Juan F. v. Rell Exit Plan
Quarterly Report
October 1, 2008 - December 31, 2008
Civil Action No. 2:89 CV 859 (CFD)

Submitted by:
DCF Court Monitor's Office
300 Church St~4th Floor
Wallingford, Ct 06492
Tel: 203-741-0458
Fax: 203-741-0462
E-Mail: Raymond.Mancuso@CT.GOV

Table of Contents
***Juan F*. v Rell Exit Plan Quarterly Report**
October 1, 2008 - December 31, 2008

Section	**Page**
Highlights	3
Juan F. Exit Plan Outcome Measure Overview Chart (October 1, 2008 through December 31, 2008)	9
Stipulation Regarding Outcome Measure 3 and 15	10
Juan F. Action Plan-Fourth Quarter 2008 Update	23
Monitor's Office Case Review for Outcome Measure 3 & 15 (Fourth Quarter 2008)	49
Appendix 1- Stipulation Regarding Outcome Measure 3 and 15 - Target Cohorts	84
Appendix 2 – Rank Scores for Outcome Measure 3 and Outcome Measure 15 –Fourth Quarter 2008	86
Appendix 3 – Commissioners Highlights from The Department of Children and Families Exit Plan Outcome Measures Summary Report: Fourth Quarter Report (October 1, 2008 – December 31, 2008)	104

Juan F. **v Rell Exit Plan Quarterly Report**
October 1, 2008-December 31, 2008

Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of October 1, 2008 through December 31, 2008 indicates the Department achieved 15 of the 22 Outcome Measures.

- Both Outcome Measure 8 (Adoption) and Outcome Measure 9 (Transfer of Guardianship) fell slightly below the outcome standards for the first time in 2 years with findings of 27.2% and 64.9% respectively. Conversely, Outcome Measure 7 (Reunification) was once again achieved with a finding of 69.6% after falling just below the standard for the first 3 quarters of 2008.

- Based on the Monitor's review of a sample of 53 cases, the Department attained a level of "Appropriate Treatment Plan" in 42 of the 53 cases sampled or 79.2% and attained the designation of "Needs Met" in 31 of the 53 cases sampled or 58.5%.

  Outcome Measure 3 (Treatment Planning) improved markedly over the previous quarter, from compliance of 62.3% to 79.2%. This is the best recorded effort by the Department since the current methodology was implemented. The improvement can be attributed to the Department's continued focus on developing appropriate case goals and specific action steps for all of the key stakeholders in a case. While the activity of the Administrative Case Review (ACR) process still requires improvement, ACR Social Work Supervisor's efforts in reviewing the Treatment Plan and corresponding documentation and providing feedback to Area Office staff has assisted in alerting Area Office staff of strengths and deficiencies regarding individual cases.

  Engagement and participation of youth, mothers, fathers, providers, attorneys and other key stakeholders in development of the Treatment Plan and attendance at Administrative Case Reviews continues to be a challenge for the Department. This is evidenced by the fact that in only 15.8% of the cases reviewed were the children's attorneys involved in the treatment planning process. Evidence of father's involvement was found in 33.3% of the cases and participation by providers was documented in 58.5% of the reviewed cases.

  The predominant issues impacting Outcome Measure 15 (Children's Needs Being Met) remain unchanged and involve delays in referrals to needed services by Department staff, and the refusal of services by parents and/or children, as well as, the lack of appropriate foster and adoptive homes, wait-lists for many critical community based services, discharge delays within every level of the treatment placement continuum, and the lack of appropriate in-state residential services for specialized populations of children (forcing children to be sent to out-of state treatment facilities). There has been continued improvement in limiting discharge

delays for children residing in psychiatric in-patient hospitals that can be attributed to the focused joint work of the Department of Children and Families, the Department of Social Services, eight of Connecticut's private general and psychiatric hospitals, the Connecticut Behavioral Health Partnership (CT BHP), and Value Options (CT BHP Administrative Service Organization). Their efforts have supported a reduction in both the number of discharges that experience a delay and the average length of delay. The most recent data from the CT BHP indicates a reduction of over 10% from calendar year 2007 to calendar year 2008.[1]

- As of March 5, 2009, the Department completed 973 Service Needs Reviews for the children that were identified in the eight cohorts (discharge delay and permanency delay categories) outlined in the Stipulation Regarding Measures 3 and 15. The Service Need Review process is one of the most critical elements of the Stipulation which is intended to address children's unmet service needs. Quality Assurance reviews were formally conducted on 98 of these cases and an additional 500+ cases were reviewed by senior DCF Court Monitor Review staff when the Department asserted that children had left the cohort and had all of their service needs addressed. There were 2,568 children identified in the eight cohorts outlined in the Stipulation as of September 15, 2008.[2] This represents a tremendous effort on the part of Department staff given the complexity and magnitude of the initiative. While there is variation in the quality of the Service Needs Review activity across the state area offices, the efforts to meet the needs of children have been greatly enhanced by the comprehensive reviews, case conferences, and development of detailed action plans. The level of increased coordination between child welfare social work staff and clinical staff is readily evident. While the inclusion of families and children as well as key stakeholders remains a significant barrier, this too is improving. Systems issues related to appropriate notification to families and stakeholders, and subsequent follow up communication with those unable to attend also remain areas needing improvement.

  Additional detailed information on the Service Needs Review process may be found beginning on page 15.

- The Department has made considerable progress with implementing other provisions outlined in the Stipulation Regarding Outcome Measures 3 and 15 over the fourth quarter.

  - A Steering Committee comprised of a cross-section of Department managers, is being utilized to coordinate and approve the work related to a number of the current Department initiatives. The process has encouraged integration of their

[1] During the same period, the average monthly enrollment of children in the Behavioral Health Partnership increased by 4%.
[2] Appendix 1 provides a description of the eight cohort groups outlined in the Stipulation Regarding Outcome Measures 3 and 15.

efforts and has enabled each initiative to develop in concert with one another. The initiatives include: a complete revamping of the Treatment Plan; automation of the Administrative Case Review (ACR) summary tool, development of a Practice Model, formulation of a federal Program Improvement Plan (PIP), focus on Structured Decision Making (SDM), the development of the Better Together model, and implementation of the Service Needs Review process.

- Both a revised Treatment Plan and a revised Administrative Case Review (ACR) summary form (DCF-553) have been finalized. Business plans were completed for both initiatives and a specific design is in progress. Both initiatives are expected to roll out in late July 2009.

- Development of a Practice Model will provide a framework for all casework activities and will reflect the Department's mission, vision, and values. The activities related to this endeavor during the quarter included: conducting structured interviews, reviewing reports and policy curriculum, as well as, critical initiatives (Structured Decision Making, Better Together, Treatment Planning, etc.), conducting a survey (700 staff participated), initiating focus groups, and the development of a Practice Model.

- Implementation of the Foster Care Recruitment and Retention Plan continued this past quarter and the Department increased the total number of foster homes for the first time in many quarters. The total number of all types of DCF foster homes, increased by 98 from the 2,242 reported in September 2008 to 2,340 reported in the January 2009 Foster Care report. The number of approved private agency foster homes decreased from 1,055[3] in September 2008 to 1,037 as reported in the January 2009 Foster Care report. The total number of Foster Homes is 3,377 as of January 2009.

  Additional specifics regarding the Stipulation progress may be found beginning on page10.

- While outside of the quarter under review, the Department completed a qualitative review of the Hartford Area Office during the last week of February 2009. This was first review since the completion of the four office pilot last year. The process, the Connecticut Comprehensive Outcome Review (CCOR), is mirrored after the federal Child and Family Service Review (CFSR) process. Based on the Court Monitor's participation in both entrance and exit meetings, as well as, the daily case briefings, this effort, similar to the pilot CCOR, was very successful. The comprehensive review of the sampled cases includes full record reviews, interviews with family members, social work staff and providers, and completion of a lengthy protocol that

[3] The December 16, 2008 Quarterly Report incorrectly reported that there were 1,085 approved private agency foster homes. The actual total was 1,055. The contracted bed capacity is 1,085.

assists in identifying areas of strength and those needing improvement. These review activities are performed by teams of reviewers. In addition, a series of focus groups were held with social work staff, adolescent youth, providers and foster parents. The continued development of this critical Quality Assurance activity was evident in every phase of the review. The Hartford Area Office management team was very engaged in the process and was eager for feedback that was provided regarding the quality of their work. The professional efforts of the CCOR staff are to be commended. The only critical component that remains to be incorporated into the process is the involvement of advocates and external professionals and parents as reviewers. This will allow greater understanding of the complexities of child welfare work, promote increased transparency of the Department's practice and ultimately make identification of opportunities for improvement more robust and collaborative.

- As of February 1, 2009, there are 534 *Juan F.* children placed in residential facilities. This is an increase of five children in comparison to the 529 reported last quarter. The number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities increased by one child to 283 compared with last quarter. The number of children in residential care greater than 12 months was 119 compared with 190 in February 2008.

- The number of children utilizing SAFE Home temporary placements increased to 115 as of February 2009 compared with the 102 reported as of November 2008. The total still remains far below the current capacity of 178 for this service. The decrease in SAFE Home utilization is tied to the Department's renewed focus on appropriately placing children in family foster homes whenever possible and the continued implementation of efforts to reduce overstays in this congregate care setting per the Stipulation Regarding Outcome Measure 3 and 15. The number of children in SAFE Homes greater than 60 days has also continued to decrease. In all, 44 children were in over-stay status as of February 2009 compared with the 50 children reported in November.

- The number of older youth in STAR temporary placements increased from 73 in November 2008 to 77 as of February 2009. The number of children in overstay status (>60 days) in STAR placements increased from 30 children in November 2008 to 36 children as of February 2009.

- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 1,126 in November 2008 to 1,039 as of February 2009. Continued focus by Area Office staff on determining the appropriate circumstances to use APPLA goals and the added step of seeking the approval of the Bureau Chief combined with the exit from care of older children is contributing to the continued decrease in pursuing this non-preferred goal. The Service Needs Review Process has also resulted in appropriate changes in permanency goals to preferred permanency goals in many of the cases reviewed to date.

- The number of children 12 years old or younger in congregate care decreased from the 248 reported in November 2008 to 222 reported in February 2009. Much of the reduction can be attributed to decreased utilization of SAFE Home placements.

- The Monitor's quarterly review of the Department for the period of October 1, 2008 through December 31, 2008 indicates that the Department did not achieve compliance with seven (7) measures:
  - Treatment Plans (79.2%)
  - Adoption (27.2%)
  - Transfer of Guardianship (64.9%)
  - Re-Entry (7.4%)
  - Sibling Placements (82.1%)
  - Children's Needs Met (58.5%)
  - Discharge to DMHAS and DMR (95.2%)

- The Monitor's quarterly review of the Department for the period of October 1, 2008 through December 31, 2008 indicates the Department has achieved compliance with the following 15 Outcome Measures:
  - Commencement of Investigations (97.9%)
  - Completion of Investigations (91.4%)
  - Search for Relatives (94.3%)
  - Repeat Maltreatment (6.1%)
  - Maltreatment of Children in Out-of-Home Care (0.2%)
  - Reunification (69.6%)
  - Multiple Placements (95.8%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.6%)
  - Worker-Child Visitation Out-of-Home Cases (95.0% Monthly/98.9% Quarterly)
  - Worker-Child Visitation In-Home Cases (89.7%)
  - Caseload Standards (100.0%)
  - Residential Reduction (10.1%)
  - Discharge Measures (92.2%)
  - Multi-disciplinary Exams (90.1%)

- The Department has maintained compliance for at least two (2) consecutive quarters[4] with 14 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (seventeenth consecutive quarter)
  - Completion of Investigations (seventeenth consecutive quarter)
  - Search for Relatives (thirteenth consecutive quarter)
  - Repeat Maltreatment (seventh consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (twentieth consecutive quarter)
  - Multiple Placements (nineteenth consecutive quarter)
  - Foster Parent Training (nineteenth consecutive quarter)
  - Placement within Licensed Capacity (tenth consecutive quarter)
  - Visitation Out-of-Home (thirteenth consecutive quarter)
  - Visitation In-Home (thirteenth consecutive quarter)
  - Caseload Standards (eighteenth consecutive quarter)
  - Residential Reduction (eleventh consecutive quarter)
  - Discharge Measures (fourteenth consecutive quarter)
  - Multi-disciplinary Exams (twelfth consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 and the DCF Action Plan can be found on pages 10 and 23 respectively.

[4] 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 4Q 2008 (October 1, 2008 - December 31, 2008)**																							
Measure		**2004 Percentages**				**2005 Percentages**				**2006 Percentages**				**2007 Percentages**				**2008 Percentages**			
		1Q	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**
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	97.4	97.9
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	89.9	91.4
3: Treatment Plans	>=90%	X	X	10.0	17.0	X	X	X	X	X	X	54.0	41.1	41.3	30.3	30.0	51.0	58.8	54.7	62.3	79.2
4: Search for Relatives*	>=85%	X	X	93.0	82.0	44.6	49.2	65.1	89.6	89.9	93.9	93.1	91.4	92.0	93.8	91.4	93.6	95.3	95.8	96.3	94.3
5: Repeat Maltreatment	<=7%	9.4	8.9	9.4	8.9	8.2	8.5	9.1	7.4	6.3	7.0	7.9	7.9	7.4	6.3	6.1	5.4	5.7	5.9	5.7	6.1
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	0.3	0.2
7: Reunification*	>=60%	X	X	X	X	X	X	64.2	61.0	66.4	64.4	62.5	61.3	70.5	67.9	65.5	58.0	56.5	59.4	57.1	69.6
8: Adoption	>=32%	10.7	11.1	29.6	16.7	33.0	25.2	34.4	30.7	40.0	36.9	27.0	33.6	34.5	40.6	36.2	35.5	41.5	33.0	32.3	27.2
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	78.0	88.0	76.8	80.8	70.4	70.0	71.7	64.9
10: Sibling Placement*	>=95%	65.0	53.0	X	X	X	X	96.0	94.0	75.0	77.0	83.0	85.5	84.9	79.1	83.3	85.2	86.7	86.8	82.6	82.1
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	6.7	7.4
12: Multiple Placements	>=85%	X	95.8	95.2	95.5	96.2	95.7	95.8	96.0	96.2	96.6	95.6	95.0	96.3	96.0	94.4	92.7	91.2	96.3	95.9	95.8
13: Foster Parent Training	100%	X	100	100	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	92.0	93.0	95.7	97.0	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	97.0	96.6
15: Needs Met**	>=80%	53.0	57.0	53.0	56.0	X	X	X	X	X	X	62.0	52.1	45.3	51.3	64.0	47.1	58.8	54.7	52.8	58.5
16: Worker-Child Visitation (OOH)*	>=85% 100%	72.0 87.0	86.0 98.0	73.0 93.0	81.0 91.0	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	95.4 98.6	95.0 98.9
17: Worker-Child Visitation (IH)*	>=85%	39.0	40.0	46.0	33.0	71.2	81.9	78.3	85.6	86.2	87.6	85.7	89.2	89.0	90.9	89.4	89.9	90.8	91.4	90.3	89.7
18: Caseload Standards+	100%	73.1	100	100	100	100	100	99.8	100	100	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	11.0	10.9	11.0	10.8	10.9	10.5	10.4	10.0	10.1
20: Discharge Measures	>=85%	74.0	52.0	93.0	83.0	X	X	95.0	92.0	85.0	91.0	100	100	98.0	100	95.0	96.0	92.0	92.0	93.0	92.2
21: Discharge to DMHAS and DMR	100%	43.0	64.0	56.0	60.0	X	X	78.0	70.0	95.0	97.0	100	97.0	90.0	83.0	95.0	96.0	97.0	98.0	95.0	95.2
22: MDE	>=85%	19.0	24.5	48.9	44.7	55.4	52.1	58.1	72.1	91.1	89.9	86.0	94.2	91.1	96.8	95.2	96.4	98.7	93.6	94.0	90.1

Stipulation Regarding Outcome Measures 3 and 15

Stipulation §I.A - §I.B Foster Care Recruitment and Retention Plans

A. Recruitment and Retention Plan

During the past quarter the Department continued the implementation of the approved Family Foster Care Action Plan. The following is a description of the significant elements:

- Foster and Adoptive Support Teams (FAST) services are being re-procured. Once the procurement process is completed, an analysis of required funds will be undertaken. The Department has currently indicated that additional funds for this service will be sought from other areas within the existing budget of Bureau of Child Welfare. The Foster Care Recruitment and Retention Plan called for Enhanced Case Coordination funds to be transferred ($300,000).

