecutive quarter)
  - Caseload Standards (sixteenth consecutive quarter)
  - Residential Reduction (ninth consecutive quarter)
  - Discharge Measures (twelfth consecutive quarter)
  - Multi-disciplinary Exams (tenth consecutive quarter)

- The Monitor's quarterly review of the Department for the period of April 1, 2008 through June 30, 2008 indicates that the Department did not achieve compliance with five (5) measures:
  - Treatment Plans (55.8%)
  - Reunification (59.4%)
  - Sibling Placements (86.8%)
  - Children's Needs Met (55.8%)
  - Discharge to DMHAS and DMR (97%)

[1] The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two consecutive quarters (six-months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction.

Juan F. Exit Plan Report Outcome Measure Overview
2Q 2008 (April 1, 2008 - June 30, 2008)

Measure		2004				2005				2006				2007				2008	
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q
1: Investigation Commencement	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%	97.0%	97.4%	97.8%	97.5%
2: Investigation Completion	>=85%	64.2%	68.8%	83.5%	91.7%	92.6%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%	94.2%	92.9%	91.5%	93.7%
3: Treatment Plans	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3%	30%	51%	58.8%	55.8%
4: Search for Relatives*	>=85%	X	X	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92%	93.8%	91.4%	93.6%	95.3%	95.8%
5: Repeat Maltreatment	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.4%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%	6.1%	5.4%	5.7%	5.9%
6: Maltreatment OOH Care	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	0.2%	0.0%	0.3%	0.2%	0.2%	0.3%
7: Reunification*	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%	65.5%	58.0%	56.5%	59.4%
8: Adoption	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.0%	36.9%	27%	33.6%	34.5%	40.6%	36.2%	35.5%	41.5%	33.0%
9: Transfer of Guardianship	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%	76.8%	80.8%	70.4%	70%
10: Sibling Placement*	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%	83.3%	85.2%	86.7%	86.8%
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%	9.0%	7.8%	11.0%	6.7%
12: Multiple Placements	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	95.6%	95%	96.3%	96.0%	94.4%	92.7%	91.2%	96.3%
13: Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	88.3%	92%	93%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	97.1%	96.9%	96.8%	96.4%	96.8%
15: Needs Met**	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%	64%	47.1%	58.8%	55.8%
16: Worker-Child Visitation (OOH)*	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 93.1%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%	94.8% 98.7%	94.6% 98.5%	95.9% 99.1%	94.9% 98.7%
17: Worker-Child Visitation (IH)*	>=85%	39%	40%	46%	33%	71.2%	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%	89.4%	89.9%	90.8%	91.4%
18: Caseload Standards+	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%	10.8%	10.9%	10.5%	10.4%
20: Discharge Measures	>=85%	74%	52%	93%	83%	X	X	95%	92%	85%	91%	100%	100%	98%	100%	95%	96%	92%	92%
21: Discharge to DMHAS and DMR	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%	95%	96%	97%	98%
22: MDE	>=85%	19%	24.5%	48.9%	44.7%	55.4%	52.1%	58.1%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%	95.2%	96.4%	98.7%	93.6%

Stipulation Regarding Outcome Measure 3 and 15

The following is a status update on the components of the July 17, 2008 Stipulation Regarding Outcome Measure 3 and 15 as of the date of this quarterly report.

Section I. Foster Care Recruitment and Retention Plans

On September 12, 2008, the Technical Advisory Committee (TAC) approved a Foster Care Recruitment and Retention Plan. The Plan is effective for the fiscal year July 1, 2008 - June 30, 2009 and for the fiscal year July 1, 2009 - June 30, 2010. The Plan was developed with internal and external input from stakeholders including the Court Monitor and the Plaintiffs' Counsel. The Plan includes both statewide and Area Office initiatives, as well as, recruitment and retention goals. A copy of the Executive Summary of the Foster Care Recruitment and Retention Plan is attached (Appendix B). A copy of the full plan will be filed with the Court as part of this quarterly report.

Section V. Service Needs Reviews

The Stipulation grants the DCF Court Monitor the authority to modify or substitute alternatives to processes and procedures outlined in Section V. Proposed revisions by the Court Monitor were shared with the *Juan F* parties by August 15, 2008. Each party was provided with a substantial opportunity to discuss the revisions and provide comments. A final draft of the Service Needs Review process was shared with the parties by September 1, 2008. Attached is a copy of the final and binding Service Needs Review (Appendix C) methodology.

On September 15, 2008, the Department provided the Court Monitor with a list of the children who are in the Target Cohorts outlined in Section V B. of the Stipulation. The number of children within each cohort is as follows:

1. All children age 12 and under placed in any non-family congregate care settings (excluding children in SAFE Homes for less than 60 days); (231 children as of September 15, 2008)

2. All children who have remained in any emergency or temporary facility, including STAR homes or SAFE homes, for more than 60 days; (150 children as of September 15, 2008)

3. All children on discharge delay for more than 30 days in any non-family congregate care setting, with the exception of in-patient psychiatric hospitalization; (74 children as of September 15, 2008)

4. All children on discharge delay for more than seven days that are placed in an inpatient psychiatric hospital; (21 children as of September 15, 2008)

5. All children with a permanency goal of Another Planned Permanent Living Arrangement ("APPLA"); (1,157 children as of September 15, 2008)

6. All children with a permanency goal of adoption who have been in DCF custody longer than 12 months for whom a petition for termination of parental rights (TPR) for all parents has not been filed, and no compelling reason has been documented for not freeing the child for adoption; (87 children as of September 15, 2008)

7. All children with a permanency goal of adoption and for whom parental rights have been terminated (except those who are living in an adoptive home with no barrier to adoption and are on a path to finalization); (634 children as of September 15, 2008) and

8. All children with a permanency goal of reunification who have been in DCF custody longer than 12 months and have not been placed on a trial home reunification, or have not had an approved goal change. (506 children as of September 15, 2008)

These are duplicated totals in that a child may be part of more than one cohort. The number of unduplicated children's cases that will be reviewed is 2,568.

Section VI. Prospective Placement Restrictions

As of August 17, 2008, the provision of written approval by the DCF Commissioner, the Chief of Staff, or the Bureau Chief of Child Welfare commenced for all children given the goal of Another Planned Living Arrangement (APPLA). The Court Monitor will undertake a review of the Department's effort in this area as part of an overall review of each of the six Prospective Placement Restrictions (Section VI).

Section VII. Health Care

As of August 17, 2008, DCF forwarded a list of children who did not have a timely Early Periodic Screening Diagnosis and Treatment (EPSDT) dental, medical, mental health, vision, hearing, and developmental screen. The Department identified 1,077 children out of 5,427 children in care who did not have one or more of these required screens and were more than 60 days overdue. The Court Monitor is undertaking a review of the Department's efforts in identifying children with overdue screens. The review of a statistically valid sample of 254 children began on September 22, 2008.

Appendix A
Executive Summary from
The State of Connecticut
Family Foster Care Action Plan
2008-2009

II. EXECUTIVE SUMMARY

One of the more urgent and critical challenges facing child welfare, and in particular Connecticut's system, is assuring the availability of quality and diverse resource families for children and youths in out-of-home care. Meeting this challenge is important to providing the most nurturing and consistent care for those children and youth who must be served away from their biological families. Family foster care is the most effective means to reduce unnecessary reliance on congregate care. Even more importantly however, it aids in the achievement of timely permanency for children and youths through the work that foster families can do with biological families and by serving as one of the greatest sources for adoption.

Bringing success to the recruitment and retention of resource foster families begins with clear plans, goals and organizational readiness. Further, success lies in how well the Department of Children and Families (hereinafter the Department) can align its recruitment and retention efforts, how well the Department can move motivated individuals and families to becoming resource families, how well the Department can provide responsive supports and services to existing families caring for children and youth in foster care, and how well the Department can work with a child's own home or extended family, as well as contracted providers and community partners.

As a central component of the Department's overall commitment to improving outcomes for children in out-of-home care, most especially achieving timely and successful permanency for them, all efforts to secure family connections must assure that placements are safe, stable, and as neighborhood based as possible. It is also important to assure that families are not only committed to children, but are also trained, or willing to be trained, to care for children with a broad range of behavioral and medical health concerns and acuities.

Recognizing the important of this responsibility, the Department has developed an ambitious action plan. This plan is guided by the Department's values and principles, informed by data and the trends they reveal, and built on key accomplishments. In this plan, the Department is explicitly seeking to accomplish the following results over the next twelve months:

1. Achieve a net gain of 350 newly licensed foster homes on a statewide basis June 30, 2009. Accounting for anticipated home closures over this period, the department is targeting 600 new homes (500 DCF Homes and 100 private Homes), with a particular emphasis in recruiting the following populations as a portion of these homes: 84 - medically complex; 90 - adolescents; 31 - African American; 60 - minority (other than African American), 119 - birth to age five; 96 - siblings; and 12 - gay/lesbian;

2. Assure that children and youths placed in foster care are in foster homes operating within their licensed capacity as measured by Outcome Measure 14;
3. Assure the appropriateness of a child or youth's placement and reduce delay discharges and overstays in temporary and congregate settings.
4. Increase foster parent satisfaction.

To accomplish these major goals, the Department's 2008-2009 Action Plan sets forth five statewide initiatives that are outlined in a comprehensive workplan that includes the strategies, next steps and assignments needed to achieve these initiatives. In addition, there is a comprehensive and detailed recruitment and retention plan for each area office. These area office plans set quarterly benchmarks for the recruitment of new family foster homes and describe in detail the goals, steps and persons responsible for each task. These local plans also identify primary and other community partners.

The following is a summary of the five major initiatives the Department will undertake over the next twelve months:

1. Enhance Retention Efforts and Pre-Licensing Experiences for all Potential Foster Parents

The recruitment of new foster parents can be achieved most effectively by improving the support and retention of current foster families. Retention includes all pre-licensing work with those who are motivated to serve as foster families. Specific steps that will be taken include the following:

- The Department will improve the pre-licensing process to reduce the attrition rate of families who have already expressed interest in fostering, emphasizing more timely access to training and enhanced timeliness and support during licensure. This will be accomplished through resource and staff re-allocation, contract support and active area office use of a log of waiting families.
- The Department will improve its retention of current foster families using multiple internal strategies and through its contract work with the Connecticut Association of Foster and Adoptive Parents (CAFAP). Emphasis will be placed on improving the relationships between Department staff and foster parents, re-engineering workloads of support workers and providing foster parents with mechanisms for providing feedback to the Department.
- The Division of Foster Care Quality Management will conduct a study to determine if there are bottlenecks in the pre-licensing process and find ways to eliminate them.

2. Provide Foster Families Greater Access to Responsive Services, Training and Supports

The emotional, behavioral and medical problems of foster children placed in family-based settings have increased in recent years**.** Therefore, the supports and services to families must be related directly to the needs and acuity levels of these children and youths. Likewise, training programs for foster parents must be tailored to address these

unique needs. Addressing these issues will help families to be more confident and capable in providing care, and support the stability of placements. Specific steps that will be taken include the following:

- The Department will identify and respond to foster parents' support needs through implementation of an annual needs assessment with foster parents, including surveys and forums. The Department also will use a Family Outreach Calendar, fully develop the Foster Care Family Advocate approach, maintain a Foster Parent Advisory Group, conduct staff training, update the Foster Parent Resource Manual, and offer outreach to the more than 55 foster care support groups statewide.
- Provide foster families greater access to behavioral health services and other supports through collaboration with the Behavioral Health Partnership.
- Redesign and enhance existing supports and services, including Therapeutic Foster Care, FAST, Safe Homes, and EMPS.
- Further develop the assessment and matching process.
- Provide greater financial incentives to foster families.
- Implement strategies to strengthen placement stability, including early intervention when a potential disruption is identified, development of a stabilization conference policy, allocation of $150,000 in flex funds for family-based support, and exploring with the Annie E. Casey Foundation the possibility of them providing technical assistance to DCF and implementing their team decision making model entitled "Family-to-Family."
- Continue to explore and implement post licensing training reforms such as collaboration with the state's community colleges.
- Office of Foster Care Services (OFCS) will conduct a study of under-utilized existing family foster homes.

3. Better Target and Inform Recruitment/Public Awareness Resources and Messaging

Good ideas and practices for recruitment exist in pockets, but our statewide approach to recruitment and public awareness can be coordinated and informed better to further develop existing ideas and practices. Specific steps that will be taken include the following:

- Establish an effective child-specific recruitment protocol with targeted populations and action steps.
- Create and sustain a statewide public media campaign.
- Establish and maintain local recruitment and retention plans.
- Better connect data to recruitment efforts.
- Continue to utilize foster parents in recruitment efforts.
- Continue to utilize adolescents in recruitment efforts.

4. Increase Timely Discharges from Congregate Settings

The Department is moving quickly to affect length of stays in congregate settings, including STARs, Safe Homes, Permanency Diagnostic Centers (PDCs), Private

Residential Treatment Facilities (PRTFs), residential and group home settings. Specific steps that will be taken include the following:

- OFCS, in coordination with Area Office Foster Care, Child Protective Services staff, the BHP, and private providers, is engaging in targeted efforts to expedite the timely transition of children from these congregate care settings.
- Establish clear protocols for authorizations to Safe Homes/PDCs, with clear placement criteria and discharge planning expectations. Objectives include improving the management of referrals, the appropriateness of placement, the timeliness of discharge and accountability of the providers. The protocol will outline and clarify roles and responsibilities, timeframes for decision-making, and tracking and monitoring activities.
- Institute automatic case conferences for youths on overstay status in temporary settings consistent with the July, 2008 Stipulated Agreement under the *Juan F.* Exit Plan. The conferences will be held in the area offices and designated Central Office staff will be present. The review team will evaluate existing discharge plans, make adjustments if necessary, and identify additional supports and services to affect a successful discharge.
- Youths on discharge delay from residential settings and PRTFs will be assessed systemically to determine if they meet the criteria for family-based care and/or individualized services. Case planning will emphasize community-based options including a professional foster parent model and/or the provision of special incentives and supports for foster families.
- The Department will establish the Professional Foster Care (PFC) level of care. Currently, interim eligibility criteria are being established.
- Organizational enhancements will be implemented, including: increase the participation of Safe Homes and CPAs in local MSS processes; clarify the Therapeutic Foster Care Liaison role to help facilitate matches, transitions and discharges; and continue the development of practice and performance standards for all FASU positions.

5. Enhance Organizational and Workforce Development

Building the Department's readiness and internal capacity that is committed to foster family care and out-of-home care for children and youths is critical. Equally critical is building the capacity and readiness of our private foster care agencies and their families. We must enhance our partnerships with these providers, as well as better articulate agency expectations and clarify roles and responsibilities. Specific steps that will be taken include the following:

- DCF Workforce: continue toward specialization of the workforce; hold an annual foster care summit for key training activities; adjust staff performance standards as needed; revise the FASU portion of pre-service training; and set PARS goals and processes to be consistent with priorities outlined in this plan.

- Contractors: Improve provider communication and joint planning through bi-monthly statewide private provider meetings, bi-monthly Quality Improvement Teams for CPAs, individual provider meetings as needed, and systematic provider case reviews.
- Further develop and use LINK data management reports.

Taken as a whole, this plan is designed to better link committed families with a system of support and services and an infrastructure of training that is both sufficient and relevant. It aims to advance this important work consistent with the values and principles outlined herein. If executed properly, this plan will yield positive results, will be embraced by the dedicated staff at the Department and done in partnership with committed providers and advocates throughout the state. Most importantly, it will be done with the caring families that have come forward to provide foster care - effectively to serve as our most essential child welfare service for children and youth in out-of-home care.

Appendix B

Court Monitor Service Needs Review Methodology

Court Monitor Service Needs Review Methodology

September 19, 2008

I. Service Needs Reviews.

A. Service Needs Reviews: Authority and Purposes

The Service Needs Review process shall be overseen by the DCF Court Monitor.

It is the express intent of the parties that the DCF Court Monitor shall have the authority to modify or substitute alternatives to the processes and procedures outlined in this Section V that serve the purposes of the Service Needs Reviews. The DCF Court Monitor shall provide the parties with proposed Service Needs Review processes and procedures, including any modification or alternatives to be used, by August 15, 2008. The parties shall have 10 days thereafter to provide comment to the DCF Court Monitor. By September 1, 2008, the DCF Court Monitor shall provide the final Service Needs Review processes and procedures to the parties, which shall be binding. The DCF Court Monitor will have the authority to make revisions to the final and binding Service Needs Review processes. The parties will be notified of the reason(s) for the determination that the processes require revision, and will be provided with ample opportunity for review and comment of any proposed changes before they become binding.

