*Juan F*. **v. Lamont Exit Plan**
**Status Report**
**October 1, 2018 – March 30, 2019**
**Civil Action No. 2:89 CV 859 (SRU)**

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**Highlights**

- This Status Report covers the Fourth Quarter of 2018 (October-December 2018) and the First Quarter of 2019 (January-March 2019).  The Fourth Quarter 2018 is the final quarter of Commissioner Katz's Administration and the First Quarter 2019 is the first quarter of Commissioner Dorantes' tenure.  Regular meetings with the new administration have been held during this transition period and a schedule of ongoing meetings between the parties is currently being finalized.  During initial meetings with Commissioner Dorantes and her executive staff, a common theme of improving case practice consistency, enhancing communication within the Department and better engaging stakeholders was stressed by all those in the room.  The new administration embarked on an aggressive and comprehensive review of the Departments' core areas of function utilizing domain mapping, input from thousands of staff, and assistance from an outside advisory group.  These efforts are being utilized to inform decisions on reorganization of the Department and continue to build on the progress made during the previous administration.

  Commissioner Dorantes has provided a Commissioner Statement and it is included as Appendix B in this report and can be found on page 57.

- The Court Monitor's findings regarding the 2017 Revised Exit Plan Outcome Measures indicate that the Department again maintained compliance with 5 of the remaining 10 measures during both the Fourth Quarter 2018 and the First Quarter 2019.  There were no additional measures met during this six month period.  The five measures that were met have each been previously pre-certified as compliant and the Department continued to maintain compliance.  The summary chart on page 37 provides the automated outcome measure performance/percentages. Additional analysis and review of specific cases inform the final decisions of the Court Monitor with respect to compliance.  Of the measures that did not meet the established standards in these two quarters, the most concerning continue to be the Department's investigation practice, case planning process, meeting children and families service needs, appropriate visitation with children and required adult family members of the agency's in-home cases, and compliance with caseload standards for Social Work staff.

- Paragraph 4 of the 2017 Revised Exit Plan mandates that a strategic plan be developed by the DCF Commissioner in consultation with the Court Monitor, to address compliance with the 2017 Revised Exit Plan Outcome Measures.  The plan was drafted and filed with the Court on April 26, 2018.  The plan outlines specific implementation steps and strategies for each of the six (6) measures that had not been pre-certified at that point and there is a section devoted to Quality Assurance activities. The plan is meant to be dynamic and it is systematically reviewed by the Department and the Court Monitor's Office to identify progress, areas of concern and revisions that are necessary.  While a formal update of the Strategic Plan was undertaken towards the end of the previous administration, it was not

completed by the end of their term.  Commissioner Dorantes and her team have provided an update to the Plan and it was shared with the Plaintiffs.

- Although the automated reporting indicates that the Department has achieved compliance with Outcome Measure 2 (Completion of Investigation) previous sampling confirmed that issues exist regarding the quality of the investigative work.  Beginning in June 2019, the Court Monitor has again begun another review process sampling recently completed FAR and CPS Investigation cases to ascertain if progress had been made in areas identified for improvement.  Approximately 140 cases will be reviewed utilizing the tool developed and refined over the last year.  Findings from this sampling will be shared with the parties and face-to face discussions with staff will also be offered to each DCF regional office.  The findings will be utilized to adjust/revise elements of the Strategic Plan.  The previous findings indicated that the Department continued to do well in response time after a report is made and a majority of the subjects cited in the reports are seen by the 45 day limit standard that is set for CPS Investigation and Family Assessment Response (FAR) cases.  Improvement in timely utilization of the Regional Resource Group staff on complex cases was noted in the reviewed cases and background checks were routinely completed on most cases.  There remain a number of areas that require continued improvement and they include: accurate and timely assessment utilizing the Structured Decision Making model (SDM), the quantity and quality of family and collateral contacts (especially with non-custodial parents), timely and adequate supervision, and ongoing documentation issues.

- Another key element outlined in the Strategic Plan is sufficient staffing.  Outcome Measure 6 (Caseload Standards) has not been met in the last fourteen quarters.  Improving the Department's efforts in areas such as formal assessments, purposeful visitation, effective supervision, service provision, care coordination, and case planning require adherence to the established best practice standards as well as maintaining sufficient staffing and services.

  DCF continued its predictive hiring plan of hiring approximately 30 Social Workers every month from January to June of 2019.  During the second half of the calendar year, the Department will be assessing their staffing levels and attrition rates bi-weekly. They will also be monitoring the impact of the new Differential Response System (DRS)/Intensive Care Coordination (ICC) initiative outlined in the recently passed budget.  The new initiative is expected reduce the DCF caseload and the Department will need to determine the size and frequency of the upcoming hiring blocks based on the analysis. In addition, the Department is continuing to be challenged in the efforts to address caseload/workload issues for Social Workers by their struggle to retain staff, cope with an increase in reports to the Careline, and address the growing number of cases that are transferred to Ongoing Services.

  The Staffing/Caseload summary as of June 2019 is:

  - The current average caseload utilization which is defined as the average caseload of all caseload carrying workers is 78.8%.  The average includes 84 Social Workers Trainees with low utilization as they are still in training and working their way up to full caseloads.

- Based on the current caseloads, the Department needs 1,175 Social Workers to be at the 75% average utilization outlined in the 2017 Revised Exit Plan. In May 2019, the Department had 1,126 Social Workers carrying cases. Currently there are 1,119 Social Workers carrying cases, 99 approved vacancies waiting to be filled and 32 Social Workers hired but not yet appearing in LINK.
  - In order to get to 75% utilization, 56 additional active, caseload carrying Social Worker positions and 15 Social Work Supervisors need to be established.
  - There are currently 88 Social Workers with caseloads over 100%. In April, there were 95 Social Workers over 100%. There are 30 Social Workers who have been over 100% for 25 or more days.
  - Approximately 63% of the Intake Workers in the Department are carrying more than 12 cases, which is the standard set by the Community of Practice.
  - Approximately 50% of the Ongoing Social Workers are over an 80% caseload utilization.

- The 2017 Revised Exit Plan provides a framework that focuses on the individual domains Outcome Measures 3 (Case Planning) and Outcome Measure 4 (Needs Met). The agreement allows the Department to pre-certify for compliance on an individual domain basis. By focusing on individual domains the Department can better identify the many strengths in its practice and also work on specific strategies to address ongoing areas of concern. The *Juan F.* Strategic Plan identifies multiple approaches to build on existing strengths while addressing known areas needing improvement.

  The 2017 Revised Exit Plan requires the Department to be compliant at 90% for two quarters for an individual domain in Outcome Measure 3 (Case Planning). It requires the Department to be compliant at 85% for 2 consecutive quarters for an individual domain for Outcome Measure 4 (Needs Met).

  Based on the data from this review period of the **Outcome Measure 3 (Case Planning)** four case planning domains have met and sustained the required benchmark:
  - Case Plan Approvals,
  - Accommodating Family/Child's Language Needs,
  - Identifying Information, and
  - Reason for Involvement.

  The Department continues to struggle most with the domains related to engaging children and families and assessment of children and families. The summary chart on page 39 regarding the Department's engagement efforts indicates that father's, providers and attorneys have fairly low involvement with the case planning process as determined by reviewing case documentation. In addition, there is a low percentage of older youth, fathers, providers and attorneys taking part in the Case Planning and Administrative Case Review process. In fact, no child older than 12 in the First Quarter sample took part in an ACR. The results from both quarters showed little if any improvement on the most critical domains of, engagement, assessment, goals/objectives, progress and planning for permanence. Case Plans are critical to identifying the progress that has been made and the steps and actions required by all parties involved with families. As mentioned each quarter, the antiquated LINK system presents challenges in assisting staff with ticklers,

updates and prefilling and the Department has created additional reports to try to compensate for these shortcomings. Further discussion of Outcome Measure 3 findings is found on page 21 with a summary chart of the findings for the domains of Outcome Measure 3.

Based on the data from this review period, 5 of the 11 **Outcome Measure 4 (Needs Met)** maintained an 85% or higher compliance in the Fourth Quarter 2018 and 4 of the 11 were met in the First Quarter 2019.

Previously, the Department currently had met and sustained for an additional quarter the following domains:
- Risk: Child in Placement (July 2018 Status Report)
- Securing the Permanent Placement (July 2018 Status Report)
- DCF Case Management – Legal Action to Achieve the Permanency Goal in the Prior Six Months (July 2018 Status Report)
- DCF Case Management – Recruitment for Placement Providers to Achieve Permanency Goal during the Prior Six Months (July 2018 Status Report)
- Child's Current Placement (January 2018 Status Report)
- Education (January 2018 Status Report)
- Medical (January 2018 Status Report)

In this reporting cycle, the Court Monitor notes that the Department has not maintained compliance for DCF Case Management-Legal (4th Quarter, 78.9%), Child's Current Placement (1st Quarter 2019, 83.3%), Education (1st Quarter 2019, 74.5%), or Medical (4th Quarter 2018, 81.1% and 1st Quarter 2019, 81.1%). Given that the findings over the last three quarters indicate that the Medical domain has not achieved the 85% standard, the Court Monitor will consider removing the pre-certification finding once additional review and analysis is completed.

The summary chart on page 27 details the findings for Outcome Measure 4. As we have noted consistently in previous status reports, service needs noted via this methodology and other review activities which include discussions with staff and stakeholders indicate that services that are not readily available in areas of the state. They often include: outpatient mental health services, in-home services, substance abuse services, domestic violence services, mentoring, supportive housing vouchers, foster and adoptive resources, and readily available placement/treatment options. The budget recently passed by the legislature and signed by Governor Lamont provides additional funding for an array of some of the services that are either not available statewide or have demonstrated wait lists. This review period the top five unmet needs were Individual Counseling-Parent, Individual Counseling-Child, Dental Screening/Evaluation, Substance Abuse Screening/Evaluation-Parent and Internal Case Management/support/advocacy.

As outlined in the Strategic Plan in Appendix A, an analysis of the service array identified critical service needs that could be enhanced within the fiscal constraints facing the State and the Department. These services are supported by the current budget. The Department has implemented the following services:

- MDFT QA-The Department sought applications to design and deliver a program development, training, consultation and clinical quality assurance system to support DCF and their funded Multi-Dimensional Family Therapy (MDFT) service providers.
- MST:BSF-Multi Systemic Therapy/ Building Stronger Families is an evidenced based treatment model that provides intensive family and community based treatment for active DCF cases. The Department developed one additional team.
- MDFT-The Department developed 14 Multi-Dimensional Family therapy teams to provide statewide access for this intensive in-home service.
- MST:EA-The Department procured two Multi-Systemic: Emerging Adults teams to provide intensive in-home services for young adults in Connecticut
- Project SAFE-The Department redesigned and procured substance abuse toxicology, screening, brief intervention, referrals to treatment assessment (SBIRT) assessment, Multi-dimensional Family Recovery (MDFR), and Recovery Management Checkups (RMC) services to adult caregivers involved in child protective services statewide.
- Fatherhood Engagement-The Department established six (6) FES teams to assist DCF in achieving better outcomes related to father engagement through implementation of support, guidance, education, and mentoring for fathers whose children are involved with DCF.

The top five barriers to service provision identified this period were: client refusal, delays/lack of communication between DCF and providers, DCF's failure to assess the need during the period under review, no referral made during the period under review, and Provider Issues-Staffing and lack of follow through. As previously reported, ongoing communication and interviews with Social Workers and Social Work Supervisors continues to indicate that some percentage of the categories of "lack of referral" or "delayed referral" are due to staff having knowledge, whether accurate of not, that certain services are not readily available. Therefore, they don't make referrals, even when all staff involved have assessed that a service is the best match for a client's particular need. Thus, the number of cases with unmet needs due to waitlists and provider issues is understated in this status report.

- Outcome Measure 5 (Worker-Child Visitation of In-Home cases) is not able to be tracked or analyzed accurately by the current LINK system with respect to the standard of a minimum of two visits per month with each active member of an in-home case. A previous review of this measure to ascertain pre-certification failed and a number of concerns with both the quality and quantity of the visits were identified. Until the "CT Kind" LINK replacement system is implemented there is no readily viable method to evaluate this measure short of individual cases reviews. Thus, the Court Monitor is conducting a statistically valid sample of in-home cases. Approximately 350 cases will need to be reviewed over the next couple of months to determine the Department's performance in both seeing children and families as often as prescribed in their policy and but also in a quality manner. Quality indicators will include whether the Department is assessing all identified members of the family, speaking with the children alone when possible, appropriate documentation of their meetings, addressing the key elements that resulted in reports to the Department, correct utilization of SDM to determine risk levels that inform

the required frequency of visitation, supervision activities and follow up to Social Work Supervisors' directives with respect to visitation etc.

- The Department has continued to work on implementing a new data entry system to replace the antiquated LINK system. While the LINK system continues to provide the Department with adequate reporting data, it is severely limited and outdated in meeting the Department's need for an efficient and streamlined data entry and retrieval. The Department has continued to perform a very detailed analysis of each of the primary work components. These LEAN efforts which include time studies will eventually address all elements of the Department's work. The Court Monitor recently sat in on the training and instructions related to conducting time study of the Department's foster care work. These efforts have detailed and mapped current work flows and processes and they are allowing the Department to plan for a much more streamlined and effective data collection and reporting environment.

  The Department announced on January 29, 2019 the selection of a vendor for the Careline CPS Reports and Online Reporting functionality. Currier, McCabe and Associates (CMA) is working with the CT-KIND Team. Along with the current DCF teams working on the builds for the Universal Referral Form (URF), Master Data Management (MDM) tools, Case Review System (CRS) and Structured Decision Making (SDM) enhancements for the Intake Risk and Safety Assessments, CMA/Care Director will work collaboratively with the CT-KIND team to provide their technological expertise in child welfare solutions. As new functionality is built in CT-KIND, it will be released to Department users.

  DCF staff have been hampered in efficiently performing their work while out in the field and documenting in a quality manner due to the lack of mobile technology. Staff are currently not able to readily access their desk top system when they are away from the office. This means that they don't have access to their case files. In order to address some of the mobility challenges presented by the outdated LINK system and until CT KIND is implemented, the Department has recently upgraded and replaced thousands of iPhones. In addition the Department is preparing to release tablets through a phase-in plan. The tablets will be released once the Department of Administrative Services (DAS) is ready with Office 365, since they are in charge of the state wide Microsoft tenant. DAS is working on the tenant configuration and policies with a Microsoft partner, Planet Technologies. This has still not been finalized at the time of this report.

- For many years, the Department has utilized Structured Decision Making (SDM) as the formal means to assess the families it serves. There are a number of evidence-based tools required to be completed through engagement of the family at various points of the Department's intervention. The quality of the Department's assessment activities is a major part of the core of the work that is performed and is a key component in achieving the remaining Outcome Measures. There is considerable evidence from the Court Monitor's ongoing reviews for Outcome Measures 2 (Investigation), Outcome Measures 3 (Case Planning), Outcome Measure 4 (Needs Met), and Outcome Measure 5 (In-Home Visitation) that the Department's consistency and reliability in using this approach is not adequate. The most recent sampling reviews have noted that formal assessment is not

being performed timely or adequately in many cases. The new sampling activities described earlier in this summary will assist in determining if progress is being made on this work. Informal assessment has occurred in many cases but informal assessment is prone to being influenced by individual bias, varied application of relevant standards and is clearly inconsistent across the agency.

DCF continues to work with the Children's Research Center (CRC) to both revise the tools and roll out new training and mentoring for staff.  Beginning in May 2019 training of the Safety and Risk Assessment began with Intake Staff and will continue into July.  Basic SDM data, summary of the Risk Validation Study, and changes to the LINK screens are included in the full day of training. The release date for the revised Safety and Risk Assessment had been scheduled for later in July, but may need to be moved back. The CRC is scheduled to conduct training for the Careline Supervisors and Managers on July 30, 2019. The CRC is also developing a training/coaching curriculum for Supervisors/Managers to promote fidelity and integration of tools in to case practice and supervision.

- The court-ordered 2017 Revised Exit Plan applies to class members who receive placement, case management, and services from any successive Connecticut state agencies that provide applicable placement, case management and services to class members.  The class includes youth who are dually committed (abuse/neglect and delinquent).  Dating back to the original Consent Decree and throughout the period of the previously-governing 2004 Exit Plan (and as modified) these youth have been part of monitoring and performance reviews conducted by the Court Monitor.  All sampling of individual cases and system wide data runs include these youth and the Court Monitor has had full access to DCF staff and records.

  As outlined in the previous status reports, the legislature passed Public Act 17-02 and SB1502, transferring juvenile services from DCF to the Judicial Branch (Court Support Services Division).  The effective transfer occurred in July 2018.  Productive discussions have been held with staff from the Judicial Branch (CSSD) and agreement was reached on how to continue to monitor the small number of *Juan F.* youth that are now being serviced by CSSD.   The Court Monitor has been provided with timely access to staff, data, and records that are required to report on the Exit Plan performance for those class members serviced by CSSD.

- As indicated in previous Court Monitor Status Reports, DCF was awarded Technical Assistance from the Government Performance Lab at the Harvard Kennedy of Government in July 2017, to help assess their internal screening and referral processes for matching clients to services.  The implementation effort began with a series of focus groups with almost 1,000 staff and providers to elicit their feedback on ways in which DCF could improve their service matching for families served by DCF.  The focus groups provided a range of technical and adaptive recommendations including:
  - assessing our internal screening and referral pathways for redundancies;
  - broadening our staff's understanding of the service array and other services in the community;
  - enhancing our service coordination across clinical and non-clinical programs;

- increasing the appropriateness of our service matches so the right services gets to the right client; and
- taking more proactive approaches to engaging our service providers in data-informed contract management.

The Department launched this "Enhanced Service Coordination (ESC)" model in two of DCF's six regions with a dedicated service coordinator who monitors utilization trends and service capacity, and coordinates clinical and multidisciplinary consults with the Department's clinical teams, social work staff, and providers. The ESC rollout is also enabling DCF to capture data to inform real-time decision making, including improvements to case practice, additional services available in communities and gaps in the service array. The goal moving forward was to launch this model statewide in 2019 with a dedicated service coordinator in each region. The new administration is currently in the process of scheduling a meeting to make final decisions about ESC, including expansion options. They have indicated that they are committed to the work but need to determine the right staffing level and reporting structure given their ongoing reorganization activities. They must also consider the funding received in the most recent budget to implement Integrated Care Coordination (ICC).

Recently, in partnership with the Harvard Kennedy School Government Performance Lab, DCF launched a 3-day staff Capacity Building forum that was attended by staff in various roles and with diverse experiences, to learn and apply effective tools in their work. Staff that participated learned to: define large, difficult problems, analyze those problems using data, and actively drive change that moves stakeholders from insight to action. Forty staff in key positions participated in DCF's "Cohort 1" Capacity Building with a second cohort of 30 additional staff trained in June 2019.

These combined efforts have also included a focus on developing an internal quality assurance structure to evaluate whether the Department is referring the right clients to the right service, and are we doing so through a racially just lens. The racial justice focus is critical as the Department has made significant shifts with investments in community-based in-home services where more children can be served with their families in their homes. It is important that families of color have equitable access to these services as we have seen national trends reflect that families are color are more likely to experience removals of children into foster care versus white families who are provided with access to in home services that avoid removals. The Department of Children and Families was successful in amending their statutory mandate to include a focus on racial justice as a core mandate for the agency.

- Closely associated with the Department's Enhanced Service Coordination (ESC) efforts, described above, is the Department's Service Array Resource Allocation (SARA) process. The Department does not have a comprehensive needs assessment process, although there have always been pockets of individualized needs assessment work that have proven effective and consistent. Their continued efforts in revising and enhancing the SARA process have moved them closer to achieving this goal. Over the last year, the Department implemented a SAW (Service Assessment Workgroup) component. This workgroup is systemically undertaking a review of the Department's service array. At each meeting of

this workgroup, a set of services is reviewed utilizing available data from multiple sources and input from staff that oversee the programs as well as regional and facility staff input. A series of questions are addressed including utilization, waitlists, and number of quality indicators. The chairs of this group summarize the findings and present to the Executive SARA group on a regular basis. The findings are incorporated into decisions about renewing, enhancing, or reducing the set of services.

As part the reorganization efforts that began in January 2019, a thorough review of this effort was undertaken. This included input from many staff. The Court Monitor sat in on discussion attended by a cross-section of over 50 staff. Strengths and challenges were explored for a full afternoon. A recommendation was made to restructure the process to address issues raised and this is planned for the next few months. A key strength is that this process incorporates a variety of talent with the inclusion of a broad cross-section of staff from a variety of disciplines including; fiscal, contracts, clinical, regional, facility, Central Office and others. One of the challenges involves the extensive array of services that must be reviewed and the resources necessary to do it in a reasonable timetable. Having attended numerous SAW and SARA meetings, the Court Monitor has been impressed with the commitment of the staff involved, the valuable analysis that is performed and disseminated, and the improvements that have been made over a relatively short period of time. This effort is an important component to meeting children's and families' needs given its focus on determining the effectiveness of the services offered by the Department.

- The Division of Foster Care's report for January-March 2019 indicates that there are 2,118 licensed DCF foster homes. This is a decrease of 52 homes when compared with the previous status report. Of the total of 2,118 licensed DCF foster homes, 791 (37.3%) are kin/fictive kin families. The number of approved private provider foster care homes (Therapeutic Foster Homes) is 793 which is an increase of eight (8) homes from the previous status report. The number of private provider foster homes currently available for placement is 82.

  During the last administration the Department released an RFP to again implement Service Area Lead Agencies (SALA) within the therapeutic foster care structure. The Department chose to re-implement this concept with the hope of creating a hub for all TFC referrals and to better disseminate, track, monitor and handle emergency referrals to providers in the network. Ongoing discussions with the new administration have led to a decision to not move forward with this initiative. Discussion on how to best address the concerns that led to the proposal are ongoing.

- As of May 2019, the number of children with the goal of Other Planned Permanent Living Arrangement (OPPLA) was 117. This is a slight increase from November 2018, when there were 113 children with an OPPLA goal. While this goal is appropriate for some youth, it is not a preferred goal due to the lack of formal permanent and stable relationships with an identified adult support, be it relative or kin.

- As of May 2019, there were 89 *Juan F.* children placed in residential facilities. This is a decrease of two children compared with November 2018. The number of children residing

in residential care for greater than 12 months was 23 which is two more children than reported in November 2018.

- The Department continues to focus on the number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities. As of June 2019, there are six (6) children in DCF custody residing in out-of-state residential facilities.

- The number of children age 12 years old or younger in congregate care as of May 2019 was 11 children, which is six less children than the number reported in November 2018. Of the current total, five (5) are placed in residential care, four (4) children are placed in group homes, and one is placed in a DCF facility and one in a SFIT.

- As of May 2019, there are no children aged 1 to 5 years of age residing in a congregate setting.