- The Request for Qualifications (RFQ) for Specialized Foster Care Services was released on January 2, 2009. Existing providers expressed concerns about changes in catchment areas, reductions in the number of contracted agencies, and the number of foster care slots. Shortly after the Technical Assistance meeting, the Department decided to suspend the process until May 15, 2009. During the interim period, the Office of Foster Care Services (OFCS) is working with the providers to jointly develop a plan that incorporates the core components of the redesigned service model as shown below:

    - Two Care levels: TFC and TFC-Enhanced
    - Localized and Accountability Focus
    - Permanency Achievement
    - Treatment Oriented
    - Cultural and Linguistic Competency
    - Target Population
    - Matching Concepts and Timeframes
    - Pre-Placement Visits
    - Dedicated Recruitment and Retention Position
    - Training Expectations
    - Staff Responsibilities and Qualifications
    - Foster Parent Responsibilities
    - Care Domains
    - Minimum Foster Parent Rate of $52
    - Minimum Child Wraparound of $10 per day

- Difficulty of Care and Wraparound $10 per day float
- 840 minimum total slots[5]
- $45,530,100.00 total funding pool (excluding set aside for non-clinical siblings)
- Agency and Foster Parent rates for non-clinical siblings/children
- After Care Component
- Performance Measurement
- Data Collection Requirements

A timetable has been established that will lead to the submission of a finalized plan prior to May 15, 2009. The Department has indicated that upon receipt of a final plan from the current providers, a decision will be made to enter into contracts or to proceed with the re-procurement.

- A Request for Proposals (RFP) was originally released on February 27, 2009 to re-procure the services currently provided by Connecticut Association of Foster and Adoptive Parents (CAFAP). The target date for a decision on a provider of these services was initially April 1, 2009; with services to commence in July 2009. The RFP has been re-bid and new timeframes have been established. The proposal for the re-bid is now due by April 14, 2009.

- Flex Funding, in the amount of $150,000, has been made available to support foster families. Approximately $40,000 has been utilized thus far to address needs associated with stabilizing placements. The requirement that funding must be associated with a specific child has impeded greater utilization of the funds. In January 2009, flex funding availability was extended to the Therapeutic Foster Care providers.

- The Department currently contracts with two providers for Life Long Family Ties (LLFT) services. So far, the programs have served 180 of the 243 children referred this year. The providers achieved the goal of connecting children/youth with an adult life-long connection in 80% of cases (144 children). The case reviews conducted by the Court Monitor's Office indicate that many more children would benefit from referral and access to this type of service. Studies repeatedly demonstrate that youth with a significant adult connection fare far better while in Department care and after exiting from care.

- The completion of a revision to CAFAP's contract that will enable CAFAP to conduct PRIDE training and to assume responsibility for the completion of home studies for 15-20 families was delayed until just

[5] The Department is considering reserving 100 slots at a $146 per diem rate for a dedicated statewide approach to TFC

recently due to the lack of effective communication. The Department, which did not initially follow up aggressively on this issue, has since resolved the barriers to this process.

- As stated earlier, SAFE Home utilization has been significantly lowered (85% to 55%) since the implementation of the Stipulation Regarding Outcome Measure 3 and 15. Of the children placed in SAFE Homes subsequent to the effective date of the Stipulation, less than 20% are currently in overstay status; compared to 70% of the children prior to the effective date. Meetings have occurred between the Department and providers to explore proactive measures to best utilize these programs. Further review will need to occur to ensure that the best interests of children are being addressed when matching a child for family foster care or SAFE Home placement.

- The Foster Parent College, an online training curriculum, is now available to licensed families. Training units (10,000) are allocated to the 5 catchment areas. Also, funding has been utilized for child-specific trainings such as Reactive Attachment Disorder Training.

- A survey of vacant private foster care homes was initiated in November 2008 as a point-in-time assessment. Agencies identified homes that had not had a placement in two or more months and provided details regarding why children were not accepted for placement in these homes. This review and analysis led to further discussions with providers and resulted in recommendations regarding these foster homes. These included the recommendation for possible transition of some homes from private foster homes to the DCF general foster care pool. This issue requires consistent review and attention and solutions need to be aggressively pursued for quantity, quality and fiscal responsibility needs.

- Strategies have been implemented to manage wait-lists in the foster care recruitment and training process more effectively. Each Area Office Manager is utilizing recently developed protocols that include the use of logs to track waiting families' next steps, as well as, other details. Volunteers from within other DCF divisions are assisting with PRIDE training, which now includes the weekend and 5 week PRIDE trainings to help reduce the wait-list and increase the number of licensed homes.

- During the period, the Office of Foster Care Services (OFCS) and CAFAP continued the previously reported work by assigning two CAFAP staff to enhance pre-licensing follow up with potential families, and post-licensing activities to support retention of families during their relicensing timeframe. The pre-licensing work included the creation of lists of families to engage and the contacting of a sample of families to

identify areas of concern. The post-licensing effort has included contacting 90% of families who are still actively licensed at the time of renewal. Support services were identified for these families and assistance was provided as necessary. Areas of concern expressed by these surveyed families, the difficulty of working with multiple ongoing social workers and the resulting lack of relationship and communication with those social workers as a result of the frequent changes in assignment. Five families had concerns that were effectively alleviated by the support activities and they decided to continue as licensed foster parents.

- Family Conferencing training is comprised of a half-day of pre-service training for new Social Workers. Identification and training of Social Work Supervisors in the role of Family Conferencing Coaches is scheduled and is imperative to build the practice in the agency. Additional development of training and coaching plans to enhance social worker's facilitation skills are needed. The half day training merely introduces the concepts rather than promoting the development of the necessary skills to effectively engage families using this methodology. This initiative is essential to the implementation of a Differential Response System. Both models are rooted in a strength based, family-centered practice that requires active engagement of families in their case planning.

B. Recruitment and Retention Goals

The Department's goal as outlined in the Stipulation is a "statewide net gain of 350 foster families by June 2009".

The baseline for foster homes was set by the Court Monitor utilizing the June 2008 report. The number of foster homes reported was:

DCF Licensed Foster Homes:	2,355
Private Foster Care Homes:	1,033
	3,388

According to the January 2009 report, the number of foster homes is:

DCF Licensed Foster Homes:	2,340
Private Foster Care Homes:	1,037
	3,377

The number of DCF foster homes increased by 98 homes since the 3rd Quarter Report. The number of private agency foster homes decreased by 18 homes since 3rd Quarter Report[6].

Stipulation §II. Automation of Administrative Case Reviews and Treatment Planning Conference.

A final version of the revised Administrative Case Review summary, the DCF-553 has been completed. A business analysis has been developed to guide development of the automation by the Department's Information Systems. The Department intends to release this automated version jointly with the revised Treatment Plan. The scheduled release date is July 28, 2009.

Stipulation §III. Independent Expert Review of the Utilization of Congregate Care Facilities.

The Department and the Technical Advisory Committee (TAC) have continued the work as outlined in the plan established during the previous quarter. Considerable work has been accomplished to date in the review of policies, procedures and a variety of data. Recently, discussions have occurred with other Child Protective Service jurisdictions in the United States to explore system changes, development issues and lessons learned. A report including recommendation for improvement and/or modifications of existing policies, procedures and models, as well as, suggestions related to phasing out of some types or categories of congregate care is expected in April 2009.

Stipulation §IV. Practice Model

A report on the status of the Practice Model development was recently shared with Executive and Senior Managers of the Department. The Practice Model will be an integrated agency-wide framework for all casework activities, and will reflect the Department's mission, vision and values. The Practice Model will provide common ground for collaboration and coordination, a foundation for consistency of work, a base of accountability, a guide for changing the infrastructure and a unified understanding by the field of how DCF serves children and families.

[6] The December 16, 2008 Quarterly Report incorrectly reported that there were 1,085 approved Private Foster Homes. The actual total was 1,055. The contracted bed capacity is 1085.

The Department in collaboration with the contracted consultant have conducted structured interviews, reviewed a variety of reports, policy and training curriculum, reviewed a variety of initiatives (Structured Decision Making, Better Together, Treatment Planning, etc.); they also participated in the federal Program Improvement Plan planning, initiated and completed a survey of staff (over 700 surveys completed), initiated focus groups, and began the development of the Practice Model.

The early draft of the Practice Model embraces six critical components. They include:

- Assuring Child Safety
- Assessing Strengths and Needs of Family Members
- Timely and Appropriate Decision Making
- Involving Children and Families in Case Activities and Decision Making
- Individual Services
- Monitoring

The development of the Practice Model is being conducted in conjunction with other important initiatives such as the federal Program Improvement Plan, the *Juan F. Exit Plan* and Stipulations; and the DCF Strategic Plan.

Stipulation §V.A - §V.C Service Needs Reviews

There were over 2,568 children identified in the eight cohorts outlined in the Stipulation as of September 15, 2008.The Department completed 973 Service Needs Reviews prior to the automation of the Service Needs Review Initial Cohort screening process on March 5, 2009. This represents a tremendous effort on the part of Department staff given the complexity and magnitude of the initiative. While there is variation in the quality of the Service Needs Review activity, the efforts to meet the needs of children have been greatly enhanced by the comprehensive reviews, case conferences and development of detailed action plans. The level of increased coordination between child welfare social work staff and clinical staff is readily evident and the inclusion of families and children, as well as key stakeholders is improving.

Table X: Service Needs Reviews submitted by Area Offices through March 5, 2009

Area Office	Children in 9/15/08 Cohort	Initial Screens Submitted	45-Day Tools Submitted	90-Day Tools Submitted	# Children Exiting
Bridgeport	157	24	3	2	2
Danbury	71	17	3	5	4
Hartford	398	94	23	12	30
Manchester	223	116	45	18	27
Meriden	118	41	12	3	12
Metro New Haven	294	297	77	20	43
Middletown	61	27	10	6	6
Milford	161	60	12	3	3
New Britain	251	32	14	3	1
Norwalk/Stamford	68	43	3	5	6
Norwich	171	97	52	4	18
Torrington	105	36	7	5	9
Waterbury	334	60	13	10	35
Willimantic	156	29	9	6	2
Statewide	2568	973	283	102	198

Of the 973 cases reviewed thus far as part of the Service Needs Review process;

- 549 cases required a 45-day case conference (283 have been documented and submitted thus far)
- 235 cases required a 90-day case conference (102 have been documented and submitted thus far)
- 204 children have exited the Service Needs Review Process (21.0%)

Of the 189 children who exited at the point of initial screen;

- 34 were incorrectly identified in the cohort
- 91 children were adopted
- 11 children reunified with parents and had no additional unmet needs
- One child's permanency goal changed to Transfer of Guardianship (TOG) which was completed
- 52 children exited the cohort with no other unmet needs or were children with APPLA goals with no other unmet needs or were involved with cases that closed due to a refusal of services

A total of nine (9) additional exits occurred at the 45-day or 90-day reviews.

- One child exited after completion of the TOG
- 4 children reunited with no unmet needs
- 2 children were APPLA cases with no unmet needs
- 2 children were adopted

Automation of the Initial Service Needs Review Screen took longer than expected. Staff utilization of the automated system began in March. Refinements are ongoing as issues are identified. Approximately 1,000 hard copies of the Service Needs Review protocols are being entered by the Court Monitor's Office. Given the magnitude of this effort and the limited available resources, it is estimated it will be months or longer before all this data is fully entered.

Development of an Ongoing Service Needs Review protocol is in progress. Hard copies of the protocol from the Case Conferences and ongoing 90-day reviews are being forwarded to the Court Monitor upon completion. These too, will need to be entered when automation of this component is completed. With agreement of the *Juan F.* parties, the Court Monitor made changes to the original methodology. The implementation of the changes corresponds with the March 16, 2009 implementation of the automation of the data collection and tracking of this effort. Rather than utilizing the September 15, 2008 point-in-time view of the cohort children, from March forward, each office will be provided with a listing all children in the eight cohorts who will have an Administrative Case Review (ACR) two months from the date of the report (i.e. children were identified as of March 1, 2009 who will have an ACR in May 2009). Offices will complete a Service Needs Review Initial Screen for each child on the list within 4 weeks (including review and sign off by supervisors and managers). The completed review will be utilized in discussions with families and stakeholders in the development of a draft treatment plan that will be the focus of the ACR/Case Conference. Any child remaining in one of the cohorts or where the child/family's identified needs remain unaddressed will be reviewed again within 90 days of the ACR. This would be followed by an ACR/Case Conference 90 days later. If the child remained in the cohorts and/or had unaddressed needs the reviews/conferences will continue until the child's needs are appropriately addressed.

Inclusion of managers at the ACR/Case Conferences and engagement, invitations, and feedback to family members, attorneys, providers and other stakeholders continues to be a focal point of this effort. While engagement and collaboration with families and stakeholders is beginning to improve, this remains a practice area that requires greater focus by the Department.

ACR staff have been briefed on the necessary changes to create a meeting which seamlessly conducts both the federally required ACR along with the Service Needs Review. This is a work in progress. A number of offices have successfully transitioned to this revised methodology, while others appear to be struggling in their attempts to make the transition that allows for more engagement of the case participants, especially higher level managers who may make decisions that alter plans in significant ways from the drafts that were submitted.

While the impact of this effort will be analyzed closely over the coming months through reviews of Outcome Measure 15 and Quality Assurance activities related specifically to the Service Needs Review process, it is readily apparent from the Quality Assurance activities already conducted by the Court Monitor that improvements are being facilitated by the Service Needs Review process. This is evidenced by more timely and appropriate decision-making, aggressive implementation of necessary services, enhanced assessments, improvements in collaboration and engagement of families and stakeholders, and identification and solutions to case specific, as well as, system issues.

Unavailable or inadequate levels of services for identified needs mirror those identified in the review for Outcome Measure 15 (Needs Met). They include: the lack of appropriate foster and adoptive homes, wait-lists for many critical community based services including mental health counseling, reunification and family preservation services, discharge delays due to the lack of appropriate levels of treatment and placement options, the lack of appropriate in-state residential services for specialized populations of children (forcing children to be remain in or be sent to out-of state treatment facilities), the lack of mentors, life skills and Life Long Family Ties services. Provision of service is also impacted by the lack of timely referrals by DCF staff and the lack of engagement with clients or the clients' refusal of services.

Stipulation §VI.A-§VI.F Prospective Placement Restrictions

A. & B.
All exception waivers for overstays or repeat use of SAFE Homes are being approved by the Area Directors and reported to the Bureau Chief of Child Welfare. All exception waivers for overstays or repeat use of STAR Homes are now being routed to the Bureau Chief of Behavioral Health. Area Offices are utilizing different approaches to track their requests. This process is not automated. The Court Monitor has verified that requests are occurring but to date, has not undertaken a formal review to ascertain whether the Department is requesting the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. We will undertake a review at a later date.

C. All exception waivers for children remaining in any hospital or in any in-patient status beyond the determination that the child is appropriate for discharge are being routed to the Bureau Chief of Behavioral Health for review and approval. Each Area Office tracks these requests utilizing different versions of a log. This process is not automated. The Court Monitor has verified that requests are occurring but has not undertaken a formal review to ascertain whether the Department is utilizing the exception waivers in every instance or adhering to the timeframes and

other specific requirements outlined in the Stipulation. We will undertake a review at a later date.

D. The Court Monitor has verified that every child age 12 and under with exceptional needs that cannot be met in any other type of placement, is being approved by the Bureau Chief of Behavioral Health prior to placement in a congregate care setting rather than family based placement. The approvals are being based on the manager's determination that the child's needs can only be met in that specific facility. Approvals follow the strict criteria set forth by the ASO, and are routinely reviewed for reauthorization.

E. The Court Monitor has verified that all children over the age of 12, placed in congregate non-foster family setting, are being approved by the Bureau Chief of Behavioral Health following a determination that the child's needs are best met by the specific facility. Approvals follow the strict criteria set forth by the ASO and are routinely reviewed for reauthorization.

F. Early in March, an automated tracking and approval tool was implemented with respect to children newly identified with a permanency goal of Another Planned Permanent Living Arrangement (APPLA). Until then, a series of e-mails with documentation in the attachments were forwarded to the Bureau Chief of Child Welfare for approval. Each Area Office tracks the requests utilizing different approaches. The Court Monitor has verified that requests are occurring, but has not undertaken a formal review to ascertain whether the Department is utilizing the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. A review can be undertaken in the third calendar quarter of 2009 based upon the automated reports related to children in cohort 5 and the automated database that will be created through the newly designed tracking and approval tool.

Stipulation §VII.A & §VII.B Health Care

A. EPSDT Screens

The components of this section which deal with the provision of timely medical and dental screenings have been completed. The remaining cases from the 1,077 children identified as not having screens have been resolved with exception of a small number of children including those on runaway status and children, usually older youth, unwilling to comply with attending the screenings despite interventions to facilitate their attendance.

The Court Monitor, at the request of the Department, intended to undertake an additional review of this issue in March 2009, to ascertain whether

changes initiated by the Area Offices increased the percentage of children receiving timely health and medical screenings. This additional review goes beyond the framework outlined in the Stipulation. Due to Court Monitor's budget limitations this review will not be undertaken during this fiscal year. We anticipate completion of the review later in 2009.

B. Health Care Treatment

Under Stipulation §VII.B, the Department is responsible for the health care treatment needs of all children in care for any medically necessary treatment that is identified by not only the EPSDT screen, but through the various assessments that are completed by DCF and various providers serving the children. The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Children's Needs Met). In the fourth quarter, Mental Health and Substance Abuse Treatment Needs were not addressed in a timely manner for 14 children, or 26.4**%** of cases. Dental needs were not timely addressed for 15 children, or 28.3**%** of the cases, and Medical Needs were not timely addressed for 11 children, or 20.8% of the cases. In many instances while delays were present, plans were in place to address/remedy these deficits at the time of the treatment plan approval, but appointments were set outside of the review period. The details regarding Outcome Measure 15 can be found beginning on page 69 of this report.