The purposes of the Service Needs Reviews are to identify the following for each child in the Target Cohorts: (a) the particular child and family circumstances; (b) the barriers that exist to a permanent exit from DCF custody, placement in an appropriate, least restrictive, most family-like setting while in DCF custody, and meeting any unmet service needs required by Outcome Measure 15; (c) the specific steps that must be taken to remove these barriers and achieve appropriate results for the child; and (d) through periodic follow-up reviews, the degree to which these steps have been implemented and appropriate results for the child have been achieved.

DCF Social Workers and DCF Social Work Supervisors assigned to the cases of children who fall within one or more of the eight Target Cohort categories listed in Section V.B. below as of July 1, 2008[2], shall conduct the initial Service Needs Reviews, utilizing protocols developed by the Court Monitor.

[2] These eight categories will hereinafter be referred to as "Target Cohorts." They shall be identified, for purposes of the Service Needs Reviews, as a specific one-time population or cohort.

The completed reviews require the signature of the Social Worker (SW) and Social Work Supervisor (SWS). The Program Supervisor (PS) will consult with the assigned SW and SWS and evaluate each completed review, signing off to indicate their approval of the review protocol. In addition, the Behavioral Health Program Director (BHPD) and/or the Area Resource Group (ARG) staff will evaluate the review protocol for inclusion of appropriate assessments and services necessary to address the needs of the child and will also sign off on the review protocol for children in Cohorts 1, 2, 3, and 4 (mandatory) and as appropriate Cohorts 5, 6, 7, and 8 (discretionary). The Quality Improvement Program Supervisors (QIPS) will be the primary point of contact with the Court Monitor for this review process. The QIPS will assist the Court Monitor in ensuring that the protocols are completed properly, tracking the cohort cases, and forwarding completed protocols to the Court Monitor for review and data entry. In consultation with the Court Monitor, the QIPS will conduct periodic quality assurance reviews on a random sample of the cases within their area office for which initial reviews and follow-up reviews have been conducted. The methodology for these reviews will be set by the Court Monitor and will include protocols developed by the Court Monitor.

The DCF Court Monitor will also select and supervise reviewers, which may include staff from the DCF Court Monitor's office, DCF staff, TAC staff and other consultants hired specifically for the purpose of conducting reviews of a sample of the cases in the Target Cohorts. The Court Monitor will provide training and consultation to Department staff related to the initial service needs reviews, and will conduct reviews of other elements of the Service Review process, as necessary, to report on the Defendants progress under the terms of the stipulation (e.g. case conferencing and Administrative Case Reviews). All of the Court Monitor reviewers shall be trained and supervised by the DCF Court Monitor and shall have appropriate clinical expertise and experience.

B. Target Cohorts

The Target Cohorts shall include the following:

1. All children age 12 and under placed in any non-family congregate care settings (excluding children in SAFE Homes for less than 60 days);

2. All children who have remained in any emergency or temporary facility, including STAR homes or SAFE homes, for more than 60 days;

3. All children on discharge delay for more than 30 days in any non-family congregate care setting, with the exception of in-patient psychiatric hospitalization;

4. All children on discharge delay for more than seven days that are placed in an inpatient psychiatric hospital;

5. All children with a permanency goal of Another Planned Permanent Living Arrangement ("APPLA");

6. All children with a permanency goal of adoption who have been in DCF custody longer than 12 months for whom a petition for termination of parental rights (TPR) for all parents has not been filed, and no compelling reason has been documented for not freeing the child for adoption;

7. All children with a permanency goal of adoption and for whom parental rights have been terminated (except those who are living in an adoptive home with no barrier to adoption and are on a path to finalization); and

8. All children with a permanency goal of reunification who have been in DCF custody longer than 12 months and have not been placed on a trial home reunification, or have not had an approved goal change.

C. Service Needs Review Process.

The Service Needs Review process described below shall be carried out for each child in the Target Cohorts, and all processes below shall be subject to the DCF Court Monitor's final Service Needs Review processes and procedures as set forth in Section V.A. above.

1. Initial Service Needs Review. An Initial Service Needs Review of all children in the Target Cohorts shall be completed by January 31, 2009. By September 1, 2008, the DCF Court Monitor shall develop a protocol to be used in each Initial Service Needs Review with input from DCF, Plaintiffs and the TAC.

2. This Initial Service Needs Review shall include a complete file review by the DCF SW and DCF SWS, in consultation with the DCF PS and the DCF BHPD and/or the DCF ARG staff, and the convening of a Case Conference for each child in the Target Cohorts except those that have been documented as fully addressing the child's needs. If the review team conducting an Initial Service Needs Review determines that a child's needs are adequately addressed, and no case conference is needed, they will document the details of the review team's

findings. All such cases shall be referred to the Court Monitor who shall evaluate the review team's findings and either validates the decision that a Case Conference is not necessary, or direct that a Case Conference be held. The Court Monitor will validate all cases where a case conference is not deemed necessary. The Case Conference will be scheduled within 45 days of the completion of the Initial Service Needs Review (case file review) and will be chaired by the DCF BHPD. Notification and invitation to the case conference should be made to all relevant stakeholders in the case including; parents, child (age permitting), relatives, service providers, educational surrogates and attorneys. The Case Conference must include the documentation of existing barriers to a permanent exit from DCF custody; placement in an appropriate, least restrictive, most family-like setting while in DCF custody; meeting any unmet service needs as required by Outcome Measure 15; and the identification of strategies to address these specific barriers. A summary of the case conference will be entered into the case record (LINK) and any changes to the existing treatment plan will be documented and shared with all the relevant parties involved with the case. These revisions will not alter the scheduling for the ACR which will proceed routinely on a six-month basis.

3. The Initial Service Needs Review shall include a determination by the Area Office staff of whether the case conference should include Central Office staff associated with the Bureaus/Divisions of Behavioral Health and Medicine, Fiscal, Child Welfare, Foster Care, Adoption, Juvenile Justice, Education or any other division deemed necessary by the Area Office.

4. In the event that any unmet needs are identified as required by Outcome Measure 15, the results of the Initial Service Needs Reviews shall be promptly shared with the child's guardian(s) and any attorney assigned to the child and any attorney assigned to the child's parent(s).

2. 90-Day Follow-Up Reviews.

a. 90-Day Follow-Up Reviews led by the DCF BHPD shall be conducted every 90 days after the date of the child's Initial Service Needs Review to assess and discuss case progress, determine needed next steps, and record case status for entry into the data collection database described in Section V.C.5. below. These Reviews shall consist of an in-person meeting attended by the DCF SW, the DCF SWS, and/or the DCF PS. If another case conference is deemed necessary, a determination shall be made whether there is a need for Central Office attendance at the case conference and/or whether a direct request regarding approval of a specific service should be made to the Bureau Chief of Child Welfare or the Commissioner. The DCF QIPS will conduct quality assurance reviews on a random sample of cases within their area office for

which 90-Day Follow-up Reviews have been conducted. The Court Monitor will conduct a review of a sample of the cases reviewed.

b. 90-Day Follow-Up Reviews shall be conducted every 90 days until the child's needs, as required by Outcome Measure 15, are met.

c. In the event that any unmet needs are identified as required by Outcome Measure 15, the results of any 90-Day Follow-Up Reviews shall be promptly shared with any attorney assigned to the child and any attorney assigned to the child's parent(s).

d. Through a process approved and overseen by the DCF Court Monitor, the 90-Day Follow-Up Reviews shall not be necessary for any of those children in the Target Cohorts set forth in Section V.A. for whom the completed Initial Service Needs Review did not document any unmet needs as required by Outcome Measure 15. A sample of such cases will be reviewed by both the DCF QIPS and the Court Monitor.

3. Area Office Management Team and designated Area Office Managers. The Area Office Management Team, with support as requested from Central Office staff, shall ensure that the recommendations of the Service Needs Review are implemented and that in cases where heightened implementation support is determined to be necessary by the Service Needs Review or 90-Day Follow-Up Review, that appropriate resources are brought to bear to address the needs of children in an expeditious manner. This will be accomplished in part by the designation of a specific Area Office manager (or another staff member with commensurate authority, experience and expertise, upon approval of the Court Monitor) to oversee each of the children described above, to ensure that all appropriate and necessary steps are taken to meet the child's needs. The Court Monitor will oversee and ensure that a reasonable case workload exists with respect to the number of cohort children that are assigned to a designated Area Office Manager.
Each of the designated Area Office managers shall engage in leading a "teaming" approach including the DCF SW, DCF SWS, DCF PS, DCF PD, DCF BHPD, DCF ARG staff, DCF QIPS and other relevant stakeholders concerning the child, including, but not limited to, the child's/parents' attorney(s), the child (if of appropriate age), and the child's educational surrogate (if applicable). In teaming the case and implementing the recommendations of the Service Needs Review, the designated Area Office Manager shall have the authority to ensure that the following activities occur as appropriate for each child:

a. Convene meetings, access funding and make decisions in order:

(i) To determine the continuing appropriateness and effectiveness of the child's permanency goal and to seek court-approved change of the goal, if appropriate; and

(ii) To determine the continuing appropriateness and effectiveness of the services being provided to the child; whether new or different services are necessary for the child; and, if so, by whom and when they will be provided;

b. Partner with the area/statewide Independent Living staff and Central Office Adolescent Service staff to determine whether adequate independent living services and plans are being provided for all children age 14 and older;

c. Evaluate the continuing appropriateness and effectiveness of services to biological parents and relatives, and determine whether new or different services are necessary to assist the biological parents and relatives in achieving the child's permanency goal;

d. Consult with public and private professionals and take all steps necessary to ensure the provision of services for achieving permanency, achieving placement in the least restrictive, most family-like placement, and addressing any identified unmet needs as required by Outcome Measure 15; and

e. No sooner than 60 days prior to discharge, regardless of the discharge destination, convene a special discharge planning meeting that shall be held to ensure that appropriate services and plans are in place to ensure a successful discharge.

4. Administrative Case Review (ACR) process. The ACR process will continue to independently determine; whether the designated permanency goal for the child is appropriate, whether the steps being proposed and taken by the DCF will result in a timely achievement of permanency, whether the child is placed in the least restrictive setting, as well as whether any other need is not being met as defined by Outcome Measure 15. The ACR process will utilize the automated data outlined in Section II of this Stipulation to inform DCF, Plaintiffs and the Court Monitor of the Department's progress in meeting the needs of the established cohort children detailed in Section V.B. Revisions being made to the summary form (553) as part of the initiative to automate ACR data will include data elements to track the cohorts on a semi-annual basis, and will assist in determining whether the needs of the cohort children as outlined in this stipulation and in the review protocols developed by the Court Monitor for the Service Needs Review Process, are being adequately addressed.

5. DCF may contract out any or all of the duties and functions contained in the Service Needs process to one or more private providers which have the demonstrated capacity to perform the specific duties and functions, and which have a proven track record of achieving positive permanency, placement and service delivery outcomes for children. However, any such contracts shall not alter any of the legal obligations of the Defendants under this Stipulation, the revised Exit Plan of July 1, 2004 (as modified July 11, 2006), or other governing orders in this action.

6. Service Needs Review Data Collection and Analysis. The DCF Court Monitor shall develop a data collection tool with input from DCF, Plaintiffs and the TAC, which shall be utilized by the DCF SW, DCF SWS, DCF PS, DCF BHPD, DCF PD, DCF ARG staff, DCF QIPS, and the Court Monitor reviewer (if assigned) to systematically collect and document for each child's case and for aggregate reporting and analysis: (a) the identified barriers to moving out of the corrective action category; (b) the Service Needs Reviewer's specific recommendations to address the barriers; and (c) the implementation status of the recommendations.

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

Background and Methodology:
The *Juan F*. v Rell Revised Exit Plan and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the third quarter 2006. During the Second Quarter 2008, the Monitor's Office reviewed a total of 52 cases.

This quarter's 52-case sample was stratified based upon the distribution of area office caseload on March 1, 2008. Data was extracted for record review from March 26, 2008 through July 1, 2008. The sample incorporates both in-home and out-of-home cases based on the caseload percentages reflected on the date that the sample was determined.

Table 1: 2nd Quarter Sample Based on March 1, 2008 Ongoing Services Caseload

Second Quarter 2008 OM3/OM15 Review Sampling					
Caseload as of March 1, 2008 (excludes investigation, probate and ICO)					
	Caseload	% In-Home	Sample OOH	Sample IH	Total Sample
Bridgeport	1,053	34.2	3	1	4
Danbury	311	15.8	1	1	2
Greater New Haven	900	28.4	2	1	3
Hartford	1,826	20.6	5	1	6
Manchester	1,245	28.6	4	1	5
Meriden	587	35.6	1	1	2
Middletown	419	28.9	1	1	2
New Britain	1,465	39.2	3	2	5
New Haven Metro	1,456	34.1	3	2	5
Norwalk	256	44.9	1	1	2
Norwich	1,029	33.8	3	1	4
Stamford	260	37.7	1	1	2
Torrington	435	13.6	1	1	2
Waterbury	1,215	20.1	4	1	5
Willimantic	768	29.2	2	1	3
Statewide	13,225		35	17	52

This quarter, the methodology individually assigned one DCF staff or Monitor's Review staff to review each case[3]. Within the course of review, each case was subjected to the following methodology.

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment

[3] In several situations, reviewers were paired to allow for training of three new contracted review staff. The training period will continue into the third quarter to support the development of review skills consistent with the core group now established for over one year.

planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.
2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)[4].
3. A subsequent review of the final approved plan conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. The reviewer completed an individual assessment of the treatment plan and needs met outcome measures and filled out the scoring forms for each measure.

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

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

During the fourth quarter, there were thirteen requests submitted by reviewers for consideration of an override. Included in these cases, were six requests for override on Outcome Measure 3, and eight requests for override on Outcome Measure 15. (In one instance a request for an override on both measures was submitted). All requests were reviewed and in 12 cases overrides were granted. A few examples of rationale for overrides included such items as:

- Action Steps lacked clarity regarding necessary DCF steps but the process of initiating referrals for necessary services was already underway at the point of review post ACR. Override granted.
- Information related to action steps was not included in the appropriate section of the plan document but in total the plan was consistent with the needs and barriers discussed and planned for at the ACR. Override granted.

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

- Legal action was appropriately implemented due to the lack of compliance and recent events of the case however; the filing of petitions should have been incorporated into the plan. The legal action was a very new development and not well described within the plan, but was discussed in detail during the family conference. Parents were clear regarding the ramifications of failure to comply once legal action was invoked. Override granted.
- Child is remaining in a higher level of care than therapeutically indicated, but as the case is a Voluntary Services case, and parents are adamant regarding the discharge decision, the Department cannot proceed with the clinically approved step down. Override granted.
- Child may have had more than three placements during the six month period, but each of the moves was related to achieving a permanent placement and was in the best interest of the child. Override granted.
- Child required an autism evaluation per the MDE in January 2008. The referral was made timely, and child is doing well in placement, but the evaluation has not been done five months later. Request for override denied.

Additionally, there were eight cases that were challenged by the Area Office QIPS who provided additional information throughout the process that resulted in reconsideration of the scoring. Overrides were granted in five of these cases.

Sample Demographics

The sample consisted of 52 cases distributed among the fifteen area offices. The work of 52 Social Workers and 48 Social Work Supervisors was incorporated into the record review. Cases were most recently opened across a range of time from January 1, 1997 to one most recently re-opened on March 7, 2008. At the point of review, the data indicates that the majority of cases (96.2%) were open for child protective service reasons. There were 55.8% cases that had at least one prior investigation within their history.

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

	What is the type of case assignment noted in LINK?			
Is there a history of prior investigations?	**CPS In-Home Family Case (IHF)**	**CPS Child in Placement Case (CIP)**	**Voluntary Services Child in Placement Case (VSCIP)**	**Total**
Yes	7	21	1	29
No	10	12	1	23
Total	17	33	2	52

Of the children in placement within the sample, 51.4% were male and 48.6% were female. Ages ranged from six months to17 years and six months of age as of April 1, 2008. Legal status at the point of review was most frequently "committed", with 46.2% of the cases identifying the child in placement with this legal status. Thirteen of the cases (25.0%) were in-home cases that had no legal involvement. Three or 5.8% of the cases designated children in placement with Termination of Parental Rights (TPR) status. The table below provides additional information related to legal status for both the In-Home and Child-in-Placement cases.

Table 2: Legal Status

Legal Status	Frequency	Percent
Committed (Abused/Neglect/Uncared For)	24	46.2%
N/A In-Home CPS case with no legal involvement	13	25.0%
Not Committed	4	7.7%
Protective Supervision	4	7.7%
TPR/Statutory Parent	3	5.8%
Order of Temporary Custody	2	3.8%
Committed FWSN	1	1.9%
Committed/Recommitted Delinquent	1	1.9%
Total	52	100.0%

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

Of the 35 children in out of home placement at some point during the quarter, six or 11.5% had documented involvement with the juvenile justice system during the period. Racial and ethnic make-up of this sample population was most frequently identified as White and non-Hispanic.