- The number of children utilizing Short-term Family Integrated Treatment (SFIT) has increased as the Department has broadened access for referrals from Emergency Mobile Psychiatric Service and others. SFIT is a residential crisis-stabilization program for children ages 12-17 with a goal of stabilizing a youth and their family, guardian or fictive kin to coordinate a reintegration back into the homes. The intended length of stay is 15 days or less. Episodes of care include all children served in the S-FIT and these include respites, DCF and non–DCF. The number in children was significantly lower at the beginning of the period due a concerted effort to close out old open episodes. There was a record number of admissions and discharges during this period and that is strong indication of the children moving through the S-FIT system within the 15 day timeline. The data for October 2019-March 2019 is found below.

| Client Status | Q4 SFY 2018 | Q1 SFY 2019 |
|---|---|---|
| | Oct.-Dec. 2018 | Jan.–March 2019 |
| In-Care at Period Start | 37 | 23 |
| Admitted in Period | 86 | 130 |
| Discharged in Period | 94 | 107 |
| Remaining in Care at Period End | 87 | 46 |
| Episodes Served in Period | 181 | 153 |
| Distinct Clients Served in Period | 178 | 145 |

- Data source: PIE

- There were 24 youth in STAR/Shelter programs as of May 2019. This is one more than the 23 reported in November 2019. Ten or 42% of these youth in STAR programs were in overstay status (>60 days) as of November 2018. There were three children with a length of stay longer than six months as of May 2019.

- The Monitor's quarterly review of the Department for the period of October 1, 2018 through March 31, 2019 indicates that the Department has not achieve compliance with five (5) measures:

    - Completion of Investigation[1]
    - Case Planning
    - Children's Needs Met
    - Worker-Child Visitation In-Home (N/A)[2]
    - Caseload Standards

A full copy of the Department's Fourth Quarter 2018 and First Quarter 2019 submission including the Commissioner's Highlights may be found on page 57.

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[1] Based on sampling of Differential Response cases over two quarters it has been determined that the quality of the investigative work (OM 1 and 2) is not in compliance with the provisions of the Exit Plan.

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

## Statewide — Positive Outcomes For Children

| Measure | Measure | Q1 2019 | Q4 2018 | Q3 2018 | Q2 2018 | Q1 2018 | Q4 2017 | Q3 2017 | Q2 2017 | Q1 2017 | Q4 2016 | Q3 2016 | Q2 2016 | Q1 2016 | Q4 2015 | Q3 2015 | Q2 2015 | Q1 2015 | Q4 2014 | Q3 2014 | Q2 2014 | Q1 2014 | Q4 2013 | Q3 2013 | Q2 2013 | Q1 2013 | Q4 2012 | Q3 2012 | Q2 2012 | Q1 2012 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1: Commencement of Investigation | >=90% | 97.2% | 96.7% | 96.7% | 97.0% | 96.5% | 96.9% | 96.8% | 96.4% | 95.5% | 94.7% | 94.8% | 94.6% | 95.2% | 95.8% | 95.7% | 95.2% | 95.1% | 94.5% | 93.8% | 93.2% | 93.6% | 94.7% | 96.0% | 96.2% | 95.5% | 94.9% | 95.7% | 96.1% | 96.6% |
| 2: Completion of the Investigation | >=85% | 88.3% | 88.5% | 89.5% | 89.8% | 89.4% | 91.0% | 89.8% | 87.0% | 85.8% | 86.7% | 86.4% | 82.7% | 85.8% | 88.9% | 86.0% | 88.9% | 85.6% | 81.9% | 78.6% | 77.3% | 77.6% | 83.7% | 92.5% | 92.2% | 89.1% | 90.2% | 92.5% | 92.4% | 91.9% |
| 3.1: Tx Plan: Case Plan Approval | >=90% | 96.2% | 96.2% | 98.1% | 94.3% | 84.2% | 86.8% | 96.2% | 87.0% | 86.8% | 90.6% | 92.7% | 90.6% | 94.4% | 90.7% | 96.3% | 88.9% | 86.8% | 84.9% | 81.5% | 79.6% | 88.9% | 85.2% | 96.4% | 92.6% | 92.7% | N/A | N/A | N/A | N/A |
| 3.2: Tx Plan: Family's Language Needs | >=90% | 94.3% | 92.5% | 96.3% | 94.3% | 81.5% | 81.1% | 96.2% | 81.5% | 83.0% | 84.9% | 92.7% | 90.6% | 92.6% | 90.7% | 88.9% | 88.9% | 92.5% | 88.7% | 94.4% | 90.7% | 96.3% | 100.0% | 96.4% | 98.1% | 100.0% | N/A | N/A | N/A | N/A |
| 3.3: Tx Plan: Reason for DCF Involvement | >=90% | 90.6% | 96.2% | 83.3% | 81.1% | 81.5% | 75.5% | 88.7% | 81.5% | 79.2% | 86.8% | 92.7% | 96.2% | 94.4% | 94.4% | 92.6% | 88.9% | 84.9% | 100.0% | 90.7% | 87.0% | 96.3% | 87.0% | 94.5% | 94.4% | 94.5% | N/A | N/A | N/A | N/A |
| 3.4: Tx Plan: Identifying Information | >=90% | 92.5% | 92.5% | 92.6% | 92.5% | 85.2% | 81.1% | 92.5% | 79.6% | 84.9% | 88.7% | 90.9% | 96.2% | 98.1% | 94.4% | 92.6% | 96.3% | 88.7% | 98.1% | 87.0% | 85.2% | 96.3% | 87.0% | 94.5% | 88.9% | 94.5% | N/A | N/A | N/A | N/A |
| 3.5: Tx Plan: Child/Family Engagement | >=90% | 54.7% | 64.2% | 55.6% | 54.7% | 51.9% | 50.9% | 66.0% | 55.6% | 45.3% | 56.6% | 58.2% | 50.9% | 55.6% | 42.6% | 51.9% | 51.9% | 47.2% | 47.2% | 59.3% | 42.6% | 63.0% | 66.7% | 72.7% | 72.2% | 63.6% | N/A | N/A | N/A | N/A |
| 3.6: Tx Plan: Situation & Assessment | >=90% | 52.8% | 47.2% | 57.4% | 50.9% | 51.9% | 32.1% | 47.2% | 42.6% | 43.4% | 52.8% | 47.3% | 64.2% | 68.5% | 40.7% | 53.7% | 44.4% | 47.2% | 49.1% | 48.1% | 55.6% | 53.7% | 53.7% | 67.3% | 66.7% | 43.6% | N/A | N/A | N/A | N/A |
| 3.7: Tx Plan: Goals/Objectives | >=90% | 67.9% | 64.2% | 79.6% | 60.4% | 53.7% | 58.5% | 62.3% | 66.7% | 58.5% | 64.2% | 72.7% | 73.6% | 74.1% | 63.0% | 61.1% | 64.8% | 54.7% | 66.0% | 63.0% | 55.6% | 74.1% | 59.3% | 78.2% | 79.6% | 69.1% | N/A | N/A | N/A | N/A |
| 3.8: Tx Plan: Progress | >=90% | 75.0% | 71.7% | 80.8% | 69.2% | 66.7% | 62.3% | 64.7% | 67.9% | 71.2% | 78.0% | 81.8% | 88.7% | 88.5% | 76.9% | 82.0% | 70.4% | 82.2% | 84.9% | 88.7% | 78.4% | 84.3% | 72.2% | 83.6% | 78.0% | 81.5% | N/A | N/A | N/A | N/A |
| 3.9: Tx Plan: Action Steps | >=90% | 66.0% | 60.4% | 70.3% | 62.3% | 53.7% | 52.8% | 81.8% | 78.3% | 80.6% | 96.8% | 89.7% | 96.3% | 89.7% | 96.6% | 93.5% | 93.1% | 83.3% | 75.9% | 93.8% | 90.6% | 87.0% | 80.0% | 78.3% | 94.4% | 95.2% | N/A | N/A | N/A | N/A |
| 3.10: Tx Plan: Planning for Permanency | >=90% | 77.4% | 83.0% | 83.3% | 84.9% | 74.1% | 73.6% | 84.9% | 70.4% | 79.2% | 83.0% | 85.5% | 88.7% | 90.7% | 83.3% | 88.9% | 85.2% | 88.7% | 88.7% | 81.5% | 83.3% | 88.9% | 90.7% | 92.7% | 88.9% | 80.0% | N/A | N/A | N/A | N/A |
| 4.1: Needs Met: Risk: In-Home | >=85% | 69.0% | 66.7% | 70.0% | 73.9% | 81.3% | 82.1% | 81.8% | 78.3% | 80.6% | 96.8% | 89.7% | 96.3% | 89.7% | 96.6% | 93.5% | 93.1% | 83.3% | 75.9% | 93.8% | 90.6% | 87.0% | 80.0% | 78.3% | 94.4% | 95.2% | N/A | N/A | N/A | N/A |
| 4.2: Needs Met: Risk: Child-in-Placement | >=85% | 92.0% | 92.6% | 96.2% | 96.8% | 100.0% | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 96.3% | 96.2% | 91.7% | 96.0% | 96.0% | 92.0% | 97.0% | 97.2% | 92.1% | 100.0% | 100.0% | N/A | N/A | N/A | N/A |
| 4.3: Needs Met: Permanency: Securing Permanent Placement - Action Plan | >=85% | 91.7% | 91.3% | 100.0% | 100.0% | 95.8% | 100.0% | 93.5% | 97.1% | 100.0% | 95.7% | 92.6% | 100.0% | 100.0% | 88.9% | 100.0% | 88.5% | 91.7% | 91.7% | 91.3% | 91.7% | 97.0% | 94.3% | 97.4% | 91.7% | 94.4% | N/A | N/A | N/A | N/A |
| 4.4: Needs Met: Permanency: DCF Case Mgt - Legal Action to Achieve Permanency | >=85% | 86.8% | 78.9% | 87.0% | 90.6% | 92.5% | 94.3% | 90.6% | 98.1% | 90.4% | 90.6% | 92.7% | 96.2% | 83.0% | 92.6% | 98.1% | 92.5% | 90.6% | 90.4% | 94.4% | 88.9% | 94.4% | 94.3% | 96.4% | 94.4% | 92.7% | N/A | N/A | N/A | N/A |
| 4.5: Needs Met: Permanency: DCF Case Mgt - Recruitment of Placement Providers | >=85% | 87.5% | 91.7% | 100.0% | 90.3% | 95.7% | 96.0% | 93.8% | 100.0% | 100.0% | 100.0% | 92.6% | 100.0% | 100.0% | 92.6% | 92.0% | 85.2% | 83.3% | 75.0% | 91.3% | 95.8% | 90.9% | 91.4% | 100.0% | 94.4% | 88.9% | N/A | N/A | N/A | N/A |
| 4.6: Needs Met: Permanency: DCF Case Mgt - Contracting/Providing Services | >=85% | 60.4% | 58.5% | 51.9% | 50.9% | 51.9% | 49.1% | 52.8% | 57.4% | 64.2% | 58.5% | 61.8% | 69.8% | 64.8% | 61.1% | 59.3% | 46.3% | 50.9% | 45.3% | 53.7% | 55.6% | 46.3% | 55.6% | 67.3% | 72.2% | 63.6% | N/A | N/A | N/A | N/A |
| 4.7: Needs Met: Medical Needs | >=85% | 81.1% | 81.1% | 83.3% | 90.6% | 85.2% | 79.3% | 86.8% | 94.4% | 88.7% | 79.2% | 83.6% | 94.3% | 83.3% | 85.2% | 75.9% | 88.9% | 81.1% | 73.6% | 88.9% | 75.9% | 83.3% | 77.8% | 87.3% | 94.4% | 87.3% | N/A | N/A | N/A | N/A |
| 4.8: Needs Met: Dental Needs | >=85% | 81.1% | 75.5% | 87.0% | 81.1% | 75.9% | 81.1% | 83.0% | 85.2% | 83.0% | 90.6% | 76.4% | 84.9% | 83.3% | 83.3% | 77.8% | 79.6% | 66.0% | 86.8% | 81.5% | 81.5% | 83.3% | 77.8% | 89.1% | 88.9% | 89.1% | N/A | N/A | N/A | N/A |
| 4.9: Needs Met: Behavioral Health | >=85% | 56.6% | 63.5% | 70.4% | 73.6% | 61.1% | 50.9% | 66.0% | 75.9% | 75.5% | 71.7% | 72.7% | 71.7% | 75.9% | 71.7% | 69.2% | 53.7% | 58.0% | 63.5% | 67.3% | 67.9% | 75.9% | 63.0% | 74.5% | 88.9% | 72.7% | N/A | N/A | N/A | N/A |
| 4.10: Needs Met: Child's Current Placement | >=85% | 83.3% | 91.3% | 91.7% | 77.4% | 91.3% | 84.0% | 66.0% | 75.9% | 75.5% | 71.7% | 72.7% | 71.7% | 75.9% | 71.7% | 69.2% | 53.7% | 58.0% | 63.5% | 67.3% | 67.9% | 75.9% | 63.0% | 74.5% | 88.9% | 72.7% | N/A | N/A | N/A | N/A |
| 4.11: Needs Met: Education | >=85% | 74.5% | 84.6% | 86.3% | 87.5% | 86.8% | 80.4% | 88.0% | 83.3% | 91.7% | 90.0% | 87.5% | 91.5% | 88.2% | 90.4% | 86.5% | 72.9% | 80.9% | 80.0% | 87.5% | 78.0% | 87.2% | 80.4% | 84.3% | 94.3% | 89.1% | N/A | N/A | N/A | N/A |
| 5: Worker-Child Visitation (In-Home) | >=85% | 94.7% | 89.4% | 86.5% | 87.5% | 87.5% | 87.5% | 89.2% | 89.4% | 89.5% | 86.0% | 86.9% | 86.1% | 88.2% | 88.7% | 87.5% | 89.2% | 86.1% | 83.3% | 83.3% | 83.9% | 83.0% | 85.3.% | 86.1% | 88.6% | 88.1% | 84.1% | 87.0% | 85.8% | 84.8% |
| 6: Caseload Standards | 100% | 91.9% | 90.8% | 92.0% | 91.0% | 89.9% | 91.5% | 93.5% | 88.1% | 93.9% | 97.3% | 95.6% | 94.2% | 98.1% | 99.7% | 99.8% | 100.0% | 90.6% | 87.3% | 84.5% | 83.6% | 94.5% | 97.6% | 99.9% | 99.9% | 99.8% | 99.9% | 100.0% | 99.6% | 99.8% |
| 7: Repeat Maltreatment of In-Home Children | <=7% | 5.2% | 5.6% | 5.8% | 6.1% | 6.1% | 6.4% | 6.6% | 6.6% | 6.5% | 6.2% | 6.8% | 6.6% | 6.6% | 6.1% | 5.4% | 5.0% | 5.7% | 6.7% | 6.5% | 5.8% | 6.3% | 4.5% | 4.9% | 5.7% | 4.4% | 4.9% | 4.3% | 4.1% | 4.3% |
| 8: Maltreatment of Children in Out-of-Home Care | <=2% | 0.3% | 0.2% | 0.2% | 0.0% | 0.2% | 0.3% | 0.0% | 0.3% | 0.5% | 0.3% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.3% | 0.1% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.1% |
| 9: Re-Entry into DCF Custody | <=7% | 5.6% | 3.9% | 4.2% | 6.6% | 8.3% | 6.2% | 5.6% | 8.2% | 6.7% | 5.1% | 6.4% | 5.8% | 3.8% | 3.7% | 4.1% | 5.8% | 5.0% | 3.8% | 7.7% | 8.0% | 4.8% | 4.9% | 5.5% | 8.6% | 7.4% | 7.0% | 9.1% | 6.8% | 5.8% |
| 10: Worker-Child Visitation (Out-of-Home) | >=85%(M) | 95.2% | 95.9% | 95.9% | 95.7% | 95.8% | 95.6% | 96.7% | 97.0% | 96.7% | 95.4% | 96.3% | 95.6% | 96.7% | 96.1% | 94.9% | 96.5% | 94.9% | 92.6% | 93.4% | 94.3% | 94.9% | 95.4% | 94.6% | 95.8% | 95.9% | 94.2% | 93.6% | 92.7% | 95.1% |
|  | =100%(Q) | 99.3% | 99.2% | 99.3% | 99.1% | 99.1% | 99.3% | 99.2% | 99.5% | 99.5% | 98.9% | 99.5% | 99.1% | 99.3% | 99.4% | 99.0% | 99.6% | 99.0% | 98.4% | 98.4% | 98.9% | 98.8% | 99.0% | 98.8% | 99.0% | 99.2% | 99.1% | 98.7% | 98.7% | 99.2% |
| 11: Placement Within Licensed Capacity | >=96% | 91.0% | 91.7% | 91.1% | 92.2% | 92.0% | 94.0% | 94.0% | 93.6% | 93.8% | 94.3% | 92.9% | 92.9% | 93.5% | 94.3% | 95.5% | 94.9% | 95.4% | 96.3% | 95.3% | 95.4% | 96.0% | 95.7% | 96.2% | 96.4% | 97.1% | 96.7% | 95.8% | 95.3% | 97.7% |
| 12: Multiple Placements | >=85% | 95.0% | 94.9% | 95.3% | 95.0% | 95.1% | 95.2% | 94.4% | 95.2% | 95.6% | 96.3% | 96.2% | 96.5% | 96.7% | 96.7% | 96.5% | 96.8% | 96.7% | 96.4% | 96.5% | 96.7% | 96.8% | 97.1% | 96.6% | 96.7% | 96.4% | 96.5% | 96.4% | 96.6% | 96.6% |
| 13: Sibling Placement | >=95% | 87.7% | 87.9% | 87.7% | 88.7% | 86.7% | 86.5% | 86.9% | 87.3% | 87.3% | 88.8% | 90.1% | 89.8% | 91.7% | 92.1% | 92.0% | 91.4% | 90.9% | 90.6% | 88.7% | 89.3% | 90.6% | 89.9% | 92.5% | 88.0% | 89.5% | 87.5% | 87.5% | 89.2% | 88.5% |
| 14: Reduction in the Number of Children Placed in Residential Care | <=11% | 2.2% | 2.3% | 2.4% | 2.2% | 2.2% | 2.3% | 2.2% | 2.2% | 2.1% | 2.1% | 2.3% | 2.2% | 2.5% | 2.6% | 2.8% | 2.7% | 2.8% | 2.7% | 2.7% | 3.4% | 4.0% | 4.2% | 4.3% | 4.9% | 5.1% | 5.8% | 6.3% | 6.9% | 7.5% |

\*Automated reporting for Outcome Measures 1 (Commencement of Investigation), 2 (Completion of Investigation), and 17 (Worker-Child Visitation In-Home) are subject to Court Monitor review for precertification. Preliminary reviews identified issues with data entry and accuracy in reporting for these measures as well as the quantity and quality of the Department's performance.

### *Juan F*. **Pre-Certification Review-Status Update (October 1, 2018 – March 31, 2019)**

The Department is currently operating under the 2017 Revised Exit Plan, in which the Court Monitor is required to conduct what the parties and the Court Monitor refer to as a "Certification" reviews as follows:

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

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

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

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

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

> If the Pre-Certification Review does not identify any material issues requiring remediation, and no assertions of noncompliance with the specific Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with all Outcome

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Measures, the Parties agree that the full review as per paragraph 5 of the Revised Exit Plan will not be required after the Defendants assert sustained compliance with all Outcome Measures.  Upon Defendants' assertion of sustained compliance with all Outcome Measures, the parties, with the involvement and consent of the Court Monitor, agree to present for the Court's review, any agreement to conduct less than the full review process required by Revised Exit Plan (¶5) for any specific Outcome Measures, as a proposed modification of the Revised Exit Plan.

Of the ten remaining Outcome Measures there are five that have not been pre-certified. The status of all 2017 Revised Exit Plan Outcome Measures is found in the table that follow

| 2017 Measure | 2006 Outcome Measure | Statement of Outcome | Status |
|---|---|---|---|
| OM1 | **OM1: Commencement of Investigations** | At least 90% of all reports[3] must be commenced same calendar day, 24 hours or 72 hours depending on the response time designation. | Pre-Certified November 2018 |
| OM2 | **OM2: Completion of Investigation** | At least 85% of all reports of alleged child maltreatment accepted by the DCF Careline shall have their investigations completed within 45 calendar days of acceptance by the Careline. | Requires assertion of compliance and Pre-Certification |
| OM3 | **OM3: Case Plans** | Except probate, interstate, and subsidy only cases, appropriate case plans shall be developed as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measures 3 and 4 Reviews" attached collectively as Appendix B hereto. The enforceable domains of this Outcome Measure shall not include the 'overall score' domain. The domains in Appendix B for which compliance at 90% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan, shall be considered to have achieved Pre-Certification. Currently, three of the ten domains: Case Plan Approval, Family and Child Language Needs Accommodation, and Identifying Information have achieved two quarters of compliance.<br><br>For each of domain, once compliance at 90% or better has been met for a quarter and then sustained for an additional quarter, that domain shall also be considered to have achieved Pre-Certification. Once all of the domains achieve Pre-Certification, then Outcome Measure 3 shall be considered to have achieved Pre-Certification and subject to the process in Paragraphs 10 and 11 hereof as to whether a final review is required in connection with a request to terminate jurisdiction over this action | Requires assertion of compliance and Pre-Certification. See OM3 report to follow for results on individual domains.<br>At the time of this reporting four case planning domains are pre-certified: Case Plan Approvals, Accommodating Family/Child's Language Needs, Identifying Information, and Reason for Involvement. |

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[3] Except Probate and Voluntary cases.

| 2017 Measure | 2006 Outcome Measure | Statement of Outcome | Status |
|---|---|---|---|
| OM4 | OM15: Needs Met | Families and children shall have their medical, dental, mental health, and other service needs met as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measures 3 and 4 Reviews", attached collectively as Appendix B hereto. The enforceable domains of this Outcome Measure shall not include the "all needs met" domain. The domains in Appendix B for which compliance at 85% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan, shall be considered to have achieved Pre-Certification.<br><br>Those domains include:<br>• Risk: Child-in-Placement<br>• Securing the Permanent Placement<br>• DCF Case Management-Legal action to achieve the permanency goal in the prior six months<br>• DCF Case Management-Recruitment for placement providers to achieve permanency goal during the prior six months<br>• Child's current placement<br>• Education<br><br>For each of the remaining domains, once compliance at 85% or better has been met for a quarter and then sustained for an additional quarter, that domain shall also be considered to have achieved Pre-Certification. The remaining domains include:<br>• Risk: In-Home<br>• DCF Case Management - Contracting or providing services to achieve permanency during the prior six months;<br>• Medical needs;<br>• Dental needs;<br>• Mental health, behavioral and substance abuse services.<br><br>Once all of the domains achieve Pre-Certification, then Outcome Measure 4 shall be considered to have achieved Pre-Certification and subject to the process in Paragraphs 10 and 11 hereof as to whether a final review is required in connection with a request to terminate jurisdiction over this action. | Requires assertion of compliance and Pre-Certification. See OM4 report to follow for results on individual domains to date.<br><br>At the time of this reporting six domains are pre-certified: Risk: Child in Placement, Permanency: Securing the Permanent Placement – Action Plan for the Next Six Months, Permanency: DCF Case Management – Recruitment for Placement Providers during the Prior Six Months, DCF Case Management – Legal Action to Achieve Permanency in the Prior Six Months, child's Current Placement, and Well Being- Education.<br><br>Well-Being: Medical Needs which had previously been deemed pre-certified has been below the required 85% benchmark in the last three quarters. The Court Monitor will consider removing the pre-certification finding once additional review and analysis is completed. |

| 2017 Measure | 2006 Outcome Measure | Statement of Outcome | Status |
|---|---|---|---|
| **OM5** | **OM 17: Worker-Child Visitation (In-Home)** | DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.<br>Definitions and Clarifications:<br>1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17. | Reviewed, but not Pre-Certified<br>January 2012 |
| **OM6** | **OM18: Caseload Standards** | The caseload of no DCF social worker shall exceed the following caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days. Additionally, the average caseload of all caseload carrying DCF social workers in each of the following categories shall not exceed 0.75 (*i.e.*, 75% utilization) of these maximum caseload standards:<br>A. Investigators shall have no more than 17 investigative cases at any time.<br>B. In-home treatment workers shall have no more than 15 cases at any time.<br>C. Out-of-home treatment workers shall have no more than 20 individual children assigned to them at any time. This includes voluntary placements.<br>D. Adoption and adolescent specialty workers shall have no more than 20 cases at any time.<br>E. Probate workers shall have no more than 35 cases at any time. When the probate or interstate worker is also assigned to provide services to the family, those families shall be counted as in-home treatment cases with a ratio of 1:20 cases.<br>F. Social workers with in-home voluntary and interstate compact cases shall have no more than 49 cases at any time.<br>G. A worker with a mixed caseload shall not exceed the maximum weighted caseload derived from the caseload standards in A through F above. | Requires assertion of compliance and Pre-Certification |
| **OM7 (to be maintained)** | **OM 5: Repeat Maltreatment of Children** | No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period. This outcome shall begin to be measured within the six-month period beginning January 1, 2004. | Pre-Certified* July 2014 |

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* Pre-Certification granted subject to verification of correction to ROM system reporting.

| 2017 Measure | 2006 Outcome Measure | Statement of Outcome | Status |
|---|---|---|---|
| **OM8 (to be maintained)** | **OM6: Maltreatment of Children in Out-of-Home Care** | No more than 2% of the children in out of home care on or after January 1, 2004 shall be the victims of substantiated maltreatment by substitute caregivers while in out of home care. | Pre-Certified October 2014 |
| **OM9** | **OM 11: Re-Entry into DCF Care** | Of the children who enter DCF custody, seven (7) percent or fewer shall have re-entered care within 12 months of the prior out-of-home placement. | Pre-Certified January 2016 |
| **OM10** | **OM 16: Worker/ Child Visitation (Child in Placement)** | DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases.  All children must be seen by their DCF Social Worker at least quarterly. | Pre-Certified April 2012 |

**Semi-Annual Status Report of Outcome Measure 3 and Outcome Measure 4 for the Fourth Quarter 2018 and First Quarter 2019**

**Outcome Measure 3**

This status report reflects the Department's progress in achieving the <u>2017 Revised Exit Plan</u> Outcome Measure 3 and Outcome Measure 4 domain requirements. Outcome Measure 3 requires that " Except probate, interstate and subsidy only cases, appropriate case plans shall be developed as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measure 3 and 4 Reviews". The enforceable domains of Outcome Measure 3 shall not include the 'overall score' domain.