Stipulation §VIII. Treatment Planning

During the past quarter, a Treatment Plan implementation group, including a cross-section of the Department staff from various Bureaus and Court Monitor staff, has successfully developed revised versions of the Family Treatment Plan and Individual Children in Placement Treatment Plan. A Steering Committee established by the Chief of Staff periodically reviewed and approved drafts of the two products. The Steering Committee also assisted in coordinating this activity with other Department initiatives such as the automation of the Administrative Case Review summary document (DCF-553), the federal Program Improvement Plan, and the Practice Model. A business plan has been developed by the Information Systems with the members of the Implementation Team that will assist in the development of the revised Treatment Plan by the end of July 2009.

The Implementation Team has developed a set with tasks that they will accomplish by the end of April 2009 that include:

- Completing the full outlines from the Family and Children in Placement Assessment portions of the plans.

- Completing a list of the practice and technical highlights necessary for curriculum development.
- Completing samples of a Family and Child in Placement Treatment Plan for training purposes.
- Performing a walk through with the developers to ensure they have captured all aspects of revision before Information Systems begins detail design.
- Rewriting the LINK e-help for the planning section of the revised treatment plans.

Stipulation §IX. Interim Performance

B. Health Care

1. Dental Service Needs

As of December 31, 2008, Section III.2 Dental Needs within the Outcome Measure 15 methodology was determined appropriately met in 79.2% cases (Target goal 85%). This allows for some discretionary overrides related to treatment just outside of the 60 day window.

2. Mental Health Service Needs

As of December 31, 2008, Section III.3 Mental Health Service Needs within Outcome Measure 15 methodology was determined to be appropriately met within74.5% of the cases reviewed (Target goal 85%).

C. Contracting or Providing Services to Meet the Permanency Goal

As of December 31, 2008, the "DCF Case Management- Contracting or Providing Services to Achieve the Permanency Goal" component of the Outcome Measure 15 methodology was determined to be appropriately met in 77.4% of the cases reviewed (Target goal 85%).

E. Treatment Planning

1. Action Steps to Achieving Goals Identified

As of December 31, 2008, the "Action Steps to Achieving Goals Identified" treatment planning component of the Outcome Measure 3 methodology was 88.6% (Target goal was 73%. This is a 15% improvement over the March 2008 score of 58.9%).

2. Determining Goals/Objectives

   As of December 31, 2008, the "Determining Goals/Objectives" treatment planning component of the Outcome Measure3 methodology was 82.8% (Target Goal was 85%).

3. Planning for Permanency

   As of December 31, 2008, the "Planning for Permanency" treatment planning component of the Outcome Measure 3 methodology was 94.3% (Target Goal was 85%).

4. Strengths/Needs/Other Issues

   As of December 31, 2008, the "Strengths/Needs/Other Issues" treatment planning component of the Outcome Measure 3 methodology was 94.3% (Target Goals was 85%).

5. Progress

   As of December 31, 2008, the "Progress" treatment planning component of the Outcome Measure 3 methodology was 97.2% (Target Goal was 85%).

Juan F. **Action Plan-Fourth Quarter 2008 Updates**

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 review activities are also conducted 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 being reviewed and methodology are components of the Stipulation.

- The point-in-time data submitted by the Department and verified by the Court Monitor indicates that the number of children in SAFE Homes greater than 60 days, decreased to 44 as of February 2009 in comparison with 59 children who were in overstay status as of November 2008. The same report indicates that 36 children were in placement longer than 60 days in a STAR/Shelter program as of February 2009; an increase from the 30 reported in November 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".

- 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 222 as of

February 2009. This is a decrease from the 248 reported in November 2008. The decline in utilization of SAFE Home placements is directly tied to the reduction in children ages 12 years old and under in congregate care. The point in time data indicates there are 115 children in SAFE Homes compared with 175 in August 2008.

- As of the date of this report, 53 therapeutic group homes are open with one additional home anticipated to be opened during the year. The result will be a total of approximately 272 beds for the 54 homes. The Public Consulting Group of Boston (PCG) produced a best practices report with recommendations. The process should be completed by April 2009. This last home is in the process of being licensed by DCF. PCG conducted visits to several therapeutic group homes, as well as, attending meetings with management and staff. They also completed a survey that was distributed to all of the homes and the results are interwoven in the best practices report. Work groups are reviewing the recommendations and strategizing and developing plans to incorporate them in the group home system.

- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and while the Service Needs Review process is assisting in identifying action steps to ensure that children with APPLA goals service needs are addressed, far too many children currently have APPLA as their permanency goal. The Department has been more rigorous in their consideration of selecting APPLA as a goal, (pre-TPR and post-TPR). Approval for using the APPLA permanency goal must now be granted by the Bureau Chief of Child Welfare. The February 2009 point-in-time data indicates that a total of 1,039 children had an APPLA permanency goal compared with 1,126 as of November 2008; a decrease of 87 children. Ongoing reviews regarding children's needs being met indicate that those with APPLA goals often do not have their needs met.

- The Division of Foster Care monthly report for February 2009 indicates that there are 2,340 licensed foster homes. This is an increase over the total reported in the September 2008 report in which there were a total of 2,242 licensed foster homes available. Additional foster care and adoptive resources are an essential component to address the well-documented needs of children and gridlock conditions that exist in the child welfare system. The approved Foster and Adoptive Recruitment and Retention Plan developed in response to the July 2008 stipulation, 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 longer than clinically necessary in higher levels of care waiting for foster/adoptive placement resources.

- Electronic Connecticut Behavioral Health reports on all children in Emergency Departments are issued four times daily to DCF and Value Options staff 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 at multiple hospitals across the state. However, the utilization of Emergency Mobile Services (EMPS) in emergency departments is inconsistent, and is not allowed at some emergency department sites.

- All DCF and Area Offices and facilities are now using the electronic Child and Adolescent Needs and Strengths (CANS). Considerable concern continues to be expressed by the Area Office staff regarding this electronic process. Following a meeting on January 14, 2009, quarterly forums were scheduled to ensure ongoing identification and problem solving for a variety of IT technical glitches/issues. Besides the technical issues, re-certification training needs to begin again and new Area Resource Group (ARG) personnel have not been trained. The complexity of the CANS process requires each office to be strategic about its utilization. Social Work Supervisors and other staff who do not use the process on a regular basis will not become adept nor be properly trained.

- 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 (ASO) produces reports that allow 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.
   In November 2008 there were 39 children. As of February 2009 there are 52 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 November 2008 there were 47 cases with no reason for not filing TPR (blank).

   As of November 2008 there are 64 cases with no reason for not Filing TPR (blank).

   Many of our review activities have noted areas needing improvement in the identification of valid compelling reasons. 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 November 2008 there were 40 children where the permanency barrier titled "no resource" is identified, 77 children with the permanency barrier of "no barrier identified", and 159 that are blank. In addition, 13 have "ICPC" as a barrier, 34 cite a "pending appeal", 2 have "pending investigations", 73 indicate a "special needs barrier", 22 are "subsidy negotiation", 167 indicate that "support is needed" and 23 have "foster parent indecision" indicated.

   As of February 2009 there are 40 children where the permanency barrier titled "no resource" is identified, 79 children with the permanency barrier of "no barrier identified", and 196 that are blank. In addition, 15 have "ICPC" as a barrier, 33 cite a "pending appeal", 9 have "pending investigations", 79 indicate a "special needs barrier", 19 are "subsidy negotiation", 153 indicate that

"support is needed" and 32 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.
   In November 2008 there were 196 children.

   As of February 2009 there are 187 children in this cohort.
5. Child post-TPR + goal other than adoption (N=357) as of November 2006.
   In November 2008 there were 272 children in the cohort.

   As of February 2009 there are 269 children in this cohort.
6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.
   In November 2008 there were 16 children in this cohort.

   As of February 2009 there are 23 children in this cohort.
7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.
   In November 2008 there were 468 children in this population.

   As of February 2009 there are 480 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.
   In November 2008 there were 123 children in this population.

   As of February 2009 there are 112 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.
   In November 2008 there were 820 children in this population (102 were placed with a relative in a long term foster home arrangement).

   As of February 2009 there are 765 children in this population (97 are placed with a relative in a long term foster home arrangement).

- Providers for Phase I of the EMPS re-procurement covering the Greater Hartford and Eastern Connecticut Service Areas have been selected. Wheeler Clinic was selected for the Greater Hartford Area and United Community and Family Services was selected for the Eastern Service Area. Both providers went live with the new service utilizing 211 as the Call Center on 12/22/08.

Providers for Phase II of the EMPS re-procurement covering the Greater New Haven and Western Connecticut Service Areas have been selected. Clifford Beers was selected for the Greater New Haven Area and Wellpath was selected for the Western Service Area. Both providers will go live with new service utilizing 211 as the Call Center in March 2009.

The RFP for Phase III of the procurement covering the Southwestern and Central Service Areas was issued December 2008 with a response date of February 3, 2009. Following the selection of contractors, startup will begin in March for a May 2009 implementation date.

A RFP for the final component, a QA and Training vendor, is in development and is scheduled for release March 2009 with a begin date of July 2009.

- Structured Decision Making (SDM) efforts continue to be focused primarily on quality improvement through the SDM case reading process in effect in all Area Offices. By the end of March 2009, SDM case reading training for the reunification assessment will have been completed for all Area Offices. A statewide sample of 15 cases were used for this training. While the current intent was for case reading training to filter to the Social Workers from the Social Work Supervisors and managers that have been trained, consideration is being given to offering case reading training to small groups of social workers. This would allow a better understanding by workers of the important elements on children they need to focus on. Case reading activity has focused more on the Risk Reassessment, Reunification Re-Assessment and the Family Strengths and Needs Assessment. Managers and Social Work Supervisors are reading 2 case per year and cases are chosen that are near the Treatment Plan development cycle.

  During the SDM development, many agencies initially adopt a risk assessment from another jurisdiction to expedite the implementation process and avoid the cost of conducting a risk assessment study. The Department adopted the SDM Risk Assessment from California and this year they intend to conduct a validation study of the Risk Assessment on Connecticut families to examine its operational utility and validity when applied to families they serve.

  The purpose of the local validation study is to examine the ability of the current risk assessment to estimate future child maltreatment and to explore revisions to improve its performance. Validation of a risk assessment involves the following steps: 1) execution of a study to assess the current risk assessment's ability to classify families by future maltreatment, 2) construction and testing of a revised assessment to improve discrimination between low and high risk families, and 3)

review and possible revision of agency policies and procedures to ensure effective and consistent application of the risk assessment. The desired outcome is an assessment that accurately classifies families by their likelihood of child maltreatment and is supported by policies and procedures that are consistent with good field implementation.

The Department's plan is to establish an advisory group of agency representatives to assist with study design and implementation. The tasks of the advisory group will include 1) identifying critical issues in the assessment and case management process to be considered during study design, 2) approving all aspects of the research design, and 3) reviewing findings from all aspects of the study.

- In August 2008, the Department partnered with Casey Family Programs to develop and implement a new training model called Better Together. The core of this program involves training birth parents and child welfare staff together so that we can learn more effective ways of engaging partnering with families through the treatment planning process. Casey has implemented this model predominately to strengthen the foster care system, focusing the model on foster care alumni, foster parents and kinship caregivers. Connecticut will pilot this model for birth parents. Four components of the Better Together Model drive the outcomes and approach for this project:
    - Effective partnership
    - Recognizing expertise
    - Practicing respect and equality
    - Exploring culture

  The core of this program involves training child welfare staff and parents together so that we can learn ways to improve our practice in the areas of:
    - Doing strength based assessments
    - Increasing levels of family engagement in developing treatment plans
    - Increasing the involvement of fathers and male partners
    - Increasing family and community supports in treatment planning
    - Providing services that the family is interested in receiving

  A Planning Team was established consisting of birth parents, DCF staff and Casey Family program staff to select the Contractor and help organize and coordinate the roll out of this new training initiative statewide. Three Citizen Review Panel members (parents) serve on the Planning Committee.

In September 2008, Casey Family Programs released a Request for Qualifications (RFQ) to seek applications from qualified entities to develop and pilot the training curriculum consistent with the Better Together model. Based on the Review Committee Recommendations, Casey Family Programs established a contract with Madison Valley Consultants, LLC from Seattle, Washington.

In December 2008, the Contractor conducted a needs assessment with selected focus group participants (birth parents, DCF staff and community allies). The needs assessment was intended to assess current strengths and challenges to family engagement throughout treatment planning process and to identify programmatic and curriculum implications for the Better Together model. Casey Family Programs offered a $50 honorarium for all birth parent participants. The Department of Children and Families provided stipends to birth parents for transportation and childcare costs to further support their participation in this process.

A draft of the training curriculum has been completed and is currently under review by the Better Together Planning Committee. Once the curriculum has been finalized, the Contractor and Parent Facilitator will pilot the training to birth parents, DCF staff and key community constituents. The 7 hour workshop is scheduled for April 30, 2009. The Planning Committee will be developing a plan to identify training participants as well as the Parent Facilitator for the upcoming workshop. An evaluation component is included in the program. The Planning Committee intends to develop plans to ensure the program's sustainability to ensure the principles, skills, and activities learned is reinforced and integrated into DCF practice.

- Three providers were selected as a result of an RFP to provide supportive apartment placements and services, Supportive Work, Education and Transition Program (SWET). The Bridgeport and Norwich sites are currently admitting youth. The New Haven provider could not secure a site and a new RFP was issued. Unfortunately, the new provider also could not secure a site and current budget cuts eliminated consideration of rebidding this program.

JUAN F. ACTION PLAN MONITORING REPORT

February 2009

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)

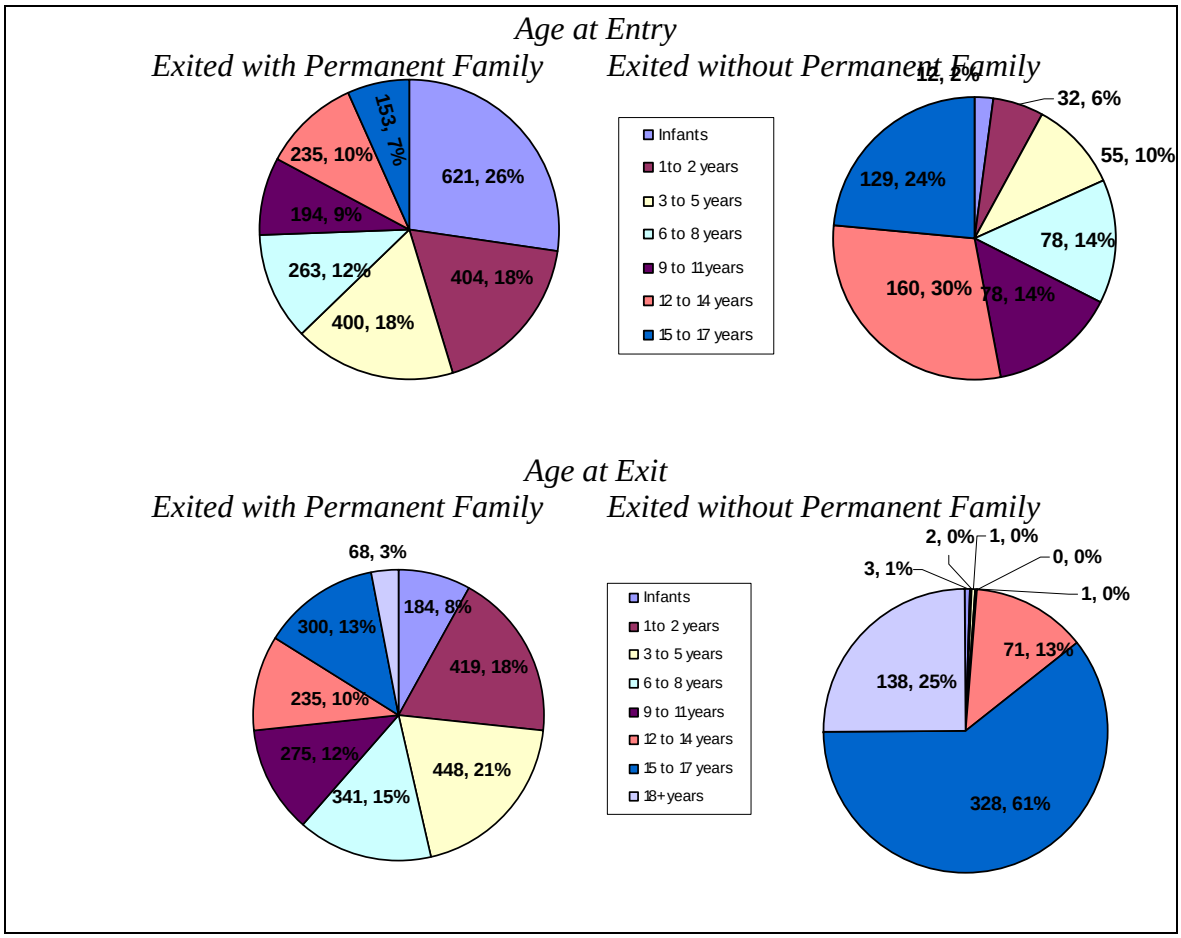
	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	3107	3548	3206	3092	3409	2854	2805
Permanent Exits							
In 1 yr	1184 38.1%	1400 39.5%	1227 38.3%	1128 36.5%	1257 36.9%	1083 37.9%	
In 2 yrs	1644 52.9%	2071 58.4%	1801 56.2%	1737 56.2%	1960 57.5%		
In 3 yrs	1971 63.4%	2378 67.0%	2088 65.1%	2008 64.9%			
In 4 yrs	2142 68.9%	2533 71.4%	2258 70.4%				
To Date	2271 73.1%	2642 74.5%	2296 71.6%	2091 67.6%	2168 63.6%	1364 47.8%	640 22.8%
Non-Permanent Exits							
In 1 yr	274 8.8%	250 7.0%	231 7.2%	289 9.3%	257 7.5%	260 9.1%	
In 2 yrs	332 10.7%	321 9.0%	303 9.5%	372 12.0%	345 10.1%		
In 3 yrs	365 11.7%	367 10.3%	366 11.4%	431 13.9%			
In 4 yrs	406 13.1%	393 11.1%	402 12.5%				

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	3107	3548	3206	3092	3409	2854	2805
To Date	463 14.9%	426 12.0%	416 13.0%	447 14.5%	371 10.9%	295 10.3%	171 6.1%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Unknown Exits							
In 1 yr	107 3.4%	157 4.4%	130 4.1%	87 2.8%	81 2.4%	69 2.4%	
In 2 yrs	137 4.4%	198 5.6%	175 5.5%	131 4.2%	130 3.8%		
In 3 yrs	162 5.2%	225 6.3%	216 6.7%	168 5.4%			
In 4 yrs	180 5.8%	250 7.0%	243 7.6%				
To Date	213 6.9%	269 7.6%	247 7.7%	175 5.7%	135 4.0%	79 2.8%	34 1.2%
Remain In Care							
In 1 yr	1542 49.6%	1741 49.1%	1618 50.5%	1588 51.4%	1814 53.2%	1442 50.5%	
In 2 yrs	994 32.0%	958 27.0%	927 28.9%	852 27.6%	974 28.6%		
In 3 yrs	609 19.6%	578 16.3%	536 16.7%	485 15.7%			
In 4 yrs	379 12.2%	372 10.5%	303 9.5%				
To Date	160 5.1%	211 5.9%	247 7.7%	379 12.3%	735 21.6%	1116 39.1%	1960 69.9%

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 (2008 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 FEBRUARY 2, 2009[7])

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

Yes
946

Goals of:
677 (72%) Adoption
241 (25%) APPLA
12 (1%) Blank
11 (1%) Relatives
3 (0%) Reunify
2 (0%) Trans. of Guardian: Sub

No
↓ 3,657

Has the child been in care more than 15 months?