Crosstabulation 2: Race (Child or Family Case Named Individual) * Ethnicity (Child or Family Case[5] Named Individual)

Race (Child or Family Case Named Individual)	Ethnicity (Child or Family Case Named Individual)			
	Hispanic	Non-Hispanic	Unknown	Total
Black/African American	1	12	1	14
White	6	25	0	31
UTD	1	0	0	1
Multiracial (more than one race selected)	2	4	0	6
Total	10	41	1	52

To establish the reason for the most recent case opening date, reviewers were asked to identify all allegations or voluntary service needs noted at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 117 CPS allegations were identified at the time of the report to the Hotline. Additionally, reviewers identified three voluntary service requests, two FWSN referrals, and four cases in which the current case opening was related to the child's TPR. Related issues were noted in that twenty-nine cases had prior case openings and four parents had a prior instance of TPR on another child. The data indicates that physical neglect remains the most frequent identified reason for referral. Thirty-nine of the 52 cases had physical neglect concerns in the most recent referral to the Hotline. In 31 cases (59.6%) physical neglect was substantiated. This was followed by issues related to Parental Substance Abuse/ Mental Health, which was identified in 51.9% of the cases reviewed (and substantiated in 36.5% of the sample), and Domestic Violence and Emotional Neglect alleged in 21.2% of the cases sampled and substantiated in 13.5% and 15.4% of the cases respectively. The Hotline identified prior DCF involvement in 29 (55.8%) of the cases transmitted for investigation. Four of the cases included parents with a history including a prior TPR(s).

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

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

Identified Issue/Concern	Number of Times Alleged/Identified	Number Substantiated
Abandonment	9	6
Child's Behaviors	9	n/a
Child's Legal Status Became TPR prompting new case opening	4	n/a
Domestic Violence	11	7
Educational Neglect	1	1
Emotional Abuse	3	2
Emotional Neglect	11	8
FWSN Referral	2	n/a
Medical Neglect	3	2
Moral Neglect	1	0
Parent's Mental Health or Substance Abuse	27	19
Physical Abuse	6	3
Physical Neglect	39	31
Prior History of Investigations	29	n/a
Prior History of TPR for parent	4	n/a
Sexual Abuse	6	3
Voluntary Services Referral (VSR)	3	n/a
	168	

The reviewers were asked to identify the primary reason for DCF involvement on the date of most recent case opening. "Physical Neglects" and "Substance Abuse or Mental Health (parent)" are the most frequently cited reason for involvement with the Department.

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

What is the primary reason cited?	Frequency	Percent
Physical Neglect	17	32.7%
Substance Abuse/Mental Health (parent)	11	21.2%
TPR prompted new case	4	7.7%
Abandonment	3	5.8%
Child's behavioral medical, substance abuse (with CPS issues also present.)	3	5.8%
Domestic Violence	3	5.8%
Physical Abuse	2	3.8%
Sexual Abuse	2	3.8%
Voluntary Services Request (VSR) for medical/mental health/ substance abuse/behavioral health of child (No CPS Issues)	2	3.8%
Educational Neglect	1	1.9%
Emotional Abuse/Maltreatment	1	1.9%
FWSN Referral	1	1.9%
History of Prior DCF Involvement	1	1.9%
Medical Neglect	1	1.9%
Total	52	100.0

SDM scores at investigation were documented at case opening for 19 of the cases reviewed.[6] Of those completed, SDM overall risk scores were most frequently deemed moderate at the point of investigation. Two case had risk scores in the high range (10.5%) and fourteen were moderate (73.7%) and three were indicated as low risk (15.8%). In two cases there was supervisory override of the scoring.

At the point of investigation finalization, four situations were deemed "safe," an additional nine were deemed "conditionally safe" and 6 were identified as "unsafe". In eleven cases, there was a documented safety plan resulting from the safety assessment. In ten of these 11 cases there was evidence that services or interventions put into the home during the investigation to mitigate observed/assessed safety factors in the home.

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

	For cases with investigations beginning May 1, 2007 what is the safety decision documented prior to finalization of the investigation?			
For cases with Investigations post May 1, 2007 what is the overall scored risk level	**Safe**	**Conditionally Safe**	**Unsafe**	**Total**
Low	1	1	1	3
Moderate	3	8	4	15
High	0	0	1	1
Total	4	9	6	19

Eleven cases that were open at least 90 days from the initial SDM risk assessment had the ongoing required 90 day re-assessment.

DCF approved permanency/case goals were identified for all 52 cases reviewed.

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

Permanency Goal	Frequency	Percent
In-Home Goals - Safety/Well Being Issues	17	32.7%
Reunification	13	25.0%
Adoption	9	17.3%
APPLA	9	17.3%
Transfer of Guardianship	3	5.8%
LTFC with a Licensed Relative	1	1.9%
Total	52	100.0%

[6] In 33 of the cases, the case opening date pre-dated the statewide implementation / use of SDM.

DCF policy requires concurrent planning when reunification or APPLA are the designated. Of the nine cases with the goal of APPLA, six (66.7%) identified a concurrent goal. However, only one case identified a preferred permanency goal as the concurrent goal (reunification). Four of these cases identified a second APPLA goal, and two identified Long Term Foster Care - Relative as the concurrent plan. Of these APPLA situations, one was deemed to be a questionable goal due to the lack of assessment. Two additional situations in which APPLA was appropriate, there was a lack of Life Skills services noted in relation to achieving such goal. In one case, APPLA was appropriate given the level of mental health needs of the child, but the stated concurrent goal of "LTFC-Relative" was deemed to be unrealistic, even potentially detrimental, since it provided the child with false hope that she could transition to a relative that DCF clearly knew was not a willing resource. All 13 treatment plans, in which "Reunification" was the permanency goal, had the required concurrent plan. However, the level of effort and/or specific action steps to achieve the concurrent goal varied broadly. In some cases there were no documented efforts or identifiable action steps during the prior six month period. In others there were no action steps clearly identified in the final approved treatment plan document.

Children in placement had various lengths of stay at the point of our review. The date of recent out of home placement ranged from February 1997 through October 2007. The average length of stay is 922 days but is impacted by outliers at the upper range of the scale. To more accurately reflect the population, the median length of stay was calculated and is reported at 392 days. The length of stay in the current placement, ranged from one day to 1,538 days, with an average of 316 days in placement with the same provider. Factoring in the impact of the outliers, the median was calculated and is reported at 214 days.

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

Crosstabulation 4: How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period? * For child in placement, has TPR been filed?

	For child in placement, has TPR been filed?					
How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?	yes	no	N/A - Exception noted in LINK	N/A - child's goal and length of time in care don't require TPR	N/A - In-Home Case (CPS or Voluntary Services)	Total
1-6 months	1	0	0	0	0	1
7-12 months	1	3	0	14	0	18
13-18 months	2	0	1	0	0	3
19-24 months	0	0	1	1	0	2
Greater than 24 months	5	0	6	0	0	11
N/A - no child in placement (in-home case)	0	0	0	0	17	17
Total	9	3	8	15	17	52

In all cases in which the child's length of stay and permanency goal required the filing of TPR, it had been done or there was an exception filed and documented in LINK in accordance with ASFA timelines. A review of the eight exceptions found that all but two were for children over the age of 15. One three year old was to have transfer of guardianship out of state. A two year old was to reunify with mother who was compliant with services, but still required additional time to complete all court ordered steps. Most frequently, the cited rationale had to do with the level of mental health needs of the children. Of the seven cases, six appeared to be reasonable given the circumstances at the point of identification and each of those six had been routinely revisited through discussions reflected in narratives and treatment planning documentation.

At the point of review, the children in placement were predominantly in foster care settings. Nine children were in DCF non-relative licensed foster homes, six children were in relative foster homes in Connecticut and two were in relative foster homes outside of the state. Four children were living in private provider foster homes in Connecticut. Ten children were in in-state residential settings. Two children were in group homes. One child was living out of state in a residential facility. At the time of review, one child was in detention and one child was on a trial home visit.

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

Residence/Placement	Frequency	Percent
N/A - In-home family case (no placement)	16	30.8
In-State residential setting	10	19.2
In-State non-relative licensed DCF foster care	9	17.3
In-State certified/licensed relative DCF foster care	6	11.5
In-State private provider foster care	4	7.7
Out of State Relative foster care	2	3.8
Group Home	2	3.8
Out of state residential setting	1	1.9
Home of biological parent (trial home visit)	1	1.9
Detention Center/CJTS	1	1.9
Total	52	100.0

II. Monitor's Findings Regarding Outcome Measure 3 – Treatment Plans

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

To date, the full sample of cases reviewed throughout the process indicates an overall compliance with Outcome Measure 3 of 44.1% (204 of 463). The second quarter case review data indicates that the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 29 of the 52-case sample or **55.8%.**

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

Quarter	Sample (n)	Percent Appropriate
3rd Quarter 2006	35	54.3%
4th Quarter 2006	73	41.1%
1st Quarter 2007	75	41.3%
2nd Quarter 2007	76	30.3%
3rd Quarter 2007	50	32.0%
4th Quarter 2007	51	51.0%
1st Quarter 2008	51	58.8%
2nd Quarter 2008	52	55.8%
Total to Date	463	44.1%

During the second quarter 2008, of the 35 cases with children in placement, 17, or 48.6% achieved an overall determination of "appropriate treatment plan". Twelve of the seventeen in-Home cases achieved this designation (70.6%).

The following crosstabulation provides further breakdown to distinguish between voluntary and child protective services cases as well.

Crosstabulation 5: What is the type of case assignment noted in LINK? * Overall Score for OM3- Second Quarter 2008

What is the type of case assignment noted in LINK?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
CPS In-Home Family Case (IHF)	Count	12	5	17
	% within case assignment	70.6%	29.4%	100.0%
	% within Overall Score OM3	42.9%	20.8%	32.7%
	% of Total	23.1%	9.6%	32.7%
CPS Child in Placement Case (CIP)	Count	15	18	33
	% within case assignment	45.5%	54.5%	100.0%
	% within Overall Score OM3	53.6%	75.0%	63.5%
	% of Total	28.8%	34.6%	63.5%
Voluntary Services Child in Placement Case (VSCIP)	Count	2	0	2
	% within case assignment	100.0%	.0%	100.0%
	% within Overall Score OM3	7.1%	.0%	3.8%
	% of Total	3.8%	.0%	3.8%
Total	Count	29	23	52
	% within case assignment	55.8%	44.2%	100.0%
	% within Overall Score OM3	100.0%	100.0%	100.0%
	% of Total	55.8%	44.2%	100.0%

All 52 plans were approved by the SWS and were less than seven months old at point of review. Language needs were also met. However, in one case, the case reviewer noted that although a translator was provided at the meeting, the quality of translation was so poor as to raise doubts as to whether the parent fully comprehended the discussion. In this case, the plan was sent to be translated to Spanish as well.

In relationship to the case goal, cases with a goal of LTFC - Relative and In-Home cases had the highest rate of appropriateness with 100.0% (1 of 1) and 70.6% (12 of 17) respectively. See the crosstabulation below for details.

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

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Reunification	Count	7	6	13
	% within stated goal type	53.8%	46.2%	100.0%
	% within OM3	29.8%	21.4%	25.0%
	% of Total	13.5%	11.5%	25.0%
Adoption	Count	6	3	9
	% within stated goal type	66.7%	33.3%	100.0%
	% within OM3	21.4%	12.5%	17.3%
	% of Total	11.5%	5.8%	17.3%
Transfer of Guardianship	Count	0	3	3
	% within stated goal type	.0%	100.0%	100.0%
	% within OM3	.0%	12.5%	5.8%
	% of Total	.0%	5.8%	5.8%
Long Term Foster Care with a licensed relative	Count	1	0	1
	% within stated goal type	100.0%	.0%	100.0%
	% within OM3	3.6%	.0%	1.9%
	% of Total	1.9%	.0%	1.9%
In-Home Goals - Safety/Well Being Issues	Count	12	5	17
	% within stated goal type	70.6%	29.4%	100.0%
	% within OM3	42.9%	20.8%	32.7%
	% of Total	23.1%	9.6%	32.7%
APPLA	Count	3	6	9
	% within stated goal type	33.3%	66.7%	100.0%
	% within OM3	10.7%	25.0%	17.3%
	% of Total	5.8%	11.5%	17.3%
Total	Count	29	23	52
	% within stated goal type	55.8%	44.2%	100.0%
	% within OM3	100.0%	100.0%	100.0%
	% of Total	55.8%	44.2%	100.0%

The goal of Transfer of Guardianship had the lowest score of appropriate treatment plans had. The largest number of treatment plans deemed inadequate had goals of APPLA and Reunification (6). All three of these cases failed to achieve an appropriate treatment plan designation.

Meriden, Middletown, Torrington, and the Willimantic Area Offices all achieved 100% compliance with Appropriate Treatment Plans. We note that this is the sixth time the

Middletown Office has achieved the measure and has the overall best performance in this regard statewide with 77.80% of its reviewed treatment plans to date being deemed "appropriate treatment plans." Willimantic has two consecutive quarters of 100% achievement in treatment planning. See the table below to see the full statewide results for by quarter.

Crosstabulation 7: Area Office Assignment * Overall Score for OM3

Area Office Assignment	Number and Percentage of Plans Deemed "Appropriate Treatment Plan"								
	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	All Quarters
Bridgeport	2 66.7%	0 0.0%	2 33.3%	3 50.0%	2 50.0%	2 50.0%	3 75.0%	1 25.0%	15 40.5%
Danbury	0 0.0%	1 50.0%	3 100.0%	0 0.0%	2 100.0%	0 0.0%	1 50.0%	1 50.0%	8 47.1%
Greater New Haven	2 66.7%	2 40.0%	2 40.0%	0 0.0%	0 0.0%	1 33.3%	3 ***100.0%***	1 33.3%	11 36.7%
Hartford	2 50.0%	5 55.6%	2 22.2%	3 30.0%	0 0.0%	1 20.0%	2 33.3%	2 33.3%	17 31.5%
Manchester	2 50.0%	4 57.1%	3 50.0%	3 50.0%	2 40.0%	***5*** ***100.0%***	4 80.0%	4 80.0%	27 62.8%
Meriden	0 0.0%	2 66.7%	1 33.3%	1 33.3%	0 0.0%	***2*** ***100.0%***	1 50.0%	2 ***100.0%***	9 50.0%
Middletown	*1* *100.0%*	***3*** ***100.0%***	1 33.3%	1 33.3%	***2*** ***100.0%***	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	14 77.8%
New Britain	1 33.3%	2 25.0%	4 50.0%	0 0.0%	1 20.0%	***5*** ***100.0%***	3 60.0%	2 40.0%	18 38.3%
New Haven Metro	2 50.0%	1 14.3%	3 37.5%	3 37.5%	1 20.0%	2 40.0%	1 20.0%	1 20.0%	14 29.8%
Norwalk	***1*** ***100.0%***	0 0.0%	1 50.0%	0 0.0%	***2*** ***100.0%***	1 50.0%	***2*** ***100.0%***	1 50.0%	8 53.3%
Norwich	2 66.7%	5 83.3%	3 50.0%	3 50.0%	1 25.0%	1 33.3%	2 50.0%	3 75.0%	20 55.6%
Stamford	***1*** ***100.0%***	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	1 50.0%	3 20.0%
Torrington	***1*** ***100.0%***	2 66.7%	2 66.7%	2 66.7%	***2*** ***100.0%***	1 50.0%	0 0.0%	2 ***100.0%***	12 66.7%
Waterbury	1 33.3%	0 0.0%	2 28.6%	1 14.3%	0 0.0%	1 16.7%	3 75.0%	3 60.0%	11 26.2%
Willimantic	1 50.0%	3 75.0%	2 50.0%	2 50.0%	1 33.3%	2 66.7%	***3*** ***100.0%***	3 ***100.0%***	17 65.4%
State Total	19 54.3%	30 41.1%	31 41.3%	23 30.3%	16 32.0%	26 51.0%	30 58.8%	29 55.8%	204 44.1%

One final snapshot of the overall scoring for OM 3 looks at the rate of compliance by crosstabulating Race (Child or Family Case Named Individual) * Overall Score for OM3 and gender of the child. The highest rate of compliance with Outcome Measure 3 results for CIP cases are those in which the child is a white or multiracial male child (75.0%). The lowest rate of compliance is achieved for males designated as UTD, which had zero

compliance with appropriate treatment plans in the applicable four cases followed by Black/African American females who had appropriate treatment plans in 16.7% of the applicable cases.