At the time of agreement, there were no Outcome Measure 3 domains qualifying for Statewide pre-certification. During this reporting period, Reason for DCF Involvement and Identifying Information were met and sustained above the required benchmark. The Department also achieved a rate of approval of case plans, and accommodation of families' language needs above the 90% benchmark. The six remaining case domains have not reached the required benchmark to date.

| Historical Quarterly Statewide Summary of OM3 Domains 2nd Quarter 2017 – 1st Quarter 2019 | Has the Case plan been approved by the SWS? | Was the family or child's language needs accommodated? | Reason for DCF Involvement | Identifying Information | Engagement of Child and Family (formerly 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Total Statewide - 1st Quarter 2019 | 96.2% | 94.3% | 90.6% | 92.5% | 54.7% | 52.8% | 67.9% | 75.0% | 66.0% | 77.4% |
| Total Statewide - 4th Quarter 2018 | 96.2% | 92.5% | 96.2% | 92.5% | 64.2% | 47.2% | 64.2% | 71.7% | 60.4% | 83.0% |
| Total Statewide - 3rd Quarter 2018 OM3 | 98.1% | 96.3% | 83.3% | 92.6% | 55.6% | 57.4% | 79.6% | 80.8% | 70.3% | 83.3% |
| Total Statewide - 2nd Quarter 2018 OM3 | 94.3% | 94.3% | 81.1% | 92.5% | 54.7% | 50.9% | 60.4% | 69.2% | 62.3% | 84.9% |
| Total Statewide - 1st Quarter 2018 OM3 | 84.2% | 81.5% | 81.5% | 85.2% | 51.9% | 51.9% | 53.7% | 66.7% | 53.7% | 74.1% |
| Total Statewide - 4th Quarter 2017 OM3 | 86.8% | 81.1% | 75.5% | 81.1% | 50.9% | 32.1% | 58.5% | 62.3% | 52.8% | 73.6% |
| Total Statewide - 3rd Quarter 2017 OM3 | 96.2% | 96.2% | 88.6% | 92.4% | 66.0% | 47.2% | 62.3% | 64.7% | 56.6% | 84.9% |
| Total Statewide - 2nd Quarter 2017 OM3 | 88.7% | 81.5% | 81.1% | 79.6% | 55.6% | 42.6% | 66.7% | 67.9% | 66.7% | 70.4% |

In the Fourth Quarter 2018, 92.5% of the cases had case planning efforts that were clearly accommodating of the family's primary language. During the First Quarter 2019, this increased slightly to 94.3%. Improvements in timely case plan approvals during the prior semi-annual cycle continue to be maintained after the declines in this area in early 2018.

In looking at a more defined view of the data and taking a regional perspective, it is noted that there are some regions that had success with several domains achieving the 90% benchmark. However as with our last status report, there was no region that achieved all domains at the 90% requirement in either period.

| DCF Court Monitor Review of Outcome Measure 3: Appropriate Case Planning – Regional Summary - 4th Quarter 2018 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Has the Case plan been approved by the SWS? | Was the family or child's language needs accommodated? | Reason for DCF Involvement | Identifying Information | Engagement of Child and Family (formerly 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 |
| **Region I - 4th Quarter 2018** | 100.0% | 100.0% | 100.0% | 80.0% | 40.0% | 20.0% | 80.0% | 40.0% | 66.7% | 80.0% |
| **Region II - 4th Quarter 2018** | 87.5% | 87.5% | 87.5% | 87.5% | 62.5% | 50.0% | 50.0% | 50.0% | 62.5% | 87.5% |
| **Region III - 4th Quarter 2018** | 100.0% | 90.0% | 100.0% | 90.0% | 70.0% | 50.0% | 80.0% | 90.0% | 70.0% | 90.0% |
| **Region IV - 4th Quarter 2018** | 100.0% | 90.9% | 100.0% | 100.0% | 54.5% | 45.5% | 70.0% | 72.7% | 54.5% | 81.8% |
| **Region V - 4th Quarter 2018** | 91.7% | 91.7% | 91.7% | 91.7% | 66.7% | 33.3% | 66.7% | 66.7% | 66.7% | 66.7% |
| **Region VI - 4th Quarter 2018** | 100.0% | 100.0% | 100.0% | 100.0% | 85.7% | 85.7% | 42.9% | 100.0% | 85.7% | 100.0% |
| **Total Statewide - 4th Quarter 2018 OM3 Results** | 96.2% | 92.5% | 96.2% | 92.5% | 64.2% | 47.2% | 64.2% | 71.7% | 60.4% | 83.0% |

| DCF Court Monitor Review of Outcome Measure 3:  Appropriate Case Planning Regional Summary - 1st Quarter 2019 | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Has the Case plan been approved by the SWS? | Was the family or child's language needs accommodated? | Reason for DCF Involvement | Identifying Information | Engagement of Child and Family (formerly 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 |
| Region I - 1st Quarter 2019 | 100.0% | 100.0% | 83.3% | 100.0% | 66.7% | 50.0% | 66.7% | 100.0% | 66.7% | 66.7% |
| Region II - 1st Quarter 2019 | 100.0% | 100.0% | 100.0% | 100.0% | 62.5% | 62.5% | 87.5% | 100.0% | 62.5% | 87.5% |
| Region III - 1st Quarter 2019 | 100.0% | 100.0% | 100.0% | 90.0% | 50.0% | 60.0% | 80.0% | 90.0% | 90.0% | 90.0% |
| Region IV - 1st Quarter 2019 | 90.9% | 81.8% | 72.7% | 72.7% | 45.5% | 45.5% | 54.5% | 63.6% | 54.5% | 54.5% |
| Region V - 1st Quarter 2019 | 100.0% | 90.9% | 90.9% | 100.0% | 36.4% | 36.4% | 45.5% | 45.5% | 54.5% | 72.7% |
| Region VI - 1st Quarter 2019 | 100.0% | 100.0% | 100.0% | 100.0% | 85.7% | 71.4% | 85.7% | 71.4% | 71.4% | 100.0% |
| Total Statewide - 1st Quarter 2019 OM3 Results | 96.3% | 94.3% | 90.6% | 92.5% | 54.7% | 52.8% | 67.9% | 75.0% | 66.0% | 77.4% |

A full summary of the both the Fourth Quarter 2018 and First Quarter 2019 cases related to the Outcome Measure 3 domains are provided in the next two pages for a more in-depth review by Area Office and Region:

| Region | What is the social worker's area office assignment? | What is the type of assignment noted in LINK? | Has the treatment plan been approved by the SWS? | Was the family or child's language needs accommodated? | Reason for DCF Involvement | Identifying Information | Engagement of Child and Family (formerly 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region I | Bridgeport | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | Bridgeport | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Marginal | Very Good | Marginal | Marginal | Marginal | Not an Appropriate Case Plan |
| | Bridgeport | CPS In-Home Family | yes | yes | Very Good | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | **Bridgeport Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **66.7%** | **33.3%** | **0.0%** | **66.7%** | **0.0%** | **0.0%** | **33.3%** | **0.0%** |
| | Norwalk | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | *Norwalk* | *CPS In-Home Family* | *yes* | *yes* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Marginal* | *Very Good* | *Appropriate Case Plan* |
| | **Norwalk Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **50.0%** | **100.0%** | **100.0%** | **0.0%** | **100.0%** | **50.0%** |
| | **Region I - 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **80.0%** | **40.0%** | **20.0%** | **80.0%** | **40.0%** | **0.0%** | **80.0%** | **20.0%** |
| Region II | Milford | Voluntary Services CIP | yes | yes | Very Good | Very Good | Optimal | Marginal | Marginal | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Milford | CPS In-Home Family | yes | yes | Optimal | Very Good | Marginal | Marginal | Very Good | Marginal | Very Good | Very Good | Not an Appropriate Case Plan |
| | Milford | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | Milford | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Marginal | Very Good | Marginal | Very Good | Very Good | Not an Appropriate Case Plan |
| | **Milford Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **25.0%** | **50.0%** | **50.0%** | **75.0%** | **100.0%** | **0.0%** |
| | New Haven | CPS CIP | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | New Haven | CPS In-Home Family | no | UTD | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Not an Appropriate Case Plan |
| | New Haven | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Marginal | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | New Haven | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **New Haven Office 4th Quarter 2018** | | **75.0%** | **75.0%** | **75.0%** | **75.0%** | **75.0%** | **75.0%** | **50.0%** | **50.0%** | **50.0%** | **75.0%** | **50.0%** |
| | **Region II - 4th Quarter 2018** | | **87.5%** | **87.5%** | **87.5%** | **87.5%** | **62.5%** | **50.0%** | **50.0%** | **50.0%** | **62.5%** | **87.5%** | **25.0%** |
| Region III | Middletown | CPS CIP | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Middletown | CPS In-Home Family | yes | UTD | Very Good | Marginal | Marginal | Marginal | Marginal | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | **Middletown Office 4th Quarter 2018** | | **100.0%** | **50.0%** | **100.0%** | **50.0%** | **50.0%** | **50.0%** | **50.0%** | **100.0%** | **50.0%** | **100.0%** | **50.0%** |
| | Norwich | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | Norwich | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Norwich | CPS CIP | yes | yes | Very Good | Very Good | Optimal | Very Good | Optimal | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Norwich | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Norwich | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Marginal | Not an Appropriate Case Plan |
| | **Norwich Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **60.0%** | **40.0%** | **100.0%** | **80.0%** | **80.0%** | **80.0%** | **40.0%** |
| | Willimantic | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Marginal | Marginal | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | Willimantic | CPS In-Home Family | yes | yes | Very Good | Optimal | Very Good | Very Good | Optimal | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Willimantic | CPS In-Home Family | yes | yes | Very Good | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **Willimantic Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **66.7%** | **66.7%** | **100.0%** | **66.7%** | **100.0%** | **66.7%** |
| | **Region III - 4th Quarter 2018** | | **100.0%** | **90.0%** | **100.0%** | **90.0%** | **70.0%** | **50.0%** | **80.0%** | **90.0%** | **70.0%** | **90.0%** | **50.0%** |
| Region IV | Hartford | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Very Good | Marginal | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | Hartford | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Marginal | Marginal | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | Hartford | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Very Good | Very Good | Marginal | Not an Appropriate Case Plan |
| | Hartford | Voluntary Services In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | Hartford | Services Post Majority Child-in-Placement | yes | yes | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Hartford | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Hartford | CPS In-Home Family | yes | UTD | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | **Hartford Office 4th Quarter 2018** | | **100.0%** | **85.7%** | **100.0%** | **100.0%** | **28.6%** | **28.6%** | **57.1%** | **71.4%** | **42.9%** | **85.7%** | **0.0%** |
| | Manchester | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | Manchester | CPS CIP | yes | yes | Very Good | Very Good | Optimal | Marginal | Absent/Averse | Absent/Averse | Absent/Averse | Very Good | Not an Appropriate Case Plan |
| | Manchester | CPS In-Home Family | yes | yes | Optimal | Optimal | Optimal | Optimal | Very Good | Optimal | Very Good | Optimal | Appropriate Case Plan |
| | *Manchester* | *Voluntary Services In-Home Family* | *yes* | *yes* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Optimal* | *Marginal* | *Appropriate Case Plan* |
| | **Manchester Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **75.0%** | **75.0%** | **75.0%** | **75.0%** | **75.0%** | **75.0%** |
| | **Region IV - 4th Quarter 2018** | | **100.0%** | **90.9%** | **100.0%** | **100.0%** | **54.5%** | **45.5%** | **70.0%** | **72.7%** | **54.5%** | **81.8%** | **27.3%** |
| Region V | Danbury | CPS In-Home Family | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Danbury | CPS CIP | yes | yes | Very Good | Optimal | Very Good | Marginal | Very Good | Very Good | Very Good | Optimal | Not an Appropriate Case Plan |
| | **Danbury Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** |
| | Torrington | CPS CIP | yes | yes | Very Good | Optimal | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Torrington | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | **Torrington Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **0.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **0.0%** |
| | Waterbury | CPS In-Home Family | yes | yes | Optimal | Very Good | Very Good | Optimal | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Waterbury | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Marginal | Optimal | Not an Appropriate Case Plan |
| | Waterbury | CPS In-Home Family | no | UTD | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Not an Appropriate Case Plan |
| | Waterbury | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Marginal | Not an Appropriate Case Plan |
| | Waterbury | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Marginal | Very Good | Very Good | Not an Appropriate Case Plan |
| | Waterbury | CPS CIP | yes | yes | Very Good | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Marginal | Not an Appropriate Case Plan |
| | Waterbury | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Poor | Marginal | Poor | Marginal | Not an Appropriate Case Plan |
| | Waterbury | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **Waterbury Office 4th Quarter 2018** | | **85.7%** | **85.7%** | **85.7%** | **85.7%** | **42.9%** | **28.6%** | **42.9%** | **57.1%** | **57.1%** | **57.1%** | **28.6%** |
| | **Region V - 4th Quarter 2018** | | **91.7%** | **91.7%** | **91.7%** | **91.7%** | **66.7%** | **33.3%** | **66.7%** | **66.7%** | **66.7%** | **66.7%** | **25.0%** |
| Region VI | *Meriden* | *CPS CIP* | *yes* | *yes* | *Optimal* | *Very Good* | *Very Good* | *Very Good* | *Marginal* | *Very Good* | *Very Good* | *Very Good* | *Appropriate Case Plan* |
| | Meriden | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Very Good | Marginal | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | **Meriden Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **100.0%** | **0.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** |
| | New Britain | CPS In-Home Family | yes | yes | Optimal | Optimal | Very Good | Marginal | Marginal | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | New Britain | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Marginal | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | New Britain | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | New Britain | CPS CIP | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | New Britain | CPS In-Home Family | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **New Britain Office 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **80.0%** | **60.0%** | **100.0%** | **80.0%** | **100.0%** | **60.0%** |
| | **Region VI - 4th Quarter 2018** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **85.7%** | **85.7%** | **42.9%** | **100.0%** | **85.7%** | **100.0%** | **57.1%** |
| **Statewide - 4th Quarter 2018 OM3 Results** | | | **96.2%** | **92.5%** | **96.2%** | **92.5%** | **64.2%** | **47.2%** | **64.2%** | **71.7%** | **60.4%** | **83.0%** | **34.0%** |

| Region | What is the social worker's area office assignment? | What is the type of assignment noted in LINK? | Has the treatment plan been approved by the SWS? | Was the family or child's language needs accommodated? | Reason for DCF Involvement | Identifying Information | Engagement of Child and Family (formerly 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region I | Bridgeport | CPS In-Home Family | yes | yes | Very Good | Optimal | Very Good | Marginal | Very Good | Too early to note progress | Very Good | Very Good | Not an Appropriate Case Plan |
| | Bridgeport | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | Bridgeport | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Marginal | Not an Appropriate Case Plan |
| | Bridgeport | CPS CIP | yes | yes | Marginal | Very Good | Very Good | Marginal | Marginal | Very Good | Marginal | Marginal | Not an Appropriate Case Plan |
| | **Bridgeport Office 1st Quarter 2019** | | 100.0% | 100.0% | 75.0% | 100.0% | 50.0% | 25.0% | 50.0% | 100.0% | 50.0% | 50.0% | 0.0% |
| | Norwalk | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Norwalk | CPS CIP | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **Norwalk Office 4th Quarter 2018** | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | **Region I - 1st Quarter 2019** | | 100.0% | 100.0% | 83.3% | 100.0% | 66.7% | 50.0% | 66.7% | 100.0% | 66.7% | 66.7% | 33.3% |
| Region II | Milford | CPS In-Home Family | yes | yes | Optimal | Very Good | Very Good | Marginal | Very Good | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | Milford | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Very Good | Marginal | Marginal | Not an Appropriate Case Plan |
| | Milford | CPS In-Home Family | yes | yes | Optimal | Very Good | Marginal | Marginal | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Milford | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **Milford Office 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% | 25.0% | 75.0% | 100.0% | 50.0% | 75.0% | 25.0% |
| | New Haven | Services Post Majority CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | New Haven | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | New Haven | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | New Haven | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | **New Haven Office 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 75.0% | 100.0% | 100.0% | 100.0% | 75.0% | 100.0% | 75.0% |
| | **Region II - 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 62.5% | 62.5% | 87.5% | 100.0% | 62.5% | 87.5% | 50.0% |
| Region III | Middletown | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | *Middletown* | *CPS In-Home Family* | *yes* | *yes* | *Very Good* | *Very Good* | *Marginal* | *Marginal* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Appropriate Case Plan* |
| | **Middletown Office 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 0.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% |
| | *Norwich* | *CPS CIP* | *yes* | *yes* | *Optimal* | *Very Good* | *Very Good* | *Marginal* | *Optimal* | *Optimal* | *Very Good* | *Optimal* | *Appropriate Case Plan* |
| | Norwich | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Very Good | Marginal | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | Norwich | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Norwich | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Norwich | CPS In-Home Family | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **Norwich Office 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 60.0% | 80.0% | 80.0% | 80.0% | 80.0% | 100.0% | 60.0% |
| | Willimantic | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | Appropriate Case Plan |
| | Willimantic | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | Willimantic | CPS In-Home Family | | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Very Good | Very Good | Marginal | Not an Appropriate Case Plan |
| | **Willimantic Office 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 66.7% | 66.7% | 66.7% | 66.7% | 100.0% | 100.0% | 66.7% | 66.7% |
| | **Region III - 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 90.0% | 50.0% | 60.0% | 80.0% | 90.0% | 90.0% | 90.0% | 60.0% |
| Region IV | Hartford | CPS In-Home Family | no | UTD | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Not an Appropriate Case Plan |
| | Hartford | CPS In-Home Family | yes | yes | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Not an Appropriate Case Plan |
| | *Hartford* | *CPS In-Home Family* | *yes* | *yes* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Marginal* | *Very Good* | *Appropriate Case Plan* |
| | *Hartford* | *CPS CIP* | *yes* | *yes* | *Optimal* | *Very Good* | *Marginal* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Appropriate Case Plan* |
| | Hartford | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Marginal | Marginal | Marginal | Very Good | Marginal | Not an Appropriate Case Plan |
| | Hartford | CPS CIP | yes | yes | Very Good | Optimal | Marginal | Very Good | Marginal | Very Good | Very Good | Marginal | Not an Appropriate Case Plan |
| | Hartford | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Marginal | Marginal | Very Good | Very Good | Marginal | Not an Appropriate Case Plan |
| | **Hartford Office 1st Quarter 2019** | | 100.0% | 85.7% | 71.4% | 71.4% | 42.9% | 42.9% | 42.9% | 57.1% | 42.9% | 42.9% | 28.6% |
| | *Manchester* | *CPS CIP* | *yes* | *yes* | *Optimal* | *Optimal* | *Very Good* | *Marginal* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Appropriate Case Plan* |
| | Manchester | CPS CIP | no | UTD | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Absent/Averse | Appropriate Case Plan |
| | Manchester | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | *Manchester* | *CPS In-Home Family* | *yes* | *yes* | *Very Good* | *Very Good* | *Marginal* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Appropriate Case Plan* |
| | **Manchester Office 1st Quarter 2019** | | 75.0% | 75.0% | 75.0% | 75.0% | 50.0% | 50.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% |
| | **Region IV - 1st Quarter 2019** | | 90.9% | 81.8% | 72.7% | 72.7% | 45.5% | 45.5% | 54.5% | 63.6% | 54.5% | 54.5% | 45.5% |
| Region V | Danbury | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | Danbury | CPS CIP | yes | no | Very Good | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Very Good | Not an Appropriate Case Plan |
| | **Danbury Office 1st Quarter 2019** | | 100.0% | 50.0% | 100.0% | 100.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 100.0% | 0.0% |
| | *Torrington* | *CPS CIP* | *yes* | *yes* | *Optimal* | *Very Good* | *Very Good* | *Marginal* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Appropriate Case Plan* |
| | Torrington | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Very Good | Marginal | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | **Torrington Office - 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% | 50.0% | 50.0% | 100.0% | 50.0% | 100.0% | 50.0% |
| | Waterbury | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Not an Appropriate Case Plan |
| | Waterbury | CPS In-Home Family | yes | yes | Marginal | Very Good | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Not an Appropriate Case Plan |
| | Waterbury | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | *Waterbury* | *CPS CIP* | *yes* | *yes* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Very Good* | *Marginal* | *Very Good* | *Very Good* | *Appropriate Case Plan* |
| | Waterbury | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Very Good | Marginal | Not an Appropriate Case Plan |
| | Waterbury | CPS CIP | yes | yes | Very Good | Very Good | Marginal | Marginal | Poor | Marginal | Marginal | Marginal | Not an Appropriate Case Plan |
| | Waterbury | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Very Good | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | **Waterbury Office 1st Quarter 2019** | | 100.0% | 100.0% | 85.7% | 100.0% | 28.6% | 28.6% | 42.9% | 28.6% | 57.1% | 57.1% | 28.6% |
| | **Region V - 1st Quarter 2019** | | 100.0% | 90.9% | 90.9% | 100.0% | 36.4% | 36.4% | 45.5% | 45.5% | 54.5% | 72.7% | 27.3% |
| Region VI | Meriden | CPS In-Home Family | yes | yes | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Marginal | Very Good | Not an Appropriate Case Plan |
| | Meriden | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | **Meriden Office - 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% | 100.0% | 50.0% |
| | *New Britain* | *CPS CIP* | *yes* | *yes* | *Very Good* | *Optimal* | *Very Good* | *Very Good* | *Very Good* | *Marginal* | *Marginal* | *Very Good* | *Appropriate Case Plan* |
| | New Britain | CPS CIP | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Appropriate Case Plan |
| | New Britain | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | | Appropriate Case Plan |
| | New Britain | CPS In-Home Family | yes | yes | Very Good | Very Good | Very Good | Marginal | Very Good | Marginal | Very Good | Very Good | Not an Appropriate Case Plan |
| | New Britain | CPS In-Home Family | yes | yes | Very Good | Very Good | Marginal | Marginal | Marginal | Very Good | Very Good | Very Good | Not an Appropriate Case Plan |
| | **New Britain Office - 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 60.0% | 80.0% | 60.0% | 80.0% | 100.0% | 60.0% |
| | **Region VI - 1st Quarter 2019** | | 100.0% | 100.0% | 100.0% | 100.0% | 85.7% | 71.4% | 85.7% | 71.4% | 71.4% | 100.0% | 57.1% |
| | **Statewide - 1st Quarter OM3 Results** | | 96.2% | 94.3% | 90.6% | 92.5% | 54.7% | 52.8% | 67.9% | 75.0% | 66.0% | 77.4% | 45.3% |

1st Quarter 2019 Outcome Measure 3: Individual Domain Case Summaries by Office, Region and State

**Outcome Measure 4**

The 2017 Revised Exit Plan requirement for Outcome Measure 4 – Needs Met is that:

*" Families and children shall have their medical, dental, mental health and other service needs met as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measures 3 and 4 Reviews". The enforceable domains of this Outcome Measure shall not include the "All Needs Met" domain. The domains for which compliance at 85% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan, shall be considered to have achieved Pre-Certification. These domains include:*

- *Risk: Child in Placement*
- *Securing the Permanent Placement*
- *DCF Case Management – Legal Action to Achieve the Permanency Goal in the Prior Six Months*
- *DCF Case Management – Recruitment for Placement Providers to Achieve Permanency Goal during the Prior Six Months*
- *Child's Current Placement*
- *Education*

*For Each of the remaining Domains, once compliance at 85% or better has been met for a quarter and then sustained for an additional quarter that domain shall also be considered to have achieved Pre-Certification. Once all of the domains achieve Pre-Certification, then Outcome Measure 4 shall be considered to have achieved Pre-Certification and subject to the process in Paragraphs 10 and 11 hereof as to whether a final review is required in connection with a request to terminate jurisdiction over this action."*

Based upon the data from the Fourth Quarter 2018 and First Quarter of 2019 there are no additional domains that achieved two consecutive quarter at the 85% requirement.