No
1,914

Yes
↓ 1,743

Has a TPR proceeding been filed?

Yes
470

Goals of:
338 (72%) Adoption
89 (19%) APPLA
22 (5%) Reunify
11 (2%) Trans. of Guardian: Sub
10 (2%) Relatives

No
↓ 1,273

Is a reason documented not to file TPR?

Yes
1,020

Goals of:
582 (57%) APPLA
206 (20%) Reunify
89 (9%) Relatives
77 (8%) Adoption
63 (6%) Trans. of Guardian: Sub/Unsub
3 (0%) Blank

Documented Reasons:
77% Compelling Reason
13% Child is with relative
6% Petition in process
4% Service not provided

No
253

Goals of:
140 (55%) Reunify
51 (20%) APPLA
32 (13%) Adoption
22 (9%) Trans. of Guardian: Sub/Unsub
6 (2%) Relatives
2 (1%) Blank

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

Preferred Permanency Goals:

Reunification	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009
Total number of children with Reunification goal, pre-TPR and post-TPR	1747	1755	1737	1745	1710	1661
Number of children with Reunification goal pre-TPR	1743	1753	1734	1742	1709	1658
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	415	419	383	346	367	368
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	50	55	51	46	54	51
Number of children with Reunification goal, post-TPR	4	2	3	3	1	3

Transfer of Guardianship (Subsidized and Non-Subsidized)	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	268	254	233	213	208	195
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	266	252	228	212	208	193
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	85	73	75	73	78	63
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	34	28	20	23	24	26
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	2	2	5	1	0	2

Adoption	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**
Total number of children with Adoption goal, pre-TPR and post-TPR	1346	1305	1338	1319	1340	1341
Number of children with Adoption goal, pre-TPR	692	673	694	680	711	664
Number of children with Adoption goal, TPR not filed, >= 15 months in care	147	150	91	103	89	109
• Reason TPR not filed, Compelling Reason	24	25	26	31	28	27
• Reason TPR not filed, petitions in progress	79	65	48	55	40	33
• Reason TPR not filed , child is in placement with relative	24	16	10	9	11	10
• Reason TPR not filed, services needed not provided	8	18	7	4	4	7
• Reason TPR not filed, blank	12	26	0	4	6	32
Number of cases with Adoption goal post-TPR	654	632	644	639	629	677
• Number of children with Adoption goal, post-TPR, in care >= 15 months	620	592	607	606	593	636
• Number of children with Adoption goal, post-TPR, in care >= 22 months	515	508	540	539	523	552
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	73	74	103	74	72	64
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	373	344	373	369	351	355
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	81	71	51	87	99	113

Progress Towards Permanency:	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	197	237	176	179	195	253

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009
Total number of children with Long Term Foster Care Relative goal	165	146	146	135	133	129
Number of children with Long Term Foster Care Relative goal, pre-TPR	150	132	133	121	119	118
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	26	20	15	14	10	12
Long Term Foster Care Rel. goal, post-TPR	15	14	13	14	14	11
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	5	5	3	4	4	3

APPLA*	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009
Total number of children with APPLA goal	1281	1266	1183	1148	1126	1039
Number of children with APPLA goal, pre-TPR	1008	990	921	895	874	798
• Number of children with APPLA goal, 12 years old and under, pre-TPR	73	72	57	61	57	51
Number of children with APPLA goal, post-TPR	273	276	262	253	252	241
• Number of children with APPLA goal, 12 years old and under, post-TPR	36	38	28	25	24	20
* 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.						

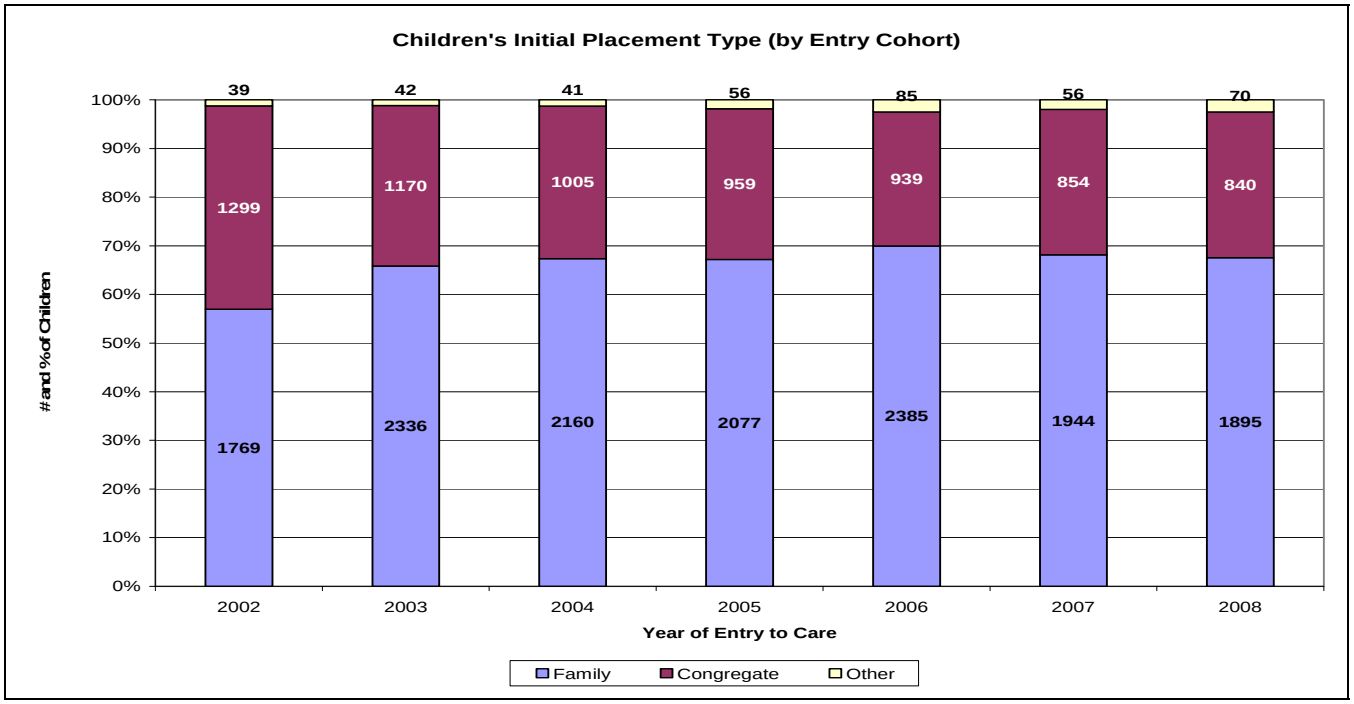
Missing Permanency Goals:

	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	47	51	41	56	66	78
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	13	21	15	6	10	19
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	12	13	6	4	3	5
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	6	11	1	3	0	2

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.

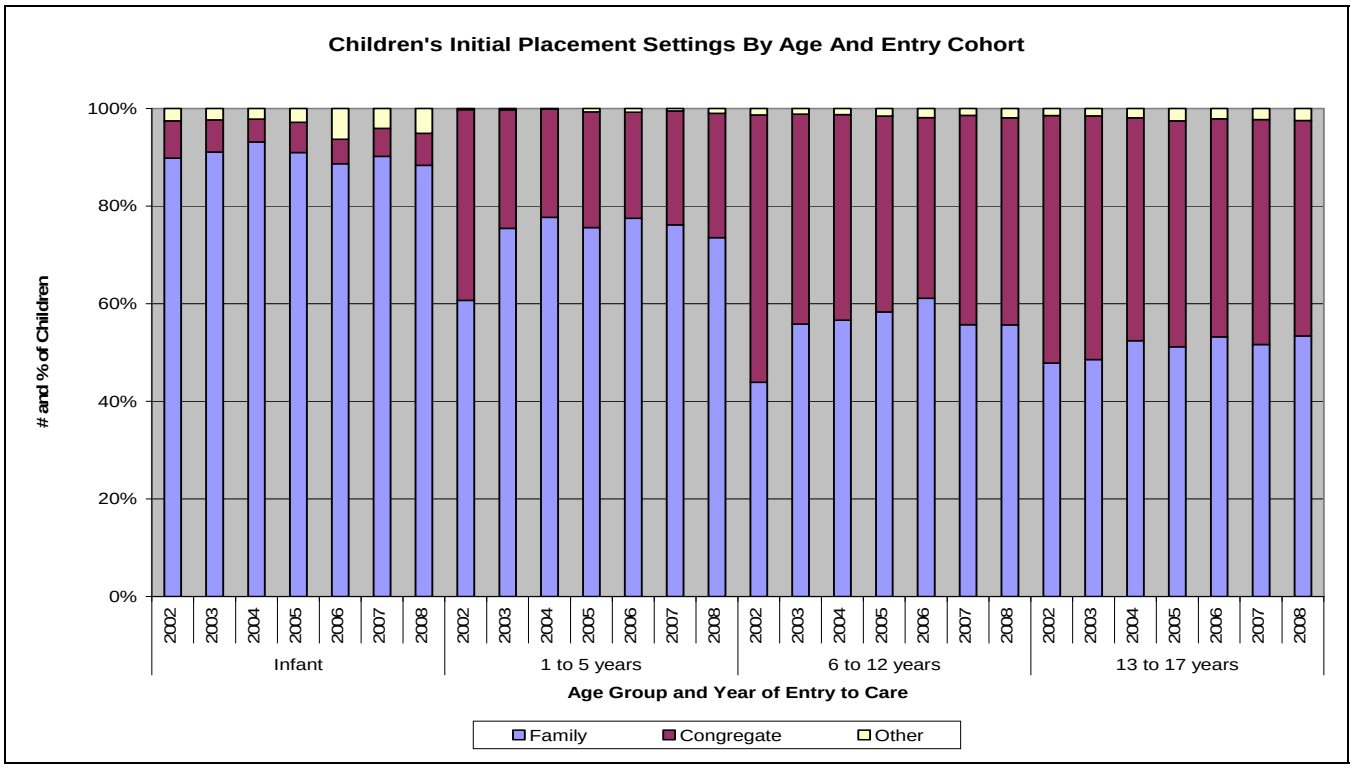


The next table shows specific care types used month-by-month for entries between January 2008 and December 2008.

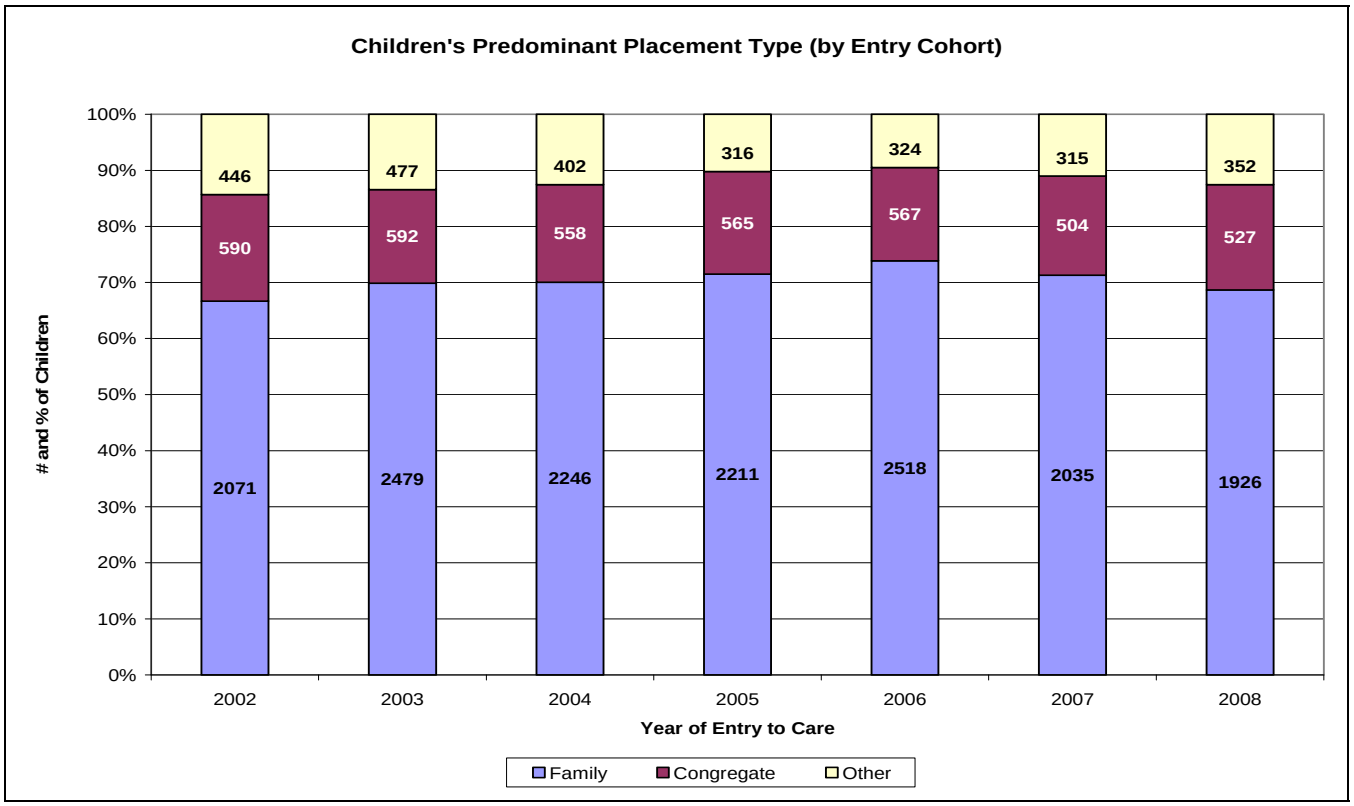
First placement type in care (Entries)

First placement type		enter Jan08	enter Feb08	enter Mar08	enter Apr08	enter May08	enter Jun08	enter Jul08	enter Aug08	enter Sep08	enter Oct08	enter Nov08	enter Dec08
Residential	N	18	17	20	27	31	27	30	25	21	17	25	13
	%	7.3%	7.6%	8.5%	9.9%	14.4%	12.3%	11.4%	9.3%	8.9%	8.1%	11.3%	7.0%
DCF Facilities	N	1	6	4	2	3	3	2	6	3	8	5	1
	%	.4%	2.7%	1.7%	.7%	1.4%	1.4%	.8%	2.2%	1.3%	3.8%	2.3%	.5%
Foster Care	N	122	108	137	153	104	118	148	163	120	107	106	87
	%	49.2%	48.2%	58.1%	55.8%	48.1%	53.9%	56.3%	60.8%	51.1%	51.2%	47.7%	47.0%
Group Home	N	4	2	5	8	5	2	3	3	3	4	7	1
	%	1.6%	.9%	2.1%	2.9%	2.3%	.9%	1.1%	1.1%	1.3%	1.9%	3.2%	.5%
Independent Living	N		1										
	%		.4%										
Relative Care	N	45	44	18	35	22	17	42	26	22	27	18	27
	%	18.1%	19.6%	7.6%	12.8%	10.2%	7.8%	16.0%	9.7%	9.4%	12.9%	8.1%	14.6%
Medical	N	5	4	5	10	10	6	5	6	4	2	7	5
	%	2.0%	1.8%	2.1%	3.6%	4.6%	2.7%	1.9%	2.2%	1.7%	1.0%	3.2%	2.7%
Safe Home	N	27	18	23	23	31	32	24	19	43	31	32	32
	%	10.9%	8.0%	9.7%	8.4%	14.4%	14.6%	9.1%	7.1%	18.3%	14.8%	14.4%	17.3%
Shelter	N	15	11	17	10	4	12	5	16	13	12	14	14
	%	6.0%	4.9%	7.2%	3.6%	1.9%	5.5%	1.9%	6.0%	5.5%	5.7%	6.3%	7.6%
Special Study	N	11	13	7	6	6	2	4	4	6	1	8	5
	%	4.4%	5.8%	3.0%	2.2%	2.8%	.9%	1.5%	1.5%	2.6%	.5%	3.6%	2.7%
Total	N	248	224	236	274	216	219	263	268	235	209	222	185
	%	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 January 2008 and December 2008, and the portion of those exits within each placement type from which they exited.