Crosstabulation 8: Overall Score for OM3 2nd Quarter 2008 * Race (Child or Family Case Named Individual) * gender of child (n=52)

Child's Gender		Overall Score for OM3		
	Race (Child or Family Case Named Individual)	Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Male	Black/African American	1	4	5
	White	6	2	8
	UTD	0	1	1
	Multiracial (more than one race selected)	3	1	4
	Total	10	8	18
Female	Black/African American	1	5	6
	White	5	4	9
	Multiracial (more than one race selected)	1	1	2
	Total	7	10	17
N/A - in-home case	Black/African American	2	1	3
	White	10	4	14
	Total	12	5	17

During the quarter, 30.0% of the 10 cases identified with Hispanic ethnicity had "appropriate" treatment plans, while 61.0% (25 of 41) Non-Hispanic children and families were identified as "appropriate." The one case with Unknown Ethnicity did not achieve compliance with OM3.

The level of engagement with children, families and providers in the development of the treatment plans as well as the content of the plan document itself was captured. Each case had a unique pool of active participants for DCF to collaborate with in the process. Table 8 below indicates the degree to which identifiable/active case participants were engaged by the social worker and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed.

Table 8: Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference (when held)
Mother	77.3%	58.3%
Foster Parent	73.9%	58.3%
Child	61.9%	52.6%
Active Service Providers	60.0%	47.4%
Other Participants	50.0%	50.0%
Other DCF Staff	41.4%	34.5%
Father	40.0%	18.8%
Parents' Attorney	15.4%	15.4%
Attorney/GAL (Child)	6.3%	0.0%

Participation by the children's attorneys in this process dropped to its lowest point since we began reporting progress toward meeting the Exit Plan measure. Only 6.3% of the CIP cases had documented engagement of the child's attorney in the treatment planning discussions/planning. In none of the cases reviewed was the identified attorney present at the ACR. Participation by fathers, parents' attorneys and other DCF staff in the process remains problematic as well, with both falling below 50.0% rate of engagement.

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

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

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

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

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

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

The following set of three tables (Table 9, 10 and 11) provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=52), the second is the children in out of home placement (CIP) cases (n=34) and the third is the in-home family cases (n=17). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 1.

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	40 76.9%	10 19.2%	2 3.8%	0 0.0%	0 0.0%
I.2. Identifying Information	9 17.3%	42 80.8%	1 1.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	12 23.1%	34 65.4%	2 3.8%	4 7.7%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	14 26.9%	27 51.9%	7 13.5%	4 7.7%	0 0.0%
II.1 Determining the Goals/Objectives	13 25.0%	20 38.5%	15 28.8%	4 7.7%	0 0.0%
II.2. Progress	23 44.2%	22 42.3%	5 9.6%	2 3.8%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 5.8%	26 50.0%	18 34.6%	5 9.6%	0 0.0%
II.4 Planning for Permanency	25 48.1%	18 34.6%	9 17.3%	0 0.0%	0 0.0%

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	27 77.1%	7 20.0%	1 2.9%	0 0.0%	0 0.0%
I.2. Identifying Information	3 8.6%	31 88.6%	1 2.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	6 17.1%	24 68.6%	1 2.9%	4 11.4%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	5 14.3%	20 57.1%	7 20.0%	3 8.5%	0 0.0%
II.1 Determining the Goals/Objectives	5 14.3%	15 42.8%	11 31.4%	4 11.4%	0 0.0%
II.2. Progress	13 37.1%	15 42.8%	5 14.3%	2 5.7%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	0 0.0%	17 48.6%	14 40.0%	4 11.4%	0 0.0%
II.4 Planning for Permanency	10 28.5%	16 45.7%	9 25.7%	0 0.0%	0 0.0%

Table 11: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3					
Category	**Optimal "5"**	**Very Good "4"**	**Marginal "3"**	**Poor "2"**	**Adverse/Absent "1"**
I.1 Reason for DCF Involvement	13 76.5%	3 17.6%	1 5.9%	0 0.0%	0 0.0%
I.2. Identifying Information	6 35.3%	11 64.7%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	6 35.3%	10 58.8%	1 5.9%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	9 52.9%	7 41.2%	0 0.0%	1 5.9%	0 0.0%
II.1 Determining the Goals/Objectives	8 47.1%	5 29.4%	4 23.5	0 0.0%	0 0.0%
II.2. Progress	10 58.8%	7 41.2%	0 0.0%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 17.6%	9 52.9%	4 23.5%	1 5.9%	0 0.0%
II.4 Planning for Permanency	15 88.2%	2 11.8%	0 0.0%	0 0.0%	0 0.0%

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

The chart of mean averages below is provided as a way to show the trends not compliance with Outcome Measure 3. While the requirement is for 90% of cases to have an overall passing score, not achieve a statewide average within the passing range, this quarter, five of the eight categories had average scores at or above the "very good" rank of 4. This indicates a slight downward trend, as last quarter there were seven categories within the "very good range" and the mean scores for each category are all slightly lower as well.

Table 12: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 2nd Quarter 2008)

Mean Scores for Categories within Treatment Planning Over Time								
	3Q2006	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98
Determining Goals/Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31

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

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

The case review data indicates that the Department of Children and Families attained the designation of "Needs Met" in 55.8% of the 52-case sample.

The highest rate of compliance with OM 15 for the Second Quarter 2008 is 100% which was achieved in Middletown, Norwalk, Norwich, Torrington and Willimantic The lowest rate of compliance is within the New Haven Metro and Waterbury Offices which both had 20% rates of compliance during within this sample in the Second Quarter 2008.

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Crosstabulation 9: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15 during the 2nd Quarter 2008

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Bridgeport	Count	1	3	4
	% within area office	25.0%	75.0%	100.0%
Danbury	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Greater New Haven	Count	1	2	3
	% within area office	33.3%	66.7%	100.0%
Hartford	Count	3	3	6
	% within area office	50.0%	50.0%	100.0%
Manchester	Count	3	2	5
	% within area office	60.0%	40.0%	100.0%
Meriden	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Middletown	Count	2	0	2
	% within area office	**100.0%**	.0%	100.0%
New Britain	Count	3	2	5
	% within area office	60.0%	40.0%	100.0%
New Haven Metro	Count	1	4	5
	% within area office	20.0%	80.0%	100.0%
Norwalk	Count	2	0	2
	% within area office	**100.0%**	.0%	100.0%
Norwich	Count	4	0	4
	% within area office	**100.0%**	.0%	100.0%
Stamford	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Torrington	Count	2	0	2
	% within area office	**100.0%**	.0%	100.0%
Waterbury	Count	1	4	5
	% within area office	20.0%	80.0%	100.0%
Willimantic	Count	3	0	3
	% within area office	**100.0%**	.0%	100.0%
Total	Count	29	23	52
	% within area office	55.8%	44.2%	100.0%

The cumulative score to date is shown in the table below, followed by an additional table representing the scores from each of the quarters since the inception of this review process. In this view, the Torrington, Manchester and Norwich offices fare best with compliance rates of 72.2%, 72.1% and 69.4%. New Haven Metro has the lowest rate of compliance with 31.9% compliance.

Crosstabulation 10: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment?

Overall Score for Outcome Measure 15		What is the social worker's area office assignment?															
		Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Total
Needs Met	Count	20	9	18	24	31	6	12	27	15	8	25	5	13	18	17	248
	%	54.1%	52.9%	60.0%	44.4%	72.1%	33.3%	66.7%	57.4%	31.9%	53.3%	69.4%	33.3%	72.2%	42.9%	65.4%	53.6%
Needs Not Met	Count	17	8	12	30	12	12	6	20	32	7	11	10	5	24	9	215
	%	45.9%	47.1%	40.0%	55.6%	27.9%	66.7%	33.3%	42.6%	68.1%	46.7%	30.6%	66.7%	27.8%	57.1%	34.6%	46.4%
Total	Count	37	17	30	54	43	18	18	47	47	15	36	15	18	42	26	463
	%	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%

The table below shows the rates of compliance by quarter for each of the area offices.

Crosstabulation 11: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? * Quarter of Review

Quarter of Review			What is the social worker's area office assignment?															
			Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
3 Q 2006	Needs Met	Count	1	1	3	3	3	0	1	1	1	1	3	1	1	1	1	22
		%	33.3%	100.0%	100.0%	75.0%	75.0%	.0%	100.0%	33.3%	25.0%	100.0%	100.0%	100.0%	100.0%	33.3%	50.0%	62.9%
	Needs Not Met	Count	2	0	0	1	1	1	0	2	3	0	0	0	0	2	1	13
		%	66.7%	.0%	.0%	25.0%	25.0%	100.0%	.0%	66.7%	75.0%	.0%	.0%	.0%	.0%	66.7%	50.0%	37.1%
	Total	Count	3	1	3	4	4	1	1	3	4	1	3	1	1	3	2	35
		%	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%
4 Q 2006	Needs Met	Count	1	2	2	6	7	0	2	4	1	1	4	1	2	2	3	38
		%	16.7%	100.0%	40.0%	66.7%	100.0%	.0%	66.7%	50.0%	14.3%	50.0%	66.7%	50.0%	66.7%	33.3%	75.0%	52.1%
	Needs Not Met	Count	5	0	3	3	0	3	1	4	6	1	2	1	1	4	1	35
		%	83.3%	.0%	60.0%	33.3%	.0%	100.0%	33.3%	50.0%	85.7%	50.0%	33.3%	50.0%	33.3%	66.7%	25.0%	47.9%
	Total	Count	6	2	5	9	7	3	3	8	7	2	6	2	3	6	4	73
		%	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%
1 Q 2007	Needs Met	Count	2	2	3	3	3	1	2	4	4	1	2	1	3	3	0	34
		%	33.3%	66.7%	60.0%	33.3%	50.0%	33.3%	66.7%	50.0%	50.0%	50.0%	33.3%	50.0%	100.0%	42.9%	.0%	45.3%
	Needs Not Met	Count	4	1	2	6	3	2	1	4	4	1	4	1	0	4	4	41
		%	66.7%	33.3%	40.0%	66.7%	50.0%	66.7%	33.3%	50.0%	50.0%	50.0%	66.7%	50.0%	.0%	57.1%	100.0%	54.7%
	Total	Count	6	3	5	9	6	3	3	8	8	2	6	2	3	7	4	75
		%	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%

Quarter of Review			What is the social worker's area office assignment?															
			Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
2 Q 2007	Needs Met	Count	5	0	3	5	3	1	1	4	4	0	5	0	2	3	3	39
		%	83.3%	.0%	60.0%	50.0%	50.0%	33.3%	33.3%	50.0%	50.0%	.0%	83.3%	.0%	66.7%	42.9%	75.0%	51.3%
	Needs Not Met	Count	1	3	2	5	3	2	2	4	4	2	1	2	1	4	1	37
		%	16.7%	100.0%	40.0%	50.0%	50.0%	66.7%	66.7%	50.0%	50.0%	100.0%	16.7%	100.0%	33.3%	57.1%	25.0%	48.7%
	Total	Count	6	3	5	10	6	3	3	8	8	2	6	2	3	7	4	76
		%	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%
3 Q 2007	Needs Met	Count	4	2	2	2	4	1	1	3	2	1	2	1	2	3	2	32
		%	100.0%	100.0%	66.7%	40.0%	80.0%	50.0%	50.0%	60.0%	40.0%	50.0%	50.0%	50.0%	100.0%	75.0%	66.7%	64.0%
	Needs Not Met	Count	0	0	1	3	1	1	1	2	3	1	2	1	0	1	1	18
		%	.0%	.0%	33.3%	60.0%	20.0%	50.0%	50.0%	40.0%	60.0%	50.0%	50.0%	50.0%	.0%	25.0%	33.3%	36.0%
	Total	Count	4	2	3	5	5	2	2	5	5	2	4	2	2	4	3	50
		%	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%
4 Q 2007	Needs Met	Count	2	0	2	1	5	1	2	5	0	0	1	0	1	1	3	24
		%	50.0%	.0%	66.7%	20.0%	100.0%	50.0%	100.0%	100.0%	.0%	.0%	33.3%	.0%	50.0%	16.7%	100.0%	47.1%
	Needs Not Met	Count	2	2	1	4	0	1	0	0	5	2	2	2	1	5	0	27
		%	50.0%	100.0%	33.3%	80.0%	.0%	50.0%	.0%	.0%	100.0%	100.0%	66.7%	100.0%	50.0%	83.3%	.0%	52.9%
	Total	Count	4	2	3	5	5	2	2	5	5	2	3	2	2	6	3	51
		%	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%

Quarter of Review			What is the social worker's area office assignment?														
			Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
1 Q 2008	Needs Met	Count	4	1	2	1	3	1	1	3	2	2	4	0	0	4	2	30
		%	100.0%	50.0%	66.7%	16.7%	60.0%	50.0%	50.0%	60.0%	40.0%	100.0%	100.0%	.0%	.0%	100.0%	66.7%	58.8%
	Needs Not Met	Count	0	1	1	5	2	1	1	2	3	0	0	2	2	0	1	21
		%	.0%	50.0%	33.3%	83.3%	40.0%	50.0%	50.0%	40.0%	60.0%	.0%	.0%	100.0%	100.0%	.0%	33.3%	41.2%
	Total	Count	4	2	3	6	5	2	2	5	5	2	4	2	2	4	3	51
		%	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%
2 Q 2008	Needs Met	Count	1	1	1	3	3	1	2	3	1	2	4	1	2	1	3	29
		%	25.0%	50.0%	33.3%	50.0%	60.0%	50.0%	100.0%	60.0%	20.0%	100.0%	100.0%	50.0%	100.0%	20.0%	100.0%	55.8%
	Needs Not Met	Count	3	1	2	3	2	1	0	2	4	0	0	1	0	4	0	23
		%	75.0%	50.0%	66.7%	50.0%	40.0%	50.0%	.0%	40.0%	80.0%	.0%	.0%	50.0%	.0%	80.0%	.0%	44.2%
	Total	Count	4	2	3	6	5	2	2	5	5	2	4	2	2	5	3	52
		%	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%

For a complete listing of rank scores for Outcome Measure 15 by case, see Appendix 1.

There is slight variation in relation to needs met across various case types. Of the 17 cases selected as in-home family cases, 12 or 70.6% achieved "needs met" status. Twenty-two of the 32 cases with children in placement (68.8%) achieved "needs met" status. This quarter, there were two Voluntary Service children in out of home placement. One achieved the measure both achieved "needs met" status.

Crosstabulation 12: Overall Score for Outcome Measure 15 * What is the type of case assignment noted in LINK?

Overall Score for Outcome Measure 15		What is the type of case assignment noted in LINK?			
		CPS In-Home Family Case (IHF)	CPS Child in Placement Case (CIP)	Voluntary Services Child in Placement Case (VSCIP)	Total
Needs Met	Count	12	15	2	29
	%	70.6%	45.5%	100.0%	55.8%
Needs Not Met	Count	5	18	0	23
	%	29.4%	54.5%	.0%	44.2%
Total	Count	17	33	2	52
	%	100.0%	100.0%	100.0%	100.0%

The overall score was also looked at through the filter of the stated permanency goal. Case goals of Long Term Foster Care with a Relative (100.0%), In-Home Cases (70.6%) and Adoption (66.7%) had the best rates of compliance with Outcome Measure 15. APPLA cases had the lowest rate of achieving needs met, with only 22.2% achieving the measure.

The full breakdown is shown in Crosstabulation 13 below:

Crosstabulation 13: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Reunification	Count	7	6	13
	% within child or family's stated goal	**53.8%**	46.2%	100.0%
	% within Outcome Measure 15	24.1%	26.1%	25.0%
	% of Total	13.5%	11.5%	25.0%
Adoption	Count	6	3	9
	% within child or family's stated goal	**66.7%**	33.3%	100.0%
	% within Outcome Measure 15	20.7%	13.0%	17.3%
	% of Total	11.5%	5.8%	17.3%
Transfer of Guardianship	Count	1	2	3
	% within child or family's stated goal	**33.3%**	66.7%	100.0%
	% within Outcome Measure 15	3.4%	8.7%	5.8%
	% of Total	1.9%	3.8%	5.8%
Long Term Foster Care with a Licensed Relative	Count	1	0	1
	% within child or family's stated goal	**100.0%**	.0%	100.0%
	% within Outcome Measure 15	3.4%	.0%	1.9%
	% of Total	1.9%	.0%	1.9%
In-Home Goals - Safety/Well Being Issues	Count	12	5	17
	% within child or family's stated goal	**70.6%**	29.4%	100.0%
	% within Outcome Measure 15	41.4%	21.7%	32.7%
	% of Total	23.1%	9.6%	32.7%
APPLA	Count	2	7	9
	% within child or family's stated goal	**22.2%**	77.8%	100.0%
	% within Outcome Measure 15	6.9%	30.4%	17.3%
	% of Total	3.8%	13.5%	17.3%
Total	Count	29	23	52
	% within child or family's stated goal	**55.8%**	44.2%	100.0%
	% within Outcome Measure 15	100.0%	100.0%	100.0%
	% of Total	55.8%	44.2%	100.0%

In total, Outcome Measure 15 looks at twelve categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at the break between passing scores (5 or 4) and those not passing (3 or less), there is a marked difference in performance among the categories ranging from 57.7% to 98.1%. Please note that percentages are based on applicable cases within that category.