Previously, the Department had met and sustained for an additional quarter the following domains:

- Risk: Child in Placement (July 2018 Status Report)
- Securing the Permanent Placement (July 2018 Status Report)
- DCF Case Management – Legal Action to Achieve the Permanency Goal in the Prior Six Months (July 2018 Status Report)
- DCF Case Management – Recruitment for Placement Providers to Achieve Permanency Goal during the Prior Six Months (July 2018 Status Report)
- Child's Current Placement (January 2018 Status Report)
- Education (January 2018 Status Report)
- Medical (January 2018 Status Report)

In this reporting cycle, the Court Monitor notes that the Department has not maintained compliance for DCF Case Management-Legal (4th Quarter, 78.9%), Child's Current Placement (1st Quarter 2019, 83.3%), Education (1st Quarter 2019, 74.5%), or Medical (4th Quarter 2018, 81.1% and 1st Quarter 2019, 81.1%). Given that the findings over the last three quarters indicate that the Medical domain has not achieved the 85% standard, the Court Monitor will consider removing the pre-certification findings once additional review and analysis is completed.

| Quarter | Risk: In-Home | Risk: Child In Placement | Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months | Permanency: DCF Case Mgmt. - Legal Action to Achieve the Permanency Goal During the Prior Six Months | Permanency: DCF Case Mgmt. - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months | Permanency: DCF Case Mgmt. - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months | Well-Being: Medical Needs | Well-Being: Dental Needs | Well-Being: Mental Health, Behavioral and Substance Abuse Services | Well-Being: Child's Current Placement | Well-Being: Education |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Statewide - 1st Quarter 2019 OM4 Results** | 69.0% | 92.0% | 91.7% | 86.8% | 87.5% | 60.4% | 81.1% | 81.1% | 56.6% | 83.3% | 74.5% |
| **Statewide - 4th Quarter 2018 OM4 Results** | 66.7% | 92.6% | 91.3% | 78.9% | 91.7% | 58.5% | 81.1% | 75.5% | 63.5% | 91.3% | 84.6% |
| **Statewide - 3rd Quarter 2018 OM4 Results** | 70.0% | 96.2% | 100.0% | 87.0% | 100.0% | 51.9% | 83.3% | 87.0% | 70.4% | 91.7% | 86.3% |
| **Statewide - 2nd Quarter 2018 OM4 Results** | 73.9% | 96.8% | 100.0% | 90.6% | 90.3% | 50.9% | 90.6% | 81.1% | 73.6% | 77.4% | 87.5% |
| **Statewide - 1st Quarter 2018 OM4 Results** | 81.3% | 100.0% | 95.8% | 92.5% | 95.7% | 51.9% | 85.2% | 75.9% | 61.1% | 91.3% | 86.8% |
| **Statewide - 4th Quarter 2017 OM4 Results** | 82.1% | 96.0% | 100.0% | 94.3% | 96.0% | 49.1% | 79.3% | 81.1% | 50.9% | 84.0% | 80.4% |
| **Statewide - 3rd Quarter 2017 OM4 Results** | 81.8% | 100.0% | 93.5% | 90.6% | 93.8% | 52.8% | 86.8% | 83.0% | 64.2% | 87.1% | 88.0% |
| **Statewide - 2nd Quarter 2017 OM4 Results** | 78.3% | 100.0% | 95.8% | 98.1% | 100.0% | 57.4% | 94.4% | 85.2% | 75.9% | 93.9% | 83.3% |

**Statewide Quarterly Domain Scores for OM4: 2nd Quarter 2017 - 1st Quarter 2019**

A full summary of the Fourth Quarter 2018 and for First Quarter 2019 Domain summaries by region and area office for Outcome Measure 4 are found respectively on the following two pages.

| Quarter | Risk: In-Home | Risk: Child In Placement | Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months | Permanency: DCF Case Mgmt. - Legal Action to Achieve the Permanency Goal During the Prior Six Months | Permanency: DCF Case Mgmt. - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months | Permanency: DCF Case Mgmt. - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months | Well-Being: Medical Needs | Well-Being: Dental Needs | Well-Being: Mental Health, Behavioral and Substance Abuse Services | Well-Being: Child's Current Placement | Well-Being: Education |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **4th Quarter 2018 Outcome Measure 4 Regional Scores** | | | | | | | | | | | |
| **Region I - 4th Quarter 2018** | 100.0% | 100.0% | 50.0% | 60.0% | 50.0% | 20.0% | 40.0% | 40.0% | 40.0% | 100.0% | 80.0% |
| **Region II - 4th Quarter 2018** | 50.0% | 80.0% | 100.0% | 100.0% | 100.0% | 37.5% | 87.5% | 75.0% | 37.5% | 100.0% | 87.5% |
| **Region III - 4th Quarter 2018** | 66.7% | 75.0% | 100.0% | 70.0% | 100.0% | 70.0% | 70.0% | 80.0% | 60.0% | 100.0% | 80.0% |
| **Region IV - 4th Quarter 2018** | 33.3% | 100.0% | 100.0% | 72.7% | 100.0% | 45.5% | 81.8% | 81.8% | 60.0% | 80.0% | 81.8% |
| **Region V - 4th Quarter 2018** | 71.4% | 100.0% | 80.0% | 83.3% | 80.0% | 75.0% | 91.7% | 83.3% | 91.7% | 80.0% | 91.7% |
| **Region VI - 4th Quarter 2018** | 100.0% | 100.0% | 100.0% | 83.3% | 100.0% | 85.7% | 100.0% | 71.4% | 71.4% | 100.0% | 83.3% |
| **Total Statewide - 4th Quarter 2018 OM3 Results** | 66.7% | 92.6% | 91.3% | 78.9% | 91.7% | 58.5% | 81.1% | 75.5% | 63.5% | 91.3% | 84.6% |

| Quarter | Risk: In-Home | Risk: Child In Placement | Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months | Permanency: DCF Case Mgmt. - Legal Action to Achieve the Permanency Goal During the Prior Six Months | Permanency: DCF Case Mgmt. - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months | Permanency: DCF Case Mgmt. - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months | Well-Being: Medical Needs | Well-Being: Dental Needs | Well-Being: Mental Health, Behavioral and Substance Abuse Services | Well-Being: Child's Current Placement | Well-Being: Education |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **1st Quarter 2019 Outcome Measure 4 Regional Scores** | | | | | | | | | | | |
| **Region I - 1st Quarter 2019** | 33.3% | 66.7% | 100.0% | 66.7% | 66.7% | 66.7% | 83.3% | 83.3% | 33.3% | 66.7% | 83.3% |
| **Region II - 1st Quarter 2019** | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 62.5% | 62.5% | 75.0% | 62.5% | 75.0% | 50.0% |
| **Region III - 1st Quarter 2019** | 83.3% | 100.0% | 100.0% | 90.0% | 75.0% | 60.0% | 100.0% | 100.0% | 80.0% | 100.0% | 100.0% |
| **Region IV - 1st Quarter 2019** | 83.3% | 83.3% | 80.0% | 90.9% | 80.0% | 81.8% | 81.8% | 81.8% | 54.5% | 80.0% | 80.0% |
| **Region V - 1st Quarter 2019** | 66.7% | 100.0% | 80.0% | 80.0% | 100.0% | 45.5% | 72.7% | 63.6% | 54.5% | 80.0% | 54.5% |
| **Region VI - 1st Quarter 2019** | 25.0% | 100.0% | 100.0% | 85.7% | 100.0% | 42.9% | 85.7% | 85.7% | 42.9% | 100.0% | 85.7% |
| **Total Statewide - 1st Quarter 2019 OM4 Results** | 69.0% | 92.0% | 91.7% | 86.8% | 87.5% | 60.4% | 81.1% | 81.1% | 56.6% | 83.3% | 74.5% |

**Outcome Measure 4 - 4th Quarter 2018: Individual Domain Case Summaries by Office, Region and State**

| Region | What is the social worker's area office assignment? | What is the type of assignment noted in LINK? | Risk: In-Home | Risk: Child In Placement | Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months | Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months | Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months | Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months | Well-Being: Medical Needs | Well-Being: Dental Needs | Well-Being: Mental Health, Behavioral and Substance Abuse Services | Well-Being: Child's Current Placement | Well-Being: Education | Overall Score for Outcome Measure 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region I | Bridgeport | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Marginal | N/A to Case Type | Marginal | Poor | Poor | Marginal | N/A to Case Type | Very Good | Needs Not Met |
| | Bridgeport | CPS CIP | N/A to Case Type | Optimal | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Marginal | Very Good | Marginal | Needs Not Met |
| | Bridgeport | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Marginal | Marginal | Marginal | N/A to Case Type | Very Good | Needs Not Met |
| | **Bridgeport Office 4th Quarter OM4 Results** | | 100.0% | 100.0% | 0.0% | 33.3% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 66.7% | 0.0% |
| | Norwalk | CPS CIP | N/A to Case Type | Optimal | Very Good | Very Good | Very Good | Marginal | Optimal | Optimal | Very Good | Optimal | Very Good | Needs Not Met |
| | Norwalk | CPS In-Home Family | N/A to Case Type | N/A to Case Type | N/A to Case Type | Optimal | N/A to Case Type | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Needs Met |
| | **Norwalk Office 4th Quarter OM4 Results** | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% |
| | **Region I - 4th Quarter OM4 Results** | | 100.0% | 100.0% | 50.0% | 60.0% | 100.0% | 20.0% | 40.0% | 40.0% | 40.0% | 100.0% | 80.0% | 20.0% |
| Region II | Milford | Voluntary Services CIP | N/A to Case Type | Very Good | Optimal | Very Good | Very Good | Marginal | Optimal | Optimal | Optimal | Optimal | Very Good | Needs Met |
| | Milford | CPS In-Home Family | Marginal | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Marginal | Marginal | Marginal | N/A to Case Type | Very Good | Needs Not Met |
| | Milford | CPS In-Home Family | Very Good | Very Good | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Needs Not Met |
| | Milford | CPS CIP | N/A to Case Type | Marginal | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Marginal | Very Good | Very Good | Needs Not Met |
| | **Milford Office 4th Quarter OM4 Results** | | 50.0% | 66.7% | 100.0% | 100.0% | 100.0% | 25.0% | 75.0% | 75.0% | 25.0% | 100.0% | 75.0% | 25.0% |
| | New Haven | CPS CIP | N/A to Case Type | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | Very Good | Optimal | Very Good | Needs Met |
| | New Haven | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Very Good | Marginal | Marginal | N/A to Case Type | Very Good | Needs Not Met |
| | New Haven | CPS In-Home Family | Marginal | N/A to Case Type | N/A to Case Type | Optimal | N/A to Case Type | Very Good | Very Good | Very Good | Marginal | N/A to Case Type | Very Good | Needs Not Met |
| | New Haven | CPS CIP | N/A to Case Type | Very Good | Very Good | Very Good | Optimal | Marginal | Optimal | Very Good | Very Good | Very Good | Optimal | Needs Met |
| | **New Haven Office 4th Quarter OM4 Results** | | 50.0% | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% | 100.0% | 75.0% | 50.0% | 100.0% | 100.0% | 50.0% |
| | **Region II - 4th Quarter OM4 Results** | | 50.00% | 80.00% | 100.00% | 100.00% | 100.00% | 37.50% | 87.50% | 75.00% | 37.50% | 100.00% | 87.50% | 37.50% |
| Region III | Middletown | CPS CIP | N/A to Case Type | Very Good | Optimal | Very Good | Optimal | Very Good | Optimal | Optimal | Optimal | Very Good | Optimal | Needs Met |
| | Middletown | CPS In-Home Family | Marginal | N/A to Case Type | N/A to Case Type | Poor | N/A to Case Type | Marginal | Marginal | Very Good | Marginal | N/A to Case Type | Marginal | Needs Not Met |
| | **Middletown Office 4th Quarter OM4 Results** | | 0.0% | 100.0% | 100.0% | 50.0% | 100.0% | 50.0% | 50.0% | 100.0% | 50.0% | 100.0% | 50.0% | 50.0% |
| | Norwich | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Marginal | Marginal | Very Good | N/A to Case Type | Marginal | Needs Not Met |
| | Norwich | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Very Good | Marginal | Very Good | N/A to Case Type | Very Good | Needs Not Met |
| | Norwich | CPS CIP | N/A to Case Type | Optimal | Very Good | Very Good | Optimal | Optimal | Optimal | Very Good | Very Good | Very Good | Optimal | Needs Met |
| | Norwich | CPS In-Home Family | Poor | N/A to Case Type | N/A to Case Type | Marginal | N/A to Case Type | Marginal | Marginal | Very Good | Marginal | N/A to Case Type | Very Good | Needs Not Met |
| | Norwich | CPS In-Home Family | Very Good | N/A to Case Type | Very Good | Optimal | Very Good | Very Good | Optimal | Very Good | Very Good | Very Good | Very Good | Needs Met |
| | **Norwich Office 4th Quarter OM4 Results** | | 66.7% | 100.0% | 100.0% | 80.0% | 100.0% | 60.0% | 80.0% | 60.0% | 60.0% | 100.0% | 80.0% | 40.0% |
| | Willimantic | CPS CIP | N/A to Case Type | Marginal | Optimal | Marginal | Very Good | Very Good | Very Good | Optimal | Marginal | Very Good | Very Good | Needs Met |
| | Willimantic | CPS In-Home Family | 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 | Very Good | Needs Met |
| | Willimantic | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Very Good | Very Good | Very Good | N/A to Case Type | Very Good | Needs Not Met |
| | **Willimantic Office 4th Quarter OM4 Results** | | 100.0% | 0.0% | 100.0% | 66.7% | 100.0% | 100.0% | 100.0% | 100.0% | 66.7% | 100.0% | 100.0% | 66.7% |
| | **Region III - 4th Quarter OM4 Results** | | 66.7% | 75.0% | 100.0% | 70.0% | 100.0% | 70.0% | 70.0% | 80.0% | 60.0% | 100.0% | 80.0% | 50.0% |
| Region IV | Hartford | CPS CIP | N/A to Case Type | Optimal | Very Good | Very Good | Optimal | Very Good | Very Good | Very Good | N/A to Case Type | Very Good | Very Good | Needs Not Met |
| | Hartford | CPS CIP | N/A to Case Type | Very Good | Optimal | Marginal | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Needs Not Met |
| | Hartford | CPS In-Home Family | Marginal | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Very Good | Very Good | Very Good | N/A to Case Type | Very Good | Needs Not Met |
| | Hartford | Voluntary Services In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Absent/Averse | N/A to Case Type | Marginal | Marginal | Marginal | Marginal | N/A to Case Type | Marginal | Needs Not Met |
| | Hartford | Services Post Majority Child-in-Placement | N/A to Case Type | Very Good | Very Good | Optimal | Very Good | Marginal | Very Good | Optimal | Very Good | Very Good | Very Good | Needs Not Met |
| | Hartford | CPS In-Home Family | Marginal | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Very Good | Very Good | Marginal | N/A to Case Type | Very Good | Needs Not Met |
| | **Hartford Office 4th Quarter OM4 Results** | | 25.0% | 100.0% | 100.0% | 57.1% | 100.0% | 28.6% | 71.4% | 71.4% | 50.0% | 100.0% | 71.4% | 14.3% |
| | Manchester | CPS CIP | N/A to Case Type | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Marginal | Optimal | Needs Not Met |
| | Manchester | CPS CIP | N/A to Case Type | Optimal | Very Good | Optimal | Very Good | Very Good | Very Good | Optimal | Marginal | Very Good | Very Good | Needs Met |
| | Manchester | CPS In-Home Family | Marginal | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Optimal | Optimal | Optimal | N/A to Case Type | Very Good | Needs Met |
| | Manchester | Voluntary Services In-Home Family | Very Good | Optimal | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | N/A to Case Type | Optimal | Needs Met |
| | **Manchester Office 4th Quarter OM4 Results** | | 50.0% | 100.0% | 100.0% | 100.0% | 100.0% | 75.0% | 100.0% | 100.0% | 75.0% | 50.0% | 100.0% | 75.0% |
| | **Region IV - 4th Quarter OM4 Results** | | 33.3% | 100.0% | 100.0% | 72.7% | 100.0% | 45.5% | 81.8% | 81.8% | 60.0% | 80.0% | 81.8% | 36.4% |
| Region V | Danbury | CPS In-Home Family | Marginal | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Optimal | Optimal | Very Good | N/A to Case Type | Optimal | Needs Not Met |
| | Danbury | CPS CIP | N/A to Case Type | Optimal | Optimal | Optimal | Optimal | Very Good | Optimal | Optimal | Very Good | Very Good | Very Good | Needs Met |
| | **Danbury Office 4th Quarter OM4 Results** | | 0.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% |
| | Torrington | CPS CIP | N/A to Case Type | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | Very Good | Very Good | Marginal | Very Good | Needs Met |
| | Torrington | CPS In-Home Family | Marginal | 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 |
| | **Torrington Office 4th Quarter OM4 Results** | | 0.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 100.0% | 0.0% |
| | Waterbury | CPS In-Home Family | Very Good | Very Good | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Very Good | Very Good | Very Good | N/A to Case Type | Very Good | Needs Met |
| | Waterbury | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Marginal | Marginal | Very Good | N/A to Case Type | Very Good | Needs Not Met |
| | Waterbury | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Optimal | N/A to Case Type | Very Good | Optimal | Very Good | Very Good | N/A to Case Type | Optimal | Needs Met |
| | Waterbury | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Optimal | Marginal | Very Good | N/A to Case Type | Very Good | Needs Not Met |
| | Waterbury | CPS CIP | N/A to Case Type | Very Good | Very Good | Poor | Very Good | Marginal | Optimal | Very Good | Very Good | Optimal | Marginal | Needs Not Met |
| | Waterbury | CPS CIP | N/A to Case Type | Very Good | Marginal | Marginal | Very Good | Very Good | Optimal | Very Good | Very Good | Very Good | Very Good | Needs Not Met |
| | Waterbury | CPS In-Home Family | Very Good | 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 |
| | Waterbury | CPS CIP | N/A to Case Type | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Needs Met |
| | **Waterbury Office 4th Quarter OM4 Results** | | 100.0% | 100.0% | 66.7% | 75.0% | 100.0% | 62.5% | 87.5% | 75.0% | 87.5% | 100.0% | 87.5% | 37.5% |
| | **Region V - 4th Quarter OM4 Results** | | 71.4% | 100.0% | 80.0% | 83.3% | 100.0% | 62.5% | 87.5% | 75.0% | 87.5% | 100.0% | 87.5% | 37.5% |
| Region VI | Meriden | CPS CIP | N/A to Case Type | Optimal | Optimal | Marginal | Optimal | Very Good | Optimal | Optimal | Very Good | Optimal | Very Good | Needs Met |
| | Meriden | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Marginal | Optimal | Marginal | Marginal | N/A to Case Type | Marginal | Needs Not Met |
| | **Meriden Office 4th Quarter OM4 Results** | | 100.0% | 100.0% | 100.0% | 50.0% | 100.0% | 50.0% | 100.0% | 50.0% | 50.0% | 100.0% | 50.0% | 50.0% |
| | New Britain | CPS In-Home Family | Very Good | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Very Good | Marginal | N/A to Case Type | Very Good | Very Good | Needs Met |
| | New Britain | CPS CIP | N/A to Case Type | Optimal | Very Good | Very Good | Very Good | Very Good | Optimal | Optimal | Very Good | Optimal | Optimal | Needs Met |
| | New Britain | CPS In-Home Family | N/A to Case Type | N/A to Case Type | N/A to Case Type | Very Good | N/A to Case Type | Very Good | Very Good | Marginal | Very Good | N/A to Case Type | Very Good | Needs Met |
| | New Britain | CPS CIP | N/A to Case Type | Optimal | Optimal | Very Good | Optimal | Very Good | Very Good | Optimal | Optimal | Very Good | Very Good | Needs Met |
| | New Britain | CPS In-Home Family | Very Good | Very Good | N/A to Case Type | Optimal | N/A to Case Type | Very Good | Very Good | Very Good | Very Good | N/A to Case Type | N/A to Case Type | Needs Met |
| | **New Britain Office 4th Quarter OM4 Results** | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 80.0% | 100.0% | 100.0% | 60.0% |
| | **Region VI - 4th Quarter OM4 Results** | | 100.0% | 100.0% | 100.0% | 83.3% | 100.0% | 85.7% | 100.0% | 71.4% | 71.4% | 100.0% | 83.3% | 57.1% |
| | **Statewide - 4th Quarter OM4 Results** | | 66.7% | 92.6% | 91.3% | 78.9% | 91.7% | 58.5% | 81.1% | 75.5% | 63.5% | 91.3% | 84.6% | 43.4% |