Last placement type (Exits)

Last placement type in spell (as of censor date)		exit Jan08	exit Feb08	exit Mar08	exit Apr08	exit May08	exit Jun08	exit Jul08	exit Aug08	exit Sep08	exit Oct08	exit Nov08	exit Dec08
Residential	N	24	23	21	30	17	56	28	37	14	20	15	8
	%	9.7%	10.1%	7.8%	11.9%	7.3%	18.7%	10.9%	13.2%	6.2%	8.3%	6.6%	3.8%
DCF Facilities	N	1	4	7	2	1	9	4	2	2	1	3	
	%	.4%	1.8%	2.6%	.8%	.4%	3.0%	1.6%	.7%	.9%	.4%	1.3%	
Foster Care	N	117	105	126	132	127	132	125	141	101	116	108	123
	%	47.4%	46.1%	46.8%	52.2%	54.5%	44.1%	48.6%	50.2%	44.9%	48.3%	47.4%	58.0%
Group Home	N	8	12	12	19	17	19	9	14	7	10	16	9
	%	3.2%	5.3%	4.5%	7.5%	7.3%	6.4%	3.5%	5.0%	3.1%	4.2%	7.0%	4.2%
Independent Living	N	2	4	9	2	4	4	6	4	3	1	4	1
	%	.8%	1.8%	3.3%	.8%	1.7%	1.3%	2.3%	1.4%	1.3%	.4%	1.8%	.5%
Relative Care	N	63	48	56	37	46	34	64	44	52	53	50	40
	%	25.5%	21.1%	20.8%	14.6%	19.7%	11.4%	24.9%	15.7%	23.1%	22.1%	21.9%	18.9%
Medical	N		4	4	1	1		1			2	1	1
	%		1.8%	1.5%	.4%	.4%		.4%			.8%	.4%	.5%
Safe Home	N	9	8	14	8	7	21	5	9	21	22	12	13
	%	3.6%	3.5%	5.2%	3.2%	3.0%	7.0%	1.9%	3.2%	9.3%	9.2%	5.3%	6.1%
Shelter	N	15	10	9	10	8	12	9	13	9	8	5	9
	%	6.1%	4.4%	3.3%	4.0%	3.4%	4.0%	3.5%	4.6%	4.0%	3.3%	2.2%	4.2%
Uknown	N	1	2	1		2	1		1			4	1
	%	.4%	.9%	.4%		.9%	.3%		.4%			1.8%	.5%
PSS	N	7	8	10	12	3	11	6	16	16	7	10	7
	%	2.8%	3.5%	3.7%	4.7%	1.3%	3.7%	2.3%	5.7%	7.1%	2.9%	4.4%	3.3%
Total	N	247	228	269	253	233	299	257	281	225	240	228	212
	%	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 January 1, 2009 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	10	42	65	109	73	119	160	578
		% of Row	1.7%	7.3%	11.2%	18.9%	12.6%	20.6%	27.7%	100.0%
		% of Col	7.0%	11.7%	12.3%	11.8%	11.5%	9.8%	10.1%	10.7%
	DCF Facilities	Count	0	13	12	13	8	15	8	69
		% of Row	.0%	18.8%	17.4%	18.8%	11.6%	21.7%	11.6%	100.0%
		% of Col	.0%	3.6%	2.3%	1.4%	1.3%	1.2%	.5%	1.3%
	Foster Care	Count	65	137	243	410	310	635	881	2681
		% of Row	2.4%	5.1%	9.1%	15.3%	11.6%	23.7%	32.9%	100.0%
		% of Col	45.5%	38.1%	45.8%	44.3%	48.8%	52.2%	55.6%	49.7%
	Group Home	Count	1	10	10	15	12	45	70	163
		% of Row	.6%	6.1%	6.1%	9.2%	7.4%	27.6%	42.9%	100.0%
		% of Col	.7%	2.8%	1.9%	1.6%	1.9%	3.7%	4.4%	3.0%
	Independent Living	Count	0	0	0	2	3	5	3	13
		% of Row	.0%	.0%	.0%	15.4%	23.1%	38.5%	23.1%	100.0%
		% of Col	.0%	.0%	.0%	.2%	.5%	.4%	.2%	.2%
	Relative Care	Count	24	67	115	214	134	224	147	925
		% of Row	2.6%	7.2%	12.4%	23.1%	14.5%	24.2%	15.9%	100.0%
		% of Col	16.8%	18.6%	21.7%	23.1%	21.1%	18.4%	9.3%	17.2%
	Medical	Count	4	4	3	6	2	4	2	25
		% of Row	16.0%	16.0%	12.0%	24.0%	8.0%	16.0%	8.0%	100.0%
		% of Col	2.8%	1.1%	.6%	.6%	.3%	.3%	.1%	.5%
	Mixed (none >50%)	Count	0	2	3	19	26	74	234	358
		% of Row	.0%	.6%	.8%	5.3%	7.3%	20.7%	65.4%	100.0%
		% of Col	.0%	.6%	.6%	2.1%	4.1%	6.1%	14.8%	6.6%
	Safe Home	Count	23	41	32	65	27	12	7	207
		% of Row	11.1%	19.8%	15.5%	31.4%	13.0%	5.8%	3.4%	100.0%
		% of Col	16.1%	11.4%	6.0%	7.0%	4.3%	1.0%	.4%	3.8%
	Shelter	Count	9	24	24	19	5	8	1	90
		% of Row	10.0%	26.7%	26.7%	21.1%	5.6%	8.9%	1.1%	100.0%
		% of Col	6.3%	6.7%	4.5%	2.1%	.8%	.7%	.1%	1.7%
	Special Study	Count	6	11	16	45	32	70	61	241
		% of Row	2.5%	4.6%	6.6%	18.7%	13.3%	29.0%	25.3%	100.0%
		% of Col	4.2%	3.1%	3.0%	4.9%	5.0%	5.8%	3.9%	4.5%
	Unknown	Count	1	9	7	8	3	5	10	43
		% of Row	2.3%	20.9%	16.3%	18.6%	7.0%	11.6%	23.3%	100.0%
		% of Col	.7%	2.5%	1.3%	.9%	.5%	.4%	.6%	.8%
Total		Count	143	360	530	925	635	1216	1584	5393
		% of Row	2.7%	6.7%	9.8%	17.2%	11.8%	22.5%	29.4%	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	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009
Total number of children 12 years old and under, in Congregate Care	299	290	312	278	248	222
• Number of children 12 years old and under, in DCF Facilities	14	11	13	16	14	16
• Number of children 12 years old and under, in Group Homes	54	51	54	53	56	44
• Number of children 12 years old and under, in Residential	53	58	56	63	60	45
• Number of children 12 years old and under, in SAFE Home	120	143	164	122	96	97
• Number of children 12 years old and under, in Permanency Diagnostic Center	21	15	16	14	15	12
• Number of children 12 years old and under in MH Shelter	11	10	6	7	4	4
Total number of children ages 13-17 in Congregate Placements	943	906	877	835	843	853

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	**3107**	**3548**	**3206**	**3092**	**3409**	**2854**	**2805**
SAFE Homes & PDCs	729	629	453	394	396	382	335
	23%	18%	14%	13%	12%	13%	12%
Shelters	166	135	147	178	114	136	143
	5%	4%	5%	6%	3%	5%	5%
Total	895	764	600	572	510	518	478
	29%	22%	19%	18%	15%	18%	17%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Initial Plcmnts	**895**	**764**	**600**	**572**	**510**	**518**	**478**
<= 30 days	351	308	249	242	186	162	181
	39%	40%	42%	42%	36%	31%	38%
31 - 60	285	180	102	113	73	73	104
	32%	24%	17%	20%	14%	14%	22%
61 - 91	106	121	81	76	87	79	61
	12%	16%	14%	13%	17%	15%	13%
92 - 183	102	107	124	100	118	131	107
	11%	14%	21%	17%	23%	25%	22%
	51	48	44	41	46	73	25
184+	6%	6%	7%	7%	9%	14%	5%

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

Placement Issues	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**
Total number of children in SAFE Home	143	133	154	175	132	102	115
• Number of children in SAFE Home, > 60 days	81	59	88	95	84	50	44
• Number of children in SAFE Home, >= 6 months	18	21	26	19	14	9	14
Total number of children in STAR/Shelter Placement	95	93	71	76	72	73	77
• Number of children in STAR/Shelter Placement, > 60 days	50	36	45	39	32	30	36
• Number of children in STAR/Shelter Placement, >= 6 months	9	10	8	8	6	4	8
Total number of children in Permanency Planning Diagnostic Center	22	23	18	20	17	18	14
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	14	13	14	17	14	13	8
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	6	7	5	7	7	8	6
Total number of children in MH Shelter	12	15	12	8	7	5	4
• Total number of children in MH Shelter, > 60 days	11	11	11	6	6	5	4
• Total number of children in MH Shelter, >= 6 months	9	9	7	4	2	0	2

Time in Residential Care

Placement Issues	Nov 2007	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009
Total number of children in Residential care	633	614	613	578	542	529	534
• Number of children in Residential care, >= 12 months in Residential placement	200	190	166	150	133	125	119
• Number of children in Residential care, >= 60 months in Residential placement	7	7	5	4	5	4	4

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

The Fourth Quarter 2008 Outcome Measure 3 and Outcome Measure 15 review finds that DCF achieved their highest scores to date, with Treatment Plans being deemed appropriate in 79.2% of the cases reviewed. Service needs were assessed to have been met in 58.5% of the sample cases. There continues to be a need for improvement in the area of engagement efforts with key case participants. This impacts both treatment plan development and service initiation. However, the results during the quarter support an assertion that there has been some traction and forward movement in both areas of effort.

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 Fourth Quarter 2008, the Monitor's Office reviewed a total of 53 cases.

This quarter's 53case sample was stratified based upon the distribution of area office caseload on September 1, 2008. Data was extracted for initial record review from October 26, 2008 through January 10, 2009. 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: 4th Quarter Sample Required Based on September 1, 2008 Ongoing Services Caseload

Area Office	Total Caseload	Total Sample	In Home Cases	CIP Cases
Bridgeport	1002	4	1	3
Danbury	307	2	1	1
Hartford	1887	7	2	5
Manchester	1283	5	1	4
Meriden	610	2	1	1
Middletown	406	2	1	1
Milford (Formerly Greater New Haven)	803	3	1	2
New Britain	1473	6	2	4
New Haven Metro	1404	5	2	3
Norwalk	271	2	1	1
Norwich	1064	4	1	3
Stamford	292	2	1	1
Torrington	423	2	1	1
Waterbury	1147	4	1	3
Willimantic	716	3	1	2
Grand Total	13088	53	18	35

This quarter, the methodology individually assigned one DCF staff or Monitor's Review staff to review each case[8]. Within the course of review, each case was subjected to the following methodology.

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.
2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)[9].
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 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 this quarter, there were eleven cases submitted for consideration of an override. Included in these cases, were three requests for override on Outcome Measure 3, and nine requests for override on Outcome Measure 15 (in two case instances a request for an override on both measures was submitted). All requests were reviewed and eleven

[8] As in the prior quarter, reviewers were paired to allow for training of newly contracted review staff. The training period will continued into this quarter to support the development of review skills consistent with the core group now established for over one year.

[9] 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.

overrides were granted. Several examples of rationale for overrides included such items as:

- There were four overrides requested and granted related to dental care. In all four cases the issues were addressed by the point of follow up review. Three of the cases were in-home cases. Delays were not onerous. No resulting negative effect cited (i.e. cavities, gum issues, etc.) The fourth case was an older child who was refusing to comply with scheduled appointments during the period, but in fact did see the dentist by the point of follow up review. ***Override Requests Granted.***
- Case management issues that were evident for the first few months of the period of review were rectified by a change in assignment and very proactive efforts on the part of the new social worker. By the point of review, the delays in securing necessary services had been resolved. Given the genesis of the issues, and the appropriate manner in which they were resolved, the Monitor felt an override was appropriate based upon case management efforts during the majority of the period. ***Override Request Granted***.
- Shortly after placement, a residential private provider abruptly discharged a child citing that they could not handle child's diabetes needs (they were well aware of this medical condition prior to child's entry into their facility)**.** While DCF very quickly found placement with Connecticut Children's Place and many of the child's needs are met, child has not received grief and trauma therapy as there is a wait list for the community provider in the area of the state in which CCP is located. Child has stabilized, but this need clearly remains untreated. ***As such the Override Request Was Denied.***
- Goals were not clearly articulated for two case plan documents. However, the action steps were appropriate and clearly addressed the needs and issues discussed. ***Override Requests Granted.***
- Interstate Compact on the Placement of Children (ICPC) process was brought to a halt when military family was required to relocate to another state. ICPC promptly started in that second state, but this has caused undue delay in licensing. Given these specific circumstances, ***Override Request Granted.***
- By court order child has goal of APPLA at age six. Court ordered that child remain in the long term foster home who agreed to be lifelong resource (but has since indicated this will not include adoption). Concerns raised in recent ACR regarding lack of ARE registration and efforts to concurrently seek adoptive resource as it is the concurrent plan. Area Office as a result of ACR did register child on the ARE, and will include action steps to revisit the possibility of TPR with the court should a resource become available. ***Override Request Granted.***

Sample Demographics

The sample consisted of 53 cases distributed among the fifteen area offices. The work of 52 Social Workers and 49 Social Work Supervisors' work was incorporated into the record review. Reviewers attended an ACR or family conference where one was held. This resulted in observation of these processes in 41 of the 53 cases reviewed.

Case openings/reopenings ranged from as long ago as October 13, 2000 to one most recently re-opened on August 25, 2008. At the point of review, the data indicates that the majority of cases (96.2%) were open for child protective service reasons. In 66.0% of the cases, there was at least one prior investigation within their history at the time of the most recent case opening.

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

	Is there a history of prior investigations?		
What is the type of case assignment noted in LINK?	**yes**	**no**	**Total**
CPS In-Home Family Case (IHF)	14	4	18
CPS Child in Placement Case (CIP)	20	12	32
Voluntary Services Child in Placement Case (VSCIP)	1	2	3
Total	35	18	53

Of the children in placement within the sample, 48.6% were male and 51.4% were female. Ages ranged from nine months to18 years and four months of age on December 1, 2008. Legal status at the point of review was most frequently committed, with 57.1% of the cases identifying the child in placement with this legal status. Six or 17.1% of the cases designated as children-in-placement (n=35) had a legal status of Termination of Parental Rights (TPR).

Ten of the 53 cases sampled (18.9%) were in-home cases that had no legal involvement, and six of the sample set were in-home cases that had protective supervision in place (11.3%). The table below provides additional information related for the full sample of both In-Home and Child-in-Placement cases.

Table 2: Legal Status

Status	**Frequency**	**Percent**
Committed (Abuse/Neglect/Uncared For)	20	37.7
N/A - N/A In-Home CPS case with no legal involvement	10	18.9
TPR/Statutory Parent	6	11.3
Protective Supervision	6	11.3
Not Committed	5	9.4
Order of Temporary Custody	2	3.8
Commitment/FWSN	2	3.8
Dually Committed	1	1.9
DCF Custody Voluntary Services	1	1.9
Total	53	100.0

In addition to the six children with TPR status, DCF had filed for TPR in an additional five cases. Seven of the children in the sample had TPR determinations documented with

an exception to filing the TPR identified. In four cases, adoption was the stated goal, but a TPR had not been filed.

Of the 35 children in out of home placement eight or 22.9% had documented involvement with the juvenile justice system during the prior six month period.

In looking at race alone, the most frequently identified race was White, which comprised 64.2% of the sample population. A total of 28.3% identified the client's ethnicity as Hispanic.