- While there were concerns noted related to safety of children in placement during the period, the risks identified were no longer present at the point of the review given actions taken and circumstances within the cases. There is some concern related to failure to follow established protocols related to reporting critical incidents to Hotline. There were no adverse or poor scores assessed related to risks/safety in either in-home or placement cases during this review.
- Mental health, behavioral health, and substance abuse services pose the greatest challenges to meeting the needs of families and children, in that only 57.7% of the cases achieved a passing score related to this category of needs.

Table 13: Treatment Plan Categories Achieving Passing Status for 2 Q 2008

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
DCF Case Management – **Legal Action** to Achieve the Permanency Goal During the Prior Six Months (II.2)	51 98.1%	1 1.9%
Medical Needs (III.1)	50 96.2%	2 3.8%
Safety – In Home (I.1)	16 94.1%	1 5.9%
Safety – Children in Placement (I.2)	33 91.7%	3 8.3%
Dental Needs (III.2)	46 88.5%	6 11.5%
Educational Needs (IV. 2)	34 85.0%	6 15.0%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	29 82.8%	6 17.2%
Child's **Current Placement** (IV.1)	28 80.0%	7 20.0%
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	28 77.8%	8 22.2%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal **during the Prior Six Months** (II.4)	35 68.6%	16 31.4%
Mental Health, Behavioral and Substance Abuse Services (III.3)	30 57.7%	22 42.3%

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

Table 14: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories[7]

Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
I.1 Safety – In Home	5 29.4%	11 64.7%	1 5.9%	0 0.0%	0 0.0%	35
I.2. Safety – Children in Placement	18 50.0%	15 41.7%	2 5.6%	1 2.8%	0 0.0%	16
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	19 52.8%	9 25.0%	7 19.4%	1 2.8%	0 0.0%	16
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	43 82.7%	8 15.4%	1 1.9%	0 0.0%	0 0.0%	0
II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal in Prior Six Months	24 68.6%	5 14.3%	4 11.4%	2 5.7%	0 0.0%	17
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal in Prior Six Months	15 29.4%	20 38.5%	15 29.4%	1 2.0%	0 0.0%	1
III.1 Medical Needs	38 73.1%	12 23.1%	2 3.8%	0 0.0%	0 0.0%	0
III.2 Dental Needs	30 57.7%	16 30.8%	4 7.7%	1 1.9%	1 1.9%	0
III.3 Mental Health, Behavioral and Substance Abuse Services	8 15.4%	22 42.3%	18 34.6%	4 7.7%	0 0.0%	0
IV.1 Child's Current Placement	10 28.6%	18 51.4%	5 14.3%	2 5.7%	0 0.0%	17
IV. 2 Educational Needs	20 50.0%	14 35.0%	6 15.0%	0 0.0%	0 0.0%	12

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

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

Table 15: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 2nd Quarter 2008)

Outcome Measure Needs Met - Median Scores Over Time								
	3Q2006	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**
Safety: In-Home	4.00	3.75	3.78	4.00	4.20	4.00	4.47	4.24
Safety: CIP	4.43	4.15	4.39	4.36	4.57	4.53	4.53	4.39
Permanency: Securing the Permanent Placement Action Plan for the Next Six Months	4.38	4.22	4.19	4.16	4.53	4.31	4.49	4.28
Permanency: DCF Case Mgmt - Legal Action to Achieve Permanency in Prior Six Months	4.29	4.45	4.67	4.67	4.74	4.65	4.74	4.81
Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve Permanency in Prior Six Months	4.42	4.42	4.20	4.43	4.56	4.47	4.65	4.46
Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve Permanency during Prior Six Months	4.17	4.03	3.79	4.13	4.12	3.98	4.29	3.96
Well-Being: Medical	4.31	4.34	4.28	4.22	4.34	4.25	4.49	4.69
Well-Being: Dental	4.47	3.93	3.87	4.13	4.12	4.25	4.29	4.40
Well-Being: Mental Health, Behavioral and Substance Abuse Services	4.40	4.07	3.72	3.91	4.02	3.88	4.00	3.65
Well-Being: Child's Current Placement	4.48	4.30	4.23	4.21	4.37	4.14	4.41	4.03
Well Being: Education	4.46	4.26	4.05	4.07	4.32	4.31	4.38	4.35

In 45 of the 52 cases, reviewers found evidence of one or more unmet needs during the prior six month period. In some cases these needs were primary to goal achievement and in others, they were less significant, but still established at the point or the prior treatment plan development or throughout the case narratives.133 discrete needs were identified across those cases. The largest category of unmet needs is once again in the area of mental health.

In looking at the 133 barriers identified:

- The client was the identified barrier in 54 instances,
- DCF case management issues were identified in 44 of the cases cited (includes deferred services, delayed referrals, internal process, financing).
- Lack of resources (wait lists, no service available, no slots, etc.) is identified in 14 cases.
- Provider issues were identified in 11 cases.
- In three cases, the reviewer could not establish the barrier (UTD).
- In two cases, the DCF determined it appropriate to delay a service pending completion of another.
- In two cases probation failed to refer the client to the agreed upon service in a timely manner.
- In one cases, the barrier was identified as insurance.
- Transportation was cited in one case.
- Mother's mental health issue was identified as the barrier to engagement in services in one case.

Table 16 below provides a complete breakdown of the needs and identified barriers for the sample set.

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

Service Need	Barrier	Frequency
Anger Management - Parent(s)	Client Refused	1
Anger Management - Parent(s)	Adult Probation failed to refer mother timely	1
Crisis Counseling	Client Refused	1
DCF Case Management/Support/Advocacy	Lack of communication between DCF, family and provider	4
DCF Case Management/Support/Advocacy	Delay in referrals by worker	3
DCF Case Management/Support/Advocacy	Lack of communication with School/ARG regarding truancy	1
DCF Case Management/Support/Advocacy	Lack of timely consultation with ARG regarding severe dental issues	1
Dental Care - Other Svc or Orthodontic Care	Client Refused	2
Dental Care - Other Svc or Orthodontic Care	Communication Issue between provider and DCF	1
Dental Care - Routine	Delay in Referral	2
Dental Care - Routine	Client Refused	1
Dental Care - Routine	Insurance Issue	1
Dental Care - Routine	Wait List	1
Dental Care- Routine	Child's fear of dentist	1
Domestic Violence Treatment - Perpetrator	Client Refused	3
Domestic Violence Treatment - Perpetrator	Delay in Referral	1
Domestic Violence Treatment - Perpetrator	Service delayed pending completion of another	1
Domestic Violence Treatment - Victim	Delay in Referral	2
Domestic Violence Treatment -Victim	Client Refused	3

Service Need	Barrier	Frequency
Drug and Alcohol Testing - Parent	Client Refused	1
Drug and Alcohol Testing - Parent	Lack of Communication between provider and DCF	1
Educational Screening/Evaluation	Delay in Referral	2
Family Reunification Services	Approval Process	1
Family Reunification Services	Client Refused	1
Family/Marital Counseling	Client Refused	2
Family/Marital Counseling	Service Deferred pending another	1
Family/Marital Counseling	Mother's MH issues are negatively impacting family therapy.	1
Foster Care Support	UTD from LINK	1
Group Counseling	Client Refused	1
Group Home	Client Refused	2
Housing Assistance	Placed on Wait List	2
Housing Assistance	Delay in Referral	1
IEP Programming	Delay in Referral	1
IEP Programming	Communication Issue between School and DCF	1
Individual Counseling - Child	Delay in Referral	2
Individual Counseling - Child	Client Refused	1
Individual Counseling - Child	Wait List	1
Individual Counseling - Child	Communication Issue between Provider and DCF	1
Individual Counseling - Parent	Client Refused	9
Individual Counseling - Parent	Wait List	1
In-Home Parent Education and Support	Delay in Referral	1
Inpatient substance abuse treatment - child	Lack of Communication between OOH provider and DCF	1
Inpatient substance abuse treatment - parent	Client Refused	1
Life Long Family Ties	Delay in Referral	1
Life Skills Training	UTD	1
Life Skills Training	Service does not exist in the community	1
Matching/Placement Process	Approval Process	1
Matching/Placement Process	Client refused placement	1
Matching/Placement Process	Delay in referral	1
Medical Intervention	Delay in Referral	2
Mentoring	Provider Issues - Staffing	3
Mentoring	Delay in Referral	1
Mentoring	Financing Unavailable	1
Mentoring	Wait List	1
Other IH Service - Husky Application Process Assistance	UTD - in process	1
Other Mental Health Need	Provider Staffing Issue	2
Other Mental Health Need	Delay in Referral	1
Other OOH Service - Psycho-educational work during visits	Communication Issue with CJR and family and DCF	1
Other OOH Service - Transportation	Transportation Unavailable	1
Other State Agency	Communication Issue	1
Outpatient Substance Abuse Tx - Child	Client Refused	1
Outpatient Substance Abuse Tx - Parent	Client Refused	5
Outpatient Substance Abuse Tx - Parent	Other (Probation failed to refer)	1
Parenting Classes	Client Refused	5
Parenting Classes	Wait List	1

Service Need	Barrier	Frequency
Peer Mediation	Provider Issues - Staffing	1
Provider Contact	Delay by Worker	3
Provider Contact	Lack of Communication/Poor Communication	2
Psychiatric Evaluation	Wait List	1
Psychological or psychosexual Evaluation - Child	Provider Staffing Issue	1
Psychological or psychosexual Evaluation - Parent	Client Refused	1
Residential Facility	Client Refused	1
Substance Abuse Screening - Parent	Client Refused	8
Substance Abuse Screening - Parent	Provider Issue - Staffing	1
Supervised Visitation	Client Refused	2
Supervised Visitation	Provider Issues - Staffing	1
Supportive Housing for Recovering Families	Wait List	3
SW/Parent Visitation	Client Refused	2
SW/Parent Visitation	Delay by Worker	1
Therapeutic Child Care	Provider Staffing Issue	1
Therapeutic Foster Home	Child ready for discharge from residential for one year. No homes identified.	1
Therapeutic Foster Home	Wait List	1

SDM Family Strength and Needs Assessment tools were identified for 29 cases. Of those 29, 14 cases identified and prioritized the needs consistent with those identified by our review process. These needs were identified on the SDM tool in place at the time of the prior plan development but were not incorporated into the development of that prior treatment plan's goals and action steps.

When looking forward at the current approved treatment planning document for the upcoming six month period, 21 cases (40.4%) had evidence of a service need that was clearly identified at the ACR/TPC or within LINK documentation but that was not incorporated into the current treatment plan document. This is decline over the prior period which had 30.6% of the sample identified as lacking inclusion of known service needs going forward.

Table 17 below provides the list identified by the reviewers:

Table 17: Services/Barriers Not Incorporated into Current Approved Treatment Plan

Need	Barrier	Frequency
Adoption Recruitment	Delay in referral	1
Case Management/Advocacy	Delays in Referrals	2
Case Management/Advocacy	Poor Communication with Providers	1
Case Management/Advocacy	Failure to incorporate SDM	1
Case Management/Advocacy	Needed services to be implemented in latter half of the period - not yet identified by worker	1
Dental Care - Dental or Orthodontic Service	Delay in Referral	1
Dental Care - Routine	Delay in Referral	1
Domestic Violence Treatment	Client Refusal	1
Domestic Violence Treatment	Service Deferred pending completion of another	1
Educational Screening/Evaluation	Delay in Referral	1
Educational Screening/Evaluation	Wait List for Evaluation	1
Educational Screening/Evaluation	UTD	1
Flex Funds	Approval Process	1
Individual Counseling - Parent	Client Refused	1
Individual Counseling - Parent	Wait List	1
Individual Counseling - Parent	Mother had self-referred, no follow up indicated in plan regarding contact with provider	1
Life Long Family Ties	Delay in Referral	1
Life Skills	CJTS policy related to timing of services	1
Life Skills	UTD	1
Matching/Placement Processing/ICO	UTD - no communication regarding delays	1
Medical Intervention - Other	Delay in Referral to Allergy Specialist	1
Medication Management - Child	Provider has not completed re-assessment of child indicated	1
Mental Health Screening - Child	ADHD assessment not completed by Provider	1
Mentoring	Pending completion of residential	1
Mentoring	Newly identified at ACR	1
Other Out of Home Services	Client Refusal	1
Other Out of Home Services	Referral to Young Men's program delayed	1
Outpatient Substance Abuse Treatment - Parent	Delay in referral	1
Parent Education and Support Services	Delay in Referral	1
Provider Contact	Lack of Communication	1
Substance Abuse Screening - Parent	Client Refusal	1

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

Appendix C

Rank Scores for Outcome Measure 3
And
Outcome Measure 15

Outcome Measure 3 Rank Scorings by Area Office

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

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

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

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

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

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

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

Outcome Measure 15 Rank Scorings by Area Office

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

Area Office Assignment		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for OM 15
Hartford	1	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Poor	Poor	Very Good	Marginal	Needs Not Met
	2	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Very Good	Marginal	Optimal	Marginal	Needs Not Met
	3	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	4	N/A to Case Type	Optimal	Optimal	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Met
	5	N/A to Case Type	Very Good	Marginal	Optimal	Very Good	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Not Met
	6	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	N/A to Case Type	Optimal	Needs Met

Area Office Assignment		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for OM 15
Manchester	1	N/A to Case Type	Very Good	Poor	Very Good	Poor	Poor	Optimal	Optimal	Marginal	Poor	Optimal	Needs Not Met
	2	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Needs Met
	3	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Met
	4	N/A to Case Type	Optimal	Marginal	Very Good	Optimal	Marginal	Optimal	Optimal	Marginal	Very Good	Optimal	Needs Not Met
	5	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	Very Good	Marginal	N/A to Case Type	Very Good	Needs Met
Meriden	1	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Marginal	N/A to Case Type	Needs Not Met
	2	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Optimal	Very Good	Marginal	N/A to Case Type	Optimal	Needs Met
Middletown	1	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Marginal	Optimal	Needs Met
	2	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Optimal	Needs Met

Area Office Assignment		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for OM 15
New Britain	1	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Optimal	Needs Met
	2	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Very Good	Very Good	Very Good	Very Good	Needs Not Met
	3	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Needs Met
	4	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	N/A to Case Type	Needs Met
	5	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Marginal	Optimal	Very Good	Marginal	N/A to Case Type	Very Good	Needs Not Met

Area Office Assignment		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for OM 15
New Haven Metro	1	N/A to Case Type	Optimal	Very Good	Optimal	Marginal	Very Good	Optimal	Absent/Averse	Poor	Marginal	Optimal	Needs Not Met
	2	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Needs Not Met
	3	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Optimal	Optimal	Marginal	N/A to Case Type	N/A to Case Type	Needs Not Met
	4	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met
	5	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Very Good	Very Good	Marginal	N/A to Case Type	Optimal	Needs Not Met
Norwalk	1	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Optimal	Needs Met
	2	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met

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

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

***Juan F.* Action Plan**

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

A set of monitoring strategies for the *Juan F.* Action Plan were finalized by the Court Monitor. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of the action steps outlined in the *Juan F.* Action Plan; selected on-site visits with a variety of providers each quarter; targeted reviews of critical elements of the *Juan F.* Action Plan; ongoing analysis of submitted data reports; and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the *Juan F.* Action Plan. Targeted reviews are to begin in September 2008 that build upon the current methodology for Needs Met (Outcome Measure 15) and reflect the July 2008 agreement Stipulation Regarding Outcome Measures 3 and 15. The specific cohorts to be reviewed and methodology are components of the Stipulation.

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

- The point-in-time data submitted by the Department indicates that the number of children in SAFE Homes greater than 60 days, increased to 95 as of August 2008 in comparison with 88 children who were in overstay status as of August 2008. The same report indicates that 39 children were in placement longer than 60 days in a STAR/Shelter program as of August 2008; a decrease from the 45 reported in August 2008. These point-in-time views are one view of this issue. In an effort to better understand the needs, treatment and outcomes for these children, a targeted review was completed and disseminated by the Court Monitor on March 18, 2008 ***"Juan F.*** Court Monitor's Review of Children in Overstay Status (>60Days) within Temporary Congregate Care Placement Settings and ***Juan F.*** Court Monitor's Review of Adolescents in Temporary Placement- Old Shelter Model Facilities".

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

- DCF has continued to exercise a focused review of children ages 12 and under who are being considered for congregate care placement. The number of children ages 12 and under in congregate care was 312 as of August 2008. This is an increase from the 290 reported in May 2008. A review of the outcomes for diverted children would inform the effect and impact of these efforts to reduce reliance on congregate care. This cohort of children is included as part of the efforts outlined in the July 2008 Stipulation to better address children's needs.

- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and far too many children currently have this permanency goal. The Department has been far more vigorous in the consideration of selecting APPLA as a goal, (pre-TPR and post-TPR). The August 2008 point-in-time data indicates that a total of 1,183 children had an APPLA permanency goal compared with 1,266 as of May 2008; a decrease of 83 children. Ongoing reviews regarding children's needs being met indicate that those with APPLA goals often do not have their needs met. Ongoing efforts to review and inform case management decisions for these cases by Central Office, Area Office and Administrative Case Review staff continues.

- The Division of Foster Care monthly report for June 2008 indicates that there are 1,180 licensed foster homes (DCF regular) with 2,465 beds available. This is an increase over the totals reported in the June 2008 quarterly report. The Division of Foster Care monthly report for April 2008 had shown that there were a total of 1,132 licensed foster homes and 2,317 beds available. Additional foster care and adoptive resources are an essential component to address the well-documented needs and gridlock conditions that exist in the child welfare system. A new Foster and Adoptive Recruitment and Retention Plan has been approved as part of the July 2008 stipulation and seeks to focus

and improve the Department's efforts with respect to recruitment and retention of licensed homes. Sustainable improvements to placement and treatment needs of children will require the increased availability of foster and adoptive homes. Area Offices routinely struggle to locate foster care placement options that are appropriate matches for the children requiring this level of care. There are a significant number of children that are discharge-delayed and languish in higher levels of care then clinically necessary waiting for foster/adoptive placement resources. .

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

- Area Office Directors have developed plans to monitor children in residential treatment care with the intent of working toward a nine month course of treatment. Meetings with in-state residential providers concerning this program adjustment and expectation have been ongoing. Value Options is working with DCF to assist the Area Offices in meeting the nine months discharge target. In addition, these meetings are addressing the disconnect between the services offered by in-state providers and the specific needs of children. The number of children being placed in out-of-state residential programs remains a critical concern.

- Residential Treatment Center discharge delays are being tracked and beginning August 2008 payments are tied to authorizations.

- Electronic Connecticut Behavioral Health reports on all children in Emergency Departments are issued four times daily to track and monitor progress. Intensive Care Managers continue to have daily contact with Emergency Departments. The number of children served has increased and while the CARES unit continues to divert children, there are limited resources for those who require in-patient care. Children with Mental Retardation (MR)/Pervasive Developmental Delays (PDD) or those that are extremely assaultive and violent stay longer in the emergency departments and are less likely to be admitted to in-patient units. Out-of-state providers, specialty in-patient units, and Riverview Hospital have been utilized for these children. On-site Intensive Care Managers' assistance with discharge and diversionary planning is ongoing. The

utilization of Emergency Mobile Services (EMPS) in emergency departments is inconsistent across the state and is not allowed at some emergency department sites.

- The DCF Norwich and Middletown Offices are piloting the new electronic Child and Adolescent Needs and Strengths (CANS). Waterbury, Willimantic, and Meriden will follow and the rollout for all offices and facilities will conclude by October 1, 2008. CANS certification training will be offered on-line in September and October.

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

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

  1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.
     Goal = 0 by 3/1/07.
     As of August 2008 there are 21 children.
  2. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.
     Goal = 0 by 4/1/07.
     Previously, this category included the number of all cases with a reason indicated. This was a Department decision. The correct level should be all cases where no reason was chosen (it is blank). As of August 2008 there are 5 cases with no reason for not filing (blank). A review of the cases with compelling reasons is needed to assess the accuracy and appropriateness of the designated compelling reasons.
  3. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90) as of November 2006.
     As of August 2008 there are 40 children where the permanency barrier titled no resource is identified, 116 children with the permanency barrier of no barrier identified, and 104 that are blank. In addition, 18 have ICPC as a barrier, 36 cite a pending appeal, 2 have pending investigations, 70 indicate a special needs barrier, 16 are subsidy negotiation, 193 indicate that support is needed and 27 have foster parent indecision indicated.
  4. Child post-TPR + goal of adoption + in care > 12 months + same barrier to adoption in place > 90 days (N=169) as of November 2006.
     As of August 2008 there are 155 children.
  5. Child post-TPR + goal other than adoption (N=357) as of November 2006.
     As of August 2008 there are 286 children.

6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.
   As of August 2008 there are 15 children.
7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.
   As of August 2008 there are 497 children in this population.
8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months transfer of guardianship cases (N=133) as of November 2006.
   As of August 2008 there are 147 children in this population.
9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006.
   As of August 2008 there are 882 children in this population (114 are placed with a relative in a long term foster home arrangement).

- A Request for Proposal (RFP) for Emergency Mobile Psych Services (EMPS) was reissued in May 2008 with responses due early in July 2008. Phase one of this project includes Greater Hartford and the Eastern portion of the state. Recommended awardees were forwarded to the Commissioner in late July 2008. An RFP for Phase two of the rolling procurement will occur in August 2008. DCF received approval from OPM to sole-service the Statewide Call Center to 211 and contract negotiations are taking place.

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

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

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

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

- The implementation of Structured Decision Making (SDM) continued through the previous quarter. Case readings to assess the progress and quality of the SDM data/information are ongoing and transitioning to each of the Area Offices. Contracted resources have been freed up to allow additional cases readings to occur. An ongoing challenge in the quality of SDM use is adherence and focus to definitional and documentation issues and completion rates. Case readings for ongoing services are scheduled to be completed by July 2008. Case reading trainings are concluded for all investigation staff and Hotline staff. In August 2008, case readings will begin to analyze the reunification process. While the recent and ongoing reviews conducted by the Court Monitor's office have not focused solely on SDM utilization or accuracy, the benefits and challenges have been noted by reviewers on numerous occasions, as SDM documentation is reviewed in conjunction with both the review of Outcome Measure 3 and 15, as well as, targeted reviews. Reviewers noted discrepancies between SDM scores and factual documentation within cases. Quarterly management reports are routinely being produced.

JUAN F. ACTION PLAN MONITORING REPORT

August 2008

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

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

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

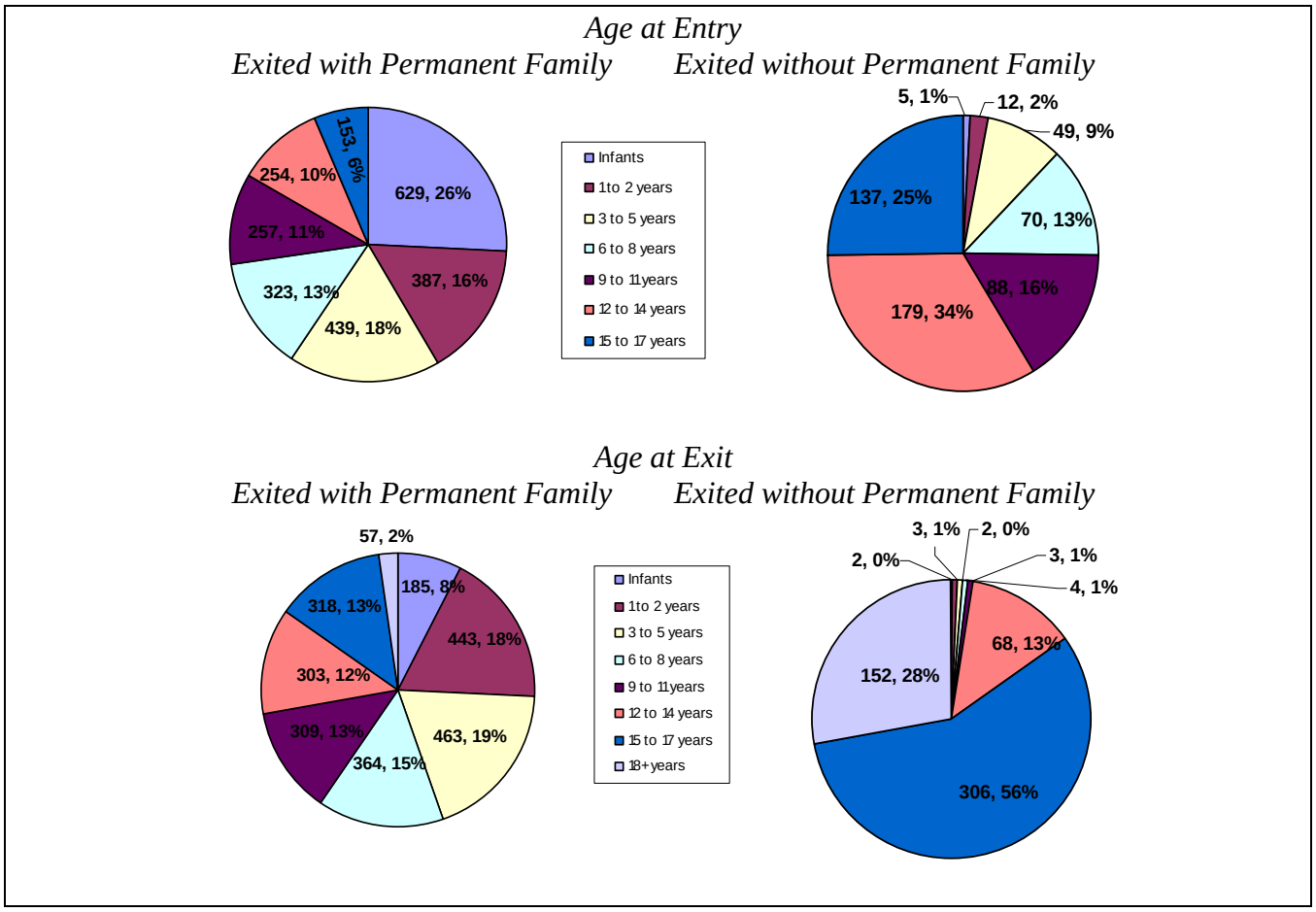
	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	3102	3534	3200	3077	3394	2842	1623
Permanent Exits							
In 1 yr	1182 38.1%	1396 39.5%	1226 38.3%	1122 36.5%	1253 36.9%		
In 2 yrs	1641 52.9%	2064 58.4%	1800 56.3%	1731 56.3%			
In 3 yrs	1967 63.4%	2371 67.1%	2085 65.2%				
In 4 yrs	2138 68.9%	2525 71.4%					
To Date	2257 72.8%	2605 73.7%	2250 70.3%	2011 65.4%	1965 57.9%	1100 38.7%	236 14.5%
Non-Permanent Exits							
In 1 yr	273 8.8%	249 7.0%	231 7.2%	286 9.3%	253 7.5%		
In 2 yrs	331 10.7%	319 9.0%	303 9.5%	368 12.0%			
In 3 yrs	364 11.7%	365 10.3%	366 11.4%				
In 4 yrs	404 13.0%	391 11.1%					
To Date	458	417	404	427	343	257	94

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	3102	3534	3200	3077	3394	2842	1623
	14.8%	11.8%	12.6%	13.9%	10.1%	9.0%	5.8%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Unknown Exits							
In 1 yr	109 3.5%	157 4.4%	130 4.1%	88 2.9%	84 2.5%		
In 2 yrs	139 4.5%	199 5.6%	175 5.5%	132 4.3%			
In 3 yrs	164 5.3%	226 6.4%	218 6.8%				
In 4 yrs	183 5.9%	253 7.2%					
To Date	210 6.8%	264 7.5%	238 7.4%	164 5.3%	126 3.7%	68 2.4%	9 .6%
Remain In Care							
In 1 yr	1538 49.6%	1732 49.0%	1613 50.4%	1581 51.4%	1804 53.2%		
In 2 yrs	991 31.9%	952 26.9%	922 28.8%	846 27.5%			
In 3 yrs	607 19.6%	572 16.2%	531 16.6%				
In 4 yrs	377 12.2%	365 10.3%					
To Date	177 5.7%	248 7.0%	308 9.6%	475 15.4%	960 28.3%	1417 49.9%	1284 79.1%

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

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



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON AUGUST 3, 2008[8])

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

Yes
930

Goals of:
644 (69%) Adoption
262 (28%) APPLA
13 (1%) Relatives
5 (1%) BLANK
3 (0%) Reunify
3 (0%) Trans. of Guardian: Sub

No
↓ 3,935

Has the child been in care more than 15 months?

No
2,040

Yes
↓ 1,895

Has a TPR proceeding been filed?

Yes
484

Goals of:
346 (71%) Adoption
88 (18%) APPLA
30 (6%) Reunify
11 (2%) Trans. of Guardian: Sub/Unsub
9 (2%) Relatives

No
↓ 1,411

Is a reason documented not to file TPR?

Yes
1,235

Goals of:
693 (56%) APPLA
248 (20%) Reunify
96 (8%) Trans. of Guardian: Sub/Unsub
102 (8%) Relatives
91 (7%) Adoption
5 (0%) BLANK

Documented Reasons:
75% Compelling Reason
14% Child is with relative
7% Petition in process
4% Service not provided

No
176

Goals of:
105 (60%) Reunify
40 (23%) APPLA
23 (13%) Trans. of Guardian: Sub/Unsub
7 (4%) Relatives
1 (1%) BLANK

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

Preferred Permanency Goals:

Reunification	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Total number of children with Reunification goal, pre-TPR and post-TPR	2042	1894	1849	1747	1755	1737
Number of children with Reunification goal pre-TPR	2023	1876	1842	1743	1753	1734
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	430	461	478	415	419	383
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	83	74	67	50	55	51
Number of children with Reunification goal, post-TPR	19	18	7	4	2	3

Transfer of Guardianship (Subsidized and Non-Subsidized)	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	305	288	279	268	254	233
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	305	288	278	266	252	228
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	87	85	88	85	73	75
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	30	28	35	34	28	20
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	0	0	1	2	2	5

Adoption	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Total number of children with Adoption goal, pre-TPR and post-TPR	1335	1303	1352	1346	1305	1338
Number of children with Adoption goal, pre-TPR	733	701	689	692	673	694

Adoption	**June 2007**	**Aug 2007**	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**
Number of children with Adoption goal, TPR not filed, >= 15 months in care	130	115	121	147	150	91
• Reason TPR not filed, Compelling Reason	25	18	19	24	25	26
• Reason TPR not filed, petitions in progress	62	50	71	79	65	48
• Reason TPR not filed , child is in placement with relative	16	18	20	24	16	10
• Reason TPR not filed, services needed not provided	11	13	2	8	18	7
• Reason TPR not filed, blank	16	16	9	12	26	0
Number of cases with Adoption goal post-TPR	602	602	663	654	632	644
• Number of children with Adoption goal, post-TPR, in care >= 15 months	562	572	618	620	592	607
• Number of children with Adoption goal, post-TPR, in care >= 22 months	489	490	513	515	508	540
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	79	57	67	73	74	103
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	334	338	373	373	344	373
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	69	71	95	81	71	51

Progress Towards Permanency:	**June 2007**	**Aug 2007**	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	200	272	162	197	237	176

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Total number of children with Long Term Foster Care Relative goal	197	182	172	165	146	146
Number of children with Long Term Foster Care Relative goal, pre-TPR	182	167	160	150	132	133
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	36	37	29	26	20	15
Long Term Foster Care Rel. goal, post-TPR	15	15	12	15	14	13
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	6	6	6	5	5	3

APPLA*	June 2007*	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Total number of children with APPLA goal	1396	1347	1302	1281	1266	1183
Number of children with APPLA goal, pre-TPR	1093	1057	1027	1008	990	921
• Number of children with APPLA goal, 12 years old and under, pre-TPR	111	102	81	73	72	57
Number of children with APPLA goal, post-TPR	303	290	275	273	276	262
• Number of children with APPLA goal, 12 years old and under, post-TPR	53	49	38	36	38	28

* 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.