| Region | Area Office | What is the type of assignment noted in LINK? | Risk: In-Home | Risk: Child In Placement | Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months | Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months | Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months | Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months | Well-Being: Medical Needs | Well-Being: Dental Needs | Well-Being: Mental Health, Behavioral and Substance Abuse Services | Well-Being: Child's Current Placement | Well-Being: Education | Overall Score for Outcome Measure 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region I | Bridgeport | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | Bridgeport | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Poor | N/A to Case | Marginal | Marginal | Absent/Averse | Marginal | N/A to Case | Marginal | Needs Not Met |
| | Bridgeport | CPS CIP | N/A to Case | Very Good | Very Good | Marginal | Very Good | Marginal | Very Good | Very Good | Marginal | Very Good | Very Good | Needs Not Met |
| | Bridgeport | CPS CIP | N/A to Case | Marginal | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Marginal | Marginal | Very Good | Needs Not Met |
| | **Bridgeport Office 1st Qtr OM4 Results** | | **50.0%** | **50.0%** | **100.0%** | **50.0%** | **50.0%** | **50.0%** | **75.0%** | **75.0%** | **25.0%** | **50.0%** | **75.0%** | **25.0%** |
| | Norwalk | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Marginal | N/A to Case | Very Good | Needs Not Met |
| | Norwalk | CPS CIP | N/A to Case | Very Good | Very Good | Optimal | Very Good | Very Good | Optimal | Very Good | Very Good | Very Good | Very Good | Needs Met |
| | **Norwalk Office 1st Quarter Results** | | **0.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **100.0%** | **100.0%** | **50.0%** |
| | **Region I - 1st Quarter OM4 Results** | | **33.3%** | **66.7%** | **100.0%** | **66.7%** | **66.7%** | **66.7%** | **83.3%** | **83.3%** | **33.3%** | **66.7%** | **83.3%** | |
| Region II | Milford | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Optimal | N/A to Case | Very Good | Very Good | Marginal | Very Good | N/A to Case | Marginal | Needs Met |
| | Milford | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Marginal | Marginal | Optimal | Very Good | Very Good | Marginal | Needs Met |
| | Milford | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Very Good | Very Good | Marginal | N/A to Case | Very Good | Needs Not Met |
| | Milford | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | Very Good | Very Good | Optimal | Very Good | Needs Met |
| | **Milford Office 1st Quarter OM4 Results** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **75.0%** | **75.0%** | **75.0%** | **100.0%** | **50.0%** | **50.0%** |
| | New Haven | Services Post Majority CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Marginal | Needs Not Met |
| | New Haven | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Marginal | Needs Met |
| | New Haven | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | New Haven | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Very Good | Optimal | Marginal | N/A to Case | Very Good | Needs Not Met |
| | **New Haven Office 1st Quarter OM4** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **75.0%** | **50.0%** | **50.0%** | **50.0%** | **50.0%** | **50.0%** |
| | **Region II - 1st Quarter OM4 Results** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **62.5%** | **62.5%** | **75.0%** | **62.5%** | **75.0%** | **50.0%** | **50.0%** |
| Region III | Middletown | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Marginal | Marginal | Optimal | Optimal | Marginal | Very Good | Optimal | Needs Not Met |
| | Middletown | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | **Middletown Office 1st Quarter OM4** | | **0.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **50.0%** | **100.0%** | **100.0%** | **50.0%** | **100.0%** | **100.0%** | **50.0%** |
| | Norwich | CPS CIP | N/A to Case | Optimal | Optimal | Optimal | Optimal | Optimal | Optimal | Optimal | Very Good | Optimal | Optimal | Needs Met |
| | Norwich | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | Norwich | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Very Good | Needs Not Met |
| | Norwich | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Optimal | Optimal | Marginal | N/A to Case | Very Good | Needs Not Met |
| | Norwich | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | **Norwich Office 1st Quarter OM4 Results** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **80.0%** | **100.0%** | **100.0%** | **80.0%** | **100.0%** | **100.0%** | **60.0%** |
| | Willimantic | CPS CIP | N/A to Case | Very Good | Optimal | Very Good | Optimal | Marginal | Optimal | Optimal | Very Good | Optimal | Optimal | Needs Met |
| | Willimantic | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Optimal | Very Good | N/A to Case | Very Good | Needs Met |
| | Willimantic | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Marginal | N/A to Case | Marginal | Very Good | Optimal | Very Good | N/A to Case | N/A to Case | Needs Not Met |
| | **Willimantic Office 1st Quarter OM4** | | **100.0%** | **100.0%** | **100.0%** | **66.7%** | **100.0%** | **66.7%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **66.7%** |
| | **Region III - 1st Quarter OM4 Results** | | **83.3%** | **100.0%** | **100.0%** | **90.0%** | **75.0%** | **60.0%** | **100.0%** | **100.0%** | **80.0%** | **100.0%** | **100.0%** | **60.0%** |
| Region IV | Hartford | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Very Good | Very Good | Marginal | N/A to Case | Very Good | Needs Not Met |
| | Hartford | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Optimal | N/A to Case | Marginal | Marginal | Marginal | Very Good | N/A to Case | Very Good | Needs Not Met |
| | Hartford | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Marginal | Marginal | Marginal | N/A to Case | Marginal | Needs Not Met |
| | Hartford | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | Very Good | Needs Met |
| | Hartford | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Marginal | N/A to Case | Very Good | Needs Not Met |
| | Hartford | CPS CIP | N/A to Case | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Optimal | Very Good | Optimal | N/A to Case | Needs Not Met |
| | Hartford | CPS CIP | N/A to Case | Marginal | Marginal | Very Good | Very Good | Very Good | Very Good | Marginal | Marginal | Marginal | Marginal | Needs Not Met |
| | **Hartford Office 1st Quarter OM4 Results** | | **75.0%** | **66.7%** | **66.7%** | **85.7%** | **100.0%** | **71.4%** | **71.4%** | **71.4%** | **28.6%** | **66.7%** | **66.7%** | **14.3%** |
| | Manchester | CPS CIP | N/A to Case | Very Good | Optimal | Optimal | Optimal | Very Good | Optimal | Very Good | Very Good | Very Good | Optimal | Needs Met |
| | Manchester | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | Needs Not Met |
| | Manchester | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | Manchester | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | **Manchester Office 1st Quarter OM4** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **75.0%** |
| | **Region IV - 1st Quarter OM4 Results** | | **83.3%** | **83.3%** | **80.0%** | **90.9%** | **80.0%** | **81.8%** | **81.8%** | **81.8%** | **54.5%** | **80.0%** | **80.0%** | **36.4%** |
| Region V | Danbury | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Very Good | Very Good | Marginal | N/A to Case | Very Good | Needs Not Met |
| | Danbury | CPS CIP | N/A to Case | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Very Good | Marginal | Very Good | Marginal | Needs Not Met |
| | **Danbury Office 1st Quarter OM4 Results** | | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **0.0%** | **100.0%** | **50.0%** | **0.0%** |
| | Torrington | CPS CIP | N/A to Case | Optimal | Optimal | Very Good | Optimal | Very Good | Optimal | Optimal | Optimal | Optimal | Optimal | Needs Met |
| | Torrington | CPS In-Home Family | N/A to Case | N/A to Case | N/A to Case | Very Good | N/A to Case | Very Good | Marginal | Marginal | Very Good | N/A to Case | Very Good | Needs Met |
| | **Torrington Office 1st Quarter OM4** | | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **50.0%** | **50.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** |
| | Waterbury | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Marginal | Marginal | Very Good | N/A to Case | Marginal | Needs Not Met |
| | Waterbury | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Marginal | N/A to Case | Marginal | Marginal | Marginal | Very Good | N/A to Case | Marginal | Needs Not Met |
| | Waterbury | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Optimal | Very Good | Very Good | N/A to Case | Optimal | Needs Not Met |
| | Waterbury | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Optimal | Very Good | Very Good | Optimal | Very Good | Very Good | Very Good | Needs Met |
| | Waterbury | CPS CIP | N/A to Case | Very Good | Marginal | Very Good | Very Good | Marginal | Optimal | Marginal | Very Good | Very Good | Optimal | Needs Not Met |
| | Waterbury | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Marginal | Very Good | Very Good | Very Good | Marginal | Marginal | Needs Not Met |
| | Waterbury | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Very Good | Very Good | Marginal | N/A to Case | Marginal | Needs Not Met |
| | **Waterbury Office 1st Quarter OM4** | | **50.0%** | **100.0%** | **66.7%** | **85.7%** | **100.0%** | **16.3%** | **71.4%** | **57.1%** | **57.1%** | **66.7%** | **42.9%** | **14.3%** |
| | **Region V - 1st Quarter OM4 Results** | | **66.7%** | **100.0%** | **80.0%** | **81.8%** | **100.0%** | **45.5%** | **72.7%** | **63.6%** | **54.5%** | **80.0%** | **54.5%** | **27.3%** |
| Region VI | Meriden | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Very Good | Very Good | Marginal | N/A to Case | Very Good | Needs Not Met |
| | Meriden | CPS CIP | N/A to Case | Very Good | Optimal | Very Good | Optimal | Marginal | Very Good | Very Good | Very Good | Very Good | Very Good | Needs Met |
| | **Meriden Office 1st Quarter OM4 Results** | | **0.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **0.0%** | **100.0%** | **100.0%** | **50.0%** | **100.0%** | **100.0%** | **50.0%** |
| | New Britain | CPS CIP | N/A to Case | Very Good | Very Good | Very Good | Very Good | Very Good | Optimal | Optimal | Marginal | Very Good | Very Good | Needs Met |
| | New Britain | CPS CIP | N/A to Case | Very Good | Optimal | Very Good | Optimal | Marginal | Very Good | Optimal | Very Good | Optimal | Optimal | Needs Not Met |
| | New Britain | CPS In-Home Family | Very Good | N/A to Case | N/A to Case | Optimal | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Met |
| | New Britain | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Marginal | N/A to Case | Very Good | Very Good | Very Good | Very Good | N/A to Case | Very Good | Needs Not Met |
| | New Britain | CPS In-Home Family | Marginal | N/A to Case | N/A to Case | Very Good | N/A to Case | Marginal | Marginal | Marginal | Marginal | N/A to Case | Marginal | Needs Not Met |
| | **New Britain Office 1st Quarter OM4** | | **33.3%** | **100.0%** | **100.0%** | **80.0%** | **100.0%** | **60.0%** | **80.0%** | **80.0%** | **40.0%** | **100.0%** | **80.0%** | **40.0%** |
| | **Region VI - 1st Quarter OM4 Results** | | **25.0%** | **100.0%** | **100.0%** | **85.7%** | **100.0%** | **42.9%** | **85.7%** | **85.7%** | **42.9%** | **100.0%** | **85.7%** | **42.9%** |
| | **Statewide 1st Quarter OM4 Results** | | **69.0%** | **92.0%** | **91.7%** | **86.8%** | **87.5%** | **60.4%** | **81.1%** | **81.1%** | **56.6%** | **83.3%** | **74.5%** | **45.3%** |

The individual needs identified in the cases sampled included a total of 221 unmet needs for the Fourth Quarter 2018 and 231 for the First Quarter 2019 for a total of 452 unmet needs during the six month planning period for the sample of cases reviewed. This is up somewhat from the 373 unmet needs across the cases reviewed in the prior period. Social Worker visitation with parents and contacts with providers aside, the top five unmet needs identified during the period under review were Individual Counseling – Parent (29), Individual Counseling – Child (25), Dental Screening/Evaluation (25), Substance Abuse Screen/Evaluation – Parent (21) and Internal Case Management/Support/Advocacy (21).

The top five barriers identified this six month period were client refusal (50%), delays/lack of communication between DCF and the provider (10.6%), DCF failure to assess the need during the period under review (8.4%), no referral made during the PUR (5.5%) and Provider Issues – Staffing, lack of follow through (4.7%).

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Adoption Supports (PPSP) | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 2 | 0 | 2 |
| Adoption Supports (PPSP) | Client Refused Service | 1 | 0 | 1 |
| Adoption Supports (PPSP) | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Adoption Training | Client Refused Service | 1 | 0 | 1 |
| Adoption Training | Delay in Referral by SW | 0 | 1 | 1 |
| Anger Management - Parents | Placed on Wait List | 1 | 0 | 1 |
| ARG Consultation | Delay in Referral by SW | 3 | 0 | 3 |
| ARG Consultation | No Referral Made by DCF during the PUR | 3 | 0 | 3 |
| ARG Consultation | Service Deferred Pending Completion of Another | 1 | 0 | 1 |
| Behavior Management | Placed on Wait List | 1 | 0 | 1 |
| Behavior Management | Client Refused Service | 0 | 1 | 1 |
| Case Management/Support/Advocacy | Delays in Referrals | 7 | 7 | 14 |
| Case Management/Support/Advocacy | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 3 | 4 |
| Case Management/Support/Advocacy | Other: SW needed assistance with completing/processing the subsidy paperwork - delayed process. | 1 | 0 | 1 |
| Case Management/Support/Advocacy | No Referral Made by DCF during the PUR | 0 | 2 | 2 |
| Day Treatment/Partial Hospitalization | Referred Service is Unwilling to Engage Client | 1 | 1 | 2 |
| Day Treatment/Partial Hospitalization | Client AWOL | 0 | 1 | 1 |
| Dental or Orthodontic Service | Client Refused Service | 2 | 2 | 4 |
| Dental or Orthodontic Service | Placed on Wait List | 0 | 1 | 1 |
| Dental Screening or Evaluation | Client Refused Service | 6 | 9 | 15 |
| Dental Screening or Evaluation | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 3 | 0 | 3 |
| Dental Screening or Evaluation | Lack of Communication between DCF and Provider | 1 | 0 | 1 |
| Dental Screening or Evaluation | UTD from Case Plan or Narrative | 1 | 0 | 1 |
| Dental Screening or Evaluation | No Referral Made by DCF during the PUR | 0 | 1 | 1 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Dental Screening or Evaluation | Area Office did not respond to Reviewer Request for Clarification | 0 | 2 | 2 |
| Dental Screening or Evaluation | Insurance Issue | 0 | 2 | 2 |
| Developmental Screening or Evaluation | Client Refused Service | 1 | 1 | 2 |
| Developmental Screening or Evaluation | Insurance Issue | 0 | 1 | 1 |
| Developmental Screening or Evaluation | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 0 | 1 | 1 |
| Domestic Violence Service - Perpetrator | Client Refused Service | 4 | 2 | 6 |
| Domestic Violence Service - Perpetrator | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| Domestic Violence Service - Perpetrator | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Domestic Violence Service - Perpetrator | Other - Client states they are attending but not confirmed by DCF | 0 | 1 | 1 |
| Domestic Violence Service - Perpetrator | Placed on Wait List | 0 | 1 | 1 |
| Domestic Violence Service - Prevention | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 0 | 1 | 1 |
| Domestic Violence Service - Victim | Client Refused Service | 8 | 1 | 9 |
| Domestic Violence Service - Victim | Insurance Issue | 1 | 0 | 1 |
| Domestic Violence Service - Victim | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Domestic Violence Service - Victim | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| Domestic Violence Service - Victim | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Domestic Violence Service - Victim | Placed on Wait List | 0 | 1 | 1 |
| Domestic Violence Service - Victim | Service Deferred Pending Completion of Another | 0 | 1 | 1 |
| Domestic Violence Service - Victim | Delay in Referral by SW | 0 | 1 | 1 |
| Educational Screening or Evaluation | Client Refused Service | 2 | 6 | 8 |
| Educational Screening or Evaluation | Other:  Mother moved to IPV Shelter for two months then returned to Father disrupting education | 1 | 0 | 1 |
| Educational Screening or Evaluation | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 4 | 5 |
| Educational Screening or Evaluation | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Educational Screening or Evaluation | Service Deferred Pending Completion of Another | 0 | 1 | 1 |
| Educational Screening or Evaluation | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Educational Screening or Evaluation | Delay in Referral by SW | 0 | 1 | 1 |
| Educational Screening or Evaluation | Other:  Ages and Stages failed to follow up with Foster Mother | 0 | 1 | 1 |
| Education:  Tuition for Private School or College | Client Refused Service | 0 | 1 | 1 |
| Extended Day Treatment | Client Refused Service | 0 | 1 | 1 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Family Advocacy | Client Refused Service | 1 | 0 | 1 |
| Family Preservation Services | Client Refused Service | 3 | 0 | 3 |
| Family Reunification Services | Service Deferred Pending Completion of Another | 1 | 0 | 1 |
| Family/Marital Counseling | Client Refused Service | 4 | 2 | 6 |
| Family/Marital Counseling | Hours of Operation (alternate hours needed) | 0 | 1 | 1 |
| Flex Funds | Approval Process | 0 | 1 | 1 |
| Foster Care Support | Client Refused Service | 1 | 1 | 2 |
| Foster Parent Training | Client Refused Service | 1 | 0 | 1 |
| Group Counseling - Parents | Client Refused Service | 2 | 0 | 2 |
| Group Home | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Head Start Services | Client Refused Service | 1 | 0 | 1 |
| Head Start Services | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Health/Medical Screening or Evaluation | Client Refused Service | 6 | 7 | 13 |
| Health/Medical Screening or Evaluation | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 2 | 0 | 2 |
| Health/Medical Screening or Evaluation | Area Office did not respond to Reviewer Request for Clarification | 0 | 1 | 1 |
| Housing Assistance (Section 8) | Client Refused Service | 1 | 1 | 2 |
| Housing Assistance (Section 8) | Referred Service is Unwilling to Engage Client | 1 | 0 | 1 |
| Housing Assistance (Section 8) | Delay in Referral by SW | 0 | 1 | 1 |
| Housing Assistance (Section 8) | Placed on Wait List | 0 | 3 | 3 |
| IEP Programming | Client Refused Service | 2 | 2 | 4 |
| IEP Programming | Other: Child non-compliant with programming | 1 | 0 | 1 |
| IEP Programming | Provider Issues - Staffing, Lack of Follow Through, et. | 0 | 2 | 2 |
| Individual Counseling - Child | Client Refused Service | 8 | 8 | 16 |
| Individual Counseling - Child | Delay in Referral by SW | 1 | 1 | 2 |
| Individual Counseling - Child | Placed on Wait List | 1 | 2 | 3 |
| Individual Counseling - Child | Lack of Communication between DCF and Provider | 1 | 0 | 1 |
| Individual Counseling - Child | Provider Issues - Staffing, Lack of Follow Through, et. | 0 | 1 | 1 |
| Individual Counseling - Child | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Individual Counseling - Child | Referred Service is Unwilling to Engage Client | 0 | 1 | 1 |
| Individual Counseling - Parents | Client Refused Service | 9 | 12 | 21 |
| Individual Counseling - Parents | Insurance Issue | 2 | 1 | 3 |
| Individual Counseling - Parents | Provider Issues - Staffing, Lack of Follow Through, et. | 1 | 0 | 1 |
| Individual Counseling - Parents | Client Engaged in Recommended Service after initial delay | 1 | 0 | 1 |
| Individual Counseling - Parents | Service Deferred Pending Completion of Another | 0 | 1 | 1 |
| Individual Counseling - Parents | Lack of Communication between DCF and Provider | 0 | 1 | 1 |
| Individual Counseling - Parents | Hours of Operation (alternate hours needed) | 0 | 1 | 1 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| In-Home Parent Education and Support Services | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 2 | 0 | 2 |
| In-Home Parent Education and Support Services | Client Refused Service | 1 | 5 | 6 |
| In-Home Parent Education and Support Services | Placed on Wait List | 1 | 0 | 1 |
| In-Home Parent Education and Support Services | No Service Identified to Meet this Need | 1 | 0 | 1 |
| In-Home Treatment | Client Refused Service | 4 | 7 | 11 |
| In-Home Treatment | Delay in Referral by SW | 1 | 0 | 1 |
| In-Home Treatment | Placed on Wait List | 0 | 1 | 1 |
| In-Home Treatment | Provider Issues - Staffing, Lack of Follow Through, et. | 0 | 1 | 1 |
| Job Coaching/Placement | Client Refused Service | 0 | 1 | 1 |
| Life Skills Training | Client Refused Service | 0 | 2 | 2 |
| Life Skills Training | Delay in Referral by SW | 0 | 1 | 1 |
| Medically Fragile Support Services | Lack of Communication between DCF and Provider | 1 | 0 | 1 |
| Medication Management - Child | Client Refused Service | 2 | 3 | 5 |
| Medication Management - Child | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| Medication Management - Parent | Client Refused Service | 1 | 1 | 2 |
| Mental Health Screening or Evaluation - Child | Client Refused Service | 2 | 1 | 3 |
| Mental Health Screening or Evaluation - Child | Placed on Wait List | 0 | 1 | 1 |
| Mental Health Screening or Evaluation - Parent | Client Refused Service | 3 | 3 | 6 |
| Mental Health Screening or Evaluation - Parent | No Referral Made by DCF during the PUR | 1 | 0 | 1 |
| Mental Health Screening or Evaluation - Parent | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Mentoring | Placed on Wait List | 2 | 0 | 2 |
| Mentoring | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Mentoring | Client Refused Service | 0 | 2 | 2 |
| Occupational Therapy | Client Refused Service | 1 | 0 | 1 |
| Other In-Home Service - MDFT | Placed on Wait List | 1 | 0 | 1 |
| Other Medical Intervention: Contact with Child's specialist | Lack of Communication between DCF and Provider | 1 | 0 | 1 |
| Other Mental Health Need: Love 146 | Client Refused Service | 1 | 0 | 1 |
| Other Mental Health Need: Trauma Based Therapy | Other: Client lacked consistency in attendance. Therapist requesting increased participation. | 1 | 0 | 1 |
| Other Mental Health Need: Psychoeducational Testing | No Referral Made by DCF during the PUR | 0 | 1 | 1 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Other State Agency Program (DDS, DMHAS, MSS) | No Referral Made by DCF during the PUR | 1 | 0 | 1 |
| Other State Agency Program (DDS, DMHAS, MSS) | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 0 | 1 | 1 |
| Parenting Classes | Client Refused Service | 3 | 2 | 5 |
| Parenting Classes | Lack of Communication between DCF and Provider | 1 | 0 | 1 |
| Physical Therapy | Client Refused Service | 1 | 0 | 1 |
| Physical Therapy | Delay in Referral by SW | 0 | 1 | 1 |
| Problem Sexual Behavior Evaluation | Client Refused Service | 0 | 1 | 1 |
| Psychiatric Evaluation - Child | Client Refused Service | 1 | 0 | 1 |
| Psychiatric Evaluation - Parent | Client Refused Service | 0 | 1 | 1 |
| Psychological/Psychosocial Evaluation - Child | Client Refused Service | 0 | 1 | 1 |
| Psychological/Psychosocial Evaluation - Child | Delay in Referral by SW | 0 | 1 | 1 |
| Psychological/Psychosocial Evaluation - Child | Placed on Wait List | 0 | 1 | 1 |
| Psychological/Psychosocial Evaluation -Parent | Client Refused Service | 1 | 0 | 1 |
| Psychological/Psychosocial Evaluation -Parent | Delay in Referral by SW | 0 | 1 | 1 |
| Relative Foster Care | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| Relative Foster Care | Approval Process | 0 | 1 | 1 |
| Relative Foster Care | Delay in Referral by SW | 0 | 1 | 1 |
| Relative Foster Care | Service Deferred Pending Completion of Another | 0 | 1 | 1 |
| Sex Abuse Evaluation | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Sexual Abuse Therapy - Victim | Client Refused Service | 1 | 0 | 1 |
| Sexual Abuse Therapy - Victim | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Social Recreational Programs | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| Social Recreational Programs | No Referral Made by DCF during the PUR | 0 | 2 | 2 |
| Substance Abuse Treatment: Drug and Alcohol Education - Child | Client Refused Service | 0 | 1 | 1 |
| Substance Abuse Treatment: Drug and Alcohol Testing - Child | Client Refused Service | 0 | 2 | 2 |
| Substance Abuse Treatment: Drug and Alcohol Testing - Child | Lack of Communication between DCF and Provider | 0 | 1 | 1 |
| Substance Abuse Treatment: Drug and Alcohol Testing - Parent | Client Refused Service | 3 | 2 | 5 |
| Substance Abuse Treatment: Drug and Alcohol Testing - Parent | No Referral Made by DCF during the PUR | 1 | 0 | 1 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Substance Abuse Treatment: Drug and Alcohol Testing - Parent | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Substance Abuse Treatment: Inpatient - Parent | Client Refused Service | 2 | 1 | 3 |
| Substance Abuse Treatment: Inpatient - Parent | Other: Father Incarcerated | 1 | 0 | 1 |
| Substance Abuse Treatment: Outpatient - Child | Client Refused Service | 0 | 1 | 1 |
| Substance Abuse Treatment: Outpatient - Child | Child AWOL | 0 | 1 | 1 |
| Substance Abuse Treatment: Outpatient - Parent | Client Refused Service | 5 | 2 | 7 |
| Substance Abuse Treatment: Outpatient - Parent | Service Deferred Pending Completion of Another | 0 | 1 | 1 |
| Substance Abuse Treatment: Outpatient - Parent | Hours of Operation (alternate hours needed) | 0 | 1 | 1 |
| Substance Abuse Treatment: Relapse Prevention Program - Parent | Client Engaged in Recommended Service after initial delay | 1 | 0 | 1 |
| Substance Abuse Treatment: Screening/Evaluation - Child | Client Refused Service | 1 | 4 | 5 |
| Substance Abuse Treatment: Screening/Evaluation - Child | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Substance Abuse Treatment: Screening/Evaluation - Child | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| Substance Abuse Treatment: Screening/Evaluation - Child | Lack of Communication between DCF and Provider | 0 | 1 | 1 |
| Substance Abuse Treatment: Screening/Evaluation - Parent | Client Refused Service | 6 | 10 | 16 |
| Substance Abuse Treatment: Screening/Evaluation - Parent | No Service Identified to Meet this Need | 2 | 0 | 2 |
| Substance Abuse Treatment: Screening/Evaluation - Parent | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 2 | 0 | 2 |
| Substance Abuse Treatment: Screening/Evaluation - Parent | Delay in Referral by SW | 1 | 0 | 1 |
| Supervised Visitation | Client Refused Service | 1 | 0 | 1 |
| Supervised Visitation | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| Supervised Visitation | Delay in Referral by SW | 0 | 1 | 1 |
| Supportive Housing for Recovering Families (SHRF) | Placed on Wait List | 1 | 1 | 2 |
| SW/Child Visitation | Delays in Visitation | 5 | 1 | 6 |
| SW/Child Visitation | Client Refused Service | 1 | 4 | 5 |
| SW/Child Visitation | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 1 | 0 | 1 |
| SW/Child Visitation | Area Office did not respond to Reviewer Request for Clarification on Visitation | 0 | 1 | 1 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| SW/Parent Visitation | Delays in Visitation | 5 | 6 | 11 |
| SW/Parent Visitation | Client Refused Service | 2 | 2 | 4 |
| SW/Parent Visitation | No Visitation | 2 | 0 | 2 |
| SW/Parent Visitation | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 2 | 4 | 6 |
| SW/Parent Visitation | Other: SW went on Leave | 1 | 0 | 1 |
| SW/Parent Visitation | Area Office did not respond to Reviewer Request for Clarification on Visitation | 1 | 1 | 2 |
| SW/Provider Contacts | Delays in Contacts | 11 | 3 | 14 |
| SW/Provider Contacts | Lack of Communication between DCF and Provider | 7 | 1 | 8 |
| SW/Provider Contacts | Client Refused ROI | 1 | 2 | 3 |
| SW/Provider Contacts | No Referral Made by DCF during the PUR | 1 | 3 | 4 |
| SW/Provider Contacts | Other: SW went on Leave | 1 | 0 | 1 |
| SW/Provider Contacts | Provider Issues - Staffing, Lack of Follow Through, et. | 0 | 1 | 1 |
| SW/Provider Contacts | DCF Failed to Properly Assess Child/Family Related to this Need During the PUR. | 0 | 1 | 1 |
| Therapeutic Child Care | Client Refused Service | 0 | 1 | 1 |
| Therapeutic Foster Care | Client Refused Service | 0 | 1 | 1 |
| Therapeutic Foster Care | No Referral Made by DCF during the PUR | 0 | 1 | 1 |
| Transitional Living Program | Client Refused Service | 0 | 1 | 1 |
| VNA Services | Delay in Referral by SW | 0 | 1 | 1 |
|  |  | 221 | 231 | 452 |