Crosstabulation 2: Race (Child or Family Case Named Individual) * Ethnicity (Child or Family Case[10] Named Individual)

	Ethnicity (Child or Family Case Named Individual)			
Identified Race	**Hispanic**	**Non-Hispanic**	**Unknown**	**Total**
White	9	25	0	34
Black/African American	1	9	1	11
UTD	4	1	0	5
Multiracial (more than one race selected)	1	1	1	3
Total	15	36	2	53

In establishing the reason for the most recent case open date identified, reviewers were asked to identify all allegations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 170[11] CPS allegations or issues were identified at the time of the report to the Hotline.

The data indicates that physical neglect remains the most frequent identified reason for referral. Thirty-nine of the 53 cases had physical neglect included in the concerns identified upon most recent referral to the Hotline. In 30 of these cases (56.6% of the sample), physical neglect was substantiated. Parental Substance Abuse/ Mental Health, was identified in 27 cases (50.9%) and substantiated in 16 cases (30.2%). Domestic Violence was alleged in 13 cases (24.5%) and substantiated in six or 11.3% cases. Emotional Neglect was alleged in 20.8% of the cases sampled and substantiated in 20.8% of the sample cases. The Hotline identified prior DCF investigations in 35 (66.0%) of the cases. One case (1.9%) included parents with a history of prior TPR(s).

[10] Establishes the child's race in CIP cases, but the case named individual (primary parent/guardian) for those cases identified as in-home.
[11] Excludes the six cases which were opened to acknowledge the child's change in legal status to TPR.

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

Identified Issue/Concern	Number of Times Alleged/Identified	Number Substantiated
Physical Neglect	39	30
Prior History of Investigations	35	N/A
Parent's Mental Health or Substance Abuse	27	16
Domestic Violence	13	6
Emotional Neglect	11	11
Child's Behaviors	9	N/A
Medical Neglect	9	4
Educational Neglect	7	6
Physical Abuse	7	3
Child's TPR prompted new case opening	6	N/A
Moral Neglect	3	2
Abandonment	2	1
Emotional Abuse	2	0
Sexual Abuse	2	2
Voluntary Services Referral (VSR)	2	N/A
FWSN Referral	1	N/A
Prior History of TPR for parent	1	N/A
	176	81

The reviewers were asked to identify the primary reason for DCF involvement on the date of most recent case opening. "Physical Neglect" and "Substance Abuse or Mental Health (parent)" were the most frequently cited reasons for involvement with the Department with 34 % of the cases citing physical neglect and 24.5% the substance abuse of the parent as the primary issue for the case opening.

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

Reason for Case Opening	Frequency	Percent
Physical Neglect	18	34.0
Substance Abuse/Mental Health (parent)	13	24.5
Child's TPR prompted new case open under child's name	6	11.3
Domestic Violence	3	5.7
Educational Neglect	3	5.7
Child with behavioral, medical, substance abuse or delinquent behaviors in conjunction with CPS concerns within the home	2	3.8
Emotional Neglect	2	3.8
Voluntary Services Request for medical/mental health/substance abuse/ behavioral health of child (No CPS Issues)	2	3.8
Abandonment	1	1.9
Medical Neglect	1	1.9
Physical Abuse	1	1.9
Sexual Abuse	1	1.9
Total	53	100.0

SDM scores at investigation were documented upon case opening for 26 of the cases reviewed.[12] Of these, SDM overall risk scores were most frequently deemed moderate (61.5%) at the point of investigation. Two cases had a risk score in the high range (7.7%) and eight were considered low risk upon completion of the tool (30.8%). Discretionary supervisory override of six of these cases raised the scores to moderate in three cases and to high in three cases prior to transfer to Ongoing Services.

At the point of investigation finalization, nine situations were deemed "safe," an additional eleven were deemed "conditionally safe" and six were identified as "unsafe". In 13 cases, there was a documented safety plan resulting from the safety assessment. In all 13 cases there was evidence that services or interventions put into the home during the investigation mitigated observed/assessed safety factors in the home.

In seven of the 26 cases there was ongoing and timely SDM Risk Reassessments at 90 day intervals as required by case circumstances. At the point of the ACR or Family Conference, 34 cases had a current (less than 90 days old) SDM Risk Reassessment documented[13]. Nine indicted the risk as "high", ten were "moderate", twelve were scored "low", and three were scored "very low".

DCF approved permanency/case goals were identified for all 53 cases reviewed. In 18 cases the Permanency Plan Recommendation derived from the SDM tool agreed with the permanency goal stated on the treatment plan. Four were changed as a result of the supervisory override. In only one instance did the permanency goal did not correspond with the SDM recommendation.

DCF policy requires concurrent planning when reunification or APPLA are the designated permanency goals. Of the 13 cases with the goal of reunification, 100.0% identified a concurrent goal. Of the seven treatment plans, in which “APPLA” was the permanency goal, four identified a required concurrent plan.

Three of the concurrent goals for these APPLA cases identified a preferred permanency goal as the concurrent goal (adoption, reunification or TOG) and one additional case identified Long Term Foster Care - Relative as the concurrent plan.

[12] In 27 of the cases, the case opening date pre-dated the statewide implementation of the use of SDM or the case circumstance did not require SDM to be completed.
[13] Numbers required vary with changes to permanency goal, which impacts need to complete the risk reassessment.

Crosstabulation 3: What is the child or family's stated goal on the most recent approved treatment plan in place during the period?*Concurrent Treatment Plan Goal.

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	What is the stated concurrent plan?							
	Reunification	Adoption	TOG	LTFC with Relative	In-Home Goals - Safety/Well Being Issues	None	APPLA	Total
Reunification	0	6	3	0	0	**0**	4	13
Adoption	0	0	1	1	0	8	2	12
Transfer of Guardianship (TOG)	0	0	0	0	0	1	0	1
Long Term Foster Care (LTFC) with a licensed relative	0	0	0	0	0	0	2	2
In-Home Goals - Safety/Well Being Issues	0	0	1	0	13	4	0	18
APPLA	1	2	0	1	0	**3**	0	7
Total	1	8	5	2	13	16	8	53

Children in placement had various lengths of stay at the point of our review. The date of recent out of home placement ranged from May 23, 1995 through April 14, 2008. The average length of stay is 841 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 490 days. In looking at the length of stay in the current placement, dates ranged from 61 days to 1,502 days, with an average of 407 days in placement with the same provider. Factoring in the impact of the outliers, the median was calculated and is reported at 264 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 the 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?

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?					
	yes	no	N/A - Exception noted in LINK	N/A - child's goal and length of time in care don't require TPR filing	N/A - In-Home Case (CPS or Voluntary Services)	Total
1-6 months	0	2	1	2	0	5
7-12 months	1	3	0	5	0	9
13-18 months	3	1	1	2	0	7
19-24 months	2	0	2	0	0	4
Greater than 24 months	5	2	3	0	0	10
N/A - no child in placement (in-home case)	0	0	0	0	18	18
Total	11	8	7	9	18	53

In all but three 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. In two of these cases the goal was adoption and in one the goal was reunification.

At the point of review, the children in placement were predominantly in foster care settings (22 children). In Connecticut, thirteen children were in DCF non-relative licensed foster homes, five children were in DCF relative foster homes and one each was placed in a private provider therapeutic foster home and in a special study foster home. Out of State, foster placements included one child in a non-relative foster placement and one child in a relative foster placement. Six children were in in-state residential facility settings. Two children were in group homes and two were placed in safe homes. One child was in a STAR program. One child was living out of state in a residential facility. Two children remained committed but were in the home of their biological parent on trial home visit.

Table 5: Current residence of child on date of LINK review

	Frequency	Percent
N/A - In-home family case (no placement)	17	32.1
In-State non-relative licensed DCF foster care	13	24.5
In-State Residential	6	11.3
In-State certified/licensed relative DCF foster care	5	9.4
Home of biological parent, adoptive parent or legal guardian	2	3.8
Safe Home	2	3.8
Group Home	2	3.8
In-State private provider foster care	1	1.9
Special Study Foster Home	1	1.9
STAR	1	1.9
Out of State non-relative foster care	1	1.9
Out of State Relative foster care	1	1.9
Out of State Residential	1	1.9
Total	53	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."*

The Fourth Quarter case review data indicates that the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 42 of the 53-case sample or **79.2%.** This is a marked improvement from prior quarters' results.

Table 6: Historical Findings on OM3 Compliance - Quarter 2006 to Fourth 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%
3rd Quarter 2008	53	62.3%
4th Quarter 2008	53	79.2%
Total to Date	569	45.9%

Of the 35 cases with children in placement at the point of review, 28, or 80.0% achieved an overall determination of "appropriate treatment plan" during this quarter. In-Home cases also achieved this designation in 77.8% of the sample for this quarter. The following crosstabulation provides further breakdown to distinguish between voluntary and child protective services cases as well.

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

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	14	4	18
	% within What is the type of case assignment noted in LINK?	77.8%	22.2%	100.0%
	% within Overall Score for OM3	34.1%	33.3%	34.0%
	% of Total	26.4%	7.5%	34.0%
CPS Child in Placement Case (CIP)	Count	25	7	32
	% within What is the type of case assignment noted in LINK?	78.1%	21.9%	100.0%
	% within Overall Score for OM3	61.0%	58.3%	60.4%
	% of Total	45.3%	15.1%	60.4%
Voluntary Services Child in Placement Case (VSCIP)	Count	3	0	3
	% within What is the type of case assignment noted in LINK?	100.0%	.0%	100.0%
	% within Overall Score for OM3	7.3%	.0%	5.7%
	% of Total	5.7%	.0%	5.7%
Total	Count	42	11	53
	% within What is the type of case assignment noted in LINK?	79.2%	20.8%	100.0%
	% within Overall Score for OM3	100.0%	100.0%	100.0%
	% of Total	79.2%	20.8%	100.0%

All 53 cases had SWS approved treatment plans less than seven months old at point of review. In relationship to the stated permanency goals for those plans, cases with a goal of LTFC - Relative and Transfer of Guardianship had the highest rate of appropriateness with 100.0% deemed appropriate. Those cases with APPLA appeared to present the most challenges to treatment planning in that 71.4% had appropriate plans (5 of 7).

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	10	3	13
	% within Permanency Goal	76.9%	23.1%	100.0%
	% within Overall Score for OM3	24.4%	25.0%	24.5%
Adoption	Count	10	2	12
	% within Permanency Goal	83.3%	16.7%	100.0%
	% within Overall Score for OM3	24.4%	16.7%	22.6%
Transfer of Guardianship	Count	1	0	1
	% within Permanency Goal	100.0%	.0%	100.0%
	% within Overall Score for OM3	2.4%	.0%	1.9%
Long Term Foster Care with a licensed relative	Count	2	0	2
	% within Permanency Goal	100.0%	.0%	100.0%
	% within Overall Score for OM3	4.9%	.0%	3.8%
In-Home Goals - Safety/Well Being Issues	Count	14	4	18
	% within Permanency Goal	77.8%	22.2%	100.0%
	% within Overall Score for OM3	34.1%	33.3%	34.0%
APPLA	Count	5	2	7
	% within Permanency Goal	71.4%	28.6%	100.0%
	% within Overall Score for OM3	9.8%	25.0%	13.2%
Total	Count	42	11	53
	% within Permanency Goal	79.2%	20.8%	100.0%
	% within Overall Score for OM3	100.0%	100.0%	100.0%

In looking at Area Office performance in light of Outcome Measure 3 this quarter: Danbury, Greater New Haven, Manchester, Meriden, Norwalk, Norwich, Stamford, and Willimantic Offices all achieved 100% compliance. This is Willimantic's fourth quarter achieving 100% for this measure. This is followed by Meriden, which has achieved the 100% standard for three quarters.

See the following crosstabulation below for the full statewide results by quarter.

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

Number and Percentage of Plans Deemed "Appropriate Treatment Plan"											
Area Office	**3Q2006**	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**	**3Q2008**	**4Q2008**	**All**
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%	0 0.0%	3 75.0%	18 40.0%
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%	***2*** ***100.0%***	***2*** ***100.0%***	12 57.1%
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%	3 42.9%	6 85.7%	25 36.8%
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%	2 40.0%	***5*** ***100.0%***	34 64.2%
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%***	***2*** ***100.0%***	***2*** ***100.0%***	13 59.1%
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%***	0 0.0%	1 50.0%	15 68.2%
Milford	2 66.7%	2 40.0%	2 40.0%	0 0.0%	0 0.0%	1 33.3%	3 ***100.0%***	1 33.3%	***3*** ***100.0%***	***3*** ***100.0%***	17 47.2%
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%	4 66.7%	2 33.3%	24 40.7%
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%	4 80.0%	4 80.0%	22 34.6%
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%	1 50.0%	***2*** ***100.0%***	11 57.9%
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%	***4*** ***100.0%***	3 75.0%	27 61.4%
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%	1 50.0%	***2*** ***100.0%***	6 31.6%
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%***	***1*** ***50.0%***	1 50.0%	14 63.6%

Number and Percentage of Plans Deemed "Appropriate Treatment Plan"											
Area Office	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008	All
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%	3 75.0%	3 75.0%	17 34.0%
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%***	***3*** ***100.0%***	***3*** ***100.0%***	23 71.9%
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%	33 62.3%	41 77.4%	278 48.9%

Looking at the rate of compliance by Race (Child or Family Case Named Individual) and gender of the child, Male CIP plans were deemed appropriate 82.4% vs. 78.6% for female CIP. In-Home cases were appropriate in 77.8% cases. The lowest rate of compliance is achieved for females designated UTD or multiracial.

Crosstabulation 8: Overall Score for OM3 3rd Quarter 2008 * Race (Child or Family Case Named Individual) * gender of child (n=53)

			Overall Score for OM3		
Sex of Child	Race		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
male	Black/African American	Count	5	1	6
		% within Race	83.3%	16.7%	100.0%
		% within OM3	35.7%	33.3%	35.3%
	White	Count	8	2	10
		% within Race	80.0%	20.0%	100.0%
		% within OM3	57.1%	66.7%	58.8%
	UTD	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
		% within OM3	7.1%	.0%	5.9%
	Total	Count	14	3	17
		% within Race	82.4%	17.6%	100.0%
		% within OM3	100.0%	100.0%	100.0%
female	Black/African American	Count	4	0	4
		% within Race	100.0%	0.0%	100.0%
		% within OM3	28.6%	0.0%	22.2%
	White	Count	9	1	10
		% within Race	90.0%	10.0%	100.0%
		% within OM3	69.2%	20.0%	55.6%
	UTD	Count	0	1	1
		% within Race	.0%	100.0%	100.0%
		% within OM3	.0%	20.0%	5.6%
	Multiracial	Count	1	2	3
		% within Race	33.3%	66.7%	100.0%
		% within OM3	7.7%	40.0%	16.7%
	Total	Count	13	5	18
		% within Race	78.6%	27.8%	100.0%
		% within OM3	100.0%	100.0%	100.0%
N/A - in-home case (Race Determined by Named Case Participant)	Black/African American	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
		% within OM3	7.1%	.0%	5.6%
	White	Count	10	4	14
		% within Race	71.4%	28.6%	100.0%
		% within OM3	71.4%	100.0%	77.8%
	UTD	Count	3	0	3
		% within Race	100.0%	.0%	100.0%
		% within OM3	21.4%	.0%	16.7%
	Total	Count	14	4	18
		% within Race	77.8%	22.2%	100.0%
		% within OM3	100.0%	100.0%	100.0%

All reviewers indicated that language needs were met. But there were concerns noted by one reviewer who speaks Spanish, in relation to the services provided, as the interpreter was not proficient. During the quarter 73.3% of the 15 cases identified with Hispanic ethnicity had "appropriate" treatment plans, while 86.1% (31 of 36) Non-Hispanic children and families were identified as "appropriate." The two cases with "unknown" ethnicity both scored as not appropriate (0.0%).

Crosstabulation 9: Ethnicity (Child or Family Case Named Individual) * Overall Score for OM3

		Overall Score for OM3		
Ethnicity (Child or Family Case Named Individual)		**Appropriate Treatment Plan**	**Not an Appropriate Treatment Plan**	**Total**
Hispanic	Count	11	4	15
	% within Ethnicity	73.3%	26.7%	100.0%
	% within OM3	26.8%	33.3%	28.3%
Non-Hispanic	Count	31	5	36
	% within Ethnicity	86.1%	13.9%	100.0%
	% within OM3	75.6%	41.7%	67.9%
Unknown	Count	0	2	2
	% within Ethnicity	.0%	100.0%	100.0%
	% within OM3	.0%	16.7%	3.8%
Total	Count	42	11	53
	% within Ethnicity	79.2%	20.8%	100.0%
	% within OM3	100.0%	100.0%	100.0%

Each case had a unique pool of active participants requiring collaboration with DCF. The chart below indicates the degree to which identifiable/active case participants were engaged by the social worker and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed. This review found a very 69.6% rate of documented conversation with the adolescent population regarding their treatment planning. While adolescent's attendance at the ACR itself was 57.9% for this group, with the implementation of the Adolescent Planning Conference (APC) at the ACR we are hopeful that attendance rates will increase given the requirement to have the child present at the APC.

Table 7: 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	78.3%	73.0%
Foster Parent	76.0%	56.0%
Child	69.6%	57.9%
Other Participants	69.6%	65.2%
Other DCF Staff	60.7%	60.7%
Active Service Providers	58.5%	53.4%
Father	33.3%	26.7%
Parents' Attorney	19.4%	19.4%
Attorney/GAL (Child)	15.8%	15.8%

Participation of attorneys rose from 14.7% last quarter to 19.4% this quarter for parents' attorneys and 15.8% for child's attorney/GAL. Participation of fathers continues to be poor declining to33.3% from last quarter's 48.8% participation rate. Only 26.7% of fathers attended or teleconferenced into the ACR.