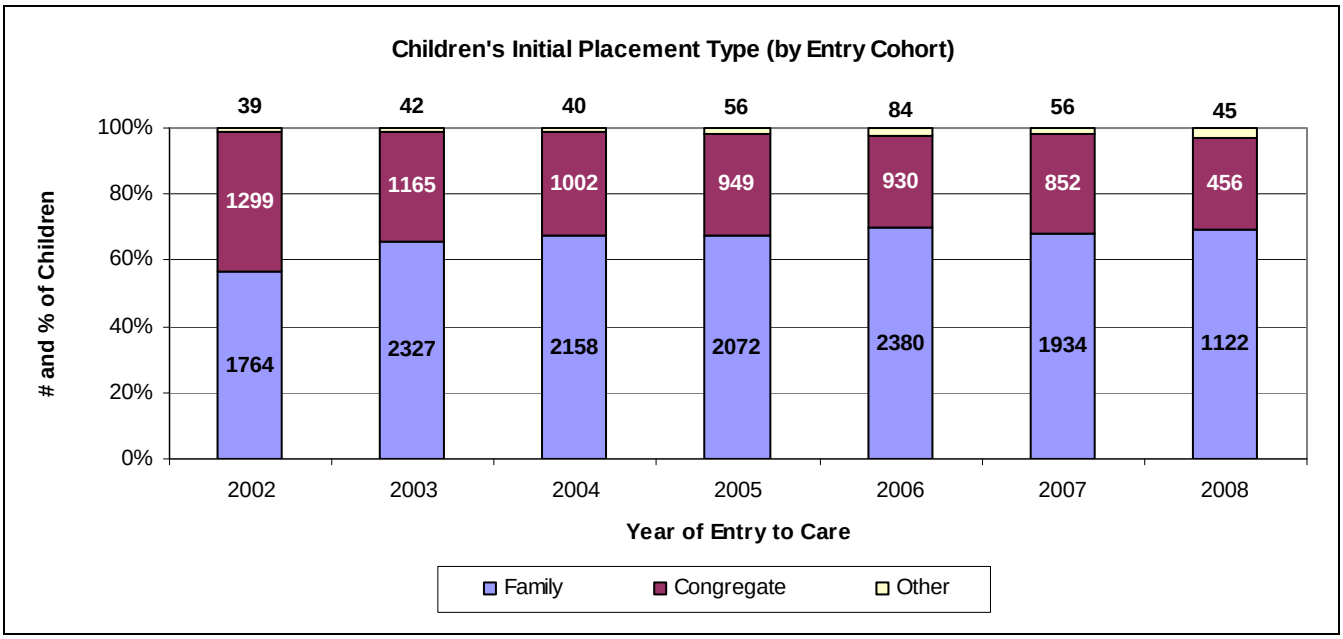
Missing Permanency Goals:

	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	42	23	27	47	51	41
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	9	3	11	13	21	15
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	3	2	11	12	13	6
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	1	1	5	6	11	1

B. PLACEMENT ISSUES

Placement Experiences of Children

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

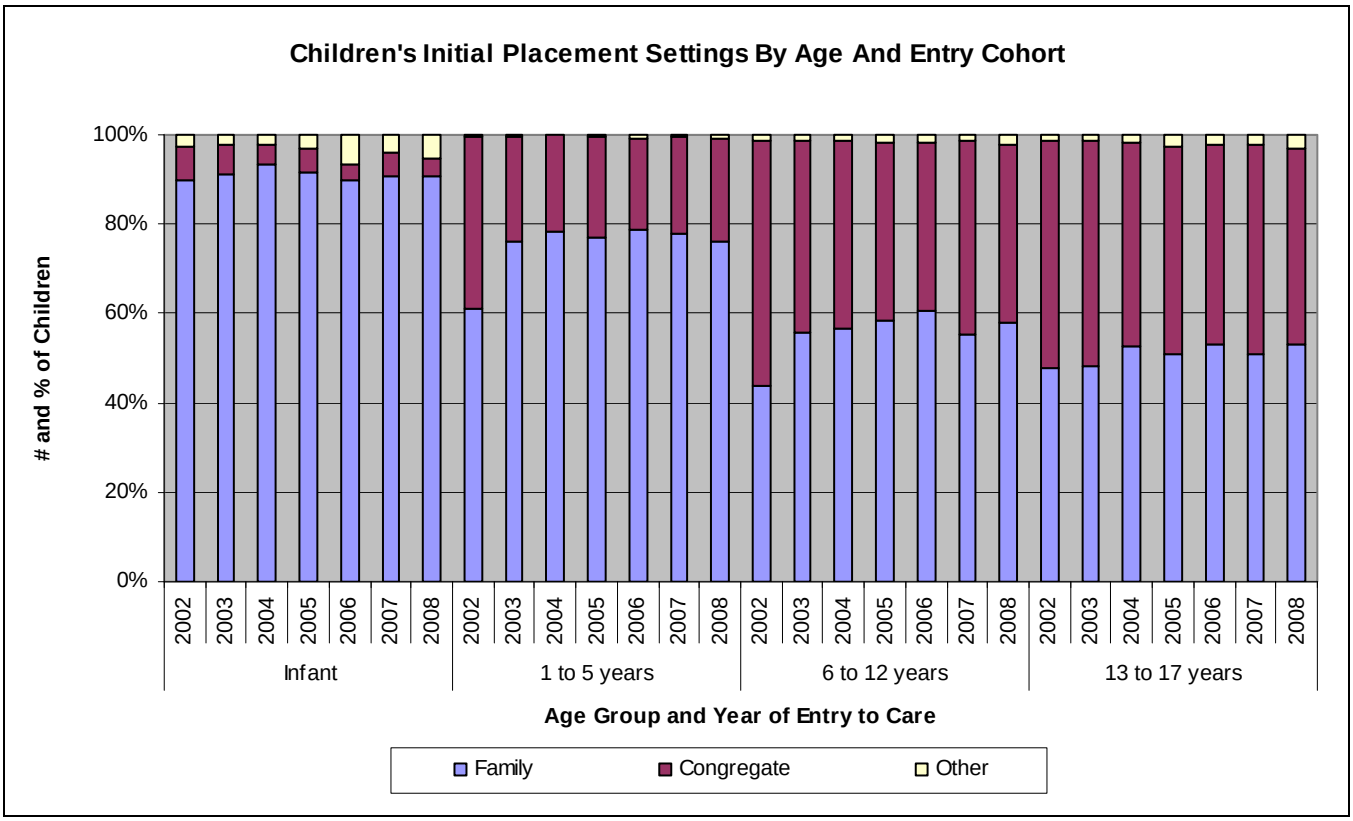


The next table shows specific care types used month-by-month for entries between August 2007 and July 2008.

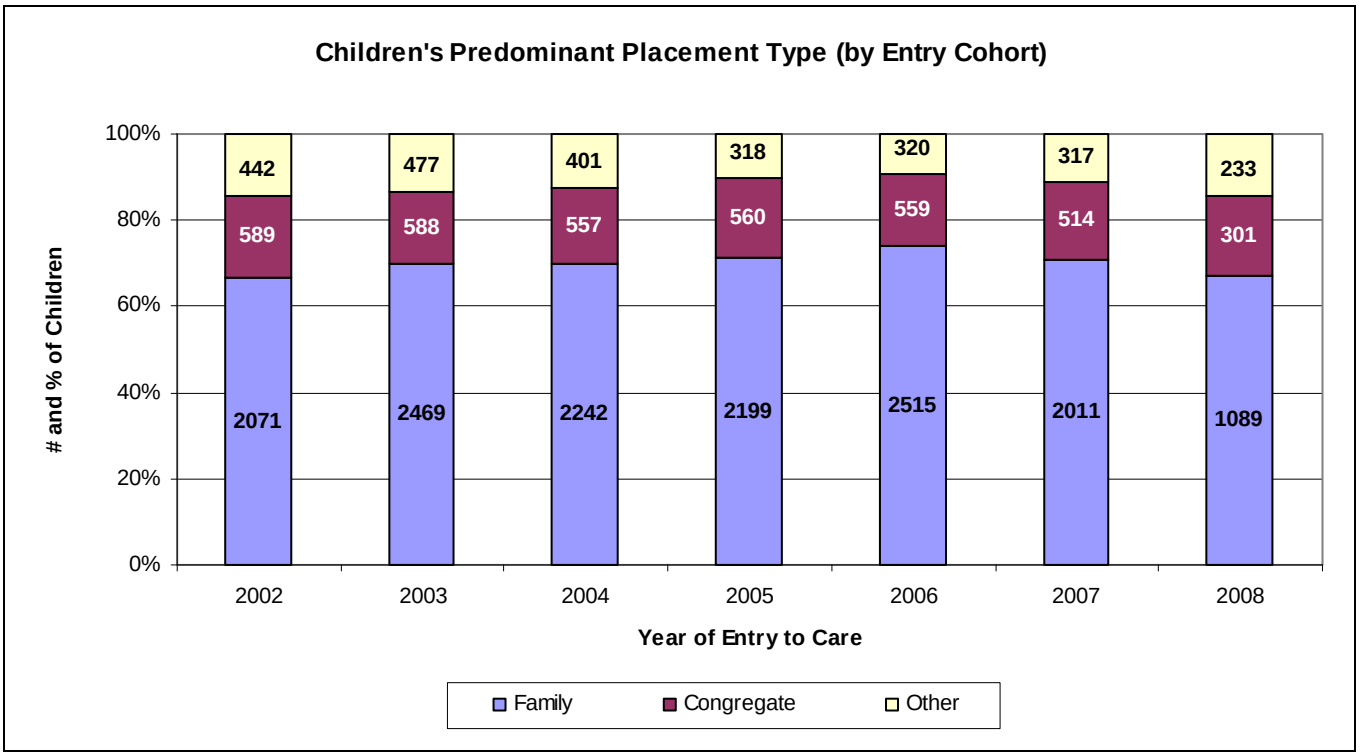
Case Summaries

First placement type		enter Aug07	enter Sep07	enter Oct07	enter Nov07	enter Dec07	enter Jan08	enter Feb08	enter Mar08	enter Apr08	enter May08	enter Jun08	enter Jul08
Residential	N	29	31	19	10	18	18	17	20	27	31	24	23
	%	11.3%	13.1%	7.8%	4.1%	10.6%	7.3%	7.6%	8.5%	9.8%	14.6%	11.1%	10.7%
DCF Facilities	N	9	2	5	7	5	1	6	4	2	2	4	2
	%	3.5%	.8%	2.0%	2.9%	2.9%	.4%	2.7%	1.7%	.7%	.9%	1.9%	.9%
Foster Care	N	128	99	124	114	98	122	108	136	153	105	117	130
	%	49.8%	41.8%	50.8%	46.7%	57.6%	49.6%	48.2%	57.9%	55.6%	49.3%	54.2%	60.7%
Group Home	N	2	3	6	7	2	4	2	5	8	5	2	3
	%	.8%	1.3%	2.5%	2.9%	1.2%	1.6%	.9%	2.1%	2.9%	2.3%	.9%	1.4%
Independent Living	N							1					
	%							.4%					
Relative Care	N	44	35	26	46	21	44	44	18	36	21	17	24
	%	17.1%	14.8%	10.7%	18.9%	12.4%	17.9%	19.6%	7.7%	13.1%	9.9%	7.9%	11.2%
Medical	N	7	7	8	4	1	5	4	5	10	10	6	4
	%	2.7%	3.0%	3.3%	1.6%	.6%	2.0%	1.8%	2.1%	3.6%	4.7%	2.8%	1.9%
Safe Home	N	18	42	38	36	18	27	18	23	23	29	32	21
	%	7.0%	17.7%	15.6%	14.8%	10.6%	11.0%	8.0%	9.8%	8.4%	13.6%	14.8%	9.8%
Shelter	N	11	14	13	11	3	14	11	17	10	4	12	5
	%	4.3%	5.9%	5.3%	4.5%	1.8%	5.7%	4.9%	7.2%	3.6%	1.9%	5.6%	2.3%
Special Study	N	9	4	5	9	4	11	13	7	6	6	2	2
	%	3.5%	1.7%	2.0%	3.7%	2.4%	4.5%	5.8%	3.0%	2.2%	2.8%	.9%	.9%
Total	N	257	237	244	244	170	246	224	235	275	213	216	214
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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



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



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

Case Summaries

Last placement type in spell (as of censor date)		exit Aug07	exit Sep07	exit Oct07	exit Nov07	exit Dec07	exit Jan08	exit Feb08	exit Mar08	exit Apr08	exit May08	exit Jun08	exit Jul08
Residential	N	53	13	16	30	18	25	20	18	27	12	49	19
	%	14.3%	4.9%	7.2%	9.9%	6.6%	9.8%	9.1%	7.2%	11.2%	5.6%	18.8%	10.1%
DCF Facilities	N	9	2	4	4	3	1	4	5	2	1	6	3
	%	2.4%	.7%	1.8%	1.3%	1.1%	.4%	1.8%	2.0%	.8%	.5%	2.3%	1.6%
Foster Care	N	167	118	105	133	148	119	104	123	126	123	118	103
	%	45.0%	44.0%	47.5%	43.9%	54.2%	46.9%	47.3%	49.2%	52.3%	57.2%	45.4%	54.8%
Group Home	N	16	16	11	12	10	7	11	9	15	13	17	6
	%	4.3%	6.0%	5.0%	4.0%	3.7%	2.8%	5.0%	3.6%	6.2%	6.0%	6.5%	3.2%
Independent Living	N	8	10	5	10	1	5	3	4	1	1	3	2
	%	2.2%	3.7%	2.3%	3.3%	.4%	2.0%	1.4%	1.6%	.4%	.5%	1.2%	1.1%
Relative Care	N	68	60	46	68	57	65	48	53	37	44	29	40
	%	18.3%	22.4%	20.8%	22.4%	20.9%	25.6%	21.8%	21.2%	15.4%	20.5%	11.2%	21.3%
Medical	N	1	1	3	2	3		4	4	1	1		1
	%	.3%	.4%	1.4%	.7%	1.1%		1.8%	1.6%	.4%	.5%		.5%
Safe Home	N	14	19	12	21	11	9	8	12	8	8	20	5
	%	3.8%	7.1%	5.4%	6.9%	4.0%	3.5%	3.6%	4.8%	3.3%	3.7%	7.7%	2.7%
Shelter	N	4	14	6	13	12	15	9	9	10	7	11	4
	%	1.1%	5.2%	2.7%	4.3%	4.4%	5.9%	4.1%	3.6%	4.1%	3.3%	4.2%	2.1%
Uknown	N	4	3	1		2	1	1	4	2	2		1
	%	1.1%	1.1%	.5%		.7%	.4%	.5%	1.6%	.8%	.9%		.5%
PSS	N	27	12	12	10	8	7	8	9	12	3	7	4
	%	7.3%	4.5%	5.4%	3.3%	2.9%	2.8%	3.6%	3.6%	5.0%	1.4%	2.7%	2.1%
Total	N	371	268	221	303	273	254	220	250	241	215	260	188
	%	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 August 1, 2008 organized by length of time in care.

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

			Duration Category							
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Primary type of spell (>50%)	Residential	Count	20	44	65	95	71	136	175	606
		% of Row	3.3%	7.3%	10.7%	15.7%	11.7%	22.4%	28.9%	100.0%
		% of Col	10.4%	13.0%	11.7%	11.0%	12.0%	10.1%	10.7%	11.0%
	DCF Facilities	Count	2	3	6	13	10	12	14	60
		% of Row	3.3%	5.0%	10.0%	21.7%	16.7%	20.0%	23.3%	100.0%
		% of Col	1.0%	.9%	1.1%	1.5%	1.7%	.9%	.9%	1.1%
	Foster Care	Count	110	151	232	367	251	720	910	2741
		% of Row	4.0%	5.5%	8.5%	13.4%	9.2%	26.3%	33.2%	100.0%
		% of Col	57.0%	44.5%	41.8%	42.6%	42.5%	53.3%	55.9%	49.7%
	Group Home	Count	2	6	11	11	18	46	69	163
		% of Row	1.2%	3.7%	6.7%	6.7%	11.0%	28.2%	42.3%	100.0%
		% of Col	1.0%	1.8%	2.0%	1.3%	3.1%	3.4%	4.2%	3.0%
	Independent Living	Count	0	0	0	3	3	2	3	11
		% of Row	.0%	.0%	.0%	27.3%	27.3%	18.2%	27.3%	100.0%
		% of Col	.0%	.0%	.0%	.3%	.5%	.1%	.2%	.2%
	Relative Care	Count	25	50	119	216	147	264	143	964
		% of Row	2.6%	5.2%	12.3%	22.4%	15.2%	27.4%	14.8%	100.0%
		% of Col	13.0%	14.7%	21.4%	25.1%	24.9%	19.6%	8.8%	17.5%
	Medical	Count	0	6	6	3	3	3	2	23
		% of Row	.0%	26.1%	26.1%	13.0%	13.0%	13.0%	8.7%	100.0%
		% of Col	.0%	1.8%	1.1%	.3%	.5%	.2%	.1%	.4%
	Mixed (none >50%)	Count	0	2	4	16	15	72	230	339
		% of Row	.0%	.6%	1.2%	4.7%	4.4%	21.2%	67.8%	100.0%
		% of Col	.0%	.6%	.7%	1.9%	2.5%	5.3%	14.1%	6.1%
	Safe Home	Count	24	47	61	62	18	18	7	237
		% of Row	10.1%	19.8%	25.7%	26.2%	7.6%	7.6%	3.0%	100.0%
		% of Col	12.4%	13.9%	11.0%	7.2%	3.1%	1.3%	.4%	4.3%
	Shelter	Count	7	18	17	23	11	4	1	81
		% of Row	8.6%	22.2%	21.0%	28.4%	13.6%	4.9%	1.2%	100.0%
		% of Col	3.6%	5.3%	3.1%	2.7%	1.9%	.3%	.1%	1.5%
	Special Study	Count	2	8	23	47	42	70	64	256
		% of Row	.8%	3.1%	9.0%	18.4%	16.4%	27.3%	25.0%	100.0%
		% of Col	1.0%	2.4%	4.1%	5.5%	7.1%	5.2%	3.9%	4.6%
	Unknown	Count	1	4	11	6	1	3	11	37
		% of Row	2.7%	10.8%	29.7%	16.2%	2.7%	8.1%	29.7%	100.0%
		% of Col	.5%	1.2%	2.0%	.7%	.2%	.2%	.7%	.7%
Total		Count	193	339	555	862	590	1350	1629	5518
		% of Row	3.5%	6.1%	10.1%	15.6%	10.7%	24.5%	29.5%	100.0%
		% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Total number of children 12 years old and under, in Congregate Care	319	312	290	299	290	312
• Number of children 12 years old and under, in DCF Facilities	17	10	16	14	11	13
• Number of children 12 years old and under, in Group Homes	53	50	53	54	51	54
• Number of children 12 years old and under, in Residential	71	70	59	53	58	56
• Number of children 12 years old and under, in SAFE Home	146	139	130	120	143	164
• Number of children 12 years old and under, in Permanency Diagnostic Center	17	15	19	21	15	16
• Number of children 12 years old and under in MH Shelter	15	10	9	11	10	6
Total number of children ages 13-17 in Congregate Placements	982	967	952	943	906	877