During the period under review there was improvement in the level of engagement with parents within the cases. Respectively the overall scores for engagement with families increased from 62.5% to 66.7% across the 4th Quarter 2018 and 1st Quarter 2019. (This identifies cases with very good or optimal engagement of families in the case planning process.) This included documented discussions with the family and social worker during the period under review and/or attendance at the ACR. This percentage was improved in comparison with the prior quarter's score of 55.6% of families engaged adequately during the Third Quarter 2018.

Stakeholders' involvement varied. As shown in the table below there is still room for improvement in the level of engagement in case planning, particularly engagement inclusive of the ACR (note: percentages are based on the number of applicable case participants/stakeholders, not the number of cases reviewed)

| Participation in Case Planning and Attendance at the ACR 4th Quarter 2018 | | |
|---|---|---|
| Case Participant | Documentation of Case Planning during PUR | Attendance at the ACR |
| Child (Age 12 or more) | 88.5% | 37.5% |
| Mother | 88.0% | 52.4% |
| Father | 60.4% | 40.0% |
| Foster Parent | 95.8% | 59.1% |
| Active Service Provider | 63.8% | 30.0% |
| Attorney/GAL | 52.6% | 43.5% |
| Attorney for Parent | 42.9% | 28.6% |
| Other DCF Staff | 62.5% | 53.8% |
| Other Case Participants | 82.6% | 42.9% |

Overall across the two periods (4th Quarter 2018 and 1st Quarter 2019) we noted that engagement in the ACR is declining for every category of participants. It is noted that none of the children aged 12 or older attended their ACR meeting. Scheduling of meetings during school hours is often the cited reason for failure to attend.

| Participation in Case Planning and Attendance at the ACR 1st Quarter 2019 | | |
|---|---|---|
| Case Participant | Documentation of Case Planning during PUR | Attendance at the ACR |
| Child (Age 12 or more) | 80.8% | 0.0% |
| Mother | 78.0% | 34.8% |
| Father | 60.0% | 30.4% |
| Foster Parent | 90.9% | 50.0% |
| Active Service Provider | 69.6% | 17.2% |
| Attorney/GAL | 62.5% | 41.7% |
| Attorney for Parent | 46.2% | 37.5% |
| Other DCF Staff | 56.3% | 6.7% |
| Other Case Participants | 67.9% | 50.0% |

_____

In 66.0% of the Fourth Quarter 2018 cases documented, there is discussion of some or all of the needs that were identified as unmet in the prior six month planning cycle that then incorporates them going forward in the planning process.  Reviewers identified three (3) cases where the planning process did not address any of the needs that were unmet from the last planning cycle.  In four (4) cases the reviewers indicated that all needs identified from the prior case plan or during the PUR were reviewed at the Administrative Case Review (ACR) and were fully achieved or no longer needed and therefore no longer needed to be planned for.  In eleven (11) cases, the plan reviewed was the initial case plan and no comparison of needs could be made.

During the First Quarter 2019, 79.2% of the cases documented a discussion of some or all of the needs that were identified as unmet in the six month planning cycle.  Reviewers identified two (2) cases where the planning process did not address any of the needs that were unmet from the last planning cycle.  In six (6) cases the reviewers indicated that all needs identified from the prior case plan or during the PUR were reviewed at the Administrative Case Review (ACR) and were fully achieved or no longer needed and therefore no longer needed to be planned for.  In three (3) cases, the plan reviewed was the initial case plan and no comparison of needs could be made.

**Were all needs and services unmet during the prior six months discussed at the ACR and, as appropriate incorporated as action steps on the current case plan?**

| Needs Unmet Incorporated into Current Case Plan | Frequency 2nd Quarter 2018 | Frequency 1st Quarter 2019 | Semi-Annual Frequency |
|---|---|---|---|
| **Yes - All** | 18 | 19 | 37 |
| **Yes - Partially** | 17 | 23 | 40 |
| **No - None** | 3 | 2 | 5 |
| **N/A - There are no Unmet Needs** | 4 | 6 | 10 |
| **N/A - This is the Initial Case Plan** | 11 | 3 | 14 |
| **Total** | 53 | 53 | 106 |

Our review also looked at the recurrence of unmet needs across planning cycles.  In the Fourth Quarter 2018, a need was identified in 16 of 37 cases in which Structured Decision Making (SDM) was conducted that was identical to that which was identified on the prior case plan assessment.  This would indicate a rate of 43.2% of the cases having at least one unmet priority need for greater than six months, or spanning two planning cycles for the 53 cases sampled.  This occurred at a rate of 63.6% or 21 of 33 applicable cases within the Fourth Quarter 2018.

Reviewers continue to see issues noted in the record, or identified at the ACR that fail to get included with identified services to address the priority needs in the plans going forward.  Reviewers noted 25 cases within the Fourth Quarter 2018 (47.2%), and 24 cases within the First Quarter 2019 (45.3%) that had documented issues or assessed objectives with known barriers; but which subsequently did not get incorporate into the plan document. There were several unapproved case plans which contributed to scores as well.

A table of 148 such needs as identified by the reviewers follows. This is an increase compared with the 113 needs not incorporated from the prior status report:

## Unmet Needs Not Incorporated Into the Upcoming Six Month Case Plan

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Adoption Supports (PPSP) | No Service Identified to Meet this Need | 1 | 1 | 2 |
| Adoption Supports (PPSP) | Client Refuses Service | 1 | 0 | 1 |
| Adoption Training | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Anger Management - Parents | No Service Identified to Meet this Need | 1 | 0 | 1 |
| ARG Consultation | No Service Identified to Meet this Need | 2 | 0 | 2 |
| Behavior Management | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Care Coordination | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Case Management/Support/Advocacy | No Service Identified to Meet this Need | 3 | 0 | 3 |
| Case Management/Support/Advocacy | DCF Failed to properly assess child/family related to this need | 1 | 1 | 2 |
| Case Management/Support/Advocacy | Case plan lacked objectives and steps in regard to permanency | 1 | 2 | 3 |
| Childcare/Daycare | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Day Treatment/Partial Hospitalization Program - Child | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Day Treatment/Partial Hospitalization Program - Parent | Other:  No Approved Case Plan | 0 | 1 | 1 |
| Dental or Orthodontic Services | No Service Identified to Meet this Need | 2 | 0 | 2 |
| Dental Screening or Evaluation | No Service Identified to Meet this Need | 3 | 4 | 7 |
| Dental Screening or Evaluation | Client Refuses Service | 1 | 0 | 1 |
| Dental Screening or Evaluation | Other:  No Approved Case Plan | 1 | 1 | 2 |
| Domestic Violence Services - Perpetrators | No Service Identified to Meet this Need | 0 | 3 | 3 |
| Domestic Violence Services - Perpetrators | UTD from Case Plan or Narratives | 0 | 1 | 1 |
| Domestic Violence Prevention Programs | DCF Failed to properly assess child/family related to this need | 0 | 1 | 1 |
| Domestic Violence Services - Victims | DCF Failed to properly assess child/family related to this need | 1 | 0 | 1 |
| Domestic Violence Services - Victims | No Service Identified to Meet this Need | 0 | 4 | 4 |
| Educational Screening or Evaluation | No Service Identified to Meet this Need | 2 | 1 | 3 |
| Educational Screening or Evaluation | DCF Failed to properly assess child/family related to this need | 1 | 1 | 2 |
| Educational Screening or Evaluation | Other:  No Approved Case Plan | 0 | 1 | 1 |
| Emergency Adult/Family Shelter | No Service Identified to Meet this Need | 0 | 1 | 1 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Family or Marital Counseling | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Family or Marital Counseling | Other: No Approved Case Plan | 1 | 0 | 1 |
| Family Preservation Services | Other: No Approved Case Plan | 1 | 0 | 1 |
| Family Reunification Services | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Foster Parent Training | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Group Counseling - Child | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Group Counseling - Parent | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Group Home | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Head Start Services | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Health/Medical Screening or Evaluation | No Service Identified to Meet this Need | 3 | 3 | 6 |
| Health/Medical Screening or Evaluation | Client Refuses Service | 1 | 0 | 1 |
| Health/Medical Screening or Evaluation | Lack of Communication between DCF and Provider | 1 | 0 | 1 |
| Housing Assistance (Section 8) | No Service Identified to Meet this Need | 1 | 1 | 2 |
| Housing Assistance (Section 8) | Other: No Approved Case Plan | 0 | 1 | 1 |
| IEP Programming | No Service Identified to Meet this Need | 1 | 0 | 1 |
| IEP Programming | Lack of Communication between DCF and Provider | 1 | 0 | 1 |
| Individual Counseling - Child | No Service Identified to Meet this Need | 5 | 1 | 6 |
| Individual Counseling - Child | Delay in Referral by SW | 1 | 0 | 1 |
| Individual Counseling - Child | UTD from Case Plan or Narratives | 1 | 0 | 1 |
| Individual Counseling - Child | Other: No Approved Case Plan | 1 | 1 | 2 |
| Individual Counseling - Parent | No Service Identified to Meet this Need | 2 | 1 | 3 |
| Individual Counseling - Parent | Other: No Approved Case Plan | 1 | 1 | 2 |
| In-Home Parent Education Services | No Service Identified to Meet this Need | 5 | 0 | 5 |
| In-Home Parent Education Services | Other: No Approved Case Plan | 0 | 1 | 1 |
| In-Home Treatment | No Service Identified to Meet this Need | 1 | 1 | 2 |
| Life Skills Training | Delay in Referral by SW | 0 | 1 | 1 |
| Life Skills Training | No Service Identified to Meet this Need | 0 | 2 | 2 |
| Maintaining Family Ties | DCF Failed to properly assess child/family related to this need | 1 | 0 | 1 |
| Medication Management - Child | DCF Failed to properly assess child/family related to this need | 1 | 0 | 1 |
| Medication Management - Parent | Other: No Approved Case Plan | 0 | 1 | 1 |
| Mental Health Screening or Evaluation - Child | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Mental Health Screening or Evaluation - Parent | No Service Identified to Meet this Need | 1 | 2 | 3 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Mentoring | No Service Identified to Meet this Need | 1 | 1 | 2 |
| Mentoring | Other:  No Approved Case Plan | 1 | 0 | 1 |
| Other In-Home Services: Legal | No Referral Made During the PUR/Legal petitions not filed | 0 | 1 | 1 |
| Other OOH Service:  Adolescent/Independent Living Services | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Other OOH Service:  Legal (Permanency Delays) | DCF Failed to properly assess child/family related to this need | 1 | 0 | 1 |
| Other State Agency (DDS, DMHAS, MSS, etc.) | No Service Identified to Meet this Need | 1 | 1 | 2 |
| Parenting Classes | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Parenting Groups | Other:  No Approved Case Plan | 0 | 1 | 1 |
| Provider Contacts | No Service Identified to Meet this Need | 1 | 1 | 2 |
| Provider Contacts | UTD from Case Plan or Narratives | 1 | 0 | 1 |
| Provider Contacts | Area Office did not respond to Reviewer request for clarification on barriers to Provider Contacts | 1 | 0 | 1 |
| Provider Contacts | DCF Failed to properly assess child/family related to this need | 0 | 1 | 1 |
| Psychiatric Evaluation | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Psychological/Psychosocial Evaluation - Child | No Service Identified to Meet this Need | 0 | 2 | 2 |
| Relative Foster Care | DCF Failed to properly assess child/family related to this need | 1 | 0 | 1 |
| Relative Foster Care | Delay in Referral by SW | 0 | 1 | 1 |
| Relative Foster Care | Other:  No Approved Case Plan | 0 | 1 | 1 |
| Sexual Abuse Therapy - Victim | Other:  No Approved Case Plan | 0 | 1 | 1 |
| Social Recreational Programming | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Substance Abuse Treatment: Drug/Alcohol Testing - Child | No Service Identified to Meet this Need | 0 | 1 | 1 |
| Substance Abuse Treatment: Drug/Alcohol Testing - Parent | No Service Identified to Meet this Need | 2 | 0 | 2 |
| Substance Abuse Treatment: Outpatient - Parent | No Service Identified to Meet this Need | 2 | 0 | 2 |
| Substance Abuse Treatment: Outpatient - Parent | Other:  No Approved Case Plan | 1 | 0 | 1 |
| Substance Abuse Treatment: Prevention - Parent | No Service Identified to Meet this Need | 1 | 0 | 1 |
| Substance Abuse Treatment: Screening or Evaluation - Parent | No Service Identified to Meet this Need | 2 | 0 | 2 |

| Unmet Need | Barrier Identified | Frequency 4th Quarter 2018 | Frequency 1st Quarter 2019 | Semi Annual Total |
|---|---|---|---|---|
| Substance Abuse Treatment: Screening or Evaluation - Parent | Other: No Approved Case Plan | 1 | 1 | 2 |
| Supervised Visitation | UTD from Case Plan or Narratives | 1 | 0 | 1 |
| Supportive Housing for Recovering Families (SHRF) | No Service Identified to Meet this Need | 0 | 1 | 1 |
| SW/Child Visitation | No Service Identified to Meet this Need | 1 | 0 | 1 |
| SW/Child Visitation | DCF Failed to properly assess child/family related to this need | 1 | 0 | 1 |
| SW/Parent Visitation | No Service Identified to Meet this Need | 1 | 0 | 1 |
| SW/Parent Visitation | UTD from Case Plan or Narratives | 1 | 0 | 1 |
| SW/Parent Visitation | DCF Failed to properly assess child/family related to this need | 0 | 2 | 2 |
| Therapeutic Foster Care | No Service Identified to Meet this Need | 0 | 1 | 1 |
| VNA Services | Other: No Approved Case Plan | 0 | 1 | 1 |
|  |  | 84 | 64 | 148 |

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**JUAN F. ACTION PLAN MONITORING REPORT**

**May 2019**

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

**A. PERMANENCY ISSUES**

<u>**Progress Towards Permanency:**</u>

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2005 through 2019.
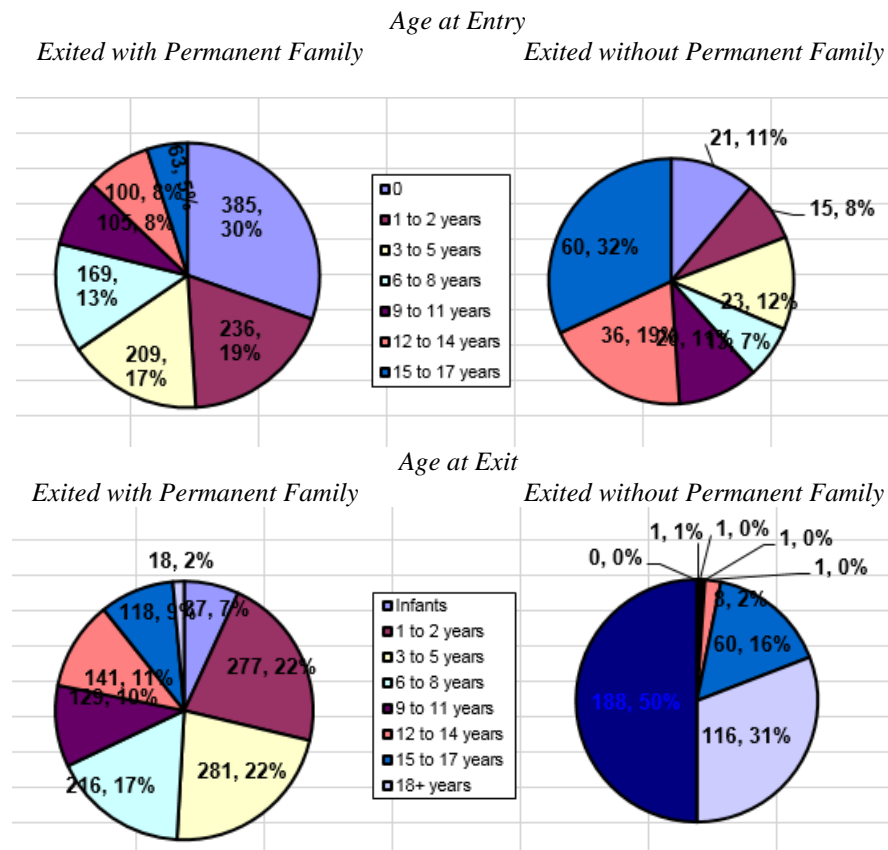
**Figure 1:  Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)**

| | Period of Entry to Care | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| *Total Entries* | 3408 | 2853 | 2829 | 2627 | 2693 | 2298 | 1859 | 2005 | 1929 | 1990 | 2261 | 2082 | 2358 | 541 |
| | | | | | | | | | | | | | | |
| *In 1 yr* | 1262 | 1095 | 1098 | 1092 | 1025 | 707 | 560 | 535 | 499 | 427 | 565 | 540 | | |
| | 37.0% | 38.4% | 38.8% | 41.6% | 38.1% | 30.8% | 30.1% | 26.7% | 25.9% | 21.5% | 25.0% | 25.9% | | |
| *In 2 yrs* | 1972 | 1675 | 1676 | 1581 | 1378 | 1052 | 857 | 841 | 790 | 754 | 902 | | | |
| | 57.9% | 58.7% | 59.2% | 60.2% | 51.2% | 45.8% | 46.1% | 41.9% | 41.0% | 37.9% | 39.9% | | | |
| *In 3 yrs* | 2324 | 1974 | 1943 | 1791 | 1676 | 1245 | 1035 | 1072 | 999 | 972 | | | | |
| | 68.2% | 69.2% | 68.7% | 68.2% | 62.2% | 54.2% | 55.7% | 53.5% | 51.8% | 48.8% | | | | |
| *In 4 yrs* | 2500 | 2090 | 2033 | 1894 | 1780 | 1357 | 1120 | 1159 | 1110 | | | | | |
| | 73.4% | 73.3% | 71.9% | 72.1% | 66.1% | 59.1% | 60.2% | 57.8% | 57.5% | | | | | |
| *To Date* | 2621 | 2171 | 2121 | 1951 | 1848 | 1436 | 1158 | 1208 | 1141 | 1050 | 1107 | 696 | 394 | 18 |
| | 76.9% | 76.1% | 75.0% | 74.3% | 68.6% | 62.5% | 62.3% | 60.2% | 59.1% | 52.8% | 49.0% | 33.4% | 16.7% | 3.3% |
| *Non-Permanent Exits* | | | | | | | | | | | | | | |
| *In 1 yr* | 259 | 263 | 250 | 208 | 196 | 138 | 95 | 125 | 111 | 95 | 68 | 62 | | |
| | 7.6% | 9.2% | 8.8% | 7.9% | 7.3% | 6.0% | 5.1% | 6.2% | 5.8% | 4.8% | 3.0% | 3.0% | | |
| *In 2 yrs* | 345 | 318 | 320 | 267 | 243 | 188 | 146 | 182 | 140 | 124 | 90 | | | |
| | 10.1% | 11.1% | 11.3% | 10.2% | 9.0% | 8.2% | 7.9% | 9.1% | 7.3% | 6.2% | 4.0% | | | |
| *In 3 yrs* | 401 | 354 | 363 | 300 | 275 | 220 | 190 | 218 | 157 | 156 | | | | |
| | 11.8% | 12.4% | 12.8% | 11.4% | 10.2% | 9.6% | 10.2% | 10.9% | 8.1% | 7.8% | | | | |
| *In 4 yrs* | 449 | 392 | 394 | 328 | 309 | 257 | 218 | 236 | 176 | | | | | |
| | 13.2% | 13.7% | 13.9% | 12.5% | 11.5% | 11.2% | 11.7% | 11.8% | 9.1% | | | | | |
| *To Date* | 553 | 467 | 476 | 406 | 382 | 300 | 254 | 268 | 195 | 175 | 107 | 80 | 74 | 5 |
| | 16.2% | 16.4% | 16.8% | 15.5% | 14.2% | 13.1% | 13.7% | 13.4% | 10.1% | 8.8% | 4.7% | 3.8% | 3.1% | 0.9% |