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

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

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

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

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

Absent/Adverse Score – 1
The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

The rate of improvement from the prior quarter is noticeable. There are no poor or adverse scores recorded for the quarter. Deficits were most frequently noted in two of the eight categories: "Determination of Goals/Objectives" and "Action Steps to Achieve Goals".

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=53), the second is the children in out of home placement (CIP) cases (n=35) and the third is the in-home family cases (n=18). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 2.

Table 8: 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	37 69.8%	16 30.2%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	12 22.6%	40 75.5%	1 1.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	17 32.1%	34 64.2%	2 3.8%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	18 34.0%	33 62.3%	2 3.8%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	7 13.2%	38 71.7%	8 15.1%	0 0.0%	0 0.0%
II.2. Progress	17 32.1%	34 64.2%	2 3.8%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	4 7.5%	43 81.1%	6 11.3%	0 0.0%	0 0.0%
II.4 Planning for Permanency	26 49.1%	24 45.3%	3 5.7%	0 0.0%	0 0.0%

Table 9: 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	24 68.6%	11 31.4%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	7 20.0%	27 77.1%	1 2.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	10 28.6%	23 65.7%	2 5.7%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	10 28.6%	24 68.6%	1 2.9%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	4 11.4%	25 71.4%	6 17.1%	0 0.0%	0 0.0%
II.2. Progress	10 28.6%	24 68.6%	1 2.9%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	2 5.7%	29 82.9%	4 11.4%	0 0.0%	0 0.0%
II.4 Planning for Permanency	19 54.3%	14 40.0%	2 5.7%	0 0.0%	0 0.0%

Table 10: 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 72.2%	5 27.8%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	5 27.8%	13 72.2%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	7 38.9%	11 61.1%	0 0.0%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	8 44.4%	9 50.0%	1 5.6%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	3 16.7%	13 72.2%	2 11.1%	0 0.0%	0 0.0%
II.2. Progress	7 38.9%	10 55.6%	1 5.6%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	2 11.1%	14 77.8%	2 11.1%	0 0.0%	0 0.0%
II.4 Planning for Permanency	7 38.9%	10 55.6%	1 5.6%	0 0.0%	0 0.0%

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% to have an overall passing score, and not to achieve a statewide average within the passing range, six of the eight categories had average scores at or above the "very good" rank of "four" again this quarter, as with the third quarter. The mean scores for six categories were slightly higher as well - only Reason for Involvement and Identifying Information were down from the prior quarter.

Table 11: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 3rd Quarter 2008)

Mean Scores for Categories within Treatment Planning Over Time										
	3Q2006	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**	**3Q2008**	**4Q2008**
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73	4.81	4.70
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15	4.26	4.21
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04	4.13	4.28
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98	4.25	4.30
Determining Goals/Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91	3.92	3.98
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27	4.26	4.28
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52	3.68	3.96
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31	4.32	4.43

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

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

The case review data indicates that the Department of Children and Families attained the designation of "Needs Met" in 58.5% of the 53 case sample. The highest rate of individual office compliance with OM 15 for the Fourth Quarter 2008 was 100% achieved by Meriden, Norwalk and Norwich. The lowest rate of compliance is 0% within the Danbury, office which did not achieve needs met in either of the two cases reviewed.

Crosstabulation 10: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15 during the Fourth 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	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Danbury	Count	0	2	2
	% within Area Office	0.0%	100.0%	100.0%
Greater New Haven	Count	2	1	3
	% within Area Office	66.7%	33.3%	100.0%
Hartford	Count	4	3	7
	% within Area Office	57.1%	42.9%	100.0%
Manchester	Count	3	2	5
	% within Area Office	60.0%	40.0%	100.0%
Meriden	Count	2	0	2
	% within Area Office	100.0%	0.0%	100.0%
Middletown	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
New Britain	Count	3	3	6
	% within Area Office	50.0%	50.0%	100.0%
New Haven Metro	Count	2	3	5
	% within Area Office	40.0%	60.0%	100.0%
Norwalk	Count	2	0	2
	% within Area Office	100.0%	0.0%	100.0%
Norwich	Count	4	0	4
	% within Area Office	100.0%	0.0%	100.0%
Stamford	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Torrington	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Waterbury	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Willimantic	Count	2	1	3
	% within Area Office	66.7%	33.3	100.0%
Total	Count	31	22	53
	% within Area Office	58.4%	41.5%	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, Willimantic and Manchester offices fare best with compliance rates of 72.7%, 68.8% and 67.9%. Meriden has the lowest cumulative rate of compliance with 36.4% compliance with overall compliance to Outcome Measure 15 across all quarters' performance.

Crosstabulation 11: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? All Reviews (n=569)

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**	23	11	23	30	36	8	14	35	20	10	29	7	16	23	22	307
	% Area Office	51.1%	52.4%	63.9%	44.1%	67.9%	36.4%	63.6%	59.3%	35.1%	52.6%	65.9%	36.8%	72.7%	46.0%	68.8%	53.9%
Needs Not Met	**Count**	22	10	13	38	17	14	8	24	37	9	15	12	6	27	10	262
	% Area Office	48.9%	47.6%	36.1%	55.9%	32.1%	63.6%	36.4%	40.7%	64.9%	47.4%	34.1%	63.2%	27.3%	54.0%	31.3%	46.1%
Total	**Count**	45	21	36	68	53	22	22	59	57	19	44	19	22	50	32	569
	% Area Office	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

Crosstabulation 12: 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%
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%
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%
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%
3 Q 2007	Needs Met	Count	23	11	23	29	36	8	14	35	20	10	29	7	16	23	22	306
		%	51.1%	52.4%	63.9%	42.6%	67.9%	36.4%	63.6%	59.3%	35.1%	52.6%	65.9%	36.8%	72.7%	46.0%	68.8%	53.8%
	Needs Not Met	Count	22	10	13	39	17	14	8	24	37	9	15	12	6	27	10	263
		%	48.9%	47.6%	36.1%	57.4%	32.1%	63.6%	36.4%	40.7%	64.9%	47.4%	34.1%	63.2%	27.3%	54.0%	31.3%	46.2%

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
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%
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%
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%
3Q 2008	Needs Met	Count	1	2	3	2	2	0	1	5	3	0	0	1	2	3	3	28
		%	25.0%	100.0%	100.0%	28.6%	40.0%	0.0%	50.0%	83.3%	60.0%	0.0%	0.0%	50.0%	100.0%	75.0%	100.0%	52.8%
	Needs Not Met	Count	3	0	0	5	3	2	1	1	2	2	4	1	0	1	0	25
		%	75.0%	0.0%	0.0%	71.4%	60.0%	100.0%	50.0%	16.7%	40.0%	100.0%	100.0%	50.0%	0.0%	25.0%	0.0%	47.2%
4Q 2008	Needs Met	Count	2	0	2	4	3	2	1	3	2	2	4	1	1	2	2	30
		%	50.0%	0.0%	66.7%	57.1%	60.0%	100.0%	50.0%	50.0%	40.0%	100.0%	100.0%	50.0%	50.0%	50.0%	66.7%	56.6%
	Needs Not Met	Count	2	2	1	3	2	0	1	3	3	0	0	1	1	2	1	23
		%	50.0%	100.0%	33.3%	42.9%	40.0%	0.0%	50.0%	50.0%	60.0%	0.0%	0.0%	50.0%	50.0%	50.0%	33.3%	43.4%

For a complete listing of rank scores for Outcome Measure 15 by case, see Appendix 2.

There is greater variation in relation to needs met across various case types. Of the 18 cases selected as in-home family cases, 9 or 50.0% achieved "needs met" status. Twenty-two of the 35 cases with children in placement (62.9%) achieved "needs met" status. Further breaking down the children in placement to account for CPS versus Voluntary Services placements 65.6% of the 32 CPS cases had needs met, while 33.3% of the Voluntary Services cases had needs met. Caution should be taken in comparison given the low number of Voluntary Services cases reviewed (3).

Crosstabulation 13: 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	9	21	1	31
	% within OM 15	30.0%	67.7%	3.3%	100.0%
	% within case assignment	50.0%	65.6%	33.3%	56.6%
	% of Total	17.0%	39.6%	1.9%	56.6%
Needs Not Met	Count	9	11	2	22
	% within OM 15	39.1%	50.0%	8.7%	100.0%
	% within case assignment	50.0%	34.4%	66.7%	43.4%
	% of Total	17.0%	20.7%	3.8%	43.4%
Total	Count	18	32	3	53
	% within OM 15	34.0%	60.4%	5.7%	100.0%
	% within case assignment	100.0%	100.0%	100.0%	100.0%
	% of Total	34.0%	60.4%	5.7%	100.0%

The overall score was also looked at through the filter of the stated permanency goal. Case goals of Transfer of Guardianship had 100.0% but were based only on one case. Adoption had a needs met rate of 83.3% Outcome Measure 15. Reunification cases had the lowest rate of achieving needs met, with only 38.5% achieving the measure.

The full breakdown is shown in Crosstabulation 14 below:

Crosstabulation 14: 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	5	8	13
	% within goal	38.5%	61.5%	100.0%
	% within OM15	16.7%	34.8%	24.5%
	% of Total	9.4%	15.1%	24.5%
Adoption	Count	10	2	12
	% within goal	83.3%	16.7%	100.0%
	% within OM15	33.3%	8.7%	22.6%
	% of Total	18.9%	3.8%	22.6%
Transfer of Guardianship	Count	1	0	1
	% within goal	100.0%	.0%	100.0%
	% within OM15	3.3%	.0%	1.9%
	% of Total	1.9%	.0%	1.9%
Long Term Foster Care with a licensed relative	Count	1	1	2
	% within goal	50.0%	50.0%	100.0%
	% within OM15	3.3%	4.3%	3.8%
	% of Total	1.9%	1.9%	3.8%
In-Home Goals - Safety/Well Being Issues	Count	9	9	18
	% within goal	50.0%	50.0%	100.0%
	% within OM15	30.0%	39.1%	34.0%
	% of Total	17.0%	17.0%	34.0%
APPLA	Count	5	2	7
	% within goal	71.4%	28.6%	100.0%
	% within OM15	16.1%	9.1%	13.2%
	% of Total	9.4%	3.8%	13.2%
Total	Count	31	22	53
	% within goal	58.5%	41.5%	100.0%
	% within OM15	100.0%	100.0%	100.0%
	% of Total	58.5%	41.5%	100.0%

In total, Outcome Measure 15 looks at eleven categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing (3 or less) there is a range in performance among these categories ranging from 97.2% to 74.5%. Please note that percentages are based on applicable cases within that category.

- There were no adverse scores assessed related to any of the categories measured.
- The 80% mark was met or surpassed in eight of the 11 categories.
- Mental health, behavioral health, and substance abuse services continue to pose the greatest challenges to meeting the needs of families and children, in that 74.5% of the cases met the identified needs. While remaining short of the benchmark, we note that this is an improvement over last quarter when 67.3% of the cases achieved a passing score related to this category of needs.
- "DCF Case Management-Contracting and Providing Services to achieve the permanency goal" fell short in twelve of the applicable cases with 41 of the cases (77.4%) meeting these needs.
- Dental Needs were met in 79.2% of the cases, just missing the 80% benchmark.

Table 12: Treatment Plan Categories Achieving Passing Status for 4th Q 2008

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	35 97.2%	1 2.8%
DCF Case Management – **Legal Action** to Achieve the Permanency Goal During the Prior Six Months (II.2)	51 96.2%	2 3.8%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	33 91.7%	3 8.3%
Safety – Children in Placement (I.2)	33 91.6%	3 8.3%
Educational Needs (IV. 2)	43 91.5%	4 8.5%
Child's **Current Placement** (IV.1)	32 88.9%	4 11.1%
Medical Needs (III.1)	47 88.7%	6 11.3%
Safety – In Home (I.1)	16 84.2%	3 15.8%
Dental Needs (III.2)	42 79.2%	11 20.8%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal **during the Prior Six Months** (II.4)	41 77.4%	12 22.6%
Mental Health, Behavioral and Substance Abuse Services (III.3)	38 74.5%	13 25.5%

Table 13 below provides the complete scoring for all cases by each category.

Table 13: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories[14]

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	2 10.8%	14 73.7%	2 10.8%	1 5.3%	0 0.0%	34
I.2. Safety – Children in Placement	17 47.2%	16 44.4%	2 5.6%	1 2.8%	0 0.0%	17
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	15 41.7%	20 55.6%	1 2.8%	0 0.0%	0 0.0%	17
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	42 79.2%	9 17.0%	2 3.8%	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	17 47.2%	16 44.4%	3 8.3%	0 0.0%	0 0.0%	17
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal in Prior Six Months	10 18.9%	31 58.5%	11 20.8%	1 1.9%	0 0.0%	0
III.1 Medical Needs	29 54.7%	18 34.0%	6 11.3%	0 0.0%	0 0.0%	0
III.2 Dental Needs	30 56.6%	12 22.6%	10 18.9%	1 1.9%	0 0.0%	0
III.3 Mental Health, Behavioral and Substance Abuse Services	13 25.5%	25 49.0%	13 25.5%	0 0.0%	0 0.0%	0
IV.1 Child's Current Placement	17 47.2%	15 41.7%	2 5.6%	2 5.6%	0 0.0%	17
IV. 2 Educational Needs	25 53.2%	18 38.3%	3 6.4%	1 2.1%	0 0.0%	6

[14] 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.

The data was also 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 14: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 3rd Quarter 2008)

Outcome Measure Needs Met - Median Scores Over Time										
	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008
Safety: In-Home	4.00	3.75	3.78	4.00	4.20	4.00	4.47	4.24	3.86	3.89
Safety: CIP	4.43	4.15	4.39	4.36	4.57	4.53	4.53	4.39	4.19	4.36
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	4.51	4.39
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	4.76	4.75
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	4.44	4.39
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	4.11	3.94
Well-Being: Medical	4.31	4.34	4.28	4.22	4.34	4.25	4.49	4.69	4.57	4.43
Well-Being: Dental	4.47	3.93	3.87	4.13	4.12	4.25	4.29	4.40	4.25	4.34
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	3.81	4.00
Well-Being: Child's Current Placement	4.48	4.30	4.23	4.21	4.37	4.14	4.41	4.03	4.19	4.31
Well Being: Education	4.46	4.26	4.05	4.07	4.32	4.31	4.38	4.35	4.11	4.43

In 44 of the 53 cases (83.0%), 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). In all, 142 discrete needs were identified across those cases. The largest category of unmet needs is once again in the area of mental health.

Of the 142 barriers identified:

- The client was the documented barrier in 54 instances,
- DCF case management issues were identified in 36 of the cases cited (includes delayed referrals, lack of communication with providers and DCF, no service was identified to meet an assessed need).
- 24 situations had barriers related to provider issues such as lack of resources (wait lists, no service available, no slots, staffing issues etc.).
- In eight cases, the DCF determined it appropriate to delay a service pending completion of another.
- Incarceration and correctional facility policy related to services was identified 8 times.
- In four cases, insurance was the barrier.
- In two cases, the service was not available in the primary language of the client.

Table 15 below provides a complete breakdown of the needs and identified barriers for the sample set.

Table 15: Unmet Service Needs and Identified Barriers for Cases Identified with an Unmet Need

Service Need	Barrier	Frequency
Adoption Recruitment	Delay in referral	1
Adoption Recruitment	Service Deferred pending completion of another	1
Adoption Supports (PPSP)	Service Deferred pending completion of another	1
Behavior Management	Client refused	1
Case Management/Support/Advocacy	Delay in referrals	3
Case Management/Support/Advocacy	Lack of Communication	1
Case Management/Support/Advocacy	Other[15]	7
Crisis Stabilization Bed	Wait List	1
Dental or Orthodontic Services	Other: Adolescent's procrastination	1
Dental or Orthodontic Services	Poor Communication	1
Dental or Orthodontic Services	Provider Issue (Failure of Caretaker)	1
Dental or Orthodontic Services	Client Refused	2
Dental Screenings/Evaluations	Client refused services	3
Dental Screenings/Evaluations	Delay in referral	2
Dental Screenings/Evaluations	Insurance	1
Dental Screenings/Evaluations	Provider Issue (Failure of Caretaker)	1
Dental Screenings/Evaluations	Poor communication	1
Dental Screenings/Evaluations	UTD	1
Developmental Screening/Evaluation	Client refused	1

[15] Includes: Lack of APPLA semi-annually review, poor engagement of parents, failure to visit with father, lack of proactive support to teen parent, need for Spanish speaking worker, supervision.