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	**3102**	**3534**	**3200**	**3077**	**3394**	**2842**	**1623**
SAFE Homes & PDCs	729 24%	629 18%	453 14%	392 13%	395 12%	382 13%	173 11%
Shelters	166 5%	132 4%	147 5%	176 6%	111 3%	135 5%	73 4%
Total	895 29%	761 22%	600 19%	568 18%	506 15%	517 18%	246 15%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Initial Plcmnts	**895**	**761**	**600**	**568**	**506**	**517**	**139**
<= 30 days	350 39%	308 40%	249 42%	241 42%	184 36%	162 31%	68 49%
31 - 60	285	180	102	112	73	72	26

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Initial Plcmnts	**895**	**761**	**600**	**568**	**506**	**517**	**139**
	32%	24%	17%	20%	14%	14%	19%
61 - 91	106	119	81	76	86	79	32
	12%	16%	14%	13%	17%	15%	23%
92 - 183	103	106	125	99	117	143	13
	12%	14%	21%	17%	23%	28%	9%
	51	48	43	40	46	61	0
184+	6%	6%	7%	7%	9%	12%	0%

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

Placement Issues	**May 2007**	**June 2007**	**Aug 2007**	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**
Total number of children in SAFE Home	170	168	160	143	133	154	175
• Number of children in SAFE Home, > 60 days	107	114	100	81	59	88	95
• Number of children in SAFE Home, >= 6 months	33	38	34	18	21	26	19
Total number of children in STAR/Shelter Placement	83	87	77	95	93	71	76
• Number of children in STAR/Shelter Placement, > 60 days	39	46	39	50	36	45	39
• Number of children in STAR/Shelter Placement, >= 6 months	8	8	8	9	10	8	8
Total number of children in Permanency Planning Diagnostic Center	22	20	17	22	23	18	20
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	16	17	14	14	13	14	17
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	9	8	5	6	7	5	7
Total number of children in MH Shelter	16	16	12	12	15	12	8
• Total number of children in MH Shelter, > 60 days	14	16	12	11	11	11	6
• Total number of children in MH Shelter, >= 6 months	6	5	8	9	9	7	4

Time in Residential Care

Placement Issues	May 2007	June 2007	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008
Total number of children in Residential care	674	685	657	633	614	613	578
• Number of children in Residential care, >= 12 months in Residential placement	226	232	227	200	190	166	150
• Number of children in Residential care, >= 60 months in Residential placement	7	7	6	7	7	5	4

Appendix D

The Department of Children & Families
Juan F. Exit Plan Outcome
Measure Summary Report for Second Quarter:
April 1, 2008 –June 30, 2008

Juan F. v Rell
Exit Plan

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

Exit Plan Outcome Measures
Summary Report
Second Quarter 2008
April 1, 2008 - June 30, 2008

August 2008

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Exit Plan Outcome Measures
Summary Report
Second Quarter 2008

Contents

Commissioner's Highlights
Second Quarter 2008 Exit Plan Report
August 2008

Consistent quality of work, evidenced by our staff achieving or nearly achieving 20 of the 22 outcomes in the *Juan F.* Exit Plan, has brought us to the final phase where we are targeting new strategies to address the two remaining unmet outcomes. The Second Quarter 2008 Report again demonstrates the important progress made in four and one half years under the Exit Plan. Seventeen of the 22 outcomes were met outright during the quarter, and three outcomes came within 8.2 percentage points or less of meeting the goal. Two of the three missed outcomes came within two percentage points or less of meeting the goal. Three outcomes --search for relatives, in-home visitation, and reduction in residential reliance --reached their best levels of performance. Of the 17 outcomes met outright, 14 outcomes have been met for eight or more consecutive quarters.

Given a consistent mastery of the overwhelming majority of these important outcomes, the Department is positioned to enter the final phase of implementation with a targeted focus on the two outstanding measures related to treatment plans and meeting children's needs as measured under the current methodology. These targeted efforts are, in part, embodied in the recent agreement the Department reached with Children's Rights, Inc, which focuses on the recruitment of foster families, heightened attention and review for specific cohorts of children with unmet needs, and continued progress toward meeting children's needs in family homes rather than congregate care settings whenever consistent with their best interests and clinical needs.

I am confident that this agreement will serve as a catalyst renewing our forward momentum in relation to where children in care are placed and for how long. Certainly, each child deserves to be in a family home, and, if a child's treatment needs dictate a congregate level of care, congregate placement should continue only for as long as necessary to meet those needs.

I am very proud of our staff's accomplishments. Four and one half years ago, the first quarterly report ever issued under the Exit Plan showed the Department met only one outcome. That grew to six outcomes at the end of the first year and 13 at the end of the second. In each of the last eight quarters, we are fully meeting 16 or 17 outcomes and coming close to meeting all but the two that we are focusing on with this new agreement. Consistent mastery of the overwhelming majority of the outcomes has become an expected part of our practice, and I am equally confident that this will soon be true for the two primary outcomes that have proven most difficult.

Juan F. Exit Plan Report Outcome Measure Overview
2Q 2008 (April 1, 2008 - June 30, 2008)

Measure		2004				2005				2006				2007				2008	
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q
1: Investigation Commencement	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%	97.0%	97.4%	97.8%	97.5%
2: Investigation Completion	>=85%	64.2%	68.8%	83.5%	91.7%	92.6%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%	94.2%	92.9%	91.5%	93.7%
3: Treatment Plans	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3%	30%	51%	58.8%	55.8%
4: Search for Relatives*	>=85%	X	X	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92%	93.8%	91.4%	93.6%	95.3%	95.8%
5: Repeat Maltreatment	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.4%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%	6.1%	5.4%	5.7%	5.9%
6: Maltreatment OOH Care	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	0.2%	0.0%	0.3%	0.2%	0.2%	0.3%
7: Reunification*	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%	65.5%	58.0%	56.5%	59.4%
8: Adoption	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.0%	36.9%	27%	33.6%	34.5%	40.6%	36.2%	35.5%	41.5%	33.0%
9: Transfer of Guardianship	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%	76.8%	80.8%	70.4%	70%
10: Sibling Placement*	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%	83.3%	85.2%	86.7%	86.8%
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%	9.0%	7.8%	11.0%	6.7%
12: Multiple Placements	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	95.6%	95%	96.3%	96.0%	94.4%	92.7%	91.2%	96.3%
13: Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	88.3%	92%	93%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	97.1%	96.9%	96.8%	96.4%	96.8%
15: Needs Met**	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%	64%	47.1%	58.8%	55.8%
16: Worker-Child Visitation (OOH)*	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 93.1%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%	94.8% 98.7%	94.6% 98.5%	95.9% 99.1%	94.9% 98.7%
17: Worker-Child Visitation (IH)*	>=85%	39%	40%	46%	33%	71.2%	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%	89.4%	89.9%	90.8%	91.4%
18: Caseload Standards+	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%	10.8%	10.9%	10.5%	10.4%
20: Discharge Measures	>=85%	74%	52%	93%	83%	X	X	95%	92%	85%	91%	100%	100%	98%	100%	95%	96%	92%	92%
21: Discharge to DMHAS and DMR	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%	95%	96%	97%	98%
22: MDE	>=85%	19%	24.5%	48.9%	44.7%	55.4%	52.1%	58.1%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%	95.2%	96.4%	98.7%	93.6%

Below is a summary of our accomplishments and remaining challenges:

ACCOMPLISHMENTS

Department staff met the following 17 outcomes in the first quarter of 2008:

- Commencement of Investigations: The goal of 90 percent was exceeded for the fifteenth quarter in a row with a current achievement of 97.5 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 93.7 percent of cases, also exceeding the goal of 85 percent for the fifteenth consecutive quarter.
- Search for Relatives: For the eleventh consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 95.8 percent of children, ***our best performance since the beginning of the Exit Plan***.
- Repeat Maltreatment: For the fifth consecutive quarter, staff exceeded the goal of 7 percent by achieving 5.9 percent**.**
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the eighteenth consecutive quarter with an actual measure of 0.3 percent.
- Timely Adoption: For the seventh consecutive quarter, staff exceeded the 32 percent goal for finalizing adoptions within two years of a child's entering care by meeting the goal in 33 percent of adoptions in the quarter.
- Timely Transfer of Guardianship: For the eighth consecutive quarter, staff met the 70 percent goal for achieving a transfer within two years of a child's removal with a performance of 70 percent.
- Re-entry into care: For the first time since last meeting the goal in 2006, the Department met the goal of keeping re-entry into care below 7 percent with an actual performance of 6.7 percent.
- Multiple Placements: For the seventeenth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96.3 percent.
- Foster Parent Training: For the seventeenth consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the eighth consecutive quarter, staff met the 96 percent goal with an actual rate of 96.8 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the eleventh consecutive quarter staff have exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 94.9 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the eleventh consecutive quarter, workers met required visitation frequency in 91.4 percent of cases, thereby exceeding the 85 percent standard and ***reaching the highest level of performance under the Exit Plan***.
- Caseload Standards: For the seventeenth quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the ninth consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by hitting 10.4 percent, ***our best performance since the beginning of the Exit Plan***.

- Discharge Measures: For the twelfth consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 92 percent of applicable cases.
- Multi-disciplinary Exams: For the tenth consecutive quarter, staff met the 85 percent goal by ensuring that 93.6 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

Taking pride in these achievements does not obscure recognition of the very important, even critical areas that require significant improvement. The new agreement struck with Children's Rights, Inc. gives us a more specific set of targets that we believe will speed progress in attaining desired outcomes in treatment planning and meeting the needs of children in care.

Effective treatment planning has become more prevalent, and the percentage of cases deemed to have met the outcome standard grew by nearly 25 percentage points in the last year. However, significant progress is still a necessity, and it is clear that engaging family members and providers is critical in this effort. To improve family engagement, on-going training in family conferencing continues for both pre-service and in-service staff and a video to facilitate this training has been developed. In addition, parent advocates, system of care providers and care coordinators receive consultation to promote family participation, and the Bureau of Continuous Quality Improvement tracks data on the use and effectiveness of the family conferencing model in our casework. In addition, Intensive Care Managers, who specialize in securing community services to prevent out-of-home placement, are deployed to the area offices to assist in treatment planning for children with the most complex needs. Finally, the Administrative Case Review (ACR) process has been modified so that treatment plans are examined in accordance with the criteria used by the Court Monitor in measuring performance on Outcome Measure 3. ACR staff are now required to provide area office staff with written feedback within two days, and this feedback reflects any changes that should occur to the treatment plan in order to improve the treatment planning for that child.

The outcome measure for meeting the needs of children in care is undoubtedly the more complex and challenging of the two outcomes. However, the new agreement with Children's Rights promises to lend a focus that will speed forward progress in this outcome as well. By concentrating efforts on particular cohorts of children, emphasizing the need to place children with families, as well as promoting timely discharges of children who require congregate care and the provision of services to meet medical, dental and other service needs, the targets set by the agreement will accelerate the continuing improvement of the Department's interventions with children and families.

The movement away from relying on congregate settings for children in care is one that has been well underway since the inception of the Exit Plan in 2004. The outcome measure for reducing reliance on residential care is at its best levels in the two most recent quarters and has met the standard for nine consecutive quarters. As of August 11, 2008, the number of children in residential care has declined by 318 children or more than 35 percent since April 2004. The number of children in residential care, 571 as of August 11, 2008, is at its lowest level on record.

Also significant, the number of children in care has declined by 971 children or 15.1 percent in four years. This reflects a number of positive developments including a reduction in the number of children entering care and an accompanying increase in the number of families served with their children at home. Whereas 2,930 children entered care in 2002, the three-year average for 2005 through 2007 was 2,515.7, and the total for 2007 was 2,137. In-home cases have increased 41 percent from July 2002 when there were 2,849 in-home cases to August 2008 when there were 4,018 in-home cases. An increase in the percentage of children exiting care to a form of permanency in a timely manner as evidenced by the three permanency outcomes is another positive factor contributing to this overall downward trend in the number of children in care.

Another important trend is that family care is growing as measured by the percentage of children first entering care being placed into a foster home, relative home or special study home. Whereas 57 percent of children first entering care were placed in a family setting in 2002, this has grown to 72 percent in both 2006 and 2007.

Despite these positive trends, we fully recognize that every child deserves a family setting, that too many children are without one, and that too many children stay in group settings beyond the time required by their treatment needs. One way we are committed to respond is by expanding the available pool of foster families. We have hired a new Director of Foster Care Services, Thomas L. Dwyer, who brings more than 30 years of experience in child welfare and foster care to the position, including service as a deputy commissioner in Rhode Island. In addition, a summit of all foster care staff was held June 13, 2008 resulting in the development of data-driven statewide and local area office recruitment plans. In addition, a re-procurement of specialized foster care services will be completed this fall, and services are expected to begin in the spring. While the new agreement sets ambitious targets for recruiting new homes, they will serve as an important catalyst for healthy growth of family resources for children in need.

In addition to expanding family resources, we are devoting considerable effort and resources to ensure that children are only placed in congregate settings if their treatment needs require that level of care. The Residential Care Team added two new case managers to enhance its capacity to divert children from congregate settings, assist in addressing discharge delays, and develop alternative plans for their treatment. DCF and the Behavioral Health Partnership's Administrative Services Organization (ASO) are developing detailed plans for area offices to meet a maximum nine-month discharge target, and children in delayed discharge status have been identified. The ASO is also focusing on provider performance and data analysis for the purpose of developing improvement plans. The roll out of the Child and Adolescent Needs and Strengths inventory will be completed this fall to enable the Department to better match a child's treatment needs to the appropriate care setting. Improvements to Connecticut's community based service system are continuing including special trainings on the "Wraparound" model and the coordination of local services.

Selected cohort groups will receive particular attention. Children under the age of 12 who are recommended for a residential placement must be the subject of a case conference involving the behavioral health bureau chief or medical director or a designee. Other identified cohort groups will also be the focus of intensified permanency planning, and the use of "Another Planned Permanent

Living Arrangement" (APPLA) as a permanency goal is being prohibited without approval from the Commissioner's Office or the child welfare bureau chief.

Finally, a variety of service improvements and expansions are recently completed or currently underway, including, but not limited to, the following:

- Expansion of the emergency mobile psychiatric service;
- Expansion of adolescent and transitional services including SWET supportive apartments, PASS group homes, CHAP, and the Work-to-Learn program;
- Full use of the new STAR (Short Term Assessment and Respite) Homes and the complete closing of the old shelter system;
- Development of two additional therapeutic group homes in the first quarter of State Fiscal Year 2009 in addition to the 52 already established; and
- Statewide implementation of the Intensive Safety Planning program to offer immediate services to families following a removal to support reunification in the earliest stages before the 20-day hearing on the order of temporary custody.

Given the quality of the above-mentioned activities and the progress we have already made in meeting goals, we have confidence that we can make the further improvements that we all want to see. Every child deserves a family and every child deserves to have their needs met. I firmly believe that the continuing reforms now underway will lead us to significant advances on these goals. I want to thank the staff at the Department, the Court Monitor's Office, and Children's Rights, Inc., along with all of our foster families, providers, the advocacy community and other stakeholders, for being such instrumental partners with us in this success. I am confident that by continuing to work together to strengthen families, promote timely permanency and improve child well-being, we will successfully achieve these remaining goals.