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| | Period of Entry to Care | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| | *Unknown Exits* | | | | | | | | | | | | | |
| *In 1 yr* | 76 2.2% | 61 2.1% | 60 2.1% | 75 2.9% | 127 4.7% | 205 8.9% | 133 7.2% | 102 5.1% | 113 5.9% | 197 9.9% | 257 11.4% | 253 11.9% | | |
| *In 2 yrs* | 117 3.4% | 97 3.4% | 91 3.2% | 139 5.3% | 303 11.3% | 399 17.4% | 254 13.7% | 311 15.5% | 344 17.8% | 432 21.7% | 507 22.4% | | | |
| *In 3 yrs* | 140 4.1% | 123 4.3% | 125 4.4% | 192 7.3% | 381 14.1% | 475 20.7% | 335 18.0% | 398 19.9% | 446 23.1% | 533 26.8% | | | | |
| *In 4 yrs* | 167 4.9% | 155 5.4% | 167 5.9% | 217 8.3% | 400 14.9% | 499 21.7% | 374 20.1% | 444 22.1% | 483 25.0% | | | | | |
| *To Date* | 224 6.6% | 206 7.2% | 214 7.6% | 252 9.6% | 437 16.2% | 534 23.2% | 415 22.3% | 471 23.5% | 491 25.5% | 562 28.2% | 612 27.1% | 457 22.0% | 196 8.3% | 7 1.3% |
| | *Remain In Care* | | | | | | | | | | | | | |
| *In 1 yr* | 1811 53.1% | 1434 50.3% | 1421 50.2% | 1252 47.7% | 1345 49.9% | 1248 54.3% | 1071 57.6% | 1243 62.0% | 1206 62.5% | 1271 63.9% | 1371 60.6% | 1227 59.2% | | |
| *In 2 yrs* | 974 28.6% | 763 26.7% | 742 26.2% | 640 24.4% | 769 28.6% | 659 28.7% | 602 32.4% | 671 33.5% | 655 34.0% | 680 34.2% | 762 33.7% | | | |
| *In 3 yrs* | 543 15.9% | 402 14.1% | 398 14.1% | 344 13.1% | 361 13.4% | 358 15.6% | 299 16.1% | 317 15.8% | 327 17.0% | 329 16.5% | | | | |
| *In 4 yrs* | 292 8.6% | 216 7.6% | 235 8.3% | 188 7.2% | 204 7.6% | 185 8.1% | 147 7.9% | 166 8.3% | 160 8.3% | | | | | |
| *To Date* | 10 0.3% | 9 0.3% | 18 0.6% | 18 0.7% | 26 1.0% | 28 1.2% | 32 1.7% | 58 2.9% | 102 5.3% | 203 10.2% | 435 19.2% | 849 40.8% | 1694 71.8% | 511 94.5% |

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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 (2018 EXIT COHORT)**



*Age at Entry*

*Exited with Permanent Family* — *Exited without Permanent Family*

*Age at Exit*

*Exited with Permanent Family* — *Exited without Permanent Family*

**Permanency Goals:**

The following chart illustrates and summarizes the number of children (which excludes youth ages 18 and older) at various stages of placement episodes, and provides the distribution of Permanency Goals selected for them.

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**FIGURE 3:** **DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON MAY 1, 2019[4])**

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

| Yes | No |
|---|---|
| **585** | **↓ 3201** |

*Goals of:*

543 (93%) Adoption

25 (4%) APPLA

12 (2%) Transfer of Guardianship

4 (1%) Blank

1 (<1%) Reunification

**Has the child been in care more than 15 months?**

| No | Yes |
|---|---|
| **2103** | **↓1098** |

**Has a TPR proceeding been filed?**

| Yes | No |
|---|---|
| **245** | **↓ 853** |

*Goals of:*

205 (84%) Adoption

15 (6%) Reunify

20 (8%) Trans. of Guardian: Sub/Unsub

4 (2%) APPLA

1 (<1%) Blank

**Is a reason documented not to file TPR?**

| Yes | No |
|---|---|
| **200** | **653** |

*Goals of:*

94 (47%) Trans. of Guardian: Sub/Unsub

48 (24%) Adoption

38 (19%) Reunify

18 (9%) APPLA

2 (1%) Blank

*Documented Reasons:*

55% Compelling Reason

23% Child is with relative

18% Petition in process

5% Services not provided

*Goals of:*

235 (36%) Trans. of Guardian: Sub/Unsub

184 (28%) Reunify

189 (29%) Adoption

44 (7%) APPLA

1 (<1%) Blank

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**Preferred Permanency Goals:**

| Reunification | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Total number of children with Reunification goal, pre-TPR and post-TPR | 1531 | 1555 | 1615 | 1587 | 1673 | 1589 |
| Number of children with Reunification goal pre-TPR | 1531 | 1555 | 1614 | 1586 | 1671 | 1588 |
| • Number of children with Reunification goal, pre-TPR, >= 15 months in care | 296 | 308 | 283 | 256 | 278 | 237 |
| • Number of children with Reunification goal, pre-TPR, >= 36 months in care | 38 | 33 | 29 | 30 | 29 | 25 |
| Number of children with Reunification goal, post-TPR | 0 | 0 | 1 | 1 | 2 | 1 |

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[4] Children over age 18 are not included in these figures.

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| Transfer of Guardianship (Subsidized and Non-Subsidized) | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR | 522 | 538 | 558 | 558 | 567 | 604 |
| Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR | 512 | 530 | 548 | 548 | 560 | 592 |
| • Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months) | 186 | 202 | 223 | 230 | 225 | 214 |
| • Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months) | 61 | 59 | 63 | 64 | 68 | 81 |
| Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR | 10 | 8 | 10 | 10 | 7 | 12 |

| Adoption | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Total number of children with Adoption goal, pre-TPR and post-TPR | 1153 | 1188 | 1198 | 1249 | 1189 | 1257 |
| Number of children with Adoption goal, pre-TPR | 620 | 618 | 626 | 675 | 689 | 714 |
| Number of children with Adoption goal, TPR not filed, >= 15 months in care | 213 | 195 | 194 | 207 | 225 | 237 |
| • Reason TPR not filed, Compelling Reason | 7 | 6 | 9 | 10 | 10 | 10 |
| • Reason TPR not filed, petitions in progress | 23 | 26 | 31 | 29 | 30 | 30 |
| • Reason TPR not filed , child is in placement with relative | 8 | 5 | 8 | 5 | 2 | 4 |
| • Reason TPR not filed, services needed not provided | 0 | 0 | 3 | 1 | 4 | 4 |
| • Reason TPR not filed, blank | 175 | 158 | 143 | 162 | 179 | 189 |
| Number of cases with Adoption goal post-TPR | 533 | 570 | 572 | 574 | 500 | 543 |
| • Number of children with Adoption goal, post-TPR, in care >= 15 months | 509 | 551 | 552 | 541 | 471 | 504 |
| • Number of children with Adoption goal, post-TPR, in care >= 22 months | 429 | 465 | 473 | 483 | 414 | 417 |
| Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR | 10 | 10 | 14 | 14 | 9 | 6 |
| Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR | 40 | 49 | 42 | 39 | 27 | 30 |
| Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR | 267 | 308 | 361 | 317 | 251 | 246 |

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| Progress Towards Permanency: | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason | 678 | 674 | 686 | 667 | 725 | 653 |

**Non-Preferred Permanency Goals:**

| Long Term Foster Care Relative: | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Total number of children with Long Term Foster Care Relative goal | 1 | 0 | 0 | 0 | 0 | 0 |
| Number of children with Long Term Foster Care Relative goal, pre-TPR | 1 | 0 | 0 | 0 | 0 | 0 |
| • Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR | 0 | 0 | 0 | 0 | 0 | 0 |
| Long Term Foster Care Rel. goal, post-TPR | 0 | 0 | 0 | 0 | 0 | 0 |
| • Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR | 0 | 0 | 0 | 0 | 0 | 0 |

| APPLA* | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Total number of children with APPLA goal | 109 | 106 | 129 | 113 | 107 | 117 |
| Number of children with APPLA goal, pre-TPR | 85 | 78 | 97 | 86 | 80 | 92 |
| • Number of children with APPLA goal, 12 years old and under, pre-TPR | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of children with APPLA goal, post-TPR | 24 | 28 | 32 | 27 | 27 | 25 |
| • Number of children with APPLA goal, 12 years old and under, post-TPR | 0 | 0 | 0 | 0 | 0 | 0 |
| * 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 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Number of children, with no Permanency goal, pre-TPR, >= 2 months in care | 14 | 12 | 15 | 17 | 13 | 11 |
| Number of children, with no Permanency goal, pre-TPR, >= 6 months in care | 7 | 9 | 8 | 6 | 4 | 7 |
| Number of children, with no Permanency goal, pre-TPR, >= 15 months in care | 2 | 7 | 6 | 4 | 2 | 4 |
| Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason | 1 | 5 | 3 | 2 | 2 | 1 |

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## B. PLACEMENT ISSUES

**Placement Experiences of Children**

The following chart shows the change in use of family and congregate care for admission cohorts between 2006 and 2018.

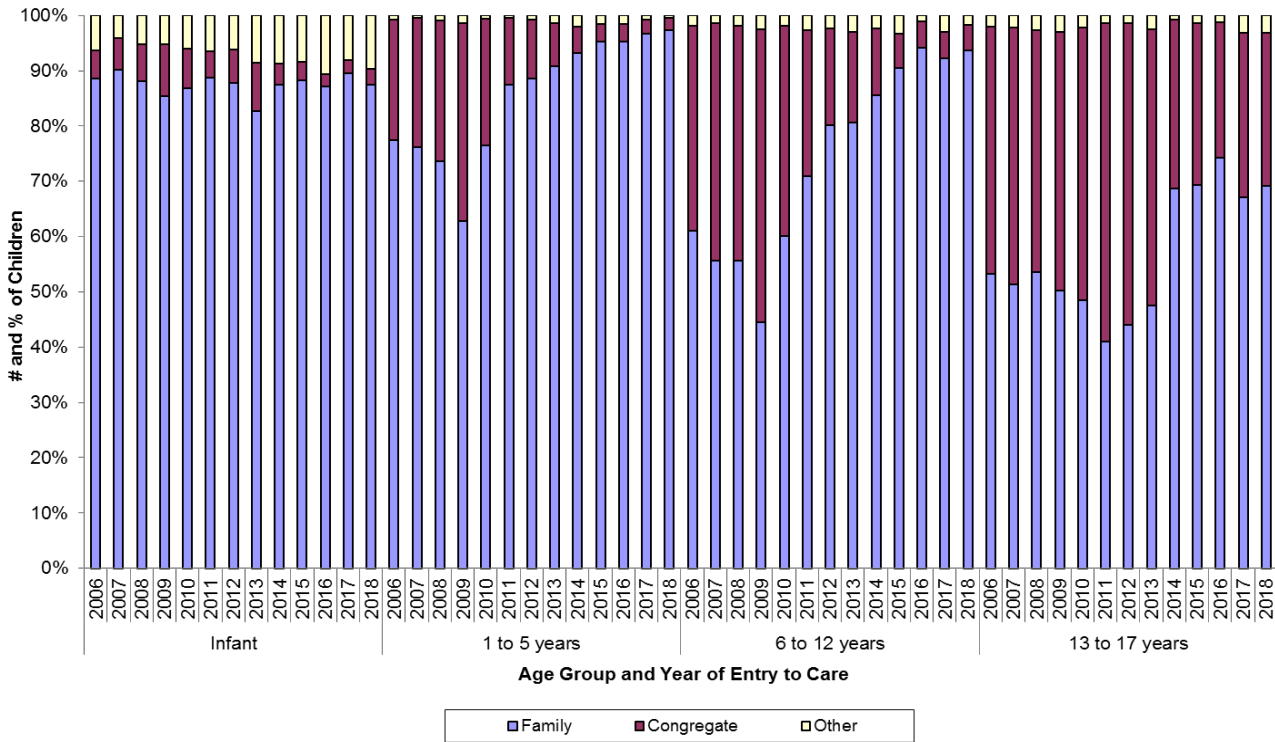**Children's Initial Placement Type (by Entry Cohort)**
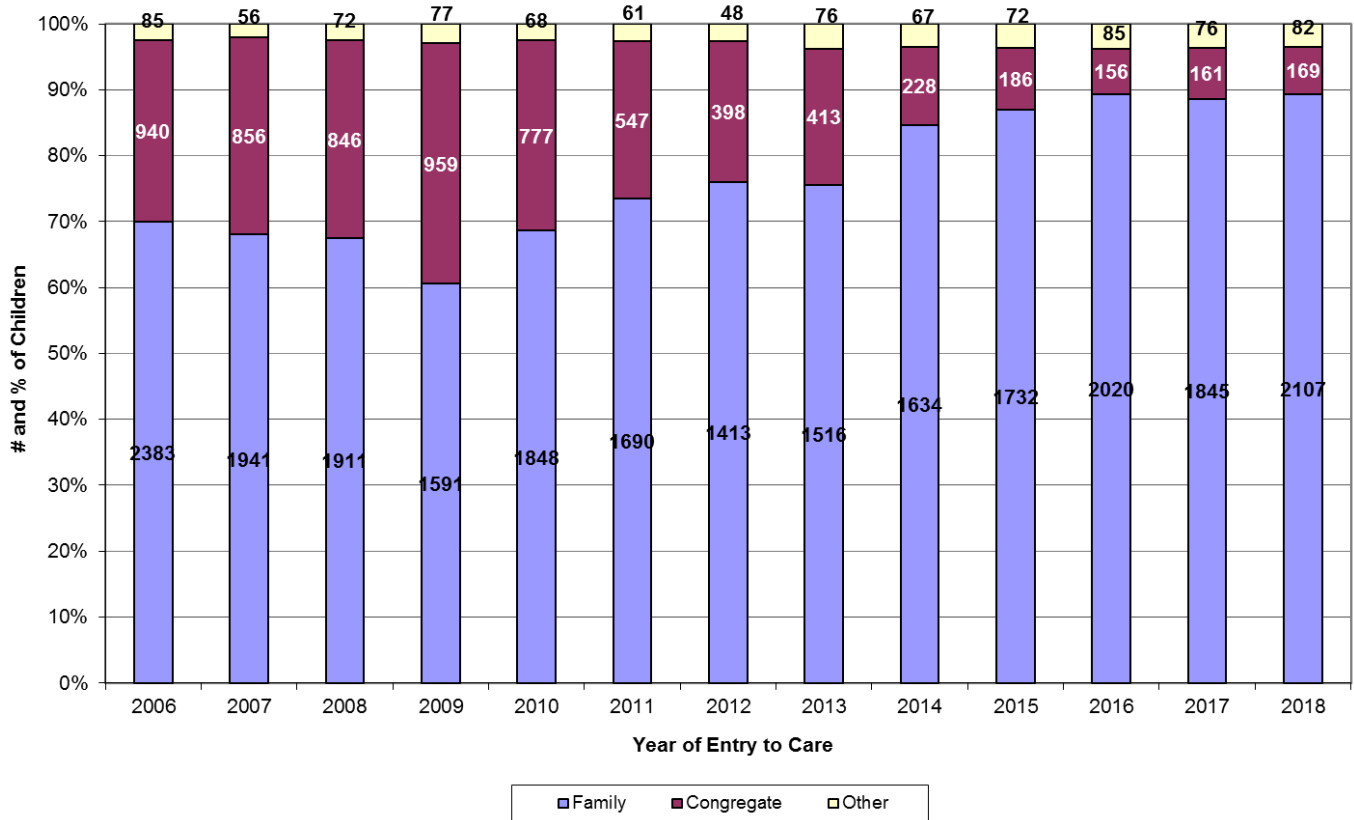


The next table shows specific care types used month-by-month for entries between April 2018 and March 2019.

| Case Summaries | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| First placement type | | enterApr18 | enterMay18 | enterJun18 | enterJul18 | enterAug18 | enterSep18 | enterOct18 | enterNov18 | enterDec18 | enterJan19 | enterFeb19 | enterMar19 |
| Residential | N | 2 | 5 | 3 | 5 | 3 | 7 | | 1 | 4 | 3 | 2 | 4 |
| | % | 1.0% | 2.4% | 1.4% | 2.5% | 1.4% | 3.6% | | 0.5% | 2.6% | 1.7% | 1.4% | 1.9% |
| DCF Facilities | N | 3 | 1 | 1 | 3 | | 1 | | 1 | | | | |
| | % | 1.5% | 0.5% | 0.5% | 1.5% | | 0.5% | | 0.5% | | | | |
| Foster Care | N | 83 | 105 | 10 | 92 | 108 | 77 | 102 | 10 | 56 | 100 | 70 | 122 |
| | % | 40.9% | 51.0% | 48.8% | 46.7% | 48.9% | 39.9% | 51.5% | 47.0% | 36.6% | 55.2% | 47.6% | 57.3% |
| Group Home | N | 3 | 1 | 2 | 1 | 2 | 1 | 1 | | 1 | 1 | | 1 |
| | % | 1.5% | 0.5% | 1.0% | 0.5% | 0.9% | 0.5% | 0.5% | | 0.7% | 0.6% | | 0.5% |
| Relative Care | N | 88 | 69 | 77 | 70 | 81 | 79 | 64 | 76 | 61 | 52 | 60 | 63 |
| | % | 43.3% | 33.5% | 37.2% | 35.5% | 36.7% | 40.9% | 32.3% | 35.3% | 39.9% | 28.7% | 40.8% | 29.6% |
| Medical | N | 8 | 3 | 9 | 9 | 7 | 3 | 5 | 10 | 4 | 2 | 3 | 7 |
| | % | 3.9% | 1.5% | 4.3% | 4.6% | 3.2% | 1.6% | 2.5% | 4.7% | 2.6% | 1.1% | 2.0% | 3.3% |
| Safe Home | N | 4 | 7 | 4 | 4 | | 4 | 3 | 4 | 4 | 4 | 2 | 4 |
| | % | 2.0% | 3.4% | 1.9% | 2.0% | | 2.1% | 1.5% | 1.9% | 2.6% | 2.2% | 1.4% | 1.9% |
| Shelter | N | 2 | 5 | 5 | 3 | 2 | 7 | 2 | 4 | 4 | 6 | 2 | 5 |
| | % | 1.0% | 2.4% | 2.4% | 1.5% | 0.9% | 3.6% | 1.0% | 1.9% | 2.6% | 3.3% | 1.4% | 2.3% |
| Special Study | N | 10 | 10 | 5 | 10 | 18 | 14 | 21 | 18 | 19 | 13 | 8 | 7 |
| | % | 4.9% | 4.9% | 2.4% | 5.1% | 8.1% | 7.3% | 10.6% | 8.4% | 12.4% | 7.2% | 5.4% | 3.3% |
| Total | N | 203 | 206 | 207 | 197 | 221 | 193 | 198 | 215 | 153 | 181 | 147 | 213 |
| | % | 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.

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**Children's Initial Placement Settings By Age And Entry Cohort**



It is also useful to look at where children spend most of their time in DCF care. The chart below shows his for admission the 2006 through 2018 admission cohorts.