Service Need	Barrier	Frequency
Developmental Screening/Evaluation	Poor communication between DCF and Provider	1
Domestic Violence Services - Perpetrator	Client Refused	3
Domestic Violence Services - Perpetrator	Service Deferred pending completion of another	1
Domestic Violence Services - Prevention	Mother and Provider difficulty in connecting	1
Drug & Alcohol Testing - Parent	Client refused	1
Drug & Alcohol Testing - Parent	Provider Issue	1
Drug and Alcohol Education - Child	Client refused	1
Drug and Alcohol Education - Parent	Client refused	1
Educational Screening/Evaluation	Client refused	1
Educational Screening/Evaluation	Delay in referral	1
Educational Screening/Evaluation	Prior schooling out of state - current district requiring old records.	1
Family Reunification Services	Delay in referral	1
Family/Marital Counseling	Client refused	2
Family/Marital Counseling	Delay in referral	1
Family/Marital Counseling	Service Deferred pending completion of another	2
Group Counseling - Child	Provider Staffing Issue	1
Group Counseling- Parent	Client refused	1
Group Counseling- Parent	Wait List	1
Health/Medical Screening	Other - Mother's health issues impacting ability to secure appointment for child	1
Health/Medical Screening	Youth missed appointment (rescheduled)	1
Health/Medical Screening	UTD	1
Health/Medical Screening	Insurance	1
Health/Medical Screening	Client refused	2
Housing Assistance (Section 8)	Eligibility requirements/Mother's cooperation	1
Housing Assistance (Section 8)	No service identified to meet this need	1
IEP Programming	Lack of Communication DCF and Provider	1
IEP Programming	Client Refused	1
Individual Counseling - Child	Insurance	1
Individual Counseling - Child	Client refused	4
Individual Counseling - Child	Delay in referral	1
Individual Counseling - Child	Service Deferred pending completion of another	1
Individual Counseling - Child	Provider Staffing	1
Individual Counseling - Parent	Client refused	4
Individual Counseling - Parent	Delay in referral	1
Individual Counseling - Parent	Service Deferred pending completion of another	1
Individual Counseling - Parent	Wait List	1
Individual Counseling - Parent	Correctional Facility Policy/Incarceration	2
Individual Counseling - Parent	Mother noncompliant	1
In-Home Parent Education	Delay in referral	1
In-Home Parent Education	Client refused	1
In-Home Parent Education	Service Deferred pending completion of another	1
In-Home Parent Education	No service identified to meet this need	1
Inpatient Substance Abuse Treatment - Parent	Client refused	1

Service Need	Barrier	Frequency
Job Coaching/Placement	Mother did not follow through with referral	1
Medication Management - Parent	Provider Staffing Issue	1
Mental Health Screening or Evaluation - Child	Client refused	1
Mental Health Screening or Evaluation - Child	UTD	1
Mentoring	Client refused	1
Other In-Home Services	No service identified to meet this need	1
Other Medical Intervention	Client refused	1
Other Medical Intervention	Delay in referral	2
Other Medical Intervention	Provider Staffing Issue	1
Other Medical Intervention	Insurance Issue	1
Other Out of Home Services	Delay in referral	1
Other Out of Home Services	Behaviorist not on staff	1
Outpatient Substance Abuse Treatment - Child	Client refused	1
Outpatient Substance Abuse Treatment - Child	Provider delayed referral	1
Outpatient Substance Abuse Treatment - Parent	Client refused	2
Outpatient Substance Abuse Treatment - Parent	Service not available in primary language	1
Outpatient Substance Abuse Treatment - Parent	Correctional Facility Policy/Incarceration	2
Parenting Classes	Service not available in primary language	1
Parenting Classes	Correctional Facility Policy/Incarceration	2
Parenting Classes	Client refused	1
Parenting Groups	Client refused	1
Parenting Groups	Correctional Facility Policy/Incarceration	2
Problem Sexual Behavior Evaluation	Client refused	1
Provider Contact	Probation non-responsive	1
Provider Contacts	Worker delay	1
Provider Contacts	Poor communications between SW and provider	3
Relapse Prevention - Child	Client refused	1
Relative Foster Care	Delay in referral	1
Residential Facility	Referred Service Unwilling to Engage Child	1
Sex Abuse Evaluation	Delay in referral	1
Substance Abuse Screening - Child	Delay in referral	1
Substance Abuse Screening - Parent	Client refused	5
Substance Abuse Screening - Parent	Provider staffing	1
Supervised Visitation	Client refused	1
Supervised Visitation	Delay in referral	1
Supportive Housing for Recovering Families	Wait List	2
SW/Child Visitation	Client refused	1
SW/Child Visitation	Worker delays	1
SW/Parent Visitation	Client refused	1
SW/Parent Visitation	Worker delays	1
Therapeutic Mentoring	Client refused	2
Therapeutic Mentoring	Delay in referral	1
Therapeutic Mentoring	Service does not exist in community	1
Therapeutic Mentoring	Service was not re-offered	1
		142

SDM Family Strength and Needs Assessment tools were identified for 27 cases. Of these 27 cases, 12 had treatment plan goals and action steps developed that accurately identified all needs prioritized from the SDM. In 15 cases, all identified SDM needs were not incorporated.

When looking forward at the current approved treatment planning document for the upcoming six month period, 16 cases (30.2%) had evidence of service needs that were clearly identified at the ACR/TPC or within LINK documentation and incorporated into the current treatment plan document. This is an improvement over the last several quarters. Only 17 services were identified for the six month period. This is an improvement over the prior period treatment plans in which 37.7% of the sample was identified as lacking inclusion of known service needs going forward.

Table 16 below provides the list of those service areas that were not included in the treatment plan but that were identified by the reviewers as services that were needed going forward. They are listed with the barrier when one was determined by the reviewer:

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

Service	Barrier	Frequency
Child's medication management	Provider issue	1
Dental or orthodontic services	Provider Issue	1
Dental or orthodontic services	Poor Communication	1
Dental screenings or evaluations	UTD	1
Educational screening or evaluation	No service identified to meet child's need	1
Educational screening or evaluation	Lack of Communication	1
Family or Marital Counseling	UTD	1
Housing	No service identified to meet this need	1
Individual Counseling - Child	No service Identified to meet child's need	1
Individual counseling-child	Delay in Referral	1
Mental health screening or evaluation-child	Delay in referral	1
Other medical intervention	Delay in referral	1
Other medical intervention	Lack of Communication	1
Other medical intervention	Mother lacked follow through	1
Other Mental Health Services - Alateen	New issue raised at ACR - not incorporated	1
Outpatient Substance Abuse Treatment - Parent	Incarceration	1
Problem sexual behavior evaluation	Child refuses service	1
		17

Correctly identifying and including service needs in the treatment plan action steps allows the agency to ensure that critical services are implemented and reviewed for progress. It also provides clarity to clients, providers and DCF regarding the expectations of case participants for the next six months. This quarter shows marked improvements in this regard.

Appendix 1

Stipulation Regarding Outcome Measure 3 and 15
Target Cohorts

Stipulation Regarding Outcome Measure 3 and 15-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 nonfamily 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.

[*] Information taken from Stipulation Regarding Outcome Measures 3 and 15, Section V.B. Court Ordered July 17, 2008.

Appendix 2

Rank Scores for Outcome Measure 3
And
Outcome Measure 15

Outcome Measure 3 - Fourth Quarter 2008 Case Summaries by Area Office

Area Office			Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	1		Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2		Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	3		Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4		Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	Total	N	4	4	4	4	4	4	4	4	4
Danbury	1		Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2		Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	Total	N	2	2	2	2	2	2	2	2	2

Area Office			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
Milford	1		Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2		Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3		Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	Total	N	3	3	3	3	3	3	3	3	3

Area Office		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
Hartford	1	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	4	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Appropriate Treatment Plan
	5	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	6	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	7	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	Total N	7	7	7	7	7	7	7	7	7

Area Office		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	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	4	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	5	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Appropriate Treatment Plan
	Total N	5	5	5	5	5	5	5	5	5
Meriden	1	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2

Area Office			Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Middletown	1		Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2		Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Treatment Plan
	Total	N	2	2	2	2	2	2	2	2	2

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
New Britain	1	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	Very Good	Marginal	Very Good	Optimal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	3	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	4	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good	Not an Appropriate Treatment Plan
	5	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Marginal	Not an Appropriate Treatment Plan
	6	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Not an Appropriate Treatment Plan
	Total N	6	6	6	6	6	6	6	6	6

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
New Haven Metro	1	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	5	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Not an Appropriate Treatment Plan
	Total N	5	5	5	5	5	5	5	5	5
Norwalk	1	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Appropriate Treatment Plan
	2	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2

Area Office			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	Very Good	Very Good	Appropriate Treatment Plan
	2		Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	3		Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	4		Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	Total	N	4	4	4	4	4	4	4	4	4
Stamford	1		Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2		Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	Total	N	2	2	2	2	2	2	2	2	2

Area Office			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
Torrington	1		Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
	2		Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	Total	N	2	2	2	2	2	2	2	2	2

Area Office			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		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	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3		Optimal	Optimal	Marginal	Very Good	Marginal	Very Good	Very Good	Optimal	Not an Appropriate Treatment Plan
	4		Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	Total	N	4	4	4	4	4	4	4	4	4
Willimantic	1		Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2		Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3		Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	Total	N	3	3	3	3	3	3	3	3	3
Total	N		53	53	53	53	53	53	53	53	53

Outcome Measure 15 Fourth Quarter 2008 Categorical Scores by Area Office

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

What is the social worker's area office assignment?			Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
	Hartford	1	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Optimal	Optimal	Needs Not Met
		2	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
		3	Optimal	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
		4	N/A to Case Type	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Needs Met
		5	Very Good	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Very Good	Optimal	N/A to Case Type	Needs Not Met
		6	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
		7	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	Needs Met
		Total N	3	5	5	7	5	7	7	7	7	5	6	7

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

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

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

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

What is the social worker's area office assignment?			Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Waterbury	1		N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	2		N/A to Case Type	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Marginal	Poor	Very Good	Needs Not Met
	3		N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Marginal	Marginal	Marginal	Optimal	Very Good	Needs Not Met
	4		Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Needs Met
	Total	N	1	4	4	4	4	4	4	4	4	4	3	4
Willimantic	1		N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	2		N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Optimal	Needs Not Met
	3		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
	Total	N	1	2	2	3	2	3	3	3	3	2	3	3
Total	N		19	36	36	53	36	53	53	53	51	36	47	53

Appendix 3

Commissioner's Highlights from
Department of Children & Families
Fourth Quarter 2008 Exit Plan Report

Commissioner's Highlights
Fourth Quarter 2008 Exit Plan Report
February 2009

The Fourth Quarter 2008 *Juan F.* Exit Plan Report demonstrates a significant advance in quality treatment planning, an important area of our work area that has been a great challenge. Beyond question prior to this quarter, Department staff already made great strides in achieving or nearly achieving 20 of the 22 outcome measures since implementation of the Exit Plan in 2004. In large part because of this success in improving the quality of our work with children and families, the focus has shifted to the two outcomes that have been most difficult this far: treatment planning and meeting children's needs. We have made focused efforts to improve these two measures of our work, and we are now seeing sizable progress in developing quality treatment plans.

Reflecting intense staff effort and training, focused attention, and quality improvement activities, 79.2 percent of treatment plans subject to the Court Monitor's case review met high standards. While we have not yet met the 90 percent goal, this represents a nearly 17 percentage point improvement compared to the previous quarter, nearly an eight-fold increase compared to the first measurement for this outcome in 2004, and nearly a doubling compared to only two years ago. Quality treatment planning requires strong family collaboration and good communication, and this outcome's progress is evidence of strong improvement in a key component of good social work.

Several factors account for this marked improvement, but the most significant is that staff have taken hold of the importance of quality treatment planning and fully dedicated their efforts to improvements. Staff are applying particular focus on developing clear case goals and identifying specific action steps, which are vitally important to establishing meaningful goals with and for families. In addition, support for staff in this effort has been substantial, including extensive training and highly useful feedback through the Administrative Case Review (ACR) process. ACR staff have made important contributions to the quality of individual treatment plans, and Area Office staff have embraced the collaboration by incorporating the ACR feedback into their casework. Also, close collaboration with the Court Monitor's office has been particularly effective in providing another feedback loop to Area Office staff about quality treatment planning.

Coinciding with this development, our previous advances by and large have been maintained. Overall this quarter, the Department met or nearly met 21 of the 22 outcomes; 15 outcome measures were met outright and six other outcomes came within 13 percentage points of the goal. All 15 measures meeting goal have been sustained for seven consecutive quarters or more, and 11 of these outcomes have been met for twelve consecutive quarters or more. It is also gratifying that the outcome measure for repeat maltreatment, an important barometer for assessing the quality of child welfare interventions, now has met the goal for seven consecutive quarters. Although this quarter was the first time since 2006 that we did not achieve the outcomes for timely adoption and transfer of guardianship, there is no reason to believe that this is anything other than

an anomaly within a context of significant improvement and meeting goals each quarter over the last two-year period.

In short, our Department has much to be proud of both in terms of maintaining gains and in making a significant stride forward in an area that has been among the greatest challenges. Below is a summary of our accomplishments and remaining challenges:

ACCOMPLISHMENTS

Department staff met the following 15 outcomes in the fourth quarter of 2008:

- Commencement of Investigations: The goal of 90 percent was exceeded for the 17th quarter in a row with a current achievement of 97.9 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 91.4 percent of cases, also exceeding the goal of 85 percent for the 17th consecutive quarter.
- Search for Relatives: For the 13th consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 94.3 percent of children.
- Repeat Maltreatment: For the 7th consecutive quarter, staff exceeded the goal of 7 percent by achieving 6.1 percent**.**
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the 20th consecutive quarter with an actual measure of 0.2 percent.
- Reunification: For the first time since last meeting the goal in the third quarter of 2007, the Department met the 60 percent goal for timely reunification by achieving the one-year timeline in 69.6 percent of cases.
- Multiple Placements: For the 19th consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.8 percent.
- Foster Parent Training: For the 19th consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the 10th consecutive quarter, staff met the 96 percent goal with an actual rate of 96.6 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the 13th consecutive quarter staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the 13th consecutive quarter, workers met required visitation frequency in 89.7 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the 19th quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the 11th consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by reaching 10.1 percent.

- Discharge Measures: For the 14th 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 92.2 percent of applicable cases.
- Multi-disciplinary Exams: For the 12th consecutive quarter, staff met the 85 percent goal by ensuring that 90.1 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

More than ever under the Exit Plan, the Department is able to focus on the remaining improvements required in treatment planning and on the cluster of issues that revolve around Outcome Measure 15 Needs Met. With the significant improvement in treatment planning, we now must build on this momentum to reach an attainable and sustained level of 90 percent -- an increase of only 10.8 percent. The large gains that have already occurred demonstrate that we have the capacity to attain this goal. In addition, work slated for completion this summer will streamline the treatment planning process for workers by reducing redundant writing and facilitate management support by producing more detailed reports that will better highlight areas that need further focus. I am pleased by the progress made in this area of our work and am confident we will attain this outcome in the near future.

Outcome Measure 15 Needs Met continues as a major focus of our efforts. The ongoing service need reviews are being carried out across the state in order to improve how we serve the approximately 2,500 children in the eight cohort groups identified as requiring special attention. These children are those whose needs are the most challenging, and the heightened focus on their individual circumstances is both necessary and the most likely to yield improvements in how we are meeting this outcome measure. More than 700 of the reviews have already taken place, and each child has received a focused review and case conference with the goal of identifying issues and clear plans to enable the child to exit from the cohort. Work is underway to coordinate the Administrative Case Review with the service needs review, and six Area Offices have already instituted this as a way to create efficiencies and improve integration of our efforts. I am confident that as our work improves for the children in the cohort groups, so it will for all the children and families we serve.

Increasing foster care resources is unquestionably a key part of our overall effort in meeting our objectives. We know that many children now in a congregate care setting could be served living with a family and that improved permanency and stability for children will result. We are engaged in working with our existing therapeutic foster care (TFC) providers to plan and implement significant improvements to this important service for children who can do well in a family setting if given a higher level of support to meet their individualized needs. In the next three months, we will be working with our current TFC providers to determine if the necessary upgrades and improvements to TFC can be made by amending existing contracts.

The Department's foster care recruitment efforts are also focusing on improving the licensing process for people who have indicated their interest in becoming a foster parent. Our work in reaching out to potential foster parents indicates that some individuals have waited too long to be offered the required PRIDE training, and, as a result, we are initiating 27 PRIDE trainings during the first quarter of 2009. The Office of Foster Care Services has enlisted the assistance of staff in other Department divisions such as Quality Improvement and the Training Academy in order to offer more trainings, and we have amended our contract with the Connecticut Association of Foster and Adoptive Parents to provide additional PRIDE trainings. In addition, we recognize that foster parents themselves are a very valuable source of information for prospective foster parents, and we are working to enhance and increase foster parent participation in the training itself. In addition to offering stipends to the foster parents, Area Offices will provide or secure day care services as needed for those foster parents who conduct PRIDE Training.

Finally, the Department is obtaining technical assistance from AdoptUSKids, which serves as the Administration for Children and Families' National Resource Center on the Recruitment and Retention of Foster and Adoptive Parents. Work with AdoptUSKids is underway to develop a targeted recruitment campaign focusing on finding homes for populations of children for whom this has proven most challenging, including teenagers, children with complex medical needs, sibling groups, and children of color.

We recognize the remaining ground to be covered will not be easily traversed. But we are determined and certain that we must do so to provide children and families with the quality of services they need and the opportunities to thrive they deserve. We see strong cause to be optimistic and encouraged that we will continue to advance. I am very proud of the work of our staff, their diligence in improving our practice, and our partnerships with our communities, our children and our families.