**Children's Predominant Placement Type (by Entry Cohort)**

The following chart shows monthly statistics of children who exited from DCF placements between April 2018 and March 2019, and the portion of those exits within each placement type from which they exited.

| Last placement type in spell (as of censor date) | | exitApr18 | exitMay18 | exitJun18 | exitJul18 | exitAug18 | exitSep18 | exitOct18 | exitNov18 | exitDec18 | exitJan19 | exitFeb19 | exitMar19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Case Summaries** | | | | | | | | | | | | | |
| Residential | N | 5 | 1 | 5 | 8 | 5 | 2 | 3 | | 3 | 4 | 1 | 4 |
| | % | 2.7% | 0.5% | 2.5% | 4.8% | 1.8% | 1.1% | 1.9% | | 2.1% | 2.7% | 1.0% | 2.9% |
| DCF Facilities | N | 3 | | 4 | 3 | 5 | 2 | 1 | | 2 | | | 2 |
| | % | 1.6% | | 2.0% | 1.8% | 1.8% | 1.1% | 0.6% | | 1.4% | | | 1.5% |
| Foster Care | N | 81 | 91 | 90 | 76 | 113 | 73 | 71 | 110 | 56 | 58 | 49 | 44 |
| | % | 43.3% | 48.1% | 45.0% | 45.2% | 40.9% | 39.9% | 44.4% | 49.1% | 38.4% | 38.9% | 46.7% | 32.1% |
| Group Home | N | 4 | 2 | 10 | 6 | 6 | 8 | 1 | 4 | 1 | 5 | 4 | 3 |
| | % | 2.1% | 1.1% | 5.0% | 3.6% | 2.2% | 4.4% | 0.6% | 1.8% | 0.7% | 3.4% | 3.8% | 2.2% |
| Independent Living | N | 5 | 2 | 6 | 5 | 4 | 2 | 2 | 2 | 3 | 2 | 2 | 2 |
| | % | 2.7% | 1.1% | 3.0% | 3.0% | 1.4% | 1.1% | 1.3% | 0.9% | 2.1% | 1.3% | 1.9% | 1.5% |
| Relative Care | N | 62 | 64 | 59 | 55 | 103 | 68 | 60 | 79 | 64 | 62 | 45 | 59 |
| | % | 33.2% | 33.9% | 29.5% | 32.7% | 37.3% | 37.2% | 37.5% | 35.3% | 43.8% | 41.6% | 42.9% | 43.1% |
| Medical | N | 5 | 1 | 4 | 2 | 7 | 4 | 1 | 6 | 4 | 1 | | 1 |
| | % | 2.7% | 0.5% | 2.0% | 1.2% | 2.5% | 2.2% | 0.6% | 2.7% | 2.7% | 0.7% | | 0.7% |
| Safe Home | N | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | | 1 |
| | % | 1.1% | 1.1% | 0.5% | 1.2% | 0.7% | 1.1% | 0.6% | 0.4% | 1.4% | 0.7% | | 0.7% |
| Shelter | N | 2 | 5 | 5 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | | 4 |
| | % | 1.1% | 2.6% | 2.5% | 1.8% | 0.7% | 1.6% | 1.9% | 0.9% | 2.1% | 1.3% | | 2.9% |
| Special Study | N | 16 | 19 | 15 | 8 | 26 | 17 | 16 | 19 | 6 | 11 | 3 | 15 |
| | % | 8.6% | 10.1% | 7.5% | 4.8% | 9.4% | 9.3% | 10.0% | 8.5% | 4.1% | 7.4% | 2.9% | 10.9% |
| Uknown | N | 2 | 2 | 1 | | 3 | 2 | 1 | 1 | 2 | 3 | 1 | 2 |
| | % | 1.1% | 1.1% | 0.5% | | 1.1% | 1.1% | 0.6% | 0.4% | 1.4% | 2.0% | 1.0% | 1.5% |
| Total | N | 187 | 189 | 200 | 168 | 276 | 183 | 160 | 224 | 146 | 149 | 105 | 137 |
| | % | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

The next chart shows the primary placement type for children who were in care on April 1, 2018 organized by length of time in care.

53

**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 | 3 | 5 | 7 | 17 | 12 | 20 | 22 | 86 |
| | | % Row | 3.5% | 5.8% | 8.1% | 19.8% | 14.0% | 23.3% | 25.6% | 100.0% |
| | | % Col | 1.6% | 1.5% | 1.5% | 1.9% | 2.0% | 2.1% | 3.6% | 2.1% |
| | DCF Facilities | Count | 0 | 0 | 1 | 1 | 2 | 5 | 0 | 9 |
| | | % Row | 0.0% | 0.0% | 11.1% | 11.1% | 22.2% | 55.6% | 0.0% | 100.0% |
| | | % Col | 0.0% | 0.0% | 0.2% | 0.1% | 0.3% | 0.5% | 0.0% | 0.2% |
| | Foster Care | Count | 96 | 146 | 175 | 328 | 272 | 507 | 380 | 1904 |
| | | % Row | 5.0% | 7.7% | 9.2% | 17.2% | 14.3% | 26.6% | 20.0% | 100.0% |
| | | % Col | 51.1% | 45.2% | 36.6% | 37.1% | 46.4% | 53.8% | 62.2% | 47.5% |
| | Group Home | Count | 3 | 1 | 3 | 1 | 1 | 18 | 33 | 80 |
| | | % Row | 3.8% | 1.3% | 3.8% | 13.8% | 13.8% | 22.5% | 41.3% | 100.0% |
| | | % Col | 1.6% | 0.3% | 0.6% | 1.2% | 1.9% | 1.9% | 5.4% | 2.0% |
| | Independent Living | Count | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 |
| | | % Row | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 33.3% | 66.7% | 100.0% |
| | | % Col | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.3% | 0.1% |
| | Relative Care | Count | 58 | 128 | 207 | 411 | 224 | 264 | 71 | 1363 |
| | | % Row | 4.3% | 9.4% | 15.2% | 30.2% | 16.4% | 19.4% | 5.2% | 100.0% |
| | | % Col | 30.9% | 39.6% | 43.3% | 46.5% | 38.2% | 28.0% | 11.6% | 34.0% |
| | Medical | Count | 6 | 1 | 4 | 3 | 0 | 4 | 2 | 20 |
| | | % Row | 30.0% | 5.0% | 20.0% | 15.0% | 0.0% | 20.0% | 10.0% | 100.0% |
| | | % Col | 3.2% | 0.3% | 0.8% | 0.3% | 0.0% | 0.4% | 0.3% | 0.5% |
| | Mixed (none >50%) | Count | 1 | 2 | 5 | 2 | 18 | 40 | 73 | 141 |
| | | % Row | 0.7% | 1.4% | 3.5% | 1.4% | 12.8% | 28.4% | 51.8% | 100.0% |
| | | % Col | 0.5% | 0.6% | 1.0% | 0.2% | 3.1% | 4.2% | 11.9% | 3.5% |
| | Safe Home | Count | 5 | 3 | 0 | 3 | 0 | 2 | 0 | 13 |
| | | % Row | 38.5% | 23.1% | 0.0% | 23.1% | 0.0% | 15.4% | 0.0% | 100.0% |
| | | % Col | 2.7% | 0.9% | 0.0% | 0.3% | 0.0% | 0.2% | 0.0% | 0.3% |
| | Shelter | Count | 4 | 3 | 7 | 10 | 5 | 1 | 0 | 30 |
| | | % Row | 13.3% | 10.0% | 23.3% | 33.3% | 16.7% | 3.3% | 0.0% | 100.0% |
| | | % Col | 2.1% | 0.9% | 1.5% | 1.1% | 0.9% | 0.1% | 0.0% | 0.7% |
| | Special Study | Count | 9 | 26 | 58 | 80 | 41 | 68 | 24 | 306 |
| | | % Row | 2.9% | 8.5% | 19.0% | 26.1% | 13.4% | 22.2% | 7.8% | 100.0% |
| | | % Col | 4.8% | 8.0% | 12.1% | 9.0% | 7.0% | 7.2% | 3.9% | 7.6% |
| | Unknown | Count | 3 | 8 | 11 | 18 | 1 | 12 | 4 | 57 |
| | | % Row | 5.3% | 14.0% | 19.3% | 31.6% | 1.8% | 21.1% | 7.0% | 100.0% |
| | | % Col | 1.6% | 2.5% | 2.3% | 2.0% | 0.2% | 1.3% | 0.7% | 1.4% |

**Congregate Care Settings**

| Placement Issues | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|
| Total number of children 12 years old and under, in Congregate Care | 17 | 17 | 15 | 17 | 17 | 11 |
| • Number of children 12 years old and under, in DCF Facilities | 0 | 0 | 0 | 1 | 1 | 1 |
| • Number of children 12 years old and under, in Group Homes | 6 | 5 | 7 | 4 | 4 | 4 |
| • Number of children 12 years old and under, in Residential | 7 | 7 | 7 | 8 | 7 | 5 |
| • Number of children 12 years old and under, in Safe Home or SFIT | 2 | 4 | 1 | 4 | 5 | 1 |
| • Number of children 12 years old and under in Shelter | 2 | 1 | 0 | 0 | 0 | 0 |
| Total number of children ages 13-17 in Congregate Placements | 225 | 228 | 233 | 218 | 209 | 202 |

**Use of SAFE Homes, Shelters and PDCs**

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

| | Period of Entry to Care | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
| *Total Entries* | 3408 | 2853 | 2829 | 2627 | 2693 | 2298 | 1859 | 2005 | 1929 | 1990 | 2261 | 2082 | 2358 | 541 |
| **SAFE Homes/ SFIT** | 396 12% | 382 13% | 335 12% | 471 18% | 331 12% | 145 6% | 68 4% | 56 3% | 30 2% | 9 0% | 23 1% | 54 3% | 54 2% | 10 2% |
| **Shelter** | 114 3% | 136 5% | 144 5% | 186 7% | 175 6% | 194 8% | 169 9% | 175 9% | 91 5% | 58 3% | 53 2% | 35 2% | 45 2% | 13 2% |
| **Total** | 510 15% | 518 18% | 479 17% | 657 25% | 506 19% | 339 15% | 237 13% | 231 12% | 121 6% | 67 3% | 76 3% | 89 4% | 99 4% | 23 4% |

| | Period of Entry to Care | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
| *Total Initial Plcmnts* | 510 | 518 | 479 | 657 | 506 | 339 | 237 | 231 | 121 | 67 | 76 | 89 | 99 | 23 |
| <= 30 days | 186 36.5% | 162 31.3% | 150 31.3% | 229 34.9% | 135 26.7% | 103 30.4% | 60 25.3% | 63 27.3% | 37 30.6% | 28 41.8% | 28 36.8% | 36 40.4% | 56 56.6% | 18 78.3% |
| 31 - 60 | 73 14.3% | 73 14.1% | 102 21.3% | 110 16.7% | 106 20.9% | 56 16.5% | 44 18.6% | 41 17.7% | 27 22.3% | 9 13.4% | 13 17.1% | 25 28.1% | 15 15.2% | 1 4.3% |
| 61 - 91 | 87 17.1% | 79 15.3% | 85 17.7% | 157 23.9% | 91 18.0% | 54 15.9% | 39 16.5% | 38 16.5% | 18 14.9% | 8 11.9% | 8 10.5% | 12 13.5% | 8 8.1% | 4 17.4% |

| | Period of Entry to Care | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| *Total Initial Plcmnts* | 510 | 518 | 479 | 657 | 506 | 339 | 237 | 231 | 121 | 67 | 76 | 89 | 99 | 23 |
| 92 - 183 | 118 | 131 | 110 | 124 | 136 | 84 | 56 | 57 | 24 | 15 | 17 | 10 | 16 | 0 |
| | 23.1% | 25.3% | 23.0% | 18.9% | 26.9% | 24.8% | 23.6% | 24.7% | 19.8% | 22.4% | 22.4% | 11.2% | 16.2% | 0.0% |
| 184+ | 46 | 73 | 32 | 37 | 38 | 42 | 38 | 32 | 15 | 7 | 10 | 6 | 4 | 0 |
| | 9.0% | 14.1% | 6.7% | 5.6% | 7.5% | 12.4% | 16.0% | 13.9% | 12.4% | 10.4% | 13.2% | 6.7% | 4.0% | 0.0% |

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

| Placement Issues | Nov 2017 | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|---|
| Total number of children in SAFE Home/SFIT | 11 | 10 | 17 | 13 | 9 | 10 | 11 |
| • Number of children in SAFE Home/SFIT, > 60 days | 4 | 5 | 14 | 5 | 4 | 4 | 3 |
| • Number of children in SAFE Home/SFIT, >= 6 months | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| Total number of children in STAR/Shelter Placement | 26 | 24 | 26 | 25 | 23 | 25 | 24 |
| • Number of children in STAR/Shelter Placement, > 60 days | 16 | 12 | 14 | 13 | 12 | 15 | 7 |
| • Number of children in STAR/Shelter Placement, >= 6 months | 1 | 3 | 3 | 3 | 4 | 4 | 3 |
| Total number of children in MH Shelter | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| • Total number of children in MH Shelter, > 60 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| • Total number of children in MH Shelter, >= 6 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Time in Residential Care**

| Placement Issues | Nov 2017 | Feb 2018 | May 2018 | Aug 2018 | Nov 2018 | Feb 2019 | May 2019 |
|---|---|---|---|---|---|---|---|
| Total number of children in Residential care | 89 | 89 | 82 | 93 | 91 | 86 | 89 |
| • Number of children in Residential care, >= 12 months in Residential placement | 31 | 28 | 27 | 29 | 21 | 21 | 23 |
| • Number of children in Residential care, >= 60 months in Residential placement | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

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*Appendix A*
**Commissioner's Highlights from: The Department of Children and Families Exit Plan Outcome Measures-Status Report (October 1, 2018 – March 31, 2019)**

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|---|---|
| **_Juan F._ Consent Decree Status Update (Q4 2018 & Q1 2019)** | |
| **COMMISSIONER STATEMENT** | |

This status update straddled the end of one CT DCF Administration and the beginning of the next. However, unlike typical child welfare jurisdiction changes, this transition was intended to be complementary to the successes of the previous administration, focused on sustaining progress and aligning the DCF infrastructure towards common goals. As a Regional Administrator, appointed by the previous commissioner, I am committed to the advances made under Commissioner Katz's leadership and building upon those and other areas of best practice. As a 26 year veteran of this Department, I have essentially 'grown up' with this decree. With that fact in mind, it is important to look critically at those specific areas where inconsistent practice has been evidenced while simultaneously scaling up best practice examples seen in pockets around the state. To that end, during our first 90 days, we examined content areas in two national convenings to gauge our position amongst other jurisdictions as well as participated in   focused on conversations with stakeholders here in Connecticut.

We quickly established an organizational assessment team, mixing experienced Child Welfare executives with external technical assistance from Casey Family Programs and the Harvard Government Performance Lab. As part of a thoughtful transition, we conducted an organizational assessment to understand if the structure of the current Department supported the outcomes expected by our also new Governor's Administration. Governor Lamont's transition team was an integral part of the assessment and took into account the work and recommendations of the policy committees established at his Policy Summit. Those recommendations include streamlining digital services, linking data to cost savings and interagency collaboration.

These policy areas align very well with our vision to build on progress made including the update to our child welfare information system ( *hereafter referred to as* **CT KIND**), the use of technology to improve service delivery while lowering costs to the state ( ie *a centralized transportation unit pilot*) and emphasis on strengthening relationships across systems. This last expectation has been demonstrated in a few ways already.

The statutorily mandated Statewide Advisory Council (SAC) to DCF held its annual retreat to set the foundation of this new administration's child welfare agenda. This retreat introduced the new DCF Executive team along with the federal Court Monitor. The team outlined the strategic vision and goals as well as an outcome framework of expected results. The afternoon of this meeting showcased a ten-participant panel including a cross section of state agencies and two legislators representing the CT General Assembly Children's Committee all articulating the commitment to work together to improve outcomes for CT's children. Media coverage of this retreat below:

https://www.theday.com/article/20190620/NWS12/190629929

Further, this articulation of partnership has been reinforced by 12 separate *Statements of Commitment* by other state agencies submitted as part of our 5 year Child & Families Services Plan (CFSP). The CFSP, as illustrated below, creates a service roadmap towards improving outcomes for children and families using documents submitted and reviewed at the federal level to measure our progress. As illustrated below, the *Juan F.* Strategic Plan serves as an anchor to create a clear path forward.

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**Domain mapping to inform path forward**
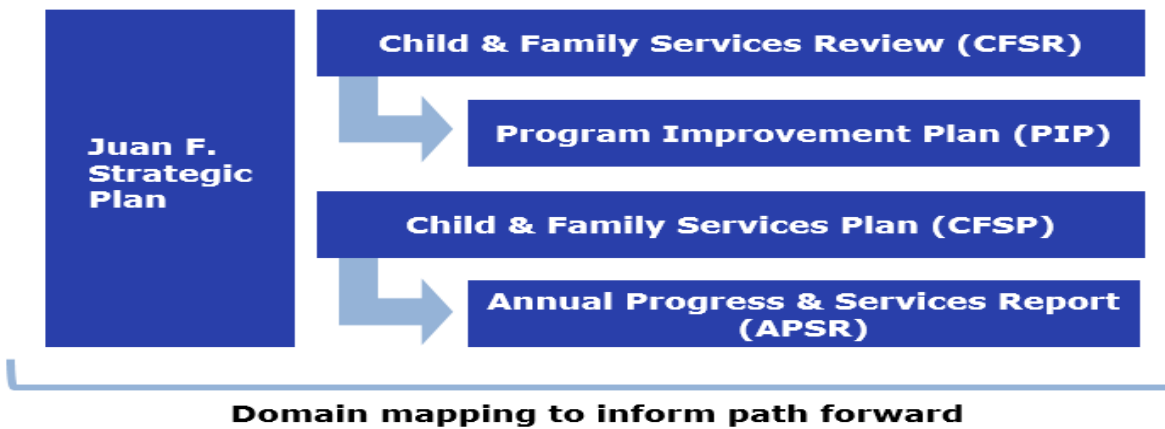
The progress of the *Juan F.* Consent Decree relies squarely in practice improvement and consistency related to child outcomes. We continue to work with the Monitor along with key stakeholders to '*stay the course*' on areas achieved to demonstrate sustainability to our Plaintiffs. The consistency necessary to ensure statewide improved outcomes requires collaboration between systems that influence our outcomes. This work is a springboard to improve the service delivery continuum to CT's children and their families.

**Our new administration is developed on the following principles:**



The organizational assessment team used both a series of interviews with leaders of other child welfare systems, agencies and organizations, several seminal organizational assessment tools and change management resources to operationalize our process. This approach was intended to remain focused on maintaining forward momentum while simultaneously diving into the detail of the structure of each division within DCF.

During the past three months the Operations Division, a Chief of Child Welfare and three Assistant Chiefs simultaneously continued implementing the April 2018 *Juan F.* Strategic Plan by critically reviewing the performance of the 14 area offices towards the 5 goals the plan is designed to achieve:

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- **Ensure the safety and well-being of children,**
- **Timely development of quality case plans,**
- **Ensure the efficiency and efficacy of the contracted service array,**
- **Ensure the safety and provision of needs for children served in-home and**
- **Maintain caseloads within established standards**

Some key areas of focus are the continued enhancement of our safety practice by upgrading our Structured Decision Making risk and safety assessment instruments. We have invested significant financial resources in the upgrade process and we have trained our front-line investigation staff on the new tools with the anticipation of an August 2019 roll out. This upgrade will bring more consistency across the 14 offices in how we assess risk and safety and our decision making based on those assessments.

Also, progress is being made in performance towards case planning for families and children. We have been able to achieve 90% or greater compliance with 4 of the 10 domains of the case plan **(supervisory approval, language accommodating, reason for involvement and identifying information).** Finally, we continue to experience success in recruiting and retaining a qualified workforce throughout the organization. With the recent approval of the state's 2020 biennium budget, we will be implementing more community-based prevention services that are designed to meet the needs of families and decrease the need for DCF involvement. The success of the programs will allow us to maintain caseloads within the established standards.

The Strategic Plan will continue guiding our performance towards achieving the remaining outcome measures and improving the quality of child welfare services we provide to children and families in Connecticut.

Once the organizational structure was solidified, the functions of each division was 'mapped out' to ensure focused attention to the outcomes we seek. This domain mapping assessed the current state of key roles & divisions within the agency as well as recommendations towards the future 'great' state and to gather information to determine what structural realignment is needed to achieve the agency's strategic goals.

A Fellow from The Government Performance Lab out of Harvard GPL  introduced this methodology to the Executive Team. The process was used initially with the Clinical and System Program Directors, and Division of Quality Improvement to help aid in the decision to determine whether centralizing those functions was in the agency's best interest. Much like the LEAN process mapping, domain mapping involves a process of articulating and assessing major domains of the divisions and the assessment of work flow. Program Leads for each role were provided coaching and guidance in stepping through a comprehensive analysis of their work with their respective team members. This process not only proved to be beneficial to the Executive Team but was extremely helpful for Department Directors as it allowed an opportunity to reflect on their work to determine what was working well and to identify areas needing improvement. Teams found the process overwhelmingly positive and felt a part of the decision making process.

**Key takeaways across regional clinical, systems and quality improvement teams included:**

1. Valuable and innovative work being done but is inconsistent across the state

2. Room to reduce duplicate and redundant efforts

3. Inconsistent staffing levels –resource and task allocation incongruent across the state

4. Based on innovation found, there is potential growth opportunities for Systems work

**Key decisions made from the process included:**

1. Clinical Program Directors need to report to a supervisor with clinical expertise

2. The Foster Care work will have a dedicated lead and will report centrally to Operations

3. The Systems Program Directors will be focused on community service engagement and will report centrally to Administration

4. Quality Improvement will be staffed in the region at a program supervisor level and will report centrally to Strategic Planning

To date, seven divisions have engaged in the domain mapping process. This methodology will be used routinely by the newly formed division of Systems and Organizational Development to ensure each division is aligned with *Juan F.* Strategic Goal sand overall consent decree expectations.

We have also structured the Operations Division (with *expectation of all other Divisions*) to quantify the values we espouse through the following key results:
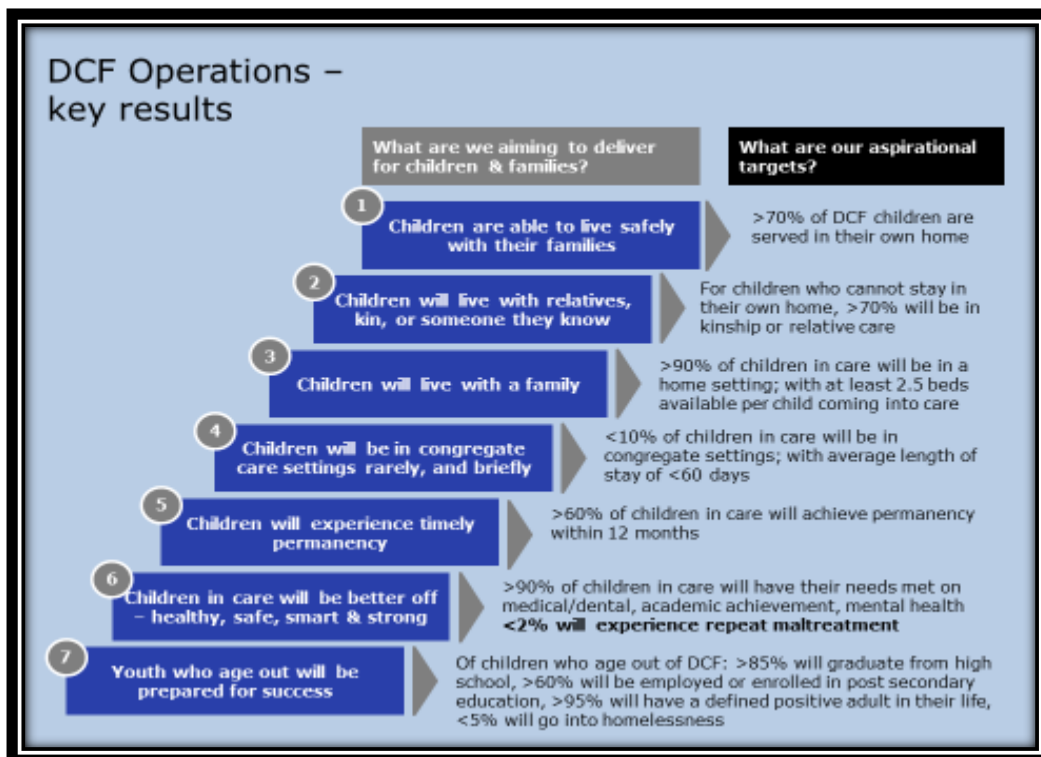


These results include underlined aspirational targets that surpass the *Juan F.* Consent Decree Exit Outcome Measures. It is our belief that through a commitment to leadership development, supervision across all levels, and strengthening attention to stakeholder partnerships related to timely permanency, children and their families will indeed be better off during and after involvement with the CT Department of Children and Families.

*Respectfully Submitted,*

*Vannessa Dorantes, LMSW*

*CT DCF Commissioner*